PROGRAM DESIGN: CONSTRUCTING A
WELLNESS PROGRAM INITIATIVE FOR OMAR MEDICAL SUPPLIES
CORPORATION IN MATTESON, ILLINOIS

MSA 699 Foundations of Research Methods in Administration
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Submitted in Partial Fulfillment of Requirements
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EXECUTIVE SUMMARY

This research project determined if designing and implementing an organizational wellness program initiative for Omar Medical Supplies Company would help to thwart the administrative concerns it was facing. This research project investigated the primary question of the degree to which designing a wellness program initiative for Omar Medical Supplies Corporation would enable the company to overcome increasing adverse effects of behavior-related work stoppages and interruptions. The research study also identified the factors that were involved in designing a wellness program for Omar Company, the advantages and disadvantages of implementing a company wellness program for this company, as well as the extent to which wellness programs would help Omar Company overcome administrative factors.

Research findings from lessons learned company interviews revealed that calculated wellness program design based on company needs and wants did have a positive effect on administrative issues such as reduced medical claims and absenteeism. Research findings from the Omar Company employee survey discovered that Omar employees were willing to participate in wellness programs. The approach for this study was program design. A program was developed for Omar Company through a collaborative effort of interviews and a survey, which helped to custom construct a wellness tailored initiative. Specific aspects of the program were designed based on the particular wants and needs of Omar Company, lessons learned from three organizations that had implemented wellness programs previously, and Omar employee’s views and opinions of wellness application.

Recommendations encompassed the implementation of an Omar company specific wellness program to include, a biometric screening to be held each year to serve as a measurement tool for Omar Company’s Human Resources representative. A stress management,
nutrition, and exercise programs should be included based on the needs assessment, employee survey, and lessons learned interviews for maximum effect and participation. The researcher suggested that a step-walking program be added as a subcategory to the exercise program. The wellness program initiative should be implemented internally and the wellness program line-up should be extended to all available employees. All employees should be invited to participate in all available wellness programs, as well as spouses and domestic partners of employees to increase involvement and accountability. Wellness programs should be implemented year round to create a continuous conversation of health and to support employees through an uninterrupted wellness experience. Wellness programs should also be delivered through face-to-face and computerized instruction covering all aspects of balanced learning. Omar executives and leadership should support the wellness implementation completely to demonstrate to the employees that the program is supported. Omar Company should utilize local community hospital connections to minimize grant expenditures and to help build an unwritten social contract with the community, which would help to strengthen accountability. Employees should be utilized to help assist with the implementation, and operation of particular programs to display investment and importance in the wellness movement. Employee goal setting should be used for long-term monitoring and evaluation based on goals reached and altered behaviors learned. The initial wellness screening should be used to record the current health of participating employees before the program’s start date, and then numbers could be reassessed after program completion to gauge long and short-term results. Program participation rates should be used to monitor and evaluate if employees are remaining in programs until completion and reveal the number of employees who participate in particular programs. Surveys should also be utilized to expose program helpfulness, satisfaction, employee concerns, and programs desired.
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Chapter 1: Problem Definition

Background

Obesity and other chronic diseases have been well documented by scholars and have affected residents of the United States as well as the American workforce. Organizations have reached out to employees through medical wellness programs to thwart and minimize these reoccurring problems in hopes to impart positive effects on the organizational community and the employees who assist by creating more productive organizations. Researchers agree that body mass index (BMI) has risen to numbers that categorize a large number of Americans as obese or overweight (Komlos & Brabec, 2011). BMI is an individual’s weight divided by height (Strulik, 2013, p.1). This calculation is an indicator for the amount of fat an individual may carry and that individual’s risk level for chronic disease. The steady increase of BMI in the United States has been observed by the recording of BMI numbers dating back to West Point Military Academy cadets in 1870 (Komlos et al., 2011).

From 1960-1980, obese Americans made up 15% of the population in the United States, and that number grew to 34.3% in 2008 (Strulik, 2013). The same research disclosed that the number of obese Americans is expected to grow to 51% by the year 2030 (Strulik, 2013). Research divulged that the circumstances that have contributed to obesity, and the unhealthy American workforce, can be attributed to a brief list of influences encompassing tobacco usage, poor eating habits, physical sedentariness, disproportionate alcohol consumption, uncontrolled high blood pressure and cholesterol (Bauer, Briss, Goodman, & Bowman, 2014). There have been several factors that have been connected to the obesity crisis in the United States; these factors included high mortality rates which could increase turnover, possible loss of productivity due to missed days of work for hospital visits or sick days, and probable increased costs.
encompassing higher employer health claims and increased employee health expenditures. Shell Oil Company found that 80% of their obese Petrochemical workers were more likely to experience 3.7 more absent days than workers with normal body masses (Tsai, Ahmed, Wendt, Bhojani & Donnelly, 2008). The same research also associated the increase of days missed from work with concerns of lower productivity within the Petrochemical sector (Tsai et al., 2008).

Nearly half of the residents of the United States live with chronic diseases, including cancer, cardiovascular disease, diabetes, stroke, high blood pressure, and high cholesterol just to name a few (Sorensen, Landsbergis, Hammer, Amick, Linnan, & Pratt, 2011). Individuals who suffered from these diseases were of various gender, socioeconomic status, age, and race. The groups with the highest occurrences of chronic disease were lower socioeconomic status individuals and individuals from the minority population (Sorensen et al., 2011). When compared to other developed countries, the United States observed the highest incidents of chronic disease. Chronic disease, including obesity, was primarily caused by lifestyle habits and was mainly observed through four behaviors: tobacco use, unhealthy food options, alcohol consumption, and lack of physical activity. In 2005, over 1.3 million people were suffering from cancer, in 2007, 24 million people were identified with diabetes, in 2008, 67% of adults were either overweight or obese, and in 2010, 81 million people were suffering from cardiovascular disease (Sorensen et al., 2011).

Loss of productivity involved individuals who were not able to participate fully in workplace obligations. In the recent past, the United States of America has lead the world in productivity, and currently that position has been threatened, as globalization has become the trend among businesses based on the competitive edge being sought after (DeVries III, 2010). Research acknowledged that China and East Asia almost doubled productivity over the last ten
years. In 2007, residents of the United States spent one trillion on physical disease, which included individuals who were overweight in some capacity. A commonwealth fund report released in 2005 revealed that chronic illnesses cost employers over 260 billion dollars each year, contributing factors pointed to absenteeism and presenteeism (DeVries III, 2010). Absenteeism can be defined as reported time off work for disability or health related issues, and presenteeism can be defined as the decreased ability to complete work related duties (Braakman-Jansen, Taal, Kuper, & Vandelaar, 2012). Based on the historical data of the obesity and chronic disease epidemic in America, and the concern for organizations to remain productive and competitive, this study investigated what organizations were doing to help keep employees healthy and engaged.

**Research Problem**

Omar Medical Supplies Corporation suffered from organizational inconsistencies based on rising employer medical claims and prescription expenses. The number of sick days and disability days were increasing effecting work out-put and quality of work. Absenteeism was on the rise. More and more employees remained absent from work and Omar Company executives have observed a habitual pattern of negligence of responsibility and obligations. Work related injuries were occurring more often based on OSHA logs that were being kept on a yearly basis. Omar Corporation was also observing accidents at a much higher rate than ten years ago. Unhealthy employee habits were observed such as, smoking, tobacco usage, tardiness, inattentiveness, disorganization, wasting company time, and poor attitude behaviors. Cafeteria menu selections were chiefly processed and vending machine options consisted of chips, soda, and candy. Omar Company officials have observed this gradual shift in the culture and climate among employees at Omar Company. Omar Medical Supplies Company incorporated a high-
deductible employer health plan and has meticulously looked for other creative ways to thwart these rising concerns.

The research examined the following problem: “To what degree will designing a wellness program initiative for Omar Medical Supplies Corporation enable the company to overcome increasing adverse effects of health behavior related work stoppages and interruptions?” In order to answer the primary research question, the following succession of sub-questions were examined:

1. What factors are involved in designing a wellness program initiative for Omar Medical Supplies Corporation?
2. What are the advantages and disadvantages of implementing a company wellness program for Omar Medical Supplies Corporation?
3. To what extent will company wellness program initiatives help Omar Medical Supplies Corporation overcome higher medical claims, elevated work accidents and injuries, decreased work behaviors, increased disability days, elevated absenteeism, etc.?

Research Audience and Rationale

The audience for this research study was Omar Medical Supplies Corporation. Omar Corporation distributes and imports medical supplies such as safety materials and equipment, towel and tissue, can liners, gloves and other medical supply materials (Omarinc, 2016). The Omar Supplies Company, minority-owned, sells supplies to many of the fortune 500 companies throughout the nation and has a global presence internationally. Omar Medical Supplies Corporation was founded in 1997 and has won several industry awards to include top diversity owned business and top small business awards. Omar Medical Supplies Company was established in Matteson, Illinois (Omarinc, 2016). Recommendations were made to the Omar
Company executives group, and all findings were passed onto the CEO and all other company leaders. 

Company administrative issues such as the ones that were plaguing Omar Medical Supplies Corporation will only become increasingly larger if not addressed swiftly and accurately. Rising medical claims and prescription expenses, increased sick and disability days taken, lower rates of productivity, rising absenteeism, negligence of employee responsibility and obligation, increased workplace accidents and injuries, and the plethora of unhealthy employee habits and workplace nutrition could be a breeding ground for an unhealthy, unproductive, and inefficient organization. When those factors congregate other business aspects can be affected such as decreased employee morale, increased turnover rates, decreased competitive company edge, lower driving force for change, reduced company revenue, higher debt ratios, decreased talent pool, lowered leadership engagement, and lost business and company clientele. Addressing experienced company administrative issues can thwart these significant organizational dangers later on.

**Research Study Scope/Delimitations**

The research conducted in this study focused on only designing a wellness program initiative for Omar Medical Supplies Corporation and discovered if the design of the implemented wellness program initiative helped to thwart experienced administrative issues. This research study only focused on Omar Corporation as the organization with the administrative issues.
Chapter 2: Review of the Related Literature

Introduction to the Literature

This chapter explores the successes and failures of wellness program design and implementation. This literature review uncovered lessons learned, experiences, and overall general knowledge of wellness program design and implementation based on companies that had previously established wellness programs. This chapter investigated organizational wellness program implementation in four sub-topics. The first sub-topic focused on medical wellness programs, the second focused on wellness and weight management, the third focused on wellness and smoking, and the fourth focused on wellness and high cholesterol. These four sub-topics of research revealed insight of how wellness programs were implemented and the outcome of those implementations.

Presentation of the Literature

Wellness programs. Baicker, Cutler, & Song (2010) performed research based on 22 different studies encompassing the effects of wellness programs and how they related to absenteeism. The majority of the organizations studied were large companies with many employees; the remaining companies had fewer than 10,000 employees. The results encompassed findings of 1.8 days saved from absenteeism in direct relation to the participation in wellness programs. Coors (1992) chairman and president of Adolph Coors Company and one of the innovators in incorporating wellness programs into corporate culture, acknowledged an improvement encompassing worker productivity and sick leave after the implementation of wellness programs within the Coors organization. These findings were corroborated by a cost-benefit-analysis performed by the University of Oregon School of Management; productivity and
sick leave were proved to assist with a return on investment, based on wellness program activity (Coors, 1992).

Envick (2012) uncovered that the state of wellbeing is connected to an individual’s ability to perform job related duties. This connection was based on changes within the wellbeing and job duty relationship, encompassing a person’s ability to adjust performance behaviors, based on the overall wellbeing status. Further research conducted revealed that chronic disease, such as high blood pressure and depression, could lead to lower levels of wellbeing, which if not treated, could lower overall employee organizational work performance (Envick, 2012). Lally (2016) discovered that wellness programs increased employee wellbeing and improved productivity numbers while observing a decline in employee absenteeism. An increase in the value of wellness programs such as smoking cessation, and weight management was observed through long-term impact (Lally, 2016).

Wolff (2008) found that not all wellness programs resulted in an improved ability to complete work related duties and not all wellness programs lead to a higher achievement of increased productivity. This research revealed that organizations that were successful in the implementation of wellness programs focused on a wide-rage of programs, and incorporated an internal measurement system to track successes and failures (Wolff, 2008).

A study on 46 trucking companies who participated in wellness initiatives for accident or injury prevention revealed that shortcomings within the programs themselves existed, and a survey was distributed to discover and address those disparities (Lemke & Apostolopoulos, 2015). Deficiencies included reduced support from leadership, program evaluation was inadequate, little to no professional guidance occurred, company partnerships were not established, employees were under informed, accountability from leadership was not present, and
external wellness initiatives were not incorporated into the programs (Lemke et al., 2015). 
Kumar & Prevost (2011) located research that revealed that wellness program responsiveness 
varied based on the industry in which they were implemented. In this study, retail and healthcare 
sectors observed higher responsiveness to wellness program initiatives than the manufacturing 
sector they were compared to. This research study disclosed that manufacturing employees 
observed less flexibility during the day because of how the work was structured, not allowing 
them to participate fully in wellness programs initiatives (Kumar et al., 2011). Also, employees 
from the manufacturing sector also observed additional challenges, as a large portion of 
employees were hourly and were unable to participate in the programs because most hourly 
employees in the study were not covered by health insurance plans (Kumar et al., 2011). 

Research uncovered that more and more companies were concerned with employee 
energy work out-put per hour and how to relate this factor to employee health and wellness 
(Harte, Mahieu, Mallett, Norville, & VanderWerf, 2011). An assessment of companies who 
participated in the yearly Aon Hewitt survey acknowledged that less than 23% had a wellness 
program productivity strategy in place, and 60% of those companies who participated 
acknowledged that they would like to develop a wellness program productivity strategy within 
the next five years. Companies within this body of research had not employed metrics that could 
measure employee energy work out-put per hour based on the particular health of employees, but 
displayed increasing interest to acquire this ability (Harte et al., 2011). 

Elliot, MacKinnon, Mabry, Kisbu-Sakarya, DeFrancesco, Coxe & Favorite (2012) found 
that after the implementation of a workplace wellness program initiative which involved 
firefighters that some degree of tailoring was certain to happen and was unavoidable. This 
finding was said to have improved the outcome of wellness program implementation. The
purpose of this particular research was to discover the effectiveness and predictors of wellness program implementation (Elliot et al., 2012). The basis of the study was through observation of 12 medium-sized fire departments. Other findings revealed that older firefighters experienced more difficult transitions into healthier lifestyles based on habits that were created throughout their lifetime. This research finding suggested that during wellness program implementation that focusing on older workers could help participation rates and reveal more positive completions (Elliot et al., 2012).

Mujtaba & Cavico (2013) discovered that there were two distinct approaches that wellness program implementation could follow, incentives or penalties. During this research study, data uncovered that more employers supported the penalty approach and behavior economists reinforced this consideration by observing that more employees responded positively to conceivable losses than conceivable gains. This research study also found that many employers did not participate in wellness program initiatives because of the legal implications that were associated with adopting and executing company wellness programs (Mujtaba et al., 2013). Other findings included that some employees could be disadvantaged by being excluded from company insurance plans based on health related issues and an unbalance was associated with employees who could not find success within the programs that were being offered (Mujtaba et al., 2013). This research recommended that during wellness program implementation that employers remain in compliance with state and federal laws, prevent discrimination, observe fair treatment of all employees, construct universal programs that appeal to a plethora of employees, deliver cost-effective programs that produce targeted results with little expenditure, eliminate wellness program and salary links, introduce alternative options for employees who can not participate, and observe confidentiality (Mujtaba et al., 2013).
Walsh, Potter, Arora, Gildegorin & Terdiman (2014) discovered that colorectal cancer screenings, although highly recommended by health officials, screening for this particular examination remained low. The research performed in this analysis studied if workplace colorectal wellness program initiatives would increase screening rates (Walsh et al., 2014). Over 1,200 San Francisco firefighters were the target population for this study, which focused on active duty as well as retired individuals (Walsh et al., 2014). The target age for this study were firefighters aged 40 and above. A fecal immunochemical test was mailed out along with a questionnaire surveying behaviors and habits of prior colorectal screenings, as well as risk factors. This research study discovered that workplace wellness programs encompassing colorectal cancer screenings could increase screening percentages for employees (Walsh et al., 2014).

Blake & Lloyd (2008) found that effective implementation of workplace wellness program initiatives mandated an organizational health culture change. This culture change encompassed education, organizational facilities, services, approaches to support the initiative, and behavior modification interventions (Blake et al., 2008). This research study revealed that executive leadership must create buy-in from employees by supporting the wellness initiative and promote the culture change through organizational mission and vision statements (Blake et al., 2008). An additional recommendation of the research study revealed that a monitoring system must be put in place to measure effect and results of wellness programs (Blake et al., 2008).

**Wellness and weight management.** Researchers uncovered that during an implementation of the University of Minnesota’s fitness employee wellness program that offering incentives encouraged higher levels of exercise and participation (Crespin, Abraham, &
Rothman, 2016). Research uncovered that employees that were unlikely to participate in exercise outside of work did not express high interest, but once involved in the movement, experienced larger gains than those who exercised regularly. Employees who participated received a half an hour of additional exercise than employees who did not participate in the implemented exercise program. The employees utilized the university’s existing fitness center and were allowed to self-report the data that were measured (Crespin et al., 2016). The University of Minnesota offered the participating employees $20.00 per month to stimulate involvement. Researchers ultimately found that future implementation among other organizations should focus on how to motivate employees to participate in anticipated wellness program initiatives (Crespin et al., 2016).

Botes (2007) exposed that the occupational health department at Dartford & Gravesham National Health Service trust implemented a 12-week weight management program in 2003 due to a survey employees participated in, which revealed that almost 60% of employees suffered from an overweight status. Overall health was the objective of this weight management strategy as healthcare professionals focused on stressors, measurement in inches, and outside influences such as medication that inhibited weight loss. Goals that were set by the 87 employees were monitored for sustainability to increase the weight loss success rate (Botes, 2007). At the end of the 12-week program, an average of 728 pounds were lost, which averaged a little over eight pounds per employee. After the completion of the program, research revealed that employees who did not finish the programs gained weight, but those who completed the program kept the weight off three years later (Botes, 2007).

Telephone interviews of 505 randomly selected public and private organizations, uncovered that a large number of employees and employers found it beneficial to provide weight management wellness programs within the workplace and categorized them as effective in terms
of increased productivity, lower medical claims, reduced sickness, and fewer disability days (Gabel, Whitmore, Pickreign, Ferguson, Jain, & Scherer, 2009). Lee, Blake, and Lloyd (2010) publicized that workers who were over normal BMI indicators of 20% or more, received higher levels of inpatient hospital care than workers who were suffering from other chronic illnesses. Research also revealed that workers, who were considered overweight, based on BMI indicators, visited the hospital 140% more often than workers who had BMI indicators representing the normal category (Lee et al., 2010).

Hertz, Unger, McDonald, Lustik & Biddulph-Krentar (2004) found that workplace disease management programs that focused on obesity and weight management could lower the death rate among employees and increase rates of productivity. This study was confined to the United States and based on obesity, cardiovascular risk factors, and workplace limitations. Relationships were assessed encompassing an over weight status and the capacity and nature of work that could be performed (Hertz et al., 2004). Within this body of research, a correlation existed between an overweight status and work limitations. Research revealed that if work limitations were present, productivity could be affected based on the repetitive absence from work and the act of attending work while suffering from illness (Hertz et al. 2004).

Damschroder & Lowery (2013) studied a weight management program focused on Veteran Affairs members from 155 medical centers and 872 outpatient clinics, which addressed the rising obesity rates among its members. This particular research uncovered that perception, encompassing the need for wellness programs, was an indicator of the outcome for wellness program implementation. This particular research study pointed out that the engagement of leadership, resources, and time available were all markers that determined perception of intervention (Damschroder et al., 2013). Organizational change was noted to be an element of
wellness program implementation along with a coordination of effort, which involved the
departments within the company to work together creating strong communication ties. Other
findings stated in this research effort included receiving buy-in and support from leadership and
staff members so that time could be invested within the wellness program implementation
(Damschroder et al., 2013).

**Wellness and smoking.** Johnson, Indvik, & Rawlins (2007) reported a high loss of
productivity concerning employees who took regular smoke breaks during the workday and
additional sick days, contributing to absenteeism, due to illnesses related to cigarette smoking.
Employees who smoked observed a higher injury rate than employees who did not smoke.
Examples included not focusing on work related activities, performing activities at work while
only using the non-smoking hand, attending to persistent coughing, and performing work with
irritated eyes (Johnson et al., 2007). The investigation stated that smoking caused the release of
carbon monoxide into the bloodstream and decreased the speed of an employee’s reflexes and
alertness. Also, smokers contributed to fire accident costs more than workers who did not smoke
cigarettes. Research uncovered, employees who smoked, made up on average one-third of the
workforce but represented three-fourths of the employees who retired early (Johnson et al.,
2007). Also, workers who smoked were six times more likely to develop a disability and retire
prematurely than workers who did not engage in cigarette smoking activities. Thus, an employee
who participated in cigarette smoking behaviors demonstrated higher levels of morale and
productivity while participating in workplace obligations (Johnson et al., 2007).

Goetzel & Ozminkowski (2008) discovered through worksite health promotion program
research of 47 peer-reviewed studies over a 20-year time span, that health and productivity
outcomes were increased through program participation specifically, programs highlighting
tobacco use. Research revealed that programs emphasizing tobacco related initiatives helped to reduce the total number of days taken from work due to illness and other improvements were noted encompassing employee productivity in general (Goetzel et al., 2008). The research proved that satisfactory evidence existed that worksite health promotion programs were effective in behavioral changes long-term, accompanied with decreases in disease risks. The research also revealed that each study encompassed unique time frames and program structures. These irregularities varied throughout the 47 peer-reviewed studies, which hindered appropriate measurement based on various intervention and evaluation methods (Goetzel et al., 2008).

Lally (2016) discovered that an organization involving 2,000 employees over a five-year time frame adopted an intensive smoking cessation wellness program initiative, along with other wellness initiatives, to improve employee well being. This wellness initiative directly observed a decrease in employee absenteeism and a direct observance in increased productivity. Additionally, all wellness program participants received an elevated overall well-being increase, including the employees who participated in the smoking cessation initiative (Lally, 2016).

An additional investigation disclosed that population survey data taken from tobacco use supplements from 1992-1993, 1995-1996, and 1998-1999 found that decreased absenteeism varied depending on the stage a smoking employee was in, during the quitting process (Sindelar, Duchovny, Falba, & Busch, 2005). Only full-time employees ages 18-65 were observed because these age ranges fell into the category of higher rates of employment, which resulted in the surveillance of 383,778 workers. Employees who smoked cigarettes were related with a substantial increase in the likelihood of missing days from work. Employees who had recently quit smoking cigarettes had higher instances of absences from work; researchers related this finding to withdrawal symptoms that could have been associated with the short-term absences.
Employees, who quit smoking cigarettes for a longer period of time, over 12 months, decreased work related absences (Sindelar et al., 2005). The outcome of this research also revealed that workers who smoked cigarettes and workers who quit smoking cigarettes in the past observed equal amounts of nonattendances in the workplace. Thus, employees who quit smoking had higher occurrences of absences than employees who never smoked cigarettes, and employees who were currently smoking during this study had higher incidents of absences than employees who previously quit smoking cigarettes (Sindelar et al., 2005).

Sutherland (2002) revealed that the effectual approach to the management of smoking cessation programs were to focus on behavioral interpositions and Pharmacotherapy. Research also found that nicotine replacement therapy and sustained-released bupropion increased the popularity of the smoking wellness program (Sutherland, 2002). The examination also discovered that when Pharmacotherapy and behavioral management were delivered within the same smoking wellness initiative, program participation rates increased. Recommendations of this research included identifying individuals who smoke, evaluating the individual’s readiness to quit smoking, render tailored advice to the individual on the effort to quit smoking, and disclose the smoking therapies available to the individuals participating in the smoking cessation wellness program (Sutherland, 2002).

Fishwick, Carroll, McGregor, Drury, Webster, Bradshaw & Leavis (2013) learned though their research that targeting the workplace was advantageous for smoking wellness initiatives. Research uncovered that workplace environments were good places to reach larger numbers of participants specifically; male participates who were normally difficult to reach in other circumstances (Fishwick et al., 2013). Researchers also found that support from the medical community encompassing delivery methods and program assistance during the smoking wellness
program operation, aided to the advantages of offering this type of planned event. Research revealed that colleague support, accessibility of the program, and taking action to improve the situation were not likely to produce changes in smoking habits (Fishwick et al., 2013). The conclusion of this study resulted in the finding that workplace smoking wellness programs should direct efforts toward employees who have expressed the desire to quit smoking in order to maximize completion rates (Fishwick et al., 2013).

**Wellness and high cholesterol.** Fritsch, Pharm, Montpellier, C.G.P., & Kussman (2009) measured worksite cholesterol fluctuations through a seven-month intervention program involving 105 employees, consisting of managers and line workers who were selected as high-risk for elevated cholesterol markers. The findings from this study revealed that coaching healthy behaviors, such as diet, exercise, and close medical attention from a primary care physician, helped employees who completed the program observe overall healthier behaviors. Also, employees who reached lowered targeted cholesterol levels lost weight, reduced the likelihood of cigarette smoking, and observed lower blood pressure (Fritsch et al., 2009).

A 12-week pilot wellness program, which encompassed high cholesterol along with other cardiovascular disease markers such as weight, blood pressure, and blood sugar, was presented to 50 mid-size university staff and faculty (White & Jacques, 2007). Half of the participants who began the wellness program did not finish and those results were not included in the study. Interventions during the study focused on diet and exercise to decrease cholesterol numbers. Once the intervention was completed, employees who participated reported the final numbers (White et al., 2007). A decrease in total cholesterol was observed, numbers ranged from a beginning number of 202 to a decreased number of 179 mg/dl. Among the 50 participants, less than 37% had normal cholesterol levels, based on the National Cholesterol Education Program,
compared to over 70% after the end of the study. Based on those who participated, 60% observed normal triglycerides at the start of the study compared to 88% of participants once the program concluded. Research also revealed a correlation between diet and lowered cholesterol numbers (White et al., 2007).

Walton & Timms (1999) discovered that employees who suffered from chronic illnesses, high cholesterol included, used five sick days or more during the year, experienced decreased satisfaction with life, suffered more work-related stressors, and were more dissatisfied with job related duties than employees who did not suffer from chronic disease. “Training Adaptations,” (2009) explored the effects of a general wellness program highlighting health promotion and wellness education with the assistance of physical therapists, exercise science students, and medical technicians. The study assessed 68 employees, all women. The focus was placed on nutrition education, exercise, and stress control (Walton et al., 1999). Cholesterol levels were recorded before and after the nine-month program and researchers revealed that no significant changes were recorded encompassing total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and triglyceride levels. There were no fluctuations clinically or statistically (Walton et al., 1999).

Goetzel & Ozminkowski (2008) discovered through worksite health promotion program research of 47 peer-reviewed studies over a 20-year time span, that health and productivity outcomes were increased through program participation specifically, programs highlighting cholesterol initiatives. Research revealed that programs emphasizing cholesterol related initiatives helped to lower total serum cholesterol levels and other improvements were noted encompassing employee productivity in general (Goetzel et al., 2008). The research proved that satisfactory evidence existed that worksite health promotion programs were effective in
behavioral changes long-term, accompanied with decreases in disease risks. The research also revealed that each study encompassed unique time frames and program structures. These irregularities varied throughout the 47 peer-reviewed studies, which hindered appropriate measurement based on various intervention and evaluation methods (Goetzel et al., 2008).

Sidebottom, Sillah, Miedema, Vock, Pereira, Benson & VanWormer (2016) learned that a five-year cardiovascular wellness initiative which encompassed workplace interventions decreased risk factors and afflictions of cardiovascular disease and was helpful in improving total cholesterol, triglycerides, and glucose levels among approximately 6,000 participants. The cardiovascular wellness program was based in New Ulm and Franklin County, focused on clinical and non-clinical approaches, and was targeted directly towards high-risk populations (Sidebottom et al., 2016). This research was not able to determine a decrease in risk factors based on the wellness program lifestyle adjustments alone and could not identify if the medication prescribed lowered total cholesterol, triglycerides, and glucose levels. This research study also observed positive employee lifestyle behaviors in association with the overall wellness program approach. The conclusion of this study found that the decrease in cardiovascular risk factors contributed from both behavioral program delivery and medication dispensed during the wellness program five-year activity (Sidebottom et al., 2016).

Widmer, Allison, Lennon, Keane, Dallas, Lerman & Lerman (2014) hypothesized that an implemented workplace digital health intervention, labeled as a work health program which focused on observance and support, would improve cardiovascular disease risk within one year of implementation. The findings of this research revealed positive results encompassing improvements in body mass indexes, waist size, triglycerides, HDL cholesterol, and systolic blood pressure (Widmer et al., 2014). The overall conclusion of this research study exposed that
workplace digital cardiovascular intervention programs effectually reduced cardiovascular disease risk factors. Researchers believed that employee motivation contributed to the risk factor improvements (Widmer et al., 2014).

Summary of the Literature

Medical wellness programs. This investigation discovered that companies were interested in implementing work-based wellness programs. Research also uncovered that wellness programs positively affected employee’s work-related duties through absenteeism, productivity, and sick leave numbers. Research revealed that wellbeing was positively and negatively associated with an employee’s ability to perform work related duties based on if an employee suffered from a chronic illness. Research exposed that if an employee did not suffer from a chronic illness, then wellbeing was positively associated, and an employee’s ability to preform work related duties increased. Research also displayed that if an employee did suffer from a chronic illness, then wellbeing was negatively associated, and an employee’s ability to preform work related duties decreased. Not all research on wellness programs in general was positively associated with an increase in employee productivity. Research exposed that the implementation of wellness programs could determine a negative association based on support from leadership and how employees were informed and engaged in activities. Different types of industries, such as retail and manufacturing, and employee status, such as salary or hourly, had negative associations on participation in some studies. Overall, a large body of research existed encompassing wellness programs in general and implementation outcomes.

Wellness and weight management. Companies implementing weight management work-based wellness programs did observe improvements such as returning to work faster after injuries and remaining loyal, decreasing the frequency in which employees enter and exit the
workforce. This research was positively associated with increased productivity. Research found that employees who did not complete weight management programs typically re-gained the weight, but those who remained in the program until completion kept the weight off. Completion of wellness programs was also positively associated with productivity. Companies agree that overall weight management initiatives did work and were positively associated with increased productivity and decreased sickness and disability days. This investigation discovered that all weight management programs were not implemented the same, and if weight management programs were not carefully and thoughtfully executed, the programs could be negatively associated with employees reaching benchmarks enacted by leadership encompassing productivity. Overall, a large body of research existed encompassing weight management initiatives and implementation outcomes.

**Wellness and smoking.** Employees who smoked had a higher loss of productivity than employees who did not smoke. Productivity was lost through smoke breaks and extended sick days contributing to absenteeism due to illnesses from smoking cigarettes. Research also showed that employees who smoked observed higher rates of injury, were less alert, retired earlier, observed lower levels of morale and productivity, and had slower reflexes. It has been proved through the research that work-based smoking wellness programs did work to help employees quit smoking, and that cigarette smoking wellness initiatives decreased absenteeism and increased productivity. This investigation exposed that smoking wellness programs increased wellbeing for participants who actively participated and completed smoking wellness programs. All above research supported a positive association with smoking wellness programs and increased productivity, but may not encompass all perspectives because of the limited research available. A portion of research in this study revealed that early stages of quitting smoking
increased absenteeism and more substantial results were measured after a 12-month period. This research could be negatively associated with productivity outcomes as smoking research revealed a longer incubation of time to assess positive or negative associations. Overall, an adequate amount of research existed encompassing cigarette smoking wellness programs and implementation outcomes.

Wellness and high cholesterol. Research revealed that high cholesterol work-based programs observed overall healthier behaviors after completion, reduced blood pressure numbers, and reduced the likelihood of becoming a future smoker. Additional research in this category found that employees suffering from chronic disease, as well as risker cholesterol numbers, were less productive taking additional sick days per year than employees with lower cholesterol numbers. Research revealed that employees who suffer from high cholesterol experience lower satisfaction with life, experience additional stress, and were more prone for dissatisfaction with work related duties. Other research revealed a possible negative connection with wellness programs that do not target cholesterol specifically. Research uncovered that wellness programs in general that focused on cholesterol numbers and figures did decrease risk factors for cardiovascular disease and were contributed to a combination of prescription medication and behavioral changes. Generally, the research revealed that high cholesterol programs had positive associations with productivity and resulted in positive outcomes, but may not encompass all perspectives because of the limited research available. It can be assessed that higher cholesterol numbers do affect work related duties based on the research gathered. Overall, very little research existed encompassing high cholesterol wellness programs and the implementation and outcomes of researched studies.
Chapter 3: Research Methodology

Research Approach

Omar Medical Supplies Corporation was in need of an intervention to help thwart the growing administrative issues being experienced. Issues included increasing medical claims, elevated sick and disability leave days taken, rising employee absenteeism, growing work related injuries, and constant observance of unhealthy employee habits. A wellness program package was tailored specifically to Omar Solutions and addressed each deficiency that the company was facing.

The research approach for this study was program design. A program was developed for Omar Company through a collaborative effort of interviews and a survey to custom construct a wellness tailored initiative. This approach was chosen based on the need that Omar Medical Solutions exhibited. An all-encompassing wellness program initiative was established and specific aspects of the program were designed based on the particular wants and needs, lessons learned from three other organizations that had implemented wellness programs previously, and Omar employee’s design perspective.

The data collection approach for this research project encompassed surveys and interviews. An interview between the researcher and the Co-CEO of Omar Medical Supplies Company was scheduled to discover needs and wants of a wellness program based on the deficiencies found within the organization. The interview with the Omar CEO was for the purpose of a needs assessment to specify each growing concern, perspectives on which wellness programs to include or exclude, concerns involving the implementation process, targeted audience, short and long-term predictions, needs for operation, costs and benefits of incorporating a wellness program, financial and political feasibility, and thoughts and opinions
on how the program should be monitored and evaluated over an extended period of time. A company survey was offered by the researcher to all Omar Medical Supplies employees to gain knowledge on which wellness programs held popular interest and which wellness programs were least desired. The survey also sought to discover perspectives on wellness program design such as internal or external implementation and program delivery. Questions were also included to address employee concerns and apprehensions about the implementation process and or the introduction of wellness programs. The remaining interviews were directed towards three organizations that have previously incorporated wellness programs successfully. The interview questions focused on program design, necessary resources, costs and benefits, wellness programs incorporated, company deficiencies, targeted audience, the considerations of financial and political feasibility, short and long-term wellness program monitoring and evaluating, and specific implementation details. The employee survey and accompanying interviews were designed to give the researcher a comprehensive look at wellness program implementation and design. Based on this premise, a company specific wellness program was constructed for Omar Medical Supplies Corporation.

**Data Collection Approach and Procedures**

**Data collected.** Table 1.1 depicted the questions, data needed to answer those questions, and collection sources and methods that discovered how to design a wellness program initiative for Omar Medical Supplies Corporation. Based on the questions below, a company specific wellness program initiative was custom built for employees and leadership based on wants and needs learned.

<table>
<thead>
<tr>
<th>Research Primary and Sub-questions</th>
<th>Data Needed to Answer Question(s)</th>
<th>Data Collection Sources and Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary: To what degree will</td>
<td>Company perspective on</td>
<td>Structured interview</td>
</tr>
</tbody>
</table>
designing a wellness program initiative for Omar Medical Supplies Corporation enable the company to overcome increasing adverse effects of behavior related work stoppages and interruptions?

1. What factors are involved in designing a wellness program initiative for Omar Medical Supplies Corporation? Company perspective on lessons learned. Costs versus benefits Omar needs/wants

2. What are the advantages and disadvantages of implementing a company wellness program for Omar Medical Supplies Corporation? Company perspective on lessons learned. Structured company interview.

3. To what extent will company wellness program initiatives help Omar Medical Supplies Corporation overcome administrative factors? Company perspective on lessons learned. Structured company interview.

**Data collection procedures.** The data collection approach for this research project was one survey for Omar employees and multiple company interviews. An interview was conducted with the Omar Medical Supplies Co-CEO official to uncover what the company potentially was looking for, through a needs assessment. The needs assessment revealed the leadership perspective of what was needed and wanted within a wellness program initiative. An interview was also conducted with participating organizations that had previously implemented wellness program initiatives, so that best practices and lessons learned could be uncovered from one Human Resources staff member per organization. Lessons learned and best practices were revealed based on the three organizations that participated in the interviews. The survey targeted
Omar Medical Supplies employees and uncovered which wellness programs they desired, program design preference, and overall concerns about the implementation. Based on the 50 employees that work at Omar Company, a total of 31 Omar employees participated in the wellness program survey.

**Target Population.**

The targeted population for this research study was Omar Medical Supplies employees based in Matteson, Illinois. This organization employed an estimated 50 employees. Considerations for employee count fluctuations were variations in staffing needs, special project variations, and customer demand versus available product disparities.

**Sample Details.**

The sample details of this research project consisted of the Co-CEO representative and 50 employees within Omar Medical Supplies Corporation. A needs assessment with the Co-CEO determined what needs and wants the company had based on observed occurrences through medical claims, health habits, injury reports, attendance records, job descriptions, food menu items offered, work schedules, company polices, and building structure. Other samples were taken from one Human Resources staff member of three outside organizations that had previously implemented wellness program initiatives. These realizations were gathered through telephone interviews and assessed lessons learned based on experiences extracted from the implementation of instituted wellness programs. Peckham, Central Michigan University, and Queen City Multi-Sport were chosen based on likeness in size to Omar Corporation and resulted in similar wellness program implementation outcomes. Other reasons these three companies were chosen were simply based on convenience, as this course was limited in time and research limitations. Omar Medical Supplies Company employed an estimated number of 50 employees.
The number of people the researcher included in the survey was the estimated 50 employees that were employed at Omar Company. Not all employees partook in this voluntary structured survey, after the survey period, only 31 Omar employees chose to participate. All employees were invited to participate. The response rate was expected to be at least 50%. The researcher believed that the employees that did choose to participate were completely random and therefore would be categorized as simple random sampling. This simple random sample was protected based on the confidential manner in which the employees accessed and returned the survey. Employees had the freedom to decide whether or not to participate in stated survey. Vulnerable populations were not a part of this research study. Participants were over the age of 18, there were no participants that were imprisoned, and handicapped persons, or women who were currently pregnant were not included. All contact information was provided by the organizations that were participating.

**Instrumentation.**

The instruments that were used for this research study were interviews, a survey, consent form, and permission to conduct the study document. Permission to conduct the study can be found in Appendix A. The consent form advising detailed information about what was studied can be found in Appendix B. The interview encompassing the needs assessment for Omar Medical Supplies Company can be found in Appendix C. The structured interview encompassing the lessons learned based on previous wellness program implementation can be found in Appendix D, Omar Medical Supplies employee survey questions can be found in Appendix E, and MSA Application Approval Letter to collect data can be found in Appendix F. The interviews and survey were created specifically for this research project by the researcher and were entirely based on this body of research. The consent form was extracted from the template
on Central Michigan University’s capstone webpage and the template for the permission letter was obtained from the template provided on Blackboard by the monitor of this class, Patricia Kelley. The survey and interview questions were not tested for validity and reliability. The researcher had the survey and interviews tested through an external source, so that all questions and responses could be verified for quality and soundness. Survey responses were coded one through five, ranging from not at all likely to very likely. Conditional formatting was utilized, shading every other line gray, helping employees who participated to easily identify questions and numerical choices. The survey utilized a Likert scale format allowing the responses to be quantifiable. Conclusions and results were drawn easily, allowing the researcher to survey larger amounts of employees in a shorter period of time. Open-ended questions were added to encourage more detailed responses. The interviews consisted of structured open-ended questions that allowed the researcher to examine all aspects of how wellness programs were implemented, the costs associated with the process, lessons learned, advantages and disadvantages, most desired wellness programs, how employees were targeted, and the most efficient way to design a successful wellness program initiative, just to name a few.

**Procedures.**

The Omar employee survey was anonymous and was delivered and taken through SurveyMonkey, an electronic web-based survey software service. Employees were directed to stephanieturnerwilson.weebly.com, generated particularly for this research study. Employees visited the stated website, clicked on the available link, and took the survey. This survey was available to employees during and after work hours to thwart any biases encompassing limited access to a computer at home and no access to a computer within the current workspace. All surveys were delivered through SurveyMonkey software, the researcher did not know who had
participated in the Omar employee survey. There was no established relationship with any of the employees at Omar Medical Supplies Corporation. All employees who participated in the available survey for this research study had no contact with the researcher. The expected return rate was 50% of 50 employees; this meant that the researcher expected to receive 25 surveys that expressed wellness program implementation perspectives. This basis of estimation assumed that at least half of the employees at Omar Medical Supplies Company would express interest in the upcoming wellness program design and would want to have input on how those programs were executed. Incomplete returned responses were eliminated from the final analysis, due to possible inaccurate measurement or sampling inconsistencies.

**Timing.** The research study began September 5, 2016 and was completed on September 18, 2016. An extension of one week was calculated for late survey submissions, which ended on September 25, 2016. The response rates were not lower than calculated. The researcher did not need to request a reminder to be delivered to all Omar employees advising that the survey would remain on stephanieturnerwilson.weebly.com for an additional week to allow employees an added opportunity to take the survey.

**Data Analysis and Synthesis**

Open-ended responses collected from telephone interviews and the Omar employee survey were examined based on theme identification, shared statements, and common concerns. Those shared themes, statements, and concerns were drawn out based on repeated words or statements, compared and contrasted techniques of similar statements, and utilized similar statements or words to connect related information. The quantitative data taken from the employee survey was interpreted by using descriptive statistics in the form of the weighted average and standard deviation. The weighted average measurement took into account the weight
of each response and recorded the fluctuations in importance between each question studied. The standard deviation took into account how widespread the data were, the fluctuations in variation from the weighted average, and how consistent or inconsistent employee’s responses were.

Program. Omar Medical Supplies Company was seeking alternatives to help reduce the current administrative issues being observed based on increasing medical claims, elevated sick and disability leave days taken, rising employee absenteeism, growing work related injuries, and the constant observance of unhealthy employee habits. The Omar Medical Supplies Co-CEO believed that other options existed and could help thwart growing concerns. The Co-CEO at Omar Company also believed that alternative options could help construct a healthier organizational culture to include all employees including leadership. The researcher conducted a needs assessment with the Co-CEO and an anonymous survey was available at stephanieturnerwilson.weebly.com for all 50 employees at Omar Medical Supplies Company to participate in. The Omar employee survey helped determine wellness program wants and needs. The Omar official determined that wellness programs could include smoking cessation, nutrition, cholesterol, blood pressure, pregnancy, transit paramedical, exercise, childcare telecommuting, work-life balance, sabbaticals, and many others depending on expressed interest. All data were collected through interview responses.

Needs assessment. The needs assessment included wants and needs and was based on company data presented by the interviewee based on past company medical claims, OSHA work injury reports, payroll attendance records, available cafeteria menu items, vending machine assortments, job descriptions, smoke break observances, work schedule archives, company policies, and building schematic design. The data were collected through an approved structured interview between the researcher and the Co-CEO official who represented Omar Company. An
inquiry, in the form of an approved structured anonymous survey, was available to include the employees of Omar Medical Supplies Company as well. This probe assessed which wellness programs the employees believed should be included or omitted. The researcher also included open-ended and quantifiable survey questions during the investigation to identify desired wellness programs, design, delivery, and concerns. All data collected through interviews and surveys were assessed by qualitative and quantitative measurement methods and helped construct a thorough wellness program plan. All data were collected through interview responses.

**Objectives.** Data encompassing long and short-term predictions, needs, wants, and concerns of the wellness program design were collected though the needs assessment conducted by the researcher and the Omar Company Co-CEO representative. The researcher included interview questions that addressed short and long-term predictions, needs, wants, and concerns so that a wellness program initiative could be tailored specifically to Omar Company. Data were analyzed based on the reactions to stated questions, which were collected through interview responses.

**Target population.** The target population for who would and would not be allowed to participate in enacted company wellness programs was assessed during the needs assessment and employee survey conducted by the researcher. The needs assessment interview, which encompassed the Co-CEO official, and the employee survey of Omar Medical Solutions employees identified the individuals that were included to participate in the wellness programs. Once all of the data were compiled, the statistics determined which employees would participate in the wellness programs. The researcher included interview questions during the needs assessment that were designed to identify individuals that would or would not participate in
planned wellness programs. The structured anonymous employee survey identified the percentage of employees interested in participating in wellness programs. All data were examined by using qualitative measurement methods, which were collected through interview responses.

**Design specifications.** Frequency, duration, personnel, staff functions, organization, timeframe, location, and coordination with other programs were determined based on the needs assessment with the Co-CEO representative of Omar Company. Activities were determined based on the combination of survey results from employee feedback and the Omar Company Co-CEO’s perspective. Questions were included within the needs assessment interview to draw out predictions on frequency, duration, personnel, staff functions, organization, timeframe, location, and coordination with other programs. Questions were included in the employee survey to draw out perspectives on wellness program desires, program design, and program delivery. This data were examined by using qualitative measurement methods to determine how the overall wellness program would be designed from the perspective of the Omar employees as well as the Omar leadership team.

The two sources of design originated from the data of the lessons learned and Omar Medical Supplies Company’s own plan for the implementation of the wellness program initiative. The three companies that were chosen were interviewed and data were collected based on best practices for implementing a wellness initiative. Data were also collected on frequency, duration, personnel, staff functions organization, timeframe, location, and coordination with other programs. Viewpoints of the implementation process were shared based on the successes and failures of past organizational experiences. Omar Medical Supplies Company’s action plan for wellness program implementation was used in conjunction with the lessons learned from
outside companies. Data based on responses from the interviews conducted and surveys solicited through Omar Medical Supplies were utilized to determine a basis of expectations and perspectives concerning a best-fit company wellness plan. All data were analyzed by using quantitative and qualitative measurement methods, which were collected through interview responses.

**Sources of required resources.** Data to determine what was needed to operate the wellness program for Omar Medical Supplies Company were derived from the needs assessment data and lessons learned data. Both sources of information helped to determine what programs were ultimately designed and what resources were needed to structure those programs. Wellness program selection, by Omar Corporation, determined the amount of resources needed. The researcher included interview questions during the needs assessment and lessons learned interview to address the operation of existing wellness programs as well as how the proposed programs would operate. Data were measured by using qualitative methods, which were collected through interview responses.

**Program costs and benefits.** Data were collected through the interview process to determine the estimation of operating costs and indirect costs related to implementing company wellness programs. Past experiences were recorded from three outside corporations who have previously implemented wellness initiatives. Data collected through the interview process included up-front costs, costs incurred during and after implementation, and unexpected costs. Information was also collected during the needs assessment interview from Omar Medical Supplies Company. Material that was examined through the interview process encompassed a company specific estimation on the costs of individual wellness programs, and the assessment on where the funds would derive from to start-up the wellness initiative. The researcher included
interview questions during the needs assessment that were designed to address program benefits of fashioned wellness program initiatives. The data were analyzed by using qualitative methods, which were collected through interview responses.

**Financial feasibility.** The data specifications for source of capital and on-going operations for a wellness program initiative design was determined through fact-finding interview questions focused on Omar’s ability to continue the wellness program’s function over a period of time. This data revealed a quick indication of the financial abilities that Omar Company possessed and if the wellness program initiative could be a reality. The financial feasibility assessment revealed if the undertaking was theoretically feasible, remained within the estimated costs of the wellness project, and if the implementation would be profitable for Omar Solutions company. The researcher included interview questions during the needs assessment and uncovered the financial feasibility of the designed wellness program initiative. Qualitative measurement methods were utilized. All data were collected through interview responses.

**Political feasibility.** Data were collected which encompassed management’s readiness to support and advocate for the wellness program initiative. This data were collected through the needs assessment questionnaire by the researcher and discovered whether or not Omar Company had the cooperation of leadership. The data were examined through qualitative measurement, which were collected through interview responses.

**Monitoring and evaluation.** If a wellness program initiative were implemented for Omar Solutions, a monitoring and evaluation program would be put in place to determine if the wellness programs were reaching the targeted employees. The monitoring and evaluation program would also assess if the programs were being delivered properly, and if the programs were meeting the targeted goals decided upon by Omar executives. Omar leadership also
determined how the programs would be monitored and evaluated for accountability purposes and the needs assessment determined a practical baseline of data collection so that the wellness program could be measured accurately over a span of time to estimate desired benchmarks. The researcher included interview questions during the needs assessment and lessons learned assessment that addressed monitoring and evaluation of the tailored wellness programs initiative. Qualitative measurements methods were utilized. All data were collected through interview responses.

**Methodological Limitations**

Limitations included uncontrolled participation rates from Omar Corporation; there was no guarantee that organizations that agreed to participate in the phone interviews would be able to answer all questions completely and accurately. Organizations that participated in phone interviews did or did not have comprehensive informational data regarding the implementation of wellness programs. The structured employee survey and phone interview questions were designed by the researcher for this particular research study, and were not reliable and valid. The researcher was a beginner and did not possess a very large amount of experience with thesis projects, and may not have executed all aspects of the study accurately. The detailed examination of the data extracted could have been interpreted incorrectly. Time constraints associated with the start and end dates of the class were limited to 16 weeks and did put an enormous amount of stress on the researcher. Employees that participate in the Omar survey could have misinterpreted questions, which could have distorted the median and mean calculations in the data set. Questions were reviewed for ambiguous words and statements, but participants could have naturally possessed biases and individual prospective. All survey questions may not been answered which could have resulted in eliminated surveys and reduced data. Estimated employee
count of targeted audience could have been miscalculated and the data collection results could have reflected this inconsistency.
Chapter 4: Data Analysis

Introduction

The data that were collected for this program design project is presented in this chapter. Data are displayed in text and visual layout formation, and includes an analysis that was used to connect the data gathered to the research questions listed in chapter one. Data collected from Omar needs assessment was summarized in the program design format encompassing program, needs/wants, objective, target population, design specifications, sources of required resources, program costs and benefits, financial feasibility, political feasibility, and monitoring and evaluation indicators. Using descriptive statistics in the form of weighted average and standard deviation summarized the Omar employee responses, located in tables 1.2 through 1.11. Open-ended Omar employee survey responses were summarized with the use of charts 1.2 and 1.3 as well as descriptive segments. Lessons learned interview responses were summarized using the program design format encompassing program, needs/wants, target population, design specifications, sources of required resources, program costs and benefits, financial feasibility, and monitoring and evaluation indicators in the form of descriptive segments. Common themes and conflicts between Peckham, Central Michigan University, and Queen City Multi-Sport’s wellness program implementation data were analyzed and summarized by using table 1.14.

Data Presentation and Analysis

A needs assessment phone interview was conducted with Dale Wilson Holcomb, Co-Chief Executive Officer at Omar Corporation, to discover how the wellness program project should be designed and what aspects of the program should be included or omitted. The needs assessment consultation covered program, needs/wants, objectives, target population, design specifications, sources of required resources, program costs and benefits, financial feasibility,
political feasibility, and monitoring and evaluation. The data collected from these segments detailed the wellness program initiative that Omar Company envisioned; the responses were summarized below.

**Program.** The Omar CEO believed a wellness program was needed because the company had been experiencing negative employee habits, higher accident and incident rates, higher than normal sick call-out days, increased short and long-term disability leave taken, and overall declining employee health characteristics. Omar Company hoped to eventually increase their employee and company productivity, health of their employees, reduce turnover, attract and develop competitive talent, and expand employee satisfaction through wellness program design and implementation. Omar wanted to focus on decreasing employer medical claims, lowering the organizational injury rate, and reduce unhealthy employee behaviors. Specifically, Omar Company wanted to incorporate wellness programs that focused on nutrition, exercise, stress, and accident injury and exclude programs that were controversial or programs that created adverse impact encompassing current or future employees. The interview did not reveal specific programs that would have adverse impact, but discussions uncovered that any program having a discriminatory effect would not be included.

**Needs and wants.** Medical claims were the largest concern among Omar Company executives based on employer costs. The Omar representative revealed that the company, in addition to medical claims, was also spending additional revenue based on absenteeism and disability days taken. Omar Company wanted to minimize stated costs with the implementation of a wellness program initiative. Injury and accident reduction was also at the top of the list for Omar Company. Omar believed that wellness programs that highlight organizational accident and injury prevention could bring awareness to those issues and could help reduce the injury rate.
among Omar employees, reducing future expenditures and disbursements. Omar executives believed that by addressing their main concerns of elevated medical claims, increased injury statistics, and unhealthy employee behaviors that the effort would increase attendance and overall quality of work. Interview responses revealed that Omar believed that the addition of a nutritional wellness program, coupled with new menu changes in their vending machines and cafeteria, could help to send the message of a healthier workplace to all of their employees and increase the possibility of improved eating habits. Omar would like for the healthier options included in the vending machines and cafeteria to be combined with a nutritional wellness program to increase nutritional influence. Omar leadership believed that smoking was one of the chief unhealthy employee behaviors that had been observed from their employees.

Leadership also thought that minimizing smoking among their workers would help to reduce time-spent smoking outside, help reduce medical claims, and help to diminish fire and smoke injuries. Omar believed that their mission and vision statement defined their organization’s purpose, goals, and aspirations. By recognizing this fact, Omar would like to incorporate the healthy wellness initiatives to the current statement, which Omar believed would help display symbolic company-wide support to their employees. In addition to an exercise program, Omar leadership would like to encourage their employees to take the stairs at least once a day for additional credit towards the company exercise program. The company thought this decision would help build positive employee relationships and contribute to a healthier workplace atmosphere. Omar would like to encourage employees to walk around the work building as an addition to the exercise wellness program, where employees could receive bonus points based on participation. Omar executives decided that the company did not want to
construct a specific walking path that employees could use to walk on. This decision was based on lowering initial costs, but the company did decide to revisit this idea in the future.

The decision was made to introduce the wellness program package as a voluntary initiative. Omar leadership believed that if the wellness programs were perceived as voluntary, then more employees would participate. Omar Company would like to keep costs down by not restructuring work through job descriptions and not offering discounts on smoking medication; Omar executives expressed that these decisions would lower additional costs to the wellness bill and substantially reduce start-up expenditures. This decision was also based on lowering initial costs, but the company did decide to revisit this idea in the future. Omar executive leadership would like to add a stress program to the wellness program package. This topic generated ample interest among leadership and executives decided that the addition of a stress program could be extremely effective at reducing strain, anxiety, and tension among the Omar employees. The interview with Omar leadership revealed that a telecommuting program was not needed at this time based on other wellness program needs. Omar Company’s main concern was to keep the initial start-up costs down. Leadership thought that once the program had been in place for a few years, they could revisit other ideas and options based on the popularity and return on investment of the original wellness program initiative.

**Objective.** Omar Company believed that the wellness program design would be successful if their medical claims were reduced, less accidents and injuries were recorded, and negative employee health behaviors were improved. Leadership did advise that if those stated markers did not improve, the wellness program design would be considered unsuccessful.

**Target population.** Omar Company chose to extend wellness program registration and participation to all 50 employees. Omar thought that extending participation to all who were
interested would increase the impact of wellness and encourage a more positive association with the wellness initiative. Wellness participation would not be characterized as mandatory.

**Design specifications.** Omar Company would like the wellness program to function year-round so that employees and the corporation as a whole could benefit from the message of wellness and health management throughout the year. Leadership believed that the greatest on-going impact could be achieved if wellness programs were offered consistently. The needs assessment uncovered that the constant emphasis would create a more health conscious employee environment. Omar decided to partner with an outside wellness agency for the first year of the program’s operation to assist the Human Resources Department. During the first year, Human Resources officials would create one wellness program position and hire one wellness specialist. The selected individual would be responsible for learning wellness program laws and administrative guidelines, specific program delivery, and wellness program operation from outsourced wellness agency personnel.

After the first year of implementation, the selected wellness official would operate the company wellness program, minimizing operation costs. Omar leadership decided, that as the company expanded, the need for additional wellness officials and additional programs could be required. Omar Co-CEO advised that there would be no additional wellness officials employed by Omar Corporation, but a possible 24-hour nurse line could be implemented in addition to the health and wellness package offered to the workers. Omar Leadership believed that the 24-hour nurse line would eliminate further costs until additional grant money could be secured. Omar Company would like to design the wellness program delivery format through computerized software as well as structured face-to-face classes. Omar Company agreed that the Human Resources wellness representative would facilitate face-to-face wellness classes and a wellness
computer lab would be accessible for all employees who wish to engage in self-directed learning. Concerns arose among leadership that some employees may not own home computers; Omar has made the decision to offer the wellness computer lab for this reason. Employees of Omar Corporation would be allotted time during the workday to participate in computerized and face-to-face wellness programs; instruction would not be given on when employees could visit the computer lab. Structured face-to-face wellness courses would be organized one month in advance, so that workers could plan their work around available seminars. Omar officials hoped to increase participation rates based on the face-to-face and computerized delivery systems.

Omar executives anticipated beginning implementation of the new wellness programs one year after leadership approved the new wellness program design. This timeframe would allow employees to address concerns, voice opinions, and ask questions. Omar Company also planned to utilize this time to administratively prepare leadership and executives for the transition; executives did not express any concerns on the agreed upon one-year timeframe. No other programs were designed to run concurrently with the new wellness program design.

**Sources of required resources.** Omar Company officials and executives revealed that as an organization that cared about its employees, they were ready to lend their support to the wellness effort and to the employees’ needs. Omar thought that this support would help their workforce transition and settle into the new regime, allowing the effort to generate additional success. Leadership officials believed the large effort of upper management support would reinforce the message of change and development.

**Program costs and benefits.** Omar Company’s estimated costs was based on a state grant that they received for their wellness program initiative. The budgeted allowance for each employee was estimated at $320.00 per year, assuming that Omar would continue to employ 50
employees and the state grant would be available each term. If all 50 employees chose to participate in the wellness program, the total yearly costs of participation were estimated at $16,000.00. Direct and indirect costs were budgeted into the company grant allowance and operational costs were estimated as well. Employee incentives were estimated at $100.00 per employee per year to encourage and motivate involvement with the wellness movement and an additional $1,000.00 was allocated for total unexpected costs.

Financial feasibility. The Omar official acknowledged that the organization had reserved the capital to incorporate a wellness program initiative based on the state grant they had received. The Omar representative advised that the estimated figures were based on The Wellness Council of America’s suggestion that an effective company wellness program could be operated within the range of $100.00 to $400.00 per employee. During the needs assessment, the researcher learned that $320.00 per employee was estimated based on Omar leadership findings. The needs assessment with Omar Company disclosed that the grant that was secured by Omar Company had a renewed term of five years, and would be disbursed from a wellness institute foundation for small companies of 100 employees or less. The Omar Co-CEO stated that in four years, if the wellness program were a success, Omar officials would apply for the same grant and continue the wellness project for an additional five years. Since the start-up funds had been donated through a wellness foundation, Omar leadership did not perform a cost-benefit-analysis, and did not plan to perform a cost-benefit-analysis in the future.

Political feasibility. Internally, Omar Company executives and leadership supported this wellness initiative and were not aware of any internal opposition. Omar executives also believed the goal of the company was to support its employees, and Omar executives planned to encourage each and every employee to participate and obtain a better picture of health. Executive
leadership did not know of any activity in the community that would oppose this effort, but did express that if support could be attained, the organization would embrace any assistance offered.

**Monitoring and evaluation.** Omar employees would be offered a health screening each year before any programs were taken, to track and monitor statistical data associated with the wellbeing of its employees. This monitoring system would allow the Human Resources wellness representative to closely follow the progression or regression of how each individual employee responded to wellness program participation. Company surveys were planned to occur every six months for the first year and then once a year after to inspect for program helpfulness, goal attainment, and overall satisfaction with the wellness program endeavor. Leadership would also be surveyed to try and discover if the program was improving employees’ health behaviors and attendance. Disability days, accident and injury records, and medical claims would be assessed once a year to look for associations between the implementation of the wellness program and any improvement or decline in stated areas. Number and type of vending machine selections would be monitored and a yearly survey would go out to the cafeteria staff and management to access nutritional behaviors. No additional concerns were mentioned at the conclusion of this needs assessment interview.

An employee survey was created to investigate which wellness programs that Omar employees were interested in participating in, as well as their concerns and perspectives on how the wellness program initiative should be constructed. The Omar employee survey also served the purpose of allowing the researcher to construct a more comprehensive wellness program design by incorporating the perspectives of the Omar employees and including those thoughts and suggestions into a well-rounded program proposal.
Chart 1.1 displays the Omar employee survey participation results. There were 31 respondents to the employee wellness survey, which totaled a 62% response rate based on the total workforce population of 50 Omar employees. The anticipated survey return rate of 50% participation was achieved.

The first question Omar employees were asked related to nutrition and the likelihood that they would be interested in participating in a nutritional program as a part of a new wellness program design. Nutrition as it related within this study encompassed the utilization of food in combination with healthy behaviors.
Table 1.2 displays the Omar employee nutritional wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 4.74. The standard deviation was computed at 0.44, which revealed less variation and more consistent responses from employees. The lower standard deviation figure was also closer to the weighted average figure. The researcher drew the conclusion that adding a nutritional program to the wellness program design package would be beneficial, based on employee feedback given, weighted average, and standard deviation. The researcher also determined that there was sufficient support among employees who would participate in this program.
Table 1.3:  
Exercise Wellness Program Interest

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
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<td>77.4%</td>
<td>24</td>
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<tr>
<td>Somewhat Likely</td>
<td>22.6%</td>
<td>7</td>
</tr>
<tr>
<td>Neutral</td>
<td>0.0%</td>
<td>0</td>
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<tr>
<td>Not Very Likely</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Not At All Likely</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

| answered question       | 31               |
| skipped question        | 0                |

Table 1.3 displays the Omar employee exercise wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 4.77. The standard deviation was computed at 0.43, which revealed less variation and more consistent responses from employees. The lower standard deviation figure was also closer to the weighted average. The researcher drew the conclusion that adding an exercise program to the wellness program design package would be beneficial, based on employee feedback given, weighted average, and standard deviation figure. The researcher also determined that there was sufficient support among employees who would participate in this program.
Table 1.4:

Work-life Balance Wellness Program Interest

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<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
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<td>16.7%</td>
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<tr>
<td>Somewhat Likely</td>
<td>63.3%</td>
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<td>Neutral</td>
<td>0.0%</td>
<td>0</td>
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<tr>
<td>Not Very Likely</td>
<td>20.0%</td>
<td>6</td>
</tr>
<tr>
<td>Not At All Likely</td>
<td>0.0%</td>
<td>0</td>
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</table>

answered question 31
skipped question 0

Table 1.4 displays the Omar employee work-life balance wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 3.81. The standard deviation was computed at 0.98, which revealed more variation and less consistent responses from employees. The higher standard deviation number was further away from the weighted average. The researcher drew the conclusion that adding a work-life balance program to the wellness program design package would be beneficial, based on employee feedback, weighted average, and standard deviation. The researcher also concluded that even though the weighted average was high enough to consider adding the program to the wellness
package line-up, there seemed to be less support among employees who would participate in this program.

Table 1.5:

**Smoking or Tobacco Wellness Program Interest**

<table>
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<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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</thead>
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<tr>
<td>Somewhat Likely</td>
<td>29.0%</td>
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</tr>
<tr>
<td>Neutral</td>
<td>3.2%</td>
<td>1</td>
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<tr>
<td>Not Very Likely</td>
<td>32.3%</td>
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<tr>
<td>Not At All Likely</td>
<td>32.3%</td>
<td>10</td>
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</table>

Table 1.5 exhibits the Omar employee smoking or tobacco wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 2.39. The standard deviation was calculated at 1.31, which revealed a large amount of variation and less consistency among employee responses. The higher standard deviation figure was also further away from the weighted average. The researcher concluded that it was possible that not all Omar employees smoked or used tobacco products; therefore the researcher should
have directed the stated survey question toward Omar smokers, or tobacco users only. The results from this research portion of smoking and tobacco wellness program interest could be misleading and not appropriately represent Omar employee interest.

Table 1.6:

Blood Pressure Wellness Program Interest

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<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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</thead>
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<td>Somewhat Likely</td>
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<tr>
<td>Not Very Likely</td>
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</tr>
<tr>
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<td>16.1%</td>
<td>5</td>
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</table>

Table 1.6 displays the Omar employee blood pressure wellness program interest results.

This question was answered by all 31 respondents and encompassed a weighted average of 3.13. The standard deviation was calculated at 1.38, which revealed a large amount of variation and less consistency among employee responses. The higher standard deviation number was further away from the weighted average. The researcher drew the conclusion that adding a blood
pressure program to the wellness program design package would be more advantageous than adding a smoking or tobacco initiative program, based on employee feedback, weighted average, and standard deviation. The researcher also concluded that there would not be sufficient employee support to justify adding a program of this subject matter, which could result in lower participation rates.

Table 1.7:

**Cholesterol Wellness Program Interest**

<table>
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<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
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<td>Very Likely</td>
<td>12.9%</td>
<td>4</td>
</tr>
<tr>
<td>Somewhat Likely</td>
<td>29.0%</td>
<td>9</td>
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<td>0.0%</td>
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<tr>
<td>Not Very Likely</td>
<td>35.5%</td>
<td>11</td>
</tr>
<tr>
<td>Not At All Likely</td>
<td>22.6%</td>
<td>7</td>
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</table>

Table 1.7 displays the Omar employee cholesterol wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 2.74. The standard deviation was calculated at 1.44, which revealed a large amount of variation and less
consistency among employee responses. The higher standard deviation number was further away from the weighted average. The researcher drew the conclusion that adding a cholesterol program to the wellness program design package would be more advantageous than adding a smoking or tobacco initiative program, based on employee feedback, weighted average, and standard deviation. The researcher also concluded that there would not be sufficient employee support to justify adding a program of this subject matter, which could result in lower participation rates.

Table 1.8:
Telecommuting Wellness Program Interest

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
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<td>Very Likely</td>
<td>22.6%</td>
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<tr>
<td>Somewhat Likely</td>
<td>38.7%</td>
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<td>Neutral</td>
<td>0.0%</td>
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<td>Not Very Likely</td>
<td>32.3%</td>
<td>10</td>
</tr>
<tr>
<td>Not At All Likely</td>
<td>6.5%</td>
<td>2</td>
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</table>

answered question 31
skipped question 0
Table 1.8 exhibits the Omar employee telecommuting wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 3.39. The standard deviation was calculated at 1.33, which revealed a large amount of variation and less consistency among employee responses. The higher standard deviation figure was further away from the weighted average. The researcher drew the conclusion that adding a telecommuting program to the wellness program design package would be less beneficial than other wellness programs presented, based on employee feedback, weighted average, and standard deviation. The researcher also concluded that there would not be sufficient employee support to justify adding a program of this subject matter, which could result in lower participation rates.

Table 1.9:
Healthy Behaviors Wellness Program Interest

![Graph showing participation likelihood](image)
Table 1.9 displays the Omar employee healthy behaviors wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 4.52. The standard deviation was computed at 0.81, which revealed higher levels of variation than other wellness programs presented but more consistent employee responses than other wellness programs presented. The higher standard deviation number was further away from the weighted average, but not high enough to eliminate the wellness program from the wellness line-up. The researcher drew the conclusion that adding a healthy behaviors program to the wellness program design package would be beneficial, based on employee feedback given, weighted average, and standard deviation. The researcher also determined that there was sufficient support among employees who would participate in this program.
Table 1.10:
Accident and Injury Wellness Program Interest

Table 1.10 exhibits the Omar employee accident and injury wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 2.71. The standard deviation was calculated at 1.16, which revealed a large amount of variation and less consistency among employee responses. The higher standard deviation figure was further away from the weighted average. The researcher drew the conclusion that adding a workplace accident and injury program to the wellness program design package would not be beneficial, based on employee feedback, weighted average, and standard deviation. The
researcher also concluded that there would not be sufficient employee support to justify adding a program of this caliber, which could result in misused program funds.

Table 1.11:

Stress Management Wellness Program Interest

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<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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<td>Somewhat Likely</td>
<td>19.4%</td>
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<tr>
<td>Not Very Likely</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Not At All Likely</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td><strong>answered question</strong></td>
<td><strong>31</strong></td>
<td></td>
</tr>
<tr>
<td><strong>skipped question</strong></td>
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<td></td>
</tr>
</tbody>
</table>

Table 1.11 displays the Omar employee stress management wellness program interest results. This question was answered by all 31 respondents and encompassed a weighted average of 4.81. The standard deviation was computed at 0.40, which revealed less variation and more consistent responses from employees. The lower standard deviation was also closest to the weighted average. The researcher drew the conclusion that adding a stress management program to the wellness program design package would be extremely beneficial, based on employee
feedback given, weighted average, and standard deviation figure. The researcher also determined that there was sufficient support among employees who would participate in this program.

Structured open-ended questions were included in the employee survey to reveal additional details on wellness programs design, implementation, program delivery, and comments and concerns employees may have had, specifically about the wellness program initiative design.

**Chart 1.2:**

**Implementation Employee Opinion**

![Implementation Perspective Chart]

Chart 1.2 displays the Omar employee implementation decision results. When asked if Omar employees believed a wellness program would be more beneficial if implemented internally through the organization, or contracted to outside organization-hiring experts to implement the programs, the response overwhelmingly resulted for internal implementation. The researcher drew the conclusion that internal implementation should be added to the wellness program design package. The survey exposed that internal implementation of the wellness
program initiative would be extremely beneficial, based on employee feedback given. The researcher also determined that there was sufficient support among employees who were certain that an internal implementation would allow the employees to feel comfortable during the transition.

Chart 1.3:

Chart 1.3 exhibits the Omar employee wellness program delivery decision results. When asked if Omar employees believed if wellness programs should be delivered through a software computer program, face-to-face with a wellness representative, or a combination of both, the response resulted overwhelmingly for both software computer program delivery and face-to-face program delivery. The researcher drew the conclusion that both software computer program delivery and face-to-face program delivery should be added to the wellness program design package. Adding both software computer program delivery and face-to-face program delivery to the wellness program design would be extremely beneficial, based on employee feedback given. The
researcher also determined that there was sufficient evidence that employees would positively benefit from both software computer and face-to-face program delivery, based on responses gathered from the Omar employee survey.

When asked if Omar employees could provide any other wellness programs that interested them that were not included on the original Likert scaled list, employees top responses included a step or walking wellness program (seven respondents), cancer screening wellness program (four respondents), team sports wellness program (two respondents), breastfeeding or pregnancy wellness program (two respondents), and a yoga wellness program (two respondents). Based on the data collected, the step or walking program suggestion received the highest number of respondents interested. A step or walking program could be added to the exercise wellness program initiative as an additional exercise option. All other suggestions received four votes or lower, it would not be beneficial to include the additional suggestions within the wellness design. All 31 respondents answered this question.

When asked if Omar employees could provide any other comments or concerns about the wellness program implementation design, employees top responses included if they would receive any incentives for participating in wellness program activities (five respondents), if wellness programs were going to be considered mandatory (four respondents), questions about when the wellness program were to begin (two respondents), and if there were costs associated with the wellness program initiative (two respondents). Based on the data collected, the researcher determined that it would be important and beneficial that Omar leadership addressed the stated comments, and all other employee questions and concerns before approving a final wellness program design. Each of the 31 respondents replied to this question.
Peckham interview responses. A wellness program lessons learned phone interview was conducted with Justin Walworth, Director of Human Resources at Peckham, a non-profit vocation rehabilitation organization that provided job-training opportunities for persons with significant disabilities. The interview served the purpose of discovering the lessons learned from past wellness program implementation, and how those lessons could help structure the design of Omar Company’s wellness program project. The needs interview inquiry covered questions about Peckham’s implemented program, needs and wants, target population, design specifications, sources of required resources, program costs and benefits, financial feasibility, monitoring and evaluation systems, and best practices. The data collected from this segment detailed Peckham’s wellness program journey; the responses are summarized below.

Program. Peckham’s wellness program was implemented in 2003 and funded with a $3,000.00 grant from the state of Michigan to offer basic cholesterol and blood pressure wellness programs. The basic cholesterol and blood pressure programs grew into additional and more complex wellness programs offerings which included stress management, smoking cessations, exercise, fresh fruit wellness, bring your pet to work, stretching, spiritual health, on-site massage, and nutrition programs. Peckham’s weight management wellness program observed the lowest participation rate based on high initial enrollment in January of each year followed by a large number of employee dropouts in March of the same year. Research revealed that employees were more concerned with loosing weight when the year began, but lost considerable interest after the first few months, creating a cycle of overall lowered weight management participation rates. The most popular wellness program observed was bring your pet to work wellness initiative, where employees brought their pet to work to help increase morale and happiness. Participation for this program remained high throughout the year, each year. The most beneficial
advantage of past wellness program design and implementation included wellness programs that could be tailored to each individual employee, based on needs and wants specific to that individual. The chief disadvantage experienced was confidentiality and keeping wellness records separate from other Human Resources functions. Peckham’s leadership motivated participation through collected feedback from employees and offered programs specific to responses received. Responses gathered by Peckham increased participation rates throughout all of the wellness programs offered. Overall, Peckham expressed complete satisfaction with wellness program design, implementation, and progression.

**Needs and wants.** Interview research discovered that Peckham observed a reduction in total employer costs and accident and injury frequencies trending down from ten years ago, based on metrics from the company’s stretching program. The interview also disclosed that the company observed a decrease in absenteeism, fewer smoke breaks taken by employees who smoked, and a generally positive reaction to the wellness programs.

**Target population.** When Peckham’s wellness program was implemented, all employees, their spouses, and children were welcomed to participate in a wellness screening at the beginning of each year. Employees, their spouses, and children were also invited to participate in the company wellness program activities, which helped encourage employees to remain within the program, this ultimately increased participation rates. Domestic partners of Peckham Company employees were also encouraged to participate in yearly wellness screenings and wellness program activities.

**Design specifications.** Peckham Company offered wellness programs year-round in a continuous format style and offered customizable and individual driven wellness program assortments. The company did not employ a third-party administrator to deliver wellness
programs; all programs were designed and implemented internally. However, the company partnered with the local community hospital and YMCA organization (Young Men’s Christian Association) for web portal wellness program access and company wellness face-to-face sessions. Peckham did not employ a nurse or wellness expert, but utilized nurses and wellness experts from the local community hospital and local YMCA. Peckham employees were allowed to suggest a wellness program idea and then design and operate stated wellness program for all other Peckham employees who wished to participate. Some company programs would be operated by Human Resources, and other programs would be self-directed by individual employees. This program design increased program participation.

**Sources of required resources.** When asked whether Peckham Company utilized any resources, other than financial resources to design and implement wellness programs, the response was that the local community hospital, YMCA, and other external resources were extremely beneficial and ensured that the wellness program initiative continued to be a success.

**Program costs, benefits, and financial feasibility.** The total costs of the wellness program was estimated at $200,000.00. A cost benefit analysis was not performed in 2003 because of the grant that was secured from the state of Michigan. Peckham decided to remain within the $3,000.00 grant limitation, which helped the organization determine that a cost-benefit analysis was not necessary. Since then, Peckham Company has not performed a cost benefit analysis, estimated any direct and indirect costs, or projected upfront, operational and unexpected costs, because staff members continued to write grants for wellness programs based on design and implementation efforts. For each wellness program projected, a grant was written and secured. Based on Peckham’s self-insured status and grant writing ability, funds were allocated for the future continuation of wellness program design and implementation. Because
Peckham was self-funded, the company was allowed to incorporate some of the wellness program costs into the insurance program’s group health plan expenses. Peckham interview responses revealed that self-funded companies assumed financial risk for providing healthcare benefits to employees. Funds were also allocated for future wellness program continuation through perpetuated grant proposals and collections.

**Monitoring and evaluation.** Yearly utilization reports were used to monitor the effectiveness of wellness program design and implementation efforts. Yearly company employee surveys were also used to report individual perspective feedback about wellness program design and suggestions for any modifications. Long-term wellness effectiveness was tracked through employee goal-setting. Human Resources wellness representatives tracked the progress of each goal an employee set, and in six-month increments, the goal was revisited to ascertain whether or not the goal was reached. If the goal had been reached, the employee would receive an incentive and a long-term healthy habit and monitoring system was created simultaneously.

**Best practices.** Wellness program success was not based on financial figures exclusively, but focused on company best practices. The success of Peckham’s wellness program was based on how employees felt, how well employees were engaged in daily work related duties, and their overall connection to the organization. Senior leadership supported the wellness initiative and transition, so that the company could experience a more successful wellness program implementation.

**Queen city multi-sport interview responses.** A wellness program lessons learned phone interview was conducted with Argelia Lincoln-Velez, Owner of Queen City Multi-Sport, a triathlon training and coaching company that employed coaches who offered strength, speed, conditioning, personalized training, and group training programs. The interview served the
purpose of discovering the lessons learned from past wellness program implementation and how those lessons could help structure the design of Omar Company’s wellness program project. The needs interview inquiry covered questions about Queen City Multi-Sport’s program, needs and wants, target population, design specifications, sources of required resources, program costs and benefits, financial feasibility, monitoring and evaluation systems, and best practices. The data collected from this segment detailed Queen City Multi-Sport’s wellness program journey; the responses are summarized below.

Program. Queen City Multi-Sport implemented their mandatory wellness program in 2011 based on the active lifestyle that the company represented and because they had observed unhealthy behaviors from employees. Leadership believed that health should be a focus within the company based on the athletic community they were serving. Weight training, aerobic, nutritional, and behavioral programs were offered to employees to help improve and maintain health and wellness. Queen City found that the aerobic and nutritional programs were the most popular while individuals participated in the weight training and behavioral program the least. The advantages of offering wellness programs to Queen City employees encompassed more energetic employees and the observance that staff took fewer sick days. The chief disadvantage included lower participation rates in some programs offered; employees did not take advantage of all of the resources available to them. When the Queen City representative was asked about possible changes to the implementation and design of the wellness program package, the response was to place a more significant emphasis on the psychological and spiritual health of employed workers.

Needs and wants. Queen City decreased medical claim costs and absenteeism through stated wellness program participation and observed that as long as workers participated fully in
enrolled programs, health was improved, illness was reduced, and staff attended work regularly. Queen City was unable to measure an improved accident and injury rate based on wellness program participation. Accidents and injuries occurred and no connection to the health status of an employee was made, although leadership did observe that employees recovered from accident and injury faster.

**Target population.** All Queen City Multi-Sport employees were required to participate in wellness programs, which represented the sport specific, strength, and condition-coaching lifestyle expected by the community. Leadership and employees together were expected to represent health and wellness throughout the company and in the community to embody the lifestyle that clients expected.

**Design specifications.** Wellness programs were ongoing and employees participated in wellness learning all year. A six-month wellness program rotation was included into the wellness program design to encourage wellness topic diversity. Employees were responsible for alternating courses every six months and participating in two courses a year. Queen City staff experts delivered wellness program instruction based on subject matter specialty and all program delivery occurred internally. Face-to-face wellness instruction was the primary delivery format for employees based on the day-to-day face-to-face instruction given to paying clients; this made employees feel more comfortable. Queen City Multi-Sport employed coaches who offered speed, strength, and conditioning, as well as certified sports nutritionist. These members conducted wellness program classes so that nurses and external experts did not have to be hired. Queen City leadership did not provide any other program activities or initiatives for staff members.

**Sources of required resources.** Queen City Multi-Sport utilized executive leadership support and individual expert employee support to develop and encourage the company’s
wellness initiative. Queen City advised that without these substantial support components, the wellness program might not have been as successful in delivering a healthy environment mentally and physically.

*Program costs, benefits, and financial feasibility.* There were no additional costs to Queen City Multi-Sport for the design and operation of the wellness program initiative. All experts, resources, and equipment were owned and maintained by the corporation; no further revenue was needed for program function. Queen City Multi-Sport Company has not performed a cost benefit analysis, estimated any direct and indirect costs, or projected upfront, operational and unexpected costs, because the organization utilized internal resources, which eliminated wellness program expenses entirely. Queen City’s owner revealed that even though no additional expenses were incurred, the benefits of the program were abundant and contributed to a healthier workplace; employees were healthier than they had been the year before. Queen City’s owner planned to continue to offer wellness programs as long as the organization remained in business.

*Monitoring and evaluation.* Approximately every 6-8 weeks each employee was given a speed, strength, and conditioning evaluation, as well as a written nutritional and healthy behaviors examination, to assess whether or not performance had improved and knowledge had been gained. If employees had improved, they were allowed to advance with health and wellness training. If employees were not assessed as having mastered prior knowledge milestones and passed performance assessments, employees were expected to revisit deficiencies and retest at a later time.

*Best practices.* Queen City Multi-Sport believed that health and wellness should be fully integrated into an employee’s life and should be considered a social endeavor. Employees relied on company participation for the source of motivation for all involved. It became an unwritten
EFFECTIVENESS OF ORGANIZATIONAL WELLNESS PROGRAMS

social contract. Queen City also advised that without the support of leadership, the wellness program initiative would not have been positively received.

Central michigan university interview responses. A wellness program lessons learned phone interview was conducted with Patty Tatham, Director of Benefits and Wellness for Central Michigan University, a public research university located on Mount Pleasant, Michigan. The interview served the purpose of discovering the lessons learned from past wellness program implementation and how those lessons could help structure the design of Omar Company’s wellness program project. The needs interview inquiry covered questions about Central Michigan University’s program, needs and wants, target population, design specifications, sources of required resources, program costs and benefits, financial feasibility, monitoring and evaluation systems, and best practices. The data collected from this segment detailed Central Michigan University’s wellness program journey; the responses are summarized below.

Program. Central Michigan University was experiencing administrative issues company-wide, which encompassed rising healthcare costs, increased employer premiums, and amplified absenteeism rates. Executives decided to incorporate a basic wellness program and a wellness proposal was written and submitted in 1999 and launched the same year. The belief was that the wellness program would address the administrative issues being experienced. Based on a 16-question employee survey and biometric assessment, the university incorporated one employee self-directed program, which allowed employees to become healthier independently. Employees were assessed each year to determine if health had been improved, if so, employees received $120.00 or an additional vacation day in incentives. Since the wellness program inception in 1999, other programs have been added to include a poker walk, steps program, amazing race program, and educational wellness material distribution. Wellness program design changes had
been made since 1999 to include updated confidentiality guidelines, wellness program
cost-savings, strengthened leadership support; it also linked wellness to the mission and vision of
the company, as well as to the university’s benefit package. The original self-guided wellness
program design received the lowest participation rates, while the steps program, which was a part
of the newly designed wellness program initiative, received the highest participation rates. All
other wellness program initiatives received equal participation. Advantages of implemented
wellness programs included positive feedback from workers, healthier employees, and stronger
employee social bonds. Wellness programs also contributed to a more enjoyable employee work
environment. The major disadvantage of implemented wellness programs encompassed the
amount of time it took for employees to complete yearly assessments. Leadership motivated
employees to participate in wellness programs by allowing the employees to earn cash and other
incentives.

*Needs and wants.* Central Michigan University had not obtained results from metrics or
observances to measure the decrease of medical claim costs, workplace accident rates, or
absenteeism. The university, however, did believe that the wellness program initiative had
helped to improve those markers.

*Target population.* Central Michigan University’s wellness programs were available to
all employees but incentives were not available to faculty members. This decision was made
when the wellness program proposal was written in 1999. The lessons learned interview did not
reveal if faculty members had challenged this decision.

*Design specifications.* Wellness program design and implementation included partnering
with the local hospital to maintain a wellness portal so employees could access computer
software that encouraged healthy behaviors and social interactions. The university utilized face-
to-face classes on campus, as well as software web portal applications, for wellness educational purposes for staff members. The web portal delivered collective wellness and was tailored specifically to each worker. Central Michigan University did employ wellness experts on staff, which helped deliver wellness initiatives. The university also partnered with other experts and health officials through community interactions when wellness campus events were hosted. The wellness program initiative was coordinated with other internal wellness events as well as National Employee and Wellness Day, which encompassed a yearly wellness picnic for employees of the university. Wellness program design and implementation allowed employees to be involved in wellness program activities throughout the year.

**Sources of required resources.** Other required resources that were crucial to the success of the wellness program design included, other participating departments within the university, senior leadership support, staff members responsible for collecting wellness program data, and workers who served as an extension of the wellness program and educated wellness program participants.

**Program costs, benefits, and financial feasibility.** Program costs originated at $60,000.00 and had grown to total $504,000.00. Central Michigan University had not performed a cost benefit analysis, estimated any direct and indirect costs, or projected upfront, operational and unexpected costs, because the university needed to remain within a predetermined estimated wellness budget. Revenue was allocated yearly and wellness program activities were to remain within the budgeted predetermined costs. The university official did advise that metrics had not been put in place to measure how effective wellness programs were, based on costs and benefits. However, the interviewee believed that healthcare costs had decreased over the timespan that the wellness program had been put in place, based on employer claim observances. Funds had been
allocated for the continuation of the wellness program initiative through Central Michigan’s ability to route costs through the self-funded insurance plan. A cost-sharing program was created directly through the insurance program, which allowed the university to share the costs of wellness program activities with their employees.

**Monitoring and evaluation.** Metrics and participation rates were mentioned in the phone interview as future measures for monitoring and evaluating the wellness program activities. The interviewee advised that those measures were currently under construction.

**Best practices.** The researcher acknowledged that wellness program design should be constructed on a smaller scale and then gradually grow and develop to include a more comprehensive program. The interviewee believed management support and leadership buy-in from the organization’s executives was paramount.

**Data Analysis Summary**

The preceding section, Data Presentation and Analysis, summarized data that were collected based on the primary and sub-questions of this research study. Below is a data analysis summary of the ten Omar employees’ Likert scaled survey responses. Wellness programs were ranked based on standard deviation divided by the mean to reveal the most preferred wellness program to the least desired wellness program, based on the responses of Omar employees. The 4 open-ended Omar employee survey responses were summarized after. This summary also included the data collected from the lessons learned organizational interviews with Peckham, Queen City Multi-Sport, and Central Michigan University.
Table 1.13 visualizes wellness programs in order of popularity among Omar employees. Stress Management received the highest employee interest based on employee responses, and the Tobacco Initiatives program received the lowest employee interest based on employee responses. The Stress Management wellness program displayed the lowest response variation and the Tobacco Initiatives wellness program displayed the highest response variation. The researcher concluded that based on the variation figures, Stress Management was revealed to be the most popular program, while Tobacco Initiatives received the least popular rating.

Open-ended responses from Omar employees included a strong suggestion of internal over external implementation, both face-to-face and computerized wellness program instruction delivery, and suggested step or walking program that could be added to the exercise program initiative. Omar employees had top concerns whether incentives would be distributed based on employee participation, if the programs would be classified as mandatory or voluntary, when the wellness programs would begin, and if there were any employee costs associated. The researcher believed that all questions and concerns should be addressed before approving the final wellness program design.
Table 1.14: Wellness program design themes and conflicts

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Conflicts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Program Design and Implementation started based on unhealthy employee habits and rising employer costs.</td>
<td>Disadvantages of operating wellness programs were unique to each company.</td>
</tr>
<tr>
<td>Exercise and nutrition were the most offered wellness programs.</td>
<td>Each organization motivated employees in different ways.</td>
</tr>
<tr>
<td>Wellness Programs started small and grew more complex.</td>
<td>It was not completely proven that wellness programs decrease accidents and injury.</td>
</tr>
<tr>
<td>The exercise program was the most popular.</td>
<td>Each organization employed unique resources.</td>
</tr>
<tr>
<td>Popular advantage of offering wellness programs was that employees became healthier.</td>
<td>Each organization started with a different budget and experienced unique program costs.</td>
</tr>
<tr>
<td>Wellness programs helped decrease medical claim costs.</td>
<td></td>
</tr>
<tr>
<td>Wellness programs helped decrease absenteeism.</td>
<td></td>
</tr>
<tr>
<td>All employees were allowed to participate, usually decided at the beginning of the program.</td>
<td></td>
</tr>
<tr>
<td>Programs were voluntary</td>
<td></td>
</tr>
<tr>
<td>Wellness Programs operated year-round</td>
<td></td>
</tr>
<tr>
<td>Partnerships were created with local community hospitals.</td>
<td></td>
</tr>
<tr>
<td>Wellness programs used face-to-face and computerized delivery formats.</td>
<td></td>
</tr>
<tr>
<td>Wellness experts were employed by the organizations.</td>
<td></td>
</tr>
<tr>
<td>Employers partnered with employees to help deliver wellness programs.</td>
<td></td>
</tr>
<tr>
<td>The need for leadership support is critical.</td>
<td></td>
</tr>
<tr>
<td>No costs analysis was performed, budget from employer served as costs guideline.</td>
<td></td>
</tr>
<tr>
<td>Benefits outweighed program costs.</td>
<td></td>
</tr>
<tr>
<td>Funds were allocated for future operation through self-funded insurance plans.</td>
<td></td>
</tr>
<tr>
<td>Program was monitored through employee goal setting and employee participation.</td>
<td></td>
</tr>
</tbody>
</table>

Table 1.14 visualizes the common themes and conflicts of the data retrieved from the lessons learned interviews. Above is a table summary of the lessons learned responses from
Peckham, Queen City Multi-Sport, and Central Michigan University. Responses were grouped by common themes and conflicts based on wellness program design and implementation. Common themes included: unhealthy employees before wellness program design and implementation, exercise and nutrition were the top wellness programs offered, wellness program design and implementation began small and grew in complexity, the exercise program received the highest participation rates, employees were healthier after wellness program implementation, wellness programs helped to decrease medical claim cost and absenteeism, programs were voluntary and operated year round, partnerships were created with local community hospitals, wellness programs used both face-to-face and computerized software programs to facilitate comprehensive wellness learning, organizations used wellness experts, employees were allowed to assist with wellness program delivery, leadership support for wellness program design and implementation was held in high regard, organizations operated within a wellness budget, and benefits outweighed program costs. Conflicts included: each organization experienced unique disadvantages to wellness program adoption, employers used different program motivation techniques, no proof existed from this research study on wellness programs preventing accidents and injuries, each organization employed different resources to assist with wellness program operation, and each organization experienced unique costs and had to operate within a unique company budget. Both themes and conflicts of this research study uncovered that while wellness programs were similar and shared comparable characteristics, wellness program design and implementation was specific to each organization employing unique strategies to address unique concerns. Overall, the researcher concluded that no wellness program design and implementation would be exactly like another and wellness program design would morph over time to observe numerous adaptations.
The lessons learned from Peckham, Queen City Multi-Sport, and Central Michigan University allowed the researcher to gather vital information that helped create guidelines for the Omar Company wellness program design. The researcher determined that evidence from lessons learned interviews could enable Omar Medical Supplies Corporation to overcome adverse effects of behavior related work stoppages and interruptions. This conclusion was observed through all three organizations and their success with minimizing adverse unhealthy behaviors and increasing more positive employee attributes. The factors that were involved in designing a wellness program initiative for Omar Medical Supplies Company involved a needs assessment from the Omar Co-CEO, an Omar Company employee survey, and lessons learned from Peckham, Queen City Multi-Sport, and Central Michigan University. Other factors included a careful examination of each element of program design from each company to include program needs/wants, target population, design specifications, sources of requires resources, program costs and benefits, financial feasibility, and monitoring and evaluation. The advantages and disadvantages of an implemented wellness program initiative for Omar Company were answered through the lessons learned interviews with Peckham, Queen City Multi-Sport, and Central Michigan University. All three organizations shared perspectives on advantages and disadvantages of their company-specific wellness design and implementation process. Best practices and lessons learned from Peckham, Queen City Multi-Sport, and Central Michigan University highlighted the extent in which a wellness program design and implementation could help Omar Corporation overcome administrative factors it was facing. All three companies shared their own administrative challenges they faced and revealed how their wellness program design and implementation helped to thwart some of those issues. Outcomes were shared and recorded by the researcher.
Chapter 5: Summary, Conclusions, and Recommendations

Overview

When the researcher began the research study, the overarching concern was for Omar Medical Supplies Corporation and to what degree designing a company wellness program initiative would enable the company to overcome increasing adverse effects of health behavior related work stoppages and interruptions. The researcher also needed to discover the specific design elements, advantages and disadvantages, and overall benefit of an organizational wellness program to overcome administrative factors. Through this research study, the researcher found that a company wellness program should be designed for Omar Medical Supplies Company based on evidence from the literature review and data collection and analysis. The goal of this research project was to examine whether Omar Corporation could benefit from a wellness program implementation, and if so, then a wellness program package for Omar Medical Supplies Corporation could be constructed. The goal was reached. The researcher discovered that Omar staff and leadership would benefit from a company specific program based on the Omar needs assessment, Omar employee survey, and lessons learned feedback from Peckham, Central Michigan University, and Queen City Multi-Sport organizations. A company specific wellness program package was constructed for Omar Medical Supplies Company based on these findings.

Summary

The Omar organization would be able to overcome increased adverse effects of health related behavior that has created work stoppages and interruptions. Based on evidence from chapter two, the researcher established that companies who instituted wellness programs experienced lowered absenteeism, improved worker productivity and fewer sick leaves taken. Other research in the literature review uncovered that various companies experienced improved
performance behaviors, wellbeing and positive culture change. This evidence was further corroborated within chapter four through the lessons learned interview with Peckham Company which detailed improvements on employer medical claim costs, reduced accident and injury rates and decreased absenteeism. The interview with Central Michigan University produced similar comments detailing improvements on employee health, decreased healthcare costs, and increased employee morale. The interview with Queen City Multi-Sport revealed more energetic employees who take fewer sick days. Queen City also observed improved employee health, which lowered medical claim costs and absenteeism.

Factors involved in designing a wellness program initiative for Omar Medical Supplies Corporation were a combination of reviewing the literature available on the subject of wellness program design and implementation, interviewing the Omar Co-CEO to extract needs and wants through a structured needs assessment interview, surveying Omar employees to discover wellness program temperament and overall perspective of wellness program design, and investigating the lessons learned through wellness program past implementation based on the experiences of Peckham, Central Michigan University, and Queen City Multi-Sport organizations. Each factor allowed the researcher to examine wellness design approach and ultimately create a specific wellness program design for Omar Medical Supplies Company.

Advantages and disadvantages of implementing a company wellness program for Omar Medical Corporation were found in the literature review of chapter two. Advantages included lowered death rate, personalization, increased productivity, stronger company communication, higher levels of morale, and increased employee health. Disadvantages in the literature review included reduced support of leadership, inadequate program evaluation, little professional guidance and under informed employees. Advantages and disadvantages of implementing a
company wellness program for Omar Medical Supplies Corporation were also found in the data analysis of chapter four. The major advantage of implementing a company wellness program based on Peckham organization included a tailored approach for each individual employee based on need and interest. This advantage was the basis for the large amount of success seen within this organization. The major disadvantage for Peckham was the difficulty of Human Resources maintaining strict confidentiality. Advantages for Central Michigan University included positive feedback from employees, stronger employee bonds, and increased employee morale. The major disadvantage was the amount of time needed for participation. Advantages for Queen City Multi-Sport included more energetic employees and fewer sick days taken. The major disadvantage included lowered participation rates; in some programs offered employees did not take advantage of all of the resources available to them.

The extent to which a wellness program initiative could help Omar Company overcome administrative factors was based on evidence from chapter two’s literature review detailing increased employee morale, effective positive behavioral changes long-term accompanied with decreased disease risk, elevated overall wellbeing, and improved worker productivity. All of Omar Company’s administrative concerns were addressed within the literature review detailing employee improvements in all areas. Additional evidence was found within the lessons learned feedback of Central Michigan University and Queen City Multi-Sport organizations. The researcher unearthed that Central Michigan overcame similar administrative concerns such as elevated healthcare costs, increased insurance premiums, and increased absenteeism, all of which Central Michigan has been able to minimize since wellness program adoption in 1999. Queen City also had similar administrative concerns such as unhealthy employee behaviors and improving the health of the triathlon staff members. Queen City also addressed and overcame all
stated concerns with wellness program adoption and a comprehensive monitoring and evaluation program for continued success.

**Conclusions**

The conclusion of designing a wellness program package for Omar Medical Supplies Company was based on findings from the literature review and data analysis. Sub-questions linked with the primary research question have been listed and answered below.

1. **What factors are involved in designing a wellness program initiative for Omar Medical Supplies Corporation?** The factors that were involved in designing a wellness program for Omar Company were a needs assessment from Omar Co-CEO to uncover needs and wants from the organization itself, an employee survey from Omar employees to gain perspective on wellness program design and investigate employee feelings, and lessons learned interviews from Peckham, Central Michigan University, and Queen City Multi-Sport to discover best practices, trials and errors made, and experiences.

2. **What are the advantages and disadvantages of implementing a company wellness program for Omar Medical Supplies Corporation?** The advantages of implementing a company wellness program for Omar Company workers were days saved from absenteeism, improvement encompassing worker productivity and sick leave, increased state of wellbeing for employees, positive performance behavior adjustments, the ability for each company to tailor wellness program line-up, increased participation which increased wellness outcomes, and the ability to alter organizational culture into a positive health culture. Other advantages included the encouragement of higher levels of exercise and participation, the ability for
employees to keep weight off for three years or more, increased productivity, lowered
employer medical claims, reduced sickness, fewer employee disability days taken,
lowered death rate, the creation of stronger organizational communication ties, higher
levels of morale, overall employee health was increased, and long-term positive
behavioral changes created. Advantages also involved decreased disease risk, reached
larger number of individuals, weight loss, reduced the likelihood of cigarette
smoking, lowered blood pressure, correlation between healthy diet and lowered
cholesterol numbers, decreased cardiovascular disease, improved total cholesterol,
triglycerides, and glucose levels, and observed more positive lifestyle behaviors. The
disadvantages of implementing a company wellness program for Omar organization
were not all wellness programs resulted in an improved ability to complete work
related duties, not all wellness programs led to higher productivity rates, some
wellness programs experienced reduced support from leadership, program evaluation
was inadequate, programs operated without professional guidance, which led to
lowered participation rates, and no established company partnerships existed in some
wellness programs. Other disadvantages included under informed employees, no
accountability from leadership existed in some programs, absent external wellness
initiatives decreased employee participation, program responsiveness varied, wellness
participation varied based on business sector, not all employees were invited to
participate, which created a disadvantage for employees, wellness transitions were
difficult for older workers, and not all employees who participated found success or
were able to complete wellness programs. Additional disadvantages uncovered were
that some employees did not follow programs to completion which resulted in weight
gain, decreased absenteeism varied, and most programs studied implemented various interventions and evaluation methods which did not always result in positive outcomes.

3. To what extent will company wellness program initiatives help Omar Medical Supplies Corporation overcome higher medical claims, elevated work accidents and injuries, decreased work behaviors, increased disability days, elevated absenteeism, etc.? Productivity, absenteeism, disability and sick leave taken, wellbeing, long-term and short-term performance behaviors, organizational culture change, lowered medical claims, reduced sickness, increased morale, decreased disease risks, and positive lifestyle behaviors were all administrative issues that could be improved through a detailed tailored wellness program approach and design. The research from the literature review and the information gathered from the data analysis supported the claim that Omar Medical Supplies Company could overcome their administrative issues of rising employer medical claims, number of sick and disability days taken, rising absenteeism, work related injuries and accidents, unhealthy employee habits, vending machine and cafeteria menu selections, and culture and climate concerns.

**Recommendations**

From the conclusions above, the researcher would like to recommend to Omar Medical Supplies Company, a specific tailored wellness program plan initiative, based on the following:


**Program.** A biometric screening should be held before wellness programs begin each year to serve as a measurement tool for the Omar Human Resources representative. The
researcher also recommends that Omar Company offer stress management, nutrition, and exercise programs based on the needs assessment, employee survey, and lessons learned interviews for maximum effect and participation. The researcher suggests that a step-walking program be added as a subcategory to the exercise program. The researcher advises that work-life balance, smoking or tobacco, blood pressure, cholesterol, telecommuting, healthy behaviors, or accident and injury programs not be added to the wellness program design at this time. It has been decided that if these programs were to be added that participation rates would be low, grant money would be misplaced, and very little positive impact would result. It would be beneficial for the Omar organization to implement the wellness program initiative internally and extend the wellness program line-up to all available employees. The researcher also suggests that Omar Company only offer a few wellness programs in the beginning and then transition into a more complex wellness program framework as the program grows in maturity. This decision will help the employees to adjust to the changes being implemented and will help executives remain within the grant budget allowed. Company representatives should motivate employees through incentives in the form of money or additional days off; this will help to increase participation percentages and generate more positive program outcomes.

**Needs and wants.** Implementing a company specific wellness program for Omar Medical Supplies Company would help alleviate rising employer medical claims, number of sick and disability days taken, rising absenteeism, unhealthy employee habits, vending machine and cafeteria menu selections, and culture and climate concerns. The newly developed wellness program design would increase productivity and the health of the Omar employees, as well as help to reduce turnover and increase employee work satisfaction. Concerns relating to accident and injury will not be addressed directly at this time based on employee feedback. The researcher
instructs that Omar organization add accident and injury in indirect ways to the exercise wellness program. Omar Corporation can reconsider adding an individual accident and injury program in the future when an additional employee survey can be conducted. A smoking and tobacco wellness program survey should be redistributed to only smokers or individuals who use tobacco products within Omar Company, so that a proper conclusion can be accessed based on how much interest is generated.

**Target population.** The researcher recommended that all employees be invited to participate in all available wellness programs and suggested that spouses and domestic partners be allowed to participate as well. Including other family members could increase participation and completion rates. This decision should be announced when the program is instituted to create transparency among leadership as well as staff members.

**Design specifications.** The researcher advised that wellness programs be implemented year round to create a continuous conversation of health and to support employees through an uninterrupted wellness experience. Wellness should be added to the mission and vision statements of the company to solidify the mental message of a healthy culture and climate. Wellness programs should be delivered through face-to-face and computerized instruction covering all aspects of balanced learning. A 24-hour nurse line should be added to assist employees with wellness program questions and concerns as well as non-emergency guidance encompassing all aspects of health related inquiries. A wellness expert other than the Human Resources wellness liaison should not be added at this time based on the grant budget constraints; however, the researcher advises that Omar executives reassess the possibility of adding a wellness nurse on staff at a later date. The researcher also recommends that Omar officials pair the nutritional wellness program with healthier vending machine options and
healthier menu items in the cafeteria for added wellness program impact. Wellness programs should be labeled voluntary for increased employee autonomy and wellness programs should begin only after all employees concerns, questions, and inquires are addressed for added employee comfort. The researcher recommends that wellness programs be utilized during work and personal time to increase participation and completion statistics. Wellness program records should be protected to ensure the highest level of confidentiality to build trust among the Omar employees, increase participation, and build stronger relationships. This evidence was seen based on the lessons learned interview with Central Michigan University and Peckham.

Sources of required resources. Based on the literature review and data analysis sections, Omar executives and leadership need to support the wellness implementation completely to show the employees that the program is supported; this has been proven though the research to ensure a wellness program’s success. The researcher advises that Omar Company utilize local community hospital connections to minimize grant expenditures and to help build an unwritten social contract with the community, which would help to strengthen accountability. Employees should be employed to help assist with the implementation, and to help operate particular programs to display investment and importance in the wellness movement.

Costs and financial feasibility. Omar Medical Supplies Company does retain the ability to implement a small wellness program line-up based on the wellness grant secured from The National Wellness Institute Foundation. Per employee, Omar executives estimated $320.00, and believed that the amount was sufficient to operate a simple wellness program initiative. The researcher also advised that funds not used for the start-up and operation of the wellness program within the first year be held in an interest bearing account to address unexpected program costs. The researcher believed that Omar executives will not need to complete a cost benefit analysis
based on evidence from lessons learned interviews and the continuous support from secured wellness grants. The researcher also suggests that Omar employees enter into a cost-sharing relationship with the company to ensure the continuation of growth and longevity of the wellness program design and implementation.

**Monitoring and evaluation.** Recommendations include employee goal setting for long-term monitoring and evaluation based on goals reached and altered behaviors learned. The initial wellness screening should be used to record the current health of participating employees before the program’s start date, and then health statistics such as blood pressure and weight could be reassessed after program completion to gauge long and short-term results. Program participation rates should be used to monitor and evaluate if employees are remaining in programs until completion and reveal the number of employees who participate in particular programs. Surveys should also be utilized to expose program helpfulness, satisfaction, concerns, programs desired, programs to exclude, and overall individual perspectives that could improve the wellness program design continuously.

**Future Research Suggestions**

Additional research questions that could be included to benefit this research study are as follows: were there any barriers to participation? Did language barriers keep employees from fully participating in wellness program interaction? Were all ethnic groups represented in each wellness program? Did ethic background affect which wellness programs participants chose? Were there any age barriers and how did those barriers affect wellness program participation? Were employees engaged in wellness program subject matter? Was the timeline of one year appropriate for wellness program implementation? Did wellness program design vary based on the industry it was applied to?
Additional data that would strengthen the study included follow up interviews with the executives and leadership of Omar Medical Supplies Company to investigate the progression of the wellness program initiative one year later from a leadership perspective. Data could also be taken from the Omar employees in the form of focus groups, open-ended questionnaires, unstructured interviews, and unstructured observances. Data collected would allow the researcher to gain insight on the wellness program design elements, which could improve wellness interaction, participation, and completion. An additional Omar employee survey for smokers and tobacco users should be distributed to draw a more accurate finding on general interest among smokers and tobacco users.

The research study should be replicated to other similar organizations to explore if the reliability and the validity of the results observed within this research project produce similar results in other organizations. This would confirm if wellness programs generally improve administrative issues. The same methods would be employed, but with the use of different employees and uniquely tailored wellness programs based on organizational necessity, budget, and requests.
DEFINITION OF TERMS

*BMI*: Body Mass Indicator

*OSHA*: Occupational Safety Health Act

*Presenteeism*: Staying away from work repeatedly without reason.

*Absenteeism*: Attending work while sick resulting in productivity loss.

*Biometric Screening*: A measurement of physical characteristics in a human being such as blood pressure, weight, and body mass index.

*Wellness Programs*: Company-sponsored activities to increase the over-all health and behavior of employees.

*Adverse Impact*: Employment practices that appear neutral, but have a discriminatory effect on employees of a protected group.
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doi:http://dx.doi.org.cmich.idm.oclc.org/10.1108/17538351011031948


doi:http://dx.doi.org.cmich.idm.oclc.org/10.1177/2165079915569740


Appendix A

Permission Letter

[Today’s Date]

Stephanie Turner-Wilson
720 Hawthorne Drive
Fort Knox, KY 41021

Dear Stephanie Turner-Wilson:

I have reviewed your request to conduct a research project concerning the implementation of our company wellness program initiative and best practices learned, through the means of a telephone interview. I believe that this project will be beneficial to [Insert company name here]. You have my permission to examine our wellness program approach and application for this capstone project.

The following stipulations should be observed [Insert stipulations here]

If you have any questions regarding this letter of approval, please give me a call at [Insert telephone number here]

Sincerely,

[Insert hand or digital signature here]

[Insert the name and title of the person granting permission]
CMU
Central Michigan University

Study Title: Program Design: Constructing a Wellness Program Initiative for Omar Medical Supplies Corporation in Matteson, Illinois.
Investigator: Stephanie Turner-Wilson, Human Resources Administration, turne5sl@cmich.edu
Faculty Monitor: Dr. Patricia Kelley kelle1pa@cmich.edu

Introductory Statement
My name is Stephanie Turner-Wilson and I am a graduate student at Central Michigan University. As part of my research, I am investigating if wellness programs will enable Omar Medical Supplies Corporation to overcome increasing adverse effects of health related work stoppages and interruptions, specifically, I will be designing a wellness program based on a company needs assessment from Omar Medical Supplies and lessons learned from selected organizations based on similar company size. Because your corporation has participated in wellness programs, I am inviting you to partake in this research study via telephone interview to reveal specific aspects about the implementation of your company’s wellness programs. The data collected will be instrumental in constructing a personalized wellness program for Omar Medical Supplies Corporation. If you would like a summary copy of this study please send an email to me at turne5sl@cmich.edu (it is not necessary to participate in order to receive a copy of the results). Completion of the telephone interview will indicate your willingness to participate in this study.

What is the purpose of this study?
The purpose of this study is to gather data about the lessons learned of organizations that have previously implemented wellness programs. This study hopes to assess the implementation details, so that a well-rounded wellness program can be designed for Omar Medical Supplies.

What will I do in this study?
If you agree to participate in this telephone interview, a date and time will be set between the researcher and the organization to discuss the lessons learned from the previously implemented wellness program initiative.

How long will it take me to do this?
This interview will take about 30 minutes to complete. There is no advance planning needed.

Are there any risks in participating in this study?
Participation is voluntary and electing to participate or not will have no adverse effect. For those who participate, no risk or distress is estimated.
What are the benefits of participating in this study?
The benefits of participating in this study include, assisting the researcher in learning about how wellness programs are implemented and the detailed approach that was taken to ensure a successful fulfillment.

Will anyone know what I do or say in this study (Confidentiality)?
All interviews are confidential. The project will be shared with Patricia Kelley, class monitor. Data will be compiled and a copy of this study will be provided to the Human Resources Department and leadership team at Omar Medical Supplies Corporation.

Will I receive any compensation for participation?
One gift card will be entered into a drawing for all organizations that decide to participate. The drawing will take place after the capstone project is completed.

Is there a different way for me to receive compensation or benefits from this study?
No. The gift card drawing is the only compensation given for this study.

Who can I contact for information about this study?
For more information about this study, you can contact the researcher, Stephanie Turner-Wilson with the following contact information:

Stephanie Turner-Wilson (804) 502-5280 or by email at turner5sl@cmich.edu

Please know that if you are not satisfied with the method in which this study is being conducted, you may report (anonymously if you so decide) any grievances to the MSA Program by calling (989) 774-6525 or addressing a letter to the MSA Program, Rowe 222, Central Michigan University, Mt. Pleasant, MI 48859.

Additional Information
You may refuse to participate in this research questionnaire or you may withdraw your consent and terminate participation at anytime without penalty. Your participation will not affect your relationship with Central Michigan University.

Thank you for your participation!
Appendix C

Needs Assessment Internal Research Interview Questions

**Program**
1. Why do you believe that a wellness program is needed? Explain.
2. What do you hope to accomplish with the implementation of wellness programs? Advise.
3. As a wellness program is contoured to your company specifically, what deficiencies would you like this program design to focus on? Explain.
4. Which wellness programs would you like to include based on the current need of your organization? Explain.
5. Which wellness programs would you like to omit? Explain.

**Needs/Wants**
1. Would you like the implemented wellness programs to help reduce medical claims? Why or why not?
2. Would you like the implemented wellness programs to help reduce OSHA injury and accident reports? Why or why not?
3. Would you like the implemented wellness programs to help increase attendance among Omar employee? Advise.
4. Based on current available cafeteria menu items, would you like to incorporate a nutritional wellness program that could intertwine with healthier menu options? Why or why not?
5. Based on current vending machine options, would you like to incorporate healthier selections in combination with a nutritional wellness program? Why or why not?
6. Based on current job descriptions, would you like to re-structure work in combination with more mobility as an enhancement to an exercise program? Why or why not?
7. Based on current smoke break observances, would you like to add a smoking cessions program to educate employees and help to reduce nicotine withdrawals?
8. Would you like to offer discounts on smoking medication through the smoking cessions wellness program? Explain.
9. Based on the current work schedule routine of employees, would you like to add a stress program or a telecommuting program to the wellness program line-up? Explain.
10. Based on current company polices, would you like to include the healthy workplace initiative throughout? Explain.
11. Would you like to re-organize the mission and vision statement to include the healthy initiative changes? Clarify.
12. Based on the current facility layout, would you like to encourage stairs instead of elevators in combination with an exercise initiative?
13. Would you like to include a walking path around the building to encourage a get up and move initiative? Describe.
14. Are there any other concerns, issues, or additional programs that need to be addressed concerning this wellness program design? Explain.

**Objective**
1. What factors will make the wellness program implementation successful? Which factors will not make the wellness program implementation successful? Why or why not?
Target Population
1. Will the implemented wellness programs be available to all employees within the company, or will the implemented wellness programs be focused only on specific populations within the organization? Explain.
2. If wellness programs are to be focused, what measurement tool will determine this particular population? Explain.

Design Specifications
1. Do you want the wellness programs be mandatory or voluntary?
2. Do you want a specific timeframe or particular period of time that the wellness programs will operate?
3. Do you want the wellness programs be on going? Clarify.
   Do you want an outside agency be hired to organize and operate the wellness programs, or will internal positions be created to support and deliver the wellness initiative?
4. Do you want wellness experts to be hired to assist the internal positions with training and skill acquisition? Explain.
5. How will the wellness programs be organized? Describe?
6. Do you want a timeframe in which wellness program implementation will begin?
7. Do you have a timeframe for training, learning, and notification?
8. Do you have any timeframe concerns? Explain.
9. Do you want the wellness programs to exist in a virtual software program? Explain.
10. Do you want employees to be allowed to work in the programs during work hours?
11. Do you want employees to have designated times to work in wellness programs? Advise.
12. Do you want the wellness programs to be coordinated with other program initiatives? Describe.

Sources of required resources
1. What will be needed to operate this wellness program initiative based on the responses from employees within this organization and declared desires of Omar Company?

Program costs and Benefits
1. How will program costs be estimated? Advise.
2. Will direct and indirect costs be estimated? Advise.
3. Will upfront, operational, and unexpected costs be considered? Explain.
4. Will employees receive any incentives for participating? Why or Why not?

Financial Feasibility
1. Does the Omar Solutions Company reserve the capital to incorporate this wellness program initiative?
2. Where will the revenue be extracted and will this source of revenue be continuous? Advise.
3. Will you be performing a cost benefit analysis? Why or Why not?
4. If not, will a cost benefit analysis be performed before the wellness programs are implemented? Explain.

Political Feasibility
1. Are there any known individuals internally who oppose or support this wellness initiative? Explain.
2. Has there been any activity in the community in opposition or support of organizational wellness program creation? Advise.

**Monitoring and Evaluation**

1. How will these wellness programs be monitored and evaluated after implementation to verify that the programs are reaching the targeted population, are delivered properly, and are meeting the targeted goals to have the desired impact? Explain.

2. Do you have any other concerns or items you would like to address that are not covered in this wellness needs assessment interview?
Appendix D

Lessons Learned Research Interview Questions

**Program**
1. Tell me about your wellness program and how it got started?
2. Which wellness programs did your organization implement?
3. If you could make any changes with your wellness program implementation, what would it be?
4. Did you find that some wellness programs were more popular than others?
5. Did participation rates vary between selected wellness programs? Explain.
6. Which wellness programs were participated in the least?
7. What are the advantages and disadvantages of operating a wellness program? Describe.

**Needs/Wants**
1. Have your wellness programs helped to decrease medical claim costs? Explain.
2. Have your wellness programs helped to decrease workplace accident rate? Advise.
3. Have your wellness programs helped to decrease absenteeism? Describe.

**Target Population**
1. Who is allowed to participate in your organization’s wellness programs?
2. How was this decided? Explain.

**Design Specifications**
1. How often do your wellness programs occur? Clarify.
2. Does your company employ a third-party administrator to deliver your wellness programs, or are your wellness programs implemented internally? Explain.
3. How are your wellness programs organized? Describe.
4. Do you have a nurse or hired wellness expert on staff? Explain.
5. Were implemented wellness programs coordinated with other program initiatives? Describe.

**Sources of required resources**
1. What resources, other than finances, were needed in order to implement your wellness program initiative?

**Program costs, Benefits and Financial Feasibility**
1. What were the total costs of the program? Advise.
2. Was a cost benefit analysis performed? Why or why not?
3. Were direct and indirect costs estimated? Why or why not?
5. Did the benefits of the wellness programs outweigh the upfront costs? Advise.
6. Were funds allocated for the future to continue your wellness program initiative? Explain.

**Monitoring and Evaluation**
1. How are your company’s wellness programs monitored and evaluated for short and long-term effectiveness? Advise.
2. Are there any other best practices or lessons learned that you would like to share? Describe.
## Appendix E

Omar Medical Supplies Corporation employee survey questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Likely</th>
<th>Somewhat Likely</th>
<th>Neutral</th>
<th>Not Very Likely</th>
<th>Not at All Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the likelihood that you would participate in wellness programs involving nutrition?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. What is the likelihood that you would participate in wellness programs involving exercise?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. What is the likelihood that you would participate in wellness programs involving work-life balance?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. What is the likelihood that you would participate in wellness programs involving smoking or tobacco incentives?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. What is the likelihood that you would participate in wellness programs involving blood pressure?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. What is the likelihood that you would participate in wellness programs involving cholesterol?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. What is the likelihood that you would participate in wellness programs involving telecommuting?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
8. What is the likelihood that you would participate in wellness programs involving healthy behaviors?

9. What is the likelihood that you would participate in wellness programs involving accident injury?

10. What is the likelihood that you would participate in wellness programs involving stress management?

Please provide any other wellness programs interested in that are not listed above.

Do you believe a wellness program would be more beneficial if implemented internally through the organization, or contracted to an outside organization, hiring experts to implement the programs?

Do you believe that wellness programs should be delivered through a software computer program, face-to-face with a wellness official, or a combination of both?

Please provide any other comments or concerns about this wellness program implementation that you wish us to know.
From: Prout, Christina Leigh prout1cl@cmich.edu
Subject: Research Review Application approval/S. Turner-Wilson
Date: September 6, 2016 at 1:24 PM
To: Turner-Wilson, Stephanie Lynne turrewil@cmich.edu
Cc: Kelley, Patricia A kelleypa@cmich.edu, Zeh, Colleen Marie zeh1cm@cmich.edu

Dear Stephanie,

Your Research Review Application has been reviewed and approved. You may start your data collection. This approval will not expire as long as your topic and methodology remain unchanged. If your topic or methodology changes, please submit a new Research Review Application and supporting documents to your instructor by e-mail.

Please contact your instructor if you have any questions. Also, be sure to check with your instructor concerning the due dates for your project.

Good luck with your project. This is the only notification you will receive. Please keep a copy for your records.

Kim Gribben
Assistant Director, MSA Program

Christina Prout
Administrative Secretary
Master of Science in Administration Program
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