

Employee Wellness Programs

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Introduction

A LARGE VOLUME OF LITERATURE ON EMPLOYEE WELLNESS PROGRAMS heralds their development and implementation, offering evidence of insurance cost savings and declines in absenteeism. One extensive cost-benefit meta-analysis of 36 studies of employee wellness programs “found that medical costs fall by about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent” (Baicker, Cutler, Song, 2010). Johnson and Johnson, for example, estimated a 66% drop in smokers and a 50% drop in employees with high blood pressure between 1995 and 2012; these changes in behavior correlated with \$250 million in health care cost savings over a decade (Berry, Mirabito and Braun 2010). Such findings have led researchers to conclude that “workplace wellness programs can help contain the current epidemic of lifestyle-related diseases, the main driver of premature morbidity and mortality as well as healthcare cost in the United States” (Mattke et al. 2013).

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However, results can vary. One study found that cost savings may partly result from cost shifting, “with the most vulnerable employees—those from lower socioeconomic strata with the most health risks—bearing higher costs that in effect subsidize their healthier colleagues.” Another study questioned the sustainability of program effects, such as participants re-gaining previously lost weight (Parikh 2013).

In higher education, employee wellness programming is not always prevalent. A study of 250 community colleges found that only 40 percent offered employee wellness programs, and full-time faculty participation

ranged between 5 and 15 percent (Thornton and Johnson 2010). Most analyses of employee wellness programs focus on large corporate employers. However, universities are often better positioned to offer wellness programming to faculty and staff, especially due to the existing infrastructure in recreation facilities and programs. One example is Temple University's Total Wellness—a voluntary, incentivized employee wellness program that is available to all insured employees. It provides nutritional counseling, employee challenges, and customizable online health tools. Incentivizes are awarded through a points-based system, which qualifies employees for up to \$200 in gift card rewards (FosterThomas 2013).

A closer look at seven university employee wellness programs

The NIRSA Headquarters—in collaboration with outside researchers—conducted in-depth interviews at seven NIRSA-member universities that currently offer employee wellness programs:

- The University of Alabama (Alabama)
- University of North Dakota (UND)
- Cornell University (Cornell)
- Oakland University (Oakland)
- Stanford University (Stanford)
- Texas A&M University-Corpus Christi (TAMU-CC)
- Oklahoma State University-Stillwater (Oklahoma State)

Two of the seven schools are private institutions; all of them are universities. These institutions were chosen to be interviewed because they have strong, established employee wellness programs. Although there are many new programs and positions currently being created and offered, the focus of this report is to learn from longstanding existing programs.

This report summarizes the interviews and provides a close look at seven employee wellness programs at NIRSA-member institutions.

Program Establishment and Objectives

FOUR PRIMARY CONCERNS MOTIVATED THE ESTABLISHMENT OF EMPLOYEE wellness programs on campuses at the universities that were interviewed: health insurance costs, restructuring, employee productivity, and general improvement of health.

Evidence shows that decreased costs—including employer contribution to health insurance premiums—is a motivator for the establishment of employee wellness programs (Hamilton, 2009; Mattke, Schnyer and Busum 2012). In line with these findings, Alabama reported “managing self-insured healthcare coverage with rapidly increasing costs” as primary motivation. At Oakland, “insurance piece played a big role; people saved money and the university saved money.” Self-insured institutions have a greater incentive to engage in wellness programming.

Restructuring, led by senior leadership, was the impetus behind the wellness programming at the three other schools. At Oklahoma State, the two-decade-old Wellness Center merged with Campus Recreation in 2011 to establish the Department of Wellness. A similar merger occurred at Stanford, followed by the hiring of a Chief Wellness Officer and extension of recreation facility membership as a benefit to all full-time and $\frac{3}{4}$ time employees.

Wellness programs can also increase employee morale and productivity by increasing mental and physical health (Mattke, Schnyer and Busum 2012). Both Cornell and TAMU-CC explicitly identified employee health improvement as the motivation for offering wellness programs.

Needs assessment

Universities assessed the need for employee wellness programs in a variety of ways. Alabama relied on traditional firsthand data sources, including focus groups and surveys. Cornell conducted surveys, but also examined national data on health and healthcare expenditures. UND administered a needs assessment in 2006 to determine employee health levels and interest, followed by additional surveys in later years. Oakland described a grassroots effort, originating from employee clerical unions. The campus police at Oakland negotiated for recreation center memberships, citing health and activity needs. Oklahoma State hired a Chief Wellness Officer who would oversee the evaluation of program needs.

Stakeholders, institutional oversight, and partnerships

Wellness programs are generally established and administered through cross-departmental partnerships, including offices dedicated to athletics, recreation, and health, as well as human resources and executive offices. Cornell's wellness program began as a pilot program with the Athletics Department and later integrated Human Resources. The program has four full-time and three part-time staff, who enjoy "rock star status" and the department is considered "high profile." At Oklahoma State, a "very robust program in the recreation center" existed even prior to the merger of the Wellness Center with Campus Recreation, allowing for organic growth. This consolidation also allowed for improved efficiency of service delivery. At Alabama, University Recreation implements programs developed by the Office of Health Promotion and Wellness. The former Provost, now President, of Alabama provided the key services necessary for implementation of the program, guided by a Wellness Council and department ambassadors. At TAMU-CC, the President's Cabinet originally endorsed the program; consent forms are required for participants and supervisors, and supervisors must approve release time. Recently, some institutions (e.g. The Ohio State and Oklahoma State) have created stand-alone wellness offices and departments, along with Chief Wellness Officer positions.

Only two schools identified extensive external partnerships. UND described "wonderful partnerships with our external audiences," such as Blue Cross Blue Shield and Weight Watchers, where "a dietitian provides metabolic testing and a vendor for health screening services." UND also engages with city officials to collaborate on city-level programming. Similarly,

Oakland “worked closely with three insurance providers,” as well as Weight Watchers, the American Heart Association, and a consultant.

Cornell, which is self-insured, partners with local physicians. The TAMU-CC program helped to identify services available through Blue Cross Blue Shield and has hosted Weight Watchers, but there is not a formal connection to the departmental employee wellness program. Oklahoma State attempted to collaborate with Weight Watchers but wasn’t successful. Use of external partners at Stanford was limited to the Wellness Fair. Equally, at Alabama “third-party providers—other than for special event sponsorships—are not highly utilized.”

Program objectives

Table 1

School	Physical Fitness / Inactivity	Smoking Cessation	Wellness / Balance / Joy / Healthy Living	Stress
Alabama	✓	✓	✓	✓
Cornell	✓		✓	
UND	✓	✓	✓	✓
Oklahoma State	✓			
Oakland			✓	
Stanford			✓	
TAMU-CC	✓		✓	
Total	5	2	6	2

Table 1 details the employee wellness program objectives. Five of the seven schools focused explicitly on increasing physical activity and fitness among employees (although TAMU-CC explicitly veered away from identifying “weight loss” as a goal). Both Alabama and UND aimed to reduce smoking and stress levels. Alabama observed “mental health concerns with a growing number of employees holding prescriptions for anxiety, depression, and stress-related issues.” At Oakland, “the insurance plan focuses on healthy living.”

None of the schools designated explicit return-on-investment markers, though some had considered cost-related outcomes. Alabama hoped to steady the rise of annual health care premiums. UND sought to reduce health-related benefits costs.

Program Components

EMPLOYEE WELLNESS PROGRAMS TYPICALLY CENTER ON LACK OF PHYSICAL activity, obesity, and smoking as “the top causes of preventable death in the United States” (Baicker, Cutler and Song 2010). The surveyed institutions were provided with a list of nine common employee wellness program components (adapted from the California Department of Public Health guidance on developing an employee wellness program). Institutions were asked to describe the degree to which each component constituted the relevant campus programming. Half of these components (health risk assessment, wellness workshops/health fairs, fitness classes, and campus-wide activities) were present at all of the institutions interviewed. Wellness website/newsletter and incentives are present at all but one of the interviewees. The other three components (release time, smoking cessation efforts, and healthy eating efforts) were implemented less consistently. All had recreation and fitness facilities that were available to faculty and staff (although some were available only to those who paid membership/participation fees).

Health risk screenings and assessments

Both Cornell and Stanford pointed to the utilization of specific health risk assessments: the PAR-Q (Physical Activity Readiness Questionnaire) at Cornell and the SHALA (Stanford Health and Lifestyle Assessment) at Stanford. TAMU-CC uses the PARQ as a pre-screening for participation in the program. As part of “incentive-based inclusion” in the WellBama program at Alabama, the university offered screenings for ailments such as diabetes, high blood pressure, high cholesterol, and certain cancers. UND and Oklahoma State worked with Blue Cross Blue Shield. TAMU-CC is also under Blue Cross Blue Shield, which now incentivizes completion of an

HRA and an annual wellness check with a physician. As part of the UND program, employees who completed a health risk assessment were eligible to earn \$250 per year. The University reports that nearly a quarter of eligible employees had completed the risk assessment. Oakland mobilized students to conduct blood pressure checks based on departmental request, reducing the need for employees to come directly to the campus recreation facility.

Wellness workshops and health fairs

Each university offered wellness workshops, but the format varied across campuses. Oklahoma State—through its “Wellness Wednesday” lunch seminar—and TAMU-CC offered monthly seminars, covering topics such as nutrition, mental health, and sleep. Oakland utilized the Internet, hosting educational “lunch and learn” online sessions. UND hosts occasional wellness workshops, but noted that shorter, more frequent wellness updates at staff meetings were more effective, allowing for “higher attendance and greater outreach to people of low, medium, and high-risk health behaviors.” Health fairs were also popular—specifically mentioned by at least three schools.

Wellness websites and newsletters

Virtually every school implemented some sort of media communication effort. At Alabama, UND, and Cornell, this materialized as a webpage. Cornell identified weekly emails to 5,000 employees, the use of social media, and a Wellness Guide. Similarly, Oakland utilized Facebook, a campus webpage, and direct mail through the HR department. Oklahoma State referred to a Department of Wellness website, as well as a bi-monthly newsletter. The Stanford BeWell program “provides two articles per month that appear in the Stanford Report which goes to all employees on a daily basis.”

Release time physical activity

Some sort of release time for physical activity was generally available to staff, but was often limited, requiring departmental and supervisor permission as well as other restrictions. TAMU-CC offers participants in its program release time in three thirty-minute intervals per week; this

time could be applied to exercise through a longer lunch break, late arrival, or early leave. At Oklahoma State, “supervisors are encouraged to allow employees to flex their time so that they can attend wellness activities;” the university also planned to include breaks for stretching and to allow employees to log wellness activity participation online. Cornell also offers flextime. Alabama, Oakland, and Cornell reported break time availability subject to departmental or managerial approval.

Fitness classes

Fitness classes were widely available on all campuses. These often utilized physical recreation offerings that existed prior to the establishment of current employee wellness programs. For example, Cornell offers 80 group fitness classes per week. Oakland offers 60; employees purchase a “fit pass” to participate (the same classes were also open to students).

Smoking cessation efforts

While aid to those seeking to quit smoking was generally available on campus through University Health Services or Employee Assistance Programs (many University Health Centers only serve students), smoking cessation was not necessarily an explicit component of employee wellness programming. This was true for TAMU-CC, Alabama, Oakland, and Oklahoma State. At Stanford, smoking cessation classes were offered through the “Health Improvement Program” (separate from Work Well); at Cornell, they were available “by request.” UND explained that the campus was already “tobacco-free,” and due to low smoker incidence, the university could not meet the requisite number of participants for a smoking class. However, other efforts were in place, such as a university-wide Kick Butts Day.

Incentives

Four of the seven universities relied extensively on the use of incentives to reward program participation. These involved either fairly large cash amounts (such as \$250 gift cards at Alabama), or small promotional items (water bottles, lunch bags, pedometers, cookbooks, and t-shirts). Promotional items were offered as prizes for events such as walking

challenges and were at times connected to various points-based systems. Oklahoma State discontinued the use of incentives after 2012, as “we didn’t feel it was worth the money or time involved.” The school is considering reintroducing incentives, but only for extreme cases: either disengaged or highly engaged participants.

Incorporation of healthier eating practices

The incorporation of healthier eating practices was present at half of the seven campuses. Alabama and Stanford partnered with campus dining services to offer healthy eating options. Alabama considered the issue a “high focus in all meetings”, while Stanford worked to create a specially branded ‘BeWell healthy meal selection of the day.’” Oklahoma State has a “Certified Healthy Department” application process that considers healthy eating practices. Oakland offered one free session per semester with a dietitian. This is a key area of emerging programming beyond what has been offered in the past.

Campus-wide activities

All schools offered varying types of campus-wide activities. At Alabama, this was the Annual Fall 5K, which also integrated a six-week preparatory training program. Similarly, Oklahoma State conducted a Wellness Walk for United Way every fall, as well as other events (averaging four per semester). Oakland led a Poker Walk (numbering 300 participants), as well various marathons; the university covered the enrollment fee (\$20 per participant).

Implementation and Participation

Funding and benefits

Resource allocation varied across campuses. At UND, although financial allocations remain at 2007 levels, collaborations with both internal and external partners provide funding. At Oakland, the “University President had an unbelievable amount of discretion with the budget,” granting resources for the establishment of employee wellness programs. At TAMU-CC, the opening of a new recreation facility in 2009 allowed for some growth of its limited program. The program continues to be relatively small with 20 participants each semester receiving free services to help with significant lifestyle changes. Additional participants can pay for similar services.

Most of the campus-based employee wellness programs were not directly integrated into the benefits package, even though the funding sources may have been linked. At TAMU-CC, “the program is offered and funded by the Recreational Sports Department and is not integrated into the benefits package; costs are offset by generated income in other areas.” The WellBama program at Alabama was not integrated into the benefits package; funding sources were dependent on the President and the Provost and “heavily leveraged with departmental and sponsorship assistance on products, services, donations and in-kind gifts.”

UND’s program, on the other hand, was “listed as an employee benefit on our Human Resources/Payroll website, Safety website, and main UND portal for staff and faculty,” even though it was not part of the health insurance

package. Funding came from the state (at the discretion of the University president) to offset the costs of hiring wellness staff and messaging. Oakland established an eligibility policy to receive free Recreation Center memberships; this was open only to “certain classifications of employees,” and excluded non-benefitted staff (part-time and casual workers could pay if they wished to participate).

Targeted populations

Three schools identified concentrated efforts to reach out to specific populations. At Alabama, outreach efforts are aimed at populations who are “less likely to engage in these programs, [such as staff from] facilities, grounds, and custodial services.” TAMU-CC has sought out deans and directors to reach their departments; past efforts included outreach to the Physical Plant, the Police Department, Student Affairs, and new staff.

UND utilizes a rotation system to increase convenience and exposure of its health services:

“One of our strategic plans includes serving subsets of populations. We have various activities, such as interaction at Facilities all-staff and night-shift meetings, a special health screening for Dining Services during their spring retreat, off-campus programs for those in satellite offices, and main programming for all of campus.”

Program marketing

Overall, schools commonly work with campus media to publicize wellness programs, including websites, newsletters, articles, and email. For example, Stanford identified a “comprehensive marketing plan that has involved the following: road signs, posters and banners, a website, twice-a-month articles in Stanford Report, and targeted emails.” UND also utilizes “ambassadors in various departments” to assist in outreach. Oakland maintains a presence at new employee orientations and provides an overview of the program in employee benefits documentation.

Marketing efforts also depend on program scope. At UND, for example, the employee wellness program is open not only to staff and faculty (both

benefitted and non-benefitted), but also to their spouses and partners, through online enrollment.

Employee engagement

Universities employed a variety of motivational techniques to increase participation. At Alabama, “creating pathways to personalization of exercise through one-on-one or group personal training has a strong impact on motivation to begin and maintain programs; small groups of staff working together create teamwork as well as aids in incentives to continue.” UND sought to provide an “advanced track” for exercisers outside of the program-specific demographic. At Oakland, employees “get excited about team bonding (fun, in groups, and light-hearted),” but often resist “excessive or overbearing health and wellness messaging.”

In addition to implementing “release time” policies for physical activities, several surveyed schools strove to make adaptations necessary to ensure priority for employee wellness programming. Cornell established specific guidelines to enable supervisors to help with employee requests. UND’s strategic plan focused on “enhancing the lives of staff and faculty with innovative health and wellness programs,” including providing resources for nursing mothers and connecting with community groups across the city.

Incentive structure

Two schools –Alabama and Stanford – offer tiered, relatively high cash-value rewards to wellness program participants. In Alabama’s WellBama program, participants could earn up to \$250 per year for completing the highest health outcomes tier. To a lesser extent, UND also offers cash rewards, such as “employees in Weight Watchers earn a \$50 return if they attend 14 of 17 sessions (up to three times a year).” Other schools generally offer non-cash prizes for participating in specific activities, such as raffle drawings and contests.

Only one of the seven employee wellness programs associated penalties with failure to participate. These findings are consistent with research previously done by RAND, which found that 84 percent of surveyed

employers used rewards, not penalties (Mattke et al. 2013).¹ In the TAMU-CC program—limited to 20 employees per semester—participants risked dismissal for failing to comply with requirements (working out three times per week) or for abusing release time. But this is rare, having “only happened a couple of times over the ten years the program has existed.” Alabama instituted a health insurance penalty starting January 2014 (through Blue Cross Blue Shield) whereby tobacco users would be charged \$25 per month for failing to comply with the University’s goal of becoming a tobacco-free campus. Oakland noted that the only penalty—an indirect one—would be possible increase in health insurance.

Program participation

Program participation tracking varies significantly among the seven institutions surveyed. Table 2 details participation rates.

Table 2

School	Participation Rates
Alabama	Almost 25% of the employees are current members of UREC facilities. OHPW programs see probably 20-25% participation rates out of an employee base of approximately 5,000.
Cornell	Enrollment of 3,700 wellness program members, from 10,000 faculty and staff at the university.
UND	Last year had a participation rate of 56.2% of employees who attended at least one wellness program.
Oklahoma State	Half of employees are currently participating in some aspect of the programs and services.
Oakland	The program, started on January 1, 2012, is open to 1,800 benefits-eligible employees. 2011: 288 (10%) unique faculty/staff entrances (14,000 total entrances) 2012: 865 (48%) unique faculty/staff entrances (23,000 total entrances) 2013: 771 (43%) unique faculty/staff entrances (20,860 total entrances)
Stanford	9,000 (70%) employees completed an assessment (SHALA). 7,000 (54%) completed their Wellness Profile.
TAMU-CC	Each semester, the program accommodates 20 people (60 per year; it has served more than 600 people over the course of the program). TAMU-CC also currently has approximately 25% of employees who have purchased memberships to use the university recreation facilities. Current benefits-eligible staff and faculty members: 1,100.

Means of tracking participation also varied considerably, but generally included: card swipes, logs, and software programs. Alabama utilized a mix of counts from program enrollments, events, and registration for

¹ RAND research was not limited to higher education employers.

services. Cornell and Oakland looked at the number of ID swipes to enter facilities, as well as the number of one-on-one sessions logged. At UND, attendance sheets with name and email identifiers were consolidated into spreadsheets. At Oklahoma State, specific software (Spectrum NG) was used to run reports. Stanford used its BeWell Employee Incentive Program website to track enrollment.

Barriers to participation

Universities identified a number of challenges that inhibit employee wellness program participation, both on the supply and demand sides. Reaching hourly-wage employees was a struggle at both Oklahoma State and Cornell. Cornell reported that hourly and union staff could not utilize flex time; attempts to provide wellness services to these employees were made with recorded webinars, which could be accessed at any time. Oklahoma State hasn't yet identified a mechanism for reaching these employees.

Alabama identified impediments to program participation as "time, cost (membership to recreation facilities), and overall desire to participate (lack of value of programs)." They emphasized the need for high-level support and policy to mediate such concerns. The sentiment at UND was that most employees prefer to participate in wellness activities off campus, on their own time. Moreover, "some [people] do not like challenges that require tracking." Like UND, Oakland—a "huge commuter campus"—felt that employees would prefer to exercise closer to home. Furthermore, the campus does not offer childcare and employees may be unwilling to walk across campus for a workout in cold temperatures.

Outcomes

THE SEVEN SURVEYED UNIVERSITIES EACH REPORTED GENERAL POSITIVE effects on program participants. Both Stanford and Cornell characterized the employee wellness program as a “way of life.” Cornell described the effect as “very positive.” All of the schools cited data (quantitative and qualitative, including surveys and assessments) as the basis for measuring employee wellness program success. At Cornell, both surveys and informal feedback were used to measure outcomes. Similarly, at Oklahoma State, “our success is totally based on numbers at this point. We have a lot of success stories but we are held accountable for the numbers.” UND reported measuring changes in employee behavior and satisfaction from walking challenges and health screenings, as well as highlighting testimonial evidence. “Work Well data is reviewed at the end of the year with the Advisory Board to determine programs to keep, change, or drop.” Alabama cited an ongoing review process with a five-factor set of measures to assess the effectiveness of its health promotion and wellness programs: process, participation, satisfaction, impact, and outcomes. Employee, supervisor, and administrator satisfaction is measured through focus groups, interviews, and surveys.

Focus groups at TAMU-CC revealed four general themes: “(1) improvement in fitness, (2) awareness of food consumption, (3) increased alertness, and (4) attitudinal changes.” Participant flexibility improved significantly and supervisors observed increased energy levels in employees, “most likely due to their participation in the program.” UND reported similar changes including slimmer employees, formation of walking partners, and increased incidence of walking on campus. “For the third year in a row we have seen increased knowledge and increased physical activity comparing pre-tests to post-test results.” Additional effects were seen at UND at the university leadership level:

“Last year, all of the academic deans were challenged to do a wellness activity and this has had a wonderful effect including ergonomic assessments for an entire college, a new indoor walking path, and the ability to see leaders dedicate time and encourage their employees to attend and participate in wellness functions.”

Return on investment

Universities generally did not pre-specify their expectations for return on investment. Thus, explicit cost-benefit metrics often weren't available. Nevertheless, at least two schools (Alabama and Stanford) reported being in the process of quantifying and analyzing data on outcomes, including a cost-benefit analysis of the WellBAMA program at Alabama. TAMU-CC conducted an experimental research study in 2009 that quantified positive results. UND, though lacking resources to capture specific measurements, noted that “in some ways, we can say that our return on investment is three-to-one because of our health insurance premium return (\$300,000) is three times the investment of the program (\$100,000).” Alabama reported that “the WellBAMA program has resulted in a shift of low risk employees from 10% in 2012 to 30% in 2013,” and a drop in the rate of employees considered high-risk. Oklahoma State noted that its “insurance did not increase this year, [which the administration is] attributing to some of our programs and services.”

Health outcomes

Universities are often asked to assess program effects on specific health issues: illnesses, hospital visits, lethargic feelings, stress levels, and unhealthy behaviors such as smoking. Alabama reported decreases across all five of these areas. Stanford reported general decreases in the incidence of specific health issues, but saw lower effects on lethargy and noted that stress levels continue to present a challenge. TAMU-CC noted improvement in physiological risk factors, improvement in job satisfaction, decrease in absenteeism, and decrease in monetary spending for medical costs. Additionally, “there have been many anecdotal comments collected over the years: people have been able to reduce diabetes and high blood pressure medication doses; people have lost weight; people have achieved fitness goals such as doing 25 pushups or running a mile without stopping.” TAMU-

CC also conducts pre- and post- fitness assessments to measure changes in physiological factors including: weight, waist circumference, blood pressure, cardiovascular capacity, muscular strength, muscular endurance, and flexibility. UND survey data showed a decline in tobacco rates following the establishment of a tobacco-free policy; regarding hospital visits, “2012-2013 claims data shows a decrease in claims compared the 2011-2012 data.” Oklahoma State attested to being “the first campus in the BIG 12 to go smoke free in 2008,” but did not have specific metrics on health outcomes.

Job performance and productivity

Changes in job satisfaction, productivity, and workplace morale are often very hard to measure (though job attendance is often used as a proxy). None of the surveyed schools attempted to measure changes in performance or productivity. TAMU-CC reported improved attendance, with qualitative data about improvements to job satisfaction (using WELCOA job satisfaction survey) and morale. Acknowledging that “productivity is very difficult to measure,” supervisor focus groups reported that employees had more enthusiasm. Similarly, Alabama reported improved attendance and suggested that WellBAMA participants seemed to be happier in their jobs (although it may be that happier people enroll in the first place). Oakland pointed to reduced absenteeism, improved morale, and a higher commitment to the university as a result of employee wellness program participation. Oklahoma State concluded that “paid memberships has been a big factor in the morale of employees.”

None of the surveyed schools had measures in place to indicate whether the employee wellness program had been a significant factor in employee retention or advancement. However, many believe that their programs contribute to recruitment and retention.

Effects on campus culture

Four of the seven universities expressed a strong institutional culture of health and wellness. Oklahoma State expressed a frequently-messaged goal to become “America’s Healthiest Campus.” Stanford noted continuing efforts at creating a “culture of wellness.” Alabama referenced its “Healthy Culture,” which included leadership support, delivery of wellness

programming and services, brand recognition of the WellBAMA program, participant feedback, and reporting of success measures. At UND, efforts were undertaken to share wellness success stories, serve healthy foods at events, and incorporate leadership support (e.g., the Deans for Wellness initiative). “For our big programs, we have data on employees who feel that the university supports health and wellness of individuals; this routinely yields high ‘culture of wellness’ scores for those who attend events and activities.” At Cornell, while effects were mostly positive, the university still struggled to engage hourly-wage workers, unionized workers, and workers on certain shifts.

Program duration and sustainability

Most of the employee wellness programs have been in place in their current form since the early 2000’s, with an exception: Cornell’s program has been in place for 25 years. At Alabama, “the Office of Health Promotion and Wellness was launched January 2007” and Stanford’s program started in 2008. Texas A&M programming began in 2003, and UND in 2001. Oakland’s current program launched in 2012, although a previous program lasted from 2006 to 2009. Oklahoma State’s program is in the beginning of its third year.

Most programs have adapted over time. Both Alabama and Stanford reported growth in the number of participants, available programs, staff, and research. At Oklahoma, the hiring of a Chief Wellness Officer in late 2013 established focus on “assessments and outcomes-based programming.” They continue to “work very hard to keep the program growing and revitalized.” The UND Work Well program began with graduate student research in 2001, which led to hiring an administrator in 2002, securing \$100,000 in funding in 2007, and hiring additional staff in 2009. Pilot programs were used to gauge potential for expansion. The UND program focus grew from university-wide needs to aligning with national strategy, including benchmarks from the Wellness Council of America (WELCOA) to “establish wellness teams, provide a wide-variety of programming, have effective evaluation determinants, and develop policy and environmental supports.”

Alabama’s Wellness Committee, established prior to the launch of the Office of Health Promotion and Wellness, identified three specific factors necessary for program sustainability: “(1) a full-time director with a faculty

appointment and reporting line to the Provost; (2) dedicated funding from both financial affairs and academic affairs; and (3) faculty and staff support of time, students, and resource collaborative network of advisors.” The University exhibits a widespread commitment to employee wellness:

“The success of any program is largely dependent on the organization’s commitment to the overall health management program and its goals. Although different constituents may have varying goals and reasons for supporting the overall wellness program, the support must be strong and widespread. The primary goal of Alabama’s health promotion and wellness program is to improve the health and wellbeing of employees. The University’s President is interested in the level of engagement and enrichment for faculty, staff, and family members. The Vice President of Financial Affairs is interested in lowering overall healthcare costs and increasing employee productivity. The Human Resources department is often interested in the quality of the workforce and the market value associated with creating a culture of health. Operation level managers are often most concerned with the quality and productivity of their teams.”

Recommendations

THE SURVEYED UNIVERSITIES OFFERED THREE GENERAL AREAS OF guidance for institutions considering the establishment of employee wellness programs: (1) conduct research, (2) align with senior leadership support and (3) collaborate with other departments. This aligns with the “essential pillars of employee wellness program success” (Berry, Mirabito and Baun, 2010).

Conduct research

Alabama recommends “begin by exploring what the other universities are doing.” Similarly, UND advised to “start with research of other programs.” Alabama specifically recommended taking part in the Building Healthy Academic Communities initiative coordinated by the Ohio State University.

Increasingly, the effects of programs must be quantified and evaluated. Justification of the expense of staffing and offering an employee wellness program may require credible evidence that the program will meet its goals of reducing healthcare costs and/or improving overall health, productivity, and job satisfaction. Experimental and quasi-experimental evaluation can provide valuable evidence to show whether the program will be effective in meeting its objectives and goals. Additionally, a pilot evaluation on a small sample of faculty and staff may be easier to fund and implement in the short term than mounting a full-scale employee wellness program.

Gain leadership support

UND says that “the most crucial step for a large-scale program is to secure senior leadership support; if this is not possible, it may only lead to ad-hoc activities.” Likewise, Oklahoma State says that “having the backing and influence of the president of the university is paramount to success; if you can get your key administrators on board, you have a better chance of being successful.” Stanford and Oakland agreed: “You must get the support of the upper administration to have positive results.”

Collaborate

Alabama recommended partnering closely with other departments, as “shared resources can aid efficacy and efficiency; [negotiations for] facilities access, costs, and staff are likely necessary to serve all populations.” Similarly, UND relied on the use of collaborations, both within and outside of the university community. The UND program relied on the Wellness Council of America to establish program benchmarks. TAMU-CC noted “value in collaborating with other departments,” including human resources and university recreation departments. Additionally, “NIRSA has many more resources; the communities of practice and the Health and Wellness Commission are in place to help develop these areas.”

Summary

ALTHOUGH THE SEVEN PROGRAMS DESCRIBED IN THIS REPORT HAVE been functioning successfully for years, many new employee wellness programs and positions are appearing on college and university campuses. Perhaps this is in response to rising costs of healthcare benefits (the Affordable Care Act is being closely watched as it affects changes in employer insurance). Additionally, more emphasis is being put on prevention; doctors are prescribing exercise and personal trainers are connecting with medical teams to help people improve their physical well-being. Nutrition and dietitian services and education are expanding.

There is a strong NIRSA community of practice for wellness that offers guidance, support, and experience in creating wellness programs. Additionally, there are other resources that offer guidance in this area. The American College Health Association (ACHA) Healthy Campus 2020 initiative states national faculty and staff objectives, with a faculty/staff survey that could be used for benchmarking. Other resources are listed on the next page.

Stanford recommends “go for it and think big,” and TAMU-CC suggests that “is absolutely okay to start small or choose one or two elements on which to focus.” UND recommends reinforcing the wellness message annually, “such as a notice to all employees to remind them of the benefits, awards by the institutional leader, and/or wellness activities.” Oakland advises patience and persistence in program development and implementation.

Resources

<http://www.the-hero.org>

<https://www.welcoa.org/wellworkplace>

<http://healthpromotionadvocates.org>

<http://www.acha.org/healthycampus/>

<https://www.gov.uk/government/publications/test-learn-adapt-developing-public-policy-with-randomised-controlled-trials>

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