Working towards health promoting workplaces

Presenter: Alison Abbott
Author: Alison Abbott

Senior Advisor, Healthy Workers Initiative
Workplace Health and Safety Queensland, Department of Justice and Attorney General

Introduction

The scientific evidence of increasing workplace productivity through reducing injury, disability, incapacity and workdays lost is well established. With the increasing rise of overweight and obesity and subsequent chronic illnesses in the population, there is also growing recognition of the value and importance of workplace health and wellbeing programs that promote healthy lifestyles. Workplaces have been recognised as ideal settings to influence individual, family and community health. The growing evidence on the impact that workplace wellness activities can have on reducing absenteeism, improving productivity, reducing staff turnover and producing a positive return on investment, is also slowly but surely leading to an increase in the uptake of workplace wellness initiatives.

This paper will:
- inform readers on the rationale and merits of workplace wellness programs
- provide the evidence on the benefits of implementing workplace health and wellbeing programs
- present the case for making health and wellbeing a component of health and safety systems
- discuss the important factors for creating a healthy workplace culture and
- provide information on support to be provided to workplaces under the Queensland Workplaces for Wellness Initiative.

Background

From a national economic perspective, the need to prevent chronic disease, keeping people healthy and out of hospital has become increasingly important. Having a healthy workforce is essential for the Australian economy. Good health and labour force participation are positively correlated, as is the capacity to perform a job adequately.[1] After adjusting for age and sex, people with chronic disease are 60% more likely to **not** participate in the labour force and are more likely to be unemployed, than those without chronic disease.[2] Dame Carol Black, who was commissioned to review the health of Britain's working-age population, highlights the positive links between health and work and the impact on individual lives and national well-being. Her recommendations include: promotion of health and wellbeing; early intervention for those who develop a health condition; and rehabilitation and support for individuals to remain in work.[3]

In December 2008, the state and territory governments agreed on the Commonwealth Government's National Partnership Agreement on Preventive Health (NPAPH) to address the rising prevalence of lifestyle related chronic disease. The NPAPH focuses on a settings approach to improve health outcomes across Australia including: workplaces; communities; schools and early childhood centres. This approach provides opportunities to promote healthy lifestyles to a broad range of the

population through effective communication, environments that support healthy lifestyle choices and development of policies and guidelines to ensure sustainability of successful strategies.

Queensland, via Queensland Health, has been provided with **Healthy Workers Initiative** funding support to enable workplaces to implement comprehensive wellness initiatives. This initiative reflects the increasing focus and recognition of the impact the workplace can have on worker's health and wellbeing. The Queensland Government's *Queensland Workplaces for Wellness Initiative* aims to support Queensland workplaces to comprehensively and sustainably implement wellness programs. The focus is on the predisposing factors for chronic disease by reducing the number of workers who smoke, drink at risky levels and increasing those with healthy eating habits and adequate physical activity levels. Workplace Health and Safety Queensland (WHSQ) is partnering with Queensland Health to lead and coordinate implementation and evaluation of Healthy Worker initiatives in the following identified "high risk" industries:

- burgeoning rural and regional employment growth areas - industries servicing the mining and resource sector
- construction industry
- transport and storage industry.

The current health status of blue collar workers in "high risk" industries

Queensland blue collar industries have the highest prevalence of smoking, physical inactivity, overweight, obesity and alcohol consumption at increased lifetime risk, compared with government, service industries and professional services. These prevalence estimates of modifiable lifestyle risk factors are also significantly higher than the national employed average.[4]

The graph below shows the increased level of modifiable risk factors currently experienced by Queensland workers of occupations servicing the mining and resource sector. Transport and manufacturing workers have high levels of obesity and physical inactivity, whereas construction workers have higher rates of smoking and drinking at risky levels. [4]
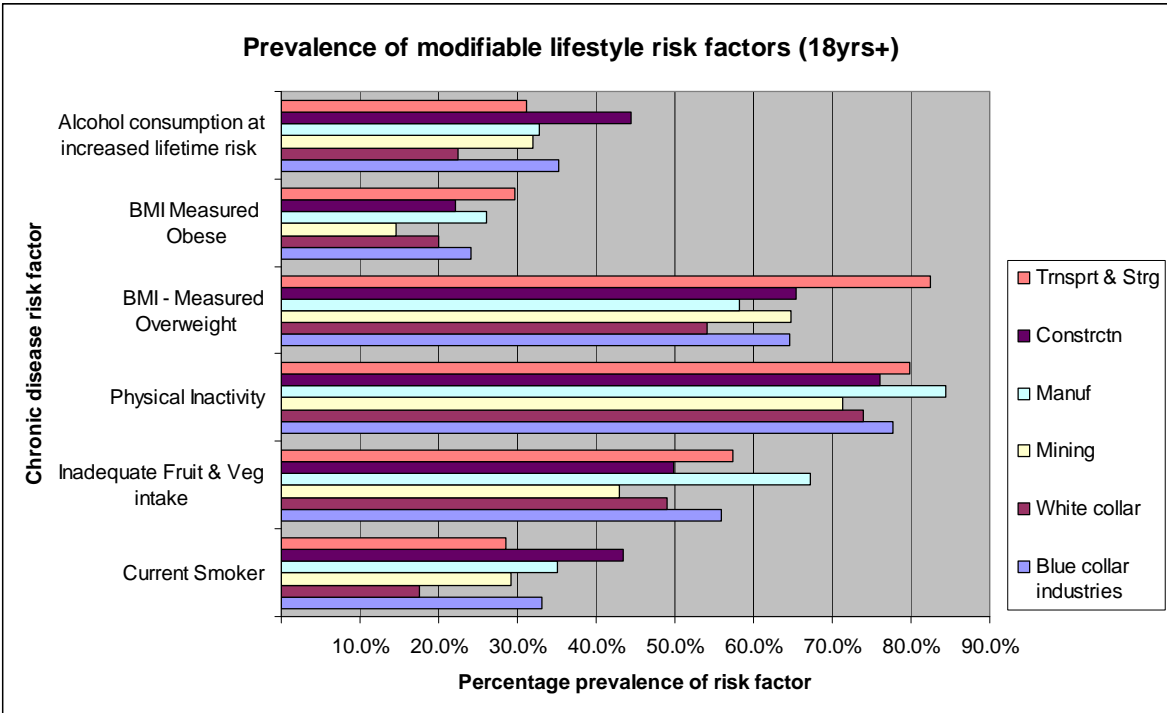
Source: Department of Health and Ageing (2010). Analysis of 2007/2008 National Health Survey for the working population.

2

Every Queensland workplace is unique. Organisational values, goals, management processes, geographical area, resources and demographics, knowledge, skills, and health literacy of workers is variable across the "high risk" industries. The physical, social and organisational environment of the workplace can enhance or impair the health and wellbeing of employees. In relation to chronic disease, it can be difficult to link a specific work-related exposure to the development of impaired health. However, previous studies suggest the following work-related factors can contribute to poor health:

- job stress which can include lack of job control and time pressures
- physically demanding jobs and exposure to hazards
- shift work/sleep disturbances
- long work hours, lack of breaks and work-life balance
- lack of access and availability to store, obtain, and prepare healthy foods
- workplace harassment
- organisational culture (e.g. lack of support for healthy lifestyles in the workplace).[5,6,7,8,9]

Individual and non-work related factors also need to be considered, as they can impact on how employees respond to health and wellbeing initiatives being implemented in the workplace. Some of these are:

- low socio-economic status which can impact on the choice of economic and educational resources
- social factors (e.g. family commitments, culture, social support)
- cost and access to healthy foods and physical activity opportunities
- mental wellbeing.[5,7,8,9,10,11,12,13]

Benefits of workplace wellness programs
National and international literature argues that there are a number of benefits to both the worker and the workplace in addressing the health and wellbeing of employees. The benefits identified below not only support the employee, but also profit the organisation overall at an economic and environmental level. Australian research has shown that for every dollar invested in a workplace wellness initiative there can be a return on investment between three and six dollars.[14,15]

The ACT Work Safety Commissioner summarises the benefits for employers and employees to include:[16]

- increased productivity
- improved staff health and wellbeing
- increased staff morale, satisfaction and motivation
- reduced sick leave
- reduced risk of accidents
- fewer workers' compensation claims
- improved industrial relations
- reduced staff turnover and increased ability to attract new employees
- increased return on training and development investment
- improved alertness and concentration among staff
- improved corporate citizenship and image

Other research reports that workplace wellness programs have the following benefits:[16,17]

- reduces costs of ill-health and poor work quality
- drives innovation and productivity
- reduced injuries and absenteeism
- addresses the challenge of an ageing workforce
- satisfies employees, customers, shareholders and public stakeholders
- aligns with corporate social responsibility, a central pillar for future welfare and economic prosperity.

Integrating health and wellbeing into workplace health and safety policy frameworks

Despite sharing similar goals to prevent work-related illness and injury and promote employee health, traditionally, workplace health and safety and worker health promotion have been managed separately in the workplace. Occupational health and safety strategies mostly address the physical and organisational environmental hazards of the work environment, while worker health initiatives have primarily concentrated on individual lifestyle behaviours. This is understandable as each discipline involves different professional training and separate professional associations. However, the intervention methodology is similar and interventions that address the multiple factors for both disciplines are likely to be more effective than those with a more narrow focus.[18] WorkSafe Victoria suggest that where work health initiatives and workplace health and safety programs are mutually reinforcing, workers are likely to be more responsive to the activities designed to encourage healthy behaviours and lifestyle change.

As outlined in page three of this paper, many workplace factors contribute to healthy or unhealthy workers. These can include individual health behaviours, the physical and social environment and organisational structures and systems. A multi-factorial problem requires a multi-factorial approach. An integrated model includes broadening the scope of workplace health and safety responsibilities to include the factors related to worker health. The same risk management process for injury prevention can be applied when considering the factors in the workplace that impact on worker health and wellbeing by:

- identifying and assessing worker health behaviour/health status
- identifying and assessing type of work and work environmental factors that can cause harm to the health and wellbeing of workers
- implementing strategies to control or address the work environment and personal health risks of workers
- consultation and collaboration between workers and management, and
- monitoring and reviewing the effectiveness of strategies.

By using a risk management approach and the hierarchy of control, improvements in work practices, work environments, worker health and injury outcomes can be achieved.

What an integrated workplace health, wellbeing and safety approach looks like

Include strategies designed to raise awareness, increase knowledge and skills that promote health and wellbeing. For example:
- provide health education at appropriate health literacy levels for the workforce at tool box meetings
- provide information on the link between health behaviours and relevant safety issues such as unhealthy alcohol consumption, lack of physical fitness and risk of injury
- provide "point of sale" nutrition information at canteens and vending machines
- support workers to plan, implement and review goal setting e.g. providing health coaching services
- review return to work processes to ensure a holistic view of rehabilitation by including strategies for a broader healthy lifestyle
- offer personal health risk assessments and refer "at risk" workers to appropriate services and support.

Include physical and social environmental changes that support healthy choices and healthy behaviours. For example:
- remove cigarettes and unhealthy food items from vending machines
- ensure that at least 80% of canteen/cafeteria food is nutritionally healthy
- provide opportunities for physical activity in the workplace
- support work life balance strategies and worker participation in healthy lifestyle programs such as promoting competitions/challenges and providing incentives.

Include policies and systems that support the integration of safety, health and wellbeing. For example:
- review and integrate drug and alcohol policies and smoking cessation policies as part of a holistic approach to worker health and wellbeing
- conduct audits that assess the working and organisational environment in relation to risk of injury and impaired ability to maintain a healthy lifestyle.

The common barriers to successful worker health and wellbeing programs include cost, lack of knowledge and resources, more pressing priorities, limited leadership and/or management support, lack of effective monitoring and evaluation processes, lack of worker participation and trust issues between employers and employees.[16] However, by acknowledging and controlling for these barriers and planning and implementing strategies to manage the barriers, the desired outcomes of implementing health and wellbeing programs will be more achievable.

Key aspects – creating a healthy workplace culture
A healthy workplace is one where workers and managers collaborate to continually improve the health, safety and wellbeing of all workers, and by doing this sustain the viability and productivity of the business.[19] It's about fostering healthy workplace policies and infrastructure that promote healthy lifestyles. Like injury prevention, education alone will not necessarily change a person's behaviour. The physical and cultural environments need to encourage and support workers to make choices that maintain and/or enhance their health and wellbeing.

Senior management leadership and commitment to worker health, reflected in words and actions, is vital. Similarly, supervisors and managers who have direct links between workers and upper management should be engaged in promoting programs

to ensure maximum participation and successful outcomes. Management commitment can be demonstrated by investing adequate resources in achieving better health and wellbeing outcomes for workers and ensuring any changes to the workplace environment are adhered to at all levels of the organisation.[20]

Consultation with workers is a key component throughout any risk management process. The views and experience of workers are important sources of information in understanding how the work environment might influence health and wellbeing and the type of strategies that could be effective. Effective consultation promotes a sense of ownership of the process by workers and can lead to enhanced participation and engagement. [20,21]

Communication about the program and promoting activities is essential to the participation and success of workplace wellness programs. People need to know why you are doing it, what you are doing, the value and benefits of getting involved and importantly, how effective the activities have been. Communication that flows both ways, giving employees the opportunity to provide feedback and make suggestions, is necessary to measure and review the effectiveness of programs.

Successful programs are tailored to meet the needs of employees and the organisation and are suitable for a diverse workforce. Flexibility and innovation may be necessary to ensure all employees have the same opportunities. Individual interventions that are linked to work experience, for example, a smoking cessation program that is supported by ongoing education, workplace smoking policies and control of air quality, is more likely to be successful in workers quitting smoking than just offering a "one off' quit smoking program.

Queensland Workplaces for Wellness resources
Under the ***Queensland Workplaces for Wellness Initiative*** the following resources and programs will be available for industries and workplaces.

Queensland Health will provide the following support tools and resources for all workplaces to develop their own workplace initiatives.
- Webportal: an online central support interface for workplaces to access evidence-based workplace wellness information, tools and resources
- *Workplaces for Wellness kit*: a step-by-step guide providing information to assist workplaces to plan, implement and evaluate effect workplace initiatives
- Recognition scheme: a formal online mechanism for workplaces to seek bronze, silver or gold recognition for their efforts in reducing chronic disease lifestyle risk factors amongst their employees
- Funding scheme: seed and matched funding schemes to help support workplaces to implement comprehensive wellness initiatives
- An Information and Coaching service: telephone and web based support for adults to plan and implement healthy lifestyle changes
- Workplace Quit Smoking program: smoking cessation program that combines confidential telephone behavioural counselling with nicotine replacement therapy delivered through the Queensland Health Quitline service.

WHSQ is coordinating a range of initiatives intended to support and engage workplaces to promote the health and wellbeing of workers and to build the capacity of organisations to implement evidenced based workplace health promotion principles and practice. This includes:

- Grant funding for industry peak bodies, unions, large workplaces and their supply chain
- Workplace audit tools and resources
- Action research interventions in high risk industries
- A professional development course to build on the skills and capacity of employers to implement wellness initiatives and
- A workplace health and wellbeing advisory service.

Conclusion

The economic cost of not addressing the rising risk factors for chronic disease is significant for the community, businesses and workers. Queensland blue collar workers have increased rates of chronic disease risk factors compared with the national average.

Effective work health and wellbeing programs take into consideration the impacts that the work environment and the type of work can have on the health of workers. The provision of activities or initiatives that are designed to make healthy lifestyle choices the easy choices for workers results in favourable outcomes for employers and employees. These programs aim to have a positive impact on worker productivity and performance and are becoming more important in modern workplaces as businesses endeavour to reap the benefits of a healthy workplace. The approach gaining more credence is one that genuinely involves both workers and management collaboratively to change the physical, social and organisational environment to one that promotes health.

The integration of worker health within existing workplace health and safety systems or established frameworks ensures the processes for identifying needs, assessing risks and implementing control strategies is consistent across both disciplines. Effective two way communication to inform, consult, coordinate and evaluate workplace wellness programs is essential for success. The Queensland Workplaces for Wellness Initiative is providing resources to support organisations plan, implement and evaluate workplace wellness programs to benefit individuals, businesses, communities and ultimately the nation.

References

[1] Cai, L., & Kalb, G. (2006). Health status and labour force participation: Evidence from Australia. *Health Economics*, 15(3), 241-261.

[2] ABS 2009d. Census CDATA Online: labour force status by age by remoteness. Canberra:

[3] Health Work Wellbeing (2008) Improving health and work:changing lives. *The Government's Response to Dame Carol Black's Review of the health of Britain's working-age population.* Available: www.workingforhealth.gov.uk

[4]Department of Health and Ageing (2010). *Analysis of 2007/08 National Health Survey for the working population*.

[5] World Health Organisation (2010). Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners. Retrieved from http://www.who.int/occupational_health/publications/launch_hwp_22april.pdf. Accessed on 27 February 2012.

[6] Baker, E., Israel, B.A. & Schurman, S. (1996). The Integrated Model: Implications for Worksite Health Promotion and Occupational Health and Safety Practice. *Health Education Quarterly.* 23(2): 175-190.

[7] Schulte, P.A. Pandalai, S., Wulson, V. & Chun, H. (2011). Interaction of Occupational and Personal Risk Factors in Workplace Health and Safety. *American Journal of Public Health.* e1-e15.

[8] Sorensen, G. & Barbeau, E. (2004). Steps to a Healthier US Workforce: Integrating Occupational Health and Safety and Worksite Health Promotion: State of the Science. *The National Institute of Occupational Safety anf health.* Steps to a healthier US Workforce Symposium, Washington DC.

[9]The National Business Group on Health, Improving Health An Employer Tool Kit, Adapted from an Institute of Medicine Report. Retrieved from: www.businessgrouphealth.org. Accessed on 9 March 2012.

[10] Virtanen, M., Koskinen, S., Kivimaki, M., Hondonen, T., Vahtera, J. Ahola, K., Lonnqvist (2008). Contribution of non-work and work-related risk factors to the association between income and mental disorders in a working population: the Health 2000 Study. *Journal of Occupational and Environmental Medicine.* 65: 171-178

[11] Kalimo, R., Pahkin, K., Mutanen, P. & Topipinen, T. (2003). Staying well or burning out at work: work characteristics and personal resources as long term predictors. *Work and Stress: An international Journal of work, Health & Organisations,* 17(2): 109-122.

[12] Goetzel, R.Z., Ozminkowski, R.J., Bowen, J & Tabrizi, M.J. (2008). Employer integration of health promotion and health protection programs. *International Journal of Workplace Health Management.* 1(2): 109-122.

[13] Sorensen, G., Barbeau, E., Hunt, M.K., & Emmons, K. (2004). Reducing social disparities in tobacco use: a social-contextual model for reducing tobacco use among blue collar workers. *Public Health Matters.* 94 (2), 230-239).

[14] Australia Government Comcare (2011). *Benefits to business: the evidence for investing in worker health and wellbeing.* Available online at: https://www.comcare.gov.au

[15] Health and Productivity of Australia (2010). *Best Practice Guidelines: Workplace Health in Australia.* Available online at: http://www.hapia.org.au.

[16] Australian Government Comcare (2011), *Effective Health and Wellbeing Programs.* Available online at: https://www.comcare.gov.au

[17] European Network for Workplace Health Promotion *Healthy Employees in Healthy Organisations. Making the Case for Workplace Health Promotion.* Available: www.enwhp.org

[18] Baker, E., Israel, B.A., Schurman, S. (1996). The Integrated Model: Implications for Worksite Health Promotion and Occupational Health and Safety Practice. *Health Education Quarterly*, Vol. 23(2):175-190.

[19] World Health Organization (2010). *Healthy Workplaces: A Model for Action, For Employers, Workers, Policy Makers and Practitioners*. Geneva: WHO. Available online at http://www.who.int/occupational_health/publications/healthy_workplaces_model.pdf.

[20] Health and Productivity of Australia (2010). *Best Practice Guidelines: Workplace Health in Australia.* Available online at: http://www.hapia.org.au.

[21] World Health Organization (2010). *Healthy Workplaces: A Model for Action, For Employers, Workers, Policy Makers and Practitioners*. Geneva: WHO. Available online at http://www.who.int/occupational_health/publications/healthy_workplaces_model.pdf.