



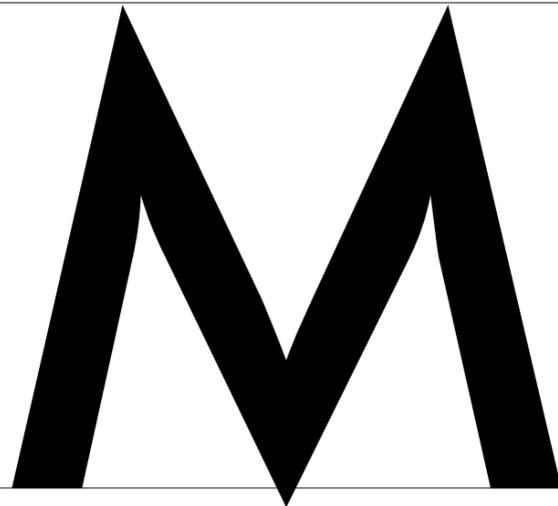
THE USE OF CARROTS

The jury's out on whether incentives work. But in the US, 62 per cent of organisations in a 2010 survey used incentives, often financial ones, to convince workers to try to get healthy. In other countries, 19 to 41 per cent of organisations did so.

STORY THEA O'CONNOR

REALLY HEALTHY RETURNS

Employers who are serious about having healthier and more productive workers need to forget the Band-Aid solutions and tackle underlying problems.



MANY EMPLOYERS AND human resources professionals understand the rationale – healthy workers are more productive workers. And we've all heard the rhetoric: the workers are a company's most valuable resource, so it pays to take good care of them.

Finance is ranked the third-most affected sector for depression and anxiety, so finance employers would do well to look to their employees' welfare.

But do workplace health programs (WHP) that focus on personal health and wellbeing deliver on their promise of a healthier bottom line, bringing both physical and financial gains? And can taking such steps as providing massages, meditation, dietary advice and doona days in the workplace really help to make employees happy, healthy and more productive?

The World Health Organization believes the answer is yes, but only if they are well designed, according to a report published in 2010 (bit.ly/healthy_workplace).

It says the critical factors bringing about health and wellbeing improvements through WHP include integrating the programs into operations, tailoring them to the needs of the workforce and involving employees in decisions. The WHO also found that taking environmental, policy and cultural factors into consideration rather than targeting individuals is vital for any organisation are serious about making real changes.

So it's not just the quality of the health checks or the exercise classes that count, but also the design of the overall approach. That's where many organisations are likely to be missing out on the maximum health boost for their buck, says Andrea Shaw, an organisational design and management ergonomist working on the Victorian Government's workplace health promotion strategy.

"In Australia, workplace health programs are generally not up to best practice," Shaw says.

"Some providers do a good job. But I've also been concerned about some

approaches that too often are simply cosmetic – offering yoga classes while failing to address major sources of stress and ill-health in the workplace."

Cosmetic approaches can have negative consequences. If jobs are unrewarding and workplaces under-resourced, then employers who offer such simplistic remedies as providing a staff fruit bowl in the lunchroom may provoke cynicism.

"In public health, we've known for decades that to achieve improvements in health you don't just focus on the individual and tell them or show them how to eat better or exercise more," Shaw says. "You have to address underlying causes as well."

"In fact, we now know that some of the most powerful determinants of health outcomes, such as obesity and smoking, exist in the psycho-social and physical environment. These key lessons seem to go out the window when it comes to workplace health programs, which tend to start and end with a focus on individuals instead of dealing with the workplace environment."

Encouraging workers to be more active while showing them to a chair and computer for the day is an obvious example of how the work environment can come into direct conflict with healthy intentions. The challenge for office workers is to change the norm so that regular breaks become what colleagues would

describe as "what we do around here".

The chief executive of the Victorian Health Promotion Foundation (VicHealth), John Fitzgerald, isn't taking this challenge sitting down, literally. He does much of his work standing at a height-adjustable desk.

"It's an occupational health risk to be slumped staring at your computer screen all day," Fitzgerald says. "So here at VicHealth we're exploring ways to alter our environment so that it's easier to break the day up into a range of activities."

Since the beginning of 2010, VicHealth staff have been trying workstations that allow sitting or standing, as well as out-of-office walking meetings and a standing meeting room.

Unfortunately, even though 66 per

"In Australia, workplace health programs are generally not up to best practice. Some approaches are simply cosmetic, offering yoga classes while failing to address major sources of ill-health in the workplace."

ANDREA SHAW, ERGONOMIST

cent of workplaces around the world have a formal wellness strategy, according to a survey by Buck Consultants (bit.ly/buck_survey), only 33 per cent of the survey respondents said they believed their organisational climates promoted healthy lifestyle choices.

The survey involved 1248 organisations in 47 countries and encouragingly pointed to strong growth in wellness programs. The survey report predicted that greater use will be made of mobile technology in the future, such as smartphone applications, to deliver personalised health messages as they are needed.

Checklists can help when it comes to assessing the workplace environment. Alere Health (formerly Good Health Solutions), a provider of corporate health programs in Australia and internationally since 1978, uses a checklist of health-promoting environments at work – known as CHEW – that includes such factors as the provision of vending machines and overall corporate culture.

When Shaw is engaged to assess workplace culture, she pays particular attention to demands, support and control over workload.

"I look at the demand on workers, if their workload is simply too much; how workers support each other and how the organisation supports them; as well as how much control workers have over changing their environment in order to reduce risks," she says.

"These all affect how effectively organisations can deliver on outcomes and how well they look after their people."

Workplace health is not just a nice thing to do. It can also make a smart business investment.

Providers and researchers have spent years working out how best to demonstrate the return on investment (ROI) from having

"Rigorously designed studies show a return on investment of about 1:3 to 1:4"



WOLF KIRSTEN

healthier employees. Several indicators can be used to determine the ROI of such programs, such as absenteeism, sick leave, "presenteeism" (coming to work while sick), productivity, workers' compensation claims, staff turnover and health insurance premiums. Note that in some countries, including the US, employers pay health insurance.

In a typical workplace setting it isn't possible to tell whether a health program is responsible for improvement with such measures, because other changes might be taking place at the same time. However, well-designed research can control for (identify, and adjust the findings to take account of) the influence of other factors.

"Rigorously designed studies show a return on investment of about 1:3 to 1:4," says Wolf Kirsten of International Health Consulting, Berlin, who has provided workplace health advice for

multinationals. In other words, Kirsten says the studies show that every dollar spent on health brings benefits worth three to four times that sum, although he is doubtful about some claims.

"When I see reports of very high ROIs such as 1:10 or more, I'm not saying that the results are out of the question, but I do get suspicious," he says.

It can take three to five years for improved health behaviours to translate into reduced health risks and then into cost effectiveness, some researchers say.

As outlined in a white paper on ROI by Alere Health managing director Dr John Lang, employers may decide to assess productivity using standard tools, such as the Harvard > health and productivity questionnaire, or they can assume that changes in health risk will bring about commensurate changes in productivity as shown by research.

A 2006 study of Australian workers (led by Shirley Musich) found that people affected by few (up to two) risk factors – such as high blood pressure or high cholesterol levels – had impaired work function of up to 14.5 per cent compared to 32.7 per cent for workers suffering the effects of five or more conditions.

And a 2006 US study, led by Wayne Burton, found that each risk factor reduced was associated with a 1.9 per cent increase in productivity, so clearly there are benefits for businesses that invest in workplace health.

On the other hand, it's unusual for an organisations to adopt a health program simply for monetary gain. "Employers I've seen do outstanding work in this area are insulted by the suggestion that they do it to make money," Shaw says. "They do it because it's the right thing to do, to look after their people."

Good participation rates – at least 50 per cent, Wolf Kirsten suggests – are key to achieving worthwhile health and financial results. But participation is also one of the biggest challenges that employers face.

"It's not uncommon for workplace champions of the program to get all enthused about an activity only to have low numbers turning up, which leads to disappointment," says Kristina Dalgleish, director of Health@work, a WHP provider in Melbourne. "It's usually the converted, the already healthy workers, who attend. We've found that engaging unhealthy workers often takes 12 to 18 months before they become confident enough to participate without feeling embarrassed and to trust that this isn't about big brother watching them."

Engaging unhealthy workers in WHP is prized because of the value that their conversion can bring to a workplace, but employers should not assume that there is no point in trying to keep healthy people healthy. In 2001 University of Michigan researchers, using a database on the health of more than two million people that had been built up over seven to 18 years, found that the cost increase from healthy workers becoming unhealthy was more than double the cost decrease resulting from high-risk employees improving their health (www.ncbi.nlm.nih.gov/pubmed/11502015).

Opinions are mixed on whether incentives work. In the US, 62 per cent of organisations participating in the 2010 Buck survey Global Survey of Health Promotion and Workplace Wellness Strategies (GWWS) used incentives, often financial ones, to convince workers to try to get healthy.

In other countries, 19 to 41 per cent of organisations did so. "Some swear by [using incentives], others say motivation has to be intrinsic," Kirsten says.

Effective leadership and integration into business strategy are higher-order moves to help ensure good participation and program longevity.

"Leadership has been vital to the success of Health for Life," says Allison Jackson, a member of Intel Corporation's Global Health and Wellbeing team, which runs an award-winning workplace

program. "Leadership occurs at several levels, right from our CEO, Paul Otellini, who has voiced his commitment to health and wellness at Intel, through to all the employees who provide outstanding peer-to-peer encouragement through our wellness ambassadors program."

Integrating wellbeing into the organisation's business strategy rather than isolating it in the human resources department needs to go beyond the words in the mission statement and into policies, procedures and practices, including job descriptions, Kirsten says.

"Some companies include health and wellbeing criteria in branch or line managers' performance appraisals," he says. "If they don't do anything to promote health in their staff, this negatively affects their performance review."

Evaluation also helps ensure the life and quality of a program. "Sustaining commitment from managers requires constantly putting the results of the program in front of them in meaningful, easy-to-understand ways, to demonstrate the difference it's making," says Jackson.

But only 37 per cent of organisations involved in the 2010 GWWS survey indicated they had measured specific outcomes. "Companies often say evaluation is too expensive and time consuming – but it can be quite simple, at least [in terms of] capturing participant satisfaction," Kirsten says.

For workplaces about to embark on a wellbeing initiative, Shaw has some advice: "Get really clear on how this will help deliver on business outcomes. If it's done in a half-hearted way, you create cynicism then lose the benefit of discretionary effort from workers.

"Also, get clear on the parameters – what you're committing to. Promoting employee health is a long-term commitment, not something with a start and an end.

"Think about how you'll engage your people in decision making so it's truly participatory. And when selecting providers be aware that it'll be unusual for one provider to have all the skill sets required, especially if you take a systematic approach." ■

"We've found that engaging unhealthy workers often takes 12 to 18 months before they become confident enough to participate without feeling embarrassed and to trust that this isn't about big brother watching."

KRISTINA DALGLEISH,
HEALTH@WORK

{ FR }

Further reading

The following information is provided by CPA Library. Access the following items online at cpaaustralia.com.au/guide_workhealth.

Investing in people: Financial Impact of Human Resource Initiatives, by Wayne F Cascio and John W Boudreau (e-book).

Tipping the scales, by N Paton, *Occupational Health*, August 2010.

Employee wellness proves its worth, by J Green, *Hospitals & Health Networks*, March 2011.

Contact CPA Library on 1300 73 73 73 or email cpalibrary@cpaaustralia.com.au.

INTEL HEALTH FOR LIFE PROGRAM

LAUNCHED IN 2006

Three-part initiative

Health For Life Centres

Primary care
Urgent care
Travel medicine
Physical therapy
Pharmacy services
Occupational health

Benefits

Medical plans
Dental plans
Employee assistance program EAP
Work/life effectiveness

Wellness Programs

Three-step wellness check
Nutrition program
Smoking cessation
Stress management
Fitness programs

Twin areas of focus



The physical environment

Healthy cafeteria food
Brighter office areas
Rooms for prayer, entertainment and nursing mothers



The social environment

Social support and networking groups that focus on parents, diversity, diabetes and adventure activities
Family members were included in initiatives

Risk factors reduced*



High blood pressure
59% ↓ 42%



High cholesterol
27% ↓ 23%



Overweight
53% ↓ 51%



Alcohol use
5.8% ↓ 4.2%



Poor nutrition
88% ↓ 78%



Poor emotional health
65% ↓ 64%

Participation rates

9

countries

70,000

employees

30

sites

50%

participation (with use of incentives)

96%

global satisfaction

{ WEB }

On the internet

Best Practice Guidelines: Workplace Health in Australia
www.hapia.com.au

WHO healthy workplaces, a model for action

(www.who.int/occupational_health/healthy_workplaces/en/index.html)

WHO return on investment guide

(who.int/occupational_health/publications/ecoassessment/en/)