Best-Practice Guidelines
Workplace Health in Australia
Chief Executive Officers of leading organisations are often asked what makes their company successful. Increasingly, the answer is ‘our employees are our greatest asset’, or in other words, their human capital. Improving employee health not only has the capacity to control expenses, but also protect, support and enhance human capital. This has led an increasing number of Australian organisations to adopt workplace health programs, with key drivers including the management of an ageing workforce, workers compensation costs, corporate social responsibility and being an ‘employer of choice’. These organisations are reaping the benefits of such programs including greater job satisfaction, reduced staff-related costs, improved employee engagement, less absenteeism, higher productivity and ultimately higher profits.

Workplace health has progressed from it’s ‘nice to have’ and ‘right thing to do’ image, and has become a key business performance driver. The question is no longer whether programs should be adopted, but how they should be designed, implemented and evaluated to achieve maximal benefits.

As there is no ‘one-size fits all’ approach, the Health and Productivity Institute of Australia (HAPIA) recognised the need for a comprehensive set of guiding principles to support the development of best-practice workplace health programs within the Australian setting.

About us

The Health and Productivity Institute of Australia is the peak body of workplace health providers in Australia. HAPIA was formed in 2007 by Australia’s leading providers who sought unified representation to government and business in relation to the role of the workplace in preventative health.

Our Purpose

HAPIA’s mission is to contribute to the health reform debate, to improve health outcomes and reduce health system costs through its focus on prevention, particularly preventative services delivered to employees at the worksite.

HAPIA also oversees standards and accreditation, funds research, supports evidence-based approaches to corporate health, and promotes ethical business practices within the industry. This ensures clients receive only accurate, evidence-based, outcome-focused services and wise investments.

In 2007, HAPIA launched the inaugural Australian Health and Productivity Management Congress. With both national and international speakers, this annual congress targets those who have adopted, or are planning to adopt, workplace health programs for their organisation. The congress highlights the ‘asset value’ of the workforce, together with the latest trends and research, and best-practice Australian case-studies.

Further Information

For further information regarding HAPIA, including a list of our members, please visit our website at www.hapia.org.au
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As workplace health has evolved, many different terms have been used to describe the industry. This includes workplace health management, corporate health, and health and productivity management. HAPIA believes the term ‘workplace health’ best reflects today’s approach which acknowledges the multiple determinants of employee health, and is more holistic and integrative in nature, addressing both individual and organisational factors.

This is reflected in the definition below:

Workplace health represents “the combined efforts of employers, employees and society to improve the health and well-being of people at work. This is achieved through a combination of improving the work organisation and the working environment, promoting the active participation of employees in health activities and encouraging personal development.” (Adapted from ENWHP, 2007).

What is Workplace Health?

In the changing world of work, motivated, qualified and above all, healthy employees are essential for Australia’s future economic prosperity. With Australians spending approximately 1/3 of their life at work, the workplace plays an important role in the physical, mental, economic and social wellbeing of workers, and in turn, their families. The workplace has subsequently been recognised as a priority setting for health promotion by the World Health Organisation and Australian governments. This is also reflected in the growing demand for green buildings, the implementation of work/life balance policies, technology to support flexible work practices and the trend to provide amenities such as onsite gymnasiums and child care facilities.

Why the Workplace?

There are a number of additional reasons why the workplace is an ideal setting, including (but not limited to):

• Australian employees average 4 health risk factors per person;
• Ease of access to a large number of people, including hard-to-reach groups;
• Existing infrastructures (e.g. communication channels, supportive environment);
• Opportunity to tailor interventions to support the needs of specific groups of employees (e.g. shiftworkers);
• Cost-efficiency relative to clinical or community-based programs;
• Effectiveness of interventions which can be readily monitored over time;
• Opportunity to address multiple levels of influence on employee wellbeing;
• Through an integrated approach, opportunity to support and mutually reinforce health and safety, human resources and organisational development; and
• Decreased burden on public health system.

Hence, a greater focus on workplace health over the coming decades has the potential to deliver benefits for both the Australian working population and employers.
Marketplace activity, together with recent research, provides strong evidence that organisations, nationally and internationally, are increasingly recognising, and valuing, workplace health for the magnitude of benefits to both their organisation and employees.

Global Perspectives

The prevalence of workplace health programs globally is rising rapidly. The international movement is led by associations such as the Institute for Health and Productivity Management (U.S.) and the European Network for Workplace Health Promotion. Geographically, workplace health programs are most prevalent in North America, where 82% of employers report having workplace health offerings, with the main driver being reducing health care costs. Outside of the US, the main drivers are reducing absence and improving employee productivity, workforce morale and engagement. In the United Kingdom, the government is aiming for 75 per cent of FTSE 100 companies to report on their employees’ wellbeing at board level by 2011.

Australian Perspective

The concept of workplace health has developed and gained momentum in Australia since the late 1970’s, undergoing a significant evolutionary process. The growth of the industry is due largely to the position it occupies at the confluence of political, economic, technological, safety, injury management and public health developments. This growth is expected to continue with recent government schemes including WorkHealth (VIC), Council of Australian Governments National Partnership Agreement on Preventative Health, and launch of the Australian Preventative Health Agency in January 2010. Currently 1500 workplace health programs covering 400,000 employees are providing some sort of workplace health or preventative health program. Hence, a huge opportunity exists for Australian business to improve performance through a focus on organisational health.

“The Global Financial Crisis has highlighted the criticality of finding sustainable solutions to increase productivity and reduce costs whilst also increasing creativity and innovation to position companies for the future”, Right Management, 2009

Quick Fact: 96% of ‘Best Practice’ Australian organisations implemented health and wellbeing initiatives during the last 12 months.
Like their international counterparts, Australian business leaders are recognising that "healthy employees equal healthy organisations."¹⁹

What’s the Value Proposition?

For employees

The benefits of participating in workplace health programs include (but not limited to):

- Improved health awareness and knowledge
- Improved physical and mental wellbeing and resilience
- Increased energy and vitality

• Increased work enjoyment and fulfillment
• Improved concentration and productivity
• Improved team relationships

For employers

The benefits of providing workplace health programs include (but not limited to):

- Improved productivity
- Increased creativity and innovation
- Improved employee engagement
- Improved staff morale
- Reduced sickness-related absenteeism

• Reduced presenteeism (health-related work impairment)
• Increased attraction and retention of staff
• Reduced workplace injury and workers compensation costs
• Improved employee relations
• Improved corporate image
• Managing an ageing workforce

Quick Fact: Organisations that don’t promote health and wellness are four times more likely to lose talent in the next 12 months."²⁰
Workplace health is not just a ‘nice to have’ for organisations. Strong evidence exists for the effectiveness of such programs, benefiting the wellbeing of employees and the companies which employ them. A win-win situation!

A recent HAPIA publication identified over 600 national and international studies had been published in the past 2 decades, including multiple large meta-evaluations, which provided compelling evidence that workplace health programs provide a solid return on investment (ROI).

In a recent large meta-evaluation, workplace health programs resulted in an average 25.3% decrease in sick leave absenteeism, 40.7% decrease in workers compensation costs, 24.2% decrease in disability management costs and $5.81 saving for every $1 invested in employee wellbeing.

Comprehensive workplace health interventions, incorporating individual approaches and changes to workplace culture and structure, have been shown to have the most impact.

Hence, employees with better health spend more time at work, and are more productive when they are, reinforcing the universal belief that employees are a company’s greatest asset.

Subsequently, the question is whether Australian workplaces can afford NOT to invest in the health and wellbeing of their workforce.

Quick Fact: Research indicates that in organisations where workplace health is managed well, financial performance increased by more than 2.5 times.
As no two organisations are the same, it is difficult to have a fixed formula for a successful workplace health program. However, there are key characteristics that successful and sustainable programs share. Consistent with current research and best-practice, there are 12 guiding principles for development and implementation of a results-oriented program.
Senior leadership support is critical to building and sustaining successful workplace health programs. This goes beyond simple endorsement of programs and involves active and visible participation. Indeed, it has been HAPIA’s experience that when the CEO gets behind workplace health initiatives that things really start to happen!

There are eight primary roles that the senior leadership team, particularly the CEO, must embrace:

1. Creating the vision (e.g. mission statement)
2. Connecting the vision to organisational values, strategy, practice and policy (i.e. build a health culture)
3. Gaining budget and resource commitment
4. Educating and engaging senior management
5. Sharing the vision with employees
6. Serving as a role model (i.e. walk the talk!)
7. Accountability and responsibility (e.g. KPI’s for senior management)
8. Rewarding success (e.g. incentives, public recognition)

Barriers to leadership support will exist such as limited resources or competing business priorities but can be overcome in a number of ways. For instance, undertaking a pilot workplace health program with senior management before rolling out a broader program can generate enthusiasm and support and create a cascade effect throughout the organisation.

Quick Fact: Management-related factors have been shown to contribute more to success than the content of the (workplace health) intervention.

“When CEOs value healthy lifestyles and openly practice good health habits, the rest of the organisation is likely to follow in their footsteps. To be genuine in promoting health, CEOs need to embrace health as an individual priority. This does not mean they have to be a marathoner or ‘health nazi’, it just means that they value health and wellbeing and take steps to protect it”, WELCOA 2006
The effective delivery of workplace health programs requires a mutually beneficial partnership between employers and employees, which encourages both parties to take and accept responsibility for health in the workplace. Similarly, experience suggests that part financial contribution by employees for select initiatives (e.g. gym membership, smoking cessation), fosters responsibility for, and ownership of, individual wellbeing, and leads to a higher rate of adherence.

“Workplace health is something we do with and for people…it’s not something we do to them”, David Hunnicutt, WELCOA President, 2009
A healthy workplace is only attainable through the commitment and cooperation of employers, employees and employee representatives working collaboratively. This can be achieved through a number of strategies including:

### Establishing a Workplace Health Committee

This committee is responsible for planning, overseeing and executing the workplace health program. This will serve to optimise employee engagement and foster a sense of program ownership. The committee structure, composition and meeting frequency will depend on the size of the organisation and scope of the program. It should include representatives from all levels and sectors of the workforce (including human resources and/or health and safety), who are enthusiastic, motivated, and with strong leadership skills and a health interest. It is suggested that new members be appointed every 1-2 years, and be provided with the required professional development (e.g. training in health promotion principles), allocation of work time and resources to conduct their role effectively.

### Appointing a Workplace Health Coordinator

A Workplace Health Coordinator should be appointed by Senior Leadership or elected by the Workplace Health Committee. Their primary role is to lead the Workplace Health Committee and to coordinate the internal delivery of the program. Ideally this person would have a health background, with skills and expertise in management, planning, coordination and strong communication skills across a diverse range of audiences.

### Identifying and Establishing Workplace Health Partnerships

To support the delivery of a comprehensive workplace health program, organisations may seek strategic partnerships and/or support from local providers, onsite third party/s, not-for-profit organisations (e.g. Heart Foundation) or workplace health providers to provide necessary expertise, experience and resources. A list of HAPIA accredited providers is available on our website [www.hapia.org.au](http://www.hapia.org.au)
How do you integrate workplace health into the “DNA” of an organisation? Through developing a supportive environment and culture, or in other words, ‘making healthy choices the easy choices’. As employees spend more waking hours at work than anywhere else, it is unsurprising that this fosters higher program participation, adoption and maintenance of healthy behaviours, together with a reduction in major health risks and increased productivity.

The ideal workplace environment has been described as a green, campus style, family friendly and smart workplace. The environment can be assessed utilising tools such as the ‘Checklist of Health Promoting Environments at Worksites’ (CHEW) which identifies environmental characteristics that influence health-related behaviors.

For example, if a company provides a weight management program, but only provides high-fat, non-nutritious foods in the vending machines and at meetings, it is unlikely individuals will be able to achieve and maintain long term behaviour change.

Examples of other strategies include:

- Physical environment – onsite fitness and child care facilities, showers and lockers, secure bike storage and smoke-free buildings;
- Policy environment – flexible working arrangements, workload management, smoke-free, healthy catering.

Workplace culture can also be assessed via an audit to identify the cultural supports for employee health, and areas for improvement, across the following dimensions:

- Norms (‘how things get done around here’)
- Values (beliefs about what is important)
- Peer support (assisting colleagues to achieve health goals)
- Organisational support (policies, procedures, rewards, communication); and
- Climate (sense of community, shared vision)

‘Members of a healthy culture are able to systematically align values, norms, peer support, organisational climate with individual and organisational challenges and opportunities. The primary ingredients of a health culture are leadership, knowledge of cultural change, kindness and engagement of the entire population’

Judd Allen, 2000
Establishing Needs

The first step in creating a successful workplace health program is to understand employee and organisational needs. A ‘participatory’ needs assessment will determine the scope, content and approach of health initiatives, and ensure employers are investing in the ‘right’ programs. It will also provide the baseline from which the impact of the future program can be gauged. Groups will invariably differ depending on the nature of the organisation and the type of work performed (e.g. blue collar versus white collar). Social and cultural differences will also play a role. As risks are not static, the needs assessment should then be conducted on an ongoing basis as part of the program management and evaluation process.

The objectives of the needs assessment are to:

- Establish a baseline individual and organisational health profile;
- Determine the direct (e.g. workers compensation costs) and indirect (e.g. absenteeism, productivity) health-related costs to the organisation;
- Identify ‘hotspots’ across the organisation;
- Determine workplace capacity and/or constraints (e.g. budgetary, communication channels, environment, culture);
- Provide a ‘gap analysis’ of current onsite and community resources, services and facilities;
- Ensure future health initiatives best meet the needs of employees based on readiness-to-change, health behaviour, risk status, and interest, maximising participation and ROI;

A comprehensive needs assessment involves 5 steps:

1. Consultation (e.g. key stakeholders, focus groups)
2. Data collection (e.g. organisational demographics and metrics, employee health risk appraisal, workplace environment/culture, past surveys)
3. Analysis of data (e.g. trend analysis, benchmarking)
4. Determine priorities (e.g. magnitude, potential impact, feasibility, resources, goals/objectives)
5. Inform stakeholders of the findings and recommendations (i.e. senior leadership/management, Workplace Health Committee and employees)

You can’t manage what you can’t measure’, Peter Drucker, Writer/Management Consultant (1909-2005)
Participatory Planning and Design continued...

Developing the Program

As indicated previously, an effective workplace health program simultaneously addresses the individual, environmental, policy and cultural factors affecting employee wellbeing (see Figure 1). In developing a comprehensive program, it is important to: (note – specialist expertise may be required to support this process)

• Use the needs assessment data to target interventions;
• Learn from others success (e.g. award-winning or best-practice case studies);
• Determine goals and objectives in line with S.M.A.R.T. principles;
• Determine what interventions will be offered and the level of intensity (see SIMPLE criteria below);
• Consider key enablers (e.g. strong leadership) and challenges (e.g. potential timing, employee scepticism) for implementation
• Engage the necessary providers, resources and commitment;
• Devise an operating plan including timelines, roles and responsibilities, budget and marketing, communication, monitoring and evaluation strategy;
• Test the proposed framework with key stakeholders (e.g. senior leadership, Workplace health Committee) to ensure program buy-in;
• Have a long term vision (3-5 years).

The following criteria can be used for choosing suitable interventions for workplace health programs:

- **S**pecific to needs (e.g. based on goals/objectives, target audience, multi-level)
- **I**nnovative (e.g. latest approaches, simple yet flexible)
- **M**anageable (e.g. sufficient resources, cost-effectiveness)
- **P**eople-oriented (e.g. accessibility, targeted)
- **L**asting (e.g. sustainable, follow up, integration with corporate strategy)
- **E**vidence-based (e.g. based on reputable studies/interventions)

Financial investment in the workplace health program may vary and fluctuate widely, depending on whether the employer pays all costs, the employee pays all costs, or the costs are shared. HAPIA estimates the annual cost per employee to be $100-$300 for an effective workplace health program, with targeted cost-effective interventions. Whilst small to medium organisations may question the feasibility of such programs, the proposed framework is often easier to implement in smaller organisations, as the culture is more amenable to change, and communication channels more effective in promoting the benefits between management and employees.

“The business case for health management indicates that the critical strategy is to ‘keep the healthy people healthy’ (“keep the low-risk people low-risk”)” Dee Edington, 2009
Implementing the Program

This step is all about ‘making it happen’. This requires strong leadership and an innovative engagement, communication and marketing strategy. This is discussed in Guidelines 6 and 8.
A multi-faceted workplace health program can be broken down into three types of interventions.

**Core Components** which are available to all employees (e.g. health risk assessment, flu vaccination, employee assistance program). The decision as to what is “core” is driven by the underlying philosophy of the program, its objectives, and budgetary constraints;

**Discretionary Components** which require participants to meet certain eligibility requirements (e.g. high risk employees or those in physically demanding jobs); and **Local Components** which cater for the special needs and/or interests of target groups, usually in relation to their site or job function (e.g. team challenges, managing a shiftwork lifestyle).

“A personal health screening opportunity is such an important component (of a workplace health program) that it is virtually impossible to establish any type of effective workplace health program without it”. WELCOA (2006)

A variety of delivery mechanisms ensure interventions reach their intended target including:

- Online
- Telephonic
- Face-to-face individual (e.g. assessments, coaching)
- Face-to-face group (e.g. workshops)
- Self Managed Programs
- Miscellaneous e.g. expos, team-based
A list of common workplace health interventions are listed below:

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<th>Health Risk Assessments (HRA)</th>
<th>Conducted online, face-to-face or a combination of the two, these vary in length and complexity, but tend to focus on lifestyle related (preventable) issues.</th>
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<tr>
<td>Health Assessments</td>
<td>Conducted face-to-face, usually onsite and have the advantage of including direct measurement of biometric data which is not measured in the HRA. Biometric measurements often include BMI, Waist measurement, BP, Cholesterol (with or without HDL/LDL), Blood glucose etc.</td>
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<td>Executive Health Assessments (EHA)</td>
<td>Comprehensive assessment which usually includes evaluation of physical, medical, psychological and lifestyle related risks. Generally conducted in a dedicated facility by a medical doctor and other allied health professionals. The EHA will usually include extensive pathology (via venupuncture), stress ECG, Spirometry, BP, Skin Check, PAP smears etc and more comprehensive services may cover Bone densitometry and mammography.</td>
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<td>Health Coaching</td>
<td>Normally linked to a HRA, Health Assessment or EHA, this personalised form of coaching can be delivered face-to-face, or telephonically, and is well-suited to high risk individuals, with a strong focus on lifestyle-related behaviour change.</td>
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<td>Self Managed Behaviour Change Programs</td>
<td>Also normally linked to an HRA and delivered online, these modular programs share many features with Health Coaching programs, focusing on lifestyle-related behaviour change and often supported by the provision of applications such as activity and meal planners to allow individuals to personalise their programs.</td>
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<td>Health Promotion</td>
<td>Interventions include a variety of awareness and education activities across a range of health dimensions (e.g. healthy eating, sleep management), and can be delivered in a variety of formats (e.g. expos, online).</td>
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<td>Vaccination programs</td>
<td>Normally conducted onsite, and include seasonal influenza vaccinations and other vaccinations which meet occupational health requirements (e.g. for health professionals), together with travel vaccinations and advice for employees required to travel overseas.</td>
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<tr>
<td>Pre Employment Medicals</td>
<td>These are carried out to evaluate an employee’s functional capacity to perform the tasks inherent in a job and susceptibility to particular substances, injuries or diseases.</td>
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<td>Seminars &amp; Workshops</td>
<td>Group educational sessions which may cover the entire spectrum of health related risks and behaviours.</td>
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<tr>
<td>Facility Design and Management</td>
<td>Professional guidance and support regarding the design, establishment and management of onsite gymnasium or health facilities (e.g. layout and design, staffing, OHS requirements).</td>
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<td>Health Activities</td>
<td>Can include group exercise classes, yoga, Tai Chi, Boxercise etc.</td>
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<td>Work Life Balance</td>
<td>This includes initiatives to support work life needs including financial health, time management and positive parenting.</td>
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<tr>
<td>Other interventions</td>
<td>Other options include such things as massage, skin checks, health fairs/expo’s, smoking cessation programs, weight management programs, resilience workshops, cooking demonstrations etc.</td>
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Standards and Accreditation

The delivery of results-orientated workplace health programs requires creative programming led by engaging, well-informed and competent internal or external providers. A broad range of disciplines can be involved in the delivery of workplace health services including exercise physiology, nutrition, psychology, financial planning and workplace health providers.

In choosing a workplace health or related provider, whether internal or external, the provider should:

- Have a track record in the provision of services they intend to deploy;
- Provide testimonials/references in support of this;
- Be a member of the relevant industry body (e.g. HAPIA, Australian Association of Exercise and Sports Science);
- Hold the required professional indemnity/liability insurances;
- Use only degree qualified professionals where appropriate (e.g. delivery of health assessments or coaching);
- Ensure responsible management, referral and follow up of high risk participants;
- Possess and deploy a comprehensive Privacy Policy;
- Have recognised accreditation (e.g. ISO Quality Certification)
- Use valid and reliable equipment or instruments;
- Provide comprehensive reporting and/or evaluation.
- Practice in accordance with an industry body code of ethics.

A list of accredited workplace health providers who meet the above criteria is available on our website

www.hapia.org.au
Generating high levels of employee engagement and participation is essential for workplace health program success and subsequent ROI. As the least healthy employees are the least likely to initially participate in programs, increasing overall participation rates draws higher risk individuals into the program, generating the best ROI (see Figure 2). However, voluntary participation is still paramount.

The average participation rate among exemplary programs is 60 percent. There are a wide range of employee and workplace-related factors which influence participation, hence it is unrealistic to achieve 100%. In addition to creating a supportive environment and culture, a variety of strategies can be utilised to remove barriers to participation and encourage employees to ‘take the health road’.

This includes:
- Participatory approach (see Guidelines 3 and 5).
- Convenient time - integration into daily work schedule (e.g. lunch’n learn)
- Access - easy and convenient (e.g. flexible delivery for hard-to-reach groups)
- Simplicity - clear outline of benefits and how to participate
- Innovative - new and interesting programs on an annual basis
- Cost - free or cost-sharing basis to foster responsibility/commitment
- Incentives and rewards - encourage or maintain participation (e.g. time off, recognition, merchandise, flexible working arrangements, competitions)
- Support – peer (e.g. buddy systems), management or professional support (e.g. coaching), and extension to family members (where appropriate);
- Privacy and confidentiality – alleviate concerns of data ownership and access
- Goals – setting specific goals (e.g. raising money for charity)
- Targeted – interventions tailored to specific groups (e.g. based on readiness to change, demographic)

Figure 2. Relationship between participation in workplace health programs and ROI
The most successful workplace health programs, nationally and internationally, have involved creative marketing. Marketing involves analysing what employees need, selling the value of the solutions, and motivating employees to participate in them. Targeted campaigns that focus on specific employee behaviours or characteristics such as age and sex are particularly effective. Effective marketing includes branding to increase program credibility, appeal, recognition and completeness, together with consideration of the 5Ps, namely:

- **Product** (program, health message or intervention)
- **People** (target audience e.g. Generation Y)
- **Promotion** (creating interest through communication channels)
- **Place** (distribution channels, physical accessibility)
- **Price** (incentives and costs)

Having an appealing communications strategy is also necessary to foster and maintain employee interest and participation. There is a wide array of tactics to communicate workplace health efforts including:

- Communicate the aims/purpose of the program, with an emphasis on shared responsibility;
- Emphasise the benefits to management and employees ('what’s in it for me);
- Officially launch the program to introduce the initiative, overcome employee skepticism and generate employee interest;
- Use existing communication networks to 'spread the word' (e.g. intranet, payslips, newsletters, point-of-sale, team meetings, high-traffic areas);
- Choose different modes of communication based on specific employee characteristics (e.g. podcasts for Gen Y employees);
- Provide clear and frequent communication through multiple communication channels to maximise reach to all employees;
- Keep messages simple, targeted, personalised, humorous, factual, and eye-catching, and rotate frequently to avoid 'viewer fatigue';
- Provide opportunities for staff to provide feedback (e.g. department meetings).
Evaluation and Monitoring

Evaluation is the ‘cornerstone’ of a best-practice workplace health program. Comprehensive and ongoing evaluation is required to measure program impact and ROI, and most importantly, ensure the program continues to meet the needs of both employees and the organisation. This includes assessing not only workplace health outcomes, but changes in the workplace environment and culture, and the effectiveness of different strategies. Typically, comprehensive programs can be expected to show a positive financial return over a period of 2-3 years.31

A comprehensive evaluation strategy involves:

1. Clear goals and objectives;
2. An effective data management system which provides clear, simple, accessible and aggregated data in a meaningful format;30
3. Valid and reliable methods and measurements;
4. Process, impact and outcome evaluation, using both qualitative and quantitative methodologies:5 39
   • Process evaluation: evaluates the implementation of strategies (e.g. program satisfaction, quality of programs delivered, participation and program reach);
   • Impact: measures whether the program met its objectives (e.g. health awareness, staff morale);
   • Outcome: evaluates the long-term effect of the program, specifically whether the program met its goal (e.g. improvement in employee health status, ROI, policy development);
5. An annual review mechanism to regularly scrutinise and review performance. This includes reaffirming management approval, reddefining management expectations, and repeating the needs assessment;50
6. Linkage to organisational key performance indicators (e.g. workers compensation costs, absenteeism);
7. Internal (e.g. departmental) and external benchmarking (e.g. Australian normative data including standardisation for age);
8. Dissemination of results to senior leadership, key stakeholders and employees.43
Commitment to Ethical Business Practices

The HAPIA Code of Ethics (see www.hapia.org.au) serves as a code of professional conduct for all HAPIA members including professional responsibility, confidentiality, professional competency, consumer protection, assessment and referral, and procedures for review of member’s conduct.
Is Sustainable

How do you ensure a workplace health program is sustainable and avoids FAILURE? Below are common problems which can undermine program sustainability, together with possible solutions.41 42 44

**Fragmentation of Effort**
Human Resources, Health and Safety, Learning and Development and other key parties fail to coordinate their efforts and recognise synergies. This is the antithesis of an “integrated” program where all parties share in the goal/vision for employee wellbeing and support it on all levels.

**Activities Focus**
Activity-oriented workplace health programs consist of adhoc activities (e.g. expos, seminars) as the central focus, which whilst may have a role to play, have limited impact. Alternatively, results-oriented programs (as described in this document) focus not on providing an ‘activity of the month’, but rather on impacting the organisation’s bottom line.44

**Illness Orientation**
The program should be preventative in nature as opposed to focusing on chronic disease management.

**Lack of Employee Involvement**
Buy-in from employees, unions, and senior leadership and management is critical (see Guideline 5).

**Underemphasis on skills**
The goal of a best-practice program is to teach self-sufficiency for both employees (e.g. skill building) and organisations (e.g. building capacity to self-govern program).

**Regard only for the Individual**
As indicated previously, an effective program addresses the multiple determinants of employee health.

**Emphasis on short term results**
The workplace should set realistic short and long term expectations of what the program can achieve (i.e. ‘it won’t happen overnight’). Research, literature and practice suggest it will take 3-5 years to reap the full benefits of workplace health programs. Furthermore, the program must be flexible and sensitive to the priorities and the changing needs of the workplace.44
Best-Practice Studies

A large number of Australian organisations have implemented highly successful workplace health programs and are reaping the benefits. A brief snapshot of award-winning and best-practice programs is outlined.
Case Study
Forestry Plantations
Queensland (FPQ)

Forestry Plantations Queensland began their Workplace Health Program in 2005, and is accessible to all business units across Queensland. The program consists of an onsite health and medical assessment conducted by an Exercise Physiologist and Doctor including body composition, blood pressure, cholesterol, blood glucose, cardiac risk assessment, skin cancer check, flu vaccination, bowel cancer screening and vision test.

Further advice and support is conducted through the lifestyle coaching program where participants receive follow up phone calls and written action plans to ensure appropriate follow up and lifestyle modifications were understood and adopted. The follow up lifestyle coaching program is categorised according to the participant’s health risk status; those at higher risk are contacted more often than those with lower risk.

All the above information is then compiled into a corporate report that compares previous years to demonstrate health improvements attained. With an average participation rate of 70% in both the health and medical assessments and skin cancer checks, the program has resulted in positive benefits for both FPQ and employees, including a reduction in cardiovascular risk factors (overweight/obesity, smoking prevalence, systolic blood pressure), and referral for skin cancer investigations (e.g. 39% in 2009). This is reflected in the below quote from a thankful staff member:

‘Without FPQ’s health assessment program I may not have discovered the moles and the heart problem so early and things could have been much worse’ Forest Ranger-in-Charge
Boral “BWell” Program has been in operation since 2004. This is a whole of company initiative which offers a wide range of assessment and intervention options to 10,000 employees across hundreds of sites within Australia. The program is reviewed annually with new services regularly being added to keep the program “fresh” and participation high.

The program was recognised internationally by both the Institute of Health and Productivity Management (IHPM) in the US (awards for reporting and management support) and the World Economic Forum in London (2007).

The ROI for the program runs at about 4 to 1 and there has been a significant drop in the prevalence of all major health risk factors in those employees who have participated in the program long enough to have their second health assessment. The number of employees exhibiting 3 or more risk factors has dropped by 37%.

Boral took a long term view in relation to the time frames required to produce significant outcomes. The first two years of the program focused on health literacy and understanding personal health risks – This was considered “consciousness raising” for the “Pre-contemplators”. The program subsequently moved through the action and maintenance phases by focusing on different skill sets and outcomes.

The strong endorsement from senior management has ensured the “BWell” brand is highly visible and continues to be well supported both financially and philosophically within the company.

The program aligns strongly with both HR and OH&S and is considered by Boral management to be an essential component of managing an ageing workforce.
2007 - NSCA/Skilled Group Award for Excellence in OHS, 2007
NSCA Member of the Year

2006 - Premier’s Awards for Excellence in Public Sector Management

The Department of Public Works ‘Pathway to Better Health and Safety’ Program was developed in conjunction with an external provider. The program includes comprehensive health risk assessments, flu vaccinations, ergonomic and posture care, corporate sporting events, health seminars, early intervention centre for workplace injuries or illness, and activities on a user-pay basis (e.g. massage, exercise classes). After 5 years, the program has demonstrated a ROI of $9 for every dollar spent through three interventions (blood pressure, cholesterol and glucose screening), together with significant other benefits including a 27% reduction in Work Cover premiums, and reduction in sickness-related absenteeism.
The award-winning GPH Staff Wellness Program is led by a Wellness Coordinator and facilitated by a dedicated team of wellness professionals including contractors. To ensure integration with corporate strategy, the program is driven by a Wellness Advisory Group consisting of key senior stakeholders including Hospital Executive and Human Resources, Occupational Health and Safety and Marketing Managers. The Wellness Ambassador Network, a formal network of department-based wellness ‘champions’ across GPH, ensures effective communication between departments and the program. Where possible, the expertise of hospital staff is also utilised in program delivery (e.g. stress management), facilitating a sense of program ownership.

The GWP has demonstrated positive impacts in the areas of staff retention and recruitment, health and safety, workforce health, hospital image, staff satisfaction and financial capability. Most importantly, they are ‘walking the talk’ as a health care organisation. This is reflected in the following comment from a recent staff survey:

“The whole Wellness Centre is a wonderful thing to have in the workplace. It makes me proud to be associated with GPH as it shows support for the staff in more ways than just job security.”

GPH Nurse
Further Information

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Australian Health and Productivity Management Congress
www.ahpmcongress.com.au
References


References


References
