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I'm Healthy. So What Needs Changing?

The disparity between actual health status and people's perceptions of their health exacerbates the already difficult task of motivating people to adopt healthy lifestyles. According to the Centers for Disease Control and Prevention:

- 85% of adults in U.S. believe they are in good or better health. However:
- Less than half get enough physical activity to provide health benefits,
- 77% eat fruits and vegetables less than 5 times a day
- 21% smoke, and
- 66% of U.S. adults are either overweight or obese.

As a benefits manager, your data may classify an employee as high-risk. But if, as is likely, that employee thinks he/she is healthy, *how can you motivate that person to change behavior?*

We know that simply educating people about the benefits of healthy lifestyles and the costs, if not the outright dangers of unhealthy lifestyles, does not change their behavior. Sadly, knowledge is not virtue. So what *does* impact behavior? Health promotion theories point to many factors influencing behavior, including individual characteristics and environments. Using key concepts from these theories will enable you to effectively intervene with people who have multiple health risk factors, yet believe they are healthy.

Concept #1: Behavior change rarely results from an epiphany. Instead, people move through various stages of behavior change. They gradually move from being uninterested in changing (because they are unaware of a health risk, or are aware but not interested in changing), to considering the change, to preparing for the change, to making the change, to maintaining the change. Moreover, people do not necessarily gradually move from one stage to the next. They may enter the process at any stage and move from one stage to another at any time.

What can you do if your target group is in the pre-contemplation state, which means they are unaware of the risk or aware, but not interested in changing? The natural tendency is to try to convince them they need to change, but people are usually resistant to this method. Research shows that motivational interviewing (client-centered) that incorporates empathy and reflective listening with key questions has been found to be more effective than directive-confrontational counseling. They also found that convincing, personal and timely information can motivate people out of the inactive stage to the contemplation stage.

Concept #2: Behavior is guided by people's perceptions about health. People's perceptions about the following factors impact the likelihood that they will adopt a behavior.

- Self-efficacy—Their ability to take action and overcome barriers
- Subjective norms—Whether or not relevant people approve or disapprove of the behavior and whether or not they are motivated to comply with the wishes of those people
- The threat of the health condition—Includes beliefs about their personal risk of developing a condition and the severity/seriousness of the condition

- Benefits of avoiding the health condition—The extent to which particular behaviors will reduce their susceptibility to the condition or its severity
- Barriers to avoiding the health condition—The potentially negative physical, psychological and financial consequences that may result from taking particular health actions

What you can do: Find out people's beliefs through Health Risk Questionnaires, surveys, focus groups or individual conversations. Work with employees to:

- Improve *self-efficacy* by introducing small steps to behavior change. For example, ask someone to set their own personal goals rather than imposing a group goal, such as achieving a particular BMI by a particular date. If all they can do the first week is walk around the block every day, they made progress! Be specific about desired changes. Give people the skills they need to make the changes.
- *Address subjective norms* by involving family members in health promotion programming; creating team competitions in the workplace and possibly changing corporate policies (e.g., requiring employees to comply with safety standards and applying penalties for failing to do so).
- *Influence beliefs about threats of a health condition and benefits of avoiding the health condition* through education. Some employees do not associate a particular health behavior with a particular disease or they don't believe a problem is severe enough to warrant any action. For example, someone who smokes may believe smoking isn't dangerous because they know someone who smoked for many years and never got lung cancer. However, they may not know that death from heart disease is directly linked to smoking and is as deadly as lung cancer. It is also possible your employee knows these facts but still does not view his/her smoking as a personal threat. In this case, instead of focusing on awareness, spend more time on influencing perceptions about the advantages of avoiding the problem. Describe non-health benefits of changing behavior. For example, a smoker who quits will save money formerly spent on cigarettes. A woman who loses weight will have more clothing options and may be able to participate in a wider range of social activities.
- *Remove barriers to avoiding the health condition.* For example, you can remove barriers to weight loss by offering free weight management counseling or by providing extra time during lunch for physical activity.

Concept #3: Environments directly influence behaviors. Creating a supportive organizational environment is one of the most powerful ways to influence behaviors of your employees without targeting individuals. Company values, norms, peer support, and organizational support are all factors that contribute to the cultural environment. The physical environment includes the physical work facilities.

What you can do: Employees who do not believe they need to improve their health may join in healthy behaviors so they stay part of the culture, because participation is convenient (e.g. fresh fruit is provided in break rooms) or because unhealthy behavior is inconvenient (e.g. smoking is not permitted on site). To create a healthy cultural environment:

- Include a statement about employee health/safety in your company's vision/mission statement
- Encourage supervisors to model healthy behaviors
- Provide flexible work hours to allow participation in health promotion programs
- Offer praise and rewards (they don't necessarily have to be financial) for wellness achievements
- Have "walk and talk" meetings
- Design your benefit plan to encourage good health (e.g. waive the deductible and co-pays for preventive coverage)
- Ask your employees to provide input about what you can do to support their efforts to be healthy
- Offer continuous health promotion programming

A healthy physical environment will include vending machines and cafeterias stocked with healthy food choices and menus (consider charging less for healthy foods and more for unhealthy choices), proper lighting, a tobacco-free worksite, ergonomic workstations, and opportunities for physical activity close by, such as attractive, easy to find stairwells or walking trails.

A well-designed health promotion program can successfully influence behaviors of people with multiple health risk factors who believe they are healthy. However, changes take time and management must be willing to *invest* enough resources to influence individual characteristics of the employees (such as knowledge, attitudes and beliefs) and to provide a supportive work environment.

HSAs Today

Continuing our series of Questions and Answers about HSAs that are practical but less publicized.

Question: If an HSA provider offers cash incentives to set up an account with it, has the HSA provider committed a prohibited transaction?

Answer: No, not if the HSA provider pays (deposits) the cash incentive directly into the account holder's newly created account.