

HEALTH & WELLNESS PROMOTION IN RURAL BLUE COLLAR INDUSTRIES...CREATING A SUPPORTIVE ENVIRONMENT FOR CHANGE

Andrea Sparrow (Dietitian and Exercise Physiologist)

Abstract

Research reveals an over representation of lifestyle related health problems within blue-collar industries. Worksite health programs like the 'Working Bodies Program' positively contribute to improving the food and lifestyle habits of blue-collar workers. Although improvements in health parameters are measurable, it is important to acknowledge that greater health improvements are possible within an environment that is conducive to lifestyle change.

Barriers to change are increasingly noticeable in rural locations, camp style accommodation and dining, and with long working hours and shift work. Corporate Bodies International has worked with 28 mining companies throughout Australia. Common issues raised by workers who face these barriers include fresh food availability, poor quality of food, greater expense of fresh food compared with city locations, limited healthy food choices within the camp setting, fatigue and lack of time to participate in physical activity.

Barriers vary between people, site cultures, companies, industries and locations. Therefore, it is important to assess their effect on individual employee populations. These findings should play a crucial role when designing and implementing worksite health programs. This will assist in creating an environment that is supportive of health and lifestyle education to bring about greater health outcomes that are sustainable long term.

1. Introduction

It is well known that employee poor health impacts on the bottom line of business by increasing absenteeism, risk of injury, reduced group morale and reduced productivity. For this reason it makes good business sense for the workplace to support health promotion programs that aim to improve employee health (Gaukroger 2003). In support of this argument research has demonstrated the benefits of worksite health promotion. These benefits include but certainly are not restricted to improved productivity, improved fitness, reduced workers compensation claims and fewer retirements due to illness (Charlton 1993). Wellness program participation has been associated with decreased absenteeism and a translatable cost saving to the organizations involved (Aldana 2005).

There is no doubt that worksite health programs like the 'Working Bodies Program' positively impact on the food and lifestyle habits of blue-collar workers, and in turn provides a multitude of benefits to the workplace. Although improvements in health parameters are measurable, it is important to acknowledge that greater health improvements are possible within an environment that is conducive to lifestyle change.

This has been referred to as the "two-pronged" approach where an organization puts in place OH & S policies and procedures while educating employees to take responsibility for their health through workplace health programs (Bellingham 1991). For example, this is demonstrated by organizations that create and regularly review policies and procedures to ensure the provision of a range of healthy foods on site whilst at the same time educating and encouraging employees to make healthier choices through workplace health promotion. This approach is at the very crux of health promotion, and that is to maximize health improvements by educating and encouraging changes within a supportive environment.

Workplace health promotion is founded by 'wellness' and healthy lifestyle choices, while occupational health is heavily dictated by workplace health and safety requirements and legislation. There is a growing recognition of the need for a holistic approach that focuses on workplace culture, addressing both primary and secondary prevention, in addition to interventions aimed at the individual and organization (Yassi 2005).

Through OH & S legislation employers have legal obligations and responsibilities to take all reasonable steps to protect the employee's health, safety and welfare at work by providing and maintaining a working environment that is safe for employees and without risk to health (Gaukroger 2003). Although most

organizations genuinely support worksite health promotion initiatives, there is the common concern of unions, employees and governments that employers may seek to improve productivity and moral in the workplace via the delivery of health promotion at the expense of basic OH & S issues (Bellingham 1991).

In the context of OH & S, health is often seen from the level of prevention of workplace injury and illness and not from the platform of enhancing health and wellbeing. This is often highlighted by the way that workplace OH & S programs are prioritised, with safety and rehabilitation issues being reactively addressed first. Whereas in a proactive manner, health promotion can reduce the likelihood of health issues from arising but is often down the list of priorities.

In comparison to safety and rehabilitation issues, there are usually fewer resources and time left to develop such health initiatives and health promotion gets put on the back burner as a lesser priority. This scenario however, is slowly changing. The aging workforce, increasing workers compensation premiums, and increasing introduction of fitness for work policies across the industry have translated into a culture where poor health is not accepted (Scanes 2003). Consequently, employers are willing to assist employees to promote their health through various workplace initiatives.

Where a workplace fails to engage in ongoing promotion of their employee's health, they are not only doing their employees a disservice but they are also failing to meet legislative requirements. The obligations of the Act provide a logical framework for the integration and implementation of health promotion programs in the workplace and should construct the way to a holistic approach to health and wellness that will provide mutual benefit to the employer and employee (Gaukroger 2003).

Corporate Bodies International is a national company of health professionals with extensive experience in delivering workplace health programs to blue collar industries. Through these experiences we have learnt about what makes a program a success or a failure, as well as the environmental and social issues that either help to support or prevent positive sustainable changes to employee health. This paper aims to share these experiences, along with a set of helpful guidelines to the key stakeholders in workplace health promotion. The relevant setting for which this information particularly applies, is within mining communities where there is often a mix of employees who reside in camp style accommodation, as well as those who live within their family home in the local community.

2. Supporting Physical Environmental Factors

It is our belief and our experience shows that in order for a program to be truly successful in creating change it is important to address both the physical and psychosocial environmental factors. Physical environmental factors refer to the worksite's ergonomic capabilities and systems, catering facilities, access to health care professionals and specialists, and health and fitness services such as gymnasiums and organized sport.

Employees that participate in health promotion initiatives are less likely to make changes if their environment is not conducive. For example, encouraging program participants who live in camp accommodation to choose foods that are lower in fat and salt is difficult for them to achieve when these options are limited. Encouraging employees to become involved in strength training or participate in a team sport is difficult to achieve if they do not have access to the facilities. Conversely however, if an organization provides access to such facilities as a gymnasium or organized sporting competitions, this then enables the employee to easily become involved in regular physical activity.

An environment that provides a range of physical activity options becomes more important when an organization implements a program that encourages increased involvement in physical activity. Although this sounds straight forward, there are still a number of larger communities in Central Queensland that do not have access to a gymnasium and where one is provided the hours are often not conducive to usage by shiftworkers. This in turn gives people one more excuse not to be active, as well as in remote sites the assumption that their employer does not care enough about them to provide them with the basics in exercise equipment. On the other hand, we know that organizations that provide such facilities improve their public image by demonstrating a concern for the welfare of their employees and in turn, this has a flow on effect of improved staff recruitment and retention (Mavis 1992).

Program participants have previously commented that they can not understand why the company is providing large amounts of funding for programs to help employees become more active when they do not have access to facilities. This highlights the importance of ensuring employees and their families have access to basic exercise and sporting facilities, so that information encouraged in health programs can be acted on immediately. Where communities lack in basic exercise and sporting facilities, it is important for organizations and the local government to work together to ensure these basic needs are met.

Shift work combined with long working hours and traveling time makes it very challenging for mine employees to fit exercise into their routine while on shift. Another concept aimed at increasing physical activity levels which is gaining popularity, is promoting opportunities to become active during working hours. Researchers have reported the greatest potential for influencing workforce health is by promoting incidental physical activity within and around the workplace (Marshall 2004). Historically mining was considered one of the most physically challenging jobs. Technological developments and changes to workplace OH & S policies have somewhat reduced the miner's activity levels and their congruent level of physical fitness. In response to these changes, there have been a number of strategies trialed to help maintain reasonable levels of activity while at work. These include the use of worksite gymnasiums, fitness classes, lunch time walking groups or small pieces of cardio equipment installed in office blocks and control rooms. Other initiatives include the display of posters that encourage taking the stairs and walking distances rather than taking lifts or work vehicles. Furthermore, simple stretching exercises to allow continued body movement have been taught in some worksites.

The nature of the mining industry in Central QLD is such that more and more people are living in camps or close to the worksite on days on and then traveling to the coast or bigger towns on days off to be with their families. Hence some organisations that adopt independent dietetic reviews of dining hall menus or on site canteens indicate that they are concerned about the freshness, quality, variety and choice of healthy foods provided to employees. This is particularly important for employees who consume all of their meals and snacks from the dining hall while working on shift, and those in remote areas where access to shops selling fresh healthy food can be somewhat limiting.

It is recognized that catering contractors have to stick to budgets when catering for the masses of camp residents. However, simple changes to ordering systems, food selection and preparation can be made to increase the food's nutritional value, quality and freshness, while remaining flavoursome and meeting budget requirements. This is a process which can be enabled through the help of a Dietitian. A Dietitian is able to independently review the menu, work within the kitchen team to help create changes and report regular feedback to the organization about improvements to the nutritional value as well as employee feedback.

Employees who eat from camp dining halls are more likely to select healthier choices when they can easily do so, including when they have been appropriately labeled as low fat, low salt or high fibre. Healthy lifestyle promotional materials placed on dining tables and throughout the dining hall assist diners in making better food choices, as well as encouraging them to become more active. Health notice boards displayed in dining areas provides a focus point for topical health information that can be updated on a regular basis.

Over consumption of food is reported as a common problem in open kitchens. Not only does this contribute to overweight issues with employees, but also contributes to exceeding budget requirements. Dining hall access systems can be created in a way that will limit all day grazing by employees, and will in turn help to reduce overall energy intake. Promotional materials in the dining hall can also help employees identify appropriate serving sizes and discourage them from having extra helpings.

3. Supporting Psychosocial Environmental Factors

The psychosocial environment relates to social and psychological factors such as a supportive management network, encouragement and acknowledgment of the employee's ideas and issues, and a sense of appreciation through pay reviews, incentive schemes and employee benefits. All of the above factors contribute to the level of job satisfaction. Workers who are satisfied with their jobs tend to be healthier, whereas people who are dissatisfied with their job incur negative physical and psychological consequences (Peterson & Wilson 1996).

A person's health should be viewed holistically to include the physical, emotional, spiritual and social existence. Employees who live in isolation and away from their families are more likely to endure negative psychosocial issues. Isolation and a lack of interpersonal skills increase the stress of everyday situations and contribute to low self esteem. Employers need to recognize when these circumstances may arise and encourage positive socialization through organized group activities or events within the community. Professional help should be available to those employees that are clearly struggling with personal issues or from being isolated and separated from their families.

It is becoming increasingly common for the workplace to offer incentives and benefits that aim to promote the employee's wellbeing such as relaxation massage, gymnasium and health club memberships, sporting team memberships, vouchers to sports stores, and professional consultations. Such incentives provide a win win situation. Employees feel appreciated and rewarded for their work efforts and the company benefits from an improved organizational profile through increased productivity, enhanced employee moral and wellbeing and greater employee retention (McKeown 2002).

Management and the OH & S team within an organization may see themselves as being supportive of workplace health promotion by simply running a program on site. Their support should however, be taken one step further by ensuring that all OH & S staff, management and supervisory staff become role models to all employees by participating in the program themselves. They will in turn lead the way for all employees and demonstrate that health issues are common and important for everyone in the organization. Such a notion assists in breaking down power barriers that can segregate management and organisational staff from the operators. This therefore enables team building and respect between fellow work colleagues regardless of their employed position.

Providing the opportunity for employees to have their say about issues that affect their health is a critical primary health care principal when it comes to gaining support of health initiatives. We know that employees are more likely to participate when the initiative has been constructed around their input and is therefore relevant to their health needs (Marshall 2004). Acknowledging and acting upon employee feedback is not only crucial in developing specific health programs, but also demonstrates to the employee that their views and issues are valued by their employer. This in turn creates employee satisfaction and builds on the employee/employer relationship.

The psychosocial environment can also be applied during the implementation of a workplace health initiative. When a man makes initial contact with a program, the immediate environment and openness of the presenter towards him, will influence his level of trust. Men enter new situations with suspicion about what will be expected of them and rely on visual cues to relax. Men will often talk about and act on what concerns them when it is done in a safe, well-facilitated group that is associated with their networks (King et al 2004). This is evident in the way that men often encourage one another to make changes to their lifestyle within the context of workplace health programs. This is enhanced when the psychosocial and physical environmental factors are also supportive of change.

Some environmental factors that will increase engagement within a program are:

- The use of positive images of men in marketing materials and suitable reading materials
- Utilising presenters that have extensive experience working with males from blue collar industries.
- Using premises that are easily accessible, with easy car parking. Men generally have a low tolerance level and will give up if accessing the program is too hard.
- Provide services outside normal working hours. Men who work long working hours find it difficult to access health programs, and it is easier for men to access programs on the weekend or during the evenings.
- Ensure to minimize power differences between the program presenter and participants.

It is a common wide spread belief that men don't care about their health (Baker 2001). Those people who work with men however know that many more men care about their health than generally reported. Capturing the male participant's attention and relating to their culture are key factors for encouraging them to let down their guard and to become more open to discuss their health. The presenter's language plays an important role in successfully engaging male participants. If the presenter uses jargon terms, it will increase

the participant's suspicion and they are less likely to access the program. We know that men who work in blue collar industries are less likely to participate when they feel that the program has no relevance to them.

The presenter's ability to facilitate social support, empowerment and group coherence is essential when working towards universal health goals. Furthermore, researchers have recommended that systematic improvements to social support and group coherence among employees ought to be encouraged by the organization as a key health promotion arena (Arneson 2005). The work characteristics "social support" and "job control" have accounted for large proportions of explained variance in job satisfaction and psychological health (Noblet 2003). These characteristics have been shown to offer valuable avenues for creating work settings that enhance employee health (Noblet 2003).

According to King et al there are 3 key components when it comes to effectively communicating to men (2004). These are:

- Relevance- the discussion needs to be relevant to male participants. When a health initiative fails to address specific men's health needs, one may assume that programs simply don't work with this population (Scanes 2003). On the contrary, programs that are designed for male blue collar workers, and presented with the right approach, result in a high degree of participation with measurable long term benefits (Lomas 2003)
- Faith building- the program presenter should aim to convey the belief that the participant has the ability to commit, become motivated, make informed decisions and bring about change to their health
- Honest/direct- male users respect people who honestly and respectfully discuss with them their important health issues

By recognizing and positively enhancing the many physical and psychosocial factors within the working and living environment, an organization has its best chance at creating long term sustainable change through workplace health promotion initiatives. This notion is supported by previous researchers who concluded that trends of sickness absence changed after the introduction of the psychosocial approach to workplace health promotion (Uoeh 2003).

4. Gaining Support for Health Promotion Initiatives

The shared history and common beliefs held by employees means that the 'culture' of an organization can exert powerful influences on the attitudes and behaviours of the individual workers (Robbins 1993). This can have positive or negative consequences. Health strategies that can recognize and utilize such cultural influences are more likely to be successful in achieving higher participation with more positive health outcomes than programs that are not culturally relevant. On the other hand, the culture of an organization can act as a powerful barrier to health programs that fail to consider the unique aspects of culture (Harris et al 1999).

Historically, male blue collar workers tend not to use health services, especially when they relate to preventative health (Henning 2001). Strategies used when making initial contact and marketing programs are crucial when it comes to gaining the support of the employer and employees. Low risk employees that are already fit and healthy, are more likely to join in while those who are considered high risk are less likely to participate (Mavis et al, 1992). Men are well known for this. Most men view their health as being much better than it is and only seek help when there is a problem (Korda et al 2002).

Although capturing the support of male blue collar workers has its challenges, there are many strategies that can be implemented to maximize participation. Men tend to respond more positively when a range of different health promotion programs are offered (King et al 2004). Programs can be offered in the form of group work, face to face counseling and telephone counseling. It is important for organizations to offer a wide range of contexts where possible, given that some men prefer learning in a group while other men prefer to discuss their health concerns in private (King et al 2004). Reflecting on the successes and failures of previous programs will help with structuring a program that is marketable to targeted employees. Word of mouth is the best approach when promoting a program (King et al 2004). Therefore using a service that has a fantastic reputation and that is familiar to participants is crucial.

Men typically ignore fliers and advertisements due to the initial high level of suspicion (King et al, 2004). This is unless they had a motivating personal experience that they wish to address at the time of the program. If a personal crisis does arise, men are more likely to participate in health programs if they are encouraged by someone that they trust, such as a partner, health professional, colleague, family member or friend. Using fliers and advertisements are a crucial part of increasing a program's exposure. However, this must be backed up with a brief personalized presentation aimed at establishing rapport between the program presenter, to explain program expectations and to allow opportunity for participants to sign up. Through Corporate Bodies International's experience it has been established that this is the marketing technique which gains the greatest sign up rate from participants. Involving the family by inviting them to participate in the program has also been shown to increase participation and men are more likely to make changes when their partners are involved.

5. Health Program Implementation

Program structure is best received by men when it is kept simple and unambiguous. It is important to clearly outline program expectations during the marketing stage, as well as during the program introduction. Regular verbal feedback from participants as well as written qualitative feedback at the closing of the program is extremely valuable in structuring the current and future programs. Research previously reported that the more successful worksite health programs were those which tailored materials to individual needs (Marshall 2004). Employees who can have input into the decisions that affect their life will feel more valued and therefore, are more likely to openly support workplace health initiatives. When employee feedback regarding health services is provided, it is important for the appropriate people to acknowledge and act on the feedback accordingly. Disregard in this case could lead to lesser support of future programs.

A quantitative assessment of participant's health indicators becomes an important part of designing future programs based on the physical needs of the employee population. This process enables the implementation of a program that is supportive of the organization's specific health needs.

6. Through our Experience

Corporate Bodies International has worked with 28 mining sites throughout Australia. Organisations may choose to run a health program to simply tick a box or may be proactive and genuinely concerned about improving the health of their employees. Through our experiences we have seen a difference in outcomes for these organisations attributed to the physical and psychosocial factors outlined in this paper.

It is interesting to note that employees often actively seek out improvements to their physical environment for the purpose of bettering their health. This was particularly evident at a mine site in Central Queensland where the majority of employees live in camp accommodation in the local community. A shortened version of the Working Bodies Program had been run as part of the site's 4 week compulsory induction training. The response for continued health evaluation and promotion was outstanding, even when the program was compulsory. 17 participants independently indicated that they would like Corporate Bodies International to continue involvement in promoting their health by running programs on communication and training days, and to provide feedback on the nutritional value of the catering at the single persons quarters. This not only demonstrates that male blue collar workers do care about their health, but they will actively seek changes to their physical environment to support such changes. It also indicates that they are supportive of worksite health promotion, and that future initiatives would be welcomed.

Participants in a camp setting at a South Australian mine were exposed to environmental changes at the same time as the delivery of the Working Bodies Program. Participants reported the environment enhanced their health outcomes and helped motivate them to maintain their health changes. The organisational culture within the company was already supportive of workplace health and hence encouraged the following environmental modifications; a health notice board, monthly newsletters, fortnightly emails, a reviewed and improved catering system to identify healthier foods, table cards, placemats and posters in the dining room that reiterated healthy eating messages, on site posters, motivational calendars, a walking track and an upgraded gymnasium. Participants reported via a site survey that these physical changes were motivating and constant reminders of the information taught throughout the program. They felt their company was supportive of their health and therefore it was easier to make changes and stay on track.

At a mine in rural New South Wales we saw that even within the same site different environments can impact on the health and attitudes of employees. The site employed permanent staff who lived in town and utilised contractors that lived in a camp setting. The contractors were employed by a separate company hence exposed to different management. The permanent staff had a supportive stable culture with normal working hours and their own choice of food. The contractors worked long hours, were exposed to a temporary camp setting with all food provided by caterers. The contractors felt their employers did not care about them or their health & wellbeing and consequently they went on strike on several occasions. By contrast the permanent staff felt their employers were supportive and fair which was reflected by their high attendance and productivity.

The company chose to enlist our assistance to run a 12 week program for both the permanent employees and the contractors. The management was completely supportive of the Working Bodies Program for the permanent staff and assisted in creating an environment conducive to change. This was shown by their attendance at all of the program sessions, encouragement of activity by promoting marathon runs and bike rides, walking on site and the setting up of team sports. The OH & S Coordinator regularly encouraged staff to attend the sessions, wrote an article about the program in the company newsletter, and distributed our newsletters, emails, posters and health board information to staff on a regular basis.

The contractors had their health sessions run at the same time that dinner was served, in an adjoining room to the dining hall. There was minimum support for the program from management and environmental changes were not implemented as suggested. Promotional and supplementary program material was inconsistently delivered to the participants. This was evident by participant complaints that they were not aware of the sessions or some who even claimed to have never heard of the program throughout the twelve weeks. Exposure to supportive materials was also minimised, for example the health board was placed in the small adjoining room to the dining hall to be viewed only by those participants that attended the once a week sessions. The program outcomes were reflective of these environmental conditions. The permanent staff showed measurable health outcomes, and maintenance of high attendance and productivity. The contractors did not strike again yet their health outcomes and morale were less than those of the permanent participants.

7. Barriers to Change

Barriers to change are increasingly noticeable in rural locations, camp style accommodation and dining, and with long working hours and shift work. Common issues raised by workers who face these barriers include fresh food availability, poor quality of food, greater expense of fresh food compared with city locations, limited healthy food choices within the camp setting, fatigue, shiftwork and long working hours, lack of exercise and sporting facilities, reduced opportunities for incidental activity and lack of time to participate in physical activity. Barriers vary between people, companies, industries and locations. Therefore, it is important to assess their effect on individual employee populations. These findings should play a crucial role when designing and implementing worksite health programs. In particular, time constraints at work are often a key issue when considering workplace health promotion (Poke 2002).

This will assist in creating an environment that is supportive of health and lifestyle education to bring about greater health outcomes that are sustainable long term. Addressing the key barriers along with supporting the physical and psychosocial factors are some of the ways to create a working environment that enables sustainable changes to employee health that are promoted by workplace health initiatives.

8. Organisational Guidelines

Although barriers, site cultures and environments may vary there are guiding principles that can be applied to any organization.

8.1 Get support and involvement from management

This doesn't stop at management agreeing to have a worksite program. Management need to be seen by the rest of the workforce as leading the way and setting an example by participating and making necessary lifestyle changes. In order for a program to be successful, management needs to be supportive of marketing and promotional activities such as toolbox talks during shift times. Without their support the program is likely

to gain little exposure and in turn will experience low sign up rates. It is important that management therefore, have a precise understanding of the program outline and expectations before the organization agree to implement.

8.2 Involve employees in the decision making process

Employees are more likely to participate in programs when they are involved in the decision making process and have ownership of the program. Surveying employees, systematically recording independent feedback and running pilot programs or focus groups are a few ways of involving employees in the decision making process. This is particularly important during the developmental stage of the program.

8.3 Ensure that the program is relevant to your organization's specific health needs

A quantitative analysis of health indicators should be undertaken prior to running a program. This will ensure that the program's structure and information is specific and relevant to the organization's health needs. This information can come from previous voluntary health assessment programs, or pre employment data. Qualitative feedback can be given by employees in the form of a survey which can be conducted as part of another worksite program, or independently. This process is supportive of 8.2, which allows employees to take part in decision making and express the issues that they feel affect them.

8.4 Consider the opportunities for employees to be active at work

The introduction of labour saving equipment, shift work, long working hours and changes to OH & S policies have reduced opportunities for employees to be active while at work. This is especially evident in the mining industry. As a consequence, employees have to look for ways to be active through incidental activity at work. One way that the employer can assist is by nominating a "Workplace health champion". This person acts as a coordinator and driving force for programs that encourage increased physical activity levels. This initiative requires management support and the nominated person should be given time during work to create, implement, review and report the program. There are a number of ways that the "health champion" can get the workforce active. These include control room or office workouts with seated or standing exercises, lunchtime fun activities such as kicking the ball, hill climbing or a walking group.

8.5 Consider the facilities for employees to be active in the community

Although there is no need to invest in vast quantities of expensive equipment, having access to the basics in free and cable weights and cardio equipment is helpful in getting active. Depending on the organization and whether employees live mostly in camp accommodation or in their homes while on shift, this will affect the type of arrangement that is most suitable. Where employees live in camps, organizations may prefer to have a gymnasium positioned on site or within the camp setting. Where employees reside in a larger township sustained by a number of industries, the organizations may wish to amalgamate their efforts to support a gymnasium. Gaining local government support may be helpful. Supporting local team sports or creating fun team competitions can be useful at getting the workforce active and encourages team building.

8.6 Ensure a good range of healthy food choices at work and in camp accommodation

Understandably, this issue commonly attracts employee feedback, criticism and confusion. While organizations outlay significant amounts of money to encourage healthy food choices in hope of improved employee health, they also typically provide limited healthy food choices. High energy and low nutrient foods continue to dominate the menu. This contradiction of thoughts and behaviours is not supportive of creating change. From vending machines to board room lunches to canteens and dining halls, providing a range of healthy food choices is important regardless of the arrangement. It becomes increasingly important where employees have to consume most or all of their meals and snacks on site, such as within camp style accommodation. A Dietitian not only promotes the health of employees, but they are also qualified to assess the nutrient value of menus. Through our experience this can positively impact on employee health by lowering the fat, sugar and salt intake and increasing the fibre and micronutrient intake on a daily basis. This can be achieved through minor changes, most of which are undetectable.

8.7 Dining hall promotional materials can encourage healthy food choices

Health notice boards, placemats, table decorations and posters are all great ways of promoting health messages on a regular basis. Promotional materials can teach diners about portion sizes, nutritional balance, the 5 food groups and everyday versus sometimes foods. Placing tags near dishes can highlight less nutritious foods that are high in fat, sugar and salt, compared with more nourishing foods that are higher in fibre and lower in sugar and fat. These choices can be labeled as the health choice. This method has been shown to discourage diners from choosing the less nutritious choice and guide them in the direction of the healthy choice.

8.8 Assist the community to access healthier food

In some communities there are very few options when eating out. Often these are restricted to a truck stop or a takeaway outlet that sells just hamburgers and fried food. Given the reduction in businesses in many of these communities mining companies have a huge opportunity to make the environment more family friendly, increase employment in the town and allow residents access to healthy food in one go. This can include sites subsidizing the rent of shops in the shopping areas, or even paying the rent for some time to allow new businesses to open up such as healthy takeaways or cafes. Or shops that sell pre-packed healthy meals and lunches that the staff could order from the workplace for delivery.

Conclusion

Through our professional experience and the supporting literature it is clear that health promotion in the workplace is an effective tool for improving employee health and reducing the overall cost to the organisation. Programs that provide the greatest success stories are constructed around the organisation's specific health needs and culture, address apparent barriers to change and are relevant to the participant, as well as providing regular follow up and measurement of health indicators. The later point is crucial when it comes to program evaluation, future program development and ongoing motivation of participants. All of which are essential components of a successful workplace health program. This conclusion is enhanced when the health program is conducted within an environment that is supportive of the many physical and psychosocial factors.

References

Aldana, S.G., Merrill, R.M., Price, K., Hardy, A. & Hager, R. 2005, "*Financial impact of a comprehensive multisite workplace health promotion program*", *Prev Med*, Vol 40 (2), pages 131-37.

Arneson, H. & Ekberg, K. 2005, "*Evaluation of empowerment processes in a workplace health promotion intervention based learning in Sweden*", *Health Promotion International*, Vol 40 (4), pages 351-9

Baker, P. 2001, "*The state of men's health*", *Mens Health Journal* Vol 1(1)

Bellingham, K. 1991, "*Integrating health promotion with OHS objectives*". *Occupational Health Magazine*, August Pages 5-6

Charlton, R. 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 585-89

Gaukroger, E. & Kenney, L. 2003, "*Putting the 'H' back into OH & S*", *The Health Promotion Journal of the ACT region: Your Workplace as a Health Promotion Setting*, Summer Edition, page 14

Harris, D., Oldenburg, B. & Owen, N. 1999, "*Australian National Workplace Health Project: strategies for gaining access, support and commitment*", *Health Promotion Journal of Australia*, Vol 9 (1), pages 49-54

Henning, D. 2001, "*Providing health care to men in general practice*", *Editorial- Current Therapeutics*.

King, A., Sweeny, S. & Fletcher, R. 2005, "*A checklist for organizations working with fathers using the non-deficit approach*", *Children Australia*, Vol 20 (3), pages 1-13

Korda, R.J., Strazdins, L., Broom, D.H. & Lim, L.L. 2002, *"The health of the Australian workforce: 1998-2001"*, Australian and New Zealand Journal of Public Health.

Lomas, L. 2003, *"Men at Work"*, Men's Health Journal, Vol 2 (1) pages 4-5

Marshall, A.L. 2004, *"Challenges and opportunities for promoting physical activity in the workplace"*, Journal of Science, Medicine & Sport, Vol 7 (1 Suppl), pages 60-6

Mavis, B.E., Stachnik, T.J., Gibson, C.A & 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

McKeown, G. 2002, *"A four-step guide to building business case for a healthy workplace"*, NQI

Noblet, A. 2003, *"Building health promoting work settings: identifying the relationship between work characteristics and occupational stress in Australia"*, Vol 18 (4), pages 351-9

Peterson, M. & Wilson, J. 1996, *"Job satisfaction and perceptions of health"*, Journal of Occupational and Environmental Medicine, Vol 38 (9), pages 891-8

Poke, S. 2002, *"Formative researching working plan workplace health promotion component of healthy blokes project"*

Robbins, S.P. 1993, *"Organisational behaviour: Concepts, controversies and applications"* (sixth ed.), New Jersey, Prentice Hall International

Scanes, L. 2003, *"Evidence shows workplace health promotion works- but how do you get your employees to attend?"*, Conference paper

Uoeh, J. 2003, *"A psychosocial-approached health promotion program at a Japanese worksite"*, Vol 25 (1), pages 23-34

Yassi, A. 2005, *"Health Promotion in the Workplace- the merging of the paradigms"*, Methods In Medicine, Vol 44 (2), pages 278-84