



Running Head: EMPLOYEE HEALTH AND WELLNESS

Employee Health and Wellness:

It's Everyone's Business.

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MPH Project Proposal

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Mission

“To create a workplace environment which encourages employees to incorporate physical activity into their daily routine and which values active living as an essential part of both, personal and corporate well-being” (Public Health Agency of Canada, n.d.).

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Abstract

The Thunder Bay District Health Unit promotes the concept of comprehensive workplace health promotion to workplaces of varying sizes throughout the district. This project contains two documents for the employer. The first document provides a review of the current literature focusing on updated facts and statistics pertaining to the benefits of promoting physical activity in the workplace and aims to improve an employers' knowledge and interest in initiating active living at work. The second document is a sample manual, which aims to assist the employer to implement physical activity programs and policies within the workplace.

One of the major health challenges for Canada in recent years has been the steady rise in the prevalence of chronic diseases (Haydon, Roerecke, Giesbrecht, Rehm & Kobus-Matthews, 2006). Cardiovascular disease, cancer and respiratory disease accounted for the majority of deaths in Ontario from 2000-2004 (Statistics Canada, 2007). Unfortunately, the high prevalence rate of major risk factors such as smoking, physical inactivity, high blood pressure, obesity and diabetes continue to contribute to this epidemic (Tanuseputo, Manuel, Leung, Nguyen & Johansen, 2003). Even more unfortunate, is the segment of the population most affected by chronic disease in Canada are those aged 20-55 (Statistics Canada, 2006). Since this age group represents the majority of the adult working population (Public Health Agency of Canada [PHAC], n.d.), targeting workplace environments for health promotion initiatives makes sense for both humanitarian and business reasons. Targeting the workplace enables the employer to influence a large number of people at one time and ensures an opportunity for return on investment (Cameron & Craig, 2004; Goetzel, Ozminkowski, Bruno, Rutter, Isaac, & Wang, 2002; McMurray, 1999; Ozminkowski, Ling, Goetzel, Bruno, Rutter, Isaac, Wang, 2002). Improved productivity, fewer insurance and worker compensation claims and less absenteeism are only a few of the obvious benefits of engaging in workplace health promotion (Berger, Murray, Xu & Pauly, 2001; Berger, Howell, Nicholson & Sharda, 2003; Boyles, Pelletier & Lynch 2004; Burton, Pransky, Conti, Chen & Edington, 2004; Cawley, Rizzo & Haas, 2007; Goetzel, Long, Ozminkowski, Hawkins, Wang, & Lynch, 2004; Goetzel, Hawkins, Ozminkowski & Wang, 2003; Mayne, Howard, & Brandt-Rauf, 2004; Sullivan, 2004). Goetzel, Ozminkowski, Baase, & Billotti (2005), were able to correlate some less obvious benefits of promoting health in the

workplace such as reduced staff turnover, improved employee attitudes towards the organization and improved employee morale. Reducing staff turnover contributed to lowering the costs related to recruitment, training and orientation and improved employee morale, contributed to an increased ability of employees to cope with workplace changes (Goetzel et al., 2005).

The Benefits of Physical Activity

As mentioned above, wellness programs instituted in the workplace can become valuable disease management tools allowing employers an opportunity to affect the health and wellbeing of employees in various ways. There is a multitude of scientific evidence available, which demonstrates that physical activity is an effective way to decrease the risks of developing a chronic disease (Aldana, Barlow, Smith, Yanowitz, Adams, Loveday & Merrill, 2006; Brunet, Plotnikoff, Raine & Courneya, 2005; Coats, 2005; Katzmarzyk, Gledhill, & Shephard, 2000; Knowler, Barrett-Connor, Fowler, Hamman, Lachin, Walker & Nathan, 2002; Kosaka, Noda & Kuzuya, 2005; Stewart, Bacher, Turner, Fleg, Hees, Shapiro, Tayback & Ouyang, 2005). Incorporating physical activity as part of an employee wellness program is not only an effective way to improve employee health, but it is also an effective way to protect one's business interests. This is especially true for those conditions that result in substantial direct and/or indirect costs to the company (Aldana, et al., 2005, Aldana, Greenlaw, Diehl, Salberg, Merrill, & Ohmine, 2006; Gates, Succop, Brehm, Gillespie & Sommers 2008; Golaszewski, 2001; Hughes, Girolami, Cheadle, Harris & Patrick, 2007).

A number of studies provide evidence of lower medical and insurance costs for employees in health promotion programs, particularly programs involving physical

activity. Pacific Bell's FitWorks participants claimed \$300 less per case for a one-year savings of \$700,000 (The Health Project, n.d.). Coca Cola reported a reduction in health care claims with their exercise program, saving \$500 per employee per year for those who joined their Health Works fitness program (Wellness Councils of America, 1995). With the implementation of a fitness based worksite wellness program, Prudential Insurance Company also reported a reduction in participant's major medical costs from \$574 to \$312 over the course of one year (Public Health Agency of Canada [PHAC], n.d.).

Current evidence has shown a significant reduction in absenteeism and resultant dollars saved due to the implementation of employee fitness programs. Pacific Bell's FitWorks program decreased absent days by 0.8 percent, to save \$2 million in one year and its members also spent 3.3 days less on short-term disability for an additional savings of \$4.7 million (The Health Project, n.d.). A two-year study by the DuPont Corporation on the effect of its comprehensive health promotion program on absenteeism among workers, reported a 14 percent decline in disability days, versus 5.8 percent decline for controls. This resulted in a total of 11,726 fewer net disability days.

A number of employers, who recognized physical activity as an important component to their health promotion programs, reported improvement in job attitude, work performance, energy level, and/or overall morale among employees who participated, which are all critical factors in enhancing productivity. For example, Canada Life Assurance Company observed a 4 percent increase in productivity among employees after engaging in the company's fitness program. Employees also reported feeling more alert, having better rapport with their coworkers, and generally enjoying their work more

(Shepard, 1983). Interviews conducted with employees from the Vancouver International Airport Authority, Seven Oaks General Hospital, and Moose Jaw-Thunder Creek Health District after implementation of their wellness programs reflected the view that the workplace health initiatives had contributed to improved workplace morale, greater company loyalty, and stronger social relationships among workers (Canadian Labour and Business Centre [CLBC], 2002).

There is a number of employer driven studies to suggest that workplace health promotion programs are successful in reducing personal health risk factors and associated medical costs, which can contribute to lost revenue for the employer (see Appendix A). While Canadian research in this area is limited, it has been estimated that for every dollar spent on supporting and improving employee health, there is a \$4 to \$8 return on investment. In the online resource, '*Active Living at Work*', the Public Health Agency of Canada (PHAC), (n.d.), reported results of employer based studies, which indicated a positive return on investment when employees engaged in physical activity as part of an employee wellness program. Municipal employees in Toronto missed 3.35 fewer days in the first six months of participating in the employee fitness program, than those that did not participate. British Columbia Hydro found that employee turnover for those enrolled in the company's fitness program was only 3.5 percent, compared with a company average of 10.3 percent. Similarly, Canada Life Assurance Company found that employee turnover for those enrolled in the company's fitness program was 1.5 percent, versus 15 percent for non-participants. This evidence continues to support the notion that physical fitness is a valuable disease management tool for employers in the pursuit of

protecting their return on investment (Lee, Blair & Jackson 1999; Rosengren, 1997; Kupersmith, Holmes-Rovner, Hogan, Rovner & Gardiner, 1995).

Principles to Guide Program Development

In the past, employers focused on creating healthy workplaces through providing a safe and comfortable work environment, with the anticipated result of preventing injury. Although these traditional methods have proved to be advantageous, continued research has shown that workplace health promotion programs, when provided in a comprehensive and integrated manner, can be more effective in maintaining and improving workplace health (Shain & Suurvali, 2001). A comprehensive approach can mean that a variety of lifestyle issues are being targeted for change (i.e., increasing physical activity level, smoking cessation) or that a variety of strategies are being used (i.e., raising awareness, building skills). Comprehensive Workplace Health Promotion (CWHP) is defined as “an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management under and upon the efforts of employees to care for their own well-being” (Shain & Suurvali, 2001, p. 5). Shain & Suurvali (2001) have identified specific characteristics, which equate to the success of a program and combine “program content and design” (p. 18) with “environmental or contextual prerequisites” (p. 20).

The most important aspects of program content and design for an employer to consider when developing their program are a person’s readiness to change, the availability of one’s social supports, how other health practices reinforce the behavior one is attempting to change, whether the program is appealing to the population that it is attempting to service and whether or not the program and its requirements are easily

accessible (Shain & Suurvali, 2001).

Past research indicates that an individual's position within the change process has a profound effect on behavior modification outcomes (Woods, Mutrie & Scott, 2000; Marcus, Emmons & Simkin-Silverman, 1998; Marcus, Simkin, Rossi & Pinto, 1996; Marcus, Banspach, Lefebvre, Rossi, Carleton & Abrams, 1992; Marcus & Owen, 1992; Marcus, Rossi, Shelby, Niaura & Abrams, 1992). The *Transtheoretical Model of Health Behavior Change* (Prochaska & Velicer, 1997) is a theoretical model, which has been conceptualized as a six-stage process or continuum related to a person's readiness to change. The six stages are pre-contemplation, contemplation, preparation, action, maintenance and termination. People are thought to progress through these stages at varying rates, often moving back and forth along the continuum a number of times before attaining the final stage of termination. In this model, people use different processes of change as they move from one stage of change to another. Efficient self-change thus depends on doing the right thing (processes) at the right time (stages). According to this theory, tailoring interventions to match a person's readiness or stage of change is essential (Ronda, Van Assema & Brug, 2001, p. 306). For example, in the pre-contemplation stage individuals are not focused on changing their physical activity level, therefore, the focus should be tailored to strategies that increase the individual's awareness of personal risk behavior, in order for them to proceed from pre-contemplation to contemplating behavior change. This can be achieved through a variety of education and skill-building activities, as well as self-evaluation. Likewise, in the action stage, individuals have already started to exercise more, therefore, the focus should be tailored to strategies that encourage and support the continuation of their physical activity levels. This can be achieved by

reinforcing the individuals' knowledge of the benefits of physical activity on long-term health outcomes and by assisting them in removing any ongoing identified barriers (Lowther, Mutrie & Scott, 2007).

Social support is another factor that is important to consider when developing a successful health promotion program in relation to program content and design. One strategy that continues to recur in the literature to motivate individuals toward participating in physical activity and maintain their activity level is the "buddy system" (Shain & Suurvali, 2001, 18). Research by Stutts (2002), on the determinants of physical activity in adults, reveals that "vicarious experience or modeling" (p. 506) can be an effective way to increase an individual's perception of their ability to succeed in change. By pairing individuals of lower physical ability and knowledge with those of higher physical ability and knowledge the employer is able to incorporate social support for the individual into their physical activity program.

Awareness of the interrelated nature of personal health practices (i.e., sleep patterns can have an affect on physical activity patterns) and how they can positively or negatively affect outcomes is another important aspect of program content and design for an employer to consider when developing their program. This information is important in order to be able to tailor the design of the program to meet the needs of its participants. Ensuring that programs are designed to meet the preferences, aptitudes and requirements of a wide variety of participants, taking into account variations in life stage, education, culture and language capacity, will ensure that the program appeals to a larger number of employees.

Finally, 'convenience' has increasingly become a factor that employers must

consider when building a health promotion program for success. By offering financial resources or implementing attractive on-site options for employees, employers can provide a more accessible opportunity to engage in healthy behaviors.

Environmental or contextual prerequisites include management support and a supportive management climate. It is essential that the workplace environment be supportive of an employee's efforts to manage their health (Shain & Suurvali, 2001). For example, encouraging and allowing an individual to set one's own goals and to identify the supports one will need to achieve success, is much more likely to lead to a successful program and cost-effective outcomes, especially if management is also modeling healthy behaviours. Maintaining reasonable workload expectations, maximizing the degree to which an employee is able to participate in the administration of their work and providing recognition for an employee's achievements are all ways in which an employer can reinforce a supportive management climate (Shain & Suurvali, 2001).

Measurement, Outcomes and Evaluation

Monitoring and evaluating any program is an important part of ensuring successful results. Being accountable for how a program is developing, allows one to learn from one's mistakes and to make changes as required, while enhancing everyone's chance for continued success. In Ontario, there have been numerous resources developed to assist with health program evaluation. In October 1994, the *Program Evaluation Work Group* (Baxter, et al., 1996) was assigned the task of studying program evaluation in local health units in Ontario. The result was to develop guiding principles to evaluate public health programs and to develop a common educational resource for program evaluation. The Work Group published its recommendations in the Public Health & Epidemiology Report

Ontario (PHERO) on May 31, 1996, in an article entitled, *An Agenda to Enhance Program Evaluation in Public Health*. In response to the second recommendation, the *Program Evaluation Tool Kit* was developed. The *Program Evaluation Tool Kit* is a practical step-by-step guide to evaluating programs. It is presented in a series of short modules, with simple explanations and specific tools for planning, conducting and using evaluation. Nancy Porteous, Barbara Sheldrick and Paula Stewart developed the *Program Evaluation Tool Kit* in 1997 with funding from the Ottawa-Carleton Health Department's Public Health Research, Education and Development Program and the Public Health Branch of the Ontario Ministry of Health. Although the *Program Evaluation Tool Kit* was originally developed to specifically evaluate public health programs, it has been designed in a manner that allows even an unskilled individual in health program evaluation to utilize it. It provides the necessary introductory information to those engaging in program evaluation for the first time. According to Porteous, Sheldrick & Stewart (1997), the two main stages in program development are planning and implementation. Different decision-making needs during these stages determine the type of evaluation to be conducted. During the program planning stage, it is important for employers to determine whether a program should be implemented and what type of program is required. The employer can achieve this evaluation activity by performing a needs assessment. Once the needs of the employees have been established, an employer is better able to determine what aspects of the program will be feasible. During the early stages of program implementation, it is important for the employer to determine how the program is operating and to whom the program is servicing. By engaging in process evaluation, an employer is able to determine whether implementation is consistent with

the way the program was planned and how the program can be improved. Once a program is established and early evaluation activities have indicated that implementation has been successful, it is important for the employer to assess the impact of the program. Through conducting an outcome evaluation, the employer is able to examine the changes that have occurred as a result of the program. The most important aspect to remember is that evaluation is an integral part of program management and should occur during all phases of a program (Porteous et al., 1997).

Conclusion

There is compelling evidence that suggests that the majority of health-related costs within the Canadian health care system are preventable through active participation in health promotion programs. Declining physical activity rates within the adult population across the country has amplified obesity rates, which is one of the precursors to chronic disease. With a large portion of the Canadian adult population spending the majority of their waking hours at work, places of employment have been identified as the optimal environment for implementing health promotion programs. Not only is there benefit through implementing health promotion in the workplace for the employee, there is also benefit for the employer. Well-planned, comprehensive health promotion programs have been shown to be cost-effective, especially when the health promotion programming is matched to the health problems of the specific employee population. Lastly, when a comprehensive approach to developing one's health promotion program is used, there is a better chance of success for both those participating in the program as well as those implementing the program.

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Appendix A
Workplace Health Impacts

Organization and Number of Employees	Individual Employee Health Measures and Indicators	Aggregate Workplace Safety/Health Measures/Indicators	Measures/Indicators of Workplace Performance	Motivators/Support to Implement	Approaches/Strategies
Dofasco Inc. (7,300)	<ul style="list-style-type: none"> -Between 1993 and 1998, number of overweight employees declined by 5%; number of smokers declined by 5% 	<ul style="list-style-type: none"> -Between 1991 and 2001, lost time injury rates fell by 66%; - between 1995 and 2001, WSIB premium rates fell by 63% 	<ul style="list-style-type: none"> -External study concluded that H&S focus and team-based work organization contributed to an improvement in business metrics 	<ul style="list-style-type: none"> -Changing workplace culture (“entitlement” culture changing to an “earnings” culture): linking employee success directly to company’s success 	<ul style="list-style-type: none"> Firm-owned fitness and recreation centre (featuring yoga and tai chi classes); programs for smoking cessation, weight loss, nutrition, exercise
American Express Canada (3,700)	<ul style="list-style-type: none"> -20% of employees participated in one or more fitness activities 	<ul style="list-style-type: none"> -Employee satisfaction rates increased from 1998 to 2000, and stood well above industry and cross-company averages 	<ul style="list-style-type: none"> -Company ranked as one of the ‘Top 25 to work for’ in Canada -Between 1998 and 2000, attrition rates fell from industry average (40%) to 23% 	<ul style="list-style-type: none"> Employee focus groups 	<ul style="list-style-type: none"> On-site fitness centre; programs for smoking cessation, weight loss, nutrition, exercise
Moose Jaw-Thunder Creek Health District (1,500)	<ul style="list-style-type: none"> -Participant surveys show 70% feel Wellness Program improved morale 	<ul style="list-style-type: none"> -Sick days lower in 2001 than in 1997-1998 -Accident rates declined between 1997-98 and 2000-01 	<ul style="list-style-type: none"> -Survey of patients rate overall satisfaction with services at 95% 	<ul style="list-style-type: none"> -Health Canada’s Health in the Workplace Survey: a needs assessment survey including questions on 	<ul style="list-style-type: none"> Gym membership subsidy; programs for smoking cessation, weight loss, nutrition, exercise

<p>Seven Oaks General Hospital (1,365)</p>	<p>-Health Risk Appraisal (baseline measures) at start of program -records of employee participation in programs</p>	<p>-Between 1994 and 2002, WCB costs fell by over 50%;</p>	<p>-Plans to gather data on employee retention rates</p>	<p>personal health, level of physical activity, stress, behaviour at risk, assistance at the workplace, and safety</p>	<p>On-site fitness centre; programs for smoking cessation, weight loss, nutrition, exercise</p>
<p>Irving Paper Ltd. (375)</p>	<p>-40 of 48 smoking cessation program participants successfully stopped smoking</p>	<p>-Between 1995 and 2000, short-term disability costs fell by over 50%; total cumulative savings on short term disability costs were \$800,000 -WCB monthly costs fell by 60%</p>	<p>-Anecdotal reports of improved job satisfaction, morale, increased sense of control over work and working conditions; -Between 1992 and 2000, number of grievances fell from 50 per year to 11 per year; number of arbitrations fell from 3 per year to fewer than 1 per year</p>	<p>Development of 'culture of respect'; emphasis on communications and improving employees' control over their work life</p>	<p>Gym membership subsidy; programs for smoking cessation, weight loss, nutrition, exercise</p>
	<p>Employee Assistance program</p>				

QLT Inc. (300)	-About 50% of employees use on-site gym and fitness facility	-The number of WCB claims is minimal; -No lost time injuries in 2002	-Employee turnover rate is negligible -Firm ranked in top 50 Canadian employers in December 2001, and as 6th best BC employer in January 2002	Proactive work-life balance practices	On-site gym and fitness centre, with personal trainer; wide array of sports teams and events; encouragement to bike to work; healthy cafeteria choices
Vancouver Shipyards (300)	-200 employees have used on-site gym and fitness facility	-Between 1998 and 2001, 70% reduction in WCB disability claims -H&S audits show increase in compliance scores from 56% to 72%	-WCB claims costs reduced from \$2.2 million in 1998 to \$500,000 in 2001 -The firm's WCB rating assessment (used to determine premiums) declined by 60% between 1999 and 2001	Employee support through education and training from allied health care professionals	On-site gym and steam room, with personal trainer, physiotherapist, and rehabilitation specialist; on-site kinesiologist advises on work layout
Vancouver International Airport Authority (300)	-50% of staff are registered in wellness programs	-75% of employees in 2000, felt employer was doing a 'very good job' on H&S -Lost time accidents and days lost lower than in early 1990s -Hours lost through disability reduced by 42% between 1999-2001	-In 2000 IATA survey, Vancouver International Airport Authority ranked as best North American airport for passenger satisfaction	Employee Assistance Program	Gym membership subsidy and on-site fitness facility; programs for smoking cessation, weight loss, nutrition, exercise

<p>City of Regina Transit Department (220)</p>	<p>-30 employees per week in blood pressure clinics -167 employees participated in baseline physical assessment and follow-up, which indicated little change in strength, endurance, flexibility, etc. -Close to full employee participation in 'Transfit Days'</p>	<p>-Time lost through WCB injuries fell from 597 days in 1993 to 337 days in 2000, translating into \$500,000 savings -Sick days and injury incidence generally stable from 1992 to 2000 -Anecdotal reports of altered lifestyles</p>	<p>-Program being replicated in other municipal departments</p>	<p>-Establishment of a joint management-labour task force -The task force, in turn, was the main impetus for the establishment and development of the Transfit Program -Health, Safety, and Organizational Division, a new division, was at forefront for promoting healthy workplace practices</p>	<p>Gym membership subsidy and on-site fitness facility; programs for smoking cessation, weight loss, nutrition, exercise Occupational Health and Safety: -Two-hour physical assessment and individual counselling once every four years as a compulsory replacement for the annual medical examinations. In 2002, mandatory physical assessments were amended to occur every second year instead of every 4 years, as initially piloted. The assessment included: -Medical and movement history questionnaire -Anthropometric and body composition analysis -Postural evaluation -Graded exercise stress</p>
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						<p>test</p> <ul style="list-style-type: none">-Pulmonary lung function screening-Strength and muscular endurance assessment-Range of motion assessment-Guidelines for behaviour change <p>**In the “off” years, employees were given 6 programming options to pick from, coordinated and facilitated by the Dr. Paul Schwann Applied Health & Research Centre, University of Regina. The options were:</p> <ul style="list-style-type: none">-One on one exercise session at the Dr. Paul Schwann Centre-Comprehensive Health & Fitness Assessment and Consultation-Wellness Checkpoint and No Sweat Assessment-Lifestyle Counselling Session
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						<ul style="list-style-type: none">-Supervised Conditioning-Cardiac Risk Reduction and Rehabilitation ProgramVoluntary Health Practices:-Passes and rebates to recreation and sports facilities-Walking tread machine and stationary bike available to employees in main facility-Transfit Centres: Information kiosks (posters, pamphlets, and information on upcoming special events) located in the garage where operators work-Transfit Days: Designed to unveil the Transfit kiosks and promote good nutrition-Wellness-Related Events
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Petro Canada Burrard Products Terminal (120)	Information unavailable	-Between 1997 and 2001, no lost time due to injuries	-Consistent reduction in unit costs over last 6 years -Turnover rate almost nil -Between 1993 and 1996, 6 grievances filed; none since	Lifestyle Seminars on variety of topics including fitness, stress management, and smoking cessation	Gym membership subsidy and on-site fitness facility; programs for smoking cessation, weight loss, nutrition, exercise
Rideau Construction Inc. (54)	Information unavailable	-Consistent decline in WCB premium costs, 1994-1999 (overall premium rate increase since)	-Low turnover; loses one employee per year, on average -Ranked as the best company to work for in Atlantic Canada in 2000 (and runner-up in 2001)	Work-life balance initiatives	Gym membership subsidy
Pazmac Enterprises Ltd. (30)	-70% of staff participate weekly with personal trainers; -Anecdotal reports of better health	-Average of only 0.1 sick leave days per employee per year -WCB assessment rate reduced from 2.83% in 1996 to 2.60% in 2001	-Turnover rate almost nil (only 3 employees have left voluntarily in the last 5 years)	Design of entire facility stressed employee wellbeing	On-site fitness centre (containing a gym, swimming pool, and personal trainers)

Note. From "Twelve Case Studies on Innovative Workplace Health Initiatives: Summary of Key Conclusions", by Canadian Labour and Business Centre, 2002, p. 20.

Appendix B
Sample Physical Activity Program Manual for Employers

Physical Activity in the Workplace

Implementing a physical activity program in the workplace has many benefits, including benefits to the individual, co-workers and your organization. Providing these programs will not solve all health issues but they have been shown to improve employee relations, improve health and wellness, reduce absenteeism and retain employees.

This manual provides you with a step-by-step guide toward implementing a successful comprehensive workplace health promotion program within your workplace. Also provided is a sample healthy workplace topic (i.e. physical activity), which you can use as a template during the process for implementing your own tailored program to meet the specific needs of your employees and the company they work for.

If you would like more information about Physical Activity in the Workplace, please contact:

Thunder Bay District Health Unit
999 Balmoral Street
Thunder Bay, ON
P7B 6E7
Phone: (807) 625-5900
Toll-Free: (888) 294-6630

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Healthy Workplaces

A variety of research has been conducted over the last number of years that supports the notion that the workplace environment has a substantial effect on the health of employees. It is now evident that how healthy a person feels directly affects their job satisfaction and their productivity. Healthy workplaces benefit organizations and individuals alike and result in:

- Improved productivity
- Decreased absenteeism
- Fewer accidents; reduced Workplace Safety Insurance Board (WSIB) claims
- Reduced health benefit costs
- Improved retention and recruitment
- Improved health and wellness
- Better employee relations
- Improved morale; higher levels of employee engagement
- Improved corporate culture and image; increased image as 'employer of choice'
- Strengthened human capital management approaches
- Contribution to attainment of social goals of triple bottom-line reporting systems

(Craig, Beaulieu & Cameron, 1994; Bachmann, 2002)

Comprehensive Workplace Health Promotion (CWHP)

- A systematic design of programs that enhance organizational and employee health
- The creation of a healthy culture which values and meets individual and organizational needs
- A philosophy and practice of health promotion that is intended to be incorporated into the organization's strategic business plan (it belongs in the plan because what is good for employee health is also good for organizational productivity, efficiency and competitiveness)
- A method to help individuals move toward a state of optimal health (emotional, physical, social, spiritual and intellectual health)
- The use of various initiatives to increase employee awareness of health issues and outcomes and create supportive environments in which positive change can occur

(Shain & Suurvali, 2001; Baker, Coleman & Sormin, 2002; Bachmann, 2002)

Elements of Workplace Health

The National Quality Institute, (1998) has identified three elements, which impact workplace health:

- Physical environment
- Personal health practices
- Supportive environment.

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TIFF (LZW) decompressor
are needed to see this picture.

(National Quality Institute, 2004)

Physical Environment

A healthy physical environment is one in which employee health and safety is ensured, by following current health and safety legislation and directives. In promoting a healthy physical environment one should consider quality and sustainability. Some areas an organization may address are (Oldenburg, Sallis, Harris & Owen, 2002):

- General workplace conditions and facilities (cleanliness and safety)
- Potential for violence in the workplace and strategies to deal with such risks
- Employees' understanding of emergency systems in the workplace
- Accommodation of employees who have health-related restrictions and/or disabilities
- Ergonomics and issues related to occupational hygiene (i.e., lighting, noise, ventilation, etc.)
- External pollution and methods of dealing effectively with hazardous substances
- Effective workplace safety committees
- Health and safety training

Personal Health Practices

This element considers how the work environment enables and supports healthy lifestyles, behaviours and coping skills for dealing with life in healthy ways (Pelletier, 1993; Sorensen, Hsieh, Hunt, Morris, Harris & Fitzgerald, 1992). In promoting healthy practices among employees, some areas, which may be addressed, are:

- Tobacco use
- Nutrition
- Alcohol and other drug use

- Sexual practices
- Physical activity
- Immunization
- Infection control

Supportive Environment

This element examines organizational culture. Culture is created, reinforced, and sustained by patterns of human relationship and communication that have a significant positive or negative influence on mental, emotional, physical, and spiritual health. When underlying organizational culture is ignored, workplace health programs are more likely to fail (Allen & Leutzinger, 1999).

A healthy supportive environment ensures that employees are treated with respect and fairness. It provides employees with a sense of belonging, purpose and mission, and control over their work. Employees have freedom of expression, and protection from harassment and discrimination. Trust is a precondition for productive and equitable employment relations. It is based on the expectation that both parties will act fairly and fulfill their terms of an arrangement. Trust is about interdependence and reciprocity; for employees, trust develops from the perception that management is concerned about their well-being, is competent to handle organizational change, and is open and honest about change (Lowe, 2004). Initiatives that can help create a healthy supportive environment include:

- Sensible pace and schedule for production/service delivery
- Accessible job training and education opportunities
- Assessment of organizational stress and systematic approaches to

reducing/eliminating stress

- Supportive policies and practices that respect the need for employees to balance home and work responsibilities (e.g., flexible hours, job sharing, support for child care)
- Fatigue management program, especially for shift workers
- Opportunity for employee input regarding achievement of organizational goals
- Opportunity for employee participation in overall control of their jobs
- Practice of open communication, ongoing feedback, active listening, information sharing
- Education regarding the role of workplace culture in one's health and well-being
- Employee involvement in identifying current culture and possible positive changes
- Assessment of performance based on work contribution
- Encouragement, support, and reward for creativity, innovation, and informed risk-taking

(National Quality Institute [NQI], 1998; Human Resources & Skills Development Canada [HRSDC], 2004)

Implementing Comprehensive Workplace Health Promotion (CWHP)

The following information has been adapted with permission from Health Canada's Workplace Health System (2004), and the Brant County Health Unit's Wellness Works Guide (2001).

Step 1: Obtain Organizational Commitment

To build a healthier workplace, everyone needs to be working towards a common goal. Support for and active involvement in the workplace health program needs to exist at all levels.

Management/Business Owners

Senior management plays a critical role in creating a healthy work environment (Bachmann, 2002). Management commitment and involvement demonstrates seriousness about health. The perception that senior management, supervisors, and coworkers have positive attitudes toward health has been associated with improved employee health (Thesenvitz, 2003).

Managers can:

- Be involved and enthusiastic
- Respond to employee-identified concerns
- Ensure a comprehensive approach to workplace health
- Provide appropriate resources:
 - Time within the workday for staff to plan and implement activities
 - People to build the healthy workplace program
 - Money and materials
- Follow up on progress, expect results, and reward appropriately

Unions/Employee Associations

Success is more likely if unions support the concept of wellness and recognize the benefits of a wellness program for members, and employee groups are active partners from the start.

Employees

Grass roots involvement and participation from the start is critical to the programs' success.

Other Key Stakeholders

Others who can participate in the process of improving workplace health are:

- Staff from occupational health
- Health and safety representatives
- Human resource personnel
- Benefits and/or training and development departments
- Company suppliers
- Customers
- Family members of employees

Tips for Obtaining Organizational Commitment

- Meet with key individuals and decision-makers to gain support and commitment
- Present to management, unions, etc, the importance of healthy workplace program.
- Create a business plan/proposal to promote the allocation of resources to workplace health
- Create a letter of understanding for all involved parties to sign, which would:
- Outline the degree of commitment of each party involved

- Identify each person's role and responsibility
- Establish a timeline for implementation
- Express a willingness to respond to employee-identified needs, as appropriate
- Express a willingness to provide necessary resources (i.e., financial commitment/budget)

Step 2: Form a Committee

The workplace health committee drives workplace health initiatives, and should be put together carefully. A new committee can be formed, or an appropriate existing committee can do the work. The chairperson should be a committed individual, who can ensure all members work well together.

Purpose

- Provide leadership and direction for promoting health in the workplace
- Promote and maintain communication between employees and management
- Recruit staff volunteers and build support for healthy workplace initiatives
- Identify needs and concerns
- Oversee the planning, implementation and evaluation of the healthy workplace program

Membership

- Ensure broad representation to reflect the organizational composition and to promote employee acceptance; management, employee representatives and union/employee association representatives should be included
- Make participation voluntary
- Include 5-10 committed, enthusiastic individuals (other interested persons can form

task groups/sub-committees; distributing work and periodically rotating members maintains energy)

Meetings

- Committees usually meet more often during initial stages of a healthy workplace program
- A minimum number of meetings should be planned for the year, with clear objectives
- An agenda should be circulated prior to meetings, and meeting minutes should be taken and circulated to committee members and management promptly

Responsibilities of the Chairperson

- Drafts agenda for meetings & ensures minutes are recorded and distributed
- Ensures everyone has an opportunity to speak and be heard at meetings
- Ensures the committee creates & adheres to its 'Terms of Reference'
- Assists individual committee members to identify and work towards a common goal
- Resolves conflict and misunderstandings that pertain to the workplace health program
- Determines distribution of information to employees, management and committee members

Step 3: Identify Employee Interests & Needs

Understanding employee needs, concerns and preferences promotes participation and commitment, and ensures the program reflects what employees consider important.

Hard-to-Reach Employees

To ensure inclusive assessment, special attention needs to be given to employees that may be difficult to reach due to literacy challenges, ethnic groups, off-site and seasonal workers, and socially or culturally isolated workers. Identifying and addressing employees' health needs helps achieve better overall individual and organizational health. Confidential, non-threatening methods of data collection are best: personal interviews conducted by external people, computer assisted questionnaires, or telephone interviews (Health Canada, 2002).

Workforce Overview

Some organizations conduct a workforce overview. This information, assessed over the long term, helps track and evaluate the progress of the workplace health program. It provides, however, only an estimate of program success.

The following data may be gathered:

- Organizational demographics
- Type of business/work
- Demographics (gender, age, education, ethnicity, years of service, language, etc.)
- Job classification types (full-time/part-time)
- Work scheduling, shifts, hours worked and peak season(s)
- Absenteeism rates
- Workplace Safety and Insurance Board statistics
- Benefit costs
- Prescription drug claims
- Short and long-term disability statistics; disability leave/sick days

- Staff turnover
- Grievances
- Company surveys (e.g., employee satisfaction, quality of work-life balance)
- Organizational data from a parent/sister company
- Insurance health benefit information (compared to other organizations)
- Statistics Canada data
- Conference Board of Canada reports and research studies
- Public Health Department reports (e.g., Community Health Status Report)

Existing Strengths and Challenges

Understanding existing resources or strengths within an organization prevents duplication and provides a valuable starting point for the development of new programs.

Strengths may include:

- Wellness-based events and groups (e.g., health fair, staff BBQ, social club, baseball team)
- Group benefits/drug coverage (e.g., Employee Assistance Program, massage therapy)
- On-site facilities (e.g., health centre, fitness centre, gym, cafeteria, gardens/green space)
- Policies (e.g., smoking, harassment, flex-time, alcohol/drug, family days)
- Corporate culture (e.g., communication, employee and management feedback evaluations)
- Employee culture (e.g., staff morale and satisfaction, employee relationships)
- Professional development opportunities

- Other cost containment initiatives (e.g., absentee & disability management programs)

Each workplace has unique challenges and possible roadblocks that can interfere with workplace health program initiatives. These challenges come from all organizational levels and may include:

- Unhealthy employee culture/corporate culture
- Unhealthy relationship between management and employees
- Lack of employee acceptance
- Insufficient funds for the program
- Conflicting employee work schedules; lack of workday flexibility
- Poor organizational communication
- Lack of employee involvement in decision-making

Assessment Methods

A variety of methods can be used to collect information from employees, each with its advantages and disadvantages. These methods can be used alone or in combination (see Appendix C).

Tips for Identifying Employee Interests and Needs

- Select the method(s) of assessment that best suit the organization's needs/resources
- Develop a marketing plan for the promotion, distribution and collection of the assessment tool
- Remember that the greater the participation, the more accurate and complete the results. A survey response rate should be 50% or higher; if it is less than 50%, other forms of information collection can be used to verify survey results and fill

in gaps

- Attach a signed letter to the assessment tool, describing workplace health, reasons for doing an assessment, existing stakeholder support, and communication plans
- Consider confidentiality or anonymity needs when collecting information as employees may provide more honest answers if confidentiality is guaranteed
- Tap into already existing data that may provide helpful information
- Complete an assessment every few years, to compare results and identify new/prevaling issues

Step 4: Develop an Action Plan

An action plan charts the direction for the future of the workplace health program.

- Determine key findings
- Review the information collected (employee group feedback sessions can ensure accuracy)
- Identify common themes or findings
- Prioritize findings to establish program direction
- Develop realistic goals, objectives, and activities
- Consider previously identified organizational strengths and challenges, and their impact
- Address concerns related to the three elements of workplace health: personal health practices, the physical environment, and the supportive environment
- Ensure the needs of all employees are addressed, regardless of current level of health, literacy level, cultural group, social and skill background
- Make program recommendations, including the following information:

- What you want to achieve (goals)
- Who the activity is for (target audience)
- What specific strategies/activities will allow you to accomplish your goals

Tips for Developing an Action Plan

- Create a balance between what employees want and what the employer can do
- Keep the plan confidential until approved by the committee and other key stakeholders
- Share the approved plan with all employees, to promote credibility & employee acceptance
- Keep the plan short and easy to read
- Review and update the plan regularly
- Be sensitive to age, body limitations and cultural differences

Step 5: Implement the Action Plan

Once the general recommendations have been identified, the details can be established. For each recommendation that will be implemented, the following information should be determined:

- What resources are needed for the activity (internal/external; time, people, money)
- When the activity will be implemented (remember that both short-term (6-12 months) and long-term (1-3 years) objectives need to be included)
- Who will take responsibility for pushing the initiative forward
- What the expected result of the activity is
- How the activity will be monitored and evaluated

Tips for Implementing the Action Plan

- Make the participation voluntary
- Market continually, in a variety of ways
- Make participation flexible (i.e., fitness club membership vs. on-site fitness classes)
- Provide incentives for participating (these can increase participation rates as much as 35%)
- Make sure there is a balance between educational and 'fun' programs
- Ensure activities are customized to fit the workplace
- Ensure results are SMART - Specific, Measurable, Achievable, Realistic, Time limited

Step 6: Review Your Progress

Reflect on what has been accomplished, on an ongoing basis through every stage of the wellness program. The evaluation does not have to be an overwhelming task. Find out the following:

- What are the ongoing wellness needs within the organization?
- Are initiatives meeting the identified objectives?
- What is working, and what is not working?
- What improvements need to be made?
- Have employee needs changed?

What Has Been Done?

There are a number of ways to evaluate what has been done. Some examples include:

- Pre-testing of program materials

- Attendance lists/number of participants
- Participant and/or instructor evaluation forms
- Employee questionnaires and surveys

What Was The Impact of the Activities/Changes?

There are a number of ways to evaluate impact. Some examples include:

- Surveys (e.g., before and after, group feedback)
- Individual or group interviews
- Evaluation forms assessing knowledge, attitude and behaviour changes
- Environmental audits of healthy workplace policies and programs
- Collection and analysis of changes in statistics (e.g., Employee Assistance Program usage data, Workers Safety Insurance Board claims, etc.)

Tips for Reviewing Your Progress

- Determine if goals have been met
- Get ongoing feedback from employees, including suggestions for improvement
- Adjust the plan according to feedback received
- Keep stakeholders updated on progress made

Role of Public Health

Local public health units in Ontario have a specific mandate to support organizations in the promotion of health. They can provide the following:

- Assistance with the development of a specific business case for your organization
- Support for the development of a workplace health promotion employee/management team
- Assistance with employee needs assessment

- Help to navigate through and link with community/health services and existing resources
- Provision of healthy lifestyle programs

(The Health Communication Unit [THCU], 2004)

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Appendix A
Sample Healthy Workplace Topic - Physical Activity

Physical Activity

Helping employees get active improves health and the bottom line. Physical activity contributes to better overall health and self-esteem, improved fitness, increased relaxation and reduced stress. Recent data on physical activity tells us that two-thirds of Canadians are not active enough to attain optimal health benefits (Canadian Fitness and Lifestyle Research Institute, 1998). Workplaces that invest in active living activities can see results such as reduced absenteeism and stress-related illness, and improved employee job satisfaction (Health Canada, 2001).

Return on Investment - Evidence in Canada

- Canada Life in Toronto showed a return on investment of \$3.40 for each corporate dollar invested on reduced turn over, productivity gains & decreased medical claims.
- Municipal employees in Toronto missed 3.35 fewer days in the first six months of their “Metro Fit” fitness programs than employees not enrolled in the program.
- The Canadian Life Assurance Company found that the turnover rate for fitness program participants was 32.4% lower than the average over a seven-year period.
- Dr. Roy Shephard found corporate wellness programs returned a cumulative economic benefit of \$500 - \$700 per employee per year.

Education and Skill Building

- Invite fitness professionals to demonstrate various activities employees can explore further
- Provide “fit tip” ideas via bulletin boards, newsletters, or email messages

- Offer on-site classes/programs of interest to employees

Environmental Support

- Introduce hourly 5-minute stretch breaks for both office and factory workers
- Organize sports leagues & tournaments
- Invest in showers/change rooms to promote walking/cycling to work, and lunch-time exercise
- Plan social events that have a physical activity component and include family members
- Make local walking and cycling trail maps available
- Provide facilities & equipment for employee's to engage in physical activity
(consider the feasibility of contracting services to be brought into your workplace, including liability costs)

(York Region Health Services, 2001)

Policy Considerations

- Consider cost sharing or reimbursement of fitness club membership fees
- Offer flexible work hours to enable employees to take advantage of exercise opportunities
- Investigate ways to include employee's family members, as added incentive
- Ensure activities are accessible to all employees on all shifts

References

Canadian Fitness and Lifestyle Research Institute. (1998). Lifestyle Tips: Being Active Saves Heart Disease Costs. Retrieved October 10, 2007, from http://www.hc-sc.gc.ca/hppb/fitness/work/case_template_e.html

City of Ottawa Workplace Health Program (2002). Policy: The Key to a Healthy Workplace - A guide to making your organization healthier. Ottawa, ON: Region of Ottawa-Carleton Health Department.

Health Canada. (2001). The Business Case for Active Living at Work. Retrieved October 10, 2007, from <http://www.cflri.ca/cflri/tips/index.html>

Resources

Active Living at Work
www.activelivingatwork.com

Active Ontario
www.active2010.ca

Active Transportation – Public Health Agency of Canada
http://www.phac-aspc.gc.ca/pau-uap/fitness/active_trans.htm

Active Transportation – Lifestyle Information Network
<http://lin.ca/active-transportation>

National Recreation Database - Lifestyle Information Network
<http://lin.ca/recreation-database>

Canada's Physical Activity Guides
www.paguide.com

Canadian Council for Health and Active Living at Work
www.cchalw-ccsvat.ca

Stairway to Health
www.healthcanada.ca/stairwaytohealth

Public Health Agency of Canada
http://www.phac-aspc.gc.ca/chn-rcs/wh-smt-eng.php?rd=work_travail_eng

Appendix B Guidelines for Creating a Policy

The City of Ottawa Workplace Health Program (2002) identifies five phases of development:

Phase 1: Identify the issue(s) and need for a policy

- Identify concerns, attitudes and preferences through surveys, focus groups, etc.
Consider collecting &/or reviewing data from health screenings, lifestyle surveys, absenteeism rates, worker compensation claims, drug costs, etc.
- Review related policies from similar organizations; network with those experiencing success
- If related policies &/or programs exist, review participation and available feedback; consider how they can be better supported, expanded or improved
- Collect information to show the potential benefits of addressing the problem through policy
- Link the policy to the organization's core business and mission
- Prepare a cost analysis
- Build in evaluation of the policy throughout its development, implementation & monitoring

Phase 2: Gather support from all employees

- Meet formally or informally with all levels of staff
- Gather staff from all levels to develop the policy (use existing groups if possible)
- Seek and consider opinions on how the policy will work within your unique workplace
- Raise awareness and interest of employees/management through special activities

- Employ principles of change management - communicate directly and honestly, encourage participation and ownership of the process, seek out and incorporate feedback

Phase 3: Draft the policy

- Include within the policy the following:
 - Rationale for the policy
 - Simple policy statement
 - Objectives & scope of the policy
 - Parts and guidelines of the policy
 - Implementation stages of the policy with a timetable
 - Criteria for evaluating effectiveness of the policy
 - Implications of the policy (i.e., financial, staffing, productivity, morale)
 - Person(s) responsible for implementation and ongoing management of the policy
 - Consider different types of policies & options (i.e., phasing in may enhance compliance)
 - Consider piloting a policy with an evaluation
 - Ensure the policy is consistent with other workplace policies & practices
 - Keep employee language/literacy levels in mind when writing and communicating the policy
 - Communicate the plans and progress to all employees on a regular basis
 - Seek feedback on the draft policy from all levels within the workplace
 - Have the president, owner, or the highest manager endorse the finalized policy in writing

Phase 4: Implement the policy

Pre-implementation

- Send a copy of the policy with a personal letter, including the name of a contact person, to everyone at least 4-6 weeks in advance of the implementation date; review policy verbally with employees for whom language or literacy may be a concern
- Present the finalized policy, outline expected benefits, and respond to questions and concerns; emphasize employer's and employee's joint responsibility in policy implementation
- Gather employee suggestions for implementation
- Identify helpful resources (i.e., EAP, sport facilities, community resources, written resources)
- Consider using incentives
- Examine the need for promotional aids (e.g., signs, posters), and consider a kick-off event

Implementation

- Post the policy; include it in employee handbooks, policies & procedures manual, etc.
- Discuss the policy during employee orientation
- Support managers/supervisors in the change process
- Reinforce the policy with strategies that promote education and raise awareness, provide opportunities for skill building, and create a supportive work environment

- Enforce policies in a fair and consistent manner; ensure the policy pertains to all employees

Phase 5: Monitor the policy

- Assign one respected person to oversee implementation and to receive complaints
- Monitor participation/compliance levels; troubleshoot potential problems or areas of concern
- Provide additional information sessions or ongoing employee education program as needed
- Evaluate progress relative to stated objectives and evaluation plan; modify policy as needed

Note. From “Policy: The Key to a Healthy Workplace-A Guide to Making Your Organization Healthier,” by the City of Ottawa Workplace Health Program, 2002, Ottawa, ON: City of Ottawa. Reprinted with permission of the author.

Appendix C
Online Resources

Alberta Centre for Healthy Living – Physical Activity at Work
<http://www.centre4activeliving.ca/workplace/en/index.html>

Canadian Centre for Occupational Health and Safety – Bringing Health to Work
<http://www.ccohs.ca/healthyworkplaces/>

Healthy Workplace Week
<http://www.healthyworkplaceweek.ca/index.php>

National Quality Institute
www.nqi.ca

Natural Health Care – Workplace Wellness
http://naturalhealthcare.ca/workplace_wellness_programs.phtml

Physical Activity Resource Centre
<http://www.ophea.net/Ophea/PARC/index.cfm>

Public Health Agency of Canada – Stairway to Health
<http://www.phac-aspc.gc.ca/sth-evs/english/index.htm>

Public Health Agency of Canada – Active Living at Work
<http://www.phac-aspc.gc.ca/pau-uap/fitness/work/index.html>

The Canadian Council for Health and Active Living at Work
<http://www.cchalw-ccsvat.ca/english/>

The Health Communication Unit – Workplace Health Promotion Project
<http://www.thcu.ca/Workplace/Workplace.html>

Workplace Health Strategies Bureau of Health Canada
http://www.hc-sc.gc.ca/ewh-semt/occup-travail/work-travail/wh-mat-strategies_e.html

Appendix D
Assessment Methods

Format	Advantages	Challenges
One-on-one/group discussions: informal meetings to discuss concerns & share ideas	Obtains in-depth information & clarifies employee questions	Not representative of all employees; can't ensure confidentiality if group format
	Promotes employee "buy-in" & creates enthusiasm for program	Can be time-consuming
	Gauges employee response	Could receive misleading results
Suggestion box (could be electronic)	Easy to administer; not time-consuming	Needs to be promoted before & during time it is set up
	Suggestions can be anonymous	All suggestions need to be acknowledged and considered seriously & confidentially; not representative of all employees
	Easy to complete	Needs to be attractive, accessible & visible
Employee health &/or interest survey: questionnaire to collect information related to employee health & safety issues	Reaches a large number of employees	Time-consuming; could be costly to implement & tabulate survey
	Provides lots of information	Requires time & effort to set up & implement survey, and tabulate & evaluate information
	Promotes confidentiality & employee comfort in disclosing concerns	Does not always gather a good mix of different employee groups
	Information can be used to evaluate workplace health program	May be difficult to ensure adequate number of surveys returned
	Can also be used to recruit	Needs to be well promoted

	interested employees & promote employee “buy-in”	
Employee meetings: formal meetings with larger groups of employees to receive feedback	Has the potential to reach a large number of employees	Need to ensure good mix of all the different groups in the workplace
	Can obtain in-depth information & clarify employee responses re: vision of healthy workplace, areas needing improvement, suggested activities	Employees may not be willing to discuss certain health, personal &/or family issues
	Promotes employee buy-in	Requires time & effort to set up & implement meetings, and analyze the information collected

Note. Adapted from Health Canada, 1999 & Brant County Health Unit, 2001