

Creating a Culture of Wellness in Workplaces

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The North Carolina State Health Plan (SHP), a self-funded plan established by the North Carolina General Assembly, provides healthcare coverage for more than 615,000 active public sector employees, retirees, and dependents. Employee members of the SHP work in 225 organizations in approximately 3,000 worksites throughout the state. Seventy percent of the health plan's medical and pharmacy costs are attributed to preventable chronic diseases related to poor nutrition/obesity, physical inactivity, tobacco use, and stress. In 2003, more than 164,000 SHP members were treated for one or more chronic diseases, an increase of 37% from 2000.^a In response to these findings, the SHP launched NC HealthSmart, a healthy living initiative for all eligible members in 2005.¹ The initiative includes six components: health tracking, including a health risk assessment; centrally designed health promotion interventions; targeted disease management; health coaching services available 24/7; high-risk case management; and worksite wellness programs.^{b,2}

NC HealthSmart delivers integrated services directly to the member via the Web, mail, telephone, worksite, and the healthcare community. These wrap-around services are designed to empower the members to play an active role in the management of their health.

Wellness programs in the workplace have great potential to impact employees' long-term lifestyle choices

because the average employee spends 50 hours-a-week at work and eats one third of his/her meals at work.³ Long-term results of wellness programs include improved health outcomes, reduced absenteeism, improved employee morale and retention, and reduced healthcare costs.^{4,5,6}

Successful worksite wellness programs are characterized by:⁶

- Individualized behavior change information (self-care information, health risk assessments, behavioral counseling);
- Social supports (wellness challenges, classes, support groups);
- Senior-level management buy-in (financial incentives, department-wide policy changes, communication, long-term commitment); and
- Environmental supports (workplace fitness centers, on-site health services, smoke-free worksites, healthy meal and snack options).

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a Members eligible for North Carolina HealthSmart services are members whose primary health insurance is through the North Carolina State Health Plan and who are not on COBRA.

b North Carolina HealthSmart was developed in collaboration with the State Teacher and Employee Wellness Advisory Committee (STEWAC), North Carolina Institute of Medicine, the University of North Carolina School of Public Health, North Carolina Department of Health and Human Services, and the North Carolina State Health Plan Board of Directors.

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Based on this evidence, the SHP, in partnership with the Division of Public Health (DPH) in the North Carolina Department of Health and Human Services (NC DHHS), has developed the NC HealthSmart Worksite Wellness Toolkit for use by worksite wellness committees in all North Carolina state government entities. Employers can use the Toolkit to build customized wellness programs. Currently, more than 160 committees from 93 eligible state organizations^c have been trained to use the Toolkit. The State Health Plan is also funding a worksite wellness team at the DPH to offer new resources and technical assistance to support committee sustainability at these worksites. New services will include a Web site, seminars, a newsletter, and a consultation program. In 2007, the Toolkit and training initiative will be modified for public schools (approximately 175,000 SHP members). This work will integrate with the North Carolina Healthy Schools initiative and occur in partnership with the North Carolina Department of Public Instruction, Local Educational Agencies, and the Division of Public Health.

Pilot Worksite Wellness Program

In 2004, the SHP commissioned and jointly funded a wellness initiative with a single state agency, NC DHHS, as a prototype for leadership development, policy change, and building wellness infrastructure for all North Carolina state government employers. NC DHHS was chosen as the pilot because of leadership support for worksite wellness and its large size (18,700 employees in 22 agencies and 16 hospital and residential school facilities across North Carolina) The initiative aims to:

- Reduce the major chronic disease risk factors among NC DHHS employees, thereby reducing chronic diseases and containing rising healthcare costs.
- Demonstrate the effectiveness of a wellness program model that includes a full-time, department-level director.
- Establish wellness committees to create and sustain work environments that promote and support employee health and wellness.
- Change policies and work environments to help employees become more active, make healthier food choices, avoid tobacco, and manage stress.

Implementation of the Pilot

NC DHHS launched the Wellness Initiative in September 2005. In the first 12 months, the groundwork for a sustainable, department-wide wellness program has been created. It involves leadership at all levels of the organization and formally incorporates feedback from employees and agency wellness committees. NC DHHS developed a three-year strategic implementation and evaluation plan with measurable objectives

to guide the initiative. Baseline and follow-up surveys were conducted to assess agency policy and environmental support for wellness, employee interest and participation levels, and management support. An online reporting system was created for committees to submit brief monthly reports of their wellness activities and program outcomes.

Prior to the launch of the Wellness Initiative, each division, office, and facility designated a Wellness Representative. The NC DHHS Wellness Director helped the 38 representatives establish wellness committees and develop tailored agency wellness plans. The Wellness Representatives also serve as members of a new Department-level Wellness Council to advise the Secretary on worksite wellness policy issues. All representatives received training on the Worksite Wellness Toolkit in the fall of 2005. The Wellness Director provides continued technical assistance, which includes on-site visits to help wellness committees implement programs geared to the needs and interests of their employees. Raffle incentives and exercise equipment grants were offered to committees to promote wellness activities and to increase employee participation. Wellness committees are also encouraged to integrate other NC HealthSmart services, such as health coaching and the health risk assessment, into their program strategies.

NC DHHS determined that approving *department-wide policies* that support employee wellness and creating a *supportive work environment* were the most efficient and cost-effective ways to engage employees in health risk reduction activities. NC DHHS Secretary Carmen Hooker Odom addressed the first policy issue by raising awareness of an existing Department Wellness Policy that allowed employees, with manager approval, to use flex-time schedules to participate in wellness activities. The Secretary continues to consider policy and environmental changes as needs are identified.

"I firmly believe that we, the leading public health organization in the state, must fully support our own employees' efforts to live a healthy life," says Secretary Hooker Odom. "I am committed to working with managers and employees to create a 'culture of wellness' within the Department. I encourage other state agency leaders to embrace worksite wellness and to take advantage of what we have learned."

Policy Recommendations

The NC DHHS Wellness Council made policy recommendations for the Department using employee and agency survey results, evidence-based wellness interventions, and council members' perceptions of department-level barriers. The recommendations are to:

- Increase employee access to on-site exercise opportunities.
- Provide incentives and increase management support for employee participation in wellness activities.

^c State agencies, universities, and community colleges are eligible for trainings in 2006-2007. A modified curriculum will be rolled out to public schools in the next two years.

- Ensure that all employees have access to designated break areas away from their workstations.
- Require training for supervisors on conflict resolution and stress reduction.
- Improve access to healthier meals and snacks in the workplace.
- Support policies that make workplaces tobacco free and provide on-site cessation programs.
- Establish procedures for addressing employees' concerns about air quality and ergonomic work areas.

Secretary Hooker Odom responded to the recommendations by providing key support for the implementation of department-wide formal and informal policy changes. Opportunities to increase physical activity helped drive several changes. State hospitals and resident school facilities with existing fitness areas were asked to allow employees use of the areas. For example, the Dorothea Dix Hospital Campus in Raleigh will reopen a gym facility (infrequently used by hospital patients) to employees, giving them access seven days-a-week. Improved exercise, shower, and locker facilities and scheduled wellness activities are planned for the site. Agencies were also encouraged to designate space for fitness areas. Fourteen sites received a commercial grade treadmill or exercise bike from a grant program offered by NC DHHS. To increase healthy foods at work, the State Services for the Blind vending contracts were modified to require vendors to include 15%, or at least five, healthier vending choices. Work is also underway to provide designated break areas and to offer incentives to support employee participation in health promotion programs.

Year One Outcomes and Participation

During the first 12 months of the Wellness Initiative, NC DHHS wellness committees reported implementing a total of 243 wellness activities and reported 49 changes to policies and environments that increased support for employees to become more physically active, eat healthier foods, avoid tobacco, or manage stress. Worksites with healthier vending options doubled (10 to 20), and the number of worksites providing information on healthy food choices increased from 10 to 41. More worksites have written policies supporting physical activity during the workday, and the number of indoor fitness areas increased from 14 to 22 worksites. More sites disseminated tobacco health risk information (from five to 33) and offered cessation programs (from three to 14). Stress management programs and materials offered in 14 worksites a year ago are now available in 36 worksites. Even without formal incentives, NC DHHS has achieved the highest rate of health risk assessment completion of any state department.

Preliminary data from a November 2006 employee survey

(4,788 respondents) found that 62% of employees had participated in at least one workplace wellness activity in the past year. Employees reported exercising more often (51%), citing work-based walking programs (50%) as the most popular activity. They indicated that they were eating more fruits and vegetables (49%), and were closer to a healthy weight (27%). With regard to tobacco use, 106 employees stopped tobacco use completely, and 149 reduced their amount of tobacco use. Employees indicated that they had received health information from their worksite wellness committees (45%), attended health fairs (35%), and received a flu shot at work (46%). The main reason employees reported that they did not participate in wellness activities was a lack of time (36%).

Wellness committees receive survey results to guide their wellness program plans for the coming year. Use of the survey information appears to have played a critical role in achieving high levels of participation. For example, both the baseline survey in 2005 and the second employee survey in 2006 indicate that an indoor place to exercise at work was the primary wellness priority for the greatest number of employees. The Wellness Initiative responded to employee needs by addressing policies that prevent or limit access to existing fitness areas and providing fitness equipment to agencies.

Further evaluation of the NC DHHS Wellness Initiative will include analysis of aggregate employee health risk assessment data. It is anticipated that this information will further confirm changes in a majority of employees' health behaviors. Finally, a comparison of health claims data before and after implementation of the Wellness Initiative will assess the impact of this model of worksite wellness on improving employee health and containing healthcare costs.

The NC DHHS Wellness Initiative will not be completed for at least another year, yet mid-study data suggest that it is already positively impacting individual and environmental behaviors. Modifying lifestyle habits is difficult, and it is critical to use every point of entry to support individuals in taking a more active role in their health. A comprehensive worksite wellness program can increase employee satisfaction and productivity and improve employee health by reinforcing health messages from providers, care management services, and health education campaigns. The State Health Plan will build on the impressive NC DHHS preliminary results by using this experience and other resources to benefit all state government, university, community college, and public school employers and their employee populations. **NCMedJ**

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