

# **EVIDENCE SHOWS WORKPLACE HEALTH PROMOTION WORKS - BUT HOW DO YOU GET YOUR EMPLOYEES TO ATTEND?**

*Leanne Scanes*  
*Director – Corporate Bodies International Pty Ltd*

## **Abstract**

To ensure improved health, reduced absenteeism and increased productivity, it is essential health initiatives have a high participation rate. Choosing the most expensive and well designed initiative will not guarantee attendance. Voluntary unpaid participation outside work hours is often the greatest hurdle faced when trying to implement workplace health promotion.

The range of health initiatives available is ever increasing. Health screenings, pamphlets, toolbox talks, seminars, multi-session programs, employment of a health practitioner and building of gyms or sporting facilities all achieve varying degrees of participation. Even within the mining industry there is dispute over the most effective means of improving employee health.

Once an initiative has been selected the difficulty remains convincing employees to attend. An essential key is to know what attracts employees to a program. Initiatives which address topics relevant to the workforce, are fun, interactive and presented in an informal environment all achieve high attendance. One crucial factor in maintaining employees commitment to the program, is the presenter's ability to communicate the information with enthusiasm and generate ongoing adherence.

The elements which attract employees to participate in a health initiative and the characteristics pertinent to ensuring continued attendance are explored in this paper.

---

## **Introduction**

It has been established that no organization can remain productive without maintaining the health, job satisfaction and morale of its employees (1). When considering the costs of poor health to business, and its increasing relevance, it becomes evident that initiatives need to be taken to reduce the incidence of workplace accidents and injuries, and subsequent worker's compensation claims (2). Health promotion programs are not compulsory in Australia, however their popularity is growing.

There is increased recognition that Occupational Health and Safety (OH&S) legislation emphasises the need for a workplace to be not only safe, but also healthy. The majority of organisations are working to reduce workplace health hazards, such as exposure to noise, heat and dust. However the emerging trend is to go beyond this legislative requirement and offer health promotion initiatives to encourage employees to achieve optimal health.

At the 1993 Minesafe International Conference, Ric Charlton CEO of Shell Australia, asked "Should lifestyle and health promotion of the workforce be the employer responsibilities?" Ten years on, this question remains unanswered, although most companies are beginning to recognise the negative impact of poor health on business profitability, and the influence of an employee's lifestyle outside of work on their work performance.

Workplace health promotion activities are often separated from OH&S issues. However the question is: should they be addressed congruently? Employees are offered sunglasses, sunhats and sunscreen when working outdoors to prevent skin cancer. Should companies go one step further and offer skin cancer screening, or seminars on early detection of skin cancers as a further means of prevention? The rising implementation of health promotion programs is beginning to set a trend in which employers are taking more responsibility for the employees' health and wellbeing, whereas the employee accepts less responsibility. Programs must empower individuals to accept responsibility for their own health and wellbeing. Ric Charlton adds, "If we believe that health promotion in the workplace reduces accidents, it should be part of an overall effort to improve safety."(Ric Charlton CEO of Shell, 1993 Minesafe conference).

While in support of the use of health promotion strategies to improve employee health, the concerns of unions, employees and governments is that employers may seek to improve productivity and moral in the workplace through high profile health promotion programs, at the expense of basic OH&S Issues(3).

The question over the responsibility of employers to offer health promotion will continue to be debated. However there is little argument to negate that these programs do provide very real benefits to the workplace(4). When used in conjunction with stringent OH&S standards the “two-pronged” approach to employee health results in a synergy that will maximise the positive outcome (3).

There is continuous acknowledgement that what employees do outside of work hours impacts on their health and productivity as much as activities done at work (4). Employers can justify the use of health promotion to assist workers to achieve better health and lifestyle habits. Adoption of primary care strategies that address the underlying issues of poor health results in benefits to all concerned: the workers, their families and the employer (5).

The short term benefits of running health promotion programs are difficult to measure, such as improved staff moral and improved employee/management relations (6). Another short term benefit is the organisation’s improved public image by demonstrating a concern for the welfare of their employee base (7). This has a potential flow-on effect of improved staff recruitment and retention.

The importance of long term and financial benefits to measure success becomes more apparent as the program progresses. The three main financial concerns of most workplaces: productivity, running costs and staff turnover, can be abated with a successful health promotion program. Decreased absenteeism, improved productivity, improved fitness, reduced workers compensation claims and fewer retirements due to illness (6), are all known benefits of workplace health promotion.

Australia is behind the developed world when it comes to placing an increased emphasis on employee health. One possible reason is that Australian companies are not required to pay the health care costs of employees. Rather, most companies have their own policy regarding fitness and health requirements for employment. The majority of organisations in which employees undertake physical tasks require a pre-employment medical to ensure fitness for duty. However, many organisations lack ongoing monitoring of an employee’s health and fitness during their time of employment. If pre-employment fitness is vital, the same importance should be placed on an employee’s health throughout their employment. Anecdotal evidence, and simply looking around a worksite will reveal that this is not the case.

Corporate Bodies International, a provider of health and lifestyle programs to the mining, and other blue collar industries conducted a survey with two QLD coal mines in the Bowen Basin (one underground and one opencut) and a quarry in the ACT. After completion of the ‘Working Bodies’ program, a health and lifestyle program designed specifically for blue collar workers, 150 participants completed a questionnaire. Employees were asked for their reasons for joining the program. 46% said because their “waist line was expanding” and 43% reported they had gained weight over the past 5 years. Due to the small sample size it cannot be assumed this is a true indicator of the entire industry, however it does give an insight. This research is intended to alert companies to a possible issue occurring onsite that may require attention.

Many organisations report using health promotion in collaboration with an OH&S framework to improve employee health and wellbeing. Mining and construction industries are much less likely to offer health promotion initiatives than white collar industries (4). Even when initiatives are offered they tend to be less intensive, whereby they do not achieve sustainable health and lifestyle change (4).

Blue collar industries, such as the mining industry, generally have a male dominated employee base. One of the most common beliefs is that men don’t care about their health (8). However, people who work with men know that many more men care about their health than generally reported. Essentially there are many more reasons, other than apathy, that limit a man’s ability to take steps to improve his health (8).

It is widely reported that blue collar workers (9) are the least healthy of all employment groups, and they are most likely to report to work unwell. Many employers are actively addressing this issue, as they recognise workers who are not fully functioning affect production and can become a safety hazard. Presenting for work on time every day and going home in one piece does not mean your workforce is healthy. Nor does a low absentee level indicate healthy employees(9). Lower productivity due to unwell workers may be more prolific than thought (9).

What is known about men, especially in regards to blue collar workers, is that they are less likely to participate when they view the health promotion strategy as something of no relevance to them. The failure of health programs to specifically address the needs of these working men has resulted in many drawing the conclusion that programs simply do not work with this group of the population. However, programs designed specifically for these workers, and presented with the right approach, result in a high degree of participation and measurable long term health benefits (10).

Many organisations are now introducing health promotion programs, with the aim to improve the health of every single worker, particularly those at high risk (7). The aim to have all employees attend a program can only be achieved by making it compulsory. The reality is that not all employees want to become healthier, and programs should be voluntary. Attendance alone does not ensure participants will change their current health and lifestyle behaviours (J).

To make a program compulsory, the employer must run the program in work time, thereby contributing financially to the cost of the program, and also bearing the costs of the resulting lost production. Two of the main benefits employers hope to achieve by running health promotion are increased production and improved morale. Running programs in work time will impact negatively on production schedules, and forced participation will only harm morale. Evidence shows that despite programs being run in work time 100% employee attendance is not guaranteed (11). Corporate Bodies International has experience in conducting workplace health promotion programs within blue collar industry, including the mining industry. Our research indicates those programs which are voluntary and run outside work time produce the greatest results. In addition, employees feel a sense of ownership over the program, as they are doing it in their own time, on a voluntary basis, and are less likely to question the company's motive for such promotion.

Program success is often incorrectly measured by participation level. However, the number of program attendants does not indicate the amount that actually made lifestyle change based on the recommendations made. It is also incorrect to use the drop out rate of the program as a measure of its ongoing success (or failure) as some initiatives, such as flu vaccinations do not require the time commitment as multi-session programs aimed at changing employees' established lifestyle habits. A program can be deemed successful when the majority of participants make sustainable lifestyle change. This is often the case in voluntary programs. If that program also attracted many employees, the outcome is amplified.

To illustrate the different scenarios that may result when running a health promotion program, we have considered a workforce of 200 people. Measuring success purely on level of participation would not give a true indication of employee health improvements. Figure 1 shows varying degrees of participation that may be achieved from the same health promotion program. A non compulsory program can still result in a high proportion of the workforce making lifestyle changes. Conversely, a program that attracts very few participants, even if all are highly compliant, will not create a dramatic improvement in the overall workplace.

Figure 1.0 Illustrates workforce participation is not the only determinate of program success.

No of participants	% of workforce	% who made changes	Number who made changes	Total % of workforce who have improved their health
20 staff	10	70%	14	7%
100 staff	50	50%	50	25%
200 staff (compulsory program)	100	20%	40	20%

Giving all employees the opportunity to participate in health promotion programs is often one of the greatest concerns for many employers. Evidence shows that those employees who are already fit and healthy are most likely to join, while those with the greatest need are less likely to participate (7). Men are even more notorious for this, as most men view their health as much better than it actually is (9), only requesting help when their health problems are of an acute nature.

Participation in workplace health promotion programs has been widely studied in Australia and throughout the world. Research indicates that people with a higher degree of education, who play sport, have strong family support, perceive their lives as stressful, and are only slightly overweight are most likely to participate (7). Young men, and smokers of any gender are the least likely to participate in health promotion programs run at the workplace. Surprisingly for many researchers, men who choose to participate in health promotion tend to be older and overweight (7). This is particularly important to the mining industry, who face the challenges of an aging workforce(12). The knowledge that overweight, older men are more likely to participate improves the chance for lifestyle change to occur in this population group. If health promotion can help combat the problems associated with aging workers, pro-activity in the area of disease prevention should be included in any strategy to improve staff retention.

The challenge remaining is deciding which method encourages employees to voluntarily participate in a workplace health promotion program, outside work hours, for which they are not being paid. Remuneration or incentives are possible, however when the aim is to reduce costs and maximise profitability this may defeat the purpose of running the health promotion program. More importantly it will not increase the chance of long term compliance with the concepts taught.

Companies interested in implementing workplace health promotion programs must also choose between an in-house program run by a staff member, or using an outside consultant. The former option is not always the simplest and most cost effective solution. Implementing programs run by an outside consultant ensures a professional and evidence-based approach, and reduces labour costs. Corporate Bodies International is just one organisation running health programs, with proven long term results, that are achieving participating rates of around 50% of the workforce.

Management and employee support, a realistic time commitment and creative marketing are a number of ways to increase voluntary participation in your workplace health program.

**1. Get support and involvement from management**

One key benefit of health promotion programs is the resulting improvement in employee/management relationships (6). The organisational structure of the company also affects the participation levels of employees (4). Those programs that are seen to be supported by supervisors and management have better attendance (7,4). Support by management is often seen by employees as a sign of approval and indicates the value of the program. The belief the program is worthwhile is further enhanced when managers make the decision to enrol and attend with employees (7).

**STEP 1 – MANAGERS MUST SHOW THEIR SUPPORT BY PARTICIPATING**

**2. Involve employees in the decision making process**

Management support alone does not guarantee employee attendance (5). An effective way to show employees their opinions are valued is to involve them in decision making, especially when the decision to be made is for their benefit. Involving employees in aspects of program planning or selection will initiate improved relations in the workplace, and spark motivation and participation (5, 13). Employee involvement in decision-making also ensures the program provides the information and skills employees require (4).

Most companies have OHS committees which are represented by a variety of employees and management. This is essentially the best forum in which to discuss the possibility of running workplace health promotion programs. It is impossible to tell every employee about all possible ideas and plans, but a committee that is representative of the entire workforce provides an avenue for information to filter through to all workers. Listen to the committee and choose a program that addresses topics they believe their colleagues are interested in. The members of the OH&S committee who are in support of the program then become ambassadors, and can enthuse and motivate other workers to join (5).

**STEP 2 – CONSULT WITH EMPLOYEES AS YOU CHOOSE A PROGRAM**

**3. Choose a program that addresses topics people are interested in**

As discussed asking employees what topics most interest them is a great way to ensure your program has the greatest chance of high attendance(14). If management alone decide to introduce a program they think is worthwhile, the people you want to attend may not share the same interests. This is confirmed with some evidence showing blue collar and white collar workers often want to know about different topics (10). By no means can you cover every health topic that your staff show interest in, but covering topics that are most popular will increase the appeal of your program.

The aforementioned survey by Corporate Bodies International asked mining employees the topics they would most like to know about if attending a health promotion program. The average age of those surveyed was 30-39 or 40-49, which is fairly indicative of the age of employees in the mining industry in Queensland. From a list of 11 topics, participants were asked to select the three of most interest to them; please refer to results in Table 2. The most popular topics were “healthy lifestyles” (81%), “weight loss” and “heart health” (58% each). Surprisingly, just 7% rated free gym memberships as a preferred way to improve their current health. This contradicts the view that many worksites have in regards to free gym memberships being the best health promotion initiative.

Table 2. What three topics most interest you

<b>Topic</b>	<b>% in top three</b>
Healthy lifestyles	81
Weight loss	58
Heart health	58
Nutrition	52
Stress management	15
Exercise	12
Emotional	7

Gym memberships	7
Weight gain	6
Quit smoking	4
Relationships	0

Research in Australia and abroad investigating the most popular health topics in industries other than mining are parallel with our findings (13). Nutrition, weight loss and exercise initiatives were those selected as the most likely programs employees would volunteer to attend (13). White collar workers rated stress management much higher than blue collar workers (13), however, stress was still a topic of interest for those employed in blue collar industry.

When debating who is responsible for an employee's health (ie. the employer or the worker), discussion often shifts to why employees don't take the initiative themselves to improve their health. Program participants were also asked for reasons they had not proactively attended similar programs. Over 51% of those surveyed reported on lack of availability in their town. Therefore if the program is new and exciting, and covers the topics they are interested in, employees are more likely to attend.

### STEP 3 – CHOOSE A PROGRAM INCORPORATING INFORMATION OF MOST INTEREST TO YOU EMPLOYEES

#### 4. Consider whether programs should involve families/the community

As previously discussed high attendance rates do not lead to improved productivity, improved health and moral. It is change in health and lifestyle that creates change in the work environment. Those people that achieve the greatest results are those that have support to make changes both inside and outside of work (10). This support is essential for long term success. Allowing spouses to attend the program can increase the number of employees who also attend. Setting guidelines that spouses can only attend if their employed partner does can lead to encouragement from the family for attendance. This further enhances the number of your employees who may attend.

In the experience of Corporate Bodies International, spouses are interested in attending for their own benefit, as well as to provide encouragement and support to their partner. This translates into not just fitter, stronger and healthier employees, but also happier people in the short and long term. Also, if the families of the employee are responsible for the cooking and shopping, and the program focuses on improved eating habits, it seems foolish not to include those who prepare the meals in the education. One of the greatest criticism shiftworkers have of their lifestyle is the inability to spend time with their families. This is an initiative, if offered to families, that could help them spend time together, while learning and improving their health.

In many remote areas where it is difficult to attract young families to the area, these initiatives can provide services that they otherwise have minimal access to in small towns. This will strengthen community ties and reinforce that the employer cares for the wellbeing of its staff and their families.

### STEP 4 – CONSIDER INCLUDING SPOUSES IN THE PROGRAM

#### 5. Set a program structure to best meet employee needs

Once you have selected a health promotion idea, it is important to decide on an appropriate time length for the program. Programs must be of sufficient length to achieve long term health improvements in employees (5). If the program is to be run in the employees own time it must be of realistic length. Programs requiring a large time commitment will not attract employees (14), whereas those with a short time commitment spread over a period of time attract a higher participation rate (4).

Some initiatives only require a very short period of time, while others, to be effective, do require a longer time commitment on the employees' behalf. An initiative such as free flu vaccinations may attract 80% of the workforce, however, how many people would choose to have the flu shot if they needed a booster every week for the next six months? Similarly, a one-hour session to teach people how to lose weight is not going to be particularly effective. Expecting your employees to give up too much time will turn many people away from participating (7), and not enough time with effect the participants' motivation for long term success (3).

Programs with flexibility to allow participants the option of time to attend will initiate much wider attendance (19). Working in shifts is often the greatest barrier people express when asked why they don't take care of themselves. When questioned as part of our survey as to why participants had not attended similar initiatives when available, 30% of respondents said working in shifts was the main

reason, with 25% saying lack of time was the biggest barrier. Equal accessibility for all staff should be paramount; this may require multiple sessions at various time-slots to capture everyone. This is often where hiring an outside consultant to devote the required hours to the initiative will increase the likelihood that, logistically, all staff will have equal access.

**STEP 5 – CHOOSE A SUITABLE TIME FRAME AND PROGRAM STRUCTURE**

**6. Effective marketing**

You have selected a program in consultation with employees that is supported by management; you have decided whether to include families, and discussed a suitable structure and time frame for the program. The only thing left to do is to tell everyone what it is about and wait for people to sign up. Which sounds a lot easier than it is. The most common mistake most companies make is devoting their entire budget to running the program. You must devote adequate time, money and effort to advertise the program (4). No one wants to be the first to enrol and no one wants to enrol unless they fully understand what they are committing to.

Be completely open and honest with your staff when they question your motive for running the program (5). Often in workplaces with poor management employee relations, misinformed workers will often hold a negative view on health promotion programs. Rather than seeing it as a way for their health to be improved it will be viewed as a way to determine who is the fittest and healthiest, and a means to get rid of the unhealthy people. Using an outside consultant often overcomes this barrier especially when the consultant assures participants any health measurements taken will remain entirely confidential (5).

The use of repeat promotions and multiple communication channels to advertise the program will not only ensure you reach all employees, it will also reinforce the program to staff (4). Many people move through the stages of change before deciding to commit. Often we see something once and think about it, see something twice and decide to do it, but it may take the third time before we actually do it.

**(I) Market the program as a means to improve your health and learn something new.**

People often have differing opinions as to why some people join programs and others don't. The reality is some people want to improve their health and others don't. If someone does not want to improve their health, they see no reason to join a health promotion program.

The survey by Corporate Bodies International asked participants for their main reasons for joining the program. 90% said one reason they joined was to improve their health, followed by 29% who said a reason they joined was they were curious and wanted to learn something. (See Table 3). 34% joined the program as it was at no cost to them, apart from their time.

Table 3. Main Reasons you joined the program.

Reason	% to which this was important
Improve health	90
Company funded	34
Curious – wanting to learn	29
Able to attend despite shifts	18
Participate with workmates	16
Attractive presenter	12
Group learning	11
Sounded fun	7
Past success of comp	3
Forced to attend	1

In a survey of several different worksites 80% of men felt the gender of the presenter made no difference to their decision to join (4). While only 12% of those surveyed by Corporate Bodies reported the presenter's looks made a difference to them joining the program. The strong comment made though was if the presenter looked healthy they were more likely to attend –as they would know the presenter was able to live what they were teaching.

**MARKETING TIPS**

- SHOW PARTICIPANTS HOW THE PROGRAM CAN IMPROVE THEIR HEALTH
- CHOOSE A PRESENTER WHO IS FIT AND HEALTHY

**(II) Market the program shortly before it starts**

Before you even begin to market your program, you must have some idea of when you plan to start it. It is no good decided to start when people sign up, as often people will not sign up until they are fully informed. While an exact date is not necessary a particular time frame is.

If you market the health promotion initiate to long before you actually plan to start, you risk two things(4). Firstly, participants won't sign up believing they can do it later or closer to the starting date. Secondly those that do sign up may change their mind and pull out before the start date, or forget altogether they actually enrolled(4).

You want to start your program while people are motivated and enthusiastic, and ready to make changes. Rather than later when the motivation and enthusiasm have fallen away.

**MARKETING TIPS**

- DON'T BEGIN MARKETING YOUR PROGRAM UNTIL YOU KNOW WHEN IT WILL START
- START YOUR MARKETING CLOSE THE START DATE

**(III) Use a catchy name for the program**

With health promotion simple small changes make all the difference to someone's health. It is the same with health promotion marketing. Simple things such as what name to give your program make a huge difference(5). Calling your company health program – ‘the company health program’ does not excite or enthuse people. You want people to be interested when they hear about the program and have a desire to find out more about it. If using an outside consultant generally the name of their program has been chosen and researched to show it excites employees.

As an example, a health consultant was wishing to provide employees with information regarding nutrition and shiftwork(5). This was initiated by writing a series of articles on nutrition and cancer, and nutrition and heart disease. It was found very few people expressed an interest in learning more. When the name was changed to relate more to the target employees the participation rate improved dramatically (5).

**MARKETING TIP**

- CHOOSE A GOOD NAME FOR YOUR PROGRAM

If your program has the support of management, is developed or selected in consultation with your workers, meets their needs, is structured in the right way and run at many times of the day your program has a greater chance of attracting voluntary participation. The marketing of your program is crucial – devote time and money to this and you will increase employee enrolment.

The success of a program is not just reliant on getting people to attend, but their continued attendance. The question will always be raised as to why some people choose to drop out of health promotion programs while others keep on attending. Poor attrition can not only negatively impact on that particular health promotion program but also on the chance that any other programs will be run in the future.

When we asked participants for their main reasons that influenced their decision to return each week, the overwhelming responses were because their health was improving (71%) and because they were learning something new (64%). Followed closely by to keep motivated (36%) and the program presenter (33%). Only 3% of people continued attending because they felt they had to. You do not want to promote an environment whereby people only attend each week because they are being forced to or feel they have to. This may show your program had low attrition, however it is unlikely these people will make any sort of lifestyle changes, especially those they will retain in the long term.

Table 4. Reasons why participants continue to attend each week

Reason	% reported this as a reason for attendance
Their health was improving	71
Learning something each week	64
Information was relevant to me	45
To keep motivated	36
Motivating presenter	33
Having fun	13
Time with workmates	6
Feel they have to attend	3

This small survey along with other information on participants feedback of other programs across the world, where the general consensus is the same(5), gives several clear strategies that can be incorporated into a program to minimise attrition.

### **1. Measure success in many different ways**

It is classic human nature to want praise for a job well done. When it comes to health improvement it is essentially the same. Thus, it is not surprising this was one of the main reasons those surveyed stated as a reason for continued attendance.

Companies who run health promotion expect to be able to show at the end that it worked – their must be some measure of achievement or otherwise management begin to wonder why they are even funding such initiatives.

This is equally true of individuals. If health promotion is run with no real way to measure success, or no emphasis on improvements then people are likely to wonder what good there is attending each week(4). Positive reinforcement of change no matter how small it is works(10). Participants especially those in nutrition and healthy lifestyle programs often fall into the trap of doing it purely to lose weight, when there are so many other health improvements that result from eating better and being more active.

What measurements to take will depend entirely on the health promotion initiative you are undertaking and essentially what the aim of the program is. Not everyone will improve their health in an equal fashion, so importantly ensure there are a number of different indicators/ measures of progress(5). This will allow those who improve in one area a sense of achievement and those who improve in another area to feel they are achieving something also.

The taking of measurements is one way to also increase support and involvement from families. If participants are given measurable evidence they can share with their spouses/families as to their improved health this will lead to further encouragement at home. This continued outside work support will increase the likelihood that changes will be maintained for a longer period of time.

#### MEASURE PROGRESS USING MANY DIFFERENT INDICATORS

### **2. Teach participants something new.**

As previously discussed it is important employees are involved in the decision making process, of choosing which health promotion program to run on site. If the selected program is that which most employees felt they would like to know more about, then ensuring they are learning during the program should not represent a large problem.

If people feel they are attending a program and not learning anything new, or not being taught what the marketing promised, then they are more likely to drop out. No one will willingly continue to spend their precious time in an environment they feel is not fulfilling. Even if the information presented is common knowledge, presenting it in a different matter, can reinforce it more clearly(A). By completing each session with an insight into what they will learn the following week, is also a good incentive for participants to return(5).

#### PRESENT INFORMATION IN A NEW LIGHT

### **3. Make the information relevant**

Not only do participants want to increase their knowledge and awareness of how to improve their health they want to know how it relates to them, and how to put in into practice. If health promotion is done in a lecture style fashion, whereby participants are told what to and what not to do, they are unlikely to keep attending and even less likely to put it into practice.

People want to hear news they can use. There are three simple steps to learning (5). Listen and forget, see and remember, do and understand(5). If the information is presented with suggestions of how to put in into practice around current lifestyles and work requirements, participants feel it is relevant to them. With over 40% of those surveyed reporting the relevance of the information was a reason they kept attending our program, it is a major contributing factor to attrition.

#### MAKE THE INFORMATION RELEVANT BY GIVING PRACTICAL ADVICE

### **4. Choose the right program presenter**



Often occupational health and safety staff within the company have been used to advise workers on ways to improve their health such as how to lose weight or reduce cholesterol (15). However, due to familiarity and limited ability to run a comprehensive program there is generally little or no significant change in the behaviour of the individual (16). Never underestimate the impact the presenter has. There is a large financial and time commitment to investigate and run health promotion programs, sourcing a good program presented aids in high attendance levels throughout the program.

When a professional health provider is outsourced, there is greater likelihood, that beneficial changes in health behaviour will occur (17). When you are expecting your employees to turn up week after week, the program presenter needs to have rapport with the group. Strong interpersonal skills, excellent verbal communication, sensitivity to the needs of the group and the individual, as well as the ability to relate to your employees are contributing factors that motivate participants to continue attending (18).

### CHOOSE THE RIGHT PROGRAM PRESENTER

Participant retention during the running of the program, alongside a high initial enrolment rate, enhances the chance of a large proportion of the workforce making health improvements. Multi-session programs are designed to teach employees many differing ways to improve their health. If participants attend all sessions of multi-component programs they are more likely to be able to select those components of the program they feel are easy to incorporate into their current lifestyle.

#### **Conclusion**

Well designed and run health promotion programs work. There are few who have participated in such programs who will disagree. Improved moral, better staff management relations, decreased workers compensation costs/claims and reduced absenteeism, these are all very real benefits.

It is frustrating that even the best planned and designed programs do not elicit 100% attendance. Any program that results in health improvements in individuals must be viewed as a success. Management support and involvement, along side employee decision making increases your chance the program will be well attended. By establishing a program structure suitable to the workers, run at times they can attend, which addresses topics they are interested in can only further enhance program enrolment.

Individuals have the ultimate decision of whether or not they want to improve their health. Employers and workplace health promotion programs have the ability to empower individuals to make changes, and offer avenues through which participants learn how to implement changes. Get your employees to voluntarily attend health promotion programs in their own time, and the battle is half over. The desire to change though remains with the individual. We cannot force people to attend, nor can we expect everyone to value their health in a positive light. As employers you can provide the water, make it appealing, lead the horse to it, but you cannot force the horse to drink.

**References:**

- 1) Bruhn, J.G. and Cordova, F.D. (1987). Promoting Healthy Behavior in the Workplace. *Health Values* Vol 11: 2, pages 39 –48
- 2) The National Steering Committee – Health Promotion in the Workplace. (1995). Why promote health at work. City Graphics, Canberra Australia
- 3) Bellingham, K. (1991) Integrating health promotion with OHS objectives. *Occupational Health Magazine*, August Pages 5-6
- 4) Glasgow, R., McCaul, K., and Fisher, K. (1993) Participation in Worksite Health Promotion: A critique of the literature and recommendations for future practice. *Health Education Quarterly* Vol 20(3) pages 391-408.
- 5) Kapitan, R. (1989) Implementation considerations for worksite promotion programmes. *Journal of New Zealand Dietetics Association* 43:1 pages 16-19
- 6) R. Charlton (1993) Should lifestyle and health promotion of the workforce be employer responsibilities? *Journal of Occupational Health and Safety, Australia and New Zealand*. Vol 9(6) Pages 585-589.
- 7) Mavis, B.E., Stachnik, T.J., Gibson, C.A and Stoffelmayr, B.E. (1992) Issues related to Participation in worksite health promotion: A preliminary study. *American Journal of Health Promotion*, Sept/Oct Vol 7 (1), pages 53-60
- 8) Baker, P.(2001) The state of men's health. *Mens Health Journal* Vol 1(1)
- 9) Korda, R.J., Strazdins, L., Broom, D.H. and Lim, L.L. (2002) The health of the Australian workforce: 1998-2001. *Australian and New Zealand Journal of Public Health*.
- 10) Lomas, L., (2003) Men at Work. *Men's Health Journal*, Vol 2 (1) pages 4-5.
- 11) Aldona, S. (2001) Financial Impact of Health Promotion programs: a comprehensive review of the literature. *American Journal of Health Promotion*, vol 15 (5) pages 296-320
- 12) Parker, A.W. (2002) The Aging Workforce: Perspectives and Implications. Qld Mining Industry Health and Safety Conference 2002. Pages 73-80
- 13) Edington, M.P., Sharp, M.A., Vreeken, K., Yen, L. and Edington, W. (1997). Worksite Health Program Preferences by Gender and Health Risk. *American Journal of Health Behavior* Vol 21: 3, pages 207-215
- 14) Golaszewski, T. and Yen, L.T. (1992) Demographic Characteristics of users of worksite health promotion written materials. *American Journal of Health Promotion*, May/June Vol 6 (5), pages 359-363
- 15) Pritchard, J.E., Nowson, C.A., Billington, T. and Ward, J.D. (2002). Benefits of a year-long workplace weight loss program on cardiovascular risk factors. *Nutrition and Dietetics*, Vol 59: 2, Pages 87-96
- 16) Egger, G. (2000). Intervening in mens nutrition: lessons from the Gutbuster men's 'waist loss' program. *Australian Journal of Nutrition and Dietetics* Vol 57: 1, pages 46-49
- 17) Grant, C.B and Brisbin, R.E. (1992). *Worksite Wellness – The Key to higher productivity and lower health costs*. Van Nostrand Reinhold, New York.
- 18) Various Authors (1993). *Worksite Nutrition Programs*. Random House New York.
- 19) Heanery, C.A, and Goetzel, R.Z (1997) A review of health-related outcomes of multi-component worksite health promotion programs.