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ORGANIZATIONAL CULTURE AND PARTICIPATION IN WORKPLACE HEALTH PROGRAMS

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November 2019

EXECUTIVE SUMMARY

Efforts to improve workforce health and productivity by emphasizing a corporate "culture of health" may bolster efforts to improve participation in workplace health and wellbeing programs. However, a culture of health is difficult to assess. Quantifying its connection to absence, productivity and business performance poses additional challenges. Organizing the existing evidence linking organizational culture and program participation may help employers maximize the value of their health and productivity strategies by aligning their benefit design with their company's shared norms, beliefs and values.

We conducted a review from the existing peer-reviewed research literature on the topic of organizational culture and program participation—giving additional attention to studies that provide insights into the impact on productivity, which is critical to the value proposition for a strong culture of health. We set out to address how organizational culture is defined and measured, what types of programs are assessed and measured, and the findings on the link between organizational culture and program participation. Seventeen studies published in the last ten years met the criteria for our review.

- Culture was measured differently across studies. The most commonly measured elements were social support and health promotion or communication. Other cultural dimensions included trust in leadership and wellness vendors, self-care, adaptation, respect and human potential, safety climate, and job demand-control.
- Most programs focused on worksite health promotion or wellness programs. Health assessments were the second most commonly included programs, followed by coaching/counseling services, physical activity programs, and employee assistance programs.
- Three out of four findings showed a positive association between favorable cultures and program participation. Only two analyses associated favorable elements of culture with worsened program participation.
- Only two of seventeen studies examined productivity outcomes. Both showed an association with improved health behavior, as a function of participation in a health program, or in combination with a culture of organizational health.

Experts at leading healthcare, benefits, and absence management firms provided guidance on promoting workforce health as a shared cultural value. Their advice includes:

- Aligning health with a company's existing core values
- Using business cases to obtain leadership buy-in
- Cultivating models of healthy values
- Adopting policies and workspaces that make the right choice the easy choice for employees.
- Situating health promotion and cultural initiatives within a larger strategy of engaging with the communities from which a company hires

Background

Health and wellbeing programs have become a central component of employers' health and productivity strategies. Nearly half of all U.S. employers—and nearly all U.S. employers with at least 500 workers—offer benefits designed to help employees improve health, manage chronic conditions, and reduce illness-related absence and impaired job performance (i.e., presenteeism).[1]

However, employers' health and productivity management efforts will produce suboptimal results if participation in programs is low. Recent efforts to improve workforce health and productivity by emphasizing a corporate "culture of health"—described by the Robert Wood Johnson Foundation as a culture in which good health and well-being flourish, fostering health guides decision making, and opportunities to make choices that lead to healthy lifestyles are provided[2]—may bolster efforts to improve participation rates.

Yet leveraging culture poses several challenges. Within an organization, a culture of health is difficult to assess. While experts do not agree on essential measurable constructs,[3] there is consensus that the effectiveness of an intervention should be influenced by the alignment between the (a) health intervention, (b) the company identity, (c) the internal policy, and (d) organizational practice and habits.[4]

Organizing the existing evidence linking organizational culture and program participation may help employers maximize the value of their health and productivity strategies by aligning their benefit design with their company's shared norms, beliefs and values. To better understand how an organizational culture of health can facilitate or impede program participation, we conducted a review and summary of the existing peer-reviewed research literature on the topic. We set out to address three main questions:

1. How does the existing peer-reviewed research literature on program participation define and measure organizational culture?

2. What kinds of programs are assessed and how do they measure participation?

3. What are the general findings on the link between organizational culture and program participation?

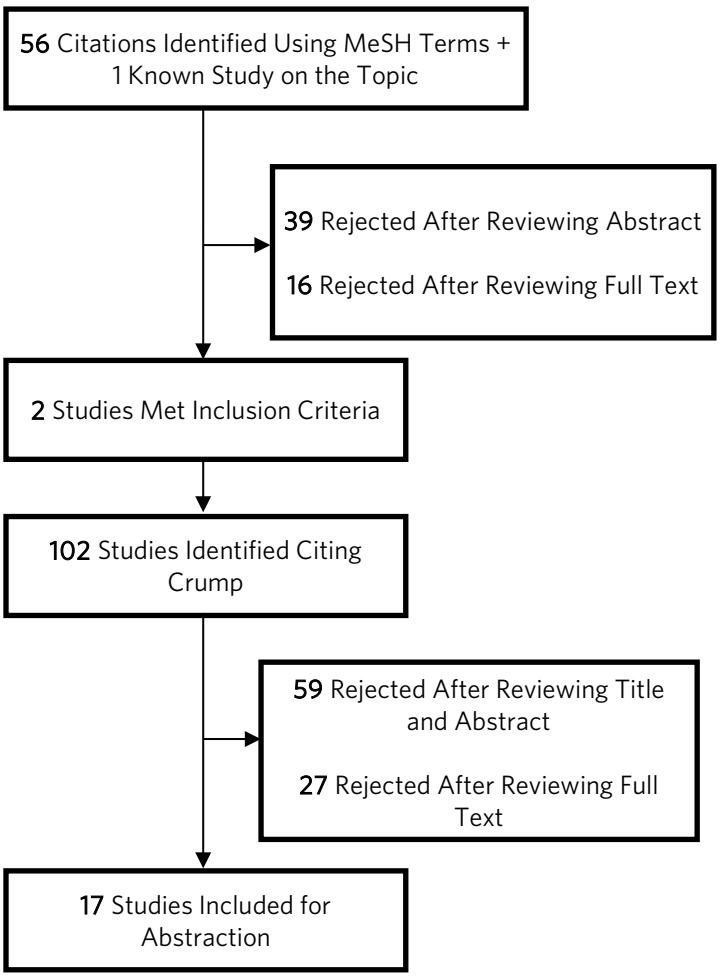
4. Does the existing research provide insights into the links between culture, program participation and productivity outcomes?

Methods

Inclusion Criteria

In order to find appropriate articles for our purpose, we only included studies that defined and measured at least one element of culture. Eligibility criteria also included that the outcome of interest was participation, and that the study both defined the program and method for participation measurement. We did not include articles that used the presence of programs as an element of culture in this review.

Figure 1: Literature search process



LITERATURE REVIEW

Figure 1 illustrates the literature search process. We began our review by searching PubMed for studies that examined culture and patient engagement or participation in programs. Using major Medical Subject Headings (MeSH)[5] terms identified 56 articles that looked promising based upon their titles.[*] After reading the abstracts for these articles, we obtained 17 papers and read the full text. Of these, only one paper met our inclusion criteria for our review[6].

We therefore altered our strategy and looked for papers that cited the single qualifying paper based upon our first search with MeSH terms. This resulted in 102 articles. An additional study that was already known was also included. After a review of titles and abstracts for papers published in the prior 10 years, only 43 were included for full text review. Of these 43 papers, 3 of these were elected randomly for abstraction[†] by both reviewers to ensure that articles were assessed consistently. After confirming matching abstractions by reviewers, the remaining papers were randomly assigned for abstracted by each reviewer. After abstraction, 17 studies were determined to meet the inclusion criteria. Table 1 on page 11 reports the summary findings for each study reviewed.

Findings

HOW DID THE STUDIES MEASURE CULTURE?

Culture was measured differently across the studies. Figure 2 shows the most commonly used measures of culture. Most studies only examined one or two of these elements, but some combined them as multiple components within "workplace culture." Out of 17 studies, 16 included some social support aspect[6-21]—usually leadership/management support, [6,8-12,14-17,19,20,22] and often co-worker support.[6,7,9,11-16] Two studies[17,22] reported an association between an index of best practices (including management support) without identifying the independent contribution of specific elements to participation. Other social support examined included support from friends or family,[7,8,15] or was unspecified.[13,18,21]

[*] The terms used in the search were ("Organizational Culture"[MAJR] OR "culture of health") AND ("Health Promotion/methods"[MAJR] OR "Work Engagement"[MAJR] OR "employee participation" OR D010358[All Fields]). The category "D010358" refers broadly to patient participation. See the U.S. National Library of Medicine (2019) for more information.

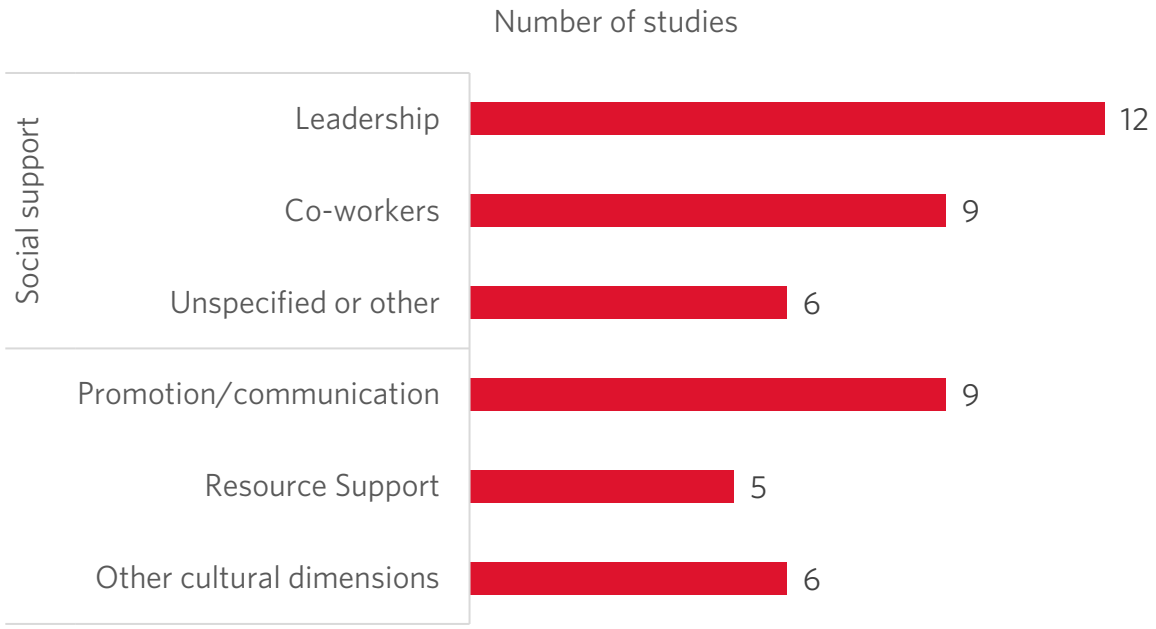
[†] Abstraction is the process of identifying and summarizing information relevant to the study of interest for purposes of comparison. The completed abstraction can be found in Table 1 on page 11.

Nine studies included efforts to communicate and promote wellness and wellbeing efforts such as marketing and communication plans.[6,8,9,11,14,17,19,20,22]

Five studies investigated resource support, including the presence of a budget, policies and facilities to support health and wellness activities.[6,8,14,17,22]

Six studies assessed additional dimensions of culture based on survey responses.[12,14-16,18,21] Cultural dimensions included belief about the value of health and wellness at work,[15,18] trust in wellness vendors;[14] self-care, adaptation, respect, and human potential;[21] safety climate;[12] and job demand-control.[16]

Figure 2: Most commonly measured elements of culture in 17 reviewed studies

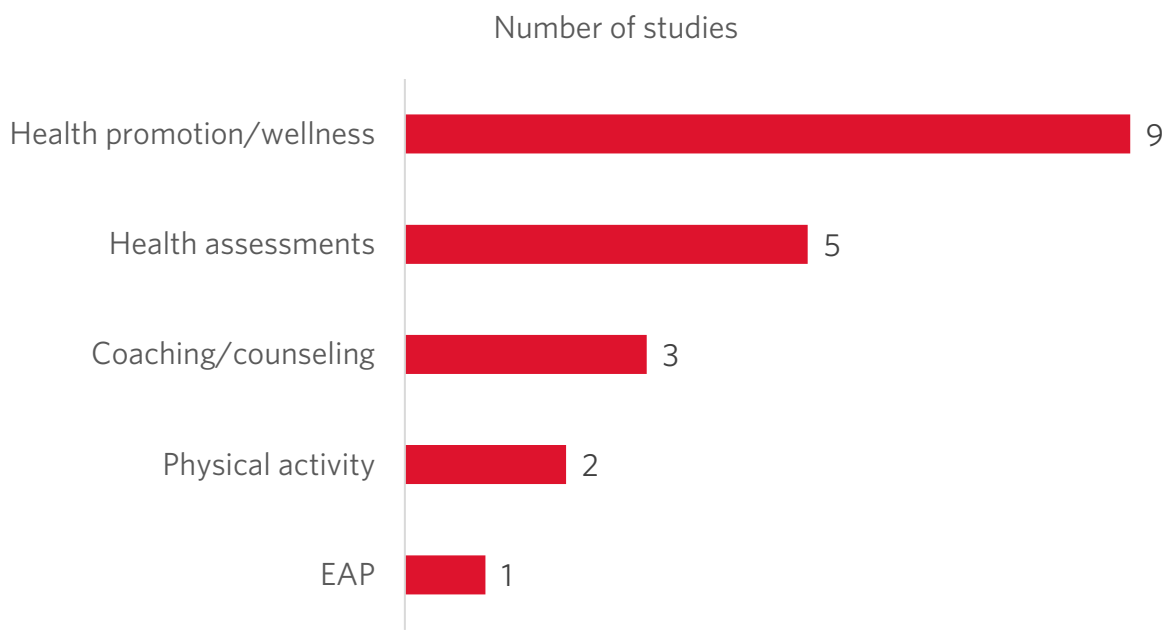


Ten studies assessed organizational culture through employee surveys.[6,8,10-16,18] Six administered questionnaires or interviews to managers or account representatives with knowledge of a company's practices and engagement levels.[6,17,19-22] Three studies assessed cultural themes that emerged from open-ended discussions with employees.[6,7,9,14]

WHAT TYPES OF PROGRAMS WERE ASSESSED?

The type of programs assessed also varied across the studies. Figure 3 shows the most commonly assessed programs. Out of 17 studies, half focused on worksite health promotion or wellness programs.[6,9-11,13,16,18,20,21] Health assessments (through surveys or biometric screenings) were the second most commonly assessed programs,[9,12,17,18,22] followed by coaching/counseling services[8,14,18] and physical activity programs.[7,20] Only one study examined employee assistance programs (EAP).[19]

Figure 3: Most commonly assessed workplace programs in 17 reviewed studies



How was participation measured?

Generally, participation in programs was assessed with administrative data (such as claims or program records) or survey responses. Studies using focus groups to identify cultural themes identified non-participants in advance of the research discussions.

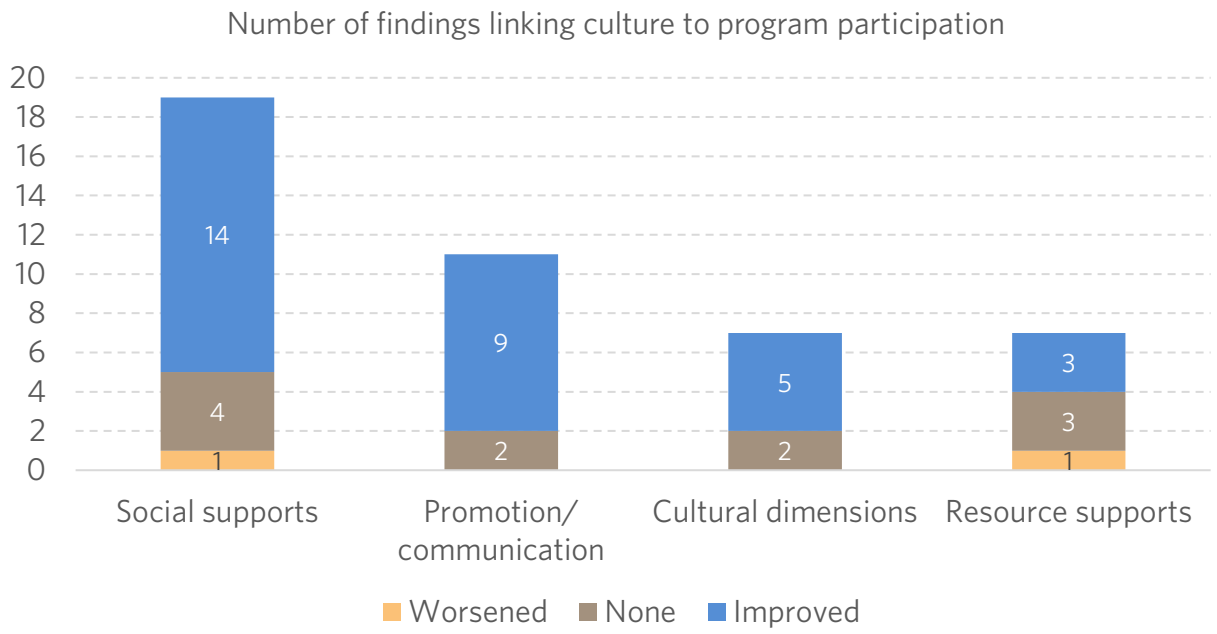
What are the relationships between culture and participation?

Figure 4 summarizes the findings regarding associations between organizational culture and program participation.* For every finding of a negative or non-association between culture and program participation, there were nearly three findings of a positive association. While sixteen analyses linked social support to participation, two of these investigated participation in multiple programs.[6,12] Out of nineteen programmatic outcomes, fourteen found that that supportive cultures were associated with improved participation.[6,7,9-18,20] Nine (out of eleven) associated communications and promotions efforts and other organizational supports with improved participation.[6,8,9,11,14,17,19,20,22] Five (out of seven) associated stronger cultural dimensions (such as perceptions of safety, trust, job demand-control) with improved participation.[12,14-16,18] And three (out of seven) found resource supports were associated with more participation in programs.[8,14,17]

Only two analyses associated favorable elements of culture—social supports and resource supports in terms of infrastructure and environmental cues—with worsened program participation.[6,19] Table 2 on page 14 shows a detailed view of each program investigated with the direction of association for measured elements of culture.

* Because some studies report multiple findings, the number of findings shown in Figure 4 do not match the number of studies shown in Figure 2.

Figure 4: Most analyses found that favorable organizational cultures were associated with greater program participation.



WHAT ELSE DID THE STUDIES FIND ABOUT PROGRAM PARTICIPATION?

While not directly related to culture, several studies reported findings relevant to the issue of improving participation in workplace programs. In particular, barriers such as inconvenient locations to care, scheduling conflicts, and higher co-payments were associated with decreased participation. Financial incentives were associated with increased participation.

WHAT PRODUCTIVITY INSIGHTS DO THESE STUDIES PROVIDE?

The opportunity to assess the relationship between organizational culture of health and participation in programs with productivity was limited. Very few studies that met our inclusion criteria incorporated productivity outcomes.[18,21] None of those assessed the efficacy of the program. Without an assessment of how well the measured program impacted health among participating employees, the productivity implications have little meaning.

Nevertheless, two studies included productivity measures. Both showed an association with improved health behavior: one linked improved employee performance and greater participation in a multi-component wellness program,[18] and the other showed that a positive association between employee effectiveness and organizational health culture was mediated completely by health behavior.[21] While these findings show promising results, the link between productivity, organizational culture, and program participation requires further study.

Discussion

Although there are limited studies investigating program participation as an outcome of an organization's culture of health, those that do exist predominantly examine culture within the context of social support. The types of programs assessed may also contribute to the way in which each cultural element examined was associated with participation. However, our review of the literature does show moderate evidence supporting a positive association between workforce program participation with an organizational culture of health.

IBI THANKS THE FOLLOWING INDIVIDUALS AND FIRMS FOR PROVIDING INPUT FOR EMPLOYER GUIDANCE.

The views expressed are those of the commentators alone. They do not necessarily reflect those of their employers and clients, nor of IBI, its members or its Board of Directors.

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Encouraging social support at work, especially among peers and leadership, may have an impact upon whether employees take advantage of wellness programs. Organizations that are already investing in wellness programs may consider looking at their company's culture to ensure that programs receive workforce buy-in. This may improve employee health and ultimately performance on the job—and in turn strengthen the value proposition for efforts to promote an organizational culture of health.

Guidance for Employers

An organization's unique cultural identity can develop organically—but it can also be shaped deliberately. Offering programs and benefits that promote healthy behaviors represents one pillar of an organizational culture of health. Ensuring that employees will take advantage of health promotion initiatives may require the cultivation of health norms, beliefs and values that are shared throughout the organization.

To help employers foster a culture that encourages good health decisions and utilization of supportive programs and benefits, IBI sought input from experts at leading healthcare, benefits, and absence management firms. A summary of their guidance follows.

ALIGN THE HEALTH OF THE WORKFORCE WITH THE CORE VALUES OF THE FIRM

Many organizations identify and communicate a core set of values that guide their business operations. Integrating support for workforce health into a company's existing core values reinforces that its health promotion efforts are more than an approach to managing human capital costs. They are vital to the business strategy. This can help leaders, supervisors, and front-line employees link their lifestyle, behavioral and care choices to the company's mission—and by extension, to their own opportunities to prosper within a financially healthy organization. Emphasizing the link to core values can also help sustain a commitment to health through challenges such as changing business demands or organizational restructuring.

MAKE THE BUSINESS CASE TO OBTAIN LEADERSHIP BUY-IN

As the research literature indicates, offering health promotion programs is one thing. Getting leaders to prioritize support for these efforts is another. A strong business case for well-executed, effective programs can

make the difference between programs that receive full throated support from leadership, and those that are offered just to keep up with HR trends.

Not all leaders find the same kinds of business cases compelling. This underscores the importance of understanding the perspectives of different stakeholders—such as heads of finance, operations, and even front-line managers—and the type of information they will find motivating to promote change. Some approaches can include:

- **Emphasizing a program's value to the business, rather than simply its net costs**. Determine the goals for improving employee health and their link to realistic measures of success. Utilize data and assessment tools to show how an intervention impacts the workforce in ways that are meaningful to real world business outcomes. Metrics can include well-being, performance, participation rates, talent attraction and retention, or the burden of disease in terms of lost productivity, disability leaves, or medical and pharmacy usage.

- **Leveraging employer peers**. Make use of success stories from peer competitors—particularly when their approaches generate favorable public perception or are well-received by employees. Benchmarking utilization, absence and disability outcomes against comparable businesses can also indicate the value an effective program can deliver.

- **Soliciting employee feedback**. This can give valuable insight into the strength of shared beliefs about an organization's commitment to employee health and well-being. Presenting leaders with action plans based on these findings can help them weigh the benefits of addressing employees' needs and concerns. Acting on employee's insights can also send a strong signal that leaders view them as partners in fostering health as a shared cultural value (see below). It can also nurture a culture of diversity and inclusiveness, given that needs and preferences may differ across generations, locations and ethnic groups.

CULTIVATE MODELS OF HEALTHY BEHAVIOR

As described above, integrating health themes into an organization's core values can send a strong signal that employees' choices are critical to the company's performance. The signal will be reinforced when leaders, supervisors and peers endorse the value of health through their words and actions. This can be accomplished in several ways, including:

- **Encouraging leaders and supervisors** to participate in workplace programs, and to tell the story of their decision and their experiences, signals to subordinates that it is not only acceptable to use benefits and resources but encouraged.

- **Working with supervisors** to develop health engagement approaches as part of annual planning—such as how to identify employees who may benefit from programs and implementing staffing strategies that balance workplace program participation against operational needs—and supervisors' performance evaluations.

- **Including supervisors and front-line employees** when developing health promotion initiatives and soliciting their feedback for ways to make programs more relevant to their needs and the needs of their business unit. Seeing their needs and preferences reflected in benefit offerings can also give employers a greater sense of inclusion and engagement.

- **Socializing the health promotion experience** through group-based, mutually supportive programs. Simple but effective examples can include group fitness classes, walking meetings and healthy recipe sharing. Introducing healthy competition by assigning points for personal or team accomplishments, and promoting results through dashboards and social media, can also reinforce shared values of healthy living.

MAKE THE RIGHT CHOICE THE EASY CHOICE

Ensure that health promotion approaches are impactful and meaningful to employees by using tools that appeal to a broad range of employees with differing needs. This will require gathering employees' feedback about their needs and what kinds of programs they could and would utilize. It also means being open to more holistic interpretations of health and well-being—for example, physical, mental, financial and spiritual—as defined by employees themselves, and showing a willingness to address barriers to participation such as stigma, costs, work scheduling, and commute times.

Keep in mind that while not strictly "cultural," company policies and the work environment can promote or hinder healthy behaviors. Policies supporting employee health may include tobacco-free workspaces, flex schedules, and time off benefits. Physical environments can include walking areas, exercise facilities, access to stairs, healthy food options in cafeterias and vending machines, relaxing break areas, and ergonomic desks. Virtual, telephonic, and on-site providers and vendor partners may be particularly well-equipped to support employees' needs while dedicated member information resources (such as EAP and concierge programs) may help instill trust and participation.

THERE ARE LIMITS TO WHAT AN ORGANIZATIONAL CULTURE CAN ACCOMPLISH

While the workplace affords great opportunities to elevate health as a cultural value, employers need to set reasonable expectations about what can and cannot be accomplished by improving an organizational culture of health. Social factors that may be outside of an employer's immediate control—such as access to care, affordable housing and childcare, transportation alternatives, healthy food options, educational and social support resources—contribute greatly to its employees' health.[23] A company's organizational culture of health may be most impactful when situated in a larger strategy of engaging with the communities from which it hires. This may occur at the highest levels of the organization through community grants to address social, educational, infrastructural or environmental issues, and at lower levels by supporting employees in volunteer and community improvement activities.

Additional Resources for Employers

Experts recommended several informational resources to further help employers develop effective strategies for improving their culture of health. While IBI has not conducted a global assessment of the guidance, employers are encouraged to review these materials with their internal and external advisors.

- Robert Wood Johnson Foundation
- Hero Scorecard
- OWLS: Organizational Wellness and Learning Systems
- American Heart Association CEO Roundtable
- de Beaumont Foundation
- WELCOA: Wellness Council of America

Expert guidance from IBI member organizations can also be found by searching the Market Perspectives section of IBI's website*:

- Culture of Health and Safety
- Engaging Employees

* https://www.ibiweb.org/category/market-perspectives/

Table 1: Select attributes and findings of studies meeting inclusion criteria

First Author (Year)	Sample population	Country	# of worksites	Unit of analysis	# of units	Method	Concept of culture	Workplace program	Summary of findings	Other related findings
Azzone (2009)[19]	Enrollees in managed behavioral health care benefits	US	26	Enrollee	743,937	Questionnaire and administrative data	Promotion of workplace services Employer focus on wellness and prevention	EAP counseling services	High levels of promotion of EAP services associated with higher rates of participation Greater employer focus on wellness and prevention associated with lower rates of participation	Workplaces that experienced unusually stressful incidents had lower rates of participation
Crump (1996)[6]	Employees at 10 federal worksites	US	10	Worksite	3,388	Case studies and survey data	Social support (leadership and co-worker) Marketing	Health promotion and disease prevention programs	Greater leadership and coworker support associated with increased participation Marketing associated with increased participation	Barriers such as location, inconvenient scheduling, reduced participation rates Associations varied by demographic groups
Fletcher (2008)[7]	City government employees	US	9	Focus group	60	Open ended questions about barriers and enablers to care	Social support (co-workers, friends, family)	Worksite physical activity	Social support identified as an enabler of participation Cultural aspects less important than other barriers such as time	Scheduling and work conflicts most common barriers
Grossmeier (2013)[8]	Employees of a worksite health promotion vendor's clients	US	52	Employee	34,291	Survey	Social support (senior leadership) Organizational support (wellness champions, physical work elements) Communications strategy	Telephone-based health coaching	Leadership support not associated with participation Greater organizational support associated with lower participation Communications strategy associated with increased participation	Financial incentives associated with increased participation
Hill-Mey (2013)[9]	University faculty and staff (n=27)	US	1	Focus group	4	Open ended discussion	Reasons for non-participation Potential motivators to participation	Worksite health promotion (HRA completion)	Testimonials from other employees, support from supervisors, effective communications could encourage participation	Importance of incentives emphasized
Hoert (2018)[10]	Employees at a bank, wholesale supplier, and public university with EAPs	US	4	Employee	618	Survey	Social support (leadership)	Comprehensive wellness programs	Greater perceived leadership support associated with participation	

First Author (Year)	Sample population	Country	# of worksites	Unit of analysis	# of units	Method	Concept of culture	Workplace program	Summary of findings	Other related findings
Kilpatrick (2018)[11]	Tasmanian State Service employees	Australia	1500	Employee	3,228	Survey	Social support (leadership and co-workers) Communication of programs	Workplace health promotion (WHP)	Greater perceptions of WHP as an organizational priority, support of leadership and co-workers associated with participation Better-publicized activities associated with participation	
Lier (2019)[20]	Clients of a corporate fitness vendor	Germany	61	Company months	550	Questionnaire of vendor representative and enrollment data	Perceived program support (willingness to conduct activation engagement, and promotion activities)	Physical activity and wellness	Greater program support associated with higher enrollment rates	Higher co-payments associated with lower participation
Lin (2014)[21]	Employees of companies with 100+ workers	Taiwan	54	Employee	1,011	Employee survey, health promotion manager questionnaire	Cultural dimensions (self-care, emotional/stress adaptation, mutual respect, full potential)	Health promotion programs	Organizational culture not associated with participation	Organizational culture positively associated with effective implementation of program The effects of organizational health culture on employee effectiveness (self-evaluated performance, altruism, happiness) were completely mediated by health behavior
McLellan (2009)[12]	Medical center employees	US	1	Workgroup	68	Workgroup participation rate matched to aggregate survey responses	Cultural dimensions (leadership cares, social climate, safety climate, trust)	Biometric and health risk assessments (HRA)	Stronger perceptions of safety, trust, leadership care, social climate associated with higher participation in HRA Stronger perceptions of safety climate, fair pay, and net promoter score associated with higher participation in biometric screening	
Meng (2017)[13]	California employees with one or more chronic health conditions	US	N/A; Random digit dialing sample	Employed adults	283	Survey	Social support (reliance on co-workers for help and support with health problems)	Worksite health management informational and assistance activities	Greater co-worker support associated with more interest in worksite health management activities	Greater interest in worksite programs associated with greater interest in community health events
Ott-Holland (2017)[18]	Employees of a financial institution primarily based in the Midwest	US	705	Employee	17,245	Wellness participation count; survey	Perceived organizational support ("my company is committed to the health and well-being of its employees")	Multi-component program including health assessment, screening, coaching, flu shot	Perceived organizational support associated with participation across program years	Employee performance was also significantly associated with participation

First Author (Year)	Sample population	Country	# of worksites	Unit of analysis	# of units	Method	Concept of culture	Workplace program	Summary of findings	Other related findings
Persson (2013)[14]	Danish police employees	Denmark	12	Employee	6,033	Survey (n=6,033) and structured interviews (n=25 non-users)	Trust in wellness providers Social support (leaders and co-workers)	Counseling on exercise habits, eating, drinking, and smoking	Non-users reported lower levels of trust in wellness providers, less perceived social support Users of services reported being better informed, greater access to wellness consultants	
Rongen (2014)[15]	Manufacturing employees	NL	2	Employee	744	Survey	Cultural dimensions (social-cognitive factors, beliefs about health at work) Barriers, facilitators to participation Social support (supervisor and co-workers' expectations)	Access to worksite health promotion facilities and resources	Social support, positive intentions to participate associated with higher participation	Social-cognitive factors, beliefs about health at work associated with positive intentions to participate
Sangachin (2018)[16]	New York public university employees	US	1	Employee	343	Survey, focus group, structured interviews	Job demand-control dimensions Social support	Wellness program	Higher job-control, social support associated with greater participation	
Seaverson (2009)[22]	Clients of a health management vendor	US	36	Organization	36	Interviews and surveys of client account managers	Management support, workplace policy, supportive environments (weighted sum)	Health risk assessment	Use of more cultural supports was not associated with higher participation rates More intensive communications strategies associated with higher participation rates	Higher incentives associated with higher participation rates
Terry (2008)[17]	Clients of a health management vendor	US	22	Organization	22	Assessment of organizations' health management approaches against "best practices"	Best practice components weighted sum including management support, comprehensive communications and biometric screenings	Health assessment activities and health coaching	Best practices were associated with higher health assessment participation rates, but not with health coaching participation	Best practices were associated with coaching participants higher rates of program completion

Table 2: Direction of association for program participation and cultural element

Author	Program	Social supports	Communication /promotion	Cultural dimensions	Resource supports
Azzone (2009)[19]	EAP service use	↓	↑	NA	NA
Crump (1996)[6]	# health related activities	↑	↔	NA	↓
	% participating in fitness activities	↑	↑	NA	↔
	% participating in HRA	↔	↔	NA	↔
Fletcher (2008)[7]	Worksite physical activity	↑	NA	NA	NA
Grossmeier (2013)[8]	Telephone based coaching	↔	↑	NA	↑
Hill-Mey (2013)[9]	HRA completion	↑	↑	NA	NA
Hoert (2018)[10]	Wellness program	↑	NA	NA	NA
Kilpatrick (2018)[11]	# of wellness programs	↑	↑	NA	NA
Lier (2019)[20]	Physical activity and wellness	↑	↑	NA	NA
Lin (2014)[21]	Health promotion programs	↔	NA	↔	NA
McLellan (2009)[12]	HRA participation	↑	NA	↑	NA
	Screening participation	↔	NA	↔	NA
Meng (2017)[13]	Interest in worksite activities	↑	NA	NA	NA
Ott-Holland (2017)[18]	Wellness participation	↑	NA	↑	NA
Persson (2013)[14]	In-house health promotion service	↑	↑	↑	↑
Rongen (2014)[15]	Use of worksite health promotion facilities and resources	↑	NA	↑	NA
Sangachin (2018)[16]	Wellness participation	↑	NA	↑	NA
Seaverson (2009)[22]	HRA participation	NA	↑	NA	↔
Terry (2008)[17]	Health assessment and coaching	↑	↑	NA	↑
	Total Studies	**19**	**11**	**7**	**7**
Association	Positive	14	9	5	3
	None	4	2	2	3
	Negative	1	0	0	1

*HRA=Health Risk Assessment

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Acknowledgements

We gratefully acknowledge the members of IBI's "Culture and Engagement" Issue Group for their guidance and suggestions in the development of this report.

Fraser Gaspar	ReedGroup
Brian Murphy	The Hartford
Abhilasha Ramasamy	Novo Nordisk
Dan Sokoloff	Teladoc Health
Jared Yorkavich	Broadspire

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