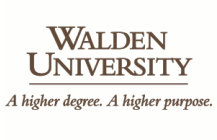

2015

Factors Motivating Employee Participation in Employer-Sponsored Health Awareness Programs

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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2015

Abstract

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Employer-Sponsored Health Awareness Programs

by

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MBA, American InterContinental University, 2011

BS, Delaware State University, 1985

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

September 2015

Abstract

Employers adopt worksite health promotions to reduce the incidence of preventable diseases, reduce healthcare costs, reduce absenteeism and presenteeism, and improve productivity. The purpose of this qualitative phenomenological study was to explore the motivational factors affecting employee participation in employer-sponsored health awareness programs. The theory of planned behavior grounded the study and formed the conceptual framework. Data collection occurred through semistructured interviews with 24 participants in the northeastern United States with lived experiences in worksite health promotion. Participants answered open-ended interview questions regarding the motivations for engaging in health promotions. Data were transcribed and coded for trends and themes. During data analyses, 4 themes emerged, which included program recruitment and notification, employer commitment, employee motivations, and incentives and rewards. The implications for positive social change include the potential for employers incorporating the results to instigate enhanced employee participation in employer-sponsored health awareness programs. Higher employee rates of participation may aid employers in achieving the established benefits of worksite health promotion and may contribute to improving the health of employees.

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Dedication

I dedicate this research to leaders and organizations engaged in initiating health awareness programs. I also dedicate the study in memory of Claudia Alva Hart-Waters Henry and Moses A. Henry, Sr. in recognition of outstanding guidance. Lastly, I dedicate this study to my mentors Mr. Tony Williams, Dr. Emily "Cissy" Houston, Regina Faye Henry-Brown, and Dr. Michelle Kenney for the inspiration each of you provided.

Acknowledgments

I would like to acknowledge my committee chair, Dr. Jill Murray. Thank you for your guidance and your amazing dedication to students. I extend special acknowledgement to my committee members, Dr. William Reed and Dr. Carol-Anne Faint. Thank you Dr. Freda Turner, Dr. Reggie Taylor, and all course professors for your guidance, support, and encouragement.

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Section 1: Foundation of the Study

Employers are providing health insurance for over 50% of working-class Americans through employer health insurance benefits (Carpenter, 2011), although the costs for coverage doubled over the 10-year period of 1999 to 2009 (Abraham, Feldman, Nyman, & Barleen, 2011). Researchers have linked increased costs to preventable diseases and conditions considered modifiable through lifestyle health choices (Abraham et al., 2011). Employers initiate employee health awareness programs to reduce the risk factors associated with modifiable chronic diseases and lifestyle illnesses, which affect health insurance costs, employee productivity, absenteeism, and job satisfaction (Field & Louw, 2012; Gurt, Schwennen, & Elke, 2011). Employee health awareness initiatives affect risk factors for preventable diseases, but on average, only one-fourth to one-half of employees participate in worksite health promotions (Olson & Chaney, 2009).

Background of the Problem

The health care industry has used health awareness initiatives for many years to provide health information to the public. Educating the population on risk factors can help reduce the prevalence of many chronic diseases (Kumar & Prevost, 2011). The Patient Protection and Affordable Care Act (PPACA) contains initiatives to encourage health awareness and understanding of the significance of managing risk factors (Cogan, 2011). Health risk factors lead to several lifestyle illnesses such as obesity and hypertension, which contribute to the mounting health care costs in America (Olson & Chaney, 2009). Employers have an interest in health awareness and maintaining healthy employees. Worksite health promotion is a resource to provide tools assisting employees

in obtaining and maintaining good health. The challenge for employers is gaining employee participation among workers at the highest risk for chronic diseases (Robroek, Van Lenthe, Van Empelen, & Burdorf, 2009). For example, worksite health promotions providing awareness on obesity and nutrition are more beneficial when employees with high body mass index (BMI) enroll. Participation strategies for higher risk employees include the use of incentives and premiums for employees. Employers maximize the return on investment when employees at higher risk levels for chronic diseases and lifestyle illnesses engage in health promotion (Cogan, 2011). Employers have implemented many forms of worksite health promotion to obtain success in reducing targeted risk factors.

Problem Statement

Employers provide health insurance to 59% of the nonelderly people in America (Carpenter, 2011). The financial burden for employers providing health insurance is mounting due to chronic diseases such as cardiovascular disease, obesity, diabetes, hypertension, and cancer, which are preventable and manageable (Centers for Disease Control and Prevention [CDC], 2014). Company leaders implement employee health awareness programs to reduce risk factors, reduce employers' health care costs, reduce employee absenteeism, and increase productivity (Cahalin et al., 2014). Employers' understanding of motivational factors leading to employee participation is of paramount importance for program success (Spink, Wilson, & Bostick, 2012). Although worksite wellness programs are widespread in the public and private sectors, employee participation rates are only 34% (Rongen, Robroek, van Lenthe, & Burdorf, 2013).

The general business problem is that employee participation rates in worksite health awareness programs are low. The specific business problem is that employers lack understanding of the motivational factors for employee enrollment in health awareness programs, yielding lackluster participation and limited reductions in health care costs, reductions in absenteeism, and return on investment.

Purpose Statement

The purpose of the qualitative phenomenological study was to explore the motivational factors encouraging employee participation in worksite health promotion, which can yield reductions in health care costs, reductions in absenteeism, and return on investment. The study sample consisted of 24 employees with lived experiences in employer-sponsored health awareness programs located in the northeast region of the United States. The selected population was appropriate because motivating employee participation is a limiting factor in the success of employer-sponsored health awareness programs (Robroek, Van Lenthe, Van Empelen, & Burdorf, 2009). The study's implications for social change include the potential to improve policies related to employee health benefits by offering health care awareness programs to build a healthier workforce. Employers and health care insurance providers could find the information in this study valuable, as it could offer insight into the clinical benefits of health care awareness programs, as well as their use to reduce costs associated with unhealthy employees and costs associated with treating chronic health conditions.

Nature of the Study

This qualitative phenomenological study concerned lived experiences with motivational factors encouraging employee participation in worksite health promotion. Researchers conduct qualitative research in an effort to gain a detailed understanding of issues. Qualitative researchers seek feedback through open-ended questions to obtain a better understanding of individuals' motivations for participation (Yin, 2009). Denzin and Lincoln (2011) reported that researchers use qualitative research to describe, discover, or understand an issue. Using a qualitative research method allowed exploration into employee perceptions of worksite health promotion initiatives through interviews (Abraham et al., 2011). Quantitative research prohibited exploring the specific business problem of the study and would not expand the understanding of the motivations affecting participation. Researchers using quantitative methods seek science-based probabilities, often through numerical and mathematical models (Denzin & Lincoln, 2011). The mixed research method includes the statistical aspect of quantitative research and qualitative descriptions to analyze data (Leedy & Ormod, 2013). Neither quantitative nor mixed method research would have assisted in answering the problems of the study.

A phenomenological study design assisted in understanding factors influencing employees' participation in worksite health promotions. Researchers use phenomenological research to understand several shared experiences of a phenomenon (Denzin & Lincoln, 2011). Phenomenological studies expand the knowledge of a group, organization, social or political subset, or otherwise related phenomena and help to

answer *why and what* questions in research (Robroek & Lindeboom, 2012). By using a phenomenological design, I sought to understand the factors affecting employee participation in worksite health promotion (Robroek & Lindeboom, 2012).

Research Question

The central research question for the study was the following: What are employees' lived experiences regarding the motivational factors encouraging participation in employer-sponsored health awareness programs? From the central question, subquestions and interview questions were developed to explore the phenomenological lived experiences of participants in worksite health promotion. Listed below are three subquestions:

1. What are the participants' lived experiences with the influence employers' marketing strategies have on program participation?
2. What are the participants' lived experiences of program incentives' influence on participation?
3. What do employees recommend to increase participation in employer-sponsored health awareness programs?

Interview Questions

Listed below are the open-ended questions generated to gain information on motivational factors for participation in worksite health promotion. The interview questions for study participants were as follows:

1. How did you learn about your company's health awareness promotion?

2. What are your lived experiences with employer marketing strategies' influence on your participation?
3. What is your perception of the company's commitment to the program?
4. What are the key features of the health promotion?
5. What were your motivations for engaging in the program?
6. If offered, describe the level of program incentives used by your employer and how they influenced your participation.
7. Which program incentives would you suggest to increase participation based on your lived experiences?
8. How would you describe your health relating to the targeted health initiative?
9. How has your level of health awareness changed since enrolling in the health promotion?
10. In your perception, what are the barriers for participation in worksite health promotion?
11. What recommendations should be included in recruitment strategies for employer-sponsored health awareness programs?
12. Is there anything else you want to add not discussed during the interview?

Conceptual Framework

Theory of Planned Behavior

The theory of planned behavior grounded the study. Researchers frequently use the theory of planned behavior to study health-related decision making and have evaluated health awareness from the theory's perspective for many years (Ajzen, 2011;

Fila & Smith, 2006; Sherriff & Coleman, 2013). Ajzen (2011) introduced the theory in 1985, after which it became an influential model for predicting human behavior. The theory concerns intentions for a specific behavior and how one's attitudes and experiences relate to behaviors (Ajzen, 2011). Researchers have described the attitude and experience relationship in the literature as an intention-behavior correlation, which predicts the effect of intentions on instigating changes in people's behaviors. The intention-behavior relationship is dependent on the strength of the intention, which makes attitudes, emotions, and personal backgrounds fundamental elements in the theory of planned behavior (Ajzen, 2011). For example, positive attitudes toward exercise and weight loss, coupled with a history of involvement in physical activities, contributed to higher levels of participation for employees in a worksite health awareness program designed to increase levels of fitness (Abraham et al, 2011).

The theory of planned behavior offers a method to approach health-based research (Peters & Templin, 2010). Intention, attitude, subjective norm, and perceived behaviors are the four constructs used in the theory to evaluate motivations for conduct (Ajzen, 2011). Spink, Wilson, and Bostick (2012) described the constructs by stating that people engaged in behaviors view these behaviors positively (attitude) when persons of influence want participation (subjective norm) or when people perceive the behavior as attainable and under their control (perceived behavioral control).

For the purposes of the study, I investigated motivations for participation in worksite health promotion through the constructs of the theory of planned behavior. The workplace offers a unique opportunity to generate broad changes in health. A work

setting offers a structured environment for health promotion, which could offer additional motivation toward healthier lifestyles (Spink et al., 2012). Structured health promotion programs offering organized health interventions have enhanced benefits for employee participation (Spink et al., 2012). Health awareness programs initiated by employers could provide additional motivation for changing health behaviors according to the subjective norm construct of the theory of planned behavior (Ajzen, 2011). Structured health promotion programs offering organized health interventions have enhanced benefits for employee participation. As applied to the study, the constructs of the theory of planned behavior allowed exploration into lived experiences regarding motivations for participation in worksite health promotion.

Definition of Terms

Although researchers use many of the terms below regularly in the literature, definitions are necessary to understand the terminology in this study exploring worksite health awareness programs.

Absenteeism: Absenteeism refers to days missed at work. The absenteeism rate serves as a measure of workers being absent because of health-related issues (Baicker, Cutler, & Song, 2010).

Chronic diseases: Chronic diseases are conditions of slow and lasting duration such as heart disease, cancer, respiratory disease, and diabetes and are the leading causes of death in the world. Chronic diseases generally persist, with minimal medical management and cures (World Health Organization, 2013).

Corporate social responsibility: Corporate social responsibility refers to the actions of employers who voluntarily protect and serve members of a company by engaging in efforts to enhance the well-being of employees (Chitakornkijsil, 2012).

Health promotion: Health promotion refers to actions and programs designed to reduce health risks, reduce health care costs, and reduce mortality. Health promotion provides a method to educate employees on strategies to improve or maintain health (Thygeson, 2010).

Patient Protection and Affordable Care Act (PPACA): The Patient Protection and Affordable Care Act (PPACA), frequently referred to as *Obamacare*, is a series of laws enacted in 2010 to establish legal protections for access to affordable health care in America. Consisting of 10 separate legislative titles, the act was developed to provide fairness, quality, and affordability for health insurance and reduce wasteful spending within the health care system (Rosenbaum, 2011).

Presenteeism: Presenteeism refers to losses in productivity incurred from employees who are present at work but are not able to fully function in their job capacity because of health problems. The effects of presenteeism are similar to those of absenteeism, but the employee is present at work in the former case (Skrepnek, Nevins, & Sullivan, 2012).

Return on investment: Return on investment in worksite health promotion refers to financial returns resulting from health and wellness interventions. Employers calculate return on investment from baseline costs, employer savings from reduced health care

costs, and costs saved from fewer missed days at work due to illnesses (Yen, Schultz, Schaefer, Bloomberg, & Edington, 2010)

Risk factors: Risk factors in health awareness are the independent causative factors associated with contributing to diseases such as coronary heart disease, cancer, and diabetes. The causative factors increase the likelihood of a disease (Neville, Merrill, & Kumpfer, 2010).

Assumptions, Limitations, and Delimitations

Assumptions

Researchers identify assumptions to prevent misrepresentation of the data regarding things believed to be true without verification (Fisher & Stenner, 2011). The first assumption was that answers from participants were true and reflected an honest response to the questions asked. Participant answers were not verified and were assumed to be honest reflections of lived experiences in employer-sponsored health awareness programs. The consent process included a statement that interview responses would carry no penalties, which aided in mitigating dishonest responses.

The second assumption was that employees were willing to share worksite program details and specifics for employer-sponsored health programs. Some corporations have confidentiality clauses that could intimidate employees, thereby discouraging them from providing information on company programs and policies. The study excluded employees with existing confidentiality clauses prohibiting participation.

The third assumption was that intentions and motivations for participation in worksite health programs were similar regardless of the target program behavior type. In

other words, motivations for employees enrolled in smoking cessation programs and weight loss programs stemmed from the desire to modify the specific targeted health behavior. Unknown, for example, was whether the motivations were stronger for participating in smoking cessation initiatives than for other health program types.

Limitations

According to Simon (2011), limitations identify factors in research prohibiting generalizations. The first limitation was that the study included only 24 participants, and the results limit projectability to the population. Conducting the study with only participants in the northeastern area of the United States was a limitation. Given that the study had 24 participants, the ability to infer that results from the study are applicable to people in other geographic areas may be limited.

Delimitations

Delimitations provide characteristics and boundaries for the scope of a study (Simon, 2011). This study did not include employees who had not participated in worksite health promotion within the past 2 years. Exploring motivations and barriers to health program participation required participation in health awareness programs to reflect lived experiences. The study used purposeful sampling to include participants in health promotion. Thus, reported barriers to participation did not prevent participation but were considerations and discouraging factors for workers.

Significance of the Study

The study is related to the increasing problem of chronic illnesses and the financial burden of these conditions on businesses in America. Employers and

governmental agencies could benefit from research offering possible solutions to this mounting health care issue. The biggest upside to the research is its potential benefit to employers, employees, and citizens. Employer health awareness programs have been effective in reducing the risk factors associated with prominent chronic illnesses (Zwetsloot et al., 2010). Thus, the study has business and social impact, as well as and application for the practice of business.

Business and Social Impact

Employers offer health awareness programs to encourage better health and reduce the costs of providing health insurance (Anderson et al., 2011). The research problem for this doctoral study concerned employer-sponsored health awareness initiatives and, in particular, factors fostering participation. The study addressed an urgent health topic because employers and employees will undergo significant changes regarding health care as the country transitions through health care reform and the implementation of the PPACA. The United States implemented health care reform to extend Americans better access to medical care in a financially manageable way. The reform act included health awareness initiatives and encouraged employers to offer effective worksite health promotion (Cogan, 2011). Employers have used health awareness to change health behaviors and as a powerful tool to improve the health of employees through worksite health promotion.

Contribution to Practice of Business

Employer-sponsored health awareness programs provide an opportunity to reach a large number of people and instigate positive health changes. Employers have expressed

concerns over the rising costs of providing health insurance to employees, which forecasters have projected will continue to increase (Thompson, 2011). The study addressed the benefits of increased participation in worksite health promotions, which could provide significant benefits to employers and employees. The health trends and statistics for workers have translated into a loss in profits by way of absenteeism, presenteeism, and a higher number of disability leaves (Gates & Brehm, 2010). Despite numerous attempts by health organizations, the government, and employers, the health of Americans does not appear to be improving (Gates & Brehm, 2010). Employers underuse worksite health promotion. Increased participation in employer-sponsored health awareness programs holds promise in the fight toward better health for Americans.

Positive Social Change

The doctoral study is relevant because of the challenges for health care professionals, administrators, employers, and employees to find solutions to the declining state of health in America. Americans must not only have access to health care, but also be knowledgeable of the value of creating and maintaining good health (Malouf, 2011). Therefore, a need exists to communicate health topics and health awareness through additional sources. Health awareness provides education on risk factors and the need for medical interventions for conditions contributing to chronic diseases and lifestyle illnesses. Employees who matriculated through employee health and wellness programs were more comfortable and willing to communicate with physicians (Watson et al., 2012). The goal of health awareness is to create changes in how people view health. With chronic diseases accounting for nearly two-thirds of total American deaths and the

projected global health care costs reaching $6.9 trillion by 2015, a need exists for additional strategies in bringing about change (Malouf, 2011). When America positively affects declining health trends, Americans will live healthier lives and reduce the financial burden of health care.

A Review of the Professional and Academic Literature

The purpose of the study was to explore motivational factors for participation in worksite health promotion. The central research question provided the foundation for the study: What are the motivational factors encouraging participation in employer-sponsored health awareness programs? A review of the literature identified the vast research conducted on employer- sponsored health awareness programs, enrollment rates, program effectiveness, success factors, participation, and barriers to success. The literature review included peer-reviewed journals, textbooks, research databases, government sources, and Walden University's online library. Online library search terms included *health awareness, employer health programs, worksite health programs, healthy employees, and employee health promotion.* Online databases and search engines used included Academic Search Complete, ProQuest Central, Business Source Complete, MEDLINE, SocINDEX, SAGE Research Methods Online, and ScienceDirect.

The search resulted in more than 100 sources representing eight themes relevant to the study: (a) the theory of planned behavior, (b) health awareness, (c) adoption of health promotion, (d) prevalent program types, (e) presenteeism, (f) cost savings, (g) incentivized programs, and (h) participation. The majority of the articles spanned the period from 2010 to the present and depicted trends in worksite health awareness

initiatives. Researchers provided a broad perspective of the topic and demonstrated a need for additional analysis of worksite health promotion. The literature review focused on the themes identified.

Theory of Planned Behavior

The theory of planned behavior is a frequently cited and influential model used in research involved in the prediction of human social behavior, such as health awareness interventions (Ajzen, 2011). Lack of participation in worksite health promotion arising from motivational factors was central to the business problems of this study. Predicting behavior is a key aspect of research within the health care sector, and the ability to predict behavioral changes is essential for people involved in developing interventions related to health (McEachan, Conner, Taylor, & Lawton, 2011). Interventions that are focused on changing characteristics of health, such as worksite health promotion, rely on predictions for sustained changes in lifestyle behaviors. For example, Sherriff and Coleman (2013) conducted a study to evaluate the theory of planned behavior as applied to a smoking cessation program. Sherriff and Coleman studied employees on construction sites and focused on increased awareness of the dangers of smoking. The awareness efforts were developed to increase participants' levels of intention to stop smoking. The investigators predicted creating high levels of intention to quit smoking and posited that increased awareness of the dangers of smoking would increase participation in the program and create a sustained benefit (Sherriff & Coleman, 2013). Predicted participation levels and anticipated outcomes are key considerations in health promotion development.

Ajzen (2011) hypothesized that intention relates directly to attitude and that attitude determines the motivation for changing behaviors. Peters and Templin (2010) conducted a 15-year longitudinal study evaluating the theory of planned behavior in predicting levels of engagement in a physical activity wellness program. Sponsors of health promotion rely on levels of employee engagement to create a return on investment that offsets the high costs of implementing health awareness programs. Employers measure the effectiveness of health promotion by return on investment (Berry & Mirabito, 2011). Health awareness programs employing interventions based on theories such as the theory of planned behavior have been more efficacious than programs that have not been theory based (Plotnikoff, Luban, Trinh, & Craig, 2012).

Motivation is a key determinant of participation in health promotion. Factors such as emotions, attitudes, and past activities have a significant effect on intentions (Ajzen, 2011; Peters & Templin, 2010; Sheriff & Coleman, 2013). Intention, in part, is formed from the personal experiences, attitudes, and behaviors of the past. McEachan et al. (2011) evaluated health-related behaviors, history, and attitudes toward health and determined that the factors contributed an extra 19% variance in predictions for physical activity participation. Employees faced formidable challenges to changing habits regarding health lifestyle choices. For example, even with vast efforts for healthier diet choices and an array of resources for reducing levels of obesity, more than one-half of the adults in America are obese (Abraham et al., 2011). Past behavior and habits are substantial predictors in the theory of planned behavior, which suggests that past behavior is a predictor of future behavior (Ajzen, 2011). The challenge for health

awareness programs is the health history of participants, which creates the need to generate additional motivation for changing attitudes toward well-being.

Researchers have discussed past behaviors and history as drivers for present and future behaviors in the literature (McEachan, Conner, Taylor, & Lawton, 2011). An established relationship between past behaviors and future behavior exists, which suggests that health initiatives conducted in the past were likely in the future (Sommer, 2011). The debate on the topic concerns the level of influence past behavior has on behavioral changes. Ajzen (2011) suggested that the best predictor of future behavior is past behavior. Sommer (2011) reported that past behavior is a better predictor than intention for future behavior. Background factors including education, age, social status, and income also affect intentions and behaviors (Ajzen, 2011). Health promotion requires a change in habits, or a paradigm shift in how people view health (Sommer, 2011). *Frequency of behavior* is a term used to describe the repetition of past behavior (Sommer, 2011). Sponsors of worksite health promotion programs have sought to reduce the frequency of behavior for unhealthy practices and increase the behaviors associated with well-being (Sommer, 2011).

Effectively implementing worksite health promotion relies on attracting employees to participate. Affecting weight, body mass index, and cardiovascular risk factors through physical activity holds promise for improving health, and employers consider physical activity interventions the cornerstone of health promotion programs (Carter-Parker, Edwards, & McCleary-Jones, 2012). However, interventions developed to increase levels of physical activity remain challenging for the sponsors responsible for

successfully implementing them. Researchers have used the theory of planned behavior model to understand attitudes and intentions toward engaging in physical activity and have relied on the theory's constructs to understand the motivations for participation in physical activity (Sherriff & Coleman, 2013). Many people have positive intentions for exercising, but most fail to initiate action (Carter-Parker et al., 2012). Carter-Parker et al. (2012) conducted a study evaluating intentions and motivation for physical activity in African American women. The authors determined that the theory of planned behavior's attitude construct yielded the highest effect on physical activity behaviors (Carter-Parker et al., 2012). In addition to intention, attitude toward a behavior seems to be an essential factor in health interventions.

General Health Awareness

The health of Americans has become a significant topic in debates regarding health awareness, health prevention, and healthier living. The National Prevention and Health Promotion Strategy released in 2011was the nation's first national health promotion strategy and presented health awareness as a national strategy (O'Donnell, 2012). The adoption of the Patient Protection and Affordable Care Act (PPACA) introduced 38 provisions geared toward health promotion and addressed declining health statistics for Americans. The act presented four strategic directions: building healthy and safe community environments, expanding quality prevention services in both clinical and community settings, empowering people to make healthy choices, and the elimination of health disparities (O'Donnell, 2012). Health awareness is an essential topic on the nation's agenda, with governmental agencies and recent legislature addressing the issue.

The PPACA contained notable provisions for health awareness through a preventable services mandate, which allocated $15 billion to promote prevention awareness (Cogan, 2011).

In the United States, the government has created broad health awareness efforts and adopted the PPACA, which increased discussion surrounding health care. Nationally, health-related interventions had limited presence and resources until the recently enacted health care reform. Cogan (2011) explained how the government formed Preventable Health Promotion and the Public Health Council to establish prevention and wellness strategies as part of the nation's health care reform. The PPACA also promoted the CDC's Preventable Services Task Force, which the government formed to assist in national health awareness and prevention strategies (Cogan, 2011). The nation's focus on health awareness addressed the need to raise attentiveness to health behaviors in people of various demographics.

Miller (2012) reported on the state of health in America and the causes of health inequalities. In particular, Miller reported the high percentage of deaths caused by behavioral factors and preventable diseases. Correlations indicated that early interventions would be beneficial for future generations (Miller, 2012). The national platform created for health awareness offers health education to Americans through large, prominent government agencies, making the benefits of health awareness available to many Americans.

Health intervention became a large part of public health efforts because of PPACA implementation. Hardcastle, Record, Jacobson, and Gostin (2011) reviewed

public health and health awareness as parts of the PPACA. The authors described public health as services to reduce preventable diseases, which closely align to health awareness promotion. Hardcastle et al. outlined the need to integrate public health and health awareness at higher levels in health care based on knowledge of nine preventable diseases causing more than 50% of the deaths in the United States. Public health programs have focused on identifying and preventing conditions as health awareness concentrated on disseminating information and education to reduce risks. Hardcastle et al. concluded that the integration of public health and health awareness fostered continuity in health care. Public health and health awareness are both necessary for generating preventative strategies for risk factor reduction for chronic diseases and lifestyle illnesses. Community health workers (CHWs) have conducted health promotion for decades as a method of providing health awareness to the public (Martinez, Ro, Villa, Powell, & Knickman, 2011).

The PPACA encouraged two forms of health promotion, which stressed multidisciplinary and interprofessional health care teams (Martinez et al., 2011). The two forms of health promotion stressed the urgency of health awareness and its use in addressing health issues. Martinez et al. (2011) reviewed community efforts for health awareness and projected increased focus as a result of the adoption of PPACA. Public health and community health workers were vital additions to health awareness strategies geared at improving the health of Americans. Public health workers and the government's health awareness efforts have targeted many therapeutic areas that relate to emerging health concerns. For example, cancer was an area of interest included in

PPACA because of the statistics reporting troubling levels of cancer incidence and prevalence (Moy & Chabner, 2011). Moy and Chabner (2011) studied cancer patient navigator programs organized to increase awareness, improve prevention, and address disparities in cancer diagnoses. The Patient Navigator Act of 2005 allocated $25 million to assist people within communities by improving access, prevention, and screening in future years (Moy & Chabner, 2011). The PPACA further addressed Patient Navigator Programs and funding for the programs. The educational health awareness resources have translated into increased survival rates in breast cancer patients (Moy & Chabner, 2011). Public health awareness across various therapeutic areas, such as cancer and other relevant health concerns, have made the awareness programs valuable to a broad range of people.

The millions of dollars allocated to health promotion by the health care reform legislature have allowed for broader plans of health promotion. The PPACA included plans for school-based health centers, preventative initiatives on oral health, tobacco cessation, and pregnant women services (Rosenbaum, 2011). Several sections within the reform act encouraged employers to undertake worksite health awareness programs and incentivized health outcomes (Rosenbaum, 2011). Employers could increase the reach of health promotion by offering health awareness strategies in the workplace. Public health workers, patient navigation programs, and the PPACA have provided the opportunity to reach a large base of Americans who could benefit from health awareness strategies. The advantages of health awareness are vast, and people of various demographics benefit from increased health literacy.

Organizations have developed health promotion and health prevention strategies to improve health literacy, which is a stronger predictor of health status than age, income, race, ethnicity, unemployment status, or level of education (Wong, 2012). The World Health Organization (WHO) defined *health literacy* as the skills determining the motivation and ability of people to obtain access to health care, understand health, and use the information obtained to maintain a healthy life (Wong, 2012). Low health literacy has been linked to higher levels of hospitalization, poor health outcomes, and higher mortality, which makes raising health literacy vital (Wong, 2012). Increased resources for health promotion and awareness have been focused on affecting health trends for Americans of various economic and social backgrounds.

Adoption of Worksite Health Promotion

Long before the adoption of the PPACA, employers explored health awareness in the workplace. Goetzel and Pronk (2010) reported a review conducted by the Task Force on Community Preventive Services (Task Force) of worksite health promotions over the past 30 years. The Task Force conducted a literature review of well-designed, evidence-based worksite health promotion programs formed to instigate healthier lifestyles for employees and the factors making them successful. During the 30-year period, employers sought ways to affect employee health through health awareness. Goetzel and Pronk identified emerging and promising themes during the review of 33 studies. A program entitled the Assessment of Health Risks with Feedback (AHRF) designed smoking cessation and other health risk reduction programs, which established healthy work environments in the workplace (Goetzel & Pronk, 2010). The health programs

created a supportive workplace, in which counseling aided employees in achieving healthier lifestyles. The Task Force's report evaluated the efficacy of worksite programs in terms of health outcomes, absenteeism, and reduction in health risks. Health awareness programs held promise in achieving longlasting effects for reducing risk factors for participants (Goetzel & Pronk, 2010).

Khan-Marshall and Gallant (2012) conducted a retrospective analysis of 27 studies with employers who adopted environmental programs and policy changes to entice workers toward healthier living. Environmental options included making only healthier food options available in worksite vending machines and implementing policy options for catered-in food functions to include healthy food choices (Khan-Marshall & Gallant, 2012). Offering alternatives to worksite health programs has been beneficial and has encouraged employees to adopt healthier behaviors. Therefore, employer-sponsored worksite health promotion is a viable means to affect the health of Americans.

Employers have used worksite health promotion to assist employees in attaining health objectives related to diet, physical activity, and body weight, which less than 5% of Americans achieve (Elliot, Kuehl, Goldberg, DeFrancesco, & Mo, 2011). Employers have used health promotion in the workplace for employees with risk factors for chronic diseases and employees in high-risk work environments. For example, The Promoting Healthy Lifestyles: Alternatives Models' Effects (PHLAME) study, funded by the National Institutes of Health (NIH), assessed two worksite health programs among firefighters. The NIH identified firefighters as a high-risk group for hypertension, obesity, and elevated cardiovascular risk factors (Elliot et al., 2011). The NIH

implemented similar programs in fire departments across the United States (Elliot et al., 2011). The National Institute for Occupational Safety and Health (NIOSH) published a report documenting wellness programs' improvement in the health of employees ("NIOSH," 2012). Authors of The NIOSH Total Worker Health Program: Seminal Research Paper 2012 reported the latest developments for worksite health promotion, including barriers to success. Researchers indicated benefits in engaging employees in health promotions through incentives and motivation strategies ("NIOSH," 2012). Work environments with effective health-awareness promotion have influenced the health and well-being of working people as well as family members of employees ("NIOSH," 2012). Work environments present the opportunity to further the efforts and benefits of health awareness through employer-generated activities.

The CDC is another organization focused on improving health and furthering health awareness strategies. Governmental agencies aligned with health awareness promotion with the goal of creating better health for Americans. The CDC implemented the National Healthy Worksite Program to assist employers in health awareness strategies. The missions of the program were to reduce health outcomes and reduce climbing rates of chronic diseases (Center for Disease Control, 2012). The government created the initiative to increase the level of employer involvement in health awareness and risk reduction. The CDC's personnel provided educational resources and program organization to more than 100 small, medium, and large-sized companies for participation in worksite health promotion aimed to reduce the risks associated with preventable diseases (Center for Disease Control, 2012). The National Healthy Worksite

Program was one of the pivotal programs geared at increasing the prevalence of worksite health promotion. Fielding, Teutsch, & Koh (2012) discussed a program entitled "Healthy People 2020" in a study exploring the nation's health care reform. The health reform act identified focus areas for inclusion in health promotions such as physical activity, mental health, substance abuse, and obesity (Fielding et al., 2012). Expanded health topics for health promotion such as mental health and substance abuse were essential additions to previously offered interventions. The Healthy People 2020 program addressed emerging health topics and expanded focus areas for employers (Fielding et al., 2012). The program added to the mounting resources the government sponsored to increase health awareness in the workplace.

An employer's motivation in health and wellness programs stemmed from the health of employees and the inevitable changes in providing health coverage for employees. Implementing health awareness programs emanated primarily out of concern for the health of employees (Chitakornkijsil, 2012). The 2010 Employer Health Benefit Survey outlined how health awareness resonated with employers who responded with concerned over the rising costs of providing health insurance to employees (Carpenter, 2010). As a part of the reform act, employers will bear an additional burden in providing health insurance coverage for employees, which made health intervention a more significant area of interest than previously reported (Carpenter, 2010). Worksite health awareness programs held promise in reducing the rising expenses of providing medical insurance coverage by focusing on preventable diseases and reducing risk factors. Health awareness and preventative strategies also offered solutions in reducing the declining

health statistics, which employers viewed as a benefit through maintaining healthier workers (Carpenter, 2010). With additional financial burden facing employers, coupled with added responsibilities for insuring more workers, worksite health promotion offered solutions to employers to manage the rising costs of providing health insurance to employees.

Employers offered health awareness programs to assist employees maintain healthier lives by reducing the risk factors for declining health (Chitakornkijsil, 2012). The health programs, offered as fringe benefits, were enhancements to a work environment (Artz, 2010). Chitakornkijsil (2012) conducted a study of employers who offered health awareness discussions as a part of corporate social responsibility, which the author defined as the actions of employers who voluntarily protected and served members of a company by engaging in efforts to enhance the well-being of employees. Employers experienced profitability from the perspective of enhanced productivity, retention of employees, and recouping the costs to employers who generated fringe benefits (Artz, 2010). Programs, such as health promotions, protected and served the interests of employees who extended beyond the basic requirements. Fringe benefits offered free to employees created higher levels of job satisfaction (Chitakornkijsil, 2012). Employers increased levels of fringe benefits and worksite health awareness programs as a part of corporate social responsibility (Chitakornkijsil, 2012). The additions allowed employers to experience results beyond the reduction of targeted risk factors and better health, such as inclusion in corporate social responsibility involvement.

A prominent fringe benefit offered to employees included employee assistance programs (EAPs). Artz (2010) described the addition of fringe benefits as enhanced job features and valued additions for workers. Deitz, Cook, and Hersch (2005) studied how health awareness programs differed from the EAP programs and provided a different set of advantages for employers and workers. Employers considered worksite health awareness programs the next generation to EAPs, which had become staple benefits for the past 20 years (Deitz et al., 2005). A key difference observed between health awareness programs and EAP was the costs for employers were higher for EAPs, and return on investment remained relatively unknown (Deitz et al., 2005). The return on investment (ROI) for worksite health awareness programs were promising because employers could measure differences in the costs of providing insurance to employees based on health interventions. Employees reserved utilization of the EAP services for substance abuse and other personal anonymous and unreported conditions. Although EAPs were beneficial resources to employees, the programs did not serve the purpose of reducing the risk factors associated with improving the health of employees.

In addition to the government and employers focused on health issues, health plan providers had vested interest in the improved health of workers. Thygeson (2010) conducted a review of worksite health promotion from the perspective of health plans. The health of employees affected health care costs to health plans to a large degree. The author outlined the significance of health promotion, the common types of health promotion programs, the effectiveness of the programs, and the barriers to program success. Researchers established a relationship between unhealthy lifestyles and

increased costs in medical care, and modifiable health risk factors contributed to a large portion of employers' expenses in providing health care coverage (Thygeson, 2010). Thygeson reported health plans considered health promotion an essential tool in modifying preventable health risks, which lowered through participation in health programs. Employers needed governmental initiatives and health plan support to expand the level of interest in the health programs. Chan et al. (2012) conducted a systematic review of worksite wellness programs in a meta-analysis of 33 studies discussing the structure, effectiveness, and outcomes of the programs. Financial advantages existed for employers who increased employee participation to levels necessary to reduce the risks associated with preventable medical conditions (Chan at el., 2012). In the analysis conducted by Chen et al., health awareness programs demonstrated an ROI and employers regained the costs spent on developing the programs through reductions in health costs. Chen et al. further established the benefits of health awareness programs, which affected the health of employees who participated. Participation in employer-sponsored health awareness programs reduced risks, reduced mortality, and reduced the costs in providing health care coverage for the health plans (Thygeson, 2010). With the perceived benefits to employers, employees, and health plans, participation in worksite health promotion was advantageous. Therefore, a need was present for enhanced participation.

The fundamental benefits from participation in worksite health promotion resulted from the health risk reductions. Rula and Hobgood (2010) conducted a retrospective study evaluating the affect of health awareness programs on employee risk levels. The

authors evaluated American workers to measure the impact knowledge had on instituting positive changes toward improving health. In the study, more than 5,000 participants enrolled in a self-reported health program and health risk appraisal to determine if worksite health programs motivated employees toward a healthier lifestyle. Investigators measured high risk and low risk participants in a program entitled MyhealthIQ, a health-risk management program to screen various health measurements. Rula and Hobgood reported quantitative results where participants improved in three of five risk measures monitored. When participants engaged in effective worksite health promotion, employers observed a positive reaction (Rula & Hobgood, 2010). Risk factor reduction by participation in health awareness programs directly affects the health of employees. Qualitative results from large trials supported the perceived benefits from worksite health promotion. Although researchers established the benefits of health promotion, limited information existed on long-term benefits and varying program types. In particular, limited data existed on worksite health awareness programs longer than 2 years in duration (Neville et al., 2010). Neville, Merrill, and Kumpfer (2010) studied the benefits of long-term participation in employer-based wellness programs. The Healthy Lifestyle Incentive Program (HLIP) provided longitudinal data for an eight-year review of risk factor reduction programs for employees in Salt Lake County. In the study, the investigators monitored long-term reductions in modifiable health risks such as blood pressure, cholesterol, and body mass index (BMI) in high risk and low risk participants. Participants enrolled from the high-risk group had the largest benefit to the health

awareness program, which demonstrated a need to recruit the employees at greatest risk into the health promotion programs (Neville et al., 2010).

In addition to longitudinal studies on worksite health promotion, researchers evaluated untraditional health awareness programs in the literature (Colkesen et al., 2011). Many of the traditional health awareness programs reviewed took place at a physical location. However, employers used alternate program types to make health promotion more feasible for employees. In a study by Colkesen et al. (2011), employees participated in a web-based cardiovascular health risk assessment in which more than 2,000 employees located in seven worksites enrolled. The program offered employees the opportunity to reduce cardiovascular risk factor through online educational programs and resources. With the development of technology and other resources, employers have incorporated newer technology into the health awareness movement. Eighty-six percent of the participants reported favorable responses to the web-based cardiovascular risk assessment, and two-thirds reported intent to recommend web-based awareness programs to colleagues (Colkesen et al., 2011). Utilizing the Internet and other forms of late breaking technology offers additional ways to include participants into some form of health risk reduction. Although web-based health programs existed in the literature, the benefits of enhanced participation due to newer technologies were not well established.

As web-based programs sought to make health promotion more available to workers, a need existed to extend worksite health promotion to more companies. Larger corporations were more likely involved in worksite health promotion programs, and most of the research conducted on health promotions investigated larger companies (Moore,

Parahoo, & Fleming, 2010). Moore et al. (2010) conducted a phenomenological study to evaluate employer health awareness programs in small and medium-sized enterprises, which added value by evaluating the effectiveness of health promotion with smaller companies. An opportunity existed in extending health promotion to smaller firms, who could have also benefited from healthier employees and reduced insurance costs. Jung et al. (2010) introduced a new Worksite Health Promotion Capacity (WHPC) model, which identified approaches for measuring effectiveness and further defining health awareness initiatives for companies of various sizes. The WHPC model measured a company's willingness to engage in worksite health promotion through a series of surveys and interviews with the companies' leadership. The model listed factors contributing to the companies' likelihood to engage in successful health promotion by establishing four categories, which determined a firm's fitness for worksite programs (Jung et al., 2011). Executive management's perceptions and beliefs in the benefits of the programs were the primary predictors for employee engagement. To the contrary, when leadership lacked confidence in the advantages of worksite health programs, the programs were less likely implemented (Jung et al., 2011). Worksite health awareness programs were effective in smaller companies and larger firms, and could provide additional cost reductions in insurance premiums (Moore et al., 2010).

Prevalent Health Promotion Program Types

Employers offered a variety of worksite health programs such as physical health programs, environmental safety programs, weight loss programs, nutritional programs, immunizations programs, cancer risk programs, stress reduction programs, mental health

programs, and others. Researchers reviewed three programs of integrated well-being: WorldatWork', The Total Rewards Program, and Employee Well-Being Survey Report ("More Employers," 2012). In the report, employers anticipated expanded health awareness offerings to employees mainly based on the information stating employees experienced higher job satisfaction and higher productivity with health promotions ("More Employers," 2012). Employees experienced a positive affect when engaged in a wide variety of health awareness programs ("More Employers," 2012). Expanding program types held promise for affecting the health of many Americans. Employers who opted to participate in worksite health promotion often started with initiatives encouraging weight management and physical activity (Romney, Thomson, & Kash, 2011). Eight companies participated in a study with varied programs, which included online weight loss tools, "The Biggest Loser at Work", "Family Fit", "Weight Watchers at Work," and other customized program resources for employees (Romney et al., 2011). The authors reported a relationship between obesity, inflated medical costs, and increased chronic health conditions such as diabetes, heart disease, and cancer (Romney et al., 2011). Romney et al. (2011) reported reductions in weight as a result of the health promotions, again demonstrating the programs' effectiveness. Weight loss health promotions were prevalent in the literature and were successful in bringing awareness to the significance of managing weight and reducing the rates of obesity.

In addition to weight loss health awareness programs, employers used nutrition and physical activity programs to improve employee health as well. Thorndike, Healey, and Sonnenberg (2010) conducted a study where 774 employees participated in a

worksite nutrition and physical activity program. The 10-week program evaluated change in body weight, cholesterol, and blood pressure between obese employees and average weight employees. Tamers et al. (2011) evaluated nutritional health programs and the relationship between worksite social support and dietary behaviors, physical activity, and body mass index in a study with 2878 employees. Tamers et al. enrolled employees in a program entitled Promoting Activity and Changes in Eating, and reported when program sponsors included social support in worksite health promotion, rates of physical activity, fruit intake, and vegetable consumption increased significantly.

Physical activity and nutrition programs were prevalent offerings in worksite promotion. The majority of working adults are overweight, which was a contributor to decreased productivity, diminished health, and increased costs of providing medical coverage for employers (Linnan et al., 2011). Linnan et al. (2011) conducted a study with the employees of 17 colleges of the North Carolina Community College System to evaluate worksite weight loss health promotion. The study recruited obese workers using a set of inclusion criteria to participate by offering financial incentives based on weight loss (Linnan et al., 2011). The university modeled a systematic program, entitled RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) for health promotion (Linnan et al., 2011). The health promotion was successful in recruiting the high-risk employees and provided health promotion to encourage weight loss and healthier lifestyle choices (Linnan et al., 2011). Anderson et al. (2009) also evaluated the effectiveness of worksite physical activity and nutrition-based programs and how whose worksite interventions affected employees' weight and levels of obesity. The health

promotion used the Task Force on Community Preventative Services' recommendations, which targeted body mass index, weight loss, and body fat. Links existed between obesity, cardiovascular disease, hypertension, stroke, and certain forms of cancer, and the investigators of the study evaluated how worksite health promotion helped reduce risks (Anderson et al., 2009). Worksite health awareness programs contributed to awareness of weight management and helped to reduce risk factors for employees who participated in the health promotions.

Results from employee participation in health promotion supported the ability to change health behaviors. Eight small manufacturing plants participated in a worksite health awareness program with the goal of instigating changes in employee behaviors to reduce body mass index (BMI) and incidence of obesity. Gates and Brehm (2010) reported employees with high BMI ranges and overweight had higher incidences of absence, disability, and sick leave. Factors influencing participation included the use of incentives, which employers used to entice employees. Gates and Brehm concluded employer sponsored health awareness programs offered effective strategies for reducing the incidence of obesity by offering modification education to encourage a change in lifestyle habits. Health promotions used educational resources for risk factors of interest, and different program types used similar strategies.

Additional health awareness programs existed to reduce the incidence of hypertension among employees. Chrysler, LLC leadership initiated a brand of health promotion for employees in a program entitled "The BP Success Zone: You Auto Know." Chrysler executives formed the program to reduce hypertension among workers

(Jackson et al., 2011). The worksite health awareness program offered employees group activities and educational resources to reduce the risk of complications as a result of elevated blood pressure. Jackson et al. (2011) conducted an analysis of the worksite health promotion in which 86% of the participants reported the promotion was helpful in understanding hypertension and controlling it. Effectiveness health awareness raised the level of understanding of the risks associated with a disease for employees and provided strategies to reduce the factors leading to advanced disease. Lynch, Markosyan, Melkonian, Pesa, and Kleinman (2009) used medical claims data to evaluate adherence to antihypertensive medication and how hypertensive employees compared to other employees in benefit costs, and work absence days. The employees diagnosed with hypertension had increased benefit costs and work absence days, and employees classified as adherent to the antihypertensive medications had lower health care expenses and fewer work absences (Lynch et al., 2009). Worksite health promotion was effective in improving hypertension medication adherence and could lower employer health related expenses (Lynch et al., 2009). For many conditions, such as hypertension, employees benefited from worksite health promotion, which reduced the rising costs associated with poor health.

Achieving a level of understanding for health risk factors was a strategy used by many employers. For example, Blue Cross and Blue Shield of Kansas City initiated a comprehensive wellness program to enhance the company culture and maintain low risk of employees' health issues (Hochart & Lang, 2011). Blue Cross and Blue Shield, a leading provider of health insurance coverage, supported the implementation of worksite

health awareness programs to reduce the risk of preventable diseases (Hochart & Lang, 2011). The program, entitled A Healthier You (AHY), enrolled 9,637 employees of low risk, moderate risks, and high risks in a three-year program, which included health education to reduce risk factors such as hypertension, cholesterol, increased body mass index (Hochart & Lang, 2011). After employees matriculated through AHY, employees had statistically significant differences in blood pressure, cholesterol, and body mass index (Hochart & Lang, 2011). Employees who participated had fewer emergency room visits and lower hospital inpatient admissions when compared to non-participants (Hochart & Lang, 2011). In a study conducted by Doyle, Severance-Fonte, Morandi-Matricaria, Wogen, and Frech-Tamas, (2010), 208 bus drivers enrolled in an employee health awareness program designed to provide resources to reduce the risk factors for hypertension. The authors sought to understand how stressful job positions affected employees, and if worksite health awareness programs assisted. Doyle et al. considered the job requirements for bus drivers stressful, and 63% of the bus drivers were hypertensive at the inception of the study (Doyle et al., 2010). During the study period, participants received dietician consultations, monitoring, and equipment, which enabled feedback on progress. Using health awareness and resources, 58% of the bus drivers had normalized blood pressure at the end of the study period compared to 38% of the bus drivers at the beginning of the study (Doyle et al., 2010). The additional educational resources and monitoring were essential tools in assisting employees to track the effectiveness of treatment, and employees became active participants in healthier behaviors.

In addition to hypertension, employers designed other worksite health awareness to reduce cardiovascular risk factors. Employers expressed concern with cardiovascular disease, kidney disease, and diabetes, and implemented health awareness programs to reduce them (Collins, Gilberson, Snyder, Shu-Cheng, & Foley, 2010). Collins et al. (2010) conducted a study to evaluate chronic kidney disease awareness, screening, and prevention to determine if health promotion could assist in reducing kidney disease. Health awareness was a valuable tool in reducing diseases without physical symptoms, referred to as silent killers, such as hypertension and chronic kidney disease (Collins et al., 2010). Elley and Kerse (2011) also conducted a study evaluating participants in employer-sponsored health awareness programs where employers provided educational resources for lowering the risk of cardiovascular disease. Reducing risk factors for cardiovascular disease has shown to be advantageous for participants of health awareness programs; however, researchers met opposition regarding evidenced-based medicine and clinical outcomes such as mortality (Doyle et al., 2010; Ellen & Kerse, 2011). In the study, worksite health promotion reduced cardiovascular risk factors and hospitalizations; however, mortality was not lower for participants (Ellen & Kerse, 2011). McCarver (2011) conducted a study evaluating the success of The Metro Nashville Public Schools Diabetes Health Management Program. Diabetes was a leading health problem in Tennessee with an estimated 10% of the population afflicted (McCarver, 2011). The health awareness program evaluated the population health-based chronic care models sponsors used as a part of The Diabetes Health Management Program. In addition to the evaluation of diabetes health management, McCarver assessed the cost differences

between participants and non-participants. The Metro Nashville Public Schools Diabetes Health Management Program showed beneficial results for participants by improving health and decreasing the costs for treating the disease (McCarver, 2011). Managing the risk factor associated with chronic diseases was the focus for employee health awareness programs, and employers benefited by the programs' effect on assisting workers live healthier lives.

Researchers evaluated health awareness programs in various health conditions, and explored demographics affecting health as well. Worksite health promotion had benefits in other health risk factors including advanced age. Hughes et al. (2011) reviewed two independent studies to evaluate worksite health programs for employees over 55. In the recent economic state, many older workers returned to work, which increased the number of workers over 55 to 31.8 million in the United Stated compared to 19.2 million in 2002 (Hughes et al., 2011). With the increased number of older workers who remained in the workforce, maintained health was an urgent initiative. The authors reviewed the COACH study and the RealAge study to understand how health awareness promotion affected retention in the older population. Both health awareness programs used educational resources to address health topics affecting older working adults. Retention for working adults over the age of 55 was higher than the other age demographics, which solidified the need for targeting the demographic for health promotion (Hughes et al., 2011). Retention for both COACH and RealAge were comparable for older employees and other employees, which indicated a positive result for the health promotion programs (Hughes et al., 2011). Varied programming for

worksite health promotion expanded the benefits for workers, which included the risk factor of advanced age.

In addition to advanced age, smoking and tobacco use was a target for employer-sponsored health awareness programs. Mishra et al. (2010) identified tobacco use as a high risk factor of cardiovascular disease. Educational and behavioral programs reduced employee dependence on tobacco products in an 18-month trial with 640 employees (Mishra et al., 2010). The worksite health program included three arms, one of which included pharmacotherapy to assist employees who achieved a quitting rate of 20% (Mishra et al., 2010). Terry, Seaverson, Staufacker, and Tanaka (2011) evaluated the effectiveness of a telephone-based tobacco cessation program offered as part of a worksite health promotion program. Ten large employers participated in a 12-month telephone-based smoking cessation program where researchers provided resources to assist employees in quitting smoking. Smoking cessation programs have grown in popularity mainly because of the health concerns, which emerged over the years for smoking (Terry et al., 2011). Nearly a third of the participants quit smoking compared to 18% of non-participants, which indicated the worksite health promotion helped employees quit smoking (Terry et al., 2011). Employers explored alternative ways to instigate changes in health behavior, including using telephone, web-based, and off worksite forms of health awareness programs. Health awareness programs offering educational resources were effective in reducing risk factors including smoking and tobacco usage.

Health promotion for employers spanned many health areas including oral and dental health. Employers expanded the health areas for health promotions in efforts to affect better employee health (Center for Disease Control, 2012). Shekar, Reddy, Manjunath, and Suma (2011) completed a dental health awareness program to evaluate the attitudes, oral health habits, behaviors, and economic factors for municipal employees.The goal of oral health awareness was to improve health knowledge and attitudes toward oral health (Shekar et al., 2011). Of the 1198 employees who participated in the study's questionnaire, oral benefits and insurance reimbursement were significantly higher for higher income earning employees (Shekar et al., 2011). The disparity created a need for health awareness to increase oral health awareness for employees. The relationship between oral heal and socio-economic status presented an opportunity to improve oral health awareness through employer- sponsored programs.

The expanded implementation of worksite health promotion included programs to address job related stress for employees, and resources to assist employees avoid work burnout. The health awareness program included social support aimed at reducing employee burnout associated with employee workload (Melamed, Armon, Shirom, & Shapira, 2011). Managing levels of stress and employee burnout were considerations for employer social responsibility (Chitakornkijsil, 2012). A direct relationship existed between work type and burnout, which included depression and neuroticism (Melamed et al., 2011). Limited research existed on worksite health awareness for employee burnout; however, the research by Melamed et al., (2011) offered additional benefits for worksite health promotion in reducing on-the- job stress-related illnesses. Interventions for work

related stress held promise for the future of worksite health promotion and the ability to address health concerns of workers in the future.

Employees benefited from awareness, detection, and prevention strategies for many conditions. Lyzun and McMullen (2009) conducted a study to evaluate a prostate cancer health awareness promotion entitled "Prostate Man", for men over the age of 50 (p. 7). Employers designed the health awareness program to increase prostate cancer awareness by providing education on the signs and symptoms of the disease. The sponsors used innovative marketing strategies and promotional tools, such as the character "Prostate Man" and the slogan "Take it like a man" (Lynch & McMullen, 2009, p. 7). Skin cancer is six times higher in the construction building industry compared to other workers (Silcox, 2011). In particular, researchers associated painters, roofers, and decorators with raised risk of skin cancer, which led The Constructing Better Health (CBH) to conduct a one-year skin cancer awareness program for employees in the construction and building industry (Silcox, 2011). Silcox (2011) suggested worksite health awareness programs contributed to reductions in skin cancer diagnoses for at risk employees, and advised construction workers to wear hats and use sunscreen to reduce the risks of skin cancer. The campaign was successful with high levels of interest in the topic and increased participation in screening program events. Cancer screenings conducted through employer-sponsored health awareness created awareness for the need for preventative measures and early detection.

Investigators explored health awareness programs for nearly every health threat in America, and established the need to reduce risk factors and raise awareness (CDC,

2012). Anshel, Brinthaupt, and Kang (2010) evaluated the benefits of a worksite wellness and fitness program's effect on mental well-being. The study examined a 10-week wellness program utilizing the Disconnected Values Model (DVM), a conceptual framework to detect inconsistencies between negative behaviors and values (Anshel et al., 2010). In the study, 164 participants experienced significantly improved results from pre-test to post intervention on measures of physical fitness and mental well-being (Anshel et al., 2010). The authors offered additional ways employers attempted to affect the health of employees by offering effective health awareness programs for mental health. Many worksite health promotions focused on physical health factors, and the programs also improved employees' mental health.

Presenteeism

Presenteeism was also an emerging topic for employers in the literature. Khan (2012) reported 55% of employers surveyed express a concern with presenteeism, which the authors defined as ill employees unmotivated or unproductive at work. The majority of the employers consistently measured absenteeism and productivity but only 5% of the employers measured presenteeism (Khan, 2012). Cancelliere, Cassidy, Ammendolia, and Côté (2011) conducted a study to determine if an employer-sponsored health awareness program improved presenteeism. The authors defined presenteeism as employees present at work but limited in work performance due to health problems (Cancelliere et al., 2011). Researchers published limited research on the prevalence of presenteeism and not until recently have employers considered the financial affect of the problem (Cancelliere et al., 2011). The common risk factors of obesity, poor diet, and lack of physical exercise

were frequent limiting traits causing presenteeism. The authors considered the risk factors preventable and suggested worksite health promotion affected the conditions (Cancelliere et al., 2011). Presenteeism improved when employees participated in health awareness programs where employers offered health screenings (Cancelliere et al., 2011). Historically, employers did not consider the cost of sickness and the costs of lost productivity resulting from presenteeism, but the topic has become a discussion over recent years. Health awareness programs have begun to evaluate the same endpoint in organizing worksite health awareness programs (Khan, 2012). The benefits from reducing presenteeism were topics entering the discussions to justify worksite health promotion.

Jensen (2011) evaluated absenteeism, presenteeism, and productivity. The authors analyzed 30 health awareness studies, which focused on the employees' nutritional knowledge, food intake, and health. Diet-related worksite programs had a positive affect on productivity and reduced both absenteeism and presenteeism (Jensen, 2011). An analysis of productivity in the study indicated the gain in productivity offset the costs of implementing the worksite health program (Jensen, 2011). Profitability increased in the form of reductions in absenteeism and presenteeism (Jensen, 2011). Skrepnek, Nevins, and Sullivan (2012) assessed presenteeism and productivity benefits in worksite health promotion. The authors defined presenteeism in the study as productivity losses incurred from employees at work but not fully productive (Skrepnek et al., 2012). Although limited information was available on the financial affect of presenteeism, employers have expressed a concern over the topic and productivity losses (Skrepnek et

al., 2012). Employers became more involved in the health of employees due to productivity costs resulting from health related absenteeism, presenteeism, and the rising costs of providing health insurance (Skrepnek et al., 2012). Productivity costs of presenteeism exceeded the productivity costs of absenteeism, which supported the mounting concern over presenteeism in the workplace (Skrepnek et al., 2012). Presenteeism was an emerging topic of concern for employers as the costs associated with presenteeism was more of a financial burden than absenteeism.

Cost Savings

Health care costs were a mounting concern for America and other countries in the literature. Many countries adopted global health reform, to combat the rising costs of health care around the world (Severson, et al., 2011). In addition, the nation faced the need to improve the population's health and to decrease the rate of per capita health care costs (Severson, et al., 2011). The rising costs of health care created financial strain, which has created the need for interventions to combat the problem. In 2009, the US spent $2.5 trillion or $8,086 per person on health care expenses and forecasters projected the costs will rise to $4.5 trillion by 2019 (Stone, 2012). The rising costs in health care have created the need for systematic change, which included focusing on reducing costs, better health, and health awareness. The primary goals for employers who conducted worksite health promotion were to the reduce risk factors leading to more serious health conditions and improve the health of employees, but employers' saw additional benefits through costs reductions (Baicker, Cutler, & Song, 2010). Employers realized costs savings by employee participation in various forms of health awareness programs. The

costs saving to employers were through a reduction in health care premiums of $358 dollars yearly, per employee (Baicker et al., 2010). In addition to the employers' insurance premium reductions, employers saved an average of 1.9 absentee days, equaling $309 dollars per employee per year (Baicker et al., 2010). Employers has difficulty calculating the exact savings for implementing the health awareness programs and the data could help sponsors justify the costs, time, and efforts to launch beneficial programs. The costs in reductions in insurance premiums for employers were beneficial, which substantiated a manner to help control the rising expenses in providing health coverage for employees.

Obfuscating the issue of worksite health promotion was the unknown return on investment for implementing the programs. Researchers documented the effectiveness of employers' health awareness initiatives in the literature, but employers underutilized the programs due to concerns over recouping the costs and return on investment (Milanin & Lavie, 2009). Milani and Lavie (2009) evaluated the affect of worksite wellness intervention on cardiac risk and health care costs. The study included nutritional counseling, smoking cessation resources, and physical activity promotions. The average employee who participated in the wellness promotion experienced a statistically significant (*p*. 002) reduction in annual medical costs of 48% and the control group's costs remained unchanged (Milani & Lavie, 2009). The employers in the study achieved a six-fold return on investment when researchers evaluated medical claims data and health care costs (Milani & Lavie, 2009). Berry and Mirabito (2011) conducted primary field research to evaluate health promotion for Johnson & Johnson and nine other

companies. The goal of the study was to evaluate the benefits and return on investment for employers who implemented the health promotions and each company in the study initiated a wide range of health promotion programs for employees to achieve better health (Berry & Mirabito, 2011). Johnson & Johnson has been aggressive in worksite health promotion and held a firm goal to have employees become the healthiest in the world (Berry & Mirabito, 2011). Johnson & Johnson estimated a savings of $250 million in health care costs through effectively utilizing health awareness for employees (Berry & Mirabito, 2011). Leading corporations such as Johnson & Johnson have taken meaningful steps to improve the health of employees and reduce the expenses of maintaining healthy employees. Research demonstrated significant return on investment through employees' participation in worksite wellness promotions, which assisted in the justification for worksite health promotion for employers.

Researchers Field and Louw (2012) also measured ROI in terms of increased levels of job satisfaction for participants of worksite health promotion. Employees who became healthier through employee physical activity and weight management awareness programs experienced a higher level of job satisfaction after participating in a theory driven worksite health awareness program (Field & Louw, 2012). A study by Field and Louw (2012) evaluated a relationship between employees who participated in physical activity health awareness programs and higher levels of job satisfaction. The need existed for more formalized health awareness programs to capitalize on the various benefits to employees. Field and Louw's research expanded the perceived benefits of merely a reduction in risk factors and included enhanced benefits such as increased job

satisfaction, which compounded the perceived return on investment for health awareness programs. Hoxsey (2010) supported the belief healthy employees are often happier employees. Employee participation in worksite health promotion was relative to higher levels of job satisfaction, reduced absenteeism, and reductions in sick time in a study completed with 25,000 British Columbia government employees (Hoxsey, 2010). Employees who participated in the health awareness programs experienced more satisfaction with employment than employees who had not. The enhanced levels of job satisfaction, reduced absenteeism, and reductions in sick time were contributing factors to return on investments for the health awareness programs.

Employers' costs savings for implementing worksite health promotion came in many forms. Zwetsloot, van Scheppingen, Dijkman, Heinrich, and den Besten (2010) conducted a study to establish the organizational benefits of investing in workplace health. The authors outlined the potential costs savings and other benefits of worksite health promotion. The investigators discussed cost savings in terms of reduced disability payments by employers, employee sick leave, and the costs of replacing sick employees. Employers neglected to configure disability leave and the costs of replacing sick employees into the cost analysis for the health of employees. Employers who initiated worksite health awareness programs reduced several cost factors resulting from unhealthy employees (Zwetsloot et al., 2010). Yen, Schultz, Schaefer, Bloomberg, and Edington (2010) conducted a long-term study of employee health awareness to evaluate ROI on health programs. The study protocol required a division of more than 2,000 employees into three participation level categories labeled continuous, sporadic, and non-

participants. The information was useful in evaluating the return on investment employers experienced by employees' level of participation. The costs associated with program start up and maintenance was a concern for employers (Yen et al., 2010). A positive return on investment existed for worksite health promotion with average annual savings of $180 per participant, which was more than the costs of implementing the programs (Yen et al., 2010). Employers have realized return on investment for worksite health promotion, which exceeded the initial costs of program startup, which added to the appeal of offering health interventions in the workplace. The costs savings from worksite health promotion came in many forms and not always calculated in the return on investment of the programs.

Incentivized Programs

Employee participation in worksite health promotion was the linchpin of the programs' success. Health risk reductions through employer-sponsored health awareness initiatives were dependent on employees who participated in activities to generate better health. Employers used incentives of various types to encourage employees to engage in the health awareness programs. Neville, Merrill, and Kumpfer (2010) conducted a longitudinal study to evaluate incentivized worksite wellness programs from a Salt Lake Health Department health program. The Salt Lake Health Department established a worksite health awareness program entitled the Healthy Lifestyle Incentive Program (HLIP) addressing the high rates of obesity, heart disease, and cancer. The incentives offered were in the form of a points program, which entitled employees to a suite of premiums. The researchers collected and analyzed eight years of data from the HLIP

program to determine if incentivized wellness promotion attracted high-risk employees (Neville et al., 2010). The employees with high risk factors for prevalent diseases presented an opportunity to affect the health of employees who needed intervention the most. Leeks, Hopkins, Soler, Aten, and Chattopadhyay (2010) conducted a study to evaluate worksite based incentives and competitions to reduce tobacco use. The investigators evaluated incentives used to entice employees to conquer the challenge of smoking, which researchers linked to several health threats (Leeks et al., 2010). Employers offered financial rewards, lottery chances for financial rewards, and self-imposed payroll withholdings as some of the incentives (Leeks et al., 2010). Incentives and program competition increased the success of the health program by increasing the motivation of employees, increasing or improving actions to quit, and increasing efforts to quit (Leeks et al., 2010). Over half of the county's employees enrolled in the incentivized promotion, which indicated the incentivized efforts were successful in recruiting beyond the motivated minority of employees (Neville et al., 2010). Incentives were valuable in encouraging employees to engage in behavior modification, which led to higher levels of interest in the health awareness programs.

Although incentives to motivate participation were advantageous, employers underutilized them (Madison, Volpp, & Halpern, 2011). In a study of more than 600 employers, 25% of the companies represented used incentives to recruit participants into health promotion (Madison et al., 2011). The authors of the study entitled "The law, policy, and ethics of employers" reviewed the use of financial incentives to improve health. Madison et al. (2011) discussed how incentives have enhanced participation in

worksite health awareness programs. Employers used many types of financial incentives including positive and negative actions referred to as "carrot and stick." The authors described "carrot" as financial gifts offered for participation, opposed to "stick" described as penalties or higher premiums for employees who opted not to participate (Madison et al., 2011). Madison et al. also reviewed PPACA and the Safety Provision, which offered financial incentives to employers for creating health promotions. Incentives were found to be effective in engaging employees towards better health (Leeks et al., 2010). Incentives were also effective in increasing employee participation in health awareness programs through positive and negative factors, yet program sponsors did not use incentives to a large degree.

Participation

The challenge for sponsors of employer-sponsored health awareness programs was gaining participation and enticing people to engage in the programs at a level where the employers' actualized benefits. Aston, Meagher-Stewart, Edwards, and Young (2009) evaluated the participation challenge and effective ways to engage participants. The investigators sought to evaluate strategies for fostering increased participation in health awareness programs. Public health nurses highlighted the value of enticing participation by communicating the benefits and innovation marketing (Aston et al., 2009). Health awareness program sponsors obtained better outcomes through reduced risk factors and reduced costs of medical treatments when the programs used strategies to increase participation (Aston et al., 2009). Participation increased as sponsors enticed participants with incentives, premiums and cash awards (Aston et al., 2009). Nöhammer,

Schusterschitz, and Stummer (2010) conducted a qualitative study with personnel responsible for implementing health awareness programs and health experts in the field. The goal of the study was to evaluate the determinants of employee participation in worksite health promotion. Researchers asked questions regarding the motivations for participation and what could attract colleagues. The investigators identified three key areas as determinants of participation; program flow, program reception, and program design (Nöhammer et al., 2010). Participants expressed the need for program information presented in an attractive way, aesthetically designed, and emotionally appealing (Nöhammer et al., 2010). Employers used various tools to increase participation, which helped them realize the maximum benefits from worksite health promotion. Attracting employees into worksite health promotion required the need for employers to entice participation by making all aspects of the health promotion appealing and inviting.

Predicting the level of participation for worksite health promotion was a challenge for employers. Abraham, Feldman, Nyman, and Barleen (2011) studied factors influencing participation in exercise-focused employer wellness programs by investigating participants from the University of Minnesota's UPlan Fitness Rewards Program. The researchers used multiple data sources to determine the factors associated with the probability of participation in the health program (Abraham et al., 2011). The authors obtained four conclusions during the study. Prior exercise history was a strong determinant of participation in the UPlan Fitness Rewards Program and the majority of participants engaged in exerciser regularly (Abraham et al., 2011). The second point

obtained was time costs of exercise were significant to participants, and workout facilities needed to be convenient for employees. Additional time requirements and inconvenient exercise facilities discouraged employees from engaging in worksite health promotions (Abraham et al., 2011). Third, liking and interest in the awareness programs offered affected participation. The final point concluded by Abraham et al. (2011) was the employees' attitude toward the goals of the health promotion influenced the probability of participation. Although the investigators used incentives, the four points outlined were the primary determinants of participation in the worksite health promotion (Abraham et al., 2011). Scherrer, Sheridan, Sibson, Ryan, and Henley (2010) also completed an assessment of employee engagement in a corporate physical activity program. The authors addressed the World Health Organization's statistics pointing to increased incidence of breast and colorectal cancers resulting from inactivity (Scherrer et al., 2010). A program entitled The Global Corporate Challenge (GCC) aimed to reduce negative trends in health among workers by encouraging changes to physical activity levels (Scherrer et al., 2010). Scherrer et al. concluded teamwork, communication, and collective motivation were the factors engaging employees in The Global Corporate Challenge health awareness program. Employers explored participation strategies and realized the levels of involvement by employees often determined the programs' success.

Researchers investigated other factors regarding participation in worksite health programs. Gurt, Schwennen, and Elke (2011) reported management's engagement was vital in the success of health awareness programs for employees. The authors discussed the influences leadership who raised health topics and modeled healthy behaviors.

Management reported the concerns of rising health care costs, high absenteeism, and lower productivity in the workplace and looked to workplace health promotion to improve conditions (Gurt et al., 2011). Participation and involvement increased when employees perceived management involvement in health awareness programs, and employers modeled behaviors expected of employees (Gurt et al., 2011). A company's leadership had an effect on how employees perceived value of worksite health promotion. Employers who displayed commitment to health awareness could enhance employees' levels of engagement into the health awareness programs. Involving employees in all aspects of the programs created ownership in the programs and also increased participation rates. Grawitch, Ledford, Ballard, and Barber (2009) identified four factors for employee participation; programs met the needs of the participants, employees needed involvement in all aspects of the programs, programs affected the desired outcomes, and programs solicited employee feedback. Investigators found employee participation increased when employers involved employees in the creation, implementation, and feedback stages of worksite health promotion (Grawitch et al., 2009). Employers experienced enhance participation when leadership was directly involved and when employees engaged in all facets of the implementation and evaluation of the health awareness programs.

Leaders' commitment to health promotion played a vital role in how employees viewed health awareness programs. Chiabura, Diaz, and Pitts (2011) surveyed 165 employees from various American companies to understand how the employees reacted to directive leadership. A positive relationship existed between authentic leadership and

social changes in employee health (Chiabura et al., 2011). Employee participation increased when leadership believed in the benefits of the health promotion (Chiabura et al., 2011). Leadership's role in motivating employees to engage in employer-sponsored health awareness programs was pivotal. Senior leadership's participation, involvement, and support were among the main factors influencing participation (Olson & Chaney, 2009). Olson and Chaney (2009) studied worksite health programs and the barriers to employee participation, which was of interest to many employers who initiated worksite health promotion. On average, only one-fourth to one-half of the employees participated in employer-sponsored health awareness promotions, which suggested an opportunity to recruit more employees into the programs (Olson & Chaney, 2009). The primary barriers to participation were time, costs, perceived benefit, and awareness of risks (Olson & Chaney, 2009). Olson and Chaney reported factors influencing participation were incentives, the need for better health, and leadership involvement. Leadership's involvement and support was not an obvious factor for encouraging participation but was a determinant in maintaining successful employee health programs. Thus, leadership held a essential role in implementing successful worksite health promotions.

The leaders of organizations made the key decisions for implementing health awareness programs. Pronk and Kottke (2009) appraised participation in worksite health programs in a study evaluating the factors influencing employers to invest in worksite health promotions. Employers had interests in evidenced based interventions and sought to match the worksite programs to program goals. The authors identified factors for increased probability of success through the evaluation of former programs. Identified

components of successful health awareness programs included demonstrated leadership, engaged managers, incentives and awards, and lasting commitments to the programs (Pronk & Kottle, 2009). Employers could understand the potential benefits of health awareness programs, which included higher physical activity by employees, higher productivity, and better health, but criteria existed influencing employers to invest in worksite health programs (Pronk & Kottle, 2009). Employers became interested in programs focused on behavioral changes in employees. The ability of the health programs to produce benefits was a determinant in implementing the programs.

In the literature, researchers analyzed the rates of participation and tried to gain a better working knowledge of the factors affecting employee involvement. Robroek, van Lenthe, van Empelen, and Burdorf (2009) studied the determinants of employee participation in worksite health promotion by analyzing 23 studies outlining characteristics of participants and non-participants. Participation rates varied within the studies with a mean participation rate of 33% (Robroek et al., 2009). The authors evaluated multiple demographic factors including gender, age, and race, which allowed for the observation of demographic trends in participation. Participation rates increased when employers offered incentives, and women were more likely to participate than men (Robroek et al., 2009). Robroek, Vathorst, Hilhorst, and Burdorf (2012) conducted a study exploring moral issues in conducting worksite health promotion. Although the overwhelming majority of employees surveyed found healthy lifestyles imperative, 21% of the employees' surveys believed the health programs were a violation of employee privacy (Robroek et al., 2012). Employees expressed the desire to keep work life

separate from personal life, including health issues. Thus, some participation factors were not a result of an employer's effort in recruiting, but more a result of employees who believed the programs violated employees' privacy. Programs addressing multiple behaviors were more appealing to employees and had better rates of participation. Employers expressed interest in identifying factors for increased participation to ensure the programs were of interest to employees.

Employers used newer technologies, such as Internet-based programs, to enhance participation in employer-sponsored health awareness programs. Robroek and Lindeboom (2012) studied the determinants of participation in employee health promotion by evaluating an Internet delivered worksite health program. Investigators analyzed a physical and nutrition program with 924 employees to understand how individual factors, such as lifestyle and health related to participation in employer-sponsored health awareness programs. Detailed information from participants was available due to the Internet-based programs to solicited feedback. The researchers' analysis from the information provided valuable demographic information on the health awareness programs. For example, employees over the age of 30 were more likely to participate in employer health promotion and realized the significance of healthier living (Robroek & Lindeboom, 2012). Workers with low intention to change the program's targeted health behavior were also less likely to participate, but once enrolled, sustained participation (Robroek & Lindeboom, 2012). Smokers had a high drop out rate and were not compliant with website check-ins (Robroek & Lindeboom, 2012). Email communications motivated employees to increase program activities and could encourage

more employees to remain in the health programs. Using the Internet helped engage employees, and provided demographic data, which helped identify factors for participation.

An interesting concept for participation in worksite health promotion was engaging health care professionals in health interventions. Psychiatric professionals were responsible for assisting others become and remain healthy mentally, not many resources were available to them (Swarbrick, D'Antonio, & Nemec, 2011). Swarbrick et al. (2011) reviewed health awareness among psychiatric rehabilitation practitioners. Swarbrick et al. identified eight wellness dimensions in the study as areas contributing to mental health, and considered the dimensions vital for the psychiatric professionals (Swarbrick et al., 2011). Dipietro, Rush, Bright, Kroustos, and Milks (2013) published a study on strategies for engaging pharmacy students and medical residents in worksite-based health and wellness programs. Pharmacy students and medical residents enrolled in The Ohio Northern University's (ONU) HealthWise program, a multidisciplinary worksite-based health and wellness program, developed in 2010 for faculty, staff, dependents, and retirees (Dipietro et al., 2013). Involving pharmacy students and medical residents in worksite health promotion not only encouraged healthier living for them but also equipped future pharmacists and physicians with skills to manage future worksite wellness programs. Health awareness programs offered to health care professional demonstrated a broad range of employees could benefit from worksite health promotion.

Transition and Summary

Investigators of worksite health promotions discussed the successes and challenges of the programs from many angles (Robroek et al., 2009). Researchers also evaluated many forms of employer-sponsored health awareness initiatives, and documented the benefits of implementing the programs. Participation presented the biggest challenge to worksite health promotion (Robroek et al., 2012). Employees received effective health risk reductions when employers attracted employees into the promotions and influenced health behavioral changes in participants. Thus, attracting employees, particularly people at high risk for chronic diseases, was an essential element in instituting employer- sponsored health awareness programs. Additional research on the motivations for participation in worksite health promotions could assist in understanding how to attract more employees into the health awareness programs.

Section 2: The Project

I explored the motivational factors influencing employee participation in worksite health promotions. Although researchers have established the effectiveness of health awareness programs and 90% of employees consider a healthy lifestyle vital, participation rates in employer-sponsored health awareness programs are low (Robroek et al., 2012). Roebroek et al. (2012) suggested that the lack of employee participation limits the potential benefits of improved health, higher productivity, and lower presenteeism/absenteeism. Section 2 outlines the logistics of the study, including the methods, study design, participants, and ethical considerations. I provide a review of parameters such as validity and reliability, sampling strategies, and data collection methods.

Purpose Statement

The purpose for this qualitative phenomenological study was to explore factors motivating employees toward participation in employer-sponsored health awareness programs. In the study, I conducted semistructured interviews, using open-ended questions, with 24 health awareness program participants in the northeastern United States to discern the motivations leading employees to engage in worksite health promotions. Employees engaging in worksite promotion were appropriate study participants because participation is a limiting factor in program success (Robroek et al., 2009). I solicited feedback through open-ended interview questions to explore the motivations and potential barriers to the awareness programs.

Qualitative research assisted in providing a deep understanding of the motivations encouraging participation in the health awareness programs. Researchers have conducted quantitative research on the topic and have demonstrated benefits for various program types (Robroek et al., 2012). The gap in the literature has involved identifying the motivational factors for attracting employees to engage in worksite health promotion, which was attainable through qualitative research. The study built on the data available, which addressed the increasing problem of affecting chronic illnesses and the financial burden of health care costs to employers.

Role of the Researcher

In qualitative research, the researcher manages the process, conducts data collection, and presents findings (Leedy & Ormrod, 2013). As the researcher, I assumed responsibility for recruiting the participants, collecting the data, completing analyses, and reporting the findings for the study (Corman, 2010). The interviews took place in a natural setting, either in person, by telephone, or through video conferencing. The interview process included recording, transcribing, and documenting all sessions, which ensured the storage and protection of interview data (Pollock, 2012).

I am a resident of New York working in oncology business development and analytics. I have experience with health awareness programs; however, I have no relationship with, or responsibility for, implementing worksite health promotion. I committed to executing all facets of the study with the highest degree of ethical behavior and to reporting the data without bias (Corman, 2010).

Participants

Participants for the study included employees with lived experiences in employer-sponsored health awareness programs. I enrolled participants involved in various types of health promotion. The purposeful recruitment strategy included soliciting employees in the northeastern United States to participate voluntarily in the study, and enrolling employees of small, medium, and large companies offering health awareness initiatives (Suri, 2011). I sent potential participants an introductory letter (Appendix A) informing them of the study's purpose, process, and time expectations for completion. The introductory letter outlined confidentiality and ethical treatment, ensuring that the participants understood the sensitive and confidential treatment of all information.

Participant recruitment strategies included using the Walden University research pool and social media sites such as LinkedIn to attract viable participants. I recruited 24 participants for the study (Patton, 2002). Obtaining a minimum of 20 participants was a recruitment goal for the study to secure sufficient data for the analysis (Suri, 2011).

Purposeful sampling was appropriate for recruitment in the study due to the specific nature and intention of the study. The benefit in using purposeful sampling is selecting information-rich cases to gain deep insights into the significant issues (Patton, 2002). In qualitative research, investigators use purposeful sampling to identify interested informants who can assist in providing key information on a case or phenomenon (Suri, 2011). Participant selection was purposive based on lived experiences in worksite health promotion and participant location within the northeastern United States.

As the researcher, I obtained all permissions from the Walden University Institutional Review Board prior to any participant interaction to ensure the protection of all prospective participants (Pollock, 2012).

Research Method and Design

Research Method

The qualitative research method in the study assisted in gaining insight into the motivational factors for participation in employer-sponsored health awareness programs. Researchers conduct qualitative research to discover an understanding of an issue (Denzin & Lincoln, 2011). Abraham et al. (2011) used a similar qualitative research method in one of the largest studies evaluating employee participation in health awareness programs conducted at The University of Minnesota, where more than 17,000 employees enrolled in a worksite wellness program (Abraham et al., 2011). The research by Abraham et al. allowed for exploration into the reasons employees participated in worksite health promotion initiatives. I interviewed participants to discern factors affecting participation in worksite health promotion.

Research using quantitative and mixed methods would not have assisted in exploring motivations for participation in worksite health promotion. Researchers use a quantitative research method to analyze numerical differences in data (Denzin & Lincoln, 2011). The mixed research method includes the numbers-based aspect of quantitative research and qualitative techniques to analyze data (Leedy & Ormod, 2013). Qualitative researchers obtain feedback from participants through open-ended questions allowing for a better understanding of the phenomenon. A qualitative approach allows researchers to

learn more about motivations for participation through extensive data derived from key informants (McAlearney, Reiter, Weiner, Minasian, & Song, 2013). Quantitative and mixed method research would not have addressed the specific or general business problem identified and thus were not viable options for the study.

Research Design

Five research designs exist in qualitative methodologies: (a) phenomenological, (b) case study, (c) ethnography, (d) narrative, and (e) grounded theory (Leedy & Ormrod, 2013). Researchers use case studies to explore true characteristics of life events during a period of time (Yin, 2009). A case study design was not appropriate for addressing the business problem of the study because the specific problem did not focus on a particular program for a definite time period. The ethnology research design assists researchers in interpretive analyses based on societies or ethnic groups (Leedy & Ormrod, 2013). This study consisted of people from various societies and ethnologies, which precluded the ethnology research design. Researchers employ narrative design to glean chronological life stories of participants (Dickey, 2011). Participants' chronological life experiences would not have assisted in understanding collective motivations for health promotion, making narrative research inappropriate for the study. A grounded theory research design allows researchers to uncover new concepts, themes, and theories; this goal was not applicable to this study (Yin, 2009).

Phenomenological research assists researchers in understanding several shared experiences of a phenomenon (Denzin & Lincoln, 2011). I planned a phenomenological study design along with purposeful selection for recruiting participants. Health

promotion researchers have used phenomenological studies to explore how individuals with shared experiences compare to others. Mahmud, Olander, Eriksén, and Haglund (2013) conducted a qualitative phenomenological study to investigate how information and technology assisted in increasing health literacy and health promotion. The study investigators sought to understand how participants who enrolled in health promotion activities offering health information benefited in terms of health outcomes. Participants, through surveys and interviews, shared lived experiences and results from health promotion. Researchers also used qualitative studies to explore participation in the National Cancer Institute's Community Clinical Oncology Program (CCOP), a program designed to promote cancer treatment innovations for communities lacking cancer centers (McAlearney et al., 2013). In the study, investigators interviewed provider and hospital personnel enrolled in CCOP to discern the value of participation and to understand ways to increase the levels of engagement in the cancer programs.

Population and Sampling

The study involved personal, semistructured interviews with 24 people with lived experiences in employer-sponsored health awareness programs. Purposeful sampling assisted in selecting participants in the northeastern area of the United States. Purposeful sampling involves recruiting study participants who meet certain criteria, and purposeful sampling was appropriate because of the need to select participants enrolled or recently enrolled in worksite health promotion (Patton, 2002). Random sampling was not appropriate for the study because of the need to target known participants in health awareness initiatives. A qualitative phenomenological study permitted a thorough

understanding of the motivational factors for participation (Yin, 2009). I conducted semistructured interviews with open-ended questions to educe the participants' experiences leading to their decisions to engage in the programs. Twenty-four participants completed the interviews to achieve an adequate study population for the analysis (Suri, 2011).

Participant eligibility requirements for the study included being enrolled or having been enrolled within the past 24 months of the study in employer-sponsored health awareness programs. The recruitment strategy was to enroll participants from corporations of all sizes in the northeastern United States. Participant eligibility included awareness of various targeted health risk factors. For the purposes of the study, states in the northeast included Maryland, Delaware, New Jersey, Pennsylvania, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine.

I recruited 24 participants to participate in the study through an introductory email. The introductory email contained the study's purpose and participant requirements. Participants willing to participate completed and returned a consent form. I verified all information included on the consent form and followed the Walden University IRB process. No research began until IRB issued approval. Teleconference interviews along with questionnaire completion took place in scheduled 45-minute appointments. The research process included recording, coding, and storing all data obtained for a 5-year period. Participants' privacy, confidentiality, and high ethical standards were careful considerations in the study.

Ethical Research

I conducted the study with high ethical standards. Each step of the study's process safeguarded participant privacy concerning sensitive topics, which is fundamental in solid qualitative research (Pollock, 2012). Participants completed a consent form prior to participating in the study. The consent form is available in Appendix A. My recruitment strategy did not include incentives. I allowed participant withdrawal from the study at any time for any reason and provided instructions for withdrawal in the study's introductory letter. No participants withdrew from the study. The data collection process included recording sessions, taking notes, completing questionnaires, and storing the data for a 5-year period to protect the rights of participants (Corman, 2010).

Data Collection

Instruments

The researcher often serves as an instrument in qualitative research for the purposes of data collection (Leedy & Ormrod, 2013). Data collection for the study took place through interviews. Using interviews for data collection assisted in gaining a thorough understanding of participants' beliefs and motivations regarding worksite health promotion. The interview questions aided me in capturing the lived experiences of the participants' engagement in worksite health promotion.

The primary method for collecting data for the study was semistructured interviews. Interviews are among the central information sources in qualitative research (Yin, 2009). I conducted the interviews with the time allotment of 45 minutes for each.

During the interviews, open-ended questions addressed the motivations for the participants' engagement in the health awareness initiatives. Appendix C contains the interview questions for the study. As the researcher, I conducted all interviews and documented the responses to ensure validity and reliability in the study. I used a checklist, which outlined the interview process, interview questions, and other interview steps to ensure completion. Appendices of the study include all scores calculated from interviews by themes and meanings.

During participant recruitment, I used the initial questionnaire to identify basic demographic information, verify location within the northeastern United States, identify health awareness type, and determine duration of participation. The questionnaire is available in Appendix B. During teleconference and videoconference interviews, a series of open-ended questions aided in capturing the participants' lived experiences, motivations, beliefs, perceived barriers, and reasons for participation. I digitally recorded the interviews. I documented data obtained during the interviews with scribed notes during the interview, converted the notes to PDF files, and will store reports for 5 years in my home.

Analyzing the responses from the interviews, documents, and observations allowed for coding and identifying themes from the data. The data collection process included using NVivo®, a qualitative research program by QSR International, to assist in data analysis (Hutchinson, Johnston, & Breckon, 2010). I uploaded all key findings, achieving comprehensive analysis of the study data (Hutchinson, Johnston, & Breckon, 2010).

Data Collection Technique

I used a questionnaire, which provided initial participant data. The purpose of the questionnaire was to ensure that prospective participants met the criteria for participation in the study. Upon receiving consent forms and IRB approval, I sent all consenting participants a confirmation correspondence with the pertinent information and details for the next steps. Afterward, I conducted interviews with consenting participants through teleconferences, generating the data for analysis in the research. During the interviews, any observations were noted, and answers from interview questions were transcribed and stored. I digitally recorded interviews, stored recorded files on discs, and will maintain recorded files for 5 years. I did not use a pilot study in the research.

Data Organization Techniques

I converted all data, documents, notes, and forms to PDF files to prevent lost, misplaced, or altered documents and to assist in storing the data. Data organization techniques for the study included backing up files via Dropbox and virtual storage systems, storing original questionnaires and notes in a file in a safe location, and assigning participant identification codes to ensure participant privacy. I assigned participant identification codes in lieu of names, making the reports de-identified data. After a 5-year period, I will destroy the reports and erase the electronic files.

Data Analysis Technique

I compiled data from questionnaires and interviews. NVivo®, a computer program used in qualitative research, assisted in coding and analyzing raw data. Computer-assisted qualitative data analysis software (CAQDAS) has advanced the

analytical capabilities of qualitative research by increasing the effectiveness of sorting, matching, and linking data (Hutchinson, Johnston, & Breckon, 2010). Researchers have used computer software such as NVivo® in case studies to help identify codes and themes from the data (Yin, 2009).

The research questions facilitated understanding the lived experiences of participants in worksite health promotion through the central research question: What are the motivational factors encouraging participation in employer-sponsored health awareness programs? The interview questions were as follows

1. How did you learn about your company's health awareness promotion?
2. What are your lived experiences with employer marketing strategies' influence on your participation?
3. What is your perception of the company's commitment to the program?
4. What are the key features of the health promotion?
5. What were your motivations for engaging in the program?
6. If offered, describe the level of program incentives used by your employer and how they influenced your participation.
7. Which program incentives would you suggest to increase participation based on your lived experiences?
8. How would you describe your health relating to the targeted health initiative?
9. How has your level of health awareness changed since enrolling in the health promotion?

10. In your perception, what are the barriers for participation in worksite health promotion?
11. What recommendations should be included in recruitment strategies for employee sponsored health awareness programs?
12. Is there anything else you want to add not discussed during the interview?

Each of the open-ended questions expanded the understanding of the motivations for employee participation in worksite health promotions. The objective of the open-ended interview questions (Appendix C) was to allow participants to expound on experiences leading up to engaging in worksite health promotion. Data saturation was a requirement for reaching an adequate sample size (O'Reilly & Parker, 2013). After the eighteenth participant interview, I achieved data saturation as the subsequent interviews lacked additional information or emergent ideas (Gerring, 2011). The theory of planned behavior was the foundation for the conceptual framework for the study, which concerns intentions for a specific behavior and how one's attitudes and experiences relate to behaviors (Ajzen, 2011). My study's analysis deciphered how participants' intentions and motivations affected employee behaviors towards levels of participation in health awareness initiatives.

After completing interviews, I masked participant names with participant keys to maintain confidentiality and ensure de-identified data. I used AT Conference Calls to host participant interviews and to record the interview conversations. I converted all recorded interviews to mp3 digital files to facilitate transcription and storage. Production Transcripts completed verbatim transcription for all mp3 digital files of the interviews.

In addition to NVivo® software to code and analyze data from participant interviews, I also used Microsoft Excel to chart responses and organize data from interview answers.

During the coding of interview data with NVivo®, eight nodes developed based on participants' answers to interview questions: (a) notification, (b) commitment, (c) incentives, (d) marketing and recruitment, (e) motivation, (f) program type, (g) barriers, and (h) recommendations. I formed three brackets for the nodes based on theory of planned behavior constructs (see Figure 1). The attitude construct concerns factors viewed positively and included the nodes motivation, commitment, and marketing. The intention or subjective norm construct concerns attraction to health promotions when persons of influence want participation (Spink et. al, 2012), and includes the nodes barriers, incentives, and notification. The last bracket, perceived behavior control, is the construct concerning attainable behaviors, and included the nodes program type and recommendations.

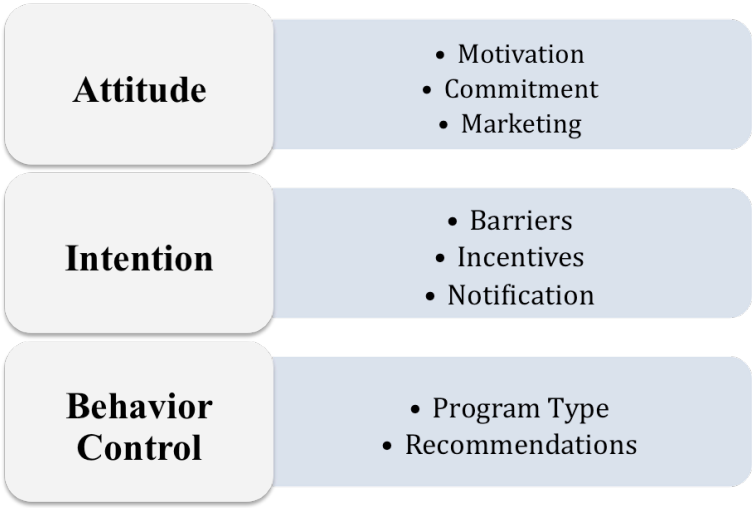

Figure 1. NVivo® nodes identified with TPB constructs for coding interview data.

Reliability and Validity

Reliability

Reliability strategies make certain the results are valid and trustworthy. In qualitative research, investigators consider a study reliable when other researchers can follow the decision trail of the study (Thomas & Magilvy, 2011). The reliability of a study should indicate if researchers repeated the study, similar outcomes are attainable (Yin, 2009). Taking special care to ensure a high standard of ethics during all data collection for the study is essential. Presenting all interviews and questionnaires in the same manner avoids interviewer bias and misinterpretation of questions. Using clarification questions ensure consistency, trustworthiness, and dependability of the responses. I will keep all data and documents to assist in validating results.

Validity

Internal validity. Internal validity in qualitative research concerns compatibility between the participants' beliefs and reported perceptions (Marais, 2012). The internal validity step in research is to triangulate the responses to form solid conclusions from the data. Internal validity in qualitative research is the element to document the credibility of the data (Thomas & Magilvy, 2011). Validity procedures for the study included checking all documents, clarifying of any nebulous responses, resolving discrepant information, and auditing participants' responses through transcribed reports.

A validity risk was present relative to the participants and active employment statuses. The nature of the study explored sensitive information regarding employees' interactions with employers, and participants were assured privacy standards regarding

the information offered (see Appendix A). The privacy provision assisted participants in answering interview questions openly and honestly without risk of personal disclosure.

External validity. External validity refers to the generalizability of results, which creates a dependability of the data (Allen, Zoellner, Motley, & Estabrooks, 2011). The study permitted understanding employees' motivations for participating in worksite health promotion and capture information. Steps to ensure external validity included conducting research in a real-world setting in which questionnaires, interviews, and observations did not manipulate the responses from participants. The dependability of the research was achieved by careful examination of all data, responses, and notes, which established validity and trustworthiness of the study (Golafshani, 2003).

Transition and Summary

Chronic diseases and lifestyle illnesses are of enormous concern in America. Nine of the conditions account for more than 50% of the total deaths in the United States and considered preventable or modifiable (Hardcastle et al., 2011). Researchers demonstrated the affect of worksite health promotions on reducing absenteeism, presenteeism, and health care costs, yet the programs have low participation rates (Olson & Chaney, 2009). The purpose of the research was to explore the motivations for participation in employer-sponsored health awareness programs. I used qualitative research to investigate the lived experiences of participants engaged in worksite health initiatives. The goal was to discern the motivations and barriers to participation in worksite health promotion. With the cost of health care expected to reach $4.5 trillion by 2019, the findings can assist employers and the government in creating strategies to

improve worksite health promotion yielding higher levels of participation and better health outcomes (Stone, 2012). Section 3 contains the findings from the study.

Section 3: Application to Professional Practice and Implications for Change

The section includes research findings and potential social change implications relating to employee health awareness. Employees reported lived experiences through semistructured interviews. The central research question was: What are the motivational factors encouraging participation in employer-sponsored health awareness programs? From the central question, subquestions and interview questions were developed to explore the phenomenological lived experiences of participants in worksite health promotion. The presentation of findings includes analyses of the results, discussion of participants' answers to research questions, applications to the theory of planned behavior, implications for social change, and suggestions for further study.

Overview of Study

The purpose of this qualitative phenomenological study was to explore participants' lived experiences of the motivational factors for engaging in employer-sponsored health awareness programs. I conducted 24 semistructured interviews with employees in the northeastern United States with lived experiences in worksite health promotion. Participants provided valuable data during the comprehensive interviews addressing insights and motivational factors affecting participation in health awareness initiatives. Based on the research findings, motivation to participate in worksite health promotion was primarily based on employees' personal commitments to improve health and prior education concerning health issues. Participants reported limited impact from employer marketing strategies for health promotions, and program notifications did not motivate participation. Employees perceived strong employer commitment for better

employee health, which positively affected motivations for engaging in the programs. Although participants viewed program incentives and rewards as beneficial, incentives were not the motivation for engaging. All 24 participants mentioned that more valuable incentives would attract more employees and increase participation. Eighty-three percent (20 out of 24) of the participants mentioned time as a major barrier for participation. Health initiatives were effective tools in raising the level of health awareness, and all 24 participants reported being more knowledgeable about health issues.

Presentation of the Findings

The central research question provided the foundation for the study: What are the motivational factors encouraging participation in employer-sponsored health awareness programs? The results of the data analysis appear in the following section, along with participants' interview question responses.

Interview Question 1

The first interview question for participants was: How did you learn about your company's health awareness promotion? The objective of this question was to discern how employers initially communicated with and recruited employees for health awareness programs. Fifty percent (12/24) of the participants reported receiving an email notification as an introduction to the program. Table 1 depicts the frequency and percentage of responses pertaining to how participants learned about the company health awareness programs. Employees recounted missed opportunities to create more interest by not implementing effective program launches.

Table 1

Frequency and Percent of Responses to Interview Question 1 ($N = 24$)

Category	Frequency	Percent
Email	12	50.0
Program kick-Off	3	13.0
Benefits package	6	25.0
Word of mouth	1	4.0
Marketing material	2	8.0

Interview Question 2

The second interview question was: What are your lived experiences with employer marketing strategies' influence on your participation? Participants reported limited lived experiences with prevalent marketing strategies for the health promotions. Only one participant recounted a vibrant, attractive marketing campaign and stated that the marketing campaign increased the participant's interest. Employees reported that companies included marketing collateral in corporate emails but did not recall separate marketing strategies influencing the decision to engage in worksite health promotions.

Interview Question 3

The third interview question was: What is your perception of the company's commitment to the program? All 24 participants perceived strong employer commitment to the health awareness programs. The employees stated that employers successfully conveyed the importance of the health promotions and offered support in making health

resources available. Twenty percent (5/24) of the employees in the study noted management's participation in the programs, which further demonstrated commitment to health promotions. Sixteen percent of participants (4/24) mentioned the benefits of achieving healthier employees, including reduced insurance costs and higher productivity, as contributing factors for employer commitment to worksite health promotion. While participants perceived high leadership commitment, participants expressed that a more consistent demonstration of the employers' commitment could strengthen employees' perception of employer commitment.

Interview Question 4

The fourth interview question was: What are the key features of the health promotion? The most popular program types in the study, with over half of the participants engaged, were programs addressing total fitness. Total fitness programs included resources for multiple health topics, including healthy eating, weight loss, and cardiovascular wellness. Sixteen percent (4/24) of participants engaged in exercise health programs, which included group exercise initiatives and discounted gym memberships. The most comprehensive program types in the study were health biometrics promotions, which included blood tests for cholesterol levels, blood pressure measurements, and body mass index (BMI) changes. As reported in Table 2, employees also participated in health biometrics promotions and described the programs as all-inclusive promotions requiring high levels of engagement.

Table 2

Health Promotion by Type, Responses to Interview Question 4 (N = 24)

Program	Frequency	Percent
Weight loss	3	12.0
Exercise	4	17.0
Total fitness	13	54.0
Health biometrics	4	17.0

Interview Question 5

The fifth interview question was: What were your motivations for engaging in the program? Ninety-two percent (22/24) of participants communicated that the motivation for engaging in the worksite health promotions was the desire to become healthier. Participants communicated that the personal decision to improve health had occurred prior to engaging in worksite health promotions and that goals for better health motivated participation in the health programs. The participants viewed the worksite health promotions as opportunities to engage in activities that could assist them in achieving better health. Eight percent (2/24) of participants expressed that engagement in worksite health promotions was driven by reductions in health care costs and lower insurance premiums. No participants communicated a motivation emanating from marketing strategies.

Interview Question 6

The sixth interview question was: If offered, describe the level of program incentives used by your employer and how they influenced your participation. Eighty-

three percent (20/24) of the employees in the study reported participating in health programs offering incentives. Participants viewed incentives positively; however, the majority of participants expressed that the incentives offered were not large enough in value to influence participation. Sixteen percent (4/24) of participants enrolled in health programs offered as fringe benefits, and the employers offered no incentives for participation. Employers offered cash incentives most frequently. Eighty-three percent (20/24) of participants in the study received incentives, and 16 of the participants' incentives were cash rewards. Employees also reported gift certificates (15%) and additional vacation time (4%) as incentives for participation. Only one study participant reported engaging in worksite health promotion being motivated by program incentives. The participant's incentive was a significant reduction in health insurance deductibles and offset medical treatment costs. The participant expressed resentment of the incentive being closely linked to health care benefits and reported feeling forced to participate. Although employers offered incentives frequently, the majority of the study participants were not motivated by the incentives to engage in worksite health promotion.

Interview Question 7

The seventh interview question was: Which program incentives would you suggest to increase participation based on your lived experiences? Of the 20 participants offered incentives for participation in heath awareness programs, only one participant stated that the rewards were significant. Six participants expressed the need for higher financial rewards to engage more employees. One participant offered vacation time as a

program incentive suggested financial incentives in place of vacation time to increase participation.

Interview Question 8

The eighth interview question was: How would you describe your health relating to the targeted health promotion? All 24 participants in the study reported satisfaction with health related to the targeted promotion. Fifty-four percent (13/24) of participants communicated improved health resulting from participation in the health promotions. As a result of participation in worksite health promotions, 29% (7/24) reported weight loss, and 12% (3/24) reported better eating habits. The employees participating in the study expressed better overall health due to initiating activities designed to improve health.

Interview Question 9

The ninth interview question was: How has your level of health awareness changed since enrolling in the health promotion? Interviewees communicated in-depth learning from the resources provided in worksite health promotions. In particular, the participants who enrolled in health measurement type programs reported enhanced knowledge of heath topics such as body mass index, good cholesterol versus bad cholesterol, and cardiovascular risk factors. Participants in weight loss and healthy eating promotions reported raised awareness regarding metabolic changes and caloric intake. All participants in the study reported obtaining a better working knowledge of health awareness as a result of participation in individual health promotions.

Interview Question 10

The 10th interview question was: In your perception, what are the barriers for participation in worksite health promotion? Seventy-nine percent (19/24) of participants reported time as the major barrier to participation. This cohort expressed how work hours and family responsibilities limited the time necessary to participate in health awareness programs. Eight percent (2/24) of participants raised privacy as a barrier for participation, stating that employees are reluctant to share personal health information with employers. Privacy is a known barrier in employer-sponsored health awareness programs (Robroek et al., 2012), and one participant in the study reported privacy as a major concern with participation. The participant feared that divulging personal health issues could affect insurance costs and the possibility of job advancement.

Interview Question 11

The 11th interview question was: What recommendations should be included in recruitment strategies for employer-sponsored health awareness programs? Participants stated that lack of effective program launches indicated an area for improvement for health promotions. Fifty percent (12/24) of the participants in the study reported notification of the health promotions through email. These employees expressed a lack of emphasis on the programs because the notifications were presented as part of benefit details and other work-related information. Participants recommended that employers generate excitement for health promotions through contests and prizes. One participant suggested implementing a team challenge with groups of employees working together on health promotions.

Interview Question 12

The 12th interview question was: Is there anything else you want to add not discussed during this interview? Ninety-two percent (22/24) of the participants conveyed satisfaction with engaging in worksite health promotions and anticipated continuing in the health promotions. Eight percent (2/24) of the participants reinforced achieving better health and losing weight through participation.

Identified Themes

I analyzed the participants' answers for patterns and trends, and four themes emerged based on the research findings: (a) program recruitment and notification, (b) employer commitment, (c) motivated employees, and (d) incentives and rewards.

Theme 1: Program recruitment and notification. Participants reported lackluster initial program notifications and health promotion launches in reporting lived experiences with worksite health promotions. Fifty percent (12/24) of employees in the study received initial worksite health awareness program information through emails, in which program details were part of a larger package of employee materials. Much like other successful marketing campaigns, initial notifications and health program launches provide employers the opportunity to create excitement and interest for the health programs. Participants expressed missed opportunities for employers to attract additional workers into health programs by using mundane email notices as initial program notifications. Only 12% (3/24) of participants in the study experienced promotion kick-off meetings fully dedicated to the worksite health programs. From the research findings, employees who experienced kick-off meetings and effective health promotion launches

were more motivated to engage in the health awareness programs. One participant responded,

> How I learned about the health awareness program was that they actually sent out emails. There are flyers around the building and also they had a big kickoff at, what we call our annual conference, in October, where they started talking about healthy living and different things like that. So they pretty much commercialized it and put it in front of us so then that way, we would know what was going on, especially, when they wanted to start rolling it out. The launch helped get people interested in the program, and many signed up at the launch. (FAP3113)

Some participants reported that employers included health awareness program information in health benefits materials. One participant answered,

> Actually, at the end of the year, each year, we get new packets for the health care program. And so the packets would inform us of what is being offered. And then we just go to this website. Like, it'll say, oh, check out this website, and then it gives you a link and you just go there and read out about the entire program. (FAP3122)

Participants offered recommendations for increasing participation by strengthening employee recruitment and program notifications. Three participants suggested providing a preview of health promotions during program launch. Participant FAP3117 stated,

> They should have everyone go through one of the health sessions. If employees see what the program is all about, they'll be more interested. During the first

> health session, I thought, why didn't they show this at the launch? It was really good information. It kind of told us why we need the program, and I don't think people make the connection. I mentioned in the session that they should make all employees go through the first session. That way they can see what the program is all about and see the value before they commit to signing on.

Based on the research findings, employers may create interest and expand program awareness by dedicated health program launches and by creating attractive marketing strategies to notify employees of worksite health promotions.

Theme 2: Employer commitment. Employees perceived high levels of commitment to worksite health promotions by corporate leaders and program sponsors. Participants reported leadership's commitment and involvement influenced employee participation. Influence of this type is relative to the subjective norm construct of the theory of planned behavior, which concerns participants' motivation influenced by leaders (Spink et al., 2012). When asked about leadership's commitment to health promotions, participant FAP3102 responded:

> I think that they are very committed. Our CEO is very committed. He's a pro if you ask me, he's an over 70 professional cyclist. He takes his bike everywhere. So because he's into it a lot, it really trickles down. If the leadership is doing one thing, it always trickles down, whether it's positive or negative. So he is big into health and different things like that. So a lot of people have really jumped on board, I would probably say, within the last 4 years.

All 24 participants responded favorably to the companies' demonstrated level of commitment to the health promotions. Four participants noticed leaders and senior personnel directly participating in the programs. Employees in the study surmised the employers' commitment to worksite health promotion relates to beneficial reductions in health care costs. Eight percent (2/24) of participants reported direct costs savings for health insurance deductibles with participation in the health promotions. Although participants perceived employer commitment driven by potential costs savings, employees viewed the demonstrated commitment positively.

Theme 3: Motivated employees. The participants' motivation for engaging in worksite health promotion was driven by personal goals for better health. Employees expressed program announcements, recruitment strategies, and health awareness marketing materials had minimal influence on participation. Healthy living is topical with the implementation of the Affordable Care Act, and participants communicated a heightened awareness of health risk factors as a result of the national discussion of health. Worksite health promotion provides reinforcement of the better health messages and creates convenient tools for improving employee health. Participants conveyed personal health goals and how employer sponsored health programs afforded resources to assist in achieving the personal health goals. One participant responded:

> My motivations were personal to get healthier, and to help me lose weight. I had been trying to lose more and I thought the program at work could help too, and it was free. I knew that doing it with co-workers could keep me going and we could do some parts of the program together. And I like that when I don't go walking, I

> have coworkers that say hey, I haven't seen you go walking in a while so they'll ask. That encouragement from other coworkers helps also (FAP3106).

Employees became interested in health promotions due to personal intent for better health. Participant FAP3122 stated "I had been on a weight loss plan, and doing well in it. I thought the health program at work would help me lose more weight, so I signed up." The health programs augmented employees' personal efforts to improve health, and 50% of participants in the study described health programs as activities done in addition to the personal efforts. One participant engaged in a worksite health biometric promotion explained how the health initiative assisted in better monitoring personal health goals.

> It helps in knowing my numbers, so sort of like a pre or in-between doctor's visit. It's nice having an in-between visit to just check and see if your cholesterol's good and your numbers are good. Being able to do it right at work helps. Didn't have to make an appointment, didn't have to pay a co-pay, all that. Just the ease of doing it right here at work. Getting your numbers on the spot same day, getting your results the same day. They gave you counseling if you needed it that day and also they offered a monetary remuneration, so they gave you a monetary incentive also (FAP3123).

Ninety-two percent (22/24) of the participants in the study responded to interview questions soliciting motivations for participation by stating the need for personal better health was the motivation for participation. Thus, motivation for participation was personal and not significantly affected by the employers' recruitment strategies.

Theme 4: Incentives and rewards. Employers of participants used incentives frequently in worksite health promotion to influence employees to engage in the beneficial health awareness programs. Employers offered incentives to 83% (20/24) of the participants in the study. While incentives were prevalent, most participants communicated that incentives did not influence the decision to participate in the promotions. Employees viewed incentives as value added features of the promotions, and participants did not perceive high value in the incentives. Twenty-nine percent (7/24) of participants recommended higher levels of incentives to recruit and retain employees in worksite health promotions. The majority of the incentives were monetary awards, which participants preferred, however, the offered value was not sufficient to motivate employees to engage. Participant FAP3104 offered:

> They did offer incentives, but they need to increase the value of the rewards. We got $50 at the start of the program, which I thought was good. But the participation rewards were $25 based on participation levels. So, for example, some of the employees maybe got one $25 reward. My participation was good, and I didn't receive enough of the rewards for it to matter really. I didn't do the program for the reward though, but the incentives could have been much better I feel.

Twelve percent (3/24) of participants expressed satisfaction with the level of incentives. Participant FAP3120 stated:

> We were offered $800 at each level. You reached the level based on attending the programs and you individual participation. If you did everything, the rewards

were good. They even had bonuses for certain programs. You had to make the time to attend, but if you were able to make most of the things, they rewarded you for doing them. I received about six of them for last year's program, and this year the levels are the same.

The level of incentive varied among health awareness programs. Participants conveyed the need for more aggressive incentives to increase participation levels. While most participants in the study received incentives, the incentives were not the primary motivation for engaging in worksite health promotions.

Themes Related to Conceptual Theory

The theory of planned behavior anchors the conceptual framework for the study. I selected the theory of planned behavior based on the theory's alignment with attitude, motivation, and intent with people's behavior. In particular, the theory of planned behavior's intent construct is a germane concept in employee participation in employer-sponsored health awareness programs. Sherriff and Coleman (2013) evaluated a worksite smoking cessation program based on the theory's intention construct and determined by increasing the awareness of the dangers of smoking increased smoking employees' intent to quit smoking. In this study, the responses from interview questions provided insight into participants' attitudes and intents, and the emerged themes are relative to the constructs of the theory of planned behavior.

The first theme, program recruitment and notification, emanated from participants' answers to an interview question regarding how employers notified employees of the worksite health promotion. Ajzen's (2011) attitude construct of the

theory of planned behavior concerns motivations based on how participants viewed the overall program. Participants' responses suggested few positive attitudes for participation formed as a result of the employers' initial notification and recruitment. Participant FAP3104 stated, "More employees would enroll if the company mentioned the programs more. They need more than just the once-a-year roll-out." Participant FAP3122 offered, "More excitement is needed for the program. Some employees missed the e-mails and don't even know about the program." Participants recommended better recruiting and marketing of health promotion, and employees believed employers could engage more employees in health promotions by strengthening initial program information.

The second theme, employer commitment, was an essential topic in answering the central research question. All 24 participants believed employers demonstrated commitment to the health promotions. Participants in the study discerned the employers' commitment and desire for program success based in part on leadership's participation and health program discussions. Spink et al., (2012) reported how perceived employer commitment (subjective norm) influenced employee participation and could instigate higher rates of participation in health awareness programs. Thus, employee perception of commitment provides a conduit to strategies for higher participation rates. Ajzen (2011) suggested an association between the subjective norm construct of the theory of planned behavior with influence and additional motivation for others. Study participants perceived high employer commitment, which aided in engaging employees.

The third theme, motivated employees, aligns with the theory of planned behavior's attitude construct. Ajzen (2011) describes the attitude construct as an intention-behavior correlation. Participants expressed personal commitment for improving health (intent) was the primary motivation for participation in worksite health promotion (behavior). Employees with prior intent for better health are more likely to engage in activities, such as health promotions, to assist with the goals (Abraham et al., 2011). Participant FP3111 stated;

> I was already a member of New York Sport's Club, and when my job offered the fitness program that made the membership much cheaper, I decided to join. I have to attend six times a month to get the discount, so it makes me get to the gym regularly. I could get a bigger discount if I went even more, but I always make the six times a month to keep the price of my membership.

Based on the intent construct of Ajzen's theory of planned behavior, employers must instigate changes in employee attitude towards health to increase intent and interest in worksite health promotions. Sheriff and Coleman (2013) suggested, based on the attitude construct, the best predictor of future behavior is past behavior. Employers creating changes in attitude for better health increase the probability of engaging employees in health promotions.

The fourth theme, incentives and rewards, is a key component to worksite health promotions and a consideration for employers implementing health programs. Employers include incentives in program costs thereby affecting return on investment (Berry & Mirabito, 2011). Based on the research findings, employees value incentives

and incentives affect participants' attitude regarding health promotions. Spink, Wilson, and Bostick (2012) described the attitude construct of the theory of planned behavior by stating individuals engage in behaviors when the people view the behaviors as positive. Adding attractive incentives to health awareness programs assist employees view the promotions positively. Participants in the study receiving higher levels of incentives viewed the programs more positively. In contrast, participants offered lower levels of incentives expressed less concern with the rewards. The concept of employees motivated to attain rewards based on participation may assist employers in evaluating return on investment by predicting levels of participation (McEachan, Conner, Taylor, & Lawton, 2011). Participants in the study inferred programs with substantial incentives and rewards positively affect employee perception of health promotions and could increase participation.

Findings Related to Previous Literature

Based on the research findings, I aligned the emerged themes with previous literature on worksite health promotion. The first theme, program recruitment and notification, is a germane topic in successfully executing worksite health promotion. Cahalin et al. (2014) discussed employers' challenges in recruiting employees into health programs as evident in low employee participation rates. Kumar & Prevost (2011) noted the benefits of health awareness programs, such as reductions in health care costs and reductions in absenteeism and presenteeism, is dependent on successfully recruiting employees most at risk for health problems. Jensen et al. (2014) discussed how using worksite health promotion notifications including tailored health messages improves

employee participation in the health programs. Participants in the study communicated the need for effective recruitment and program notifications to further engage employees. Comprehensive recruiting and notifications incorporating beneficial health messages resonates with employees and could substantially increase participation.

The second theme, employer commitment, was an emerging topic in the literature as employers evaluated strategies to increase participation. McEachan et al. (2011) reported the need for employer commitment in developing health interventions, particularly in light of predicting participation and return on investment. Sherriff and Coleman (2013) expressed employer commitment in worksite health promotion as an essential consideration for health promotion development. Gurt, Schwennen, and Elke (2011) reported leadership's commitment to health promotions was vital to program success, and how employees evaluate employer's attitude towards bettering health of workers. Employers evaluate program implementation costs and return on investment for health promotions, requiring a commitment to bettering the health of employees. Carter-Parker et al. (2012) discussed how employer commitment contributed to positive attitudes towards employer-sponsored health awareness programs. Spink, Wilson, and Bostick (2012) described employer commitment as relative to the subjective norm construct of the theory of planned behavior, and how employer commitment holds promise for enhancing employee participation in health promotions.

Spink et al. (2012) suggested the third theme, employee motivation, was a key predictor for employee engagement in health promotions. Spink et al. further explained how employees became motivated by behaviors perceived positively. Motivating high-

risk employees represents the largest potential benefits from worksite health promotions. Neville et al. (2010) reported strategies for recruiting high-risk employees into healthy lifestyle programs at work. Fielding, Teutsch, & Koh (2012) reviewed a health promotion entitled "Healthy People 2020", which evaluated motivating employees to better health as a part the nation's health care reform and Affordable Care Act. Carpenter (2010) reviewed the 2010 Employer Health Benefit Survey outlining factors resonating with employees, thereby motivating employees to participate in worksite health promotion. Abraham et al. (2011) explored various motivational strategies to recruit and retain employees in health programs, with a focus on changing participant attitudes towards better health.

The fourth theme was incentives and rewards and pertains to employers offering premiums to participants. Neville et al. (2010) performed a longitudinal study to evaluate the long-term efficacy of incentivized worksite wellness. Leeks et al. (2010) reviewed worksite based incentives and competitions to increase employee participation. Madison et al. (2011) discussed the underutilization of incentives in worksite health promotions, and how incentives can encourage employees to engage in the programs. Although employers' incentives used to motivate participation were advantageous, employers underutilized incentives (Madison, Volpp, & Halpern, 2011).

Applications to Professional Practice

The current study has business application primarily because employers realize financial advantages and employee risk reductions when employee participation in worksite health program increases (Chen et al., 2012). In contrast, the lack of employee

participation creates additional financial losses to employees because of program start-up costs, higher employee health care costs, and the lack of return on investment (Cahalin et al., 2014). Employers expressed concern with start-up costs and return on investment for health programs, thus creating further value in understanding employee motivations (Yen et al., 2010).

Business leaders can apply the information yielded in this study to professional practice. The direct discussions with participants of health promotions may aid corporate leaders gain a better working knowledge of factors leading to higher levels of employee engagement. On average, a mere 34% of employees engage in worksite health programs, limiting potential business benefits and costs savings (Rongen et al., 2013). The goal was to identify motivational factors to increase employee participation thereby maximizing the identified benefits from worksite health promotion. Employer may find the research assists in understanding employee motivations, increasing participation, and directly contributing to a healthier workforce. Understanding participants' motivations allow corporations to effectively structure worksite health promotions and optimize employee engagement.

The study also has application to professional practice because workforce leaders need viable strategies to maintain and improve employee health. Employers spend 80 times more in diagnosis and treatment of employee health problems than in awareness and prevention (Pinkstaff et al., 2014). Unhealthy workers affect employers by contributing to absences due to illness, reduced ability to work, and lower productivity (Rongen et al., 2013). Employer-sponsored health awareness programs provide

significant opportunities for employers to instigate changes in health to large populations. In addition to improving employee health, employers benefit from successful worksite health promotions through reductions in absenteeism, presenteeism, and increased productivity (Cahalin et al., 2014). The findings uncovered in the study build on current literature regarding worksite health promotions and offer employers' insight on motivational factors affecting employee participation. If employers incorporate the data from the four emergent themes (a) recruitment and notification, (b) employer commitment, (c) motivated employees, and (d) incentives and rewards, into the development and maintenance of worksite health promotion, corporate leaders could create valuable improvements in employee health.

Implications for Social Change

The implications for positive social change include the potential for employers in America to promote tools for better health to more than 139 million workers through health education and employer-sponsored health awareness programs (CDC, 2014). Widespread health discussions encompass employers, who have corporate social responsibility for health and employees' well being (Chitakornkijsil, 2012). Most chronic diseases plaguing the U.S. workforce are preventable, and worksite health promotions improve the health of employees, which contributes to solutions to the country's growing health challenges (Miller, 2012). Health awareness programs hold promise in commencing broad improvements in the health of Americans, but employers are challenged engaging employees into health promotions. Strategies for motivating additional employees into health awareness programs have potential to assist employers

maximize health promotions, thereby contributing social change through better health for Americans. Increasing employee participation in worksite health promotion holds robust potential to create social change by furthering the nation's health discussions and decreasing the prevalence of preventable diseases.

Recommendations for Action

Based on the research findings and emergent themes, I proffer four recommendations for action to employers offering worksite health promotions. First, I recommend employers provide a preview of activities included in the health promotions during employee recruitment and program enrollment. Participants in the study suggested employers provide more education on the targeted health topic during program launch. The level of employee engagement is higher with educational program intervention sessions, and providing the health session at launch can assist in attracting more participants (Rongen et al., 2013). Second, I recommend employers increase the level of communication to workers regarding worksite health promotions and the potential health benefits for participation. Employees in the study reported low and inconsistent communication regarding the health programs, which participants perceived relative to commitment. Third, I recommend program managers empower employees to motivate other employees regarding participation in worksite health promotion. Participants stated how team initiatives and group activities within health promotions were motivational and engaged employees. Fourth, I recommend employers increase the value of incentives and rewards for employee participation. Employee incentives aid

employers recruit and retain participants, and may motivate high-risk employees not ordinarily interested in improving health (Madison, Volpp, & Halpern, 2011).

Recommendations for Further Study

My recommendations for further study are for researchers to further explore worksite health promotion for workers over the age of 40, high-risk employees, and African American employees. The majority of employer health awareness research studies included high populations of blue-collar workers, employees <40 years of age, females, moderate health risk employees, and non-ethnic populations (Rongen et al., 2013), which creates an opportunity for further study in additional populations.

Older workers are a growing segment of the workforce in the United States with over 31 million employees over the age of 55 (Hughes et al., 2011). There are unique health challenges with older workers, presenting the opportunity for researchers to expand the understanding of health awareness programs in the over-55 population. High-risk employees represent the biggest potential benefits from participation in worksite health promotion, and employers could benefit from lowering detrimental health risks in the older population (Robroek et al., 2012). Similar to the older population and high-risk employees, limited research exists with African Americans in worksite health promotions. African Americans women have declining levels of physical activity, which contributes to higher risks for preventable diseases (Carter-Parker et al., 2012). Employers effectively motivating older workers, high-risk employees, and African American employees into health programs, could enhance the established benefits of engaging employees in worksite health promotions.

Reflections

I have never participated in a worksite health promotion. My interest in conducting this research was, in part, to explore solutions to declining health statistics in America. My expectations for employee motivational factors were inaccurate, and were not consistent with the findings from the research. I was surprised to learn employees engaged in worksite health promotions had personal goals and intent to better health prior to enrolling, and employees found health awareness programs as a conduit to reaching health goals. I anticipated participants would report incentives as stronger motivations for participation.

Participants freely and openly responded to interview questions. I anticipated participant reluctance in sharing employer information, but I did not experience any reservations. Participant recruitment was challenging and required more time than anticipated. Many participants submitted consent forms but were not responsive to subsequent steps, such as scheduling interview times. My responses during interviews were for clarification, and not to add my personal opinions or bias. I carefully and accurately captured participants' responses, transcribed interviews verbatim, and presented the data in a manner correctly portraying the study results.

I found the research process fulfilling. Participants were forthcoming in sharing lived experiences with worksite health promotion. The participants expressed contentment with improvements in health, and believed health awareness programs could assist other employees achieve healthier lifestyles. I am more passionate about health

awareness having completed the study on motivating factors influencing participation in employer-sponsored health awareness programs.

Summary and Study Conclusions

The purpose of the qualitative phenomenological study was to explore factors motivating employees to participation in employer-sponsored health awareness programs. Employers obtain reductions in health care costs, reductions in absenteeism, and higher levels of productivity when successful in recruiting employees to participate in health awareness programs (CDC, 2014). Employers and health care agencies are experiencing financial burdens emanating from declining health statistics and rising health care costs in America (Rongen et al., 2013). Employer-sponsored health awareness programs are effective in aiding employers maintain healthier workers through providing resources and strategies to reduce preventable diseases and lifestyle illnesses (Robroek et al., 2012). While worksite health promotions are beneficial to corporations and workers, employers are not successful in recruiting most employees into the health programs, and participation rates are low (Rongen et al., 2013).

From my findings, four themes emerged addressing the key factors affecting employee motivation in employer-sponsored health awareness programs: (a) program recruitment and notification, (b) employer commitment, (c) motivated employees, and (d) incentives and rewards. The primary motivating factor identified in the study for employee engagement in employer-sponsored health awareness programs stems from personal commitments and individual intent to improve health. Employees entered health programs predisposed to health detriments, and viewed health awareness programs as

tools for better health. Based on the research findings, employers need to provide workers more knowledge on health issues and how worksite health promotion can aid in preventing health problems. The level of employer commitment to health promotions also motivated employees to participate in worksite health promotion. Participants viewed health promotions positively when employers demonstrated commitment to the programs and better employee health. Promotion recruitment and notifications assisted employers attract employees for health interventions, and when used effectively, motivated employees towards participation. Incentives and rewards motivate employees to engage in worksite health promotion, but employees must consider the incentives of sufficient value.

From my findings, employers have the ability to instigate significant improvements to employee health through motivating more employees to participate in worksite health promotions. The improvements in employee health are advantageous to employers through the established benefits of worksite health promotions. The new insights on motivational factors affecting employee engagement in employer-sponsored health awareness programs could create significant improvements in employee health, and thereby effect positive social change.

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Appendix A: Consent Form

CONSENT FORM FOR
Factors Affecting Participation in Employer-Sponsored Health Awareness Programs: A Qualitative Study

You participation is wanted for a research study of understanding factors influencing participation in worksite health awareness programs. The researcher is seeking employees who are 18 or older and have participated in employer-sponsored health awareness programs within the past 2 years. The form is part of a process called the informed consent form and it is designed to allow you to understand the study before deciding whether to take part

A researcher named Markanthony Henry, MBA, who is a Doctoral Student at Walden University, is conducting the study. The assigned study number is 11-18-14-0332398.

Background Information:
The purpose of the study will be to explore the experiences and motivations of 20 employees who engaged in worksite health promotion and what influenced their decision to participate.

Procedures:
If you agree to be in the study, you will be asked to:

- Complete consent and initial questionnaire, which takes approximately 5 minutes
- Voluntarily participate in an interview regarding worksite health promotion.
- The interview will be audio taped to ensure accuracy of the data collected. The study interview will take approximately 45 minutes.

Here are some sample questions:

- What was your motivation for participating in the health awareness program?
- What strategies did you employer use to engage employees?
- How has the program assisted in educating you of the targeted health behavior?

Voluntary Nature of the Study:
The study is voluntary. You may terminate your participation at any time by informing the researcher of your decision to discontinue. Your decision of whether or not you choose to be in the study will be respected.

Risks and Benefits of Being in the Study:
Being in the study would not pose risk to your employment. All information will be treated with high ethical standards and your privacy will be respected. Your name or any

other personal identifying information will never be used in any portions the study process. The study could potentially benefit organizations by highlighting the effectiveness of worksite health promotion and also by identifying factors to encourage higher levels of participation. At completion of the study, participants are notified via email and results will be made available.

Payment:
No incentive will be offered for voluntarily participating in the study.

Privacy:
The researcher will not use your personal information for any purposes outside of the research project. Your name and other personal details will not be used in a manner to identify you personally in the study reports. All data will be kept secure by creating files only the researcher will have access too. The data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
Should you have any questions, please contact the researcher, Markanthony Henry via email: markanthony.henry@waldenu.edu or Research Participant Advocate for questions regarding your rights as a participant at 612-312-1210 or email address irb@waldenu.edu.

Appendix B: Questionnaire

Statement of Consent:

Please complete the enclosed questionnaire and email along with this form to Markanthony.henry@waldenu.edu along with the words "I consent to participate".

Please print and keep a copy of this form.

I have read the above information and I agree to participate in the study.
I understand and I am agreeing to the terms described above.

Printed Name of Participant _____

Date of consent _____

Initial Questionnaire for Study Participation
Factors Affecting Participation in Employer-Sponsored Health Awareness Programs: A Qualitative Study

Your participation is wanted for a research study of understanding factors influencing participation in worksite health awareness programs. The researcher is seeking employees who are 18 or older and have participated in employer-sponsored health awareness programs within the past 2 years. The purpose of the study will be to explore the experiences and motivations of 20 employees engaged in worksite health promotion and what influenced their decision to participate.

A researcher named Markanthony Henry, MBA, who is a Doctoral Student at Walden University, is conducting the study. In order to determine eligibility, please complete the following questions and return with the consent form.

1) What is your company's name and location?

_____

2) What is the name of your worksite health promotion and program type? (ex. weight loss).

_____

_____

_____

3) What was your start date and end date for the health promotion?

_____

4) Are you over the age of 18? _____

Appendix C: Interview Questions

Research Interview Questions
Factors Affecting Participation in Employer-Sponsored Health Awareness

Questions:

1. How did you learn about your company's health awareness promotion?
2. What are your lived experiences with employer marketing strategies' influence on your participation?
3. What is your perception of the company's commitment to the program?
4. What are the key features of the health promotion?
5. What were your motivations for engaging in the program?
6. If offered, describe the level of program incentives used by your employer and how they influenced your participation.
7. Which program incentives would you suggest to increase participation based on your lived experiences?
8. How would you describe your health relating to the targeted health initiative?
9. How has your level of health awareness changed since enrolling in the health promotion?
10. In your perception, what are the barriers for participation in worksite health promotion?
11. What recommendations should be included in recruitment strategies for employee sponsored health awareness programs?
12. Is there anything else you want to add not discussed during the interview?