

Workplace Wellness Programs Study

Case Studies Summary Report

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Summary

This report describes findings from four case studies of existing workplace wellness programs in a diverse set of employers. The authors describe characteristics of wellness programs, use of financial incentive and engagement strategies, facilitators and challenges to success, and impact of programs. Case studies were based on data collected through semi-structured interviews with organizational leaders, focus groups with employees, review of program materials, and direct observation.

Introduction

Background

Employers have increasingly become interested in workplace wellness programs to improve employee health, such as wellness screenings, onsite clinics, healthier foods options in cafeterias and vending machines, and greater opportunities for physical activity.¹ Further, many employers look to health plans to administer and coordinate wellness programs and/or health screenings. The Patient Protection and Affordable Care Act supports these initiatives through a number of provisions intended to leverage workplace wellness programs as a means to reduce the burden of chronic disease and control health care costs.

To better understand how workplace wellness programs are implemented and how participating employees view such programs, we conducted case studies of four employers. These case studies are part of a larger project. This report describes our approach to the selection of case study sites, our protocol for data collection and summarizes our findings for each site. This research was conducted under contract #DOLJ089327414 with the Department of Labor, as part of a larger study of workplace wellness programs that is required by the Section 2705(m)(1) of the Public Health Service Act.

Case Selection

Much has already been written about wellness programs implemented by large, Fortune 500 companies (e.g., Johnson and Johnson, General Electric, and PepsiCo), but less is known about the experiences of smaller firms. Therefore, we focused on the experiences of companies with at least 100 workers but fewer than 50,000 workers.

We developed a site selection protocol that could help us maximize the informational yield by ensuring diversity of selected firms. We attempted to recruit sites that vary along the following criteria:

- Company size
- Type of employer (heavy industry, retail, services and government)
- Program origin (“home-grown” versus offered by a health plan or vendor)
- Region
- Employer reliance on substantial financial incentives to promote wellness program participation and behavior change; we specifically sought at least one firm that uses rewards tied to achievement of health-related standards that are close to the currently allowed limit.

Because there is no nationally representative databases of employer wellness programs, case study candidates were identified based on published information, such as companies listed in the Partnership for Prevention “Leading by Example” publications, highlighted in award programs (e.g., Welcoa Awards and C. Everett Koop Awards), featured in newspaper articles, and/or referred to us by experts on worksite wellness programs, such as academics, benefit consultants, managers of wellness program

¹ World Economic Forum. Working Towards Wellness Initiative.
<http://www.weforum.org/en/initiatives/Wellness/index.htm>, accessed Nov 18, 2009

vendors, and government officials. Relying on a range of sources of information about worksite wellness programs helped us identify the programs that have been less highly publicized, as well as those that offer substantial financial incentives to promote wellness participation and behavior change.

In total, we identified a list of 34 candidate employers for the case studies. Sites were classified based on our selection criteria and we selected primary and backup sites to achieve balanced representation of our selection criteria. Primary selected sites were contacted by the research staff to secure participation. If a primary selected site declined to participate, it was replaced from the list of back-up sites. A total of nine organizations were contacted to secure participation from four employers.

Two primary sites agreed to participate and the other two sites were recruited from the back-up list. In addition, we used data that we collected during a recent site visit under a separate study, which was a review of the wellness program operated by a large government agency in 2010. Table 1 summarizes how the four sites cover our selection criteria.

Of note, we were unable to secure participation of a small firm with less than 1,000 employees, even though we had identified and contacted three candidate organizations. Representatives of these firms felt that the burden of study participation would be too high for their employees, company management was reluctant to participate, or there no staff available to help with study coordination.

Table 1: Characteristics of four employer sites.

	Number of Employees	Industry	Region	Program Administration²	Financial Incentives [per year]
Employer A	3,500	Services	South	Employer; health plan	Smoking: \$50 annual insurance premium surcharge
Employer B	19,000	Government	South	Employer; health plan	Smoking: Smokers restricted to lower value coverage option Screening: \$15 reduction in copays
Employer C	4,800	Services	Northeast	Employer; health plan; vendor	Screening: \$20 for completing biometric screening HRA: \$50 for completing online health assessment Smoking: Up to \$600 premium surcharge per year Health Goals: \$20 for achieving personal health goals
Employer D	9,000	Manufacturing	Midwest	Employer; health plan; vendor	Screening: Up to \$2600 annual premium differential ³ (for individual coverage) Health Outcomes: Up to \$754 annual premium differential based on biometric data and smoking status (for individual coverage)

²Employers may choose to administer and manage wellness programs internally or purchase wellness services for their employees from their health plan or third-party vendors.

³ Employer D has a \$50 weekly surcharge to employees' contributions to health plan premiums for employees who opt-out of wellness screenings, which totals \$2600 annually.

Case Study Methods

Methods of Data Collection

Each case study was based on data collected through semi-structured interviews with key informants, focus groups with program participants, review of relevant documents, and direct observation. All data collection and analysis procedures were reviewed and approved by RAND's Institutional Review Board.

We developed a semi-structured interview protocol to guide expert interviews. The questions were informed by a literature review and expert consultations. The interview guide included a list of major topics with discussion probes under each sub-heading, and is attached to this report as Appendix A. We conducted individual interviews with wellness program coordinators, wellness program staff, human resource representatives, accountants, worker representatives, and senior executives. If appropriate, we also interviewed benefits consultants, health plan staff and program vendor representatives.

Each case study also included at least one employee focus group to get the end user perspective on the impact and effectiveness of the wellness program. Like the key informant discussion guides, the focus group protocol was informed by the literature review. Focus group participants were asked to provide verbal informed consent. The protocol included a list of major topics, with discussion probes under each topic, and is attached to this report as Appendix B.

In addition to data collected through key informant interviews and focus groups, researchers reviewed relevant, published materials about wellness programs provided by sites themselves. Examples of these materials include brochures describing the program to employees, internal studies documenting the program's effectiveness, or any literature provided to workers to help them make healthier choices (e.g. nutrition guides). Finally, researchers also collected information during site visits through direct observation, such as details on the built environment, cafeteria food choices and access to informational materials.

OMB Review

Once the key informant discussion guide and employee focus group protocol were developed, they were submitted for OMB clearance. The OMB approved key informant discussion guide and focus group protocol are included with this report as appendices.

Site Visit Procedure

We asked each site that agreed to participate to nominate a primary contact to coordinate data collection. These contacts assisted with recruiting the key informants by using RAND-provided recruitment materials. Meetings were scheduled with up to 12 key informants at each participating employer, providing a variety of perspectives on wellness program management, implementation, and perceived outcomes.

To recruit focus group participants, the organizational contacts sent initial emails to groups of employees identified as eligible for the focus groups based on their participation in wellness activities. The organizational contact sent follow-up emails closer to the date to confirm attendance. RAND worked with the organizational contact to provide the text for the recruitment emails, which emphasized that participation in this study was voluntary. In three of the four case studies, the

organizational representative preferred not to help with focus group recruitment, therefore the RAND research team was responsible for identifying eligible employees to participate in focus groups. Recruitment was limited to no more than 12 participants in each group.

The time and date of each site visit were determined based on the availability of the organizational representative and other key informants. When it was not possible to interview all informants in one visit, follow-up interviews were conducted by phone. The focus groups were scheduled after the interview schedules were finalized. The research team worked with the organizational representative to schedule the focus group at a time that was acceptable to the organization and likely to be convenient for employees.

The researchers scheduled the site visits to take place over one or two days at each location, during which time they conducted the employee focus groups and met with key informants. Site visits were conducted by a RAND researcher and a research assistant, who assisted with note-taking.

Case Study Data Analysis

The qualitative data collected from each case study were analyzed thematically by the team that conducted the respective site visit. After all interviews and focus groups were transcribed, researchers reviewed the transcripts to ensure accuracy. Interview and focus group guides were used to facilitate data coding, ensure coding consistency across case studies, and produce comparable individual case study reports. Such an approach to qualitative data analysis helped us ensure that similar data are abstracted for each case study, which is important for synthesizing information across all four case studies and illustrating the main study findings.

Employer A: A Large University

“...we are trying to create [a culture] ...of personal development and individual enrichment by working collaboratively with other groups on campus to just promote healthy lifestyles and identifying the types of areas that seem to be relevant and of interest from the feedback we had been receiving...” (Wellness Leader at Employer A)

Organization

Background on the Employer

Employer A is a large university located in the south. The university offers eligible employees various benefit plans, including health, dental, and vision coverage; it contributes to premiums based on state law and requirements of the State’s Teachers Retirement System. To be eligible, an individual must be appointed to a regular faculty or staff position that has an anticipated duration of greater than six months. Eligible faculty and staff may cover their spouses and eligible dependent children.

Employee health plans are offered by two major insurance providers. Since 2012, Employer A has offered four types of plans, three of which are administered by Provider 1, which include an HMO (no new enrollees are accepted), HSA Open Access POS (a high deductible Point of Service option that replaced a former PPO option), Open Access POS (another high deductible Point of Service option with a different provider network that replaced a former PPO option). The second provider offers an HMO (no new enrollees are accepted, except for Senior Advantage Plan 65+). All plans are required to offer low-to-no-cost alternatives to improve overall employee health such as smoking cessation programs, to expand communication and education efforts about wellness and prevention, and to offer discounted weight management programs.

While the university system governs the overall structure of employee and student benefits, this university made a decision to create its own wellness program. Housed at, and funded by, the Human Resources (HR) Department, the school’s employee and wellness services program offers services to all staff, faculty, students, and even retirees. In addition to this employer sponsored wellness program, the two insurance providers also offer health and wellness components to plan participants.

Based on the information we obtained during our interviews, the most pressing health issues for university employees and their dependent are hypertension, pediatric asthma, and diabetes. No actual prevalence data were available.

Organizational Strategy

Two independent events led to the creation of the Employer A’s wellness program. First, in 2005, the university identified smoking as a major health concern. In collaboration with the student health office, the Employee Assistance Program coordinator applied for, and subsequently received, a small grant from the American Cancer Society intended to raise awareness of the negative consequences of smoking.

The second event was a decision to eliminate university employees’ access to the campus student health clinic due to budget cuts in 2006. Because the clinic was a popular provider of health services on

campus, the university administration decided to search for alternative services that can be provided locally using existing resources. According to an interviewee, the university administration “sat together with [the department] of nursing and [the department] of nutrition to talk about a program where employees can come. Maybe not every day like a clinic, but how about first Thursday, once a month. For starters, let’s see how that might go. That seemed realistic and reachable.” Consequently, a university-wide task force was created to identify major health and wellness-related areas of concern. The task force focused on stress and work-life issues and chose a pro-active approach trying to empower people to change their habits, make better choices, and focus on health and wellness. In 2008, the Assistant Vice President of Human Resources (AVPHR) officially initiated the wellness program.

Wellness Program Description

Program Development and Implementation

Employer A’s worksite wellness program was designed as an additional benefit to help faculty, staff, and students develop and maintain healthy lifestyles, balance their work/school and personal lives, cope with stress, and boost employee morale and productivity. Reduction of healthcare costs was not among initial reasons for creating the program. Program goals of raising health and wellness awareness are aligned with the overall mission of the university in that the wellness program focuses on educating program participants about health and wellness.

The wellness program is administered by a department within Human Resources, also responsible for oversight of the Employee Assistance Program, Work/Life Resources, and Personal Enrichment Workshops geared toward serving a diverse university workforce. The program director of this department oversees the implementation of the worksite wellness program, which has two employees and uses several part-time consultants and graduate students to help run various wellness activities.

Data Collection

Before the wellness program was implemented, hypertension, pediatric asthma, and diabetes were seen as the most relevant health risks. Until the fall of 2011, the wellness program itself did not collect health risk data; however, it started doing so as part of the monthly Health Screening program. According to a wellness program employee who conducts these health screenings, “I’m starting to track screening data; definitely the health coaching data for blood pressures and weights.”

Moreover, the wellness program director recently visited the office of Insurance Provider 1 to learn more about the plan’s wellness program and received a summary of the most typical health issues that university employees report when they call the plan’s free 24/7 hotline. Although these data were not shared with us, an interviewee stated that the most prevalent issues were high blood pressure, diabetes, and obesity.

As part of its own wellness program, Provider 1 collects health risk data that the university deemed to be “potentially great... but these data are about the health status of a relatively small number of employees. Say, we may have 2,000 members [Provider 1’s plan], but maybe 200 of them agreed to complete the forms and supplied their information to the plan... [However, even the data on those who joined the program] have not been made available. And that’s been part of the concern...because we

have obviously dealt with the challenge of rising health claims, premiums, and claims' cost...We're now waiting for a big report from them."

Program Costs

The university worksite wellness program receives funding from the HR Department. To reduce cost, it leverages on-campus human capital by establishing mutually beneficial collaborations with different academic departments and university programs/services, including School of Nursing & Health Professions, the College of Business, School of Social Work, Recreational Services, and the student health office. For example, graduate nursing and counseling students function as wellness service providers; nursing and nutrition graduate students and faculty give lectures on health and wellness-related topics. Built on the premise of mutually-beneficial collaboration, the university wellness program is regarded as an example of how a wellness program can strengthen on-campus relationships.

Although we were not able to obtain exact information on program costs, from the perspective of the HR department, reliance on these partnerships improves efficiency. According to our interviews, the major cost item is the salaries of its director and several employees, which are about \$200,000 a year. Due to the program's popularity on campus, reputation among the institutions of higher education in the state, and the growing importance of wellness and disease prevention as a strategy for lowering the state university system's health care cost, the annual budget of the wellness program was increased in the 2011/2012 academic year. The exact number, however, was not provided to us.

Wellness Events and Activities

The program offers a wide range of wellness events, such as lectures on health and wellness topics and individualized health coaching, and provides access to wellness-related information by leveraging existing resources within the university. Wellness activities including yoga, meditation, and massage therapy are intended to reduce stress levels. Currently, there are twelve ongoing wellness programs, events, and activities on campus; most of them are offered at no cost to students, staff, and faculty. These wellness programs, events, and activities are either administered by health plan, outside vendors, or the university itself.

Programs administered by health plans

- **Insurance Provider 1's Program:** Provider 1's wellness program starts with an online health questionnaire. Based on the results, care managers provide individualized recommendations. The program organizes its activities and resources into three categories: (1) Tools and resources, including online health and wellness information, as well as discounts on health-related products and alternative medicine therapies (e.g., chiropractors, acupuncturists, massage therapists, and registered dietitians); (2) Health guidance and support 24/7 from registered nurses; and (3) Health management for diabetes and other serious chronic conditions, focusing on providing health evaluation and consultation to assist in managing condition, offering condition-specific educational materials on prevention, self-management, and lifestyle factors to help improve health).
- **Insurance Provider 2's Program:** Provider 2 offers a patient-centered model of total health program. The disease management programs focus on chronic medical conditions and provide evidence-based guidelines for screening and treatment; general and targeted outreach and reminders to members; patient education and self-management tools and resources for member engagement and compliance; specialty services (e.g., diabetic nurse educators, and

Clinical Pharmacy Services to improve cholesterol control for members with CAD); and physician feedback regarding performance measures.

Activities and programs administered by outside vendors

- **Yoga Classes:** One-hour yoga classes are offered to faculty, staff, and students at a cost of \$14 per class, or \$10 per class with advance payment for several classes. These classes are held on campus at the University Center and emphasize stress reduction and relaxation.
- **Guided Meditation:** Focused on stress reduction and relaxation, these individual meditation sessions are offered on Fridays by appointment only and are conducted at various campus locations convenient to employees, faculty, and students.
- **Massage Services:** Table and chair massages are available for a charge. A licensed massage therapist comes on campus by appointment.
- **Weight Watchers:** Weekly *Weight Watchers* group meetings are held on campus. New 12-week sessions start throughout the year and are usually scheduled during lunch breaks. A monthly fee applies.
- **Fresh and Healthy Meal Service:** The latest addition to the university wellness programs is a program administered by a local nonprofit organization that prepares and delivers fresh meals that meet guidelines of the American Diabetes Association directly to campus twice a week. This nonprofit also employs a team of registered dietitians who are available for consultations, education, and support. A daily plan with three meals costs between \$21.49 and \$26.99 a day and is available for purchase to university staff, faculty, and students.

Events and programs administered by Employer A

- **Wellness Wednesdays:** This weekly event is designed to disseminate information on best practices in health and wellness in a supportive and easy-to-use format. Subject matter experts are invited to give presentations on a wide range of health and wellness topics. Many lectures are video recorded and posted on the program's website and YouTube. A webinar format is used to reduce the cost of inviting external speakers, increasing the likelihood that they will be willing to participate, and make it easier for university employees and students to attend these lectures.
- **Walking Program:** The university collaborates with the Student Recreation Center to hold a monthly event designed to encourage employees and students to participate in group walking during the lunch hour and incorporate more physical activity in their daily schedules. Every last Wednesday of the month, program participants meet at the Recreation Center and take scenic routes around campus. According to one of the participants, the program also provides "information about distances and places to walk around [campus] and things that you can do, how much benefit you can get from a short amount, and ...[it helps] you track your calorie burn and what you've done."
- **Monthly Health Screening:** This monthly event, which is conducted in collaboration with campus and community partners, offers health screening and coaching on a variety of topics, such as maintaining a healthy blood pressure and cholesterol levels, the importance of influenza vaccinations, and the risks of tobacco use. In 2009, the program was awarded a university award that recognizes cost-effective ideas.
- **Wellness on Wheels:** For those employees who find it difficult to leave their workplace during the workday, the wellness program can come to their office. Health screening and personal coaching, massage therapy, and guided meditation sessions can be scheduled at a campus location convenient to participants. Health coaching can also be done over the phone.

- **Smoking Cessation:** *FreshStart* is a no-cost, four-phase program designed by the American Cancer Society and administered every Tuesday by the Department of Respiratory Therapy. Its goal is to provide essential information and evidence-based strategies proven to help participants quit smoking.

Role of Vendors and Partners

Outside vendors offer roughly half of all wellness programs, events, and activities to university staff, faculty, and students, such as yoga and meditation classes, massage therapy sessions, lead *Weight Watchers* sessions, and provide fresh meals on campus. Most of the wellness activities provided by vendors are paid for by program participants themselves. The other half is organized and conducted by wellness program staff, university faculty, and graduate students. For example, with rare exceptions, lectures are given by university faculty and staff; individualized health coaching is performed by a part-time wellness counselor employed by the wellness program; wellness-related information is collated by the wellness counselor, wellness program director, and student employees; and smoking cessation sessions are run by graduate students under a faculty member's supervision.

Changes to Physical Environment

Most of the environmental changes on campus focus on food environment. Besides bringing the fresh and healthy meal service on campus, the wellness program staff is working on improving vending machine snack choices. According to a wellness program representative, "we recently approached the Auxiliary Services – a provider for our vending services - and we're working with them on switching a chunk of vending machines over to a Heart Healthy line of snacks that they can stock this spring...The Heart Healthy line of snacks offers healthier choices that meet specific guidelines for fat, sugar, and salt."

When it comes to physical environment changes, the wellness program has a number of interesting ideas that have yet to be implemented, including the decoration of stairwells on campus. The implementation of this idea requires building a new partnership with the School of Arts. Explains one wellness program representative: we would like to do "a little contest [among art students] to get people interested, and proposing maybe five to ten different designs that could eventually go around the campus." Moreover, focus group participants suggested that it would be great to have a "campus walkability map" that shows walking routes of different length and difficulty levels.

Alignment with Health Plan

The two insurance plan providers offer free health and wellness programs to plan participants described above. Thus far, however, the insurers' wellness programs are not coordinated with, or officially included as part of, the university program. According to an interviewee, when Provider 1 initiated its wellness programs, they did not come on campus and "communicated only with key HR reps in the different institutions...It all depended on the reps to have the trickledown effect. There was some online communication, but very minimal, and it came directly from [Provider 1]. And because this was handled differently [at different state university institutions], there wasn't a system-wide communication/marketing strategy that was consistent across the board." Moreover, Employer A does not know who is participating in the plans' wellness activities.

Engagement Strategy

Incentives

In 2011, the university started imposing a \$50 monthly insurance premium surcharge on active employees and retirees covered by the university's health plan, but not dependents and students, who self-identified themselves as smokers. To avoid this surcharge, tobacco users could elect to quit either by using smoking cessation products or by participating in a smoking cessation program. While the university system provides coverage for different smoking cessation products, such as nicotine gum, lozenges, patches, and certain prescription pills, employees who take advantage of smoking cessation programs may incur a nominal fee, which is not covered by the university system. The wellness program, however, offers free smoking cessation classes.

If an employee covered by one of the university's health plan certifies that s/he is a non-tobacco user, but it is later determined that s/he has used tobacco products or started using tobacco products after the date of certification, s/he will be subject to payment of the \$50 surcharge, plus a 10% penalty, for each month since the certification. According to one university administrator, there are "a number of people who went through the smoking cessation programs...and the smoking cessation program was the incentive. We are not going to charge you; the program is free. We are giving you something free to save you money, \$50 a month."

University wellness program leaders generally do not believe that participation in wellness activities should be incentivized financially; rather, they claim that the strongest motivator should be the desire to be healthy and fit. As a wellness program representative put it, "when it comes to changing your health, the real motivation has to be internal, and you have to want it. To help them, we need to build their awareness, and that's what we're trying to promote here. If somebody forced me to participate, or if people participated to get an iPod or something like that, I don't know how genuine that participation is. I think that's a struggle in the wellness field in general." As described in this quotation, the university program's goal is to build awareness about healthy lifestyles and to provide resources necessary to help employees stay healthy and fit. On rare occasions when token incentives are used, individuals are entered for a chance to win a prize. Free massages were cited as the most popular prize.

Non-Financial Avenues to Increase Engagement

Convenience and linkages to charity-related activities are the two non-financial avenues used to raise the level of engagement at the university. *Wellness on Wheels* is a popular wellness activity because it is convenient; participants can schedule their appointments in their own offices or in nearby locations. Yoga and guided meditations also do not require participants to travel to a main campus location and can be scheduled at a time that is convenient to participants.

The most popular wellness event on campus is the annual 5k race organized by Insurance Provider 2 for all area companies and their employees, regardless of their participation in Provider 2's medical plans. This walk begins with an 8-week training promotion to help employees prepare for a 5K run/walk. The university typically has more than 200 participants in this activity, which not only promotes health and wellness, but also raises money for local charities and collects non-perishable items for a local food bank. Participants also enjoy the picnic and meeting the representatives of various local charities.

Communication/Marketing Strategy

Employer A's wellness program has a multi-faceted communication/marketing strategy that targets faculty, staff, and students. By collaborating with its campus partners and co-sponsoring different wellness-related activities, the wellness program is able to spread the word about its services and programs and encourage more active program participation. According to a wellness program representative, using catchy program titles draws people's attention and helps them remember about wellness activities offered on campus: "People do seem to gravitate and find more appealing those programs that they can remember the names." Therefore, many university wellness programs have titles that are both catchy and informative.

Besides creating high-quality flyers that are printed in color, distributed around campus, and posted online, the wellness program hired an intern from the College of Business to "tape wellness events, edit them, and put them on YouTube...to start Facebook and Twitter accounts...and to appeal to the whole campus population, not just faculty and staff." Currently, there are 21 wellness videos on YouTube that highlight different wellness program events and activities, including a welcome message from the university's Assistant Vice President of Human Resources, yoga and meditation classes, and Wellness Wednesday Presentations, among others. These videos are also aired on the university-wide TV station. Announcements about upcoming wellness activities are made regularly on the university radio station. Finally, the word of mouth is also used. The wellness program hires undergraduate and graduate students as part-time staff and partners with various academic departments that encourage their graduate students to work on projects that are administered in partnership with the wellness program. These students act as informal promoters of the wellness program among the student body, which is the least active campus constituent when it comes to wellness activities.

According to a business school faculty member, the wellness program is very good at marketing: "[The wellness program] is everywhere they need to be to promote this. They're on email, they're at events, they're at meetings, they are at conferences...I think as far as the offerings, they are putting out a product that is more than adequate, compared to others. And I don't know what they could do, realistically, that they aren't doing."

Leadership Support

According to our interviewees, there is a lot of support for wellness programs at the level of the university management. The Assistant Vice President of Human Resources was featured in a podcast posted on the university website and YouTube promoting the wellness program. We were also told that the plan is to "begin developing some podcasts where we have senior executives coming in and talking about wellness. We have a president who works out all the time; we have a lot of the senior executives who are runners. Our president...was a marathon runner."

Moreover, the university wellness director was appointed to the university system-wide steering committee that is charged with creating a strategic plan to help promote health through a competitive, coordinated, efficient, effective, accessible, and affordable system of care and reimbursement and focuses on patient-centeredness and wellness. This shows the importance of the role the wellness program plays at Employer A, as well as the university's willingness to help other state institutions learn from their experiences of creating a wellness program.

Although there is program support at the level of university administration, it does not always trickle down to department managers and supervisors who sometimes are seen as being reluctant to allow employees to leave their offices to attend wellness activities during the lunch break. Several focus group participants voiced such concerns. For example, one person mentioned that her “manager is just not letting me come to the gym. I do not know why that’s any different than if I were to go to [the department head] and sit [in his office] for forty-five minutes.” Another focus group participant complained that it is acceptable for “the people to take smoke breaks, [but] I’m not a smoker, so smoking for fifteen minutes, chatting, or even twenty minutes [is allowed], but I don’t do any of that.” There was consensus among focus group participants that the university administration could do more to reach out to “managers and supervisors and ask them to let their employees know that it’s okay for them to attend” wellness activities and encourage them to be flexible. One employee gave an example of how supervisors can be flexible: “because our office is actually usually busier during the lunch hour, it’s when the people get off and come see us, [my supervisor] asked me if I wanted to take an hour in the morning to go [to the gym] instead of at lunch.”

Inclusiveness

Program participants felt that the university wellness program offers a broad range of wellness activities. As one person put it, “almost anything that I could possibly want is either available or they would have available.” The program is constantly adding new components, such as the nonprofit food service, and is looking for innovative approaches to promote its activities among faculty, staff, and students. The program’s emphasis, however, is on wellness awareness and education, as well as stress relief, but not necessarily on physical activity, team sports, and group challenges.

Program Results (Documented and Perceived)

Program Evaluation

No evaluation strategy was incorporated in the original design of the program and no baseline data were collected prior to program initiation, making a formal evaluation of program impact difficult. Nonetheless, program evaluation is currently at the top of the wellness director’s agenda. She recently asked the College of Business to evaluate different approaches to measuring the impact of worksite wellness programs in a university context.

Wellness Program Participation

Information on participation mostly comes from observations of program staff at the moment. According to a wellness program employee, participation varies by the program: “For [our monthly health screenings], we tend to see more of the facilities people come out, you know, the grounds people who clean up. For Wellness Wednesdays, we see more university staff. We have a set group of people that tend to come every time. They’re all women. We see men trickle in every now and then, but it all depends on the topic really. For yoga and guided meditation, we see all three [staff, faculty, and students]. For massage, that tends to be all three, but mainly, more faculty and staff because they can afford it.” When it comes to consistency in attendance, Wellness Wednesdays and yoga classes each have a devoted group of participants. “We have a set group of about six people that come [to yoga classes] faithfully for years,” continues the wellness program employee we interviewed. “The number fluctuates from 10 down to 6.” The program with the smallest number of participants is the nonprofit food service, with only two or three people who signed up to participate. This program, however, was

the recent addition that was brought on campus only two or three weeks before our site visit. Participation rates in the Insurance Provider wellness programs have not been shared with the university wellness program at the time of our site visit.

Relative to the total number of university employees and students, the number of wellness program participants remains small. To boost program awareness and participation rates, the university wellness program decided to increase its social media presence, which is assumed to resonate particularly well with the students. Facebook and Twitter accounts, as well as a YouTube channel, were created. While the YouTube video that introduced the wellness program was watched 441 times during the 11-month period, the university wellness program only has 36 people who “Like” them on Facebook and 43 individuals who follow it on Twitter, based on March 26, 2012 data.

The wellness program is currently building the infrastructure to track program participation in educational activities with sign-in sheets and appointment logs. One of the student employees recently created a database of all individuals who have ever participated in different wellness activities by entering the information from sign-in sheets used during different events. A small-scale survey was conducted at the Employee Benefits Fair, which showed employees’ preference for individualized coaching sessions and small group activities.

Challenges to Participation

We identified five factors that affect staff, faculty, and student participation in different wellness activities at the university. Each of these five factors can be considered as a barrier and as a facilitator at the same time.

Location and Timing: The university has multiple campuses around its host city, which can make it difficult for people to attend wellness events at locations other than their own. Many lectures are scheduled to begin at 11 am, which is not convenient for some employees. “My only issue,” explains one focus group participant “is that classes are at eleven and that just doesn’t work. Noon is so much better; they’re not expecting you to be at your desk. I’m an admin assistant, so they expect me to be there, except for lunch hour.” Moreover, few wellness programs are offered after business hours, because many employees leave their offices at five o’clock trying to beat traffic. By contrast, individualized health coaching as part of Wellness on Wheels program, massage services, and meditation classes are all offered in different locations and at different time to improve access.

Program Focus on Education: The university wellness program emphasizes education because it is aligned with the overall educational mission of the university. Benefiting from the expertise of university faculty and graduate students, the wellness program can offer a wide range of health and wellness lectures and individualized wellness coaching activities that other organizations would have to pay for. At the same time, however, physical activities and fitness challenges seem to be less promoted at the university. Several factors were mentioned during the interviews as contributing to this. First, there are not enough “facilities for people to clean up after they work out.” Second, faculty and staff have to pay a fee to use campus recreational facilities. Third, the age difference among wellness program participants may make some of them uncomfortable. Explains one faculty member, “for many of us of a certain age, going to the pool with people who are 18, 19 years old is very intimidating... You go, “I thought I looked pretty good until I walked in here!”

Leadership Support for the Program: Although leadership support for wellness by university administration is relatively high, direct supervisors and managers seem to be somewhat less supportive. If an immediate supervisor is supportive of his/her employees' participation in wellness activities, it is more likely that his or her employees will make an effort to partake in different wellness initiatives. Managers who do not support wellness or do not participate in such programs themselves can create an environment where participation in wellness activities is viewed as a distraction that impedes productivity, rather than improves it.

Program Management: The university has a designated office that runs the program, which helps coordinate wellness initiative and resources on campus. It is managed and funded by the HR department, but serves all university faculty, staff, and students, which may be confusing to students. Indeed, university staffs are the most active program participants. Many faculty members are not on campus on a daily basis, whereas students may not realize that the program that is housed at the HR department is designed to offer services to them. Moreover, retirees have been recently added to the list of program target population, and the wellness program is currently surveying them to identify their needs and interests in participating in wellness activities. Having diverse clientele makes it difficult for the wellness program to be relevant to all its clients.

Exposure to the Wellness Program: The university wellness program uses different marketing avenues, such as fliers printed in color, program webpage, announcements at the university radio station and television channel, and strong social media presence (Facebook and Twitter accounts). Nonetheless, according to one program representative, the wellness program still has not "hit all four corners of the university. So, people really don't know that it's there and that's one of our biggest challenges is that people don't know what we do." To further inform and engage faculty, staff, and students and to accommodate employees with inflexible schedules, the program started using social media to disseminate information about the program. Co-sponsoring health and wellness events with Recreational Services also increases the wellness program's visibility among the student community and allows fitness facilities to promote their services among faculty and staff who are required to pay a nominal monthly fee to use the gym and other facilities.

Program Impact

Health-Related Behaviors: The program does not yet have necessary information to evaluate the program impact on health-related behaviors and health risks, but it started collecting health-related data recently. For example, to evaluate the impact of individualized health coaching sessions, a wellness program employee created a database where she logs changes in blood pressure and weight in each individual program participant over time. However, one wellness program representative suggested that it is too early to see the impact this program had on health status of the program participants. Finally, we are not aware of any evaluations of the wellness program's impact on healthcare costs.

Employee Satisfaction: To measure program satisfaction, the program relies on participant testimonials, which suggest that it is well-received and has a positive impact on employees. According to one wellness program employee, participants often tell her that having regularly scheduled wellness activities "forces them to go out and then get their exercise for that day." She also mentioned that she gets "a lot of e-mails thanking [the program for] the massage therapy...and [for] anything that creates relaxation, such as free guided meditation sessions." A number of university employees shared their thoughts in online podcasts promoting the program. Here are some of their comments: "[The walking program] is a very

sociable experience.” “It is a great way to burn stress and get energized.” It also helps “get colleagues out of the office and meet new people.” While these testimonials suggest that this is a wellness program that helps participants “feel good” and socialize with colleagues, they cannot be used to formally evaluate the program’s impact.

Morale/Productivity/Corporate Culture: Employer A’s wellness program has yet to formally evaluate its impact on employee morale, productivity, and corporate culture. It plans to use recommendations from a recently commissioned study (see below) to identify some organizational metrics that should be monitored. Nonetheless, participant testimonials seem to suggest that the wellness program is helping them boost their morale and productivity levels: “I highly recommend guided meditation,” says one wellness program participant in a recorded message. “It definitely assists you with returning to the workplace and helps being more productive, because you are not allowing thoughts and concerns to interfere with the productivity of your work.”

Return on Investment: Leaders of the wellness program asked the university’s business school to conduct a review of the experiences of other universities in the area. A faculty member and a group of graduate students conducted a literature review and a number of in-depth interviews with experts in the school’s city to better understand how the university compares to other institutions of higher education in the area and to offer recommendations on how Employer A should design its own program evaluation strategy.

The study conducted by the School of Business has four main findings. First, “there aren’t many organizations that look at the evaluation; they look at the delivery, the marketing, and the design...and almost none of our sister schools are doing that.” Second, “a lot of the experts even question whether you should look at ROI. It should be something like compensation or health insurance that is just something you offer to attract and retain good employees. We don’t evaluate our health insurance [this way], so why are we worrying about making a case to the board or [focus on whether] this program pays for itself?” Third, “almost all the studies showed that there was a good financial return, anywhere from two dollars to 12 dollars per dollar spent, which is pretty significant. But there were a lot of little interesting anomalies: often, the sickness and accident ratings go up dramatically after you first [start a program], because people are going to the gym for the first time or they’re suddenly on blood pressure medication, so healthcare costs go up...but over time, those tend to level out. People put in a wellness program, and they expect in a year we should see our health insurance costs should drop by 50 percent, and it’s just not that simple.” Fourth, when it comes to measuring program impact, privacy issues can become a hurdle “because it’s difficult to get people to give up personal information about their weight and health issues.”

Based on the study findings, researchers recommended to focus on measuring program participation and satisfaction and to track a few outcome metrics, such as absenteeism and satisfaction. Participation and satisfaction could be measured by surveying those who participate in the program and asking them about the reasons why they participate and what they like, and then surveying those who did not participate and asking them why they did not participate, what it would take to engage them, and what programs they would want to partake in. When it comes to outcome measures, absenteeism was the only metric that the study authors felt was measurable and useful for the ROI analysis in a university setting. Productivity was deemed impossible to measure given the nature of labor at the university, whereas health outcomes were ruled out due to privacy concerns.

Effect of Incentives: The effect of health insurance premium surcharges for smoking, the only financial incentive used at the university, has yet to be measured formally.

Unintended Consequences: While the wellness program is popular among university staff, many of whom do not have flexible schedules and cannot leave their work place to attend a wellness activity, some staff reported strained relationships with their immediate supervisors who did not approve their participation in wellness activities. One employee reported that she had to cancel her campus gym membership and sign up for a more expensive gym that was closer to her house so that she could exercise after work and on weekends instead of her lunch break.

Future Directions

According to our interviews, Employer A's program will continue focusing on stress reduction and raising wellness awareness. By leveraging the campus partnerships and support of the administration, the program plans on improving its student outreach strategy. When it comes to the introduction of new program components, number one on the list is the collection of HRA data through stronger relationships with the health plans. The wellness program director also plans to invest further in program evaluation by formalizing participation tracking and outcome data collection. Finally, there is an interest in collaborating with other university system institutions by creating a consortium to share ideas and experiences and leverage the existing resources.

Conclusion

To summarize, Employer A is a wellness leader among university system institutions that offers a range of wellness activities and events that are available for staff, faculty, students, and retirees either free of charge or at a nominal fee. The university wellness program is a relatively low cost, partnership-based, home-grown program that creatively leverages relevant existing resources. It not only benefits from the talents and expertise of university staff and faculty, but also engages graduate students. By leveraging existing campus resources and engaging graduate students in training as service providers, the university wellness program is able to offer individualized wellness activities that fit into the busy schedules of university employees and students and develop educational programs that showcase the expertise of its faculty members. This low-cost program not only enjoyed the support of university administration and won a university-wide award, but also helps graduate nursing, nutrition, and counseling students gain professional experience by allowing them to provide wellness services and obtain research experience by conducting studies for their masters' theses on worksite wellness issues.

The university essentially has two separate wellness programs: one is administered and coordinated by the university and includes wellness activities offered by outside vendors and one that is operated by its two health plans. It is interesting to note that wellness program personnel do not consider the program offered by the two health plans as being a part of the university wellness program. There is limited coordination and communication between the two programs, and the data collected by the health plans were not shared with the university at the time we conducted the case study. While participant testimonials suggest that the university-operated wellness program is successful in reducing employee stress and increasing their productivity, there is no objective analysis of program effectiveness in terms of participation rates and organizational and employee outcomes. Available participation data do not suggest high uptake rates, and program effectiveness cannot be judged based solely on participants'

testimonials. Evaluation of the program's impact on health status of university staff and students requires close collaboration with health plans to obtain claims and HRA data, which has yet to be established.

Moreover, the university wellness program is not uniformly popular on campus. Staff are more likely than faculty and students to participate in different wellness activities. Because it is funded by the HR unit and administered by the employee and student services department, the wellness program may want to reach out to students and emphasize activities that are more likely to attract them. Focusing on physical activities and team challenges may not only help engage students and build closer relationships with Recreation Services, but will also expand a range of co-sponsored wellness program activities that are currently focused heavily on education and individualized screening and coaching. Nonetheless, offering more fitness events may create unnecessary competition with activities offered by the Recreation Services program.

Employee participation in wellness activities is not always supported by their immediate supervisors. Research shows that successful implementation of a worksite wellness program requires strong managerial support. The wellness director and university administration should work closely with department managers to explain the role and the benefit of the wellness program and require them to provide reasonable support for their employees' participation in wellness activities.

Finally, while creating social media presence is important, the success of this marketing and outreach strategy depends on the number of people who obtain the program information from these sources. As of now, it appears that the impact of using social media could be increased.

Employer B: A State Government Agency

The worksite wellness program at Employer B was developed to “reduce employee chronic disease risk factors, create a model wellness program that could be replicated throughout state government, and demonstrate the critical importance of a full-time wellness director position to develop, administer, and evaluate the program.” (Wellness Program Annual Report)

Organization

Background on the Employer

Employer B is a state government agency responsible for ensuring the health, safety, and well-being of citizens, and providing other human services for populations in need.

Employer B is and one of the largest employers in the state, with more than 19,000 employees working in 30 agencies and offices and 18 facilities, such as hospitals, treatment centers, and residential school facilities. Employer B’s annual operating budget is \$14 billion. Many staff work in the state capital, but others are located throughout the state in regional and county offices. The majority of employees (73%) are female and the average employee age is 45. State employees are eligible to join the self-insured state health plan (SHP), which provides health care coverage to more than 663,000 individuals. Using an Insurance Provider’s network, the SHP offers two PPO plans. The basic 70/30 plan has higher copayments, coinsurance rates, and deductibles but lower monthly premiums. The standard 80/20 plan offers a higher coverage level but also has higher monthly premiums. Both plans encourage employees to make healthier lifestyle choices and become partners in addressing their health care needs.

The total medical cost for employees was over 73 million dollars. The total cost of coverage per member (\$3,933) of employees was higher than any other state department. Rates of utilization were 62.0 hospital admissions and 230.2 ER visits per 1,000 members. Forty-two percent of employees had a chronic condition, more than in all other departments, except for the Department of Correction. Hypertension (37.4%), diabetes (12.0%), and mental health (8.0%) were the most common conditions.

Wellness Program Description

Program Development and Implementation

Employer B’s Wellness Program was launched as a partnership between the state employee health plan and the state’s public health department to establish a replicable model of a worksite wellness program and contain healthcare costs by reducing risk factors. The department was selected to develop this model program due to its large size, diverse workforce, high prevalence of chronic diseases, and leadership support.

When created, the wellness program had a flat structure with two levels of organizational hierarchy: the department level to provide overall direction and strategy and agency/facility level to organize and implement wellness activities on the ground (see Table 2). At the department level, the wellness director coordinated and evaluated the program during her tenure. Wellness council meetings provided wellness representatives the opportunity to share ideas and updates on upcoming activities. Between

council meetings, regular communication took place via email. Since the wellness director position was eliminated in 2011, the oversight, coordination, and council meetings no longer occur.

At the agency/facility level, each wellness representative, with the help of their wellness committees, is encouraged to focus on the most relevant health risks and organize their own events. One representative described the benefit of this de-centralized structure: “You were given opportunities to have group challenges...but we always got to choose how we wanted to do it, what we wanted to do. If we didn’t want to do something, we didn’t have to. If we wanted to, we could. Our particular division is one of the smaller divisions, so we were actually able to do a lot of customization and personalization for our particular members.” The wellness representatives and wellness committees continue to organize events for their own agency/facility.

Table 2: Organizational Structure of Employer B’s Wellness Program

Position	Roles
Department Level	
Wellness Director (this position was eliminated in Fall of 2011)	<ul style="list-style-type: none"> • Coordinates across agencies; • Chairs the wellness council; • Represent department on various health and wellness initiatives.
Wellness council	<ul style="list-style-type: none"> • Wellness representatives from each agency/facility; • Advises on wellness policy and program needs.
Agency/Facility Level	
Wellness representatives	<ul style="list-style-type: none"> • Provide leadership to the agency/facility wellness committee; • Help develop and implement the agency/facility annual wellness plan; • Report wellness activities to their agency director and the Wellness Director; • Make up the wellness council.
Wellness committees	<ul style="list-style-type: none"> • Provide wellness programs and activities in each agency/facility.

The agency’s program focuses on changing both formal and informal organizational policies and work environments to increase workplace support for wellness and ongoing evaluation. To support the wellness program infrastructure, Employer B created a wellness policy, which authorized four hours per person per month of work time for wellness committee work and six hours per month for the wellness representative at each agency/facility. The policy also encourages approval of flexible work schedules, when possible, to allow participation in wellness activities.

While the ongoing goal of the wellness program is to create a sustainable wellness infrastructure throughout the department that supports and promotes employee wellness, the wellness policy states the program goals are to:

1. Maintain agency wellness committees, department wellness council and a wellness director to plan and implement wellness programs throughout the department.
2. Raise awareness among employees regarding the importance of lifestyle behaviors that promote good health and provide employees with information and resources on how to make changes that reduce their risk for chronic diseases.

3. Promote changes to workplace policies and environments that encourage and support employees in being more physically active, having access to healthier food, avoiding tobacco and managing stress.
4. Provide programs and activities at the work place that offer employees opportunities to be more physically active, eat healthier food, stop using tobacco and manage stress.
5. Elicit ongoing employee feedback to plan and implement programs that meet the needs and interests of employees.

Data Collection

During their tenure, the former wellness director used two methods to examine data on the health status of the department's employee population. First, based on published reports from the SHP, the Wellness director identified the most common chronic conditions and utilization patterns among employees and their dependents. Second, a survey showed that the most salient health concerns were poor diet, weight, physical activity, and depression. In addition, one facility piloted a health screening and counseling program, *Roadmap to Good Health*. This pilot program collected data on facility employees through an online questionnaire and height, weight, glucose, and cholesterol measurements.

Program Costs

Jointly funded by the department and SHP, the wellness program was formally initiated when the wellness director position was created in 2004. The total amount of funding provided to the worksite wellness program between November 2004 and July 2009 was to \$678,456. Between 2009 and 2010, the wellness director position was supported by the Preventive Health and Health Services Block Grant, funding provided by CDC for states to address their own unique public health needs in locally defined ways. In 2010, the wellness director position was transferred to the Office of the Secretary and eliminated in 2011 due to a lack of funding. Given the budget cuts, the wellness director organized two fundraiser activities in 2009 and 2010, which generated slightly more than \$2,000 in profit and were used to provide small incentives and plan events.

Wellness Events and Activities

Wellness programs and activities at Employer B are organized and administered either by the state health plan or the department's wellness director and Wellness Committees.

Programs administered by the state employee health plan

- **Wellness Services and Case Management:** The state employee health plan offers various prevention and case management services; smoking cessation program; online weight management program; health assessment; and confidential support for stress, depression, or other mental health issues. Prevention and case management services include educational resources and one-on-one nurse coaching to help members manage a chronic illness or medical event. Smoking cessation services include one-on-one telephone support, web coaching, and free nicotine patches, in-person counseling with doctor or behavioral therapist, and reduced cost for smoking cessation medications. This state program also offers health coaching with registered dietitians, nutritionists, personal trainers, exercise physiologists, weight loss therapists and health educators.

Because most department-initiated wellness program activities are organized and implemented by each agency's wellness committee, they vary across Employer B. Most agency/facility events focus on group

activities, such as walking and team nutrition challenges. Some agencies/facilities have introduced activities to reduce employee stress and improve work-life balance. Examples of wellness activities and events include:

Programs administered by Employer B

- **Education Activities:** Education initiatives include posters, seminars, and bulletin boards. For example, one agency created a poster that presented an explanation of blood pressure, how you measure it, what the numbers mean, what individuals should watch for, and what one does to follow up if concerned. Another facility uses its professional staff to provide monthly health lectures. A recent popular seminar, “Momma Always Said Eat Your Vegetables,” was presented by the retired nursing director. These lectures are designed as 30-minute presentations during lunchtime so that staff with only 30-minute breaks can attend.
- **Wellness Fairs:** Many agencies and facilities hold annual wellness fairs to provide education and screening. One agency has conducted its annual wellness fair in conjunction with Employee Appreciation Day to make the event more enjoyable. This wellness fair included games and activities and donated fruits and vegetables from Whole Foods. Another agency invited organizations that raise funds for specific initiatives, such as heart disease and cerebral palsy, to participate in the wellness fair. This provided employees with an opportunity to talk with organizations they donate money to.
- **Walking/Running Events:** Walking challenges are a popular group activity across the department. Teams are organized to work as a group to reach a specific goal of total miles walked. For example, the Appalachian Trail Walk required teams to walk the length of the Appalachian Trail from Springer Mountain, GA to Mount Katahdin, ME. This department had 87 teams that each walked a total of 2,179 miles. Other walking challenges have included “Walk to San Diego” and “Lisbon to London.” 5K events are walking or running challenges that have been used to help the wellness program raise money for participating wellness committees. Funds raised are spent on subsidizing classes, repairing fitness equipment, and purchasing small incentives.
- **Individualized Walking Program:** Several agencies and facilities have groups of individuals who walk outside together once a day. The wellness program has developed walking maps for the a local college campus and the state capital’s downtown district. The designated walks range from 0.3 miles to 1.69 miles. For employees in other locations, the wellness program provides a link for individuals to create their own walking map on its website. During summer months when it is hot and humid outside, daily indoor lunch time walking programs in the gym are scheduled.
- **Exercise Classes and Team Sports:** Weekly lunch time fitness classes and free work team sports are offered at several agencies and facilities. Classes include yoga, Pilates, and Zumba dance and cost \$3-\$5 per class. Team sports include volleyball, basketball, and softball.
- **Line Dancing:** During the heart health month, one agency held “Hippy Hoppy Hopping Heart Healthy Month.” Three days a week, employees met in the parking lot and danced for an hour. As one employee described it, “Even our director came out and line danced with us...A DJ, a friend of a friend, made me a tape, and so we had all these crazy old songs...On days when we couldn’t go outside because it was really cold, rainy, or snowing...our Director allowed us to line up in the hallway.”
- **Fruit and Vegetable 30-Day Challenges:** Employees receive weekly healthy eating newsletters and recipes during the challenge as they keep a log of their daily servings of fruits and vegetables to compete for small prizes.

- **Weight-loss Programs:** Onsite and online subsidized weight loss management classes are available to employees.
- **Swap Shops:** One agency uses themed “swap shops” as an activity focused on stress relief. Employees bring unused household items to swap with other employees. Any items left at the end of the day are donated to a local charity. One of the swap shop themes was “Lotions and Potions;” employees brought in lotion, shampoo, and perfume that they no longer wanted. One interviewee described the popularity of these events: “We’ll have people so lined up at the door that we had to bring them out into the hallway to get in...just to get to the swap shop.”
- **Spring Fling:** To improve employee morale during a recent furlough, one agency held a “Spring Fling Furlough Clean Friday” event. Employees were encouraged to come to work on their Furlough day to clean their offices and then enjoy a picnic with healthy foods and many opportunities for exercise (e.g., croquet, balls, weights, balloons). As a wellness representative described, employees “cleaned their office – that was the Spring Clean part. Then the Fling was the fact that we went outside and had fun, and the Furlough Free Friday was that they lost ten hours of pay, but took the day outside participating in the events.”

Changes to Physical Environment

Changes to the physical activity and food environment have been made in several campus locations. A policy change allows employees to use fitness facilities that were previously designated as resident/patient facilities. Several other agencies/facilities found small rooms to designate for employee fitness, with a few pieces of exercise equipment or space to exercise with fitness videos. Campus walkability was improved by completing a full path of sidewalks to allow employees to walk a 15-minute loop without crossing the street.

To improve food choices, the agency revised its contract with the Office for the Services for the Blind, which operates all vending machines on the department campus, to require the vendor to offer at least five healthier snacks in each vending machine. When one agency lost its vending contract with the Office for the Services for the Blind because the agency was too small to have a profitable vending machine, it bought its own. The wellness committee stocks the vending machine with healthier options, such as granola bars, *Fig Newtons*, nuts, dried cranberries, raisins, baked chips, and popcorn. The wellness program also brings in the “Farmer on Mall Project,” which set up a local farmer to sell fresh local produce to employees once a week. Finally, the wellness director worked with a cafeteria staff at a local university to offer a low cost weekly health lunch special and to increase the availability of healthier meals and snacks.

Alignment with Health Plan

Starting in the last decade, the state health plan began offering wellness prevention programs, education, and resources to its members. Moreover, the department wellness program was partially funded by the SHP and created to supplement and augment the SHP-administered wellness activities. The plan-initiated wellness programs and activities typically target individual employees, whereas the department wellness program focuses on group activities. However, there was limited awareness of the state-administered activities by our interviewees.

The state health plan also collaborated with Employer B to conduct a pilot program, *Roadmap to Good Health* (see below), to incentivize individualized health screening and counseling, but only one

department facility was invited to participate in it. This facility was chosen because it had the worst health indicators and the highest risk factors.

Engagement Strategy

Incentives

The department's wellness program focuses primarily on group activities, such as educational lectures/classes, walking challenges, and annual wellness fairs. Raffle incentives and small exercise equipment grants were sometimes offered to wellness committees, rather than individual employees, to further incentivize worksite wellness activities in their agencies. These group incentives were intended to promote participation, rather than reward the achievement of a particular health outcome. Group incentives were spent on purchasing exercise equipment, pedometers, and other items for wellness activities, such as an audio system for line dancing.

In contrast to limited incentives the department's wellness program offered for participation, the SPH has a state legislated bill to encourage its health insurance plan members to make healthier lifestyle choices. The tobacco cessation component of this initiative was developed to help members quit smoking and to lower the costs associated with the treatment of health conditions associated with tobacco use. This bill requires state employees and their eligible dependents to attest to the non-tobacco use or state that they qualify for exemption based on their participation in a tobacco cessation program before they can select the higher coverage level (80/20) plan rather than the basic (70/30) plan. The bill also has a second provision that targets BMI limits of covered individuals, which has yet to be implemented, according to our interviewees.

In collaboration with the state health plan, one facility piloted an incentive of reduced copay to participate in a health screening. Staff received a \$15 reduction in copays for an entire year for participating in the *Roadmap to Good Health* pilot. One interviewee noted "what they were trying to do was to get people into the doctor proactively, like go in there and find out what's going on that you can control instead of going to urgent care." The program required individuals to complete an online questionnaire and have their height, weight, glucose, and cholesterol measured. Staff were then provided a report card and met with a medical professional to review the results. An interviewee stated the pilot was extremely successful and "people were very appreciative of the fact that, you know, the state as well as [the facility] was trying to partner up and do something for their health."

Non-Financial Avenues to Increase Engagement

The agency's wellness director provided oversight support and coordination to the department and facility wellness committees to increase engagement. The wellness director helped facilitate activities, such as the walking and fruit and vegetable challenges, across the entire department, provided resources for small equipment incentives, and suggested activities that were in line with the goals of the program. She also helped agencies and facilities share and discuss ideas through the wellness council.

To increase engagement of employees in specific events and activities, some agencies and facilities provide small giveaways for participating in activities. For example, one has obtained restaurant coupons or bottles of water from vendors to raffle-off at events. Another agency organized a pie fest at the finish line of their Halloween walking challenge. Small slices of pie were given as a token of

appreciation for employee participation, “thanking them for being a part of all the challenges, demonstrating that you don’t always have to go cold turkey with treats but you do have to save them for special events and you have to exercise your heart before you eat it.” The same agency also invited a local ice cream truck to come to their offices during a hot summer day. The agency closed all but one building door to encourage employees to use the longest route to the ice cream truck, placed wading pools in the yard on the way to the ice cream truck, and had exercise equipment available in the yard.

Communication/Marketing Strategy

While the program had a wellness director, the overall communication messages and strategy were set by the wellness director and then adapted to the local needs of agencies and facilities. One interviewee emphasized the importance of ongoing reinforcement from the wellness director: “When you’re working [two other jobs] and you’re still trying to keep the wellness thing going, it was obviously just really helpful to have those little reminders of this is where we need to go.” This centralized strategy and de-centralized implementation allowed each agency to implement a targeted comprehensive communication package. For example, one facility noted they can’t rely only on e-mail to advertise activities since most staff don’t have e-mail. “Healthcare techs that take care of individuals, their supervisors may have e-mail, but they...don’t and that’s a big working class at [the facility].” To reach these people, the wellness committee doesn’t rely on just one mode of communication. They ask supervisors to post flyers, make announcements during staff meetings, and put information on bulletin boards. For larger announcements, the director of the facility often sends out an e-mail to promote the event. Another agency distributes information and education to employees through a website, including posting recorded Webinars. Finally, one inpatient medical facility has a Wellness TV show with employees sharing their wellness experiences and how the wellness program can help relieve stress and stay physically fit. The show follows a “David Letterman-type” format with a soundtrack and commercials and runs on the facility station so employees and patients can watch it.

Leadership Support

Although the state provided support for the development of the department’s wellness program and funded the wellness director’s position for 6 years, this position was first transferred to the Office of Secretary and then eliminated due to state budgetary shortages. Without this support, the wellness committees are “pretty much left to their own devices” and involvement will depend on individual motivation.

Support for the wellness program from various agency leaders varies significantly across agencies and facilities. One interviewee said his facility director has been very supportive of many wellness activities. The director’s support was the reason why the program was “able to get the exercise room and some equipment.” Also, “he was the first one in line for the blood work...[he] sent e-mails out, encouraging managers to make sure their staff were given the time off” to participate, and has even participated in on campus *Weight Watchers* meetings. Another interviewee was more neutral. She mentioned that while her agency/facility management is generally supportive of wellness activities, she “does not see those folks... at the wellness events they have.” Finally, one employee raised a concern that they don’t have the support of upper level management: “We won a statewide competition and nobody in management even acknowledged it...we congratulated ourselves, but we had no one from administration say job well done, because I don’t think there is necessarily knowledge of what we do or support of what we do, because they don’t participate in it.”

Inclusiveness

Employees can participate in many activities ranging from individualized walking, to fruit and vegetable challenges, to events where employees can swap unused items with colleagues. While there is a wide range of wellness activities throughout the department, because each agency organizes its own events and programs, the programs offered to employees vary by agency. However, all wellness events and activities can be grouped into four large categories: physical activity, nutrition, smoking cessation, and stress relief. These categories map onto the overall wellness focus areas identified in the department wellness policy, which helps ensure a degree of consistency between different department's agencies and facilities.

To assess employee interests and preferences and solicit their input on new activities, the wellness director also conducted annual employee surveys during their tenure. Information provided in these surveys helped the wellness program determine the most popular activities, better understand how information should be delivered to employees, and determine which wellness resources and activities should be added or canceled.

Program Results (Documented or Perceived)

Wellness Program Participation

Annual employee wellness surveys revealed that approximately half of all the department's employees participate in worksite wellness activities. This 50% participation rate was also confirmed during interviews with several wellness representatives. In 2010, roughly two-fifths of all participating employees did so at least twice a week. Individual walking, group walking challenges, and organized fitness classes were the most popular activities. More than a quarter of all employees participated in healthy eating wellness activities, such as the fruit and vegetable challenges.

Moreover, department employees have represented over half of all the state government Walking Challenge teams. For example over 1,500 employees participated on teams for the Spring 2011 challenge and won 8 of 9 trophies awarded.

Challenges to Participation

Several barriers to participation emerged from the interviews, focus group, and most recent annual wellness program report. The most common barriers are: lack of funding for wellness activities, difficulty in communicating with employees, work schedules and location, and lack of time to plan and to participate in wellness activities.

Lack of Funding: Although the wellness program was able to create new fitness areas in existing space in facilities and agencies, the limited funding meant that they were often created without air conditioning or showers, which limited uptake.

Communication: Lack of email or internet access by many hospital and treatment facility employees makes it more difficult to publicize events and activities to this group of people. Lack of awareness negatively impacts participation in events and activities.

Diversity of Locations and Schedules: In hospitals and treatment facilities, it is difficult for shift workers to participate in wellness activities. Some administrative staff cannot leave their phones unattended and therefore have difficulty participating in activities. Other agencies have found it difficult to involve telecommuters in wellness activities. One interviewee described her attempts to involve these employees: “My strategy was to have somebody on the team who was remote so that maybe they would have some insight into what we could do that would motivate them. But that’s very hard, because they are also remote for team meetings and so they feel like they’re not really part of the team.” This wellness committee tried to motivate employees in any location and any physical ability to participate by challenging them to walk somewhere in the area they live, take a picture, upload the picture, and then others could guess where the picture was taken. “We have come up with challenges where we thought anyone could participate, but had zero participation in it.”

Lack of Time: Employees also reported lack of time to participate in wellness activities. One wellness representative described that some employees found it particularly difficult to participate in ongoing activities: “I’ve had people wanting to participate in things and they just couldn’t because they couldn’t keep the time slot open in their schedule.” Another wellness representative described their efforts to accommodate the short 30-minute break staff have for lunch: “We’ve done some lectures on campus as well as going to specific buildings that requested it and we’ve held it in their conference room because it’s hard – I mean when staff have 30-minute lunch hours, if they’re having to spend like 15 of it walking to and from the mains – we have a big campus.”

Facilitators

Several facilitators were also identified, including implementation of the wellness policy, annual program implementation evaluation, having an engaged wellness director, and the program structure with wellness representatives and committees in each agency and facility.

Wellness Policy: The wellness policy encourages approval of flexible work schedules, when possible, to allow participation in wellness activities. This wellness policy indicates to employees that there is management support for participating in wellness programs. The policy also authorizes wellness representatives to spend six hours per month and wellness committee members four hours per month of work time to plan and implement wellness events and activities.

Program Evaluation: Annual employee surveys helped the wellness director and wellness representatives understand factors that impact participation (e.g., timing, communication about events) and the types of activities and events they are interested in. For example, results of the 2010 survey indicated that the majority of employees prefer that wellness activities be scheduled during lunch. Twenty percent of survey participants indicated that they equally prefer to receive wellness information through lunch time presentations, e-mails, and online programs. The most common requests for new activities or resources were healthier vending selections, fitness equipment, stress reducing activities, and walking challenges. About a third of employees requested annual health screening tests, healthy eating classes, and organized walking programs.

Engaged Wellness Director: Several interviewees reported that the position of a wellness director was crucial for the program’s success. According to one of them, by providing necessary structure and direction to the wellness program and coordinating collaboration between programs, the wellness director was able to bring “so much energy to the program and has given [the agencies and facilities] guidance” they needed to successfully implement the program in their agencies/facilities.

Program Structure: While the program had a wellness director, the two levels of organizational structure provided the wellness program with overall direction and strategy at the department-level and individualized implementation at the agency/facility-level. Wellness representatives within each agency/facility know the needs of their employees and can better make decisions on how to use limited wellness resources to ensure higher degree of participation and impact. For example, knowing that many employees enjoyed line dancing, one wellness representative requested money from the wellness director to purchase an audio system. She also used her personal contacts to purchase the audio system at a discount and obtain free music CDs.

Program Impact

Although a comprehensive evaluation of the impact of Employer B’s wellness program, which includes health risk assessment and return on investment analysis, has not yet been conducted, the wellness director assessed agency/facility program implementation and self-reported changes in behavior during her tenure.

Program Implementation: In an attempt to evaluate the wellness program implementation at the agency/facility level, the wellness director conducted annual program audits. Table 3 presents the results of the 2010 audit (the latest data collected for the 2011 annual program report). Almost all agencies/facilities reported that they provided education to employees, and two-thirds offered fitness classes or provided tobacco cessation resources. Over half provided weight management programs, have indoor fitness areas, and organized walking clubs. Some agencies/facilities have a healthy foods policy, held health fairs, have healthier vending options, have a policy supporting physical activity, offered health screenings, and offer regular blood pressure checks.

Compared to baseline data collected in 2005, the largest improvement was in the number of agencies/facilities that report having healthy foods policy (0 to 18), offering tobacco cessation resources (3 to 24), offering healthy vending selections (increase from 10 to 17), and having indoor fitness areas (14 to 21).

Table 3: Percentage of Agencies/Facilities Reporting Program Implementation Activities for 2010 (N=37)

Program activities	Percentage
Provided education to employees on four major risk factors	92
Offered fitness classes in the past year	65
Provided tobacco cessation resources	65
Provided weight management programs	59
Have indoor fitness areas	57
Have walking clubs organized	51
Have a healthy foods policy	49
Held health fairs	49
Reported healthier vending options were available to employees	46
Have a policy supporting physical activity during the workday	38
Offered annual health screening to employees	24
Offer employees regular blood pressure checks	12

Health Behaviors: Program impact at the employee level was assessed using the employee surveys. Between 2006 and 2010, the proportion of employees reporting a positive health behavior change (all categories except for tobacco use) was significantly higher among employees participating in worksite wellness activities than among those who did not participate in any worksite wellness activity during the prior year.

Figures 1 and 2 illustrate the health behavior changes in the previous year reported by department employees between 2006 and 2010. Roughly half of all survey participants annually reported positive changes in their walking activities and eating habits (N=3,112 in 2010). A quarter of participants reported getting closer to healthy weight. One interviewee described the change in employee behaviors and attitudes: “People that never exercised, that were extremely overweight...you can see the difference in their lives, their activity levels, and weight loss. Now when we have luncheons, no one is complaining that we don’t have dessert or that we have lots of salads and soup.” And only one-fifth or fewer participants reported improvements in their abilities to manage stress. Between 2006 and 2010, 566 employees reported they have quit tobacco use, and 695 reported they have reduced their tobacco use. The downward trend of positive health changes and reduced tobacco use may be an indication of less support for the wellness program and activities or a case of diminishing returns.

Figure 1: Percent of Department Employees Annually Reporting Positive Health Behavior Changes in Prior Year (2006-2010)

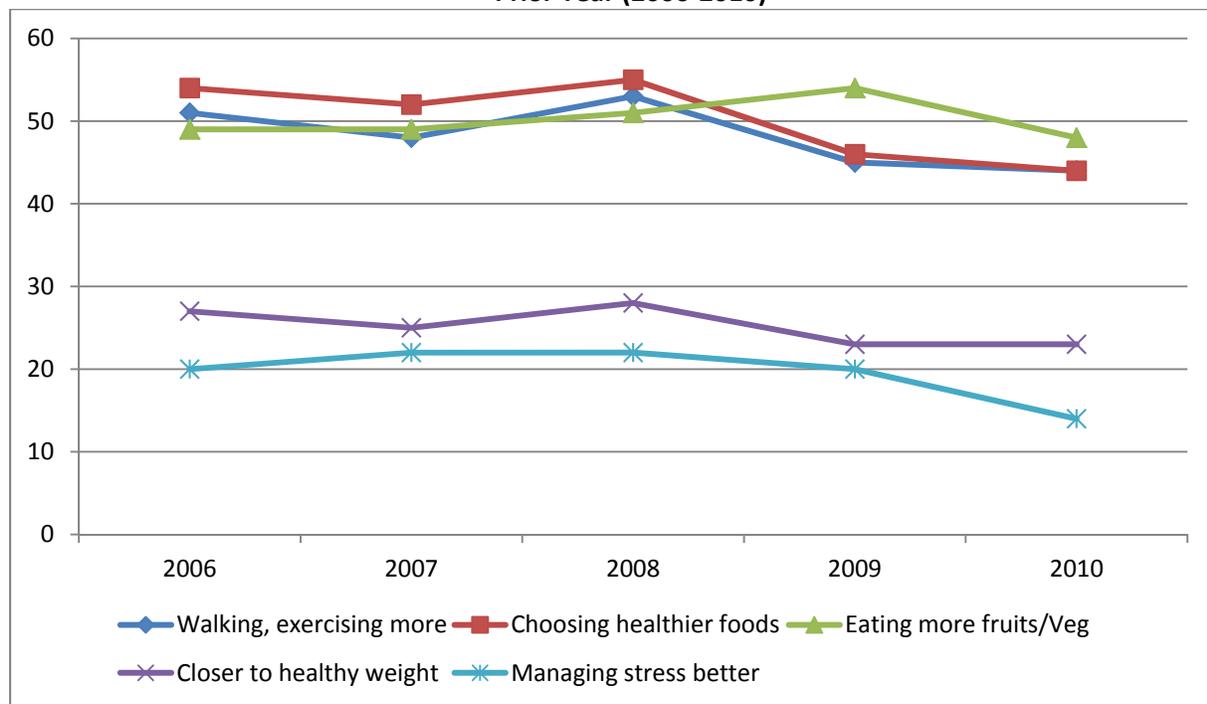
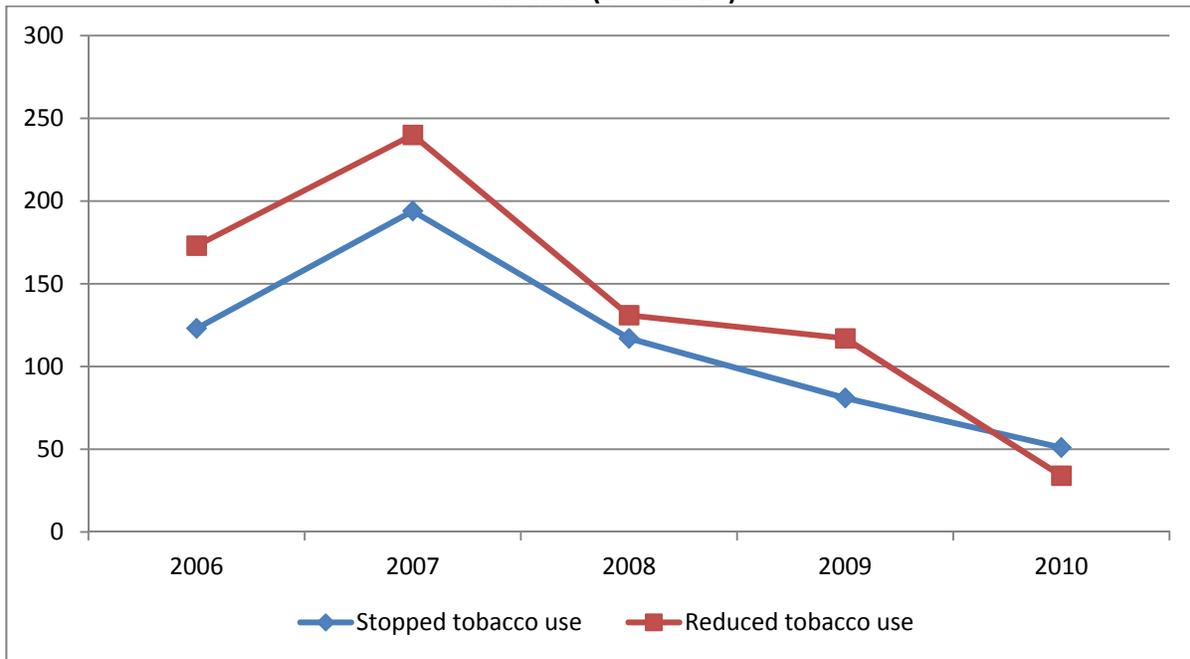


Figure 2: Number of Department Employees Reporting Quitting or Reducing Tobacco Use in Prior 12 Months (2006-2010)



Employee Satisfaction: In 2010, 30% of agency and 44% of facility employees rated their wellness program as “good” or “excellent,” whereas 15% of agency and 8% of facility employees rated it as “poor” (N=3,112). Overall, facility employees appear more satisfied with their worksite wellness programs than their colleagues employed by agencies.

Employee Morale and Organizational Culture: Several interviewees reported that the focus on group wellness activities helped employees develop team spirit and social connectivity within the agencies/facilities. According to one interviewee, “[the wellness program] builds team spirit; one of the really positive things I would hear back was, especially our larger agencies, ‘This is the first time we see people that work down the hall. And it’s fun.’ You know, ‘We get to know people.’ This really enhances your team. And you find, ‘Oh, you do that? Oh, well, I do this.’ You find connections, and it really is a team building without that being...kind of stupid and artificial. This is a more natural way to meet. We’re coming to do this together, which brings people together in, to me, a normal way, as opposed to some artificial game that you play.” Some interviewees reported that employees began doing other wellness activities together outside of work, including charity walks and mountain climbing.

Healthcare Costs and Return on Investment: While the wellness director evaluated wellness program satisfaction, activities, and reported health behavior changes, the program has not examined the effect on healthcare costs or the return on investment.

Effect of Incentives: Employer B uses both non-financial (competition in group activities) and financial incentives (lower coverage plan if a smoker; reduction in copay for completing health screening). Although there was no direct measurement of the effect of group activities and raffle incentives for group participation, these activities have been popular. One wellness representative described a positive effect of group challenges: “there was the benefit of being in a group and doing something as a

group, and maybe trying to do better than the others or at least as good. I think there was some excitement in that for people.”

The requirements of not using tobacco or actively trying to quit tobacco to qualify for the higher coverage level (80/20) health plan was instituted on July 1, 2010. The effect of the health plan qualification on tobacco use has not yet been assessed.

Although there are no quantitative results of the Roadmap to Good Health pilot, an interviewee noted that the \$15 reduction in copay made it more manageable financially for employees to go to the doctor on a regular basis and not use urgent care. The interviewee also described several individual success stories of the pilot that were presented at a symposium. One woman found out her cholesterol was high and had borderline diabetes. Based on the test results and medical consultation, she was told to try diet and exercise or be put on medications. “And now, she’s lost like 70 pounds. I mean it’s amazing and she’s kept it off...Her A1C is great...She didn’t have to start any type of medication for her diabetes...her levels were back down to normal.”

Unintended Consequences of Incentives: No unintended consequences of incentives were identified during the interviews or focus group.

Future Directions

Future plans for Employer B’s wellness program include agency and facility wellness committees continuing to organize and support wellness activities to their employees and potential partnering between agencies. Even though centralized worksite wellness activities and events are no longer coordinated at the department level by the wellness director, many wellness representatives reported their wellness committees would continue meeting on a regular basis and offer various wellness activities to their employees. It was also suggested that wellness committees may start partnering with each other to co-sponsor wellness events and share their knowledge to leverage the limited resources that may still be available within the department. The level of partnering, however, depends largely on the personalities of wellness representatives and their level of commitment to worksite wellness.

Conclusion

Employer B’s wellness program began with support from the state health plan to develop a replicable model of a worksite wellness program and contain healthcare costs. The program was overseen by a full-time wellness director who provided leadership, direction, and support to wellness representative and wellness committee in each agency/facility. Each wellness committee organizes the majority of activities and events for their agency/facility. Although this two-tier program structure allows wellness committees to prioritize activities for preferences of the employees in their agency/facility, it may also create a disadvantage for employees working in agencies/facilities that do not have an active wellness representative and committee.

The department’s wellness program offers a wide range of wellness activities, with an emphasis on group physical activities, healthy eating habits, and stress relief. The wellness program has achieved several policy changes including an implementation of wellness policy that authorizes of six hours and four hours of work time for wellness representatives and wellness committees to organize activities

within each agency. The wellness policy also encourages approval of flexible work schedules to allow employees to participate in wellness activities. Although there is a department-wide wellness policy, not all supervisors are supportive of employees spending time on wellness activities during normal business hours.

While the program had a wellness director, several program evaluation activities, including annual audit of agency activities and an annual survey of employee interests, participation, satisfaction, and impact, were conducted periodically. Evaluation results show that almost all agency/facility programs provide education to employees on major risk factors, and many offer fitness classes, provide tobacco cessation resources, offer weight management programs, and have indoor fitness areas. Employee feedback on interests and preferences has been used to identify priorities for activities. Since 2005, approximately half of department employees participate in at least one wellness activity each year. About 20 percent of those employees participate at least twice a week in a wellness activity. Self-reported data have also shown that many employees improved several health behaviors, ranging from better management of stress to increased intake of fruits and vegetables. However, these data have not been linked to participation, satisfaction, cost, or outcomes data to measure program impact or to perform an ROI evaluation.

While the two-tier program structure, the implementation of the wellness policy, the focus on periodic program evaluation, and having an engaged wellness director have been identified as facilitators of program implementation, lack of funding, difficulty promoting events, schedules and location of employees, and lack of time to participate were perceived to be barriers to active program participation. Although the full-time wellness director position has been eliminated and centralized worksite wellness activities are no longer coordinated at the department level, wellness committees still continue to function and may even start partnering with each other to co-sponsor wellness events and leverage the limited resources.

Employer C: A large service organization

“We want employees to be healthier and better informed to live a better life, and at the same time the reason we are doing this as a company is to control costs and improve productivity.”

-Organizational leader at Employer C

Organization

Background on the Employer

Employer C is the U.S. subsidiary of a global financial firm. The company’s primary product lines include life insurance, mutual funds, 401(k) plans, long-term care (LTC) insurance, and annuities.

Employer C comprises one of the largest life insurers in the U.S. and employs approximately 4,894 individuals, the majority of which, approximately 3,742, are based in one city. Other employees work in a smaller site located at another secondary site, or for a national network of professionals at independent financial firms across the U.S. Approximately 50 percent of the employee population is comprised of women, with an average age of forty-two and ten years of employment at Employer C. About a quarter (26%) of the workforce is aged 18-29, while the majority of employees are between the ages of 30-45 (37%) or 45-64 (36%), and one percent of employees are age 65 or older.

Employer C’s health plans vary by geographic location. The company is fully-insured through a recognized primary insurer offered to individuals in the two main locations, as well as those located at remote sites regionally. The primary insurer’s options include a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and a high deductible health plan (with health savings account). More recently a tiered network PPO with providers and medical groups tiered by cost and quality has been introduced. Another nationally recognized insurer is offered outside of the primary insurer’s coverage area and mainly serves individuals employed by members of the national network. This secondary insurer’s plan options include PPO, a high deductible health plan (health savings account) and an Exclusive Provider Organization (EPO).

Leaders at Employer C describe lifestyle-driven conditions, like overweight or obesity, hypertension, and stress as the most common health risk factors among employees. Chronic conditions like diabetes and cancer were also cited as pressing issues among the employee population. The company’s wellness activities have primarily taken the approach to work toward healthcare cost reduction and improved health through education and behavioral modification programs, with a secondary focus on disease or chronic care management.

Organizational Strategy: A Focus on Health and Wellness

Employer C began developing their wellness activities in 2007 and officially launched a multifaceted wellness program throughout their U.S. firms in 2008. The motivation to implement wellness programs was primarily driven by a sense of corporate responsibility for staff well-being and the view that wellness programs can have tangible benefits to the organization in form of healthcare cost savings, increased employee morale and improved health behaviors and outcomes.

As upper management became concerned by rising health care cost, human resources leaders expressed enthusiasm about the prospect of being “ahead of the curve” in the area of workplace wellness to control costs while simultaneously improve employee morale and productivity. One human resource manager shared: “[Employer C] has always had a real focus as viewing the workplace as more than a place that employees come to work, [we have] a strategy that goes far beyond ‘what do you pay.’ We are viewed as a company that helps employees become engaged in their own health and feel better, this has always been a part of [our strategy].” The idea of expanding wellness programs was seen as a relevant next step that coincided with their “vibrant” work culture.

Wellness Program Description

Program Development and Implementation

Today’s wellness program evolved in 2007 when Employer C partnered with the company’s primary health plan to examine claims data to identify cost drivers and, in turn, develop wellness initiatives to simultaneously contain costs and empower employees to manage their own health. One organizational leader explained, “It wasn’t our [Employer C] philosophy to change cost-shifting every year...we wanted to encourage people to manage their own conditions...[and] show employees that we, as a company, care about them.”

The Human Resources Benefits’ Department created a small wellness team comprised mainly of human resources leaders to discuss ideas and roll out pilot programs. Collectively, they decided preventive care awareness would be the initial wellness priority, so leaders researched medical standards for “appropriate care” and mined claims data to determine gaps in preventive screenings among their employee population. Employer C then developed marketing materials and communications to encourage employees to get preventive screenings, like colonoscopies and mammograms, and invited health educators from their primary insurer to lead educational seminars on the importance of prevention. One organizational leader recalls the positive results of the awareness program: “We found our claims had spiked. When we dug deeper we found the colonoscopy screenings increased. Although our initial costs went up...the appropriate spend went up.”

Encouraged by the positive impact of the pilot awareness program, Employer C began to offer additional services. An online health questionnaire, disease management programs, and reimbursements for attending qualified gyms, were among the first components rolled out. Soon thereafter, in 2008, the company brought biometric screenings onsite to employees, a quarterly biometrics screening and health coach consultation program.

Currently, a team of human resources representatives at the company operate the program and develop communication strategies in partnership with the primary insurer. The human resources team also partners with Employer C’s property management group, representatives within the event marketing department, and the company’s food vendor to develop and implement various wellness activities.

Data Collection

Employer C uses three primary methods to collect data on the health status of their employee population: biometric screenings, online health risk questionnaires and monitoring medical claims data. Most commonly, data are collected through the onsite biometric screening, which provides data on

cholesterol levels, blood pressure, blood glucose and body mass index. Second, the health risk questionnaires administered through insurers provide aggregated data on health behavior risks and allow the health plans to evaluate variations in risks and biometric measures over time. Data gathered during the onsite biometric screening are automatically linked and transferred to individual employees' online health risk questionnaire; employees who did not receive a screening can manually enter their biometric data. Lastly, the organization receives aggregate medical claims data from their insurance carriers that includes information on health care claims, workers compensation and prescription drug costs.

Identifying Employees for Participation

All wellness activities offered at Employer C are voluntary and do not require that employees participate. Employees are eligible for participation in all programs, regardless of their health status, and do not need to meet certain criteria (e.g., have a certain health risk) to utilize services or participate in programs. Though the biometric screenings are administered onsite through the insurer, employees with other insurance carriers are still eligible to participate in the program. Some employees may trigger a "health coaching opportunity" during the biometric screening and will be offered to speak with a health coach, or if they are participants in Harvard pilgrim's health plan, linked to ongoing coaching assistance through their nurse hotline. The online health risk questionnaire (administered through the insurers) identifies individuals who may benefit from behavioral modification or disease management programs, and then links them to programs, though they are not required to participate.

Program Costs

Leadership has labeled their budget as "wellness on a shoe string." Nationwide, Employer C allocates approximately \$800,000 on wellness programs, which translates to approximately \$160 per employee. Approximately, \$214,000 is dedicated to financial incentives tied to the biometric screenings which entails gift certificates for participation in biometric screenings or achieving specific personal health goals. The nurse hotline costs approximately \$75,000 and gym membership reimbursements and the healthy eating program together total approximately \$80,000. Other costs are divided among several other offerings, like weight loss programs, a microsite for offsite employees, educational seminars, and other gift cards or raffles (e.g., rewards for the Business Unit Challenge). The organization fully funds incentives for participation and achieving goals, the nurse hotline, and the reimbursement program, while the primary insurer funds the biometric screening fair, health questionnaire, and other online educational materials and webinars.

Wellness Events and Activities

Employer C's comprehensive wellness program is branded with a catchy name, which involves a wide range of activities to encourage employees to become healthier through offerings such as biometric screenings, educational materials, competitive fitness programs, and weight-loss programs, some of which provide financial incentives for participation or meeting personal goals. The organization has also improved the physical worksite environment, through healthier food options and access onsite fitness facilities, to promote healthy behaviors throughout the day. A corporate intranet site combines information on wellness activities and events in one place. Below is a list of the various wellness initiatives offered at the organization.

Programs administered by health plans (insurers)

- **Biometric Screening:** The primary insurer sponsors a quarterly biometrics screening program that provides a snapshot of an individual's health. Metrics include: cholesterol, blood pressure, body mass index, weight and height. Individuals with certain risk factors have the opportunity to discuss personal health goals, like weight loss, smoking cessation, or diet modifications. The biometric screening program is operated by the primary insurer but open to all employees.
- **Health Risk Questionnaire:** Both insurers offer online health risk questionnaires to plan participants. At completion, the questionnaire produces a report that tells the participant their health status and may link them to a lifestyle or disease management program or telephonic coaching assistance through the nurse hotline. Data from the biometric screening are automatically uploaded into an employee's health questionnaire.
- **Reimbursement Program:** Participants receive a \$400 reimbursement for membership to qualified gyms, attending a smoking cessation program, *Weight Watchers* meetings, or qualified nutritional programs.
- **Performance Matters:** In partnership with the secondary insurer, Employer C developed a microsite for professionals employed at various sites throughout the U.S. through the company's national network. The site contains healthy newsletters, webinars, and access to health risk questionnaires. The company's wellness team branded this program with a meaningful name that instilled within their sales workforce the idea that health and wellbeing "can increase sales and motivation."

Programs administered by third party vendors

- **Healthy eating program:** A healthy eating and lifestyle management program that offers educational information on nutrition and healthy eating, personalized phone support from health coaches, and online tracking to help participants monitor their eating patterns and health improvements is offered to employees. Participants have access to a variety interactive tools including social networking tools, educational and cooking videos, and an online database of recipes and meal plans.
- **Nurse Hotline:** A vendor offers a telephonic nurse hotline that allows plan participants access to registered nurses to receive confidential health information and advice. Though all health plan participants are able to access the service, individuals who triggered an opportunity for health coaching or intervention are directed to the hotline. The services are available twenty-four hours a day, seven days a week.
- **Weight Watchers:** *Weight Watchers* meetings are offered during lunch hour onsite to employees to allow greater convenience for employees who are members.

Programs administered by Employer C

- **Wellness Program Newsletters:** Each month, the wellness program newsletter is distributed electronically and through hard copy circulation. Newsletters cover topics related to stress, healthy eating, and fitness and are developed by Employer C's wellness team (Please refer to Figure 3).
- **Health and Wellness Seminars:** Employer C has offered a variety of onsite "lunch and learn" seminars, at which speakers present information on various health-related issues ranging from stress management, smoking cessation, and demonstrated stretching exercises. Seminars are typically small and informal and have included guest speakers like, nurses, health coaches and marathon runners. One human resource manager explained their strategy has been to offer

programs on lunch hour to minimize interruption: “We try to do seminars on lunch hour so people feel like they have permission...lunch hour seminars work best with schedules.”

- **Health Webinars:** Webinars corresponding to health topics in the monthly newsletter are made available to employees to watch at their leisure. One employee said she prefers webinars to seminars because “you can do them whenever you have a couple of free minutes.” Employer C has also transitioned from offering in-person seminars for “sensitive” health topics, like depression or stress, to webinars “to provide a sense of privacy to individuals.”
- **Business Unit Walking Challenge:** Each year, business units form a team in which members track and log their daily steps or “step equivalents.” The American Heart Association’s step equivalent conversion tool is used to translate various activities (e.g., laundry or house cleaning) into steps. The team with the most steps at the end of the six-week challenge is rewarded and publically acknowledged. Previous awards have included NFL tickets and gift certificates.
- **Work Your Way to a 5-K:** This is a 15-week running group that meets during the lunch hour for employees wanting to train for a 5-K. Expert runners and trainers come to meet with the group to provide running tips and assist with training.
- **Marathon Training Program and Sponsorship:** Employer C is a sponsor of a marathon and pays entrance fees for employees interested in running. Participants in the program receive a training routine and can attend running seminars with nutritionists and running coaches.
- **“Take the Stairs” Campaign:** Employer C leveraged a city-wide campaign to encourage employees to choose the stairs. The city provided the organization with “point of decision” signage to post next to elevators and escalators encouraging employees to take the stairs. Signage has creative slogans like, “No time to exercise today? Your opportunity is now!”
- **Global Wellness Initiative:** The Business Unit Walking Challenge was highly regarded in the U.S. office, so offices abroad have decided to introduce a similar walking competition and educational seminars.
- **Smoking Cessation Programs:** Group-based smoking cessation programs are offered onsite to employees. These programs qualify for the reimbursement benefit.
- **Access to Gym Facilities:** Offices at the main city have onsite fitness facilities which include exercise equipment, group exercise classes and locker rooms with showers. Locations either have a public fitness center or a private facility for Employer C employees only. Employees are reimbursed the cost of the gym membership through the reimbursement benefit.
- **Bike Room:** The wellness team partnered with property management to convert unused storage space into bike rooms at one location. Another location was originally constructed with bike rooms. Showers and changing rooms are available.
- **Increased Healthy Food Options:** Employer C partnered with food vendors to improve healthy options in the company cafeteria and negotiated with onsite food stores to improve healthy options. At one site, a separate food station was introduced to offer healthy home cooked meals in lieu of a “hearty home cooked meals” station. At another office location, wellness leaders negotiated with an onsite food store to offer healthier options. The store previously “offered cookies and sodas, now they offer cage-free eggs, Greek yogurt, salads and unbundle the lunch boxes so consumers are able to choose healthy side options, like fruit.” One organizational leader mentioned offering healthy options at the worksite was a plan to build a culture of wellness, “our strategy is [to encourage our employees] to eat better and there were no healthy choices in the cafeteria. So, we worked with our food vendors to have some sort of healthy choices.”

- **Calorie Labeling in Cafeteria:** The onsite cafeteria clearly labels calories on certain food products and places “call out stickers” on healthy food options. Please refer to Figures 4 and 5 for examples of calorie labeling techniques.

Alignment with Health Plan

Leaders at Employer C consider their partnership with the primary insurer in 2007 “the beginnings of their wellness program.” One organizational leader described them as “a strong partner that allows us to execute the core of the program.” Prior to their collaboration, managers within human resources were “genuinely interested in wellness” but weren’t able to structure an integrated, company-wide program with a recognizable brand.

The primary insurer is responsible for designing and implementing the majority of program components. They coordinate the biometric screenings, provide various online programs, including behavioral modification and disease management programs, provide educational information and communications, manage data on biometrics and medical claims, and evaluate employee health outcomes and cost savings. The primary insurer also acts as an advisor, suggesting ways to increase employee participation (e.g., develop marketing campaign to promote the health questionnaire) and links Employer C to other innovative wellness activities (e.g., a nurse hotline or healthy eating programs) that are administered by outside vendors.

Engagement Strategy

Incentives

Employer-based Incentives: Employees receive \$20 for completing the biometric screening and are eligible to receive an additional \$20 for achieving their personal health goals (e.g., lose five pounds in six weeks or exercise three times weekly for two months). Employees set their personal goals based on their health assessment and other personal needs. If employees have reached their goals at the time of the next quarterly biometric screening, they are eligible to receive the \$20 reward. Other incentives include raffles and for attending the biometric screening fair and tickets to sporting events (given to winners of the Business Unit Challenge).

Health Plan Incentives: Employer C’s philosophy on use of incentives is to “offer interim rewards to encourage intrinsic motivation” with attention to “carrots over sticks.” Leadership reported that the majority of financial incentives for wellness activities are used primarily to encourage employees to “show up to get biometric screening done, set goals and achieve those goals.” Employees receive \$50 for completing the online health risk questionnaire offered through either insurer and can receive an additional \$50 for successfully completing a life style management program tied to individual health status.

Though most incentives offered through Employer C are in form of reward, as of 2012, the company implemented a smoker penalty for primary insurer plan participants. Employees who identify themselves as smokers and report they do not intend to quit are required to pay a \$600 premium surcharge each year. The surcharge is waived for plan participants who enroll in a smoking cessation program or report they would like to quit smoking.

Non-Financial Avenues to Increase Engagement

Focus group participants reported convenience and a sense of camaraderie are the two most important motivators for participation in wellness activities. One focus group participant said she would unlikely attend *Weight Watchers* meetings if they weren't offered onsite because of her demanding schedule: "At night I don't get home until six-thirty, seven o'clock. So having it at work definitely helps me, and so, I think it definitely helps being at work because it helps you feel better." Another respondent stated that she found the ease of online seminars worked with her schedule, "I've listened to a couple of them because you can do them whenever you have a couple of free minutes at your desk." Similarly, the convenience of the onsite fitness facility encourages some employees to exercise regularly. One respondent stated that access to the workout facility allows him to incorporate exercise into his daily routine, and provides an outlet for stress relief: "I do go down to the gym and I found that that's a break that I could use, but I also found that just the convenience of it helped me...it's like you don't want to be the sedentary dad doing nothing, so it was a good incentive that way." However, other focus group participants complained that [the biometric screening], though offered onsite, can be "a nuisance" due to unpredictable wait times, which has discouraged participation: "If there's a long line – it's not worth waiting for."

Focus group participants reported that perceived social support and a built sense of camaraderie among coworkers are an important part of their participation in wellness activities. One participant stated, "I definitely think the team dynamic and the competitive nature of it [Business Unit Challenge] tends to generate a lot more excitement and energy." A human resource manager said she noticed this team-based challenge was the first time so many people got engaged: "On our team, we rallied and got *everyone* engaged." She was pleasantly surprised to find programs allowed for individuals to support each other. "We all go down to [get biometric screenings] together," she said, "It happens at the manager level too." Another participant reported that team-focused wellness programs are more likely to capture employees' attention than small monetary incentives or short-term programs or seminars "that are easy to forget": "It's a camaraderie and team-building thing...if they did more of those rather than kind of these one-time special that gets more people out and going and [is] encouraging."

Communication/Marketing Strategy:

Employer C's communication strategy brands their wellness program's name, and utilizes multiple communication channels to empower employees to practice healthy behavior's and inform them of wellness opportunities. The brand is posted on bulletin boards, on signs in the cafeteria, and company's intranet site which enables employees to consistently see health-related messages corresponding with a recognizable brand throughout their day.

The company also focuses on ongoing health awareness campaigns to improve employee engagement. Their campaign involves the delivery of multidimensional, focused messaging via a variety of communication channels like newsletters, signage, call-outs on the company's intranet site and emails. One human resources manager stated that they have been "incredibly successful" with keeping employees engaged, "we are constantly on new ways of getting attention. We know the younger generations communicate differently from older generations. We want wellness communications to be engaging." One example of their consistent messaging is the company's monthly health newsletter – distributed via email and in print – which provides "timely, relevant health-related information and tips."

Leadership Support

Wellness leaders consistently reported senior management understands the business case for workplace wellness program and considers it a strategic priority. One organizational leader reported, “We have full support of leadership” which has been helpful for wellness leaders as they’ve developed their programs. “[Managers] understand why this makes sense from a business perspective; [this] has helped create a culture of health.”

Employees reported senior managers are active participants in maintaining a healthy lifestyle themselves and sense they encourage employee participation in wellness activities in general, but were only able to recall a few instances when they received direct correspondence from senior management. One focus group participant described an a company-wide email the CEO sent to encourage participation in the Business Unit Challenge: “Emails went out from senior management and they basically said, look, because we have all these health programs, your health insurance premiums aren’t going up as much as the rest of the industry. And by participating in these programs by demonstrating that we’re a healthier population, our health insurance premiums remain lower. And so that did help encourage people to participate.” Focus group participants also largely agreed that senior leaders “practice what they preach” by taking initiative to improve their own health and fitness, which cultivates a supportive work culture as explained by one focus group participant: “The head of my department, I know he goes to the gym every single day and I know he takes time during the workday to go, so that to me speaks more. You see a lot of them in the gym...when you see them working out, you know, it’s important to them, they’re taking the time to do it.” Similarly, another employee articulated her enthusiasm as she witnessed Employer C’s CEO compete in a long distance bike race, “[Employer C] sponsors the [a long distance bike ride]. I know last year there was a picture of [The CEO] riding a bike which I thought was awesome...on his senior level, he’s very into being active.”

Although senior management is actively involved, most focus group participants reported their direct supervisors were less involved with encouraging participation in wellness activities: “[My manager] doesn't have a problem with me attending [wellness activities]. It's like, meet your deadlines and I'm happy.”

Inclusiveness

Offering a breadth of programs with “something for everyone” is a common strategy Employer C uses to engage a wide variety of employees. Employees can participate in a wide array of activities from a marathon training program to *Weight Watchers* to speaking with nurses via a telephonic hotline. Offering a breadth of programs allows individuals of all fitness levels and health statuses to engage in a program that best matches their needs.

Employer C attempts to include employees in the feedback processes on many levels. Management asks for employee feedback “every 18 months to see the value the employees place on [wellness] programs.” In 2010, the human resources department surveyed employees who participated in a component of the wellness program to get feedback on program improvements and barriers and motivators for participation. This feedback allows management to understand the employee perspective. Additionally, employees are asked to fill out a survey immediately after they attend the biometric screening and wellness fair. A human resource manager articulated that the team takes “feedback seriously” to implement changes and make continual improvements. For example, employees had reported concerns of privacy while getting their height and weight assessed at the biometric screening and wellness fair, so

privacy screens are now placed between stations. Some employees perceived their feedback as valuable: “Yeah, they definitely want to know [our opinion]...every time they ask for feedback, yeah, on a survey. Actually, I think they do a great job,” while others expressed concern that their feedback wasn’t taken into consideration: “the first time I provided feedback but then I didn't see anything change, so it's like, why am I wasting my time?” Another respondent expressed similar concern: “I didn't see anything change. I asked if they could include maybe sugar tests too, and nothing changed so I don’t think I’ve bothered repeating myself year-to-year.”

Program Results (Documented or Perceived)

Wellness Program Participation

Overall, approximately 41 percent of Employer C employees have participated in at least one health and wellness activity in the past five years (excluding the reimbursement program). One-third (~1504) of all of the two main location-based employees have attended biometric screenings one or more times, which is based on “a measured count of how many individuals participate in the quarterly event.” The facilities manager reported approximately 26 percent of [main city] employees utilize the onsite gym facilities and a total of sixty individuals utilize bike rooms at the [main city locations]. Women (60%) are more likely to participate in wellness programs than men.

During the focus group, many individuals reported the biometric screening event was the most well-known wellness program offered. Employees reported educational seminars and the online health questionnaire don’t receive a lot of attention or seem to get high levels of participation.

Challenges to Participation

When asked what specific challenges hinder participation, several common themes and barriers emerged. The top reported barriers among employees were: concerns of privacy, logistics and timing, and negative feedback from colleagues which discouraged interest in participation. Organizational leaders identified communication and outreach as the primary challenge to increase participation.

Privacy: Employees expressed concern about privacy during the biometric screening: “It’s that big open area kind of thing. If it were probably set up a little bit more discreetly, I think people might be more inclined to go.” While other focus group participants explained privacy of health data is an issue: “It’s the personal information reason...Because I know there’s people who have said they don’t want their—anybody to get access to that information or to be able to track it or you know, what if this ultimately ends up in my personal premium rather than overall company-wide or something like that.”

Logistics and Timing: Access to onsite biometric screenings was reported as difficult because lines were often long and availability of health coaches unpredictable. One employee commented that although he wanted to complete the screening, the long wait deterred his interest in participating: “At times I’ve been intimidated by the sheer volume of the people who take advantage of [the screenings] and I think the hours could be expanded or spread out better. I know I’ve gone there later than now and seeing it’s going to be a long wait and turned around.”

Negative Spillover Effect: Some focus group participants have witnessed colleagues sharing their negative opinions of wellness programs to fellow colleagues within the department. In particular, one

employee recounted the experience of a colleague's negative perception of biometric screenings, which in turn created a negative spillover effect to other colleagues:

"I actually know somebody and she actually body builds, so she works out. And when she went [to the biometric screening event] she almost had a fight because they told her BMI was off the roof, and she sat there and they argued back and forth and finally she just walked away. She wasn't too happy, so now she's affected everybody around her. So when you ask people who've never gone [to the biometric screening event] they say, oh, no I don't want to get the same treatment she got. So already there's a perception thing because somebody had a bad experience."

Communication: From organizational leaders' perspective, nearly all interviewees considered disseminating wellness information as a primary barrier to improving participation. Developing communications for offsite employees, mainly the sales team through the national network, has been one of great difficulty: "We have a challenge because we have individuals in the field, with small pocket offices. It's difficult to get the biometric screening program out there." One human resource manager mentioned they have been working to develop programs tailored to the specific needs of the sales team, "like eating on the road and managing stress."

Facilitators

Employer C leaders shared a number of enablers that have helped make the program a success, including an engaged work force, management support, the strong partnership with their health plan, and an approach to reward employees for improving their health.

Engaged workforce: One organizational leader commented that the workforce composition – mainly a high-educated, generally healthy workforce, has made generating interest in wellness much simpler: "We have a highly engaged workforce, we happen to be unique. Our program could be duplicated somewhere else, but it will be hard to have the same effect...what we do would be dead on arrival in a manufacturing plant."

Partnership with Health Plan: Employer C has taken many opportunities to partner with the primary insurer to offer a wide variety of programs and keep the overall budget very reasonable. As one organizational leader described, having a "good partner" makes the program a success. "We couldn't have done it alone."

Reward-Based Program: Employer C leaders pride themselves on using "carrots over sticks" to motivate employees to engage in programs. Overall, the program leaders have avoided taking a punitive approach to wellness programs; organizational leaders consider reward a more effective approach to maintaining a sustainable health and wellness culture.

Support of Senior Management: The strong interest in implementing wellness activities was facilitated by the fact that leaders have been engaged and generally interested in wellness. Senior executives participate in health activities in a visible way to validate that wellness is an important component of the company's culture. This sends a strong message to employees that their participation contributes to lowering healthcare costs and that the company is willing to invest in its employees' health and well-being.

Program Impact

A comprehensive evaluation of the impact of Employer C's wellness program has not yet been conducted, though ongoing analyses of claims data and biometrics and a small-scale evaluation of the healthy eating program (a twelve-month nutrition program administered by a third-party vendor) have offered a documented positive impact on employee health risks and behaviors and cost savings. Our interviews with employees and wellness leaders suggest that programs improve employee morale and have led to an evolving culture of wellness.

Health Risks and Health Behaviors: A trend analysis of claims data, conducted by the primary insurer in conjunction with a large state university, found that individuals who participated in biometric screening and have had at least two follow-ups showed improvements on a variety of biometric outcomes. We were told that of the among 1504 employees who have completed a biometric screening, 70 percent lost weight, 80 percent of individuals with hypertension lowered their blood pressure, and well over half of (65%) improved their cholesterol levels. Individuals were also likely to improve their health-related behaviors. Approximately half of individuals who completed the biometric screening reported they stopped smoking (53%) and emergency room visits decreased, from 1-7 percent each year, while preventive care visits have increased, ranging from 1 to 4 percent.

A pre-post evaluation from the one-year healthy eating program, participants showed improved health outcomes, which one human resources manager articulated as "unbelievably compelling evidence about the power of food on our health." Approximately 112 individuals at Employer C completed the program, of which over 50 percent reduced their BMI, 92 percent reduced their blood pressure, and 83 percent improved their blood sugar levels. All individuals improved cholesterol levels (100%).

Employee Satisfaction: Most leaders perceive that employees are highly satisfied with wellness offerings, "we have seen a very high level of satisfaction with the program." Most participants rate their satisfaction with biometric screening in the 90th percentile. Leaders attribute high levels of satisfaction with the program to the fact "management cares about them."

Employee Productivity and Morale: Focus group members reported flexible work schedules to exercise improves productivity. One employee who uses the gym during lunch break says it's improved her energy level and productivity. "I feel really refreshed and I'm kind of ready to go. I don't hit that 2:00 wall if I go to the gym. When I don't, then I personally notice a difference." she commented. "I personally feel more productive." Employees also reported they are aware that the company is taking measures to ensure their wellbeing and generally "care about health," which in turns breeds improved attitude and morale. One focus group participant articulated: "When the people are participating in these [programs]...they may be more positive. So I just think the morale that it has the potential to bring as well. I mean, it was really, it was really kind of fun when we had that, the business unit challenge and a lot of people were out doing things, really excited."

Corporate Culture: Employer C has made a concerted effort to incorporate wellness into the company's strategic plan to create a vibrant workplace: "We offer a vibrant culture and we demonstrate that to employees...the fact we have these wellness programs, support volunteerism, we know this is important [to employees]." Crafting an atmosphere that supports health has been approached with the motto of wellness is an "evolution, not revolution." One leader explained this gradual transition: "Cultural and behavioral change takes time. You can't expect to shift things from one year to the next]...Cultural change is one of the most difficult things in a company."

One organizational leader said he was “transformed” by the company’s culture of wellness, “I walked into [Employer C] without prior experience [in wellness]...I came in as a huge skeptic. I now believe [wellness programs] can have an impact, I see it qualitatively and quantitatively. If nothing else, it’s the right thing to do.”

Healthcare Costs: The primary insurer uses a proprietary method to estimate the savings derived from the wellness program by comparing Employer C’s healthcare cost against an industry benchmark. The evaluation showed that the company saved \$111 per member in 2009, and \$261 in 2010 and this trend has continued upward. Leaders at Employer C shared that wellness programs constitute an investment of less one percent of their total health care costs, but has reduced medical expenses by approximately two to three percentage points below industry trend since 2009. (Industry benchmarks were generated from the company’s Benefits Consultants.) Leaders were not able to pinpoint the exact sources of the savings, but noted that savings align with measurable changes in care utilization patterns: “We noticed the savings since we’ve begun wellness initiatives...our emergency room visits have gone down, and we are above benchmark for all preventive care screenings.”

Return on Investment: Employer C reports an ROI for spending on the workplace wellness program of about 2.5:1 based on healthcare cost savings, i.e., without considering benefits such as increased morale or improved productivity.

Effect of Incentives: Although there has been no direct evaluation of the impact of incentives on employee behaviors, many focus group participants reported the monetary incentive influences their decision to attend biometric screening: “You walk in there, you get \$20. I mean, it’s free money.” Similarly, management acknowledges that incentives offered are rather modest (e.g., \$20 for completing a biometric screening) but are generally successful at “catching employees’ attentions.” Conversely, employees stated that many were unaware of the \$50 incentive they receive for completing the online health risk questionnaire administered through the health plan or opted to not complete it because it was “logistically frustrating” or they had forgotten about it.

Unintended Consequences of Incentives: No unintended consequences were identified during interviews with focus group members or employees, though one human resources manager mentioned incentives may be training people to “expect money simply for just doing what’s right” which may decrease their levels of intrinsic motivation to improve their health in the long run.

Future Directions

Future plans for Employer C’s wellness program include efforts to increase participation in the online health risk questionnaire and explore use of non-monetary incentives to motivate employees. First, the wellness director at the primary insurer and the company’s wellness team plan to develop a targeted marketing campaign to increase participation in the online health risk questionnaire. By increasing participation, Employer C will have access to more robust data to better identify health concerns, which will then drive the types of programs they offer in the future. Second, leaders’ plan to explore alternative incentive structures is a future priority. An organizational leader shared that the wellness team is considering alternative incentive offerings, like offering “reductions in health care premiums or noncash benefits that relate to health and wellness [or] like money directed to their favorite charity.”

Conclusion

Employer C's wellness program began as a small-scale preventive awareness program and has expanded to a comprehensive wellness program, which involves various health and wellness activities, from biometric screenings to access to onsite fitness facilities to marathon training programs. The wellness team at Employer C began their program by identifying gaps in medical claims data (e.g., low rates of screening colonoscopies) and has continued to innovate and expand offerings as well as develop communication and dissemination strategies to promote health to their employee population. The organization leverages outside resources, like the city's stairs campaign and the American Heart Association's walking challenge to expand the program at little to no cost. They have built a partnership with their primary health plan to offer onsite biometric screenings, seminars and informational materials, and improve their marketing and communication campaigns. This partnership has been crucial for allowing Employer C to offer a comprehensive program on what they consider "a shoe-string budget."

According to our interviews, the participation rate for any wellness activity is approximately 41 percent, and about one third of employees participate in the biometric screening program, though few employees reported attending seminars or being aware of the health risk questionnaire. Primary barriers such as concerns of privacy, time limitations, negative feedback from co-workers, and difficulty disseminating wellness information may negatively affect participation rates among employees. Employer C makes a consistent effort to solicit employee preferences through engagement and feedback surveys, and overcome barriers to participation by developing a culture of wellness through leadership buy-in and consistent marketing campaigns.

There is documented evidence that the program has improved health outcomes. Participants who completed a biometric screening show health improvements like weight loss, improved biometrics (e.g., improved cholesterol levels and lowered blood pressure), and reductions in smoking rates. Organizational leaders also report healthcare cost savings and a positive return on investment. However, these positive outcomes may be in part attributable to participating individuals' high levels of motivation to improve their health. We did not have access to the evaluation methodologies, and therefore cannot verify the reported impacts.

Perhaps one of most prominent features of Employer C's Wellness program is an organizational commitment to create an atmosphere that provides workers with opportunity, social support and incentives to improve their health. The company has been perceived as being on the "cutting edge" of workplace wellness, and plans to continue making improvements by increasing participation in the health risk questionnaire, thereby improving the richness of employee health data, and exploring non-monetary incentives that drive and motivate participation in wellness.

Figure 3: Snapshot of the Monthly Newsletter Distributed to Employer C Employees.

fresh & healthy **Spring**
Get Your Plate in Shape

Spring is the ideal time of year to get your plate in shape! That's easier than ever with MyPlate – the new symbol of healthy eating. MyPlate combines the advice of leading nutrition experts into one simple visual that can help you get healthy (or healthier) this spring.

MYPLATE: THE BIG PICTURE
MyPlate is a whole new way to think about food. It's based on extensive studies that show that, by simply rebalancing the food on our plates we can improve our health. It's simple, but it's a big difference from how most of our plates look today.

LET PRODUCE TAKE CENTER STAGE
MyPlate does not look like the average American meal. The portions of food on MyPlate turn the typical plate upside down. MyPlate makes fruits and vegetables the central focus – filling fully half the plate! It's one of the most important things you can do to get healthier, and with spring produce in season it's the perfect time to start planning meals with produce on center stage.

MAKE WHOLE GRAINS THE RISING STAR
Whole grains are popping up in cereal, soup and salad bowls everywhere. That's because whole grains are the healthier choice. MyPlate recommends making at least half your grains 'whole grains.' So whether you prepare your spring meals at home or eat out, make whole grains a star on your plate.

GIVE HEALTHY PROTEIN A SUPPORTING ROLE
MyPlate shows us that a healthy plate needs less protein than we think (about a quarter of our plate). And a healthy plate has healthy protein – fish, chicken, soy and other beans or small amounts of lean meat. Let proteins take a supporting role, with produce and whole grains leading the way.

LEAVE FULL FAT DAIRY IN THE WINGS
Many Americans have not yet made the move to low fat dairy. As you get yourself and your plate in shape this spring, MyPlate reminds us to get calcium from low or no fat dairy products.
Let MyPlate help you get your plate in shape for the season.

Put Some Spring on Your Plate!
Make MyPlate, your plate this spring by finding delicious ways to feature the freshest of the season.

Make spring salads the main event
Spring is the perfect time to make fresh produce the main event on your plate. Combine salad greens, fruits and vegetables for a burst of flavor. Mix fresh spinach with tropical fruits like mango, pineapple and orange slices. Enjoy the season with fresh artichokes, asparagus, lettuces and green beans. From Swiss chard to broccoli, spring is one of the best times of year to let fresh produce lead the way.

Give whole grains a starring role
Whole grains give spring salads, entrees, sandwiches and sides an extra dimension of flavor. With so many whole grain products – from brown rice to quinoa; from barley to bulgar – you shouldn't have any trouble finding a whole grain that's perfect for your favorite recipe. Find new ways to give whole grains a starring role – try Tabouleh, the popular Mediterranean salad with bulgar wheat; switch to whole grain pasta; try a quinoa salad with pine nuts and raisins or cranberries – they're all perfect for spring.

Dress it up
Dress up your favorite spring salads, pastas, entrees or side dishes the healthy way. Use healthy oils like canola, olive, soy or sunflower oil. Top with a sprinkle of chopped walnuts, sesame seeds or dried fruits. If you add cheese, use lower fat versions of Cheddar or Monterey Jack; or use very flavorful cheeses, but just add a little bit for flavor. Use shredded, lightly marinated vegetables to add flavor or add a handful of beans to liven-up a salad or side. Whatever you're serving this spring, dress it up the healthy way.

Just4U

Figure 4: Images of Calorie Labels in Employer C's Onsite Cafeteria



Figure 5: Images of Calorie Labels in Employer C's Onsite Cafeteria



Employer D: A Manufacturing Company

Our intent isn't to just shift costs, our goal is to change behavior and build awareness...This program has not been easy; it's invasive. But at the same time has it forced individuals to take a different look at their lifestyle? Yes. Do I feel good about that? Yes.

-Organizational Leader at Employer D

Organization

Background on the Employer

Employer D is a large manufacturer generating more than \$1 billion in sales each year. The organization employs nearly 9,000 individuals in manufacturing and service centers across the United States and Canada. The majority Employer D's workforce is comprised of men (57%), with an average age of 43 years. The average length of service for an employee is eight years. Leaders at Employer D consider tobacco use and lifestyle-driven conditions, like overweight or obesity, high cholesterol, and hypertension as the most common health risk factors among employees.

Health insurance plans are self-insured and administered through a major national provider. Available plan options include a traditional PPO plan, a Health Reimbursement Account, also referred to as a Health Care Account (HCA), and a Health Savings Account (HSA). The majority of the workforce, nearly 60 percent, is enrolled in the Health Care Account. Approximately 20 percent participate in the Health Savings Account plan and the remaining 20% in the traditional PPO. All three plans offer 100 percent coverage for preventive care, including routine annual exams, mammograms, pap tests and colonoscopies, as well as immunizations.

Organizational Strategy: Making the Shift from Low to High Employee Engagement

Beginning in the mid-1990s, organizational leaders at Employer D became increasingly concerned about reining in rapidly rising health care costs. In response to this concern, Employer D contracted with their health insurer to provide voluntary onsite preventive screenings with the goals of not only controlling costs, but also creating a sustainable wellness culture and improving the overall health status of employees. However, participation rates were lower than anticipated, hovering around 20%. One leader shared: "I was involved in the business case with the president asking to invest [in preventive screenings] but because they were voluntary we did not have a high level of participation." At the same time, the individuals who participated in onsite screenings were "already healthy...highly motivated" therefore this effort seemed to have little to no benefit for improving health and controlling costs.

When this effort failed to meet its intended goals, Employer D began offering educational seminars: "We had lunch and learns; we wanted to make sure our employees were being knowledgeable consumers and [teach] why it is important to get a physical [exam]." Organizational leaders tapped into local resources, such as programs and materials offered through local hospitals or their insurer, but participation remained poor.

In 2009, over ten years after the initial launch of wellness activities, Employer D began to reevaluate the original design of the program and made the decision "that to get people's attention [they] needed to have a little bit of a pocketbook effect." One organizational leader was determined to curtail spiraling

healthcare costs and reached out to public health experts at the Center for Disease Control. After learning that the majority of spending in the U.S. on health care was on lifestyle-related diseases, he proclaimed:

It just kind of clicked. I mean, that was my epiphany...I've gotten all the discounts I can possibly get out of [the company's insurer] or the local hospital or anything else so the only other lever left to pull is claims...you know, I can't help a burn victim...but I can certainly help somebody who's pre-diabetic from becoming diabetic by helping them understand their health risks.

In parallel, the rising cost of coverage provided the motivation to shift to a more assertive wellness approach: "We had just come off of a year in which we got a 20 percent increase [in premiums] because of unexpected claims...we had a high year and it just looked like it was going to be higher."

Starting in 2010, Employer D moved from a voluntary program that "encouraged participation" through outreach and education, to an outcomes-based incentive program with built-in premium differentials based on a number health risk factors. This shift increased participation in onsite wellness screenings from below 20 percent participation to 99.8 percent.

Wellness Program Description

Program Development and Implementation

Wellness activities fall primarily into two categories: data collection (e.g., biometric screenings) and interventions (e.g., fitness competitions). A number of individuals within the organization and third-party vendors collaborate to develop wellness strategies and programming as well as manage day-to-day operations.

At the corporate level, an internal team of executives and human resources leaders is in charge of the wellness program's strategic development. A Communications Manager produces communication materials, enhances online communications, and coordinates messaging, primarily to manufacturing employees across various sites. In 2009, the company hired a Wellness Coordinator to expand wellness activities and interventions and to collaborate with vendors. At the site level, human resources managers are responsible for directly communicating to employees and encouraging participation. To supplement these efforts, some sites have identified employees as "wellness champions" to generate enthusiasm and communicate health-related messages, particularly to "employees in the production field who are difficult to reach."

Employer D collects data through a third party vendor, which is responsible for administering the company's onsite annual health screening. The vendor compiles the results of the biometric screening, which provides measures such as blood pressure, cholesterol, body mass index (BMI) and tobacco/nicotine use. The vendor then provides feedback reports on findings on a companywide and site level, and mails employees their individual results from the biometric screenings. Meanwhile, Employer D's insurer links plan participants to an online health risk assessment, educational materials, and nurse hotlines for at-risk employees and is also responsible for compiling data from the vendor to set individual premium rates based on biometric screening data.

Identifying Employees for Participation

All wellness activities at Employer D are voluntary and do not require that employees participate. However, individuals who do not participate in the annual screenings are subject to a weekly premium surcharge (e.g., wellness adjustment) of \$50, which is applied to their medical plan contributions.

The data collection vendor also identifies high-risk individuals who may benefit from behavioral modification or disease management programs. The vendor channels profiles of high-risk employees to the company's health plan administrator, who then links them to a nurse hotline. Although individuals are contacted by a nurse, they are not required to participate in recommended interventions.

Program Costs

The wellness budget at Employer D is estimated at \$625,000 per year. Approximately \$600,000 is allocated for fees associated with services administered by the third party vendor. Services include coordinating screenings, outreach to employees, data collection [and reporting], administering any appeals filed due to medical issues, and arranging reasonable alternatives for individuals who can't meet biometric benchmarks. The remaining \$25,000 is reserved for other materials for wellness interventions and small rewards for participating in or winning these competitions (e.g., duffle bags, yoga mats).

Wellness Events and Activities

Employer D currently offers a wide array of wellness initiatives, including weight-loss programs and fitness activities, and has made modifications to the workplace environment to encourage healthy eating and discourage smoking. Many of these programs are relatively new, having been just recently implemented or still in experimental stages with the intent of rolling out in the next calendar year. Below is a detailed list of the various wellness initiatives the company currently offers:

Programs Administered by Health Plan

- **Online Health Risk Assessment:** There is an online health risk assessment (HRA) available to employees through the insurer's website. The HRA is voluntary and employees must complete the assessment on their own time, but assistance is available onsite if requested. "If [an employee is] not computer-savvy and wants some help entering data in to a health risk assessment or something like that we'll do that." In 2009, completing the HRA was required of employees during time of open enrollment, but due to logistical challenges and difficulty arranging computer time, it has become a voluntary option; "Too many people were having major problems with it...you don't have to do it now."
- **Access to Online Resources:** There are numerous resources available for employees online through the health plan including BMI calculators, calorie counters, recipes, smoking cessation resources and health surveys.
- **Subsidized Gym Memberships:** Health plan participants are able to join a number of qualified gyms for \$25.00 per month.

Programs Administered by Third Party Vendor

- **Annual Biometric Screening:** Since 2010, Employer D has offered annual onsite wellness screenings to measures over 6,000 employees throughout the U.S. on a number of biometric indicators including Body Mass Index (BMI), blood pressure, cholesterol, and tobacco/nicotine use. Employer D outsources this service to the third party vendor, who contracts with local

medical staff to administer the screenings. Employer D arranges nurses to visit homes of employees who work remotely, mainly sales representatives, to conduct the screening.

Programs Administered by Employer D

- **The Biggest Loser:** This is an eight week weight loss competition inspired by the television show “The Biggest Loser.” Participants weigh-in on a bi-weekly basis and have their progress monitored throughout the duration of the program. Employees are provided with healthy recipes, links to gym membership discounts through the insurer and other information with health-related tips. Winners receive awards such as a free Paid Time Off day, a healthy lunch, or sweatshirts, as well as an acknowledgement letter from the company’s president.
- **Get to the Heart of the Matter!:** In this program, employees are given Excel sheets to track their walking distance and routines. The organization also posts informational flyers in offices and sends out online wellness blasts with heart healthy tips to participants.
- **Commit to Be Fit!:** This education and fitness program targets improving weight and blood pressure outcomes by building awareness about exercise and nutrition. Employees earn points by meeting their weekly goals for exercise and daily consumption of water, fruits and vegetables. Employees can track points online or by paper, which are then consolidated and recorded by a wellness champion. Winners are awarded with a healthy cookbook and a traveling trophy.
- **Offering Healthier Alternatives:** Every Friday, the corporate office traditionally sets up a popcorn machine in the break room. More recently, Employer D has been offering apples as a healthier alternative: “We get two boxes of apples. So anybody who wants to go in there can have popcorn or they can get an apple...We’ve gotten better.” They also offer a healthier vending machine with salads and sandwiches. However, employees stated this machine doesn’t attract employees because it lacks “freshness” and is costly at “three dollars for [a] little bitty little salad.”
- **Labeling Vending Machines:** Employer D uses visible prompts on vending machines in the form of star stickers and posters to identify and promote healthier options. Healthful options are based on fat, caloric, and sodium content (Figure 7).
- **Eliminating Smoking Break Rooms:** Indoor smoking break rooms have been eliminated at many manufacturing plants and smoking is now only allowed outdoors in designated areas.

Alignment with Health Plan

Employer D has had an ongoing partnership with the health plan for assisting in wellness program development and administration. When the program began, the insurer helped conduct the voluntary screenings and provided educational seminars and materials. However, participation was lacking and these programs never flourished to the extent anticipated, therefore organizational leaders looked to other vendors to expand the program.

The partnership between the third-party vendor and Employer D was the crucial step for building the wellness program as it exists today – with a focus on results and high employee engagement. The vendor has full responsibility for administering the onsite screening, collecting data, and producing feedback reports that comply with non-discrimination regulations and protect private health information. One organizational leader shared, “I knew early on I did not want any of my [human resource] people dealing with private health information...I don’t want to know what people’s health risks are.” Another organizational leader articulated “we always communicate that we don’t know results [of the screening].”

Another important role the vendor plays is to oversee the process and provide reasonable alternatives for employees who aren't able to meet the biometric benchmarks set by the vendor. One leader explained that employees can "reach out directly to [the vendor]...For example if a woman is pregnant, if it is unreasonable for [her] to meet certain goals [she] can appeal the test results. [The vendor] has a very structured, consistent standard process to take individuals through the appeals process." Another leader emphasized, "We *highly* encourage individuals to call [the vendor]...if an employee thinks the measures aren't accurate."

The third party vendor's systemic approach for screening employees has allowed Employer D to collect comprehensive data on health risks that will allow Employer D to evaluate outcomes and behavior trends overtime. Ongoing data collection will allow Employer D to assess employees' behaviors and conditions overtime and tailor wellness programs around these specific health risks.

Engagement Strategy

Incentives

Health Plan Incentives: Employer D's wellness programs tie financial incentives to an employee's ability to meet specific health outcomes, such as blood pressure, tobacco/nicotine use, cholesterol, or body mass index (BMI), which are assessed annually during onsite screenings. Employees who opt-out of the screenings pay a premium surcharge of \$50 per week. Employees who complete the screening, but do not achieve the required standards (or health goals) have an increase of \$6.25 to \$12.50⁴ per week depending on how many goals they do not meet. Employees who meet all goals receive a \$2 premium credit each week. The specific criteria and point system is outlined in Figure 8.

Employer-based Incentives: Other incentives for winning challenges, such as *Commit to be Fit!* or *The Biggest Loser*, include novelties such as duffel bags, t-shirts, cookbooks, tickets to theme parks, and yoga mats. In addition, employees receive Points through the insurer, for completing a health questionnaire or other health surveys, which can be traded for a variety of prizes (though many employees are unaware of this benefit).

Non-Financial Avenues to Increase Engagement

Focus group participants reported that social pressure, particularly weigh-ins for *The Biggest Loser*, encourages ongoing engagement. One employee commented, "It's better when someone's there weighing you, not yourself." She went on to share her success story:

⁴ The Health Insurance Portability and Accountability Act (HIPAA) permits employers to offer incentives based on outcomes of up to 20% of the total annual cost of coverage. The cost of coverage (for a single individual) at Employer D is estimated at \$7096, therefore the maximum outcomes-based differential of \$14.50 per week, or \$754 per year, is approximately 11% the cost of coverage. The \$50 weekly surcharge is based on participation in screenings, not outcomes, and therefore does not fall under HIPAA regulations.

I want to try to do better every time for myself, you know? Once a month, they'll have a birthday [party]...bring cakes in and all kinds of good stuff...I walked right by [the cake] and I said no, I got a weigh in tomorrow, in the morning. And I was so proud of myself that morning when I went to weigh in because I didn't eat it. I said I don't need it. I don't want it.

One organizational leader emphasized the importance of peer pressure for engagement and improving health: "If someone is holding me accountable, I'm more likely to follow through, versus blowing it off and not making it a priority."

Communication/Marketing Strategy

Employer D utilizes multiple communication channels to inform employees of wellness activities. Various outreach approaches are considered necessary due to the diverse employee population, ranging from sales representatives to corporate leaders to manufacturing workers, who are located at more than 30 sites throughout the U.S. and Canada.

One line of communication is the wellness portal on the company's intranet, which is "consistently updated with wellness news and events," geared primarily to employees in the corporate office. One wellness champion explained that she sends emails with "a few exercises or recipes" to a listserv of individuals who have voluntarily signed up. She believes they are frequently overlooked: "We just see the emails, and whether you pay attention to them, who knows? Otherwise you ignore them."

Mailings, like weekly newsletters with health advice, flyers announcing upcoming competitions or notices of annual onsite screenings, are posted in break rooms at the manufacturing plants and dropped in employees' mailboxes. One employee said she notices some of these announcements, specifically that "recipes and newsletters get printed out and put on the bulletin boards," while the majority of focus group participants didn't recall seeing posts or other communication materials regarding wellness. During our visit we observed wellness information and newsletters posted on bulletin boards.

Line managers are responsible for communicating messages about wellness, particularly during team meetings: "A lot of it is communicated through our little huddle...one was talking about one of the wellness programs...That if you wanted to sign up, gave us the dates and stuff, and then where to go and sign up." While another employee shared that wellness news is rarely discussed during her team meetings: "no one really even talks about the different programs."

To improve the effectiveness of wellness messaging, a team of organizational leaders is in the initial stages of developing a recognizable brand and logo for the program, which will be applied to both online and printed communications.

Leadership Support

Prior to the 2010 restructuring of the wellness program, leaders met to develop a thorough implementation and roll-out strategy. One leader articulated the planning process as follows:

The one thing we have to have is alignment among the leadership team. That's why we discussed things so much...there are some cultures and some companies where it's very much my way or the highway. That's not us and that kind of company would implement the wellness program a lot differently than we did and I kind of like the way we did it.

Leaders described the wellness program being implemented “for a wide variety of different reasons.” Some leaders had the desire to “improve wellness culture” and “promote awareness” that can only be measured in “soft dollars.” Another leader shared that addressing rising costs was top on the agenda “[we] had a desire to conserve actual spending...there has to be a financial ramification, especially [since employees] are not as healthy as the average population.” Another leader articulated that the wellness program was a corporate responsibility, not only to the sustainability of the company, but also to the community at large: “I grew up in this community, it’s important to me to have jobs available within our community and for Employer D to continue to be viable as a business in general so we can continue to employ individuals.”

Messages from executive leadership primarily come from the president – via email and hard copy – to promote a healthy work culture and advise employees of upcoming screenings. Letters have positive and employee-focused messages, such as “everyone benefits from having healthy employees,” “preventive care is free in all [health] plans,” and “health [should be] a top priority.”

Focus group participants generally reported that beyond huddle meetings, their direct supervisors are “too busy” and rarely discuss wellness activities or encourage participation in programs: “They don't know anything about it...they're everywhere else.” Although plant managers do not actively promote wellness, an employee shared that they do engage in activities: “At our plant, we have several [individuals in] management that actually do *The Biggest Loser* and all that stuff.”

Inclusiveness

Organizational leaders have rolled out a variety of fitness activities and provide educational materials (as detailed in Wellness Activities section), and all employees are welcome to participate. However, individuals in the manufacturing plant often are not able to due to their inflexible work schedules: “Nobody ever gets off at the same time...That’s the thing with the lady who's doing walking at lunch. Her lunch time is different than my lunch time.” Further, these employees miss email blasts and do not have ready access to the company’s intranet. Although a wide array of programs is meant to improve inclusiveness, these structural barriers may unintentionally limit access to certain programs and messages for the manufacturing employee population.

Since many wellness activities are relatively new, the Wellness Coordinator has made initial attempts to include employees in the feedback process to improve future programming. Following the completion of *The Biggest Loser* program, the Wellness Coordinator distributed surveys to employees to solicit feedback with the goal to improve future programming (Figure 9). During the focus group discussions, when employees were asked if they recalled seeing a feedback survey, one employee responded: “Yes... on the one survey, they asked, which ones you participate in? Which ones did you find most useful?” But this same individual reported she did not complete the form. The majority of focus group participants said they do not recall ever seeing a feedback survey, yet alone completing it. The wellness champion responsible for compiling responses further supported this claim: “I know I collected [the feedback surveys] in the office, and there weren't that many that actually did it...there's not that many that offered suggestions.”

Although response rates are low, employees reported they believe the company values their opinions and care to improve wellness activities. “It’s really come a long way...[Company leaders] **are** really looking at wellness.”

Program Results (Documented or Perceived)

Wellness Program Participation

Employer D has successfully motivated nearly all employees to participate in wellness screenings. Though they do not formally track participation in most wellness activities, they do track participation in *The Biggest Loser*, which according to focus group participants, is the best-known wellness activity. Manufacturing employees, which make up the majority of the employee population, have significantly lower participation rates than employees at the corporate headquarters, which comprise less than ten percent of the employee population. Ten percent of all employees (n = 629) participate in this weight loss program, and nearly a quarter of those participating (n = 140) are employed in the corporate headquarters. Manufacturing employees have significantly lower participation rates than employees at the corporate headquarters manufacturing employees that participate in these programs is Discussions with focus group participants also revealed that other initiatives, such as those offered through the BCBS website, subsidized gym memberships and *Commit to be Fit!* were significantly less popular among staff.

Challenges to Participation

Employees described rigid schedules and misalignment of programs with health needs as key barriers for participating in programs. Organizational leaders identified communicating across a geographically-dispersed and diverse workforce as the primary barrier for improving employee engagement.

Program Misalignment with Employees' Needs: Manufacturing employees “work 12 hour days, and have been on their feet all day,” and did not report exercise programs as an effective approach to improve their health. By contrast, interviews with organizational leaders revealed a strong interest in programs on physical activity and tracking the progress of these activities.

Manufacturing employees expressed a strong desire to have increased access to healthy food at the worksite. They reported they felt tempted by snack machines where unhealthy options are readily available and the healthier options “aren’t fit for a dog.” “Biscuits, gravy, and bacon” were described as staples during breakfast socials and cakes are brought in to celebrate birthdays. One focus group participant suggested heavier foods be replaced by “bananas and angel food cake” during parties and fruit be available rather than snack food in break rooms. One participant said sometimes she is hungry at work and her best option is “to get a Snickers” so she can stay full.

Schedules of Manufacturing Workers: Employees noted that their schedules don’t allow them to participate in some activities due to their work schedule. One employee described the difficulty in coordinating group activities or workouts: “We stagger [schedules]. I work 8:30 to 5:15. We've got one that works 9:15 to 6:00. So it's hard trying to get a group together at a good time.” Another employee noted that the company tried to encourage healthy eating by providing discounts at Subway during the lunch hour, but she was unable to take advantage of this benefit because “[she] couldn't get to Subway and back” during her allotted work hour “because it's all the way across town.” Employees also reported that tracking nutrition and activity were a burdensome due to their irregular schedules: “It wasn't like I work Monday through Friday, you know? I forgot to bring my [tracking] paper.”

Communicating to Dispersed Population: From organizational leaders’ perspective, disseminating wellness information is a challenge to improving participation in wellness. Developing communications

that engage employees, mainly in manufacturing, and to a lesser degree, offsite sales representatives, is a frustration for leaders: “How can we keep the program alive?” one leader concernedly asked. “We have wellness champions at sites to try to engage individuals, but because the population is so dispersed, it’s difficult.” Due to challenges of communicating with their employee population, leaders are looking to vendors for help: “We need to partner with a vendor that can help us engage our employee population, specifically our employees that are of higher risk. We have talked to different vendors on how to communicate to individuals.”

Program Strengths

Employer D’s wellness program has achieved high participation rates for onsite screenings, and encourages participation in wellness activities through the support of senior management and use of wellness champions to generate on-the-ground excitement among employees.

Non-participation Surcharge Motivates Participation in Screenings: The \$50 weekly penalty for opting-out of onsite screenings has resulted in 98.9% participation. This is a substantial improvement over the 20% participation rate in non-incentivized screenings.

Supportive Management Cultivating a Culture of Wellness: Executive leaders at Employer D have strong personal interests in wellness: one is a former marathoner, others meet for long-distance biking trips, and the executive wellness sponsor is “a nationally ranked power lifter.” Leaders view wellness as “the right thing to do” and it is advocated by top leadership; “It’s just part of our value system,” one leader explained. A letter from the president to the employee population reads: “We feel the value of good health is undeniable.”

Involving Motivated Staff to Improve Engagement: The Wellness Coordinator selected 24 employees across various sites to act as wellness champions. These individuals work within their department or teams encourage employees to get involved in wellness activities. One wellness champion described her role: “I email the group that has signed up for the wellness program, and I’ll attach a few exercises or recipes. But just kind of keep everybody kind of pumped up, you know?”

Program Impact

Since biometric data has only been collected for two years, a comprehensive evaluation of the impact of Employer D’s wellness program has not been conducted, though data compiled by the third party vendor provides feedback reports that allow leaders at Employer D to observe trends in health-related behaviors from the 2010 and 2011 screenings. Discussions with organizational leaders and focus group participants yielded mixed perceptions of wellness programming, with notable variation across employee type; manufacturing employees reported misunderstandings of wellness program components, and do not consider the onsite screening as part of the wellness mission.

Health Risks and Health Behaviors: The third party vendor compiles the results of the screenings and produces feedback reports for Employer D at the corporate and site level. The data from 2012 reveals that 58 percent of employees at Employer D pay a wellness adjustment above the baseline premium and in 2011, a total of 47 appeals were filed to dispute the results of the screenings.

Data from 2011 and 2012 feedback⁵ reports are described below:

- A total of 2000 individuals lost 16,000 lbs.
- In 2012, 62% of employees had BMI of 30 or under versus 63% in 2011.
- In 2012, 77.7% met the LDL cholesterol goal, versus 76.2% in 2011.
- In 2012, 81.5% met goal for blood pressure versus 82.7% in 2011.
- In 2012, 62.5% had normal glucose versus 65% in 2011.⁶
- 33 individuals quit smoking from 2011 to 2012, which translates to a one percentage point decrease (32% to 31%) in the total number of tobacco users nationwide.

Focus group participants revealed that their own motivation was the most important factor for improving their health, but programs serve as reminders to help them to stay on track.

Employee Satisfaction: There has not been a formal evaluation to assess employee satisfaction of wellness programs, though focus group participants reported they are pleased with wellness programs: “I like the wellness things, I enjoy it.” However, some employees reported overhearing colleagues complain of the programs: “they don’t want nothing to do with [the wellness programs]...there's a lot of them out there that just don't want nothing to do with it. You couldn't motivate them to do it.”

Corporate Culture: Interviews with leaders and employees revealed mixed opinions about the wellness culture at Employer D. Organizational leaders made it clear that part of Employer D’s wellness strategy is to create a healthy workplace environment: “We as an organization value wellness, that’s an incentive ...We have to be a place that people are proud to say they work.” Organizational leaders consider wellness as part of the norm: “There is always something [wellness-related] going on, it seems like it [wellness] has been around for a long time.” However, some focus group participants reported that wellness is rarely mentioned or discussed, as one employee commented, “We don't talk about it that often.”

Health Care Costs: Employer D has not yet made an attempt to determine program impact on healthcare cost and return on investment since the program was revamped two years ago. However, the premium differentials increased employee contributions to coverage by \$1.2 million dollars in 2011, of which approximately \$625,000 was spent to run the wellness program. One leader shared, “[We] want to cover the costs of the program with this premium differential—beyond that it’s an investment in the [wellness] program.”

Effect of Incentives: The weekly \$50 premium surcharge has resulted in nearly 100 percent participation in wellness screenings. Employees reported, “[We] all do it because [we] don't want to have to pay that extra \$50” and “it's expensive!” Although the \$50 surcharge incentivizes participation, focus group members did not report premium differentials as a motivator to change their health behavior; in fact many were unaware of their own premium pay-outs or results from the screening. Some organizational leaders reported they were motivated by the premium surcharge knowing they “could save a few dollars through good behavior.” Another organizational leader admitted the premium surcharge was a “tipping point” to help him quit smoking.

⁵ Data from 2011 and 2012 feedback reports were derived from screenings that occurred in Fall 2010 and 2011.

⁶ This measure is not included to determine employees’ premium differential, but is reported to employees for educational purposes.

Focus group participants reported small rewards do not necessarily influence their decision to participate, but do capture their attention. Novelties like t-shirts, duffel bags and tickets to theme parks were perceived as attractive: “It’s nice getting those little rewards.” Employees reported nontangible rewards, such as “a free parking space” or “paid time off” would motivate them to enroll or complete programs.

Unintended Consequences of Incentives: As described above (in Communication/Marketing Strategy section), broad-based communication strategies have been used to inform employees about wellness screenings/premium differentials as well as the roll out of wellness activities (e.g., *The Biggest Loser*). The third party vendor is primarily responsible for coordinating and communicating messages about screenings and premium adjustments, while messages on wellness activities come from internal sources, such as direct supervisors, executives and employee champions. These various communication channels appear to have unintentionally created confusion among employees. During the focus group, employees did not recognize wellness screenings as a component of Employer D’s comprehensive wellness program.

When queried about wellness screenings, one focus group participant responded, “That’s not the wellness program, that’s our insurance.” Another employee commented, “The screening, yeah, we have to do it for insurance.” Employees perceive wellness activities like fitness competitions and nutritional tracking as the “wellness program,” while considering the wellness screenings as a means to acquire health coverage. According to feedback from focus group participants, the premium adjustments may fall short of their mission to raise awareness and spur behavior change.

Another unintended consequence of the wellness program is that the local medical staff contracted by the vendor for home screenings went beyond their contractual duties and outreached to severely high-risk individuals in need of urgent medical care. Nurses called individuals who, based on their wellness screenings, were of particularly poor health. This outreach may have saved lives or prevented emergency hospitalization:

...the first time we did it I think there were six people that got phone calls from medical staff, that was not part of the contract that we had with them, but they called and said, ‘We think you ought to go to the doctor or to the hospital immediately because looking at your blood pressure, your triglycerides, you are in imminent danger of a heart attack. And, one or two of those people actually came forward and said, you know, ‘I went in and I had no idea...I didn’t realize I was on the verge of a heart attack.

Unintended Consequences of Incentives: Judging health risks across sites or by employee type is difficult because comparative data is limited and no formal analyses have been conducted. However, initial data suggest a slightly greater burden on manufacturing workers compared to corporate employees. Companywide, manufacturing employees tend to have poorer health status and health behavior, in particular with respect to smoking. “Smoking is a good example, only about 11 percent of our people smoke,” whereas manufacturing employees “have smoking rates at about 30 percent.” However, organizational leaders are careful to draw too many conclusions and can better understand these discrepancies as more data become available.

A second unintended consequence is that incentives based on outcomes may demotivate the employees with particularly high health risks from improving their health because it may seem “too difficult to make change.” Organizational leaders mentioned some complaints they heard from

employees: “I’m never going to meet the BMI goal, so why should I try?” and “if you're obese, you're not going to want to try if you have to get a certain level.”

Future Directions

In response to concerns of deterring the highest risk employees from improving their health, starting Fall 2012 Employer D will recognize progress goals for making health improvements (e.g., two point decrease in BMI) rather than goals based solely on outcomes (e.g., requirement to meet BMI of 30 or below). One leader articulated, the movement towards progress goals is “[a way] to draw people to action. We don’t want our goals to seem unachievable.”

In addition, organizational leaders intend to improve employee engagement. One leader shared, employees are generally “disengaged from the results of their screenings...we plan to work with vendors to figure out how to engage individuals.” In the more distant future, one leader said she “would like to bring people onsite from a health coaching perspective to meet with an individual about their results, because accountability is important.”

Conclusion

Employer D’s wellness program began over ten years ago when the company partnered with the health plan to implement voluntary onsite wellness screenings and educational programs; however, these programs never achieved the level of uptake needed to make a substantial impact on health-related behavior or rising healthcare costs. In 2009, organizational leaders grew increasingly concerned with increasing premiums and the overall poor health of their employee population. Executive and human resources leaders convened to develop a comprehensive wellness strategy, and resolved to look to a third-party vendor to administer onsite wellness screenings with premium surcharges for employees who did not participate or meet certain health goals. In parallel, the company rolled out various wellness activities focused on fitness and improved nutrition.

The vendor is responsible for collecting data and producing feedback reports for Employer D, which has allowed the company to observe high-level changes in employee health behaviors and outcomes over time. Data are relatively new, and no formal analysis on improved behavior or outcomes has been conducted, but leaders have observed mixed results. There is some indication of improved health risks (e.g., reduced smoking among employees), while other outcomes seem to be unaffected (e.g., glucose levels). Interviews with employees reveal that individuals have, to some degree modified their short-term behavior as a result of these programs, or at the very least recognize the programs act as “a reminder to be healthy.”

Cost savings from the program have not been calculated; though funds from the premium surcharges pay for the cost of wellness programming and surplus funds are allocated to a “pool to offset costs of medical expenses.” Interviews with employees and organizational leaders reveal that programs have helped create a culture of wellness, particularly among executive leaders.

The perceptions of wellness programming vary across employee type; manufacturing employees reported misunderstandings of wellness program components, and do not consider the screening part of the wellness mission, but rather a necessity for be eligible for health coverage. Further, employees

report barriers for “taking advantage of all of the tools and resources around us.” For example, manufacturing employees are unable to participate in walking clubs offered during the lunch hour due to their rigid schedule and the fact they are on their feet “12 hours a day” makes these activities less appealing. Employees openly expressed their desire to have increased access to healthier food options while at the workplace.

Employer D has implemented an incentive-based strategy which has resulted in nearly 100 percent participation in screenings and allowed for comprehensive data collection on employee health risks and behaviors. While participation in screenings is remarkably high, participation in wellness programs is lacking. In order to continuously improve wellness programs, Employer D has implemented employee feedback surveys and leaders plan to work with vendors to find creative solutions for improving employee engagement. Organizational leaders have also decided to implement incentives for meeting progress goals, rather than outcomes alone to encourage all employees, particularly those of highest risk, to make incremental improvements in their health. These continuous improvement efforts, coupled with the backing of top leadership, will allow Employer D to strive to develop a wellness program focused on “knowing numbers and managing risks.”

Figure 7: Vending Machines Labeled with Red Stars to Indicate Unhealthy Options.



Figure 8: Description of Employer D’s Biometric Outcomes Criteria and Corresponding Point Values

CRITERIA RECAP AND 2013 POINT VALUES*				
Point Category	2012 Plan Year Goals	Points	2013 Plan Year Goals	Points
Employee Tobacco/Nicotine	Negative	2	Negative	2
Blood Pressure (mmHg)	Less than or equal to 130/85	1	Less than or equal to 130/85	1
LDL Cholesterol (mg/dL)	Less than or equal to 130	1	Less than or equal to 130 OR 10% improvement from 2011 health screening	1
Body Mass Index (kg/m ²)	Less than 30	2	Less than 30 OR	2
	30 or higher but less than 32	1	30 or higher but less than 32 OR 2 point improvement from 2011 health screening	1
Spouse Tobacco/Nicotine	Negative	2	Negative	2

Figure 9: Employee Feedback Survey for *The Biggest Loser*



Don't Weight to Feel Great!

Evaluation Form

Please take a few moments to help us evaluate the first Wellness Program 'Don't Weight to Feel Great!' – Biggest Loser Competition. Your comments are valuable to future programming.

1. Overall, please rate this program: Excellent Very Good Good Fair Poor

2. At the conclusion of the program, how well:
 - a. Are you eating healthy? Fair Good Great
 - b. Is your activity level? Fair Good Great

3. Compared to your exercise before the program, are you now exercising more?
 Less than the start of the program
 About the same
 More minutes or intensity of exercise than when I started this program

4. Please identify the benefits you have experienced through this program. Check all that apply.
 More strength More flexibility More energy Lost weight
 Better circulation Lost inches More relaxed Feel better
 Lower blood pressure Look better Make healthier food choices
Other: _____

5. How satisfied are you with this program? Circle one (Not at all) 1 2 3 4 5 6 (Extremely satisfied)

6. Did your weight change from the beginning to the end of the program?
 I did not weigh myself More stayed the same weight I gained weight
 I developed more muscles I reduced body fat
 I lost weight: Pounds lost: _____
Other comments: _____

7. Did the incentive motivate you to complete the program? Yes No

8. What did you like best about this program?

9. How could we improve this program in the future?

10. Do you have thoughts or ideas for future Wellness Programs?

Please return to your site HR Department. Thank you for taking the time to fill the evaluation form out!

Appendix A: Discussion Guide

Discussion Guide for Key Informants

1. Background on the employer

- a. When did your company start offering wellness programs?
- b. Why did your company make this decision?
- c. Has your wellness program ever been modified? If yes, what has been changed and why?
- d. Are you planning on changing it in the future? Why? Why not?
- e. If it is an award-winning program, what was the reason why your program won the award?

2. Health coverage

- a. Does your company offer health coverage to its employees?
- b. What plan types does your company offer? (PROBES: HMO, PPO, deductible, costs, etc)

3. Details of the wellness program

- a. Who developed your wellness program? Is it provided through a health plan (self-insured or fully insured) or directly through your company? If the program is administered by an outside vendor, what criteria were used to choose that program? If it is an internal program, how was it created?
- b. What are the main components of your current wellness program? PROBE: Make sure to ask about the following:
 - **Health awareness initiatives** (including health education, preventive screenings, and health risk assessments).
 - **Initiatives to change unhealthy behaviors and lifestyle choices** (including counseling, seminars, online programs, and self-help materials).
- e. Why were these components chosen? What are their goals?
- f. Could you please describe a typical participant in your wellness program? PROBE: Age, gender, health status.

4. Supportive environment

- a. What efforts, if any, have been made at the corporate level to support the implementation of your wellness program? PROBE: CEO encouragement, participation; new workplace policies to encourage healthy lifestyles, healthy eating, increased physical activity, and improved mental health.

5. Program satisfaction

- a. How happy/satisfied are your employees with your wellness program?
- b. Have you ever formally evaluated satisfaction with this program? If yes, what did you find out?
- c. Why do you think your employees are happy/unhappy with your wellness program?
- d. What can be done to further increase the level of program satisfaction?

6. Participation rates

- a. What do your employees have to do to participate in the program?
- b. How many people have participated in your wellness program this year?
- c. How does this number compare to program participation in previous years?
- d. How may program participation rates look in the future?

7. Use, type and impact of participation incentives

- a. What strategies, if any, does your company use to encourage employee participation and engagement in wellness programs?
- b. Do you offer any financial rewards to incentivize participation? If yes, what are they and how they are structured? Are they tied to outcomes? If no incentives are offered, have you ever considered offering financial incentives? Why, why not?
- c. If yes: For an employee with employee-only coverage, on a percentage basis, how does the amount of the reward compare to the cost of employee-only coverage?
- d. Are dependents eligible to participate in the wellness program? If so, how does the award amount compare, on a percentage basis, to the cost of the total premium for the coverage under which the dependent is enrolled?
- e. If you incentivize based on outcomes, how do you handle a situation where an individual is not able to satisfy a health standard due to a medical condition? What is your alternative standard that the individual employee may meet to qualify for the incentive?
- f. If you have an alternative standard, how do you inform eligible individuals about it?
- g. What do your employees think about these incentives? Have you received any complaints about them?
- h. What are some of the downsides of providing incentives for wellness program participation?
- i. Have you ever changed your approach to incentives? If yes, when, why and how?

8. Program impact on employee health status

- a. Has your company evaluated the impact of your wellness program on your employees' health and health behaviors? *{if yes, go to (b); if no, go to (d)}*
- b. Please describe this evaluation effort:
 - i. Who performed the evaluation?
 - ii. How was the health impact of the wellness program measured? How were changes to health status attributed to the program? What data were examined?
- c. What impact, if any, was your program found to have on employees' health and health behaviors? *{go to Q9}*
- d. What is your management's perception of the impact the wellness program has on employee health and wellbeing? Why do you think so?

9. Cost of program, perceived and—if available—documented return on investment

- a. Has your company evaluated the cost or cost-effectiveness of your wellness program? *{if yes, go to (b); if no, go to (d)}*
- b. Please describe this evaluation effort:
 - i. Who performed the evaluation?
 - ii. How did you measure the financial benefits of the program? Did the calculation include reduction of medical costs (either direct payments or insurance premiums), reduced absenteeism, and/or increased productivity? How were these benefits attributed to the program?
 - iii. How did you calculate the costs of the program? What costs were identified?
- c. What did your evaluation find in terms of the net cost, cost-effectiveness, or "return on investment" of your program? *{go to Q10}*
- d. What is your managements' perception of the cost or cost-effectiveness of your wellness program? Why do you think so?

10. Challenges encountered

- a. Implementation of a wellness program can be unpredictable. Have you encountered any challenges or difficulties while implementing the program? If yes, what? Why do you think you had these problems during the program implementation?
- b. How have you resolved these challenges?
- c. If you were to start a new wellness program, what would you do differently?

11. Plans for the future

- a. How does the future of wellness programs look like in your company?
- b. Are you planning on making any changes to your program?
- c. How frequently do you update your program or introduce new components?
- d. Are you planning on changing the way you incentivize your employees to participate in the wellness program?

12. Anticipated changes due to the Affordable Care Act

- a. Do you anticipate any changes in your wellness program as a result of the new health law?

Appendix B: Focus Group Protocol

<p>OPENING REMARKS & PROCEDURE</p> <p>(1 minute)</p>	<p>Welcome. My name is ___ and this is my colleague _____. I am going to moderate our discussion tonight and _____ will take notes so that we are sure we accurately hear what you have to say but will not be participating in the discussion. We really appreciate your taking the time to come to this meeting today to share your views and experiences with us.</p> <p>We are interested in learning about your experiences with, and opinions about, wellness programs offered by your employer. Employment-based wellness program initiatives are typically aimed to help workers stay healthy, such as smoking cessation programs, discounted gym memberships, and healthy choices in the cafeteria. We are interested in your knowledge, and impression of, wellness programs offered by [NAME COMPANY], whether you have participated in any of these programs, and what your experiences were.</p> <p>This project is funded by the US Departments of Labor and Health and Human Services.</p>
<p>CONSENT & RULES</p> <p>(2 minutes)</p>	<p>Your participation is completely voluntary, and you are under no obligation to discuss anything that you do not feel comfortable discussing with me/us. We will keep all information you provide during the discussion confidential. We also ask that you respect the confidentiality of other participants by not discussing their comments or identities outside the group. The information you provide will help the Departments of Labor and Health and Human Services develop policies regarding wellness programs that employers are offering. As relevant, our final report may use quotes from the focus groups as illustrative examples of perceptions, needs, or concerns among employees. We will not attribute these quotes to individuals in a way that may identify them.</p> <p>We are audiotaping our discussion so that those of us who are working on this project can listen to your comments later and make sure that they are accurately represented. We will destroy the tapes once the transcripts have been completed and checked. To protect your confidentiality on the audiotape, please don't use your last name or call others by their last name during the discussion.</p> <p>Before we get started, I want to be sure that you are comfortable with participating in this focus group. If you have decided not to participate, you may feel free to leave at this time. You may also leave later if at any point you decide you no longer wish to participate. Your decision about whether or not to participate will not be reported to anyone.</p>

<p>GROUND RULES (2 minutes)</p>	<p>As we talk tonight, we'd like you to give us your honest opinions and impressions, even if you disagree with someone else. Since we want to hear from all of you, and we have a lot to talk about, I may need to interrupt someone to keep to our schedule. It will be easier for us to hear the audiotape if you speak up, try to talk only one person at a time, and identify yourself by your first name before you talk.</p> <p>There are food and drinks for all of you, so please help yourself to them at any time. Make yourselves comfortable and feel free to get up and get more to eat and drink or use the restrooms as needed. Our discussion will last an hour and a half, and will end at [GIVE TIME].</p>
<p>INTRODUCTIONS (5 minutes)</p>	<p>Let's begin with brief introductions. I'll tell you a bit about us first. I am an economist and OTHER PERSON is a ____.</p> <p>Now, we'd like to hear about each of you. Please tell us your first name and how long you have been with this company.</p>
<p>AWARENESS OF WELLNESS PROGRAMS (5 minutes)</p>	<p>Are you familiar with the wellness programs that your employer is offering?</p> <p>What types of wellness programs are offered?</p> <p>Which of these programs are typically offered as part of your health plan and which are offered directly by your employer?</p> <p>How long has your employer offered wellness programs?</p>
<p>PROGRAM PARTICIPATION (12 minutes)</p>	<p>Have you ever participated in a wellness program or activity?</p> <p>If yes, what programs or activities did you participate in? How long did you participate? Did you remain in the program for the recommended duration?</p> <p>If no, why didn't you participate?</p> <p>Does your company offer any incentives for wellness program participation? What type of incentives? What do you think about these incentives? Did the incentives influence your decision to participate?</p> <p>Has your workplace initiated any environmental changes that may affect your health habits at work? Examples of environmental changes may include an emphasis on using the stairs, healthy eating options in the cafeteria or vending machines? If so, did you alter your behavior in response to the changes? How did you change your behavior?</p>

<p>EMPLOYER SUPPORT FOR PROGRAM (5 minutes)</p>	<p>Is your immediate supervisor supportive of wellness programs? What has he or she done to show support? Does he or she participate in wellness programs?</p> <p>Are senior company executives supportive of wellness programs? What have they done to show their support? Do you know if they participate in these programs?</p> <p>What about your co-workers? Do they participate in wellness programs? Do they seem supportive of other employees who participate in these programs?</p>
<p>BENEFITS OF PROGRAM (12 minutes)</p>	<p>For those of you who have participated in wellness programs,</p> <ul style="list-style-type: none"> • What do you think about the program that you have participated in? What did you like/did not like about it? • Have these programs helped you achieve your personal goals? If yes, what were the goals they helped you achieve? • Have you noticed any improvements in your health, like reduced cholesterol levels or healthier blood pressure levels, since you began participating? • Do you get sick less frequently now that you participate in the program? • Has participation in this program affected your work performance? If yes, how? <p>Besides the health benefits we discussed, are there any other benefits associated with participating in the wellness program?</p> <p>How effective do you think this program is/was in helping improve the overall health and wellness of the people working here?</p> <p>Are there any drawbacks associated with wellness program participation? What could be done to make these drawbacks less significant?</p> <p>For those of you who have not participated in wellness programs, how should this program be changed so that you would participate in it?</p>
<p>SUGGESTIONS FOR IMPROVEMENT (6 minutes)</p>	<p>If you were responsible for wellness programs in your company, how would you change the existing program so that:</p> <ul style="list-style-type: none"> • more people participate in it? • it is more effective in achieving its goals, such as healthier behavior or better health outcomes? <p>Are there any important aspects of health and wellness that are not addressed by your employers' program? If so, what are these aspects?</p>
<p>GLOBAL IMPACT ASSESSMENT (5 minutes)</p>	<p>Overall, how valuable is this wellness program to you?</p> <p>If you were recommending your job to a friend, would the wellness program be a selling point? Why or why not?</p>