

# Promoting Healthy Workplaces by Building Cultures of Health and Applying Strategic Communications

Karen Kent, MPH, Ron Z. Goetzel, PhD, Enid C. Roemer, PhD, Aishwarya Prasad, MPH, MBBS, and Naomi Freundlich, MA

**Objective:** The aim of the study was to identify key success elements of employer-sponsored health promotion (wellness) programs. **Methods:** We conducted an updated literature review, held discussions with subject matter experts, and visited nine companies with exemplary programs to examine current best and promising practices in workplace health promotion programs. **Results:** Best practices include establishing a culture of health and using strategic communications. Key elements that contribute to a culture of health are leadership commitment, social and physical environmental support, and employee involvement. Strategic communications are designed to educate, motivate, market offerings, and build trust. They are tailored and targeted, multichanneled, bidirectional, with optimum timing, frequency, and placement. **Conclusions:** Increased efforts are needed to disseminate lessons learned from employers who have built cultures of health and excellent communications strategies and apply these insights more broadly in workplace settings.

In 2007, an article entitled “Promising Practices in Employer Health and Productivity Management Efforts: Findings from a Benchmarking Study” was published; this article discussed best and promising practices for workplace health promotion (also known as wellness) programs.<sup>1</sup> The purpose of that article was to share the experiences and lessons learned from a subset of American companies that had exemplary workplace programs so that other businesses could adopt and adapt those practices within their organizations.

As reported in that article, business leaders understood then that to remain competitive in a global economy, they needed to groom high-performing workers—the “human capital” of an organization.<sup>1</sup> Workers are necessary to create innovative products and services, run complicated enterprises, and establish mutually beneficial working relationships with customers; they also benefit personally when their organization is successful. What was true in 2007, and is still true now, is that workers’ performance is closely tied to their health.<sup>1,2</sup> All else being equal, a healthy workforce outcompetes an unhealthy workforce. When workers are not distracted by illnesses, they are more engaged and “present” at work.

Although many of the key themes reported in 2007 are still relevant today, new workplace models have evolved rapidly and

## Learning Objectives

- Summarize the methods used by Goetzel et al in their updated analysis of best practices in employer-sponsored health promotion (wellness) programs.
- Discuss the concept of building a culture of health and identify key elements contributing to it.
- Discuss the importance of strategic communications and the goals and characteristics of an effective communications strategy.

merit consideration. This updated review of workplace programs examines the establishment of cultures of health within the workplace, as well as a renewed focus on strategic communications, and the necessary elements that underlie culture and communications to form the foundation for a healthy workplace.

## BACKGROUND

There is strong evidence that well-designed, appropriately implemented, and properly evaluated workplace health promotion programs can improve population health, manage health care costs, increase worker engagement and productivity, and, at times, even achieve a positive return-on-investment.<sup>3–5</sup> In spite of well-documented success stories, it is clear from other literature and general public discourse that some workplace programs are ineffective.<sup>4</sup> For example, a recent federally commissioned report by RAND Corporation found contradictory results related to wellness programs’ impact on employee health and medical costs.<sup>6</sup> Other examples of studies with ambiguous or negative results relating to cost outcomes include research focused on PepsiCo’s and BJC Healthcare’s programs.<sup>7,8</sup> Consequently, the business community is confused about whether these programs “work” and what distinguishes effective from ineffective programs.

Academic researchers and practitioners agree that there is no “one-size-fits-all” solution and that successful workplace wellness programs must be tailored to employees’ health needs and wishes, as well as each organization’s unique culture.<sup>9–12</sup> In addition, evidence suggests that a strategic and long-term approach to workplace wellness is much better at yielding population health improvement and cost savings when compared with programs that are composed of random and often unrelated activities. For example, there is evidence that simply administering health risk assessments with biometric screenings—even when coupled with brief follow-up counseling—does not produce long-term health improvements.<sup>4,13</sup> Similarly, there are ample examples of wellness programs established in contentious workplace environments that lead to low engagement rates, worker resentment, and few, if any, positive health outcomes—for example, in organizations with low levels of trust between management and labor, where employees are exposed to unsafe working conditions, and where workers have little control over tasks and job demands are high.<sup>13</sup>

Although many employers believe that workplace health promotion programs can exert a positive influence on employee

From the Institute for Health and Productivity Studies (Ms Kent, Dr Goetzel, Dr Roemer, and Dr Prasad), Johns Hopkins Bloomberg School of Public Health, Washington, DC; Truven Health Analytics (Dr Goetzel), Bethesda, Maryland; and Freelance Writer (Ms Freundlich), New York, New York.

Funding for this study was provided by the Robert Wood Johnson Foundation grant #71121—Engaging the Business Community in Creating a Culture of Health.

Authors Kent, Goetzel, Roemer, Prasad, and Freundlich have no relationships/conditions/circumstances that present potential conflict of interest.

The JOEM editorial board and planners have no relationships/conditions/circumstances that present potential conflict of interest.

Address correspondence to: Ron Z. Goetzel, PhD, Senior Scientist, Director, Institute for Health and Productivity Studies, Johns Hopkins Bloomberg School of Public Health, Vice President, Consulting and Applied Research, Truven Health Analytics, 7700 Old Georgetown Road, Suite 650, Bethesda, MD 20814 (ron.goetzel@truvenhealth.com).

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DOI: 10.1097/JOM.0000000000000629

engagement, employee health, and business performance, business professionals often lack the knowledge, expertise, and experience needed to design and implement effective programs. To address this need, the Robert Wood Johnson Foundation supported the *Promoting Healthy Workplaces* project in 2013 to gather examples of effective programs. The project’s aim was to expose business leaders to case studies highlighting the benefits of workplace health promotion in terms they understand—describing program successes and failures, and offering insights on ways to implement sustainable programs that achieve positive health and financial outcomes.

In this article, we report on findings from *Promoting Healthy Workplaces* by revisiting the past and current literature on best-practice programs, summarizing insights elicited from subject matter experts (SMEs) assembled for this initiative, and reporting our observations from site visits to nine companies with successful programs. At the article’s conclusion, we summarize the current state-of-the-art and -science of workplace wellness programs distilled from these information-gathering activities.

**METHODS**

To fill the gaps in knowledge about what constitutes an effective health promotion program, we conducted an updated literature review, spoke with experts on the topic, and conducted site visits to companies of varying sizes and industry types.

**Literature Review**

Our literature review was focused on articles that synthesized best and promising practices from individual studies. We were most interested in learning from real-world examples of “natural experiments” currently underway or in place for several years to draw themes and gain insights from these initiatives. We sought to steer away from traditional medical models of health promotion that rely primarily on individual counseling, general awareness building, health assessments alone, biometric screenings, and pure incentive programs. We were primarily interested in learning how cultures of health are created within organizations and describing models that are broader in scope than ones only focused on reducing specific health risk factors.

**Expert Panels**

We invited 18 SMEs in the field of worksite health promotion to participate in three separate roundtable discussions. The SMEs

were drawn from academia, health promotion companies, benefit consulting firms, nonprofits, and commercial research organizations. The goal for these discussions was to gather opinions from these experts on the following topics: (1) design elements of effective programs; (2) implementation processes; (3) new, promising, or controversial practices; (4) ongoing operational challenges; (5) monitoring and refinement processes; (6) financing; (7) best practices (secrets to success); (8) failures; and (9) outcomes measurement.

The SMEs were organized into three separate groups based on their areas of expertise: (1) organizational structure and support, (2) implementation process and reach, and (3) measurement and evaluation (see Table 1). Each roundtable discussion, lasting 60 to 90 minutes, was attended by six SMEs and facilitated by the project’s principal investigator. Each discussion followed a similar agenda that included introductions, project overview and purpose, instructions about the discussion format, discussion of topics provided to SMEs in advance of the meeting, and feedback on a list of potential best- or promising-practice organizations suitable for site visits.

Topics covered in the roundtable discussions are shown in Table 2. In addition to the specific issues discussed, each group of SMEs was asked to address the concept of “comprehensive workplace health promotion” as it applies to small- and medium-sized organizations.

**Site Visits to Best-Practice Workplace Health Promotion Programs**

For our site visits, we were interested in profiling organizations with demonstrable results, not just those that appeared to offer good programs. A primary source for companies suitable for site visits was the list of Winners and Honorable Mentions of the C. Everett Koop Award ([www.thehealthproject.com](http://www.thehealthproject.com)) and recipients of other honors for worksite health promotion. To earn a Koop Award, organizations must provide data proving that their program has improved workers’ health and achieved other measurable business objectives of value to the enterprise. Applications for the Koop Award are judiciously reviewed by a panel of 15 to 20 experts in worksite health promotion program design, implementation, and evaluation. Organizations providing documentary evidence of health and cost impacts are recognized each year, and their program elements and evaluation results are available on The Health Project website.

**TABLE 1. Expert Panels**

	<b>Name</b>	<b>Organization</b>
Session 1: Organizational structure and support	David Anderson, PhD David Ballard, PsyD, MBA John Harris, MEd Rebecca Kelly, PhD, RD Craig Nelson, MS, DC George Pfeiffer, MSE	StayWell Health Management American Psychological Association Performance pH University of Alabama American Specialty Health The WorkCare Group
Session 2: Implementation process and reach	Bill Baun, EPD, CWP, FAWHP David Hunnicutt David DeJoy, PhD Kate Lorig, RN, DrPH Steve Aldana, PhD Tre’ McCallister, EdD, MA	University of Texas: MD Anderson Cancer Center Wellness Council of America University of Georgia Stanford University School of Medicine Wellsteps Dell, Inc.
Session 3: Measurement and evaluation	Michael O’Donnell, PhD Dan Gold, PhD Kenneth R. Pelletier, PhD, MD Bruce Pyenson, FSA, MAAA Debra Lerner, PhD  Seth Serxner, PhD	American Journal of Health Promotion Mercer University of Arizona School of Medicine Milliman Tufts Medical Center Institute for Clinical Research and Health Policy Studies OptumHealth Care Solutions

**TABLE 2.** Discussion Topics by Roundtable Session

Roundtable Session	Discussion Topics
Organizational structure and support	<ul style="list-style-type: none"> <li>■ Culture of health</li> <li>■ Mission statements</li> <li>■ Leadership engagement</li> <li>■ Wellness champions</li> <li>■ Social/environmental support</li> <li>■ Best and promising practices in policies and programs</li> </ul>
Implementation process and reach	<ul style="list-style-type: none"> <li>■ Communication</li> <li>■ Incentives</li> <li>■ Program delivery methods/dose</li> <li>■ Participation rates</li> <li>■ Tailoring to special populations</li> </ul>
Measurement and evaluation	<ul style="list-style-type: none"> <li>■ Pitfalls</li> <li>■ Flaws in methodologies</li> <li>■ Most important outcomes to measure</li> <li>■ Areas for quality improvement</li> </ul>

We selected a convenience sample of nine employers for site visits. Six of the nine companies were Koop Award winners (Citibank, Dell, Johnson & Johnson, Lincoln Industries, LL Bean, and USAA), one (Graco) was an Honorable Mention designee, and two (Turck and Next Jump) were recommended by our SMEs as small businesses with distinct healthy company cultures.

Table 3 shows the criteria used in selecting the initial list of potential best-practice organizations for site visits. A preliminary list of 22 candidate organizations was narrowed down to the final nine companies visited based on discussions with our SMEs at the end of each roundtable (see Table 4).

Two team members and a journalist partner attended each site visit, which lasted 6 to 7 hours. Visits typically followed this format: (1) a company spokesperson provided an overview of the health promotion program; (2) separate interviews were conducted with senior managers (including the Chief Executive or Financial Officer, and other officials); (3) focus groups were held with wellness team members and middle managers (eg, human resources professionals, occupational health staff, and line managers); and (4) focus groups were conducted with line workers (including participants and nonparticipants in the companies' health promotion programs). The site visit ended with a worksite tour, which included some of the following areas: dining facilities, on-site clinics, on-site fitness centers, workstations, stairwells, and general campus.

During the program presentation segment of our site visits, each organization provided information about the history and

**TABLE 3.** Selection Criteria for Recruiting Organizations for Site Visits

Criteria	
Effectiveness	Programs should have demonstrable health and cost outcomes (eg, award winners)
Program age	Minimum 3 yrs
Size	Mix of small/medium (<5,000) and large (>5,000)
Business type	Private sector
Industry type	Mix
Program design	Programs that exemplify key program features/trends, for example, creating healthy company cultures, creative use of incentives, tailoring to special groups (manufacturing/knowledge-based workers, shift workers, off-site workers)
Region	Mix

**TABLE 4.** Organizations Visited

Organization	Headquarters	Employees	Industry Type
Citi	New York, NY	259,000	Banking
Dell Inc.	Round Rock, TX	109,000	Manufacturing software development
Graco	Minneapolis, MN	2,600	Manufacturing
Johnson & Johnson	New Brunswick, NJ	118,000	Medical equipment, pharmaceutical
Lincoln Industries	Lincoln, NE	600	Manufacturing
L.L. Bean	Freeport, ME	5,500	Retail
Next Jump	New York, NY	200	eCommerce
Turck	Minneapolis, MN	3,200	Manufacturing
USAA	San Antonio, TX	25,000	Financial services

development of their program, an overview of their program design, and answered questions about successes and failures. We probed senior managers on factors leading to their decision to invest in employee health and well-being, the importance of culture, building trust and credibility with employees, and their advice to other business leaders. In the interviews with the wellness team and other middle managers, we asked questions about program implementation, perceptions of senior management support, communications and employee engagement, incentives, and measurement. Finally, in employee focus group meetings, we solicited workers' feedback on awareness of, engagement in, and satisfaction with their companies' health promotion programs; impressions about incentive programs; and the work culture including management support for health improvement programs.

Narrative stories describing our site visits, along with videos taken during some of the trips, can be found at <http://www.jhsph.edu/research/centers-and-institutes/institute-for-health-and-productivity-studies/projects/current-projects/promoting-healthy-workplaces/>. In addition, highlights from our expert panel discussions are also available at this site.

Altogether, across the nine employers, we talked with about 150 individuals or an average of 16 employees at each site.

**RESULTS**

Over the past 30 years, several reviews have reported on the key structural (design) and process (implementation) elements of effective workplace health promotion programs. These reviews have concluded that best- and promising-practice programs have strong senior and middle management support, include employee input when developing goals and objectives, are grounded in behavior-change theory, are adequately resourced, have dedicated staff, include incentives for employees to participate, and are regularly evaluated using well-defined metrics of success.<sup>11,14,15</sup> These benchmarking studies provided the foundation for our current literature review, which focused on emerging trends within best and promising practices. In this article, we review some long-standing practices found in excellent programs, and then discuss new directions for workplace wellness as revealed from discussions with SMEs and observations during site visits. Table 5 shows the key elements of best practice from eight prior benchmarking studies.<sup>1,10,11,16–20</sup>

**Emerging Best Practices in Workplace Health Promotion**

The best practices shown in Table 5 established a foundation for innovations currently underway. In this article, we highlight two important movements in workplace health promotion worthy of special attention: one focused on creating *cultures of health* to support traditional individual-focused health improvement

**TABLE 5.** Best Practices From Prior Benchmarking Studies

Key Elements	O'Donnell et al, 1997	Goetzel et al, 2007	Terry et al, 2008	Sparling, 2010	Dept. of Defense—Altitude Inc., 2013	NIOSH, 2014	Pronk, 2014	Fonarow et al, 2015
Well-defined goals						✓	✓	
Linkage to business objectives	✓	✓				✓	✓	✓
Comprehensive, multilevel approach (individual, environmental, policy, etc)		✓	✓	✓	✓	✓	✓	✓
Consistent, supportive environment	✓			✓	✓	✓	✓	
Leadership support				✓		✓	✓	✓
Management support	✓		✓			✓	✓	
Effective communication	✓	✓	✓		✓	✓	✓	✓
Incentives to participate	✓		✓	✓		✓	✓	✓
Evaluation component	✓	✓		✓	✓	✓	✓	✓
Tailored to population needs		✓		✓		✓	✓	✓
Synchronize resources/vendors			✓		✓	✓	✓	✓
Leverage technology					✓			
Sustainability						✓	✓	✓
Confidentiality and compliance						✓	✓	
Participatory decision-making						✓	✓	
Family involvement				✓			✓	

programs, and the other using *strategic communications* techniques that are multimodal and tailored to employees' wants and needs.

**Building Cultures of Health**

In recent years, establishing a culture of health within an organization has come to be viewed as a critical foundation for successful workplace health promotion programs. A culture of health can be defined as a workplace that places value on and is conducive to employee health and well-being.<sup>21–23</sup> Employers with successful wellness programs have learned that isolated “perks” or programs, such as an on-site fitness center or menu labeling, will not have much impact unless they are part of an overall culture that permeates all aspects of company life. For example, in our site visits, organizations like Johnson & Johnson, Next Jump, and USAA all emphasized that a culture of health includes not only a physical environment that helps employees make healthy choices, but a full integration of health into the way the organization operates, thinks, and acts.

Creating cultures of health and integrating those cultures into the way an organization operates, thinks, and acts requires sustained effort on a number of fronts. It involves *leaders* practicing healthy behaviors, implementing health promoting policies and practices, creating a healthy work environment, and allocating sufficient effort for programs to be sustained over long periods. It involves *managers* encouraging employees to incorporate healthy activities into the workday and shaping organizational norms so that they promote health. In addition, it means actively engaging *employees* in the process of shaping and building wellness offerings, so that the program meets the needs of individuals and their families.

As we explored cultures of health in this study, we found that to build these cultures one must weave together many of the best practices identified in previous benchmarking studies. Individually, these best practices are insufficient for program success, but when woven together they create an internally consistent ethos that is powerful for spurring program engagement and success. Table 6 highlights some of the key elements that contribute to a culture of health.

Perhaps most importantly, the experts we interviewed stressed that culture is complicated, and they advocated a multi-layered approach to understanding and examining culture. This view is consistent with Edgar Schein's organizational culture model.<sup>24</sup> Schein argues that like an onion, culture is composed of many layers: (1) artifacts and symbols—the characteristics of the

organization that can be easily viewed (eg, the facilities, the furniture, and the dress code); (2) espoused values—the expressed standards, values, and rules of conduct; and (3) underlying assumptions—the deeply embedded perceptions and beliefs that are taken for granted and unconsciously shape behavior.<sup>24</sup> With this understanding, we sought to deconstruct some of the key elements of a culture in our research. Below we discuss some of the key findings from our expert panels and site visits, and highlight practical evidence-based actions that employers can take to develop a culture of health.

**Physical Environment**

At its most basic structural level, creating a culture of health requires a *physically supportive environment* (eg, healthy food offerings, fitness facilities, walking trails). In the companies we visited, healthy options were accessible and easy to adopt. Programs

**TABLE 6.** Key Elements That Contribute to a Culture of Health

Physical environment support	The physical environment offers healthy options as the default, and employees have access to convenient, high-quality resources to improve health.
Social environment support	The social/organizational expectations and accepted ways of behaving promote health and well-being.
Leaders	There are many healthy role models and wellness advocates among the leadership team. Leaders consistently express the importance of employee health and well-being to the organization (through words, actions, and policies) and devote adequate resources to health promotion efforts, even if programs are not expected to save money immediately.
Managers	Managers encourage employees to incorporate healthy activities into their workday.
Peers	Coworkers encourage one another in health promotion efforts and create teams to improve their health together.
Employee involvement	In addition to participating in programs, workers are actively involved in shaping wellness offerings so that the program meets the needs of individuals and their families.

were convenient and healthy choices (in purchasing food, being physically active, receiving medical care) were made the default option.

For example, during our site visits, we visited USAA's headquarters in San Antonio, TX. With over 20,000 people working on this campus, USAA is like a small city and as such has created a community that is supportive of its inhabitants in every sense. It provides the conveniences on-site normally available in a small town: a pharmacy, medical clinic, fitness centers, outdoor recreational space (with tennis and basketball courts, soccer field, and bucolic running trails), and more. At USAA, barriers are removed (eg, the on-site gyms are open 24 hours a day and provide workout clothes with the exception of shoes), and access is increased (eg, "Energy Zones"—small areas with fitness equipment—are sprinkled throughout the campus near workers' offices allowing employees to "recharge" throughout the workday). In addition, the on-site cafes and vending machines are designed to steer employees to healthy food options through competitive pricing, appealing presentation, and display of nutritional information in creative ways (eg, at the salad bar, the serving utensils are color-coded red-yellow-green signaling less healthy to more healthy choices).

Our site visits allowed us to observe how healthy physical environments can be achieved on a smaller scale. At Next Jump, a company with about 200 employees, workers told us about the early days of their wellness program when the company's CEO brought in trainers to lead fitness classes in the company's conference room after regular business hours. Over time, as resources became available, the company built an on-site fitness center and offered daily exercise classes. Although the small firm lacks a cafeteria, it has created a healthy food environment by replacing candy jars with fresh fruit and nuts, and management stocks the refrigerator with free healthy snacks, such as yogurt, hard-boiled eggs, fruits and vegetables, and hummus.

### Social Environment

In our site visits, it was also evident that establishing a culture of health requires a *socially supportive environment*. This is achieved when there is buy-in at all levels of an organization, starting with senior leadership. *Leadership support* means leaders modeling healthy behaviors and communicating in everything they do that they value the health and well-being of employees. For example, the current CEO at Graco rose through the ranks from the factory floor and became a spokesperson for the company's wellness program. For one, he demonstrated engagement by being public about his own weight loss goals. In fact, the entire senior management team was proud to tell us that they were all very healthy, physically fit, and smoke free.

Leadership support also entails allocating sufficient resources for programs to be sustained over long periods. According to the senior leaders at Lincoln Industries, wellness is fully ingrained into the culture and business decisions—from the hiring process, to performance reviews, to overall strategic planning for the company. The wellness budget has never been threatened even during economic downturns. As an example, the company's well-being program was protected from layoffs during the most recent recession in 2008 when 80 employees were furloughed.

A culture of health also requires *supportive middle managers* and supervisors who lead by example. This is critical because managers are the direct link between the workers and leadership, and strongly influence the success of a program at the line level.<sup>18</sup> In a culture of health, managers offer work flexibility, decision latitude, reasonable goals, social support, and *consistent* messaging on the value of health and well-being. This was demonstrated at many of the organizations we visited. At Lincoln Industries, for example, wellness is explicitly built into performance objectives for all staff. Everyone from senior leaders down to line employees sets

individualized health promoting goals that account for as much as 10% of the worker's overall performance evaluation. A wellness-oriented performance evaluation is hard-coded into the company's infrastructure and signals to employees and managers the high value placed on health and well-being at Lincoln.

Many of the organizations we visited had also developed ways of leveraging *peer support* to promote engagement in health promoting programs. For example, at Next Jump, a key part of the culture is the perpetually ongoing Fitness Challenge—a weekly team-based competition that motivates employees (using a combination of financial incentives and group dynamics) to exercise consistently. Employees join one of five teams that compete to have the most participants in weekly physical activity programs. The Next Jump employees we interviewed reported that the peer support, transparency and forced accountability of the team-based competition, has proven to be a bigger incentive for physical activity than the weekly prize—on average, more than 90% of employees meet the standard of exercising at least twice a week for 20 minutes.

On the theme of peer support, we also learned that an important and increasingly common element of establishing a culture of health is including spouses and other family members in the program.<sup>16,25,26</sup> According to the Social Ecological Model, families make up a key part of the ecological microsystem that shapes individuals' behaviors.<sup>27</sup> Health behavior research has shown that social support is a predictor not only of initial engagement, but also of long-term success (ie, maintenance of changed behaviors). Spouse/partner support has been associated with weight loss adherence and higher tobacco quit rates.<sup>28–30</sup> For example, a prominent study by Christakis and Fowler found that if one spouse became obese, the likelihood that the other spouse would also become obese increased by 37%.<sup>28</sup> Another study by Christakis and Fowler found that smoking cessation by a spouse decreased a person's chances of smoking by 67%.<sup>30</sup>

Similar effects have been shown in worksite programs. For instance, Health Enhancement Research Organization (HERO) found that employers who permit spouses to participate in lifestyle coaching programs reported an average employee participation rate that was twice that of employers who did not include spouses in their programs (28% compared with 14%).<sup>31</sup> When spouses were included in the health management program, employers also reported greater improvements in employees' health risk and medical trends.<sup>31</sup> Collectively, these findings indicate that employees can be socialized toward healthy (or unhealthy) behaviors by including their spouses/significant others.<sup>1</sup> During our investigation, we met with many employers that have extended program offerings (eg, health screenings, premium incentives, fitness center access) to spouses.

### Employee Engagement

Our focus groups and site visits also highlighted the importance of *employee involvement* in creating a culture of health. Involving workers in day-to-day decisions is critical to establishing buy-in for programs and building trust. We saw that leaders welcomed suggestions and feedback from employees. In some cases, this meant conducting formal focus groups as part of a needs assessment or regular program evaluations, whereby feedback about the program was sought and incorporated into future designs. In other cases, we saw that senior leaders were accessible, visible, and engaged, so much so that employees felt comfortable approaching them in informal situations to share their thoughts. At many of the organizations we visited, employees reported being very engaged in the program and "owners" of the program because initiatives were continually evolving based on their feedback.

Finally, our site visits illustrated the truism that "culture is caught, not taught"—that is, organizations need to build enthusiasm and engagement in health promotion initiatives and move it beyond

being just a “program.” Although it is possible for an outside vendor to quickly and easily market a package of programs to employees, creating a culture that is organic to the organization is more difficult. As emphasized by nearly all of the senior managers we interviewed, it is about creating a “way of life” in the workplace that integrates a total health model into every aspect of the business practice—from being embedded in the corporate mission down to the policies and everyday work activities that are supportive of career, emotional, financial, physical, and social well-being.

**Strategic Communications**

Although the importance of communications for workplace health promotion programs has long been established,<sup>17,18,31–34</sup> strategic communications are emerging as one of the most critical building blocks for those seeking to create and maintain best-practice programs. Communications help employees answer basic yet important questions such as “how does the program work,” “where do I sign up,” and “what’s in it for me?” In short, communication is critical to securing engagement, and engagement is key to program success.

Strategic communications have been shown to lead to greater participation in employee wellness programs, helping to overcome some of the top barriers to program success.<sup>33–35</sup> For example, one study of nearly 600,000 employees across 36 companies, and a second study of nearly 900,000 employees across 124 companies, found that using strategic communications was one of two most important factors in increasing employee participation in wellness programs.<sup>33,34</sup> The larger of those studies found that organizations with frequent and well-articulated communication campaigns were able to spend significantly less (\$80 per person less, on average) on financial incentives and still achieve high participation rates.<sup>33</sup>

Table 7 highlights the key principles of strategic communications that emerged during our information-gathering activities.

In our discussions with experts in workplace health promotion, we learned that—perhaps most importantly—strategic communications are *designed to achieve well-defined objectives*. A well-designed communications strategy is one that is grounded in evidence-based behavior change theory (eg, the Health Belief Model,<sup>36</sup> the Stages of Change Model,<sup>37</sup> or the Fogg Behavioral Model),<sup>38</sup> and serves to: (1) increase awareness of health issues (*educate*), (2) inspire employees to improve/maintain their health (*motivate*), (3) connect employees to health promotion resources (*market*), and (4) *build trust*.

Education plays an important role in behavior change programs. According to the Health Belief Model, an individual’s belief about his or her current health status, along with a belief in the effectiveness of behavior change in influencing that health status, will predict the likelihood of actually changing behavior. Awareness-building communication is essential in prompting

behavior change; however, health education alone is usually insufficient; to be successful, programs must motivate individuals to act in their self-interest and this can be achieved by marketing tailored messages to employees inspiring them to adopt healthy behaviors.

One strategy that employers often use to motivate employees and build trust is to celebrate the achievement of goals/progress by employees and divisions. Successes are often relayed as stories and shared widely to motivate fellow workers to make lifestyle changes. This was done routinely at most of the companies we visited, and incorporated into their many communication outlets (eg, newsletters, social media, and town hall meetings).

Successful implementation of any worksite initiative depends, in large part, on how employees are involved in setting the direction of the initiative and, in turn, how they respond to it. Even the slightest misunderstanding can erode trust between management and employees and undermine health improvement efforts. To build trust between management and labor, employees need to be engaged in a transparent conversation about program’s purpose, the rationale underlying actions taken, and results of those actions. Also important for building trust is consistency in messaging. Consistency comes from repetition and uniform presentation of messages from all levels of the organization—especially middle management—emphasizing the benefits of establishing a culture of health for both workers and the organization.<sup>39</sup>

For example, at Turck Inc., the wellness team learned the hard way that the “build it and they will come” mentality does not work. When the on-site health clinic and pharmacy (where prescription drugs are free to employees enrolled in the company’s health insurance plan) first opened, people were skeptical about the company’s motives and utilization was low. Turck had to improve its communications strategy to build trust about the purpose and rationale for having an on-site clinic and pharmacy, and address concerns about privacy/data confidentiality. The renewed communication efforts paid off; the removal of the cost barrier and increased convenience led to an increase in the use of important preventative services, as well as medication adherence.

Second, an effective communications strategy must be *tailored and targeted*. Employee needs vary by age, sex, education, type of industry, job category, ethnicity, and geography. Tailored health promotion means providing needed services and communicating those services in a relevant, engaging way. Materials and messages are differentiated when necessary to ensure that they are accessible and appealing to employees of different age, sex, education level, or job category. These materials must be relevant and presented at an appropriate level of health literacy.

Best-practice organizations accommodate ethnic differences, for example, by providing language-specific materials, even if the language of the business is English. In all communications channels,

**TABLE 7.** Key Principles of Strategic Communications in Worksite Health Promotion

Designed to achieve well-defined objectives <ul style="list-style-type: none"> <li>• Educate</li> <li>• Motivate</li> <li>• Market program offerings</li> <li>• Build trust</li> </ul>	Communications are designed to increase awareness of health issues, inspire employees to improve/maintain their health, connect employees to health promotion resources, and build trust/buy-in to the program.
Tailored and targeted	Materials and messages are differentiated when necessary to ensure that they are accessible and appealing to employees of different age, sex, education level, or job category.
Multichanneled	A variety of message channels are used, for example, e-mail, break room and bathroom stall posters, intranet, mailed materials, and word-of-mouth.
Optimum timing, frequency, and placement	The timing, frequency, and placement of messages is carefully planned so as to maintain ongoing engagement without overwhelming employees, and to reach employees at key decision points.
Bidirectional	There is an ongoing effort to gather feedback and input from employees about their needs, interests, and barriers they face for improving health.

experts advocate the use of simple, plain language—translating the science into an understandable and compelling narrative to the layperson, and specific to the target audience in terms of the health issues addressed. Furthermore, among successful programs, there is increased caution against communicating health ideals, such as reaching a body mass index value of 25 or less. Instead, it is more effective when employees are encouraged to set and achieve realistic, progressive, and attainable goals. For example, depending on the audience, messaging may emphasize getting up and moving every 30 minutes instead of taking 10,000 steps a day.

Third, strategic communications are *multichanneled*, and leverage technologies where appropriate. For example, employers now use a variety of message channels such as e-mail, newsletters, break room and bathroom stall posters, mailers, word of mouth (especially during orientation and training meetings), and the intranet to interact with workers. Social media, especially “gamification” (the use of game theory to involve people in activities), have proven to be a successful means of reaching and engaging younger workers. In addition to increased use of technology, experts report a promising trend toward the use of “wellness champions” to spread messages and engage individuals through word-of-mouth.

In our site visits, we found that employers and employees alike reported that messages coming from peers or local business leaders are better received than those from the corporate offices that may appear faceless. Employees are more likely to open e-mail messages from individuals they know personally than from corporate-wide e-mail “blasts.” Messages from peers who serve as role models are more salient and relatable, and local-level champions know how to tailor messages to connect with specific populations or subcultures (eg, office vs manufacturing employees).

Fourth, strategic communications consider *optimum timing, frequency, and placement* of messaging. The timing, frequency, and placement of messages are carefully planned to maintain ongoing engagement without overwhelming employees, and to reach employees at key decision points. Delivering messages frequently ensures awareness of the program, and increases the likelihood of ongoing participation. To maintain employees’ attention, the frequency of messages, however, should not be overwhelming and the content of the messages must be varied. Variety will help prevent the messages from fading into “background noise,” and will give employees a reason to stay attuned.

Some of the organizations we met with were very strategic about the timing of messages, delivering them at key decision points, for example, healthy nutrition messages at the point of purchase, physical activity messages by elevators and stairwells, and general marketing of the program offerings and culture of health during new employee orientations. We also observed a new focus in best-practice organizations to provide information “on demand” instead of overwhelming employees with constant streams of unsolicited information. Some organizations have turned to Internet portals and social media as communications hubs to provide links to tobacco cessation resources or provide fitness class schedules when those issues are foremost on the mind of workers.

Finally, a well-designed communications strategy is *bidirectional*. Best-practice programs engage employees in a two-way conversation to gather feedback and input and to learn as much as possible about their demographics, their knowledge, attitudes, and beliefs related to health issues, their needs and interests, and barriers they face for improving health. This type of inquiry is important for program refinement. One company that exemplified the use of bidirectional communications was Lincoln Industries. Along with top-down communications like newsletters, weekly all-company e-mails from the President, digital signage, and the company intranet, the company engages employees in an ongoing conversation and gathers bottom-up feedback through roundtables,

daily all-shift meetings, all-company town hall meetings, individual opinion surveys, and departmental surveys.

## DISCUSSION

Over the past 2 years, we have studied the key characteristics, or “secret sauce,” that differentiate successful workplace health promotion programs from unsuccessful ones that so often crop up in public discourse. We approached this research from three vantage points—a review of the relevant peer-reviewed literature focused on best practices, discussions with experts in the field, and site visits to companies with proven programs. Our analysis of what works is especially relevant today, as more employers are deciding to offer these programs at their worksites, but many are doing so without knowing the importance of culture and strategic communications as critical elements of successful programs.

One reason for a renewed interest in workplace health promotion is federal legislation, specifically a provision of the 2010 Affordable Care Act (Section 2705) that encourages employers to implement workplace health promotion programs that have “a reasonable chance of improving health or preventing disease.”<sup>40</sup> Unfortunately, some employers interpret this legislation narrowly by designing programs largely driven by financial incentives for participation or achievement of health outcomes, without considering the organizational culture in which programs are embedded. Thus, there is extensive experimentation underway with new models of population health improvement, but relatively little evaluation of these natural experiments.

Science informs practice, but, as Larry Green reminds us, practice also informs science.<sup>41</sup> The experts we interviewed and organizations we visited spent many years experimenting with alternative models of health promotion. These experts and business leaders are the first to admit mistakes were made along the way, which led to further experimentation, fine-tuning, and innovation.

Throughout our investigation, we learned firsthand about the central role of a culture of health in fostering an effective worksite health promotion program, and we attempted to isolate the key elements that underlie the creation of a culture of health (ie, a physically and socially supportive environment and active employee involvement). These findings may provide employers with insights on *how to* create a culture of health. Our review of existing literature also provided some grounding for *why* employers should promote a culture of health.

The literature that connects a culture of health to positive health and financial outcomes is still emerging. The 2014 Consumer Health Mindset Study—conducted by Aon Hewitt and the National Business Group on Health—found that employees in companies with a strong culture of health are more likely to take care of their health, for instance, these employees are more likely to exercise at least 3 days a week, have annual physicals, and rate their health as very good or excellent.<sup>42</sup>

A study of 37 worksites at PPG Industries provides an example of the economic savings a culture of health can produce. Researchers found that worksites rated highly on both leadership support and program implementation scores had lower medical costs; conversely, those that had the lowest leadership and program implementation scores experienced the highest medical cost increases.<sup>43</sup> This suggests a connection between a culture of health and health care cost trends.

The connection between cultures of health and financial outcomes is further evidenced by a study conducted on behalf of the HERO which found that companies that scored highly on the HERO scorecard (those with a better culture of health) saw downward trends in health care expenditures compared with low-scoring companies, whose costs remained stable.<sup>31</sup> Finally, there is emerging evidence that employers who actively promote a culture of

health and safety outperform their peers financially (ie, when comparing Corporate Health Achievement Award winners vs companies included on the Standard and Poor's 500 stock market index).<sup>44,45</sup>

Our study also included a close examination of communication strategies. We found that, among other things, an effective communications strategy is one designed to achieve well-defined objectives, particularly to educate, motivate, market program offerings, and build trust. Our investigation also highlighted the importance of developing communications that are tailored and targeted to specific audiences, multichanneled, frequent, bidirectional, branded, and celebratory of the achievements of individuals and divisions.

Findings reported here are consistent with existing literature on communications in health promotion program; for instance, a recent benchmarking study conducted by Altitude and commissioned by the Department of Defense to set a foundation for a Healthy Base Initiative recently found that to achieve maximum effectiveness, health promotion programs need to be strategically communicated in three phases by engaging the following key stakeholders: (1) senior leadership, whose task is to communicate a clear vision and demonstrate its commitment to health; (2) middle management, which builds momentum through alignment of resources, further communicating a shared mission and establishing measurable objectives; and (3) individual workers, the target of strategic communications, who, in turn, become empowered to improve their health through *self-activation* and by assuming responsibility for personal health improvement.<sup>17</sup> Very notably, this study went a step further to highlight the key narrative that should underlie all communications: workplace programs need to be presented as *simple* to adopt and *meaningful* to the individual or social group.<sup>17</sup>

This article has emphasized two key best practices drawn from prior benchmarking studies, interviews with knowledgeable individuals, and site visits. The two best practices highlighted here are core but not sufficient on their own to designing excellent programs. Other best practices uncovered in our research include: goal setting with reasonable expectations; smart incentives; integration of health promotion program into various organizational departments and functions, so that they work together with a unified focus on improving both individual and organizational health; screening and triage programs that conform to U.S. Preventive Services Task Force guidelines<sup>46</sup>; built-in measurement and evaluation; and fun. This list needs to be updated regularly, as new insights are gained from real-world experience.

## CONCLUSIONS

Employers recognize that it is in their interest to keep workers healthy, engaged, and productive. Workplace health promotion programs can contribute significantly to these goals if they are well designed, appropriately implemented, and properly evaluated. In our research, we conducted an updated literature review, held discussions with SMEs, and visited nine companies with exemplary programs to examine current best practices in workplace health promotion programs. We found that current best practices include establishing a culture of health and using strategic communications.

Building a culture of health means integrating health into the way an organization operates, thinks, and acts and requires sustained effort on a number of fronts. Employers must develop an environment that is both physically and socially supportive of health at all levels, and where employees are actively included in decisions that shape health promotion efforts. In our examination of communication strategies, we found that effective, strategic communications are designed to educate, motivate, market program offerings, and build trust. They are tailored and targeted,

multichanneled, bidirectional, with substantial consideration with optimum timing, frequency, and placement. Together these practices can provide foundation of a strong and effective workplace health promotion program. Increased efforts are needed to disseminate lessons learned from employers who have built a culture of health and excellent communications strategies and apply them more broadly in workplace settings.

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