



HERO POSITION PAPER ON VALUE OF WELLNESS INITIATIVES HOW TO ASSESS THE EVIDENCE ON “WHAT WORKS”

Executive Summary

In 2014, HERO asked recognized experts to address the question, “Do workplace health promotion (wellness) programs work?”¹ Their collaborative paper provides an overview of the substantial evidence base indicating that well-designed, comprehensive workplace health and well-being (HWB) initiatives yield high participation rates, sustained behavior change, improved health and workplace performance, and positive economic outcomes. Despite substantial evidence supporting the value of best-practice HWB approaches, the media coverage of occasional studies reporting negative findings has caused confusion about what really works in wellness. This commentary aims to provide HERO members with tips to help them critically examine research on the effectiveness of “workplace wellness.”



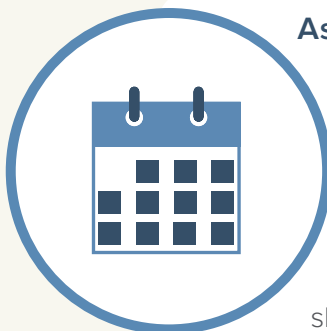
Be skeptical of claims from a single study that appears to refute a large body of previously conducted peer-reviewed research.

Hundreds of peer-reviewed studies published in scientific journals over three decades have identified organizational policies, interventions, and cultural supports that yield positive health and business outcomes. Systematic reviews have evaluated this research and concluded there is strong evidence that well-designed HWB initiatives are effective. New studies must be weighed against this large body of evidence.



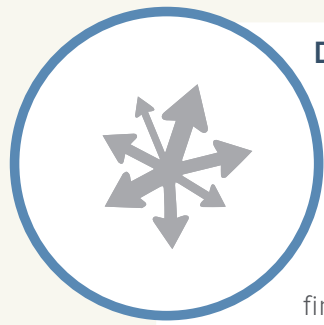
Determine whether the tested intervention represents a best practice approach.

Best-practice, evidence-based workplace HWB initiatives offer all employees—and ideally family members—a comprehensive menu of programs and resources that engage them in their own HWB and leverage their influence on others. Best practice approaches are also supported by organizational policies, a workplace environment, leadership practices, and social norms that make healthy choices easier. Unfortunately, media criticism is sometimes based on programs that are not evidence-based, are poorly implemented, or are incorporated into unsupportive environments.



Ask whether enough time was allowed for the intervention to produce desired outcomes.

One of the most common mistakes we’ve observed in worksite HWB evaluations is an insufficient evaluation period following program launch. Some studies include comprehensive interventions but measure results before participants have sufficient time to complete programs and put newly learned behaviors into practice. Additionally, new programs typically have deficiencies that need to be identified and corrected before focusing on outcomes several years into the program. Furthermore, behavior change after exposure to skill building programs often takes time.



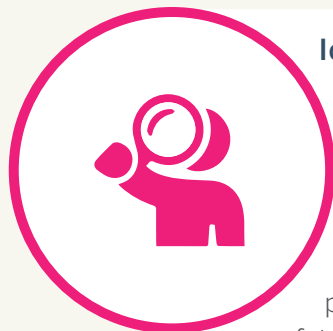
Do not assume all research uses the most appropriate evaluation approach.

Random assignment of individuals into intervention and control groups is the ideal scientific approach for evaluating programs when feasible because it provides the strongest evidence of cause and effect. Called a randomized controlled trial (RCT), this design is commonly used to assess the effectiveness of pharmaceutical drugs and some medical treatments. However, it is typically impractical to use in workplace health promotion evaluation because most employers are reluctant and may even find it unethical to withhold valuable programs and information from specific groups of employees. Further, RCT cannot be used to test the effectiveness of a comprehensive HWB initiative at a single location because both treatment and control groups are exposed to critical social, environmental and cultural supports. Randomization of worksites into intervention or comparison groups is possible but seldom feasible, so this design is seldom used in HWB research.



Be watchful for “confirmation bias.”

Confirmation bias is the tendency of researchers to draw inferences from their study that align with their preexisting beliefs but are not well supported by their data. One of the ways to identify confirmation bias is to look for findings in the research study to support each of the assertions or conclusions made by the authors. If there are not study findings to support a conclusion or if no other evidence is provided to support researchers’ statements, interpret such statements as opinions requiring additional support.



Identify unexpected findings to inform your future approach.

Sometimes research yields lessons or observations not represented in the original research questions. For example, a study’s primary goal might be to examine the influence of a HWB initiative on health care costs but the results lead to discoveries about who is drawn to participate or which program elements most affect program impact. These unexpected discoveries may be important enough to generate their own media headlines but are often overlooked because they are only mentioned briefly in discussing findings. Even if a study’s primary research questions are not clearly answered, such findings make the study valuable for future program design or implementation strategies.

Conclusion

Research on the effectiveness of workplace HWB initiatives continues to evolve and every new study – whether its results are supportive of HWB or not – should be subjected to critical scrutiny to determine whether its design and findings support conclusions or media claims.

Questions HERO members can use to critically assess published research studies:

- What are the characteristics of the population? Who else may these findings apply to?
- What are the characteristics of the tested intervention? Does it conform with widely accepted best practices and published evidence about what is effective?
- Did researchers allow enough time between intervention exposure and outcomes measurement? Were there leading performance indicators that would detect early that the intervention may not yield expected outcomes?
- Does the study design take into account the type of program being evaluated? Are comparison groups used and if so, were there any pre-intervention differences between the groups that were controlled for in data analysis?
- Is there strong scientific grounding suggesting the studied programs should yield the hypothesized outcomes?
- Does the discussion of findings suggest “confirmation bias?” Were there examples where researchers drew inferences from their study that seemed to align with their preexisting beliefs but were not well supported by their data?
- Were there any unexpected findings or lessons learned that have implications for future programs or initiatives?