



A Wellness Design for Vermont's Health Benefits Exchange

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1. Background

This report provides Vermont with a model for implementing and encouraging wellness through their Health Benefits Exchange (Exchange). As stated in the contract between the University of Massachusetts Medical School (UMass) and the state of Vermont, the goal of this task is to:

...design a wellness program component to be included in the Exchange, including an implementation plan, timelines and cost.

Vermont's commitment to wellness is comprehensive. Wellness for Vermonters encompasses the individual, the family and the community. At the most granular, individual level wellness is a "Healthy body, quiet mind."^a Discussions with Vermont Department of Health officials have emphasized a broad view of wellness.

Vermont's view of wellness is consistent with both the World Health Organization's (WHO) vision of health promotion and the Triple Aim as articulated by former chief of CMS, Donald Berwick, MD. The WHO defines health promotion as the "process of enabling people to increase control over their health and its determinants, and thereby improve their health."¹ The Triple Aim seeks to improve the health of populations, the experience of patients and to reduce the per capita cost of care.² At the center of all these concepts is a holistic view of wellness.

This report begins with a summary of federal and state regulatory guidance vis a vis wellness and Health Insurance Exchanges. Next we summarize discussions with stakeholders regarding a vision and goals for the Exchange in the realm of wellness. We conclude with recommendations for implementing wellness through the Exchange. The specifics of the implementation plan are reserved for the final report in this series.

2. Regulatory Guidance

While both the ACA and Vermont regulations and statutes recognize the role of wellness and health promotion programs in containing costs, the Vermont framework is more ambitious and more detailed with respect to wellness than is the ACA. This section will briefly outline key wellness provisions in the ACA and Vermont frameworks, with particular emphasis on Vermont's stronger provisions.

Certification. The two policy frameworks treat wellness quite differently with respect to certification of Qualified Health Plans (QHPs) eligible to participate in the Exchange. The ACA sections on certification do not specify wellness programs as a criterion, but Act 48 does so explicitly: among other factors, "promotion of high-quality care, prevention, and wellness" by a

^a Meeting, July 13, 2012 with Vermont Department of Health Access, Vermont Department of Health and the Vermont Department of Financial Regulation.

health plan must inform the certification decision by the DFR Commissioner.³ Similarly, the ACA assigns no role to wellness programs in the plan quality ratings that Exchanges will have to apply in the future (though later federal rulemaking on the rating system will likely do so). Act 48 makes wellness a key feature of the rating system planned for Vermont, going so far as to call the Vermont system a “quality and wellness rating.”⁴

Incentives. Policies toward the use of plan- and member-level incentives to promote wellness also differ. At the health plan level, the ACA lays out a broad vision for incentives for wellness programs through payment methodologies, but with no details provided until future rulemaking.⁵ Act 48 expands the ACA vision by adding goals of cost containment, improved health outcomes, and member satisfaction to language on plan payment incentives.⁶

With respect to member-level incentives, while both the ACA and Vermont regulation H-2008-05 (Rule 8-05) have the same language directing that incentives be made available to all similarly situated individuals, Vermont more strictly regulates aspects of incentives that potentially discriminate based upon health status. Rule 8-05 states that incentives (such as premium discounts or other member rewards) may only be based on program participation, not on “an individual achieving a specified health status.”⁷ Rule 8-05 also limits the total monetary value of member incentives to a maximum of 20 percent of premium cost.⁸ In addition, Rule 8-05 allows plans to offer split benefit designs, with basic and preferred benefit levels. Continued enrollment in the preferred benefit level is contingent upon member participation in wellness activities, such as annual health risk assessments and care management plans.⁹ The ACA language on potential health status discrimination is less strict. Incentives can be based on health status, provided that their monetary value does not exceed 30 percent of the premium cost. Moreover, the maximum allowable value may be raised to 50 percent of the premium cost at the federal government’s discretion (through the HHS, Labor, and Treasury Departments.)¹⁰

Stand-alone wellness programs. Finally, Act 48 contains a provision allowing (though not mandating) the Exchange to offer wellness programs to insurers outside the exchange, and directly to employers.¹¹ The ACA does not address the possibility of Exchange-sponsored wellness programs (though given the emphasis on state flexibility throughout the ACA framework, there is no reason to suppose they would be disallowed.) Providing stand-alone wellness programs would give Vermont a unique opportunity to pursue its vision of wellness and health promotion beyond the Exchange’s functions in regulating participating health plans.

3. Vermont Wellness Vision and the Exchange

“Healthy individuals, healthy families and healthy communities:”^b a simple, yet comprehensive statement of a vision of wellness for Vermont. This vision crosses the medical divide and firmly

^b Meeting July 13, 2012 with Vermont Department of Health Access, Vermont Department of Health and the Vermont Department of Financial Regulation.

places wellness in a contextual setting. Wellness depends on the environment as much as it depends on the actions of individuals.

Versions of this vision have been articulated in different settings. For example, Vermont's *Healthy People 2020* vision is "Healthy Vermonters living in healthy communities."¹² Likewise, Vermont's *Strategic Plan for Health Reform 2012-2014* states: "support improvements in the health of Vermont's population."¹³ The strategies to support this goal include improving access to preventive services and supporting communities to engage in public health activities. Ultimately, Vermont may consider that wellness be the lens by which all health policy decisions are made.

At the recent meeting (July 13, 2012) with the Vermont Department of Health Access, Vermont Department of Health and the Vermont Department of Financial Regulation, stakeholders discussed how the state's vision for wellness can be furthered through activities of the Health Benefits Exchange. The Exchange was viewed as an important vehicle to inform and empower Vermonters about health and wellness. Thus the role for the Exchange encompassed education and the provision of tools and supports to enhance an individual's skills and motivate them to engage in wellness.

Stakeholders identified the following specific goals for the Exchange vis a vis wellness. The Exchange will:

1. Enable individuals to identify health risks
2. Link individuals to tools and supports that motivate and engage them in wellness
3. Provide education to individuals about basic health concepts
4. Provide tools to support the development of healthy communities.

4. A Wellness Model for Vermont's Health Benefits Exchange

We propose a wellness model for Vermont's Health Benefits Exchange that includes a description of the following components: mode of delivery, target audience, topics, interventions and incentives. Each of these components is discussed below.

4.1 Mode of delivering wellness through the Exchange

A Health Benefits Exchange may deliver wellness content in two ways: directly through its website and in the future through its decisions about certification requirements for Qualified Health Plans.

[4.1.1 Web](#)

Offering wellness content through its website is perhaps the most straightforward method of wellness delivery available to the Exchange. This would also be in keeping with a provision of

Act 48.^c A well designed and eye-catching online wellness page will grab the consumer's attention and lead them to desired wellness content.

[4.1.2 Certification](#)

Act 48 states that the commissioner must consider wellness in the decision-making process about whether a plan should be considered qualified:

Act 48 § 1806 (a) Prior to contracting with a health insurer to offer a qualified health benefit plan, the commissioner shall determine that making the plan available through the Vermont health benefit exchange is in the best interest of individuals and qualified employers in this state. In determining the best interest, the commissioner shall consider affordability; promotion of high-quality care, **prevention, and wellness**; promotion of access to health care; participation in the state's health care reform efforts; and such other criteria as the commissioner, in his or her discretion, deems appropriate. [emphasis added]

As the Exchange and DFR gain experience with certification, Vermont may wish to require specific wellness content or specific wellness interventions to be offered by plans.

[4.1.3 Wellness Fund](#)

Similar to the fund that supports the Blueprint, Vermont might consider establishing a wellness fund to be supported by insurers. This fund could be used to offer enhanced wellness programming through the exchange (see below, "Coaching/peer to peer support," page 12). It could also be used for selected social and environmental modifications or programs.

4.2 Audience for the Exchange's wellness page

The audiences for the Exchange's wellness offerings fall into three groups: (1) all residents of Vermont; (2) individuals purchasing insurance through the non-group market on the Exchange; and (3) businesses participating in the Exchange's small group market.

The content and topics for each group should be similar although enhanced interventions may be offered to those purchasing insurance through the Exchange (see below section 4.4 Interventions).

4.3 Wellness topics to be covered

Topics to be offered through the Exchange may be divided into two categories: core topics and supplemental topics. Core topics include the key wellness priorities for the state and should be covered by the basic benefit package and displayed on the website. Supplemental topics represent essential wellness areas for Vermont and should be considered a close second behind the core topics for incorporation into the Exchange.

^c Act 48, §1803(c) (2) The Vermont health benefit exchange may offer certain services, such as wellness programs and services designed to simplify administrative processes, to health insurers offering plans outside the exchange, to workers' compensation insurers, to employers, and to other entities.

4.3.1 Core topics

Wellness topics covered by the Exchange should include the top priorities for the Vermont Department of Health:

- *Tobacco* – Tobacco use is considered to be one of the most preventable causes of mortality in the United States. According to the Vermont Department of Health (VDH) website, nearly 800 Vermonters die from smoking related illnesses each year. As such tobacco cessation is a key wellness initiative in the State of Vermont and has been for many years. In 2000, the Healthy Vermonters 2010 plan identified “cutting smoking rates in half”¹⁴ as a major goal, and as result launched the Vermont Department of Health Tobacco Control program. Currently the Vermont Blueprint for Health (Blueprint), Chronic Care Initiative also addresses smoking by offering enhanced tobacco cessation support and counseling.¹⁵ To ensure consistency and build on the important work previously conducted, Vermont seeks to include tobacco as one of the core wellness topics for its health benefit exchange.
- *Physical Activity and Nutrition* – In 2011, the United Health Foundation named Vermont as the healthiest state in the US, however according to the VDH Fit and Healthy Vermonters initiative, more than 59% of Vermont adults are overweight, with 22% being obese. Recognizing the impact of overweight and obesity in Vermont, the Fit and Healthy Vermonters Initiative has developed a prevention plan that specifically addresses physical activity and nutrition in its vision: “All Vermonters will live in communities that enable them to make healthy food choices and lead physically active lives.”¹⁶ To align with the Fit and Healthy Vermonters Initiative, the Exchange’s wellness portal should address physical activity and nutrition as core components.
- *Mental Health/Substance Abuse* – Vermont acknowledges the importance of emotional well being with regard to overall wellness. This is evident from Vermont’s basic definition of individual wellness in that “healthy mind” is given an importance that is equivalent to a “healthy body.” Additionally Vermont is actively looking to integrate substance abuse treatment into primary care. For instance, the Blueprint Community Health Teams (CHT) often include social workers or licensed mental health workers that are available to provide “in-house” mental health services. The Blueprint also offers Wellness Recovery Action Plan (WRAP) services, a standardized group intervention for those experiencing mental health issues.

These areas were identified by stakeholders as key topics on July 13, 2012. They are also called out in the Vermont Department of Health’s *Strategic Plan*.¹²

4.3.2 Supplemental topics

In addition to addressing the traditional, core wellness components, Vermont is committed to expanding its wellness programming into a more comprehensive and holistic framework. Vermont recognizes the interconnectedness of various systems in which people live, work, and play and therefore would like to eventually operate a statewide wellness model that: supports

individuals, strengthens families, reduces violence, and creates healthy communities. As such, the Exchange's wellness webpage will include information on these supplemental topics until they can be more fully integrated into an overall wellness model. Supplemental topics have been divided into three groups: supporting individuals, supporting families and supporting communities.

Supporting individuals

There are a number of factors that impact an individual's ability to achieve his/her highest state of wellness. Unfortunately, many of the current wellness models have only focused on those that are "medically based." Vermont is committed to supporting individual wellness by addressing additional wellness determinants, especially those that are psycho-social in nature and represent good health rather than just the absence of disease. Two key areas of interest include: overall stress reduction and training in good sleep habits.

Stress

The experience of stress plays a significant role in overall wellbeing and has been shown to impact both physical and mental health. Many wellness programs seek to remediate stress by helping people learn to better manage their responses to stressful situations through the use of stress reduction or stress management techniques.

Basic Recommendation - Stress: The Exchange's Wellness portal should minimally include information about the topic of stress as well as provide information about stress management techniques. The Mayo Clinic Stress Reduction Webpage offers a variety of stress related information including: an in-depth overview of stress and stress management techniques; expert answers on stress; and a stress management blog (see Figure 1). The Medline Plus Managing Stress tool is an interactive tutorial focused on stress and stress management.

Additionally we recommend incorporating some expanded information about the Healthier Living Workshops available through Vermont's Blueprint for Health including: an easy-to-read description of the workshops, eligibility criteria, information about enrolling, costs, and workshop scheduling.

Many time stress management techniques may be adequate in reducing stress, however, there are instances in which the root cause of the stress needs to be addressed, i.e. housing, financial issues.

Preferred Recommendation - Stress: Vermont should begin to address some of the socio-economic determinants of stress through its wellness portal by linking to the Vermont 2-1-1 webpage and database: vermont211.org. The Vermont 2-1-1 database contains information on approximately 730 agencies, 2,278 programs, and 6,890 services. Due to the volume of information available, we recommended working with Vermont 2-1-1 program to develop a

Figure 1: Basic Stress Reduction Websites

Mayo Clinic Stress Management Page:
<http://www.mayoclinic.com/health/stress-management/MY00435>

Medline Plus, Managing Stress Interactive Tool (US National Library of Medicine and National Institute of Health):
<http://www.nlm.nih.gov/medlineplus/tutorials/managingstress/htm/index.htm>

webpage that contains some key resources and programs for each county. Having this information readily available via the Exchange wellness portal would “make it easy” for Vermonters “to do the right thing.”

Sleep

For many decades the impact of adequate sleep on overall health and well-being went largely unrecognized. Recently, however, the public health community has become increasingly aware of sleep’s essential role in health promotion and disease prevention.¹⁷ Sleep insufficiency has

been associated with numerous chronic diseases as well as motor vehicle accidents causing death and disability.

Figure 2: Basic Sleep Websites

CDC Sleep and Sleep Disorders

www.cdc.gov/sleep/

National Sleep Foundation

www.sleepfoundation.org

NIH National Center on Sleep
Disorders Research

www.nhlbi.nih.gov/about/ncsdr/index.htm

Basic Recommendation - Sleep: The Exchange’s wellness portal can address the importance of adequate sleep by including some basic information about sleep and good sleep habits. The CDC Sleep and Sleep Disorders webpage provides some basic information about sleep including amount of sleep needed and sleep hygiene tips (see Figure 2: Basic Sleep Websites).

Preferred Recommendation - Sleep: We recommend that Vermont take the Exchange wellness portal a step

further by providing information about sleep for identified populations, e.g. children versus adults versus medical professionals.

The National Sleep Foundation offers information about sleeping needs and patterns in both adolescents and children, as well as a variety of other sleep related topics applicable to adults. The National Institute for Health’s National Center on Sleep Disorders Research website includes a specific page for “professional education” which includes links to scholarly articles and resources for professionals. Vermont may want to consider combining elements from both these pages to develop one comprehensive sleep information page.

Strengthening families

Strengthening families through parenting support and other activities is a key priority of Vermont. This requires coordination across several agencies, including the Department of Mental Health, the Department of Education and the Vermont Department of Health. Potential activities include parenting classes and resiliency training.

Vermont has received funding through the ACA for home visiting programming and is implementing the Nurse Family Partnership program, an evidence-based home visiting model. While the current version of the program is designed for first-time pregnant women, Vermont is very interested in creating a more comprehensive home visiting system of care for vulnerable populations of pregnant women and young families.

Lactation support for new mothers represents another area of interest to Vermont. The Exchange can support this topic, as well as strengthening families through parenting support, by posting resources on its website and linking to existing evidence-based programs.

Strengthening communities

Safety is a fundamental human need that impacts many aspects of daily life including wellness. Vermont recognizes the significant role of strong communities in supporting individual and family wellness. As such Vermont is working towards strengthening communities that will help support Vermonters achieve their goals. There are a number of topics related to strengthening communities; however, Vermont is particularly interested in increasing safety for residents on the road, in the workplace, at school, and in the home.

Both the “211” resource and links to community initiatives from the Exchange website could help further this important agenda.

4.4 Interventions

The Exchange through its certification process or through website content will, in theory, be able to offer a full-range of wellness interventions. The types of interventions included in Table 1 below represent the wellness interventions most frequently encountered in UMass’ research process. We have identified 14 major intervention types and have grouped them into five large categories: risk assessments, education and awareness, behavior modification, environmental modification, and cross-cutting. Details on the intervention types and the evidence for their effectiveness are documented in Appendix One: Evidence of the Effectiveness of Wellness Interventions.

Table 1: Common Categories of Wellness Interventions

<i>Intervention Type</i>	<i>Description</i>
Risk Assessments	
Health Risk Assessments (HRA)	A systematic approach to collecting information from individuals that identifies risk factors. It can also provide individualized feedback and can link the person with at least one intervention to promote health, sustain function and/or prevent disease. ¹⁸
Biometric Assessments	Measurement of physical characteristics such as height, weight, body mass index, blood pressure, blood cholesterol, blood glucose, and aerobic fitness tests that can be used to benchmark and evaluate changes in employee health status over time. ¹⁹ May be conducted as part of an HRA.
Education and Awareness	
Self-Help Materials	Literature and techniques presented in a variety of medium based formats (pamphlet, book, and DVD) that are intended to support an individual in self-treatment with little or no direction from professionals. ²⁰
Mass Media Campaign	The use of existing media (television, radio, newspapers) to expose large proportions of the population to health promotion messages. ²¹

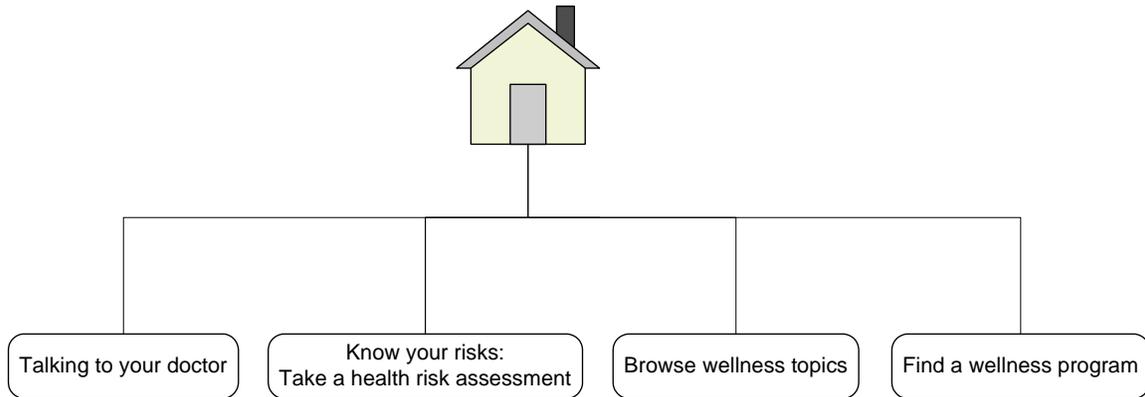
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Intervention Type	Description
Community-wide Campaign	Large-scale, multi-component campaigns that deliver messages using multiple media forms such as television, radio, newspaper, etc. They also include on the ground components such as risk assessment, counseling, and health fairs. These interventions are generally sustained efforts with ongoing high visibility and involve many sectors and partnerships. ²²
Information and Referral to Community Based Programs	Provision of information about and referral to existing programs in an individual's community.
Health fairs	Events that provide an opportunity to disseminate health information to the public at booths and/or to provide health screenings ²³
Behavior Modification	
Individualized Counseling	One to one interaction which provides support and guidance to participant. May be conducted in person or remotely (phone or web).
Group Counseling	Behavior change support provided in a group setting.
Peer Support/Peer provided services	The provision of emotional, appraisal, and informational assistance by an individual who possesses lived experience of the same behavior, stressor, or illness as the target population. Services may be provided telephonically or in a community setting. ²⁴
Health Coaching	Method to educate and help individuals address their health needs through motivation and maintained behavioral change. ²⁵ Health coaching is an accountability relationship and usually involves motivational interviewing, goal setting, and obstacle identification.
Environmental Modifications	
Physical Environment Modifications	Altering policy and structures that impact the physical environment. For example, establishing policies that ban smoking or vending machines at a specific location. Instead, policies might enhance walking or biking trails, increase vending machine healthy choices, subsidize healthy snacks or meals at work, support gym facilities, bike racks, etc.
Social Environment Modifications	Altering policy and structures that impact the social environment. ²⁶ For example, changing policies such that they allow employees to participate in wellness related activities during work hours without being penalized. Limiting days and hours of alcohol sales.
Cross-Cutting	
Computer Technology Interventions	Electronic, computer based interventions used to promote and support wellness. Computer technology interventions often incorporate other types of interventions such as health coaching, health risk assessments, educational programs and etc.

[4.4.1 Wellness interventions delivered through the Exchange](#)

We recommend that the Exchange create a wellness section on its website. From the wellness homepage the consumer can select to browse wellness topics, find a wellness program, explore general health literacy topics, or opt to take a health risk assessment.

Figure 3: Sample Wellness Homepage Map



Health risk assessment as a gateway tool

We recommend that the Exchange offer a health risk assessment (HRA) for several reasons. Although the risk assessment, as a standalone intervention lacks clear efficacy, when used with a combination of other interventions such as immediate feedback, health coaching and when necessary program referral, the HRA acts as a gateway to behavior change. The benefits of including an HRA on the Exchange’s website are that it is self-administered and can identify risk factors and needs of the individual.

Figure 4: Sample HRA Tools

Blue Cross Blue Shield Wyoming Wellness:

https://www.bcbswy.com/wellness/health_assessment/

Harvard Disease Risk Index:

<http://www.diseaseriskindex.harvard.edu/update/hccpquiz.pl?lang=english&func=home&quiz=stroke>

The BCBS Wyoming Wellness HRA tool (Figure 4) provides a comprehensive view of wellness. It covers tobacco use, nutrition, exercise, emotional health, stress, gender specific prevention issues, physical health, blood pressure and cholesterol. The report offers suggestions for modifying identified risk factors.

The Harvard Disease Risk Index (see Figure 4: Sample HRA Tools) assesses risk for 12 different types of cancer as well as risk for osteoporosis, diabetes, heart disease and stroke. The resulting report includes text with suggestions for reducing risk as well as links to authoritative websites for more information.

The ideal health risk assessment for Vermont should blend some of the features of each tool: BCBS’s comprehensive assessment and the Harvard tool’s approach to targeted education that includes links at the completion of the assessment. Vermont’s health risk assessment should consider adding substance abuse screening as well; neither of the two above referenced examples include such a screening.

General education

The Exchange's wellness web page offers an ideal opportunity to deliver general education about health and health literacy. Topics included in this section should consist of healthy eating,

Figure 5: Examples of Health Literacy Links

<http://www.ahrq.gov/questions/>

<http://www.mass.gov/eohhs/consumer/insurance/masshealth-member-info/wellness/talking-to-your-doctor-or-nurse-ask-me-3.html>

<http://www.consumerreports.org/health/doctors-hospitals/your-doctor-relationship/how-to-talk-to-your-doctor/getting-started/getting-started.htm>

<http://www.jointcommission.org/speakup.aspx>

physical activity, tobacco cessation, substance abuse, basic prevention activities, talking to your doctor and other health literacy subjects. In addition to the Vermont Department of Health's page -

<http://healthvermont.gov/prevent/> - HealthFinder.gov

has a webpage devoted to basic wellness tips

(<http://www.healthfinder.gov/prevention/category.aspx?catId=9>).

A critical component of general education is health literacy. Health literacy represents a modifiable risk factor and can influence health outcomes.²⁷ The Joint Commission, AHRQ, Consumer Reports, have all developed campaigns to educate consumers to take an active role in their health care. Sample links are

displayed to the left (Figure 5).

Targeted education

The results of a health risk assessment when paired with targeted education plays a pivotal role initiating behavior change. We recommend that the Exchange's wellness page offer an array of educational material targeted to the specific components of the Exchange's HRA tool and consistent with Vermont's overall vision for wellness.

Links to the existing Vermont Department of Health content website could be highlighted, e.g. diabetes prevention and control

(<http://healthvermont.gov/prevent/diabetes/diabetes.aspx>).

Additional content could be pulled from other websites (Figure 6) to bridge gaps in VDH's content.

Figure 6: Sample Links for Targeted Education

<http://healthvermont.gov/prevent/>

<http://healthfinder.gov/>

We also recommend that educational information be tailored to individuals and their specific risk profiles to maximize impact. Tailored education goes beyond the provision of targeted, domain specific information (e.g. same educational information for all participants at high risk for a particular disease), and gets to individual underlying risk factors by providing specific action oriented recommendations (e.g. swapping whole grains for refined carbohydrates, if it is an identified issue). Presenting tailored messages results in greater personal relevancy and therefore increases the likelihood of participants changing or adopting new behaviors. The Harvard Disease Risk Index tool (see Figure 4) has incorporated such a semi-tailored education approach into its HRA process

However, we recognize that there are challenges to tailoring education via a web-based portal. Tailoring can be more costly and time intensive in terms of programming than targeted education. Resources must be considered when determining how education materials will be implemented and maintained. If appropriate resources are not available, we minimally recommend providing education targeted to specific issues, e.g. high cholesterol, high blood pressure, low physical activity.

Coaching/peer to peer support

Both health coaching and peer support have been shown to positively impact individual wellness including: medication adherence, psycho-social perceptions, perception of illness and health outcomes. The Exchange's role in providing health coaching and peer support is limited to making referrals through web links to in-person programs or offering an online coaching/peer-support program.

Our *Literature Summary Report* (June 27, 2012) found that web-based programs may be more cost-effective and less administratively burdensome^{28 29} than in-person programs. Web-based programs offer participants a strong sense of interactivity, user appeal, and engagement compared with more traditional modes of delivery. Web-based programs also offer a sense of anonymity which may allow users to feel more comfortable participating in a wellness program, as well as easier access to important health and wellness information, coaching, and support.²⁸

We recommend that at the basic level, Vermont's Exchange provide links to approved, evidence-based coaching and peer support programs. These programs could include podcasts with content developed by other organizations. For example, the Massachusetts Department of Public Health offers "Health Note" podcasts covering a variety of topics including flu shots, prostate health, and the importance of hand washing.^d

Should funding for an expanded coaching program become available, we recommend that the Exchange offer online, interactive coaching programs or telephonic coaching.

4.5. Incentives

The evidence-based literature shows that incentives can encourage participation in wellness activities, but do not necessarily improve long term outcomes. In an effort to motivate long-term outcomes, the ACA allows employers to tie incentives to results such as blood-pressure control or weight loss.³⁰ Incentives could take the form of rewards, reduced cost-sharing or rebates for participating in wellness.

The thorny question is whether similar rewards could be offered to individuals purchasing through the non-group market. Vermont law does permit non-group carriers to offer incentives.^e

^d <http://www.mass.gov/eohhs/consumer/wellness/health-promotion/dph-podcast/dph-health-note-podcast.html>

^e 8 V.S.A. § 4080b (2012)

What is unclear is whether federal provisions, which limit allowable rating factors in the non-group market, will permit application of Vermont's law allowing premium incentives.^f

There is also a strong potential for unintended consequences with incentives tied to premiums as permitted under the ACA. If individuals who are unable to meet wellness targets or unwilling/unable to participate in programs see their premiums increased as a penalty, they may drop insurance altogether. Vermont needs to move cautiously in this arena.

We recommend that Vermont consider encouraging QHPs to offer incentives to consumers for participating in wellness with the caveat that the preferred type of incentive would not be tied to the consumer's health insurance premium or other cost sharing mechanisms. We also recommend that Vermont move slowly on the idea of offering premium rebates tied to wellness. First, consult with Vermont state legal authorities regarding whether incentives can be used in the non-group market. Second, fully study and understand the potential for adverse selection that may result from incentives tied to premiums.

5. Summary of Recommendations and Next Steps

We recommend a two stage approach to implementing wellness for the Exchange. The first stage should be operational when the Exchange opens, with the second stage commencing in 2016.

Delivery mechanism: For phase one, the Exchange should build a wellness module for inclusion on the Exchange website. For phase two, we recommend the Exchange explore adding certification requirements for QHPs related to wellness.

Audience: For phase one we recommend that Vermont prepare wellness material that is accessible to all Vermonters. For phase two, we recommend the Exchange prepare additional content for businesses and individuals purchasing through the Exchange.

Content: For phase one, the homepage of the Exchange's wellness module should offer access to (1) basic health and health literacy information; (2) a health risk assessment tool; (3) wellness topics; (4) links to wellness programs. The wellness topics should, at a minimum, cover the top four Vermont wellness priorities – tobacco, nutrition, physical activity and mental health/substance abuse. Supplemental topics for consideration include stress, sleep, parental education and other ways to support families.

For phase two, the Exchange should consider offering online coaching and peer-to-peer support related to risks identified through the health risk assessment process

^f §2705 (a)(1) limits rate variation to whether the plan or coverage covers an individual or family, rating area, age and tobacco use.

Incentives: Vermont should tread cautiously in these waters as the risk of unintended consequences appears high. At a minimum, we recommend that Vermont encourages plans to offer incentives for participation.

Next Steps: The wellness implementation plan (August 3, 2012) will include both the inventory of Vermont's wellness activities as well as a timeline and strategy for implementing the model presented in this report.

Appendix One: Evidence of the Effectiveness of Wellness Interventions

Interventions for Discussion	Evidence for Intervention Effectiveness	Topics addressed	Related Vermont Initiatives	Considerations
Risk Assessment				
<p>1. Health Risk Assessments (HRA)</p>	<ul style="list-style-type: none"> Potentially effective in stimulating the interest in behavioral change, especially for certain populations, but does not directly impact health outcomes. HRA given in conjunction with a combination of immediate feedback, health coaching and when necessary program referral may be more effective in impacting behavior change. 	<ul style="list-style-type: none"> Tobacco Cessation Weight Management Stress Management Physical Fitness Nutrition Heart Disease Management Diabetes Prevention Substance Use Mental Health 	<ul style="list-style-type: none"> BCBS employee wellness program MVP employee wellness program Vermont State employee wellness program Rutland Mental Health employee wellness program Vermont Educational Health Insurance Trust wellness program 	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> Can be useful in identify risk factors and needs of a particular individual or population Can identify individuals eligible for a specific program Can be self-administered using paper or web modalities. Depending upon the design, it can be relatively low in cost and administrative burden <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> May not be sufficient on its own to promote behavior change.
<p>2. Biometric Assessments</p>	<ul style="list-style-type: none"> Limited information about the effectiveness of biometric screening on its own. Evidence suggests it is most effective as a gateway intervention, that is when feedback to individuals and combined with health education programs.³¹ 	<ul style="list-style-type: none"> Weight Management Physical Fitness Heart Disease Management Diabetes Prevention Substance Use 	<ul style="list-style-type: none"> Vermont State employee wellness program Fletcher Allen Healthcare Dartmouth Hitchcock Medical Center MVP Healthcare Rutland Mental Health employee 	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> Can be useful in identify risk factors and needs of a particular individual or population Can identify individuals eligible for a specific program Can promote be use of primary care physician (PCP), e.g. PCP can administer assessment. <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> Must be conducted by a medical provider. Without additional services, e.g. counseling and referral, has limited effectiveness.

A Wellness Design for the Health Benefits Exchange

Interventions for Discussion	Evidence for Intervention Effectiveness	Topics addressed	Related Vermont Initiatives	Considerations
			wellness program <ul style="list-style-type: none"> Howard Center BCBSVT 	
Education and Awareness				
3. Self Help Materials	<ul style="list-style-type: none"> In general, self help materials are only minimally effective in changing behavior when compared to no intervention.³² However, self-help materials <u>tailored to an individual's situation</u> have been demonstrated to be effective.^{20, 32} 	<ul style="list-style-type: none"> Smoking Cessation Mental Health Substance use Weight management Nutrition 	Community Tobacco Coalition <ul style="list-style-type: none"> Fit and Healthy Vermonters VDH Diabetes Self-Management Education 	<i>Intervention Benefits:</i> <ul style="list-style-type: none"> Does not require professional support Can be performed by the participant at their leisure Is low in cost and labor intensity Can be implemented in a variety settings Can be provided in a variety of mediums (written, video, audio) Can be proactively distributed, e.g. by wellness coordinator, provider <i>Intervention Challenges:</i> <ul style="list-style-type: none"> Tailoring requires resources Requires participant to self-motivate May only be useful for individuals who have achieved a certain "stage of change"
4. Mass Media Campaign	<ul style="list-style-type: none"> Mass media campaigns have been shown to be at least moderately effective within multiple domains and tend to be more effective when combined with multiple interventions and when used for episodic rather than habitual behaviors. Additionally, campaign effectiveness may be impacted by the intensity and duration of the campaign.³³ 	<ul style="list-style-type: none"> Smoking Cessation Mental Health Substance use Weight management Nutrition Healthy Lifestyle (injury prevention) 	Community Tobacco Coalition <ul style="list-style-type: none"> Eat for Health Get Moving Vermont 	<i>Intervention Benefits:</i> <ul style="list-style-type: none"> Has the potential to impact a significant number of individuals and populations Has been demonstrated to positively impact behavior. Employing multiple media formats to convey message Repetitive marketing to target populations. <i>Intervention Challenges:</i> <ul style="list-style-type: none"> Can be costly Is not tailored to individuals particular needs It is difficult to assess the effectiveness of mass

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Interventions for Discussion	Evidence for Intervention Effectiveness	Topics addressed	Related Vermont Initiatives	Considerations
				media campaigns and make any attributions for behavioral change.
5. Community-wide Campaign	<ul style="list-style-type: none"> The Community Preventive Services Task Forces strongly recommends community-wide campaigns, especially to increase physical activity,³⁴ use of child seats,³⁵ and the use of folic acid supplements to prevent neural tube defects³⁶ 	<ul style="list-style-type: none"> Physical Activity Healthy Lifestyles (healthy pregnancy, injury prevention) 	A. Fit and Healthy Vermonters	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> Community-wide campaigns involve multiple community sectors and have high visibility <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> Coordinating multiple stakeholders can be time-consuming
6. Information and Referral to Community Based Programs	<ul style="list-style-type: none"> Minimal effectiveness with regard to increasing participation and improving success.^{37 38} Lack of individualized support may play a significant role in model effectiveness (Stakeholder Interview, May 2012). 	<ul style="list-style-type: none"> Smoking Cessation Mental Health Substance use Weight management Nutrition Healthy Lifestyle (injury prevention) 	Fletcher Allen Community Resource Center <ul style="list-style-type: none"> Bi-State Member Organizations 	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> Is relatively low in cost and labor intensity Can be implemented in a variety of settings. Provides individuals information about what is available in their community Takes advantage of already existing programs and reduces redundancy <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> Requires participant to initiate intervention without support; One size fits all approach, does not take into consideration individual needs
7. Health fairs	<ul style="list-style-type: none"> Demonstrated to be effective in influencing health behaviors, such as visiting a primary care physician, especially combined with other intervention such as health risk assessments and biometric screenings.³⁹ 	<ul style="list-style-type: none"> Tobacco Cessation Weight Management Stress Management Physical Fitness Nutrition Heart Disease Management Diabetes Prevention Healthy Lifestyle 	Bi-State Member Organizations	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> May involve participation from multiple organizations and as such promotes collaboration. Happens in the community setting and may be more accessible. Provides a significant amount of information at one time. Takes advantage of already existing programs and reduces redundancy Can be combined with other interventions, such as health risk assessments and biometric screenings. <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> Requires significant promotion to ensure enough

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Interventions for Discussion	Evidence for Intervention Effectiveness	Topics addressed	Related Vermont Initiatives	Considerations
		(Injury Prevention)		participants to justify costs; <ul style="list-style-type: none"> Requires dedicated staff to plan and run health fair.
Behavior Modification				
8. Individualized Counseling	<ul style="list-style-type: none"> Both brief and intensive individualized counseling has been shown to be effective.³⁸ It is not clear if there is a clinically relevant dose response effect.^{40 41} Model effectiveness may increase with the addition of other intervention components. However the magnitude of the increase is not clear.^{42 43} 	<ul style="list-style-type: none"> Smoking Cessation Mental Health Substance use Weight management Nutrition 	Community Tobacco Coalition <ul style="list-style-type: none"> Youth Prevention Tobacco Control Special Supplemental Nutrition Program for Women, Infants and Children (WIC) American Lung Association, VT chapter 	<i>Intervention Benefits:</i> <ul style="list-style-type: none"> Can be tailored to participant Provides varying levels of support Can be provided using multiple platforms (in-person, telephone, web-based) Could be included as part a benefits package <i>Intervention Challenges:</i> <ul style="list-style-type: none"> Is time intensive Needs to be facilitated by an appropriately trained individual Requires significant financial resources if offered to large populations
9. Group Counseling	<ul style="list-style-type: none"> Is effective when compared to less intensive interventions.⁴⁴ Efficacy may increase when paired with additional interventions Model effectiveness increases when certain behavioral components are included: problem solving, skills training, and social support development³⁸ 	<ul style="list-style-type: none"> Smoking Cessation Mental Health Substance use Weight management Nutrition 	Community Tobacco Coalition <ul style="list-style-type: none"> Youth Prevention Tobacco Control Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Diabetes Support Groups 	<i>Intervention Benefits:</i> <ul style="list-style-type: none"> Can support the development of social supports that would last beyond the counseling period. Less time and resource intensive then individualized counseling. Requires physical space for group facilitation. <i>Intervention Challenges:</i> <ul style="list-style-type: none"> Needs to be facilitated by an appropriately trained individual Requires participant to feel comfortable in group setting which can be an issue with certain domains, e.g. weight management, substance use.
10. Peer Support/Peer provided	<ul style="list-style-type: none"> Demonstrated to be effective in the mental health and substance abuse communities (Interview 5/30/13). 	<ul style="list-style-type: none"> Mental Health Substance Use Tobacco 	Official Obesity Help Vermont weight loss forum.	<i>Intervention Benefits:</i> <ul style="list-style-type: none"> Can be provided using a variety of formats: self help groups, internet support groups, peer

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Interventions for Discussion	Evidence for Intervention Effectiveness	Topics addressed	Related Vermont Initiatives	Considerations
services	<ul style="list-style-type: none"> Demonstrated to be effective with chronic disease 	<ul style="list-style-type: none"> Cessation Diabetes/Chronic Disease 	<ul style="list-style-type: none"> Blueprint - Chronic Disease Self Management Program (CDSMP) Blueprint – Currently considering the adoption of the Wellness Recovery Action Planning (WRAP) 	<p>run/delivered services.</p> <ul style="list-style-type: none"> Does not require a licensed provider and therefore may be less costly. Peer provider has shared similar experiences and therefore may be more meaningful to individual <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> Unless a standardized, evidence based program is being used, there may be limited control over messaging being provided. Training for peer counselors may be necessary
11. Health Coaching	<ul style="list-style-type: none"> Health Coaching appears to be successful and has been shown to positively impact: medication adherence, psycho-social perceptions, perception of illness and health outcomes 	<ul style="list-style-type: none"> Mental Health Substance use Weight management Nutrition Diabetes 	<ul style="list-style-type: none"> Fit and Healthy Vermonters Girls on the Run Vermont (Vermont Chapter) Vermont State Employee Wellness Program Vermont Education Health Insurance Trust Wellness program Dartmouth Hitchcock Medical Center Employee Wellness Program Rutland Mental Health Employee Wellness Program 	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> Empowers individual by acknowledging he/she is knowledgeable and capable. Is tailored to meet individual needs Can be conducted using multiple mediums as long as mediums permit two way communication (in-person, on-line, telephonic). <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> Coaches must be appropriately trained Time and resource intensive especially for large populations. Participants often need to be self-motivated enough to engage.
Environmental Modifications				
12. Physical Environment Modifications	<ul style="list-style-type: none"> For example, smoke-free workplaces Positively impacts behavior by making it easier for participants to make healthy choices 	<ul style="list-style-type: none"> Tobacco Cessation Healthy Weight 	<ul style="list-style-type: none"> Injury and Health Management Solutions 	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> Increases the probability of participants in making healthy choices

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Interventions for Discussion	Evidence for Intervention Effectiveness	Topics addressed	Related Vermont Initiatives	Considerations
		<ul style="list-style-type: none"> Stress Management Nutrition 	<ul style="list-style-type: none"> Fletcher Allen Healthcare Vermont Dept of Health BCBSVT 	<ul style="list-style-type: none"> Demonstrates commitment to wellness initiatives <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> May be challenging to enforce. Requires commitment executive staff Can be viewed as punitive by staff.
13. Social Environment Modifications	<ul style="list-style-type: none"> For example early childhood education, culturally competent care delivery Positively impacts behavior by making it easier for participants to make healthy choices 	<ul style="list-style-type: none"> Tobacco Cessation Healthy Weight Stress Management Nutrition 	Vermont Dept of Health <ul style="list-style-type: none"> Rutland Mental Health employee wellness program Vermont State employee Wellness Program Ben & Jerry Green Mountain BCBSVT 	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> Increases the probability of participants in making healthy choices Demonstrates commitment to wellness initiatives Can be relatively low cost. <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> May be challenging to enforce. Requires commitment executive staff Can be viewed as punitive by staff.
<p>Cross-Cutting</p>				
14. Computer Technology Interventions	<ul style="list-style-type: none"> Online/ Internet based interventions shown to be effective in changing some health behaviors.⁴⁴ Determining the most effective combination of computer technology interventions depends on the design and intent of the wellness program. Computer technology interventions enhanced with multimedia lessons, personalized feedback, health coaching, and self monitoring yield more significant outcomes.⁴⁵ 	<ul style="list-style-type: none"> Tobacco Cessation Weight Management Stress Management Physical Fitness Nutrition Heart Disease Management Diabetes Prevention 	Vermont State employee Wellness Program <ul style="list-style-type: none"> Vermont Dept of Health MVP HealthCare University of VT BCBSVT CIGNA Health Care 	<p><i>Intervention Benefits:</i></p> <ul style="list-style-type: none"> Can incorporate a variety of interventions to create a comprehensive, multifaceted program Can mitigate access issues, specifically those related to geographic location. Flexible, permits participant to use at his/her own leisure. Can be provided by an external contractor .Offers participant a sense of anonymity <p><i>Intervention Challenges:</i></p> <ul style="list-style-type: none"> Requires user to have internet access and be proficient on a computer.

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Interventions for Discussion	Evidence for Intervention Effectiveness	Topics addressed	Related Vermont Initiatives	Considerations
		<ul style="list-style-type: none">• Substance• Use• Mental Health		<ul style="list-style-type: none">• Requires participant to be self-motivated• May require help desk staff to answer technical questions.• May be more useful for younger populations.

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- ⁵ ACA, Section 1311(g).
- ⁶ Act 48, amending 18 V.S.A. §9377.
- ⁷ Vermont Rule H-2008-05, Department of Banking, Insurance, Securities and Health Care Administration, Section 3 (b) (iv).
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