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Organizational Supports and Developing a Healthy Workforce:
A Case Study of Wellness Factors and Leadership

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ABSTRACT

This case study seeks to understand workplace wellness activities in organizations in Southern Indiana and Greater Louisville. Utilizing the Center for Disease Control (CDC) Workplace Wellness Health Scorecard, a 125-question survey that covers a diverse set of workplace wellness initiatives, 24 organizations participated in the study, with one to four participants from each organization. This study looks at the question of context and how organization supports impact the health of their workforce. The results found that leveraging the knowledge of experts, implementing a variety of wellness programs, removing obstacles to wellness, and having a caring attitude toward employees lead to a higher score regarding organizational support on the CDC Health Scorecard.

KEYWORDS

Health and Wellness, Leadership, Organizational Culture, Workplace Wellness

INTRODUCTION

According to the Center for Disease Control and Prevention (CDC), workplace wellness programs are defined as "a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees" (CDC, 2016). Workplace health and wellness is an increasingly significant cost for organizations in the United States. This study examines the relationship between an organization's supports and the health of their workforce. This case study analysis focuses on organizations in the Midwest and Southern United States.

The costs associated with healthcare are a significant component in the total labor cost for organizations. According to the U.S. Department of Health and Human Services (2014), the average single person premium in the U.S. in 2014 was $5,832, with an employee contribution of $1,234 and an average employer contribution of $4,598. In unhealthier environments, the cost of healthcare is an even larger burden. For instance, a Gallup Poll in 2011 stated that obesity and other chronic health

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problems causes employees to "miss about 450 million more days of work each year compared with healthy workers," (p.1) at a cost of $153 billion in lost productivity each year.

Pioneers and leaders of workplace wellness have seen remarkable benefits with workplace wellness programs. One case study of fourteen organizations conducted by the California Department of Public Health (2015), touts several benefits in their examination of "Creating a Culture of Wellness in the Worksite Environment." This study saw employees eating more fresh foods, participating in group movement and exercise classes, installing air filters, visiting on-site gyms, attending health education workshops, and many other programs (California Department of Public Health, 2015). In 2005, a study including 56 organizations concluded that organizations with workplace wellness programs had "25%-30% lower medical or absenteeism expenditures than non-participants" (Chapman, 2012).

LITERATURE REVIEW

The primary literature on the CDC Worksite Health Scorecard (HSC) is the article from a team at Emory University, which tested the reliability and validity of the HSC (CDC, 2014). The Emory study tested the original HSC at 93 worksites, examining question responses and conducting interviews to refine the instrument for general distribution (CDC, 2014). The purpose of the HSC is to serve as an assessment tool for employers to examine their health promotion programs, to identify gaps, and to develop an effective strategy to implement interventions that address heart-disease, stroke, and related chronic conditions. The conclusion of the Emory testing was that their revised version of the HSC "represents one of the few current, comprehensive, and evidence-based worksite tools that have undergone reliability and validity testing and are publicly available for addressing a significant and growing need confronting America's business community" (CDC, 2014).

Other literature referencing the CDC's HSC either mentions the HSC in passing or focuses on a very narrow group. As stated previously, the HSC itself has been cited by 10 authors in scholarly work. The most popularly cited work that references the HSC is a response to the question "Do Workplace Health Promotion (Wellness) Programs Work?" This journal article from 2014 in the *Journal of Occupational & Environmental Medicine* is a compilation of three decades of evidence on the effectiveness of workplace programs and a review of recent studies that question wellness program results (CDC, 2016). One textbook, *Corporate Wellness Programs: Linking Employee and Organizational Health*, explores the topic of achieving financial success for the company through employee health (Richardsen & Burke, 2014). It is a thorough study on the financial results of wellness programs but does not go into the HSC in-depth.

One workplace study that referenced the HSC examined data for 15,121 employed adults over the age of 18, focused only on obesity (Park, Pan, & Lankford, 2014). This study hoped to determine what job characteristics are associated with obesity and to help employers implement programs for obesity prevention and treatment (Sohyun, Liping, & Lankford, 2014). A similar study also looked at the organizational structure and culture, but their focus was on strategic communication to promote a healthy workplace (Kent, Goetzel, Roemer, Prasad, & Freundlich, 2016). The focus in the study by Kent (2016) and others included a literature review and a visit to nine companies with "exemplary programs to examine current best and promising practices in workplace health promotion programs." The results indicated that strategic communication from the top levels of leadership, as well as environmental support lead to establishing a culture of health in an organization. Leadership and organizational supports are part of the HSC, but it focuses on several other factors. Another study that cited the HSC looked at thirteen university campuses and evaluated their policies, built environment, and recreation support for wellness. They primarily used an instrument called the "Physical Activity Campus Environmental Supports Audit" for their study (Horacek et al., 2014).

Three more of the scholarly works were using the HSC in an international context; two articles using the HSC in Brazil and one citation using the HSC in 30 Korean organizations (Soárez et al., 2016). One citation for the HSC was an editorial piece from the editor of *The Art of Health Promotion*

Journal. The editor, Dr. Paul E. Terry (Terry, 2013), stated that "With over 60% of Americans in the workplace, worksites surpass any other venue for addressing illness before it occurs." Finally, one article took a legal approach in examining worksite health promotion programs. Two lawyers from the CDC's National Center for Chronic Disease Prevention and Health Promotion looked at how state law can encourage employers and insurance providers to offer comprehensive worksite health programs (VanderVeur, Gilchrist, & Matson-Koffman, 2015).

In summary, there are less than twelve scholarly articles that reference the CDC's HSC. These range from leadership and organizational culture, to obesity, financial results, foreign countries, and individual U.S. states' policies. This demonstrates that a lot of different stakeholders are looking to the HSC for direction, but that no one has gone deeply into the uses of the scorecard itself since the validation study that Emory University conducted.

ORGANIZATIONAL SUPPORTS

The CDC HSC encourages employers to support their workforce in very broad, wide-reaching ways at the organizational and/or upper management level. The structure and policies of the organization can tell a lot about their commitment to health and wellness. Indicators of a strong commitment include a health promotion committee, a paid health promotion coordinator, or a champion who is a strong advocate of the program. An annual health promotion budget, organizational objectives, and a mission statement that includes employee wellness programs are all indicators of a strong commitment at the highest levels of the organization.

In the organizational supports section of the HSC, organizations earn points by demonstrating commitment and support of health promotion at all levels of management. All levels of leadership in the organization need to participate in wellness activities and senior leadership must communicate to employees regarding the wellness program. Performance objectives in the mission or vision statement that relate to a healthy workforce demonstrate organizational commitment to wellness. Furthermore, all levels of employees are encouraged to take part in program ownership by giving feedback on the design and ongoing process of the program.

An article in the American Journal of Lifestyle Medicine (2016) stated that employers need to shift the focus of their wellness programs from best practices to next practices. Edington and Schultz (2015) feel that the best practices have focused on screenings, preventative programs, and reduce costs to the company. They describe "next practices" as those that focus on the social and emotional context of a supportive workplace, culture, and environment (Edington et al., 2016). Recent research has found that employees are skeptical of health practices unless they are sure the practices are in the employees' best interests, not just the financial interests of the company (Edington & Schultz, 2015).

More in-depth actions to demonstrate organizational support are workplaces promoting their health programs by using a logo, frequent informational messages, and multiple channels of communications. This can include role models that demonstrate the appropriate behavior or success stories that applaud the efforts of employees whose actions align with the company values of health. To show support, the CDC guides organizations to include individuals of different literacy levels, different cultural backgrounds, and multi-generational issues in the workplace. If health programs reach a population aged 50 and older, the programs can reach a population whom over half indicate they have hypertension and 44% have high cholesterol (Lind, 2011). Furthermore, 31.2% of workers aged 45-64 have a body mass index over 30 compared with 19.7% of workers ages 18-29, meaning older workers are more likely to be obese. (Luckhaupt, Cohen, Li, & Calvert, 2014). Health issues in older demographics can lead to early retirements, both planned and unplanned (Benz, 2013). Arthritis, poor mobility, and symptomatic depression can also be a significant source of early retirement for older workers (Caban-Martinez et al., 2011). Failing to reach this segment of the workforce can leave significant opportunities unaddressed.

Other way to increase one's score on the Health Scorecard is to conduct ongoing evaluations of their wellness programs through multiple data sources. This can include data from enterprise – wide surveys, employee health risks, medical claims data, or satisfaction surveys. Further actions can include making programs available to family members, providing flexible work policies, or creating any other initiatives that encourage participation in health-related community events.

According to the CDC HSC, communication to employees through multiple channels is an important factor to encourage participation in wellness programs. Information dissemination and awareness building is a common theme of success in the literature. According to a RAND wellness study in 2013, organizations should use multiple communication channels to inform employees of the services available (Moseley & Estrada-Portales, 2013). Employers can use email, bulletin boards, announcements at company meetings, and health fairs to deliver clear messages about the goals and importance of wellness programs (Moseley & Estrada-Portales, 2013). Support at all levels of management is important to an effective program and the communication channels of the organization demonstrate this support. Effective wellness programs also allow input from employees, or two-way communication when developing clear goals and objectives (Goetzel et al., 2014).

For the segment of the workforce with an existing condition, a population who Goetzel et recommend disease management, targeted and focused communication is paramount. (Goetzel, 2008). These educational programs and interventions are directed at individuals with existing ailments, such as "asthma, diabetes, cardiovascular disease, cancers, musculoskeletal disorders, and depression." (Goetzel, 2008) The aim of these types of interventions is to slow down the disease or improve the condition through better adherence to their clinical protocols.

These programs also need to encourage communication among patients, their family, physicians, and other health care providers. Positive changes in this group can yield big benefits for the organization. The Mayo Clinic proceedings tell of a study of 58% of employees who were "high risk" at the beginning of a wellness program that converted to low risk after a simple intervention program. (Arena et al., 2013) After the study, significant improvements were seen in body fat content, blood pressure, plasma lipid levels, depression, anxiety, hostility, somatization, quality of life, and total health scores.(Milani & Lavie, 2009).

Lastly, employers need to take on the role of a coach or supporter in helping create lasting motivation in their employees. Currently, many wellness efforts have been focused on extrinsic motivators for health and wellness, such as financial incentives, parking spaces, days off, or points that can be exchanged for merchandise. However, the literature suggests that "high financial extrinsic motivators can (eventually) result in lower intrinsic motivation." (Dee W. Edington, 2015) The building of intrinsic motivation can help employees increase self-confidence, self-control, and build connections with others and their environment. People are more likely to practice and adopt behaviors that are promoted by those they feel connected to when they have a trusting relationship. (Dee W. Edington, 2015) An understanding manager is one that helps the employee work toward shared goals of health and wellness, rather than simply providing financial incentives for checking a participation box.

METHODS

A case study methodology and a combination of data collection methods answer the research questions in this study. First, participants were interviewed using the CDC HSC to develop a consistent baseline as to how an organization is approaching health and wellness. During the answering of the survey questions, participants were encouraged to elaborate on their wellness programs or lack of programs. Then, participants responded to a series of open-ended interview questions to explore the ways they are, or are not, addressing the health and wellness in their workplace. These qualitative questions allowed the participants to describe, in their own words, their health and wellness programs. Open-ended questions at the conclusion of the interview allowed the participants to discuss any thoughts that were not shared during the guided portion.

To ensure repeatability and reliability, the qualitative questions were developed directly from the central questions and were asked to all organizations that participated.

The validated instrument used in this study was the CDC's Healthcare Scorecard, a 125-question survey that covers a diverse set of workplace wellness initiatives. The CDC's Health Scorecard has not been widely covered in peer-reviewed research since its inception in 2012. The primary literature on the CDC Worksite Health Scorecard (HSC) is cited in an article from a team at Emory University, which tested the reliability and validity of the HSC (CDC, 2014). The Emory study tested the original HSC at 93 worksites, examining question responses and conducting interviews to refine the instrument for general distribution (CDC, 2014). The purpose of the HSC is to serve as an assessment tool for employers to examine their health promotion programs, to identify gaps, and to develop an effective strategy to implement interventions that address heart disease, stroke, and related chronic conditions (CDC, 2014). The conclusion of the Emory testing was that their revised version of the HSC "represents one of the few current, comprehensive, and evidence-based worksite tools that have undergone reliability and validity testing and are publicly available for addressing a significant and growing need confronting America's business community" (CDC, 2014).

The analysis of the data collected examined patterns and trends that emerged. The transcriptions of interviews resulted in approximately 800 pages of text over 1,100 minutes of interview recordings. This qualitative data was examined for interesting themes, recurring themes, and outlying themes and coded for similarities, trends, and triangulation. According to Watson, et al, "Triangulation aims to enhance the process of empirical research by using multiple approaches to address research problems" (Watson, 2008). Here, the three points of view for the triangulation approach are the literature on workplace wellness, human resources and manager's perspectives on workplace wellness programs, and lastly, the employees' perspectives on workplace wellness initiatives.

PARTICIPANTS

In this study, twenty-four participants were interviewed for 40-60 minutes each. The small number of participants provides a deeper understanding of participant experience and develops a thick and rich description of their experience. In-person interviews were conducted in a private location that the participant chose, to ensure their comfort. The setting prevented danger, intimidation, or coercion by other coworkers. Additionally, enough time was given to allow the participant not to be rushed.

Participants included organizational members in both leadership positions as well as lower-level employees. Participants in leadership positions held titles such as, director, human resource manager, senior recruiter, employee wellness associate, and human resource associate. As authors or promoters of their organization's wellness programs, these participants were very familiar with their wellness programs. To overcome this ownership bias, the researchers asked lower-level employees to participate in the study as well. Twenty lower-level employees participated in the employee point of view category, as consumers of the wellness programs. These individuals had a variety of roles in the organizations, none in the human resources functions.

RESULTS

As table 1 demonstrates, twenty of the organizations fell below the average of the CDC's validation study. The other four organizations, all large organizations, tied the CDC average. Of the largest organizations, one of them scored a perfect score of 33 in the organizational supports area. Taking this score out, the other large organizations averages twenty-one, also below the CDC's average score for organizational supports. It is not surprising that the organizations in this study have below average levels of organizational supports for overall employee's health and wellness, due to the poor health statuses of Indiana and Kentucky, 39th and 45th, respectively.

Table 1. Summary of average organizational supports scores

Health Score Card Category	Total Points Possible	CDC Study Scores	<100 Employees (12 Orgs.)	100-249 Employees (4 Orgs.)	250-749 Employees (4 Orgs.)	>749 Employees (4 Orgs.)
Organizational Supports	33	24	13	21	12	24
TOTAL	264	158	117	88	141	185

The participant's responses to the organizational support section of the CDC Workplace Wellness Health Scorecard, in conjunction with analysis of the open-ended follow-up questions, resulted in three major themes. The study found that leveraging the knowledge of experts, implementing a variety of wellness programs, removing obstacles to wellness, and having a caring attitude toward employees led to a better company culture and a healthier workforce. Furthermore, based on each organization's total score on the CDC Workplace Wellness Health Scorecard, it was determined which organizations ranked as top-scoring, medium-scoring, and lowest-scoring. Scoring is based on the organization's overall score on the CDC Health Score Card. Seven high-scoring organizations received 201-264 points, ten middle-scoring organizations fell between 101-200 points on the HSC, and six low-scoring organizations earned less than 100 points.

LEVERAGING THE KNOWLEDGE OF EXPERTS

Leveraging the support of a large corporate office or an industry association can make a difference in an organization's CDC HSC score. The use of proven wellness strategies from professional resources that were integrated into a culture helped organizations achieve a higher score. Borrowing expertise worked better than a mix of activities based on preferences or feelings from individuals that worked in human resources.

The highest-scoring organization in the study contracted with local doctors that helped them created a health assessment that was based on blood work. The blood work became their "guiding principle" to know the health an individual or a group of employees. This organization also uses a nation–wide third-party group called Live Well that provides them with best practices. Live Well can then provide them with a rating of their wellness programs, based on a five-star rating system. The leaders in this organization also mentioned multiple trips around the country to study the best health practices at other organizations.

An industrial manufacturer in the study uses a program from US Wellness to provide aggregate information on the health of their employees based on their online portal information. They also participate in information sharing meetings in the community and they feel that "based on the fact that we've gone to those meetings with American Heart Association, health and wellness is becoming more and more important in organizations, but I think we're kind of ahead of the curve based on what we've seen." This organization also states that as an organization with 125 employees, it is hard for them to offer the same programs as a company with 12,000 employees that also attend their American Heart Association roundtable.

This industrial manufacturer is small at 125 employees, but they leverage the resources of their large corporate office. The corporate office requires an on-site garden and gym and provides the resources for each location to implement these at their site. The corporate office also has templates for many wellness educational programs and competitions. Finally, they leverage resources in the community by hosting a health and wellness fair with local wellness vendors and organizations. The wellness fair was a common theme amongst the high-scoring organizations in the pilot study.

A social services organization works through their insurance provider, United Healthcare, to utilize a program called Simply Engage. This program is described as a "program that has employees

designate different check marks with respect to measures that maintain health and wellness. They can then earn various gift cards, with the biggest one up to a $25 dollars monthly premium reduction." The HR Coordinator states that the Simply Engage program "is what helps me to be able to get people to participate in the weight loss challenge and to participate in the biometrics. Biometrics can get you up to $75-dollar gift card or something like that. There are certain things that you must do to get to each level. If those incentives weren't in there, I'm not sure how much buy-in we would get from everyone." Additionally, they leverage the YMCA during the month of January, because the monthly membership fees are reduced at the first of the year. Anyone can take advantage of the YMCA's cheaper rate, but this organization promotes the discounted fees and provides further incentives for employees that participate.

Two lower-scoring organizations in the study can demonstrate this theme by showing the results when an organization does not take advantage of resources that are available to them. One organization in the pilot study has nineteen local employees but is part of an organization with over five thousand employees. Because their corporate office is three hours away, they do not take advantage of the world-class (and often free) services provided there. According to their interviewee, this caused their score to be below average, 99 out of a possible 264. They could have increased their score by leveraging the communication materials sent from their corporate office. For instance, points are awarded for newsletters, videos, brochures, and webinars on the topics of the CDC HSC. The interviewee stated that these things are all available, but at the local level, they do not act as a conduit of this information.

IMPLEMENTING A VARIETY OF WELLNESS PROGRAMS

Through the analysis of the qualitative data, organizations that implemented a variety of wellness programs showed a positive organizational culture. Specifically noted in the interviews, organizations promoted programs such as, community volunteering, addiction-recovery services, and health services for employees' family members. The variety of and uniqueness of the services reach a wide audience within the organization while creating a healthier organizational culture.

Two organizations encouraged community outreach. These companies provided employees VTO or "volunteer time off" for employees to participate in community events. Specifically, an automobile supplier has a program called EEEC, which stands for Every Employee Every Community. This program allows the employee four hours a month to volunteer in the community while still receiving pay. An engineer at the automobile supplier stated, "I could go work for Habitat for Humanity or the Animal Shelter, or wherever I choose to." Another organization, a 25-employee manufacturing company, in the top-scoring group, allows VTO for its employees. According to their quality engineer, "we have VTO, volunteer time off, and that's why I'm always volunteering at (my school). My boss loves it. They love it when we participate in outside community projects."

Another program that was discussed by a participant was help for drug and alcohol addiction. In the interview, it was said that another employee spent three to four weeks in addiction treatment, paid for by the company. The employee's life was falling apart, "alcohol was wrecking him" and the company was very much working with him to ensure that he had the resources he needed to return to a healthy state of mind and body.

Participants also discussed how valuable health services for employees' family members were to them. For instance, some organizations permit an employee to add their spouse or child, to the wellness programs if they have an illness. The participant from the 25-employee organization shared, "employees can bring in family members in and speak to the nurse without a fee. For instance, one of the people I work with, his wife is pregnant, and she has high blood pressure, because they are worried about her with the baby. Therefore, they brought her in, and they gave her prescriptions for medication. She's not one of the employees; she's just one of the employee's wives."

Organizations that show a commitment to offering a variety of programs help further establish a positive organizational culture. While this theme did present as a positive to most organizations, not

all organizations saw evidence of a healthier work force because of program variety. An automobile manufacturer, who scored nearly perfect on the CDC HSC, shared many world-class practices, that offered a variety of programs, an on-site health clinic, regular physical movement classes, and free tobacco cessation programs, for their employees. Nevertheless, the multitude of wellness program options did not ensure a healthier workplace. Contrastingly, this organization has a culture that does not embrace health and wellness. As the participant noted, "you'll see a guy get the Big AZ Burger, go get two Diet Mountain Dews, sit down, hammer them down then go out and smoke a cigarette." This finding suggests that while program variety can help organizations build a better organizational culture and a healthier workforce, individual choice is still a major component.

REMOVING OBSTACLES TO WELLNESS

Another theme that emerged in creating a positive organizational culture and healthier workforce was removing obstacles to wellness. Participants noted that organizations showed an understanding attitude, interactive and encouraging environment, and provided flexible schedules for employees.

A participant in the social services industry suggested that their organization's culture has an understanding attitude when it comes to employee injuries or safety-related mistakes. They noted that the organization has a policy of retraining individuals from the ground up, in lieu of punishment and reprimands. The participant believes that this aspect of their culture encourages employees to report minor injuries and mistakes, rather than covering the mistakes up. According to the participant, "when a mistake is made, instead of giving a punishment, the employee needs to retake that training program. Whether it's A and B or A or B. It's not necessarily just 'you did wrong. Reprimand. Reprimand.' But okay, this something happened. Let's get you retrained so that we cannot have that happen again." This level of understanding by the organization removes the barriers of fear of getting in trouble and instead takes a learning mindset to help employees avoid future mishaps.

Similarly, a 3-D Design organization, with 30 employees, had a strong culture that emphasized physical activity and participating in exercise movements in groups. The 3-D designer stated that, "we were encouraged to take a walk during any time of the work-day. We call it 'coffee walk.' Sometimes the entire office would go out and take a walk on the nearby street. Sometimes, we walk as comrades, too, so we would pair up every month with someone else, and then we would do different activities." The company also paid for a gym membership at the YMCA. They celebrated role models and health-related successes as part of their organizational culture. The employees in the office also play basketball together several times a week. According to the participant, "there are a lot of spontaneous things that the company does also. There are times a bunch of us take bike rides around the park for half a day. Also, we would get together and run in the morning around the park and come back and shower at work. We have a shower, and everything provided for us." Both interactive and encouraging environments remove the barrier of feeling isolated and bring about feelings of connection.

A small manufacturing firm of 43 employees does not have a strong wellness culture or a lot of resources to promote health and wellness. However, they help their employees with limiting stress and earn points on the CDC HSC by providing flexible schedules. The respondent stated, "some people like to come in at 7 and work till 4 and some people like to come in at 5:30 and work till 2. So, we have those two going at the same time. And then also, some like work 10's and some don't. For instance, if you get your 40 hours and you can tell them ahead of time, like two weeks ahead of time, that you need to do something, you can work 4 10's and on Friday you can get off and take care of your needs."

Another interviewee pointed out that an entire industry's stance on wellness was a barrier that was hard to overcome. An electrician supervisor from the construction industry felt that the entire culture of the construction industry made it difficult to implement health and wellness programs. In the interview, he stated "my gut tells me it's an alpha male dominated industry, and the employees say 'you're not going to tell me how to live my life' or 'I don't know if that's right.' Sometimes men

don't ask for help with these things, maybe." This employee and another in the lowest-scoring category felt that, in the construction industry, leaders see that employees are always moving, and even if they are not healthy by the numbers, their poor health does not have a visible effect on job performance. The electrician supervisor further explained that the culture in the construction industry affected health and wellness. He felt that "there's nobody educated on health and wellness. The company's not going to go do that.... also, it has to do with how widespread people are. It's not like everybody works at one location. They don't' have a place where they can funnel everyone, tell them 'here we're bringing this program in.' If we're bringing somebody in, the rest of the company is still out there."

Similarly, the lowest-scoring organization in our study has a culture that is not very accepting of health and wellness. The interviewee had a story of a period during his employment when he was trying to engage in more physical activity by jogging during his lunch hour. He described how he would be ridiculed for wearing running attire and jogging within sight of the office. He stated that "I would change into my running attire and shoes at lunch and go run around the (office). I remember daily just getting made fun of. That's aggravating when you're trying to do something healthy. I'm not a professional runner but I ran for a two-week stint. I probably went from a 16-17-minute mile to a 10 minute 30 second mile. I was like 'that's pretty good, an improvement.' But, it's aggravating, (when) you're doing something good…trying, and they want to give you a hard time."

CARE FOR EMPLOYEES

The last theme that emerged from the qualitative study was care for employees. In responses made by both HR personnel as well as team members, it was evident that organizations that care for their employees have organizational structures that support health and wellness. For example, an engineer at an automobile supplier feels that there is a culture of caring and concern for all of the employees. He stated, "there are a lot of large companies where people feel like (they) just show up and push the button. They feel as though there are a million people that want to take my spot and I'm expendable." He continues "(my company) doesn't look at their people like they're expendable and it's (believable) because of the safety stuff, and the promoting of wellness."

One employee of a 25-employee organization also feels like he matters to the organization. He believes he is an asset to the company and feels as if he are part of a family. He elaborated on this point by sharing that "my boss treats us like a giant family. Twice a month, we have a company picnic where everybody goes out with their families. The whole HR department helps promote these ideas and plan and implement these health programs."

Another example of care for employees was exhibited by the leadership team in the utilities industry. Their project engineer noted that the company took up donations to pay the above-insurance expenses for a sick employee. An employee had lung cancer and had a quarter of his lung removed. "The leadership team took up donations to pay for what his health insurance wouldn't pay. The employee had used all of his vacation days and (other employees) donated their days. They actually raised enough money and vacation days to keep him off work for eight months." This type of support in the culture demonstrates that the organization really cares about their employees.

A small shop in the technical services industry felt that their culture did not support health and wellness through informative classes like the CDC suggests, because they are only a seven-person organization. However, their culture is very caring and helpful if employees need flexibility for their health and wellness needs. According to their interviewee, "one employee was off for several months for open-heart surgery and continued to get paid. My uncle, he had open heart surgery, he was off for several months. He still has doctor visits. He has to go to get check-ups and he's paid for his time off to see the doctor." The interviewee further stated that he felt their small size was an asset in creating a culture of caring about one another. He shared that "probably because we're so small and when you're a small company, you can't afford to lose even one employee. A bigger company, if you lose one person, it ain't no big deal. You don't even really feel the repercussion of it. If you're a small

company of seven, you lose one person you feel it. I guess that's probably the reason why safety is a big thing." He also felt that the closeness of a small company creates a family environment. In his words, "basically we are all family. We all just try to help each other out. It means if you're sick or whatever, we try to help you or work with you as best we can."

Another small organization, with only six employees, feels that their size allows them to also have a flexible culture with employees and how they schedule their time. The journeyman electrician stated, "we easily make it so that people can make up hours. Whatever they've got to do or leave for few hours, come back and make it up that afternoon or that weekend." This individual also felt that the nature of their work kept employees somewhat healthy because they are moving around and very physical in their labor.

CONCLUSION

This study provided a list of actionable steps that organizational leaders can take to adjust their organizational supports to develop a healthy workplace. First, organizational support for health and wellness must be present at levels of the organization, it must demonstrate a concern for the employees' well-being rather than just the organization's well-being, and it must have a multi-faceted approach, across ongoing evaluations and multiple data points. Second, leaders can leverage the knowledge of experts, such as primary care providers, third party wellness program providers, community organizations, and fitness experts in the local community. Third, respondents in the study shared their organizations' multi-faceted approach included volunteers, an Employee Assistance Program, exercise classes, tobacco cessation, and nutrition programs. Fourth, employee wellness can improve when an organization removes obstacles by providing time off, encouraging wellness activities through the context of a "work buddy," and providing flexible schedules to reduce stress. Lastly, respondents expressed that care for employees supported a healthy workplace through creating a culture of concern.

The organizations with the highest scores in this study showed a strong collaboration with medical professionals in their health assessments. Employers demonstrated commitment to their employees' health by using blood work to guide feedback from the assessments and providing one-on-one conversations during and after health assessments. The highest scoring organizations typically contract with local doctors to provide a health assessment at a clinic affiliated with their organization, or a health clinic in the community. A health clinic onsite that offered a variety of free programs was likely the role model of support in this study.

In demonstrating organizational support of health and wellness, the top-scoring organizations in this study offered a variety of incentives for participation in their health and wellness programs. Multiple organizations offer cheaper insurance premiums for certifying as a non-smoker. Another company offers employees a 'non-wellness plan' and a 'wellness plan' to save 30% on insurance premiums. Others offer lower, but more frequent incentives, such as $10 for participating in wellness screenings, regular lunch and learns, and for watching health-related YouTube videos. Further, one company provides employees six hours of extra flextime to use at the health center for check-ups, a health assessment, or anything relating to an illness.

Incentives are commonly given to encourage employee participation in a health assessment. One high-scoring company offers an insurance discount for participating in a yearly health screening. Some companies pay employees cash to participate in yearly health assessments, while another gives employees with a family $1200 in their HSA account annually, $600 for employees without a family for participant in a health assessment. Other high-scoring organizations in this study provide a free gym membership and award prizes for the most gym attendance. For instance, when employees use the company-provided gym membership, they can earn points for each visit and these points can be traded for merchandise. Another company gives employees a bonus for using all their vacation time as more of a mental health initiative.

Providing flexible work hours can demonstrate organizational support and most of the best-scoring organizations had methods for providing flexible work environments for their employees. Perhaps the most unique program was the "school day program," that allows parents to match their children's' school schedule in the summer, on weekends, during the weekday, and even on inclement weather days. The corporate care manager of this organization felt that this was a very worthwhile program because good employees are hard to find in their area. He felt this was just one more barrier they could remove for segments of their workforce that allowed them to contribute to the company. Other high-scoring organizations have multiple schedules through the week and informal flexibility if employees have a need.

In addition to providing organizational support for employee wellness, these supports must be communicated to the employees. According to the CDC HSC, communication to employees through multiple channels is an important factor to encourage participation in wellness programs. According to a RAND wellness study in 2013, organizations should use multiple communication channels to inform employees of the services available (Moseley & Estrada-Portales, 2013). Employers can use email, bulletin boards, announcements at company meetings, and health fairs to deliver clear messages about the goals and importance of wellness programs (Moseley & Estrada-Portales, 2013). Effective wellness programs also allow input from employees, or two-way communication when developing clear goals and objectives (Goetzel et al., 2014).

In closing, the results of this study found four themes that demonstrated organizational support of employee wellness. These four themes are leveraging the knowledge of experts, implementing a variety of wellness programs, removing obstacles to wellness, and having a caring attitude toward employees. The combination of these themes led to a higher score on providing organizational supports on the CDC Health Scorecard.

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REFERENCES

Benz, J., Sedensky, M., Tompson, T., & Agiesta, J. (2013). *Working longer: Older Americans' attitudes on work and retirement*. Chicago: NORC Center for Public Affairs Research Retrieved from www.apnorc.org/projects/Pages/working-longer-older-americans-attitudes-on-work-and-retirement.aspx

Caban-Martinez, A. J., Davila, E. P., McCollister, K. E., Fleming, L. E., Zheng, D. D., Lam, B. L., & Lee, D. J. et al. (2011). Age-related macular degeneration and smoking cessation advice by eye care providers: A pilot study. *Preventing Chronic Disease*, *8*(6). PMID:22005640

California Department of Public Health. (2015). *Worksite program success stories: Creating a culture of wellness in the worksite environment*. Retrieved from https://www.cdph.ca.gov/programs/cpns/Documents/300201_WorksiteSuccessStories_LowRes.pdf

CDC. (2014). *The CDC worksite health scorecard: An assessment tool for employers to prevent heart disease, stroke, and related health conditions*. Retrieved from https://www.cdc.gov/dhdsp/pubs/docs/hsc_manual.pdf

CDC. (2016). *Workplace health program definition and description*. Retrieved from https://www.cdc.gov/workplacehealthpromotion/pdf/workplace-health-program-definition-and-description.pdf

Chapman, L. S. (2012). Meta-Evaluation of Worksite Health Promotion Economic Return Studies: 2012 Update. *American Journal of Health Promotion, 26*(4). 10.4278/ajhp.26.4.tahp

Edington, D. W., Schultz, A. B., Pitts, J. S., & Camilleri, A. (2015). The Future of Health Promotion in the 21st Century. *American Journal of Lifestyle Medicine*, *10*(4), 242–252. doi:10.1177/1559827615605789 PMID:30202279

EEOC. (2011). *Informal Discussion Letter, ADA & GINA: incentives for workplace wellness programs*. Retrieved from http://www.ee oc.gov/eeoc/foia/letters/2011/ada_gina_incentives.html

Goetzel, R. Z., & Ozminkowski, R. J. (2008). The Health and Cost Benefits of Work Site Health-Promotion Programs. *Annual Review of Public Health*, *29*(1), 303–223. doi:10.1146/annurev.publhealth.29.020907.090930 PMID:18173386

Goetzel, R. Z., Henke, R. M., Tabrizi, M., Pelletier, K. R., Loeppke, R., Ballard, D. W., & Exum, E. et al. (2014). Do Workplace Health Promotion (Wellness) Programs Work? *Journal of Occupational and Environmental Medicine*, *56*(9), 927–934. doi:10.1097/JOM.0000000000000276 PMID:25153303

Horacek, T. M., White, A. A., Byrd-Bredbenner, C., Reznar, M. M., Olfert, M. D., Morrell, J. S., Koenings, M. M., Brown, O. N., Shelnutt, K. P., Kattelmann, K. K., Greene, G. W., Colby, S. E., & Thompson-Snyder, C. A. (2014). PACES: A Physical Activity Campus Environmental Supports Audit on university campuses. *American Journal Of Health Promotion: AJHP*, *28*(4), e104–e117. doi:10.4278/ajhp.121212-QUAN-604 PMID:24200245

Kent, K., Goetzel, R. Z., Roemer, E. C., Prasad, A., & Freundlich, N. (2016). Promoting Healthy Workplaces by Building Cultures of Health and Applying Strategic Communications. *Journal of Occupational and Environmental Medicine*, *58*(2), 114–122. doi:10.1097/JOM.0000000000000629 PMID:26849254

Lind, K. D., & Noel-Miller. (2011). Chronic condition prevalence in the 50+ US population. In *Fact Sheet No. 245*. AARP.

Luckhaupt, S. E., Cohen, M. A., Li, J., & Calvert, G. M. (2014). Prevalence of Obesity Among U.S. Workers and Associations with Occupational Factors. *American Journal of Preventive Medicine, 46*(3), 237-248. 10.1016/j.amepre.2013.11.002

Mello, M. M., & Rosenthal, M. B. (2008). Wellness Programs and Lifestyle Discrimination— The Legal Limits. *The New England Journal of Medicine*, *359*(2), 192–199. doi:10.1056/NEJMhle0801929 PMID:18614787

Moseley, K., & Estrada-Portales, I. M. (2013). RAND Report on Workplace Wellness: What employers must know. *Population Health Management*, *16*(5), 349–350. doi:10.1089/pop.2013.1651 PMID:24028287

Park, S., Pan, L., & Lankford, T. (2014). Relationship between employment characteristics and obesity among employed U.S. adults. *American Journal of Health Promotion*, *28*(6), 389–396. doi:10.4278/ajhp.130207-QUAN-64 PMID:24200331

Pomeranz, J. L. (2015). Participatory Workplace Wellness Programs: Reward, Penalty, and Regulatory Conflict. *The Milbank Quarterly*, *93*(2), 301–318. doi:10.1111/1468-0009.12123 PMID:26044631

Richardsen, A. M., & Burke, R. J. (2014). Corporate wellness programs: A summary of best practices and effectiveness. In R. J. Burke, A. M. Richardsen, R. J. Burke, & A. M. Richardsen (Eds.), *Corporate wellness programs: Linking employee and organizational health* (pp. 349–365). Edward Elgar Publishing. doi:10.4337/9781783471706.00028

Services, U. S. D. o. H. a. H. (2014). *Medical expenditure panel survey* Retrieved from https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=2014&tableSeries=1&tableSubSeries=CDE&searchText=&searchMethod=1&Action=Search

SoárezP. C. d.CiconelliR. M.PavinT.OgataA. J. N.CurciK. A.OliveiraM. R. d. (2016). Cross-cultural adaptation of the CDC Worksite Health ScoreCard questionnaire into Portuguese. *Revista Da Associacao Medica Brasileira, 62*(3), 236-242. doi:10.1590/1806-9282.62.03.236

Sohyun, P., Liping, P., & Lankford, T. (2014). Relationship Between Employment Characteristics and Obesity Among Employed U.S. Adults. *American Journal of Health Promotion*, *28*(6), 389–396. doi:10.4278/ajhp.130207-QUAN-64 PMID:24200331

Terry, P. E. (2013). The Science Stalwarts for Wellness: The CDC (and P). *American Journal of Health Promotion*, *28*(2). PMID:24175591

VanderVeur, J., Gilchrist, S., & Matson-Koffman, D. (2015). An Overview of State Policies Supporting Worksite Health Promotion Programs. *American Journal of Health Promotion*, *31*(3), 232–242. doi:10.4278/ajhp.141008-QUAN-505 PMID:26730564

Watson, R., McKenna, H., Cowman, S., & Keady, J. (2008). *Nursing Research Designs and Methods, 169*. Churchill/Elsevier Limited.

Weiss, J. P., Froelicher, V. F., Myers, J. N., & Heidenreich, P. A. (2004). Health-Care Costs and Exercise Capacity. *Chest*, *126*(2), 608–613. doi:10.1378/chest.126.2.608 PMID:15302750

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