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# Wellness Program Participation in the City of Cupertino

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Wellness Program Participation in the City of Cupertino

Karen Bernard-Guerin

A Thesis Quality Research Project Submitted in Partial Fulfillment of  
the Requirements of the Masters of Public Administration

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## **Section 1 – Wellness Program Implementation**

### **Introduction**

The incidence of chronic disease in the U.S. has prompted federal, state, and local governments to take action in regards to prevention. These “chronic conditions including heart disease, cancer, stroke, and diabetes account for more than 75% of the more than \$2.5 trillion spent on medical care costs in the U.S.” (CDC, *Comprehensive Workplace*, p. 1). Of these costs, \$147 billion were related to obesity (CDC, *Comprehensive Workplace*, 2013). By 2023, these chronic conditions “are predicted to cost the U.S. health system \$4.2 trillion annually” (CDC, *Promoting Prevention*, p. 1), not to mention the perceived “indirect costs of poor health due to absenteeism, disability, and reduced work output” (CDC, *Comprehensive Workplace*, p. 1). As a result of the effort to improve health and wellness nationwide, wellness programs have become an integral “part of a national public health strategy to address chronic disease” (CDC, *Promoting Prevention*, p. 1). The main purpose of a wellness program is to “improve and promote health and fitness through the workplace or through an insurance plan” (U.S. Centers for Medicare & Medicaid, p. 1). Also, a program “allows an employer or insurance plan to offer premium discounts, cash rewards, memberships, and other incentives to participate” (U.S. Centers for Medicare & Medicaid Services, p. 1). Examples of wellness programs include “programs to help a person stop smoking, diabetes management programs, weight loss programs, and preventive screenings” (U.S. Centers for Medicare & Medicaid Services, p. 1).

With the adoption of the Affordable Care Act in 2010, “opportunities to strengthen the public’s health through workplace wellness initiatives” were made available (CDC, *Promoting Prevention*, p. 1). As a result, “the Department of Health and Human Services distributed \$10 million in worksite wellness plan grants” in 2011 for the “creation of workplace wellness

programs” (CDC, *Promoting Prevention*, p. 2). In addition, the CDC awarded grants to communities to “implement sustainable strategies that would reduce health disparities and expand preventive and other health care services” (CDC, *Fact Sheet*, p. 2). Specifically, the Centers for Disease Control awarded over \$5 million in Community Transformation Grant (CTG) funding to California in 2011 and 2012 and over \$1 million in 2012 to Santa Clara County (CDC, *Fact Sheet*, 2013). Awardees have capitalized on these grant funding opportunities in order to “implement programs to prevent the chronic diseases” (CDC, *Fact Sheet*, p. 1). These grant funding opportunities were imperative because the “evidence suggests that workplace wellness programs are beneficial, save companies money in health care expenses and produce a positive return on investment” (CDC, *Promoting Prevention*, p. 1). The CTG program alone was anticipated “to improve the health of 130 million Americans, that’s 4 out of 10 U.S. Citizens” (CDC, *Fact Sheet*, p. 1).

The City of Cupertino has been proactive over the years in promoting employee wellness by offering a variety of wellness activities. At the onset of the city’s program, it was “a cost neutral program” offering a few wellness program options (Abe, p. 1). Over the years, the program expanded to add other wellness alternatives for the employees. Nevertheless, the city is looking to evaluate its wellness program in order to implement it on a broader scale. The main goal of this assessment was to increase employee participation. As of October 2014, participation appeared to be down as compared to previous years. A “low rate of participation is known to be one of the top barriers to a successful program” (Churchill, p. 49). In order for a program to be successful, research suggests that it “needs to be comprehensive, tailored to the population, creatively marketed, and embraced by top management” (Anderko, p. 2). Also, “an effective program incorporates components such as an organization’s culture and leadership, program

design, implementation, and evaluation” (Anderko, p. 2). Therefore, an organization is tasked with “motivating employees to participate and creating a culture of wellness” (Churchill, p. 49).

### **Problem Statement**

The purpose of this research study was to determine how the City of Cupertino should increase employee participation in its wellness program.

### **Background/History**

In 2003, the Centers for Disease Control (CDC) began its focus on workplace wellness. Its goal was to “be more proactive and see how they could assist people in reaching the state of healthy living” (Cross, p. 2). In addition, “promoting research in the workplace, since most people work, seemed to be the ideal location to start the initiatives” (Cross, p. 2). As part of this initiative, the CDC also funded research studies conducted by “public health researchers, universities, and colleges” (Cross, p. 2). Ultimately, the CDC was able to provide information to employers regarding wellness program implementation (Cross, 2004). This information was valuable to employers who were faced with increasing health care costs due to the chronic conditions of “heart disease, cancer, stroke, and diabetes” (CDC, *Comprehensive Workplace*, p. 1).

The City of Cupertino joined the effort to curb health care costs and promote wellness by implementing a wellness program in 2007. The program, authorized by the City Council, included several components: first an “Employee Assistance Program” provided full-time employees with confidential access to services to deal with financial, legal, mental and emotional health issues (MHN, 2014); second, the city held an “annual health and wellness fair in which employees could receive medical screening for glucose, blood pressure, and cholesterol”; third, the employees were provided a city sponsored “annual fitness membership at the Cupertino



Sports Center”; fourth, “the allowable dental cleanings for employees were increased from two to four a year” (Atwood, 2009, p. 3). In addition, the city was “proactive by providing annual on-site flu shots” at an employee cost, by providing “hand sanitizer at all work stations”, and by distributing a “monthly newsletter on wellness issues” (Atwood, 2009, p. 1).

The City of Cupertino modified its program in 2009 in order to add an incentive for employee participation. An employee would receive a “credit of up to four hours” a year deposited into a health leave bank for participating in wellness activities. This health leave bank was similar to having a sick leave or vacation leave bank and tied to an employees’ salary. The qualifying activities for the health leave bank hours included having an “annual physical, having more than two dental cleanings a year, working out 10 times at a health club, participating in a city-sponsored league, having HDL/LDL and Glucose screenings within the healthy range, and biking or walking to work” (Atwood, 2009, p. 3) (Appendix A – Health Leave Bank Activities). Other features added to this phase of the program included, promoting “a walking club, summer drop-in volleyball, non-city organized weight loss contests, brown bag lunch sessions on various health topics, healthy potlucks, free exercise tips, and observance of national wellness events” (Atwood, 2009, p. 3). In the third phase of the program, the city expanded the Sports Center membership to its Council Members and PERS (Public Employees Retirement System) retirees (Atwood, 2010), since these two groups received lifetime medical benefits.

In 2011, additional changes were made to Cupertino’s wellness program, which involved adding other medical screenings that would qualify as credit for the health leave bank. These included having a “Mammogram, a PSA test, an OBGYN Exam, and Blood Pressure readings within a healthy range” (Atwood, 2011, p. 2). In addition, credit could be acquired by participating in a “formal weight loss program, attending a formal non-smoking program, or

attending a brown bag lunch session on wellness topics” (Atwood, 2011, p. 1). Also, the city added another component called “Safe House/Don’t Drive Program” which would “reimburse employees \$50 a night for providing lodging in their homes to employees who have to work late, and have a long commute” (Atwood, 2011, p. 1).

In 2013, the city went on further to enhance the program by adding additional activities that would qualify for the health bank credit. These included, having a “colonoscopy, annual eye exams, participation in marathons, 10k, or 5k events, annual flu vaccinations, and completing a health improvement/education program” (Atwood, 2013, p. 1). Furthermore, the city increased the health leave allowance for dental check-ups and for participating in a “formal weight loss or no-smoking program” (Atwood, 2013, p. 1). Also, the number of times that an employee had to workout at a health club or bike/walk to work to receive credit was reduced (Appendix A). In addition, one other component was added in 2013, “Employees would be reimbursed up to \$100 a year for participating in a formal weight loss or no-smoking program” (Atwood, 2013, p. 1). In 2014, the City Council approved a park and walk wellness program, in which an employee received credit for parking in a designated off-site location and walking to City Hall (City of Cupertino, 2014). In addition, dance class and competitions were added to the list of qualifying wellness program activities.

### **Wellness Program Budget**

When Cupertino’s wellness program was initiated in 2007, it was “a cost neutral program focused on promoting and providing education on healthy living” (Abe, p. 1). In 2009, the City Council approved phase two of the wellness program which included a proposed budget of approximately \$6000 per year for the costs associated with health “leave bank accrual by participating employees” (Atwood, 2009, p. 2). In 2010, Council approved another proposed

increase of approximately \$3000 per year in order to provide the added benefit of a city sponsored Sports Center Membership to Public Employees Retirement System (PERS) retirees and Council Members (Atwood, 2010). In 2011, Council approved an increase of approximately \$600 to the budget for the cost of additional medical screening options that would qualify as credit for the health leave bank (Atwood, 2011). In 2013, Council approved the proposed increase of approximately \$2300 to the budget to cover the cost of enhancements to the program and additional screening options that could receive health leave bank credit (Atwood, 2013).

The proposed budget amounts for the program were based on employee participation trends and average salary rates per year between 2008 and 2013. In order to get a complete picture of Cupertino's budget for the wellness program in 2013-14, several other components require description. First, the program was administered by one employee from HR on a ¼ time basis at \$34,368 a year based on the employee's salary rate. Second, the city's Employee Assistance Program (EAP) which provides an employee with confidential financial, legal, emotional, and mental health services (MHN, 2014) was budgeted at \$8000 a year. Third, the free employee Sports Center Membership cost the city \$420 per person per year. Thus, enrollment would cost the city \$69,300 a year if every employee was a member of the Sports Center. However in 2014, there were 69 employees enrolled at the Sports Center including retirees, thus costing the city \$28,980 a year. Fourth, the health leave bank hours, which are tied to an employee's salary, cost the city a little over \$12,000 in 2014. These hours paid out by the city were the hours used by the employees, not the hours accrued for the year. An employee had the option to roll over unused hours for one year but had to use these hours by the end of that following year (Rumalean, 2014). In regards to the annual employee health fair, it cost \$4900 to put on in 2014, which included costs associated with providing lunch for the employees,

supplies, vendor attendance, and prizes. Collectively, the approximate cost for running the components of the wellness program is \$128,500 a year.

### **Wellness Program Participation**

The city has made incremental steps throughout the years to enhance its program; however, quantifying the benefits is problematic. Nevertheless, there has been steady participation by its employees since the program's inception, as demonstrated by the data collected for some years. For example, the city conducted annual wellness program surveys for calendar years 2008, 2009, and 2010. The results show that out of the total number of employees who responded to the survey, over 50% had participated in one or more screening activity, with the exception of dental cleanings and cardio exercise. The majority of the group had no more than two cleanings a year. Collectively, more than 50% participated in cardio exercise; however the survey was broken down by frequency of participation thus indicating lower participation rates for the individual components.

The City of Cupertino also maintains logs in order to track employee participation by type of activity, accumulated hours per activity, total hours accumulated, and allowable credit which is capped at four hours per calendar year. From these logs, participation information was generated for the percentage of employees who participated in one or more activity (Appendix C). In 2012, 86 out of 158 employees participated in the wellness program. The most popular activities tended to be the brown bag lunch sessions which were held at City Hall on various topics such as "stress management, time management, or positive psychology" (Schmidt, 2014), working out 10 times at a facility, obtaining a physical exam, and having a blood pressure check. In 2013, 108 out of 160 employees had participated in a wellness program activity. Out of the activities, the most popular tended to be the brown bag lunch sessions, working out at an exercise

facility 10 times, having blood pressure, HDL/LDL cholesterol, and glucose checked, and having a physical exam. In 2014, 79 out of 161 employees participated in the wellness program with the brown bag lunch sessions, blood pressure, HDL/LDL cholesterol, and glucose checks, physical exam and a flu shot being the most popular activities.

Overall, the prior employee surveys and participation logs demonstrated that there has been steady participation in the city's wellness program. Furthermore, there has been an inclination for employees to participate in similar wellness program activities every year even with the notable differences in offerings as modifications were made to the program. For example, in 2014 an employee could receive credit for working out at a facility five times and participating in a workout program, dance class or competitions, a health improvement education program and the park and walk wellness program, whereas in prior years these offerings were not available. Nevertheless, employee preference towards certain wellness program activities remained consistent.

### **Other Participating Agencies**

A number of other cities in Santa Clara County have implemented wellness programs such as San Jose, Saratoga, Los Altos, and Mountain View (Eggleston, et al., 2014). Other cities such as Campbell, Morgan Hill, Los Gatos, and Palo Alto have been working towards establishing a program in their cities (Eggleston, et al., 2014). The City of Mountain View's program, which began in 2011, was implemented on a broader scale as compared to Cupertino. Mountain View's program includes an "incentive program with cash prizes, a biggest loser competition, a nutrition competition, an on-line physical activity program, a total body fitness program, various physical fitness activities, healthy potlucks, lunch-time seminars and healthy promotions such as health screenings and free annual flu shots" (Castro, p. 2-3). The city also

“launched a new Healthy Food and Beverage Service and Vending policy” so that healthy food items were available for employees and at citywide events (Castro, p. 6). Mountain View also instituted “new sick leave codes” in order to “analyze employee trends and needs, as well as assess the impact of the wellness program over time” (Castro, p. 6). In regards to the budget for the program, the City of Mountain View budgeted \$85,000, \$25,000 for program costs and \$60,000 for incentives in FY 2013-2014 (Castro, p. 1). The City of Mountain View also has a wellness committee that works together to “implement the health initiatives and activities” of the program (Castro, p. 2).

As a result of Mountain View’s efforts, the city has seen “significant changes in the work environment for its employees” (Castro, p. 7) and has been acknowledged for its efforts. In 2012, a Health Enhancement Research Organization (HERO) scorecard assessment was conducted using the categories of “strategic planning, leadership engagement, program level management, programs, engagement methods, and measurement & evaluation” (Castro, p. 7). The City of Mountain View scored “above-average” on the assessment and “excelled in the areas of strategic planning, leadership engagement, and program level management” (Castro, p. 7). Areas for “enhancement included the city’s programs, engagement methods, and measure & evaluations” (Castro, p. 7). As a result, the city concluded that after the assessment it was “more equipped to enhance existing programs and to strategize and implement new initiatives” (Castro, p. 8).

The private sector also offers its employees’ health and wellness programs. These programs tend to be more comprehensive in nature due to the financial resources available. For example, Microsoft provides its employees “a bike shop, mini day spa, dry cleaning, and sports fields for pickup soccer, basketball, or cricket” (Greatist, p. 8). The company also “offers free

health screenings, flu shots, has an onsite pharmacy for prescription refills”, and “has a team of doctors who make house calls” (Greatist, p. 8). Jamba Juice gives its employees “discounted gym memberships, medical and dental benefits, commuter discounts, sponsorships for marathons and fitness events, and rewards healthy milestones with gifts like iPads, gift cards, and gym memberships” (Greatist, p. 19). General Mills’ wellness program includes a “subsidized salad bar, junk-less vending machines, a smoking cessation program, healthy cooking classes, Weight Watchers meetings, and they have fitness events including lunchtime kickball, snowshoeing, basketball, dodge ball, and cross-country skiing on Fridays” (Greatist, p. 9). Lastly, “the biotech company, Genentech, provides full insurance benefits for all of its full-time employees and their families, they have dedicated policies to improve the mental health of parents by offering nursing rooms and on-site childcare centers, and they provide generous allowances for maternity and family care leave” (Greatist, p. 18). They also provide “free gym memberships, full-service cafeterias, on-campus running trails, and even free haircuts” (Greatist, p. 18).

As compared to the City of Mountain View and the private sector wellness programs referenced above, Cupertino appears to be at the bottom of the scale as far as program implementation. However, there are many factors that can influence program implementation including financial and human resources, in addition to the views toward wellness in the organization. Nevertheless, Cupertino has come a long way compared to its counterparts in Campbell, Morgan Hill, Los Gatos, and Palo Alto. These cities do not have wellness programs in place and are trying to determine the wellness program components that are suitable for their organizations.

## **Summary**

The prevalence of chronic disease in the nation has prompted local, state, and federal governments to take action in order to curb health care costs. A primary response to this issue has been to turn to wellness programs as a means of prevention. The City of Cupertino, other cities in Santa Clara County and private sector organizations have instituted wellness programs on a varied scale, with the latter being able to implement more comprehensive wellness programs as compare to the public sector. Cupertino's wellness program, in particular, provides a variety of activities to promote the health and wellness of its employees. In addition, the program includes a health leave bank which can accrue hours if an employee completes certain health assessments or participates in other wellness activities. Interest in the city's program has been steady over the years, however recently employee interest has declined. There are many options available for enhancing a wellness program which has been evident by looking at other organizations that have implemented programs on a broader scale. Nevertheless, studies suggest that a wellness program needs to be "comprehensive, tailored to an organizations' population, creatively marketed, and embraced by management" (Anderko, p. 2) in order to be successful. Furthermore, programs that are successful are directly linked to rates of participation. Therefore, an assessment of Cupertino's current wellness program would determine if the elements of a successful program, which influence participation, are reflected in its program.



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## Section 2 – Literature Review

### Introduction

According to the Department of Labor and the U.S. Department of Health and Human Services, the prevalence of wellness programs in the public and private sectors was generated “out of concerns about the impact of chronic disease on employee health and well-being, the cost of health care coverage, and competitiveness” (Mattke, et al., pg. xiii). The Centers for Disease Control (CDC) “estimated the medical costs related to chronic diseases account for 75% of all health care costs” (Churchill, et al., p. 1). Therefore, according to Kaiser Foundation, “65 percent of employers that offered health benefits have turned to wellness programs to fight the rising cost of healthcare” (Stone, p.73). In order to assist private and public sector employers, the federal government has established initiatives through the Affordable Care Act (ACA) to aid employers in “promoting prevention and wellness” nationwide (CDC, *Promoting Prevention*, p. 1). Baicker, et al., explained that the “enthusiasm for workplace wellness programs stems partly from the fact that more than 60 percent of Americans get their health insurance coverage through an employment-based plan” (p. 1), thus making the workplace, where people spend most of their time, the ideal location to pursue wellness initiatives (Baicker, et al., 2010).

Due to the current state of chronic disease and rising health care costs in the nation, wellness programs are “in the position to respond to the varied health needs of a multigenerational workforce” (CDC, *Promoting Prevention*, p. 2). By not responding to these needs, there could be serious implications for Human Resource Management (HRM) due to the impacts associated with rising medical costs, decreases in employee productivity, employee absenteeism and worker’s compensation claims. In addition, “reduced productivity” is linked to “employee stress generated by a variety of workplace stressors” (Marschke and Mujtaba, p. 71).

According to the CDC, “chronic conditions such as depression and anxiety have a tremendous impact on productivity and work time” (*Promoting Prevention*, p. 2). Therefore, HRM is put into a position to “encourage employees to participate in wellness programs in order to manage disability time off and worker’s compensation costs and potentially reduce medical costs if the wellness program is effective” (Marschke and Mujtaba, p. 73). The main goal of a wellness program, as described by the U.S. Centers for Medicare & Medicaid Services, is to “improve and promote health and fitness and allow an employer to offer incentives for participation” (p. 1).

### **Wellness Program Participation**

Wellness program participation is a variable that can impact the effectiveness of a wellness program. There is a tremendous amount of literature surrounding this topic and the different ways that an employer can encourage participation. Furthermore, the barriers associated with employee participation and the methods to overcome these barriers are also identified in the literature. Some companies have been more successful than others in encouraging participation and have placed a tremendous amount of effort in implementing their programs to the minute details. This has been attributed to the fact that some companies have the resources, time, and support to make a solid investment in wellness initiatives. As a result, some companies have been able to positively influence the workforce by demonstrating a culture that promotes wellness not to mention influencing the desire of employees to make health related choices during the course of the work day. The following paragraphs look at the literature related to who is likely to implement a wellness program and the factors associated with employee participation.

According to a 2012 study, out of “companies with 200 or more workers, 90% offered at least one wellness program” (Klutzer, et al., p. 268). This was a significant change from “58% of companies offering wellness programs in 2009 and 65% in 2011” (Klutzer, et al., p. 268).

Baicker, et al. confirmed that the employers most likely to offer wellness programs have been large companies. This has been attributed to the fact that large employers are more likely to have the financial resources to invest in wellness programs on a broad scale (Baicker, et al., 2010). Data from the Bureau of Labor Statistics indicated that “employer sponsored wellness programs were available to 31% of private sector employees in 2010 as compared to 23% in 2005” (Churchill, et al., p. 49). In addition, these private sector companies were more likely to have the more comprehensive programs in place (Churchill, et al., 2014), while smaller companies tend to be “slower to participate and offer programs that are limited in scope” (Baicker, et al., p. 1). According to Baicker, et al., this has been attributed to the fact that it is still questionable whether or not smaller companies could “achieve a positive return on investment through wellness programs” (p. 6).

The participation rate of employees in wellness programs is also a major determining factor in an organization’s ability to promote health and wellness. A 2009 journal report indicated that “administrators are faced with the challenge of low participation rates in wellness programs” for a variety of reasons (Olson, et al., p. 1). The most common reason that an employee had for not participating in a wellness program was lack of time or “being too busy” (Olson, et al., p. 2). In addition, some employees “may not see the benefit” (p. 2) of a wellness program or a person may think that he or she was “not susceptible to illness” (Olson, et al., p. 1). Furthermore, Olson, et al. explained that an “employee’s readiness for change or motivation” (p. 4) had a lot to do with whether or not a person participated in a wellness program. According to this article, it would be important to “address each stage of readiness which would likely increase participation because the needs are being met at each level” (Olson, et al., p. 4-5). In a study conducted in 2014, “The lack of employee interest and low rate of participation were the top two

barriers to the success of wellness programs” (Churchill, et al., 2014). According to Mudge-Riley, et al., “Employers struggle to overcome both lack of participation and long-term engagement in wellness programs” (p. 31). As a result, “employers are working to innovate their wellness programs and the federal government is helping by providing advice and giving direction” on wellness initiatives (Mudge-Riley, et al., p. 31).

### *Wellness Program Components*

There are several components that could have an impact on wellness program participation and effectiveness. According to the CDC, in order for “wellness programs to be successful, they must be comprehensive, tailored to the population, creatively marketed, and embraced by top management” (*Promoting Prevention*, p. 2). A Systematic Review of Employer-Sponsored Wellness Strategies concluded that “strong motivation from the employees and leadership was a characteristic of successful wellness programs” (Kaspin, et al., p. 6). For instance, Highmark Insurance Company’s success was attributed to the company soliciting input from employees prior to implementation of its wellness program and “publicizing information on the intranet and monthly newsletters to all employees” (Kaspin, et al., p. 6). A 2014 journal article also highlighted the importance of management’s acceptance of a wellness program noting that, “There must be top-down support, the CEO must be involved and the benefits of a health and wellness program must be clearly communicated” (Marschke and Mujtaba, p. 66). Churchill, et al. reiterated that, “Programs must be supported and promoted by management” offering a “supportive environment where employees can meet their goals” (p. 49).

Creating a culture of wellness is another important factor in promoting wellness program participation. According to Marschke and Mujtaba, “Human Resources (HR) needs to create a culture of wellness by aligning the goals of the program with the company’s culture,

implementing policies that support employee wellness, communicating the expectations of the program, motivating employees to participate, benchmarking the program, rewarding participation, and measuring the effectiveness of the program” (p. 66). Churchill, et al. found that “the ability of an organization to motivate employees and create a culture of wellness” was a determining factor in the “success of a wellness program” (p. 49). In addition, a Tower Watson survey found that successful employers “shared a common strategy by their communications with the workforce and by developing a healthy workplace culture with strong support from senior leadership” (Nyce, p. 1). This survey was “completed by 507 employers with at least 1000 employees between 2009 and 2010” and “focused on health program decisions and strategies” (Nyce, p. 13). In 2013, “a global comparative study of workplace wellness programs found that employees are eight times more likely to be engaged when wellness is a workplace priority and 1.5 times more likely to stay with their organization if wellness is actively promoted” (Mudge-Riley, et al., p. 1).

Another factor that has an impact on wellness program participation is whether or not a program is tailored to the organization. In this case, a needs assessment should be conducted before instituting a program. According to an American Journal of Health study, a needs assessment would “provide an overview of the population at the worksite” (Olson and Chaney, p. 4). This study highlighted several reasons to perform a needs assessment including, “being able to provide a sense of connection and ownership of the program among the target population, to provide information needed to seek resources or funding, to identify barriers and limitations of the program, to collect baseline data for evaluation, to identify goals and objectives, and to achieve the goals and objectives” (Olson and Chaney, p. 4). Therefore, the study indicated that “collecting this information is essential before implementing a wellness program that could be

result-oriented” (p. 4). Churchill, et al. went on further to explain that “a successful and cost-effective program must fit the needs of the employee” (p. 49). In addition, “once a company understands the needs of its employees, the company can offer a variety of programs to fit these needs” (Churchill, et al., p. 49). Therefore, in “order to best motivate employees, organizations should perform frequent needs assessments to ascertain employees’ readiness for change, to determine what they might want from a program, to establish health risks, and to identify potential barriers to success” (Churchill, et al., p. 55).

Whether or not a program is comprehensive can also impact participation in a wellness program. According to Parks and Steelman, comprehensive programs have a “fitness and educational component” (p. 58). For example, many private sector companies tend to have well instituted programs in place including “tobacco cessation, physical activity, stress management/reduction, early detection/screening, nutrition education, weight management, cardiovascular disease prevention and back pain prevention” (Churchill, et al., p. 49). However, a “2004 National Worksite Health Promotion survey indicated that only 7% of employers offered comprehensive programs” (Baicker, et al., p. 2). Mujtaba and Cavico, “advocate for the development of comprehensive wellness awareness programs and the development of positive reinforcement strategies to bring about positive behavioral changes in the health choices of employees” (p. 47). One strategy that many employers have turned to has been the use of financial incentives to encourage participation (Churchill, et al., p. 56).

### **Incentives**

Providing incentives has become increasingly popular in the effort to promote health and wellness and increase participation in wellness programs. An in-depth review of this strategy follows as reflected by the major incentive-related issues highlighted in the literature. A “survey

by the National Business Group on Health found that 61% of firms found wellness initiatives to be one of the three most effective tools to keep down health care costs” (Crains Communications, 2012). According to a 2013 journal report, almost “90% of employers offer wellness program incentives” as shown by a “recent Fidelity Investments and the National Business Group on Health” survey (Wieczner, p. 1). A Towers Watson study found that, “The success of wellness programs hinges on whether employees participate”; “To that end, employers have been actively and even aggressively taking actions to boost program enrollment”; “Financial incentives – notably cash - have been the strategy of choice” (Nyce, p. 1).

Incentives can come in several other forms such as awareness, action, progress, outcome, and target based incentives (Wieczner, 2013). Awareness-based incentives involve having a “health risk assessment or biometric screening” (Wieczner, p. 2) for which an employee can be rewarded for completing a health assessment; action-based incentives involve employees “taking action to improve their health after a risk assessment” (Wieczner, p. 2) and being subsequently rewarded; progress-based incentives involve an employee reaching milestones in his or her wellness efforts and receiving a reward as a result (Wieczner, 2013); outcome-based incentives involve employees being rewarded for positive health measures such as appropriate “blood pressure or cholesterol” (Wieczner, p. 3) levels; and targeted incentives involve an employee being “offered a personalized wellness program” (Wieczner, p. 4) based on his or her health assessment. Therefore an employer could have a variety of options for incorporating incentives into a wellness program. However, this may vary from private and public sector organizations based on privacy regulations limiting access to identifying health information.



## *Effectiveness*

Even with the popularity of using incentives to motivate wellness program participants, their effectiveness is questionable. According to a 2004 “literature review of 47 randomized control trials”, it was determined that “economic incentives worked an average of 73% of the time” (Anderko, et al., p. 3). “Traditional economic incentives which use one-time approaches such as providing cash or gift cards were effective in the short-term in regards to changing behavior” (Anderko, et al., p. 3). Long-term changes, on the other hand, would be more effective if financial incentives were provided using different approaches (Anderko, et al., 2012). For instance, a 2007 weight loss study was conducted over a 16-week period involving a random sample of 57 participants (Volpp, et al., 2008). The participants were “divided into three groups” (Anderko, et al. p. 3) - one group received the “lottery incentive” – meaning that they had many opportunities to win a financial reward, another group had “monthly weigh-ins” (Volpp, et al., p. 1), and the third group was “contracted to receive a monthly fee based on the weight lost” (Anderko, et al., p. 3). The study found that the experimental groups who were given financial incentives had lost more weight than the comparison group (Volpp, et al., 2008). The study concluded that “The use of economic incentives produced significant weight loss during the 16 weeks of intervention” (Volpp, et al., p. 1). However, it added that this outcome “was not fully sustained and that the longer-term use of incentives should be evaluated” (Volpp, et al., p. 1).

A National Business Group on Health/Tower Watson Employer survey that was conducted on wellness program participation reiterated that financial rewards do very little to sustain change in the long-term (Nyce, 2010). The survey found that “one-third of the companies surveyed offered a financial incentive for completing a biometric screening” (Nyce, p. 7). Of

these companies, almost 50% of the employees participated in the screening (Nyce, 2010). This was more participation than in the “companies that require screening before enrolling in a preferred plan option” (Nyce, p. 7). To further confirm these results, Linnan, et al. found that “financial incentives work well with health screenings, biometric screenings or adult health exams, which do not require much of a commitment” (Churchill, et al., p. 50). In addition, “financial incentives are not as successful for weight management programs or smoking cessation programs, which require a longer commitment from the participant” (Churchill, et al., p. 50). In an effort to encourage a commitment to achieving positive health standards, many employers have been able to tie incentives to an employees’ health plan, meaning that premiums could potentially be reduced as a result of positive health measurements. However, there are legal implications associated with this approach.

### *Legal Implications*

A number of legal implications can have an impact on the use of incentives, especially under the Affordable Care Act (ACA). A journal review of the laws regulating incentives was conducted by looking at “legal, case law, and trial court verdict databases, and online state legislature resources to review and validate statutes and regulations” on wellness programs (Klautzer, et al., p. 269). The study found that the use of incentives could be impacted by “insurance, anti-discrimination, and privacy laws” (Klautzer, et al., p. 270). For instance, if an employee’s health “insurance premium” factors in “financial incentives”, this can be impacted by insurance law (Klautzer, et al., p. 270), such that employees cannot be “discriminated against based on the health-related factors” (Madison, et al., p. 23). Anti-discrimination laws “prohibit employers from using protected characteristics when making compensation decisions” (Klautzer, et al., p. 270). Therefore an employer would not be able to deny a person access to wellness

program rewards just because he or she is not able to meet the standards for achieving the reward due to a disability or handicap. Privacy laws restrict “employers from getting access to sensitive information about their employees” (Klautzer, et al., p. 270). Thus, an employer would be limited in the medical information that it could acquire for the purpose of measuring wellness program outcomes. The privacy and anti-discrimination laws both “apply to all incentives regardless if they are offered through a health plan, whereas the insurance law applies to incentives offered as part of health coverage” (Klautzer, et al., p. 270).

There were a few federal laws in particular that were directly tied to the use of wellness program incentives (Klautzer, et al., 2012). The Health Insurance Portability and Accountability Act (HIPAA), which “applies to group health plans” (Klautzer, et al., p. 271), “specifies that no one can be denied group health insurance or be charged more for coverage based on health status, genetic history, evidence of insurability, disability, or claims experience” (Klautzer, et al., p. 271). In the past, HIPAA regulation limited the amount of a financial incentive to “20% of the cost of coverage” (Klautzer, et al., p. 271), however it was increased to 30% under ACA. The Americans with Disabilities Act (ADA) prohibits an “employer from discriminating on the basis of disability” (Klautzer, et al., p. 271). An amendment to ADA (ADAAA) “broadened the scope of protection” (Klautzer, et al., p. 271), by “significantly changing the definition of disability”, thus increasing coverage (Department of Labor, p. 1). The Genetic Information Non-discrimination Act (GINA) prohibits an employer from discriminating against someone because of his or her “genetic information, including family medical history” (Klautzer, et al., p. 272), thus restricting the ability to inquire about this information for the purpose of wellness program incentives. The Employment Retirement Income Security Act (ERISA) prohibits an “employer for discharging an employee in order to interfere with the employee’s ability to obtain benefits”

(Stone, p. 74). In this case, an employee must prove that an employer took certain actions in order to deny him or her of benefits (Stone, 2012).

A 2012 Labor Law report also addressed the legal implications of wellness programs as related to HIPAA, ADA, and ERISA. The report expanded further to highlight “five requirements under HIPAA for reward-based wellness programs relating to health factors” (Stone, p. 73). First, as mentioned earlier, the amount of the incentive reward is limited to a percentage of the total cost of health care in regards to a person meeting measurable milestones in the program (Stone, 2012). Second, “the program must be designed to promote health and prevent disease” (Stone, p. 73). Third, employees must have the “opportunity to qualify every year” in order to participate in a wellness program (Stone, p. 73). Fourth, “a reward must be available” (p. 73) to everyone, however if a condition precludes a person from participating, a “reasonable alternative” (p. 73) must be made available (Stone, 2012). Fifth, “the plan must disclose a reasonable alternative in all materials describing the program” (Stone, p. 73). Also, ADA guidelines directly impact mandatory wellness programs in a number of ways by “limiting the circumstances in which an employer can ask for health information or require medical examinations, by imposing strict confidentiality requirements, and by requiring alternatives for individuals who cannot achieve health factor requirements due to disability” (Stone, p. 74). In addition, “participation must be voluntary, health information must be separate from medical records, and health information cannot be used to limit an employees’ access to health insurance” (Stone, p. 74). Lastly, the Employee Retirement Income Security Act (ERISA), as mentioned earlier, impacts wellness programs that are mandatory by penalizing employers that “terminate or suspend employees for not participating or complying with standards” of the program (Stone, p. 74).

## **Wellness Program Measures**

Although there have been attempts to measure the success of a wellness program, its effectiveness in general has been difficult to quantify. According to Churchill, et al., “Wellness programs may positively affect factors that are difficult to quantify such as absenteeism, productivity, stress level and job satisfaction” (p. 49). However, an organization may be able to observe the “direct effect” of a wellness program based on “behavior change, weight loss, improved blood pressure and lipids and fewer sick days” (Churchill, et al., p. 49). A 2009 study conducted by Racette, et al., found that “employees participating in a worksite wellness program showed significantly more improved cardiovascular risk factors as compared to a control group” (Churchill, et al., p. 49). Health Risk Assessments (HRAs) can aid in measuring the direct effect of a wellness program by creating a “baseline of an employees’ health in order to recommend interventions” (Marschke and Mujtaba, p. 68). Therefore, an organization “must measure wellness interventions in order to quantify the benefits of wellness in the workplace” (Marschke and Mujtaba, p. 68). An alternative as suggested by Marschke and Mujtaba would be to look at the “metrics associated with the goals and objectives of an organization to adopt a culture of health and wellness” (p. 68).

### *Return on Investment*

Many studies have focused on measuring the Return on Investment (ROI) for wellness programs in order to determine its effectiveness. ROI looks at an employer’s financial investment minus the savings achieved over time. A “2013 review of economic outcomes for 20 companies, found that the ROI ranged from \$1.60 to \$3.90 in savings per dollar spent on employee wellness” (Churchill, et al., p. 49). A study conducted from 2001-2005 for Highmark, Inc., “compared medical claims of employees with similar health risks who participated in the

wellness programs to those who did not participate” (Marschke and Mujtaba, p. 69). The research found that “the health care costs for employees who participated in the program decreased by \$176/pp” (Marschke and Mujtaba, p. 69). Therefore, Highmark’s ROI for this effort “was \$1.65 for every dollar spent” (Marschke and Mujtaba, p. 69). In a 2010 study, Baicker, et al. conducted a “meta-analysis of employee wellness programs related to health care costs” (p. 2). The study first looked at “the method of delivery and focus of intervention, of wellness programs” (Marschke and Mujtaba, p. 70), then it “looked at the impact of wellness programs on medical spending over an average of three years (Marschke and Mujtaba, p. 70). The sample included “an average of 3,000 employees who participated in wellness programs compared to an average of 4,500 employees who did not participate” (Marschke and Mujtaba, p. 70). An analysis of the health care costs and absenteeism determined that “medical costs fell by \$3.27 for every dollar spent on employee wellness programs and absentee costs fell by about \$2.73 for every dollar spent” (Baicker, et al., p. 5). The study concluded that there was “an average savings of \$358 per employee per year in health care costs” (Marschke and Mujtaba, p. 70).

### **Best Practices for Wellness Programs**

According to a journal on Public Health, incorporating best practices into the implementation of wellness programs may have an effect on the success of a program (Pomeranz, 2014). In order to assist with the incorporation of best practices, the federal government provides recommendations. For instance, they have a Community Preventive Service Task Force that provides “evidence based recommendations on community-based preventive services, programs, and policies” (Pomeranz, p. 2054). For example, the task force may “recommend a smoking cessation program that offers financial incentives in conjunction

with cessation intervention such as support groups, self-help materials, or workplace free policies” (Pomeranz, p. 2054). Overall, even with the resources available from the federal government, it is recommended that “the government’s role would be better served by establishing protocols to strengthen the requirements for employers and program operators to utilize practice- and evidence-based programs” (Pomeranz, p. 2054).

There are additional studies that highlight the importance of best practices for wellness programs. According to the American College of Sports Medicine (ACSM), “researchers studied wellness programs that were successful as they related to guidelines on best practices for employee health programs” (Pronk, p. 1). The research determined the following: (1) Support from management helped in showing how important the program is to the organization; (2) The goals and objectives for worksite health promotion needs to be aligned between the workers and employer; (3) A culture of wellness must be prevalent in the organization; (4) Employees need to have a “sense of ownership of the program and be able to provide input” (Pronk, p. 1) and; (5) “Wellness opportunities need to be constantly communicated to the organization” (Pronk, p. 1). The latter can involve “targeted personalized wellness messages, wellness updates and announcements at staff meetings, effective incentive programs to boost participation, a formalized reporting or tracking program and evaluation, multilevel program development which includes a mix use of program components, and new programs that are based on sound data (proven effective, sound health principles and good planning strategies)” (Pronk, p. 1).

The Hope Health Institute also reported best practices criteria for wellness programs, stressing the importance of a “comprehensive best practice wellness program that involves all employees, deals with all major health risks, offers choices, targets both the employees and the worksite environment, and provides periodic evaluation of its results” (p. 1). The criteria

outlined in the report from Hope Health includes; (1) “Employing features and incentives that are consistent with the organization’s core mission, goals, operations, and administrative structures; (2) Operating at multiple levels, simultaneously addressing individual, environmental, policy, and cultural factors in the organization; (3) Targeting the most important health-care issues among the employee population; (4) Engaging and tailoring diverse components to the unique needs and concerns of individuals; (5) Achieving high rates of engagement and participation, both in the short and long term, in a defined core program; (6) Achieving successful health outcomes, cost savings, and additional organizational objectives and; (7) Evaluating based upon clear definitions of success, as reflected in scorecards and metrics agreed upon by all relevant constituencies” (Hope Health, p. 1).

According to the Society for Human Resource Management, a Health Enhancement Research Organization (HERO) Scorecard report determined that “best practices for workplace wellness programs were more likely to report improvements in lowering medical cost trends and improving employee health status” (Miller, p.1). “In an analysis of data collected from more than 700 U.S. employers, researchers found that the best practices most strongly associated with positive wellness program outcomes were: (1) Including spouses in key components of the program; (2) Promoting all wellness activities under a single brand name; (3) Having a formal, written strategic plan with financial objectives and; (4) Active participation by senior leadership in wellness programs” (Miller, p. 1). In addition, “other findings associated with the scorecard assessment were: (1) Biometric screenings were used by a majority of respondents (70 percent) to alert employees to possible health risks; (2) Personal coaching by telephone, online or face-to-face has become one of the fastest-growing elements in health management programs and; (3) Financial incentives to drive employee participation in these programs is growing rapidly and



employers that use them are significantly more likely to report medical cost savings than those not offering incentives” (Miller, p. 2).

Overall, the literature on wellness program best practices seems to be pretty consistent with what constitutes a best practice minus the few slight differences. The American Journal of Public Health recommends “government certification for wellness programs, in which a continuous systematic evaluation of programs would be conducted in order to establish a compilation of certified best practices that an employer or plan operator can choose” (Pomeranz, p. 2054). Also, “a third-party accreditation requirement could be established which would require providers to abide by certain standards, including evidence-based practices in order to obtain accreditation of their workplace wellness programs” (Pomeranz, p. 2054). There are some specific agencies that assist with the certification or accreditation process including: “the National Committee for Quality Assurance (NCQA) accreditation with Performance Reporting; National Committee for Quality Assurance (NCQA) certification in Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Audit; Health Enhancement Research Organization (HERO) Scorecard; Wellness Council of America (WELCOA) Seven C’s; The National Business Group on Health: A Purchaser’s Guide to Clinical Preventive Services; Clinical Laboratory Improvement Amendments (CLIA) Certification (national and state) and Regulatory and Legal Compliance Requirements for Incentive Programs” (PHS, p. 1). Therefore, an employer has options when considering accreditation or certification in order to demonstrate the effectiveness of its program.

### **Wellness Program Benefits and Challenges**

Despite the obstacles that employers face when trying to encourage participation in wellness programs, there are some overall benefits associated with the programs. A “2010 study

in the American Journal of Health Promotion showed that workers highly engaged in a wellness program have fewer hospital admissions, shorter hospital stays and lower overall costs” (Crains Communications, 2012). A Tower Watson survey found that, “Companies whose employees participate in wellness programs report lower overall health cost trends across almost all activities” (Nyce, p. 3). The National Association of Health and Fitness reported in 2009 that “employers benefit from worksite health programs due to reduced absenteeism, decreased rate of illness and injury, improved health care cost management, enhanced productivity and development of employee leadership skills” (Olson and Chaney, p. 1). Employees, on the other hand, benefit by experiencing “lower stress, increased self-esteem, increased well-being and stamina, and potential weight loss” (Olson and Chaney, p. 1). Lastly, according to the CDC, evidence shows that “workplace wellness programs have the potential to influence social norms; establish health policies; promote healthy behaviors; improve employees’ health knowledge and skills; help employees get the necessary health screenings and immunizations; and reduce their on the job exposure to substances and hazards that can cause diseases and injury” (*Comprehensive Workplace*, p. 1).

Although numerous studies have demonstrated that wellness programs have a positive effect on “health behaviors and medical costs” (Liu, et al., p. 2), some studies do not support this evidence. According to Liu, et al., these results can be attributed to “methodological” (p. 2) factors than can influence the results, furthermore, “inconsistent findings could be the result of employers not adhering to wellness program design and implementation of best practices” (Liu, et al., p. 2). Therefore, the study suggests that the “standardization of wellness programs according to established best practices” (p. 4) could aide in measuring the effectiveness of wellness programs. According to the CDC, “Well done programs that are comprehensive and

evidenced-based and employ best practices are proposed to yield a return on investment over a 2-5 year period” (*Comprehensive Workplace*, p. 1). In a systematic review of wellness strategies, Kaspin et al. suggested that “future studies of the benefits of employer-sponsored wellness programs should include randomized controlled trials and economic analysis for increased methodological rigor” (p. 7).

There are challenges associated with implementing an effective wellness program as they relate to having the financial and human resources to invest in broad-scale and comprehensive wellness program implementation. Studies have shown that small companies struggle in this area and offer programs that are smaller in scale whereas large companies tend to have the resources to make long-term commitments in promoting health. According to a 2013 journal article, “Among employers with two hundred or more workers, about 90% offered a wellness program in 2009 and 2010” (Liu, et al. p. 1). In addition, “a 2008 survey found that 77% of employers reported that they offered some kind of health and wellness program” (Baicker, et al., p. 1). This partly has been attributed to the fact that large employers have seen a return on their investment. According to Baicker, et al., “many case studies suggest a positive return on employers’ investment in prevention” (p.1). In addition, “large employers have the resources and economies of scale necessary both to implement and achieve broad savings through employee wellness programs, whereas it is still unclear whether smaller employers can achieve a positive return on investment” (Baicker et al., p.6). It is fortunate for the smaller businesses that the federal government has stepped in to help them with their wellness initiatives. According to Liu, et al., under the Affordable Care Act, “small firms are able to apply for grant funding to assist with their wellness program implementation” (p.5). Furthermore, the federal government also provides recommendations for incorporating best practices into wellness program

implementation, which also requires resources in order to facilitate the recommended practices and to achieve accreditation. Overall, the best practice guidelines were directly linked to aspects of successful programs including having “support from management, the goals and objectives aligned between employees and employer, a culture of wellness, input from employees, and communicating wellness throughout the organization” (Pronk, p.1).

As related to financial resources, human resources are critical to the implementation of a wellness program. According to the Hope Health Foundation, “small and medium size companies do not usually have a wellness professional on staff” (p. 11). Therefore, there would need to be some consideration as to whether to hire a consultant or facilitate the program with internal staff, or “use a combination of both” (Hope Health, p. 11). The advantage of a wellness professional is that “they are trained in the full range of wellness activities, they have various background and specializations, and they have the tools to engage and support employees in sustaining health improvements” (Hope Health, p. 11). Nevertheless, there will be additional fiscal implications associated with the cost of staff resources used to facilitate a wellness program.

### **Summary**

A considerable amount of research has been conducted on workplace wellness programs, with the primary focus being on establishing programs in order to curb the rising health care costs in the nation due to chronic diseases. Public and private sector employers have embraced the concept and have strived to implement programs in a variety of ways by providing health risk assessments and screenings, gym memberships, weight control and smoking cessation programs and other wellness program activities. Large companies, as opposed to their smaller counterparts, have been able to offer a broad range of wellness program activities due to the extent of their

resources. Nevertheless, the motivation behind an employer's proactive efforts toward wellness and prevention are also related to factors such as worker productivity, absenteeism, and worker's compensation costs. These factors can have a tremendous impact on Human Resources Management (HRM) as it strives to find ways to counteract the negative impacts of these issues on the organization. Therefore, HRM is tasked with encouraging participation and a long-term commitment to health and wellness by its employees. Unfortunately, the studies show that an employer's biggest challenge is low participation in wellness programs.

There are a number of factors that contribute to whether or not a program is successful in encouraging employee participation. Management's involvement and support is a critical component to establishing a sense of commitment amongst the employees; creating a culture of wellness is another important component for sustaining lasting effects; designing a program that meets the needs and desires of the employees is also crucial; and developing a program that is comprehensive and provides employees with a broad scale of options, including incentives, is essential for program success. How successful an employer is with the use of incentives is truly dependent on its financial resources and the legal implications associated with this strategy as evident through the Affordable Care Act. Furthermore, a facilitator's level of specialization in wellness can have an impact on the success of a program. Ultimately, the measure of success for a wellness program is truly dependent on the quantifiable factors that show that employers and employees will benefit in the long run because of their commitment to health and wellness overall. Therefore, the goal of this research was to look at the participation factors of creating a culture of wellness, tailoring the program to the organization, obtaining a commitment from management, and having a comprehensive program as it related to the City of Cupertino's wellness program.

## **Section 3 – Methodology**

### **Introduction**

The foundation of this research study encompassed historical data regarding the implementation of the Cupertino's wellness program and its progression throughout the years. Participation logs for the various program offerings, unstructured interviews with knowledgeable personnel, anonymous employee survey data for previous years, informational flyers for the current wellness program offerings, City Council staff reports, resolutions and minutes, and data from other municipalities also formed the basis for determining the current state of Cupertino's wellness program. Overall, participation rates were of primary concern, so the City of Cupertino was looking for options for increasing participation in its program. The literature outlined some common factors that can influence participation including tailoring the program to the organization, creating a culture of wellness, having support from management, and having the resources to implement a broad scale or comprehensive program. Therefore, the purpose of this research design was to evaluate Cupertino's wellness program as it related to these factors by utilizing descriptive research analysis to gather information through a survey, semi-structured interviews, and a focus group interview.

### **Research Questions**

As highlighted in the literature, lack of participation in wellness programs was one of the top barriers to a successful program. Therefore, a number of questions were addressed as they related to the factors that influenced participation.

- Is the City of Cupertino's wellness program tailored to the organization?
  - Does the program reflect the needs and desires of the employees and of the employer?

- Are there aspects of the program that are more desirable than others?
- What modifications, if any, would be necessary to make the program reflective of the organization's needs?
- Does Cupertino's work environment facilitate a culture of wellness?
  - Do the employees and management have similar wellness program goals and objectives?
  - Are the employees aware of the wellness program and its offerings?
  - Are the employees motivated to engage in wellness program activities?
  - Does management's behavior reflect the importance of wellness in the City?
- What is management doing to facilitate participation increases in the City's wellness program?
  - How dedicated is management to the current program goals and objectives?
  - How much is management willing to invest in wellness program efforts?
  - Are there others barriers that can restrict management in its efforts?

### **Research Design and Data Sources**

Descriptive research analysis was utilized in order to obtain answers to the key research questions identified in the study. This method allowed for an in-depth analysis to be conducted of the city's wellness program in order to determine the current state of participation in the program and if it was meeting the needs and desires of the organization. The target population of the study included employees of the City of Cupertino who were interested in participating in the study. In order to obtain input from the group, various research methods were planned including a focus group interview, a survey, and semi-structured interviews. The purpose of the focus group interview was to involve a group of employees who were interested in providing their personal opinions on the program. The intent of the survey was to capture the larger employee

population on their thoughts on and participation in the program. The semi-structured interviews were meant to gain insight into management's perspective on the program. Overall, the goal of these methods was to obtain feedback from the various participants about the wellness program and to gain insight into any suggestions, modifications, pros and cons, or barriers to the program.

### *Focus Group Interviews*

A focus group was convened in order to establish a baseline of the employees' views on the city's wellness program. In order to establish this group, employee volunteers were solicited from each of the various city departments including Recreation and Community Services, Community Development – Building and Planning Departments, the Administrative Services Department, the Public Works Department and the City Manager's Office in order to participate in the focus group interview. The goal was to get a representative or two from each of the prospective departments to meet and discuss the current program and any suggestions for other wellness program offerings such as incentives, obtain suggestions for how to engage employees and get the word out on program components, receive feedback on implementing the wellness program on a broader scale, and determine the group's level of participation in the wellness program. Eight structured questions were prepared (Appendix F) to solicit this information; however the goal was to encourage an active dialogue about the program. In addition, this method would aid in getting a more personal viewpoint of wellness program offerings and helped to answer the question of whether or not the program was tailored to the organization and created a culture of wellness. This particular research method was expected to generate qualitative data as it reflected the viewpoints of the employees regarding their involvement in the wellness program. An introductory email (Appendix E) was distributed to the employees in order



to seek volunteers for the focus group. The target date to convene the focus group was the second or third week of February based on availability.

### *Survey Instrument*

Following the focus group interview process, a survey was conducted of the 159 full-time employees of the City of Cupertino who were eligible to participate in the wellness program. An introductory email (Appendix G) was to be sent to the employees by the third week of February in order to give them a heads up on the upcoming survey. On February 24, 2015, employees received an email notification which included the survey (Appendix J). At that time, employees could read through a consent form and click the link for the survey if he or she chose to participate. The survey instrument included twelve force response and open ended questions (Appendix H) and focused on an employee's participation level and interest in the program. However, additional questions were to be incorporated into the survey if the focus group identified any other information needs. Otherwise, the survey solicited input from the employees on their awareness of the program, motivating factors behind their participation, their preferred wellness program activities and their overall satisfaction in the current program. It was expected that over 60 percent of the employees would complete the survey based on the average response rate of the employees on the previous wellness program surveys conducted in 2008, 2009, and 2010 (Appendix B). In addition, the survey was expected to generate both quantitative and qualitative data: Quantitative data in terms of wellness program numbers of participation, frequency of participation, likelihood of participation and employee demographic information; and qualitative data in terms of opinions and preferences related to the components of the wellness program. The ultimate goal of this survey was to identify the needs and desires of the employees for wellness program activities in order to determine if the current offerings were

suitable or if modification to the current program was needed. Therefore, the results were anticipated to answer the question of whether or not the current program was tailored to the city.

### *Semi-Structured Interviews*

Several semi-structured interviews were conducted with City of Cupertino management staff including the City Manager, the Director of Administrative Services/Human Resources Manager and the Director of Recreation and Community Services in order to determine managements' perspective towards wellness program facilitation at the City of Cupertino. The primary reason that this group was chosen was because these managers had influence over or had been directly involved in program facilitation. In order to schedule the interviews, each manager was approached individually and asked if he or she was interested in participating in the interview. If he or she agreed, a consent form was provided for review and a date was set for some time in mid to late February 2015 based on his or her availability.

The semi-structured interviews consisted of eight structured questions (Appendix I) that were asked of each manager but also allowed for an open dialogue and flow of ideas. The goal was to gain insight into managements' level of commitment for the wellness program initiatives including willingness to invest in the program, dedication to the goals and objectives of the program, willingness to lead by example, and views on any barriers that could impact the program. In addition, these interviews attempted to identify the needs and desires for the program from managements' perspective and determine if there were any suggestions for the program. As with the focus group, these interviews were expected to generate qualitative data based on the opinions of management on the city's wellness program. Nevertheless, gathering this data was important because these staff members would be instrumental in garnering financial support for the program and this support would be critical to the program's success.

Therefore, the goal of this method was to ascertain managements' level of involvement in wellness initiatives and to further answer the questions of whether or not the program was tailored to the organization and created a culture of wellness.

### **Data Analysis**

The information derived from the survey instrument and interviews was organized into preset categories as it related to the specific research questions identified in this research study. This process allowed for the data to be searched in order to determine if it fell into a particular category. For instance, responses to some of the interview questions related to participation fell into the category of tailoring the program to the needs and desires of the employees. Therefore, whether or not an employee participated would be tied to his or her level of interest in the program or whether it met his or her needs. Furthermore, this process would allow for other categories to emerge as a result of the data analysis. With this categorical information, patterns and connections would emerge and be captured in a matrix to “illustrate the relationships between the categories” (Taylor-Powell and Renner, p. 5). It was also important to identify any trends or major differences in the quantitative data. Therefore, a histogram would be prepared depicting the information about participation in the wellness program over the years. This would be beneficial to showing any variation in the data as represented annually.

In anticipation of the results of this research study, there was a probability that the City of Cupertino would need to consider modifications to its program. The fact that participation was down and that the level of interest was limited to only certain aspects of the program, begged the question of whether or not the program was meeting the needs and desires of the employees. Furthermore, the city's incremental steps toward enhancing the program suggested that support for the program might be inhibited based on lack of observable data measuring program success.

This could inhibit any employer in making a huge investment into a wellness program. Agencies that have been successful either had the financial resources or were afforded grant funding opportunities. As for the City of Cupertino, it was highly likely that the decline in participation had to do with lack of interest in the program.

### **Summary**

The purpose of this research design was to determine how the City of Cupertino should increase participation in its wellness program by utilizing descriptive research analysis. Factors that influenced participation included creating a culture of wellness, tailoring the program to the organization, managements' commitment to the program, and having a comprehensive program. Several research methods were used to ascertain this information including a survey, a focus group interview, and semi-structured interviews. Soliciting input from the employees through the survey and focus group interviews aided in determining their level of interest in the current program and the wellness program's features that were preferable. The interviews with management would reveal their level of commitment to wellness program initiatives including their desire to invest time, money, and effort into the program. Based on the data collected from these measures, the goal was to determine if the City of Cupertino's wellness program was comprehensive, tailored to the city's needs and desires, created a culture of wellness, and had the commitment of management, ultimately, providing the City of Cupertino with options for re-evaluating, re-structuring or re-defining its program in order to meet the needs and desires of the organization.

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## **Section 4 – Findings**

### **Introduction**

The methodologies conducted in this research study generated a tremendous amount of data regarding the viewpoints of employees on the city's wellness program. The focus group, which was convened on February 18, 2015, was well attended with 13 representatives from each of the various departments present. The meeting generated a wealth of opinions and suggestions through an active dialogue on the program. The qualitative data reflected the viewpoints of the employees which aided in determining if the program was tailored to the organization and created a culture of wellness. The semi-structured interviews, which took place in mid-February and early March, provided a concrete understanding of management's viewpoints and objectives on the program through an open dialogue. Management's opinions for the program helped to generate qualitative data on the city's wellness program in order to determine whether or not the program was tailored to the organization, created a culture of wellness, and included management's involvement and support. The survey, which was distributed electronically to 149 employees on February 24, 2015, provided a glimpse of the needs and desires for the program by the employees. Through the generation of quantitative and qualitative data, participation numbers were generated and opinions and preferences were identified for some employees on the program. This aided in looking at whether or not the current program was tailored to the city. Overall, the goal of the research methods was to answer the key questions in the study, therefore the following paragraphs describe the findings as they relate to whether or not the wellness program was tailored to the organization, whether or not the work environment facilitated a culture of wellness, and whether or not management encouraged participation in the program.

## **Research Questions and Findings**

### **Is the City of Cupertino's wellness program tailored to the organization?**

- ***Does the program reflect the needs and desires of the employees and of the employer?***

The overall needs and desires for the wellness program were identified by the participants in the research study. For the most part, management felt that it was necessary to identify the health care needs in the organization in order to gear the program accordingly. In addition, they thought it was important to be able to quantify the benefits of the program and have a program that could potentially aide in minimizing worker's compensation and medical costs. In regards to the focus group, there was a desire for the city to support wellness and concern over whether the city was using the right approach in doing so. The group also wanted a more encompassing program that was planned out well and it was suggested that the employees should be interviewed to determine their needs. The survey group was primarily seeking a variety of options for physical fitness and wellness program activities.

- ***Are there aspects of the program that are more desirable than others?***

The research study sought to determine which program offerings were more desirable than others. For the focus group members, the majority of the members preferred to participate in health assessments and screenings, dental visits, brown bag lunch sessions, and working out at a facility. As for the survey respondents, health assessments and screenings, dental visits, working out at an exercise facility, annual eye exams, and brown bag lunch sessions were important. In regards to management, they were not specifically asked this question, however all three groups indicated that the wellness hours were a highly desirable aspect of the wellness program.

- *What modifications, if any, would be necessary to make the program reflective of the organization's needs?*

The research study also sought to obtain any suggestions from the participants for modifications to the program that would motivate and interest them to participate. This question generated an extensive amount of suggestions and inquiries from the groups. First, the focus group participants were interested in knowing the city's purpose for the program, whether it was to encourage people to exercise, concern for the overall health of the employees, or whether it was just an easy program for the city to administer. They were also interested in having options for the current Sports Center Membership that is provided to employees by the city as part of the wellness program. Some employees indicated that they do not use the Sports Center for various reasons such as they do not live in the area. Therefore, they wanted to be given an option, such as an equivalent reimbursement for gym membership at another facility. There was also discussion about the \$400 in Recreation (Rec) Bucks that are provided to employees to participate in various recreation activities. As an alternative to the use of Rec Bucks, there was a suggestion to give the employees the choice between Rec Bucks or reimbursement for a gym membership. There was also a suggestion to offer Wellness Bucks instead of Rec Bucks since the perception is that the Rec Bucks were not readily used by many employees. This would allow an employee to enroll in the fitness program or facility of their choice. The focus group also provided input on increasing the wellness hour accrual. There was a suggestion to increase the accrual to eight hours and also to have a clearer delineation on the use of hours, for instance, four hours for physical health and four hours for mental health. In addition, there was a suggestion of one hour a month accrual. Ultimately, some focus group participants believed that the wellness hours were too easy to accrue, which needed to be a consideration for any program modification. Other



suggestions from the focus group included the desire to see wellness credit offered for other lunch-time wellness activities, healthy competitions between departments and interdepartmental challenges involving themes like the Olympics, in addition to a suggestion that employees should get one-time wellness credit for donating time at a charity, i.e. – donating time at a food bank, which was correlated to mental wellness in the meeting. This also coincided with a discussion about allowing employees to take time off (one-time) for volunteering without having to use their leave time.

There was continued interest from the focus group in using Rec Bucks for wellness or extracurricular activities. There was also some interest in using Rec Bucks for employees only and not extended family. Some group members felt that the current program catered to married employees with dependents and they wanted the Rec Bucks to be solely an employee benefit. Overall, there was interest in the city determining some alternative uses for the Rec Bucks and to take into account whether or not wellness should be a factor. There was also continued discussion about allowing employees to take the city's contribution towards a Sports Center membership and use it for other fitness alternatives. This was of particular interest since the Sports Center does not have early morning classes before some employees start work. The group further elaborated on other uses for the city's contribution to the Sports Center membership such as being able to apply the funds towards other wellness activities such as therapeutic remedies and the possibility of putting the funds into the Health Reimbursement Accounts (HRAs).

The focus group also touched on the Health and Wellness Fair which is offered to the employees once a year. There was some interest in changing or eliminating the standard menu offered at the health fair because it was not considered healthy. There was also a suggestion to implement a passport system in which an employee would get a stamp as they visited the health

fair booths. Once the entire passport was filled, an employee could get a meal ticket which could be redeemed for various food options including healthy choices or even food truck options. Some other thoughts from the focus group included the opinion that the overall program was good but put together without in-depth consideration. Furthermore, there was interest in having a more encompassing wellness program. As a result, it was suggested that it would be important to interview the employees in order to find out their needs for the program.

In regards to suggestions for program offerings, this survey question generated numerous suggestions from 38 respondents including some employees who had not participated in the program at all. This was due to the fact that this question solicited feedback from the entire group, whereas the prior survey questions were geared to the employees who had responded “yes” to participating in the wellness program. Nevertheless, the input varied from some common themes to some individual suggestions for the program. First, several respondents focused on an employee’s use of Rec Bucks and desired the following: 1) the ability to use Rec Bucks at other gyms; 2) the use of Rec Bucks towards onsite personal training; and 3) changing the Rec Bucks program and free Sports Center membership benefits to employee wellness funds to be used for a variety of wellness options that employees preferred. In regards to the latter, a respondent indicated that many employees have to commute and cannot make use of the Rec Bucks or Sports Center membership; therefore they were not able to reap the benefits of these programs. Other suggestions for the program included: 1) reimbursement for gym membership if an employee does not use the Sports Center; 2) varying the locations of the brown bag lunch sessions; 3) early morning fitness programs prior to work; 4) expanding wellness credit to include other less organized means of exercise, in addition to wellness hour accrual to include leagues not sponsored by the city; 5) self-care offerings such as meditation and mindfulness

practices, massage, physical therapy, alternative medicine, Qi Gong, Cranial Sacral Therapy, organized walks and hikes; 6) a junk food ban in City Hall; 7) work sporting events during lunch; 8) a softball league; 9) wellness program competitions that do not focus on weight loss; and 10) getting life insurance to take care of employees when they are old and dependent.

Modifications specifically to the brown bag lunch sessions were also addressed by the focus group and survey. The focus group was under the opinion that the brown bag sessions were good; however, the group discussed the desire to see the sessions offered at other city facilities besides city hall in order to encourage attendance of employees at all city sites. This particular discussion prompted the group to ask about the kinds of brown bag sessions that would be of interest to employees. As a result, this question was added to the employee survey. Thus, the survey inquired if there were other brown bag lunch topics that would interest the group and a flurry of responses were recorded by 34 survey respondents. The suggestions focused on topics such as exercise and fitness, nutrition, weight loss/management, workout motivation, mind and body health, workplace health, disease prevention and behavior change, stress reduction/management, work-life balance, retirement life, caring for elderly parents, city benefits, recreational activities, and Rec Buck opportunities.

Although management was not specifically asked about modifications to the wellness program, they provided some suggestions for program enhancements. These included checking with medical providers to help with wellness initiatives, considering another type of wellness program which would be inclusive of the City Council, modifying counterproductive ad-hoc behaviors, and considering grant funding opportunities to supplement program enhancements. In addition, there was interest in incorporating fun exercises throughout the year such as healthy potlucks and volleyball games at a local park. Furthermore, there was input that there were so

many wellness program alternatives and not enough time for staff to embrace all of them. So, it was suggested that there needed to be someone solely dedicated to kick off the program.

Does Cupertino's work environment facilitate a culture of wellness?

- ***Do the employees and management have similar wellness program goals and objectives?***

Identifying the employees' goals and objectives for the program was another important measure in this research study. Management staff believed that reducing health care costs was important in addition to reducing absenteeism, boosting morale, having healthier employees who are happier and more productive, and rewarding employees for making healthier choices. Furthermore, it was expressed that the city could be proactive in reducing health care costs, even though it was difficult to quantify the return on investment for wellness programs. It was also mentioned that a healthy workforce would result in a reduction in worker's compensation claims. Management was also asked if their objectives were aligned with the employees. Partly, management staff members believed that employees wanted to be healthy as demonstrated by their participation in certain wellness program offerings and their motivation to participate for the incentives. In regards to the overall goals and objectives, management staff was asked if they reflected the city's needs and desires for the program. The responses were mixed for many reasons. First, according to staff, the program does not solve the worker's compensation and medical issues that cities are up against. Furthermore, the city needs to be able to identify the employee health care needs so it can get a baseline of the city's health concerns in order to gear the program accordingly. However, it was also mentioned that state and federal privacy regulations restrict the information that an employer can obtain about an employee's health.

Management staff also recognized a need to be able to take quantifiable information to City Council, such as sick days vs. non sick days, in order to demonstrate any benefits of the program.

The focus group participants were also asked to identify their main goals and objectives for the program. First, there was interest in knowing how many employees were using the program and why others were not participating. There was also a desire to broaden the program to the employees who were not participating so that they could also benefit, despite the fact that some people were not going to participate regardless. There was also a desire to understand the goals of the program (i.e. - make people healthier or to increase productivity) and to get a clearer definition of what the city was trying to achieve with the program.

The survey also asked employees what they thought should be the main goals and objectives of the program. Out of 39 respondents, the majority believed that promoting health and wellness citywide was most important. The respondents who had chosen the “other” category in the survey responded that the above mentioned goals and objectives should be incorporated, in addition to encouraging healthy eating habits and regular physical fitness, reducing the incidence of chronic disease, reducing health care costs, providing resources for emotional, mental and physical health needs and creating a quality lifestyle.

- ***Are the employees aware of the wellness program and its offerings?***

The study also focused on outreach in terms of how employees found out about the program. The focus group concurred that the program was well advertised and most of the participants found out about the program either through flyers, emails – which were considered effective - word of mouth, or by announcements at the Health and Wellness Fair. There was some quandary as to whether or not the wellness program was a part of the labor negotiations discussion and if the program was mentioned at employee hiring orientations. The group also

provided suggestions for getting the word out on the program components such as attaching information to employee paychecks and having Human Resources staff members attend department staff meetings. As for the survey respondents, the majority noted that they found out about the current program offerings through email notification, human resources flyers, and co-workers.

Discussion also ensued with management staff about program outreach and whether employees were aware of the program components. The responses were varied in that some staff members weren't too sure if the program was introduced to employees at their hiring orientation, some thought that there needed to be better and more formal outreach with the whole menu of offerings, and others thought that the Human Resources department does a good job reminding employees about the program.

- ***Are the employees motivated to engage in wellness program activities?***

The study looked at an employee's motivation to participate in wellness program activities. For the most part, management believed that some employees were motivated to participate in the program as demonstrated by their participation in preventative dental cleanings and their use of the Sports Center membership and Rec Bucks. It was also highlighted that providing incentives made the program fun for employees and gave them motivation to participate. There was further mention about the wellness hours (health leave bank) being unique to the City of Cupertino. Thus, there was a suggestion of having an added incentive with tiered benefits, for example an employee would get the first four hours for doing certain wellness activities, and then get another four hours for doing other activities. However, one drawback mentioned was that the wellness accrual was capped at four hours.

Out of the program offerings, the majority of the focus group members were motivated to participate in health assessments or screenings, dental visits, brown bag lunch sessions, and working out at a facility. The wellness program components that interested some other employees most were the brown bag lunch sessions, 3k or 5k walks/runs, gym workouts, and doctor visits. However, a major motivating factor for overall participation had to do with the accrual of wellness leave hours. The majority of the group indicated that the hours were a good incentive and a bonus that other agencies did not have, however some of the participants indicated that more hours would be desirable. Many of the focus group members indicated that they participated in the wellness program offerings as often as possible, however they accrued the allowable number of hours in a very short period of time. This factor was attributed to a loss of motivation to participate in the program in the long run.

The survey also focused on the motivating factors that influenced participation and revealed that the main motivating factor for the employees to participate in the wellness program had to do with the accrual of wellness hours. Over 50% of the survey respondents for this question indicated that this was the case. Coming in second at 26% was a desire to establish healthy living habits. A few employees indicated in the written response portion that they were motivated for more than one reason to participate in the program. For instance, one respondent indicated that health concerns, establishing healthy living habits, and accrual of wellness hours were all motivating factors. Another respondent indicated that he or she was committed to wellness activities because he or she was committed to healthy living and the wellness hours were just a bonus. Another survey respondent indicated that the wellness hours were nice but limited and that he or she would go to the doctor or dentist either way regardless of the hours. Lastly, the survey touched on the use of incentives to motivate participation. The majority of the

39 respondents indicated that they would be highly likely to participate in the wellness program if various incentives were offered.

- ***Does management's behavior reflect the importance of wellness in the City?***

The semi-structured interviews focused on management's involvement in the wellness program. Management staff was pretty consistent in their response on how their behavior could be reflective of wellness in the workplace. First of all, being an example and getting involved was important in addition to being visibly supportive of the program, giving incentives, and making it easy for employees to participate. Some suggestions included making wellness part of the staff meetings, having walking or standing meetings, and reminding employees constantly of the program throughout the year rather than at the end of the year when some employees scramble to accrue their hours. There were also suggestions of adding more competitions and activities to the program and encouraging City Council to embrace the program.

What is management doing to facilitate participation increases in the City's wellness program?

- ***How dedicated is management to the current program goals and objectives?***

A large portion of the interviews with management focused on the city's level of commitment to the wellness program. One question inquired whether the city was willing to do what it takes to create a culture of wellness which involved establishing shared goals and objectives with the employees, making healthy choices citywide, leading by example, and promoting and rewarding wellness. Management's response was primarily affirmative, however there were some stipulations as to what the program needed such as support from the City Council, removal from the labor negotiations, self-promotion, consistent effort in implementing the program, and a culture that drives the program.



- ***How much is management willing to invest in wellness program efforts?***

The ability to invest financially in the program was discussed as it related to the city's role. This involved enhancing the program, incorporating other incentives, promoting wellness citywide, publicizing the program, and encouraging participation. Management thought for the most part that they were able to invest financially into the program; however, it would need City Council approval. This would require that the return on investment for the program be quantified and it would have to be conveyed that happier and healthier employees are more productive. In addition, it was also mentioned that promoting the program citywide could be problematic because it would be more expensive. However internally, it would be a matter of organization and effort and a change in ad-hoc behaviors, such as not bringing donuts to work. Overall, in regards to the city's commitment to the program, staff believed that more could be done.

- ***Are there others barriers that can restrict management in its efforts?***

During the semi-structured interviews with management, there was discussion about limitations that could impact the effectiveness of the program. Various examples were provided from staff members such as whether or not the city makes wellness a priority, the program is supported by the City Council, management leads by example, it is convenient for employees to participate, and there is a culture that facilitates wellness.

Although not asked directly, the focus group also addressed barriers to the program as it related to their participation. For example, some members did not like the fact that they had to show evidence of medical results in order to get wellness credit. Furthermore, it was mentioned that at times an employee might not remember to get the evidence needed and was not likely to go back to retrieve this information. Some members mentioned that their workload prevented them from participating and that the designated times of wellness program offerings were not

always plausible for participation. Hence, there was a suggestion about allowing wellness activities during the day at 15 minute intervals. Another barrier that was identified was the lack of shower room lockers and lockers for bicycle storage which inhibited some employees from participating.

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## **Section 5 – Analysis and Conclusion**

The basis of the analysis was to identify patterns in the data as related to the research questions in the study. A pattern consisted of common responses to the research questions from the focus group, semi-structured interviews, and the survey. In order to categorize this information, each main research question was placed in separate sections with their related sub-questions below (Appendix K). The initial category focused on whether or not the wellness program was tailored to the organization. Therefore, the study first inquired as to whether or not the program reflected the needs and desires of the employees and of the employer. Across the data, there were distinct differences between management's needs and desires and the employees. For example, management's focus was on having healthy employees, quantifying the benefits, and minimizing worker's compensation claims and health care costs. Whereas the employees were looking for a different approach to the wellness program and a variety of options for wellness activities. Nevertheless, one commonality between the employee focus group and management was the desire to be able to identify employee's needs for the program. Second, the study inquired if there were any aspects of the program that were more desirable than others. The data analysis revealed that the employees from the focus group and survey were pretty consistent in several preferences such as wellness hours, health assessments and screenings, dental visits, working out at a facility and the brown bag lunch sessions. In conjunction with the employees, management also found the wellness hours to be of value. Third, several suggestions emerged across the data from the focus group and the employee survey about modifications that would be necessary to make the program reflective of the organizations' needs. The common themes for these groups focused on reimbursement of gym memberships, alternative uses for Rec Bucks, wellness credit for other activities, and varying the locations of the brown bag lunch sessions.

Management's focus was distinctly different in that they were interested in checking with medical providers to help with wellness initiatives, considering a program that would be inclusive of Council, and seeking grant funding opportunities.

The city's work environment and whether it facilitated a culture of wellness was also categorized in this research study. The initial focus was on the similarity of the goals and objectives for the program between the three groups. There were distinct differences with the exception that management and the survey respondents believed that reducing health care costs was important. The focus group wanted to broaden the program and understand management's objective for the program. Management's focus was on reducing the negative implications such as health care costs and having healthier, happier employees. The survey respondents' focus was on an overall healthy lifestyle and having the resources for employee wellness needs. Second, awareness of the program offerings was also related to creating a culture of wellness. The three groups were consistent in their thoughts that they were aware of the offerings through the various notification methods by the Human Resources department. Third, the study inquired as to whether or not employees were motivated to engage in wellness program activities. The data demonstrated a common theme between the three groups in that the employees were motivated to participate in the program because of the wellness hour incentive; however they believed that the hours were limited. For the most part, wellness hours were the main motivating factor for the survey group, whereas the management and focus group also believed that the employees were motivated to participate for other reasons as well. Lastly, management's involvement was also the focus in facilitating a culture of wellness. This particular inquiry applied to the semi-structured interviews and did not require responses from the employee focus group or survey

respondents. Nevertheless, management indicated that they were aware of the importance of their involvement in the program and had many suggestions for demonstrating their efforts.

The final category focused on management's efforts in increasing participation in the city's wellness program. These specific questions were geared towards the semi-structured interviews, however some of the employee responses correlated with this data. For instance, management's level of dedication to the goals and objectives of the program were directly related to the employee's request to get a clear understanding from management of the program goals. Management indicated that they would be willing to do what it takes to support the program with the support of the City Council. In regards to management's willingness to invest into the program, this was indirectly correlated to the employees' suggestions for the program. For example, many of the suggestions from the employees would require funding, and management would be willing to invest into program enhancements with the support of the City Council. Lastly, as related to this category, management was asked to identify barriers that might restrict their efforts. Coincidentally, the focus group also identified barriers as it related to their participation in the program. These included having to show proof of medical results, the inconvenient times that programs were offered, and the lack of facilities to store bicycles or clothing. Whereas, barriers for management related to prioritizing the program, support from the City Council, leading by example, the convenience of program offerings for employees, and the culture of the organization.

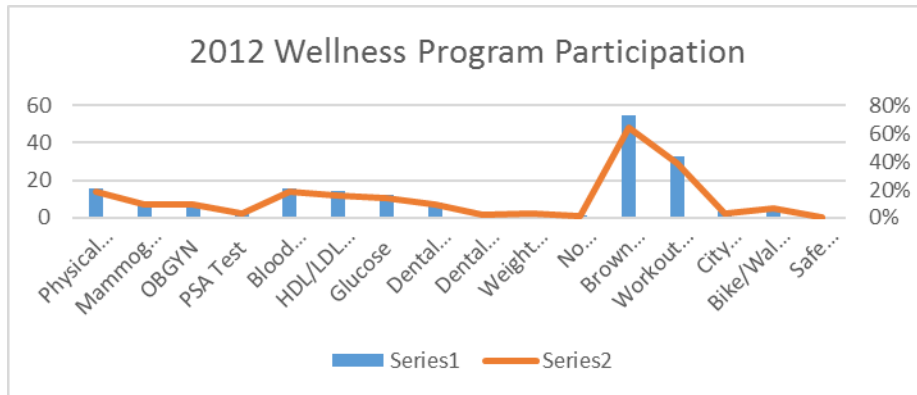
Overall, the analysis did not reveal any new categories for the research study because the data collected aligned to the appropriate subsections. A matrix has been prepared that captures the categorical data with the correlations between the groups being highlighted in bold (Appendix K). This allowed for commonalities and differences to be identified between the

groups in order to facilitate analysis of the program. In addition, capturing the goals and objectives of each group could aid in getting a clearer perspective of the needs and desires of the organization as a whole.

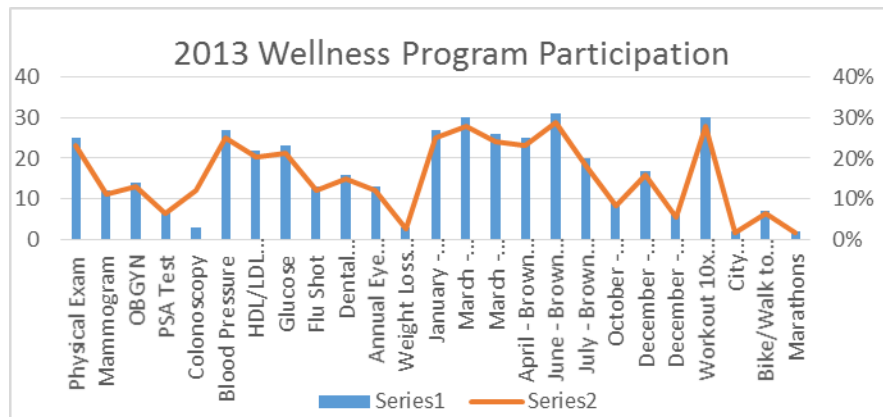
A secondary part of the analysis was to demonstrate any trends or major differences in the quantitative data for the wellness program over the years. Therefore, cluster charts were prepared from the participation logs in order to reflect the program offerings and their variation in participation for 2012, 2013 and 2014. As reflected in the Tables 4, 4.1 and 4.2, there were notable differences in participation over the three years. In 2012, 54% of the employees were involved in the program with the highest participation in the following program offerings - physical exams, blood pressure and HDL/LDL cholesterol screenings, brown bag lunch sessions, and working out at an exercise facility. In 2013, 68% of the employees primarily participated in the same program offerings as 2012 with the addition of glucose screenings and dental cleanings. In 2014, 49% of the employees participated in the program with the largest numbers participating in blood pressure checks, physical exams, flu shots, HDL/LDL and glucose screenings, brown bag lunch sessions, and dental cleanings. Appendix C provides a chart reflecting the participation for these three years of the program. Overall, participation in the city's program peaked in 2013 and declined by 19% in 2014. It was evident from the participation data that the employees were drawn to the same offerings across the board. However, it is also important to note that some offerings that were present in some years were not present in others due to changes to the program. For instance, in 2012 and 2013 an employee could workout at a facility ten times to receive credit, however in 2014 this was changed so that employees could receive wellness credit after working out five times at a facility. In addition, some current offerings, such as dance class and competitions weren't available in 2012 and 2013

as in 2014. Nevertheless, even with the decline in participation, certain program offerings such as the brown bag lunch sessions remain popular.

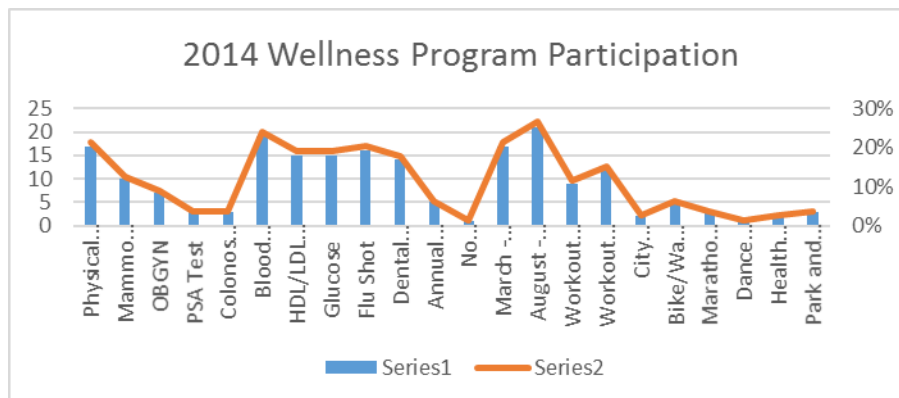
**Table 4: 2012 Wellness Program Participation**



**Table 4.1: 2013 Wellness Program Participation**



**Table 4.2: 2014 Wellness Program Participation**





The survey itself generated limited quantitative data in terms of participation numbers, frequency of participation, and employee demographic information. This was due to the fact that only 39 out of the 159 employees completed the survey. This 24% response rate was not anticipated in this research study because the average response rate on prior employee surveys conducted in 2008, 2009, and 2010 was over 50% (Appendix B). However, there were key differences in the survey instruments and distribution methods. The prior surveys were informal and employees could print out a hard copy and send it back to Human Resources anonymously. Whereas, data collection for this research study was formal and guided by specific protocol requirements for conducting electronic survey research including consent language. Nevertheless, a number of studies demonstrated that there can be a variation in response rates for surveys conducted by email. A 2008 meta-analysis of response rates for web (i.e. – email notifications with links to a web survey) and mail surveys (paper surveys sent and returned by mail) found that “across thirty-nine comparative results, the un-weighted average response rate of mail surveys was higher than that of web surveys by about 10%” (45% for mail surveys, and 34% for Web Surveys) (Shih and Fan, p. 257).

In order to reflect the quantitative data generated by the survey, cross tabulation tables (Appendix D) were created to demonstrate the relationships between the quantitative measures of the survey questions. In Table 5, 34 out of the 39 employees who responded had participated in the wellness program with the majority being female. In addition, out of the total respondents who had participated in the program, the majority were between the ages of 50-59. Table 6 in Appendix D shows the frequency of participation in the wellness program offerings categorized by frequency, gender, and age group. Overall, there was a variation in participation with the majority of the group participating less than once a month. Coming in second was participation

in the program two to three times a week. In addition, there were a greater number of females who had participated in the wellness program less than once a month and the majority of the participants in terms of this frequency were between the ages of 50-59. The overall data demonstrates a slight preference for wellness program participation by females, employees within the ages of 50-59, and at a frequency of less than once a month.

### *Conclusion*

Employee wellness programs have become an integral part of the effort to reduce health care costs in the nation. The federal government has been assisting in this effort by providing resources to organizations for their wellness initiatives. Private and public sector employers have been proactive in encouraging employees and promoting wellness within their organizations as well; however, the extent to which an employer facilitates a wellness program is dependent on factors such as available resources and organizational priorities that focus on health and wellness. Furthermore, there are several measures of success that are critical for a wellness program including creating a culture of wellness, tailoring the program to the organization, and having top down support for the program. In addition, incorporating best practices into the wellness program implementation is also important.

The City of Cupertino has made a concerted effort to encourage the health and wellness of its employees through its wellness program. The city's program began on a small scale in 2007 and grew over the years to offer employees health leave credit for a number of activities such as health screenings and assessments, brown bag lunch sessions, facility workouts, and more. The city's program has had steady participation over the years with some offerings being more popular than others such as the brown bag lunch sessions. With the average participation rate for the program at 57% over a three year period (2012, 2013, and 2014), there was increased

interest in capturing a larger portion of the employee population into the program. As of December 2014 participation was down 19% as compared to 2013. Studies have shown that participation rates can have an effect on promoting health and wellness within an organization. Thus, it was important to determine the factors that inhibited participation in the city's wellness program through a focus group meeting, semi-structured interviews, and an employee survey. Therefore the basis of this research study has been to determine how the City of Cupertino should increase employee participation in its wellness program.

The success of the city's program is dependent on a number of factors that could impact implementing the program on a broader scale. First, the organization must view health and wellness as a top priority and align the goals and objectives for the program with the employees. The data from the research identified some overall goals and objectives of management such as reducing health care costs and worker's compensation claims and encouraging the overall health and well-being of the employees. As for the employees, their goals and objectives centered on making alterations to the current program to include new features to promote health and wellness more broadly. In order to obtain the goals and objectives for the entire employee population, conducting a needs assessment would be recommended. Studies have shown that needs assessments aid in gathering information about an employee's interests, preferences, and desires for a program. This information could be obtained through interviews with individuals or an assessment survey and would serve as an excellent follow-up to this research study because the city may be able to capture responses from a larger portion of the employee population. Either way, the information generated from these measures could aid in establishing a baseline of employee needs in order to structure the wellness program accordingly. In addition, this could

also help the city to identify any resources that might be necessary or limitations to meeting those needs.

State and federal regulations place limitations on the medical information that employers can collect about their employees which can impact assessment efforts. For instance, HIPAA regulations prohibit an employer from obtaining “individually identifiable health information” about an employee (Department of Health and Human Services, 2015). Furthermore, federal regulations mandate that employees must be allowed to voluntarily participate and cannot be denied benefits because of health factors. Therefore, in order to abide by the state and federal regulations, the city should focus on outcomes that measure the direct effects of a wellness program such as “behavior change, weight loss, or fewer sick days” rather than measures such as “absenteeism, productivity, stress level and job satisfaction” (Churchill, et al., p. 49). Conducting a Health Risk Assessment (HRA) can aid in measuring the direct effect of a wellness program by establishing a “baseline of an employees’ needs” (Marschke and Mujtaba, p. 68). The city must also be able to “measure the wellness intervention in order to quantify the benefits of wellness in the workplace” (Marschke and Mujtaba, p. 68), otherwise, it would be challenging for the decision makers to ascertain whether or not to make wellness a priority. Nevertheless, if the city is able to achieve an understanding of the primary needs and desires of the employees, it would be able to tailor the program to the organization which is critical to program success.

Another factor that could impact the implementation of a successful comprehensive wellness program is the availability of financial resources to support the program. The city would need to be willing to invest funds for program enhancements. Research has shown that smaller companies struggle in this area and tend to offer small scale programs. However, even though public sector municipalities might be limited on how much they can invest into program

enhancements, there are grant funding opportunities available for wellness efforts. It would behoove the city to pursue local, state, and federal grant funding opportunities in order to make major enhancements to their program. The City of Mountain View, for instance, received a substantial grant from the YMCA to pilot a comprehensive wellness program. As a result of the program's success, the city made a long-term commitment to continue its wellness efforts. Another implication that has a bearing on financial resources is the incorporation of incentives into the wellness program. Studies have shown that the use of financial incentives have proven to be effective in increasing participation in wellness programs, however, they appear to have an impact on short-term wellness goals rather than long-term wellness efforts. Consequently, this has been attributed to the fact that certain wellness offerings do not require a long-term commitment which tends to be more favorable to participants. Therefore, the city should look at ways to "sustain the behavioral changes" of a wellness program in the long-term (Nyce, p. 7). A Tower Watson study suggests that this can be done through "education and communications with the employees in order to empower them to make good decisions about their health care" (p.8.). Nevertheless, if the city desires to use incentives to increase participation, it should consider the fiscal implications as well as the legal implications. Federal and state laws regulate the use of incentives as they relate to wellness programs. HIPAA, ADA, GINA, ERISA, insurance, privacy and anti-discrimination laws prohibit an employer from discriminating based on health factors, disability or family medical history, acquiring employee medical information, and discharging an employee for the purpose of measuring health outcomes for the use of incentives.

Human resources are also essential to the success of the program at the city. Currently, one staff member on a ¼ time basis operates the wellness program. In order to kick off a broad scale, comprehensive program, the city should consider having a staff member who is

completely dedicated to wellness efforts. This person would be responsible for running the program, conducting the needs assessments, developing a program which incorporates the needs identified by the organization, kicking off program enhancements, auditing the program, conducting follow-up assessments to determine if there are any shifts in organizational needs, and monitoring and facilitating the program components. Even though some organizations have teams or departments that support their wellness efforts based on the size of their company, the City of Cupertino would be well suited to have an individual dedicated to revamping the program and kicking off the enhancements considering its size and employee base. Several employee respondents in the research study also saw the need to have a dedicated person to facilitate the program components to the fullest extent. The city's ability to have a comprehensive program that is tailored to the needs and desires of the employees is truly dependent on all these factors mentioned above.

The City of Cupertino has taken great strides to implement a wellness program for its employees. Its desire to increase participation and improve the program demonstrates a willingness to facilitate a program that meets the needs of the entire organization. Although challenges may exist, there is a willingness to do what it takes to promote health and wellness, create a culture of wellness, and tailor the program to the organization. The next steps for the City of Cupertino would be to capture the views of the total employee population in order to structure the program accordingly.

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**Section 6 – Appendices**  
**Appendix A**

**Table 1: Wellness Credit for Health Leave Bank Activities**

<b>Health Leave Bank</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Activities</b>	Wellness Credit that could be earned for each activity					
Annual Physical Exam	1					
Mammogram	1/2		1			
PSA Test	1/2		1			
Dental Visits (3rd and 4th)	1/2				1/2 *	1/2 *
Workout Program (10 times)	1				1	1**
City Sponsored League	2					
HDL/LDL Cholesterol	1/2					
Glucose	1/2					
Flu Shot						
Bike/Walk to Work (10 times)	1				1**	1 **
OBGYN			1			
Blood Pressure Check			1/2			
Formal Weight Loss Program			2		4 or \$100	4 or \$100
Formal No-smoking Program			2		4 or \$100	4 or \$100
Brown Bag Sessions			1/2			
Colonoscopy					1	1
Annual Eye Exam					1	1
Marathons, 10K, 5K					2	2
Annual Flu Vaccination					1	1
Dance Class and competitions						1
Safe House/Don't Drive			\$ 50			
Park and Walk Program						2
Health Improvement/ Education Program						2

\* 1/2 hour for each dental cleaning

\*\* 1 hour for 5 times



## Appendix B

**Table 2: Wellness Program Surveys Results**

<b>EMPLOYEE SURVEY</b>	<b>2008</b>		<b>2009</b>		<b>2010</b>	
Total Number of Employees	154		150		149	
Responses	92		105		94	
<b>SCREENING</b>	<b>Participants</b>		<b>Participants</b>		<b>Participants</b>	
Physical Exam	63	68%	67	64%	64	68%
Cholesterol and Glucose	65	71%	77	73%	64	68%
Mammogram over 40                  Women	21/31	68%	25/36	69%	19/27	70%
PSA Test - Men over 50	12/25	48%	26/51	49%	17/30	57%
Cardio Exercise 1-2 a week	28	30%	39	37%	29	93%
3-4 times a week	31	34%	33	36%	34	37%
5 or more times a week	21	23%	23	25%	24	26%
Dental Cleanings 3	19	21%	18	17%	25	27%
Dental Cleanings 4	9	10%	22	21%	12	13%

**Appendix C**

**Table 3: Wellness Program Participation Log Data**

<b>PARTICIPATION DATA</b>	<b>2012</b>		<b>2013</b>		<b>2014</b>	
Total Number of Employees	158		160		161	
Total Participants	86		108		79	
Participation Rate	54%		68%		49%	
Physical Exam	16	19%	25	23%	17	22%
Mammogram	8	9%	12	11%	10	13%
OBGYN	8	9%	14	13%	7	9%
PSA Test	3	3%	7	6%	3	4%
Colonoscopy	N/A	N/A	3	12%	3	4%
Blood Pressure	16	19%	27	25%	19	24%
HDL/LDL Cholesterol	14	16%	22	20%	15	19%
Glucose	12	14%	23	21%	15	19%
Flu Shot	N/A	N/A	13	12%	16	20%
Dental Cleanings - 3rd	8	9%	N/A	N/A	N/A	N/A
Dental Cleaning - 4th	2	2%	N/A	N/A	N/A	N/A
Dental Cleanings - each	N/A	N/A	16	15%	14	18%
Annual Eye Exam	N/A	N/A	13	12%	5	6%
Weight Loss Program	8	9%	3	3%	0	0%
No Smoking Program	2	64%	0	0%	1	1%
Brown Bag Sessions - Cumulative	55	64%	N/A	N/A	N/A	N/A
Brown Bag Sessions	January		27	25%	N/A	N/A
	February		30	28%	N/A	N/A
	March		26	24%	17	22%
	April		25	23%	N/A	N/A
	May		31	29%	N/A	N/A
	June		20	19%	N/A	N/A
	July		9	8%	N/A	N/A
	August		17	16%	21	27%
	September		6	6%	N/A	N/A

	October							
	November							
	December							
							13	16%
Workout 10x at facility	33	38%		30	28%		N/A	N/A
Workout 5x at facility	N/A	N/A		N/A	N/A		9	11%
Workout Program	N/A	N/A		N/A	N/A		12	15%
City Sponsored League	3	3%		2	2%		2	3%
Bike/Walk to Work	6	7%		7	6%		5	6%
Marathons	N/A	N/A		2	2%		3	4%
Dance Class and Competitions	N/A	N/A		N/A	N/A		1	1%
Health Improv. Education Program	N/A	N/A		N/A	N/A		2	3%
Park and Walk	N/A	N/A		N/A	N/A		3	4%

## Appendix D

**Table 5 - Wellness Program Participation from the Survey Respondents**

		Do you participate or have you participated in the City's employee wellness program?		
		Yes	No	Total
What is your age?	20-29	3	1	4
	30-39	9	0	9
	40-49	7	2	9
	50-59	13	2	15
	60-69	2	0	2
	Total	34	5	39
What is your gender?	Male	11	3	14
	Female	23	2	25
	Total	34	5	39

**Table 6 – Frequency of Participation in the Wellness Program from Survey Respondents**

		How often do you participate in the wellness program offerings?							Total
		Never	Less than Once a Month	Once a Month	2-3 Times a Month	Once a Week	2-3 Times a Week	Daily	
What is your age?	20-29	0	1	0	0	1	1	0	3
	30-39	0	2	1	3	0	2	1	9
	40-49	0	1	0	0	3	1	2	7
	50-59	0	4	3	2	0	2	2	13
	60-69	0	1	0	0	0	1	0	2
	Total	0	9	4	5	4	7	5	34
What is your gender?	Male	0	1	2	1	3	4	0	11
	Female	0	8	2	4	1	3	5	23
	Total	0	9	4	5	4	7	5	34

## **Appendix E**

### **Introductory email to seek volunteers for the focus group interview:**

Hi Everybody,

As part of my SJSU research study, I am convening a focus group to talk about the city's wellness program in regards to participation. I am seeking 1-2 volunteers from each of the departments to give feedback on the program.

**If you'd like to participate, please contact me directly.**

### **Here are the details:**

When: 2<sup>nd</sup> or 3<sup>rd</sup> week of February (based on participant's availability)

Time: 1 hour

Where: City Hall Conference Room - TBD

What: Eight specific questions will be asked about the wellness program, however an open dialogue will also be encouraged.

Thanks so much for your consideration!

Karen

## **Appendix F**

### **Focus Group Interviews Questions on Cupertino's Wellness Program**

1. How many of you currently participate or have participated in the City's wellness program?
2. If you haven't participated, please explain why?
3. If you have participated, please tell me which program offering(s) you participated in? What interests you most about these particular program offerings?
4. What motivates you overall to participate in the wellness program?
5. How often do you participate in the wellness program offerings?
6. How did you originally find out about the wellness program offerings? Would you suggest other ways of getting the word out about the program?
7. Based on the current wellness program offerings, are there any other program offerings that would be of interest to you or motivate you to participate in the program?
8. If you could design the program, what would be your main goals and objectives for the program?

## **Appendix G**

### **Introductory email to employees introducing the wellness program survey:**

Hi Everybody,

As part of my SJSU research study, I will be conducting a survey on participation in the city's wellness program. On February 23, 2015, employees will receive an email notification about the survey. If you'd like to participate, please read through the consent form and click the link for the survey.

The survey contains 12 questions which focus on participation level and interest in the program.

Thanks so much for your consideration!

Karen

## Appendix H

### Employee Survey on Cupertino's Wellness Program

1. Do you participate or have you participated in the City's wellness program?
  - YES
  - NO

If "YES" Go to Question #3, If "NO" Go to question #2.

2. What is the reason that you have NOT participated in the employee wellness program?
  - Not interested in the program
  - Too busy to participate
  - Program components do not meet your needs
  - Do not think the wellness components are necessary
  - Lack of knowledge about the program
  - Other \_\_\_\_\_

Please explain any other thoughts:

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**Go to Question #7**

3. Which program offering (s) did you participate in?
  - Health Assessments or Screenings
  - Dental Cleanings – 3 or 4x a year
  - Brown Bag Lunch Sessions
  - Workout at Exercise Facility
  - Workout Program
  - Cardiovascular Exercise
  - Bike/Walk to Work
  - Marathons, 5k, or 10k
  - Weight Loss Program
  - Smoking Cessation Program
  - Employee Assistance Program
  - City Sponsored League
  - Health Improvement Education Program
  - Park and Walk to Work



4. What motivates you to participate in the wellness program?
  - Health concerns
  - Desire to establish healthy living habits
  - Accrual of wellness leave hours
  - Financial incentives
  - Convenient access to wellness program offerings
  - Peer pressure
  - Other \_\_\_\_\_
  
5. How often do you participate in the wellness program offerings?
  - Never
  - Less than Once a Month
  - Once a Month
  - 2-3 Time a Month
  - Once a Week
  - 2-3 Time a Week
  - Daily
  
6. How do you typically find out about the wellness program offerings?
  - Human Resources Event Flyers
  - Email notifications
  - Co-worker
  - Other \_\_\_\_\_
  
7. Are there any other program offerings that would be of interest to you or motivate you to participate in the program?
  - Wellness Program Competitions
  - Healthy vending machine options
  - On-site physical fitness programs
  - Family Fitness membership
  - Other \_\_\_\_\_
  
8. How likely are you to participate if various incentives were offered?
  - Highly Likely
  - Somewhat Likely
  - Highly Unlikely
  - Not Sure

9. Considering the wellness program overall, what do you think should be the main goals and objectives for the program? Check ALL that apply.
- Promote health and wellness citywide
  - Encourage healthy eating habits
  - Encourage regular physical activity
  - Reduce the incidence of chronic diseases
  - Reduce health care costs
  - A resource for emotional, mental, and physical health needs.

Demographics

10. What is your age?

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69

11. What is your gender?

- Male
- Female

12. How would you rate your overall health?

- Excellent
- Good
- Fair
- Poor

## Appendix I

### Semi-Structured Interviews with Management on Cupertino's Wellness Program

1. From your perspective, what are the main goals and objectives of the city's wellness program?
  - a. Do you think that they align with the employees' goals and objectives?
  - b. Do you think that they reflect the needs and desires for the program from the city's standpoint?
2. How do you think that managements' behavior could be reflective of wellness in the workplace?
3. Do you think that employees are motivated to participate in the wellness program?
4. Do you think that all the employees are aware of the wellness program offerings?
5. Are there any factors in your opinion that could hinder the effectiveness of the program?
6. Is the city willing to do what it takes to create a culture of wellness?
  - a. Establishing shared goals and objectives with the employees
  - b. Making healthy choices citywide
  - c. Leading by example
  - d. Promoting and rewarding wellness
7. Is the city able to invest financially in broad scale implementation?
  - a. Enhancing the program
  - b. Incorporating other incentives
  - c. Promoting wellness citywide
  - d. Publicizing the program
  - e. Encouraging participation
8. Overall, how committed do you think the city is to wellness program initiatives?

## **Appendix J**

### **Alternate Introductory email to employees including the wellness program survey:**

Hi Everybody,

As part of my SJSU research study, I am conducting an anonymous survey on participation in the city's wellness program.

If you'd like to participate, please see the document below to view the consent form and the link for the survey.

The survey will be available for your input through March 4<sup>th</sup>.

Thanks so much for your consideration!

Karen

Appendix K

Table 7: Categorical Data Matrix

	Focus Group	Semi-Structured Interviews	Employee Survey
<b>Is the City of Cupertino’s wellness program tailored to the organization?</b>			
Does the program reflect the needs and desires of the employees and of the employer?	A desire for the city to support wellness however concern over whether the city is using the right approach. Want a more encompassing program that is planned out well. Suggestion - interview employees to <b>find out their needs</b> .	Need to <b>identify the health care needs</b> in the organization in order to gear the program accordingly. Need to be able to quantify the benefits of the program. Program should aide in minimizing the worker's compensation or medical issues.	Seeking a variety of options for physical fitness and wellness activities.
Are there aspects of the program that are more desirable than others?	<b>Wellness hours, getting credit for health assessments and screenings, dental visits, brown bag lunch sessions, and working out at a facility.</b>	<b>Wellness Hours</b> - unique to Cupertino	<b>Wellness Hours, Health Assessments/Screening, dental visits, working out at an exercise facility, annual eye exams, and brown bag lunch sessions.</b>
What modifications, if any, would be necessary to make the program reflective of the organization’s needs?	Increase the wellness hours, provide other options for the Sports Center Membership ( <b>gym reimbursement</b> ), <b>alternative uses for the Rec Bucks</b> , wellness bucks, <b>wellness credit for other activities</b> (i.e. - donating time), inter-departmental competitions, <b>rotate the brown bag sessions</b> , modify the menu options for the health fair.	Check with medical providers to the help with wellness initiatives, consider another type of wellness program which would be inclusive of the City Council, modify counterproductive ad-hoc behaviors, and consider grant funding opportunities to supplement program enhancements. Incorporating fun exercises throughout the year, healthy potlucks and volleyball games at a local park. With so many alternatives - need someone dedicated to the program.	<b>Alternative uses for Rec Bucks, wellness funds, gym reimbursement</b> , other topics for brown bag sessions and <b>varying location their locations</b> , early morning fitness programs, <b>expand wellness credit to include other means of exercise</b> , offer self-care options, implement a junk food ban, other wellness competition themes, work sporting events, and other options for life insurance.
<b>Does Cupertino's work environment facilitate a culture of wellness?</b>			
Do the employees and management have similar wellness program goals and objectives?	Goals and Objectives - Find out how many employees are participating and why others are not. Broaden the program to capture non-participants. Get a clear understanding of what the city is trying to achieve with the program (the main purpose/goal).	Goals and Objectives - <b>Reduce health care costs</b> , reduce absenteeism, and worker's compensation claims, boost morale, have healthier employees who are happier and more productive, and reward employees for making healthier choices.	Main Objective - Promote health and wellness citywide. Other - encourage healthy eating habits, encourage regular physical fitness, reduce the incidence of chronic disease, <b>reduce health care costs</b> , provide resources for emotional, mental and physical health needs, healthy eating and physical fitness, and create a quality lifestyle.
Are the employees aware of the wellness program and its offerings?	<b>Well Advertised</b> - Flyers, emails, announcements effective. Suggestion - attach wellness information to paychecks - have HR attend staff meetings.	HR does a good job reminding employees. Need more formal outreach.	<b>Yes</b> , through email notifications, flyers, and co-workers.

Are the employees motivated to engage in wellness program activities?	Yes, <b>mostly for the wellness hours</b> ; however a loss of motivation for some in the long-run due to the <b>limited hours</b> .	Employees are motivated to participate in the program as demonstrated by their participation in preventative dental cleanings, their use of the Sports Center and Rec Bucks, and their <b>motivation to participate for incentives</b> . Drawback - <b>wellness hours capped at 4 hours</b> . Suggestion – added incentive of tiered wellness credit.	<b>Main motivation - wellness hours</b> . Some motivation to establish healthy living habits. Others - a combination of reasons, including the two referenced and health concerns. To some wellness <b>hours were a bonus, to other others limited</b> because they would go to medical appointments either way. Suggestion - Offering other incentives to influence participation.
Does management’s behavior reflect the importance of wellness in the City?		Being an example and getting involved is important. Being visibly supportive, giving incentives, and making it easy for employees to participate. Suggestions - Make wellness part of the staff meetings, have walking or standing meetings, remind employees constantly of the program throughout the year, add more competitions and activities to the program, encourage City Council to embrace the program.	
<b>What is management doing to facilitate participation increases in the city's wellness program?</b>			
How dedicated is management to the current program goals and objectives?	Wants to know management's goals and objectives for the program.	Willing to do what it takes however need support from City Council, program needs to be self-promoted and have consistent effort in implementing it, and the culture of the organization must drive the program.	
How much is management willing to invest in wellness program efforts?	Indirectly related to employees proposals for the program.	Capable of investing financially, however, need to be able to show a return on investment and convey to City Council the benefits of the program.	
Are there others barriers that can restrict management in its efforts?	Barriers identified for the employees - having to show proof of medical results, the times of that the programs are offered, lack of lockers and storage.	Whether or not - the city makes wellness a priority, the program is supported by the City Council, management is leading by example, it is convenient for employees to participate, and there is a culture that facilitates wellness.	

Appendix L

Table 8: Research Study Work Plan

		2014				2015											
Wellness Program Participation in the City of Cupertino		December				January				February				March			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	RESEARCH STUDY - WORK PLAN																
	Submit Research Protocol to the IRB for approval																
	Receive Authorization to Collect Data																
	QUALITATIVE MEASUREMENTS																
	Focus Group Interviews																
	Finalize Focus Group Interview Questions																
	Contact Employee Volunteers in City departments (6-12)																
	Convene Focus Group																
	Electronic Employee Survey																
	Finalize Survey Questions																
	Distribute Survey (1 week end date)																
	Semi-Structured Interview w/ Management																
	Finalize Interview Questions																
	Contact management staff about participating in the interviews																
	Schedule interviews based on staff availability																
	Data Analysis of the Research																
	Analyze the Results																
	Prepare Report on Findings																

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