

**Well@Work Program (United Kingdom-Public-Private)**  
**[http://www.bhf.org.uk/thinkfit/index.asp?](http://www.bhf.org.uk/thinkfit/index.asp?SecID=1590&secondlevel=1593)**  
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**Section I: Summary**

In 2005 a two-year national workplace health promotion program was initiated in the United Kingdom with funding from the Department of Health, Sport England, the Big Lottery Fund, and the British Heart Foundation. The Well@Work program was a public/private collaboration to promote healthy behaviors in diet and exercise and assess the effectiveness of health promotion initiatives delivered through the work environment. Thirty-two organizations participated in 11 projects in 9 regions, affecting potentially 10,000 employees. The program was evaluated by Loughborough University and outcomes were assessed through an employee survey, site visits, and collection of business data from the participating workplaces. Positive outcomes were achieved through improvements in diet, exercise, and awareness about healthy lifestyle choices.

**Section II: Statement of Purpose**

From 2005 to 2007 Well@Work established 11 pilot programs in 32 different workplace environments across England, with the potential for reaching over 10,000 employees. Worksites varied by size and sector, for example participating organizations included offices, factories, voluntary organizations/non-profits, government agencies, a hospital and a prison. Diverse initiatives were implemented, primarily to address physical activity, diet and smoking, using four approaches: creation of programs and services, awareness and education, promoting a supportive environment, and development of health-related policies. A few initiatives also addressed stress and mental health. A national steering group comprised of members from the funding organizations oversaw the overall project and regional teams worked locally with the worksites.

Examples of programs and services included exercise and dance classes, sports clubs, corporate gym memberships, weigh management classes and competitions, smoking cessation classes, nicotine patches, health screenings and relaxation techniques. Examples of awareness and education initiatives included presentations/talks, posters and newsletters, healthy cooking classes, healthy lifestyle promotional campaigns, and events like 'Healthy Snack Day.' Examples of initiatives to promote a supportive environment include installation of gym equipment, bike racks, etc., healthy vending machines, free fruit program, and on-site smoking bans. Examples of development of policy were limited but included development of company policies on physical fitness, nutritional standards, and smoking.

### **Section III: Outcomes**

The program was evaluated by Loughborough University and outcomes were assessed through an employee survey, in-depth interviews, focus groups, site visits, and collection of business data from the participating workplaces.

Hundreds of programs were initiated across the participating worksites during the two-year period of the pilot. Key outcomes include:

- 546 total workplace initiatives were implemented.
- On average, approximately 93% of employees were aware of the Well@Work programs in their worksite.
- Initiatives aimed at programs and services and education/awareness were more common than programs to create supportive environments or develop health-related policies in the workplace.
- More than 50% of the initiatives were 'one off' or 'come and try' sessions.
- 40% of initiatives were short course interventions and ongoing programs (sports clubs or classes).
- 10% of initiatives were competitions or challenges.
- Statistical significant increases in physical activity related to travel/commuting were achieved in three projects through initiatives such as commuter challenges, bike maintenance and cycling lessons, linkages with local transport agencies, etc. On average, participants spent an extra 24 minutes walking or cycling to and from work.
- Six projects saw a significant increase in time employees spent in physical activity and nine projects saw an increase in participation in sports and recreation. In one example, participants in pedometer challenges increased their weekly step counts by one third.
- Nutrition initiatives accounted for 19% of activities, and significant increases in fruit and vegetable consumption were achieved in five projects.
- Smoking cessation projects did not significantly affect smoking behavior.
- Health screenings were offered by eight of the eleven projects and provided motivation for employees to participate in other initiatives.
- Limited data suggested that the program may have positively impacted employee productivity and absenteeism in at least two projects, and there was a perceived improvement in employee morale and work environment in some worksites.
- The participation rate across all projects was approximately 65%, with a range of 23% to 82% between individual projects. However, only 40% of employees reported that Well@Work initiatives had 'met their needs.'
- As of 2008, eight of the eleven projects had plans to continue beyond the pilot phase, including providing financial support for the program. Of the three that are not continuing, two had their project coordinator leave midway through the project and the position was not replaced.

A number of key success factors, strategies, and 'lessons learned' emerged from the pilot programs as well. These included:

- Providing a part-time or full-time project coordinator based in the workplace to oversee the initiatives.
- Recruiting and training 'workplace champions' to build support for programs, encourage employee participation, and enhance communication about the programs.
- Providing a workplace 'advocate' or 'sponsor,' as well as buy-in from senior management to support the project coordinator and engage employees.
- Keeping programs free and flexible to accommodate employees with stricter schedules or other barriers to participation.
- Involving external healthcare experts and/or medical professionals to share knowledge and expertise.
- Activities that provided social support and encouragement (group activities, team activities) helped keep employees engaged and participating.
- Physical activity initiatives were perceived as easiest generate employee interest due to the 'fun,' social nature of the activities. Barriers to implementing these initiatives included lack of appropriate of sizable space for activities, lack of changing/shower facilities, and geographical location of the workplace (for 'active travel' initiatives).
- While some employees were incentivized to participate by 'prizes,' the most important factor for success identified by employees was the social support received by having the programs in the workplace.

#### **Section IV: Additional Resources**

Well@Work, British Heart Foundation, Greater London House, 180 Hampstead Road, London NW1 7AW.

Bull, F.C., Adams, E.J., Hooper, P.L., Jones, C.A., 2008, "Well@Work: A summary report and calls to Action", British Heart Foundation, London, [http://www.bhfactive.org.uk/downloads/Well@Work\\_Summary\\_report\\_and\\_calls\\_to\\_action.pdf](http://www.bhfactive.org.uk/downloads/Well@Work_Summary_report_and_calls_to_action.pdf).

Bull, F.C., Adams, E.J., Hooper, P.L., Jones, C.A., 2008, "Well@Work: Promoting Active and Healthy Workplaces Final Evaluation Report," School of Sport and Exercise Sciences, Loughborough University, UK, [http://www.bhfactive.org.uk/downloads/W@W\\_EVALUATION\\_REPORT.pdf](http://www.bhfactive.org.uk/downloads/W@W_EVALUATION_REPORT.pdf).