

Genesis of an Employee Wellness Program at a Large University

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University employee wellness programs have potential to support positive changes in employee health, thereby improving productivity and mitigating the rise in health care costs. The purpose of this article is to describe a theory-driven approach to systematically planning, developing, and implementing a comprehensive university employee wellness program. Long-term program goals were to improve employee health, well-being, and productivity by focusing on decreasing sedentary behavior, increasing physical activity, improving dietary habits, and reducing stress. An ecological approach was taken to identify levels of influence specific to a university setting: intrapersonal, interpersonal, department/college/division, and university. This framework guided the development of program components and strategies, which were grounded in several health behavior change theories. Input from supervisors and employees was incorporated throughout program development. A 15-week trial run, involving 514 employees, was evaluated to fine-tune services. Participation and feedback were positive, demonstrating that the program was valued. Support from upper administration is evidenced by continued funding. Critical factors to the successful launch of the program included a supportive administration, leverage of existing facilities and equipment, leadership provided by faculty, and service delivery by students.

Keywords: *behavior change theory; nutrition; physical activity/exercise; theory; worksite safety and health*

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► **INTRODUCTION**

Health-related lifestyle behaviors, such as poor diet and low physical activity, lower the quality of life of U.S. workers by increasing risk for depression, stress, obesity, and related chronic health conditions such as cardiopulmonary disease, diabetes, and osteoarthritis (Davis, Collins, Doty, Ho, & Holmgren, 2005). This decline in employee health is of grave concern to businesses because it is associated with decreased productivity and increased health care costs (Mattke et al., 2013). Although this scenario is bleak, employee wellness programs (EWPs) have potential to play a significant role in instigating and supporting positive changes in employees' health behaviors, reducing the incidence of serious medical conditions, improving productivity, and, ultimately, mitigating the steady rise in health care costs (Baicker, Cutler, & Song, 2010; Dement, Epling, Joyner, & Cavanaugh, 2015; Hill-Mey et al., 2015).

EWPs that are most successful in achieving positive outcomes are those that incorporate a theoretical approach to facilitating sustained health behavior change (Abood, Black, & Feral, 2003; Anshel, Brinthead, & Kang, 2010; Cowdery, Wang, & Eddy, 1995; Glanz & Rimer, 2005). In general, theories explain behavior and provide avenues for behavior change (Glanz, Rimer, & Viswanath, 2008). In the development

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of wellness programs, an ecological model can be used to conceptually organize potential levels of influence on health behaviors hierarchically, ranging from individual, interpersonal, organizational, and community to the broader public policy level of influence (McLeroy, Bibeau, Steckler, & Glanz, 1988). An ecological model recognizes that although individuals may be highly motivated to engage in positive health behaviors, without a supportive physical and social environment, they will struggle to make healthy behaviors routine. Health behavior change theories, such as the social cognitive theory, transtheoretical model, and self-determination theory, can be used to design strategies to affect various levels of the ecological model in order to achieve sustained improvements in health behaviors (Glanz & Rimer, 2005). The social cognitive theory posits that learning occurs in a social context and that personal factors, environmental factors, and behavioral factors influence each other (Glanz & Rimer, 2005). Thus, for example, program strategies that address personal factors (e.g., self-efficacy and outcome expectations) and environmental factors (e.g., healthy foods at office functions) will increase the likelihood of improving health behaviors (Bandura, 1998; Glanz & Rimer, 2005). The transtheoretical model describes behavior change as occurring along a continuum through five stages, from precontemplation (no intention of taking action in the coming 6 months) to maintenance (behavior change has persisted for more than 6 months; Glanz & Rimer, 2005; Prochaska, Wright, & Velicer, 2008). With this in mind, program strategies tailored to where individuals fall along this continuum are also likely to improve health behaviors. The self-determination theory maintains that support for and satisfaction with three psychological needs, including autonomy, competence, and relatedness, are critical to enhancing motivation and promoting long-term health behavior change (Deci & Ryan, 2008). Program strategies aligned with this theory, such as offering a variety of exercise classes to support autonomy, organizing cooking classes to improve competence, and creating a welcoming and supportive environment in wellness classes, are likely to support positive health behavior change.

The positive impact of theory-driven, comprehensive EWPs has been clearly established for large corporations (Baicker et al., 2010), but less research has been conducted in universities (Hill-Mey et al., 2015). Like corporations, there is a need for universities to offer EWPs, as their employees are often unhealthy and health care costs are skyrocketing (Hill-Mey et al., 2015). However, unlike corporations, universities are faced with the shrinking state appropriations along with pressure to mitigate rising tuition and fees

(“25 Years of Declining State Support for Public Colleges,” 2014). Given that their employees must do more with less, universities can benefit by implementing affordable, high-quality, and sustainable programs to support employee health. Fortunately, universities are well suited to offer EWPs, as they have (1) the physical infrastructure, such as recreational facilities and fitness testing equipment; (2) faculty and students engaged in health-related research, field-based teaching/learning, and community service; and (3) a human resources office that can coordinate and promote the program, ensuring its sustainability.

Despite the need and promise for university EWPs, the existing literature is primarily limited to specific components of an EWP, such as physical activity promotion (Butler, Clark, Burlis, Castillo, & Racette, 2015; Mackey et al., 2011), formative evaluation to improve EWP participation (Churchill, Gillespie, & Herbold, 2014; Hill-Mey, Merrill, Kumpfer, Reel, & Hyatt-Neville, 2013), summative evaluation of program effectiveness (Byrne et al., 2011; Nyman, Barleen, & Abraham, 2010), literature-based suggestions to guide program development (Hill-Mey et al., 2015), and a basic overview of the development and implementation of an EWP without including a theoretical framework (Carter, Kelly, Alexander, & Holmes, 2011). In short, there is a gap in the literature regarding how to plan, develop, and implement a comprehensive university EWP. Thus, the purpose of this article is to describe the process by which a large university leveraged existing resources to plan, develop, and implement a comprehensive EWP grounded in health behavior change theory. The description of this process may be of use to other universities interested in developing an EWP tailored to their setting.

► BACKGROUND

In 2014, Texas State University was the fourth largest university in the state and the 31st largest university in the country, with approximately 38,000 students and 5,000 employees. Increased workload expectations due to a sustained rise in enrollment, coupled with skyrocketing health care costs, provided the impetus for improving employee health.

Recognizing the need to support employee health, in March 2014, the Director of Human Resources, with the support of the Vice President of Finance and Support Services, received approval from the President’s Cabinet for the planning and development of a comprehensive EWP to be offered at no cost to employees. The program was initially supported by a onetime savings from an unanticipated reduction in cost of health insurance coverage as a result of a change in insurance

providers. A human resources administrator was assigned the task of devising a plan. She began by reviewing both the scientific literature and existing university EWPs to identify optimal program components. She then conducted an environmental scan on campus and identified existing facilities and services, expertise, and policies that had potential to be foundational for the EWP. She found that Texas State employees had *fee-based* access to facilities, including a student recreation center, and to services, including group exercise classes, personal training, and health-related physical fitness testing offered by Total Wellness, a wellness service provider run by faculty and students in the Exercise Science program, and *free* access to tennis courts, a walking track, and racquetball and basketball courts. She also determined that, since 2008, employee participation in campus wellness activities has been supported by a university policy, allowing for 30 minutes of paid release time per workday (Texas State University, n.d.). In July 2014, the human resources administrator asked four faculty—two from Total Wellness, one from Nutrition and Foods, and one from Physical Therapy—to form a leadership team (authors of this article) to plan, develop, and implement an EWP tailored to Texas State. In August 2014, the university provided seed money (\$53,500) to fund the planning and development of an EWP, stipulating that the formal program be ready for implementation within 9 months.

► METHOD AND RESULTS

Overview

This section describes the process of how we, the leadership team, planned, developed, and implemented the Texas State EWP in a limited period of time. First, to hit the ground running, we set program goals, formed an advisory council, and assessed employee needs and interests. Then, we selected a theoretical framework to guide program development and based specific strategies on several health behavior change theories. Next, we implemented a trial run. Finally, we fine-tuned the EWP, based on employee participation and feedback, and launched the official program, by then titled *WellCats*. Throughout the process, we consulted with supervisors and upper administrators, seeking their input.

Critical to planning, developing, and implementing the EWP, a process evaluation plan was followed and included a needs and interests survey, discussion groups, meetings with supervisors, health risk appraisals, and program evaluation surveys. It is worth noting, however, that while a plan for evaluating achievement

of long-term program goals (i.e., improvements in employee health, well-being, and productivity) was developed and is described below, this report does not include long-term evaluation data, as it may take up to 5 years to see whether such goals are attained (Mattke et al., 2013).

Planning and Development (August 2014–April 2015)

Goals. To guide program development, we began by establishing the program short-term and long-term goals. The short-term goals were to, with cost in mind, plan, develop, and implement, in 9 months, an EWP that was appealing to as many employees as possible. The long-term goals were to, in a cost-effective manner, improve employee health and well-being, and to increase employee productivity.

Wellness Advisory Council. Next, we formed an advisory council, consisting of the leadership team and stakeholders from the human resources, student health and recreation centers, food services, technology resources, and academic departments. Members were invited based on their potential to contribute services, guide the leadership team, and advocate for the program. For the 9-month planning and development period, the advisory the council met monthly. Once the program was established, the council met two times per year.

Employee Needs and Interests Survey. We then administered an online survey to assess employee needs and interests regarding wellness. Table 1 presents survey questions.

This survey, distributed to all benefits-eligible employees ($n = 3,392$) in October 2014, was completed by 778 employees (23%). Of these, 52% were 40 to 59 years of age, 71% were female, 73% were employed full-time, and 73% were employed as staff. Based on their responses to questions regarding height, weight, and physical activity, 65% of respondents were overweight or obese and 59% did not meet the U.S. Department of Health & Human Services (2008) recommendations for aerobic activity and 66% did not meet recommendations for muscular strengthening. While 98% of respondents indicated that they would like to participate in an EWP, when asked an open-ended question about what might interfere with participation, 31% expressed concerns revolving around their heavy workload and lack of supervisor support. Also, roughly 10% mentioned issues such as cost, parking/location of services, scheduling, program quality, and limited facilities of locker rooms/showers across campus.

TABLE 1
Online Employee Needs Assessment Survey Questions

The Human Resources Department is considering offering a campus-wide comprehensive employee wellness program. Your input is important in helping us design a program that meets your needs and interests. This survey is anonymous—do not write your name anywhere. Information is recorded in such a manner that respondents cannot be identified.

The following questions ask about the type of services you would prefer.

Q1. How likely (from 0 to 4) you are to participate in the following exercise classes/fitness activities if they were offered at no cost to you?

0	1	2	3	4
<i>Not at all likely</i>	<i>Slightly likely</i>	<i>Moderately likely</i>	<i>Highly likely</i>	<i>Extremely likely</i>

- | | |
|---|---|
| <input type="checkbox"/> Walking groups
<input type="checkbox"/> Running groups
<input type="checkbox"/> Resistance training (group exercise)
<input type="checkbox"/> Yoga
<input type="checkbox"/> Zumba®
<input type="checkbox"/> Cycling exercise classes
<input type="checkbox"/> Step aerobics
<input type="checkbox"/> Kickboxing | <input type="checkbox"/> Active older adult exercise classes
<input type="checkbox"/> Pre- and postnatal exercise classes
<input type="checkbox"/> Personal training
<input type="checkbox"/> Basketball
<input type="checkbox"/> Racquetball
<input type="checkbox"/> Resistance training (in weight room)
<input type="checkbox"/> Volleyball
<input type="checkbox"/> Boot camp |
|---|---|

Q2. Are there any other exercise classes or other fitness activities (not specifically listed above) that you would be interested in attending? (describe)

Q3. The best day (or days) of the week for you to participate in classes/activities are (check all that apply): [M, T, W, Th, F, Sa, Su]

Q4. The best time of day for you to participate in any of the above classes/activities (check all that apply): [before work, during lunch, after work]

Q5. Where would you prefer to participate in these exercise classes/other fitness activities? (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Total Wellness (campus gym)
<input type="checkbox"/> Total Wellness (city gym)
<input type="checkbox"/> None: I do not want to exercise at all.
<input type="checkbox"/> None: I prefer to exercise at home. | <input type="checkbox"/> Student Recreation Center (campus)
<input type="checkbox"/> Outside (main campus)
<input type="checkbox"/> None: I prefer to exercise at my gym.
<input type="checkbox"/> Other (describe) |
|--|--|

Q6. Would you need childcare in order to participate in the exercise classes/fitness activities? [yes, no]

Q7. How likely you would be to participate in the following educational opportunities, support, and/or services?

0	1	2	3	4
<i>Not at all likely</i>	<i>Slightly likely</i>	<i>Moderately likely</i>	<i>Highly likely</i>	<i>Extremely likely</i>

- | | |
|--|--|
| <input type="checkbox"/> Cooking class
<input type="checkbox"/> Smoking cessation
<input type="checkbox"/> Managing weight | <input type="checkbox"/> Chair massages
<input type="checkbox"/> Blood pressure assessment
<input type="checkbox"/> Body size/composition assessment |
|--|--|

(continued)

TABLE 1 (CONTINUED)

Online Employee Needs Assessment Survey Questions

- Managing stress
- Managing heart disease
- Managing diabetes
- Managing allergies/asthma
- Fitness assessment
- Blood glucose screen (for diabetes)
- Mind body
- Improving sleep patterns

Q8. Are there any topics not listed above that you would be interested in attending? (describe)

Q9. How likely you are to access online resources offered on the Human Resources website?

0	1	2	3	4
<i>Not at all likely</i>	<i>Slightly likely</i>	<i>Moderately likely</i>	<i>Highly likely</i>	<i>Extremely likely</i>

- Healthy recipes
- Eating healthy at restaurants
- Calculators (body mass index, calories)
- Employee testimonials
- Physical activity calendar
- Tracking systems/competitions
- State and federal resources

Q10. Are there any topics not listed above that you would be interested in learning more about through the Human Resources website? (describe)

Q11. What incentives would increase your likelihood of participating in an employee wellness program?

- T-shirt
- Water bottle
- Hand towel
- Cash
- Lower insurance premiums
- Other (describe)
- Lunch bag
- Pedometer
- Exercise mat
- Equipment (bands, hand weights)
- Exercise bag

Your answers to the next questions are important. They will help us to better understand the needs and interests of university employees so that we may provide you the best possible wellness services. Your answers are anonymous—they will not be linked to you or shared with anyone. However, if you do not want to answer any question, you may select “I would rather not say.”

- Q12. Self-identified gender: [male, female]
- Q13. Age (years): [younger than 20, 20-29, 30-39, 40-49, 50-59, 60 or older]
- Q14. What is your primary employment title/assignment? [faculty, staff]
- Q15. What is your workload? [part-time, full time]
- Q16. Where is your primary work location? [main campus, other]
- Q17. Which building is your primary work location? [drop down menu]
- Q18. How many miles away do you live from the main campus? [within 5, 5-15, 16-30, 31-45, 46-60, more than 60]
- Q19. What is the annual income of your entire household? [less than \$15,000, \$15,001-\$30,000, \$30,001-\$45,000, \$45,001-\$60,000, \$60,001-\$75,000, \$75,001-\$90,000, over \$90,000]

The next questions are about physical activities (such as exercise, sports, and physical activity hobbies) that you may do in your LEISURE time. You may choose “I would rather not say” if you prefer.

(continued)

TABLE 1 (CONTINUED)

Online Employee Needs Assessment Survey Questions

-
- Q20. How many times each week do you engage in VIGOROUS aerobic physical activity that causes heavy sweating, large increases in heart rate, and hard and fast breathing? *Examples include race walking, running, jogging, swimming laps, playing singles tennis, playing basketball, doing aerobic dancing or related group fitness classes, bicycling 10 miles per hour or faster, jumping rope, heavy gardening (continuous digging or hoeing), hiking uphill or with a heavy backpack.* [__ times per week]
- Q21. On average, how much time is spent during each VIGOROUS bout of physical activity? [__ minutes per each bout of exercise]
- Q22. How many times each week do you engage in MODERATE aerobic physical activity where you are working hard enough to raise your heart rate and respiratory rate as well as to break a sweat? *Examples include walking briskly (3 miles per hour or faster, but not race walking), doing water aerobics, bicycling slower than 10 miles per hours on level ground or with a few hills, playing doubles tennis, pushing a lawn mower, doing ballroom dancing, and gardening (general without heavy digging or hoeing).* [__ times per week]
- Q23. On average, how much time is spent during each MODERATE bout of physical activity? [__ minutes per each bout of exercise]
- Q24. How many times each week do you engage in MUSCLE-STRENGTHENING physical activity such as resistance training, including weight training and working with resistance bands, as well as doing calisthenics that use body weight for resistance (push-ups, pull-ups, and sit-ups)? [__ times per week]
- Q25. About how long do you do these strengthening leisure-time physical activities each time? [__ minutes per each bout of exercise]
- Q26. How tall are you? [__ feet __ inches]
- Q27. How much do you weigh? [__ pounds]
- Q28. What are some things that might interfere with or prevent you from participating in a worksite wellness program? (describe)
- Q29. Please include any additional comments you would like to share. (describe)
-

Discussion Groups. After survey results were reviewed, we held eight discussion groups, each with 10 to 20 faculty and staff from academic and nonacademic departments, to gain a better understanding of employees' wellness needs and interests. Table 2 includes discussion questions. Each discussion group was led by a moderator, and notes were taken by two assistants. While time limitations precluded formal qualitative assessment, thoughts expressed in every group were departments did very little to encourage healthy behaviors and to orient new employees to wellness resources; supervisors and coworkers did not support employees taking wellness time during the workday; and employees wanted management and coworkers to model healthy behaviors and publicly support employee engagement in wellness activities.

Program Development. Foundational to program development were the long-term goals of improving employee health and well-being and increasing employee productivity. With this in mind, the components of the

EWP centered on improving health-related lifestyle behaviors, such as decreasing sedentary behavior, increasing physical activity, improving dietary habits, and managing stress. Information gathered from the needs assessment and interest survey and discussion groups defined our approach to program development. For example, because employees stated that their health behaviors were influenced by coworkers, supervisors, and the university environment at large, an ecological approach to program development was adopted (McLeroy et al., 1988). Specifically, levels of influence on employee health behaviors specific to a university setting—intrapersonal, interpersonal, department/college/division, and university—were identified and considered when developing particular strategies.

Strategies developed for the EWP were adapted from multiple sources (Deci & Ryan, 2008; Glanz & Rimer, 2005; Prochaska et al., 2008; Silva, Marques, & Teixeira, 2014) and grounded in health behavior change theories, including the social cognitive theory, the transtheoretical model, and the self-determination theory.

TABLE 2
Discussion Group Questions

1. How does your department encourage and support wellness?
2. How does your department orient new employees to campus wellness resources?
3. If you currently participate in wellness activities on campus, how has it impacted your health as well as your job performance and attitude?
4. Are you familiar with Texas State policy regarding participation in wellness?
5. Does your supervisor encourage you to take advantage of wellness time?
6. Do you take advantage of wellness time? Why or why not?
7. Do you feel supported by your coworkers? (As a follow-up, what are some strategies for creating a culture of support, encouragement, and acceptance for wellness?)
8. In your opinion, do you believe that an EWP would improve your job productivity and attitude as well as overall health?
9. What wellness program opportunities, activities, or services do you believe would benefit you the most?
10. What are some reasons as to why you would be unable to participate in an EWP?
11. What incentives would motivate you to participate in an EWP? (Would you participate in a competition between departments/divisions, for instance?)
12. What can we do to improve the chances of success (increase the participation rate) of an EWP?
13. How do we help employees make wellness one of their priorities?

NOTE. EWP = employee wellness program.

These theories were selected because there is robust evidence for their efficacy in changing the behaviors we were targeting, including reducing sedentary behavior, increasing physical activity, improving dietary habits, and managing stress (Bandura, 1998; Glanz et al., 2008; Glanz & Rimer, 2005; Prochaska et al., 2008; Silva et al., 2014). With the social cognitive theory (Glanz & Rimer, 2005) in mind, three main factors guiding some strategies were self-efficacy, goals, and outcome expectations. For example, hands-on cooking classes and exercise classes were designed to improve employee self-efficacy through skill development. Such improvements in skill development could potentially influence health behaviors of coworkers, a change at the interpersonal level, through exchange of recipes or encouragement to attend a class. Other examples based on the social cognitive theory included emphasis on setting reasonable goals, having realistic expectations, and establishing self-initiated rewards during Lunch and Learn sessions, nutrition consultations, fitness testing, and health behavior change coaching. The transtheoretical model (Glanz & Rimer, 2005; Prochaska et al., 2008) was foundational to the design of the group health behavior change coaching sessions, which focused on reducing sedentary behavior and increasing physical activity at the intrapersonal level. Specifically, participants were grouped in coaching sessions based on stage of change, and coaching sessions were tailored

accordingly. For example, for those attending the pre-contemplation/contemplation sessions, comprehensive feedback regarding fitness testing was provided, the benefits of improving health behaviors discussed, and the importance of planning to improve health behaviors emphasized. Furthermore, strategies to overcome barriers were emphasized to augment decisional balance needed to support action. For the preparation/action/maintenance sessions, strategies for setting goals, managing time, and generating support from significant others were shared. The self-determination theory (Deci & Ryan, 2008) maintains that support for and satisfaction with three psychological needs, autonomy, competence, and relatedness, are critical to enhancing motivation and promoting long-term health behavior change. Program alignment with the self-determination theory was exemplified, for example, by the variety of exercise classes, which were offered in different formats to meet the need for autonomy, incorporated skills training to meet the need for competence, and were led at various intensities to allow employees of similar fitness levels to exercise together to meet the need for relatedness. Additionally, during health behavior change coaching and certain Lunch and Learn sessions, the development of clear and meaningful rationales for activities were encouraged to foster autonomy, with strategies and goals tailored to each individual's skills to support competence. Finally,

instructors were coached to learn participant names, provide encouragement, and develop relationships with employees to further create an environment in which employees felt supported and cared for.

Consultation With Administration. We met with eight administrators from the largest departments on campus; together, they supervised more than half of the campus workforce. During these meetings, we shared results of the needs and interests assessments, sought input regarding program components and strategies, asked whether they supported the initiative, and discussed the critical role that administrators must play to ensure the success of the program. Notably, these administrators supported the program as they felt that a healthy workforce would be calmer under pressure, better able to deliver outstanding service, and engaged, present, and productive at work. They also recognized that being actively supportive, modeling wellness, and accommodating employees' schedules would be critical to program success. Finally, we presented a schematic of the program to the President's Cabinet, Council of Academic Deans, Staff Council, and Council of Chairs and incorporated their suggestions.

Trial Run. As the last step to planning and development, we delivered the program for 15 weeks, with the primary aim of evaluating program services identified during planning. To participate, employees had to register online, complete a health risk appraisal (American College of Sports Medicine, 2014), sign a waiver, and provide consent. The trial was free, offered to all employees, and "basic" services included health risk appraisal feedback; wellness checks (body mass index [BMI] and blood pressure); weekly newsletters with tips on how to change health behaviors, improve diet, increase physical activity, and reduce sedentary behavior; online resources (e.g., exercise videos, recipes, and education); Lunch and Learn sessions (2/month); group training classes (e.g., Zumba®, yoga, kickboxing, strength-stretch-no-sweat) before and after work and during lunch (25/week); open swim; and racquetball. The "basic" services, to some extent, had either been previously offered on campus for free or for a small fee.

The trial run also included some more expensive and/or labor-intensive services. These "supplementary" services included pre- and postfitness testing, psychological construct testing with feedback, group health behavior change coaching sessions, hands-on cooking classes, and free membership to the student recreation center. For the most part, the "supplementary" services had previously been offered for a substantial fee or not

all. Due to the expense, these services were offered only to a small cohort of employees during the trial run. To be eligible to receive the "supplementary" services, employees had to designate interest during registration and be at moderate or high risk for cardiovascular disease (American College of Sports Medicine, 2014). To select the cohort, we used a random number generator to rank the 195 eligible applicants, invited the first 100 to participate, informed them about expectations (i.e., to complete pre- and postfitness tests, attend one cooking class, exercise at the student recreation center at least 1 day per week, and participate in health behavior coaching sessions), and asked them to sign a commitment contract. Overall, 22 withdrew after reading the contract and were replaced with the next 22 on the list.

When the trial run was launched, Texas State employed 3,392 benefits-eligible employees (1,594 male and 1,798 female) on the main campus. Of these, 514 (15.2%) registered for the pilot, including 99 males and 415 females, representing 6% of male and 23% of female employees on campus. The average age of male participants was 43 years (range 24-70 years); their average BMI was 30.2 kg/m² (range 19.8-59.5 kg/m²). The average age of female participants was 45.6 years (range 22-82 years); their average BMI was 28.9 kg/m² (range 18.2-54.1; Table 3).

In keeping with our short-term goal of developing an EWP that was appealing to as many employees as possible, we evaluated the trial run. Specifically, we assessed employee engagement and employee perceptions regarding quality of services. With respect to employee engagement in the "basic" services, while 514 employees registered and received feedback on their health risk status, only 338 (66%) of the registered employees actually participated in these services, attending an average of 13 events. These numbers do not reflect participation in its entirety; without ever registering, 82 attended an average of 1.72 events, increasing the number of employees who participated in some way to 420.

To assess employee perceptions regarding the quality of "basic" services, we administered four types of surveys. During Week 4, members were asked to evaluate the exercise classes by completing a simple paper survey at the end of each class. On average, 11 completed surveys were obtained after each class. Overall feedback was very positive, with some suggesting that instructors demonstrate more modifications, lower music volume, and improve voice projection. During Week 6, an online survey was disseminated to male registrants, seeking input on how to enhance program appeal among men. Those who responded (21 or 21% of male registrants) suggested that some classes should

TABLE 3
Health Status of Employees Who Registered for the Trial Employee Wellness Program

<i>Health Status</i>	<i>Overall (N = 495)</i>	<i>Males (n = 97)</i>	<i>Females (n = 398)</i>
<i>Weight status, n (%)</i>			
Underweight	1 (0.0)	0 (0.0)	1 (0.3)
Normal weight	151 (30.5)	19 (19.6)	132 (33.2)
Overweight	154 (31.1)	40 (41.2)	114 (28.6)
Obese I	98 (19.8)	21 (21.6)	77 (19.3)
Obese II	57 (11.5)	10 (10.3)	47 (11.8)
Obese III	34 (6.9)	7 (7.2)	27 (6.8)
<i>Risk of cardiovascular, pulmonary, and metabolic disease, n (%)</i>			
Low	201 (50.4)	40 (41.2)	161 (40.5)
Medium	148 (29.9)	32 (33.3)	116 (29.1)
High	146 (29.5)	25 (25.8)	121 (30.4)

NOTE: A total of 514 registered, but 19 chose not to provide weight and/or height on their health appraisal form.

involve sport-specific drills, calisthenics, martial arts, and friendly competitive activities, with little to no choreography. Respondents also wanted the program to include opportunities to play recreational sports (e.g., basketball, flag football) and to include free access to exercise equipment (e.g., resistance training equipment, treadmills). A paper survey was administered after each Lunch and Learn session. Feedback was positive and included requests for more sessions on nutrition, weight management, and meal planning and for individualized nutrition consultations. Finally, during Week 12, an online survey seeking overall input on program services was disseminated to all registrants. Those who responded (187 or 36% of registrants) provided positive feedback and requested more group training classes involving less choreography, more classes performed at a low intensity with minimal impact, shorter newsletters, and expanded social media content to include recipes and cooking videos.

Of the 100 who signed up to receive “supplementary” services, 51 used the student recreation center at least once (with only 14 averaging one or more visits per week), 73 attended a cooking class, 77 completed both pre- and postfitness tests, and 88 attended health behavior coaching sessions. To assess employee perceptions of “supplementary” services, we administered an online exit survey. In general, those who responded (27 or 27% of cohort) provided positive feedback about all these services. Respondents agreed that the services added value to the program and stated that as a result of participation, they cooked more often at home and were more physically active.

Marketing. Marketing of the program began 1 month prior to the launch of the trial run. The formal marketing campaign, disseminated via e-mail and through flyers posted across campus, affirmed to employees that their health was important to Texas State, and encouraged them to prioritize their health at work. Marketing was also accomplished informally by members of the leadership, along with the human resources administrator, attending faculty, staff and administrator meetings across the university, and by members of the advisory council and of Total Wellness spreading the word among coworkers.

Program Delivery. In collaboration with the human resources administrator, the leadership team and students delivered the program. Two faculty members from Total Wellness oversaw the group exercise classes; health risk appraisal and feedback; wellness checks; registration; group exercise instructor hiring, training, and evaluation; and program evaluation. Approximately 17 certified group fitness instructors (faculty, students, and individuals from the community) led the group exercise classes. Approximately 100 undergraduate students enrolled in a field experience class for Exercise Science majors assisted in the group exercise classes (e.g., taking attendance, monitoring participants, handling equipment) and in the nutrition classes (e.g., assisting with preparation, instruction, and cleanup). A graduate assistant majoring in Exercise Science assisted the Total Wellness faculty, taught some of the group exercise classes, and administered all the fitness tests and wellness checks. The faculty member from

Nutrition and Foods, assisted by a graduate assistant, led the cooking classes and conducted the nutrition consultations. The faculty member from Physical Therapy, assisted by a graduate assistant, provided health behavior change coaching, led some of the exercise classes, and delivered instructor training workshops. Each member of the leadership team, assisted by their assigned graduate assistant, also provided content to the website and the weekly newsletters and delivered Lunch and Learn sessions related to their field of expertise. The human resources administrator was primarily responsible for marketing the program and fielding questions from employees.

Cost of Planning and Development. The total cost of planning and development, including the 15-week trial run, was approximately \$53,300 (\$104/member). Of this, approximately \$40,300 (\$78/member) funded the “basic” services, and an additional \$13,000 funded the “supplemental” services (+\$130/member). With this in mind, theoretically, to include all services in an EWP of this nature would cost about \$208/member. Notably, these totals do not represent the true cost of program delivery, as (1) faculty from the leadership team volunteered their expertise and time; (2) students, primarily from Exercise Science, assisted with program delivery as part of service learning coursework; and (3) most of the equipment and access to facilities were provided for free.

Program Launch (May 2015)

We used evaluation data collected during the trial run to modify the program, and presented the final version to the President’s Cabinet. Following this presentation, the university approved implementation of the refined program for 16 months, from May 2015 through August 2016, to allow for further evaluation before a final decision on institutionalizing the program could be made.

The final program included all “basic” services, with the exception of wellness checks, which were eliminated due to poor attendance, and all “supplemental” services, with the exception of the free student recreation center membership, which was costly and poorly used. Some program services, however, were modified: More extensive feedback was provided to employees following health risk appraisals; some group exercise classes were reconfigured to be low-impact, involve minimal choreography, and/or focus on resistance training; and online resources were expanded to include recipes, recorded Lunch and Learn presentations, and information about local opportunities for

sports, recreation, and other types of wellness activities. Two services were added, including individualized exercise programming as a follow-up to fitness testing, and one-on-one nutrition consultation. Finally, interested participants were offered a 25% reduction in membership cost to the student recreation center. During the summer, a contest among program members was held to name the program. The winning name was *WellCats*, which is thematically in sync with the university mascot, *Boko the Bobcat*. Table 4 delineates the goals, program components, and strategies incorporated into *WellCats*, aligned with levels of influence on health behaviors at the university.

The approved budget for the 16 months following the pilot was \$118,000 (Table 5). With 595 registrants, the average annual cost per registered employee was about \$149.

Evaluation Plan

As described in the previous sections involving planning, developing, and implementing the program through a trial run, the evaluation plan for our short-term goals involved two major steps, including (1) gathering information to inform program development via a needs assessment and interests survey administered to employees, discussion groups with staff and faculty, and meetings with administrators and (2) assessing appeal of services offered during the trial run to finalize program offerings via employee engagement (membership and participation rates) and employee perceptions of the quality of services.

To evaluate the overarching goals of improving employee health, well-being, and productivity in a cost-effective manner, a long-term evaluation plan was developed. Specifically, to assess the impact of *WellCats* on the health and well-being of employees, the plan involves annual collection of information on health behaviors and habits (i.e., sedentary behavior, physical activity, dietary intake, and stress management) via survey questions and on health status via health risk appraisals. Additionally, the plan includes annual review of records to determine (1) the number and percentage of employees who register for *WellCats*, (2) the number and percentage of employees who actually participate in *WellCats* services, (3) sick leave (the number of hours of paid release time provided due to illness or injury) and the associated cost of sick leave of participants vs. nonparticipants, (4) wellness leave (the number of hours of paid release time to participate in approved wellness activities on the university campus) and the associated cost of wellness leave, and (5) worker compensation claims. To assess

TABLE 4
Program Components, Strategies Per Level of Influence, and Outcomes

<i>Program Components</i>	<i>Strategies Implemented Per Level of Influence</i>				<i>Outcome</i>
	<i>Intrapersonal</i>	<i>Interpersonal</i>	<i>Department/College/Division</i>	<i>University</i>	
Health risk appraisal	<ul style="list-style-type: none"> • Provide detailed report regarding risk status 	<ul style="list-style-type: none"> • Recommend medical referral if health risk is high 			↑ PA ↓ SB ↑ NUTR
Fitness testing	<ul style="list-style-type: none"> • Meet 1:1 to • Perform HRPF testing • Discuss HRPF status • Develop personalized plan • Offer encouragement 	<ul style="list-style-type: none"> • Discuss strategies for exercising with others • Recommend medical referral if indicated 			↑ PA ↓ SB ↓ Stress
Group exercise classes (25/week)	<ul style="list-style-type: none"> • Offer variety of formats, skill levels, and times • Offer encouragement 	<ul style="list-style-type: none"> • Foster camaraderie and teamwork 	<ul style="list-style-type: none"> • Offer classes in 5 different locations across campus 	<ul style="list-style-type: none"> • Implement policy to waive or reduce room rental fees 	↑ PA ↓ SB
Lunch and Learn sessions (1-2/month)	<ul style="list-style-type: none"> • Share program opportunities • Provide information and education • Facilitate skill development • Correct misconceptions 	<ul style="list-style-type: none"> • Discuss strategies to foster positive health behaviors with coworkers • Facilitate group discussion 	<ul style="list-style-type: none"> • Discuss strategies to foster positive health behaviors within department/college/division 	<ul style="list-style-type: none"> • Offer sessions as part of normal university professional development programming 	↑ PA ↓ SB ↓ Stress
Newsletter, health blog, social media, website	<ul style="list-style-type: none"> • Share program opportunities • Provide information and education • Facilitate skill development • Correct misconceptions 	<ul style="list-style-type: none"> • Provide strategies to foster positive health behaviors with coworkers • Recognize “Member of the Month” • Post testimonials • Stimulate interaction via social media 	<ul style="list-style-type: none"> • Provide strategies to foster positive health behaviors within department/college/division 	<ul style="list-style-type: none"> • Include dedicated Web pages as part of normal university website 	↑ PA ↓ SB ↓ Stress ↑ NUTR
Health behavior change coaching group sessions	<ul style="list-style-type: none"> • Discuss strategies for changing health behaviors 	<ul style="list-style-type: none"> • Discuss strategies to foster positive health behaviors with coworkers 	<ul style="list-style-type: none"> • Discuss strategies to foster positive health behaviors within department/college/division 		↑ PA ↓ SB ↓ Stress ↑ NUTR

(continued)

TABLE 4 (CONTINUED)
Program Components, Strategies Per Level of Influence, and Outcomes

Program Components	Strategies Implemented Per Level of Influence			University	Outcome
	Intrapersonal	Interpersonal	Department/College/ Division		
Student recreation center (free access on Fridays in summer and subsidized annual membership)	<ul style="list-style-type: none"> • Provide additional venue for exercise 	<ul style="list-style-type: none"> • Provide additional venue for exercising with coworkers 		<ul style="list-style-type: none"> • Implement policy to reduce fees 	<ul style="list-style-type: none"> ↑ PA ↓ SB ↓ Stress
Department/college/division specific seminars (on request)	<ul style="list-style-type: none"> • Share program opportunities • Provide information and education • Facilitate skill development • Correct misconceptions 	<ul style="list-style-type: none"> • Discuss strategies to foster positive health behaviors with coworkers • Facilitate group discussion 	<ul style="list-style-type: none"> • Discuss strategies to foster positive health behaviors and thereby create new cultural norms related to PA and NUTR within department/college/division 		<ul style="list-style-type: none"> ↑ PA ↓ SB ↓ Stress ↑ NUTR
Swim center and racquetball courts access	<ul style="list-style-type: none"> • Provide additional venue for exercise 	<ul style="list-style-type: none"> • Provide additional venue for exercising with coworkers 		<ul style="list-style-type: none"> • Implement policy to waive fees 	<ul style="list-style-type: none"> ↑ PA ↓ SB ↓ Stress
Nutrition consultation	<ul style="list-style-type: none"> • Meet 1:1 to • Discuss personal diet and health • Develop personalized plan • Offer encouragement • Provide resources 	<ul style="list-style-type: none"> • Discuss strategies for improving diet when eating with coworkers 	<ul style="list-style-type: none"> • Discuss strategies for creating a healthy eating environment within department/college/division 		<ul style="list-style-type: none"> ↑ NUTR
Cooking classes	<ul style="list-style-type: none"> • Facilitate skill development • Provide resources 	<ul style="list-style-type: none"> • Foster camaraderie and teamwork • Provide recipes and ideas to share with coworkers 	<ul style="list-style-type: none"> • Provide recipes and ideas for department/college/division functions 		<ul style="list-style-type: none"> ↑ NUTR

NOTE: ↑ NUTR = improve nutrition; ↑ PA = increase physical activity; ↓ SB = decrease sedentary behavior; ↓ Stress = decrease stress; HRPF = health-related physical fitness; PA = physical activity; NUTR = nutrition.

the impact of *WellCats* on employee productivity, the plan will employ two methods. One method will involve annual assessment of employee job satisfaction, morale, and presenteeism via survey questions.

The second method will involve a review of data on employee sick and wellness leave and on employee retention. By including this broad set of metrics in the evaluation plan, we are taking a holistic approach to

TABLE 5
Budget for the 15-Week Trial Run and Implementation of the Finalized Employee Wellness Program

<i>Item</i>	<i>Description</i>	<i>Planning and Development Cost, Including Trial Run^a</i>	<i>16-Month Program Cost^b</i>
Graduate assistants	Assist with delivery of program services and data collection	\$29,250	\$55,512
Marketing materials	Flyers, posters	\$1,500	\$817
Facilities	Swim center, room rental for exercise classes at administration building	\$1,350	\$15,150
Group fitness instructors	Deliver 25 group exercise classes per week	\$8,200	\$32,271
Lab testing fees	Health-related physical fitness testing	\$2,000	\$2,400
Hands-on cooking classes	Food and assistance from undergraduates	\$500	\$1,350
Student recreation center	Membership fee	\$10,500	\$10,500
Total		\$53,300	\$118,000

^aFrom August 1, 2014, through May 3, 2015, which includes planning, development, and the trial run. ^bFrom May 4, 2015, through August 31, 2016.

get a full picture of the value of *WellCats*. The data from these metrics not only will be used to assess the cost of the program but will also provide a comprehensive view of the overall value of the program. Taken together, the cost and the value will be used to determine the value of investment (VOI; Wein, 2013; Willis North America Inc., 2015).

► DISCUSSION

This article describes the process by which a large university leveraged existing resources and a relatively small amount of seed money to plan, develop, and implement *WellCats*, a theory-based, comprehensive EWP. Several elements were critical to the successful launch of *WellCats*: buy-in from the administration, faculty, and staff; use of existing resources; implementation of specific strategies grounded in theory and designed to support positive health behavior change at many levels of influence within the university setting; and implementation of a short-term evaluation plan to continually integrate employee preferences in the planning and development stages. Although this article does not include data related to program impact, it does include a description of the long-term evaluation plan.

Critical to *WellCats* becoming recognized as an important benefit to employees and thus worthy of permanent funding was buy-in from the administration, faculty, and staff. First and foremost, *WellCats* would not have been possible without strong administrative support. Not only was the university President a model of health, as she exercised regularly at the student recreation center, she was also an advocate for the health of others. For example, she ensured that healthy foods were served at all presidential functions and often vocalized her personal belief that being healthy is critical to being productive. Also, the President's Cabinet was supportive of the planning and development of *WellCats* because they recognized that faced with rapid student enrollment coupled with a reduction in state appropriations, employees were being asked to do more with less. They acknowledged that to fulfill the mission of the university, the health of the employees needed to be supported, and they believed that an EWP was likely to improve employee productivity. To strengthen the administration's buy-in, we met with the President's Cabinet on three separate occasions to justify why an EWP was needed, describe how the EWP would be implemented, and share results of the trial run (e.g., registration, sick leave, employee feedback), thereby making a case for permanent fund-

ing. Also stressed in the meetings was that having an EWP at the university created a strong opportunity for synergy in the areas of teaching, service, and research. The administrators appreciated that the EWP would serve as a platform that offers students practical work experience, faculty and students research opportunities, and Texas State employees access to a high-quality program designed to improve their health and well-being.

Another reason we were successful in obtaining buy-in was due to the ground work that had already been laid by Total Wellness. For 12 years prior to the launch of *WellCats*, 80 to 100 employees (including administrators, faculty, and staff) during any given semester participated in Total Wellness fee-based activities (i.e., group exercise classes, personal training, and/or exercise testing). Thus, when *WellCats* was being developed, these employees were natural advocates. Another critical piece to obtaining buy-in was soliciting and incorporating input from all stakeholders as the program evolved, from its inception through the development of the final program. Finally, the last piece to obtaining buy-in revolved around how the program was presented to employees. Specifically, the program was offered as an employee benefit through Human Resources, sending a strong message to employees that their health and well-being are important. This message was mirrored in the marketing campaign, which reminded employees that their health was important to Texas State and encouraged them to prioritize their health at work. Furthermore, the program was presented to faculty as not only a service to them but also as a venue for faculty and students to engage in health research and for students to obtain valuable field experience.

Launching *WellCats* in a short period of time and with limited funds was possible because existing resources were first identified and leveraged, serving as a foundation on which the program was built and continues to flourish. Broadly speaking, these resources included faculty from programs involved in health promotion, existing services, and facilities and equipment to support cooking classes, fitness classes, fitness testing, open swim, and racquetball.

Delivering *WellCats* was and continues to be possible due to both expert faculty and their students. While passionate faculty in areas of nutrition, exercise science, and physical therapy are necessary drivers of the program, providing time, energy, and expertise, students are the workforce critical to carrying out the vast array of program elements. *WellCats* involves students from multiple programs to assist with health screenings, fitness coaching, education, cooking classes, fitness classes, and data collection. A benefit of engaging

students is that they are inexpensive to employ compared to credentialed professionals and eager to learn, allowing for not only the delivery of a comprehensive EWP but also professional development (Carter et al., 2011; Essig et al., 2004). By creating opportunities for service learning, enabling students to apply in a field setting what they learn in the classroom, *WellCats* is helping the university fulfill its overall mission of providing exceptional educational experiences.

More important than the specific theories selected to guide program development is the fidelity with which theories are applied (Glanz & Rimer, 2005). We believe a strength of our program was the fact that multiple theories were selected based on the population and goals we wanted to achieve, and the theories were applied with strong fidelity, meaning that we used all the constructs in each theory to inform decision making about program delivery (Glanz & Rimer, 2005).

The ultimate goals of offering a university EWP were to improve employee health, well-being, and productivity. It is necessary to effectively demonstrate achievement of these long-term goals to continue to garner full support from university administrators who must justify continued annual investment in program delivery. Historically, researchers have simply used return on investment (ROI) to assess efficacy of employee health promotion efforts (Wein, 2013). Indeed, while not a formal part of our short-term evaluation plan, we did calculate the ROI for the trial run of *WellCats* by comparing wellness leave and sick leave accrued during the pilot to that accrued during the same time in the previous year. We found that during the trial run, the total hours of wellness leave taken were approximately 73% higher compared to the same time in the previous year, costing the university an additional \$25,500 of paid release time. However, the total hours of sick leave taken were lower by almost 6% compared to the same time in the previous year, saving approximately \$90,500 in lost wages. Thus, when considering both wellness and sick leave, the net salary savings during the trial (\$65,000) more than covered the cost of planning and development (\$53,300). While assessing ROI is certainly important, its usefulness is limited as financial outcomes are narrow and focused rather than broad and visionary. To overcome this barrier, our long-term evaluation plan employs VOI (Wein, 2013; Willis North America Inc., 2015), which uses a broader set of metrics in addition to cost (e.g., health risk status, productivity, and presenteeism) to assess program efficacy. While it may take several years, taking the VOI approach will allow us to determine whether the long-term program goals of improving employee health, well-being, and productivity are truly achieved.

We faced several challenges during the process of planning, developing, and implementing *WellCats*. First, because funding was limited, we were able to offer “supplementary” services to a limited number of employees and, therefore, were unable to fully assess whether the addition of these services was truly value added. Thus, decisions regarding which supplementary services to keep were based solely on cost, participation rates, and employee perceptions. Second, the time frame set forth by the university limited our formative evaluation efforts. For instance, we were limited to holding discussion groups instead of formal focus groups with systematic qualitative analysis. Third, the response rates to surveys disseminated during the planning and development phases were fairly low and, thus, did not reflect the thoughts and feelings of the majority of employees. In reality, the program was finalized based on the input from less than half of the university employees. Finally, only about 20% of employees have taken advantage of the program. To support the health of every Texas State employee, we must go beyond the program and address the multifaceted aspects of the university environment that impact employee health. *Culture of Health* describes the health-supporting aspects of the work environment and includes seven dimensions: policy, physical environment, programs, leadership, supervisor support, coworker support, and values, moods, and norms (Kwon, Marzec, & Edington, 2015; Marzec, 2015). So far, Texas State has invested substantially in only the programs dimension; our long-range plan is to comprehensively assess Texas State’s *Culture of Health*, develop and implement strategies to improve it, and evaluate the effectiveness of those strategies.

► CONCLUSION

There are six factors that should be considered in order to launch a comprehensive EWP in a university setting. First, faculty with expertise, time, and passion for wellness, in collaboration with human resources staff, need to drive the entire process. Second, the leadership team should consider the organization of the university and seek buy-in at all levels. Third, an environmental scan is needed to identify existing resources that can serve as a foundation on which to build the program. Fourth, the entire process of planning, developing, implementing, and evaluating an EWP must be theory-driven and evidence-based, considering as many levels of influence as possible on health behaviors in the workplace and adhering to high theoretical fidelity in the process of planning and implementation. Fifth, formative evaluation is needed

to assess program quality and to make changes to the program, as necessary, while a summative evaluation is needed to determine program efficacy. Finally, employee health management should go beyond just offering an EWP and should address the entire *Culture of Health* to make the healthy choice the easy choice for employees.

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