Worksite Wellness: It Works!

Summary

Recruiting new worksites into the health department wellness program has become easier, due to a culture of health and strengthened relationships in the business community. At first, the health department was not seen as a partner for employers in improving the health of their employees. By getting involved, employers can secure the benefits of worksite wellness for their employee's health, productivity, and morale. Developing relationships and using evidence based tools has shown that Worksite Wellness Works!

Challenge

Rates of obesity and overweight, physical inactivity, lack of healthy eating, and tobacco use are all higher than the State of Michigan and lead to some definite challenges for this rural, 10 county health jurisdiction in Northern Michigan. Complicating the health status of the jurisdiction are poverty indicators much higher than the State of Michigan. There were only a few existing worksite wellness programs in the jurisdiction before this initiative started. Many local worksites lacked knowledge of wellness program benefits, lacked human and financial resources to implement programs, and did not understand the benefits of a partnership between their businesses and the Health Department.

"Our worksites have reported an increased awareness of health issues, increased team building, and an overall increase in employee health status."

- Kim Chandler, Health Promotion Supervisor

Solution

District Health Department #10 (DHD10) began an initiative to build capacity for wellness programs at local businesses and encouraged worksites to implement policy, systems, and environmental changes where it was easy for employees to adopt healthy lifestyles. DHD10 staff became creative in recruiting worksites, utilizing the Chamber of Commerce and door to door recruitment to inform and encourage worksites to take advantage of the DHD10 resources. As more sites were recruited, relationships were strengthened and health department resources that were previously not available to worksites due to lack of funding, available staff, or wellness knowledge were used and appreciated by many worksites.

Results

In 3 years, 2,823 employees in 25 worksites utilized resources through this program. At each site, technical assistance was provided to develop a wellness committee and an environmental assessment was conducted. The results of the assessments were reviewed with the committee to prioritize needs and opportunities and to create an action plan based on the results. To encourage relationships between other participating sites, newsletters and wellness challenges were offered. Many worksites achieved success through environmental change, including installation of gardens, exercise equipment, food preparation and cold storage, water coolers, and tobacco free signage. Policy changes included tobacco free campuses and healthy food policies for meetings and vending areas. System changes included removal of pop machines and development of walking groups.

Sustainable Success

The sustainability of the worksite wellness programs is due to the emphasis on and encouragement of development and implementation of policy, systems, and environmental changes. These successful changes contribute to a culture shift that allows employees to make healthy choices during their workday, based on best practice programs that make a difference. DHD10 intends utilize these newly formed relationships with the local business community to continue to disseminate public health campaigns and initiatives. Specifically related to worksite wellness, DHD10 has made a commitment to continue with bi-annual worksite networking meetings and distribution of printed resources.

Your Involvement is Key

Using sustainable, evidence-based strategies has led to the establishment of a culture of health promotion at worksites. Using a variety of recruiting techniques, sharing resources, and mentoring worksites has led to success. Health departments are encouraged to promote worksite wellness opportunities, helping worksites get involved.



This publication was supported in part by funding from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement U58DP003921. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.