

# Determinants of Small Business Interest in Offering a Wellness Program to Their Employees

Richard L. Divine, PhD

**ABSTRACT.** Data from a survey of small business managers were analyzed in order to identify the main determinants of how interested they were in offering a wellness program to their employees. The results indicate that interest in offering a wellness program is more a function of perceived effectiveness than it is related to the issue of whether the benefits these programs provide are relevant to the needs of small businesses. The results also suggest that humanitarian motives have a greater influence on small business interest in wellness than do financial motives. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Small business, wellness programs, employees, benefits, health care

## *INTRODUCTION AND PURPOSE*

It is estimated that up to 90% of the large businesses in the United States offer some type of wellness program to their employees (Milligan, 2000; Petersen, 2000; Moskowitz, 1999). The main reason for the popu-

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larity of wellness programs is that big business has discovered that improving the health of their work force can positively impact their bottom line by reducing costs and increasing productivity (Moskowitz, 1999; Andrus and Paul, 1995). Despite the fact that it would appear that most of the benefits of wellness programs apply to small business as well (Marsden, 2002), the percentage of these businesses which offer wellness programs is much lower (Des Moines Business Record, 2005; Andrus and Paul, 1995). The current study will seek to understand the underlying reasons behind these findings by identifying the key determinants of small business managers' interest (or disinterest) in offering a wellness program to their employees. It is believed that identifying these determinants will help facilitate the development of strategies designed to increase interest in wellness programs and thereby increase the wellness participation rate of small business.

## **BACKGROUND**

### ***Wellness Programs***

Wellness programs are defined as employer sponsored programs designed to improve the health of employees (DeMoranville et al., 1998). A comprehensive wellness program generally consists of three basic components: health screenings, education programs and fitness programs. Health screenings are medical tests that are used to help uncover undiagnosed health problems among employees. These may include such things as cholesterol screenings, blood pressure readings and body fat measurements. Education programs are designed to provide employees with the information they need to assist them in adopting a healthier lifestyle. This includes programs that disseminate information to employees about healthy lifestyles via pamphlets, newsletters, e-mail blasts or web sites. It may also include formal classes on topics such as diet, exercise, smoking cessation and illness prevention. The last main component is fitness programs. These are designed to provide employees access to exercise equipment, facilities and or classes. This may include an on-site exercise facility or reduced-cost access to local wellness centers.

While implementing a comprehensive wellness program can require a substantial commitment of resources, the literature suggests improving the health of workers can provide enough quantitative and qualitative benefits that it would seem to be in the best interest of any size company to at least

consider making this investment (Shreve, 2004; Andrus and Paul, 1995; Moskowitz, 1999). The quantifiable cost reductions that can result from a healthier workforce include: fewer workman's compensation claims (Gemignani, 1998), lower health insurance premiums (Nations Business, 1997), increased productivity (Shreve, 2004; Marsden, 2002; Atkinson, 2000; Gemignani, 1998; Cohen, 1997), reduced absenteeism, (Marsden, 2002; Stout, 2000; Daley and Parfitt, 1996) and less turnover (Marsden, 2002; Milligan, 2000; Stout, 2000; McShulskis, 1996). Some of the other benefits of effective wellness programs are less quantifiable but still very important to most managers. These include improved morale (Shreve, 2004; Marsden, 2002; Gemignani, 1998; McShulskis, 1996), higher job satisfaction (Powel, 1999; Daley and Parfitt, 1996), more successful recruiting efforts (DeMoranville et al., 1998) and increased company loyalty (Powel, 1999; McShulskis, 1996). Finally, on the humanitarian side, wellness programs provide a means for upper management to communicate to employees its concern about their well being (Stout, 2000; DeMoranville et al., 1998).

### ***Wellness Programs and Small Business***

Traditionally the percentage of small businesses that provide their employees with access to a wellness program has lagged considerably behind those for medium and large businesses. Lack of resources in terms of personnel, facilities and money (Andrus and Paul, 1995) and lack of expertise to oversee and implement wellness programs (Ainsworth, 1988) have generally been given as the key reasons for these lagging participation rates. However, two developments in the business environment could have the effect of creating an upswing in the percentage of smaller businesses who offer wellness programs. The first of these is that small business has been disproportionately affected by the dramatic overall increases in health care costs that have affected the economy as a whole (Business Week, 2004; Carpenter, 2003; Grayson, 2003). One reason for this is cost shifting from large to small businesses (Hemley, 1993). This type of cost shifting occurs when big business and government use their market power to negotiate discounts with large insurers. This in turn causes insurance providers to shift more of their costs to smaller employers, who often lack the expertise and bargaining power to fight these rate increases (Business Week, 2004; Carpenter, 2003). To reduce this burden, small business may become more motivated to adopt some of the same wellness practices used by large business to

make their workforce healthier and thereby reduce their health care costs or at the least help offset these cost increases with improved productivity.

A second development that might lead to an increase in small business participation in wellness programs is the better availability of wellness services targeted toward the needs and capabilities of small business (Wickenheiser, 2004; Marsden, 2002). A number of third party organizations have recognized the limitations in time, expertise, and resources that have traditionally kept small business from being able to offer wellness services to their workers. In response they have developed specific programs to help small business overcome these obstacles. These third parties include non-profit organizations such as trade associations, wellness councils, universities, and hospitals as well as for-profit wellness/medical organizations that target small business. It is believed that small businesses interested in wellness will find it much easier to contract with one of these organizations to develop and implement a program for their employees than it would be for them to try and do it entirely on their own.

#### ***DETERMINANTS OF SMALL BUSINESS INTEREST IN WELLNESS PROGRAMS***

By examining the key factors that determine the level of interest a small business has in offering a wellness program to its employees, the current study seeks to gain a better understanding of why small businesses are less likely to offer these programs. While the literature has suggested some structural barriers that may have limited the ability of small businesses to offer wellness programs to its employees, no prior study has examined what factors actually drive a business' interest in these programs. This topic is considered important because understanding the determinants of small businesses' interest in wellness programs would seem to be very useful information to marketers of wellness services and other wellness advocacy groups who are seeking to get more small businesses to offer these services to their employees.

Fishbein's *attitude toward the behavior model* (Fishbein and Aizen, 1975) was used as the conceptual framework for this study. This model has been used extensively in the area of consumer behavior (Ryan and Bonfield, 1975) but has also been applied to explain choice behavior in the areas of voting (Brief and Rude, 1981) and health care utilization (Walker and Thomas, 1982). According to this model, one's attitude/in-

terest toward a behavior is a function of how strongly one believes the behavior (such as offering a wellness program) will lead to an outcome (such as reducing turnover) times one's evaluation of the value of that outcome (reducing turnover would be very positive) summed across all expected outcomes of that behavior. Thus, according to this model, interest in a wellness program is seen as a function of two main types of antecedents, perceived need for the benefits of wellness programs (outcome evaluations) and the perceived efficacy of wellness programs in producing those benefits (outcome beliefs). This would suggest that disinterest in offering a wellness program could result from either a low perceived need for its benefits (I do not care that much about reducing absenteeism) and/or a low-level of perceived efficacy (I do not think wellness programs are effective in reducing absenteeism) or a combination of the two. Interest in wellness, on the other hand, would seem to result from small businesses feeling that wellness programs were effective in providing them with outcomes they value.

Using this framework as a guide, a questionnaire was developed and administered to a sample of small business managers. The survey measured three factors, (1) how important different wellness program outcomes were to their company (outcome evaluations), (2) how effective they thought wellness programs were at delivering these outcomes (outcome beliefs), and (3) their company's overall interest in offering a wellness program (attitude toward the behavior). The data was then analyzed using means analysis to determine the relative importance of the outcome evaluations and the relative perceived effectiveness of the outcome beliefs. Regression analysis was also used to examine the impact of outcome evaluations and outcome beliefs on interest in offering.

## **METHODOLOGY**

### ***Development of a List of Wellness Program Outcomes***

A list of desired outcomes of wellness programs was compiled from a review of the literature, interviews with wellness professionals and a series of three focus groups that were held with small business owners and managers. Based upon this input, the following list of wellness program outcomes was derived: *Reduce employee turnover, reduce absenteeism/sick leave, reduce health insurance premiums, improve productivity of workers, reduce workman's compensation claims, improve employee's*

*quality of life, and let your employees know that the company cares about them.*

The last two outcomes in the list, *improving employees' quality of life* and *letting your employees know the company cares about them* received the strongest support from focus group participants. For example, one participant said, "I think one of the biggest benefits is just the fact the employees feel like you care for them. Whether you can measure reduced turnover, absenteeism or reduction in health care cost is pretty unlikely." Another said, wellness programs "demonstrate a commitment from the institution that they value the employee." Focus group members pointed out that the small size of their organizations allows them to develop close personal relationships with their employees, and thus, many have deep humanitarian concerns for the health and well-being of their workers. This focus group finding is noteworthy because it contradicts previous research that concluded larger companies were more motivated by humanitarian concerns about their employees, while smaller companies were more concerned about meeting financial objectives (Andrus and Paul, 1995).

### ***Measures***

Once the list of eight wellness program outcomes was established, a survey was developed to measure antecedents of interest in wellness programs using the Fishbein framework. Outcome evaluations were measured by asking survey respondents to indicate how important each of the eight outcomes was to their company. Responses were measured on a six point scale anchored by *Very Important* (1) and *Not Important* (6). Outcome beliefs were measured by asking respondents to indicate how effective they thought participating in a wellness program would be in helping their companies achieve each of the outcomes. Responses were measured on a six point scale ranging from *Very Effective* (1) to *Not Effective* (6). Interest was measured by asking respondents to indicate how interested their company was in offering a wellness program to their employees. Responses were measured using a six point semantic differential scale anchored by *Very Interested* and *Not Interested*.

### ***Data Collection***

Data for the study were collected using a traditional pen and paper mail survey of small business in the Midwest region of the United States. A sample of 1,400 small businesses (all under 200 employees on

site) were mailed a survey. The mailing list for the study was obtained from a third party organization who randomly selected a sample from their small business database. One hundred eighty-seven surveys were returned for a response rate of 13.35%. While this return rate is low, it is not atypical for research of this type, i.e., mail surveys of businesses (Griffis et al., 2003; Harbaugh, 2002). Given that the focus of the study is more on examining relationships between variables, rather than just trying to estimate population values from sample data, it is felt that the low response rate is a limitation of the study, not something that invalidates it.

## **RESULTS**

### ***Means Analysis***

In order to determine the relative importance of the different wellness outcomes, the mean response was calculated for each outcome evaluation. An overall within subjects F-test was run to test whether the differences observed across the eight means were significantly non-random. The results of this test were significant at the 99% level. Given the significance of the overall within subjects F-test, individual paired t-tests were performed on a post-hoc basis for each pair of outcomes. These results are reported in Table 1, with the outcomes listed in order of stated importance. At the 95% level of confidence, significant differences were found between 18 of the 28 pairs tested.

Interpretation of the means indicates that *letting employees know the company cares about them, improving productivity, and improving morale* were the most important outcomes. The least important outcomes were *reduce turnover* and *reduce workman's compensation claims*.

Means were also calculated for the outcome beliefs in order to determine which outcomes respondents thought wellness programs were most effective at achieving. A within subjects F-test was run to test whether the differences observed across the eight means were significantly non-random. Since the within subjects F-test was significant at the 99% level; individual paired t-tests were performed on a post-hoc basis for each pair of outcomes. These results are reported in Table 2, with the outcomes listed in order of perceived effectiveness. At the 95% level of confidence, significant differences were found between 22 of the 28 pairs tested.

TABLE 1. Importance of the Outcomes: Comparison of Means and Results of Paired T-tests of Significant Differences

Within subjects F-test:  $F = 11.224, p < .001$

Outcome	Mean <sup>1</sup>	OUTCOME							
		1	2	3	4	5	6	7	8
1. let your employees know that the company cares about them	1.48								
2. improve productivity of workers	1.53	ns							
3. improve employee morale	1.57	ns	ns						
4. improve employee's quality of life	1.64	**	ns	ns					
5. reduce health insurance premiums	1.71	*	*	ns	ns				
6. reduce absenteeism/sick leave	1.86	**	**	**	*	ns			
7. reduce employee turnover	1.93	**	**	**	**	*	ns		
8. reduce workman's compensation claims	2.06	**	**	**	**	**	*	ns	

<sup>1</sup> 1 = very important, 6 = not important  
 \*\*  $p < .01$  for paired t-test  
 \*  $p < .05$  for paired t-test  
 ns = not significant at 95% significance level.

TABLE 2. Perceived Effectiveness of Wellness Programs at Achieving Outcomes: Means Comparisons and Results of Paired T-tests of Significant Differences

Within subjects F-test:  $F = 16.792, p < .001$

Outcome	Mean <sup>1</sup>	OUTCOME							
		1	2	3	4	5	6	7	8
1. let your employees know that the company cares about them	2.46								
2. improve employee's quality of life	2.51	ns							
3. improve employee morale	2.77	**	**						
4. improve productivity of workers	2.92	**	**	*					
5. reduce absenteeism/sick leave	2.96	**	**	**	ns				
6. reduce workman's compensation claims	3.29	**	**	**	*	ns			
7. reduce health insurance premiums	3.30	**	**	**	**	**	ns		
8. reduce employee turnover	3.43	**	**	**	**	**	ns	ns	

<sup>1</sup> 1 = very effective, 6 = not effective  
 \*\*  $p < .01$  for paired t-test  
 \*  $p < .05$  for paired t-test  
 ns = not significant at 95% significance level

Interpretation of the means indicates *letting employees know the company cares about them* and *improving employees' quality of life* were the outcomes respondents thought wellness programs were best able to provide. They were most skeptical about the ability of wellness programs to *reduce turnover*, *reduce health insurance premiums* and *reduce workman's compensation claims*.

Finally, based on the Fishbein attitude toward the behavior model, a mean *beliefs*  $\times$  *evaluation* score was calculated for each outcome. This score indicates how well the outcomes rate in terms of a multiplicative combination of importance (outcome evaluation) and efficacy (outcome belief). All variables were reverse coded so that a high mean indicates that the outcome was seen as both important and as something wellness programs could deliver. An overall within subjects F-test was run to test whether the differences observed across the eight means were significantly non-random. Given the within subjects F-test was significant at the 99% level; individual paired t-tests were performed on a post-hoc basis for each pair of outcomes. These results are reported in Table 3. At the 95% level of confidence, significant differences were found between 24 of the 28 pairs tested.

TABLE 3. Importance  $\times$  Effectiveness Means Comparisons and Results of Paired T-tests of Significant Differences

Within subjects F-test:  $F = 17.445$ ,  $p < .001$

Outcome	Mean <sup>1</sup>	OUTCOME							
		1	2	3	4	5	6	7	8
1. let your employees know that the company cares about them	25.53								
2. improve employee's quality of life	24.62	*							
3. improve employee morale	23.55	**	*						
4. improve productivity of workers	22.65	**	**	*					
5. reduce absenteeism/sick leave	21.46	**	**	**	**				
6. reduce workman's compensation claims	20.00	**	**	**	*	ns			
7. reduce health insurance premiums	19.51	**	**	**	**	**	ns		
8. reduce employee turnover	18.54	**	**	**	**	**	ns	ns	

<sup>1</sup> scales reverse code, maximum effectiveness  $\times$  importance score = 36

\*\*  $p < .01$  for paired t-test

\*  $p < .05$  for paired t-test

ns = not significant at 95% significance level

Interpretation of the means indicates *letting employees know the company cares about them* and *improving employee's quality of life* were the outcomes with the highest combination of efficacy and importance. The outcomes with the lowest combination of efficacy and importance were *reduce turnover*, *reduce health insurance premiums*, and *reduce workman's compensation claims*.

### **Regression Analysis**

The means analysis provided information on the relative importance of different outcomes as well as which outcomes were perceived as being things that wellness programs were most capable of delivering. However, that analysis does not indicate which factors are most responsible for the level of interest a small business has with regard to offering a wellness program. In order to determine this, two regression analyses were performed using *interest in offering a wellness program* as the dependent variable.

The first regression analysis sought to identify which broad underlying factors are significant determinants of the level of interest a small business has in offering a wellness program. Before the regression was run, underlying factors were identified using a principle components factor analysis with a Varimax rotation. This analysis was run on the sixteen individual outcome belief and outcome evaluation survey questions. The results of the factor analysis are presented in Table 4.

The results show that the 16 questions loaded on three factors. Factor 1 was comprised of all eight outcome beliefs, and thus was interpreted as representing the perceived effectiveness of wellness programs. Factor 2 consisted of questions about the importance of the following five outcomes; *reduce employee turnover*, *reduce absenteeism*, *reduce health insurance premiums*, and *reduce workman's compensation claims*. This was interpreted as representing the importance of financial needs. Factor 3 consisted of three questions about the importance of the following outcomes: *improve employee morale*, *improve employees' quality of life*, and *let the employees know the company cares about them*. This factor was interpreted as representing the importance of employee relations needs.

A multiple regression analysis was then run on the dependent variable *interest in offering a wellness program* using factor scores from the three factors extracted from the principle components factor analysis (effectiveness, financial needs, employee relations needs) as predictors. The results of this analysis are shown in Table 5. The model produced

TABLE 4. Principle Components Factor Analysis\* of Outcome Belief and Outcome Evaluation Questions

		Factor 1	Factor 2	Factor 3
Outcome Evaluations (importance)	reduce employee turnover		.673	
	reduce absenteeism/sick leave		.651	
	reduce health insurance premiums		.711	
	improve productivity of workers		.708	
	reduce workman's compensation claims		.768	
	improve employee morale			.729
	improve employee's quality of life			.788
	let your employees know that the company cares about them			.859
Outcome Beliefs (effectiveness)	reduce employee turnover	.821		
	reduce absenteeism/sick leave	.870		
	reduce health insurance premiums	.721		
	improve productivity of workers	.857		
	reduce workman's compensation claims	.830		
	improve employee morale	.833		
	improve employee's quality of life	.690		
	let your employees know that the company cares about them	.694		

\*with Varimax rotation

an R-Square of .487 with two significant variables: the effectiveness factor and the employee relations needs factor. The coefficients for both variables/factors were in the logical positive direction.

According to these results, interest in a wellness program is driven by two factors, how effective one thinks these programs are in general, and

TABLE 5. Regression Analysis of the Effect of Outcome Belief and Outcome Evaluation Factors on Interest in Offering a Wellness Program

n = 170, R-Square = .487, p &lt; .001

Factor	Beta weight	t-value	Significance level
Factor 1: Effectiveness	.596	10.725	< .001
Factor 2: Financial Outcomes	.005	.085	.932
Factor 3: Employee Relations Outcomes	.353	6.351	< .001

the importance they attach to humanitarian/employee relations concerns about their workforce. Concern about financial needs was not associated with an interest in wellness programs. Based on the beta weights, effectiveness was the more important determinant of interest than was employee relations concerns (.596 to .353).

In order to get more detail on which specific outcomes are key drivers of interest, a second regression analysis was run on the same dependent variable using the sixteen individual outcome belief and outcome evaluation questions as predictor variables. Because of the large number of potentially related predictors, a step-wise procedure was used. The results of this analysis are presented in Table 6.

Overall the final reduced model produced an R-Square of 52.1%, with four significant predictors (at the 95% level). Three of the four significant variables were outcome beliefs: the perceived effectiveness of wellness programs at *improving employees' quality of life*, *letting employees know the company cares about their well being*, and *reduce turnover*. In each instance, the positive coefficient indicated that the more effective wellness programs were perceived to be with regard to providing these three outcomes, the more interested one was in participating in a wellness program. The one significant outcome evaluation was the importance of *improving an employee's quality of life*. This coefficient was also in the logical direction indicating the more important a small business considered *improving an employee's quality of life* to be, the more interested in participating they were. The beta weights for the four variables were fairly even indicating somewhat equal influence on interest in wellness programs.

TABLE 6. Stepwise Regression Analysis of the Effect of Outcome Beliefs and Outcome Evaluations on Interest in Offering a Wellness Program

Final Reduced Model n = 170, R-Square = .521, p = &lt;.001

Variable category	Predictor Variables	Beta weight	t-value	Significance level
Outcome Evaluations (importance)	improve employees quality of life	.246	2.418	.017
Outcome Beliefs (effectiveness)	let your employees know that the company cares about them	.276	3.286	.001
	reduce employee turnover	.247	3.910	<.001
	improve employee's quality of life	.235	2.816	.005

## *DISCUSSION*

The results of both the means and the regression analyses reinforce the findings of the focus group that humanitarian/employee relations outcomes may have more influence on small business than financial outcomes. In the means analysis, *letting employees know the company cares* and *improving employees quality of life* were not only found to be important outcomes but were also the outcomes respondents thought wellness programs were most capable of delivering. In the first regression analysis, the factor representing the importance of employee relations outcomes was a significant predictor of *interest in offering a wellness program* while the factor representing the importance of financial outcomes was not. In the second regression analysis, three of the four significant predictors of *interest in offering a wellness program* were employee relations variables and only one was a financial variable. That one financial variable was *improve productivity*, which among the desired financial outcomes of wellness programs appears to be the one that is selling best to small business.

Based on this general conclusion, two main managerial implications are suggested. The first is that stressing humanitarian motivations rather than financial motivations may be the path of least resistance for getting more small businesses to offer wellness programs. This is consistent

with the statements of focus group respondents who indicated they thought small business managers have a greater genuine concern for the well-being of their workers. The second implication is that from a need-based segmentation perspective, those small businesses that place a high level of importance on the welfare of their employees would seem to be the best prospects for offering a wellness program. Promotional materials that stress how wellness programs can service this need might be effective in drawing out the interest of those small businesses belonging to this need segment.

The other main conclusion of this study is that overall interest in wellness programs may be more a function of perceived effectiveness than it is related to the issue of whether the benefits these programs provide are relevant to the needs of small businesses. In the first regression analysis, three of the four variables in the final model were outcome beliefs (effectiveness ratings) rather than outcome evaluations (importance ratings). In the second regression analysis the *effectiveness* factor was the most influential predictor of the interest level of small business. Thus it appears that the main determinant of interest in a wellness program is how effective one thinks they are.

The main implication of these findings is that in order to increase the adoption rate of wellness programs by small businesses, marketers of wellness services must make the case that wellness programs are more effective than many small businesses managers think they are. There is a lot of research that supports the efficacy of wellness programs in terms of both financial and employee relations objectives, and this may need to be more effectively communicated to small business.

Additionally, further research needs to be undertaken to determine why many small businesses question the effectiveness of these programs. Are they mainly skeptical that wellness programs will actually make their workers healthier? Or are they more skeptical that making them healthier will result in any meaningful benefits coming to the company? If the first issue is the main problem, then developing more effective implementation and worker participation programs is the main solution. If the second issue is the main problem, then convincing managers of the documented links between healthier workers and higher productivity, lower absenteeism, lower turnover, and fewer workmen's compensation claims is the main solution.

Finally, it should be noted that getting more small businesses interested in adopting a wellness program is merely an initial step in a long process that would hopefully result in more employees gaining access to wellness services. As a result, it is suggested that future research also

needs to focus on what happens *after* small businesses decide to offer a wellness program to their employees. Important research questions in this area might include: What happens to small businesses' wellness programs over time? To what extent are they maintained or expanded? To what extent are they eliminated? What are the main factors that influence the fate of these programs? To what extent are the effectiveness of these programs being formally assessed? If they are, how are they being assessed, and who is doing the assessing? How are these programs impacted by difficult financial times? Should tax breaks or other governmental incentives be implemented so as to encourage small businesses to adopt and maintain these programs? If so, what form should these incentives take?

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