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A Qualitative Exploration of a Worksite Wellness Mini-Grant Program

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ABSTRACT: Mini-grant programs are an increasingly popular method for outside organizations (eg, non-profits, state agencies) to support wellness initiatives. However, little is known about mini-grant programs in worksites. The present study explored the implementation and outcomes of a worksite wellness mini-grant program. Semi-structured interviews were conducted with 12 wellness champions representing 12 worksites that were involved in a mini-grant program over a 4-year span. Interviews focused on general use, barriers and facilitators, and outcomes of the mini-grant initiatives. Mini-grants were generally used to support a short-term activity, such as purchasing food, which was not allowed per grant funding, or supporting a one-time event—this type of use diverged from recommended use of funds. Participants reported that outcomes from the mini-grant initiatives were largely positive, highlighting culture shifts and increased awareness/perception of employer support for wellness. Barriers included culture (eg, employee attitudes, motivation), environment (eg, infrastructure, weather), and worksite characteristics (eg, multiple locations, number of employees), while facilitators included employee interest and involvement, established wellness culture, awareness and accessibility (eg, providing options, education), and support (eg, employer support, support from outside organizations). There was overlap between certain barriers and facilitators, indicating key areas of focus for future research and mini-grant programs.

KEYWORDS: culture, physical activity, nutrition, employee engagement, qualitative evaluation

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Introduction

Worksites play an important role in improving and maintaining employees' wellness, which benefits both the employee and employer.^{1,2} For the employee, improved wellness is associated with reduced health care spending; improved cognitive function and mood; and reduced risk of morbidity and mortality.^{1,3} For the employer, a healthier workforce means increased productivity, reduced absenteeism, and decreased health care expenses.^{1,4,5}

Although research on the effectiveness of worksite wellness programs has been mixed, most worksites offer wellness programming.^{6,7} For instance, in 2015, approximately 70% of US employers offered some form of wellness programming—a 12% increase from 2008.⁶ Unfortunately, most worksites do not have comprehensive worksite wellness programs due to lack of knowledge, time, or resources (eg, materials, finances).⁷ Because worksite wellness is a key component of public health efforts, organizations such as non-profits and state agencies have begun supporting worksite wellness efforts. One avenue of supporting worksite wellness efforts is through mini-grant programs. Mini-grant programs aim to help worksites overcome cost-related barriers when starting wellness initiatives. Programs like this typically provide a small amount of money to assist organizations with the costs of starting or sustaining a wellness initiative.⁸ These types of programs have seen success in improving wellness-related variables such as physical activity and nutrition in other fields (eg, faith-based organizations, women's health groups).^{9–11} However, the effectiveness, and the

mechanisms that influence effectiveness, of these mini-grant programs in worksites are not well understood.¹¹ Thus, in-depth evaluations of mini-grant programs in worksites are needed to determine the outcomes and best practices to inform future efforts.

The purpose of the present study was to retrospectively evaluate the implementation and outcomes of mini-grant supported wellness initiatives targeting physical activity and nutrition. The present study used a qualitative approach to explore (1) general use of mini-grant funds; (2) barriers and facilitators throughout implementation; and (3) outcomes of mini-grant initiatives.

Methods

Semi-structured interviews were conducted with wellness champions at organizations that had implemented a mini-grant supported wellness initiative over a 4-year period (2014–2017). Interview questions focused on the use of mini-grants, barriers, and facilitators throughout implementation, and the outcomes of the initiative. This research was approved by a University Institutional Review Board.

Participants

Participants were recruited through collaboration with the Wellness Council of the Midlands (WELLCOM), a non-profit organization that focuses on worksite wellness. WELLCOM implemented a mini-grant program, which was funded by the



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Table 1. Characteristics of worksites.

WORKSITE	NUMBER OF EMPLOYEES	WELLNESS CHAMPION POSITION	INDUSTRY	TYPE OF MINI-GRANT
Worksite 1	30	Program director	Non-profit	Walking maps, vending survey
Worksite 2	50	Recruiter	Staffing	Frames, environmental audit
Worksite 3	1000	Employee wellness	Architecture, engineering	Walking maps, frames
Worksite 4	1000	Human resources	Retail	Vending survey, walking maps
Worksite 5	91	Human resources	Accounting	Stairwell, taste test
Worksite 6	65	Human resources	Retail	Taste test, bike rack
Worksite 7	91	Human resources	Accounting	Bowls, frames
Worksite 8	549	Executive director	Health, fitness	Frames, vending survey
Worksite 9	1500	Employee wellness	Retail	Bike rack, water cooler
Worksite 10	65	Employee wellness	Architecture, engineering	Environmental audit, water cooler
Worksite 11	16	Programs manager	Non-profit	Taste test, walking map
Worksite 12	7	Executive director	Non-profit	Stairwell, vending survey

Nebraska Department of Health and Human Services (NDHHS) through funding from the Centers for Disease Control and Prevention (CDC). The mini-grant program involved training worksites on evidence-based physical activity and nutrition strategies, creating an action plan, and providing funds (\$250) to help worksites initiate sustainable wellness initiatives (ie, policy adoption, environmental change) related to physical activity and nutrition. WELLCOM staff facilitated this process and received assistance from NDHHS as needed. Worksites were to designate \$150 to support physical activity efforts and \$100 to support nutritional efforts. Mini-grants were also provided to support breastfeeding practices (\$100) in worksites but these findings were not included in the current study. More information regarding participants and their worksites can be found in Table 1.

The implementation process was conducted via collaboration with WELLCOM staff and wellness champion(s) at each worksite. WELLCOM staff met with wellness champions at each worksite that served as the wellness champion to discuss possible ideas and determine what initiative best fit their organization. A list of recommended uses (Table 2) were provided to the wellness champions, but the final decision rested with the wellness champions. The recommended uses were determined evidence-based methods for improving the health and wellness of employees in previous research.¹²⁻¹⁴ Wellness champions were responsible for implementing and leading efforts from within their organization. WELLCOM staff provided assistance as needed. This included providing resources (eg, posters, fliers) and technical assistance (eg, strategic advice via phone, email).

A total of 28 wellness champions/worksites located in a mid-sized Midwestern city were eligible to participate. All

Table 2. Recommended use of mini-grants.

TYPE OF MINI-GRANT	RECOMMENDED USE
Physical activity	<ul style="list-style-type: none"> • Purchasing/printing walking maps • Installing a bike rack • Materials to improve stairwell esthetics (eg, paint, plants) • Frames/display materials for educational signage • Smart-phone application that reminds staff to be active • Completing an environmental audit to determine walkability and active commuting strategies
Nutrition	<ul style="list-style-type: none"> • Bowls or platters to display healthy snacks • Water cooler and/or water bottles for staff • Frames/display materials for educational signage • Completing a vending survey • Food as taste testing for new vending options

eligible participants were contacted by the lead researcher via phone and were provided a short description of the study. If interested, a follow-up phone call was scheduled to conduct the interview. Verbal assent was obtained prior to initiating the interview. Twelve wellness champions agreed to participate. Reasons for not participating included turnover at the position responsible for implementing the mini-grant (n = 7), lack of response to recruitment efforts (n = 7), or declined participation (n = 2).

Procedures

A phenomenological qualitative approach was taken to capture wellness champions' experience with the mini-grants.¹⁵

Table 3. Interview guide topics and example questions.

TOPIC	EXAMPLE QUESTIONS
Use	<ul style="list-style-type: none"> • How did you use the mini-grant funds?
Barriers/facilitators	<ul style="list-style-type: none"> • Describe any barriers you encountered during implementation of the mini-grant • Describe anything that facilitated implementation of the mini-grant
Outcomes	<ul style="list-style-type: none"> • Please describe the intended outcomes of the initiative • Please describe the actual outcomes of the initiative

Researchers developed an interview guide using the social-ecological model (SEM).¹⁶ SEM provides a framework to explore factors influencing behavior change, implementation, and outcomes of wellness programming.¹⁶ SEM is comprised of five levels—individual, interpersonal, organization, community, policy. Related to worksite wellness, the individual level includes employee knowledge, self-efficacy, and beliefs. The interpersonal level includes relationships with co-workers. The organization level includes organizational wellness culture and support from upper level management. The community level includes the built environment and interactions with community organizations. The policy level includes organizational policies related to wellness.¹⁶ Examples of interview questions can be found in Table 3. Semi-structured interviews were conducted via telephone and lasted 15–20 min. Interviews were audio-recorded and transcribed verbatim into a word document.

Data analysis

Transcriptions were uploaded into the qualitative data analysis software NVivo 11 (QSR International, 2016). Interviews were analyzed using horizontalization.¹⁵ The lead researcher read all of the transcriptions to gain an overall sense of their meaning and granted equal value to all quotes. Throughout this process, statements were gathered and grouped into pre-determined themes based on the framework of the interview guide—characteristics, facilitators or barriers, and outcomes of the wellness initiatives. The grouped quotes were reexamined to create sub-themes that represented consistencies in responses. Quotes could be coded into multiple categories. In addition to highlighted key themes and supporting statements, levels of SEM that did not emerge were noted. If there was disagreement, the researchers met to discuss the quote until consensus was reached. Then, the lead researcher reread the significant statements in each theme and grouped these statements based on consistencies, creating sub-themes. Additional measures to ensure trustworthiness via verification and validation occurred through peer debriefing, literature searches, bracketing, rich description, and interviewing until saturation of data occurred.¹⁴

Results

General use

When discussing how the mini-grant funds were actually used in the organizations, two themes emerged. Funds were either used for a limited, short-term initiative ($n = 11$) or a long-term structural/environmental/policy change ($n = 6$). There was also a third, unrelated theme which involved a discrepancy between the intended use and actual use of the mini-grant funds.

Short-term use. In terms of short-term use, funds were typically spent on purchasing food ($n = 6$) or incentivizing an activity ($n = 5$). For instance, one participant stated, "... we used them for food related items if I recall, like healthy snacks for the break rooms and stuff like that."

Another participant mentioned, "... like rewards and prizes for some of the challenges that we've done." These uses align with organizational and policy levels of SEM.

Long-term use. Long-term use included permanent changes or additions to the environment. This was accomplished by purchasing signage promoting physical activity or an appliance to store healthy food. Regarding signage, participants ($n = 4$) reported using funds to design and print maps with nearby walking routes highlighted. As one participant put it,

So we took those funds and put them into printing out these really cool maps and colored them different colors and we named them different names and we laminated those and we put those out and we did like some advertisement around the firm in terms of that. Ya know really cool color posters and things like that.

These types of initiatives fall into the individual (eg, increased knowledge) and organizational (eg, educational support) of SEM.

Intended use vs actual use. Several participants mentioned that they utilized the mini-grants in a way different than they indicated while applying for the mini-grant ($n = 4$). One participant mentioned, "The ... idea seemed so cool but it just, you know, at the end of the day it didn't seem to be a good fit." Another participant stated, "We were going to use it for bicycle racks, but we have a few already and they weren't really, ever, they're rarely used."

Outcomes

Themes related to outcomes were either categorized as positive ($n = 11$) or negative ($n = 3$).

Positive outcomes. There were two main sub-themes within positive outcomes: sustained culture shift and perceived support/awareness of wellness efforts. First, participants identified a sustained, cultural shift in their worksite after implementing

the mini-grant (n = 10). This was classified as an organizational level (eg, culture) change within SEM. For example, one participant mentioned,

I think that the culture impact maybe has been most greatly seen in like, healthy snacking and like healthy vending here in the office because just now people know that there will always be a healthy option, where that hasn't always been that before.

In regard to perceived support/awareness of wellness effort (n = 9), participants reported that through the activities carried out by the mini-grants, employees were able to see a tangible form of support from their employer. When talking about taking physical activity/walking breaks, one participant mentioned, "I think it also encouraged them to know that it is okay and that the organization stands behind doing something like that. You know, it's okay to get out of your office and go take a walk." This was considered an organizational change (eg, organizational support) within SEM. Participants also reported that mini-grant initiatives increased employees' awareness and/or prioritization of wellness. As one participant stated, "... getting people to think about what they could, ways that they could just walk, ya know, something as easy as just getting more steps in their day." Likewise, a different participant mentioned, "I think ... what this initiative did brought awareness and exposure to a more formalized program at [work]." This type of change was classified within the individual level (eg, attitudes, beliefs) of SEM.

Negative outcomes. In terms of negative outcomes (n = 3), this primarily was due to in diminishing levels of employee interest over time. This was identified as an individual level (eg, attitudes, interests) outcome within SEM. Some participants also perceived a lack of success because they did not actually implement a policy change. For instance, one participant stated, "I mean just the fact that I don't have anything in writing yet. I mean I'd kind of wanted to put that in place." This was classified as an organizational level (eg, organizational policies) barrier.

Barriers

Three themes emerged when discussing barriers: culture (n = 7), environment (n = 7), and worksite characteristics (n = 7). All of these barriers were labeled as organizational level within SEM.

Culture. Within the theme of culture, participants primarily discussed employee attitudes. Employee attitudes involved lack of motivation or interest from employees. As one participant stated,

People will have good intentions and they will want to keep it up and do well but then you slip back into the holidays or you slip back into, I'm stressed out so I'm going to go drink something or eat something that might not be as healthy.

Environment. The second theme, environment (n = 7), included physical infrastructure and weather. The physical infrastructure was brought up when discussing both walkability and nutrition. In the case of walkability, one participant stated, "We don't have the best walkable space around our location." Weather was most prominent in discussions of outdoor walking. One participant described their walking culture as seasonal, with the colder months being less active.

Worksite characteristics. Worksite characteristics included aspects of employer size or nature and lack of time (n = 4) or resources (n = 5). In terms of size, participants from larger organizations reported that the funds (\$250) did not go very far at their worksite. As one participant stated, "We knew that the money that we were getting wasn't going to be able to make a huge impact." When discussing the nature of the worksite as a barrier, some participants reported that employees were spread out through several buildings, making it difficult to promote and facilitate wellness initiatives.

In terms of lack of time or resources, participants suggested that because wellness is not the main job duty of one employee, it can come as an afterthought or be perceived as extra work. For instance, one participant said, "It's not my main job to be thinking about this stuff and so—or anyone else's—and so just the time to be able to commit to it. That was a challenge sometimes."

Facilitators

Four themes emerged when discussing facilitators throughout mini-grant implementation: employee interest and involvement (n = 6), established wellness culture (n = 4), awareness and accessibility (n = 4), and support (n = 4).

Employee interest and involvement. Participants reported that engaging employees was key to the success of the mini-grant initiative. This theme included references to the usefulness of employee-driven wellness efforts. This was classified as an individual (eg, attitudes) and interpersonal (eg, social support) levels of SEM. One participant while discussing employee backing mentioned, "Just people being excited about it and wanting to do it when that happens organically that, sometimes is better." More specifically, participants referenced the importance of having conversations with employees to gather their input. One participant highlighted this theme by discussing the process of determining how their organization was going to utilize the funds:

Not to mention they have different ideas ... that people get passionate about. You know, that was one of the cool things about the walkability is that we found that there was some people that I wouldn't have expected that were really interested in that. And they brought their energy to it and made it a better outcome.

Established wellness culture. The theme of established wellness culture (n = 4) included statements from participants that the

mini-grant supported and solidified pre-existing efforts in the organization. For example, one participant mentioned, "... we were moving in that direction but the mini-grants added to that cause." This was classified as an organizational level (eg, culture) support.

Awareness and accessibility. In terms of awareness and accessibility ($n = 4$), participants highlighted the importance of convenience and educating employees on the mini-grant initiative. When discussing the success of efforts to promote walking at their worksite, one participant said, "We educated them on that it was safe to walk in our neighborhood ... and that they didn't have to change out of office clothes to do so." This was identified within the individual (eg, attitudes, beliefs), interpersonal (eg, social support), and organizational (eg, educational support) levels of SEM.

Furthermore, participants reported that just by having access, employees were more likely to engage in that behavior. For instance, when referencing nutrition, a participant stated, "Not only focusing on the healthier foods but also making that choice consciously against having two options ... like, they can still choose donuts but there's a healthy option." This was classified as an organizational level (eg, choice architecture) support in terms of SEM.

Support. Participants reported that it was helpful to have support ($n = 4$) for the mini-grant initiative. This support came from within their worksite and from WELLCOM. One form of internal support was among employees. For instance, one participant mentioned, "It's a little bit of peer pressure there as well ... the employees do it amongst themselves, you know." Another form of internal support came from the entire organization or the upper levels of the organization. As one participant stated, "I believe that with all of the organization has invested in it along with the grants that we received our employees understand that we take it seriously." When discussing support from WELLCOM, participants referenced the usefulness of other available resources available through WELLCOM and being able to receive assistance from WELLCOM's staff. This was classified as a community level (eg, community organizations) facilitator within SEM.

Discussion

The present study examined a mini-grant program targeting physical activity and nutrition-based worksite wellness initiatives to explore the general use of mini-grant funds, barrier and facilitators during implementation, and outcomes. In terms of use and outcomes, there appeared to be a gap for several organizations between intended and actual use of the mini-grant funds. Participants reported that mini-grants were often used to support a different initiative than originally planned. Relatedly, a portion of participants reported using their mini-grants to support a short-term activity, such as purchasing food and supporting a one-time event. This type of use contradicted the

recommended use, as WELLCOM staff emphasized mini-grants usage for sustainable worksite wellness initiative. Furthermore, food that was not purchased specifically for taste testing purposes was considered an unallowable expense by the funding agencies (eg, NDHHS, CDC) and WELLCOM was not reimbursed for mini-grants that were used to purchase food in this way. This suggests additional steps may need to be taken when implementing future mini-grant programs to ensure worksites follow through with action plans. Interestingly, in a similar study, Tamminen and colleagues¹⁰ found participants viewed the flexibility of the mini-grant structure to be appealing. This suggests there may be a middle-ground when it comes to flexibility of mini-grant programs—too much rigidity may deter participation while too much flexibility may lessen the potential impact of the initiative.

Participants also identified barriers and facilitators to success with their mini-grants. Interestingly, there was overlap in reported barriers and facilitators. Employee interest and involvement was mentioned as a facilitator to success, particularly when discussing how decisions on mini-grant fund use were being made. Participants reported employee interest, input, and support during conceptualization and design of mini-grant initiatives improved their outcomes. A similar theme existed as a barrier. Participants reported that lack of motivation or interest from employees impeded the success of their mini-grant. Thus, involving employees throughout the entire mini-grant process may be a key in preventing later issues with lack of motivation or interest.

Another notable facilitator was culture. It appeared mini-grant programs were most successful in worksites with a strong wellness culture. Participants reported that the mini-grants added to pre-existing efforts and/or enhanced efforts they were already taking place. This is supported by a strong body of literature suggesting culture is key component of success in worksite wellness.^{12–14} Further research is needed to explore the components of a strong wellness culture and how to make improvements in wellness culture.

Participants reported barriers of the relative insignificance of the mini-grant funds in comparison to the size of their organization, and that wellness efforts are a secondary job duty for the wellness champions. Similar barriers were also identified in Caperchione and colleagues⁸ evaluation of a micro-grant pilot program designed to facilitate public health in organizations. Therefore, it appears the size of the mini-grant and lack of designated staff are two key barriers to be addressed in future mini-grant programs. To overcome the barrier of lack of designated staff, worksites may consider adding a wellness coordinator or wellness committee—both of which are associated with increased quantity and quality of worksite wellness efforts.¹³

Notably, no facilitators or barriers were mentioned within the policy level. Wellness policies have been identified as effective methods for increasing physical activity and improving nutrition in worksites.^{14,17} Thus, future promotion efforts may

focus on the impact of policies on worksite wellness. Likewise, research may be needed to understand barriers to wellness policy implementation in worksites.

Limitations and strengths

Because we were not able to investigate the mini-grant program at all of the participating worksites, data may not represent the true outcomes of the mini-grant program. Another limitation is the lack of data on mini-grant outcomes (eg, employee behavior change, awareness of mini-grant initiatives), making it difficult to determine the impact of the mini-grant program on the organizations involved and their employees. Data may also have been skewed due to biases of participants and their limits as an individual representing an entire worksite. Thus, future studies are needed to corroborate these findings. Finally, due to the nature of qualitative research, a small, geographically limited sample was used. This may limit the generalizability of the results.

Several strengths existed in the present study, as well. First, this study increases understanding of physical activity and nutrition-based mini-grant programs in worksite—an area of research that was previously lacking. Second, a qualitative approach allowed participants to share their experiences and perceptions of the mini-grant program at length, providing thorough, in-depth data. Third, this study aligns with other evaluations of mini-grant programs; thus, researchers and practitioners may be able to utilize findings from other fields to better design and implement worksite wellness initiatives.

Future direction

Future studies may continue to explore the use of mini-grants to support worksite wellness initiatives with added measures to determine the impact on worksite culture, employee behavior, employee awareness and perception, and/or employee health (eg, body mass index [BMI], cardiovascular health). In addition, research exploring the effect of mini-grants on variables that are more relevant to employers, such as productivity or retention, may provide useful information for promoting worksite wellness efforts in the future. It may also be beneficial to understand perspectives from across the worksites wellness spectrum. For instance, future studies may focus on worksites that are less developed in wellness to understand barriers in organizations that are at the greatest need for assistance.

Conclusions

The present study evaluated the use, barriers, and facilitators, and outcomes of mini-grant funded wellness initiatives in worksites. Findings suggest that even though mini-grants oftentimes were implemented in ways that diverged from intended and recommended use, the wellness champions perceived, in general, that mini-grant program as a whole had a positive impact on wellness at their worksite. In addition, key

barriers and facilitators were identified that may guide future mini-grant programs as well as general efforts from worksite wellness practitioners. Based on findings from the present study, future efforts such as this may focus on long-term training/action planning when implementing worksite wellness initiatives; engage employees at all levels of the organization; target worksites with an established wellness culture; and have a wellness coordinator/committee to facilitate implementation.

Author Contributions

All authors were involved in conceptualization of this research project. SW and DD were primarily conducted data collection and analysis. Authors BC, KA, AS and JH assisted with recruitment and assisted in shaping the semi-structured interview guide. Authors SW and DD primarily constructed the written manuscript, with editing and review from authors BC, KA, AS and JH.

REFERENCES

- Centers for Disease Control and Prevention. Workplace health model. <https://www.cdc.gov/workplacehealthpromotion/model/index.html>. Up-dated 2016. Accessed May 15, 2018.
- Conn VS, Hafdahl AR, Cooper PS, Brown LM, Lusk SL. Meta-analysis of workplace physical activity interventions. *Am J Prev Med.* 2009;37:330–339.
- Elias M, Elias P, Sullivan L, Wolf P, D'Agostino RB. Lower cognitive function in the presence of obesity and hypertension: the Framingham Heart study. *Int J Obes Relat Metab Disord.* 2003;27:260–268.
- Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. *Health Aff (Millwood).* 2010;29:304–311.
- Trogdon J, Finkelstein E, Hylands T, Dellea P, Kamal-Bahl SJ. Indirect costs of obesity: a review of the current literature. *Obes Rev.* 2008;9:489–500.
- Jones D, Molitor D, Reif J. *What Do Workplace Wellness Programs Do? Evidence from the Illinois Workplace Wellness Study (No. W24229)*. New York, NY: National Bureau of Economic Research; 2018.
- Pollitz K, Rae M. *Workplace Wellness Programs, Characteristics and Requirements*. San Francisco, CA: Kaiser Family Foundation; 2016.
- Caprechione C, Mummery WK, Joyner K. WALK community grants scheme: lessons learned in developing and administering a health promotion microgrants program. *Health Promot Pract.* 2010;11:637–644.
- Honeycutt S, Carvalho M, Glanz K, Daniel SD, Kegler MC. Research to reality: a process evaluation of a mini-grants program to disseminate evidence-based nutrition programs to rural churches and worksites. *J Public Health Manag Pract.* 2012;18:431–439.
- Tamminen KA, Faulkner G, Witcher CS, Spence JC. A qualitative examination of the impact of microgrants to promote physical activity among adolescents. *BMC Public Health.* 2014;14:1206.
- Ramanathan S, White L, Luciani A, et al. The utility of physical activity microgrants: the ParticipACTION teen challenge program. *Health Promot Pract.* 2017;19:246–255.
- Terry PE, Seaverson EL, Grossmeier J, Anderson DR. Association between nine quality components and superior worksite health management program results. *J Occup Environ Med.* 2008;50:633–641.
- Brissette I, Fisher B, Spicer DA, King L. Worksite characteristics and environmental and policy supports for cardiovascular disease prevention in new york state. *Prev Chronic Dis.* 2008;5:A37.
- Matson-Koffman DM, Brownstein JN, Neiner JA, Greaney ML. A site-specific literature review of policy and environmental interventions that promote physical activity and nutrition for cardiovascular health: what works. *Am J Health Promot.* 2005;19:167–193.
- Moustakas C. *Phenomenological Research Methods*. London, England: SAGE; 1994.
- Sallis JF, Owen N, Fisher E. Ecological models of health behavior. *Health Behav.* 2015;5:43–64.
- Saringer C, Ellis R. A RE-AIM evaluation of a workplace policy intervention to increase employee physical activity: a pretest-posttest quasi-experimental design. *Health Behav Policy Rev.* 2017;4:199–212.