A Behavioral Economics Approach to Health Promotion in Organizations: Design Principles and Evaluation

Tobias Kowatsch & Flavius Kehr
{tobias.kowatsch|flavius.kehr}@unisg.ch
www.health-is.ch

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Health promotion programs have the potential …

… to decrease sickness absence and (Kuoppala et al. 2008)

… to increase productivity of employees. (Taris and Schreurs 2009)

But limited participation of employees is one of the key issues today. (Mattke et al. 2013)

Incentives can increase participation rates and positively influence health-related behavior. (Volpp 2009, James 2012, Osilla et al. 2012)

A potential solution? Results-based Incentives
YouTurn: You Quit, You Win!

1. Invest your money.
2. Take the entry test.
3. Stop smoking.
4. Don’t smoke, we may test you.

(e.g. 6 months)

You Win
Literature on the delay of gratification framework (e.g. Metcalfe and Mischel 1999) and health IT (e.g. Kraft et al. 2009, Anderson & Agarwal 2011) was combined:

<table>
<thead>
<tr>
<th>#</th>
<th>Selected Design Principle (abbreviated for presentation)</th>
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<tbody>
<tr>
<td>1</td>
<td>Individual <strong>program goals</strong> should be made explicit and communicated.</td>
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<td>2</td>
<td>Information about the <strong>program progress</strong> should be provided.</td>
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<td>3</td>
<td><strong>Reminders</strong> should be provided to increase adherence.</td>
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Findings from a First Empirical Study

- Online survey with 249 employees of one Swiss company
- Domain: Quit Smoking Program
- Smokers (26.5%) would join the health promotion program.

Framing

<table>
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<th>Monetary Incentives</th>
<th>Willingness to Participate</th>
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<tr>
<td>.673***</td>
<td></td>
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<tr>
<td>Perceived Risks</td>
<td>.070***</td>
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Results from linear regression analysis:

- $R^2 = .509$, $F = 30.6$, $p < .001$