

Employer Perspectives of Employee Wellness Programs

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Abstract

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Previous research has shown that fewer than 10% of employers across the United States offer comprehensive wellness programs to employees. Yet little research has been devoted to understanding how employers perceive employee wellness programs. This exploratory qualitative study examined employer perspectives on employee wellness and employee wellness programs. The objective of this study was to develop a better understanding of employers' perspectives of employee wellness programs and to create a conceptual model to explain these perspectives. The lead researcher conducted eleven one-on-one semi-structured interviews with employer key informants. Inductive content analysis was used to discover five major categories. Within each category prominent themes emerged after multiple reviews of the data. Categories included internal organizational factors, external factors, access to wellness resources, wellness program design and the employer's desired outcomes of employee wellness program. In conclusion, knowledge of the factors that shape employers' perspectives on employee wellness programs can aid research on employee wellness programs and lead to improved program design.

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Introduction

Background and Significance

Employee Wellness Programs came about in the late 1970s and were influenced in part by the occupational safety and health movement as well as the worksite health promotion movement (Reardon 1998). Employers saw an opportunity to go beyond safety and find ways to create a culture of health in the workplace to improve health and reduce costs. 59.5% of insured Americans currently get their health care through their employers (State Health Access Data Assistance Center 2013). The United States has developed a health care coverage system that is linked closely with employment and employer's health coverage choices. Employers can play a crucial role in the health of the nation.

The Affordable Health Care Act of 2010 (ACA) includes an emphasis on promotion of employee wellness programs. The federal government has offered grants to small companies to help them establish employee wellness programs. The law also increased the percentage of employee financial incentives that companies are allowed to offer. "The proposed rules also implement changes in the Affordable Care Act that increase the maximum permissible reward under a health-contingent wellness program from 20 percent to 30 percent of the cost of health coverage, and that further increase the maximum reward to as much as 50 percent for programs designed to prevent or reduce tobacco use." (US Department of Labor 2012). Current federal policy is well aligned to aid in the expansion of employee wellness programs.

Healthy People 2010 were a set of national goals and objectives to guide United States health promotion and disease prevention efforts. One of the Healthy People 2010 goals was for 75% of employers to offer comprehensive wellness programs. Healthy People 2020 carried on a similar objective to increase the proportion of worksites, of all sizes, offering health promotion programs to their employees. For a program to be

classified as *comprehensive*, five key elements as established by Healthy People 2010 must be in place. These include health education regarding health behavior change, supportive work place environments, integration into organizational structure, inclusion of related programs such as employee assistance programs, and health screening programs. A study evaluating this goal has shown that only 6.9% of employers studied met the criteria for providing a comprehensive wellness program (Linnan et al 2008). This cross-sectional study allowed researchers to obtain a broad overview of the presence of wellness activities in the workplace, and further, the comprehensive nature of these offerings. This study had a large sample size of 1553 employers of various sizes and industry backgrounds. It is clear that as a nation, the United States is far from its goal of widespread wellness offerings, but the reason is unclear. Understanding the barriers to adaptation of wellness programs for employers and employees can help increase the number of employees who have access to wellness at work.

Literature Review

Health Outcomes

Overall studies have shown that employee wellness programs can be effective. Each study uses varying measures to define success. Anderson et al (2009) conducted a systematic review of studies analyzing worksite nutrition, physical activity, and weight loss programs. Researchers used the *Community Guide* methods for conducting systemic reviews including criteria for selecting the inclusion of high quality articles with sound data for review (Carande-Kulis et al 2000). The study found, when using a 6-12 month follow-up in 9 randomized control studies, participants maintained modest weight loss and reduction in body mass index (BMI) compared to control groups (Anderson et al 2009).

A good example of a successful wellness program is the “Working Well” program. This was an employee wellness program specifically attempting to reduce cancer risk and was evaluated by Beiner et al (1999) using a randomized control design including 114 worksites. The study used employee surveys to assess changes in nutrition and exposure to smoking. This program focused on environmental changes, both physical and social, at work. The results showed workers at wellness intervention sites were more likely to indicate better access to fruits and vegetables as well as nutrition information. Participants in study groups also felt more social support for healthy nutrition choices and activities than those in control groups (Biener 1999).

Another example of a successful program reported in the literature is a recent study evaluating King County Washington’s Healthy Incentives program looking at health outcomes through weight loss from 2006 through 2011 (Scoggins et al 2011). The study showed significant weight loss among first year participants as well as fifth year participants indicating that the program is able to support participants with weight loss over time and maintenance of weight loss. Scoggins used national survey data via the Medical Expenditure Panel Survey (MEPS) to act as a comparison group. The study also showed that participants who were not overweight who participated in the program were at significantly lessened risk for becoming overweight.

Economic Impacts

The financial benefits of wellness programs have been studied and hotly debated for years. An early large study conducted at Blue Cross Blue Shield headquarters in Indiana over 4 years did not show a significant difference in health costs based on insurance expense claims compared to a control group (Sciacca 1993). Bly et al (1986) analyzed Johnson and Johnson’s wellness program “Live for Life”. Researchers conducted this study over a span of 4 years. Participation in the program was optional and the groups compared had major demographic differences in location, income, and

health status. This study did not show a significant reduction in the cost of claims, but did show that sites with wellness programs saw a reduction in hospital utilization. The study design to evaluate the Johnson and Johnson program was limited due to study populations not being comparable.

A follow up study of Johnson and Johnson's wellness program conducted in 2002 that focused on more long-term results, showed a reduction in health care spending per employee of \$224.66 per year (Ozminkowski et al 2002). The most recent economic analysis of the Johnson & Johnson employee wellness program sought to determine if a mature well established program shows significant cost savings compared to similar employers with less mature programs (Henke et al 2011). Johnson and Johnson's comprehensive wellness program has been in existence for 30 years. In the late 90's, a design change was added that incentivized participation in the employee wellness program with a \$500 reduction in employee premium costs. Researchers did a one-to-one propensity-score match of a large sample of Johnson and Johnson's employees using a pool of similar employees from 16 other companies nationwide. The study found that Johnson and Johnson's annual growth of health expenses was 3.7% less than the control group. "By our calculations, Johnson & Johnson's program is delivering a positive return on investment estimated at \$1.88–\$3.92 for every dollar spent in its third decade of existence" (Henke et al 2011).

A major study conducted by Baicker et al (2010) attempted to quantify the economic impact of employee wellness programs across multiple studies. A meta-analysis was conducted of employee wellness program studies in which the majority of participants were large employers. This study strengthened the evidence related to employee wellness programs and their return on investment. Researchers found that, "Medical costs fall about \$3.27 for every dollar spent on wellness programs, and absentee day costs fall by about \$2.73 for every dollar spent." (Baicker et al 2010). This

study grouped together and analyzed studies that were methodologically similar which led to more precise findings. This study was not generalizable to small and mid-sized employer organizations.

Insurance claims are just one way to measure financial impact. A pre/post study was conducted on a comprehensive wellness program for a large group of blue-collar workers at a manufacturing company. Results showed a reduction in disability days of 14% compared to a control group, which showed a reduction of 5.8% (Bertra 1990). Fewer disability days resulted in significant decrease in cost to employer and increased workforce productivity. The previously mentioned King County program Healthy Incentives has proven to be so successful that King County, which is self-insured, was able to reduce their projected health care budget by 61 million dollars saving taxpayers millions and preserving programs at risk for elimination due to budgetary constraints (King County Executive Office 2011). The majority of studies researching employee wellness program return on investment have evaluated the wellness programs of large employers. It is much more difficult for small to mid-sized employers to ascertain if they would garner similar return on investment at smaller organizations.

There are numerous challenges that an employer must consider when adopting an employee wellness program. These challenges include cost, employee participation and program effectiveness. Person et al (2010) sought to understand barriers to wellness program participation among employees. A university whose staff primarily consisted of service workers implemented a lunchtime nutrition program. Researchers conducted qualitative interviews with both participants and non-participants to try and understand barriers to attendance. The top three barriers identified by interviewees were insufficient incentives, inconvenient locations, and time limitations. Employees are more apt to participate when interventions have significant perceived incentives and programs are convenient and easy to incorporate into their day.

The lead researcher in this study conducted a personal interview with Kevin Klein, senior sales manager at Group Health Cooperative, during which he noted that incentives are key to the success of an employee wellness program. He reports that both gift card and cash incentives can raise participation rates. Kevin Klein reports that the most effective tool he has seen utilized is a reduction in premium expense to an individual or family in exchange for participation in employee wellness program (Klein 2012). Connecting employee wellness programs to savings in areas where families feel most economically impacted by health care expenses is crucial to help bridge the gap between cost and consumers' health and health care choices.

Qualitative Approaches

The current study utilized a qualitative approach evaluate employers' perceptions of employee wellness programs. Reviewing current qualitative research around employee wellness can help broaden our contextual understanding of the issue. Employee wellness programs lend themselves to case study as an exceptional method for developing an in depth understanding of types of programs and their implementation.

Researchers have analyzed unique and successful approaches to employee wellness. Researchers conducted a qualitative case study and interviewed eight employers with comprehensive wellness programs (Romney et al 2010). Employers identified senior management support as well as the use of incentives to promote participation as crucial to the success of programs. All of the wellness programs included a nutrition-based program such as Weight Watchers at work. Some of the employers rewarded employees for participation or weight loss. One company focused on a behavior change model to encourage weight loss. All programs included physical activity programming as well (Romney et al 2010). This case study helps to identify crucial elements of wellness program design as perceived by the employers implementing the program.

Haafkens et al (2011) conducted a qualitative study which used concept mapping in order to gain an understanding of line managers and HR directors' perceptions about supporting employees with chronic health conditions in the work place. This study did not specifically address wellness programs, but was a well-designed approach to understanding manager views on employee health. The researchers identified both similarities and differences in direct managers and HR directors' perceptions of employee health. Both groups identified trust between employee and manager as the most important factor in aiding job retention for employees with chronic illness. Line managers reported company policy as more influential than HR managers in supporting employee retention (Haafkens et al 2011). A similar qualitative exploration of employers' perception of the value of employee wellness and how it fits into organizational priorities can help us understand ways to move towards a healthier workforce and overall community.

A qualitative study conducted by Hughes et al (2011) focused on the decision-making process regarding employee wellness programs in small to medium sized organizations. Researchers used a database of employers in the Puget Sound region of the Northwest United States to recruit twenty-four key informants for participation in the study. Researchers found that HR leaders received information on employee health promotion from health insurers, brokers, vendors, and industry associations. Results also indicated the importance of targeting senior management in small to medium sized organizations with employee health promotion information. Participants enumerated the factors that must be considered when an employer makes decisions regarding employee wellness programs (Hughes et al 2011). A similar study conducted by Hannon et al (2012) attempted to gain a broader understanding of mid-sized employers' perspectives of employee wellness programs. Researchers recruited organizations that employed primarily low-wage workers. In this qualitative study researchers used facilitated focus

groups to collect data regarding employers' perspectives. Results indicated that participants viewed employee wellness programs as an appropriate strategy to help contain health care costs, increase productivity, and improve morale. The study also identified factors that created barriers and/or facilitated employer efforts to engage in employee health promotion activities (Hannon et al 2012).

Although there are decades of research on wellness programs there is still a gap in our understanding of employers perceptions of employee wellness and their desire to incorporate employee wellness at the workplace. Increased understanding of the factors that influence employer decision-making is needed.

Method

Research Questions

The lead researcher developed two primary research questions based on current gaps in the employee wellness literature. What are employers' perceptions of employee wellness programs? What are the factors that impact employer decision-making regarding employee wellness programs?

Design

This study was a cross-sectional qualitative analysis utilizing semi-structured one-on-one interviews with participants. The target study population was employer key informants from organizations in the Northwest region of the United States. Inclusion in this study was based a participant's on role in the organization and their understanding of the organization's employee wellness practices. This target population was selected in order to develop a more in depth understanding of decision makers' perspectives, including views on wellness and how those views relate to financial prioritization in an organization.

Recruitment

The study population was a purposeful sample recruited through the lead researcher's professional contacts, the Group Health Cooperative sales department, referrals from participants, and direct outreach to employers. During recruitment of participants specific efforts were made to obtain perspectives from employers of varying sizes and industries. The data reached saturation when the lead researcher conducted the eleventh interview and no new information came forth. It is likely that saturation was reached after only eleven interviews due to participant self-selection. Although employers recruited for participation were from varying backgrounds, their willingness to participate in a study of this kind may have led to increased homogeneity related to their perspectives on employee wellness programs.

Employers of a wide variety of sizes, industries, and varying degrees of wellness activities participated in this study. The size of participant organizations ranged from a micro business with eight employees to an enterprise with over ten thousand employees. There was one micro business (1-10 employees), three small organizations with (<250 employees), three medium organizations (<500 employees), one large organization (<1000 employees) and three enterprises (>1000 employees). Six participants worked in human resources as the human resources director or in another role. One participant was an executive leader at his organization and there was one small business owner. The remaining three participants were wellness coordinators.

The participants represented multiple industries including government, manufacturing, transportation, education, health services, retail, and financial/HR services. Three organizations had no official wellness programs. Four organizations had a wellness program that included some form of planned health promotion activities, such as a health fair, health risk assessments, or health education classes. The remaining four organizations had a comprehensive wellness program as defined by Healthy People

2010. This high proportion of participants with comprehensive wellness programs is not representative of the United States employer population overall. The employers already providing comprehensive employee wellness activities were more likely to be referred for participation and agree to participate.

Measures

Based on a review of the wellness literature and the aims of the study, the lead researcher developed a semi-structured interview guide. Figure 1 shows the standardized open-ended questions that the lead researcher asked during one-on-one interviews. The interview questions were tested with two non-participant members of the target population to assess clarity and relevance of the questions. The reviewers made some recommendations regarding terms used and these recommendations were incorporated in the development of the final list of questions.

**Figure 1
Interview Questions**

Interview Questions
1. How do you define “employee wellness”?
1a. How does your organization define “employee wellness”?
2. What kind of discussions has your organization had about employee wellness programs?
3. What is the value of an employee wellness program?
4. What are the challenges of having an employee wellness program?
4a. What are the barriers to having an employee wellness program?
5. How does your organization make decisions about employee wellness?

The questions were designed to assess (a) the participant’s conceptual understanding of employee wellness, (b) the nature of organizational discussions of employee wellness, (c) the perceived benefits and barriers of employee wellness programs, and (d) the decision making process regarding employee wellness programs.

During the first interview, a participant response led to a discussion of resources employers use to find information regarding employee wellness programs. This led to an additional question that the lead researcher asked subsequent participants. (What resources do you use or where do you go to get information on employee wellness programs?). Additionally, all participants answered specific questions so that the lead researcher could ascertain employer demographic information.

Procedure

The University of Washington Institutional Review Board approved this study. Participants were screened for inclusion in the study through email contact with the lead researcher. The lead researcher scheduled eligible participants for one-on-one telephone interviews. One-on-one interviews were chosen for their depth, flexibility, and convenience for the target population. Prior to the interviews, participants were sent informed consent forms electronically. Participants emailed or faxed the completed consent forms to the lead researcher.

Data Collection

During the telephone interviews, the lead researcher audiotaped participants' responses with a digital voice recorder and then transcribed them verbatim. At the beginning of each telephone interview, the lead researcher introduced herself and reviewed the purpose of the study. An overview was given of the semi-structured nature of the interview and the anticipated length of interview. Additionally, the interviewer took hand written notes during each interview. Following the interview, participants were sent a thank you card that included a \$5.00 Starbucks gift card for their participation.

Data Analysis

The lead researcher analyzed the data using inductive content analysis. Familiarization is a crucial part of the preparation phase of content analysis. "The aim is

to become immersed in the data, which is why the written material is read through several times. No insights or theories can spring forth from the data without the researcher becoming completely familiar with them“ (Elo & Kyngas 2008). The lead researcher familiarized herself with all of the transcripts, read through each transcript, and cross-checked the transcripts with the audio tapes to confirm accuracy.

Coding

During the organizing phase of inductive content analysis the researcher starts by open coding the data, creating a coding manual, grouping codes, and finally categorizing codes (Elo & Kyngas 2008). The lead and secondary researchers in this study both independently open coded the same five transcripts. They read and re-read each transcript and on the third read-through coded the transcripts. Transcripts were analyzed for significant ideas or factors related to participants’ conceptualization of employee wellness programs, as well as ways in which employee wellness was discussed at an organization. Codes were also based on the perceived benefits and barriers to employee wellness programs. Other considerations included influences on employers’ decision-making regarding employee wellness programs. The researchers met and compared the independent lists of codes and noted and confirmed duplicate codes. The researchers reviewed any differences in interpretation. During this meeting, the researchers consolidated the lists into a single coding manual.

In this study Atlas.ti 7 software was used to analyze data. The lead researcher uploaded transcripts and created a hermeneutic unit (HU) for the research project. The HU is based on a “container” concept, meaning that the HU holds all relevant data for a project: transcripts, codes, quotes, memos, images, and etcetera (Friese 2013). The code manual was added to the HU and the “family function” was used to further organize each transcript based on its employer demographic information. The “family function” allows

the researcher to create linkages in transcripts or codes that are similar. The lead researcher read through each transcript again in its entirety, re-read, and then coded it using the coding manual.

Identification of Categories and Development of Themes

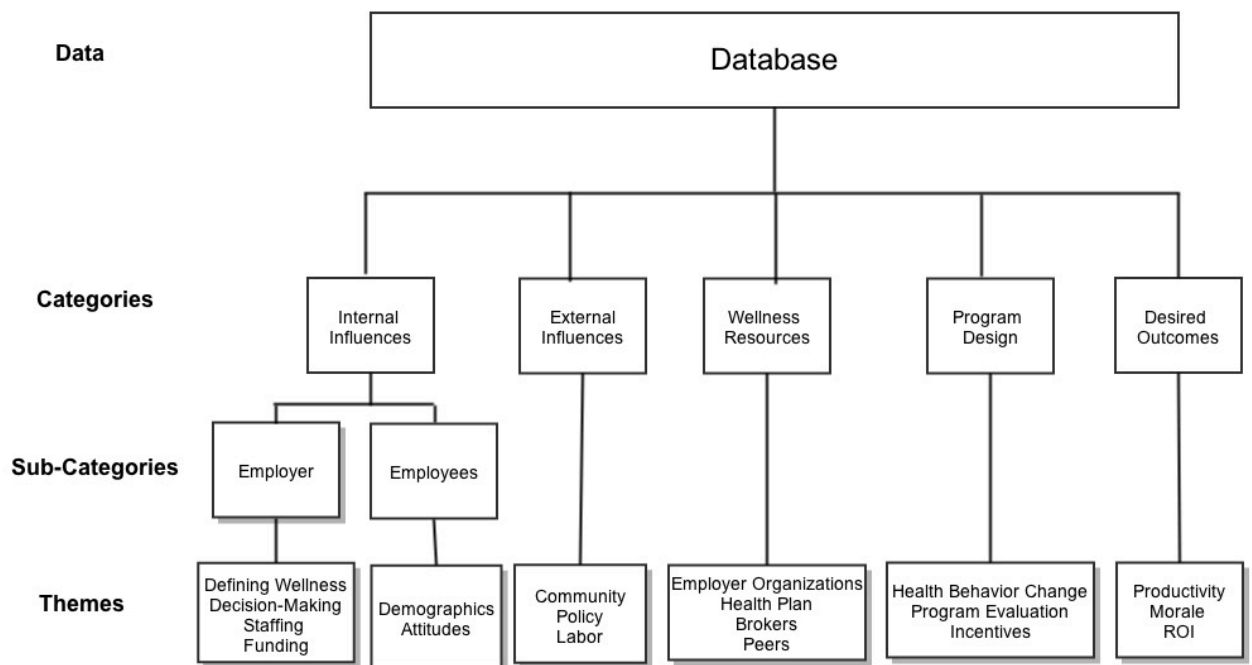
The final step of the organizing phase of inductive content analysis is abstraction. “Abstraction means formulating a general description of the research topic through generating categories.” (Elo & Kyngas 2008). The lead researcher grouped codes into categories that reflected the most prominent elements of employer perceptions of employee wellness found in the data. Within each category prominent themes emerged after multiple reviews of the data. The lead researcher synthesized the relationship of these categories and patterns in the data to develop the basis for the conceptual framework. The secondary researcher reviewed the categories, themes, and conceptual framework to ensure that they accurately represented the data collected. The second researcher conducted this secondary analysis to ensure validity. In this way, the trustworthiness of the data was established and secondary researcher helped to identify any gaps or themes that the primary researcher may have missed. The write up of data analysis and findings will be given to research participants for review and feedback to help strengthen the validity of the findings.

Results

Diagram 1 provides a visual illustration of the categories and the themes developed from the data collected. Each category represents a critical pathway to understanding employers’ perspectives of employee wellness programs. Furthermore, each category contains multiple themes that represent more specific influences on employers’ perspectives. Starting at the top of the diagram the database is made up of the information collected from one-on-one interviews assessing employers’ perspectives. The lead researcher analyzed the data and distilled it into five separate categories.

The first category is internal organizational factors that are divided into the two sub-categories of employer internal factors and employee internal factors. Themes represented in the employer internal factors sub-category are employer definition of wellness, funding/staffing resources, and decision-making regarding employee wellness programs. The employee internal factors sub-category includes the themes of employee job characteristics/demographics, and employee attitudes. The second category is external factors including the themes policy, labor relations, and the broader community. Third category is access to wellness resources and information. The themes within the wellness resources category include insurance brokers/health plans, employer organizations, and employer peer support. The fourth category is the thinking around wellness program design, which includes themes of health behavior change, measurement/data, and incentives. The fifth category is the employer's desired outcome from an employee wellness program. The themes within the desired outcome category are employer return on investment, employee productivity, and morale

Diagram 1
Illustration of Categories



Category 1: Internal Factors

Participants noted the way in which internal organizational factors play a major role in shaping employers perspectives on employee wellness. This category has two sub-categories of internal factors that relate to the employer and those internal factors that relate more specifically to the employees.

Sub-Category: Employer Internal Factors

Defining Wellness

The most fundamental way in which individuals and organizations demonstrate understanding is through how they define a concept. Some participants struggled to define employee wellness while others were able to read verbatim the definition generated through a formal missioning process at their organization. The lead researcher has used participant numbers and the line of the transcript to cite participant quotes.

Well...It's a little bit...It is an initiative that I have been working on for the last couple of years. P5L32

Well currently what we do is we hold an annual wellness event once a year. P11L15

Employers who had difficulty defining employee wellness had a tendency to rely on a description of their organization's employee wellness activities rather than actually define the concept. Conversely, participants who were able to easily define wellness had more holistic and cultural understandings of employee wellness.

...let me see if that would serve as a definition. It may or may not. It's 'To create a healthier (Employer Name) community; physically, mentally, and emotionally.'
P10L30-31

Employers who desired a culture of employee wellness wanted all aspects of the employee experience to be informed by wellness: what they eat at the cafeteria, the

health plan they have, what the organization promotes to the broader community. A HR employee discussed the organizations' desire to promote a culture of wellness.

Well we really are looking at...well it's a cultural thing so we want a culture in our organization that stays well. You know a wellness culture... we want to have an organization where healthy people go 'hey I want to work there!'. P6 L90-91

Funding and Staffing

Other internal factors that participants identified within the employer sub-category included funding for wellness activities. This was closely associated with the amount of dedicated staffing or time devoted to employee wellness activities. Almost all participants referenced constraints in finances and/or time for staff to administer wellness activities, which prevents them from being able to provide the depth and breadth of employee wellness activities they would prefer. This wellness coordinator discussed the difficulty of managing multiple worksites.

It's a whole other building and you know when you have to be three places particularly in one week it gets challenging to make sure that things are being communicated and making sure that the messages are getting out and keeping people excited P3L136-137

Some participants noted that it would be helpful to have dedicated wellness staffing or more time for current human resource employees to dedicate to wellness. Even organizations with wellness coordinators felt stretched for time and resources. An HR director of a medium sized organization described the difficulty of limited funding for employee wellness activities.

...and I think that is a real barrier if you don't have the money so last year we didn't have anything in the budget, but I just went ahead and did it anyway. P10L285-286

A closely related topic within this sub-category is the participant's level of satisfaction with the type of wellness activities currently offered. Their level of satisfaction often influenced the participant's enthusiasm for wellness in general. The same HR director also stated,

...wellness is just something that personally that I am very passionate about. It's the kind of thing where you need to have a champion. P10L174-175

This passion for wellness among a few individuals in an organization can act as a driving force for change within an organization.

Decision-Making

When participants discussed how employee wellness decisions were made in their organization they often referenced the importance of engaging the leadership of the organization. A HR director explained,

*...the first thing is that I had to get their buy in on wellness. And once I did that through training and bringing different individuals in...And then I took it from there once I got the buy in of the management team, they were like yeah 'we understand if we get people eating right, thinking the right way, stress free, family life, exercise we can lower payments on our medical side'*P2L36-37

Some participants had more autonomy than others with regard to programmatic design, but all participants who had employee wellness programs had a mechanism for review and approval by executive leadership.

In some cases, the data showed ways in which preferences for certain types of activities by executive leadership led to those activities becoming ongoing elements of the employer's employee wellness programs. In reference to one employer's health fairs a wellness coordinator stated,

...and that was something that he really wanted to do and is something that is important that they really want...the senior management and the chairman really want that event and we do that annually here which is actually next Monday. P11L157-158

Sub-Category: Employee Internal Factors

Employee Job Characteristics & Demographics

The first theme within this sub-category relates to the demographic make-up of the organization. For some employers these factors related specifically to the diversity of work roles. This wellness coordinator at a manufacturing company discussed how work roles factor into her thinking about the employee wellness program.

So you have people that are sitting all day. You have people who are not and who are moving around and working hard on the floor, but we have to consider both populations when we are making our programs every year. P3L96-97

Participants also noted the distribution of part time, seasonal, and shift working employees as diverse factors that require unique consideration when developing an employee wellness program for an organization. Other participants referenced employee demographics related to socio-economic status, disability, gender, and ethnic make-up of the employee base. Participants referred to the range of health status among employees in general when considering employee wellness at their organization. Participants noted the impact having multiple worksites across a region that may have varying cultures at each location.

Employee Attitudes

Employers discussed how employee resistance or enthusiasm impacted morale and organizational attitudes toward employee wellness in general. Participants were keenly aware of the opinions of employees regarding an employer's employee wellness program.

Absolutely that is the hardest thing. I can stand up there with my pom poms, and they joke, they always just laugh at me because they know I am going to talk about the wellness program and they really just don't care P5L217-218

Participants struggled with how to engage employees who were resistant to participation or health behavior change. This HR director for a local government organization discussed her frustration with a pattern she has observed in which employees that are most apt to participate in the employer's wellness program already engage in healthy behavior.

So how do you...so it has been a challenge to figure out how to target the people who you think will might most benefit from wellness interventions P1L126-127

Participants saw employee resistance to employee wellness programs as a challenge or concern.

Category 2: External Factors

External factors in this category are represented by factors that are outside of the control of the employer, and influence perspectives on employee wellness. It also can relate to the way in which the organization works in or with the broader community to support employee wellness activities.

Policy

Some participants noted the impact or influence of governmental health policy. This small business owner was excited about the prospect that the Affordable Care Act may provide her with more affordable access to employee wellness programs.

Oh I think it would be great and I would, depending on what it looked like, I would love to do that. Yeah that is why I am excited about the health care changes that are coming up because I feel like maybe we will have the opportunity to be part of a bigger group and do more without feeling like it is going to tank the business. P7L236-237

It is important to remember that the same policy change may mean completely different things to different employers. Another participant was primarily concerned about how the Affordable Care Act would increase health insurance costs with the planned tax on very generous health care plans.

Our health plans that we have currently are sure to be Cadillac plans in 2018. P1L318-319

The influence of policy can play a crucial role in shaping employer's thinking and behavior.

Labor Relations

Three of the participants had labor unions at their organizations. Employers who had employees represented by labor unions brought up the influence of unions, because they would need to negotiate changes to benefits when designing an employee wellness program. An HR director with unionized employees stated,

"Because we have nine bargaining units, I need to find the glide path away from the plans that we have now into something else." P1L322-323

The employer must consider how the changes to the health plan and work environment will be perceived by the employee union. The majority of Washington state employers do not have labor unions, but when working in a labor environment, engagement of unions is crucial to the ease at which employee wellness programs can be initiated and changed.

The Community

Many participants mentioned involvement with broader community initiatives or activities that support wellness. Employers engaged in the broader community in different ways. Some engaged in races, parades, and fundraisers for a cause that also included healthy activities for employees. An HR director of a financial services organization reported,

Or we will do a breast cancer walk so we will have teams that do that. Or you know the 3 day or various other activities...They are not necessarily tied to our wellness program. P5L119-123

Other employers had formal relationships with community health initiatives as a part of their actual wellness program. Some participants elaborated on the topic of the organization's specific role or mission which included improving the health of the broader community.

A few employers mentioned the important role of primary care providers. Some noted the importance of ensuring that employees have a primary care provider. One participant discussed ways in which employee wellness programs could be more integrated with primary care providers to better serve employees' health needs. Many employers had ties to the community through vendors and educators whom they brought in to work with employees as a part of the employee wellness activities. A wellness coordinator at large enterprise described the programming planned for a health fair.

And so this health fair we have Marbles as one of our stations of fun. They are bringing some different brain games so that will be fun. We have Jazzercise at one. We have underdog sports who do intramural sign ups for different sports. And we have Flywheel, which is a cycling place here in Bellevue. P114-123

What is happening in the broader community whether it is policy, wellness offerings, health care delivery, or community events all contribute to an employer's thinking about the role of wellness within their own organization.

Category 3: Wellness Resources

Brokers & Health Plans

The most frequently and broadly mentioned resource mentioned by participants were health insurance brokers and health plan staff. Even the one participant that did not have a health insurance plan for employees referenced an insurance broker as the first place she would look to get information on employee wellness. Participants referenced the relationship of trust they had built with their broker and how that trustworthiness was important in an employee wellness resource. A senior manager at a manufacturing company stated,

Oh yeah...I...we can look online, but there are so many different things that are out there you know we are being bombarded constantly with hey we can help you with this, that, and the other thing, but we feel that our broker that we that they do employee benefits specifically the person that we have worked with over the years her company is large enough that if she can't there are people within the organization that I am sure can. P8L195-196

Participants also looked to their health plan carriers for information on employee wellness. Employers see their health insurance providers as content experts on the topic of wellness and health promotion.

Employer Organizations

Participants were members of a variety of employer organizations where wellness information and support is provided. These organizations ranged from professional associations, professional newsletters, and employer trusts where they receive HR support services. This HR director describes her employer's relationship with an employer association.

We are covered through the association through Washington cities and they have an employee benefits trust and we're a member of the trust. P1L84-88

Some employer organizations play a more active role than others in shaping employer perspectives. Passive resources such as the Society for Human Resource Management employers may communicate with employers through newsletter information. When asked about wellness resources used, this HR director listed the following organizations,

Umm...let's see...it's AHIP wellness news brief and those organizations, Health Newsletter...Governing, SHRM, AWC P9L105-106

Participants were able to receive regular information regarding wellness, which allows them to stay up to date with what is happening in the world of employee wellness.

Peer Support

Three of the participants with comprehensive wellness programs mentioned the importance of peers. They reported that peers were influential on their perspectives of employee wellness. These employers engaging in employee wellness best practices talked about the formal and informal ways that they interface with other employers to get feedback and support on employee wellness activities. A wellness program coordinator from a health services organization explained,

There is a group that I got invited into which is just a local Seattle group and we were doing monthly coffees and now turning into monthly happy hours, either one works for me. I look forward to that because there is no agenda it is just a group of us and we all know that we're going to take away this information and abuse this time. It's how can we learn from each other? In all different areas of and roles in the wellness field too. That's nice to see that support and in this area. It is amazing if you just ask what people what people respond back with. P4L175-176

Participants elaborated on how the nature of the relationship with peers brought a unique and helpful perspective on wellness. Employers use a multitude of resources to access information on employee wellness programs.

Category 4: Wellness Program Design

Health Behavior Change

The information participants were most eager to share was about their current wellness activities or plans for changes to their employee wellness programs.

Participants had a clear desire to use the design of their employee wellness programs to shape the health behavior of employees. This HR director explained why the employer has an employee wellness program.

Basically for us it's to make our employees as healthy as possible. To be thinking health-wise. Healthy eating, healthy living, stress free, you know how to become stress free along with exercise. It's what we have been trying to do among our employees and we have been very successful at doing that. P2L28-29

The quote below from an HR director of a transportation company demonstrates Social Cognitive Theory's (SCT) notion of reciprocal determinism. This concept describes how the environment shapes behavior and in turn the individual or a group has ability to alter the environment to shape behavior (Glanz et al 2008).

And so the first thing I did was went into the lunch room and saw all those machines and I met with the vendor and I said all the stuff needs to go more healthy and I want health stuff. And they weren't able to do it so I had to pull all of the machines out of my building. The first casualty was the ice cream machine we had P2L40-41

Participants described making changes to the work environment in order to influence employees' health behavior. The statement above also illustrates the concept of facilitation in SCT. Facilitation reduces barriers to engaging in more desirable behavior change. This same participant goes on to discuss the way in which they use facilitation to encourage employees to make healthier choices.

We have fresh fruit which we first were doing it for free, but I was going to the store almost on a daily basis and I said I can't do this anymore so we charge a quarter per a piece of fruit. So everything in our wellness machine is wellness products you know to promote wellness and it has been very successful. P2L56-57

Incentives

Every participant mentioned the use of incentives to encourage participation in the employee wellness programs and to encourage health behavior change. Participants described a multitude of ways incentive can be used in employee wellness program

design. The definition of incentive motivation in SCT is, “The use and misuse of rewards and punishments to modify behavior.” (Glanz, et al 2008). This wellness coordinator explained the employer’s use of both reward and punishment in the tobacco cessation program design that is nested within the employee wellness program.

What else do we have going on? Tobacco cessation...that is basically what I have been doing all day today. We do offer reimbursement for nicotine replacement therapy. Or prescription medications if that is the route they want to go to quit. We also have programs offered through our health insurance or we will reimburse them to participate in the freedom from smoking program, which is through the American Lung Association. So basically we make it free to quit. Once they quit and are tobacco free for six months then they get \$200. Yeah so we kind of use positive and negative incentives and we meet the criteria for that, because on the flip side they have to pay more for their premiums every paycheck if they are a tobacco user P3L56-65

The participant above had a clear understanding of the value of the use of incentives in employee wellness program design. Some participants discussed the challenge of getting the funding in their budgets to pay for wellness program incentives. In some cases the employer’s choice to start a wellness program was motivated by an external incentive from an employer organization.

Measurement and Evaluation

Participants expressed the desire to be able to evaluate employee wellness programs. This wellness coordinator discussed the use of a variety of forms of feedback to aid in program evaluation.

And we also get our wellness champions feedback on our challenges, our staff feedback too, and also our union feedback too on a yearly basis to say let’s take a look at how many people participated. What comments might have been for those that did participate and what might we be able to look at differently for next year and try to keep the big hitters in a refresh it where we needed. P4L218-219

Employers used both qualitative data and participation data to evaluate the effectiveness of their employee wellness programs. Many employers wanted more than this type of feedback to understand the impact their wellness program was making on their employees’ health.

Well we get some claims data from Group Health...Where I can see and look at average appointments per year and then the cost of those appointments and were they wellness verses reactionary ER visits or Urgent Care visits and all that break down. Then I can look and see is this having an impact? P5L233-234

Participants reported getting aggregate claims data as well as using insurance renewal rates to measure potential impact of employee wellness programs. There is a clear frustration by many that this data although helpful does not provide them the kind of integrated and comprehensive measurements they would like to evaluate programs.

...but data continues to be an...and ROI continues to be a something that one we need to get the data to be able to even measure that great ROI and I don't think I am alone as a wellness professional I saying that data is...we could do better there and get more...but it's getting better, but we could get more...P4L60-61

Participant's concepts of wellness program design centered around incentives needed to achieve participation goals, changing health behavior, and developing ways to effectively measure desired outcomes.

Category 5: Desired Outcomes

Return on Investment

This HR director discussed the pressure to demonstrate positive outcomes in terms of reduction of health expenses.

And so that causes some challenges because one is the finance department wants to see the ROI immediately when everybody knows that the return on investment is shown 4-5 years down the road depending upon the severity of your claims that you are trying to work with and trying to incorporate wellness around. P9L118-119

Participants turned to employee wellness programs as a strategy to be able to contain health care costs. A senior manager at a manufacturing company where there is no wellness program stated,

So that is one time when it will come up. And then as a result of every year when we go through our renewal process and we get slammed with another increase in our rates then we talk about things that would help improve that again. P8 106-107

Many participants discussed employee wellness programs as a cost savings measure.

More accurately stated, most employers were actually seeking cost avoidance. The

concept of cost avoidance demonstrates when an intervention, such as an employee wellness program, prevents future increases in costs. Some large employers that are self-insured may actually be able to realize cost savings through reduced claims, but the majority of employers are looking for stability in their insurance premium expenses.

Productivity

Another desired outcome mentioned by most of the participants was improvement in employee productivity. Employee productivity takes into consideration the loss of productive time when employees are absent due to illness or injury, as well as the quality and efficiency of work performed by an employee when they are working.

I think with that then you hope that people will show up healthier happier more engaged and that could be a result into work and productivity. It could be into their... the time that they chose to be with the organization. P4L84-85

This participant highlights the value of productivity to the employer and also broaches the topic of the potential for employee wellness programs to impact employee retention.

An HR director at a financial services organization described her views on productivity,

I look at it two fold. I look at it as if people are sick it reduces productivity...So having people healthy and well and having the energy coming to work day to day adds to a productive work force and that is what I am looking for. P5L201-206

Morale

Not all of the employers desired outcomes are solely linked to costs. Some participants mentioned the potential for employee wellness to positively impact the morale at an organization.

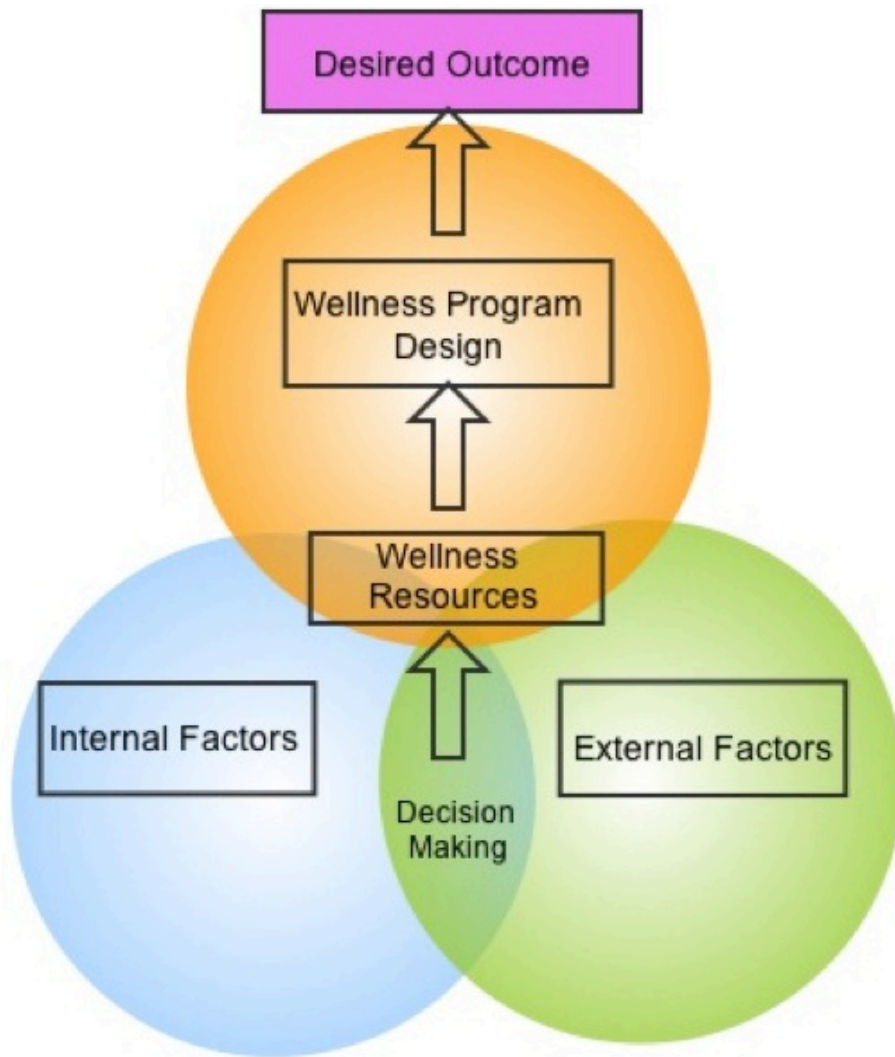
Well it's just exponential in terms of people coming to work and being engaged in their job. You know being healthy...I think that it helps with that. I think it helps with morale. I know last year in particular when we did the Active for Life people were so excited. They were just clamoring to get on a team. P10L242-243

Many participants describe a feeling of excitement and camaraderie among employees. Some participants conceptualized morale as a positive energy at work and among employees. A few participants took the concept a few steps further and described

improvement in morale as a belief on the part of employees that the employer cares about them personally. Now that each of the five categories have been explored separately the next step is to understand how these themes interact and relate to one another.

Conceptual Model

Diagram 2
Employers' Perspectives of Wellness Programs



The conceptual diagram creates a visual depiction of how the five categories work in concert to shape employer perspectives of employee wellness programs. Starting at the bottom of the image the categories of internal factors and external factors overlap to

influence the decision making process. That decision-making then filters up through an employer's access to wellness resources and information. That access to support and information then shapes the employer's perspective on current or future wellness program design. The movement upward through the model shapes the employer's perception of the desired outcome of an employee wellness program.

Conceptual Model: A Case Study

A small retail business owner has eight employees and is currently unable to afford to purchase health insurance for them. For employees with health insurance through other sources, such as spouses, she offers a set dollar reimbursement to help them pay for health insurance. The major internal factors are limited funding, a small employee population, and a strong desire and mission to care for her employees. The major external factor is the upcoming opening of the exchange market where the employer hopes to purchase healthcare for staff more affordably. The internal and external factors shape employers decision making regarding wellness as she considers offering Weight Watchers or gym reimbursement in lieu of being able to currently afford insurance for employees.

Right now for me wellness might be one of those things I offer in lieu of the health insurance...with the health insurance being the ultimate goal because I feel like that's the priority. Would I love to do both absolutely I would love to. Would it be affordable, highly unlikely for a business my size. P7L272-273

The business owner would discuss options with her accountant and the employees as a part of the decision making process. She has limited access to wellness resources although she is a member of a few small business associations. The lack of resources and unique internal factors make it hard for her to conceptualize what a comprehensive wellness program design would look like for her business. This results in her desired outcome of a wellness offering to continue to boost employee morale and potentially help with retention until she can afford to offer health insurance to all her employees.

Discussion

This exploratory qualitative study examined employer perspectives on employee wellness and employee wellness programs. The objective of this study was to develop a better understanding of employers' perspectives of employee wellness programs and to develop a conceptual model to explain how these perspectives on wellness programs are developed. The findings give us the ability to build a framework to understand the factors that most influence employers. Inductive content analysis was used to discover five major categories and two sub-categories. The first category is internal organizational factors that can be separated into two sub-categories of employer internal factors and employee internal factors. Second are the external factors such as policy and labor relations. Third is access to wellness resources and information. Fourth is the thinking around wellness program design and the fifth category is the employer's desired outcome from an employee wellness program.

Organizational change theories can help to interpret the findings related to the category of internal factors. Carter McNamara's work resulted in theory to explain dimensions of organizational change. One dimension makes a distinction between transformational vs. incremental change. "Transformational or radical change involves changing an organization's fundamental structure and culture..." (Glanz et al 2008). Participants' efforts to define wellness were often a reflection of how wellness programs or desired wellness activities were viewed as transformational or incremental. Those employers that primarily focused on initiatives or individual programs demonstrated incremental change around employee wellness at their organization. Cultural and transformational changes around employee wellness in an organization usually result in broader policy changes that promote wellness. Participants with a more developed definition of employee wellness focused on environmental and organizational changes as well as individual behavior change of employees. By asking participants to define

wellness this study helped to identify gaps in knowledge and differences in interpretation or understanding of terms.

Participants described how important it is to have support from organizational leadership for successful implementation of employee wellness programs. This finding is supported by other studies that noted leadership support as crucial element of successful comprehensive employee wellness programs (Romney et al 2010). Having buy-in from leadership shapes the way an organization views and engages in employee wellness activities. Hannon et al (2012) also found that employers described the importance of management level engagement. The degree to which executive leadership opinion can influence wellness program design is significant. This leadership opinion may be shaped by everything from personal experiences to research. Public health professionals must address all levels of organizational influence to guide employers through successful implementation and administration of employee wellness programs.

Overall organization size and employee make up were factors on how the employer viewed employee wellness programs. Employers are tasked with trying to determine how employee wellness can serve their entire employee population. Previous research has explored primary influences on employee wellness program participation from the employee perspective. “The top three reported barriers to participation (in order from most often to least often reported) were insufficient incentives, inconvenient locations, and time limitations” (Person et al 2010). Employee participation and success stories sent powerful messages to the current study’s participants and were use by participants to illustrate the success of their programs and demonstrate an overall sense of culture of wellness within the organization. Interestingly, the current study did not find employer concerns about culture of the organization not supporting wellness. Participants in the current study did not report worries of intruding on employees’ personal lives. A qualitative study conducted by

Hannon et al (2012) found that mid-sized employers with low-wage workers expressed intruding in worker's personal lives as a concern. A high proportion of participants in the current study were already engaging in some form of employee wellness activities and this may account for the difference in findings. How employers view their employees can significantly shape the employers' understanding of the role of an employee wellness program within their organization.

If public health professionals are aware of where employers look for information on wellness they can better target their efforts to aid in design of comprehensive wellness programs. No employer can successfully execute an employee wellness program without access to resources. Knowledge of employers' views on employee wellness resources also allows public health professionals to appropriately market wellness to the widest array employers and increase the overall number of workers who are engaged in workplace wellness. Participants reported that they looked to brokers, health plans, vendors, and employer organizations to learn about employee wellness. This study's findings regarding employer resources were congruent with an earlier qualitative study that focused understanding the employers' decision-making process regarding employee health promotion. The previous study found that employers often rely on insurance brokers and health plan staff to provide employee health promotion information (Hughes et al 2011). Employers make a natural association with health care and wellness/health promotion. Public Health professionals generally view the two as siloes or separate systems. Health insurance carriers must be prepared to have employee wellness conversations with employers and offer both guidance and employee wellness products.

Other wellness information sources such as human resource or employee wellness newsletters provide an excellent forum to interface with human resource professionals regarding the newest innovations with employee wellness. They can also

help employers understand changes in health policy and how those changes relate to employee wellness. Another important resource for employers is other employers. Peers can provide a powerful influence, as there is a common understanding of the challenges and barriers of employee wellness. This camaraderie and minimal conflict of interest regarding personal gain allows for employers to share important lessons learned and provide support for new innovations. Wellness resources can effectively guide employers through the process of researching, designing, implementing, maintaining and evaluating wellness programs.

Many of the concepts of Social Cognitive Theory (SCT) are found in employer's perspectives of employee wellness program design. "SCT posits that human behavior is the product of dynamic interplay of personal, behavioral, and environmental influences. Although it recognizes how environments shape behavior, this theory focuses on people's potential ability to alter and construct environments to suit purposes they devise for themselves." (Glanz, et al 2008). Workplaces constitute the environment in which adult Americans spend the majority of their waking hours living in. Shaping the work environment through employee wellness programs has the ability to transform all aspects of an employee's life. Employers look toward various employee wellness program design elements, such as incentives, to aid in shaping employee health behavior.

One of the ways participants discussed incentives was as bonuses, gifts, or prizes for participation. A few participants described incentives through the pricing structure of employee health care, which could increase or decrease costs contingent on health behavior (i.e. an employee would pay 20% more for health insurance premiums if they are a current smoker). The new rules under the ACA give employers more flexibility to implement incentives that are more directly tied to current health behavior. Although there was a general consensus among employers that incentives can work to change or

shape behavior the reality of investing the money when the return on investment is unclear causes hesitance from decision-makers.

Employers' views of employee wellness programs are greatly influenced by their understanding and beliefs about wellness program design. The amazing work that employers are doing around the United States to improve the health of employees deepens our understanding of health behavior change. "Rather there is usually a dynamic interaction among the features of the innovation, intended adopters and the context or setting where the process is occurring. Indeed, most health behavior change programs take place in various settings, such as workplaces, schools, health departments, and international family planning organizations." (Glanz et al 2008). Understanding of the role of wellness program design and its impact on desired outcomes shapes how employers view employee wellness programs. Over the last 30 years, efforts have been made to demonstrate the financial impacts that wellness programs have on health care expenses (Henke et al 2011). Employers are seeking measurement and data tools to help them understand changes in their employees' health and health expenses over time. If public health professionals want to see broader adoption of employee wellness programs we must help employers measure their progress in a meaningful way. Especially for smaller employers for whom health data is more difficult to provide due to privacy issues we must provide solutions for developing the tools and skills needed to effectively evaluate employee wellness programs.

Understanding what is important to employers about employee wellness programs is crucial to their perspectives and what shapes decision making about employee wellness. Employers discussed the desired outcomes of employee wellness programs as cost containment, productivity, and employee retention. A similar qualitative study with mid-sized employers in low-wage industries found comparable themes regarding the employers' desired outcomes of cost-containment and improving

morale and productivity (Hannon et al 2012). By understanding the employer expectations of an employee wellness program, better marketing, designing, and demonstration of the effectiveness of outcomes can be achieved. Knowledge of employers' desired outcomes also allows for public health professionals to better gauge an employer's expectations and provide additional education if those expectations do not align with the capabilities of an employer's chosen health promotion design.

Social cognitive theory also provides a theoretical framework for understanding outcomes through to concept of "outcome expectations". This concept helps us to understand how individual and/or organizational beliefs about the likelihood of an outcome if certain behaviors are changed can influence choices and decision-making (Glanz et al 2008). If an employer believes that their desired outcomes can be achieved through employee wellness, it can increase the likelihood of desired uptake of change behavior, such as implementation of an employee wellness program.

Health care is increasingly making up a larger proportion of an employee's compensation package as health care costs continue to rise. Employers are very sensitive to the issue of the affordability of providing health care to their employees. Employers look to see a reduction in claims, which directly impacts renewal rates. Beyond direct health care costs employers are focused on the desired outcome of increased productivity. Bertra's study used disability days as a measurement outcome for an employee wellness program at a large manufacturing company and attempted to quantify the cost of productivity (Betra 1990). Employers see that productivity has the ability to impact an organization economically. If employers believe that they can demonstrate improvement in cost expenditures on healthcare and increased productivity then they will be more likely to invest in employee wellness. The desired outcome of improved morale can be explored through the lens of Organizational Development Theory, which is an approach to organizational change that works to improve the quality

of work life (Glanz, et al 2008). By working to create a culture of wellness at work, employers hope to change not only health behavior, but also how an employee feels about working at an organization.

Public health professionals can use the Employers' Perspectives of Employee Wellness Programs Model (diagram 2) to consider ways in which they can influence employer's perspectives on employee wellness programs. The model can also be used to analyze an individual employer's situation in an effort to understand the formation of their perspective. Employers have a dizzying array of choice when it comes to wellness offerings, but many of these choices are primarily designed and marketed to larger employers. There is a gap in the current employee wellness offerings that make it even more difficult for small to medium sized employers to have the time and the resources to provide comprehensive wellness programs for employees. Employers, employees, health professionals, researchers, brokers, insurance companies, and wellness vendors currently do not have a common wellness language and standards which limits our ability to effectively meet the employer's needs. Employers in this study viewed themselves as unique. A one-size-fits-all approach to wellness is insufficient to meet the perceived needs of the employer. Simultaneously, employers are looking for better data and outcome measures to track progress. The employers the lead researcher interviewed for this study were looking for the flexibility of a program to meet individual employer needs while still having some universal measures of success.

All participants saw employee wellness programs as a good idea in theory even if their organization was not currently engaging in wellness activities. It is likely that participants who are open to employee wellness programming would self-select into this study. Even so, the results are still relevant to understanding the process of organizational development of employee wellness activities. Participants viewed wellness programs as a tool or strategy to meet their desired outcomes. Employers identified both

the value and barriers to using employee wellness programs to achieve their desired outcomes.

The current study has several limitations. The lead researcher made it a priority to recruit employers of various sizes and industries. In doing so, some of the nuances related to employer size or industry may not have been as evident. Participants were all from Washington State so results may reflect particular regional or cultural norms that may not be similar in other parts of the United States. As previously mentioned, self-selection may influence results as it is likely that participants who would choose to participate in a study of this nature may have similar views regarding employee wellness.

Reflexivity

It is crucial to understand how the lead researcher's experiences have shaped her perspective and approach to these data. Exploration of the researcher's perspective and background can help the readers understand how the research itself is "positioned" (Creswell 2007). The primary researcher completed all of the interviews. Her professional background is in nursing and she is currently working as a psychiatric registered nurse providing direct clinical care. She has extensive training in motivational interviewing. The researcher identifies as female and is a student conducting research as a part of her Masters in Public Health degree completion.

The lead researcher did not have relationships with any of the participants before research was conducted. Participants were aware at the time of interview that the lead researcher was a student at the University of Washington and an employee at Group Health Cooperative. Some participants were recruited through personal and professional contacts so it is possible that those individuals provided additional information about the lead researcher to participants. Many participants made reference to the lead researcher's employer.

I know that at Group Health you have got this pretty robust program a lot of it is through self reporting you know they go on to a place like the website.
P1L228-229

This knowledge of the lead researcher's employer has potential to influence the nature of the interaction between researcher and participant. The lead researcher's employer is an insurance and care provider for some participants and is known in the community for its wellness program for employees and prioritization of wellness and prevention for its members.

In addition, the lead researcher has no professional experience in human resources or employee wellness. The lead researcher is a SEIU 1199NW union member and a union leader. Original interest in this topic was initiated through working with previous employer on a labor management committee to explore possible implementation of an employee wellness programs at her workplace. SEIU 1199NW and employers have worked cooperatively to bring employee wellness programs to employees and the lead researcher was made aware of this through her membership on the union's executive board. The lead researcher participates in an employee wellness program through her employer and has an overall favorable personal opinion of employee wellness activities and programs.

The secondary researcher is a masters level social worker currently practicing in family services. She participates in an employee wellness program through her current employer. She completed a clinical internship at Partners Health Care's employee assistance program. In this role she assisted employees with engaging in the organization's comprehensive wellness program.

Future Considerations

The analysis of the data and review of the findings leads to the following eight considerations.

1. Conduct further qualitative research with other employer populations. The ability to replicate these results in other employer groups and regions of the United States would indicate transferability and can lead to further development of the Employers' Perspectives of Wellness Programs Model. Additional qualitative research will also strengthen the body of knowledge on employer perspectives of employee wellness programs.

2. Use the Employers' Perspectives of Wellness Programs Model

to categorize and develop employer questionnaires that collect data on employee wellness programs for both scientific and marketing research.

3. Create an employer tool to use to evaluate wellness program design elements and their applicability and efficacy for use with the employer's specific employee population. It is important that tool not be linked to any one specific vendor and that employers have free access to it. This would allow employers to receive some general employee wellness education. Inputting the internal and external factors for their organization and generate recommendations regarding appropriate wellness program resources and design.

4. Use trusted resources to disseminate employee wellness education and information to employers. Employers use insurance brokers, health plans, and employer support associations to gather their wellness information. Public health professionals can work to develop wellness champions within these employer resource groups. In this way, public health professionals can use current systems to disseminate high quality information to employers.

5. Target outreach to small business owners. Millions of Americans are employed by small businesses. Wellness needs for small businesses are different and their capacity to provide wellness programs varies greatly in comparison to larger organizations. Outreach through health exchanges, insurance brokers, small retail groups, and peers can help raise awareness of employee wellness. The option for small businesses to pool

together to purchase wellness offerings through employer associations or the new health care exchange may make wellness accessible to new employee populations. Special attention is needed in developing wellness products that are adaptable for smaller organizations.

6. Improve integration of health plan, health care delivery, and wellness program design. When employers conceptualize and discuss health and wellness they do not distinctly separate the ideas of health care and health promotion. As the United States continues to make efforts to develop a more integrated health system, public health professionals should include wellness promotion in the work place and the broader community. Incentives that promote wellness can be built into all three dimensions of the health system.

7. Standardize industry data collection and outcomes measures. By developing data collection and outcomes measures as a standardized element of employee wellness programs researchers and employers can better compare outcomes across the United States. This standardization will also allow for employers to evaluate their desired outcomes. Data collection should include both quantitative (i.e. BMI and Cholesterol) and qualitative (i.e. employee satisfaction and employee perceptions of health status) measures. Agreed upon metrics for high, moderate, and low risk for health complications allows employers to see dynamic changes in the health status of their employee population. Efforts to standardize the measurement of health care costs and productivity in relation to employee wellness program activity is crucial.

8. Provide employer incentives for comprehensive employee wellness programs. Just as some value based employee wellness programs attempt to direct patients to appropriate usage of health care, employer incentives can be used to direct employers in the development or addition of high quality comprehensive employee wellness programs.

This study can help future researchers to frame questions directed towards employers more appropriately. This study will not only contribute to research design, but will also help inform the design and marketing of wellness programs to employers. By deepening the understanding of the perspective of the employer, the current study's researchers strive to better design future research of this important public health issue.

References

- Anderson LM, Quinn TA, Glanz K, Ramirez G, Kahwati LC, Johnson DB, Buchanan LR, Archer WR, Chattopadhyay S, Kalra GP, Katz DL; Task Force on Community Preventive Services. *The effectiveness of worksite nutrition and physical activity interventions for controlling employee overweight and obesity: a systematic review*. Am J Prev Med. 2009 Oct;37(4):340-57. Review. Erratum in: Am J Prev Med. 2010 Jul;39(1):104. PMID: 19765507
- Baicker K, Cutler D, Song Z. *Workplace wellness programs can generate savings*. Health Aff (Millwood). 2010 Feb;29(2):304-11 PMID: 20075081
- Bertera RL. *The effects of workplace health promotion on absenteeism and employment costs in a large industrial population*. Am J Public Health. 1990 Sep;80(9):1101-5. PMID: 2382748
- Biener L, Glanz K, McLerran D, Sorensen G, Thompson B, Basen-Engquist K, Linnan L, Varnes J. *Impact of the Working Well Trial on the worksite smoking and nutrition environment*. Health Educ Behav. 1999 Aug;26(4):478-94. PMID: 10435233
- Bly JL, Jones RC, Richardson JE. *Impact of worksite health promotion on health care costs and utilization. Evaluation of Johnson & Johnson's Live for Life program*. JAMA. 1986 Dec 19;256(23):3235-40. PMID: 3783867
- Carande-Kulis VG, Maciosek MV, Briss PA, et al. *Methods for systematic reviews of economic evaluations for the Guide to Community Preventive Services*. Am J Prev Med 2000;18(1S):75-91.
- Creswell J. *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. 2nd edition. 2007
- Elo S, Kyngas H. *The Qualitative content analysis process*. J Adv Nurs. 2008 Apr;62(1):107-15. PMID:18352969
- Friese S. *Atlas ti. User Manual*. 2013
- Gibbs JO, Mulvaney D, Henes C, Reed RW. *Work-site health promotion. Five-year trend in employee health care costs*. J Occup Med. 1985 Nov;27(11):826-30. PMID: 4067688
- Glanz K, Rimer B, Viswanath k. editors, *Health Behavior and Health Education: Theory, Research and Practice* 4th edition. 2008
- Haafkens JA, Kopnina H, Meerman MG, van Dijk FJ. *Facilitating job retention for chronically ill employees: perspectives of line managers and human resource managers*. BMC Health Serv Res. 2011 May 17;11:104. PMID: 21586139
- Hannon PA, Hammerback K, Garson G, Harris JR, Sopher CJ. *Stakeholder perspectives on workplace health promotion: a qualitative study of midsized employers in low-wage industries*. Am J Health Promot. 2012 Nov-Dec;27(2):103-10. PMID: 23113780

Henke RM, Goetzel RZ, McHugh J, Isaac F. Recent experience in health promotion at Johnson & Johnson: lower health spending, strong return on investment. *Health Aff (Millwood)*. 2011 Mar;30(3):490-9. PMID: 21383368

Hughes MC, Patrick DL, Hannon PA, Harris JR, Ghosh DL. *Understanding the decision-making process for health promotion programming at small to midsized businesses*. *Health Promot Pract*. 2011 Jul;12(4):512-21. PMID: 19843701

King County Executive Office, *King County Executive announces dramatic health care savings through reforms*.

<http://www.kingcounty.gov/exec/news/release/2011/September/20Healthcare.aspx>. September 20th, 2011.

Klien, Kevin. Personal Interview. 25 June 2012

Linnan L, Bowling M, Childress J, Lindsay G, Blakey C, Pronk S, Wieker S, Royall P. *Results of the 2004 National Worksite Health Promotion Survey*. *Am J Public Health*. 2008 Aug;98(8):1503-9. Epub 2007 Nov 29. PMID: 18048790

Ozminkowski RJ, Ling D, Goetzel RZ, Bruno JA, Rutter KR, Isaac F, Wang S. *Long-term impact of Johnson & Johnson's Health & Wellness Program on healthcare utilization and expenditures*. *J Occup Environ Med*. 2002 Jan;44(1):21-9. PMID: 11802462

Person AL, Colby SE, Bulova JA, Eubanks JW. *Barriers to participation in a worksite wellness program*. *Nutr Res Pract*. 2010 Apr;4(2):149-54. Epub 2010 Apr 29. PMID: 20461204

Reardon J. *The history and impact of worksite wellness*. *Nurs Econ*. 1998 May-Jun;16 (3):117-21. PMID: 9748973

Romney MC, Thomson E, Kash K. *Population-based worksite obesity management interventions: a qualitative case study*. *Popul Health Manag*. 2011 Jun;14(3):127-32. doi: 10.1089/pop.2010.0017. Epub 2011 Feb 15. PMID: 21323459

Sciacca J, Seehafer R, Reed R, Mulvaney D. *The impact of participation in health promotion on medical costs: a reconsideration of the Blue Cross and Blue Shield of Indiana study*. *Am J Health Promot*. 1993 May-Jun;7(5):374-83. PMID: 10148713

Scoggins JF, Sakumoto KN, Schaefer KS, Bascom B, Robbins DJ, Whalen CL. *Short-term and long-term weight management results of a large employer-sponsored wellness program*. *J Occup Environ Med*. 2011 Nov;53(11):1215-20. PMID: 22068128

State Health Access Data Assistance Center. 2013. *State-Level Trends in Employer-Sponsored Health Insurance*. SHADAC Report. Minneapolis, MN: University of Minnesota.

US Department of Labor, *The Affordable Care Act and Wellness Programs Fact Sheet*. 2012 Nov. <http://www.dol.gov/ebsa/pdf/fswellnessprogram.pdf>