



An Introduction to Comprehensive Workplace Health Promotion

Version 1.1 July 9, 2004

This Info-pack contains:

- an overview of comprehensive workplace health promotion
- a suggested process for helping workplaces take effective action
- practical ideas and strategies to consider
- available resources

T H
C U
THE HEALTH COMMUNICATION UNIT

INFO-PACK

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INTRODUCTION

Numerous research studies over the past few decades have shown that the workplace has a powerful effect on the health of workers.¹ How healthy people feel affects their job satisfaction, their productivity and vice versa. Healthy workplaces benefit organizations and individuals alike and result in:

- Improved productivity
- Fewer insurance and worker compensation claims
- Less absenteeism
- Decreased accidents
- Reduced staff turnover
- Lower costs related to recruitment, training and orientation
- Improved staff attitudes towards the organization and higher staff morale
- A more receptive climate for, and the ability to cope with, workplace changes
- Enhanced business reputation and customer loyalty.

Traditional attempts to create healthy workplaces have focused on the safety of the physical environment and injury prevention for workers. More recently, programs have been designed to encourage healthier individual behaviours by providing support, information and skill training. While health and safety and healthy lifestyle programs are important contributors to the overall health of employees in a workplace and have some impact on reducing absenteeism, current evidence shows that workplace health promotion programs are more effective when a wider comprehensive approach is used. A comprehensive approach adds elements that affect employee health such as worker satisfaction, management practices and

¹. Bachman, K. (2000). *More than just hard hats and safety boots*. Creating healthier work environments. The Conference Board of Canada.

the way work is organized. Comprehensive Workplace Health Promotion (CWHP), the focus for this Info-pack, can be 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.”*²

Public health practitioners in Ontario are legislated under the Mandatory Health Programs and Services Guidelines³ to work with workplace personnel and local trade and business associations to promote employee health and create healthy workplace environments. The private sector has long been involved in this area and recently other levels of government and volunteer agencies (such as the Canadian Diabetes Association) have begun to establish a role for themselves in supporting health promotion in workplaces.

Although there is an abundance of information in the literature on workplace health promotion, many of the issues are complex and studies are often inconclusive. Busy practitioners have asked for support in understanding current thinking about workplace health promotion and practical strategies and ideas for working with workplaces. The Health Communication Unit (THCU) has received funding through the Ontario Stroke Strategy of the Ontario Ministry of Health and Long-Term Care to contribute to, support, and improve stroke-prevention and health-promotion activities that assist adults in Ontario's workplaces in leading healthy lives. THCU's Comprehensive Workplace Health Project (CWHP) is an initiative that provides a variety of supports for health promotion practitioners involved in comprehensive workplace health promotion.

This Info-pack is designed for health promotion practitioners who are relatively new to the area of workplace health promotion or are looking for a refresher on current theory and practice. It provides an overview of comprehensive workplace health promotion, examines steps for helping workplaces take effective action, shares practical ideas and strategies to consider, and outlines available resources. Content used for this info pack draws heavily on existing THCU documents⁴: Literature Review, Stakeholder Analysis, Our Approach, Conditions For Successful Workplace Health Promotion Initiatives, and Well Regarded Initiatives.

². Shain, M., Suurvali, H. (April 2001). *Investing in Comprehensive Workplace Health Promotion*. Centre for Addiction and Mental Health (CAMH) and the National Quality Instituted (NQI). 5.

³. Ministry of Health (December 1997). *Mandatory Health Programs*. Ontario.

⁴. See THCU website for these documents <http://www.thcu.ca/Workplace/infoandresources>.

CONCEPTUAL APPROACH

In popular literature, comprehensive workplace health promotion often refers to efforts designed to assist employees, and sometimes their families, in making *voluntary lifestyle changes* such as increasing their physical activity or quitting smoking. The word comprehensive can mean that a range of lifestyle issues are being addressed, or it can mean that a variety of strategies (e.g., awareness raising, education and skill building, development of environmental supports and policy development) are being used to address any given lifestyle issue. This definition is based on a view of workplaces as a *setting* for health promotion practice. Since most adult Ontarians spend a good part of their waking hours at work, this comprehensive approach is certainly an important way to reach people with behaviour change interventions.

THCU has adopted a broader and increasingly prevalent definition, which acknowledges the many factors within the workplace which influence health. Lifestyle practices are only one of these factors. Workplaces are viewed not only as a setting in which to 'do' health promotion, but also as a key determinant of health. CWHP is defined then 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."⁵ Efforts to improve employee health are frequently divided into three broad categories,^{6,7,8} though the exact names of each category vary slightly,

Figure 1 Categories of Workplace Health Promotion



* The term "voluntary health practice", "individual lifestyle practice" and "healthy lifestyles" are often used interchangeable for this factor.

5. Shain, M., Suurvali, H. (2001). 5.

6. Polanyi, M.F.D, Eakin, J., Frank, J.W., Shannon, H.S & Sullivan, T. (1998). "Creating Healthier Work Environments: A Critical Review of the Health Impacts of Workplace Change." In *Determinants of Health: Settings and Issues: Volume 3*. 1998. Editions MultiMondes. Sainte-Foy, Quebec.

7. National Quality Institute. *The Canadian Healthy Workplace Criteria*.

8. Health Canada. *Healthy Settings: Canadian Case Studies*.

depending on the author or organization. At the broadest level, workplace health interventions can be categorized under occupational health and safety (OHS), voluntary health practices, and organizational change (OC).

Occupational Health and Safety

Occupational health and safety (OHS) generally refers to efforts to reduce the physical and chemical hazards in a work environment with the goal of reducing work-related injury, illness and disability. Over the past 25 years, OHS has resulted in significant decreases in work-related fatalities, decreased exposure to toxic substances and an increase in workers' ability to control their environment.⁹ New problems, however, are being identified, such as those associated with the use of video display terminals, harassment and "sick building syndrome."¹⁰ Though scope varies depending on the organization, many activities may fall under the category of OHS, including ergonomics, injury prevention, hazard identification and control, emergency response programs, disability case management, and medical services.

Voluntary Health Practices

The workplace is an important setting in which almost any lifestyle behaviour can be addressed should the needs of the employees indicate interest. Lifestyle issues may include tobacco use, alcohol and drug use, nutrition, immunization and physical activity. There is some evidence of short-term changes in individual behaviour and even improvements in productivity as a result of this type of intervention.¹¹ However, even if individual lifestyles can be successfully changed, health outcomes may not necessarily be improved, as health status is powerfully influenced by factors other than lifestyle.¹²

Organizational Change Initiatives

Organizational change initiatives focus on changing or improving the organizational working environment. Elements of the organizational environment include leadership style, management practices, the way in which work is organized, employee autonomy and control, and social support. These factors have been shown to have a dramatic impact on employee health outcomes.¹³

⁹ Polanyi, M.F.D., Eakin, J., Frank, J.W., Shannon, H.S., Sullivan, T. (1998). "Creating Healthier Work Environments: A Critical Review of the Health Impacts of Workplace Change." *In Determinants of Health: Settings and Issues: Volume 3*. 1998. Editions MultiMondes. Sainte-Foy, Quebec. 99.

¹⁰ Polanyi, M.F.D., Eakin, J., Frank, J.W., Shannon, H.S., Sullivan, T. (1998). 101.

¹¹ Polanyi, M.F.D., Eakin, J., Frank, J.W., Shannon, H.S., Sullivan, T. (1998). 102.

¹² Evans, R.G., Barer, M.L., & Marmore, T.R. Eds. (1994). *Why Are Some People Healthy and Others Not? The Determinants of Health of Populations*. New York (NY): Aldine de Gruyter.

¹³ Shain, M., Suurvali, H. (2001). 8.

Organizational change in the workplace has historically been undertaken to increase corporate productivity. More recently, it has been moving into the realm of workplace health promotion because recent research has shown that many factors contributing to productivity are closely related to health. For more on organizational change initiatives see the THCU Info-pack: *Influencing the Organizational Environment to Create Healthy Workplaces*.

Overlap Between the Three Categories of Interventions

Though most often separated in theory and practice, in reality the lines between these three contributing factors can be fuzzy. For example, cancer prevention is frequently discussed under the heading of voluntary health practices, but is also an OHS issue since many workplace chemicals and other hazards may contribute to cancer. Stress, one of the most common workplace issues, crosses all three categories. Although some lifestyle changes (voluntary health practices), such as increased physical activity, may help reduce stress, unless the cause of stress, perhaps a hazardous work environment (OHS) or an unwieldy workload (organizational change) is removed, stress may not decrease significantly.

Comprehensive Health Promotion

In addition to considering a comprehensive range of workplace approaches (figure 1.0), it is also important to consider a comprehensive set of health promotion strategies, including awareness raising, education & skill building, environmental support, policy development and community mobilization. These strategies, combined with the “triangle” approach, form a matrix. Figure 2.0 below illustrates this matrix and provides examples of workplace health promotion activities in each category of activity.

Figure 2 Categories of Workplace Health Promotion Activities

	Occupational Health and Safety	Voluntary Health Practices	Organizational Changes
Awareness Building	Raise awareness about the health risks associated with certain hazardous chemicals.	Raise awareness using a company newsletter about the wide range of health benefits of being physically active (and the detriments of being inactive).	Raise awareness about the importance of providing input to management about job issues or concerns.
Education/Skill Building	Provide demonstrations and training on how to handle hazardous products.	Assist/teach employees to set small, realistic physical activity goals.	Provide information on the best ways to give constructive feedback to management.

Environmental Support	Provide necessary safety equipment and safe facilities.	Provide fitness facilities in the workplace.	Provide childcare facilities.
Policy Development	Mandate rigorous assessment of possibly hazardous materials before employees are exposed to them.	Allow employees to start work early or stay late to compensate for an extended lunch hour that allows time to exercise.	Policies that allow employees a certain amount of work-time each year to pursue professional development.

FACTS AND STATS

Below are some of the leading statistics and study results from the literature. From these you may wish to “pick and choose” what you need to use to address various audiences.

Costs Related to Unhealthy Employees

- The cost of employee absence is approximately \$8.6 billion annually.¹⁴
- Work absences are increasingly due to personal reasons such as illness, disability, or personal and family responsibilities.¹⁵
- Stress-related illnesses cost employers in terms of absenteeism, higher insurance claims, lost efficiency and lost productivity.¹⁶
- Canada's workforce is aging. Older workers (55-64) average twice as many sick days as their younger counterparts.¹⁷ Benefit costs and absenteeism will likely escalate if older workers do not improve their health.
- Employees who smoke cost companies between \$2,308 and \$2,613 more per year than non-smoking employees.¹⁸

“Workplace health is an economic issue linked to overall performance of the local economy.”

*Dr. Graham Lowe, 2004
Canadian Policy Research
Network (CPRN)*

14. "Full-time workers rack up 'little absences' each week", *Globe and Mail*, February 27, 2002, B1 and B8. Reported in Canadian Council on Integrated Health Care. (October 2002). *A Discussion Paper on Workplace Health*. 17.

15. Statistics Canada, *Workplace and Employee Survey: Compendium June 2001*.

16. Shain, M., and Suurvali, H. (2001). 74.

17. The Statistics Canada Labour Force Survey reported in 1997.

The job satisfaction → customer satisfaction → profit link

There are important links between employee job satisfaction, employee health and productivity, customer/client satisfaction, and ultimately, the bottom line. Many companies are starting to recognize the relationship between leadership behaviour, employee and customer satisfaction, and profit. Sears, Roebuck and Company was one of the first to recognize this relationship, and by increasing employee satisfaction was able to increase revenues by over \$200 million in 12 months.

Jones, D. (April 29, 2003). "Great Expectations for Healthier Workplaces". NQI. www.nqi.ca
Corbett, Dan. (2003). "Why Focus on a Healthy Workplace?" NQI. www.nqi.ca

Causes of Unhealthy Workplaces

Statistics Canada was awarded the Excellence Award for workplace health by NQI in 2003. Statistics Canada has instituted programs such as an in-house day care and fitness centre for use at a reduced rate; a free, confidential Employee Assistance Program for help with personal issues; social clubs to promote camaraderie; lunch and learn sessions with experts in different fields; and a compressed work week for more family time. The numbers speak for themselves: Stats Can has experienced a 91% improvement in employee turnover, 57% decrease in injuries, 71% retention of employees, and 78% satisfaction with balance at work and at home.

Swartz, M. "Canada's Healthy Workplace week: Employee Well-Being Pays Off!" NQI Excellence Articles. www.nqi.ca

- Mental health and stress-related problems are steadily on the rise.¹⁹
- 51% of Canadian employees say they experience a great deal of stress at work.²⁰
- Workplace stress today is linked to working more hours,²¹ an increased intensity of job demands, a lack of control over the pace of work or a lack of understanding of how to carry out duties, poor communication with supervisors and an imbalance between work and personal responsibilities.
- A recent study of the executive cadre in the Canadian federal public service showed that an individual's lack of job control increased the likelihood of distress. High distress, in turn, was shown to increase the likelihood of experiencing musculoskeletal problems, cardiovascular problems, gastrointestinal problems, coronary heart disease and mental health disorders.²²
- Workers who have little input into decision-making and how their work is organized were found to be 50% more likely to suffer from heart disease.²³
- The psychosocial work environment, the organization of work and the management culture of the workplace have the most dramatic impact on employee stress and health outcomes.²⁴
- A negative psychosocial work environment occurs when: demands of a job exceed the control; there is a lack of involvement and participation in decision-making; there are excessive workloads; and there is a lack of social support and managerial support for balancing home and work responsibilities.
- Canadians are experiencing extreme levels of stress due to conflict between their work and their home.²⁵ Workers with high work-life conflict registered 13.2 days of absence per year compared to 5.9 days in those with low work-life conflict.

18. The Statistics Canada Labour Force Survey reported in 1997.

19. CCIH. (October 2002). 3.

20. Aventis Health Care Survey (2002). Reported in CCIH (2002). 21.

21. The Health Communication Unit (THCU). (April 2002). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Stakeholder Analysis*. 12.

22. Association of Professional Executives of the Public Service Of Canada (APEX). (1997). "Work, habits, working conditions and the health status of the executive cadre in the public service of Canada: A Synopsis of APEX's study." Ottawa: APEX.

23. Marmot, M.G. et al, 1997. "Contribution of job control and other risk factors to social variation in coronary heart disease incidence." *The Lancet*. 350(9037): 235-39.

24. Shain, M. (April 2001). *Building Capacity through Investing in Whole People doing Whole Jobs*. 8.

25. Duxbury, L., Higgins, C., Coghill, D. (2003). *Voices of Canadians: Seeking Work-Life Balance*. Quebec: Human Resources Development Canada.

Benefits of Healthy Workplaces

- A recent review of the cost effectiveness of a selection of U.S. workplace health promotion initiatives showed a positive return on investment values up to \$8.81 per dollar spent on the health promotion program.²⁶
- The following are samples of successful investment returns from Canadian workplace health promotion programs:
 - At MDS Nordion in Kanata, Ontario, the employee turnover rate is 6% compared to the industry norm at 10% or higher. Annual sick days are 4 days per employee and the Canadian average is 8 days.²⁷
 - At B.C. Hydro, an internal cost benefit analysis after a ten-year program showed a saving of \$3 for every dollar spent.²⁸
 - When Canada Life Assurance Co. reviewed the results of its wellness program, it found that over 10 years, each dollar the corporation had spent on health promotion reaped a reward of close to \$7.²⁹
- Although data on workplace health promotion activities and their influence on health behaviour and health risks is complex and difficult to interpret, several reviews of the literature have made conclusions about the effectiveness of specific lifestyle interventions. For example, a review of workplace health promotion evidence by the Health Development Agency in England³⁰ made some general conclusions:
 - Comprehensive programs combining screening and risk assessment with a choice of education programs and/or environmental changes have been effective. With few sound studies to draw on, however, replicating these interventions cannot guarantee success.
 - Weight-control programs combining education and financial incentives were the least effective; sustained weight loss appears particularly difficult and more effort is required to develop and evaluate interventions aimed at long-term weight control.
 - There is no conclusive evidence for the effectiveness of social support provided by peers or group leaders as part of broad educational interventions.

"When Amex Canada won Canada's Award for Excellence for Healthy Workplaces in October 2001, it was as much for the company's management practices and leadership development as for the on-site gym and fitness classes. Amex Canada knows the value of treating people fairly, not only for the health of employees but also for the bottom line."

Burton, J. (2002). "The Leadership Factor: Management practices can make employees sick." *NQI Excellence Articles*. www.nqi.ca

²⁶. Pelletier, K.R. (1999). "A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programs at the worksite: 1995-1998 Update (IV)". *American Journal of Health Promotion*. 13(6): 333-45.

²⁷. McKeown, G. (2002). *A Four-Step Guide To Building the Business Case for A Healthy Workplace*. NQI, 12-13.

²⁸. Wosnick, R., Kalbfleisch, R. (Apr/May 1999). "Beyond skin-deep: long viewed as a superficial solution, a growing number of employers are now looking at wellness as a wise investment." *Canadian Healthcare Manager*. 6 (3): 16-25.

²⁹. Wosnick, R., Kalbfleisch, R. (April 2000).

³⁰. The Health Development Agency in England. Reported in The Health Communication Unit (THCU). (April 2002). 44.

- The effect of interventions incorporating a skill development component is inconclusive. In interventions targeting a specific risk behaviour, combining skills training with social support is more likely to be effective than skills training as part of broad, complex interventions.
 - Individualized delivery of information appeared effective in a range of interventions. A process evaluation of a complex intervention suggested that engaging the 'eager' employees into wellness programs was easy if programs were provided on-site, whereas engaging the 'reluctant' employees required one-to-one approaches.
- Health promotion programs will only be effective under conducive managerial conditions (primarily those that stimulate employee job satisfaction).³¹
 - Employees benefit from participation in workplace well-being programs, but the adoption of a comprehensive strategy, which includes a number of activities, is what makes workplace health promotion programs successful.³²
 - Health and safety/healthy lifestyle type programs are important contributors to the overall health of employees in a workplace and have an impact on reducing absenteeism.
 - Organizations that value and improve the health of the workplace improve their organizational profile. An improved profile generates advantages, such as attracting and retaining better employees. If an organization recruits high calibre people and retains them, then they enhance their ability for growth.³³

³¹. The Health Development Agency in England. Reported in The Health Communication Unit (THCU). (April 2002). 44.

³². Bachman, K. (October 2002). *Health Promotion Programs at Work A Frivolous Cost or a Sound Investment*. Conference Board of Canada. 8.

³³. McKeown, G. (2002). 12-13.

How Does CWHP Happen?

The above information shows that healthy and productive workplaces are conducive to the health of individuals, businesses and society as a whole. We now turn to looking at what we know about *how* to support the creation of healthy workplaces.

Conditions for Success³⁴

Throughout current workplace health promotion literature there is widespread agreement on the conditions for successful workplace health promotion initiatives:

1. Senior management involvement

Evidence of enthusiastic commitment and involvement of senior management is imperative if employees are going to understand their employers' serious commitment to creating a healthy workplace.

2. Participatory planning

Workplace health planning should be undertaken in partnership with those who work there. Employees from all levels of staff should be actively engaged in the health and management aspects of the project as well as all on-going processes of workplace health initiatives.

3. Primary focus on employees' needs

A workplace health promotion program should meet the needs of all employees, regardless of their current level of health. It should recognize the needs, preferences and attitudes of different groups of employee participants. Program designers should consider the major health risks in the target population, the specific risks within the particular group of employees, and the organization's needs.

Just do it

John Macnamara, Dofasco's general manager of health safety states "To meet global challenges takes an organization of great innovation, creativity and responsiveness, and that takes people who are happy, healthy and focused on performance." His advice on workplace health is "Just do it. It doesn't have to be an enormous investment."

NQI Excellence Articles "Healthy Workplace Check-Up: On the Road to Excellence".

³⁴. Summarized from THCU (March 2003). *Conditions For Successful Workplace Health Promotion Initiatives*. 4.

4. Optimal use of on-site resources

Planning and implementation of initiatives should optimize the use of on-site personnel, physical resources, and organizational capabilities. For example, whenever possible, initiatives should use on-site specialists in areas such as health and safety, management, work organization, communication, and human resources.

5. Integration

An overall workplace health policy should be developed. The policies governing employee health must align with the organization's corporate mission and its vision and values, supporting both short and long-term goals.

6. Recognition that a person's health is determined by an interdependent set of factors

Any health initiative must address multiple components of an individual's life. For example, their lifestyle choices, their social conditions and their work environment must be taken into account.

7. Tailoring to the special features of each workplace environment

Comprehensive workplace health promotion initiatives must be responsive to the unique needs of each workplace's procedures, organization and culture.

8. Evaluation

Evaluation must include a clearly defined set of process measures and outcomes, in terms of both employee satisfaction and bottom line business benefits.

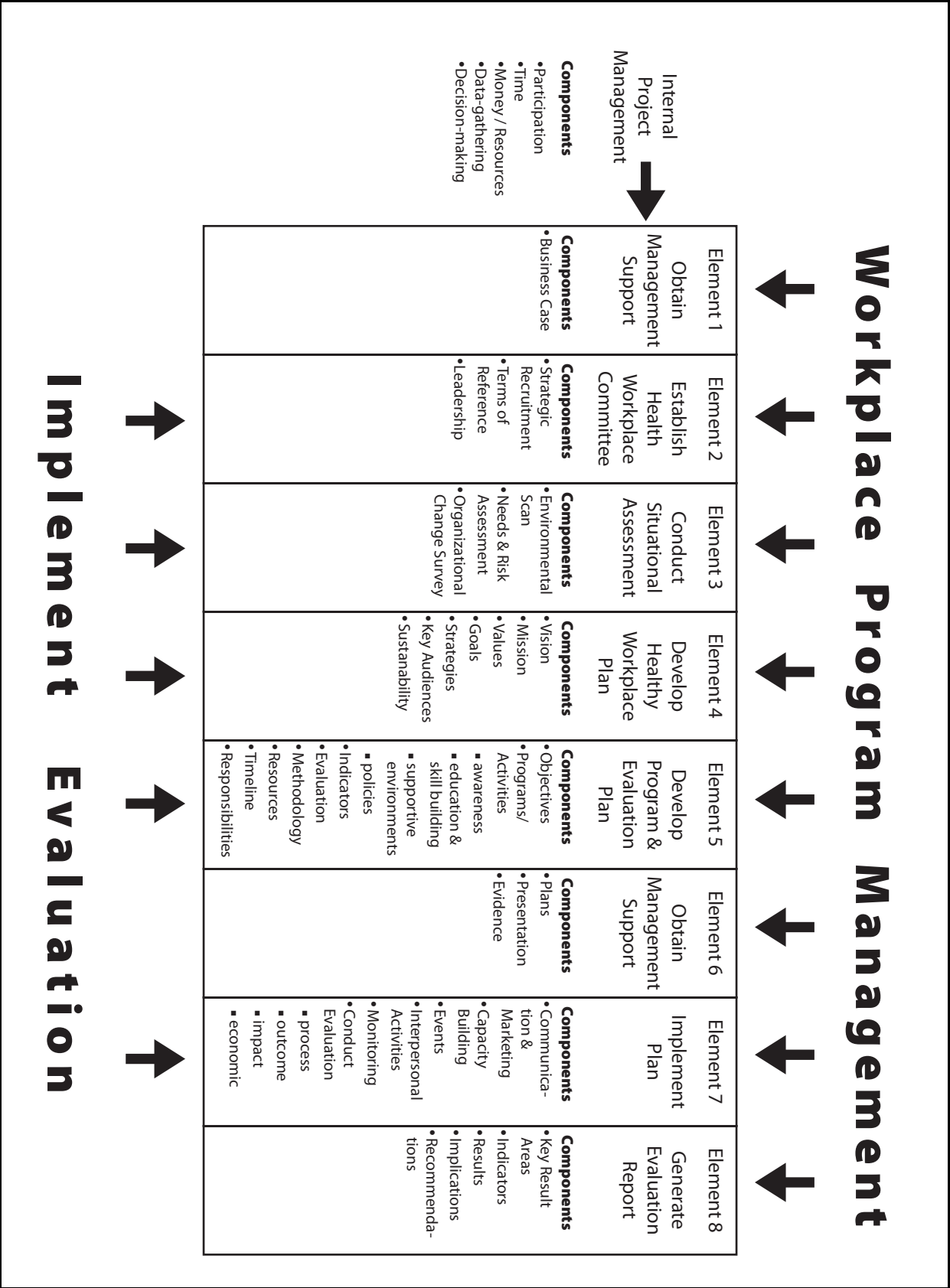
9. Long-term commitment

To sustain the benefits of the initiative, the workplace must continue the initiative over time, reinforcing risk reduction behaviours and adapting programs to ongoing personal, social, economic, and workplace changes.

The Steps or Process for Effective CWHP

Although there is no single 'correct' approach for implementing CWHP, a review of the literature and successful workplace programs suggests that there are eight to ten generally agreed upon steps. This next section outlines a process for developing CWHP based on elements identified by a variety of groups including Health Canada, National Quality Institute (NQI), Brant County Health Unit, Sudbury and District Health Unit, Canadian Centre for Occupational Safety and Health (CCOSH), Wellness Council of Canada, American Journal of Health Promotion and Niagara Regional Health Department.

Figure 3 CWHP Planning Framework



Making the Case

The Business Case helps to convince senior management of the need for CWHPP and direct resources towards a wellness initiative. THCU has developed a generic business case document and presentation, *Making Cents of a Good Idea*, to assist you (available at www.thcu.ca). Some workplaces will require a specific business plan at this point, which predicts costs and cost savings. For help in developing workplace specific business plans, NQI has published *A Four Step guide to Building the Business Case for a Healthy Workplace*, which contains sample calculations, practical tools and resources. (See www.nqi.ca)

Element 1: Obtain management support³⁵

In order to begin the process of healthy workplace planning, it is important that all levels of the organization support the concept. Key organizational “players” who need to support the program are:

- senior management/owners
- unions, employee associations
- employees
- other key stakeholders e.g., occupational health, health and safety, human resources, benefits, training and development departments.

Element 2: Establish a healthy workplace committee

The formation of a workplace wellness committee is an important step in building a healthy work environment. This group should be responsible for planning and steering appropriate activities. All key decision makers, representatives of interests groups and experts should belong to the group. It is important that this committee establish a “Terms of Reference.” This helps the committee function efficiently and prevents many future problems.

Element 3: Conduct a situational assessment

Assessing and understanding employees' needs and preferences is an essential part of the process. If a workplace health promotion program is going to be successful, it has to reflect what employees themselves consider important. Data collected and assessed should include the following:

- Baseline information/profile – to determine the current programs, services and policies that are available, plus information and statistics that relate to employee wellness, such as long-term disability rates, compensation claims, or absenteeism.
- Employee Needs Assessment – to determine employees' needs and preferences related to healthy lifestyles, work-life balance, stress, services and programs. It is important in the information gathering process to be clear about the differences between employee needs (e.g., health concerns, personal circumstances, job situations) versus preferences (e.g., wishes for programs and services). It may also be important to ensure that needs assessments do not create false expectations in terms of future program action.
- Organizational Culture Assessment – to assess the climate or culture of the organization and find out about the underlying issues that affect satisfaction, and emotional and mental health contentment at work.

³⁵. Adapted from Brant County Health Unit. *Wellness Works: A Guide for Building a Healthy Workplace*.

Assessment Tools

There are a variety of different methods that can be used, either alone or in combination, to collect information from employees depending on the workplace's needs and available resources.

- One-on-one and small group discussions—informal meetings with employees, management, and unions provide an opportunity to discuss wellness concerns and share ideas for wellness programs with committee members.
- A Suggestion Box (real or “electronic”) for employee to give their ideas.
- Employee Survey/Questionnaire—a more formal and confidential method of collecting employee wellness information. See Appendix A for a sample of a mini-survey developed by Health Canada.
- Focus groups can be used to gather employee suggestions
- The Stress and Satisfaction Offset Scale (SSOS) measures the extent to which the health culture of an organization is working for or against its business objectives. More on assessing organizational culture is available in the THCU Info Pack: *Influencing the Organizational Environment to Create Healthy Workplaces*.

For an excellent selection of various assessment tools visit Canada's Healthy Workplace Week website at www.nqi.ca/chww/strat.htm

A note on Health Risk Appraisals...

A Health Risk Appraisal is an assessment tool that provides aggregate data on health risks within an employee population as well as a sense of employees' readiness to change unhealthy behaviours. It also provides confidential reports for individual employees on their particular health risks and strengths. A review of the evidence by the Public Health Research, Education and Development (PHRED) Program (September 1999) indicates that HRAs have limited reliability and validity. PHRED did find, however, that HRAs are more likely to be effective when used in a multi-factorial, comprehensive workplace health promotion program that encompasses education, policy and environmental support. As well, programs directed at all employees (not only those at risk), that are sustained beyond one year, and that are supported by the workplace, are more likely to be effective.

Element 4: Develop the plan

During this next stage, the wellness committee should review the information collected, communicate it to employees, and put together a plan or blueprint for the development of a CWHP program. The plan should identify key issues or findings (based on the information collected), make program recommendations, identify needed resources, and establish a timeline for the implementation of various recommendations. Plans should address issues related to the three pillars of CWHP (Figure 1 on page 3)—occupational health and safety, voluntary health practices and organizational change. The Workplace Health System developed by Health Canada reminds us that successful plans for CWHP must:³⁶

- Meet the needs of all employees regardless of their current level of health, literacy, ethnicity, social and skill backgrounds;
- Strike a balance between what the employee and employer can do;
- Address employee concerns;
- Be kept confidential until approved by the wellness committee and other key stakeholders;
- Be shared with all employees once approved by the committee; and
- Be short, easy to read and updated regularly as needed.

³⁶ Health Canada. (2002). *Workplace Health Discovering the Needs*.

What do effective work plans include?

- Description of key issues: clearly describe the issues of concern and what change you want to make happen.
- Goals and objectives which are SMART: goals that are specific, measurable, acceptable, realistic and timely.
- Key Strategies: How are you going to make the work plan happen? List the major steps that need to be taken to make it happen. Are there major stumbling blocks? How will you avoid them?
- Partners: Who are the key groups or individuals you need to involve? What is the best way to involve them? Agreement and support amongst your team and partners is important. If everyone believes in the goal and is committed to achieving it, you will work much more effectively.
- Resources Required: What resources (people, money, facilities, etc.) do you need to make the work plan happen?
- Responsibility: Who should start things up? Who will monitor the work plan's progress?
- Expected Timelines: When do you start? When do you aim to complete?
- Indicators of Success: How will you know if you have succeeded in meeting your goals and objectives? What will be the indicators and outcomes that demonstrate success? Logic models offer a sound method for mapping out the essential elements of a project or program. Ideas for developing logic models for workplace health programs are available in the THCU Info Pack: *Evaluating your Comprehensive Workplace Health Initiatives*.

NQI offers extensive planning tools for organizations at www.nqi.ca. For more information on program planning and evaluation see the Resources section of this Info Pack.

It is important to realize that “Rome was not built in a day”; workplace committees cannot do it all. They may need to start small and focus on key areas identified in the needs assessment and on issues that management supports. Changing an organization into one that supports CWHP will take time.

Element 5: Develop the program plan

Based on the information from elements 1-4, the committee should develop a detailed work plan. The work plan should outline the program objectives, activities and evaluation methods that will be undertaken in each year or phase of the plan. Developing a plan for activities is the key to successful initiatives. The program work plan needs to be revisited regularly to check on progress and to make any necessary modifications.

Element 6: Obtain management support

Once the work plan is prepared, it is essential that the senior management of the organization approve it. This is to guarantee their support and approval for any funding or human resources that will be needed.

Element 7: Implement the plan

The purpose of this step is to put the plan into action. The detailed work plan should guide the implementation of the program in terms of timing, content, strategies, monitoring and evaluation. An important step in this stage is to communicate with employees, promote the programs and initiatives and receive and respond to feedback.

Element 8: Evaluate and generate a report

Monitoring and evaluating CWHP efforts is an important learning tool that provides accountability, while also allowing you to share successes with others, learn from your mistakes and make changes to the course of action as necessary. Evaluation is the systematic collection, analysis, and reporting of information about a program in a way that enables practitioners to learn from their experience. Programs and initiatives need to be evaluated based on goals and objectives set during the planning process. There are different levels of evaluation and each offers different types of evaluation information. These include:^{37, 38}

Examples of CWHP evaluations and their usefulness in evaluating progress on CWHP are available in the THCU Info Pack: *Evaluating your Comprehensive Workplace Health Initiatives*.

³⁷. Adapted from Health Canada. (2003). *Prevention, Cessation and Education Activities Under the Federal Tobacco Control Strategy-Project Evaluation Guidelines*.

³⁸. Adapted from The Health Communication Unit, Program Training and Consultation Centre, Council for Tobacco-Free Ontario. (2001). *Understanding and Using Process Evaluation for Tobacco Control*.

- **Formative Evaluations**, which are used in the program planning stages to ensure that the needs of the intended audiences are properly addressed and that the appropriate materials and procedures are used to implement the program.
- **Process Evaluations**, which track and report a program to help understand what is going well and what isn't, and to make decisions about how to improve the design and implementation of the program in the future.
- **Outcome or Impact Evaluations**, which determine if the program met its stated goals and objectives. Outcome evaluations also measure specific effects and/or changes (both intended and unintended) to determine if the program made a difference in the workplace.

YOUR ROLE IN SUPPORTING CWHP

The Intermediary Role

As a public health professional or a health promoter with a government or volunteer agency involved in workplace health promotion, you might have several roles in helping workplaces develop the knowledge and skills to deliver healthy workplace activities and services directly to employees. THCU refers to this role as the “*intermediary*” - those who provide (or have the potential to provide) direction and support to people in workplaces about how to provide employee workplace health promotion.

Intermediaries may include those in public health departments, municipal governments, unions, human resource associations, private sector organizations (for profit), employer organizations, organizations that provide health and/or safety services to workplaces, and non-governmental organizations such as community health centres.³⁹ The intermediary role can take on a specialist function or a generalist function. For example, a specialist would:

- Have expertise in a specific topic area (such as occupational health, organizational design, substance abuse, and tobacco cessation);
- Provide direct services and programs in areas of expertise (such as fitness programs, health education sessions, safe material handling, and strategic planning);
- Provide training, skill development, and resources in areas of expertise;
- Provide advice in areas of expertise;
- Refer workplaces to other professionals and/or community organizations when an intermediary is not dealing with the area of expertise for the appropriate service. This is sometimes referred to as the “navigator role” i.e., helping workplaces find the right help they need.

³⁹. For further discussion on intermediaries, see THCU (April 2002). *Supporting Comprehensive Workplaces Health Promotion Literature Review* pages 28-31.

In a generalist's role, intermediaries would:

- Advocate for CWHP by increasing awareness about the importance of healthy productive workers and workplaces (e.g., present the “business case”)
- Consult and advise regarding the process for developing CWHP:
 - Support the development of actions taken by decision-makers within workplaces to plan, assess needs and opportunities, set priorities, prepare, promote, implement and evaluate CWHP.
 - Assist with securing commitment, needs assessments, evaluation and continued promotional efforts targeted at management and all other workplace health promotion stakeholders.
 - Help workplaces make decisions about how to most effectively meet employee needs related to all three major CWHP approaches (Figure 1 on page 3).
 - Have expertise in guiding and sustaining productive partnerships within the workplace and within the community.
- Assist workplaces to obtain appropriate services by:
 - having a well-grounded understanding of other stakeholders' areas of expertise;
 - being knowledgeable about how to link lifestyle and organizational change efforts with existing OHS efforts in the workplace and;
 - being knowledgeable about all the approach and topic-specific specialists available in the community to meet specific employee needs.

For most intermediaries, their roles vacillate between specialists and generalists. For example, in public health, practitioners are required to work with workplaces to reduce the risks for preventable diseases and injuries. To do this, public health workers may play a direct (specialist) role by delivering services to employees in their area of expertise, such as smoking cessation, heart health and injury prevention. Often the delivery of these speciality services, however, is a “door opener” for public health workers, and an opportunity for organizations to recognize the need for a more comprehensive approach to health. Intermediaries who are also generalists can support the organization in the development of CWHP through employer advocacy, consultation, 'train the trainer', resource sharing and linking with appropriate professional and/or community services. Of course, some workplaces will be ready at the beginning to start a comprehensive approach but most will not. A generalist can also assist workplaces to determine their readiness for CWHP and begin the process of assessing employer/employee needs and implementing appropriate workplace health initiatives.

Developing Your Program Approach

Before you, as an intermediary, begin approaching workplaces, it is important for you to look at your project needs and establish strategic parameters. Key questions to keep in mind when you are planning your approach are:

- Does your organization have a specialist role, a generalist role, or both?
- What is the mandate of your organization (e.g., Mandatory Program and Service Guideline requirements) and how does this shape your role as an intermediary?
- How will you determine strategies to achieve your purpose as an intermediary? (e.g., literature, consultation)
- How will decisions be made and by whom? (e.g., internal staff, partners, target group participation)
- What resources do you have available? (e.g., time, staff, management support, money, partners, in kind support)
- How will you monitor program effectiveness (e.g., data collection) and change course if needed?
- Who is your target group? What type of organizations (small, large, industrial, public sector, high tech) or who within the organizations are you targeting? (e.g., occupational health, human resource professionals, senior managers)
- Have you involved potential clients and stakeholders in your program planning? (e.g., needs assessments, community survey, advisory groups, and consultation)

Resources and tools for planning health promotion programs are available at <http://www.thcu.ca/infoandresources/planning.htm>

Some intermediaries have found it helpful to map out their services under the following headings:

Direct Services – services that your agency delivers directly to workplace employees/employers in your area of expertise (e.g., smoking cessation classes, health information bulletins, and training/workshops).

Navigation and Support Services – services provided that help link workplaces to appropriate community and professional services (e.g., phone or on-site consultations, training, resources, community service directories, and website information).

Advocacy/Awareness – presentations and consultations provided with workplace senior managers, business associations (e.g., Chambers of commerce) and professional associations to promote the case for healthy workplaces and support investment in CWHP. Media awareness campaigns would be included here. Some communities have established advisory committees or coalitions to help set direction for CWHP activities.

Working with Small Business

Small businesses (less than 100 employees) make up 90% of the workplaces in Canada today. Many of these companies have less than 10 employees. They present special challenges* when it comes to CWHP due to:

- Fewer resources and smaller capacity to act
- Limited management structure - often the owner does everything
- No staff with direct “health” responsibility
- Interpersonal dynamics (e.g., family is often involved in business)
- Higher rate of injury and ill health
- Number of workplaces and small number of employees at each location make them difficult to serve

However, small businesses can also have an advantage because of fewer rules and structures, and increased flexibility. Health Canada developed the original Small Business Health Model and a number of accompanying resources to address the unique needs of small business. See www.hc-sc.gc.ca/hecs-sesc/workplace/publications.htm

* Eakin, J. (1995). *Involving the Worksite: A report and resource list for program planners*. www.opc.on.ca/beststart/workplace/wkplceb.html

Developing Partnerships with Workplaces

Each workplace is at a different level of readiness for CWHP. Depending on the services your agency has provided in the past and general community awareness levels about the need for healthy workplaces, you may need to consider a broad awareness campaign before making contact with workplaces. A survey of workplaces in your community can help you determine key interests and needs, as well as provide the development of an awareness strategy and the basis for program development. For ideas on developing a communication campaign see www.thcu.ca/infoandresources/planning.htm.

When developing a relationship with a new workplace:⁴⁰

- Choose a workplace that might be receptive and meets the requirements of your internal planning. For example, a workplace your agency has worked with in the past or a workplace that has already expressed interest would be more receptive. Sometimes, of course, the workplace will come to you.
- Determine the contact person in the workplace. If possible, first talk to people who know the workplace and can access decision makers easily.
- Talk with the contact about how your work might intersect with their needs regarding workplace health. Explore potential ways of working together over time. This may be the appropriate time to arrange to make presentations on the Business Case to senior management. Developing a positive relationship early on paves the way for implementing long-term sustainable programs in the future.
- Suggest some preliminary initiatives. Workplaces may be unreceptive to your services if you want to immediately address issues such as management change. Simple and non-threatening activities are more likely to be well received. Once you have worked successfully with one workplace, the information and credibility you gain will help you develop partnerships with other workplaces.

Many groups in your community and in various areas of public health will want to access workplaces for a number of reasons. Consider working together with other agencies providing workplace health promotion services in your community through a coordinating committee (both internal and external to your organization) or by some other means of communication. For example, joint initiatives could be developed, such as a resource directory or a training workshop. It is also important to coordinate your efforts with other programs within your own agency. Consider keeping a shared file about each workplace for staff to keep up to date on new developments and share information about what went well and what didn't.

⁴⁰. Adapted from Best Start. *How to Build Partnerships with Workplaces: The Best Start Experience*.

Ideas and Strategies

Many public health departments and other agencies have successfully implemented or supported CWHP initiatives in workplaces. Below is a chart of each of the general elements to promote workplace health and some samples of activities from Public Health Units in Ontario. For more information on programs offered by Public Health Units, you may contact them directly. Contact information is available at http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html.

Figure 4 CWHP Activities supported or implemented by intermediaries

Key Elements of CWHP for Intermediary Involvement	Activity Considerations	Some Examples Of What Others Have Done
Internal agency project management	<ul style="list-style-type: none"> • Determine internal project plan and parameters • Consult with internal and external stakeholders to develop the plan • Develop a logic model for program planning • Develop and market the program • Work with other groups providing workplace health support to coordinate activities for workplaces 	<p>City of Ottawa Public Health Department: Healthy Ottawa@ Work strategic plan includes the following:</p> <ul style="list-style-type: none"> • Reducing Risk for Preventable Disease and Injury through quit-smoking programs, healthy eating and healthy pregnancy information, caregiver support, promotion of low-risk drinking guidelines. • Creating Healthier Workplaces: Training workplace professionals, a business health telephone line, on-site consultations, health information, workshops, electronic bulletins, and policy development assistance. • Reaching Adults in the Workplace: Provides a centre of expertise for health information, programs and services to employers and employees through email and phone consultation. <p>Brant County Health Unit brings together representatives from various wellness committees to share experiences and discuss various issues.</p>

Key Elements of CWHP for Intermediary Involvement	Activity Considerations	Some Examples Of What Others Have Done
Management Support	<ul style="list-style-type: none"> • Meet with key individuals of influence and decision-makers within the organization. Find those people (managers, Human Resource personnel, union representatives, employees, occupational health, health and safety staff etc.) who will champion wellness in the workplace and obtain support and commitment from them. • Conduct formal and informal presentations (to management, unions etc.). Presentations should include information on the importance of developing wellness programs and ideas for promoting wellness within the organization. • Use the Business Case material to advocate for CWHP. • Aim for permission to proceed with an assessment phase that will be used to shape a plan. 	Haliburton, Kawartha, Pine Ridge District Health Unit is planning a “bottom line” media campaign to increase awareness about workplace health during Canada’s Healthy workplace week.
Healthy Workplace Committee	<p>Assist workplaces to:</p> <ul style="list-style-type: none"> • Identify one or a small group of key individuals who will recruit a committee that is representative of the various groups within the organization. • Recruit enthusiastic and representative members to the committee. • Create terms of reference that will include shared team values and the election of a committee chair who has experience facilitating groups and managing projects. • Clearly outline your role with the committee. • Establish any needed working committees with clear guidelines for their responsibilities. • Develop a communication plan that will be relevant to this workplace i.e. how information from wellness committees will be distributed to employees, management and other committee members. 	Regional Niagara Health Department has developed terms of reference as a guideline for workplaces developing health committees.

Key Elements of CWHP for Intermediary Involvement	Activity Considerations	Some Examples Of What Others Have Done
Situational Assessments	<ul style="list-style-type: none"> • It is important to differentiate between a needs assessment and information on what the employees would like in the way of programming. • Assist workplaces to identify key needs and expectations of the workplace through collection of baseline data, surveys of employees, focus groups and discussion groups. • Provide workplaces with information about choosing appropriate workplace assessment tools and assist in their use. • Provide workplaces with information on health needs in comparable business situations. 	<p>Peel Regional Health Unit offers the HeartMobile— a 42 foot display vehicle that visits workplaces to address risk factors for heart disease by offering:</p> <ul style="list-style-type: none"> • computer lifestyle assessment • cholesterol check • blood pressure check • stress and smoking information • healthy food choices • healthy weight check • active living quiz <p>The company receives a printed health status profile and employees receive an individual assessment of their risk for heart disease.</p> <p>Brant County Health Unit offers Wellness Works Metre: Engaging Employee Health, a comprehensive workplace health promotion survey. They also provide businesses with sample interest surveys and contact information for organizations that provide other workplace health related surveys e.g., quality of work surveys.</p>
Developing Healthy Workplace Plans	<ul style="list-style-type: none"> • Assist, perhaps by facilitating discussions, in the development of strategic and more detailed work plans which are comprehensive, based on the results of the Situational Assessment and are realistic in terms of the workplace's capacity at the present time. • Share ideas that have worked in other workplaces (e.g., THCU <i>Well Regarded Initiatives</i> document www.thcu.ca). 	<p>The Industrial Accident Prevention Association (IAPA) developed their Workplace Health Plan (1997-2000) based on the Health Canada Workplace Health System Model. This plan is a good example of a “real” plan and is available through NQI.</p>

Key Elements of CWHP for Intermediary Involvement	Activity Considerations	Some Examples Of What Others Have Done
Program Implementation	<ul style="list-style-type: none"> • Encourage active promotion and communication of programs to everyone in the organization. This will be individual as each organization will have unique methods of communicating with the employees i.e., newsletters, emails, and bulletin boards. • It is important that the areas of awareness raising, skill building education and, development of environmental supports and policy development be addressed in each area of the plan. • Encourage the introduction of corporate policies to support the plan. • The plan needs to have a time limit on it in order to plan the evaluation. 	<p>Brant County Health Unit and Sudbury and District Health Unit have developed excellent “workplace wellness guides” for use by workplaces which provide many program ideas.</p> <p>City of Ottawa Public Health and Simcoe County District Public Health unit both have developed policy manuals to assist workplaces develop healthy workplace policy.</p>
Evaluation	<ul style="list-style-type: none"> • Assist workplaces to develop and implement evaluation plans which monitor programs and track results. Look for ways that data already being collected might be used. • Support ongoing program review and improvement of goals and activities. • Set a time for the evaluation to be completed, and then use results to develop for future programming. Use this assessment process to help the committee to further develop their comprehensive approach taking into consideration the needs and wants of the employees. • Incorporate findings into the next approach to management for continued support for the program. • Encourage workplaces to share their successes and apply for Healthy Workplace Awards through NQI. 	<p>The Wellness Works Team at the Brant County Health Unit, in collaboration with the Chamber of Commerce Brantford has developed an awards program to recognize local workplaces that demonstrate a commitment to employee health by incorporating a comprehensive wellness program into their work environment. Criteria for the award includes looking at the process that was taken to set up a wellness program within the workplace, as well as the aspects of workplace wellness including healthy lifestyle practices, health and safety and the cultural/social environment within a workplace.</p>

RESOURCES AND SUPPORTS AVAILABLE FOR CWHP

Several national and provincial organizations have begun to recognize the value of CWHP and provide resources and support for organizations, managers and intermediaries. Below are examples of some of the key supports available to you and a list of recommended workplace health documents and websites.

The Health Communication Unit (THCU)

With funding from the Ministry of Health and Long-term Care, THCU has pulled together a number of valuable resources and documents on CWHP. For example, Well-Regarded Initiatives (WRI) for Workplace Health and Wellness Promotion is a compilation of summaries of exemplary health and wellness practices that various Canadian organizations have initiated into their workplaces. These practices, considered “well-regarded” because they go “above and beyond” what most companies do for their employees, have many payoffs for both the employee and the organization. Other relevant documents available from THCU Comprehensive Workplace Health Project site (www.thcu.ca/workplace) include:

- The Health Communication Unit. Stakeholder Analysis. March 2003. Centre for Health Promotion, University of Toronto.
- The Health Communication Unit (THCU). March 2003. Effectiveness of Workplace Health Promotion. Centre for Health Promotion, University of Toronto.
- The Health Communication Unit (THCU). March 2003. Conditions for Successful Workplace Health Promotion Initiatives. Centre for Health Promotion, University of Toronto.
- The Health Communication Unit (THCU). March 2003. Conceptual Approach. Centre for Health Promotion, University of Toronto.

THCU's Workplace Health Promotion project has also launched a *Virtual Community* – a virtual space where you can share your insights, opinions and resources relating to supporting comprehensive workplace health

promotion initiatives. The Virtual Community is intended for health promotion intermediaries working to develop initiatives within Ontario workplaces. To submit a story or read what others are saying, log on to www.thcu.ca/workplace/vc.

National Quality Institute

The National Quality Institute (NQI) is a not-for-profit organization that provides strategic focus and direction for Canadian organizations to achieve excellence, enabling Canada to set the standard for quality and healthy workplace practices throughout the world. NQI, in partnership with Health Canada, has developed the Canadian Health Workplace Criteria. Research and knowledge of the success factors which contribute to employee well-being in the workplace, as well as the practical experience and outcomes of successful organizations, served as the foundation for the design of the criteria. These criteria serve as a roadmap for organizations in any sector that wish to encourage, support and offer exemplary health-related programs in the workplace. They are also used to adjudicate the Healthy Workplace Award category for the Canada Awards for Excellence Program. The NQI criteria for a healthy workplace include five key areas: leadership, planning, people focus, process management, and outcomes. The criteria also include a description of various approaches/programs that contribute to the creation of a healthy work environment. These approaches/programs are grouped under three headings: health practices, physical environment, and social environment/personal resources.

NQI has just developed Healthy Workplace Awards for small organizations. The criteria is modeled after the Canadian Framework for a Healthy Workplace Criteria and recognizes the resource issues that small size organizations have in developing and implementing programs that affect the workplace environment. The criteria and review methods are designed to help organizations focus on good practices for workplace health and to target specific improvements that are attainable within available resources.

As well as having many valuable reports and timely articles on its website, NQI offers easy-to-use tools, educational materials, and training related to managing and improving workplace health and well-being. They also sponsor two other websites:

- Resource Well (www.nqi.ca/chww/well) - a place to find and share workplace health and wellness information in Canada. There are useful links to both organizational and personal health and wellness-related web-based resources including articles, posters, fact sheets, research reports, and websites.
- Canadian Healthy Workplace Week (www.nqi.ca/chww) - an online resource which provides ideas on creating a healthy organization year-round. It contains links to valuable information, research, and resources on workplace health.

Recommended reading from NQI (www.nqi.ca)

- McKeown, G. 2002. *A Four-Step Guide To Building the Business Case for A Healthy Workplace*. National Quality Institute (NQI).
- Shain, M. and H. Suurvali. 2001. *Investing in Comprehensive Workplace Health Promotion*. Centre for Addiction and Mental Health. National Quality Institute (NQI).
- National Quality Institute. 2000. *Canadian Healthy Workplace Criteria*. (NQI).

Canadian Centre for Occupational Safety and Health

The Canadian Centre for Occupational Safety and Health (CCOHS) (www.ccohs.ca/ccohs.html) is a Canadian federal government agency which serves to support the vision of eliminating all Canadian work-related illnesses and injuries. CCOHS provides unbiased, relevant information and advice that supports responsible decision-making and promotes safe and healthy working environments. CCOHS hosts a large searchable database on CWHP issues which includes over 800 annotated articles collected by THCU during the past four years of comprehensive workplace health project funding. CCOHS was chosen as an affiliate partner with the Canadian Health Network (CHN) and is responsible for leadership and content expertise on the workplace health information section (see www.canadian-health-network.ca/1workplace_health.html).

Workplace Health Strategies Bureau of Health Canada

Health Canada supports the creation of safe, healthy and supportive work environments as part of its efforts to improve the health of Canadians and their families. The mandate and key activity areas of the Workplace Health Strategies Bureau include strategies to: increase awareness and understanding of comprehensive workplace health; build national and international capacity through partnerships; establish links with other federal and provincial stakeholders; and disseminate workplace health systems models. Several key and founding workplace health documents are available on their website (www.hc-sc.gc.ca/hecs-sesc/workplace/publications.htm):

- The Small Business Model, A Guide to Developing and Implementing the Workplace health System in Small Business.
- HealthWorks, a “how-to” for Health and Business Success (Small Business).
- Shain, M. (2000). *What Do We Know? Best Advice on Stress Risk Management in the Workplace*.
- Corporate Health Model: A Guide to Developing and Implementing the Workplace Health System in Corporate Business.
- Healthy Settings: Canadian Case Studies.

Other recommended readings on CWHP include:

- Bachmann, Kimberley. (October 2002). Health Promotion Programs at Work A Frivolous Cost or a Sound Investment? Conference Board of Canada: Ottawa. www.conferenceboard.ca
- Active Living at Work - The Business Case. Health Canada and the Canadian Council for Active Living at Work. www.activelivingatwork.com
- The Canadian Council On Integrated Healthcare (CCIH), 2002. A Discussion Paper on Workplace Health. www.ccih.ca
- Canadian Labour and Business Centre. November 2002. *Twelve Case Studies on Innovative Workplace Health Initiatives*. Summary of Key Conclusions. http://www.clbc.ca/Research_and_Reports/Archive/report03240302.asp
- Duxbury, L., C. Higgins and D. Coghill. 2003. *Voices of Canadian: Seeking Work-Life Balance*. Quebec: Human Resources Development Canada. <http://labour-travail.hrdc-drhc.gc.ca/worklife/>

Key workplace health websites

- Canada's Healthy Workplace Week
<http://www.healthyworkplaceweek.ca>
- Canadian Centre for Occupational Health & Safety
<http://www.ccohs.ca/>
- Canadian Health Network
<http://www.canadian-health-network.ca>
- Canadian Labour & Business Centre
<http://www.clbc.ca/index.cfm>
- Canadian Mental Health Association Mental Health Works
<http://www.mentalhealthworks.ca>
- Canadian Policy Research Networks, Inc.
<http://www.cprn.org/>
- Canadian Workplace Research Network
<http://www.cwrn-rcrmt.org/>
- Centre for Addiction & Mental Health
<http://www.camh.net/>
- Centre for Families, Work & Wellbeing
<http://www.worklifecanada.ca/>
- Health Canada, Workplace Health Strategies Bureau
<http://www.hc-sc.gc.ca/whsb>
- Health, Work & Wellness Conference
<http://www.healthworkandwellness.com/>

- Institute for Work & Health
<http://www.iwh.on.ca>
- Ministry of Labour
<http://www.gov.on.ca/lab/main.htm>
- National Quality Institute
<http://www.nqi.ca>
- Resource Well
<http://www.nqi.ca/chww/well>
- Statistics Canada
<http://www.statscan.com>
- The Health Communication Unit (THCU) Comprehensive Workplace Health Project
<http://www.thcu.ca/workplace>

Other

Log on to www.thcu.ca/workplace for a list of other resources available per workplace health topic.

REFERENCES

Association of Professional Executives of the Public Service of Canada (APEX). (1997). *Work, habits, working conditions and the health status of the executive cadre in the public service of Canada: A Synopsis of APEX's study*. Ottawa: APEX. Retrieved at www.apex.gc.ca.

Bachman, K. (2000). *More than just hard hats and safety boots. Creating healthier work environments*. The Conference Board of Canada.

Best Start. *How to Build Partnerships with Workplaces: The Best Start Experience*. Retrieved at www.opc.on.ca/beststart.

Brant County Health Unit. *Wellness Works: A Guide for Building a Healthy Workplace*.

Burton, J. (2002). The Leadership Factor: Management practices can make employees sick. *NQI Excellence Articles*. 4. Retrieved at www.nqi.ca.

Canadian Council on Integrated Health Care. (CCIH). (October 2002). *A Discussion Paper on Workplace Health*. 17. Retrieved at www.ccih.ca.

Corbett, Dan. (2003). "Why Focus on a Healthy Workplace?" *NQI*. Retrieved at www.nqi.ca.

Duxbury, L., Higgins, C., Coghill, D. (2003). *Voices of Canadians: Seeking Work-Life Balance*. Quebec: Human Resources Development Canada. Retrieved at <http://labour-travail.hrdc-drhc.gc.ca/worklife>.

Evans, R.G., Barer, M.L., & Marmore, T.R. Eds. (1994). *Why Are Some People Healthy and Others Not? The Determinants of Health of Populations*. New York (NY): Aldine de Gruyter.

Health Canada (1999). *Health Works: A "how-to" for health and business success*. Minister of Public Works and Government Services Canada. Retrieved at www.hc-sc.gc.ca/whsb.

Health Canada. (2003). *Prevention, Cessation and Education Activities Under the Federal Tobacco Control Strategy—Project Evaluation Guidelines*. Retrieved at www.gosmokefree.com.

Health Canada. *Healthy Settings: Canadian Case Studies*. Retrieved at www.hc-sc.gc.ca/whsb.

Health Canada. (2002). *Workplace Health Discovering the Needs*. Retrieved at www.hc-sc.gc.ca/whsb.

Jones, D. (April 29, 2003). *Great Expectations for Healthier Workplaces*. *NQI*. Retrieved at www.nqi.ca.

Lowe, G. (Oct. 2002). Key note presentation: Health, Work and Wellness Conference. Retrieved at www.cwrn-rcrmt.org.

Marmot, M.G. et al. (1997). "Contribution of job control and other risk factors to social variation in coronary heart disease incidence." *The Lancet*. 350(9037): 235-39.

McKeown, G. (2002). *A Four-Step Guide To Building the Business Case for A Healthy Workplace*. *NQI*. 12-13.

Ministry of Health (December 1997). *Mandatory Health Programs*. Ontario.

National Quality Institute. (2000). *Canadian Healthy Workplace Criteria*. Retrieved at www.nqi.ca.

National Quality Institute. *Healthy Workplace Check-Up: On the Road to Excellence*. Retrieved at www.nqi.ca.

Pelletier, K.R. (1999). "A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programs at the worksite: 1995-1998 Update (IV)." *American Journal of Health Promotion*. 13(6): 333-45.

Polanyi, M.F.D., Eakin, J., Frank, J.W., Shannon, H.S., Sullivan, T. (1998). "Creating Healthier Work Environments: A Critical Review of the Health Impacts of Workplace Change." In *Determinants of Health: Settings and Issues: Volume 3*. Editions MultiMondes. Sainte-Foy, Quebec.

Shain, M. (April 2001). *Building Capacity through Investing in Whole People doing Whole Jobs*. 8. Retrieved at www.nqi.ca.

Shain, M., Suurvali, H. (2001). *Investing in Comprehensive Workplace Health Promotion*. Centre for Addiction and Mental Health (CAMH) and the National Quality Instituted (NQI).

Statistics Canada. *Workplace and Employee Survey: Compendium June 2001*. Retrieved at www.statscan.ca.

Swartz, M. "Canada's Healthy Workplace week: Employee Well-Being Pays Off!" *NQI Excellence Articles*. Retrieved at www.nqi.ca.

The Health Communication Unit (THCU). (March 2003). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Conceptual Approach*. Retrieved at www.thcu.ca.

The Health Communication Unit (THCU). (March 2003). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Conditions for Successful Workplace Health Promotion Initiatives*. Retrieved at www.thcu.ca.

The Health Communication Unit (THCU). (March 2003). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Effectiveness of Workplace Health Promotion*. Retrieved at www.thcu.ca.

The Health Communication Unit (THCU). (April 2002). *Supporting Comprehensive Workplace Health Promotion in Ontario Project: Stakeholder Analysis*. Retrieved at www.thcu.ca.

The Health Communication Unit, Program Training and Consultation Centre, Council for Tobacco-Free Ontario. (2002). *Understanding and Using Process Evaluation for Tobacco Control*. Retrieved at www.ptcc.on.ca.

Wosnick, R., Kalbfleisch, R. (Apr/May 1999). "Beyond skin-deep: long viewed as a superficial solution, a growing number of employers are now looking at wellness as a wise investment." *Canadian Healthcare Manager*. 6 (3): 16-25.

APPENDIX A: SAMPLE QUESTIONS FOR AN EMPLOYEE MEETING OR MINI-SURVEY⁴¹

Environment or surroundings (physical and social)

Health and safety hazards and unpleasant working conditions are often a source of concern to employees.

- What health and safety changes could be made to this workplace?

Certain work situations can cause employees excess worry, nervousness or stress and can negatively affect their health.

- How could work be better organized to help reduce stress?

- What could your workplace do to help reduce stress at home or outside of work?

Health practices

People's health practices - e.g., their eating, smoking, physical activity habits - can affect their health.

- What, if anything, would you like to do to improve your health? What, if anything, is stopping you from making these changes?

⁴¹. Adapted from Health Canada (1999). HealthWorks A "how-to" for health and business success. Minister of Public Works and Government Services Canada. Available at www.hc-sc.gc.ca/whsb

- What kinds of things do you think your employer could do to help you improve or maintain your health?

Personal resources

Having a sense of influence over your work can affect your overall health and well-being.

- Do you feel that you have an influence over what happens to you at work?

___ yes

___ no

Having a sense of influence over your health is important for your well-being.

- Do you feel in control of your own health?

___ yes

___ no

- What kinds of things do you think this workplace could do to help employees feel more of a sense of influence over their work and personal health

Having someone to turn to in times of distress or unhappiness is also important to wellness.

- Do you feel that you have someone you can count on to understand how you feel?

___ yes

___ no

- What can this workplace do to help provide support when needed?

APPENDIX B:

YOUR FEEDBACK

Please take some time after using some or all of this workshop presentation and facilitator's guide and let us know how useful it has been. Any and all suggestions are welcome.

Date evaluation completed: _____

About yourself

Name: _____

Organization: _____

Address and Contact information:

Your role in Comprehensive Workplace Health Promotion:

- ☐ Public Health Professional
- ☐ Health Promoter with a government or volunteer agency, non-governmental organizations or community health centres
- ☐ Representative of an organization of professionals that provide health and/or safety services
- ☐ Employee of this organization with direct responsibilities for workplace health e.g. occupational health nurse, human resource professional
- ☐ Union or employee group representative within this organization
- ☐ Member of this organization's workplace health committee
- ☐ Owner / senior manager within this organization
- ☐ Other: _____

About the Info-pack

1. Where did you obtain a copy of this material?

- ☐ From a THCU representative
- ☐ An electronic version from THCU website
- ☐ Another organization (please specify): _____
- ☐ Other (please specify): _____

2. Were you familiar with the THCU Comprehensive Workplace Health Project before receiving a copy of this Info-pack?

___ Yes

___ No

3. Please indicate how you used the information provided in this material:

4. Overall, how useful was the information provided in this Info-pack? (Please circle)

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

5. How did you like the design (lay out, graphics) of this Info-pack? (please circle)

1	2	3	4	5
Not at all				Very much

6. Please tell us how useful you feel each section of the Info-pack will be for you.

a. "Conceptual Approach"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

b. "Facts and Stats"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

c. "How Does CWHP Happen?"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

d. "Your Role in Supporting CWHP"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

e. "Resources and Supports available for CWHP"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

f. "Appendices"

1	2	3	4	5
Not useful at all		Somewhat useful		Very useful

7. What else would you have liked to see included in this Info-pack?

8. Do you have any other comments or suggestions for improvement?

Thank you

Please fax your completed form to THCU at (416) 971-2443

