1. Corporate wellness programs: an overview*

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HIGH-PERFORMANCE WORKPLACES, HUMAN RESOURCE MANAGEMENT PRACTICES, EMPLOYEE WELL-BEING AND ORGANIZATIONAL PERFORMANCE

Organizations today are facing new and major challenges, including globalization, meeting the needs of customers, change and transformation, adopting new technologies, attracting and retaining the best talent, decreasing costs and increasing revenues, and building organizational capability. Organizations can copy the technology, manufacturing processes, products and strategies of their competitors but they cannot easily copy their human resource management processes (Pfeffer, 1998). Critical organizational assets reside in employees and human resource management practices. Research evidence has accumulated over the past 20 years showing that human resource management practices associated with high-performance workplaces are also associated with healthy employees and higher levels of productivity (Burke and Cooper, 2008; Lowe, 2010). Research has shown a positive relationship between human resource management practices and organizational financial performance (e.g., Becker and Huselid, 1998; Katzenbach, 2000; Becker et al., 2001).

Pfeffer (1994) identified 16 inter-related human resource management practices that were proposed to be effective and later condensed these to seven broader strategies (Pfeffer, 1998). These were: employment security, selective hiring, self-managed teams and decentralization, high compensation contingent on performance, training and development, reduction in status differences, and the sharing of information. O’Reilly and Pfeffer (2000) suggested six human resource management levers across eight high-performing organizations. These were: alignment of values, culture and strategy, hiring people for fit with the values and culture of the organization, investing in training and development of all employees, widespread
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sharing of information, the use of teams, and tying rewards and recognition to observed behaviors and results.

Other researchers and writers have demonstrated a link between human resource management practices and employee health and well-being, employee engagement and organizational performance (e.g., Sirota et al., 2005; Sisodia et al., 2007). Considerable evidence has emerged indicating the key role played by people in the performance of organizations (O’Reilly and Pfeffer, 2000; Lawler, 2003); people are responsible for every initiative an organization undertakes to provide a service or manufacture a product. In addition, there is evidence that healthy employees are associated with healthy organizations. For a long time organizations saw issues of employee health as being the employee’s responsibility. More organizations today are taking an interest in not only their role in affecting employee health but a broader interest in improving employee health and well-being in the interests of becoming a more effective workplace (Berry et al., 2004, 2012). They are increasingly interested in enhancing employee health, not out of altruism, but as a key part of their business strategy. Healthy employees are more productive and also reduce health care costs of employing organizations.

This book focuses on what organizations can do to enhance the health and well-being of their employees. Organizations invest time and money in these efforts, in part because they will benefit in the long term from these investments. Health includes physical, mental and social well-being; it is more than the absence of disease and illness. Individuals’ health is interlinked with the variety of environments in which they exist and function: their families, socioeconomic status, social networks, employing organizations, wider communities, and government policies and regulations. Individuals are embedded in a variety of levels, each lower level embedded in a higher level (Kok et al., 2008; Minkler and Wallerstein, 2008; Bartholomew et al., 2011).

HUMAN SUSTAINABILITY

Pfeffer (2010) recently noted that ‘human sustainability’, the capacity of humans to endure and remain productive over time, has received little attention. He cites examples of organizational actions and decisions that affect employees, their health and mortality, leading to a call for the management of human resources in ways that enhance human sustainability. Human health and mortality need to be added as important management criteria and research outcomes. A sample of workplace experiences affecting health and mortality includes the provision of health insurance,
the effects of layoffs, work hours, work–family conflict and work stress. Human sustainability includes energy, vitality, joy, engagement, enthusiasm and feeling alive. Human energy helps organizations function more effectively.

**FACTORS INFLUENCING EMPLOYEE HEALTH AND WELL-BEING**

Individuals and families function within social, political and economic systems that influence their behaviors and resources, both of which affect their health and well-being. Most people work, and work within organizations of varying sizes in various sectors. Organizations also influence individual behaviors, resources and well-being (overload, fatigue, negative and positive emotions, support), thus it is not surprising that interventions to enhance individual and family well-being have been undertaken in, and by, organizations. Individual behavior and attitude change has also been encouraged and supported by various levels of government and professional associations (e.g., American Heart Association, the US National Institute for Occupational Safety and Health).

An increasing number of organizations have become interested in corporate wellness programs/worksite health promotion (McGinnis, 1993). Some of these efforts have focused on a single behavioral risk factor (e.g., smoking) while others have targeted several risk factors (e.g., smoking, diet, exercise). Most programs offered health education (Heaney and Goetzel, 1997), with significantly fewer changing their organizational policies and work environment (e.g., exercise facilities, on-site non-smoking regulations, healthier cafeteria food). Still fewer efforts have tackled more significant organizational factors such as culture, job design and technology. Yet the organizational context is critical to the success of corporate wellness initiatives. Efforts are increasingly being made to utilize employee participation in the design of these efforts, and enlisting the contribution of senior executives in supporting and role-modeling desired changes in employee health behaviors. Occupational safety and health programs support the potential benefits of corporate wellness initiatives by reducing exposure to health and safety risks (e.g., noise, chemicals, equipment safeguards and training). There is some evidence that increasing individual control and influence over work-related decisions has positive effects on employee health and well-being (Bakker and Demerouti, 2007). It is important to note, however, that while corporate wellness programs have been found to have benefits, efforts must also continue at the community and societal levels.
EMPLOYEE LIFESTYLES AFFECT EMPLOYEE HEALTH

Many deaths, perhaps as high as 40 percent, are ‘premature’ and due to unhealthy lifestyle choices (tobacco, poor diet, alcohol, lack of physical activity). Unhealthy lifestyles are a primary factor in the leading causes of death (e.g., heart disease, stroke, diabetes). People with healthier lifestyles live longer. Obesity has increased, reaching about 30 percent of adults; approximately two-thirds of US adults are obese or overweight. Obesity has also increased among young people. The United Nations Food and Agriculture Organization estimated that, as of 2008, 1.4 billion people were overweight and 500 million were obese (Globe and Mail, 2013). Both the American and Canadian Medical Associations have called obesity a disease. There is also a need to reduce the burden of health care costs in all countries.

Unhealthy people are tired, dissatisfied, work more slowly, make more errors, and have more accidents (Stewart et al., 2003). Healthy people work harder, are more satisfied with their jobs and work environments, are more productive, and more likely to help others (Wolfe et al., 1994). Other benefits include lower levels of job stress, fewer injuries and higher levels of commitment when employees see that their organization cares about its people.

FINANCIAL EFFECTS OF LIFESTYLE

Lifestyle-related chronic diseases account for 70 percent of a nation’s medical care costs. Individuals with unhealthy habits have higher medical costs (Thorpe et al., 2004; Thorpe, 2005) and high health risks (high blood cholesterol, high blood pressure, etc.) account for about 25 percent of total medical costs. Lifestyle risk factors lower productivity and are costly to organizations. Unhealthy lifestyles lead to chronic diseases that cannot be cured and require years of costly treatments (Donaldson, 1993; Berry, 2008).

Over the past 20 years employee health and well-being have declined (Schroeder, 2007). Between 1994 and 2005 there were increases in diabetes (48 percent), hypertension (27 percent) and obesity (18 percent). Unfortunately there have also been increases in these diseases among younger employees. These can be attributed for the most part to unhealthy lifestyles. More than one-third of the US adult population are obese, more than twice the number of those who were obese 30 years ago.

A study by the International Heart and Stroke Foundation of Canada
concluded that most Baby Boomers (80 percent) believed they were unhealthier than they were, and would likely spend their later/final years chronically ill, disabled or immobile (Boyle, 2013). Reasons for lost years included physical inactivity, poor diet, excessive stress, smoking, and excessive alcohol consumption; 85 percent did not eat enough fruit and vegetables; 46 percent did not get enough physical activity; 21 percent smoked; 12 percent were heavy drinkers; and 30 percent were often or always stressed.

In addition, more women and men in the workplace are now getting fewer hours of sleep. Chronic sleep deprivation was costing US employers $63.2 billion annually. Sleep-deprived employees are less productive and more likely to make errors and have accidents. Interestingly, women and men who sleep more are less likely to smoke, more likely to exercise, and consume less alcohol.

The economic recession in 2008 resulted in increased levels of job losses, with more women and men now in temporary, contract or casual jobs, and higher levels of job insecurity. The American Psychological Association surveyed levels of stress among US women and men (Clay, 2011). It found that 30 percent reported their levels of stress had increased in the past year, with 20 percent reporting very high levels of stress. The major causes of stress were: money (69 percent), work (65 percent), the economy (61 percent), family responsibilities (57 percent), relationships (56 percent), family health concerns (53 percent) and personal health issues (51 percent). Respondents often coped with these stresses in unhealthy ways too: 42 percent by smoking, 15 percent by overeating, and 13 percent by drinking alcohol. Job stressors for those having jobs included deadlines, workload, work methods, and relationships with managers, colleagues and customers.

Private sector organizations in Canada spend between $180 to $300 million in short-term disability benefits related to mental illness and $135 million for long-term disability benefits. Mental health has become the fastest-growing disability claim in Canadian organizations (Morrison and MacKinnon, 2008).

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These concerns have spawned academic interest in the field of occupational health psychology, leading to ways in which organizations can implement programs to enhance employee health, often through stress-reducing interventions (Biron et al., 2012, 2014). Related to this body of work is the field of worksite wellness or corporate wellness programs. This field unfortunately has not been well integrated into occupational
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health psychology (Quick and Tetrick, 2011) but this book aims to do that by looking directly at contributions of corporate wellness programs to employee and organizational health. It also integrates writing on corporate wellness, occupational health psychology, stress interventions, and organizational development initiatives (see Sauter et al., 1996).

What do we mean by a corporate wellness program? Corporate wellness programs are long-term organizational activities designed to promote the adoption of organizational practices and personal behavior conducive to improving employee physiological, mental and social well-being (Wolfe and Parker, 1994). Berry et al. (2011, p. 4) define a corporate wellness program as ‘an organized, employer-sponsored program that is designed to support employees (and sometimes their families) as they adopt and sustain behaviors that reduce health risks, improve quality of life, enhance personal effectiveness, and benefit the organization’s bottom line’. Healthy employees are more likely to contribute to the achievement of healthy profits (Heaney and Goetzel, 1997; Pelletier et al., 2004; Pelletier, 2005; Goetzel and Ozminkowski, 2008).

Health insurance for employees ranks as one of the top expenses for many companies. Corporate wellness programs rest on the premise that most organizations would get a better return on their investment (ROI) by promoting and supporting employee wellness. Employee absenteeism, and employee presenteeism – employees coming to work when sick – cost companies significant amounts of money (Daley and Parfitt, 1996; Aldana, 2001; Chapman, 2005).

Company health almost always refers to an organization’s financial health. Enlightened managers are increasingly seeing company health as also including the health of their employees (Carnethen et al., 2009). Organizations have considerable opportunities to affect employee behavior. Examples include: on-site medical clinics for employees and their families, weight loss and smoking cessation support initiatives, exercise breaks during the work day, health screening, healthy food options in the cafeteria, and stress reduction workplace audits.

Corporate wellness programs include disease prevention, but ‘wellness’ is more than the absence of disease. Organizations invest in programs that help employees create fuller work and family lives and experience higher levels of well-being (Hillier et al., 2005).

IMPORTANCE OF THIS TOPIC

Issues of talent management and development, and human resource management more broadly, are gaining currency as organizational and
government leaders strive for greater understanding of how to leverage performance in an increasingly demanding and competitive international environment. Organizations cannot be successful without a healthy engaged workforce.

**Organizational Interest in Corporate Wellness Programs**

Academics and practitioners are interested in what makes one organization more competitive than another. Lencioni (2012) offers ‘organizational health’ as the key competitive advantage. Successful organizations are healthy organizations. For Lencioni, an organization is healthy when it is whole, consistent and complete, having a unified management, operations and culture. Healthy organizations support the development of satisfied, engaged and healthy employees.

Blanchard and Edington (2009) place the rising costs of health care as a key business priority in terms of organizational performance and employee health. Health and wellness must become an important business strategy. A 2011 study by Towers Watson and the non-profit National Business Group on Health reported that 23 percent of mid-sized and large US organizations had on-site health clinics and that another 12 percent planned to establish an on-site clinic in 2012. There are also several consulting firms offering services to help organizations of all sizes to develop corporate wellness programs.

**Government Interest**

Bensimon (2010) examined workplace wellness strategies and initiatives among 63 Canadian government departments and all 13 provincial and territorial Departments of Corrections. Four broad categories of intervention were observed: learning and development-educational initiatives that promoted individual well-being, employee wellness support of fitness-focused activities, health promotion and health screening initiatives such as addressing blood pressure and weight, and employee recognition programs. He concluded that there was increasing interest in the development of employer-sponsored wellness interventions that help employees increase their psychological and physical health.

In the USA, the Centers for Disease Control and Prevention has developed the National Healthy Worksite Program (NHWP) to help organizations implement prevention and wellness strategies. The NHWP will help up to 100 small, mid-sized and large organizations establish comprehensive workplace health programs. Expertise will be provided in developing programs, policies and interventions to support physical activity, good nutrition
and tobacco-use cessation. Ongoing evaluation of these efforts will monitor changes in employee knowledge, behavior and productivity, and changes in the organizational health and safety culture. Young et al. (2011) describe initiatives started in North Carolina government departments.

Corporate wellness programs that are only concerned with potential cost savings in terms of health and insurance claims are likely to fall short. Wellness programs should be more than just about cutting costs. Some corporate wellness programs failed and were ended (see Watson and Gauthier, 2003, for an example of one that failed due to lack of funding).

**WHY STRONG LEADERSHIP AND ADMINISTRATION MATTERS**

When organizations undertake the launch of a new service or product, they typically embark on a series of critical steps. The introduction of a significant corporate wellness program is no different as it also requires strong, committed leadership and considerable administrative support. Golaszewski et al. (2008) describe the following steps:

1. The CEO makes an announcement at a meeting of the Board of Directors, followed up by communications to all employees as well as meetings with managers of all departments to ‘spread the word’.
2. An administrative task force of senior managers and influential members of all work groups is organized.
3. A respected and influential senior manager is appointed to head the initiative.
4. The task force creates a plan and a vision, what will happen and a timeline of events.
5. Individual and organizational goals are set within a one-year horizon, identifying criteria, and the determination of rewards for successful achievements.
6. Other important individuals representing relevant functions (occupational safety, Employee Assistance Program, nursing) are appointed to the task force to broaden participation and commitment to action.
7. Research on how to best communicate and inform employees is undertaken.
8. A communication and information strategy and communication media are developed and delivered to increase employee understanding, interest and participation.
9. The organization monitors progress and takes steps to continually increase commitment and participation and reward successes.
KEY STRATEGIC ELEMENTS OF SUCCESSFUL CORPORATE WELLNESS PROGRAMS

Key strategic elements include making the business case (Nicholson et al., 2005; NIHCM Foundation, 2011), developing a strategic plan that defines success (Bertera, 1990), creating a company culture that encourages and supports employees in practicing healthy behaviors and uses outcomes-based rewards (for not smoking, for making a weight target). Corporate wellness programs often include assessment and screening programs, behavior change interventions, reimbursement for costs of smoking cessation sessions, and weight loss programs. Most common initiatives include weight, cholesterol, blood pressure, and tobacco use. Company wellness goals need articulation. Developing a supportive workplace culture is key.

Berry et al. (2011) also describe a number of corporate wellness programs and their success. They identify six pillars common to these successes:

1. **Multilevel leadership.** Committed, passionate leaders are vital to creating a culture of health. There is a need for ‘wellness’ champions who model desired attitudes and behaviors.
2. **Alignment.** A corporate wellness program should flow from an organization’s identity and goals. This culture should embody a health-supporting workforce culture. A central tenet of such cultures is that employee health and well-being is an important business priority. And building such a culture takes time and resources.
3. **Scope, relevance and quality.** Wellness programs must be comprehensive, relevant, engaging, fun, tailored to individual needs, contain some ‘key’ programs, be of high quality, and excellent.
4. **Accessibility.** Corporate wellness programs need to be low- or no-cost services and integrated into the organization and its facilities and resources so they are easy to access. This should include on-site programs, healthy food at work, smoking cessation at work and outside of work, as well as internet accessibility.
5. **Partnerships.** Corporate wellness programs need to collaborate with both internal and external partners and vendors (government agencies, non-profit organizations such as heart associations).
6. **Communications.** Wellness is a message to employees and the way this message is delivered matters. Messages work best if they are creative, sensitive and use a variety of media. Some messages should be targeted to specific employee groups or categories (e.g., high risk).
Building the Business Case

Before organizations embark on any change in or introduce new operating policies, procedures or programs, they usually think about the business case (or at least they tell us they do). Is there a business case to be made for the development of a corporate wellness program? What is the best currently available evidence on their value-added? Is this information clear-cut and compelling? Does the development and implementation of a corporate wellness program impact an organization’s bottom line, their ROI?

At a general level, we know the following. First, employee lifestyle risk factors (e.g., smoking and drinking, physical fitness levels, levels of work and life stress) influence health directly (medical costs, morbidity and mortality). Second, we know that individual clinical risk factors (obesity, elevated levels of cholesterol and blood pressure) also directly affect health. We also know that levels of emotional and physical health have direct effects on employee absenteeism, health care costs to organizations, levels of job and life satisfaction, and job performance).

HERE’S WHAT A HEALTHY WORK ENVIRONMENT MIGHT LOOK LIKE

A health-fostering work environment makes it easier for employees to exhibit healthy behaviors. Some initiatives include: healthy food in the cafeteria, the presence of exercise/fitness centers or the financial support for using them, the creation of walking or running trails, space available for meditation, yoga, zumba and other movement or stretching classes, a tobacco-free work environment, support for employees taking part in Weight Watchers’ programs, and providing a pedometer to encourage employees to walk so many steps each day. The key is to get employees involved. Since all employees are different in some ways, it is important to target individuals – what works best for a given person

Health-related Intervention Projects

A number of more narrowly focused stand-alone health-related intervention projects have been undertaken and evaluated. These are informative for organizations interested in introducing a comprehensive corporate wellness program. Dunn et al. (1997) compared two interventions (lifestyle physical activity, traditional structured exercise) on cardiovascular risk factors among healthy sedentary middle-aged women and men. Measures
were taken at baseline and at six months. After the intervention, 78 percent of lifestyle participants and 85 percent of structured exercise participants met or exceeded recommended levels of physical activity. There was also increases in cardio-respiratory fitness in both groups, lower levels of total cholesterol, diastolic blood pressures and percentage of body fat.

Emmons et al. (1999) evaluated the Working Healthy Project, a worksite health promotion initiative targeting physical activity diet and smoking. Data were collected in 26 manufacturing worksites from 2055 people and involved three health behavior assessments in a matched-pair design. Participants in the intervention condition increased levels of their exercise behavior and ate more fruit, vegetables and fiber. However, the intervention had no effect of levels of smoking.

Sorensen et al. (2003) did find lower levels of smoking in a comprehensive worksite cancer prevention intervention carried out in 15 manufacturing worksites. They reported a considerable drop in smoking rates over a two-year period but no change in diet (consumption of fruit and vegetables).

A Corporate Wellness Program Example

Johnson & Johnson is just one example of a corporate wellness program that has proven to be effective. For every dollar invested in wellness, Johnson & Johnson reported a reduction of nearly $4 in reduced health care costs, lower absenteeism and improved productivity. Isaac and Ratzan (2013), from Johnson & Johnson, suggest that four critical leadership beliefs contribute to the effectiveness of a corporate wellness program:

1. *A definition of health that includes well-being.* Being fully engaged means being physically healthy, being sufficiently rewarded, having a work–family-life balance, and not being burdened by enduring job demands and stressors. Employees are more work engaged if healthy. Benefits include less employee turnover, lower health care costs, less presenteeism – workers coming to the organization when sick and not performing effectively as a result.

2. *Prevention-focused education.* When risk is found during a voluntary health assessment, employees can meet with a health professional in one-on-one sessions to address the risk. Health education means improving an employee’s health literacy in subjects such as stress reduction, blood pressure, cholesterol, diabetes, cardiovascular disease, diversity skills, workplace bullying, and safe driving skills. Health news should be placed throughout the building, including e-mail health tips to those requesting them. Organizations should
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have a variety of health and benefits publications available and allow employees access to websites to access online tests to indicate stress, work–family issues, nutrition and so on.

3. **Rewards for healthy behaviors.** Offer financial incentives for employees. These include taking opportunities for risk assessments for addressing identified health risks, for participating in sessions addressing weight/obesity, for taking part in a preventive colonoscopy program for employees over 50, for example.

4. **Creating a workplace environment supporting employees in engaging in healthy behaviors.** This means continuous leadership and commitment. Teach senior executives the link between good health and business success. Offer a number of integrated programs. Establish supportive policies and procedures. Improve engagement with employees through marketing of the corporate wellness program. Measure outcomes not effort.

**EMPLOYEE PARTICIPATION**

It is obviously critical to get high rates of employee participation if corporate wellness programs are to make a difference. Why don’t employees participate in these potentially life-enhancing opportunities? Common factors for not taking part include: a lack of awareness of the program and its potential benefits, a lack of time, no perceived personal benefits, a lack of manager and organizational support, difficulty or inconvenience in accessing these initiatives, and concerns about one’s privacy.

**Some Research Evidence**

McGlynn et al. (2003) evaluated a comprehensive health program, LifeSteps, introduced in General Motors. In the 1990s, General Motors (GM) wanted to reduce rising health care costs by improving the health of its employees and their dependents. The United Auto Workers union successfully bargained for a comprehensive preventative health program, and working with GM, launched a corporate wellness program, LifeSteps, in April 1996. LifeSteps included quarterly newsletters on health topics, toll-free 24-hour telephone line access to nurses for health advice, and a health risk appraisal (a multi-item survey that assigned respondents a wellness score based on their responses), among other initiatives. The health risk assessment categorized individuals according to their likelihood of developing diseases (being overweight, smoking, drinking excessively, having high levels of cholesterol, a sedentary lifestyle, being under stress). Some
GM plants included on-site assessments of weight, blood pressure and cholesterol. High-risk employees, those with three or more risk factors, were encouraged to participate in counseling for behavioral change. High-risk employees could also have two visits to doctors paid for by GM. They found that LifeSteps increased both wellness scores overall and movement to low-risk from high-risk categories. They concluded that the program saved about $42 a person, a sizable amount in a company with 1.25 million employees and self-insured for health care costs.

Jackson et al. (2011) evaluated a program designed to reduce blood pressure (hypertension) among auto workers at Chrysler (n = 539). The intervention, lasting six months, included education, awareness, and support for moderate to high cardiovascular risk employees. At baseline, employees were tested for hypertension and cardiovascular disease risk. After six months, both systolic and diastolic blood pressure had dropped, 86 percent believed the intervention helped them better understand and control their blood pressure, and 84 percent said they now had better understanding of treatment options.

Byrne et al. (2011) reported an evaluation of seven-year trends (2003 to 2009) in employee health benefits from a worksite health promotion program at Vanderbilt University. The majority of risk factors improved over time, the most consistent being physical activity; the proportion of employees exercising one or more times a week increased from 73 percent to 83 percent. The largest gains occurred in the first two years but continued through the remaining years.

Liu et al. (2013) examined the effect of PepsiCo’s corporate wellness program on medical costs and utilization. The sample included employees and dependents from 19 to 64 years of age and had two years of baseline date (2002 and 2003) and at least one year of data following the intervention (2004 to 2007). The first year showed an increase in cost per member per month but a reduction in these costs in the second and third years. Over the three years, costs per member had reduced, including a decrease in hospital admissions and a decrease in emergency room visits.

Davis et al. (2009) describe and evaluate a corporate wellness program introduced by Capital Metropolitan Transit Authority, the local transit authority in Austin, Texas. This corporate wellness program offered consultations with wellness coaches and personal trainers, a 24-hour company fitness center, personalized health assessments, preventative screenings, healthier food options, case incentives, health newsletters, workshops, dietary counseling, and smoking cessation programs. Participants in the corporate wellness program reported improvements in physical activity, healthier food consumption, weight loss and lowered blood pressure. The organization’s total health care costs increased by increasingly smaller
amounts from 2003 to 2006 then decreased from 2006 to 2007. Employee absenteeism decreased by 25 percent and the ROI was determined to be $2.43 for every dollar spent.

Merrill et al. (2011) evaluated a corporate wellness program in Lincoln Industries in 2009, a small business in Lincoln, Nebraska, comparing their employees with employees working in other organizations in Lincoln and Omaha, Nebraska. Four well-being indicators were included: physical health, emotional health, engaging in healthy behaviors, and access to health-related conditions and services. Employees at Lincoln Industries scored higher on the first three than employees in comparison sites.

Hochart and Lang (2011) examined the benefits of a comprehensive corporate wellness program introduced by Blue Cross Blue Shield in 2005 to impact employer culture and help healthy employees stay at low risk, and to move employees at moderate to high risk to lower-risk levels. They studied 15 employee groups (n = 9627) for three consecutive years (2006 to 2008). Health risk appraisals and biometric screening were used to examine the program’s impact. Individuals at low risk remained at low risk (86 percent) and 40 percent at medium risk and 49 percent at high risk moved to lower-risk categories. There were improvements in blood pressure and total cholesterol but not in body weight.

Neville et al. (2011) studied health benefits of an eight-year participation in an employer-based wellness program focusing on chronic disease factors. Annual data collection included measures of weight, blood pressure, cholesterol and body fat percentage. Participants were categorized into risk levels at baseline. Levels of participation by individuals were also considered. Participants had smaller increases in body mass index (BMI) than the general population over the eight years. Long-term participation was associated with improved BMI, blood pressure and cholesterol, with greatest benefits found in the highest-risk group. They advocate a focus on retention of participants in general, the encouragement of higher levels of employee participation, and a greater focus on high-risk groups.

Short et al. (2010) examined the effects of a corporate wellness program at Prudential Financial using biometric measures of blood lipids and glucose. Physically active employees had higher levels of high-density lipoproteins and employees participating in a disease management program lowered both cholesterol and low-density lipoproteins during a one-year period, compared to a group of non-participants.

Naydeck et al. (2008) studied the return on investment of Highmark Inc.’s employee wellness programs based on medical claims of participants versus risk-matched non-participants. They compared medical claims over a four-year period (2001–04). The Highmark program included both health risk assessments, online programs in nutrition, smoking cessation,
weight management, stress management, on-site nutrition and stress sessions, individual nutrition and smoking cessation coaching, campaigns to increase physical fitness participation, and information on disease prevention strategies. Highmark employees could also use state-of-the-art fitness centers. Employees had a health risk assessment (cholesterol, glucose, blood pressure) at the launch of the wellness program. In general, employee participation in various health promotion programs grew each year over the four-year period. Health care costs grew more slowly for participants than non-participants. Health care expenses per person per year were $176 lower for participants, with in-patient expenses lower by $182. Four-year savings compared to expenses yielded an ROI of $1.65 for every dollar spent on the program.

Berry et al. (2012) describe the corporate wellness program implemented by US software provider SAS Institute. SAS always ranks at the very top of best companies to work for. SAS has reported annual productivity savings in the millions as a result of its program. SAS operates its own on-site full-service health care center for employees and their families. This center started small in 1985 and now has a staff of 55, including four physicians and ten nurse practitioners, does not charge for services and collects no copays.1 Same-day appointments are typical, and care is unhurried; clinicians spend 30 minutes or more with a patient. All services available in a primary care medical practice are offered, and more. These include allergy shots, consulting a dietician, obtaining physical therapy, getting blood work done, or seeing a psychotherapist. Employees create a relationship with a primary care physician – a medical home – which ensures continuity of care. The center offers a wide range of health-related educational materials and programming both on-site and online.

Golaszewski et al. (1998) introduced changes in the workplace environment in one US government department available to all employees (n = 2276) regardless of their health status over a three-year period (2005–07). Outcome measures included changes in sick time, employee health risks using health assessments, and changes in the work environment. Hours of sick leave decreased, there was an improved workplace environment, and employee risk status remained the same although employees were now older.

**IS THE MEDIUM THE MESSAGE?**

Improving individual health requires behavior change but behavior change is difficult; changing a lifetime habit is hard. To work, engagement programs must appeal to individuals (Pearson et al., 2010). They must
Corporate wellness programs present information that is relevant, useful, timely, educational, attention-grabbing and easily accessed. And people differ in terms of what kinds of information media they prefer. Information then must use various channels, from print to digital media; a multi-channel and multimedia approach. Information needs to be presented in ways that individuals feel comfortable with, be engaging and interesting, come from a credible source, and be tailored to the individual.

GLOBAL FACTORS AND CORPORATE WELLNESS PROGRAMS

Corporate wellness programs have been introduced and adopted in the USA more than in other countries over the past decade or more. Corporate wellness programs are still primarily a North American phenomenon, reflecting in part North America’s health insurance programs. Different health care systems are a major factor in this. In many other countries the national or provincial governments assume the majority of health care costs (e.g., Canada, UK, France, Norway, Sweden, among others). Relevant work has also been carried out in the UK, Australia, and in Scandinavia, with emerging interest being shown in South Africa. Thus, another benefit of this book is to spread research and writing on corporate wellness initiatives to other countries.

Corporate wellness programs offer benefits to worldwide organizations, including higher levels of workforce engagement, less absenteeism and presenteeism, and higher productivity. Organizations should be concerned about the well-being of their employees for these and other benefits. As a consequence, workplace health promotion is growing internationally. This has resulted in part from increasing numbers of organizations having multinational workforces, more international joint ventures, and increasing global knowledge and understanding of potential individual and organizational benefits of corporate health promotion initiatives.

Corporate wellness programs are still also implemented primarily by large organizations. There is a need to encourage small businesses to consider them as well (Eakin et al., 2001; McPeck et al., 2009).

THE NEED FOR MORE RIGOROUS EVALUATION RESEARCH

Most studies evaluating corporate wellness programs report favorable results (e.g., Ozminkowski et al., 2000, 2002). Among the limitations of
much evaluation research is the use of non-experimental designs that do not control for selection bias, and a failure to identify the most effective and cost-saving components of the corporate wellness program.

Grossmeier et al. (2010) address the thorny question of how best to evaluate corporate wellness programs. They raise and address the following questions:

- **What are the measures of success of corporate wellness programs?** They include the following: engagement or participation metrics, satisfaction metrics, health behavior changes, biometric health and clinical impact, population-level health risk reduction, productivity impacts, health care cost impacts, and return on investment.

- **How can program performance metrics be organized into a comprehensive evaluation framework?** They suggest a process evaluation (0–12 months) an impact evaluation (12–24 months), and an outcomes evaluation (2–5 years), and offer examples of each.

- **What kind of corporate wellness program is needed to achieve the best outcomes?** They note the following: program goals and purpose, senior management support, a comprehensive program design, multiple modalities to engage participation and deliver the program, a variety of programs, widespread communication, use of incentives, health screening, highly motivated and qualified staff, and relationships with internal and external partners.

- **What outcomes can be expected from a best-practice program?** These include high levels of employee participation, employee satisfaction, health risk reduction, of job performance and productivity assessments, low medical claim filings, and higher ROI.

- **How does a best-practice evaluation framework support assessment of economic impacts?** Assessing the indicators listed above provides an indication of how successful the corporate wellness program was and when future investments should be made.

- **How can the best-practice evaluation framework be used to foster and maintain stakeholder support for corporate wellness programs?** These measures include whether the corporate wellness program is on the right track and yielding expected benefits over the long term.

The development and implementation of a corporate wellness program represents a major cultural change in an organization. The success rate in bringing about such successful change efforts is mixed. It is important that organizations contemplating such an investment learn from the experiences of others (see Whitehead, 2001 for lessons learned from Chevron’s efforts in this regard).
SOME ADDITIONAL CAUTIONS AND CONCERNS ABOUT CORPORATE WELLNESS PROGRAMS

We are concerned that corporate wellness programs might become another fad. This is likely to happen if corporate wellness programs are seen as a quick fix, are introduced poorly, have little top management support, and emerge as a stand-alone initiative separate from organizational strategy and business goals. While observing the potential contribution of corporate wellness programs to improve employee health and reduce costs of health care, the shortcomings in evaluation of the results of corporate wellness programs should be noted. Not only is implementing a corporate wellness program a demanding task, evaluating its effectiveness is also equally challenging. Studies need to be longitudinal in design, involve large matched groups of employees in treatment and control groups, adequate measures of critical concepts, and sophisticated analysis techniques.

There are also both ethical and legal concerns about the implementation of corporate wellness programs (Zoller, 2004; Mello and Rosenthal, 2008; Pearson and Liebert, 2009). These include the following:

- The tying of rewards and penalties to employees reaching the necessary standards of health status, particularly those that affect employee health insurance premiums; a concern that this shifts health care costs from healthy employees to ‘sick’ employees.
- Obviously an employee’s health is the result of a number of factors, not all of which can an employee control (e.g., genetic factors influencing weight, blood pressure and cholesterol). Incentives are thus unfair because health issues may not be under the individual’s control.
- Results-based and designed incentives may coerce women and men with a health condition to take part in activities without adequate medical supervision (Halpern et al., 2009).
- Concerns have been raised about the issue of maintaining medical privacy.
- Corporate wellness programs may discriminate against low-income employees who have greater obstacles to healthy living (job stress, job insecurity, lack of access to healthy food).
- There are limits to how far organizations can keep asking employees to quit smoking or offering rewards to employees who lose weight.
CONCLUSIONS AND IMPLICATIONS

After examining a sample of the literature the following conclusions and implications seem warranted:

1. Interest in corporate wellness programs is high and growing. While starting primarily in the USA, corporate wellness initiatives are being implemented in a large number of countries today. More organizations, both private and public sectors, are implementing corporate wellness programs. Most employers plan to allocate more resources to their corporate wellness programs in the next few years.

2. Interest in corporate wellness programs comes from governments, organizations, professional health associations, and the academic and research communities. Corporate wellness has now become a multi-billion dollar industry.

3. Several previously separate research streams have come together to underpin interest in corporate wellness programs (occupational health psychology, human resource management and organizational performance, health and wellness researchers, health economics, epidemiology, organizational change expertise, among others).

4. Planning, developing and implementing a comprehensive corporate wellness program represents a major organizational/culture change, is difficult to carry out, requires considerable resources, is time-consuming, with no guarantee of success. There is no quick and easy fix.

5. Corporate wellness programs vary in comprehensiveness, with some focusing on one or two individual health behaviors and health risk outcomes (e.g., smoking cessation, weight reduction) while others address a wide array of individual and organizational outcomes (e.g., biometric measures, physical health assessments, absenteeism). There is low but increasing interest in employee mental health. Most common elements in corporate wellness programs include Employee Assistance Programs, seminars, health fairs and lunch-and-learn sessions, fitness programs, condition-targeted programs (e.g., diabetes), and individual physical health assessments.

6. We have considerable understanding of characteristics of ‘successful’ corporate wellness programs. Workplace wellness is increasingly seen as a strategic imperative. A business case is made for focusing on employee health. Top management support, involvement and ownership of their corporate wellness program are important for program success. Wellness is increasingly being integrated into worksite health centers. More efforts to change the workplace culture,
processes, procedures and systems need to be undertaken. There is still debate, however, on the best incentive and reward offerings, with more interest now in outcome-based incentives or rewards.

7. A continuing challenge for corporate wellness programs is participation and retention of participants. Employee participation in corporate wellness offerings remains low, typically less than 50 percent.

8. Another continuing challenge is to evaluate the benefits of corporate wellness programs. Many evaluations use research designs that limit understanding of their potential benefits (Lerner et al., 2013). Most employers are satisfied with the results of their corporate wellness programs. Employers see a greater benefit of their corporate wellness programs on the morale, engagement and productivity of employers than in health care cost savings. And the vast majority of employers believe they are getting value from this investment. But corporate wellness program success is increasingly being measured in more sophisticated ways.

9. Organizations need to be aware of ethical and legal issues in their development and implementation of corporate wellness initiatives.

10. The majority of evaluations of corporate wellness programs, while sometimes on limited research designs, provide generally consistent findings on the benefits of these programs (see Baicker et al., 2010). I conclude that increasing implementation of corporate wellness programs is warranted and necessary, and if well designed and well implemented, likely to increase both individual and organizational health (Harris et al., 2001). And healthy employees lead to healthy organizations.

NOTES

* Preparation of this chapter was supported in part by York University.

1. Copayment in the USA is a payment defined in the insurance policy and paid by the insured person each time a medical service is accessed.

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