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An Analysis of Services Offered by Comprehensive Wellness Vendors in Washington State

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Abstract

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Unhealthy lifestyles continue to drive preventable morbidity and mortality in the United States, causing unnecessary suffering alongside enormous healthcare costs (McGinnis, 1993; CMS, 2014). Because employers are a major player in our health insurance payment structure, many companies have taken steps to invest in their employees' health. While most large employers have already implemented wellness programs, smaller companies face greater barriers and are slower adopters (Mattke, 2014). This research aims to increase awareness of wellness programs available to smaller employers, in order to improve transparency for the employer and to promote employees' access to health-promoting services. The study is based on phone interviews with six identified comprehensive wellness vendors based in Washington State, with the goal of analyzing their various service offerings and philosophical approaches.

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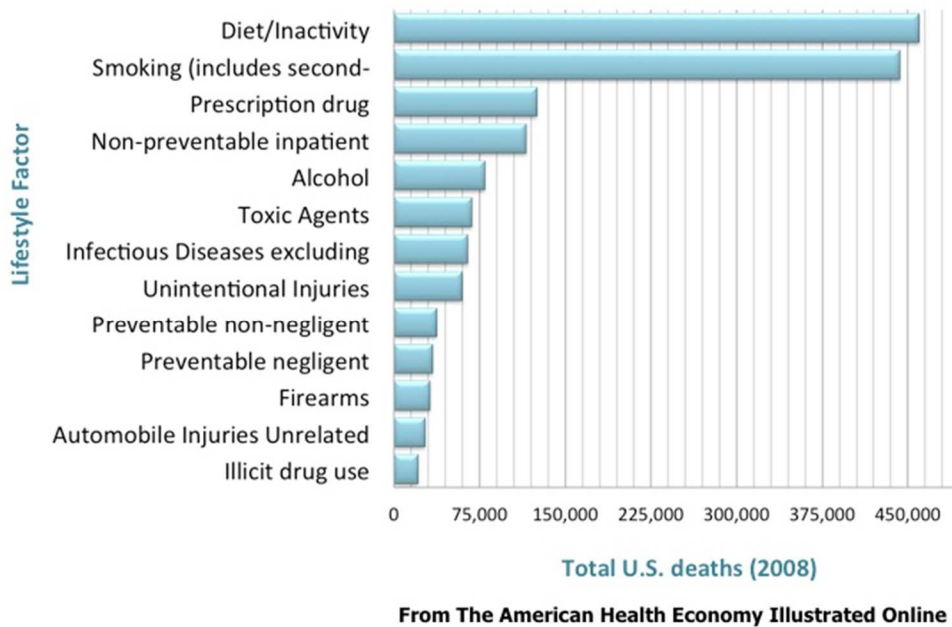
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1. INTRODUCTION

1.1 Background and Context:

Lifestyle choices are a major contributing factor behind preventable morbidity and mortality in the United States. Nationwide, 69% of adults are overweight or obese (USDHHS, 2015). Excessive body weight, tobacco, and alcohol use are the three leading factors driving mortality (McGinnis et al., 1993). The other half of this gloomy picture is the enormous cost associated with treating our poor health: Currently, 17.4% of our GDP (as of 2013 data) goes toward health spending, and it is expected to grow to 19.3% by 2023 (CMS, 2014; Sisko et al., 2014). The U.S. spends nearly twice what other industrialized countries spend per capita, without better (and in many measures, worse) health outcomes (Davis, 2014). The considerable amount of illness and death directly related to personal behaviors indicates that lifestyle modification may allow for substantial gains in both quality of life and cost reduction.

Figure 1: Lifestyle Factors Significantly Contribute to Mortality (Conover, 2013)



While the United States is among the rest of industrialized nations combating unhealthy lifestyles, our health insurance system is markedly different. Because our payment structure creates different incentives to various parties, the U.S. can benefit from innovative solutions that improve people's health and help curb healthcare costs. In 2014, the average annual premium for employer-sponsored coverage was \$6,025 for single coverage and \$16,834 for family coverage (KFF, 2014). Of these totals, an average of \$1,081 for single coverage and \$4,823 for family coverage was paid by the employee. The high costs paid by both the both the employer and the employee make workplace wellness a promising mechanism for aligning incentives and common interests to improve health outcomes for employees and their families. While some workers may oppose the idea of their employer being involved in their lifestyle choices, workplaces remain a key opportunity for affecting peoples' health for three key reasons:

1. It's in the employer's best interest:

Employers are highly vested in their employee's health for many financial reasons. For self-insured companies, additional healthcare expenses caused by preventable conditions draw directly from the employer's bottom line. Even many fully-insured companies will pay more for premiums as a result of unhealthy employees if their plans are experience-rated, and thus affected by the volume of claims in prior years. In addition to claims and premium payments, employers can lose a substantial amount of money and resources due to illness-related absenteeism and presenteeism (Harris, 2009). Employers may also face higher turnover rates, resulting in costly recruitment and new hire training when employees leave due to avoidable health problems.

2. They have the power of incentives:

Since employers often provide highly subsidized health insurance to their employees, they also possess the power to use their financial contribution to influence those who are accepting the benefit. This creates the opportunity for employers to impact their employees' actions by offering either a "carrot" or "stick" for certain actions, behaviors,

and health statuses. Employers are legally allowed to give financial rewards for wellness program participation or health outcomes (Consensus Statement, 2012).

3. Workplace culture directly impacts choices:

Employees generally spend 8+ hours a day at the workplace, so the culture of the organization, including its attitude surrounding workplace snacks, movement, stress management, and safety can have a significant impact on an employee's health.

Employers of all sizes may recognize and appreciate a workplace's ability to influence health, but large employers have been earlier adopters of wellness programs. This is largely attributed to their additional financial resources and internal human capacity to support the program, complemented by the carrot of potential large-scale financial returns reaped from a healthier population of employees. While a single large employer can influence many thousands of employees, access for smaller employers is equally as important. An integral part of the American workforce, employers with fewer than 500 employees still comprise nearly half of all workers (U.S. SBA, 2013). A study from the Department of Labor notes that the employer size is the "most important predictor of whether the employer offered a program and how the program was configured" (Mattke, 2014). The study also found that around 1/3 of employers with 50-100 employees offered a wellness program, while 4/5 of employers with 1000+ employees had one available.

While many smaller companies have been getting onboard, they face greater barriers to adoption by not having the same resources for implementing and maintaining such a program, especially when faced with high upfront costs (Harris & Hammerback, 2014). In addition, smaller companies often face high turnover rates, which limits financial returns from improving employee health (Harris & Hannon, 2014). Conversely, because of their more manageable size, smaller companies may be advantaged by their ability to change faster and transform into a culture of health, both inside and outside the office. Smaller companies may also more easily identify role

models within the organization, often called “wellness champions”, who help promote the program and inspire other employees (Harris & Hannon, 2014). Because of the adoption rate discrepancy, this research aims to narrow the gap by increasing awareness of locally-managed wellness opportunities available to smaller employers.

1.2 How Wellness Programs Work:

In order to help employers and employees monitor health risks, nearly a third of employers providing health benefits offer health risk assessments (HRAs) to their employees, and 51% (with 200+ employees) offer biometric screening (KFF, 2014). The health risk assessment and biometrics are often integrated into a wellness program, in conjunction with software, online portals, data reporting, employee challenges, and/or professional health care services to help the employer and respective employees achieve better health. Wellness programs can target health promotion through smoking cessation, gym utilization, healthy eating, substance abuse, physical activity, vaccinations, preventive care, stress reduction, and disease management, among various additional healthy initiatives. Of the employers that offer health benefits, 36% (with 200+ employees) offer financial incentives for participating in a wellness program (KFF, 2014). The incentives can come in a variety of shapes and sizes, including reduced health insurance premiums, gift cards, contribution to a spending account, or funding of gym memberships.

1.3 Financial Incentives and Legal Considerations:

While wellness plans offer a great deal of flexibility to the employer, all are categorized into one of two buckets: Those that are participation-based and those that are outcomes-based (also known as “standards-based”). The key distinction between the two relies on how the incentive is structured. While each of the two structures are subject to legal requirements imposed by the Health Insurance Portability and Accountability Act (HIPAA) and the Affordable Care Act (ACA), the maximum allowable incentive is significantly different for each (Consensus Statement, 2012).

Participation-based programs are based on actions rather than results: As long as the employee participates and then completes program requirements, he/she will qualify for the reward regardless of his/her resultant health status. Financial incentives are not capped for these programs, but reasonable accommodations must be granted to individuals for whom it is unrealistic or inadvisable to meet any of the requirements.

Outcomes-based programs are based on results: The reward is contingent on the employee achieving specific health metrics, such as BMI, cholesterol, glucose, and blood pressure. HIPAA imposes basic requirements of outcomes-based programs to ensure transparency, to maintain fairness for both access and attainment, and to limit the maximum incentive allowed for meeting a specific health status (USDOL). The maximum incentive for outcomes-based programs was originally capped at 20% of the cost of coverage, but the ACA expanded this cap to 30% in 2014, which grants employers the opportunity to give greater financial rewards to healthy employees (USDOL).

Outside of the general limitations on wellness programs, the federal government allows for additional and separate financial disincentives for tobacco users. Currently, tobacco users may pay up to 50% more for health insurance premiums than their tobacco-free counterparts. This differential doesn't apply simply to employers offering wellness plans; it can be applied to any employer-sponsored insurance, as well as any exchange plan. The ACA pushes even further to curb tobacco usage by not allowing premium subsidies to count toward any tobacco-related surcharge.

2. METHODS

2.1 Study Population

This study focuses on wellness vendors that have a corporate office (or other major office) in Washington State, and who offer products to employers with fewer than 1,000 lives. The vendor may also serve large companies, but at a minimum, it must offer a product reasonably designed to accommodate this lower number of employees. These basic criteria help narrow the scope of the research down to local opportunities for smaller businesses looking to implement a comprehensive wellness program or find a better match.

2.2 Survey Instrument and Measures

This analysis is primarily based on interviews with representatives of wellness vendors to get a deeper understanding of their services and philosophies. I identified potential wellness vendors through snowball techniques that included extensive online Google searches, word-of-mouth, suggestions from my thesis committee, and interviews with health insurance brokers in Washington State. This returned 14 potential wellness vendors, listed in Table 1. From this list, I narrowed down the selection based on the vendor's target market and geographical location: I only considered vendors that offer plans to employers with fewer than 1,000 employees. The vendors can also offer plans to employers with greater than 1,000 employees, but they cannot exclusively serve large clients. Beyond these criteria, I also limited the wellness vendors to those that are headquartered in or have a major office in Washington State. Because there are so many wellness vendors that serve clients in Washington, this geographical limitation helps focus the scope of the study.

Further, the type of vendor is limited to comprehensive, full-service vendors. These will be defined by those that offer a wide variety of services such as tobacco cessation, healthy eating and nutrition, physical activity, weight loss, work-life balance, and mental health services, rather than vendors that simply specialize in one or two

services. The vendor must also have the capability of administering some sort of incentive system so that the employee has reason to participate, beyond purely intrinsic motivation. Since the goal of these employer initiatives is to improve the general health of their population and to give employees some “skin in the game” to take action, the program must be applicable and relevant to all employees, not simply those that smoke or who are overweight, for example.

Measuring effectiveness in wellness programs poses several challenges. One method is run statistical regressions on claims data over time. However, this would only capture one portion of the benefits potentially gained by wellness plans, because of the substantial dollars saved by reduced absenteeism, presenteeism, and worker turnover. In addition, some benefits may be immediate while others may surface many years later through decreased health risk factors. Moreover, each plan will have different effects on each population for which it is implemented; results are not necessarily generalizable to any other plan or population. Further complicating the analysis is the need to determine what volume of incentive is necessary for producing such health-promoting behavior changes. Lastly, wellness programs are continually evolving to better serve employees in meaningful ways, so it is may be difficult to follow a single plan over time.

In recognition of these complexities, a more practical (but less objective) measure of effectiveness is to pose the open-ended question of how each vendor currently tracks and displays health improvements for each population of employees. This is intended to capture any metrics used to monitor program success or improvements in employee health. However, such measures must still be carefully considered because of underlying selection biases (KFF, 2014).

2.3 Data Collection

The data for this analysis was obtained through phone interviews, with some supplemental printed information provided by e-mail. The interview questions were a mix of open-ended and closed-ended questions, designed to uncover what service

platforms are offered, what makes the vendor unique, what philosophical approach they take, and how the vendor matches the needs of the client with their services.

To have a general guide for each phone interview, I created a list of IRB-approved questions to pose, which can be found in the Appendix. The first category in this interview guide asks about the demographics of the vendor's clients, in order to determine what size groups they primarily target, in which geographical locations, and if they have a relevant relationship with any specific insurance company. Next the guide asks about what services they provide, which is broken into two parts: Which health behaviors they address (such as weight loss, tobacco usage, disease management, and stress management), and which services they provide (such as health risk assessments, biometric screenings, personalized communications, and web-based tools). Third, the guide asked about participation rates or requirements, in case this disqualifies specific employer groups. Fourth, I ask about pricing. Since pricing can be very complicated and situation-dependent, the intention is to get a general understanding of how they structure their pricing rather than an exact number. Next are questions about the vendor's service model, focusing on how their services are implemented and what external partners they may use. Lastly, time permitting, are questions regarding their sales and marketing techniques to discover any strategies or foci they may be willing to share.

2.4 Data Analysis

Using the data obtained in the interviews, I examined each wellness vendor as an individual unit in order to form a solid understanding of their wellness platform. Next, I analyzed the responses for each of the major topics posed in the interview guide across all eligible vendors. By comparing responses per category, my goal was to identify areas of concordance and discordance, and then use counts of each response to determine common themes and specific outliers.

3. RESULTS

Of the 14 vendors returned from snowball searches, seven were identified by extensive Google searches, six from broker suggestions, and one from the thesis committee. Seven of the total vendors were deemed eligible for the study, and of the remaining seven, four were excluded for geographical reasons, two were excluded due to not offering comprehensive wellness services, and one was excluded due to minimum client size requirements.

All seven eligible vendors received phone calls and e-mails over the course of five weeks, in an attempt to set up a phone interview. Six of the seven eligible vendors responded and followed through with phone interviews, which lasted from 25 minutes to 60 minutes each.

Table 1: Potential Wellness Vendor Candidates Identified in Searches

Company Name	Office Location	Discovered Through	Eligible for Study	Reason for Ineligibility
Aduro	Redmond, WA	Google Searches	Yes	
Alere Wellbeing	Seattle, WA (HQ in Atlanta, GA; but prominent Seattle office)	Google Searches	No	Smallest client is around 10,000 lives, does not serve small group market
Be Better Health	Chicago, IL	Broker Suggestion	No	Not based in Washington State
Bravo Wellness	Cleveland OH, or New York, NY	Broker Suggestion	No	Not based in Washington State
Everymove	Seattle, WA	Broker Suggestion	No	Not a comprehensive wellness vendor (Benaroya, 2013)
Health Force Partners	Bothell, WA	Broker Suggestion	Yes	
Kadalyst	Portland, OR	Broker Suggestion	No	Not based in Washington State
Limeade	Bellevue, WA	Google Searches	Yes	

PNW Corporate Wellness	Snoqualmie, WA	Google Searches	No	Offers service professionals that integrate into existing wellness plans; but not a wellness plan itself
Vera Whole Health	Seattle, WA	Google Searches	Yes	
Virgin Pulse	Framingham, MA	Broker Suggestion	No	Not based in Washington State
360Me / Vitality		Committee Suggestion	Yes	
Vivacity	Mountlake Terrace, WA	Google Searches	Yes	
Vivecorp	Newcastle, WA	Google Searches	Yes	

*Companies in **bold** were interviewed for the study

The six companies interviewed included Limeade, Vivacity, Vera Whole Health, 360Me (previously under the name Vitality), Health Force Partners, and Vivecorp. Each company is based out of Western Washington and offers services to employers with fewer than 1,000 lives. Table 2 summarizes the information obtained from each interview. The data is sorted by target client size, core philosophy, services, approach to metrics, and pricing, as they apply to each of the six vendors.

Table 2: Vendor Comparison Chart

Company Name	Target Client Size & Other Prerequisites	Core Philosophy	Approach to Wellness Services	Approach to Metrics	Pricing	Other Notes
Limeade	Ideally 200+ lives, to make customized platform more practical. Larger companies have more customization options. No insurance prerequisites.	Fit within the culture, focus on the whole employee. Is a tech company; they create these platforms.	Create a product that looks like it came directly from the employer (branding, culture, etc). Customizable wellbeing assessment, points, employee challenges, flexible reward options, external partners for coaching & biometrics.	Track participation every 2 weeks, do annual wellbeing assessments and follow trends.	Initial set-up fee, then PEPM.	Important to have commitment from internal employer staff resources to implement ongoing employee challenges and programs.
Vivacity	2-99 lives qualify for a basic embedded program through Premera. 100+ lives; full services available.	Focus on getting people moving, physical activity, lifestyle, and employee productivity. Moving away from biometrics and HRAs, will be rolling out	For embedded program; not customizable: incentive program tied to biometrics & health assessment. For 100+ lives: Full umbrella including biometrics, tobacco, HRAs, physical activity, EAP, consulting work, incentives, rewards management, custom communications, coaching, online portal. Service are à la carte,	For 500+ participating lives, can track claims data over time. Look at baseline measurement e.g. average claims for those with high BMI,	Typically no set-up fee, unless a small fee for online portal creation. Typically pay per employee utilization, or	

		<p>fitness testing as an alternative. Robust consulting and analytics.</p>	<p>customizable. Consulting work with clients. New lifestyle assessment that is taken over 5 days, better understand the employee's activity level and stressors.</p>	<p>and also do cohort analysis of people moving into the healthy category of BMI.</p>	<p>for some services, per eligible member (e.g. for EAP).</p>
<p>Vera Whole Health</p>	<p>Primary vendor for Employer's Health Coalition of WA. Some as small as 100 but not typical; 1250 – 1500 is more common. Sometimes 500-life groups fit into existing clinics. Better able to serve smaller clients over next 5 years as more clinics open.</p>	<p>Population-health focus, try to lower claims, drive engagement through clinics, save money through clinics utilization and appropriate specialist referrals. Display analytics and reporting to track progress.</p>	<p>Have several clinics in greater Seattle area, want all employees and dependents to visit clinic 1+ times per year for biometrics, HRA, physical, and/or coaching if appropriate. They train and accredit all their own health coaches, go through past 2 years of claims data to identify high-risk employees and provide outreach, identify people who don't know they're at risk (no prior contact with medical system). Can open clinics specifically for clients. Identify internal wellness champions, meet monthly. Customized communications to fit with culture. File all paperwork with the state for occupational injuries coming through clinic.</p>	<p>Customized reporting capabilities, save money in claims through appropriate referrals. Measure and report ROI.</p>	<p>Pay for # of eligible employees (rather than utilization), encourages ER to have skin in the game. Move away from fee-for-service. Higher cost than other programs, but is all relative to savings.</p> <p>Have also had great success in parts of the country & communities with access issues. Clinics greatly increase access.</p>

Vitality / 360Me	<p>Directly connected to Regence; all members have access to basic program. For 100+ lives, 360Me (previously Vitality) is available. Currently only for Regence customers, but intending to expand.</p>	<p>1: Increase productivity by decreasing presenteeism. Actual medical claims are only small piece of the pie. 2: Prevention; why are people getting sick?</p>	<p>All Regence members get access to online portal and resources. 5 Pillars: 1. Online portal, HRA, workshops, nutrition and exercise plans, fitbit and other device connectivity, flexible incentive platform, and mobile app. 2. Health coaches (including tobacco, weight, and sleep) 3. Consulting to define goals, strategies, and measurement. 4. Reporting and analytics 5. Integration with Regence, reporting and pulling data. Can do biometrics, custom communications, employee challenges, etc. Three different product levels: Foundations (primarily awareness), participation-based, and outcomes-based.</p>	<p>Enormous potential gains in decreasing presenteeism, focus on increasing worker productivity. Look at value (through productivity) rather than ROI. Measure change in risk factors & averages scores of the population.</p>	<p>Pay for implementation on fee and PEPM. Pricing depends on product level.</p>
Health Force Partners	<p>Often 500-1000 lives, as well as some very large companies.</p>	<p>Emphasis on occupational health; help employers hire the right people from the beginning.</p>	<p>Determine what's driving the employer's demand for wellness, give employer resources for better screening applicants. On-site clinics in AK and Puget Sound for services such as biometric testing, disease management, BMI testing, and vaccinations. Also offer customized communications and</p>	<p>Measure participation rates, employee satisfaction, preventive care utilization, biometric results, and financial gains</p>	<p>Initial set-up fee, PEPM, services are à la carte, based on client's needs.</p>

Vivecorp			web tools. Use licensed physicians and physician assistants for in-person and telephonic coaching. Assist with OSHA compliance and suggest specific testing for employees based on their risks and specific workplace exposures.	through reduced absenteeism and healthcare costs. Measure ROI.	
	All sizes; 50 lives to 10,000+	High-touch service; very customizable, focus on regular communication and transparency with client. Continuously monitor participation, then adjust and evolve program accordingly.	Work with client's benefit team to understand culture and communication strategies; survey employees to help direct offerings. À la carte services; full wellness umbrella including HRA, biometrics, tobacco cessation, physical activity promotion, and health coaching (both internal coaches and external partners.) External vendor used for online portals. Not strongly focused on incentives; use them to spark interest then shift away; rely on more intrinsic motivation. Often have staff at client's on-site fitness centers, provide one-on-one interaction through training and coaching.	Monthly reporting to client, typically tracking participation. Customizable reporting, such as HRA and biometrics, available when desired.	Negotiated with client; maximize benefit while staying within specified budget; not based on PEPM.

The interviews with wellness vendors returned many similarities as well as many points of differentiation. Each seemed to address the more traditional aspects of wellness programs: Health risk assessments, biometric screenings, health coaching (whether done in-house or through external partners), online portals, structured program incentives, and customized communications. All six vendors felt that their products could be adapted to fit their client's needs and culture, and most vendors noted that regular communication with committed internal staff was integral to the program's success.

Each vendor seemed to have a different foundation and vision. Health Force Partners emphasized their ability to accommodate various occupational health needs. Limeade identifies as a tech company, taking pride in their customized communications that blend with the employer's culture. Vivecorp commits to high-touch service with the employer through continuous communication and program customization, in reflection of client needs. Vivacity's lifestyle assessment and fitness testing may allow for more comprehensive and/or more palatable ways for individuals and employers to get a baseline understanding of their employees' physical and mental health statuses, and then track progress. Vera Whole Health and Health Force Partners both own and operate clinics for their client's employees, which allows for better control over primary care utilization and specialty referrals. These clinics may be especially beneficial in geographical locations in which primary care access is a struggle. However, these two vendors both cater to larger employers, so groups with fewer than 500 lives may not find this currently feasible.

Although each vendor was able to serve clients with fewer than 1,000 employees by design, some were better situated for very small clients. Half of the vendors had programs that could ideally serve clients with fewer than 250 lives. Vivacity offers a canned program for clients with 2-99 lives, but this must be tied to a Premera Blue Cross health insurance plan. At 100 lives and beyond, a customizable wellness program is available through Vivacity, regardless of insurer. Similarly, 360Me serves clients with 100+ lives, with the caveat that their programs are currently only available to Regence Blue Shield customers. Vivecorp offers a full spectrum of à la carte services to clients as small as 50 lives, regardless of insurance carrier. Limeade can

accommodate some groups under 250 lives, but at that size, they may face relatively high fixed per capita costs.

Across all vendors, metrics remain unstandardized. Some were very input-driven, and focused on measures such as participation. Another common theme was to track health risk assessments and other health risk status indicators, in order to find improvements in specific cohorts over time. Two of the vendors offered anecdotal experience of clients reaping significant financial returns, however these specific experiences are not verifiable under the scope of this study, nor could they necessarily be generalized to other clients. The interviews did not gather data on specific costs, but did return some basic information about pricing structure. Program fees were generally administered on a PEPM basis, depending on the services selected, and in some cases there was an additional implementation fee. Two vendors were the exception: Vera Whole Health charges capitated fees, in order to move away from the fee-for-service environment and encourage the employer's commitment to full employee utilization of their clinics. As another strategy, Vivecorp helps the client select services to maximize benefit while staying within a specific budget.

4. DISCUSSION

To create a national standard for comprehensive wellness programs, the National Committee for Quality Assurance (NCQA) offers an accreditation process to wellness vendors who wish to demonstrate the high quality of their services. They list twelve basic standards as applied to employer-sponsored wellness programs:

1. Employer and Plan Sponsor Engagement
2. Privacy and Confidentiality
3. Engaging the Population
4. Health Appraisal
5. Identification and Tailoring
6. Self-Management Tools
7. Health Coaching
8. Rights and Responsibilities
9. Measuring Effectiveness
10. Delegation
11. Incentives Management (*when applicable*)
12. Reporting WHP Performance (*when applicable*) (NCQA)

Overall impressions from the interviews indicate that all six wellness vendors currently addresses each of these standards either directly or indirectly, although this does not conclusively prove that each of these measures is successfully implemented and integrated into the employee's wellness program. The second standard, relating to privacy and confidentiality, brings up an especially interesting topic that wasn't included in this study: How do wellness vendors protect and secure employees' personal information? It may be especially difficult to provide metrics and data in a fully confidential manner for very small clients, whose population is more easily identifiable by health status.

Despite the high level of enthusiasm from every wellness vendor encountered in this study, general research so far has shown that most wellness programs are ineffective (Goetzel, 2008). Unsurprisingly, wellness vendors wholeheartedly believe that their products are indeed effective. Part of the discrepancy may rely on the definition and measurement of “effective”. One evaluator may regard a program as effective when it improves employee health, while another evaluator may regard it as effective only when the direct financial savings outweigh the costs. Because of all the factors involved that are difficult to quantify, including indirect benefits and long-term benefits, proving the true effectiveness of a program may remain a challenge. The takeaway message from wellness programs as of 2015 is that they have yet to produce conclusive and consistent financial returns for most abiding employers. However, as described in the interviews, wellness programs are continually evolving to better serve employers and better impact the lifestyles of their employees. Therefore, with time, experience, and feedback, wellness programs have yet to reach their highest potential in producing and displaying consistent and indisputable gainful metrics.

Research from the Health Promotion Research Center provides an interesting insight into the employer’s perspective when searching for wellness initiatives. Most respondents in a study of midsize employers agreed that workplace health promotion would be beneficial, but many felt that it would be too challenging or unfeasible to implement based on their available capacity (Hannon, 2012). Other research indicates that employers of a demographic similar to this study (75 to 800 employees and located in the Pacific Northwest) are extrinsically motivated and want to see measurable returns from their wellness investment (Hughes, 2011). In addition, over half of the companies interviewed relied exclusively on their health insurance carrier for health promotion, and 4/5 of them relied on health insurers for preventive care (Hughes, 2011). While this dependence may be directly related to the more limited resources of many smaller companies, it is interesting to note that the two-thirds of the vendors in this study not already tied to a health insurer appear to have little to no involvement with the client’s health insurance plan.

Several important limitations apply to this research. First, one or two representative(s) provided the information on behalf of each company. While available services are somewhat

objective, the philosophical approach for each vendor may vary depending on the person being interviewed and where his/her passion lies within the company. Second, many details, such as pricing, could not be verified by external sources, since this is not public information. Third, one of the seven eligible companies was unresponsive to all outreach, and so the results were solely based off the six responsive companies. Lastly, while this study intended to capture the effectiveness of each wellness vendor through open-ended measures of health improvements, it is beyond the scope of this study to verify, quantify, or compare the true effectiveness of each wellness platform, due to the difficulty of capturing this type of data.

Overall, this study met its goal of analyzing a spectrum of wellness programs offered by several Washington State wellness vendors. Although there was a high level of overlap for many service offerings, such as HRAs, biometric screenings, health coaching, online portals, and customized employee communications, each of the six vendors were driven by a distinct philosophical approach to improving employee wellbeing. This study illuminated unique strategies for improving health and wellbeing, such as the integration of privately owned clinics and the creation of alternative employee health assessments. These initiatives may inspire other employers and wellness vendors to continue searching for creative ways to engage employees and help them reach their personal health goals.

From a much broader perspective, this research was essentially a trip to the car dealership to retrieve an initial impression, analyzing similarities and key differentiating features. However, a large piece of the puzzle remains; how do they actually drive? This study then prompts many questions surrounding the true efficacy of wellness programs: What problems have clients encountered along the way? How easy was it to get them resolved? Would it be helpful to have more integration with the client's health insurance provider? In what ways are wellness programs responding to feedback, adapting and evolving? It would be an interesting extension to next hear from employees and members of Human Resources at various clients to get their feedback on what has been successful so far and what they hope to see in the future.

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6. APPENDIX

IRB-Approved Interview Question Guide:

***Contact Information:**

Company Name:

***Client Demographics:**

How many clients do you serve?

Approximately how large are your clients?

Fewest number of employees:

Average number of employees:

Greatest number of employees:

In which counties and cities are your clients based?

Do you offer your services to clients based outside of Washington State?

In which industries are your clients?

Do you work only with companies that have a specific insurer or insurance plan? Are there other insurance requirements that clients must meet in order to be eligible for your services?

***Services**

Which of the following behaviors do you specifically target?

- Tobacco
- Physical activity
- Eating
- Alcohol
- Substance use
- Vaccination
- Stress management
- Weight management
- Disease management
- Other (please specify):

Which of the following services do you offer?

- Health Risk Assessments (HRAs)
- Web-based tools
 - If yes, what functions do they serve?
- Biometrics
- On-site programs
 - If yes, please specify:
- On-site lectures
- Vaccination
- Planning
 - If yes, how do you assist?
- Apps or other phone-based tools
 - If yes, what are their capabilities?
- Communications (newsletters, posters, etc.)

***Participation:**

Do you have minimum participation requirements for your client's population of employees (such as a percentage of total employees)?

What data do you have on participation rates for your clients?

***Workplace Wellness Committees:**

In what ways do you promote the formation of workplace wellness committees?

For employers that have established one, in what ways do you support or are otherwise involved in your clients' workplace wellness committees?

***Pricing:**

What are the prices for each major service offering, and how does it vary by client size?

***Service Model:**

What is your implementation model? For example, do you communicate with employees directly or do they work only through HR? Or an online portal?

Do you provide all services in-house or do you connect companies to any outside partners?

***Sales/Marketing:**

How do you recruit companies?

Which messages/topics do your potential clients find most appealing?