

## Appendix

Table A1

***Cycle Three Key Concepts, Codes, Definitions, and Representative Samples of Coded Text***

Key Concept	Code	Definition	Example
Nutritionism/ quantification of food versus holism	Holism	Holistic models of wellness, food, diet, or eating habits	Seven Dimensions of Wellness Wellness is both the balance of the mind, body, and spirit, and also how we relate and live in the world. For our wellness model we have chosen seven dimensions: intellectual, physical, spiritual, emotional, social, occupational, and environmental. (University of Minnesota, 2003)
	Biomedical nutrition standards	Nutritionist/quantified models of food, diet, or eating habits	[Wellness Resources for] Nutrition <a href="#">2005 Government Dietary Guidelines (URL)</a> Dietary Guidelines for Americans is published jointly every 5 years by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). The Guidelines provide authoritative advices for people two years and older about how good dietary habits can promote health and reduce risk for major chronic disease. (University of Minnesota, 2005)
	Biomedicine privileged	Biomedicine prioritized in planning/ programming over holism	What approach should the University pursue in establishing a wellness program? <ul style="list-style-type: none"> <li>● Disease Management</li> <li>● Wellness/Health Promotion (pre-disease)</li> <li>● Health Education/Demand Management</li> </ul> (BAC, 2003a, p. 4)
Public health/ epidemiology privileged	Public health and/or epidemiological models prioritized in planning/ programming		The top five health risk opportunities for the University are: <ol style="list-style-type: none"> <li>1. Stress 59%</li> <li>2. Weight 55%</li> <li>3. Cholesterol 46%</li> <li>4. Eating 45%</li> <li>5. Exams/immunizations 40%</li> </ol> Stress and weight are two of the highest cost drivers so there will be an emphasis on reducing these health risks. (BAC, 2011d, p. 2)

	Weight/diet as healthy lifestyle	Weight, diet, or eating habits as part of a healthy lifestyle	Sponsored by the Wellness Program, Office of Human Resources, the [farmers] market brings fresh fruits and veggies to the Twin Cities campus to promote a healthy workplace and a healthy lifestyle for employees, students, and people from the surrounding neighborhoods. (University of Minnesota, 2011)
Risk factors and economics driving EWP programming	Weight as risk factor	Weight, obesity, or BMI as risk for health-related issues	Numbers count. Body measurements matter. The numbers that indicate if your cholesterol is high or tell you what you weigh figure into your chances for developing illnesses such as heart disease or diabetes. (University of Minnesota, 2010a)
	Budget crisis	University budgetary concerns/crises driving decisions about health insurance and EWP planning	Major [health insurance plan] challenges include: <ul style="list-style-type: none"> <li>• Rising costs of healthcare. The Centers for Medicaid and Medicare Services recently released a report projecting double-digit trend increases in healthcare costs for at least the next decade.</li> <li>• Tailoring health benefits, with input from the Benefits Advisory Committee, to better meet the needs of University employees. The University offers a very broad choice of medical plan offerings.</li> <li>• Promoting wellness and improvements in the health status of University employees.</li> <li>• Providing quality, cost-effective health benefits during a major budget challenge.</li> </ul> (BAC, 2003d, p. 4)
	Financial incentives - employee	Monetarily incenting employees to participate in the EWP	[P]art of the reason the \$400 reduction [in health insurance premium] is being proposed is because the Wellness Program had plateaued when it comes to the current incentive structure. The University, therefore, is looking to shift to an incentive that has evidence in the marketplace for providing a greater incentive for participation in the program. (BAC, 2011e, p. 8)
	Financial incentives - UMN	Finances incenting the university to promote the EWP	A member stated that once enough data has been collected to evaluate individual wellness programs, each program should be expected to demonstrate a positive ROI in order to be considered a good investment. If some programs demonstrate they have no demonstrable impact on participants' health, they should be further scrutinized as to their value to the program. ... [The director of benefits in Human Resources] added that currently there is nothing in this ROI analysis that measures health outcomes. (BAC, 2009, p. 5-6)
Individual versus institutional responsibility/power	Health behavior change	Efforts to change health behavior of employees, such as exercise, eating, smoking, or disease management	Next, there was a discussion on health management, which focused on improving overall employee productivity and health. The goal behind health management is to move from an acute medical treatment model to a health plan model where consumers take an active role in thinking about, managing and improving their health. (BAC, 2004a, p. 2)

Individual responsibility/choice	Basing health-related issues on individual choice or making them an individual's responsibility	[The director of benefits in Human Resources] commented that conventional wisdom is that about 42-43% of health-care costs are driven by conditions over which people have at least partial control. Some people are healthy and some are not, through no fault of their own. The common thread for the healthy and the unhealthy person alike is "I must take responsibility for my health and my healthcare, it's no one else's responsibility." The employer may provide tools but ultimately it is up to the individual. (Senate Committee on Faculty Affairs, 2011, p. 6)	
Institutional power	Direct statements or implications that the university has or can wield power over employees	In closing, [the committee chair] shared immediate next steps [including]: <ul style="list-style-type: none"> <li>Aggressively promote wellness initiatives. This topic will be addressed this fall and a discussion will take place on how aggressively should the University enforce wellness.</li> </ul> (BAC, 2010c, p. 4)	
Self-tracking, surveillance, and data practices	Employee productivity	Wellness' or illness' impact on productivity (absenteeism and/or presenteeism)	<ul style="list-style-type: none"> <li>Employees completing the assessment averaged missing 3.6 days of work in the last 12 months due to illness or injury compared to the norm group, which missed, on average, 2.8 days.</li> <li>Wellness assessment participants reported their productivity at work was reduced on average 9.7% due to health problems. This statistic is often referred to as "presenteeism", how present people are at work when they are there.</li> </ul> (BAC, 2006d, p. 2)
Self-tracking	Using tools (paper logs, apps, wearable fitness devices) to self-track health data	Points chart: [Vendor name] Track (1 point per day) NEW 75 [points] maximum (This item on the points chart requires website or mobile app use and daily tracking of fitness and/or diet; notably, it is possible to track "Live Well" activities like stress level, but Live Well does not earn points. University of Minnesota, 2017, p. 5)	
Surveillance/University data usage	Why/how UMN collects and uses employee health insurance data/EWP health data	[A committee member] stated that hopefully weight loss by [health plan] members who participate in these weight reduction programs will be reflected in fewer medical claims. [An employee from benefits in Human Resources] stated that this data is being collected by [the EWP vendor] and will be used by Dr. John Nyman in calculating the return on investment (RIO) of the University's Wellness Program. (BAC, 2010d, p. 6)	

	Technology use	Encouraging or requiring technology use in the EWP.	An employee can earn double the points from last year by syncing their personal movement monitor (like a FitBit or Apple Watch). (BAC, 2018b, p. 3)
Marginalization	Access/Barriers	Perceived or reported issues with access to the EWP or barriers for participation	Concern about language availability of Wellness materials (Somali) was voiced. (BAC, 2015b, p. 2)
	Inequity/ Penalization	Perceived or reported issues with inequity or penalization based on employee health or classification (i.e., salary and rank).	A member voiced utter disapproval of stratifying people based on their biometrics. It simply is not acceptable to penalize people based on their health conditions. To illustrate, obesity is not as simple as eating too much. According to [the director of benefits in Human Resources], the intent is not to penalize people, but to reward and incent people for taking an active role in improving their health. The objective is not to exclude people that cannot meet certain goals. However, just because people are unable to meet certain goals does not absolve them from having to work on improving their health outcomes. (BAC, 2010e, p. 5)
	User sentiment	References to user sentiment such as committee members speaking as users of the EWP or discussions of user surveys and feedback	Employee Comments – [Vendor] & Overall Wellbeing Program <ul style="list-style-type: none"> <li>● Bring back the ability to add outside activities (such as a marathon, 10K, organized bike ride) for credit! And, let us get more points for them! Also, please make it easy to enter so we don't have to go to [vendor] Track every single day. – 14% of responses</li> <li>● The Wellness Program has little for healthy people. In fact, it feels like it punishes people who are healthy by making them do seat in chair tasks that take time away from healthier pursuits. People would rather DO something than spend hours in a chair clicking through steps to earn points. – 13% of responses</li> <li>● This is a huge waste of time. We are wasting work time and taxpayer dollars clicking around to get a premium reduction. --- 12% of responses</li> </ul> (BAC, 2018a, p. 6)