

**2018 Employer Guide:
FINDING *FIT*: IMPLEMENTING WELLNESS
PROGRAMS SUCCESSFULLY**

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In collaboration with

Transamerica Center for Health Studies®



February 1, 2018

ACKNOWLEDGEMENTS

We sincerely thank Hector De La Torre and the Transamerica Center for Health Studies for their generous grant in support of this project.

**IMPLEMENTING WELLNESS PROGRAMS SUCCESSFULLY
IN SMALL AND MEDIUM ORGANIZATIONS**

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HOW TO USE THIS GUIDE

This Guide is offered to assist small and medium organizations in implementing one of several proven wellness programs in their organization. Large companies often have ample manpower and financial resources to identify and implement a wellness strategy that meets their employees' needs and to track the program's effectiveness of their wellness program. In contrast, small and medium organizations typically don't have this luxury, making the adoption of wellness initiatives more difficult. Our mission for this Guide is to provide practical, low to no cost avenues for small and medium organizations to address their employees' wellness needs despite their limitations. We present information here so that organizations can customize a wellness strategy that fits their needs given their constraints.

Based on what is known about factors that make wellness programs successful, we have developed ways to help organizations overcome barriers to introducing a wellness program to their employees and facilitating employee participation. Our approach was formulated based on the concept of "fit" between an organization's capabilities and the requirements of a successful wellness program. By framing our approach this way, organizations can identify wellness programs that fit best with their employees' needs and interests and their organizational constraints.

Below, you will be guided through a series of assessments which will provide important feedback to you regarding your readiness to create a wellness strategy, your ability to craft a strategy that works with your organizational constraints, and the degree of fit between your employees' wellness needs and wellness solutions. Working through these assessments is a critical part of understanding what will be the best solution for your organization. Given your responses to the questions in the assessments below, we can direct you to the types of wellness programs that fit your needs and constraints, and to multiple public resources to supplement your wellness strategy. Careful and thoughtful responses to these questions will be the key to your success in using this Guide.

Thank you for taking the time to create a culture of health at your organization!

I. EXECUTIVE SUMMARY

This Guide offers a way for organization leaders to choose a wellness program that meets their employees' needs and matches what they are able to do given their time and resources. Small and medium organizations face a number of limitations given their size and financial reserves, but employees' health and well-being needs are a constant regardless of organization size. Employees need a safe, socially supportive, and health-promoting work environment that not only supports their wellness, but also enables them to do their best work. We have looked at the available literature on wellness programs in general, and we have created a method based on our research for how organization leaders can design an effective wellness strategy that fits their constraints.

An effective wellness strategy starts with the organization's leadership. What are the organization leaders willing to do? How much of an investment are they willing to make in employee wellness? Organization leaders may not know or understand the link between employee wellness and organizational outcomes such as productivity, absenteeism, turnover, and disability. If leaders have little understanding of these well-established connections or dismiss the relevance of employee wellness in the workplace, leaders will not invest in wellness programs. If leaders believe that employee wellness is the employee's responsibility and not the organization's, leaders will not invest in wellness programs. If leaders believe that they cannot afford employees taking time to participate in wellness programs even when they know it would benefit the organization, they will not invest in wellness programs. However, organization leaders *will invest* in organization-sponsored wellness programs when they understand how the organization will benefit from employee wellness and when they can find a wellness program that "fits" their specific constraints.

To help leaders determine which wellness programs provide the best "fit" for their organization, we created a way to think about wellness programs, which would yield several different options to choose from and would be sensitive to different types and levels of organizational constraints and opportunities. By creating such an approach, we could develop a process for employers to assess their own constraints and opportunities, and then match those to the different wellness program options. This Guide provides background information and an assessment tool for employers to select a wellness program that provides the best match.

We began by organizing wellness programs into types describing different approaches to employee wellness and then ordered those wellness program types by levels of employer (leader) involvement. Eight different wellness program types were identified, and they are ordered from low to high employer involvement (investment) below:

- *Education Programs* pursued by employees on their own at work and outside of work;
- *Social Community Building by the Employee* where employees initiate a variety of social activities for enhancing social relationships;
- *Social Community Building by the Organization* where a member of the organization takes ownership of improving the workforce social community;
- *Preventative Care Program (Lite)* involves health assessments and preventative screening by the insurance vendor;
- *Healthy Habit Development (Lite)* consists of organization-led interventions that encourage healthier personal and work-related habits;
- *Healthy Habit Development (Enhanced)* involves physical environment enhancements to the worksite to facilitate healthier habits as part of the employee's workday;
- *Preventative Care Program (Enhanced)* consists of a partnership between healthcare providers and organizational leadership to reduce incidence of serious illness and disease such as through coaching and health promotion; and
- *Disease Management* consists of significant investments by leadership in on-site medical clinics and/or occupational health programs to service employee health needs and treat illness and disease.

We also created a way to characterize the constraints and opportunities within organizations that would facilitate or create a barrier to the implementation of a successful wellness program. We conducted three separate research inquiries to gather a comprehensive understanding of Facilitators and Barriers associated with wellness programs. We conducted a comprehensive literature review of wellness program effectiveness and participation rates. We also conducted Focus Groups with 20 small and medium organizations in which we explored various issues regarding adoption of wellness programs and determinants of participation. We also contributed to and analyzed results from an employer survey and an employee survey on health and wellness topics administered by the Harris Poll in summer, 2017. Based on our research, we gathered an extensive list of Facilitators and Barriers. Facilitators to wellness program success are as follows:

- *Employee motivation* to engage in healthy behaviors at work and to lower engagement in unhealthy behaviors;
- *Employee social interest* in engaging with others, sharing values and interests, and effective communication systems;
- *Employee work hours* that are reasonable and enable them to take time out from work to participate in wellness programs;
- *Employee cost* associated with participation in wellness programs is affordable;
- *Leadership support* for wellness programs and encouragement of participation in wellness programs;
- *Leadership communications* which publicly support employee participation in wellness programs and achievement of wellness goals; and
- *Organization's financial status* that is sufficient to afford costs associated with programs, dedicated personnel to manage wellness, reasonable work hours, and organization-sponsored health insurance.

The list of Barriers to wellness program success we generated from our research is longer than the list of Facilitators, and they appear to be quite challenging. They are:

- *Hours of work* that make participation in wellness programs inconvenient and have no time for it outside of work;
- *Motivation to participate* in competition with other personal priorities (e.g., family obligations) and with other basic needs (e.g., sleep, eating), and no physical or emotional energy left (e.g., burnout);
- *Lack of knowledge* of the connection between wellness and organizational outcomes, wellness resources available, and what employees want and need;
- *Cost concerns* associated with wellness programs;
- *Roles & responsibilities* for managing wellness within the organization but lack of staff to take this on, and leadership doesn't model healthy behavior;
- *Physical/structural impediments* to launching and maintaining an effective wellness program (e.g., poor communications, logistical issues, no formal systems to make requests, lack of physical facilities, lack of health insurance);
- *Privacy/liability concerns* that results in discomfort dealing with health issues and risk of invasion of privacy;
- *Leadership support* inconsistent or lacking or focused on leaders own needs or preferences; and
- *Leadership attitudes* that reveal cynicism about wellness program value, the lack of need for wellness programs, and concerns about abuse by employees.

To create the assessment tool, we analyzed each wellness program type by its essential elements and requirements for successful implementation. A profile of requirements regarding the presence of organizational Facilitators and the absence of critical Barriers was developed for each wellness program type. The combination of relevant Facilitators and Barriers for each type served as the basis for the assessment of “fit.” An employer’s assessment of the presence of its own Facilitators and Barriers knocks out program types when the organization’s combination of Facilitators and Barriers was incompatible with requirements, and the assessment identifies compatible program types when the combination matched the program requirements. Thus, the assessment tool enables employers to evaluate the “fit” between their organizational Facilitators and Barriers and specific wellness programs.

The Guide also provides guidance on how to increase participation in wellness programs adopted by small and medium organizations. The key concept based on principles of psychology is what we refer to as the “WIFM” or, “What’s in it for me?” The Guide provides information to help employers determine what value a wellness program might have for the employees, and based on what employees believe they will receive by participating in the program, the Guide recommends that the wellness program needs to be structured in a way to deliver it—consistently. We have also included an extensive list of resources at the end of the Guide to provide additional sources of information and support.

We hope that this Guide will enable small and medium organizations to adopt wellness programs that meet their needs and have the greatest chance of succeeding.

II. GETTING STARTED

What Do You Know?

Let's start with the variety of wellness programs that your organization could choose from. These programs can be grouped into five broad categories:

1. Education Programs.



These wellness programs are designed to deliver to health-related information intended to help the recipient understand an issue or instruct the recipient how to improve his behavior in ways that will promote health and well-being. The information can be delivered any number of ways: through apps where information is delivered to an electronic device (e.g., tablet, laptop, desktop, cell phone, and wearable tech), through verbal and written communications (e.g., courses, lectures, meetings, intranet messages, podcasts, brochures, posters, and social media), online programs, and through films and video available on YouTube or conventional programming (e.g., websites, television). Any manner of material can be presented such as exercise, healthy eating, meditation, medical information tailored to the individual, eating recommendations, healthy sleep habits, weight control, tobacco cessation, disease management, alcohol abuse, or mindfulness, delivered on multiple platforms. The distinguishing feature is that this approach relies on employee initiative to seek out relevant programming and maintain interest for the duration of the program.

2. Social Community Building.



These programs are designed to create greater social connections among employees, which will increase peer support for participation in wellness programs and maintain relationships among peers. Health and well-being is fostered by employees' feelings of social belonging and connection to their coworkers. Examples of these programs are sports-related teams (e.g., softball, basketball), clubs (e.g., cooking, games, books), interest groups (e.g., travel, politics, technology), and neighborhoods where employees share a common space and have a unique identity. Social interventions are typically employee-initiated and sustained without organizational leadership. They evolve typically through grassroots efforts and may be facilitated by organizational sponsorship if costs are involved.

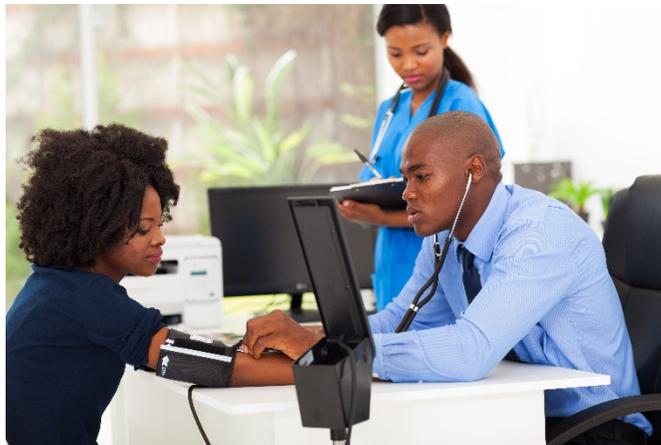
3. Healthy Habit Development.



These programs consist of a variety of approaches to improve employee behavior habits at work. The primary targets for behavior change are

physical activity, nutrition (healthy eating), stress management, and sleep hygiene. Interventions can consist of environmental changes in the workplace such as providing healthy food and removing unhealthy food on site, installing sit-stand desks, building gyms on site or subsidizing gym memberships for employees, building attractive stairways, programming elevators to skip floors, creating attractive walking trails outside, providing bikes for cycling, creating restorative spaces within the building, providing sleeping pods, and contracting with on-site daycare. Other interventions consist of employee activities which support healthy habits such as mindfulness and yoga classes, walking meetings, communal rest breaks, cooking classes, organization-wide celebrations and get-togethers, play equipment, and company vegetable gardens. Still other interventions are realized through organizational policies and benefits such as child/elder care subsidies, leaves of absence, reasonable work hours, predictable work schedules, meal and rest break compliance, healthy food at meetings, open door policies, and a culture of civility and mutual respect. All of these programs share a common thread of activities and habits which promote healthy behaviors.

4. Preventative Care Programs.



These wellness programs consist of screenings and biometric assessments for the purpose of identifying an employee's health status and risks. They typically consist of Health Risk Assessments (HRAs) which track blood pressure, cholesterol, and blood sugar as part of a health benefits package. These programs are administered by healthcare professionals either at work or outside of the workplace. These screening programs have the advantage of catching problems employees are experiencing and prescribing actions that will lower employee risk of significant health problems and health care cost.

5. Disease Management Programs.



These wellness programs are designed to help employees who already have significant health problems (e.g., pre-diabetes, diabetes, hypertension, cardiovascular disease) to monitor and manage their treatments (e.g., medication, self-monitoring) and changes in lifestyle (e.g., exercise, eating habits, smoking cessation) as part of symptom and disease control. These programs are more hands-on with employees, with healthcare professionals and counselors monitoring high-risk employees and working with them to improve compliance with treatment plans. These programs are often offered by health insurance companies to help lower healthcare costs.

All of these programs have evidence that they can be effective in increasing employee wellness, but the major determinant of effectiveness is the *degree of employee participation in the program*. A program has no chance of being effective if employees don't participate and don't maintain their participation through the lifecycle of the program. Hence, a major issue we need to address is employee participation: *What does it take to get people to participate in a program?* The answer is, of course, *it depends*. We address this issue in the following section.

What Leads to Initial and Continuous Participation?

Basic Principles



Conventional wisdom as well as scientific studies suggests that people engage in an activity when they perceive *it is a good deal*. Theories of human motivation, theories of behavior change, and principles of power and influence all have one thing in common: the assertion that a person will act if that person believes that acting in a desired manner will lead to a valued outcome. This assertion is more commonly phrased, “What’s In It For Me?” In other words, the “WIFM.” Deciding to act in a desired manner can be seen as a comparison between at least two alternatives. One is deciding to act in a desired manner, and the other is deciding to continue the usual behavior or to do nothing. According to these theories, a person would decide to act in a desired manner IF doing so would give them MORE of what they want than what they would get with the alternative. Assuming people are rational decision-makers and would make these types of comparisons, then a successful wellness program would need to offer MORE desirable outcomes than competing alternatives. This is an essential element of building a successful wellness program. The program must speak to employees needs and generate outcomes that they find more desirable than not engaging in the program. It is a tall order, but understanding what people want and how to match what they want with the right wellness program will build a path to success.

Sustained Participation and Engagement

Extrinsic Motivation



Another principle we need to focus on is what sustains participation and engagement over the long term. Research has shown that financial incentives are effective if organizations reward people who behave in the desired manner and if the reward is sufficiently large to be perceived as significant. The principle is known as *extrinsic motivation*.

Behavior Modification (or Reinforcement Theory as it is also known) and other reward-based motivation theories say that one can obtain and maintain desired behavior by rewarding that behavior consistently over time. Behavior modification works because behavior that is rewarded is repeated. When behavior is not rewarded, it stops. A similar dynamic exists with the other reward-based theories—behavior stops when rewarding stops.

Employers using financial incentives should proceed with caution. If the employer does not pay the incentive for all the time it wants the desired behavior, the behavior will stop soon after the incentive is withdrawn. *It is no longer a good deal*. Also, when a financial incentive is attached to a specific behavior (e.g., taking 5,000 steps), employees will meet the requirement in order to get the incentive (e.g., taking 5,000 steps), but that is ALL you get (e.g., not 5,001 steps or any other healthy physical activity). With financial incentives, you get what you reward. If the financial incentive is attached to a specific behavior, then you will get that behavior until the incentive is no longer given. Employees will not perform other healthy behaviors like going to an aerobics class or eating healthy foods unless

those are also tied specifically to the incentive with proof that a person achieved the required goals tied to the incentive. This is because being rewarded for one behavior does not create a motivation to perform any other behavior.

Financial incentives have been tied successfully to particular wellness programs such as completion of Health Risk Assessments, weight management programs where weight loss is tracked, and smoking cessation programs, all of which target specific behaviors that are easily observed or verified. Wellness programs that involve a health improvement *process* or a *class* of healthy behaviors such as eating healthier food, increasing physical activity, or decreasing sedentary behavior are not amenable to financial incentives. This is because a group of behaviors are involved---not one target behavior.

In summary, financial incentives work in limited cases, and when the incentive is removed, the behavior stops. Moreover, financial incentives will lead to achievement of the target behavior and nothing more. With reward-based motivation strategies, organizations gain *compliance* with the deal (e.g., “if I do this, I will get a reward”) but not *commitment* to the behavior change.

Intrinsic Motivation



A longer-term strategy to maintain desired behavior is through *intrinsic motivation*. Intrinsic motivation occurs when a person decides to act or behave in a

desired manner *because the behavior itself is valued and self-rewarding*. Intrinsic motivation theories posit that people have values and attitudes that guide one's behavior. People want to behave in alignment with their values and attitudes. By framing a desired behavior in terms of its consistency with a person's values, that person will behave in the desired manner because by doing so, the behavior reinforces the alignment between behavior and values and thus, becomes rewarding. For example, a person who values healthy living would be predisposed to eating healthy food if it were accessible and affordable. Similarly, a person who values caution over risk would be more likely to change his behavior to improve his health when he is told by his doctor that he is at high risk for diabetes. Employers can move employees toward healthier behavior if the change is framed in terms of important values such as "leading a healthy life," "better safe than sorry," and "being an example for others."

Intrinsic motivation also sustains desired behavior over the long term because as long as the value remains important, behavior consistent with that value is continuously reinforced. More important, the motivation remains high because it is self-rewarding and not connected to the actions of any external party. In theory, a person's intrinsic motivation to act or behave in a desired manner could go on forever. In reality, it goes on until the person is attracted to something else that is more rewarding.

Motivating Participation

Employers are more likely to obtain initial and sustained participation in a wellness program by taking the following actions:

- Choosing a wellness program that addresses a behavior or class of behaviors that employees believe they CAN do.
- Choosing a wellness program that addresses a behavior or class of behaviors that employees WANT to do because there is a clear WIFM.
- Removing or minimizing organizational and psychological barriers present within the organization to allow employees to participate in the wellness program without penalty, retaliation, or any other negative consequences associated with participation.

- Having organizational leadership express support for employees engaging in wellness program activities and maintain that support throughout the lifecycle of the program.
- Clearly describing expectations for participation and having participants acknowledge these expectations; also tracking participation over the lifecycle of the program.
- Tracking participants' progress during the lifecycle of the program, and recognizing participants for their progress toward personal goals.
- Publicly acknowledging participants' completion of the wellness program (if there is an end point) and celebrating this achievement. If the program is conducted through the healthcare provider, completion of the wellness program should be acknowledged and celebrated by the healthcare provider.
- Paying financial incentives as close to the timing of target achievement as possible without fail and in amounts that employees perceive as significant.
- Paying (providing) non-financial incentives as close to the timing of target achievement as possible without fail and in a manner that employees perceive as meaningful and significant.

In the next section, we will address the issue of physical and psychological barriers to implementation of wellness programs in small and medium organizations. We also address barriers employees experience that prevent or reduce their motivation to participate in wellness programs. We also provide recommendations for how to enhance facilitators and overcome barriers related to wellness program adoption and employee participation.

III. WELLNESS PROGRAM FACILITATORS AND BARRIERS

UC Berkeley Study on Wellness Programs

The Interdisciplinary Center for Healthy Workplaces (ICHW) at the University of California, Berkeley conducted an extensive study of wellness programs implemented in small and medium organizations, and in particular the factors that promoted or discouraged participation in wellness programs for these organizations. ICHW researchers conducted three separate investigations to collect information that would help us understand the facilitators and barriers related to wellness programs in small and medium organizations: (1) a review of the scientific literature regarding wellness program effectiveness and participation rates, (2) focus group data collection with 14 small and medium organizations ranging in size, industry, and maturity; and (3) analysis of responses to the Harris Poll survey sponsored by the Transamerica Center for Health Studies (TCHS) which investigated a variety of health-related issues including wellness program participation and effectiveness. A brief summary of what was learned through all three investigations is briefly described below.

Study Findings

(1) Scientific literature reviews yielded the following information:

- Small and medium organizations are rarely studied systematically with respect to their use of wellness programs and participation rates in these programs. This means that little conclusive information is available from the scientific literature to direct the development and implementation of wellness programs in small and medium organizations.
- The scientific literature surrounding large organizations may be instructive for small and medium organizations because the information that is not size-dependent may offer important insights nonetheless.
- For the few studies that investigated wellness programs in small and medium organizations, participation in these programs was highest among employees who indicated an interest in participating in them. Completion rates ranged between 70% and 77% for small and medium organizations, respectively. This means that gaining employee interest from the start is critical for continued participation to completion.

- These studies also showed that employees from small organizations had greater participation rates in wellness programs at 53.8% of all eligible employees completing a wellness program compared to employees in medium and large organizations (13.3% and 32.7% respectively). One possible explanation for small organizations having a greater likelihood of participation success than medium and large organizations could be because employee wellness needs may be more clearly understood and addressed. These participation rates should be accepted cautiously because of lack of small and medium organization representation in the literature.
- Factors associated with higher participation rates across all organizations studied included the following:
 - The use of friendly competition among participating coworkers;
 - Interventions tailored to the individual employee (e.g., peer coaches for employees) or to the organization (e.g., resources available and characteristics of the work site);
 - Conducting the program during work hours;
 - Monetary incentives (though there were mixed results on this factor);
 - Leadership and management support of the program; and
 - Embedding sensitive programs (e.g., tobacco cessation, alcohol management) within a larger health promotion program.
- Factors associated with lower participation rates across all organizations studied included the following:
 - Lack of time to complete the program;
 - Concerns about confidentiality of health status;
 - Employee perceptions that the program is not useful; and
 - No mechanism for ensuring accountability among participants.

(2) Focus Groups with small and medium organizations yielded the most in-depth information about the adoption of wellness programs and factors that determined employee participation in these programs. We learned the following:

- Both individual-level and organizational-level factors were important in establishing successful wellness programs. This means that both individual employee concerns and motivations and organizational facilitators and barriers had a part in establishing successful programs.
- Facilitators of wellness programs at the individual level fell into three categories: readiness to participate, fit with the program, and ability to

participate. More specifically, focus group members reported the following facilitators:

- Employees motivated to engage in healthy behaviors at work;
 - Employees perceived a need for taking time for wellness at work;
 - Shared values and interest among peers regarding wellness;
 - Peer emotional support for lifestyle changes.
 - Affordability of the wellness program.
- Facilitators of wellness programs at the organizational level fell into four categories: readiness to implement a program, fit with the organization, ability to implement a program, and knowledge about the link between wellness and organizational outcomes. Focus group members reported the following facilitators:
 - Leadership understands the relationship between healthy employees and productivity and other organizational outcomes;
 - Leadership support for wellness programs at work;
 - Culture of health established in the organization;
 - Employees comfortable making health needs known;
 - Reasonable work hours to accommodate wellness initiatives;
 - Fit between wellness program and organizational culture (e.g., challenges, competitions, and social events to build relationships);
 - Leadership understands employee needs and preferences;
 - Wellness program appeals to employees' personal preferences;
 - Strategic use of existing physical structures for wellness initiatives;
 - Availability of wellness programs through health insurance provider or broker; and
 - Sufficient financial and personnel resources to support a program.
 - Barriers to participation in wellness programs at the individual level reported by focus group members included:
 - Competing time demands outside of work such as family responsibilities;
 - Content with the status quo—no need to change;
 - Perceived lack of need for a wellness program;
 - Program or activity not interesting or enjoyable;
 - Basic needs take precedence over a wellness program (e.g., sleep, eating);
 - Employee burnout (not enough emotional energy to participate);

- Privacy concerns about health status and invasiveness of a wellness program (e.g., alcohol management, tobacco use, weight); and
 - Absence of a culture of health.
- Barriers to participation in wellness programs at the organizational level reported by focus group members included:
 - Inconvenience of wellness programs if they need to be scheduled during work hours;
 - Nature of the work prevents significant time out for wellness activities (e.g., client-facing work that requires high responsiveness, interdependent teamwork, multiple roles assumed creating an overload of work);
 - Lack of understanding of the value of healthy employees for creating better organizational outcomes (e.g., productivity, retention, commitment);
 - Concerns about the cost of wellness programs and lack of knowledge of low to no-cost programs;
 - Leadership’s concern about employee abuse of time-off for wellness activities;
 - Leadership’s cynicism of the value of wellness programs in general;
 - Leadership’s perception that health is the employee’s responsibility—not the organization’s;
 - Leadership’s perception that low participation in wellness programs signals failure of these programs;
 - Lack of knowledge about health insurance benefits that may include wellness programs at no charge;
 - Lack of ownership of wellness initiatives by an organizational leader;
 - Lack of financial resources to launch and support higher cost wellness programs;
 - Lack of physical facilities to integrate healthy behaviors; and
 - Long work hours expected from employees.

(3) Harris Poll survey randomly sampled employers (organizational leaders) from 1,520 organizations and 2,892 employees from 2,887 organizations across the U.S. Employer respondents represented for-profit organizations whereas employees represented a mix of nonprofit, for-profit, and governmental organizations. Employers from small organizations represented 45% of the total number of organizations responding, and employers from medium organizations represented 22% of the total. Employees from small organizations represented 31% of the total

sample, and employees from medium organizations represented 24% of the total sample. Consequently, employer responses are dominated by organizational leaders from small organizations whereas employee responses from small and medium organizations together balance employee responses from large organizations. Major findings from the Harris Poll are briefly described below:

- According to employers, only 25% of small organizations offer a wellness (health promotion) program whereas 77% of medium organizations and 83% of large organizations do.
- Employees report smaller percentages in comparison to employers: 17% of employees from small organizations, 42% from medium organizations, and 53% from large organizations indicate that their organization offers a wellness (health promotion) program. Together, only half (55%) of the organizations surveyed regardless of size offered a wellness program.
- Participation in wellness programs was highest in medium and large organizations, and lower in small organizations. Participation at the C-Suite level was lower than that of Professionals and Managers, and participation by Professionals, Managers and the C-Suite was considerably lower in small organizations compared to their peers in medium and large organizations.
- Participation rates in wellness programs tended to be reported as being higher in small organizations compared to those in medium and large organizations. The greatest percentage of small organizational representatives reported highest participation rates of 50% or higher, whereas representatives from medium and large organizations reported highest participation rates of 21-40% and 41-50%, respectively. This might suggest that, although wellness programs are difficult to implement in small organizations, once initiated, they see higher levels of participation.
- The top key features of a wellness program reported by survey respondents were the same across organizations: leadership commitment and support for the program, a culture that supports employee wellness, and organizational support for a healthy lifestyle.
- Reasons given for why an organization doesn't offer a wellness program differed by organization size. The greatest reason for small organizations was "Company is not big enough" whereas several reasons came up for medium organizations—mainly around the issues of cost, resources needed to

administer a program, and concerns about liability. Fewer reasons appeared to be important for large organizations, and the main one was cost.

- The top reasons employees gave for not participating in a wellness program were “I do not need it,” “I am not interested,” “I already do similar things on my own,” “I do not have time due to work obligations,” and “I am healthy.”
- Strategies for countering concerns about employees’ ability to participate in wellness programs consisted of talking to managers about allowing employees to participate without negative repercussions, creating a company culture that supports employees’ efforts to improve their health and well-being, communicating to employees the importance of participating, and offering incentives to make participation more likely. Respondents from small organizations reported implementing these strategies less often, and most often didn’t do anything different.

Conclusions about What Leads to Successful Wellness Programs



It is clear from the findings of the ICHW Study and Harris Poll that there is much to overcome in order to successfully implement wellness programs in small and medium organizations. Significant barriers to wellness program adoption and employee participation exist in these organizations. At the same time, knowing these barriers and knowing the facilitators of successful programs can provide an excellent starting point for creating new avenues for improvement. We can achieve this outcome by improving the “fit” between small and medium organizations and wellness programs that capitalize on the organization’s unique set of facilitators and are insensitive to or not undermined by the organization’s barriers.

Although not all barriers to wellness programs can be remedied by finding the right wellness program that “fits” an organization’s opportunities and constraints, many barriers can be. Several barriers, however, are more difficult to overcome and will prove difficult for any organization regardless of size. We will deal with the more difficult barriers--ones that are attitudinal and motivational in nature--later in this Guide. On balance, though, we believe that many organizations are likely to find a “fit” that enables them to provide more health-promoting opportunities in the future. This Guide provides both structural

solutions and strategies for overcoming resistance to participation in wellness programs.

Path Forward

The first step for any organization interested in implementing a successful wellness program is understanding which facilitators and barriers exist in the organization. The following section guides you through an assessment of the current status of your organization so that you know what you are working with now, and what opportunities exist to build upon in the future for you to craft a wellness strategy that fits.

The second step is to match your facilitators and barriers with sets of wellness programs that vary in wellness program requirements. This Guide will help you identify which types of wellness programs are a good match for your organization given your organization's unique characteristics. This Guide will also help you build a wellness strategy from everything known about what drives employee participation so that you can maximize the likelihood of a successful program.

The third step is to understand how to overcome remaining barriers that cause both employees and organizational leadership to reject certain wellness programs out of hand and to bring leaders and employees into a conversation about how additional wellness programs might fit well in the future.

The outcome of this exercise is the identification of one or more wellness programs that are likely to be effective given your organizational characteristics and constraints. We also provide recommendations for how to implement and sustain employee participation based on proven approaches.

Now, let's turn to a description of all of the wellness program types that you will be matching to your organization.

IV. WELLNESS PROGRAM TYPES

The five broad categories of wellness programs were further differentiated into eight types of wellness programs. Each type describes a class of wellness programs that have the same unique implementation characteristics.

These eight program types are organized into a hierarchical order, starting with wellness programs that do not involve leadership at all and instead engage employees through their own initiative outside of work. The next type consists of wellness programs that also do not involve leadership at all and instead engage employees through their own initiative outside or on site at work in social activities.

For each successive type of wellness programs, leadership is involved in gradually increasing roles. The first of these involves social activities organized by personnel in the organization. Social connections are enhanced through meetings, events, and socially organized groups and coordinated by organizational representatives (e.g., HR). Following this type is a set of wellness programs that are coordinated by a third party—the health insurance vendor—who conducts screenings and tracks biometrics. The leadership is involved because they have health insurance for their employees and have actively engaged their vendor to perform these services. The next two sets of wellness programs involve the leadership more directly by having an organizational member implement activities that encourage healthy behaviors at work in the “lite” version, and in the enhanced version, leaders structurally influence healthy behaviors at work by making investments in the employee's physical environment. The financial investment required for this latter type could be substantial depending on the extent of physical modifications to the workplace (e.g., in-house gym, Biophilia, walking paths, restorative rooms and the like).

The final two sets of wellness programs involve health professionals in the monitoring and care of employees who have health-related issues. The first involves coaching and counseling employees by health professionals in an attempt to prevent illness and disease such as hypertension, diabetes, cancer, and cardiovascular disease. High-risk employees are identified here and specifically encouraged to participate in order to reduce the occurrence of debilitating disease. The second set involves health professionals in disease management where employees who have

active disease are monitored, coached, and treated in order to improve their health status and to maintain treatment.

The eight types of wellness programs described above are listed below in hierarchical order:

1. Education Programs pursued by employees on their own outside of work. Examples are classes, lectures, podcasts, videos, and clubs/groups where employee learn about healthy behaviors and pursue them on their own.
2. Social Community Building by the Employee where employees initiate in a grassroots manner a variety of social activities for the purpose of enhancing social relationships at work and experiencing more enjoyment in life with their peers.
3. Social Community Building by the Organization where a member of the organization takes ownership of improving social community within the workforce. The organizational leader arranges social events at work and encourages development of clubs, interest groups, sports teams and all other manners of developing social connections with peers at work.
4. Preventative Care Program (Lite) involves the health insurance vendor in performing health assessments and preventative screenings. Employee-specific recommendations are delivered to the employee at the organization in order to encourage illness and disease prevention.
5. Healthy Habit Development (Lite) consists of a set of organization-led interventions in the workplace that encourage healthier eating, greater physical activity, tracking personal mental and physical health, and enjoying restoration. Examples of interventions are providing healthier food at work, organization-sponsored classes on-site, gym memberships, health tracking through wearable devices, and local health-related events such as “fun runs.”
6. Healthy Habit Development (Enhanced) involves a much greater investment on the part of the leadership in making physical enhancements to the worksite to introduce healthier habits as a part of an employee’s workday. Examples include building in-house gym facilities, in-house cafeterias with chef-made healthy meals, sports facilities with showers, attractive stairways, gardens and outdoor running

paths, and workspace enhancements with natural light, temperature controls, good ventilation, non-toxic materials, and noise pollution controls. May also include HR policies that reduce stressors related to child/elder care, commuting and travel, and long work hours.

7. Preventative Care Program (Enhanced) is a partnership between healthcare providers and organizational leadership in an effort to reduce the incidence of serious illness and disease. Wellness programs involve the integration of health promotion into the culture and organizational decision-making, and actively engages health professionals in coaching employees on disease prevention and health promotion. Also includes targeted programs (e.g., smoking cessation) for high-risk employees.

8. Disease Management where the leadership makes significant investments in the establishment of in-house medical clinics and occupational health programs in order to service employees' health needs and to treat employees who are sick, injured, or have active disease that needs consistent treatment and medication. The role of leadership is to ensure effective operation of the clinic and its programming to meet employees' health needs.

The graphic below reflects this order, and it also indicates that organizations could offer more than one type of wellness program, aggregating programs from the bottom (least involvement) to the top (greatest involvement). Therefore, wellness program types are represented as an *inverted pyramid*. In other words, wellness programs at higher levels could incorporate wellness initiatives at lower levels. For example, organizations implementing Social Community Building programs might also incorporate educational materials from an Education Program.



Figure 1. Degrees of Organizational Involvement and Commitment to Employee Health.

Now, let's turn to the assessment of your organization. Follow the directions in the next section to analyze the Facilitators and Barriers that characterize your organization.

V. ORGANIZATION ASSESSMENT



Assessment Instructions

Using this assessment, you will match your organization to the eight program types by identifying wellness program “Facilitators” and “Barriers.”

Facilitators

Wellness program facilitators are employee or organizational characteristics that support the success of wellness programs.

Step 1. Read each statement and place a check next to those statements that describe your organization currently, or which *could* describe your organization. For example, even if leadership does not currently positively communicate about wellness, you would place a check next to “Leadership communicates positive messages about wellness” if you think Leadership has the capacity to do so in the near future.

Step 2. Once you are finished checking the statements that apply to your organization, check each of the empty boxes to the right of the statement. These boxes correspond with wellness program types that are supported by each facilitator.

Facilitator	Yes, currently do OR Yes, could do	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Employees engage others in social activities like sports teams and interest groups through their own initiative.	✓		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Organizational leadership does NOT discourage employees from participation in wellness activities.	✓	<input checked="" type="checkbox"/>							
Organizational leadership does NOT discourage employees from initiating social activities like sports teams and interest groups with co-workers outside of work.			<input type="checkbox"/>	<input type="checkbox"/>					

Step 3. Add up the number of boxes that are checked (for each column) and indicate the total at the bottom of the assessment where it says “total.”

Facilitator	Yes, currently do OR Yes, could do	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Leadership communicates positive messages about wellness.			<input type="checkbox"/>						
Organization can afford to make financial investments to improve employees’ health and wellness (e.g., ergonomic furniture, sports areas, gym, walking paths).						<input type="checkbox"/>	<input type="checkbox"/>		
Organization can afford to dedicate a person or department to managing employee wellness.			<input type="checkbox"/>						
Leadership has established reasonable work hours.		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	
Employees have organization-sponsored health insurance.		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	
Organization has a healthcare provider that offers wellness programs that employees use.		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	

A. Total	#								
B. Denominator	#	9	33	35	31	34	34	34	31
C. PERCENT SUPPORT (Based on Facilitators) calculate: (Total/Denominator)x100	%								
D. RANK (Using percentages) 1 = highest, 8 = lowest	(1-8)								

Step 4. In each column, calculate the percentage of statements endorsed for a given program type underneath “total” where it is written, “Percent Support” (the percentage can be calculated in each column by dividing the total number of boxes checked in that column by the denominator for that column and multiplying by 100).

Step 5. Using the percentages, rank the program types from “1” (highest percentage) to “8” (lowest percentage) to determine how well each program is supported by the facilitators that are present at your organization.

A. Total	#	3	2	2	3	1	1	3	1
B. Denominator	#	9	33	35	31	34	34	34	31
C. PERCENT SUPPORT (Based on Facilitators) calculate: (Total/Denominator)x100	%	33	6	5	9	2	2	8	3
D. RANK (Using percentages) 1 = highest, 8 = lowest	(1-8)	1	4	5	2	7	7	3	6

Barriers

Wellness program barriers are employee or organizational characteristics that prevent or undermine the success of wellness programs.

Critical Barriers (i.e., “Deal Breakers”)

Here, we list what we consider to be “critical” barriers, which, when present, strongly indicate that a program will not be successful if implemented.

Step 6. Read each statement and place a check next to those statements that describe your organization.

Step 7. Once you are finished checking the statements that apply to your organization, check each of the empty boxes to the right of the statement. These boxes correspond to wellness program types that are blocked by each critical barrier.

Critical Barriers	Yes	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
The organization lacks the financial resources to support wellness programs.	✓						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
There is a lack of ownership of wellness within the organization.				<input type="checkbox"/>					
Long work hours are expected in this organization—no time for it.	✓		<input checked="" type="checkbox"/>						
Employee burnout—no physical or emotional energy to participate).							<input type="checkbox"/>		

E. Best Fit? (Based on Critical Barriers) Yes/No

Step 8. For each program, if any of the barrier statements are checked, it is unlikely that it can be successfully implemented in your organization, given your organization’s current capacities. Therefore, at the bottom of the assessment, where

it reads, “Best Fit,” write a “Yes” if there are no critical barriers checked for a program and a “No” if there is one or more critical barriers checked for a program.

Critical Barriers	Yes	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
The organization lacks the financial resources to support wellness programs.	✓						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
There is a lack of ownership of wellness within the organization.				<input type="checkbox"/>					
Long work hours are expected in this organization—no time for it.	✓		<input checked="" type="checkbox"/>						
Employee burnout—no physical or emotional energy to participate).							<input type="checkbox"/>		

E. Best Fit? (Based on Critical Barriers)

Yes/No

Yes	No	Yes	Yes	Yes	No	Yes	No
-----	----	-----	-----	-----	----	-----	----

Step 9. Now that matches are identified, we suggest that you focus on these programs, which are supported by facilitators and not blocked by critical barriers.

Non-Critical Barriers

There are additional barriers that could hinder the success of wellness programs in your organization; however, these are not necessarily “deal breakers” - meaning that, even if these barriers exist within your organization, you can still have a functional wellness program.

Step 10. As with the previous two checklists, read each statement and place a check next to those statements that describe your organization currently.

Step 11. Once you are finished checking the statements that apply to your organization, check each of the empty boxes to the right of the statement. These boxes correspond to wellness program types that are hindered - but not completely blocked - by each barrier.

Other Barriers	Yes	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Organization has concerns about the costs associated with wellness programs.	✓			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
People in the organization “wear multiple hats” and are spread too thin (no ability to own wellness).	✓		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Leadership does NOT model healthy behaviors and actively encourages unhealthy behaviors (e.g., unhealthy food)						<input type="checkbox"/>	<input type="checkbox"/>		
Employees have difficulty prioritizing how time is spent especially when there are so few hours left outside of work.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Competing demands for one’s time, especially family responsibilities outside of work.	✓	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

With this exercise, you will have identified critical and non-critical barriers that could detract from the success and effectiveness of programs you have discovered as “Best Fit.” Section VII will discuss how to address all of the barriers you have identified within your organization.

Facilitator	Yes, currently do OR Yes, could do	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Employees engage others in social activities like sports teams and interest groups through their own initiative.			<input type="checkbox"/>	<input type="checkbox"/>					
Organizational leadership does NOT discourage employees from participation in wellness activities.		<input type="checkbox"/>							
Organizational leadership does NOT discourage employees from initiating social activities like sports teams and interest groups with co-workers outside of work.			<input type="checkbox"/>	<input type="checkbox"/>					
Employees take health and wellness seriously and perceive a need for taking time for wellness.		<input type="checkbox"/>							
Employees share values and interests with their peers.			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Employees show their support for peers who make positive lifestyle changes.			<input type="checkbox"/>						
Employees can usually find the time to take breaks and lunches to become refreshed.			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Employees are motivated to engage in healthy behaviors outside of work.		<input type="checkbox"/>							
Employees are motivated to engage in healthy behaviors at work.			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
There are employees who want to stop their smoking habit.								<input type="checkbox"/>	<input type="checkbox"/>
There are employees who want to lose weight to be healthier.					<input type="checkbox"/>				
There are employees who perceive a need to lower their alcohol intake.								<input type="checkbox"/>	<input type="checkbox"/>
Employees perceive the need for taking time for wellness.		<input type="checkbox"/>							

Facilitator	Yes, currently do OR Yes, could do	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Employees like the concept of financial incentives tied to healthy behaviors.			<input type="checkbox"/>						
Employees like the concept of non-financial incentives such as public recognition and acknowledgement of healthy goal achievement.				<input type="checkbox"/>					
There is an employee group that is involved in designing wellness programs.			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees want to engage in social activities at work.			<input type="checkbox"/>	<input type="checkbox"/>					
Employees have an effective communication system at work so that they can publicize and organize social activities.			<input type="checkbox"/>	<input type="checkbox"/>					
Employees can take time out from work to engage in healthy behaviors such as taking a walk, exercising, eating healthy food, and participating in social activities.			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
The nature of employees' work does not prevent them from leaving their work to participate in a wellness program for a short period of time.			<input type="checkbox"/>						
Managers support employees who want to leave their work to participate in a wellness program.			<input type="checkbox"/>						
Employees have time outside of work for wellness activities.		<input type="checkbox"/>							
Wellness programs are scheduled at a convenient time and location.			<input type="checkbox"/>						
Wellness activities are affordable for employees.		<input type="checkbox"/>							
The cost of employee participation in a wellness program is subsidized by the organization.			<input type="checkbox"/>						

Facilitator	Yes, currently do OR Yes, could do	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Leadership understands the link between health and work outcomes.			<input type="checkbox"/>						
Leadership supports employee involvement in wellness program design.			<input type="checkbox"/>						
Leadership models healthy behavior.			<input type="checkbox"/>						
Leadership demonstrates concern for employees' health and well-being.			<input type="checkbox"/>						
Leadership is interested in addressing employee health issues such as diabetes, hypertension, cardiovascular disease, and obesity.					<input type="checkbox"/>				
Leadership offers financial rewards for employees who achieve their wellness goals.				<input type="checkbox"/>					
Leadership trusts that employees will take time for their health and get their work done.			<input type="checkbox"/>						
Leadership asks employees what wellness activities they want and need.			<input type="checkbox"/>						
Leadership communicates that work and health have equal priority in the organization.			<input type="checkbox"/>						
Leadership publicly recognizes employees who achieve their wellness goals.			<input type="checkbox"/>						
Leadership encourages employees to take time for their health.			<input type="checkbox"/>						
Leadership uses an organization-wide communication platform to communicate their support of healthy behavior.			<input type="checkbox"/>						

Facilitator	Yes, currently do OR Yes, could do	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Leadership communicates positive messages about wellness.			<input type="checkbox"/>						
Organization can afford to make financial investments to improve employees' health and wellness (e.g., ergonomic furniture, sports areas, gym, walking paths).						<input type="checkbox"/>	<input type="checkbox"/>		
Organization can afford to dedicate a person or department to managing employee wellness.			<input type="checkbox"/>						
Leadership has established reasonable work hours.		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	
Employees have organization-sponsored health insurance.		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	
Organization has a healthcare provider that offers wellness programs that employees use.		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	

A. Total	#								
B. Denominator	#	9	33	35	31	34	34	34	31
C. PERCENT SUPPORT (Based on Facilitators) calculate: (Total/Denominator)x100	%								
D. RANK (Using percentages) 1 = highest, 8 = lowest	(1-8)								

Critical Barriers	Yes	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
The organization lacks the financial resources to support wellness programs.							<input type="checkbox"/>		<input type="checkbox"/>
There is a lack of ownership of wellness within the organization.				<input type="checkbox"/>					
There is a poor method or quality of communicating information to employees.				<input type="checkbox"/>					
Health insurance offerings to support wellness not communicated or not known.					<input type="checkbox"/>			<input type="checkbox"/>	
There is a lack of physical facilities to incorporate wellness programs.						<input type="checkbox"/>			<input type="checkbox"/>
Employees lack organization-sponsored health insurance.					<input type="checkbox"/>			<input type="checkbox"/>	
Employer expresses discomfort dealing with health issues.									<input type="checkbox"/>
There are concerns about a lack of privacy regarding people's health status, especially in a small company.					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Attempts to change employees' personal habits (e.g., smoking, drinking, eating) are perceived as invasive.								<input type="checkbox"/>	<input type="checkbox"/>
There is a lack of consistent support for employee health and well-being across organization leaders.									<input type="checkbox"/>
Leadership fails to actively encourage employees to engage in wellness programs.								<input type="checkbox"/>	<input type="checkbox"/>
Cynicism about the value of wellness programs.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception that wellness is the employee's responsibility.						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The employee population is already healthy.								<input type="checkbox"/>	
Organization can do only so much for employees.				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Employees are satisfied with the status quo—no need for a wellness intervention.						<input type="checkbox"/>	<input type="checkbox"/>		

Critical Barriers	Yes	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Employees don't find wellness activities appealing or enjoyable				<input type="checkbox"/>					
Nature of the work prevents time out to participate in wellness programs.						<input type="checkbox"/>	<input type="checkbox"/>		
Long work hours are expected in this organization—no time for it.			<input type="checkbox"/>						
Employee burnout—no physical or emotional energy to participate).							<input type="checkbox"/>		

E. Best Fit? (Based on Critical Barriers)

Yes/No

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Other Barriers	Yes	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Organization has concerns about the costs associated with wellness programs.				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
People in the organization “wear multiple hats” and are spread too thin (no ability to own wellness).			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership does NOT model healthy behaviors and actively encourages unhealthy behaviors (e.g., unhealthy food)						<input type="checkbox"/>	<input type="checkbox"/>		
Bureaucracy or logistical issues prevent or discourage activities from being scheduled or communicated in a timely manner.				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
There is no formal system for requesting wellness programs or activities.				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Other Barriers	Yes	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Leadership chooses wellness programs based on their own personal needs.				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Leadership does not solicit feedback or input from employees regarding wellness programs or activities.				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
The concept of wellness is new to organizational leaders and not yet accepted.				<input type="checkbox"/>					
Concerns about employee abusing time off to participate in wellness programs.			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Work and wellness are two separate things, they are not connected.				<input type="checkbox"/>					
Employees have to prove themselves first before they can participate in wellness.				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Belief that a program would need to be on a regular basis or not at all, fear of long-term commitment (don't want to retract).				<input type="checkbox"/>					
Distrust in the motive behind management-initiated wellness programs.				<input type="checkbox"/>					
Wellness programs are inconvenient and interfere with work.			<input type="checkbox"/>						
Employees' basic needs aren't met (safety, eating, sleeping) so wellness programs seem like a luxury or not high enough on the priority list.		<input type="checkbox"/>							
Employees don't expect much from their employer because they are a small company.					<input type="checkbox"/>				
Lack of understanding about the connection between wellness and organizational outcomes (productivity, absenteeism, presenteeism, turnover).			<input type="checkbox"/>						
Perception that some wellness programs are unsuccessful because participation is low.				<input type="checkbox"/>					

Other Barriers	Yes	E	SCB-E	SCB-O	PCP-L	HHD-L	HHD-E	PCP-E	DMP
Lack of knowledge of the wellness resources available through health insurance vendors as part of health insurance benefits.					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Lack of experience implementing a wellness program so don't know where to start.				<input type="checkbox"/>					
Lack of knowledge of what employees want and need.				<input type="checkbox"/>					
Employees have no mechanism for internal communication			<input type="checkbox"/>	<input type="checkbox"/>					
Employees have difficulty prioritizing how time is spent especially when there are so few hours left outside of work.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Competing demands for one's time, especially family responsibilities outside of work.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			

VI. BUILDING A SUCCESSFUL WELLNESS PROGRAM

In the previous section, you identified the type or types of wellness programs that “Best Fit” your organization’s opportunities (Facilitators) and constraints (Barriers). The type or types of programs that do not have “critical barriers” identified are considered a “fit.” Types of programs where you have determined that critical barriers exist for those programs would **NOT** be considered a “fit.”

Which type(s) fit your organization? **List** them below in the order of **highest rank**:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

In the assessment, highlight any statements that you thought *could - but do not currently - describe your organization* that you need to work on in the near future to facilitate the success of the wellness program. How can you change your organization (employees or the leadership) so that you have the most positive organizational conditions to launch the wellness program successfully? Suggestions for steps to take to create more facilitators are provided on the next page.

VII. STRATEGIES FOR ENHANCING FACILITATORS AND OVERCOMING BARRIERS

Understanding Wellness Program Participation

Based on information collected across multiple scientific and best practice sources, it is clear that participation is highest when employees want to improve their health, the wellness program meets employees' needs, engagement in the program is convenient and does not result in negative consequences, there is peer and manager support for participation, leadership is supportive of a healthy culture, and results of the wellness program are personally rewarding. Although the elements for building strong participation seem straightforward and easy to comprehend, they appear to be difficult to execute. That is our challenge.



The barriers to employee participation are many. Leadership attitudes toward wellness programs are probably the most difficult to overcome because without significant intervention, they are resistant to change. Leadership support for employee wellness appears to be one of the most critical factors in wellness program effectiveness and in the encouragement of employee participation in those programs. Without leadership's support, many aspects of the work and work environment are likely to work against employees having the time and opportunity to improve their health.

Other significant Barriers for small and medium organizations are a lack of knowledge about wellness programs, employee fear and self-consciousness about their health status, concerns about confidentiality, insufficient personnel available to “own” a wellness initiative, competing demands for employees’ time outside of work, lack of energy to participate in wellness programs due to burnout, a lack of financial resources to pay for wellness initiatives, and a lack of organizational infrastructure to adequately launch and manage wellness initiatives, especially with respect to a reliable system for intra-organizational communications.

Another significant Barrier is employee motivation to engage in a wellness program. Depending on the age of employees, participation may be low because employees may believe they are healthy already and do not need a wellness program. Employees may also believe that whatever is offered is not interesting or enjoyable, and therefore not worth their time. Confidentiality and trust also enter into the picture and have the effect of discouraging participation. Being targeted as a high-risk employee also has negative connotations and discourages participation. Lastly, employees fear repercussions from managers if they participate instead of doing their work.

The question is, how can we move forward with such daunting Barriers? The answer seems to be to enhance the Facilitators of and remove the Barriers to employee participation by matching organizational characteristics to wellness programs that are compatible with the organization’s opportunities and constraints.

Strategy for Making Wellness Programs Easier to Implement in Small and medium Organizations

The basic premise of our strategy is to make it easier for small and medium organizations to implement a wellness program successfully by developing a method for matching an organization’s opportunities and constraints with the requirements and characteristics of wellness programs. We can achieve matches by giving organizations a way to evaluate their current Facilitators and Barriers affecting adoption of a wellness programs and employee engagement. The Assessment Tool allows this assessment of Facilitators and Barriers.

We identified Facilitators and Barriers associated with each wellness program type in order to construct a set of requirements associated with each type. We determined the degree of “fit” between an organization and a wellness program

type by comparing the Facilitators and Barriers identified in the organizational assessment with those in the wellness program requirements. A good fit is achieved when the organization has all the Facilitators needed and does not have Critical Barriers that prevent a wellness program from operating effectively. Depending on the Facilitators and Barriers identified in an organization's assessment, more than one type of wellness program may prove to be a good fit.

The exercise you just completed led you to the types of wellness programs that “fit” your organization. To increase the number or types of wellness programs that would fit your organization, you can take actions that would enhance your organization's Facilitators and that would help you overcome the Barriers. Guidance for how this might be done is provided below.

Enhancing Organizational Facilitators

We compiled Facilitators of wellness programs and employee participation stated in the research literature, from a series of focus group investigations in which we collected detailed information about Facilitators and Barriers in small and medium organizations, and from an analysis of employer and employee responses in a Harris Poll conducted in July and August 2017. A comprehensive list of Facilitators are provided below. The Facilitators are divided into seven different groups. Recommendations for enhancing Facilitators follow each set.

Employee Motivation

- Individuals are motivated to engage in healthy behaviors at work.
- Employee efforts to engage in healthy behaviors at work are not discouraged by leadership.
- There are employees who want to stop their smoking habit.
- There are employees who want to lose weight to be healthier.
- There are employees who perceive a need to lower their alcohol intake.
- Employees perceive the need for taking time for wellness.
- Employees like the concept of financial incentives tied to healthy behaviors.
- Employees like the concept of non-financial incentives such as public recognition and acknowledgement of healthy goal achievement.
- There is an employee group that is involved in designing wellness programs.

Motivation can be enhanced by understanding the “WIFM” (“What’s In It for Me?”) for employees in each of the Assessment Tool statements and then tying the wellness program type specifically to the WIFM. If the WIFM is mainly a value

such as wanting to improve one's health, efforts could be made to elaborate on how the wellness program will result in feeling good about doing something positive for oneself. If the WIFM is mainly extrinsic such as a financial reward for achieving specific behavioral targets, then the wellness program needs to be designed so that target behavior achievement is clear, verified, and publicly transparent, and rewards are significant and delivered as close to the time of the target achievement as possible. If the WIFM is feeling important because of being involved in the design of the wellness program, then the employee involvement process needs to be high integrity, fair in the selection of employees involved, meaningful to the participants in the design process, and perceived to generate results that are appropriate.

Employee Social Interest

- There are shared values and interests among peers.
- Employees want to engage in social activities at work.
- Employees have an effective communication system at work so that they can publicize and organize social activities.

Employee interest in social activities can be enhanced by ensuring that engagement in such activities are voluntary and are sufficiently enjoyable for employees to anticipate feeling good about participating. Social activities should be created that appeal to a wide variety of cultures and personal tastes to avoid appearing as if it is serving one constituency. Making social encounters safe and confidential if needed may encourage more employees to attend. A communication system within the organization which is used by all employees and which functions as a conduit through which employees of similar interests can be found would facilitate efforts to make social connections.

Employee Work Hours

- Employees can take time out from work to engage in healthy behaviors such as taking a walk, exercising, eating healthy food, and participating in social activities.
- The nature of employees' work does not prevent them from leaving their work to participate in a wellness program for a short period.
- Managers support employees who want to leave their work to participate in a wellness program.
- Employees have reasonable work hours.

- Wellness programs are scheduled at a convenient time and location.

Permission to leave work to engage in wellness programs is key to this Facilitator. Messaging from leadership and especially managers supervising employees is necessary to make clear that employees have this permission. If the nature of the work makes it difficult for an employee to disengage from his workstation, then efforts should be made to create a system of either pausing operations for the duration of the wellness program, replacing employees by others temporarily to enable participation in the wellness program, or scheduling the wellness program when the wellness program will not interfere with such duties.

Employee Cost

- Wellness programs are affordable for employees.
- The cost of employee participation in a wellness program is subsidized by the organization.

The cost for employee participation should be low enough not to be a Barrier to engagement. Ideally, the organization would bear the complete cost of participation in the wellness program. Attaching a penalty to employees who do not participate as well as imposing some cost however small on the employee to make sure the employee has “skin in the game” would be a mistake. This is because it creates a perceived Barrier to participation, which could be used by the employee as an excuse for not participating. Non-participation in programs completely subsidized can be dealt with in other, positive ways.

Leadership Support

- Leadership understands the link between health and work outcomes.
- Leadership supports employee involvement in wellness program design.
- Leadership models healthy behavior.
- Leadership demonstrates concern for employees’ health and well-being.
- Leadership is interested in addressing employee health issues such as diabetes, hypertension, cardiovascular disease, and obesity.
- Leadership offers financial rewards for employees who achieve their wellness goals.
- Leadership trusts that employees will take time for their health and get their work done.

Leadership support is critical for encouraging employee engagement in all healthy behaviors. Trust is established through consistency in messaging, modeling and decision-making by the leadership. Employees need to know that leadership understands the link between health and work outcomes, and the best way to know is to observe demonstrations of it and to hear it from the leadership themselves.

Leadership Communications

- Leadership asks employees what wellness activities they want and need.
- Leadership communicates that work and health have equal priority in the organization.
- Leadership publicly recognizes employees who achieve their wellness goals.
- Leadership encourages employees to take time for their health.
- Leadership uses an organization-wide communication platform to communicate their support of healthy behavior.
- Leadership communicates positive messages about wellness.

Leadership communications are critical for reinforcing employee health improvement. Their public recognition of employee health achievements and invitations to employees to take advantage of the opportunities provided to them to promote their health are especially important for employees to understand leadership's commitment. The communication platform needs to be easy to use and universally available to all employees, especially those who work in the field away from the workplace. Communications are the glue that bind leadership and employees together in their unified effort to promote health at work.

Organization's Financial Status

- Organization can afford to make financial investments to improve employees' health and wellness (e.g., ergonomic furniture, sports areas, gym, walking paths).
- Organization can afford to dedicate a person or department to managing employee wellness.
- Leadership has established reasonable work hours.
- Employees have organization-sponsored health insurance.
- Organization has a healthcare provider that offers wellness programs that employees use.

Having the financial resources to implement robust wellness programs is helpful in engaging employees in these programs. Being able to extend to employees healthcare insurance at a reasonable price opens up multiple opportunities for employees to receive preventative care as well as to protect them from catastrophic medical expenses. Being able to afford to hire or designate an organizational leader (e.g., HR) to take on employee wellness initiatives will greatly increase opportunities for employees to engage in these activities. Not only are financial resources needed, but operating profit at a level where the leadership can establish norms for work hours will give employees time outside of work to engage in wellness activities. These Facilitators can be enhanced when leadership carefully evaluates what they can afford in resources in order to achieve better work outcomes, and then makes the necessary investments.

Overcoming Organizational Barriers

We also compiled Barriers to wellness programs and employee participation stated in the literature, focus groups and in the Harris Poll Survey into a comprehensive list provided below. The Barriers are divided into nine different groups. Recommendations for overcoming Barriers follow each set.

Hours of Work

- Wellness programs are inconvenient and interfere with work.
- Nature of the work prevents time out to participate in wellness programs.
- Long work hours are expected in this organization—no time for it.
- Employees have difficulty prioritizing how time is spent especially when there are so few hours left outside of work.

How many hours employees work and the nature of their work prove to be significant Barriers to employee participation in wellness programs. Sometimes the need to work long hours and for employees to be immediately responsive to customer demand is a *perception* rather than reality. Perceptions are formed often out of a fear of being perceived as a low performer and being potentially at risk of termination. Perceptions are also based on social norms that form within a competitive work culture where working more is valued more than working smarter. If it is a perception, then leadership has a role in communicating to employees the importance of dedicating time to their personal health and well-being and attempt to limit the amount of time employees spend at work or how much time they spend at their workstation. If the long work hours and tethering employees to

their workstations is a reality, then leadership can take actions that lower the number of hours any single employee has to spend at work or at the workstation. This would require “relief” employees who can cover for employees for short periods so they can participate in wellness activities, or hiring more staff to lower the overall workload. The benefit of hiring more employees is that each employee would be more productive and thus, generate more positive organizational outcomes (e.g., higher revenue, lower absenteeism, lower turnover) when they are more able to be productive and have fewer work-related health problems.¹

Motivation to Participate

- Competing demands for one’s time, especially family responsibilities outside of work.
- Employees’ basic needs are not met (safety, eating, sleeping) so wellness programs seem like a luxury or not high enough on the priority list.
- Employee burnout—no physical or emotional energy to participate).
- Employees do not expect much from their employer because they are a small company.

This Barrier typically is the result of employees not having reserves in their lives to allow for the “luxury” of attending to their health. This could occur as a function of a number of factors including work overload, unrealistic performance expectations, extreme anxiety due to poor leadership and poor working conditions, significant commitments outside of work, and so forth. If these factors are present, it is difficult for employees to believe they have time to spend on themselves. Overcoming this problem will not be easy. Leaders who recognize this Barrier in their employees (when the leaders are not the cause) can talk to employees about their workstyles and work expectations. Re-setting expectations of reasonable work performance and giving employees permission to take time for themselves to take care of their personal needs may help to remove this Barrier. Referring employees who are truly suffering in the workplace because of overwork, burnout and excessive responsibilities to organization-provided counseling or healthcare professionals would help to remove this Barrier. If the leadership can identify structural aspects of the work such as job design, staffing, or poor management, then this may relieve the conditions that create this sense of helplessness,

¹ Kaplan, S.A., Deshon, R.P., & Tetrick, L.E. (2017). *The bigger picture of employee well being* [White paper]. October 4, 2017, from: http://www.siop.org/SIOP-SHRM/2017_02_SHRM-SIOP_Employee_Well-being.pdf.

employees may be helped to the point of having more “breathing room” for their own care.

Lack of Knowledge

- Lack of understanding about the connection between wellness and organizational outcomes (productivity, absenteeism, presenteeism, turnover).
- Perception that some wellness programs are unsuccessful because participation is low.
- Lack of knowledge of the wellness resources available through health insurance vendors as part of health insurance benefits.
- Lack of experience implementing a wellness program so they do not know where to start.
- Lack of knowledge of what employees want and need.

This Barrier can be remedied by the transmission of knowledge that is lacking in leadership. As simple as that may seem, this remedy may be the simplest of all of the remedies mentioned in this report. However, getting the appropriate information to leadership in a manner that is persuasive and compelling is another endeavor. This report combined with the Employer Guide may go part of the way towards informing leaders about the organizational benefits associated with well design and expertly executed wellness initiatives. The rest has to be focused on what information the leaders collect for themselves. For example, understanding that employees need to have healthy working conditions and opportunities for them to protect and promote their health is foundational. What to offer employees has to come from the employees themselves in order for the response to be focused in exactly the places where needed and no more. This can be done through employee interviews, surveys, or focus groups. The results of this data gathering can inform the design of future wellness programs. Fundamentally, leaders need an avenue through which they can get the information they need and act on it in a manner consistent with their organizational philosophy and within their constraints.

Cost Concerns

- Organization has concerns about the costs associated with wellness programs.
- The organization lacks the financial resources to support wellness programs.

This Barrier is problematic whenever wellness programs require a substantial financial investment. The perception is that almost all wellness programs cost a lot. However, several types of wellness programs do not cost anything. Employee-initiated social activities that take place during breaks and before/after work help to build social connections which benefit employee health either through physical activity or through positive emotions that emerge during the activity. In addition, educational programs designed to instruct people on how to promote one's health can be delivered on site or located off site and made available to employees at their leisure. Company-sponsored social activities at work may also be an option that is low cost. All three types of wellness programs require very little if any investment. An organization that does not have financial resources can take advantage of free programs available to the public.

Roles & Responsibilities

- Lack of ownership of wellness within the organization.
- People within the organization “wear multiple hats” and are spread too thin (no ability to own wellness).
- Leadership doesn't model healthy behaviors and actively encourages unhealthy behaviors (unhealthy food).

This Barrier reflects the need for one or more organizational members to take on wellness as an organizational priority. When responsibility for employee wellness is not assigned to an organizational leader, then it is very difficult to improve the health of employees in a consistent manner. If this is not on anyone's “plate,” then it falls to the bottom of everyone's plate. The best remedy is to put this responsibility on someone's plate and protect that responsibility from being corrupted by other priorities so that there is consistency in the organization's approach and employees perceive that progress is being made.

Physical/Structural Impediments

- Poor method or quality of communicating information to employees.
- Insurance offerings to support wellness not communicated or not known.
- Bureaucracy or logistical issues prevent or discourage activities from being scheduled or communicated in a timely manner.
- No formal system for requesting wellness programs or activities.
- Lack of physical facilities to incorporate wellness programs.
- Lack of employee health insurance.

Several structural elements of the organization can impede dissemination of important information to employees regarding wellness programs and for obtaining feedback from employees on their needs and participation. Other structural elements involve the physical plant. A lack of space for walking, exercising, holding wellness activities, and eating can make healthy behavior considerably less likely. A lack of health insurance also removes an opportunity for employees to take advantage of health benefits offered by the insurer. Remedies for these Barriers may be to identify public spaces nearby where organized wellness activities can take place or moving items within the workspace to make space for these activities. Retaining a healthcare provider if affordable would be preferred.

Privacy/Liability Concerns

- Employee discomfort dealing with health issues.
- Lack of privacy of health status, especially in small company.
- Perceived invasiveness of attempts to change personal habits (e.g., smoking, drinking, eating).

Privacy regarding one's health is a reasonable concern. Consulting healthcare professionals who are used to dealing with such issues may provide avenues that are easy to implement in the organization for the protection of employee health status and personal health information. This concern has been dealt with in many contexts, and finding the appropriate expert to guide the organization's treatment of employee health concerns is a reasonable course of action. The net result of such action is a communication to employees regarding how their confidential information will be protected and kept confidential so that they do not need to worry about the organization having that information or acting on it. The more challenging issue to remedy is employees' resistance to changing their personal habits such as smoking and drinking. This issue can be dealt with by healthcare professionals as part of the benefits offered through the health insurer.

Leadership Support

- Lack of consistent support across organizational leaders.
- Failure to actively encourage employees to engage in wellness programs.
- Leadership bases program on their own personal needs.
- No feedback or input asked for from employees on wellness programs or activities.
- Concept of wellness is new to organizational leaders and not yet accepted.

This Barrier occurs when there is little agreement among the organizational leaders regarding their role in promoting employee health and well-being. The leadership needs to reach consensus on what their role will be going forward, and once this is decided, then responsibilities associated with this role should be integrated into each leader's performance expectations and performance evaluation criteria in order to bring this role to a level of equal importance as other performance criteria. If this is not done, then it is unlikely that leaders will take the time to fulfill this responsibility given other priorities. Building employee health and well-being into leadership's responsibilities and holding them accountable in a tangible manner will be a solution to inconsistent messaging, lack of support demonstrated, and contradictory actions.

Leadership Attitudes

- Concerns about employee abusing time off to participate in wellness programs.
- Cynicism about the value of wellness programs.
- Perception that wellness is the employee's responsibility.
- Employ younger, more fit workers so no need to deal with wellness issues.
- Organization can do only so much for employees.
- Work and wellness are two separate things--they are not connected.
- Employees have to prove themselves first before they can participate in wellness.
- Employees are satisfied with the status quo—no need for a wellness intervention.
- Wellness programs are not interesting or enjoyable.
- Belief that a program would need to be on a regular basis or not at all, fear of long-term commitment (do not want to retract).
- Distrust in the motive behind management-initiated wellness programs.

Leadership attitudes can be “deal-breakers.” Because they are opinions and attitudes, they are personal and often resistant to facts, observation, and rationality. Cynicism and beliefs that wellness programs have no place in the workplace are very difficult to counter because they are just that—beliefs. If these attitudes and beliefs cannot be addressed through knowledge, then the science of attitude change directs us to create situations where leaders can experience it first-hand. That is, acting in a manner consistent with a new attitude (e.g., healthy behaviors do promote better health and greater productivity at work) will lead

people to changing their attitude. For example, challenging the leaders to engage in a wellness program such as physical exercise for a required period and then measuring the results may demonstrate the value of such programs and thus, change their understanding of wellness programs. Once they are more vulnerable to health-related information, there can be a concerted effort to bring forth the most compelling evidence that employee wellness translates into better business performance. However, if leadership is not even open to experiencing a wellness program, then it is a deal-breaker. The alternative is encouraging employees to pursue wellness activities on their own, without leadership support.

Enhancing Personal Motivation to Participate in Wellness Programs

Employee motivation to participate in wellness programs can be enhanced by spending the time to identify the “WIFMs” that might exist within the employee population. It may be financial rewards, or employee recognition, or simply the enjoyment of establishing new social relationships at work. Whatever the “WIFM” is, the wellness program needs to be structured in a way to deliver it--consistently. A critical component of employee motivation is their understanding of what they will get by participating in the wellness program and being convinced that they would actually receive it. Therefore, the structuring of the program, the messaging that goes along with its implementation, the rollout of the program, and the feedback that is collected from employees during the course of the program must be carefully orchestrated and executed well. To the extent any of those pieces fails, the motivation to participate may be compromised.

Enhancing Leadership Support for Employee Participation in Wellness Programs

Leadership plays a critical role in the successful implementation of all wellness programs whether they are employee-initiated or sponsored by the organization. The leadership communicates to employees what they consider important, and if employee health and well-being is not at the top of the list, employees will be reluctant to spend their time on anything that the leadership does not regard as important. What leadership considers important will filter down to managers, and managers will behave in a manner consistent with leadership. Managers are often the gatekeepers for how and when employees participate in wellness programs. A manager who is not on board with wellness initiatives can undo what the organization has committed to doing. Therefore, managers must be

held accountable for executing the initiatives set by leadership regardless of their personal preferences or beliefs. When the leadership and managers are in alignment, employees will find it easier to take the time to engage in wellness programs and benefit from the intended purpose of the program. This is the desired outcome of a well-informed, progressive organization that believes that work and health are not separate issues and that they are, in fact, connected.

VIII. EXTERNAL RESOURCES IDENTIFIED TO SUPPLEMENT INTERNAL RESOURCES

In addition to the Employer Guide for identifying “Best Fit” wellness programs, we compiled additional resources from credible health and wellness resources, and included assessments, toolkits, planning guides, educational articles, wellness technology, and webinars, among other sources to supplement what information employers may have internally. These resources are in the table below.

Resource	Link	Description
Physical Activity		
World Health Organization: Global Recommendations on Physical Activity for Health	http://apps.who.int/iris/bitstream/10665/44399/1/9789241599979_eng.pdf	Package of recommendations and resources for different amount of physical exercises necessary and suitable for people in specific age groups
Centers for Disease Control and Prevention and Prevention: Physical Activity, Employer Guide	http://www.workhealthresearchnetwork.org/wp-content/uploads/2016/05/CDC-WHRN-Physical-Activity_Employer-Guide-FINAL.pdf	A guide for employers to increase physical activity in the workplace
Centers for Disease Control and Prevention: Walking Campaign Tools	https://www.cdc.gov/workplacehealthpromotion/tools-resources/walking-campaign-tools/	Webpage with promotional materials to promote more walking
Centers for Disease Control and Prevention: Physical Activity Social Media Tools**	https://www.cdc.gov/physicalactivity/resources/socialmedia.html	Series of online collateral to be utilized on social media to promote physical activity
American Heart Association Workplace Walking Program Kit**	http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/EmployeeResources/The-American-Heart-Associations-Workplace-Walking-Program-Kit_UCM_460433_Article.jsp#.WcVhK0y-I1h	Toolkit with wellness promotion materials, implementation guide, and tracking charts for companies to encourage employees to step away from their desks
Wisconsin Department of Health Services	https://www.dhs.wisconsin.gov/physical-activity/worksites/onlinepaccampaigns.pdf	Document comparing key features and costs of various online nutrition and physical activity campaigns
Employee Physical Activity Survey**	http://edb.sonoma-county.org/documents/wellness/Empl	Survey to assess the level of physical activity conducted at work for each employee

Resource	Link	Description
	oyee-Survey-of-Physical-Activity-at-Work.pdf	
Feet First: Walking Meeting Guide**	http://www.feetfirst.org/walk-and-maps/walking-meetings	Guide and suggested best practices for organizing walking meetings
American Public Health Association: Promoting Active Transportation**	http://www.saferoutespartnership.org/sites/default/files/pdf/The_Final_Active_Primer.pdf	Guide including communication strategies and successful cases in promoting active transportation such as walking/ biking to work
Oregon Healthy Worksites Flex Time/ Physical Activity Policies**	http://www.oregon.gov/oha/ph/PreventionWellness/HealthyCommunities/HealthyWorksites/Documents/flexitimeexample.pdf	Flex time/ physical activity policy implemented by Oregon Public Health Division's Healthy Worksites Initiative
Health Innovation Council Engagement & Satisfaction Survey**	http://www.healthinnovationcouncil.org/wp-content/uploads/2015/04/Physical-Activity-Challenge-Engagement-Satisfaction-Survey.pdf	Example of an engagement and satisfaction survey, specifically focused on a physical activity program
Office of Health Promotion and Disease Prevention: Physical Activity Guidelines for American	https://health.gov/paguidelines/guidelines/default.aspx	Downloadable science-based guidance to help Americans ages 6+ to improve their health through physical activity
Centers for Disease Control and Prevention: How Much Physical Activity do Adults Need?	https://www.cdc.gov/physicalactivity/basics/adults/index.htm	Fact sheet page with information on amount of physical activity needed for each age group
American College of Sports Medicine: Preventing Posture Related Problems in the Workplace	https://www.acsm.org/docs/default-source/fit-society-page/acsm-fsp-17-1.pdf?sfvrsn=0	Document with multiple suggestions on how to incorporate exercises and avoid being sedentary
American Diabetes Association: Start a Walking Club	http://www.diabetes.org/in-my-community/wellness-lives-here/stop-d-at-work/physical-activity.html	Webpage with tools such as implementation guides, posters, training plans, etc. for starting a walking club
ACE Fitness	https://www.acefitness.org/about-ace/	Website of non-profit organization that aims to get people to move more
Workoutzone	http://www.workoutzone.net/index.php	Online platform that allows users to enter exercise entries to track workouts

Nutrition and Weight Management

Resource	Link	Description
Transamerica Center for Health Studies: Healthier Traditions Cookbooks	https://www.transamericacenterforhealthstudies.org/health-	Three free cook books (American Classics, Traditional Mexican, and Soul Food) that allow users to make simple ingredient substitutions for healthier eating.
MyFitnessPal	https://www.myfitnesspal.com	Calorie counting app for users to track meal intake and access database with 5 million+ types of food
Xiaomi Mi Band	https://www.wareable.com/xiaomi/xiaomi-mi-band-2-review	Fitness tracker with basic functionalities (steps and heart rate tracking, push notifications, inactivity alerts) Cost: \$20-\$30
Misfit	https://www.wareable.com/misfit/misfit-flash-review	Fitness tracker with basic functionalities (activity and sleep tracking, push notifications, connect to app) Cost: ~\$20
U.S. Department of Agriculture: Choosemyplate	https://www.choosemyplate.gov/	Series of nutrition-related resources catered towards specific age groups and online tools such as tip sheets, budgeting, and quizzes
U.S. Department of Agriculture: Choosemyplate Tip Sheet	https://www.choosemyplate.gov/myplate-tip-sheets	Recipes, cookbooks, tip sheets, and videos about eating healthy on a budget
American Heart Association: Mylife health check	https://mlc.heart.org/#/	Assessment and improvement tool that provides recommendations for users to make improvements and track progress
American Heart Association: Healthy Food and Beverage Toolkit**	http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/EmployeeResources/Healthy-Workplace-Food-and-Beverage-Toolkit_UCM_465195_Article.jsp#.WcVggEy-I1h	Toolkit with actual steps and suggestions to help organizations improve their food environment and promote healthy eating
Community Guide: Obesity Prevention**	https://www.thecommunityguide.org/findings/obesity-worksite-programs	Webpage with scientifically-backed recommendations and implementation strategies for nutrition programs combating obesity

Resource	Link	Description
Philadelphia Department of Public Health: Healthy Vending Executive Summary**	http://www.phila.gov/health/pdfs/Healthy%20Vending_Executive%20Summary.pdf	Philadelphia Department of Health's snack vending standards, with sample criteria for what healthy options to include and how to position the healthy options to make them more attractive
Alabama Public Health Vending Machines Program**	http://www.alabamapublichealth.gov/npa/vending-machines.html	Webpage with information and resources about Alabama's Healthy Vending Machine Program
Alameda County Public Health Department: Water Promotion Toolkit**	http://www.healthylivingforlife.org/web-assets/pdfs/water-promo/Tap%20into%20Health%20Water%20Promotion%20Toolkit/Water%20Promotion%20Toolkit.pdf	Toolkit containing marketing materials and information on fill stations/ water bottles to promote tap water drinking at schools, which can be applied to the workplace
Drink Water instead of Sugary Drinks**	http://theweightofthenation.hbo.com/take-action/action/drink-water-instead-of-sugary-drinks	Fact sheet and video about impact of replacing sugary drinks with water
Harvard School of Public Health: The Nutrition Source**	https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/	Fact sheet on healthy drinks and promotion of drinking water instead of sugary drinks
Rhode Island: Healthy Workplace Event Information for Food Vendors**	http://www.health.ri.gov/work/for/eventfoodvendors/	Rhode Island Department of Health's guidelines on what constitutes healthy foods at workplace events, and sample policies for caterers and vendors to follow
American Cancer Society: Meeting Well**	http://www.acsworkplacesolutions.com/meetingwell.asp	American Cancer Society's tool for planning healthy meetings and events, including healthy replacements for common foods and a healthy meeting checklist
Baylor College of Medicine: Adult Energy Needs and BMI Calculator**	https://www.bcm.edu/cnrc-apps/caloriesneed.cfm	Baylor College of Medicine's online adult energy needs and BMI calculator, can be used to estimate calories needed
U.S. Department of Agriculture and U.S. Department of Human Services: Dietary Guidelines for Americans (2010)	https://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf	Provides recommendations for balancing food components and increasing nutrients in meals

Resource	Link	Description
King County Nutrition and Health	http://www.kingcounty.gov/depts/health/nutrition.aspx	Series of programs and resources offered by King County promoting nutrition and healthy eating
Cancer.org: Eat Healthy	https://www.cancer.org/healthy/eat-healthy-get-active/eat-healthy.html	Website with series of articles, recipes, research to support healthy eating
Cancer.org: Take Control of Your Weight	https://www.cancer.org/healthy/eat-healthy-get-active/take-control-your-weight.html	Website with series of articles, recipes, research to support weight management
Fat intake screener	http://www.nutritionquest.com/wellness/free-assessment-tools-for-individuals/fat-intake-screener/	Questionnaire to assess user's fat intake based on self-reported eating habits
Calorie King	http://www.calorieking.com/	Online diary that helps calculate appropriate target based on goals to help users control weight
Tobacco Cessation		
Professional Assisted Cessation Therapy: Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem	http://www.tcyh.org/employers/downloads/employersguide-2nd-edition.pdf	A guideline on treatments for tobacco dependence and promotions on smoking cessation
Centers for Disease Control and Prevention: Smoking and Tobacco Use: Multimedia & Tools	https://www.cdc.gov/tobacco/multimedia/index.htm	Multimedia resources and tools related to tobacco use
Centers for Disease Control and Prevention: Best Practices for Tobacco Control Programs 2014**	https://www.cdc.gov/tobacco/stateandcommunity/best_practices/	Webpage with documents about best practices for comprehensive tobacco control programs, with sections on communication campaigns, cessation programs, and evaluation
American Heart Association: Tobacco Control in the Workplace	http://playbook.heart.org/wp-content/uploads/2015/09/Tobacco-Policy-Summary-FINAL.pdf	Document with strategy guidelines and case studies of tobacco control in the workplace
American Cancer Society: Tobacco Policy Planner**	http://www.acsworkplacesolutions.com/tobaccopolicyplanner.asp	Assessment of a company's workplace programs, policies, and benefits related to tobacco cessation with a report and customized plan of action provided by ACS

Resource	Link	Description
American Cancer Society: Freshstart**	http://www.acsworkplacesolutions.com/freshstart.asp	Group-based tobacco cessation support program for the workplace, requires a representative to complete facilitator training before accessing the program materials
American Cancer Society: Tobacco Use in the Workplace: A Model Policy**	https://www.cancer.org/healthy/stay-away-from-tobacco/smoke-free-communities/create-smoke-free-workplace/smoking-in-the-workplace-a-model-policy.html	A model tobacco use in the workplace policy from the American Cancer Society
American Lung Association: Building your Employee Wellness Program**	http://www.lung.org/support-and-community/corporate-wellness/build-employee-wellness-program.html	Website with resources such as business cases for employers to create a lung-friendly worksite and cessation program
American Lung Association: I Want to Quit Smoking**	http://www.lung.org/stop-smoking/i-want-to-quit/	Website with links to online resources, emails, and quit lines, as well as a tool to find programs in select cities for tobacco cessation
American Lung Association: Freedom From Smoking**	http://freedomfromsmoking.org/	Program that provides live/community support, educational modules, and strategies for participants to quit smoking
Partnership For a Tobacco-Free Maine: How to Create a Workplace Policy**	http://www.tobaccofreemaine.org/channels/workplaces/how_to_create_a_workplace_policy.php	Formulation plan that includes steps to creating and enforcing a tobacco policy
Johns Hopkins Bloomberg School of Public Health: Tobacco Free Resources**	https://www.jhsph.edu/about/school-wide-initiatives/tobacco-free-initiative/resources.html	List of in person, online, and phone-based resources for help quitting tobacco that links to a variety of programs
U.S. Department of Health and Human Services: Smokefree**	https://smokefree.gov/	U.S. Department of Health and Human Services' tobacco cessation website, with quitting apps, text messages, plans, and other resources
Missouri Department of Health and Senior Services: Employer Toolkit for Tobacco Cessation	http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/EmployersToolkit.pdf	Toolkit for smoke-free workplaces and tobacco cessation assistance
Stress Management		

Resource	Link	Description
"Mind on the Job" Podcast: <i>Burnout & Wellbeing at work: How do we manage them?</i>	https://soundcloud.com/user-899079056/burnout-wellbeing-at-work-how	Podcast by I/O psychologist Dr. Ben Shearl on what companies can do to limit worker burnout
NPR's Planet Money: Burnout	http://www.npr.org/sections/money/2016/12/07/504734219/episode-740-burnout	Article on one employer's journey to fixing worker burnout at the workplace
NPR: Around the Nation: <i>One Small Company Finds a Solution to Employee Burnout</i>	http://www.npr.org/2016/12/09/504930214/one-small-company-finds-a-solution-to-employee-burnout	The story of how a small company worked to decrease work stress and employee burnout
Microbreaks (google extension)	https://chrome.google.com/webstore/detail/micro-breaks/fofomifmemjbnomlpjdnengifddljcbe?hl=en	Google extension that sets up reminders for workers to take breaks after working for a certain period of time
University of California Los Angeles, Mindful Awareness Research Center	http://marc.ucla.edu/mindful-meditations	Short guided meditations
The Free Mindfulness Project (guided meditations)	http://www.freemindfulness.org/download	Short guided meditations
Meditation Oasis (podcast)	https://www.meditationoasis.com/podcast/	56 guided meditation podcasts with instructions and music
Online Yoga Classes	https://www.doyogawithme.com/	Guided yoga videos with various difficulty levels and planned challenge sequences
Google Forms for Anonymous Feedback	https://docs.google.com/forms/u/0/	Simple way to collect data and conduct simple analysis. Useful for events or collecting feedback
Offtime (application)	http://offtime.co/	App that allows user to "unplug" (e.g., limiting access to specific applications at any given time, allow for blocking phone calls, SMS, apps, notification, etc., among other features) Cost: \$2.99 in iOS
Verywell.com	https://www.verywell.com/stress-management-4014642	Website with resources on stress management tips and techniques
Dartmouth College	http://www.dartmouth.edu/~healthed/relax/downloads.html#deep	Downloadable deep breathing, relaxation, meditation guides

Resource	Link	Description
National Institute for Occupational Safety and Health: Stress at Work**	https://www.cdc.gov/niosh/docs/99-101/	Guide that highlights knowledge about the causes of stress at work, outlines steps that organizations can take to prevent job stress, and provides examples of successful programs
American Heart Association: Stress Management**	http://www.heart.org/HEARTORG/HealthyLiving/StressManagement/Steps-Management_UCM_001082_SubHomePage.jsp	Webpage with tools for stress management and links to action steps/ healthy habits to help manage stress
Helpguide.org: Stress Management: Self-Help Techniques for Dealing with Stress**	https://www.helpguide.org/articles/stress/stress-management.htm#checklist	Webpage with 8-step guidance on managing stress, including resources such as self-help checklist, items for "relief toolbox", and unhealthy ways of dealing with stress
Canadian Center for Occupational Health and Safety: Mentally Healthy Workplace: Strategies for Success	http://www.ccohs.ca/products/webinars/mental_health/	One hour webinar that discusses strategies to create a social support network that can help build a more mentally healthy workplace
European Network for Workplace Health Promotion: Guide for Employers to Promote Mental Health in the Workplace	http://www.enwhp.org/fileadmin/downloads/8th_Initiative/MentalHealth_Broschuere_Arbeitgeber.pdf	Guideline with advice on managing and supporting people who are experiencing stress, distress, and mental health problems in the workplace
Workplace Strategies for Mental Health: Healthy Break Activities	https://www.workplacestrategiesformentalhealth.com/newsletter/Healthy-Break-Activities	List of free/ low-cost activities that can encourage employees to take breaks
Clinical Preventive Screenings / Biometrics		
Centers for Disease Control and Prevention and Prevention: Behavioral Risk Factor Surveillance System Questionnaire**	https://www.cdc.gov/brfss/questionnaires/pdf-ques/2014_brfss.pdf	Interview script to conduct questionnaire about individual's habits on health and health practices (includes questions on exercise, sleep, tobacco use, alcohol consumption, diabetes, cancer screenings, and sodium consumption, etc.)

Resource	Link	Description
U.S. Preventive Services Taskforce**	https://www.uspreventiveservicestaskforce.org/	Recommendations for clinical preventive services, including what screenings should be performed, who should partake in screenings, and how often screenings should occur
American Heart Association: Heart-Health Screenings**	https://www.heart.org/HEARTORG/Conditions/Heart-Health-Screenings_UCM_428687_Article.jsp	Webpage with recommended key screening tests and schedule for optimal 132 cardiovascular health, also lists risk factors that may affect screening schedule
American Heart Association: Cholesterol Tools and Resources**	http://www.heart.org/HEARTORG/Conditions/Cholesterol/CholesterolToolsResources_UCM_001216_Article.jsp#.Wc7CVBNSzq0	Consolidated cholesterol tools and resources; includes links to online health tracking tools, healthy recipes, and educational brochures
American Heart Association: Check Change Control Tracker (previously Heart 360)**	https://www.ccctracker.com/aha	Online program for blood pressure and cholesterol risk factor screening that can help employees keep track of their risks and how those risks affect their health
High Blood Glucose Management		
Sugar Sense (application)	https://itunes.apple.com/us/app/sugar-sense-diabetes-app-blood-glucose-mgmt/id880725347?mt=8	App for diabetic users to track and record blood glucose levels to get real time estimates of HBA1C levels, access comprehensive reports on past data, and analyze habit's impact on blood glucose
Northeast Business Group on Health and the Solutions Center: Transforming Diabetes Management: New Directions for Employers	http://nebgh.org/wp-content/uploads/2015/05/NEBGH-Diabetes-Report.pdf	Report on diabetes management and new innovations/ reform in the field
American Diabetes Association: Messaging Tools**	http://www.diabetes.org/advocacy/advocate-toolkit/messaging-tools.html	Webpage with various communication resources including advocacy messages, ads, stories, etc.
American Diabetes Association: Diagnosing Diabetes and Learning about Prediabetes**	http://www.diabetes.org/diabetes-basics/diagnosis/	Online fact page explaining the different diagnostic test options and links to resources about prediabetes and steps to prevent the progression to diabetes

Resource	Link	Description
American Diabetes Association: Type 2 Diabetes Risk Test**	http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/	American Diabetes Association's online Type 2 Diabetes screening test
National Institute of Diabetes and Digestive and Kidney Diseases: The A1C Test & Diabetes**	https://www.niddk.nih.gov/health-information/diabetes/overview/tests-diagnosis/a1c-test	Answers to commonly asked questions about the A1C test and diabetes that can be provided to employees to help them understand the test
Stop Diabetes**	http://www.stopdiabetes.com/	Stop Diabetes campaign web site, which includes communication n tools such as fact sheets, an explanation of myths and facts, a risk test, and a database of healthy recipes
Stop Diabetes @ Work Employer Guidebook	http://www.diabetes.org/assets/pdfs/community/stop-d-at-work/sdw-employer-playbook.pdf	Guidebook for Stop Diabetes @ Work, a program that addresses diabetes awareness, detection, prevention, & successful management
Centers for Disease Control and Prevention: Prediabetes Screening Tool	http://www.dhhr.wv.gov/hpcd/FocusAreas/wvdiabetes/Documents/PrediabetesScreeningTool.pdf	Quick test to determine risk of prediabetes
Centers for Disease Control and Prevention: National Diabetes Prevention Program	https://www.cdc.gov/diabetes/prevention/index.html	Website with information on diabetes, research-based prevention programs, testimonials, etc.
Sleep Hygiene		
SleepBot	mysleepbot.com	Tracks sound and motion to detect sleep patterns; generates reports to show patterns and long-term impact
University of California, San Diego: Sleep Hygiene Helpful Tips to Help You Sleep	https://caps.ucsd.edu/Downloads/handouts/handout_sleephygiene.pdf	Handout with graphics and ideas that can help readers get better sleep
World Sleep Survey**	https://www.worldsleepsurvey.com/	Online sleep survey that provide s sleep score and profile about what factors may be affecting user's sleep

Resource	Link	Description
Rowe Neurology Institute: Sleepiness Survey**	http://www.neurokc.com/sleepiness-survey/	Online survey that assesses whether or not sleeping pattern is normal and if a consultation with a doctor is recommended
Sleep Questionnaire**	http://internalmedicine.med.sc.edu/forms/Sleep%20questionnaire2.pdf	In depth paper survey that assesses sleep patterns; includes a sleep log and a sleepiness log, and questionnaire for partners
National Sleep Foundation: Sleep Tools**	https://sleepfoundation.org/sleep-tools-tips	Collection of all the National Sleep Foundation's tools, including a sleep diary, quizzes, and tips for a variety of people and circumstances
Cleveland Clinic Go! To Sleep Program**	https://my.clevelandclinic.org/health/articles/go-to-sleep-program	Cleveland Clinic's online treatment program, recommended for those suffering from short term insomnia (1- 6 months)
Social Connectedness		
Volunteer Match	https://www.volunteermatch.org/	Can be used to help organize group days of service
Ideas from ICHW and focus groups	Karaoke night Painting/Cooking classes Going to sports games Scavenger hunts (company can organize themselves or hire vendor) Company cook-offs Board game tournaments Pot lucks Escape Rooms Retreats Volunteer work (see section above)	Ideas for social events that can be initiated by either the organization or individual employees
Job Satisfaction Survey (Spector, 1994)**	http://shell.cas.usf.edu/~pspector/scal/es/jsspag.html	Survey that includes satisfaction with coworker relationships
Custom Insight: Sample Employee Engagement Survey**	http://www.custominsight.com/employee-engagement-survey/sample-survey-items.asp	Variety of sample survey questions, including about teamwork, relationships/respect for management, relationships with coworkers, communication, and diversity
Alcohol Management		

Resource	Link	Description
U.S. Office of Personnel Management: Alcoholism in the Workplace handbook	https://www.opm.gov/policy-data-oversight/worklife/reference-materials/alcoholism-in-the-workplace-a-handbook-for-supervisors/	Handbook outlining ways to handle, spot, and establish a company guideline for alcoholism
National Institute on Alcohol Abuse and Alcoholism (NIAAA): The Workplace and Alcohol Problem Prevention**	https://pubs.niaaa.nih.gov/publications/arh26-1/49-57.htm?wptouch_preview_theme=enabled	Article describing workplace prevention options, complementary programs, and risk factors in the workplace
National Institute on Alcohol Abuse and Alcoholism: Brochures and Fact Sheets**	https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets	NIAAA's pre-made communication materials including brochures, posters, and fact sheets that can be distributed to employees
National Institute on Alcohol Abuse and Alcoholism: Recommended Alcohol Questions**	https://www.niaaa.nih.gov/research/guidelines-and-resources/recommended-alcohol-questions	Sample alcohol use questionnaires of various length from NIAAA
Substance Abuse and Mental Health Services Administration: Model Plan for a Comprehensive Drug-Free Workplace Program**	https://www.samhsa.gov/sites/default/files/workplace/ModelPlan508.pdf	Complete guide to developing a comprehensive drug free workplace program, including sections on training and education
Substance Abuse and Mental Health Services Administration: Behavioral Health Treatments and Services**	https://www.samhsa.gov/treatment	Webpage with explanation of treatment options and links to resources for specific options
Centers for Disease Control and Prevention: Alcohol Online Media**	https://www.cdc.gov/alcohol/online-media.htm	List of CDC's pre-made online media related to its alcohol program that can be distributed to employees
National Council on Alcoholism and Drug Dependence: "Am I Alcoholic?" Self Test**	https://www.ncadd.org/get-help/take-the-test/am-i-alcoholic-self-test	Online self-test for alcoholism
Other Resources		
Harvard Business Review article: <i>What's the Hard Return on Employee Wellness Programs?</i>	https://hbr.org/2010/12/whats-the-hard-return-on-employee-wellness-programs	Educational material: Article describes ROI in wellness programs based on existing research and proposes the six "pillars" of successful wellness programs

Resource	Link	Description
Harvard Business Review article: <i>Meet the Wellness Programs that Saves Companies Money</i>	https://hbr.org/2016/04/meet-the-wellness-programs-that-save-companies-money	Educational material: Article reviewing various studies relating to ROI of wellness programs, proposing businesses should invest in wellness.
Society for Human Resource Management article: <i>The Real ROI for Employee Wellness Programs</i>	https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/real-roi-wellness.aspx	Educational material: Article reviewing previous studies relating to ROI of wellness program and discussing the impact of the "Employee Positivity Factor"
The HERO Health and Well-Being Best Practices Scorecard in collaboration with Mercer© (HERO Scorecard)**	http://hero-health.org/complete/	Web-based tool created in collaboration with Mercer to help users identify and learn about workplace health and well-being best practices through assessment and recommendations
Article: <i>Guidance for a Reasonably Designed, Employer-Sponsored Wellness Program Using Outcomes-Based Incentives**</i>	http://hero-health.org/wp-content/uploads/2014/03/JOEM-Joint-Consensus-Statement-article-on-Workplace-Wellness-Programs-and-use-of-Incentives-Published-7-13-12.pdf	Study on the use of outcome-based incentives along with advice on design, implementation, precautions, and alternatives
Article from the Journal of Occupational and Environmental Medicine: <i>The Impact of the Highmark Employee Wellness Programs on 4-Year Healthcare Costs</i>	https://insights.ovid.com/pubmed?pmid=18301171	Educational material: Case study of Highmark Inc.'s wellness program concluding that comprehensive health promotion programs can lower the rate of healthcare cost increases and generate positive ROI (~\$176 lower per person per year in healthcare expenses for participants)
Article from the Journal of Occupational and Environmental Medicine: <i>Estimating the Return on Investment From a Health Risk Management Program Offered to Small Colorado-Based Employers</i>	https://insights.ovid.com/pubmed?pmid=24806569	Study of health promotion programs' effects on small Colorado businesses with findings showing ROI savings of \$2.03 for every dollar invested, considering both medical and productivity impacts and decreases in multiple health risks

Resource	Link	Description
RAND Workplace Wellness Program Study Final Report**	http://www.nexgenhce.com/images/RAND_Wellness_Study_-_May_2013.pdf	Comprehensive research on impact workplace wellness programs has on healthcare costs, specifically focusing on lifestyle management programs
Article from Integrated Benefits Institute & National Business Coalition on Health: <i>Lincoln Industries' Wellness Program: ROI Through Innovative Programs, Aligning Incentives and Recognizing Achievement</i>	http://www.nbch.org/nbch/files/ccLibraryFiles/Filename/000000002295/Lincoln%20Indus%20P-9%20FINAL-rev.pdf	Case study of Lincoln Industries' wellness program, showing savings from decrease in tobacco use and absenteeism, with estimated ROI of \$5 per dollar spent
Wellsteps: Webinars	https://www.wellsteps.com/resources/webinars	Archive of instructional webinars related to implementing successful wellness programs (e.g., how to start a wellness program, a guide to ensuring program engagement)
Wellsteps Worksite Wellness Implementation Guide	https://www.wellsteps.com/images/stories/wellsteps/WellSteps_Implementation_Guide.pdf	Implementation guide for worksite wellness programs, from planning to execution to evaluation
Wellsteps Wellness Program Budget Calculator	https://www.wellsteps.com/wellness-budget-calculator	Calculator for wellness program budget through collecting values for current and projected healthcare spend, copay and deductibles
Wellsteps: Wellness Compliance Checker	https://www.wellsteps.com/wellness-compliance-checker	Assessment designed to help workplace wellness programs stay compliant with ERISA, HIPAA and GINA.
Centers for Disease Control and Prevention: Work@Health Program	https://www.cdc.gov/workplacehealthpromotion/initiatives/workathealth/	Webpage about an employer-training program (Work@Health) that promotes workplace wellness through employer education, training, and technical assistances
Centers for Disease Control and Prevention: Scorecard**	https://www.cdc.gov/workplacehealthpromotion/pdf/hsc-manual.pdf	Assessment tool for employers to prevent heart disease, stroke, and related health conditions

Resource	Link	Description
Centers for Disease Control and Prevention: Quality of Worklife Module**	https://www.cdc.gov/niosh/topics/stress/pdfs/qwl2010.pdf	Survey to assess a person's quality of work life
Centers for Disease Control and Prevention: Employee health assessment	https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/nhwp-capture-health-assessment-update.pdf	General health assessment for individuals about current habits and interests, and their relation to the workplace
Centers for Disease Control and Prevention: Health and Safety Climate Survey	https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/NHWP_INPUTS_Survey.pdf	General assessment for individuals about perception of workplace environment and culture in relation to health
Centers for Disease Control and Prevention: Develop and Test Materials**	https://www.cdc.gov/healthliteracy/developmaterials/index.html	Resources to help with creating health information that is easily understandable
Centers for Disease Control and Prevention: Worksite Health 101 Training Manual	https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/wh101_training_manual_09.03.13_v3-508.pdf	Training manual to assist in the development or enhancement of worksite health programs
Centers for Disease: Webinars and Training	https://www.cdc.gov/workplacehealthpromotion/tools-resources/training/	Series of webinars provided by CDC about health promotion and wellness
Centers for Disease Control and Prevention: Swift Worksite Assessment and Translation (SWAT) Implementation Guide	https://stacks.cdc.gov/view/cdc/31332	Guide that explains how to conduct a SWAT assessment for workplace health & promotion programs
American Heart Association: Workplace Health Achievement Index	http://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm_481082.pdf	General assessment for organizations about their workplace health programs
American Heart Association: Workplace Health Playbook: Strategies for Healthy Workforce	https://playbook.heart.org	Webpage with case studies, forums, advice for creating a wellness program
American Heart Association: Workplace Health Solutions	http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/Workplace-Health-Solutions_UCM_460416_SubHomePage.jsp	Suite of science-based, evidence-informed tools to help you build and maximize an effective workplace culture of health
Tufts Health Freedom	https://thfp.com/TFP/media/TFP-Media-Library/Employers/top_ten_tools-FREEDOM.pdf	List of top ten worksite wellness tools for small employers
Health Enhancement Research Organization and Population Health Alliance: Program Measurement and	http://hero-health.org/wp-content/uploads/2015/02/HERO-PHA-Metrics-Guide-FINAL.pdf	Guidebook to help employers evaluate their employee health management programs

Resource	Link	Description
Evaluation Guide: Core Metrics for Employee Health Management		
Society for Human Resource Management Foundation's Effective Practice Guidelines Series	https://www.shrm.org/foundation/our-work/initiatives/the-aging-workforce/Documents/Promoting%20Employee%20Well-Being.pdf	Guidelines for formulating wellness strategies to improve health, performance, and the bottom line
Veterans Health Administration: Employee Health Promotion Disease Prevention Guidebook	https://www.publichealth.va.gov/employeehealth/wellness/guidebook.asp	Guidebook containing policies, procedures, and guidelines established to create the Employee Health Promotion Disease Prevention program
U.S. Chamber of Commerce: Winning with Wellness	https://www.uschamber.com/sites/default/files/1-5-17_winning_with_wellness_report_second_edition_-_023061_labr_wellness_report_fin.pdf	Educational information for leadership and instructional material for HR: Report discussing the characteristics of successful and effective workplace wellness programs, how workplace wellness can be a win-win for employers and employees, and the legal and regulatory parameters associated with these programs
U.S. Chamber of Commerce: Workplace Wellness Pamphlet	https://www.uschamber.com/sites/default/files/16854_workplacewellness_pamphlet_1.pdf	Guide for helping businesses implement wellness programs
U.S. Chamber of Commerce: Workplace Wellness	https://www.uschamber.com/issues/health-care/workplace-wellness	Webpage outlining relation between U.S. Chamber of Commerce and its case of support/resources for wellness programs
U.S. Chamber of Commerce: Community Health and Wellness	https://www.uschamberfoundation.org/initiative/community-health-and-wellness	Webpage with case for support for wellness programs and resources such as fact sheets, campaigns, and action plans
Knox County Worksite Wellness Toolkit**	https://www.knoxcounty.org/health/pdfs/worksite_wellness_toolkit.pdf	Complete implementation guide with planning tools, surveys and discovering metrics, and information to make the case for worksite wellness programs
Creating a Workplace Wellness Committee: a Toolkit for Employers**	http://www.mprisk.org/UserFiles/Servers/Server_84508/File/Wellness%20Docs/Wellness%20Committee/841765_a_wellness%20committee%20toolkit_v1.pdf	Toolkit and steps to creating a wellness committee

Resource	Link	Description
Leading by Example**	http://www.prevent.org/Initiatives/Leading-by-Example.aspx	Guide including resources for executives to be more involved in worksite health promotion
California Department of Public Health: Soliciting Management Support**	http://takeactionca.cdph.ca.gov/management-support.asp	Webpage with resources such as talking points and communication materials between management and employees to increase support and participation for wellness programs
The ACA, The ADA, And Wellness Program Incentives**	http://healthaffairs.org/blog/2015/05/13/the-aca-the-ada-and-wellness-program-incentives/	Information on certain limits the ACA and ADA have on wellness program incentives
The HIPAA Nondiscriminatory Requirements**	https://www.dol.gov/ebsa/faqs/faq_hipaa_ND.html	FAQ page on HIPAA requirements for health plans
Preventive Services: Helping Employers Expand Coverage**	http://www.prevent.org/data/files/topics/preventive_services_helping_employers_expand_coverage.pdf	Guide on expanding preventive coverage
Center for Science in the Public Interest: Healthy Meetings	https://cspinet.org/protecting-our-health/nutrition/healthy-meetings	Webpage with various resources such as one-pagers, pledges, and guidelines to conduct healthy meetings
Cigna: Creating a Workplace Wellness Committee: Toolkit for Employers	https://www.cigna.com/assets/docs/wh/wellness-committee-toolkit.pdf	Toolkit with helpful tips, tools, & resources to recruit, organize, and manage an effective wellness committee
Small Business Administration Local Assistance	https://www.sba.gov/tools/local-assistance	Website with map to locate nearest small business administration local offices and respective resources
State of Wisconsin Department of Health Services: Small Business Worksite Wellness Strategies	https://www.dhs.wisconsin.gov/publications/p0/p00639.pdf	Document with resources including checklists, strategies, and evaluations for low-cost wellness programs for small businesses
Health Links Certified	https://www.healthlinkscertified.org/resource-center/online-resources/workplace-assessments-guides-samples-and-tools-to-help-you-assess-the-existing-health-and-safety	Series of sample assessments that can be used to assess health and safety needs of a company

Resource	Link	Description
Total Worker Health Online Assessment Tool	http://www.saif.com/Documents/SafetyandHealth/Wellness/S961_TWH_online_assessment_tools.pdf	Info sheet with links to a series of assessments to guide program implementation
American Institutes for Research: The Employee Health Communication Toolkit	http://www.helpyouremployeeshealth.com/	Webpage with well-tested, consumer-friendly content that can be used to educate employees about finding good health care
Massachusetts Department of Public Health: Working on Wellness	http://www.mass.gov/eohhs/docs/dph/mass-in-motion/worksites-wellness-toolkit.pdf	Guide and resources on how to plan and implement wellness program developed by the Massachusetts Department of Public Health

Note. ** = resources originally identified in the 2015 Johns Hopkins report, *From Evidence to Practice: Workplace Wellness that Works*. Some of the links from the original report were outdated or no longer functioning and are therefore not included here.

Appendix A: Understanding Employee Participation



Participation in wellness programs is a key issue in promoting wellness program effectiveness. If participation is low, even effective programs are rendered ineffective because there is little opportunity for significant change in employee health and well-being to occur. At the extreme, very low participation is essentially the same as no wellness program at all—regardless of what is advertised. Because one of the major problems of wellness program success is relatively low participation rates, then it is important to figure out how participation rates can be increased so that the key components of the program can help employees become healthier.

The determinants of employee participation in health promotion programs have been examined from a variety of theoretical perspectives. One commonly utilized approach involves examining how broad, contextual factors influence employee participation. For example, researchers have investigated the role of social or interpersonal factors such as coworker and management/leadership support²³ in promoting participation. At the organizational level, factors that have been associated with differing levels of participation in wellness initiatives include workplace culture, organizational policies, and the availability of resources that serve to support wellness programs⁴⁵. Finally, community/society- and policy-level

² Sloan, R.P. & Gruman, J.C. (1988). Participation in workplace health promotion programs: The contribution of health and organizational factors. *Health Education Quarterly*, 15(3), 269-288.

³ Tamers, S. L., Beresford, S. A., Cheadle, A. D., Zheng, Y., Bishop, S. K., & Thompson, B. (2011). The association between worksite social support, diet, physical activity and body mass index. *Preventive medicine*, 53(1), 53-56.

⁴ Crump, C. E., Earp, J. A. L., Kozma, C. M., & Hertz-Picciotto, I. (1996). Effect of organization-level variables on differential employee participation in 10 federal worksite health promotion programs. *Health Education Quarterly*, 23(2), 204-223.

⁵ Edmunds, S., Hurst, L., & Harvey, K. (2013). Physical activity Barriers in the workplace: An exploration of factors contributing to non-participation in a UK workplace physical activity intervention. *International Journal of Workplace Health Management*, 6(3), 227-240.

factors have also been pointed to as possible contextual influences on participation in workplace health promotion programs⁶.

Although these contextual features can and do impact participation levels, such approaches neglect to examine how individual-level factors can also affect participation. Such intra-individual factors are vast and include employee motivations, beliefs, attitudes, needs, and knowledge. For example, an employee may be more likely to participate in a program to the extent that he or she believes that engaging in the activity will be in some way beneficial. Similarly, employees may not take full advantage of on-site clinical screenings because they have not been informed of the value of such screenings for long-term health maintenance. Beyond psychological variables, participation may also be a function of an individual's relative health status. For example, those individuals with identified risk factors (e.g., being overweight) may be more likely to participate in certain programs (e.g., physical activity). To summarize, whether an individual voluntarily participates in workplace health promotion programs depends on multiple levels of influence, including both contextual and individual factors.

Motivation Theories and Frameworks

Theories of human motivation provide a useful starting point for developing strategies for increasing participation in wellness programs. Each of the motivation theories discussed below have a common element which is essential for obtaining employee cooperation in and sustained participation: they provide an opportunity to engage in a target behavior when a person perceives that the activity *results in a good deal*. This perception has been labeled several different things, but perhaps most succinct as “what’s in it for me” or the “WIFM” commonly used in sales and customer service. Deciding to act in a desired manner can be seen as a comparison between two alternatives. One is deciding to act in a desired manner, and the other is deciding to continue one’s usual behavior or to do nothing. These motivation theories share the core assertion that a person would decide to act in a desired manner if doing so would provide more of what he or she wants compared to the alternative. Assuming people are rational decision-makers and would want to maximize their gains, then a successful wellness program would need to offer employees more desirable outcomes than what they would obtain from competing alternatives. The following is a review of selected motivation theories that can be applied to the case of employee participation in wellness programs.

⁶ Linnan, L. A., Sorensen, G., Colditz, G., Klar, N., & Emmons, K. M. (2001). Using theory to understand the multiple determinants of low participation in worksite health promotion programs. *Health education & behavior*, 28(5), 591-607.

It should be noted that being motivated to participate in a wellness program is not the sole determinant of whether a person does so or not. As is obvious from the findings from the scientific literature reviewed, the focus groups and the Harris Poll, contextual factors also play an important part in the determination. This project, however, brings forward employee motivation to participate more directly because we believe progress can be made toward greater participation by understanding how to structure employees' choices such that participation is perceived as a good deal.

Reinforcement Theory

Reinforcement theory or behavior modification⁷ asserts that behavior that is rewarded is repeated, and behavior that is not rewarded is not repeated. It also asserts that undesirable behavior that is punished will not be repeated. The application of this theory to employee participation is simple and is, in fact, quite common. This is the basis for financial and non-financial incentives tied to participation or specific behaviors of interest (e.g., attending weight management classes, losing weight). It is much less often applied in the form of punishments to stop unhealthy behavior. An example might be the forfeiture of a financial incentive if weight is gained rather than lost, or getting physically ill after drinking alcohol when a person is taking the drug Antabuse to discourage drinking alcohol. Rewarding people for desirable behavior is highly effective when tied to specific behaviors that can be objectively verified. Punishing people for undesirable behavior stops that behavior but does not increase the likelihood of desirable behavior. Also, failure to reward desirable behavior will extinguish desirable behavior. In sum, this theory works well when applied to employee participation if specific targets can be identified and rewards continue as long as the behavior is desired.

Expectancy Theory

Expectancy theory in its basic form⁸ asserts that people will make a choice among alternatives based on which choice will maximize their gain. Every choice involves a level of effort ranging from low to high, and each level of effort will produce an outcome, which in turn will result in a reward (financial or non-financial) of some value. The theory says that people estimate the probability that effort will lead to a specific outcome and the probability the outcome will result in a valued reward. Depending on the probabilities estimated, people will choose a level of effort that has the greatest payoff given the amount of effort required. This theory recognizes that the highest levels of effort may not result in the greatest

⁷ Skinner, B.F. (1969). *Contingencies of reinforcement*. East Norwalk, CT: Appleton-Century-Crofts.

⁸ Vroom, V.H. (1964). *Work and Motivation*. New York: Wiley.

payoff because the probabilities may be too low; in that case a person would choose a lower level of effort that nets less payoff but at a lower person cost (in effort).

This theory can be applied to employee participation by understanding how employees think about the choices they can make regarding a wellness program. If the choice to participate or not participate result in the same outcomes, then there is no additional value to participate. If a person perceives that a desirable outcome has a low probability of occurring, the person will choose not to participate. If a person thinks that by participating in a wellness program it will result in negative outcomes and not participating will result in positive outcomes, then the person will choose not to participate. In sum, according to the theory a person thinks about how much effort will be required, estimates whether the effort will result in a change, and estimates whether that change will result in positive rewards that make the effort worth it. Wellness programs set up properly to make participation the most desirable choice can positively affect participation rates.

Early Behavioral Theory

This theory is based on a series of studies of human productivity conducted within the Western Electric factory in Hawthorne, Illinois. The theory asserts that people modify an aspect of their behavior in response to their awareness of being observed⁹. The insight derived from the Hawthorne studies was that people who believe they are important or “special” because they are members of a selected group would work harder or behave in a desired manner. Applied to employee participation this may mean that setting up a wellness program such that participants feel important or special for participating may motivate participants to engage fully in the program and achieve the programs goals. While this approach does not seem immediately to correspond to what we observe in organizations, one aspect does. That is, peer support and public recognitions for lifestyle changes or efforts to adopt healthier behaviors does have a “Hawthorne effect.” If employees felt they were doing something important by participating in a wellness program and their participation was observed by others, this may increase participation rates.

Goal Setting Theory

This theory states that people will achieve more if they set goals than if they just “did their best”¹⁰. Goal setting is effective to the extent the goals are difficult but also realistic and achievable. Accountability for progress toward goals and celebration of goal achievement are also important aspects of this theory. Goal

⁹ Mayo, E. (1933). *The human problems of an industrial civilization*. New York: Macmillan.

¹⁰ Locke, E. A., & Latham, G. P. (1984). *Goal setting: A motivational technique that works!* Englewood Cliffs, NJ: Prentice Hall.

setting can be applied to employee participation by thinking about whether the wellness program is amenable to setting challenging goals that people find important and achievable. To the extent employees imagine themselves achieving goals and being celebrated for their achievements, they may choose to participate in the wellness program in order to achieve those goals. The key part, however, is employees' perception that the goals are achievable and not too challenging. In sum, goal setting could be an important aspect of recruiting participants into wellness programs if progress toward goals and goal attainment was clearly articulated and appeared achievable.

Methods of Influence

In addition to motivation theories, it is also useful to understand frameworks used to influence human behavior. These frameworks are closely tied to motivation theories, but they put these theories in practical, easy-to-use terms. Five methods of influence are described below.

Rewarding Desired Behavior

This method follows reinforcement theory described above, and sets up circumstances where when desired behavior is observed, the person is rewarded for that behavior. Rewarding does not need to happen each time desired behavior occurs, but rewarding does have to occur frequently enough that a person makes the connection between behavior and reward. This method of influence is effective to the extent that the receiver values the reward and wants the reward. This method has no effect if either the reward is not perceived as valuable or the person is not in need of the reward.

Coercing Desired Behavior

This method uses fear of punishment or of negative consequences to encourage desired behavior. Avoidance of undesired outcomes is the primary motivator of desired behavior. Examples are telling people that they have a high probability of contracting terminal cancer if they do not stop smoking or their peers will be angry with them if they do not participate on a company-sponsored sports team. Coercion works to the extent a person is fearful of the negative outcome or wants to avoid the negative outcome, and to the extent the person believes his behavior will result in negative outcomes. This method has no effect if the person is insensitive to the negative consequences or does not believe they will occur.

Framing the Desired Behavior in Values

This method works by increasing a person's desire to be influenced when by engaging in a desired behavior, a person reinforces an important value that she

lives by. There is no external reinforcement nor is there coercion to act in a certain manner. This method relies on people have values which guide their day-to-day behavior. People desire to behave in a manner consistent with their values, and by tying desired behavior to a person's values, the person will be naturally and willingly motivated to act in that manner. This method does not work if the framing builds upon values that are not important to the receiver.

Controlling the Environment

This method works by manipulating the physical environment in ways that makes desirable behavior more likely and undesirable behavior less likely. Examples of this method are moving unhealthy snacks to shelves that are difficult to reach or to locations that take a long walk to retrieve, and providing attractive walking paths and rest areas outside to encourage physical activity. This method influences behavior to the extent people can easily adapt to physical environmental changes, and it will not work to the extent people find ways to get around these changes.

Making Exchanges

This method builds upon the concept of "horse-trading" where two parties (e.g., leadership and employees) strike a deal where each party gets something they want. This is distinguished from a compromise as this method results in both parties losing what they want. Exchanges explicitly give each party what they want by creating an opportunity to give the other party something they desire. This method appears to be underutilized in general, although politicians know this strategy very well.

Conclusions about Participation

As can be seen by the discussion above, there are a number of ways employee participation can be increased theoretically by applying the motivation theories and methods of influence in an appropriate manner.