



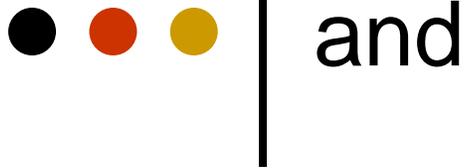
Workplace Health Promotion

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work and health

- how does work contribute to health?
 - physical environment – safety, comfort, ‘suitability’
 - work – meaningful, directed towards a desirable end
 - work organisation – personal control, quality of relationships, career development, change management, work/family/life balance = positive health



- high job demands, low decision latitude, effort/reward imbalance = poor health (particularly coronary heart disease and mental illness)
- as a site for health promotion – access to information, services, activities, facilities, rewards, and support



workplace health promotion

- requires a focus on each of these if it is to succeed in improving the health of the workforce – in addition to improving the health of individuals
- and requires particular emphasis on reducing inequalities linked with work – greater risks to lower status, lower paid workers



the workplace

- is much more than simply a site or a venue through which to reach individuals with improved health information and advice
- it operates as a 'society' in which a complex interplay of factors influence health



effective health promotion

o processes for

- engagement – multiple perspectives, commitment to action, and reach
- empowerment - control and skills for change
- individual and collective action



and

- a technology for
 - defining problems and their causes
 - identifying solutions
 - implementing these; and
 - evaluating achievements – impact and outcomes



based on theory and evidence

- epidemiology
- psychology
- sociology
- education
- political science
- communication
- organisational development



steps in health promotion

- Workforce profile:
 - size
 - location
 - gender
 - age structure
 - education levels
 - roles/responsibilities

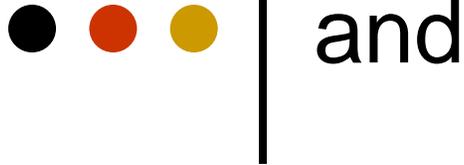


- health/illness – common causes of absenteeism, disability, early retirement
- health/illness – common causes of morbidity/premature mortality in the population



needs assessment

- review the profile with the workforce
- assess workforce's own views on work, the workplace and their effects of their health, illness and current health behaviours?
- obtain workforce's views on the 'causes' or determinants of ill health, distress, injury – or conversely, of positive health and wellbeing?



- assess management commitment and leadership
- assess current assets within the workplace (existing structures, policies, people, programs)
- select priorities for action



the priorities might be:

- risk behaviours – smoking, physical inactivity, poor nutrition, over-consumption of alcohol
- environments – exposure to toxic materials,
- high work demands, low decision latitude
- relationships – with co-workers, managers, others



example: physical activity

- what are current levels of physical activity or physical inactivity?
- what are the factors contributing to physical inactivity?
 - knowledge, attitudes, skills, confidence, competence?
 - facilities, time, cost, expert advice, equipment?
 - social norms, social/organisational support (including policies), reminders, rewards



example: physical inactivity

Goal:

Within one year, to increase by 10% the proportion of the workforce who participate in regular physical activity at recommended levels to improve health



objectives 1

Within 1 year at least 90% of the workforce :

- will be able to identify the recommended level of physical activity necessary to maintain good health;
- will be able to identify at least three benefits of undertaking regular physical activity;
- will have outlined a plan to undertake regular physical activity.



objectives 2

Within one year, the organisation will have:

- expressed commitment to and support for employees to undertake regular physical activity;
- implemented organisational policies/practices to encourage and enable staff to undertake regular physical activity;
- implemented a reward system for staff who undertake regular physical activity.



strategies

- o education
- o mobilisation
- o advocacy
- o partnerships



evaluation 1

- what resources and time were invested in this?
- participation (how many people from and what proportion of the workforce participated);
- what was their level of participation?
- satisfaction (what levels of satisfaction, enthusiasm did they express?);
- support (what else would add to the likelihood of success?)



evaluation 2:

- were the objectives achieved?
 - did knowledge and confidence increase?
 - did organisational support increase?
 - did organisational policies change?
 - did social norms change?



evaluation 3:

- was the goal achieved?
 - did the proportion of people undertaking regular physical activity increase as predicted?



effective health promotion

PLAN WELL

- what is the problem?
- what is causing it?
- what evidence is there that it can be solved?
- establishing SMART goals and objectives
- linking strategies to 'causes' and to objectives
- making sure that action is implemented
- evaluating implementation as well as outcomes



effective health promotion

FOCUS ON PROCESS

- engage all those with a stake from across the whole organisation – just and necessary
- work democratically – contributes to health directly as well as ensuring more effective decisions
- build on strengths, including formal and informal leaders and existing initiatives



problem-based groups

- Swedish study:
 - all employees invited to participate
 - 'mixed' groups established
 - met once a week over 4 months
 - addressed explicit workplace problems
 - initiated solutions



found that

- social support and group coherence were essential to transform challenging strategies into action and the realisation of goals such as:
 - rearrangement of physical working conditions
 - recruitment of a manager
 - new working methods/processes
 - increased social events



workplaces

- venues through which to reach people with information, risk factor screening, referral and advice
- but they are much more than that given that they are the environments within which people are making ‘health’ choices – they ‘set the conditions’ within which people are making choices



workplaces are important to health
because

any pattern of human behaviour is a result of the interaction between people and the environment in which they are functioning: other people, the place, the situation, the circumstances.

Hugh McKay. The Good Listener. 1994



what are the components of a healthy workplace?

- and how can we move to put these in place
- so that we're **preventing** problems from occurring and not only **responding** to problems



some thoughts on 'steps' to take

- Conceptual framework

1. reduce avoidable risks
2. support and promote healthy lifestyles
3. encourage/ensure early diagnosis and quality care
4. encourage/ensure quality care/rehabilitation to reduce avoidable complications



prepare, with the workforce

o strategic plan:

- statistical profile
- workforce 'needs' and priorities
- resources/assets
- priority program plans
- assess progress, report on results