



| BertelsmannStiftung

INSTITUT FÜR **iTA** TECHNOLOGIE UND ARBEIT

Cooperative incentive networks - illusionary or realistic?

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Agenda

1. Background
2. Assessment of the current situation
3. Outline of Cooperative incentive networks
4. Discussion: Illusionary or Realistic?

1. Background

Theses

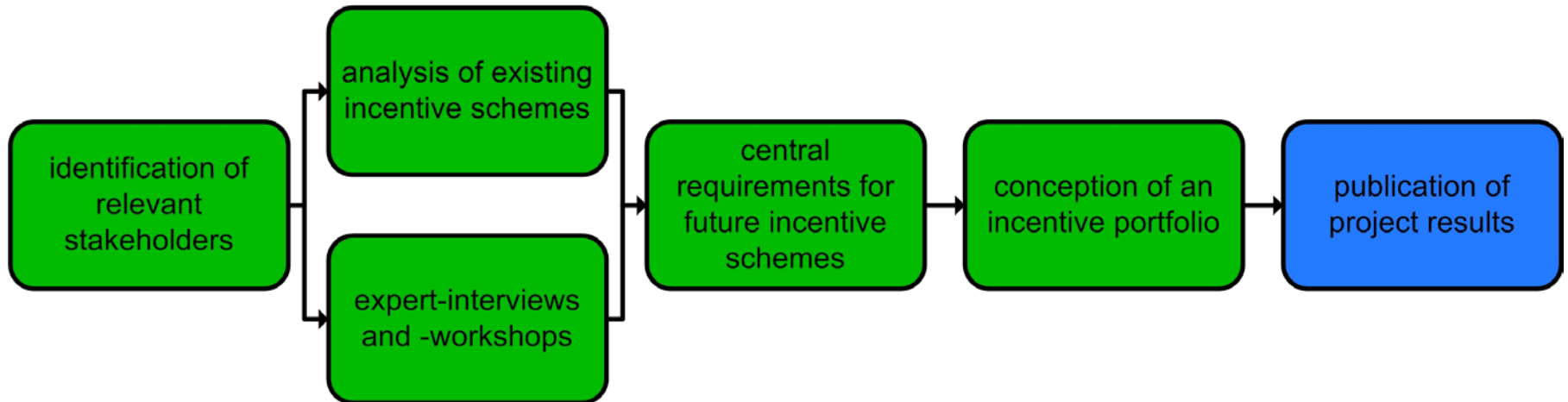
- a) Improved workers health is to the benefit of companies, social insurances and society.
- b) Investments in workplace health programs are mostly paid by companies.
- c) Return-on-Investment and motivation for companies to invest in workplace health will increase, if social insurance and institutions of society offer to share the costs
- d) Incentive systems are a good idea
- e) Pilot studies and sector specific programs are tried out in many institution
- f) Still: A small percentage of companies is actually taking advantage of incentive programs

Central questions of the project

- Why are incentive givers and companies not cooperating in a larger extend? What are the obstacles?
- Which will be factors to bring incentive schemes to a larger impact in society?
- What could be necessary to reach enterprises by incentive schemes in a larger extend?

2. Assessment of current situation

Project procedure

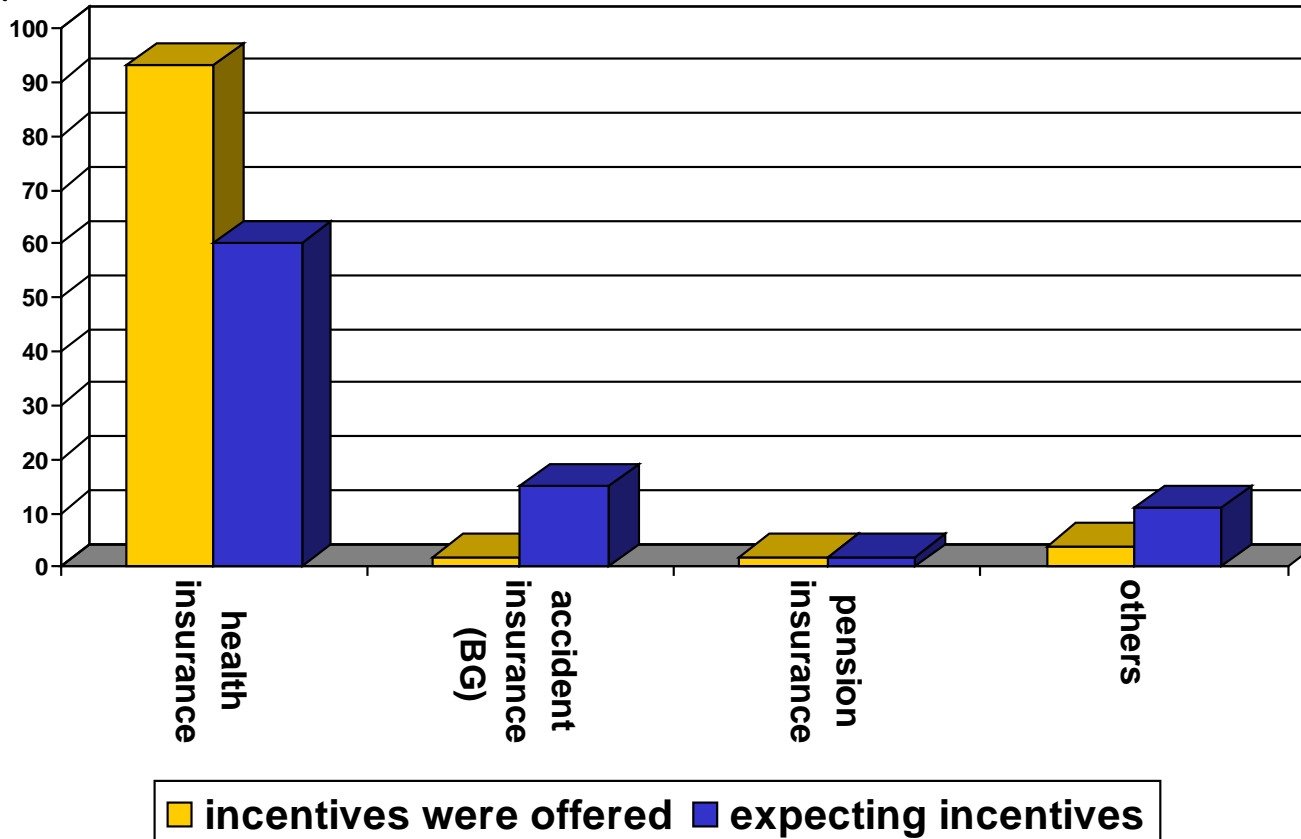


Company survey

- Survey conducted by EUPD research for Bertelsmann Foundation
- Participation of 135 companies (average size 500 employees)
- Company representatives for workplace health were asked to answer the questionnaire (61% “HR executives”, others were “top management” or “occupational physicians”)
- 60 Percent of the participating companies state to invest in workplace health

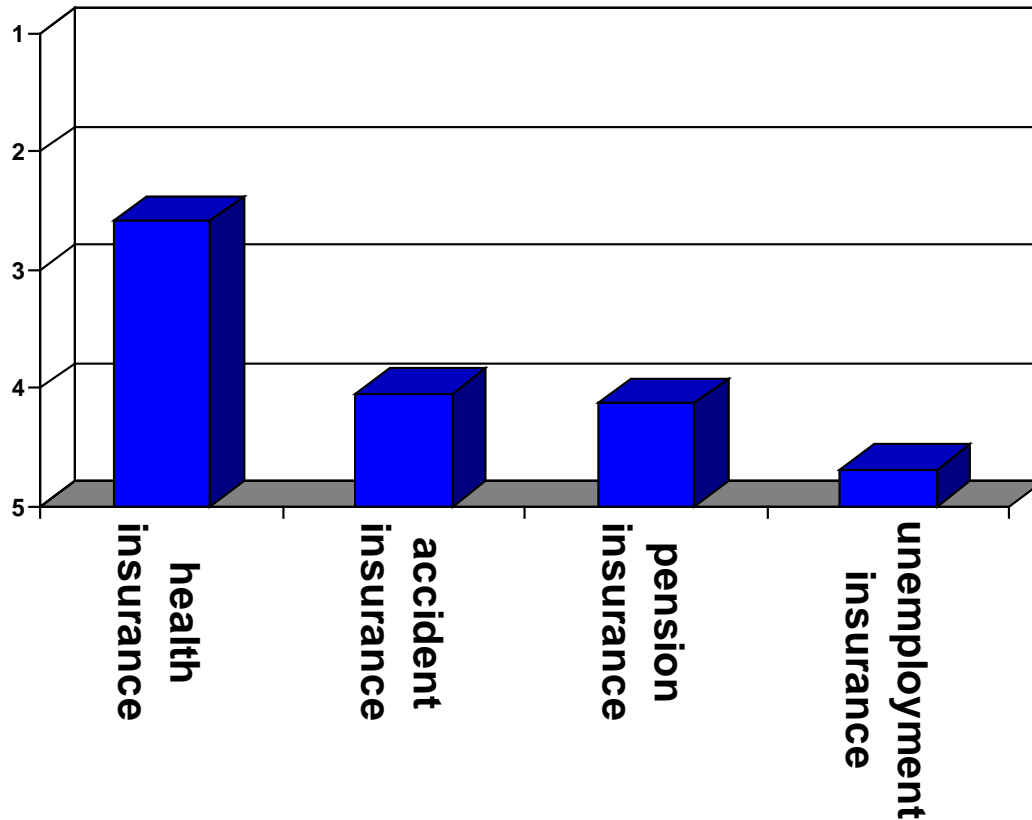
From which institutions do you expect incentives for workplace health? Which offer incentives?

Measures in percent



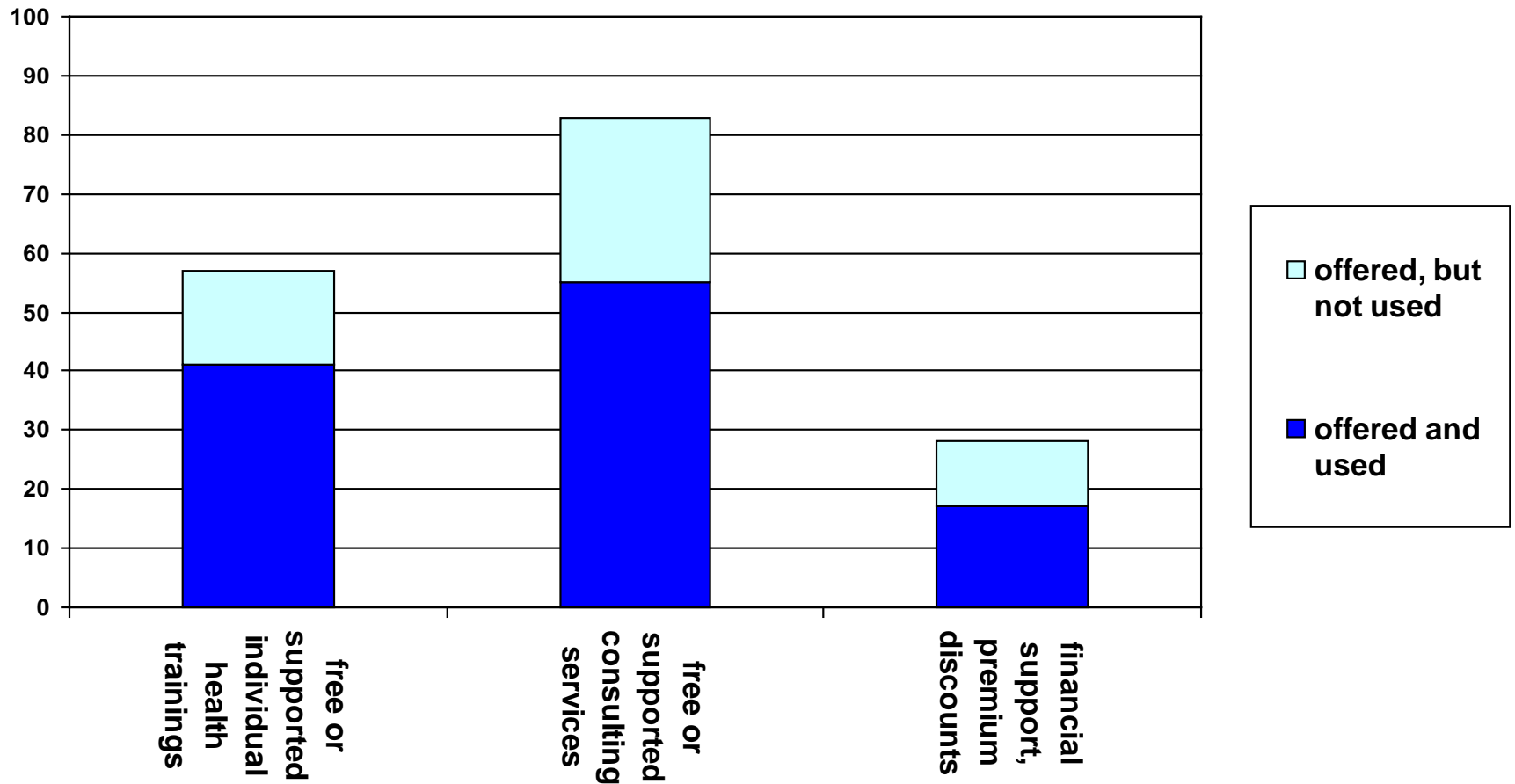
How do you rate the currently available incentive schemes for workplace health from the following social insurances?

1 = very strong incentives; 5 = very few incentives



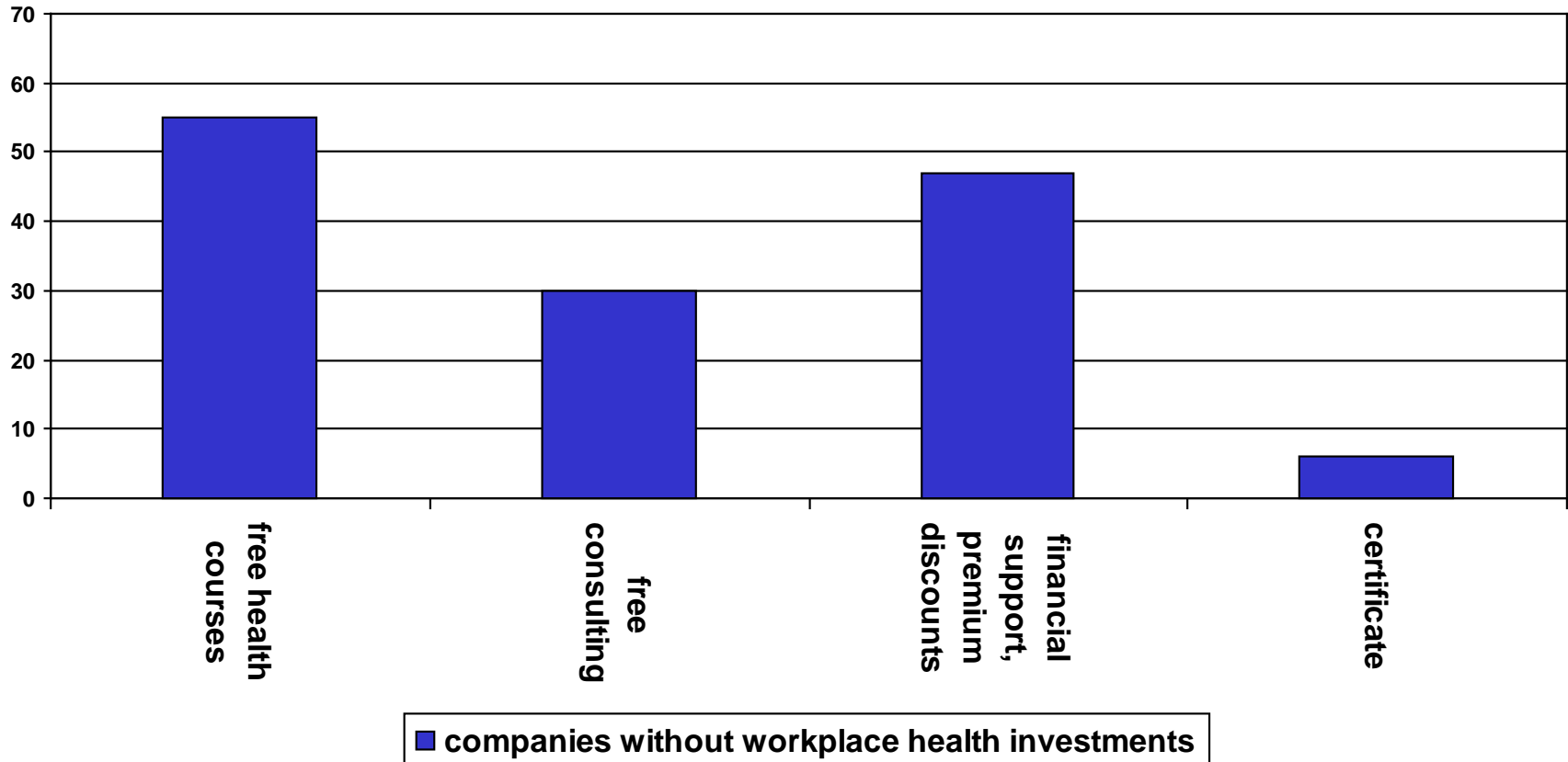
Which incentives were offered to you by health insurances? Which incentives are you using?

Answers in percent

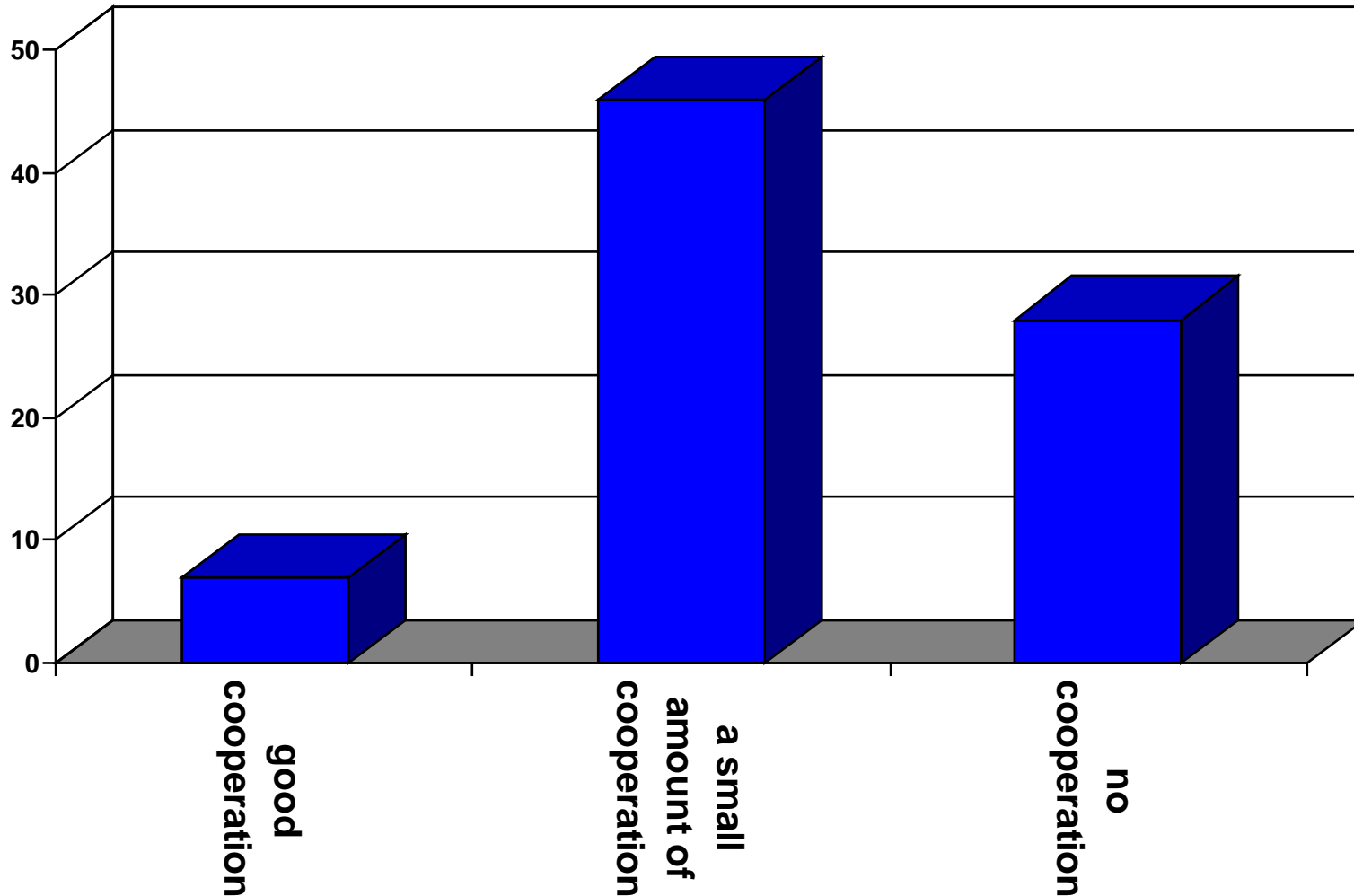


Which incentives from social insurances will be of interested for your company?

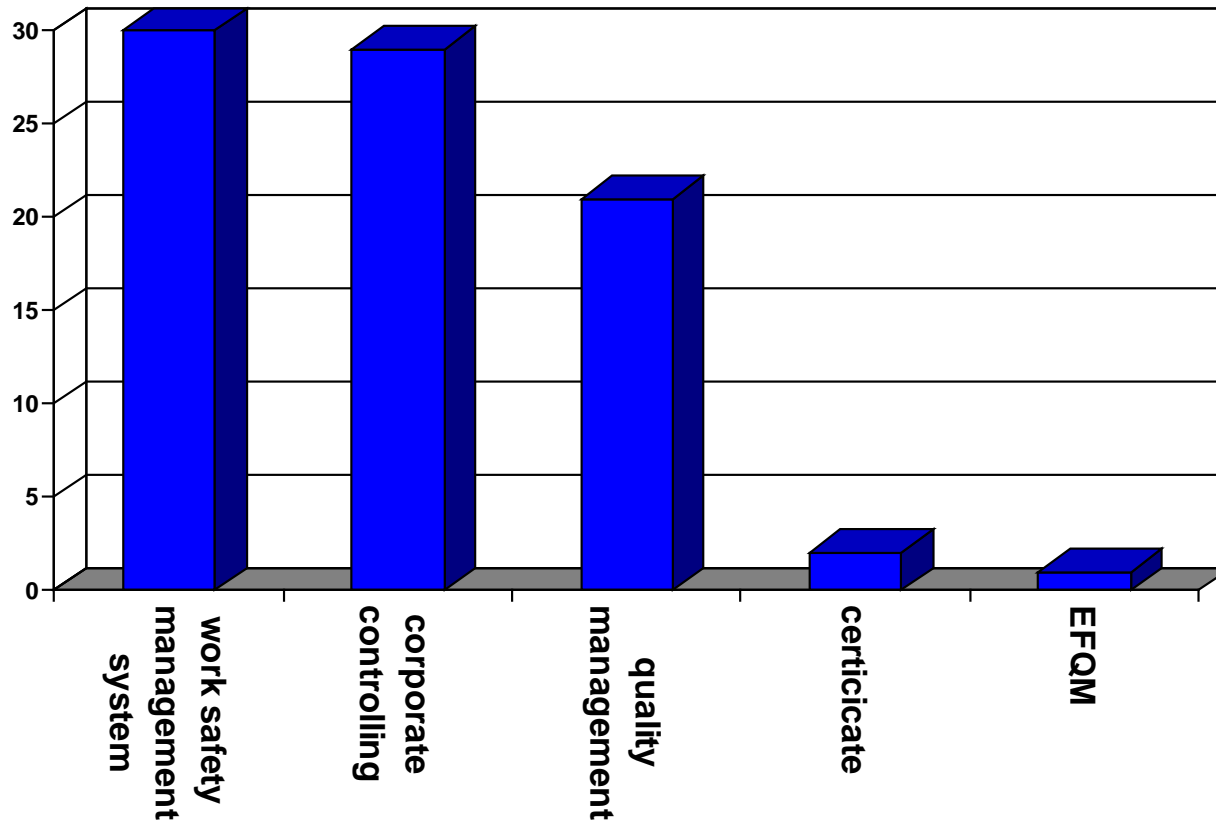
percent



How do you rate the cooperation of social insurances in supporting workplace health?



Which kind of documentation system do you use to assess your workplace health measures?



Identify structures of existing incentive schemes

- literature and internet research on existing health related incentive schemes in Germany
- 55 incentive schemes were described on a basis of defined criteria
- incentive schemes were typified by “kind of incentive” and “incentive provider”

Structure of collected incentive schemes

		Anreizarten							
		finanziell				nicht-finanziell			
		Premium discount	goodies	Financial grant	Tax incentive	Certificate	Free consulting	Award	
Anreizanbieter	Others		1		1	1	4		S = 7
	Provider Network					1	2	1	S = 4
	State institution		1	1	1	2	1	1	S = 7
	Accident insurance	26	3	1		3	1	1	S = 35
	Health insurance	6	1				5		S = 12
		S = 32	S = 6	S = 2	S = 2	S = 7	S = 13	S = 3	

Incentive scheme of the public health insurance AOK (pilot study in 3 federal states)

Incentive: premium discount of 1/12 from the yearly premium, free consulting by AOK experts to develop corporate health management

Participation: about 50 companies in the three federal states

Incentives granted to: employer and AOK-insured employees

Preconditions to grant incentives: Rating in an EFQM-based assessment

Method of Assessment: self assessment of the company, rating of neutral certification experts

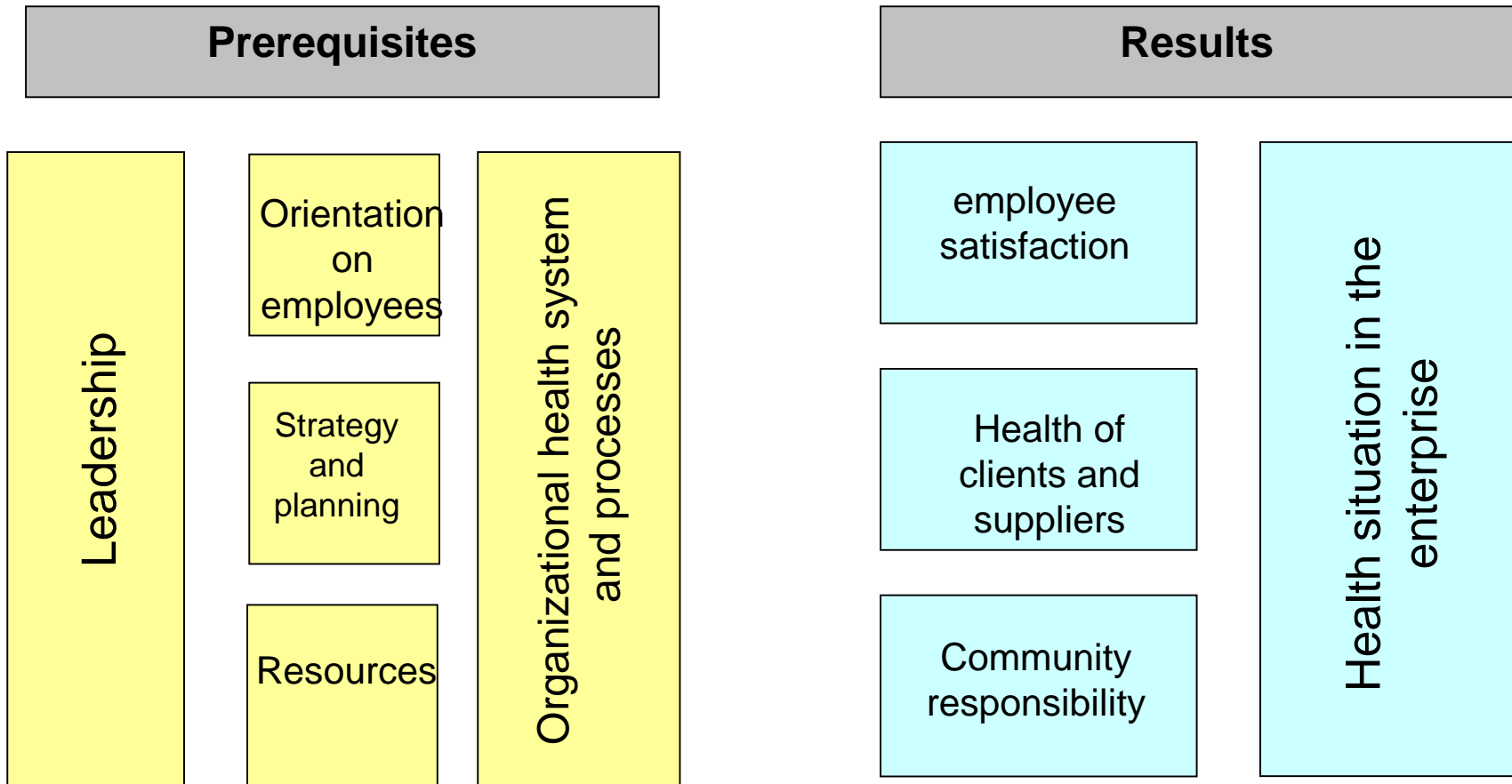


Figure 1: Criteria of assessment in the AOK incentive program (according to Zink, Thul etc.,2009)

qu.int.as – Quality management with integrated work safety A Accident insurance of health and welfare sector (BGW)

Incentive: Premiums (retrospective), consulting, certificate

Target group: companies that are insured by BGW

Incentives granted to: employer

Preconditions to grant incentives: Evidence for effectiveness of measures undertaken, documentation of measures, premium is granted after filing an application

Method of Assessment: Certification by the evidence of relevant documentation and key data, EFQM based assessment

Move Europe

European Network for workplace health promotion (ENWHP)

Incentive: Consulting, public display of participating companies, certificate, award
Flexibility is given through a three-step approach

Target group: companies that are willing to invest in actions to target exercise, nutrition, mental health or tobacco use

Incentive granted to: employer

Preconditions to grant incentives:

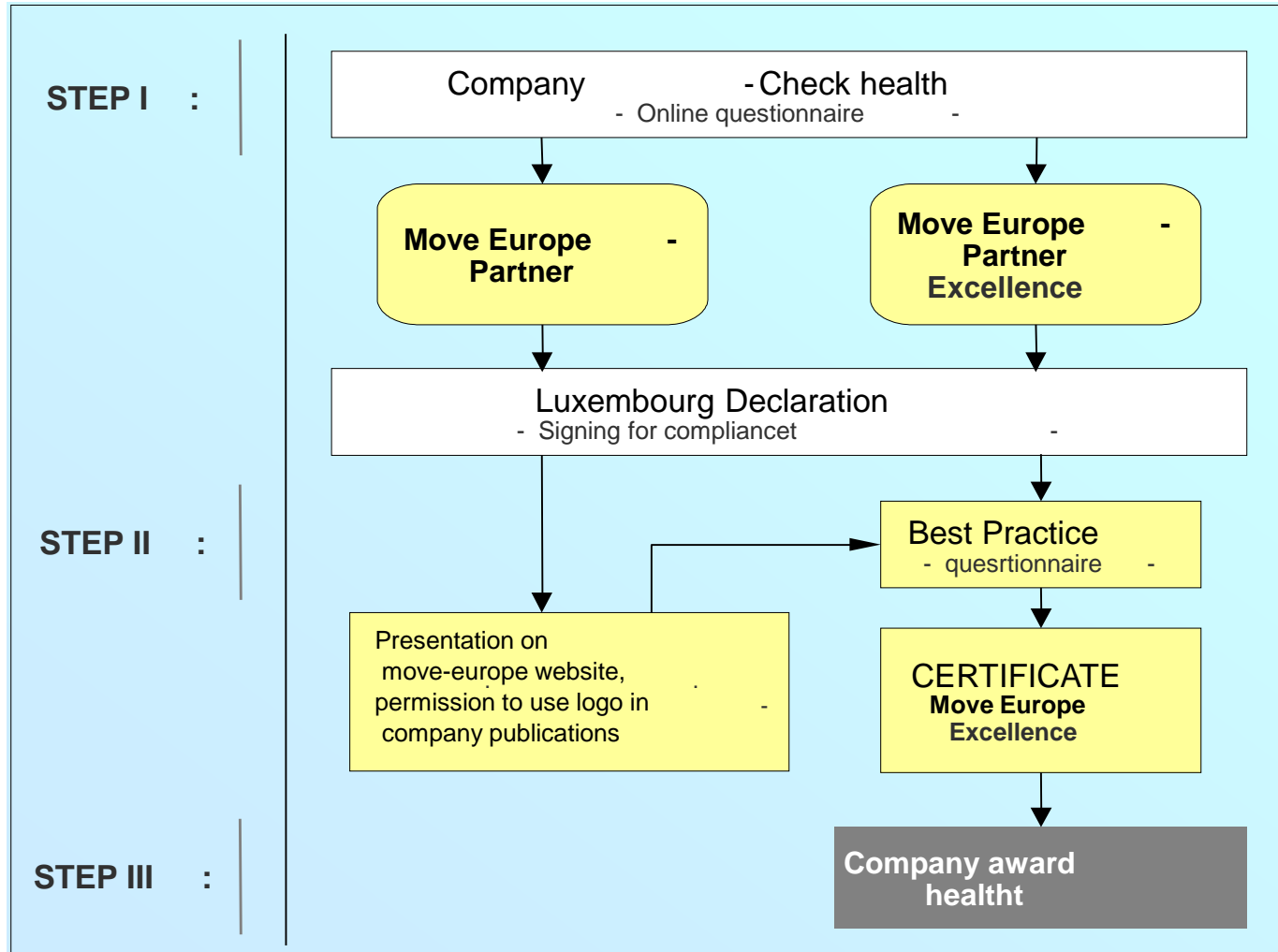
for consulting → filling out an Online-questionnaire

for public display → signing the Luxembourg Declaration and description of conducted measures

for certificate or award → prove of realized health concepts in company

Method of assessment: depending on step – questionnaire, rating of jury

Move Europe



Certificate „Sicher mit System“ and premium system Accident insurance of stonework-sector (Steinbruch BG)

Incentive: Premiums in 10 different fields of action, the premium can be up to a maximum of 75.000€ per companies.

Innovative ideas for work safety that are transfereable to other companies are awarded with 100.000€ in total.

Granting a certificate for role models.

Target group: companies insured at Steinbruch BG

Target group: employer

Preconditions to grant incentives: Premium are granted by prove of implementation of measures and actions.

Certificate is awarded if an Audit was completed for introducing a work-safety management system

Method of Assessment: Filling out an application form, prove of measures taken by additional documents

Overview: Methods of Assessment whether an incentive can be granted to a company

- **Audits and management systems:** EFQM, work-safety management system
- filling out questionnaires (online-offline, different variations)
- application forms
- signing Charta or declaration
- different systematic of documentation how measures were implemented
- jury rating
- tax forms

Stakeholder interviews

- 15 interviews with experts from stakeholders were conducted
- Interview partners were from health insurances, accident insurances, pension insurance, companies and social partners
- Results of case study research and interviews were discussed in a stakeholder workshop

Results of assessment methods

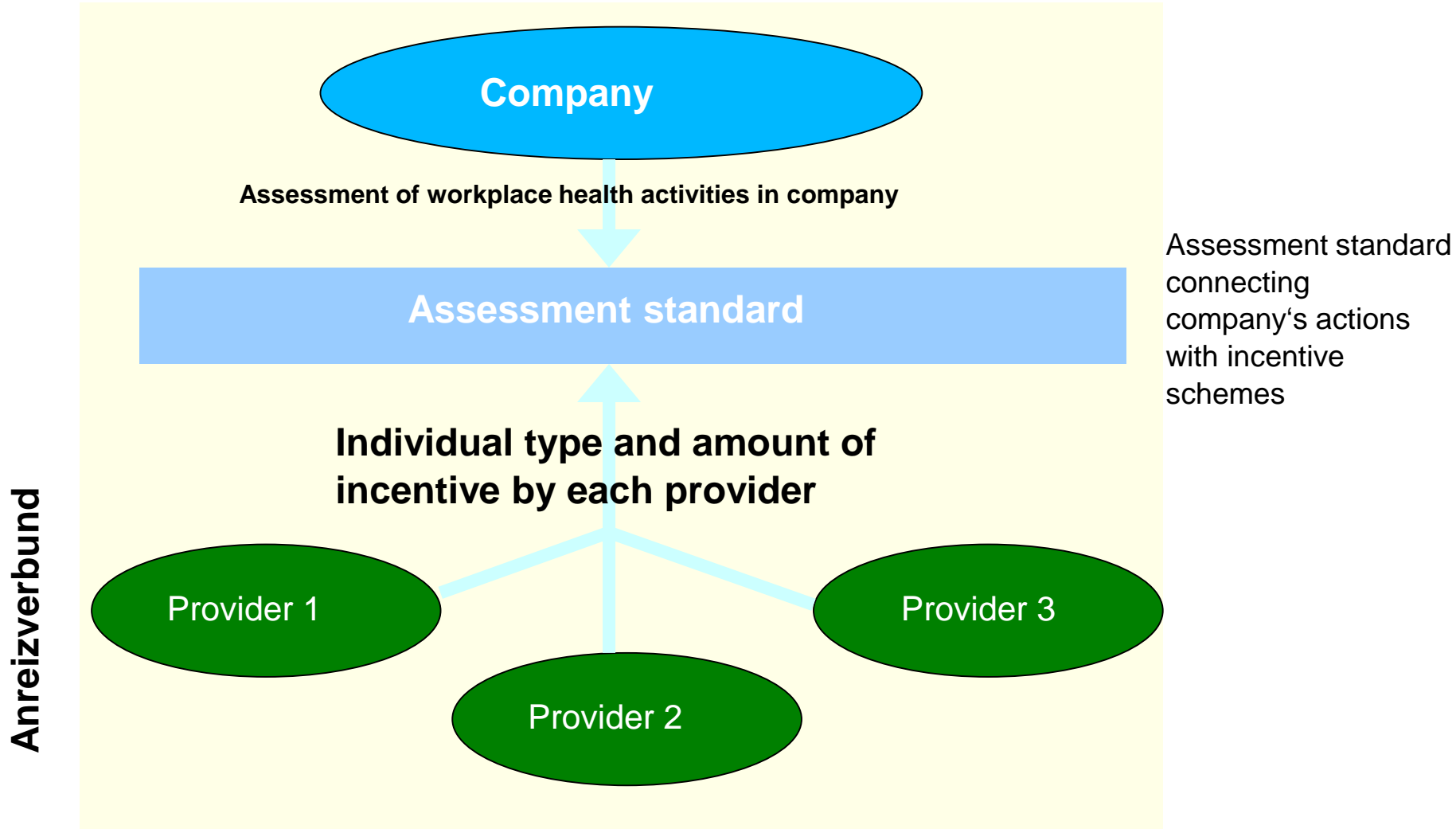
- A large variety of incentive schemes is available
- In Germany health insurance and accident insurance play a key role in providing incentives
- Mostly incentive schemes are developed without coordination of incentive providers
- Requirements for companies to have incentives granted differ widely in between incentive programs
- Stakeholders were open to coordination of incentive schemes, however it is not a primary motivation of social insurances
- A **harmonized assessment standard** could make it easier for companies to receive multiple incentives from different providers for their actions, **Coordination of quality criteria** in between incentive providers can be a starting point

Obstacles for cooperation of incentive providers

- Different focus of action in between health insurance and accident insurance
health promotion vs. work safety
- Competition in between public health insurance
- In some cases incentive programs seem to be invented with political intention, Return-on-Investment is not always the main motivation for social insurances
extrinsic vs. intrinsic motivation

Cooperative incentive networks

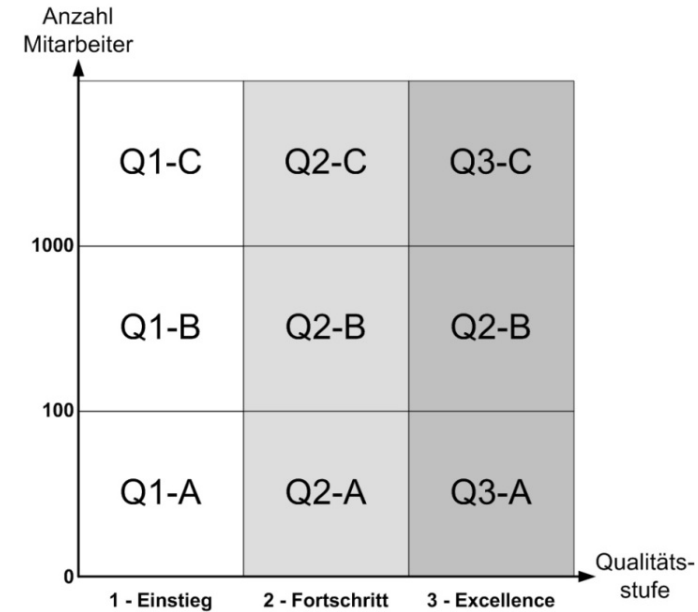
Modell of a cooperative incentive network



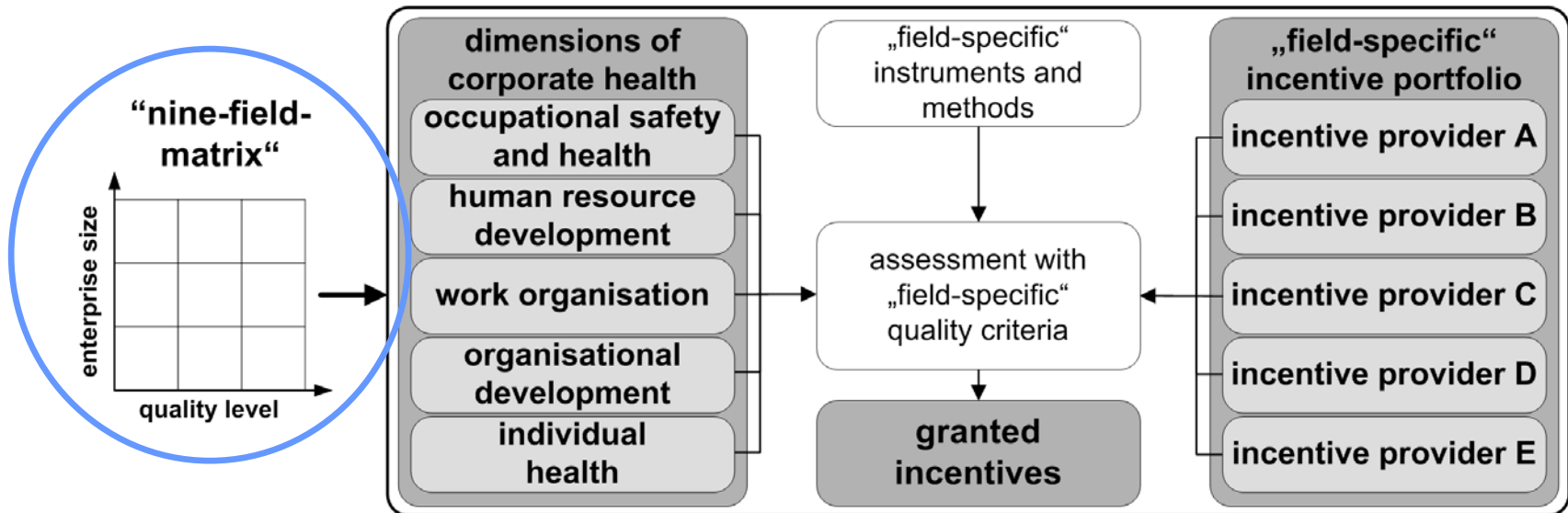
Precondition for cooperative incentive networks: coordinated standard of quality criteria and assessment methods

Structure proposed by the project to coordinate differing interests of incentive givers and companies

- different sizes of companies need to be taken into account (small, medium, large enterprises)
- different focus of interest needs to be taken into account (bronze, silver, gold standard)



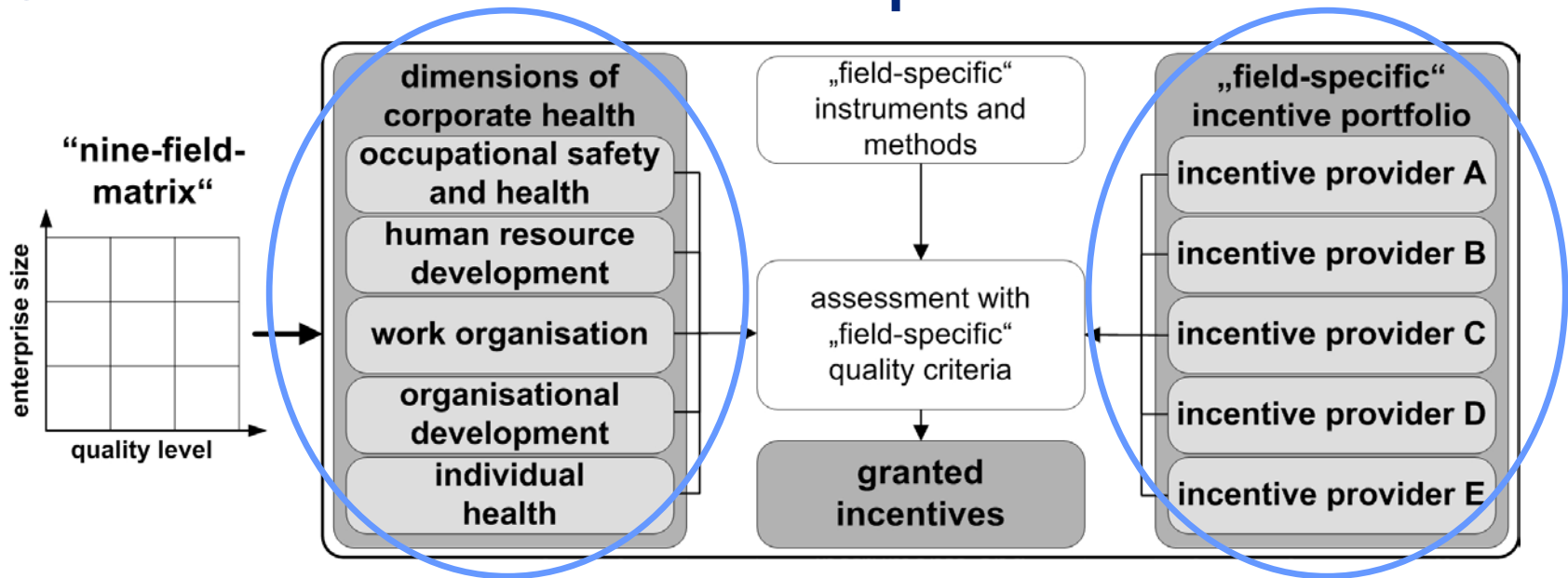
Core-elements of the incentive portfolio



□ Initial point: “nine-field-matrix“

- ↪ Differentiation of enterprises on the basis of the dimensions “enterprise size“ and “quality level“ for adequate access
- ↪ Incentive providers define requirements to be fulfilled by the enterprises (e.g. documentation standards, number of dimensions to improve)
- ↪ Providers link their incentives with several or all fields of the matrix to address their focused target groups
- ↪ Premise: harmonised definition of quality levels and enterprise size ranges through all incentive providers

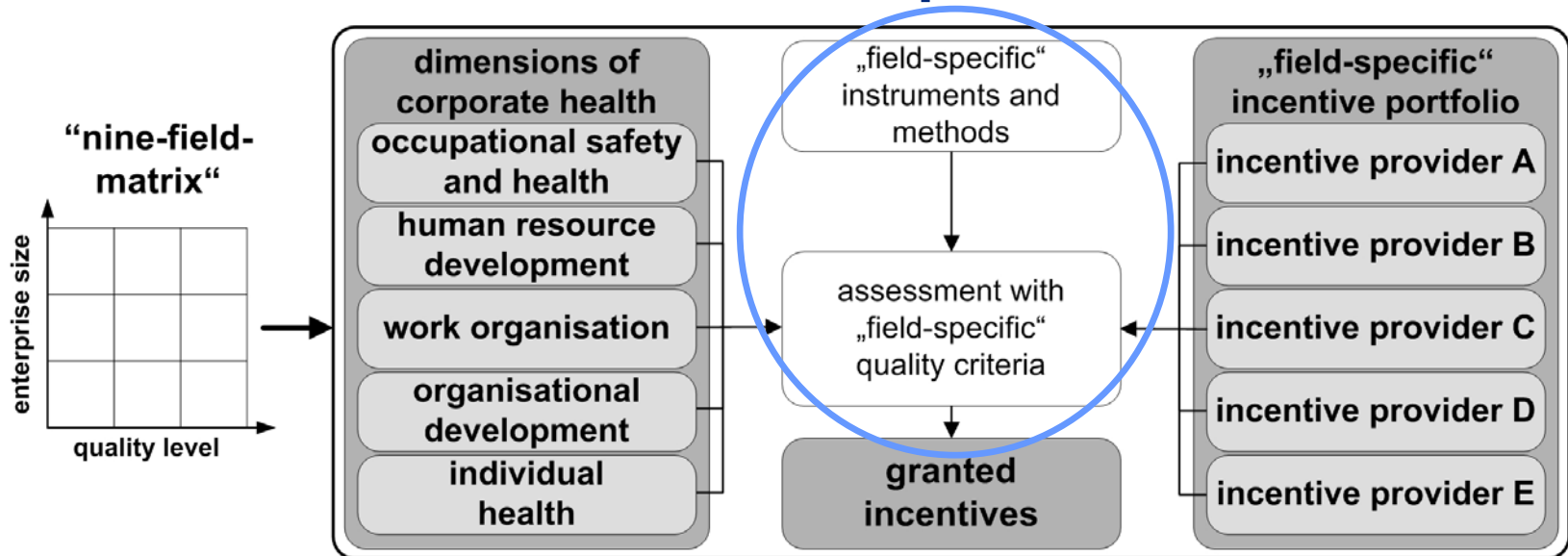
Core-elements of the incentive portfolio



□ Improvement of corporate health:

- ↪ Holistic understanding including all dimensions of corporate health
- ↪ Enterprises improve several or all of these dimensions within their corporate health management systems
- ↪ Providers link incentives with their focused dimensions of corporate health (e.g. health insurance stimulates activities in the dimension "individual health" by incentives)
- ↪ Premise: harmonised definition of the dimensions of corporate health through all incentive providers

Core-elements of the incentive portfolio



□ Assessment approach:

- ↪ As basis for the granting of incentives, improved dimensions of corporate health are assessed by the use of general quality criteria and indicators
- ↪ Quality criteria should include potentials and results
- ↪ Content design and formal aspects are determined by the basic conditions of the nine fields
- ↪ Adequate instruments and methods support the assessment of corporate health activities

Conclusions and future prospects

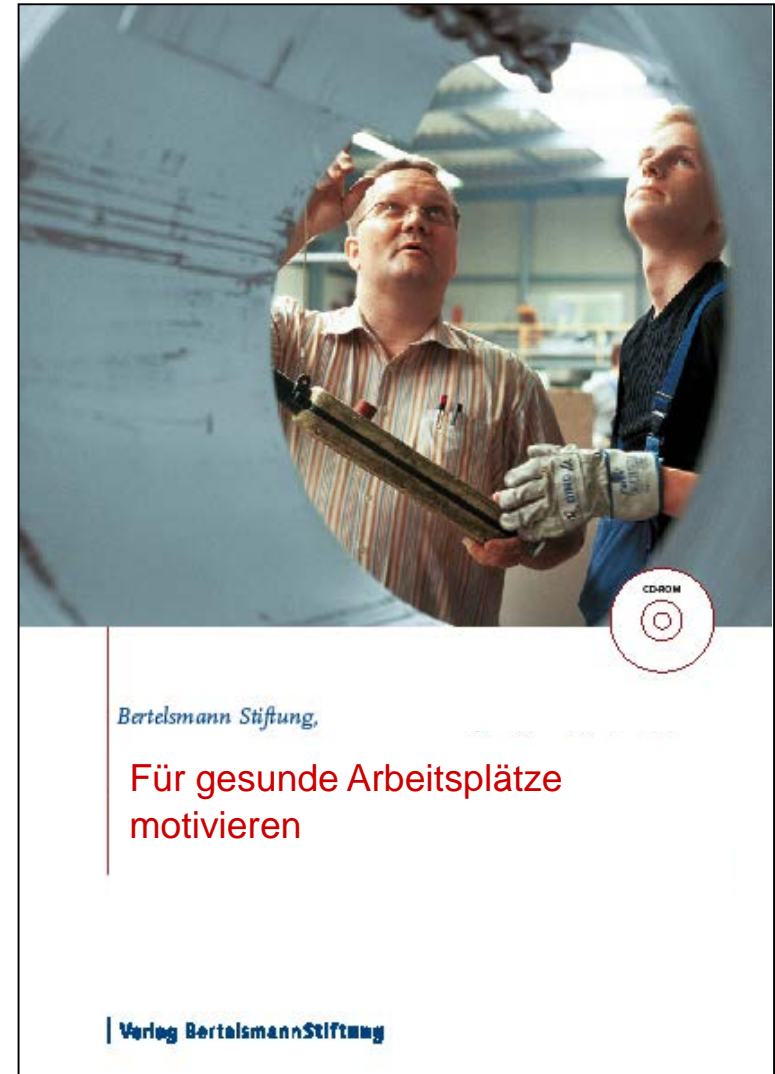
Benefits of cooperative incentive networks:

- For enterprises: Improved support of corporate health activities by coordinated incentive schemes
- For incentive providers: enlarged motivation effect for companies to invest in actions that decrease insurance's expenditures while still focusing their target groups

Further steps to be taken:

- Establish a consortium of interested incentive providers
- Concretion of a harmonised overall concept including adequate quality criteria and indicators
- Implementation within an evolutionary approach, maybe starting with 2 or 3 providers

**More detailed information
is available
(although only in
German)**



Illusionary or Realistic?

Which structures of cooperative incentive schemes are already existing in your countries?

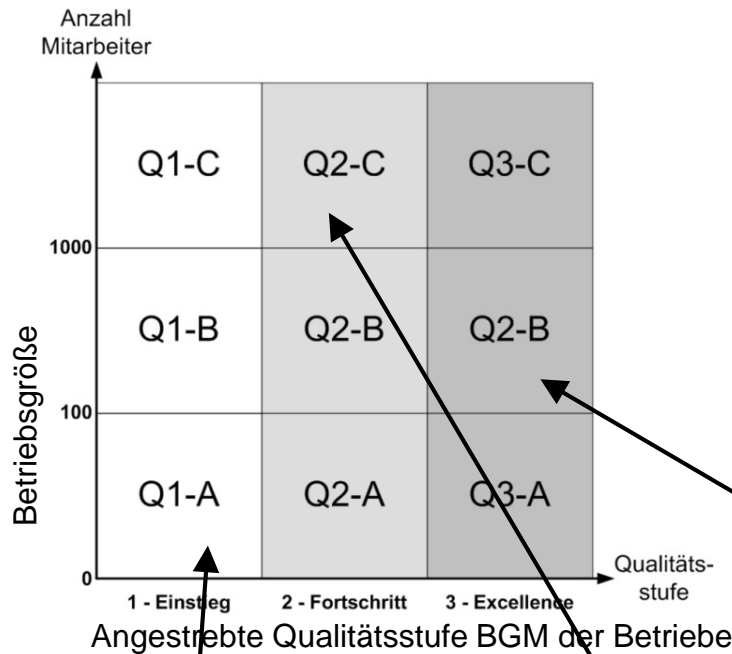
How can a cooperation of incentive providers be promoted?

support

Indicators to measure the effectiveness and efficiency of corporate health management

Evaluation Dimensions	Primary Stakeholders	Weighting in %	Indicator
Expenditures for Performance	Society	15	Hospital Expenditures
			Costs of ambulant treatment
			Substitutes for wages
			Costs of pharmaceuticals
Absenteeism Rate	Company	25	Muscle-skeleton-diseases
			Accidents
			Diseases of the respiratory tract
Accident Rate	Company, employee	25	1000-man-quota
			Contributions for professional associations having liability for industrial safety and insurance
Employees Health State Estimation	Employee	15	General
			Pain
			Strain
Employee Satisfaction	Company, employee	20	General
			Colleagues
			Leadership
			Organization
			Information

Bewertungsstandard: Perspektive der Unternehmen



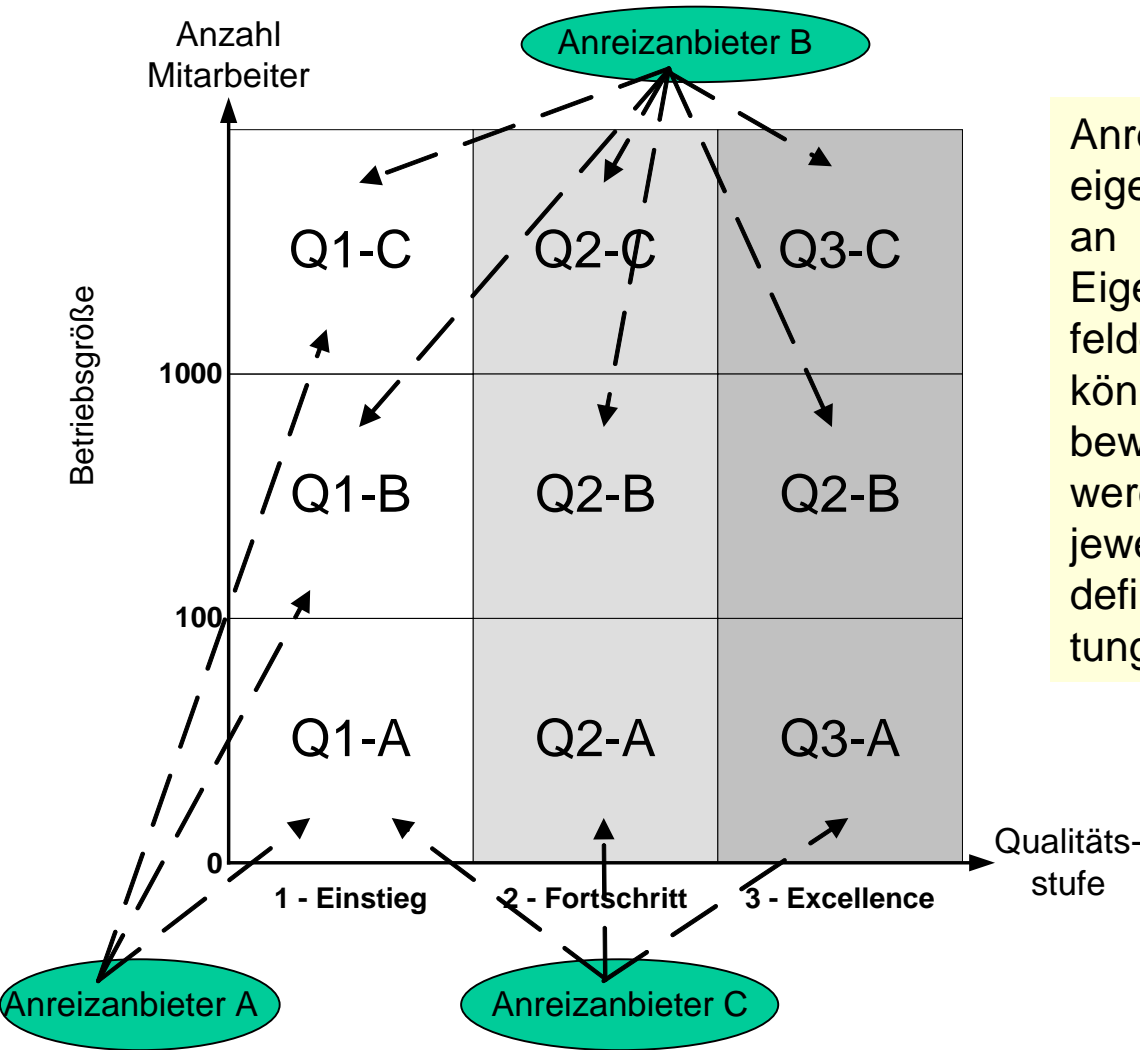
Unternehmen können nach eigenem Ermessen und Interessenlage die Qualitätsstufe auswählen, in der sie sich bewerben lassen. Die Zuordnung zur Betriebsgrößenstufe erfolgt von außen.

Unternehmen 1

Unternehmen 2

Unternehmen 3

Bewertungsstandard: Perspektive der Anreizanbieter



Anreizanbieter können sich nach eigenem Ermessen und Interessenlage an dem Anreizverbund beteiligen. Eigene Zielgruppen und Handlungsfelder, für die Anreize gewährt werden, können in Eigenregie aus der Gruppe bewerteter Betriebe herausgefiltert werden. Die Anreize werden vom jeweiligen Anbieter weiterhin frei definiert (z.B. kostenunterstützte Beratungsleistung, finanzielle Anreize).