Benefits and Best Practices of Worksite Wellness Programs

By

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Abstract
**Background:** The burden of chronic diseases has increased, affecting mostly those who are working-class age, with negative effects on employees’ productivity. Many employers have been motivated to create wellness programs to enhance their employee’s health and provide a good return on their investment.

**Aim:** The aim of this study was to determine the anticipated benefits, unanticipated benefits, and best practices of employee worksite wellness programs.

**Methods:** This study used a qualitative design. Eight interviews were conducted with a sample population comprising wellness program coordinators/supervisors in selected companies in Wichita Kansas. The interviews focused on determining the effects of their wellness programs and what their best practices are. Statistical analyses were conducted using a framework analysis approach.

**Results:** The results of the study showed that employee wellness programs can be effective and lead to the realization of both anticipated and unanticipated company and individual benefits with themes of best practices in place affecting the individual and the company. Best practices were also categorized into three subcategories: (1) availability (2) company support (3) communication. However, it was also noted that good personal relationship between the wellness coordinators and participants, corporate support and effective communication will lead to realization of more benefits.

**Conclusions:** The results of the study showed these themes and subcategories comprised best practices that realize anticipated and unanticipated benefits of worksite wellness programs.

**Keywords:** worksite wellness programs, benefits, best practices, participation
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Chapter 1: Introduction

Background

Businesses interested in increasing their efforts to analyze efficiency and productivity in relation to employees’ health have found that wellness programs at worksites are efficient tools to improve employees’ health status. According to Lastowka, (2014), worksite wellness programs have been known to have positive impacts on productivity, absenteeism, and a reduction in health care costs. Many companies have adopted it to encourage their employees to take appropriate measures that lead to healthier lifestyles and provide early detection and intervention for chronic illnesses.

Worksite wellness programs play a vital role in the prevention of major shared risk factors for cardiovascular disease and stroke (Carnethon et. al., 2009); therefore, making employees participate effectively has become as important as implementing a worksite wellness program. According to Anenson, Brunt, Bryan, and Terbizan (2013), barriers to participation in worksite wellness programs include a lack of time to participate, difficulty in breaking old habits, resistance to change, lack of interest and structural barriers, having a perception that wellness programs are contrary to the culture, and skepticism about employers’ commitment to improving the workers’ health. Also indicated was that personal privacy can be an issue in committing to healthy personal behavioral changes, especially for elderly workers with multiple health problems. They are more likely to see companies having their health information as an intrusion to their privacy. Engaging employees to participate in these programs is the key to success. Employers will have to overcome these barriers to reap the potential benefits of a workplace wellness program. According to Bate, (2006), one of the effective means to increase participation in worksite wellness programs is to discover the employees’ motivational factors, such as
incentives like cash rewards, redeemable point rewards, reduced premiums, and time-off from work. Some of the goals in the United States are to increase both worksites wellness programs and participation. Employers are known to have used incentives to encourage participation in wellness programs with evidence to date suggesting that incentives most likely have a positive effect on increasing participation rate and improving health behaviors, but that these effects only last as long as the incentive continues (Hemming, 2013).

With Public health emphasis on opportunities to promote healthy behaviors within the workplace setting, reviewing existing literature on the effects of workplace wellness program in promoting healthy behaviors becomes important. Hemming (2013), indicated that participating in an organized worksite wellness program have positive effects on physical activity, weight loss, and dietary behaviors. In addition, it may lead to secondary improvements in lifestyles of workers and their families outside of the worksite. According to Ray, Allison, and Steven (2011), participants of workplace wellness programs show improvement in healthy behaviors such as physical activity, adequate nutrition, quality sleep, and regular use of seat belts. Life satisfaction and improved health status were also increased. Successful worksite wellness programs have influential positions with access to millions in the American workforce to engage these workers in activities that improve their own health and well-being as a major priority.

The American Heart Association 2009 Policy Statement for Worksite Wellness Programs for Cardiovascular Disease Prevention summarizes the benefits for investing in worksite wellness programs and includes decreased direct healthcare costs, improved healthcare utilization, increased performance measures, lower rates of absenteeism, and a reduced prevalence of chronic disease; they recommended more studies on the benefits of wellness program for both the employer and the employee. Addressing health and wellness in the
workplace is a good thing to do. It is necessary for helping the nation reach its 2010 health goals of promoting health and wellness, reducing chronic disease and reducing the nation’s health care bill.

Worksite wellness programs have been selling over the past decades and still, soaring healthcare costs remains a major issue. It could be possible that wider adoption of wellness programs and best health practices could lower healthcare costs amid other benefits; these identifying these was the goal of this study.

Interviews were conducted with eight wellness coordinators/supervisors at eight selected companies in the Wichita, Kansas area to obtain information on their organizational wellness programs, anticipated and unanticipated benefits, best practices, and their perceptions of worksite wellness programs

**Thesis Statement**

Identifying the benefits and best practices of worksite wellness programs, as observed by the wellness program directors, will be beneficial in improving programs and having a positive impact on health and corporate benefits. These finding will inform policies that encourage employers to invest in health promotion programs for their employees.

**Purpose of the Study**

The purpose of this qualitative study was to understand and identify essential anticipated and unanticipated benefits and best practices of wellness programs in eight organizations in Wichita, Kansas and offer recommendations to create and implement policies to encourage employers to invest in health promotion and improvement programs for their employees.
Research Questions and Hypotheses

The specific research questions of this study were, “Are the anticipated benefits of workplace wellness programs being realized?” “Are there any unanticipated benefits being realized also?” “If so, what are they?” “Are there any specific best practices that the wellness program directors feel have contributed to the success of their program?” The accompanying hypotheses for these research questions were as follows:

**Hypothesis 1:**

Hypothesis\(^0\). Anticipated benefits of worksite wellness programs are not being realized.

Hypothesis\(^a\). Anticipated benefits of worksite wellness programs are being realized.

**Hypothesis 2:**

Hypothesis\(^0\). Unanticipated benefits of worksite wellness programs are not being realized.

Hypothesis\(^a\). Unanticipated benefits of worksite wellness programs are being realized.

**Hypothesis 3:**

Hypothesis\(^0\). There are not any specific best practices that have contributed to the realization of these benefits.

Hypothesis\(^a\). There are specific best practices that have contributed to the realization of these benefits.

**Theoretical Base**

Behavioral Change Theory
Following the Behavioral Change Theory, developing an effective worksite wellness program requires providing participants with a behavior change program that contain goal-oriented information and direction to the participants. This information will specifically guide the program participants through change. Also, with the primary focus of wellness program being to create lasting changes to unhealthy behaviours that will affect the onset of preventable and chronic diseases, and positively affect the quality of life, this theory incorporates psychological stages of life that help the participant form a personal health continuum that leads to successful behaviour changes.

**Definition of Terms**

The following definitions describe important terminology used in this thesis.

- **Coding** – (Social sciences) Analytical process of categorizing data (interview transcripts) for analysis

- **Absenteeism** – Regularly keeping away from work or school as a practice

- **Barrier** – Circumstances that prevent access or progress

- **Confidentiality** – Promise that places limitations on or restricts access to some information

- **Gross domestic product** - An economic term referring to the market values of goods and services produced and the capital in a given period within a nation's borders.

- **Monetary Incentive** – Financial gain for mostly motivation

- **Prevalence** – An epidemiology term meaning a proportion found to have a particular condition.

- **Productivity** – The measure of the efficiency of the labor force

- **Return on investment** – Profitability ratio used to compare efficiency of an investment

- **Workload** – Quantity of work to be done
Assumptions

In relation to this study, several assumptions were made. They were: 1) a Framework Analysis Approach was used according to the standards required for qualitative content analysis, and 2) the interview respondents answered truthfully and to the best of their knowledge.

Limitations

There are some clear limitations to this study. First, the study was done on organizations that agreed to be interviewed and were purposefully selected, rather than randomly selected organizations. Second, the number of years the employers had adopted their wellness program varied, and third, the sample size was limited. Thus, the results may not be generalizable to the larger population of corporations in each size category.

Delimitations

The sample was chosen by looking through the internet for companies in Wichita Kansas already implementing worksite wellness programs. Inclusion criteria were companies participating in employee’s wellness programs. Originally, 25 emails were sent out to wellness directors in 25 companies for permission to interview them. However, only eight wellness coordinators agreed to participate so this sample is limited to only those willing to share their realized anticipated and unanticipated benefits and the associated best practices. It was decided to interview the coordinators of the wellness programs and not participants of the programs because of limited time for the study and the need to get the precise information needed to answer the research questions. Finally, the sample size was dictated by the resources available for the data collection in this study.
Significance of the Study

To improve the significance of worksite wellness programs, the usefulness of relevant studies cannot be over emphasized. Easy access to studies that promote health programs help to promote participation in the programs and increase knowledge on the need to participate in wellness programs; they proportionally increase the rate of productivity in the companies since productivity depends on the employees’ health. Wellness programs, when shaped from the results and recommendations of studies like this, improve the efficient use of human capital by increasing the number of employees being present and punctual to work in optimal health. This study could result in policy recommendations that make wellness programs more efficient by allowing them to invest in higher yield programs for maximum benefits. This may lower health care costs or slow the increase of them by providing important benefits.

Summary and Transition

In this chapter, a brief overview of the importance of wellness programs, some barriers to participation in worksite wellness programs, some effects of health promotion programs on health behaviors, and the primary benefits that companies should anticipate by offering them, were discussed. In addition, the scope of the study, assumptions, limitations, and what the study will and will not examine was covered. Looking ahead, previous studies conducted on this topic and their relevance to this study will be addressed in chapter two. The research methods for data collection and analysis using appropriate coding methods for interpretation will be discussed in chapter three, and the results obtained in the process will be stated in chapter 4. In chapter five, all of these findings and the recommendations for actions and future studies will be discussed.
Chapter 2: Literature Review

Best practices in worksite wellness programs are about engaging employees to understand what they want and using a tactical, holistic method to look at health. According to Lacoma (n.d.), these worksite wellness programs are intended to help the workers upgrade their health and maintain healthy lifestyles. This package includes exercises, a variety of care and treatment for various illnesses (mental and emotional health), healthy food, on time check-up reminders, outlined health check-up assessments, consultations, and therapy. Moreover, Engelman (2012) determined that many of the conditions impacting workers were preventable and required increased amounts of education, screening, encouragement, and benefits to help understand how these affected the quality of their lives. These shifts gained prominence during the 1990s from increased research about the importance of prevention and the advantages it can provide employers in the marketplace. The recent Affordable Care Act workplace wellness provisions on the implementation and expansion of employer wellness programs serves a great means to offer opportunities to improve the citizen's health and also control health care spending. The effectiveness and benefits of such programs should be evaluated to encourage opportunities to support healthier workplaces (Kisberg, 2014).

In this study, a literature review will address the three areas for insights on the benefits and best practices of worksite wellness program. The first part focuses on barriers to the participation in worksite wellness programs and what employers think could improve the interest in participating, the second part covers effects of workplace wellness programs in promoting healthy behaviors and best health practices. How effective can they be? Finally, the last section will discuss the benefits associated with best practices and worksite wellness programs.
Types of Wellness Programs

Wellness programs as categorized by the Health Insurance Portability and Accountability Act (HIPAA) in 2006, fall into two categories: participatory wellness programs and health contingent wellness programs (Kashuba, 2013).

The Participatory Wellness Programs. Participatory (or "participation only") wellness programs are provided to the people regardless of their health status without providing a reward. It is offered to all similarly situated individuals. For example, gym memberships, reimbursement for fitness club membership, tobacco cessation programs, and programs offered by employers for completing a comprehensive health risk assessment.

Health-Contingent Wellness Programs. This is the type of program that requires participants to achieve specific health status before receiving an award. Such awards include rewarding employees who quit smoking or achieved a specific goal. According to Guerin, (2014), all health-contingent programs are expected to meet these requirements to avoid violating the discrimination rules:

- Eligible employees must qualify for the reward at least once a year.
- The award should not exceed 30% of the total cost of employee-only coverage under the employer's health-care plan and should not exceed 50% for smoking cessation programs, and when dependents participate, they should be offered a reward based on the cost of family coverage
- The programs offer full rewards and also offers programs to enhance health or prevent disease to all similarly situated employees.
- All available alternatives are exposed in wellness program materials
Barriers to Participation in Worksite Wellness Programs

Effective participation is an important requirement of success for a worksite wellness program (Ball, 2009). Person, Colby, Bulova, and Eubanks (2010) researched barriers to participation for workers within their workplace wellness programs and found common barriers being time limitations, hard to access locations, lack of interest in the topics, and limited incentives. However, to effectively utilize the benefits of workplace wellness programs, it is essential these barriers to participation be addressed.

Participation and gender, shifts, age, and worksite. In a research article by Ballard, (2012), the study was focused on identifying variables that affected participation in a wellness program in a large urban healthcare system. The cross-sectional study, conducted at a large healthcare organization, included 12,197 participants that were full and part-time employees of the healthcare system. In both the participating and nonparticipating groups, the variables studied include gender, shifts, age, and worksite.

Focus group results were studied, and directed content analysis was used to code data into five themes that constituted the barriers to active participation. These barriers included time, communication, lack of confidentiality, environmental/structural barriers and low perceived self-efficacy to engage in a wellness program. The perceived lack of time was a major reason employee could not read the communications. The lack of time is a challenge to many wellness program organizers (Schreiner, 2014). According to Ballard, (2012), good communication, would have probably reduced concerns about confidentiality and job security and enhanced workers to enroll in wellness programs.
The results from this study showed that females had higher adjusted participation rate than males. Employees in the first shift had significantly higher adjusted participation rate than the other three shifts; those in fourth shifts and rotating shifts had the lowest participation rates, and older workers, aged 65 and above, had very low adjusted participation rates. No difference in participation rates was found among the hospital versus non-hospital worksite.

**Participation and time as a barrier.** These findings were consistent with another study where the commonly reported barriers to participation on worksite wellness program were no time during the workday (42.5%), before, or after work (39.4%). More than 70% of employees agreed that an appropriate time, location, and employer-provided paid time off during the workday, and other incentives will promote interest in wellness program participation (Judy, Yore, Bauer, & Kohl, 2007). It seems obvious that time is about the biggest barrier to participating in worksite wellness programs. According to Ballard, (2012), the workforce studied (healthcare workers’) agreed to not having demanding workload that stops them from participating in any activities but rather emphasized time.

There were several limitations in the study. First, due to a lack of full participation, there was a redefinition of participation based on completing the Health Risk Appraisal (HRA). Second, some other important variables were not analyzed.

**Motivations and barriers in a university workplace wellness health promotion program.** In another study, they tried to find out the motivations, barriers, and effectiveness of a worksite health promotion program (WHPP), in a university. (Hill-Mey, Merrill, Kumpfer, Reel, & Hyatt-Neville, 2013). The study took place in the University of Utah involving five committee members, 37 consultative committees, and four focus groups. These were all employees of the university. In 2007, an employee wellness program commenced and was called WellU. A
$40/month discount was applied to employees with a completed HRA. The aim of this was to encourage participation and increase employee awareness to their health status and health practices because proper health practice required awareness of current health behaviors, statuses, and risks.

The intervention lasted for five years when two-thirds of the university became involved in WellU. There was a yearly program enrollment requirement change leading to the involvement of an HRA, biometrics, BMI, and screenings as participation requirements. In 2011, they commenced open enrollment upon completing the HRA; the program required involvement in any two or more wellness activities. Among the focus groups, four 90-minute assessments involving 6–8 participants in each, were done within a two-week period among employees. They were asked open-ended questions mainly on motivation and barriers to participation, and participants were further asked about any change in health behavior and status following participation in the WHPP. These answers were digitally recorded, transcribed, and coded for themes. The qualitative data collection methodology was a grounded theory approach. To be accurate with the data, notes and recordings were taken at the same time (Morse & Richards, 2002). With a special focus on the specific characteristics of the data, they used descriptive and topic coding in categorizing and storing data while analytic coding was used in themes and constructs. Major themes were time, communication, satisfaction, and confidentiality. The results were categorized as follows.

1) *Awareness and behavior*. Among participants, 80% agreed to change strictly after having biometric information; 53% agreed to no change even though they participated.

2) *Increased participation in health related activities*. Fifty-three percent of the participants admitted to having interest but had not participated in other sponsored community
activities because of their distance, while 13% admitted to using those activities with a positive impact.

3) Participation and the Incentives. Sixty percent of participants agreed to the $40 reduction in premium being the primary motivator and 47% agreed to a reduction in premium being the secondary motivator.

4) Barriers. The greatest barrier to participation was already being aware of their own health records, knowing their health status, inadequate incentives, and inconvenient locations for biometrics, inconvenient appointment scheduling, and feeling it was irrelevant. While 83% agreed to weak communication, non-participants claimed an ignorant and cumbersome HRA process, while another 58% of nonparticipants felt the HRA site was inaccessible with inconvenient pin numbers.

5) Health coaching. With no specific figures, they found out that few participants agreed their health coach was helpful, positive, and encouraging. The majority found the health coaches invasive without any positive help.

Following the findings and participants’ suggestions in the study, it was determined incentives, communication, screenings, adequate awareness, accessibility, and HRAs are good motivators to health promotion program participation. However, it would be necessary to find out which incentives will be appropriate for a different workforce. Reduction in health insurance premium should not be a one-size-fits-all endeavor since different personalities work in different settings. Inundating people with awareness should not be overlooked, even among the highly educated groups.

Surprisingly, the researchers did not take into consideration limitations to their study, yet there were some limitations noted. Straightforward recommendations were not outlined on how
to improve their health behaviors and practices. Trained health coaches were not used, and the study did not take into consideration asking the participants the best time to call them. This made some participants describe the health coach calls as “it was like getting a call from a call center without any positive help from the coach” (Hill-Mey et al., 2013).

**Low energy, benefits, and time as barriers for participation.** Another study by Nöhammer, Schusterschitz, and Stummer (2013), attempted to find out why a good number of the workforce do not participate in worksite wellness programs even though many employers offer worksite health promotion (WHP). It was anticipated that these WHP programs are only successful when both employers and employees participate (Ball, 2009). This study took place in Austria involving two government agencies, one bank, and one non-profit organization (a total of four companies). Criteria for selection was their implementation of a certified, high-quality WHP programs. There were 237 respondents from the four selected companies. A quantitative questionnaire was used. Responses were regularly analyzed describing demographics and ranking of barriers according to intensity. Combination of the rankings and the components were derived using the principal component analysis (PCA). The multiple correspondence analysis (MCA) were used to account for the type of barrier perception and intensity in WHP participation. Using the PCA, six barrier types were found to be the integration into the daily routine, lack of communication/information, the requirement of too much involvement, and some interpersonal barriers. The regression analysis showed that the major barriers were being too busy at work and the feeling of not being physically up to participating in WHP activities. The MCA showed that one group perceived barriers intensively, another hardly found any barrier, and a third showed program design-related barriers (Nöhammer, Schusterschitz, & Stummer,
The barrier perceptions ranked from the most important were: no interest, anticipated low benefits, problems with integration and financial.

Several conclusions were made, including, in every setting with WHP, there are expected barriers to active participations. Inadequate communication constitutes a major barrier and it is necessary for effective communication to be involuntarily integrated with every WHP at different stages.

The limitations to the study included a failure on the part of the researcher to take into account other rated barriers and barriers from the community-based programs from previous studies, though they argued that these were because of the study structure. The participants were mostly involved in the company on-site programs, and the majority had a higher educational status and were white collar workers. Also, the quantitative questionnaire was based on previous qualitative studies and specifically asked for barriers using 22 potential obstacles. These questions were answered by only employees limiting the study to best fit in as “identifying employee based barriers.”

Effects of Workplace Wellness Programs in Promoting Healthy Behaviors and Best Health Practices

To achieve a comprehensive state of wellness, both employers and the workers should pay close attention to the internal and external aspects of well-being. Our intake (what we eat) and output (how we exercise) continuously affects our health, jobs and general lifestyle.

The effectiveness of worksite wellness programs on promoting healthy behaviors. In a study conducted in 2011, researchers tried to find out the effectiveness of worksite wellness programs in promoting healthy behaviors (Ray, Aldana, Garrett, & Ross, 2011). This study was done in Greensboro, North Carolina, from 2007 to 2009 on Syngenta (Novartis and AstraZeneca)
employees. From the onset, Syngenta implemented a wellness program called Reaping Rewards, designed to yield benefits to the employer and the employees.

The Reaping Rewards wellness program allows monetary incentives for good-health behaviors/practices such as on time physical examinations, educational programs on diet, fitness, and related topics, on time screenings, certifications on cardiopulmonary resuscitation, first aid, and other programs for wellness and healthy behaviors. Points accumulated could be redeemed for cash up to $150 in the beginning and could later increase to $250, in 2008. There are different point values as shown in Table 1.
Table 1.

*Health Behavior Point Values in Wellness Program*
A within-group study design was used with frequency distributions, percentages, and means to describe data. The chi-square test compared proportions, t-tests compared means, and

<table>
<thead>
<tr>
<th>Health Behavior</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health risk appraisal</td>
<td>50</td>
</tr>
<tr>
<td>Physical examination</td>
<td>50</td>
</tr>
<tr>
<td>BMI between 18 and 25</td>
<td>10</td>
</tr>
<tr>
<td>1-unit decrease in BMI (if overweight or obese)</td>
<td>10</td>
</tr>
<tr>
<td>Cholesterol &lt;200 mg, 20 mg reduction, or documented prescription medication treatment</td>
<td>10</td>
</tr>
<tr>
<td>HDL cholesterol ≥40 mg</td>
<td>10</td>
</tr>
<tr>
<td>LDL cholesterol &lt;100 mg</td>
<td>10</td>
</tr>
<tr>
<td>Blood pressure &lt;140/90 mg or documentation of prescription medication treatment</td>
<td>10</td>
</tr>
<tr>
<td>Systolic BP ≤120</td>
<td>10</td>
</tr>
<tr>
<td>Diastolic BP ≤80</td>
<td>10</td>
</tr>
<tr>
<td>Tobacco-free 1 year or more</td>
<td>10</td>
</tr>
<tr>
<td>Smoking cessation (includes program fees, patches, medications)</td>
<td>Up to 100</td>
</tr>
<tr>
<td>Consistent seatbelt use in the car</td>
<td>10</td>
</tr>
<tr>
<td>Mammogram (over age 40)</td>
<td>10</td>
</tr>
<tr>
<td>Pap smear</td>
<td>10</td>
</tr>
<tr>
<td>Colonoscopy (over age 50)</td>
<td>10</td>
</tr>
<tr>
<td>Quiz from Reaping Rewards magazine</td>
<td>10</td>
</tr>
<tr>
<td>CPR certification (current)</td>
<td>10</td>
</tr>
<tr>
<td>First-aid certification (current)</td>
<td>10</td>
</tr>
<tr>
<td>Health services seminar (live or online)</td>
<td>10</td>
</tr>
<tr>
<td>Blood donation</td>
<td>10</td>
</tr>
<tr>
<td>Documentation of regular cardiovascular exercise for a 9-wk period</td>
<td>20</td>
</tr>
<tr>
<td>Participation in a community walk, run, or cycling event</td>
<td>10</td>
</tr>
<tr>
<td>Dental visit (up to two annually)</td>
<td>10 per visit</td>
</tr>
<tr>
<td>Weight reduction program membership/participation medication (no fads, herbal diets)</td>
<td>Up to 100</td>
</tr>
</tbody>
</table>

BMI, body mass index; BP, blood pressure; CPR, cardiopulmonary resuscitation; HDL, high-density lipoprotein; LDL, low-density lipoprotein.
the $F$ test compared adjusted means. Odd ratios were calculated with a 95% CI at the 0.05 level. Version 9.2 of Statistical Analyses System (SAS) software was used. The results show that out of 3,033 (81.2%) participating employees, the majority did biometric screening. Women participated more than men (87.5% vs 78.6%, $p < 0.001$). Individuals employed prior to 2007 also participated more (mean = 13.3 [standard deviation (SD) = 10.0] vs 11.2 [SD = 9.4], $p < 0.001$). The mean level of participation, calculated with the reward points was 93.4 (SD = 69.3) in 2007, 152.0 (SD = 109.8) in 2008, 143.2 (SD = 107.7) in 2009, and 388.6 (SD = 214.6) in the three years combined. Points gained were significantly higher in women and the age range was 30–59 years.

The results showed that the program motivated the workers' health behaviors. Second, incentives like reward points had an impact on improving health behaviors and enhancing good health practices. Third, women and workers in the age range 30–59 had a higher participation rate.

Limitations to the study were the inability to evaluate the role of incentives in motivating nonparticipants. Only the participants were evaluated, and this was as a result of the within-group design used. There was an obvious bias in the self-reported HRA responses, and finally, there was a lack of a good comparison group.

At this time when it has become so difficult battling unsafe behaviors that affect our health, even when we know exactly what to do — good low-calorie diet, no sedentary lifestyle (be active), no smoking, and drink wisely. The question continues — can worksite wellness programs help in cultivating and maintaining healthy practices and lifestyle?

**A theory-based framework for adopting incentives to improve healthy behaviors.**

Ray, Allison, and Steven (2011) also researched the effects of workplace wellness programs on
improving health behaviors. Their study analyzed 472 (71% men and 29% women) employees that were employed 2009 through 2010 at the Woodard & Curran Company in the United States. In 2009, a wellness program was offered to promote physical fitness and nutrition to the employees. Their Personal Health Assessment (PHA) was required for them to participate in a wellness program known as WellSteps. This program was based on some best health practices. The PHA contained the individual level data while the checklist change (a health culture audit) provided the health policy and environment data. These data were collected and given to the employee's representatives who made the selection for the best initiative and incentives on behalf of the workers. Recruitment messages were mailed out using the Transtheoretical Model for workers with a readiness to change. Filling out the PHA form and returning a “ready to participate” feedback form was used to select participants. Then, participants were started up with their assigned weekly tasks in each of the six behavior change campaigns. Based on Social Cognitive Theory; the interventions were set up to create behavioral capability. As a rule, incentives were used to motivate and encourage participation. Variables measured were participation level among different sex and age range, the role of incentives, and behavioral changes.

The statistical techniques employed to describe the data were frequency distributions, means, and mean changes. Bivariate analyses was used for measuring some associations with chi square for the statistical significance, the $t$ and $F$ statistic were used for the mean change scores, and the McNemar test was used for paired dichotomous responses. The analysis was performed using SAS version 9.2.

The change scores in some of the health behaviors and their outcome variables are listed in Table 2.
Table 2.

*Change Scores in Some of the Health Behaviors and their Outcome Variables*

<table>
<thead>
<tr>
<th>Health behaviors</th>
<th>2009 Mean</th>
<th>2010 Mean</th>
<th>Mean Change</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise (d per wk)</td>
<td>2.5</td>
<td>3.2</td>
<td>0.7</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Exercise (min per wk)</td>
<td>131.6</td>
<td>198.9</td>
<td>67.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Whole grain servings (wk)</td>
<td>4</td>
<td>4.2</td>
<td>0.2</td>
<td>0.027</td>
</tr>
<tr>
<td>Vegetable servings (d)</td>
<td>2</td>
<td>2.3</td>
<td>0.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Fruit servings (d)</td>
<td>1.6</td>
<td>1.9</td>
<td>0.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Nights of restless sleep (wk)</td>
<td>3.7</td>
<td>4</td>
<td>0.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Smoking (d per wk)</td>
<td>0.03</td>
<td>0.02</td>
<td>-0.01</td>
<td>0.249</td>
</tr>
<tr>
<td>Seat belt use (%)</td>
<td>95.6</td>
<td>96.9</td>
<td>1.3</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health outcomes</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Life satisfaction (1-10, 10 best)</td>
<td>7.6</td>
<td>7.8</td>
<td>0.2</td>
<td>0.014</td>
</tr>
<tr>
<td>Job satisfaction (1-10, 10 best)</td>
<td>8.0</td>
<td>7.8</td>
<td>-0.2</td>
<td>0.003</td>
</tr>
<tr>
<td>Self-perceived health (1-10, 10 best)</td>
<td>7.5</td>
<td>7.7</td>
<td>0.2</td>
<td>0.024</td>
</tr>
<tr>
<td>Body mass index</td>
<td>26.5</td>
<td>26.5</td>
<td>0.0</td>
<td>0.975</td>
</tr>
</tbody>
</table>

*The data in this table reflect those 175 employees who completed the Personal Health Assessment (PHA) in both 2009 and 2010. None of the baseline scores significantly differed between those who completed the PHA in just 2009 and those who are reflected in the table, after adjusting for age and gender, with the exception of self-perceived health (adjusted M = 7.5 for those who completed the PHA vs 7.0 for those who did not, P = 0.025).*

More women than men completed the PHA only (78% vs 48%, p < 0.001) and both the wellness program and PHA (67% vs 30%, p < 0.001). Younger employees participated more the first time and the subsequent time (mean = 41.0 [SD = 11.0] vs 45.5 [SD = 11.2], p = 0.003). Younger people were more likely to complete the PHA during the second time (mean = 41.0 [SD = 11.1] vs 44.9 [SD = 11.1], p = 0.006).

Conclusions were that the theory-based framework for use in the incentives were effective in achieving a higher rate of participation and improvement in good health practices and might further improve productivity as with other studies. The study encountered some
limitations with selection bias since participants were already contemplating changing their behaviors, and data were self-reported.

The effectiveness of worksite wellness programs in small companies. While a lot is being done to examine the impact of wellness programs on moderate- to large-sized companies. These companies are assumed to have the resources to adopt, implement, and manage an effective worksite wellness program. However, the small scale companies are barely surviving and should be encouraged on setting up an adequate program that could benefit their worker. Therefore, Ray (2013) engaged in a study to determine the effectiveness of worksite wellness program in small companies aimed at improving employee health behaviors. These small companies are known to lack the funds required to implement and manage a wellness program.

The study was done on 618 workers in five different small companies in the United States who agreed to complete the initial PHA and behavior change campaign. These campaigns were all designed to enhance healthy lifestyle behaviors, and they had a duration of three to eight weeks. A total of 618 employees completed the PHA; 484 (78.3%) participated in at least one behavior-change campaigns the involvement average rate of 41.5% (SD, 30.7%).

Consistent with other studies, workers who completed the PHA returned feedback concerning their health risks; those willing to participate showed their interest and were all recruited. The employees were allowed to participate on any of the six behavior-change campaigns with some incentives offered to encourage participation.

The variables measured were health practices, emotional health, personalized health risks, health/work outcomes, health care utilization, and demographics. These were analyzed using SAS, Version 9.2. Frequencies, means, SDs, $t$ and $F$ statistics, the McNemar test, and Spearman Rank Correlation Coefficient were all employed to describe and measure the variables.
The results were as follows: The women (52.8% [326]) participated more than the men (47.2% [292]). Individuals with completed PHA and follow-up participated more (87.8% vs 65.1%; $\chi^2(1) = 45.45; p < 0.001$). The wellness initiative participants included more women (86.8%) than men (68.8%) $\chi^2(1) = 29.30; p < 0.001$), more workers with lower BMI (27.2 versus 28.3; $t(612) = -2.21; p = 0.028$), and also more people with lower blood pressure (16.5% borderline/high vs 25.0% borderline/high; $\chi^2(1) = 4.77; p = 0.029$).

Health perception was positively associated with the days exercised (Spearman $R = 0.36$), minutes exercised (0.26), whole-grain intake (0.17), fruit intake (0.13), vegetable intake (0.18) and sleep (0.29). Based on the findings of the study, the conclusion was that improvements in health perception and life satisfaction leads to improvements in health behaviors.

The study had some limitations. First, there was no comparison group so it was difficult for the researcher to find out other factors beyond self-reported PHA and campaigns that could have influenced the results. Second, there was no random selection; rather, participants were people with a “ready to change” attitude.

Benefits of Worksite Wellness Programs

Moving from types of wellness programs and barriers to participation on worksite wellness program as seen above, this section provides a focused review of the benefits of workplace wellness programs. A worksite wellness program produces employees that are healthier and is of monetary value to any business (Marshfield Clinic, n.d.). Employee wellness programs result in economic savings in areas including reduction in the demand for medical services, employee absenteeism, and increased job satisfaction (Abdullah, & Lee, 2012). These constitute the reasons why employers participate in wellness programs. Worksite wellness programs that are effectively built involve health and productivity management, improve health,
and reduce costs (Wellness Council of America [WELCOA], 2007). According to Baicker, Culter, & Song, (2010). These programs can reduce the healthcare costs/health insurance premiums and more youthful workers will increase productivity while enjoying job satisfaction. Most often, it has been cited that one of the benefits of a wellness program to employers includes controlling absenteeism (Heinen & Darling, 2009; Mills et al., 2007).

![Figure 1. Benefits of worksite wellness program. Adapted from “Why your workplace wellness program isn’t working,” by Ed O’Boyle and Jim Harter, 2014, Gallup Business Journal.](image)

**Absenteeism.** Studies have frequently found that reductions in absenteeism and disability time is due to the effects of employee wellness programs. Though these reductions in absenteeism vary, many companies adopting wellness programs have seen improvement in this area.

In a research article by Baicker et al., (2009), a meta–analysis of the literature on costs and savings associated with worksite wellness programs was conducted, focusing on studies that
examined the effects on health care costs and absenteeism. As a selection criteria for most meta-
analyses, previous studies were screened for analytical rigor on earlier studies with a comparison
group of nonparticipants and compiled homogenized estimates of return on investment. Initial
samples greater than 100 studies were screened using four major criteria including precise
intervention, well-defined treatment, control groups, and studies that based their analysis on a
distinct new intervention. Thirty-two original studies were used as samples of 36 studies. Out of
these 36 samples, 22 were used to study employee healthcare costs, another 22 for employee
absenteeism; the remaining eight examined both healthcare cost and absenteeism. The sample
had more than 90 percent of studies done in large firms. Sampled employers were from financial
services (25%), manufacturing (22%), and school districts, universities, and municipalities
(16%). In the study sample, the delivery method and the focus of intervention were used to
characterize wellness programs. They are depicted in Table 3 below.

Table 3.

*Summary of Characteristics of Worksite Wellness Programs Studied*
### Method of delivery

<table>
<thead>
<tr>
<th>Method of delivery</th>
<th>Percent of firms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health risk assessment</td>
<td>81</td>
</tr>
<tr>
<td>Self-help education materials</td>
<td>42</td>
</tr>
<tr>
<td>Individual counseling</td>
<td>39</td>
</tr>
<tr>
<td>Classes, seminars, group activities</td>
<td>36</td>
</tr>
<tr>
<td>Added incentives for participation</td>
<td>31</td>
</tr>
</tbody>
</table>

### Focus of intervention

<table>
<thead>
<tr>
<th>Focus of intervention</th>
<th>Percent of firms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight loss and fitness</td>
<td>66</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>50</td>
</tr>
<tr>
<td>Multiple risk factors</td>
<td>75</td>
</tr>
</tbody>
</table>


Variables measured were absenteeism, job satisfaction, and participation in the wellness risk assessment. All these were measured based on findings in sample studies done earlier.

Applying the qualitative dimensions of the programs, health care costs and absenteeism were analyzed in separate studies using monetized absenteeism with a minimum hourly wage rate of $20.49. The findings were $358 per employee/year was saved from the reduced health costs against the cost of $144 per employer/year. Fifteen studies reported having saved $3.37 for every dollar spent and seven studies reported unnoted costs, but agreed they incurred savings, and two studies reported no savings from the employee wellness programs.

Nine studies with random assignments to treatment and control groups reported $394 per employee/year as the average savings reported, $159 per employee/year as an average program cost and 3.36 as an average return on investment (Baicker et al., 2009).

Savings of $319 per employee/year and a cost of $132 spent per employee/year were reported in another six studies with nonrandomized and non-matching comparison group. There
was a positive return on investment on wellness programs revealed, leading to the conclusion that the adoption of such programs could be valuable in terms of budgets as well as health outcomes. It would be necessary to study more selectively implemented programs to obtain more findings on outcomes of from a broader array or organization who have adopted to use these programs.

There were several limitations to these studies. First, studies were mostly done on large companies that usually had anticipated highest expected returns. This was not helpful in knowing what happens in small firms when they adopt and implement wellness programs. Second, there was unaccounted for publication bias and it was very hard to ascertain the extent of this bias.

The effects of absenteeism on job satisfaction. A study by Park and Steelman (2008) was to identify the effects of absenteeism and job satisfaction on participation in any organizational wellness program. They conducted a meta-analysis using 17 studies that matched their inclusion criteria. Those 17 studies (15 published studies and two dissertations) were completed between 1980 and 2005. They analyzed both on and offsite wellness programs and yielded data on absenteeism and job satisfaction of 7,705 and 2,480 employees at both, respectively. On every study included, a standardized mean difference effect size was calculated, used as the treatment effect, and compared to the control group. The $d$ statistic was used for the calculation. The adjusted effect size obtained by weighing the effect size by the sample size helped to reduce the effect of sampling error. A 95% confidence intervals was used for the sample weighted mean (Parks & Steelman, 2008). The involuntary plus voluntary absenteeism, unreported absenteeism, and types of job satisfaction were the measurable variables.

To measure these variables, each data from the included studies were coded by at least two coders, discrepancies were analyzed resulting in agreement on all codes.
The results indicated that the file drawer problem was eliminated with $d = .20$ meeting the fail-safe $n$ estimate. In absenteeism, the calculated mean effect size resulted in $-0.30$ ($p < .00$) with a CI of $-0.48$ to $-0.22$. Indicating that low level of absenteeism is related to participation in the program. For job satisfaction, the calculated mean size was $d = .43$, $p < .03$ with a CI of $0.05$ to $0.80$. This indicates that an increase in job satisfaction is related to participation in a wellness program.

Conclusions were made that in accordance with the general assumption, employees are most likely healthier, happier, and less likely to incur sickness-related absences if they participate in their organizational wellness programs irrespective of the type of wellness program.

Several limitations were found in this meta-analysis, however. First, the researchers reported excluding potentially useful studies simply because they did not report necessary statistics. Included studies used only physically active people (volunteers). Lastly, the study did not make adjustments for artifacts used in most of the studies since they had limited information required for the adjustments.

**Effectiveness of workplace wellness programs in rural areas.** There are tons of studies on the cost-effectiveness of employer-based wellness programs. Mostly these studies were done in urban settings, and a lot has been identified with it being favorable financially and otherwise. Looking into the rural setting worksite wellness programs was therefore, necessary.

This study was focused on finding the effectiveness and cost-effectiveness of workplace wellness programs in the rural setting (Saleh, Alameddine, Hill, Darney-Beuhler, & Morgan, 2010). This study involved six rural employers with the sample population of 151 individuals.
with an average age of 43.3. The study was done over four years and the sample group was
categorized into three groups:

- Control group -- 150 participants on one site, which was a nursing home
- Intervention Group I – Trail Markers, 323 participants; one site (county
government)
- Intervention Group II -- coaching and referral, 200 participants; four sites (home
  health care agency, museum, bank, and special education school).

The groups are summarized in Figure 2.

![Figure 2. Summary of groups, employee participants, and types of interventions. Adapted from “The effectiveness and cost-effectiveness of a rural employer-based wellness program,” by M. Alameddine, J. Darney-Beuhler, D. Hill, A. Morgan, and S. Saleh, 2010, Journal of Rural Health, 26, p. 259.](image)

The Wellsource Instrument was used annually to conduct HRAs in each study site as
shown above. Using the Wellsource Instrument, it was easy to assess the following information:
family and social history, eating history and habits, and limits to physical activities. The data
from the HRAs were retrieved and utilized for this study. From the expenditure log, cost data were uploaded and manually and the biometrics were measured.

The study measured three variables, including wellness scores, good health indicators (GHIs), and risk factors. Cost-effectiveness analysis was done using the risk factors and the individual responses, and biometric screening performance was used to measure the wellness scores; the GHI was measured using the Wellness software program. A 2-way factorial ANOVA was used to compare the changes noted in each intervention groups. These changes occurred in wellness scores and GHIs measurements at baseline and follow-up years. Further, between the two intervention groups and the control group, they compared the difference in scores and GHI and conducted the cost-effectiveness analysis and the sensitivity analysis.

The results in the wellness scores and GHIs showed that the coaching and referral group obtained favorable results compared to other groups. While there was a statistically significant difference in six wellness areas and the study groups, there were only statistically significant differences in two wellness areas and the control group. The results of the cost-effectiveness analysis showed the total costs as follows:

- $15,072 for the control,
- $30,143 for the Trail Markers, and
- $42,437 for the coaching and referral group.

There was no cost-effectiveness ratios calculated for the control group since they had no change in the number of risk factors.

The conclusions drawn were that regardless of the intensity and the setting (urban and rural) of the wellness program, there would always be benefits (financial and non-financial) for
the company owners and workers. This should encourage employers to implement whatever level of a wellness program is possible until a more favorable outcome is obtained.

Limitations to the study included 1) there was only one enrolled employer site for both the control and Trail Marker groups. This gave rise to a limited sample source and could have affected the results. 2) There was a selection bias since the groups were not randomly assigned and 3) information used on several wellness items were obtained from self-reports. There were several studies on the effectiveness and financial benefits of worksite wellness programs, but very few examined such programs in rural settings. This study presented the effectiveness and cost-effectiveness of a worksite wellness program in a rural multi-employer network.

Summary
The rising costs of healthcare in the modern environment have resulted in an increased focus upon the wellness of individuals, particularly in the workplace given that healthcare costs are shared by the organization. As a result of this growing recognition of the importance of maintaining good health due to the cost implications of failing to do so, workplaces have increasingly been incorporating disease prevention and wellness programs in order to improve the health of workers while concurrently lowering healthcare costs (Baicker, Cutler, & Song, 2010). Much evidence supports the use of worksite wellness programs to improve health, healthy practices, job satisfaction, increase “presenteeism,” increase job satisfaction and productivity, and reduce absenteeism. Over the last several decades, worksite wellness programs are becoming a necessary part of the benefits employers provide. Over that time, employers have been a source of health insurance, so it is in their interest to promote best health practices, a productive workforce, and moderate health care spending. Thus, more organizations offering
wellness programs increased from 58% seen in 2009 to 77% in 2013 (Kaiser Family Foundation and Health Research & Educational Trust, 2009).

Though the terms workplace health promotion programs and workplace wellness programs are used interchangeably, these terms refer to different principles. Worksite health promotion is usually, an ongoing, organized, integrated, and evaluated composite of health promoting components. Health promotion certainly lies in enabling individuals to better control those external determinants of health such as social, political, environmental, and economic factors. A multipronged approach is adopted in health promotion, such as changing public policies, creating a healthy living environment, promoting healthy lifestyles, and carrying out capacity building for individuals (Community Liaison Division, 2009). The concepts of health promotion are put into practice using the following five categories of actions: (1) developing healthy public health policy (2) building supportive environment (3) enhancing community actions (4) improving personal skills and 5) reorienting health services. According to the Canadian Centre for Occupational Health & Safety (CCOHS) (2009), workplace health promotion and wellness programs are seen as “workplace health programs” and both are part of the company’s strategy for a healthy workplace.

Wellness programs include all scopes of services to meet the needs of people with different health statuses: those seen as healthy, those already known to be at risk for chronic disease and the group already managing serious health conditions. Typically wellness programs include biometric screenings, HRA, various interventions such as access to fitness centers, nutrition and diet classes, group fun-fitness classes, behavioral change and lifestyle coaching, mental health services, and disease management services (Colonial Life, 2012). Worksite wellness programs pay particular attention to the basics of healthy practices and lifestyle.
Though some of them focus on the reduction of health care costs, other benefits include more employees with no tobacco habits, improved mental health, decreased absenteeism, low alcohol consumption, and increased job satisfaction and productivity (Osilla et al., 2002). According to the American Family Life Assurance Company of Columbus (Aflac) (2013) workforce study, 61% of surveyed respondents agreed health and wellness programs had a direct and positive impact on profitability. Additionally, the study noted that employees in businesses with wellness initiatives agreed they like their jobs, and 67% of these employees agreed with the statement their employers took care of them; they also said they will likely recommend their workplace to others. Worksites are, therefore, being identified as one of the best settings for health promotion and intervention programs. Abdullah and Lee (2012) conducted a study in Malaysia to estimate the relationships between participating and non-participating employees in a wellness program on job satisfaction, stress, and absenteeism. They found that participating employees had higher job satisfaction, lower perceived stress, and less absenteeism than the respondents who had not attended the wellness program. Employee wellness programs are popular based upon the tremendous amounts of benefits they provide. From a business prospective, this helps them to decrease costs, enhance productivity, and leads to higher profit margins. In the long term, this will contribute to more revenues and intrinsic value. As a result, these factors are resulting in firms emphasizing these programs to realize greater rewards. Thus, they are offered by more employers because of the benefits they provide.

Most studies were done earlier in the 1990s, which necessitates a more recent study on the relationship between the features of a worksite wellness program and the benefits obtained from them.
Chapter 3: Methodology

Research Design and Approach

There has been notable attention on worksite wellness program benefits and barriers in participation. The employers, employees, and global economy benefit by understanding the active influence of worksite wellness programs on health promotion. This chapter summarizes the research methodology adopted in this study.

The study explored the realized anticipated and unanticipated benefit of these programs and the best practices at the worksite wellness programs at eight different companies in Wichita, Kansas. Many organizations participate in worksite wellness programs to educate and help individuals maintain healthier lifestyles.

This study used a qualitative design; eight interviews were conducted with a sample population comprising wellness program coordinators in selected corporations in Wichita Kansas. The interviews focused on the types and effects of their wellness programs, anticipated/unanticipated benefits, and best practices, the components of the programs associated with greater benefits. Statistical analyses were conducted using framework analysis.

Setting

This study took in place in eight different companies located in the city of Wichita, Kansas. Wichita is the largest city in Kansas with a population of 637,394. There are 299,900 employees in the labor force and 18.2% of that is in manufacturing, which is twice the national percentage (8.8%). Following the recent health care laws, the majority of companies in Wichita, qualified for the federal grant to help companies with 100 or fewer employees set up wellness programs. These programs were designed to include four elements: a health awareness scheme,
attempts to enhance employee involvement, initiatives to modify unhealthy lifestyle, and worksite policies to support healthy behaviors.

Participants

A qualitative approach was used and participants were identified using a purposive, sampling method. Eight wellness coordinators/directors participated in this research, seven were female and one person was male. The eight participants had more than five years of experience with their current company as a coordinator of the worksite wellness program.

Materials

This study was conducted using a standardized, open-ended, guided interview. Each participants was asked identical, open-ended questions. The participants were encouraged to provide exhaustive information through probing follow-up questions.

These follow-up questions explored in detail the participants’ viewpoints and experiences. They yielded rich informative data with more insight for a better qualitative analysis reducing researcher bias in the study (Gall, Gall & Borg, 2003). The structured interview questions are provided in Appendix A.

Procedure

Over a period of four weeks, 25 requests for interviews (Appendix B) were emailed to various companies using a purposive sampling technique and a total of eight, in depth face-to-face, interviews were conducted to accomplish the aim of this study. Each interview lasted approximately 45 minutes.

A paper-based interview guide with six categories of inquiry, with occasional transitional questions, was used during the interview process. The open-ended questions were asked in a conversational, flexible, style that enabled detailed responses. All interviews were conducted at
the most convenient time for the participants, at their office. Interviews were audio-recorded, with permission. The participants were guaranteed confidentiality, which enabled them to discuss delicate issues where applicable. The data from each interview was identifiable to the researcher throughout the study. However, the corporations were described only by size and numbers. None of the identities of the participants nor companies was identified in the study, and the confidentiality of both were assured.

The interview guide was tested for face validity through an iterative process of revisions following review by a university professor knowledgeable in qualitative research, a class full of graduate Master’s in Public Health students, and an outside research consultant who holds a professorship at a ranking university with special qualifications in biostatistics and public health. Reliability was ensured through word-for-word transcription of the data from the audio recordings immediately following the interviews and providing the written transcript of the conversation to the interviewee for confirmation that the interview transpired as it was written. Reliability was further obtained through the use of the same interview guide and the same interview process and protocol for all participants.

Data Analysis

Ongoing data analysis took place throughout the study. The variables in this study included whether there were any other benefits realized by the wellness programs, what they were, and what the wellness programs felt were the best practices that contributed to these benefits. All of the notes taken and taped interviews, were entered into computer files. Using the manual method to sort out major themes, categories, and subcategories. The data was recorded, when permitted, transcribed, and analyzed, using the framework analysis approach. Analysis
between categories and themes was conducted to enhance the understanding of the benefits and best practices of worksite wellness programs.

Steps involved in this data analysis were: 1) familiarization, 2) transcribing the interview, 3) identifying the thematic framework, 4) indexing, 5) charting, and 6) mapping and interpretation. Validation of accuracy was maintained in all of these steps.

**Protection of Human Participants**

This study was approved by the Concordia Institutional Review Board. Data collection instruments (the interview guide) did not contain information that could readily identify participants, but rather, contained study codes. Only the information necessary to achieve the study's objective were collected and no identifying information was revealed in this thesis or other write-ups. Data was secured in a password-protected computer and locked, secure locations. The purpose of the study was provided to the participants both verbally and in writing and informed consent was obtained prior to beginning each interview. The informed consent document can be found in Appendix C.
Chapter 4: Results

Benefits and Best Practices of Worksite Wellness Programs

To address the research question for this study, an open-ended, guided interview was used to collect data from eight wellness coordinators/directors in medium-to-large size companies in Wichita, Kansas. The interview questions consisted of 11 questions that addressed anticipated/unanticipated benefits of wellness programs and the best practices that contributed to the success of them.

Participants

Five of the eight wellness coordinators participating in the study worked in companies with between 250 and 499 employees; two were employed in companies with between 50 and 249 employees and one oversaw a wellness program for a company with 500+ employees. As summarized in pie chart below

![Company Size Pie Chart]

\[\text{Figure 3. Company size.}\]

These companies varied significantly in industry; they included manufacturing firms, an insurance company, a university, a nonprofit organization, a fitness club, and a software firm.
Table 4 shows the duration of involvement in worksite wellness programs, the age range of participants and the rate of participation by these companies.

Table 4

*Duration of Involvement in Worksite Wellness Programs, Age Range of Participants, and Rate of Participation by These Companies.*

<table>
<thead>
<tr>
<th>Companies</th>
<th>Duration of involvement (Years)</th>
<th>Age range (Years)</th>
<th>Participation Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company 1</td>
<td>14</td>
<td>30 – 65</td>
<td>92</td>
</tr>
<tr>
<td>Company 2</td>
<td>12</td>
<td>20 – 60</td>
<td>90</td>
</tr>
<tr>
<td>Company 3</td>
<td>10</td>
<td>25 – 68</td>
<td>98</td>
</tr>
<tr>
<td>Company 4</td>
<td>10</td>
<td>20 – 70</td>
<td>98</td>
</tr>
<tr>
<td>Company 5</td>
<td>8</td>
<td>20 – 65</td>
<td>85</td>
</tr>
<tr>
<td>Company 6</td>
<td>8</td>
<td>20 – 70</td>
<td>93</td>
</tr>
<tr>
<td>Company 7</td>
<td>7</td>
<td>21 – 70</td>
<td>98</td>
</tr>
<tr>
<td>Company 8</td>
<td>5</td>
<td>25 – 69</td>
<td>90</td>
</tr>
</tbody>
</table>

The framework analysis of the data generated answers to the specific areas being studied, which included: 1) Characteristics of the wellness program coordinators; 2) anticipated benefits of worksite wellness programs; 3) unanticipated benefits of worksite wellness programs; 4) best practices of the worksite wellness program.

**Characteristics of the Wellness Program Coordinators**

All the eight participants in the present study described themselves as using a good, supportive, encouraging, and helpful approach that resulted in a good relationship with the participants; they went on to explain that this good relationship with the participants of the worksite wellness programs encouraged the wellness participants to work hard. Of the eight participants, four agreed that the personal relationship of the wellness coordinator and the
participants had an impact on the success of the program but could also be challenging. Four respondents said something similar to this quote by Participant two.

It is definitely a benefit for the program because the employees are open and honest. However, it can be challenging as a culture takes time to change and employees can sometimes be impatient if they feel their employer isn’t listening to their feedback or [doesn’t] care about them.

Two participants also said something similar to a quote by participant 6, “As an experienced wellness coordinator, I personally engage the employees in wellness programs and events critical to the success of the program that result in a healthier lifestyle.” The last two were not specific on any effects of their personal relationship with the participants.

**Anticipated Benefits of Worksite Wellness Programs**

Two major categories emerged from the anticipated benefits. The company’s benefits and the individuals’ benefits. There were two common themes that emerged from the anticipated benefits reported by the wellness directors, benefits that reduced expenses for the company and benefits that increased revenues for the company; the most common expected benefits reported were reduced absenteeism and increased productivity. Other expected benefits were not observed by most of the directors (Table 2).

A commonly expressed thought was represented by the following quote by the wellness director at the company with 250 – 500 employees. “Maintenance of increased productivity over a four – year period itself represents a good benefit.”
Table 5.

*The Companies Anticipated Benefits*

<table>
<thead>
<tr>
<th>Company Benefits</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduction of costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced absenteeism</td>
<td>7</td>
<td>88</td>
</tr>
<tr>
<td>Reduced health related expenses</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td><strong>Increase in Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased productivity</td>
<td>8</td>
<td>100</td>
</tr>
<tr>
<td>Enhanced recruitment of healthy employees</td>
<td>2</td>
<td>25</td>
</tr>
</tbody>
</table>

There were a variety of individual health benefits identified by the wellness program directors, including improved health outcomes, reduced health care utilization, improved employee satisfaction and morale, reduced disability and job satisfaction. Even though it was not specifically reported by the wellness program directors, one could argue that reduced absenteeism and improved productivity could potentially be a secondary benefit to employees because both could potentially be used as criteria for selection for promotions and merit salary increases. Two themes emerged from the list reported by the directors, and these were job satisfaction, which was unanimously mentioned, and improved employee health. In general, the comments regarding job satisfaction as a benefit that was anticipated as a result of the literature review, were similar to that stated by Participant 5, which was: “Workers become much more engaged and satisfied with their job when they feel that their employer cares about them beyond traditional wellness”
Table 6.

*Themes from Individual Anticipated Benefits*

<table>
<thead>
<tr>
<th>Benefits</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved health outcomes</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Reduced health care utilization</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Reduced disability</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved employee relation</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>and morale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>8</td>
<td>100</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>8</td>
<td>100</td>
</tr>
</tbody>
</table>

*Unanticipated Benefits of Worksite Wellness Programs*

Several unanticipated benefits were reported by the participants in this study. These benefits were categorized into the same two major categories, namely, company benefits and individual benefits. The unanticipated company benefits included an improved culture at the worksite to support health, a decreased rate of injury, and a happier workforce. The most common benefit reported was happier workforce. An example of one of the comments about this was given by Participant 7: “In my experience there is correlation between being happy at work, job satisfaction and productivity.”
Table 7.
Themes in Unanticipated Company Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>More positive work environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happier workforce</td>
<td>7</td>
<td>87.5</td>
</tr>
<tr>
<td>Improved culture at the worksite to support health</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td><strong>Safer work environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased rate of injury</td>
<td>3</td>
<td>37.5</td>
</tr>
</tbody>
</table>

The unanticipated individual benefits identified included changes in individual behavior, an improved culture at the worksite to support health, a high level of participation, increased knowledge on the benefits of a healthy lifestyle, and improved knowledge in making health food choices. Thus, the two themes that emerged were healthier behaviors and a greater knowledge on healthy habits. An example of one of the comments about this benefit was given by Participant 6: “When it comes to eating right and being active, most clients adopt these habits faster.”
Table 8.

*Themes in Unanticipated Individual Benefits*

<table>
<thead>
<tr>
<th>Benefits</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthier behaviors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in individual behavior</td>
<td>3</td>
<td>37.5</td>
</tr>
<tr>
<td>Improved culture at the worksite to support health</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>High participation in the program</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td><strong>Greater knowledge of healthy habits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase knowledge on benefits of healthy lifestyle</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Improved knowledge on making healthy food choices</td>
<td>3</td>
<td>37.5</td>
</tr>
</tbody>
</table>

*Figure 4. Programs associated with greater benefits.*
This figure depicts which wellness programs offered by the companies are associate with the most benefits.

**Best Practices of Wellness Program**

The participants identified many best practices within the wellness programs: things they did that they attributed the success of their programs. These had a profound impact on the employees according to the wellness program directors. The best practices were categorized into three major themes including availability (Figure 5), company support (Figure 6), and communication (Figure 7).

![Bar chart](chart.png)

**Figure 5.** Impact from availability. These are the number of times that each of these impact factors were identified by the wellness program directors as a result of availability.
Figure 6. Impact from company support. These are the number of times that each of these impact factors were identified by the wellness program directors as a result of company support.

Figure 7. Impact from communication. These are the number of times that each of these impact factors were identified by the wellness program directors as a result of communication.
The participants demonstrated positive attitudes towards giving recommendations for other wellness program directors. Their recommendations included:

1) Staying up to date on the trends of the program. “This field is continually changing and growing. An award winning program today will be outdated if it doesn’t adapt” (Participant 5).

2) They should at least have basic understanding of health insurance plans, the implications of the Affordable Care Act, HIPAA, taxes, and other legal considerations. “You will be looked to for guidance and to ensure compliance of the programs” (Participant 7).

3) Ensure the programs lives long. “All components lead to the program success, but more importantly, program longevity. It also creates more employee buy-in, resulting in increased engagement level” (Participant 4).

Summary

The benefits and best practices of worksite wellness are much more than anticipated. While many companies had some anticipated benefits prior to adoption and implementation of wellness programs, this study identified that almost all those benefits and even the unanticipated benefits were realized with easy to handle best practices. Most of these benefits could motivate more companies to establish worksite wellness programs and also encourage some improving programs that will enhance positive impacts on individual health and corporate benefits. These findings were related to best practices in the organizations; effective wellness programs show significantly lower voluntary attrition.

Identifying these anticipated and unanticipated benefits and best practices of wellness programs in eight organizations in Wichita, Kansas as seen in this study was of importance to
offer recommendations to create, implement, and evaluate policies that will encourage employers to invest in new health promotion programs and improve existing programs for their employees.

The results from this study systematically answered the research questions of the study. As seen above there were, anticipated and unanticipated benefits of workplace wellness programs being realized. Three categories of best practices were associated with the success of these worksite wellness program.

We reviewed existing literature in chapter 2 and, unlike most of those studies that concentrated on return on investment, this study showed that most companies have economic interests for successful implementation of worksite wellness programs and therefore, put in place appropriate best practices, strong support from the coaches and wellness coordinators and good corporate support. Further studies should focus on elaborating health outcomes of these programs.
Chapter 5: Discussion, Conclusions, and Recommendations

**Discussion and Role in the Literature**

Health improvement starts with prevention; improving the health status of the workforce will boost the productivity and engagement of workers and citizens. According to Noelcke (2009), worksite wellness programs are an investment in the company’s most important asset: employees. It often results in lowered expenses in the form of healthier, happier workers, reduced absenteeism, and lowered healthcare costs.

Various studies reported that employers committed to supporting a culture of well-being have many motivations including low turnover rates, hiring the best candidates, job satisfaction, and retention of workers. These factors have been reported as being drivers for workplace wellness programs as important as return on investment (Pronk, 2014). The Behavior Change Theory is one of the best researched learning theories that suggests that motivations can change people. Therefore, developing an effective worksite wellness program requires the employers to provide a behavior change program that contain goal-oriented information and direction to the participants.

**Discussion**

This study was done to identify the anticipated benefits, unanticipated benefits, and best practices of employee wellness programs. Employers were motivated to create and implement worksite wellness programs that will enhance their employees’ health and provide a good return on their investment. Identifying these benefits and best practices as observed by the wellness program coordinators, will be beneficial in improving programs that will have some positive impacts on workers’ health and corporate benefits. The research questions the study sought to answer were, “Are the anticipated benefits of worksite wellness programs being realized?” “Are
“Are there any unanticipated benefits being realized, also?” “Are there any specific best practices that the wellness program directors feel have contributed to the success of their program?”

Following careful analysis of the data collected, some categories and thematic results emerged. The two major categories that emerged from the anticipated benefits of worksite wellness programs were the company’s benefits and the individuals’ benefits. The most reported company anticipated benefits were reduced absenteeism and increased productivity. Others included recruiting healthier workers and reduced health-related expenses. These commonly reported benefits corresponded with the themes “benefits that reduce costs for companies” and “benefits that increase revenues for companies.” Increased productivity was the most reported company anticipated benefits from worksite wellness programs and as with several other studies, it is an important, regularly seen benefit from worksite wellness programs. Having healthy workers are the lifelines of the companies as these workers are passionate about their work and they put in efforts to grow and build a stronger company. They support the company's goals and missions and strive to achieve greater productivity and promote innovation. Though increased productivity is categorized under company benefits, it cuts across being beneficial to the companies, economy, and also the individuals. Increased productivity has a positive effect on the gross domestic product (GDP) and as such, it dramatically boosts the economy translating to more profits and more taxes for the government to build public infrastructure, which serves to improve the overall standard of living. Also, employers’ increased productivity may translate to increases in salary - bigger homes, vehicles, and disposable income. In general, an increase in productivity, as shown in other studies, is valuable; with it’s effect on the GDP and the demand for goods, it can be a driver of an economy (Mueller, n.d.).
This finding on reduced absenteeism is quite similar to the findings reported previously in this paper. Research by Baicker, Cutler, and Song (2010) and Bonnstetter (2010) also found that WWP s translate into reduced absenteeism, savings in health care costs, and increased productivity. Though reduced absenteeism was reported as a company benefit, individuals also benefit from it as well. Reduced absenteeism improves the skill development, enhances job knowledge, and reduces the number of job related accidents. The absenteeism-accident relationship relates the concept of familiarization and vigilance. As indicated by Alkin and Goodman (1984), being more present on the job increases individual familiarity and vigilance with the intra-and inter-job activities and decreases the chances of job-related accidents, which translates to improved health outcomes for the individual.

Several unanticipated benefits were also reported in this study and those too, were categorized into the same two major categories: company benefits and individual benefits. The two themes that emerged were more a more positive work environment and a safer work environment. Amongst the unanticipated company benefits, a happier workforce was the one most often reported. It is commonly said that “a happy worker is a productive worker.” Harvard Business Review article (as cited in Tam, 2013) indicated that the level of happiness has a great impact on an employee’s creativity, productivity, commitment, and collegiality. Unhappy workers are said to be costing America $300 billion per year in lost productivity (Tam, 2013).

The themes that emerged related to unanticipated individual benefits were heathier behaviors and increased knowledge on making healthy food choices, as these were the most reported unanticipated individual benefits. These findings are consistent with a previous study by Anderson, Merrill, and Thygerson (2011); they found out that worksite wellness programs appear to help employees develop and maintain healthy behaviors. Applying the Health Belief
Model to a broad range of health behaviors and subject participants, preventive health behaviors changes improved, including health-promoting lifestyle changes (diet, exercise), making healthy food choices, clinic use, vaccination practice and risky health behaviors (smoking). An important interest for further research should focus on how these programs can sustain a longtime behavioral change.

The best practices that promoted the success of these worksite wellness programs in the studied companies were identified and also categorized into three major themes; availability, company support, and communication. The effects of these, especially communication, were reported to have led to the successes of the programs the interviewees oversaw. Knowing what the program offers, the criteria for participation, and how to get enrolled always needs to be communicated effectively. The success of wellness programs always begins with clear and effective communication of program benefits and incentives for increased participation. According to a white paper by Colonial Life, (2012), one-to-one communications with benefits counselors greatly improved the employees’ understanding of the benefits of the wellness programs and enhanced their motivation to participate in the programs. Communication is said to be the biggest difference-maker for companies focused on improving their employees’ engagement, health, and productivity. Implementing wellness programs that align with corporate objectives and employee goals is fantastic but those programs should be considered the icing. The cake is creative, persuasive, and effective communication that drives greater awareness with emphasis on expected benefits (Shawn, 2014). In spite of the known effects of communication on the success of worksite wellness programs, a lot is yet to be done on how to create a communication plan involving the program’s framework and the best methods to communicate this information to employees to realize an optimal response with little or no incentives.
Interestingly, this study ascertained the importance of a good relationship between the participants of the worksite wellness programs and the wellness coordinator. Reports, as shown in chapter four of this thesis, found that personal relationships between the wellness coordinator and the participants had a positive impact on the success of the program. Using the cognitive-behavioral constructs derived from the theoretical models of Health Behavior Change, it was exciting to find that the wellness coordinators provide ongoing support and reinforcement that guide the participants towards a successful, healthy, and lasting behavioral change. In future studies, more should be done to explore better ways to enhance collaboration between a good wellness program coordinator and the participants of wellness programs.

Limitations

Although benefits and best practices were identified in this study, there were several limitations to this research. The first limitation relates to the sample size. The study sample was small. Twenty-five requests for interviews were emailed and only eight wellness coordinators accepted the invitation within the study period. It is worth noting however, that after the study period ended, three additional acceptance letters were received, bringing the response rate up to 44%; thus, increasing the study time frame would have resulted in a significant increase in the sample size. A second limitation was having considerable variance in the company sizes for the study. Five participants were from companies with between 250 and 499 employees; two were from companies with between 50 and 249 employees and one from a company with 500+ employees. A qualitative study this small would have benefitted from a more homogenous study population, whereas a larger sample of corporations of different sizes would have presented the possibility of conducting some comparative analyses. The third limitation was related to the material used for data collection. The open ended questions gave rise to numerous irrelevant
answers that were difficult to code and categorize. These limitations may have impacted the validity of the study.

**Recommendations for Action**

Because the present economic landscape is causing higher health care costs and one-fourth of health care costs are attributed to changeable health risks, the need for employee wellness programs cannot be over-emphasized. The direct health costs of many employers are up 50% of their corporate profits. Also, the indirect costs of poor health, (absences from work and reduced work productivity), in some cases, result in two or three times the amount of direct medical costs (Tillman, 2014). There is a need for (1) proactive approaches to wellness that are widely accepted and recommended as both cost-effective and beneficial to be implemented, (2) companies to increase employee satisfaction by adopting wellness programs that focus on the well-being of their workforce, and (3) recommendations for strict organizational policies that support employees wanting to make healthier lifestyle choices, including healthy food policies for work events, flexible work schedules to facilitate participation in wellness activities, healthy food vendors, and the provision of space for fitness equipment.

**Recommendation for Further Study**

Considering the results of the study, several recommendations were made for future research. First, there should be a more focused interest in learning more specific details on how these worksite wellness programs produce results and generate savings. Evaluative research would be beneficial. This would be helpful and valuable in shaping appropriate expectations for programs. Second, future research should employ comprehensive assessments of the benefits, harms, and best practices in the population health context for adequate policy recommendations on mandatory worksite wellness programs. Third, while this study focused on the perceptions of
the wellness program coordinators, further research should assess the attitudes and perceptions of the employees actually participating in the programs. Acquiring knowledge about the participants’ views on the merits and demerits of these programs should be measured to improve participation rates, and thereby increase the positive outcomes achieved. Finally, future research should measure benefits according to the size of the company. Smaller companies are less likely to adopt a comprehensive worksite wellness program, which may place some limitations on employees’ accessibility and general benefits to workplace wellness. However, since it may be possible that in smaller companies, employees may have more responsibilities, there may be a question of whether a more comprehensive wellness program might yield greater benefits in small companies than it would for larger companies.

Conclusions

From this study, and the existing literature, it is clear that there are a lot of benefits (anticipated and unanticipated) of worksite wellness programs. This research showed that as anticipated, companies benefit most from reduced absenteeism, increased productivity, reduced health related expenses, and enhanced recruitment of healthy employees and, more surprisingly, from having happier healthier workers, an improved culture at the worksite to support health, and a decreased rate of injury.

Employees also yield advantages, some of which were predictable, including increased job satisfaction, improved health outcomes, reduced health care utilization, improved employee relations and morale, and reduced disability; there were other less noted benefits including changes in individual behavior, improved knowledge on making healthy food choices, improved culture at the worksite to support health, a high level of participation in the program, and increased knowledge on the benefits of a healthy lifestyle.
The worksite wellness program directors that were surveyed felt that there are some specific practices they employ that are related to the success of their programs. Out of the 16 best practices they reported in chapter four of this thesis, five were noted as having the most impact. These include easy access, easy to use programs, leaders’ engagement, and a network of participants.

Previous studies have reported a correlation between worksite wellness programs and associated benefits but they have failed to recognize all of the benefits that could be realized from these programs. Many companies created onsite wellness programs hoping to figure out the best solution to curtail the rising health issues and healthcare costs (Love, 2014). There is an increased level of awareness among the young adult groups that the most health-damaging diseases are preventable. Furthermore, the majority of young adults spend most of their time at the worksite.

Overall, both the employers and employees benefit from worksite wellness programs. These programs help the employers with the advantages of investing money in a program that will reduce costs in return, usually in the form of productive employees, lower absenteeism, and reduced health care costs. This further improves the wellbeing of the workers, increases their job satisfaction, and raises retention rates. The wellbeing of employees directly impacts the success of the company (Noelcke, 2009).

Worksite wellness programs become more beneficial with appropriate best practices. According to O’Boyle and Harter (2014), creating a worksite wellness program without appropriate best practices provides no guarantee on improving employees’ well-being. Practices that increase the workers’ awareness about the program and motivate them to use these programs are important to the success of the programs. Appropriate best practices for worksite wellness programs are associated with improvements in reducing medical cost trends and upgrading
employee health status (Miller, 2013). With the shift to proactive chronic disease management and prevention, all employers should be motivated to create worksite wellness programs that will have a significant impact on employees, employers, and the nation’s economy.
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Appendix A: Structured interview guide questions

A QUALITATIVE STUDY ON BENEFITS AND BEST PRACTICES OF WORKSITE WELLNESS PROGRAM

1. How long have you served as a director/coordinator in the worksite wellness program. How do you feel being a wellness coordinator/ supervisor?

2. Do you have a personal relationship with the program participants? Please tell me how they feel about your relationship with them.

3. Do you think this personal relation has an impact on the success or challenges of the program?

4. How long has the organization been participating on the worksite programs (any gaps)

5. What age range are your participants?

6. Was there a specific benefit that were anticipated from the program?

7. What are the benefits that have been realized as a result of this program?

8. What aspects of the wellness program do you feel directly contribute to these benefits? And explain why

9. To sum up, what do you feel are the best practices overall not limited to the program, but things like knowing your employees, how you run specific programs or other program details, that you would consider “best practices of your wellness program?”

10. What do you think are the greatest benefits of these best practices?

11. What recommendations would you have for other wellness program directors?

12. Is there anything more you would like to add?

Thank you for your time

YOUR PARTICIPATION WILL BE USED FOR MY THESIS TO MEET THE REQUIREMENTS OF MY MPH DEGREE.

Appendix B: Interview request letter
Dear Sir/Madam:

RE: REQUEST FOR 45 MINUTE TO 1-HOUR INTERVIEW FOR MASTER’S
THESIS ON BENEFITS AND BEST PRACTICES OF EMPLOYEE HEALTH/WELLNESS
PROGRAMS

I am a graduate student at Concordia University, Nebraska currently pursuing a Master’s Degree in Public Health. I am writing to request an interview to complete my research on the unanticipated benefits and best practices of corporate wellness programs. The data I collect will be confidential and organizations will only be described as companies with a range of employees.

The objectives of the study are to determine if corporate wellness program have had an impact on reductions of health care costs, prevention of illnesses, and overall corporate wellness and well-being. I am also interested in determining if there are any unanticipated benefits, perhaps not discussed in the literature and what you identify as some best practices in your company that you feel are related to your overall benefits.

Qualitative analysis will be conducted so only themes will be identified. If you have a corporate confidentiality policy, no secrets of your trade will be shared as individual practices that could benefit other companies, only themes. I am happy to share my thesis with you, and all
the companies after my research is complete. The aggregate themes I identify in my research may benefit and add value to your organization.

Once again, this research is so that I can complete the thesis requirement of my master’s program. Your help would be greatly appreciated. Your organization was chosen because of the reputation of your corporate wellness program. I realize you are very busy. I seek permission to meet with the corporate wellness director on [Date and Time] for a 45-60 minute interview. If another time and date is more convenient for you, I will work around your schedule. Please email your response to adaku.otuonye@cune.org.

I sincerely thank you in anticipation of your consideration.

Sincerely yours,

Adaku Otuonye
Appendix C: Informed consent

Principal Investigator:

Co-investigator:

You are invited to be a part of a research study that looks at the benefits and best practices of employee health and wellness program. The purpose of the study is to understand and identify the essential short and long term benefits of best health practices and worksite wellness programs.

This study is not being funded.

If you agree to be part of the research study, you will be asked to participate in one face-to-face or telephone interview in your company at your best available time. The interview should take about one hour and I will like to audiotape the interview to make sure that our conversation is recorded accurately. You may still participate in the research even if you decide not to be taped.

The discussion topics include:

How long has the organization been participating on the worksite programs (any gaps)/ how long you have served as a director or coordinator, benefits that have been realized as a result of this program, what do you think are the greatest benefits of these best practices, your recommendations for other wellness program directors and a lot more you might want to add to help the research.

While you may not receive a direct benefit from participating in this research, we hope that this study will contribute to understanding that the welfare of employees has a direct impact on the success of the company so, companies should invest and implement wellness programs that improve their workers wellbeing and job satisfaction, as well as raising retention rates and
also your participation will be used for my thesis to meet the requirements for my MPH degree.

You may choose not to answer any interview question and you can stop your participation in the research at any time.

If you complete the interview. We plan to publish the results of this study later, but will not include any information that would identify you

To keep your information safe, the audiotape of your interview will be placed in a locked file cabinet until a written word-for-word copy of the discussion has been created. As soon as this process is complete, the tapes will be destroyed and the study data would be entered in a computer that is password-protected and uses special coding of the data to protect the information. To protect confidentiality, your real name will not be used in the written copy of the discussion.

If you have questions about this research, including questions about the scheduling of your interview you can contact:

XXXXXXX
Concordia University Nebraska,
800N. Columbia ave,
Seward, NE 68434
800-535-5494

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact
Concordia University Nebraska,
800N. Columbia ave,
Seward, NE 68434
800 -535 - 5494

By signing this document, you are agreeing to be part of the study.
Participating in this research is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You will be given a copy of this document for your records and one copy will be kept with the study records. Be sure that questions you have about the study have been answered and that you understand what you are being asked to do. You may contact the researcher if you think of a question later.

I agree to participate in the study.

____________________________________
____________________
Signature
Date

I agree to be audiotaped as part of the study.

____________________________________
____________________
Signature
Date