Organizational Wellness Programs as Internal Social Marketing: A Literature Review of Feasible Approaches

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Abstract

Social marketing refers to marketing programs designed to encourage people to change their behavior in ways that enhance the social good. Such programs may also seek to enhance personal good. Wellness programs are efforts designed to encourage people to change behaviors so as to improve personal health with the result of reducing health care costs for the society as a whole and for the communities in which they are involved. As such, wellness programs are social marketing programs designed to improve individual and public health and may be offered or administered by for-profit companies, not-for-profit organizations, or government agencies. Internal marketing programs are efforts by organizations to encourage employees to "buy into" and perform in accordance with the firm's strategic policies and programs. One recent focus of internal marketing is employee participation in wellness programs. Wellness programs are increasing in popularity due to recognition of reductions in health expenses and productivity costs. Such programs link social marketing and internal marketing, and so represent opportunities to expand marketing activities to enhance the social good and firm performance. This paper provides a literature review of findings regarding internally focused corporate wellness programs and develops recommendations to enhance employee participation.

Introduction

The objectives of this paper are to provide a literature review of recent wellness programs offered to employees by for-profit businesses and to develop from this review recommendations for effective internal marketing approaches to enhance employee participation in wellness programs. The theoretical position taken here is that wellness programs are a form of social marketing and that company sponsored wellness programs require internal marketing programs for effective employee participation. As used here, social marketing (Andreasen 2006) refers to marketing programs designed to encourage people to change their behavior in ways that enhance the social good. Such programs may also seek to enhance personal good. Wellness programs are systematic efforts designed to encourage people to change behaviors so as to improve personal health with the result of reducing health care costs for the society as a whole and for

their communities. As such, wellness programs are social marketing programs designed to improve individual and public health. Such programs may be offered or administered by public for-profit companies, not-for-profit organizations, or government agencies. Internal marketing (Kotler and Keller 2006) programs are efforts by organizations to encourage employees to "buy into" and perform in accordance with company policies and programs in support of the firm's strategic goals. One application of internal marketing is to enhance employee participation in wellness programs with the strategic intention of reducing health/illness related costs.

Wellness programs are increasing in popularity among for-profit organizations due to recognition of potential reductions in employee illness costs and cost savings from employee health. Such costs might include healthcare costs and reduced operating efficiencies due to tardiness, absenteeism, presenteeism, and lower work productivity (Loeppke et al. 2009, Goetzel et al. 2004, Riedel et al. 2001). Such programs link social marketing and internal marketing, and so represent opportunities to expand marketing activities to enhance the social good, personal well-being, and firm performance. Health care costs also affect individual employees. DiJulio (2017) indicates that 27 % of Americans polled have put off needed health care due to cost concerns, 23% have skipped a recommended test or treatment, and 21% declined filling a prescription due to cost. However, due to the structure of health care delivery and the traditional roles of health practitioners and patients (Marshall et al. 2009), employees may be slower than corporations to realize that health behaviors impact their pocketbook. Therefore, company wellness programs might precede the employee's readiness to change. Thus, there is a need for careful program design and strategic use of internal marketing.

Background of Wellness Programs

Today major organizations as Accenture, Asana, Draper, Google, Intuit, Microsoft, and SAS (Martis 2018), among many others, have incorporated wellness programs directed to their employees. These programs initiate internal marketing programs to encourage employee participation. Motivations for such programs include rising health care costs and recognition of increasing morbidity in the United States workforce. Between 1968 and 2011 workforce obesity prevalence doubled from fifteen to thirty percent (Arnett, 2016), while treating people with noncommunicable diseases such as obesity, diabetes, and hypertension consumed 84% of United States' health care expenditures and 17.9 percent of GDP. Based on Kaiser Family Foundation Studies (2013, 2017), during the period 1999 to 2013, while inflation totaled forty percent and workers' earnings rose fifty percent, health insurance premiums rose 182 percent and workers' contributions rose 196% (Arnett 2016). In addition, Musich (Musich et al 2004) noted as early as 2004 that workers with 5 or more health risk factors generated $12,000 in claims annually versus just $2,167 for workers with no risk factors. Clearly both organizations and workers can benefit from effective wellness programs (Bolnick et al. 2013; Naydeck et al. 2008).

Wellness programs in the worksite are not a new idea. The British Navy provided limes to sailors to reduce the incidence of what we now know as scurvy on long voyages, earning British sailors the name "Limeys." Sadly, while other fruits such as lemons and oranges were found to

be successful, the use of limes was not because limes provided substantially lower vitamin C than lemons and some other fruits. Still, the name stuck. Despite that wellintentioned early (but questionable) start, bringing wellness programs to the worksite in a systematic way only began in the mid-1970s. As Reardon has observed:

"The impact of worksite wellness programs, in existence since the mid-1970s, is justified in theory and supported by research. The existence of these programs reflects a gradual shift in responsibility for health care from government to employer and from the health care industry to its consumers over the last 25 years." (1998)

Today, according to Lang (2017), "approximately seventy percent of employers offer some type of wellness programming to employees" but the percentage of firms offering comprehensive programs is substantially lower. Similarly, using 2012 Rand Employer Survey data, Mattke (Mattke et al. 2015) noted that only about one-third of small employers (50 -100 employees) had wellness programs while four-fifths of the larger employers (1,000+ employees) had wellness programs. Wellness programs vary in terms of range of services and professional support. Programs may be as simple as a health risk assessment or may be much more comprehensive. Clinical or "biometric" screenings may be offered – checking physical factors that indicate health risks such as weight and BMI, BP, cholesterol, or blood sugar levels. Some programs offer coaching or follow up for higher risk numbers. A program may encourage prevention such as annual physicals, flu shots, or other immunizations. Some programs offer incentives or coaching to help employees eat better, exercise, manage stress, stop smoking or work on other health behaviors. A program may help an employee to manage chronic conditions such as diabetes. Some programs include clinics at or near the worksite and, as Mattke states, "benefits can be offered by employers directly, through a vendor, group health plans, or a combination of both." (Mattke et al. 2013)

Regarding the range of services offered, Mattke (Mattke et al. 2015) reported that among employers who offered wellness programs, thirty-four percent offered only limited programs, and thirteen percent comprehensive programs. Mattke observed that twenty percent offered screening-based programs, twenty-one percent offered intervention-based programs, and twelve percent offered prevention-based programs. Overall, seventy percent of smaller employers offered only limited programs. Program expense may be a factor. Halpern (2016) reported that employers with comprehensive programs spend, on average, about $700 per employee per year.

The range of health behavior issues addressed can be substantial or minimal. The Kaiser Family Foundation reported in 2017 (drawing from their nineteenth annual survey of private and nonfederal employers) that 38% of small firms and 62% of large firms offered health risk assessments, and 21% of small firms and 52% of large firms offered biometric screenings. In addition, 58% of small firms and 85% of large firms offered programs in one or more of following areas: tobacco cessation; weight management; diet; exercise; stress management; management of chronic conditions; and overall behavioral or lifestyle coaching. Wellness programs may include efforts to reduce risks of transmittable illness by promoting flu shots and

good handwashing. Reflecting the use of technology, eight percent of small firms and 14% of large firms reported collecting health information using wearable devices such as a Fitbit or Apple watch. Such technologies and health screening results may be used to award financial incentives. Among large firms that offered financial incentives, 25% had incentives of $150 or less, 33% had incentives between $151 and $500, 23% had incentives between $501 and $1000, 13% had incentives between $1001 and $2000; and 6% had incentives over $2000 (Kaiser 2017).

One of the major risk factors that wellness programs frequently focus upon is obesity. It may be that this health risk factor can often, but not always, be reduced primarily through diet and exercise, among other techniques. But obesity has also been shown to have substantial effects on direct and indirect health care costs. Goetzel (Goetzel et al. 2013) noted in 2013 that increasing obesity rates contributed significantly to health care spending and the worsening Workforce Wellness Index (WWI). Hammond and Levine (2010) reported findings from the Health Professionals Follow-up Study of 29,000 men followed for a three-year period that the risk of chronic heart disease (CHD) was fifty percent higher for with BMIs (kilograms per meter squared) of 25 to 28.9, twice as high for workers with BMIs of 29 to 32.9, and three times higher for workers with BMIs greater than 33, compared to workers with BMIs below 22.5 or below. In addition, Hammond and Levine (2010) also noted similar findings from the from the Thompson model (Thompson et al. 1999) using data from the NHANES and the Framingham studies, among others, regarding the effects of obesity on men and women age 35 to 64 as indicated by BMI in regard to life expectancy, hypertension, hypercholesterolemia, type 2 diabetes mellitus, CHD, and stroke. These researchers then linked these obesity findings to increased health care costs including prescription drug costs and primary care costs. Similarly, Pronk (Pronk et al. 1999) noted from a managed health care organization study in Minnesota that a 1-point increase in BMI was associated with a 1.9 percent increase in median medical spending over an 18-month period. In addition to direct health care costs, Hammond and Levine (2010) also document indirect costs associations with obesity including absenteeism, lower productivity when present (presenteeism), and disability costs. Gates (2008, p 43) noted that a ten percent loss in weight can yield substantial health and economic benefits. As Gifford has observed:

"The importance of health status – rather than body mass itself- is reinforced by the findings from the first-difference analysis. Improved health, stress, and psychological distress were significantly associated with reduced illness absence and presenteeism among employees initially in the overweight and obese BMI categories. At the same time, employees initially in the obese category who moved into a lower BMI category experience better job performance on average than employees who remained obese (Gifford, 2015) p 280-281.

Financial Costs, Benefits, and ROI of Wellness Programs

The return on investment (ROI) on wellness programs has sometimes been difficult to ascertain. This may be due in part to the variety of wellness offerings, the variety of healthcare benefits, and the variety of metrics used to measure health improvements and costs, and the need to consider both direct and indirect financial costs and benefits (Kowlessar et al. 2011). Much of

the literature cites positive ROIs for wellness programs. Berry (Berry, Mirabito and Baun 2010) indicates ROI can be as high as 6 to 1 on health care costs. Goetzel and Ozminkowski (2008) report a ROI range of $1.40 to 3.14 (median of $3.00) per dollar invested, and Baicker (Baicker, Cutler and Song 2010) cites a ROI on medical costs of $3.27 per dollar invested.

Growing research indicates that indirect cost savings due to worker productivity may be higher than medical savings. Baicker (Baicker, Cutler and Song 2010) shows a return of $2.73 in decreased absenteeism costs. Berry (2010, p2) also noted the indirect cost benefits of wellness programs and observed that "Healthy employees cost you less." In support, Berry cited a study of the MD Anderson Cancer Center that reported that wellness programs resulted in a decrease of 80% in lost work days and a Towers Watson study that found that wellness programs resulted in "significantly" lower voluntary attrition. The potential organizational and personal benefits of employee health improvements through effective wellness programs is clear. The challenge is effective internal marketing; how to motivate effective participation. To begin to answer this question, it is useful to consider recognized successful programs.

Notable Successful Wellness Programs

Goetzel (Goetzel et al 2001) documented potential benefits of wellness programs through the Health and Productivity Management (HPM) benchmarking initiative carried out with participation by seventeen Fortune 500 companies in the HPM Consortium Benchmarking Study begun in 1997. The study gathered data from 43 companies representing approximately 1,000,000 workers. Following benchmarking and program evaluation, the researchers found that among companies achieving HPM "best practices" designation, operationally defined as the 25th percentile in program utilization and cost measures, median HPM costs per employee (group health, turnover, unscheduled absence, non-occupational disability, workers' compensation) at benchmarking were estimated at median cost of $9,992 per employee per year. These costs were estimated to be reduced among "best practices" companies by $2,562 per employee per year. Even higher cost savings were achieved at higher percentile best practices achievements.

The Goetzel (Goetzel et al. 2001) report is particularly pertinent in that the study included findings from site-visits with companies achieving best-practices ratings. Ten "themes" were found to be common among most of the companies visited. These themes included:

1. Alignment between HPM and overall business strategy;
2. Interdisciplinary team focus;
3. A program champion or a team of champions;
4. Senior management and business operations as part of the team;
5. Prevention, health promotion, and wellness staff were heavily engaged;

6. Emphasis on quality of life improvement;

7. Data, measurement, reporting, and ROI studies became increasingly important; 8. Communication was constant and directed throughout the organization.

8. There was a constant need to improve by learning from others outside the organization;

9. The team was having fun.

Wellness Best Practices

There can be a tendency among wellness programs to simply offer information "If you offer it they will come, and they will change their behavior." However, research and experience do not support this approach. Worksite wellness programs should be informed by internal marketing, social marketing, and behavioral economics. Successful wellness programs are not simply a few lunch & learns or a yearly screening but a carefully crafted change in the culture. Such a change will be challenging but these types of change have produced significant rewards.

Common themes among successful wellness program included:

- Integrating health and wellness in a larger corporate culture of health;
- Careful use of messaging and framing;
- Appropriate incentives;
- Designing programs with clear objectives, metrics, and evaluation.

Each of these are reviewed below.

A Culture of Health

Dee Edington, of the Health Management Resource Center, stated:

"Our goal is to convince organizations to make health an integral part of the corporate culture...." (2009, p 75) "...We know that if individuals are to make a sustainable behavior change, they must be in an environment that supports that change. If someone changes a behavior and then returns to the same unhealthy environment that caused or aggravated the behavior, the chances are pretty good that they will return to their original behavior. Despite all the psychological evidence that this is true, many behavior change professionals persist in focusing only on the person and the problem, and overlook the place where the problem is happening." (p 78-79)

Workers spend much of their day at work and cues from the work environment trigger many health behaviors. If a wellness program teaches and incentivizes healthy behaviors, while the corporate culture, from the cafeteria to stressful work demands, reinforces unhealthy behaviors, behavioral changes will be limited and temporary. A wholistic, cultural approach is needed.

Goetzel (2001) found that corporations with high health and productivity outcomes align health and productivity management with their overall business strategy. In these companies, wellness planning and the involvement of senior management go beyond simply decreasing healthcare costs to focus on employees' overall quality of life (p. 14). This becomes a corporate culture issue and wellness becomes a benefit not only because of the outcome but because of the process. Summarizing site visits to companies with top performing wellness programs he notes, "The team was having fun." (Goetzel, 2001, p. 15). Kaspin (2013) further reinforces this view of wellness programs as not just concern with ROI, but as an investment in improving employees' lives. Related to this view, Hollands (Hollands et al. 2016) suggested targeting nonconscious behaviors and noted that unhealthy behaviors are not predominantly driven by conscious decisions but are responses to environmental cues without full consideration of consequences. This recognition can lead to more effective programs that present positive cues such as attractively painted stairwells to encourage stairs instead of elevators or positioning healthier foods such as vegetables as default items in employee cafeterias even if employees can substitute fries.

Peer Support

Peer support is related to the concept of a culture of health because peers reinforce cultural values and norms. People are strongly influenced by peers and social pressure. Courtney (2014) has suggested that behavior change is often more consistent when people make their goals public or sign a pledge to change their behavior. Simply, Kamencia (2012) suggests that asking a person if they will perform a socially desirable action makes her or him more likely subsequently perform the action. Kamencia (2012). Therefore, programs should encourage public peer buy-in and involvement.

Clear Messages - Context and Framing

Assuming top management support, and a corporate culture that embraces wellness and healthy behaviors reinforced by peer support and publicly accepted norms, effective communication is critical. Noar (2007) found that the most effective communications involved personally tailored messages that promoted self-efficacy, acknowledged differences in individuals' stages of readiness for change, and allowed room for the process of change. Administrator credibility is important. Decisions are strongly influenced by who presents the message. Courtney (2014) notes that communication that is consistent throughout the organization will be more effective. Goetzel (Goetzel et al. 2001) notes that employees should perceive that the information is relevant to them.

The framing of messages is important to prevent decision fatigue. Communications should consider Rice's (2010) observation that people use "rules of thumb" in order to make complicated decisions and avoid "decision fatigue." Therefore, communications should build, were possible, on prior beliefs and provide clear, realistic, uncomplicated options. Consistent with Rice, Courtney (2014) adds that people are most likely to choose a default option, often the first option in a list, especially if it appears that it is the recommended option. Rice (2013) and Kamencia (2012) note that providing too many options can contribute to decision fatigue and to inconsistent health decisions. The more options to be considered and the more decisions a person must make, the more likely he or she is to choose the default option. Administrators should consider this at in annual enrollment periods for cafeteria style wellness programs and health insurance. Employees who have many choices or feel that they do not have the knowledge to make choices, may exhibit decision fatigue. Decision fatigue then may lead to employees choosing options that are not in their best interest, not remembering the options chosen or the reasons, and, thus, not using the health benefits for which they paid or perform the behaviors to which they committed.

Priming

The concept of "priming" (subtle influences within the environment that encourage a particular choice) can be an effective part of wellness message framing. Papies (Papies et al. 2014) found that overweight or obese shoppers who were "primed" in a grocery store by being given a recipe flyer with a health-related diet prime bought 75% fewer snacks than those who were not primed. Hollands (Hollands and Marteau 2016) found that pairing unhealthy foods with images of negative health outcomes lead to healthier food choices. However, priming can be complicated. Pairing healthy foods with positive outcomes did not change consumer choices, but simply stimulating memories of eating vegetables increased the likelihood that a person would eat more vegetables in the future (Robinson et al 2011). Rice (2010) illustrated priming by relating a study in New Mexico in which tape was put on grocery carts to designate a produce section of the cart. Produce sales doubled. Still, Walsh (2014) found that health priming was not likely to work in a population "depleted" by decision fatigue. Continuing research in the area of health priming should inform wellness programs and those working towards a culture of health.

Behavioral Economics and Appropriate Incentives

Courtney (Courtney et al. 2014) summarized behavioral economic research regarding health writing that "people are not always rational and do not always act in their own best interest." They noted that health decisions are often intuitive, more receptive to anecdotes than to statistics. Rice (2013) agreed stating, "People often make decisions in health care that are not in their best interest, ranging from failing to enroll in health insurance to which they are entitled, to engaging in extremely harmful behaviors." As Rice (2013) has observed, people prefer the status quo. When this includes unhealthy eating, a sedentary lifestyle, smoking, or other unhealthy habits, this bias is a health disincentive. People are more concerned about losing something they already possess than gaining something that they do not yet have and are more likely to focus on

the present than the future (Rice 2013; Courtney et al. 2014). Health messaging that addresses the present or nearterm is more likely to be effective than messages that focus on the distant future. For example, promoting healthy eating as a way to increase energy is likely to be more effective than promoting healthy eating to reduce the risk of disease in retirement years.

Will eating a healthy meal, taking an exercise class, or staying away from smoking for a day influence long term behavior? Perhaps. Rice (2013) notes that if a person chooses an option from one set of alternatives, they are more likely to choose the same alternative later even if the choice is from another set of alternatives (Rice, 2013). People are often willing to repeat previous actions without evaluation. However, when suggestions are offered, they influence decisions unless the person has a reason to make a different decision (Kamencia 2012). Once a decision is made, encouraging a person to make specific plans for completing an action can increase the likelihood of him or her following through with the chosen action (Kamencia 2012

Incentives

Given the seemingly non-rational behavioral economic tendencies of many people, the development of appropriate incentives becomes important for internal marketing programs to enhance participation and follow-through in wellness programs. Mattke (Mattke et al. 2015) report that sixty percent of the smallest employers (50–100 employees) studied and ninety percent of other employers used incentives, mostly monetary, to promote program participation. Reporting on Rand Corporation data, Mattke (Mattke et al. 2013) report that 69% of employers with fifty or more employees offered financial incentives to encourage wellness program participation including health assessments and health improvement results such as reduction in risk behaviors such as smoking and increased performance of healthy behaviors such as exercise and diet, and improvements in health assessment indices such as weight loss, blood pressure, and body mass index (BMI) readings. In addition to financial incentives, other incentives included novelty items such as t-shirts, event tickets, and gym memberships.

Incentives, financial or otherwise, although widely offered and logically expected to increase effective participation, can be problematic. Apart from legal and government regulatory constraints reviewed in the Rand Corporation 2012 study (Mattke et al. 2013), from a behavioral economics perspective, incentives can enhance engagement and reinforce healthy behaviors or undermine the program and be counterproductive depending on how they are offered. Incentives increase participation. Mattke (Mattke et al. 2015), reporting on the Rand 2012 Employer Survey, noted that when no incentives were offered, the median employee participation rate was only 20 percent among employers studied. When incentives were offered, the median participation rate doubled to 40 percent. In terms of behavioral economics, it matters if incentives are framed as “rewards” or “penalties.” In the 2012 Rand study, the median employee participation rate was 40 percent when rewards only were offered and 73 percent when there were penalties for non-participation. These survey findings are consistent with behavioral economics research. For example, both Courtney (2014) and Rice (2010) found that people are “present biased” and “loss averse.” People tend to be more concerned about losing something

they now have than gaining something in the future. Smaller incentives that are immediately available are valued more than larger incentives in the more distant future.

Furthermore, incentives do not always work. Incentives should not be given for something that employees are likely to find inherently interesting, as this may decrease the desired behavior (Kamencia 2012). Unusually high value incentives may also reduce desired behaviors by involving undue pressure or stress (Courtney 2014). Highly visible incentives are also more likely to work, whereas incentives are less likely to be effective when bundled into a larger package. (Volpp et al. 2011, 2009)

An additional issue is whether incentives are ethical? Ethical justifications for financial incentives include: "externalities," the concept that poor health behaviors by a few employees affect carry consequences for all employees by raising premiums and "internalities," the concept that participants may truly wish to lose weight or stop smoking but have difficulty accomplishing this goal on their own (Halpern, 2016). Volpp (Volpp et al. 2011) noted that many poor heath behaviors tend to have immediate gratification with long-term costs. Supersizing a fast food order may provide immediate gratification but may contribute to obesity and hypertension. Many positive health behaviors may have an immediate cost (buying a diabetes medication) and long-term gratification such as avoiding diabetes complications in the future. Incentives can help to balance the scale. However, care must be taken with incentives to make certain that inadvertent worker discrimination does not occur in the guise of wellness programming. Employees wishing to participate or actively participating with weak results should not be excluded from rewards or penalized due to genetic or social conditions.

Program Design, Objectives, Metrics, and Evaluation

Wellness programs should be guided by clinical research but also by marketing and business principles and behavioral economic research. Many programs reported in the literature had not been designed with clear objectives or with pre-defined metrics, including benchmarks to evaluate results. Programs need to be designed with clear objectives, a plan for evaluation, and clear metrics. ROI expectations should be considered before program design and both direct and indirect costs should be included in goal setting. Where will you expect ROI? Health care costs, productivity, employee recruitment/retention? How will you measure ROI? Senior leadership must evaluate desired goals and design programs with clear metrics. Is the goal simply to reduce direct healthcare costs or to improve employee productivity as well? How will these be evaluated?

Conclusions and Recommendations for Successful Wellness Programs

The literature reviewed in this paper suggests several major areas for consideration in the design of internally focused, organizational wellness programs for employees. These include: creating a culture of health; visibly involving top management; designing benefits with messages and incentives that motivate rather than demotivate effective employee participation; communicating

with clear, consistent, individually tailored messages; and planning for program evaluation based on clear objectives and appropriate metrics.

Perhaps the most important recommendation to be derived from a synthesis of the literature is the need to create a culture of health throughout the organization. Wellness programs must be part of a larger culture of health (Kent et al. 2016). Such a culture reinforces healthy choices instead of undermining them. It incorporates positive peer support. Appropriate internal social marketing reinforcing the culture of health increases the likelihood of successful, lasting behavior change. Evidence of such a culture may extend from easy access to healthy food choices in the employee cafeteria and encouragement of physical activity to default choices in the health benefit plan, and in all areas will be reinforced by visible top and middle management participation in wellness program activities beyond verbal endorsements.

Related to a wholistic culture of health is the need to better equip employees with skills for effective utilization of health and wellness programs. While increasing health risks have increased costs, health insurance prices have also gone up significantly (Emmanuel et al. 2016, 2017). Some corporations have addressed these costs by the use of consumer driven healthcare plans to encourage cost awareness and service shopping. Employees who have not developed these skills may decrease use of primary care which may raise costs due to untreated chronic illnesses. Many employees might not have the skills to use these types of plans effectively (Marshall et al. 2009). Employers using these types of plans should assess employees understanding of how to use their benefits and plan for education and support where necessary.

The Kaiser Family Foundation (2017) indicates that twenty-eight percent of workers are enrolled in high deductible plans, and many employees might not have the skills to effectively shop for healthcare services (Marshall et al. 2009) or use health savings accounts and flexible spending accounts effectively. The lack of actionable knowledge extends to a lack of personally felt awareness of behavior impacts on health from tobacco and alcohol usage, to sedentary lifestyles and diet, although such modifiable risk factors have been found to be associated with increased employee health care spending (Goetzel et al. 2013). Cultural cues throughout the organization can reinforce health beliefs and awareness and good decision making.

The importance of the role of top management in program design and support cannot be overemphasized. In addition to visible program championship, senior management must be involved in setting program objectives regarding expected participation and effects including direct and indirect costs reductions, while assuring the personnel, budget, physical and time resources required for effective program implementation and employee participation. Senior management must be involved in the design of program objectives and the metrics that will be built into the program to allow for program evaluation. In addition to reducing health related costs, metrics may also include productivity increases, employee job satisfaction, and employees' sense of personal well-being, in addition to changes in absenteeism and tardiness.

With regard to incentives used to encourage wellness program participation, the literature reviewed here leads to recommendation that incentives should be highly visible, paid quickly, and not bundled with other inducements. In addition, the literature reviewed here suggest that incentives may work best when perceived as penalties rather than reward since behavior economic research indicates that people are more concerned with losing something that they have than gaining something that they do not yet feel that they have.

Also, in regard to incentives, not enough has been written about the use of social incentives in health behavior change. While most of the research on incentives has focused on financial incentives (Fronstin and Roebuck 2015), social incentives, such as based on altruism, intrinsic work conditions, and peer recognition of mastery of health goals, have been found to be more effective than financial incentives for motivating change and desired work related habits. Daniel Pink (2011), in his book Drive, found that after achieving a salary range that was perceived to be within market ranges, employees were much more likely to be motivated by intrinsic work factors than extrinsic. They worked much harder and achieved more success when rewarded by receiving more autonomy, developing mastery, and achieving a social purpose larger than themselves than when rewarded by financial incentives. More research is needed into such social incentives as motivators within the workplace.

Finally, effective, internally focused, wellness programs require messages that are clear, consistent, and individually tailored. In particular, programs and related messages should not overwhelm potential participants with so many options that they impede easy understanding of what is expect and result in decision fatigue. Desiring to offer choices, many employersponsored health plans may have unnecessarily contributed to decision fatigue. In benefit design, care should be taken to balance options and choices with the need to avoid decision fatigue. Each employee may need personal decision support to choose appropriate options and help in developing skills to use their health options effectively. Program designers can help by bundling like choices together or developing simplified decision trees to assist employees in selecting the wellness program activities best suited to their individual needs. It is important to decrease message complexity and make it easier to make choices. Decision support and stress reduction techniques may help employees to make wise choices.

Clearly, a well-designed wellness program can benefit the organization and its employees. A substantial body of literature (Goetzel 2016) is now available to guide wellness program developers and administrators. The ideas developed here are, hopefully, helpful in this regard, and, hopefully will motivate program proponents to further study of effective, health promoting programs and activities that will be enthusiastically embraced by employees.

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Keywords: social marketing, internal marketing, wellness programs, wellness program benefits, wellness incentives, behavioral economics.

Relevance to Marketing Educators, Researchers and Practitioners:

This paper reviews current perspectives on corporate wellness programs intended to improve employee health and productivity. Benefits of wellness programs to organizations and employees are reviewed, as are best practices regarding program design. Recommendations are made for designing programs to increase employee participation and program effectiveness.

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