



**SCOPING REVIEW FOR THE  
NSW GET HEALTHY@WORK ORGANISATIONAL SUPPORT  
SERVICE:**

**A component of the NSW Healthy Workers Initiative**



*Debra Hector, Alexis St.George*

**April 2013**



### **Suggested Citation:**

Hector D, St.George A. *Scoping review for the NSW Get Healthy@Work Organisational Support Service: a component of the NSW Healthy Workers Initiative*. Physical Activity Nutrition & Obesity Research Group, Prevention Research Collaboration, 2013; University of Sydney e-repository

### **Acknowledgements:**

The authors would like to thank Amy Zhong for her help in the preparation of tables and references and Blythe O'Hara for her comments.

Preparation of this report was guided by the NSW Office of Preventive Health.

Further copies are available at <http://sydney.edu.au/medicine/public-health/panorg/> and are available on the University of Sydney e-repository.

For further information contact us at [sph.panorg@sydney.edu.au](mailto:sph.panorg@sydney.edu.au) or phone +61 2 9036 3271



The Physical Activity Nutrition & Obesity Research Group (PANORG) at Sydney University undertakes policy relevant research to promote physical activity, nutrition and obesity prevention. It is funded by the NSW Ministry of Health.

## Contents

---

<b>Contents</b>	<b>3</b>
<b>Abbreviations</b>	<b>5</b>
<b>List of Figures</b>	<b>6</b>
<b>List of Tables</b>	<b>6</b>
<b>List of Appendices (Appendices in separate document)</b>	<b>7</b>
<b>Preface</b>	<b>8</b>
<b>Section 1: Executive Summary of Main Findings</b>	<b>9</b>
Overarching statement of the evidence.....	9
Summary of Main Findings – Scoping Questions A.....	9
Models for Workplace Health Promotion (WHP).....	9
What is a healthy workplace? .....	10
Criteria defining a healthy workplace.....	10
Summary of Main Findings – Scoping Questions B.....	10
Types, components and applicability of assessment tools .....	10
Feedback on assessments .....	12
Summary of Main Findings – Scoping Questions C.....	12
Action plans and ideas for action .....	12
Onsite support for action planning .....	13
Other types of support .....	13
Characteristics of intermediaries.....	14
Change management.....	14
<b>Section 2: Introduction</b>	<b>15</b>
Original outline of the NSW Healthy@Work Organisational Facilitation & Support Service (NSW HWI Implementation Plan October 2010).....	15
Overall Goal of the Organisational/Workplace Support Service.....	15
Office of Preventive Health Request .....	16
Data and literature collection methods .....	17
Purpose of this document .....	17
<b>Section 3: Evidence relating to scoping questions A</b>	<b>18</b>
Detailed Findings – Scoping Questions A.....	18
Models of Workplace Health Promotion.....	18
Models of Implementation of WHP.....	19
Models of Best Practice or Guiding Principles for WHP.....	24
What is a ‘Healthy Workplace’? .....	26

Quality criteria to describe a healthy workplace.....	27
Other quality criteria .....	30
Combined Models of WHP .....	31
Models for supporting WHP .....	34
<b>Section 4: Evidence relating to scoping questions B</b>	<b>36</b>
Methods – Scoping Questions B.....	36
Detailed Findings – Scoping Questions B .....	37
Identified assessment tools – content and critique .....	37
Appropriateness of tools in the NSW context.....	38
What aspects of workplaces are most important to assess? .....	39
Employee Health & Wellbeing Surveys (needs assessment).....	40
Who/what workplaces would the tool be most useful for? .....	41
Scores/grading feedback relating to WHP assessment tools .....	41
Scores/grading feedback relating to quality criteria of WHP .....	43
Government awards and recognition schemes.....	44
<b>Section 5: Evidence relating to scoping questions C</b>	<b>45</b>
Detailed Findings – Scoping Questions C .....	45
Templates for action plans .....	45
Lists of action plan items .....	48
Evidence of effectiveness for direct support.....	50
Onsite Support by Implementation Agents or Intermediaries .....	50
Pro-active Telephone Support.....	51
‘The Intermediary’ as indicated by The Health Communication Unit (Canada).....	53
Evidence of effectiveness for other types of support .....	54
Stakeholder preferences for support .....	54
Engagement processes .....	55
Business case, networking and knowledge transfer (including case studies) .....	55
Support seminars.....	56
Development of leadership potential.....	56
Other government support .....	57
Characteristics of intermediaries.....	57
Organisational change .....	58
<b>References</b>	<b>59</b>

## Abbreviations

---

ACT	Australian Capital Territory
CDC	Centres for Disease Control (US)
CWHP	Comprehensive Workplace Health Promotion
HP	Health Promotion
HPBS	Health Promotion Board Singapore
H&W	Health and Wellness
HW	Healthy Workplace
HWI	Healthy workers initiative
NSW	New South Wales
THCU	The Health Communication Unit (Toronto, Canada)
PA	Physical activity
PANORG	Physical Activity, Nutrition & Obesity Research Group
PRC	Prevention Research Collaboration
QLD	Queensland
SA	South Australia
VIC	Victoria
WA	Western Australia
WHO	World Health Organization
WHP	Workplace Health Promotion
WHPP	Workplace Health Promotion Program

## List of Figures

---

Figure 1: Model of Approach to Comprehensive Workplace Health Promotion (The Health Communication Unit, Canada, 2004) .....	18
Figure 2: Example of a model describing the processes of developing a WHP program .....	19
Figure 3: Model of step-by-step processes for achieving workplace health promotion (Heart Foundation et al 2011) .....	21
Figure 4: Model used by The Health Communication Unit, Canada, as a planning framework for comprehensive workplace health promotion .....	23
Figure 5: Framework for WHP (The Health Communication Unit, 2004) .....	28
Figure 6: WHO Healthy Workplace Model (Burton 2010) .....	32
Figure 7: Model of Workplace Health Promotion (British Columbia).....	33
Figure 8: Eco-system model involving the support of WHP (Health Promotion Board, Singapore) ..	34
Figure 9: Centers for Chronic Disease Control (CDC) Workplace Health Model .....	35
Figure 10: Example of scored feedback after completion of online healthy workplace check (WorkHealth WorkSafe Victoria) .....	42
Figure 11: Lists of ideas for activities contained in the Heart Foundation ‘Ten Steps Guide to a Healthy Workplace’ and also included in the associated ‘Activities at a Glance’ resource (Heart Foundation et al 2011) .....	49

## List of Tables

---

Table 1: Summary of Australian jurisdictional step-by-step WHP resource guides .....	20
Table 2: List of key elements of WHP (NSW Healthy Workers Initiative Discussion Paper 2010) ...	25
Table 3: The Canadian Healthy Workplace Criteria (The Health Communication Unit, 2004).....	28

## List of Appendices (Appendices in separate document)

---

- Appendix 1 Example of a step-by-step guide in Canada, and a list of websites containing resource kits
- Appendix 2 Best Practice Elements of Workplace Health Promotion
- Appendix 3 The PRC Organisational Assessment Tool
- Appendix 4 Summary information for survey tools used to assess organisational aspects of workplace health promotion
- Appendix 5 Summary information of example Employee Workplace Health and Wellbeing Surveys (i.e. assessment of employee health, interests, and preferences regarding WHP) in Australia and the United States
- Appendix 6 Examples of WHP self-evaluation, scoring and feedback on assessment
- Appendix 7 Examples of checklists against quality criteria or best practice elements of WHP
- Appendix 8 Healthy Workplace Award Criteria
- Appendix 9 Jurisdictional HWI website content
- Appendix 10 Action Plan Templates/Examples Within Resource Guides & Kits
- Appendix 11 Example Activities Contained Within Resource Guides
- Appendix 12 Example ideas generated by completion of online survey tool 'Healthy Workplace Check' WorkSafe WorkHealth Victoria
- Appendix 13 Health Promotion Theories to Guide Support of Workplace Health Promotion

## Preface

---

This document was produced as a result of a rapid appraisal and synthesis of the literature relating to a number of scoping questions identified by the NSW Office of Preventive Health, and in order to inform ongoing development of the NSW Get Healthy@Work Organisational Support Service (the Service) as part of the NSW Healthy Workers Initiative (HWI).

It is not presented as a systematic or complete review of the literature.

This work builds on a body of work on workplace health promotion completed by the authors, particularly Alexis St.George, and colleagues within the Physical Activity, Nutrition & Obesity Research Group (PANORG) and the Prevention Research Collaboration (PRC) (Laws et al 2013; StGeorge et al 2012; StGeorge et al 2013 a,b).



## Section 1: Executive Summary of Main Findings

---

### *Overarching statement of the evidence*

---

There is limited research evidence of effectiveness relating to the provision of direct support to workplaces in terms of workplace health promotion. It is important to consider that the optimal level and types of support will likely be different depending on workplace size, type, organisational structure and organisational leadership style.

### *Summary of Main Findings – Scoping Questions A*

---

- What is the evidence base for various models for supporting workplaces in the delivery of workplace health promotion?
- What components of these models should be included in a NSW model based on strong evidence?
- What is a healthy workplace? Are there any criteria to describe or define a healthy workplace?

### **Models for Workplace Health Promotion (WHP)**

**F1:** It is not entirely clear what is meant by a ‘model of workplace health promotion’ despite many being identified as such in the literature. Broad models exist but these are not identified as ‘delivery models’. There is a large number of step-by-step healthy workplace guides which can be referred to as ‘models’, plus there are best practice guidelines for WHP (see below).

**F2:** Various sub-models for WHP exist and can be divided into 3 main types:

- those that indicate the content of WHP – domains of influence
- those that describe the process of WHP – step-by-step processes necessary to achieve a healthy workplace
- those that describe best practice guiding principles underpinning successful WHP programs and practices.

Several models combine these different elements or aspects of these different elements and in particular an evidence-based overarching model has been developed by the WHO which combines these 3 ‘sub-models’ and is considered to be best practice for conducting WHP. The WHO overarching model for WHP is suitable for application in the NSW context in terms of the content, process and best practice guiding principles for supporting workplaces in developing and implementing WHP. The component ‘sub-models’ can be used to guide the development of WHP within workplaces using appropriate tools, sources and resources.

**F3:** A large number of other ‘sub-models’ and overarching models is described in this document. A small number of models or frameworks may be useful for application in the context of the NSW HWI Organisational Service but there is no clear indication of any specific model underpinning the delivery of such a service, except one developed by the Health Promotion Board Singapore. Whether or not this model is sufficient to underpin the Service is uncertain and depends on the proposed use of the model.

**F4:** In searches of peer-reviewed literature, grey literature and service providers no evidence was found that was identified as specifically pertaining to the effectiveness of delivery models for supporting WHP.

**F5:** Some of the models link to a specific OH&S element which is absent from other models. The need to link healthy workers initiatives with the OH&S structure is part of healthy workplace best practice principles.

### **What is a healthy workplace?**

**F6:** A number of definitions exists regarding what constitutes a healthy workplace. These definitions vary slightly and need to be examined more closely to see which definition, or elements of definitions, would be most applicable to the NSW HWI Support Service context.

### **Criteria defining a healthy workplace**

**F7:** A healthy workplace can also be defined by a set of 'quality criteria'. These exist in various forms and relate in part to the best practice principles. One particular set of quality criteria is those developed by The Health Communication Unit (THCU) in Toronto, Canada, but others exist, including the European Network for Workplace Health Promotion. These quality criteria can be used as part of checklists for assessing a healthy workplace (cf. scoping questions C).

## ***Summary of Main Findings – Scoping Questions B***

---

- What components of validated audit tools to assess workplace health promotion have good evidence for inclusion in a NSW model?
- What aspects of workplaces are most important to assess?
- Who/what workplaces would it be most suitable for?
- Are there any current models for how to provide feedback on the results of WHP assessment/audit tools?

### **Types, components and applicability of assessment tools**

**F1:** Internationally and locally there is a number of existing workplace health promotion survey audit tools published in the literature and used within organisational support services in other Australian jurisdictions and internationally (particularly America, Canada and Singapore). Many of these tools have not been validated. *(A table listing the components of the tools is included in the appendices.)*

**F2:** A broad range of elements or aspects of WHP is assessed by these tools. Overall, these 'situational analysis' tools have been summarised according to:

- current practice surveys
- health risk assessments
- employee interest surveys
- employee needs assessments
- organisational culture surveys
- workplace audits.

The tools can be divided broadly into two types: those applicable to the organisation, and those applicable to individual employees.

At the *organisational level* the domains or elements of WHP that are measured by the identified tools include: organisational culture including readiness to adopt WHP; management attitudes, commitment, barriers to WHP; employer awareness and belief in the business case, i.e. link between health and productivity; organisational management and leadership; existing environmental support for WHP; existing programs and practices (activities) for WHP; existing policy support for WHP; social support including employee inclusiveness and engagement; characteristics of the immediate neighbourhood around the workplace.

At the *employee level* the factors assessed are: self-reported healthy behaviours; employee level of interest and/or preferences regarding WHP policies, practices and timing across various healthy behaviours. Individual health risk appraisals (health checks) are usually separate to the tools. Syntheses of survey and/or health check results from a number of employees within a single organisation can inform what happens at the organisational level.

**F3:** There is no research evidence to suggest which of the various domains or factors included in these tools are most important to assess.

**F4:** The majority of audit tools are designed to provide in-depth information on single workplaces, and are thus long, with between 100 and 380 items, making them not suitable for screening within an organisational support service; however, particular items within many of the surveys may be useful.

**F5:** A number were designed to be implemented in face-to-face interviews or in onsite visits and are not suitable for brief telephone assessment or self-administration.

**F6:** There is a number of tools that could be useful for individual onsite assessments, or it may be necessary to adapt and combine some of the available tools in this category to suit the NSW context and needs.

**F7:** Based on previous requests from the Centre for Health Advancement at the NSW Ministry of Health, PANORG had undertaken a review of other audit tools in 2010/11. Subsequently, it developed and piloted (with workplaces in Lithgow and Parramatta) a short organisational audit tool which assesses employers' attitudes towards WHP, types of preferred support, current WHP activities, physical environment and policies and organisational stage of readiness to undertake WHP.

**F8:** PANORG's brief organisational tool would be suitable for adaptation to the specific needs of the NSW Organisational Support Service and could be used particularly as a decision-making tool, i.e. as a basis for deciding on the level and type of support the Service would provide, as it also provides a profile of the workplace. It is applicable across all workplace sizes.

**F9:** Online self-assessment tools for workplaces can be used as audit tools for planning WHP and then used periodically as 'evaluation tools'.

## Feedback on assessments

**F10:** Many of the self-assessment tools contain feedback components – these are mainly scoring or grading systems relating to the status of WHP across various domains of WHP (the audit components). Examples of these feedback scoring systems are described in the text and provided in the appendices.

**F11:** The scoring systems can be used to generate ideas for action to improve WHP on an individual workplace basis. However, a more in-depth investigation of the components and scoring criteria used in the various systems would be necessary to finalise such a system for the NSW Service.

**F12:** The scoring systems can also be used, when combined with a set of quality criteria, to determine eligibility for healthy workplace award and/or recognition schemes.

## Summary of Main Findings – Scoping Questions C

---

- What templates exist for workplace health promotion action plans and what actions are included in existing programs?
- Is there a list of action plan items – a suite of ideas – that a workplace could use?
- What types of support do workplaces/organisations require to develop, implement and review a healthy workplace action plan/policy?
- What is the evidence for methods of delivering support both at the development of the action plan stage and on-going (web, telephone, onsite)?
- What type of characteristics will an intermediary or implementation supporter have?
- Is there any information on other types of activities to support workplaces to change?

## Action plans and ideas for action

**F1:** There is a large number of templates that exist for WHP action plans and these are found mainly in the various resource guides and kits available on the healthy workplaces websites in Australia and internationally.

**F2:** The templates vary with regard to how they are structured but essentially contain the same elements: goals, objectives, strategies, activities, person(s) responsible, resources, timeframes, measures of success. However, the action plans do vary in what constitutes the underlying framework or overall purpose of the action plan. For example, the overall objective of the action plan may be to change healthy behaviours as an explicit outcome. Other overall action plan objectives may be to ensure there are actions across the various domains of influence; and / or the action plan may be structured for planning and evaluation against a set of best practice principles or quality criteria.

**F3:** Many of these templates provide sample action plans with examples across the various domains of planning (i.e. completed rows and columns) (*see appendices*).

**F4:** A number of the guides provide lists of action plan activities – for example the Heart Foundation Ten Steps Guide has these activities contained within a separate resource (‘Activities at a glance’). They are structured according to health behaviour (e.g. physical activity, healthy eating, sedentary behaviour), domain of influence (people, policy, environment). The activities are also classified according to resource requirements (high, medium, low).

**F5:** Most of these suites of ideas do not contain elements of action plans that are beyond the activities to directly support healthy behaviours. For example, the resource kit of The Health Communication Unit (Canada) contains ideas for changes that workplaces can make to the social environment – i.e. the culture of an organisation as experienced by its employees, and personal coping skills – employee coping skills and sense of control over their choices at work.

### Onsite support for action planning

**F6:** There is a limited amount of published evidence on the types of support workplaces require to develop, implement and review a healthy workplace action plan/policy:

- Evaluation of the ACT Healthy@Work pilot study indicated that direct, onsite support to workplaces in the action planning process was considered to be essential by all stakeholders.
- Two American studies indicated that onsite and follow-up intermediary support in assessment and planning were effective in increasing implementation of WHP and increasing participation in WHP.

**F7:** Various roles for intermediaries exist beyond the action planning stages. Support is also required to advocate for management support, conduct assessments, and in implementation.

### Other types of support

**F8:** No peer-reviewed published literature was found regarding the comparative effectiveness of different methods for delivering support to workplaces (e.g. telephone support versus onsite support visits).

**F9:** A 4-year study in NSW showed that a direct marketing approach through the use of proactive telephone support was successful in encouraging the adoption of WHP policy and provision of health information.

**F10:** Stakeholder analyses conducted in Australia has identified a number of types of support including phone or onsite consultations, training, provider directories, resources for employees, guides to implementation, case studies and business case information.

**F11:** The uptake of resources among those workplaces not contemplating WHP is unlikely.

**F12:** Most jurisdictions in Australia and numerous international workplace health promotion services have a web portal to provide these types of support (*cf. Appendix 9 for a summary of the components of the website support content of the various HWI portals*).

**F13:** Other elements of support that have been considered important include: networking forums and mechanisms including e-newsletters, case studies of successful WHP in the local area, innovative multimedia approaches (e.g. motivational video).

**F14:** There is mixed evidence of the acceptability and usefulness of onsite presentations and support seminars.

**F15:** There is no evidence regarding the effectiveness of on-going support for WHP, e.g. supporting the ongoing implementation and evaluation stages of WHP in addition to the action planning stage.

### **Characteristics of intermediaries**

**F16:** One study in the US – where the intermediary was the American Cancer Society – identified two characteristics as being important: *reputation of the intermediary organisation* and/or *previous relationship with the intermediary*, which were noted to drive employers' participation in the 'Service'.

**F17:** Engagement processes are likely to be a necessary component of any intermediary support service.

### **Change management**

**F18:** There is no direct evidence of change management strategies being applied to support services for WHP. Workplace health promotion can be guided by appropriate health promotion theory relating to awareness raising and organisational change. A summary of some relevant theories are included in Appendix 13. Different theories can apply to different aspects of promoting and supporting WHP. It is worth noting that the 'stages of change' theory, that is often considered in relation to management support for WHP, is considered less applicable when working from the bottom up in planning WHP, and is seen as only useful in assessing readiness to implement an existing WHP program, rather than full engagement in the holistic approach to WHP and organisational change.

**F19:** The Health Communication Unit in Toronto, Canada, has produced (as one of their series of support documents on WHP) an info-pack '*Organizational Culture: From Assessment to Action*' which is designed for health promotion intermediaries as a series of action steps for assessing and addressing organisational culture (and ultimately health) in the workplace according to a choice of three models of cultural change. This document also contains a list of a number of other tools useful to guide and manage organisational culture change.

## Section 2: Introduction

---

### *Original outline of the NSW Healthy@Work Organisational Facilitation & Support Service (NSW HWI Implementation Plan October 2010)*

---

The NSW Healthy@Work Organisational Support Service will provide information, advice and support to facilitate the implementation by workplaces of strategies designed to encourage the following behaviour changes among paid employees:

- increasing healthy eating;
- increasing physical activity;
- achieving or maintaining a healthy weight;
- reducing smoking;
- reducing harmful alcohol consumption.

The Service will provide employers with information, advice, and practical tools and referrals and will:

- conduct an organisational audit including environment, policies, workers attitudes etc.;
- provide workplaces with a summary of the health of their workers (if >50 workers);
- develop a tailored action plan based on an analysis of the above;
- ensure that the tailored action plan is developed and delivered according to best practice principles as outlined in the Healthy Workers Initiative (HWI) Scoping Statement, Commonwealth Government;
- refer to local services that will support the action plan.

The Service will respond to employer requests for information and support, and will also proactively target the following types of workplaces:

- workplaces / industries / occupations that have been identified through further scoping and research activities where there are significant numbers of Aboriginal and Torres Strait Islanders;
- workplaces / industries / occupations where there are significant numbers of people from culturally and linguistically diverse backgrounds;
- workplaces in rural and remote areas; and
- workplaces / industries / occupations that have employees with significantly greater risk of chronic diseases.

### *Overall Goal of the Organisational/Workplace Support Service*

---

The Healthy Workers Initiative aims to contribute to the reduction of lifestyle-related chronic disease risk among adults in the paid workforce, with a particular focus on those aged 35 – 55 years.

The overall goal of the NSW HWI Organisational Support Service is to increase the proportion of workplaces that provide health promotion activities to workers to reduce their risk of lifestyle-related chronic disease.

## *Office of Preventive Health Request*

---

The NSW Office of Preventive Health was established by the NSW Government in June 2012 and is responsible for coordinating initiatives to reduce lifestyle related risk factors which lead to chronic disease. The Office is coordinating the NSW Healthy Workers Initiative as part of the National Partnership Agreement on Preventive Health.

The Office of Preventive Health requested a summary of research evidence to inform the development of a organisational support service, on the following topics:

- evidence based workplace health promotion models/frameworks
- validated workplace health promotion audit/screening tools
- types of information, support and advice to provide to workplaces (e.g. suggested actions/practices).

Based on these topic areas three specific groups of scoping questions were developed.

After the first draft had been presented to the Office, several questions were added to the brief and these are incorporated under the main three question areas.

### *Scoping Questions – A*

---

- What is the evidence base for various delivery models for supporting workplaces in the delivery of workplace health promotion?
- What components of these models should be included in a NSW model based on strong evidence?
- What is a healthy workplace? Are there any criteria to describe or define a healthy workplace?

### *Scoping Questions – B*

---

- What components of validated audit tools to assess workplace health promotion have good evidence for inclusion in a NSW model?
- What aspects of workplaces are most important to assess?
- Who/what workplaces would it be most suitable for?
- Are there any current models for how to provide feedback on the results of WHP assessment/audit tools?

### *Scoping Questions – C*

---

- What templates exist for workplace health promotion action plans and what actions are included in existing programs?
- Is there a list of action plan items – a suite of ideas – that a workplace could use?
- What types of support do workplaces/organisations require to develop, implement and review a healthy workplace action plan/policy?
- What is the evidence for methods of delivering support both at the development of the action plan stage and on-going (web, telephone, onsite)?
- What type of characteristics will an intermediary or implementation supporter have?
- Is there any information on other types of activities to support workplaces to change?



### *Data and literature collection methods*

---

Information to answer the scoping questions was obtained through a comprehensive, rapid review of the literature.

Due to the limited amount of published literature in peer-reviewed journals, the search was broadened to include assessment of grey literature and internet searches of government and non-government organisations' workplace health promotion websites across Australian jurisdictions and internationally.

Previous work by PANORG in the development of an organisational workplace health promotion audit tool and the scoping research materials for the New South Wales Response to the Healthy Workers Initiative was also drawn upon.

### *Purpose of this document*

---

The purpose of this review is to provide a snapshot of the available evidence pertaining to organisational support services in relation to workplace health promotion.

## Section 3: Evidence relating to scoping questions A

---

### Scoping Questions A: Models of workplace health promotion

---

- What is the evidence base for various models for supporting workplaces in the delivery of workplace health promotion?
- What components of these models should be included in a NSW model based on strong evidence?
- What is a healthy workplace? Are there any criteria to describe or define a healthy workplace?

### Detailed Findings – Scoping Questions A

---

#### Models of Workplace Health Promotion

A number of models exists regarding workplace health promotion and these have been discussed in the literature (Human Capital Alliance 2006). However, it is often unclear to what these models pertain. For example, one often quoted is that first developed by The Health Communication Unit in Toronto, Canada which implies 3 domains of approaches to WHP (Figure 1).

**Figure 1** CWHP Approach



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

**Figure 1: Model of Approach to Comprehensive Workplace Health Promotion (The Health Communication Unit, Canada, 2004)**

- Occupational health and safety: reducing work-related injury, illness and disability by addressing ergonomics, air quality, and environmental and chemical hazards in the workplace
- Voluntary health practices: reducing the risk of worker illness by addressing individuals' lifestyle behaviours through education, supportive environments and policy
- Organisational change initiatives: improving job satisfaction and productivity by changing worker attitudes and perceptions, management practices, and the way work is organised; considered to be the organisational environment.

A number of other models describing workplace health promotion is described in the report by the Victorian Department of Human Services, but they are variable in their scope and intent and do not further inform this scoping review.

### Models of Implementation of WHP

There is also a large number of healthy workplace toolkits containing step-by-step guides for designing, implementing and evaluating WHP programs. One of these is described in the Work Well Process (Health Promotion Agency for Northern Ireland 2008) in Figure 2.

#### The Work Well process



Figure 2: Example of a model describing the processes of developing a WHP program

The main steps included in the various resource guides across jurisdictions in Australia are indicated in Table 1.

**Table 1: Summary of Australian jurisdictional step-by-step WHP resource guides**

TASMANIA <i>Your simple guide to workplace health and wellbeing</i>	SA <i>Healthy Workers Healthy Futures A step by step guide</i>	VICTORIA <i>Healthy Workplace Kit: Your guide to implementing health and wellbeing programs at work</i>	ACT <i>Guide to promoting health &amp; wellbeing in the workplace (1Detailed guide)</i>
Get the ball rolling	Getting started: <ul style="list-style-type: none"> <li>• Management commitment</li> <li>• Create H&amp;W policy</li> </ul>	Getting started: <ul style="list-style-type: none"> <li>• Build organisational commitment</li> <li>• Identify and support champion/ establish committee and/or coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• Establish workplace commitment with management support</li> <li>• Develop H&amp;W policy</li> </ul>
Organise your program	<ul style="list-style-type: none"> <li>• Identify resources available</li> <li>• Engaging employees</li> <li>• Finding a workplace champion and/or coordinator</li> <li>• Establish H&amp;W committee</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the benefits and involve employees</li> <li>• Develop/review WH&amp;W policy</li> <li>• Needs assessments or HRAs</li> </ul>	Undertake initial planning <ul style="list-style-type: none"> <li>• Gain employer and employee involvement</li> <li>• Establish coordination mechanisms, including a committee</li> </ul>
Work out what you need	Needs assessment – people, places, policy (vision)		Undertake needs assessment <ul style="list-style-type: none"> <li>• Existing initiatives</li> <li>• Employee needs and interests</li> <li>• Workplace needs</li> </ul>
Develop your action plan	Developing an action plan Developing an evaluation plan	<ul style="list-style-type: none"> <li>• Establish your plan</li> <li>• Select activities and strategies</li> <li>• Establish program benchmarks</li> <li>• Design your program – what, where, how, who and promote activities</li> </ul>	Action planning <ul style="list-style-type: none"> <li>• People: strategies and activities</li> <li>• Places: facilities, policies, culture</li> <li>• Communication and promotion</li> </ul>
Implement your action plan	From action to delivery (ideas for activities)	<ul style="list-style-type: none"> <li>• Implement your program (activities, keep records, risk management strategies)</li> </ul>	Manage your program <ul style="list-style-type: none"> <li>• Sound program coordination</li> <li>• Regular communication</li> <li>• Record keeping</li> </ul>
Monitor and evaluate your program Update your program	Monitor and review: <ul style="list-style-type: none"> <li>• Record keeping</li> <li>• Evaluate your program</li> <li>• Maintain freshness</li> <li>• Incentives and rewards</li> <li>• Celebrating achievements</li> </ul>	Evaluate your program: <ul style="list-style-type: none"> <li>• Success</li> <li>• change in employees and the workplace</li> <li>• benefits to the business</li> <li>• adapt your program</li> </ul>	Evaluate and review your program <ul style="list-style-type: none"> <li>• against action plan and communicate progress and results</li> </ul>
Troubleshooting		Troubleshooting	
List of key principles	List of key principles		

<sup>1</sup> The ACT guide also contains ‘A simple guide’: (1) establish workplace commitment (2) construct your program (3) manage and evaluate your program.

A large number of these guides including the step-by-step processes for achieving WHP is also available internationally, particularly in the US and Canada. Appendix 1 contains an example of a step-by-step guide from Canada, in addition to a list of example guides and websites.

A step-by-step guide (Figure 3) has been produced in NSW by the The Heart Foundation of Australia, Cancer Council NSW, and PANORG (Heart Foundation et al 2011):

# Ten steps

to implementing a  
workplace health program



**Figure 3: Model of step-by-step processes for achieving workplace health promotion (Heart Foundation et al 2011)**

### Details of the steps include:

**Step 1:** Management support for WHP depends on having a strong '**business case**', i.e. an indication of the benefit to organisations for implementation of WHP initiatives. The guide points to powerpoint presentations (i) 'Workplace Health – What is it and why is it important?' – at the WA Department of Sport and Recreation website: <http://www.dsr.wa.gov.au/511>; and (ii) The case for comprehensive workplace health promotion – The Health Communication Unit – obtainable at the CDC website: <http://www.cdc.gov/leanworks/plan/gainsupport.html>, are examples of 'the business case' for gaining management support. The guide indicates the sort of information such a business case could contain and also mentions the potential use for **case studies** of successful WHPPs.

**Step 2:** Identification of organisational needs with regards to WHP, e.g. simple **focus groups**, to identify current employee issues, ideas and preferences; comprehensive organisation-wide **health and wellbeing surveys and environmental audits**.

**Step 3:** Need to gain support from employees, including identification of **workplace champion(s)** and **responsible person(s)** or program coordinators. Larger workplaces should consider establishing a program working group or committee. A 'Committee invitation and checklist' from the CDC website is indicated as an example ([www.cdc.gov/leanworks/plan/formcommittee.html](http://www.cdc.gov/leanworks/plan/formcommittee.html)).

**Step 4:** Development of **goals and objectives**. Two websites are indicated as examples – one at the CDC for 'writing smart objectives' ([www.cdc.gov](http://www.cdc.gov)) and the worksafe Victoria website 'Guide to writing a healthy workplace policy' ([www.worksafe.gov.au/wps](http://www.worksafe.gov.au/wps)).

**Step 5:** Identification of **program activities**, development of an **action plan** and **budget**. The HF guide contains a **sample action plan** and a **budget template**. The **action plan** needs to include goals and objectives, activities, support and resources required, person(s) responsible, timeline, evaluation. The **budget template** includes equipment and supplies, personnel and/or training costs, incentives and rewards for employee participation, and other costs relevant to the action plan. Another budget template is indicated at the CDC LEAN Works! website ([www.cdc.gov/leanworks/plan/identifybudget.html](http://www.cdc.gov/leanworks/plan/identifybudget.html)).

**Step 6:** Selection of **incentives and rewards** to encourage participation in WHP activities and adherence to changed behaviours.

**Step 7:** The need to identify additional support – this can include **networks** and collaborative action, although the 10 Steps Guide indicates lists of more direct support resources and websites where workplaces can go for ideas of support for the development and implementation of activities.

**Step 8:** 'Promote your program' particularly for maintaining interest and motivation over the long term.

**Step 9** relates to management of the program.

**Step 10** indicates the need to evaluate the program and make improvements. An **evaluation checklist** provided by the WA Department of Sport & Recreation is indicated as an example ([www.dsr.wa.gov.au/1083](http://www.dsr.wa.gov.au/1083)).

The Health Communication Unit in Toronto, Canada, has developed a comprehensive workplace planning framework that has been used in many Canadian WHP resource guides.

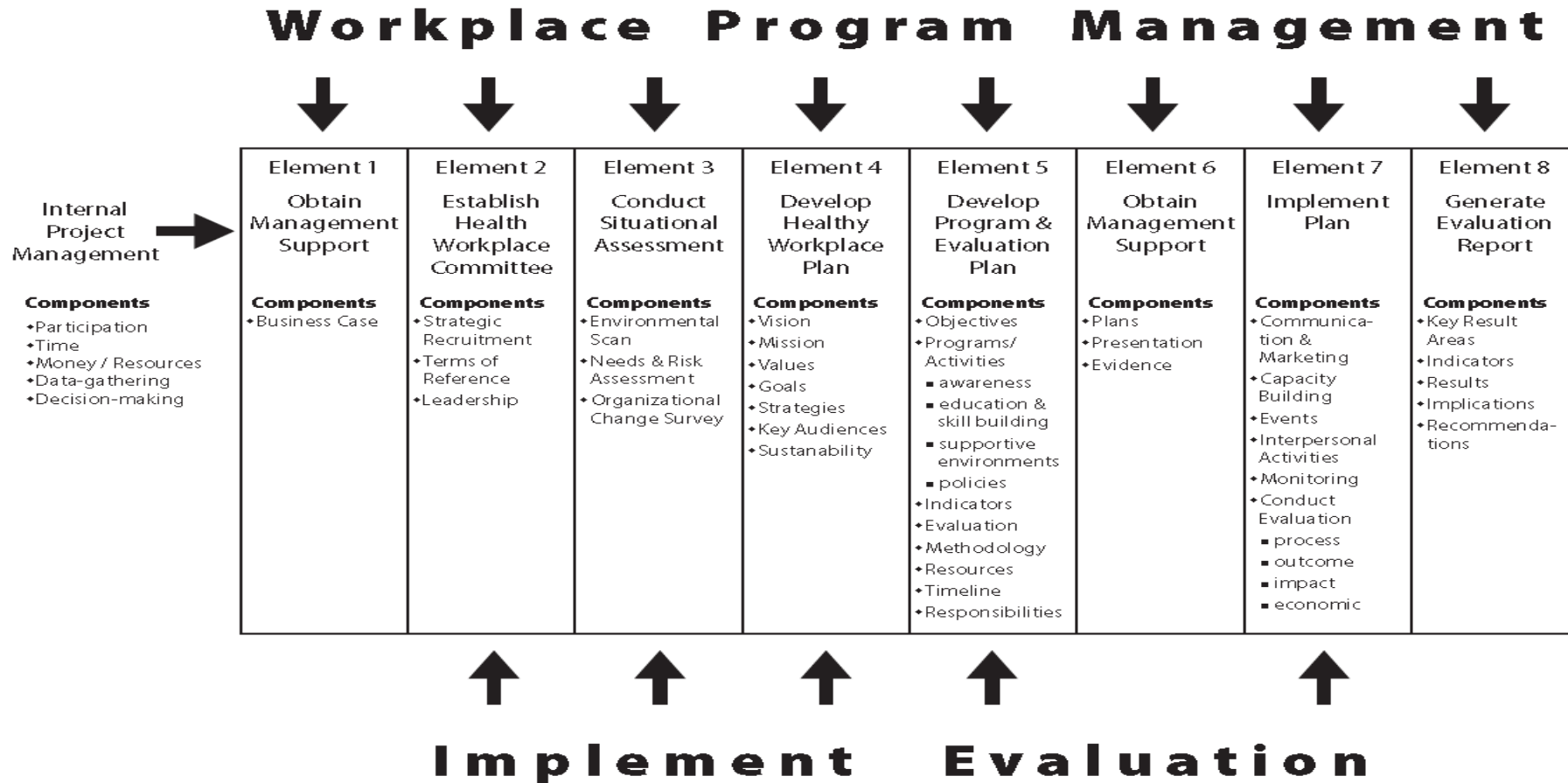


Figure 4: Model used by The Health Communication Unit, Canada, as a planning framework for comprehensive workplace health promotion

## Models of Best Practice or Guiding Principles for WHP

Planning, design and implementation of WHP programs should be based on best-practice (Comcare 2010).

A large number of summary lists of best practice guiding principles exists, e.g. Bellew 2008; Qunitiliani et al 2008; World Health Organization 2008; McLellan et al 2012; The Health And Productivity Institute of Australia 2012. Best practice suggests that such programs are well planned, have strong leadership, have an early intervention and/or prevention focus, are designed and developed with very strong ownership and input from workers, are targeted at the stated needs of workers, are suitable for the workplace environment, are implemented and managed within a strong OHS policy framework, and they are regularly monitored and evaluated.

A large number of best-practice principles (i.e. evidence-based) guiding principles has been identified in the literature and various lists and a summary table are provided in Appendix 2.

Other descriptions of best practice elements can be found at:

- Essential elements of effective workplace programs and policies for improving worker health and wellbeing (McLellan et al 2012)
- Key elements of successful WHP programs (Healthy Workplace Team of Leeds Grenville and Lanarh District Health Unit 2009)
- Worksite health promotion: principles, resources, and challenges (Sparling 2010).

A different representation of these principles is also provided in the table below (Table 2). This 'framework' was developed as part of the Discussion Paper supporting development of the NSW HWI Implementation Plan, and is indicated to be adapted from existing WHPPs and the WHO Healthy Workplace Framework and Model (NSW Centre for Health Advancement 2010) .



**Table 2: List of key elements of WHP (NSW Healthy Workers Initiative Discussion Paper 2010)**

<p><b>Champions:</b> Ensuring Leadership, Commitment and Support</p>	<ul style="list-style-type: none"> <li>•Strategic and operational leadership is important to mobilise and manage resources (Allegrante et al, 2009). Leadership should be sort from both employees and senior management, to ensuring there is long term commitment to any approach (Bellew, 2008; WHO/WEF, 2008; Hooper, 2009; Chau, 2009).</li> </ul>
<p><b>Strategic Direction:</b> Integration across all Aspects of the Workplace</p>	<ul style="list-style-type: none"> <li>•Health issues should be integrated within corporate values, principles, organisational operations, activities and resources (Bellew, 2008), within all business portfolios across the entire organisation and within the existing workplace context and environment.</li> </ul>
<p><b>Project Management:</b> Valuing Effective and Efficient Processes</p>	<ul style="list-style-type: none"> <li>•Activities for workplace health promotion must be oriented towards a problem solving approach, which includes clear steps from gaining commitment through to evaluation (ENWHP, 2007).</li> </ul>
<p><b>Organisationally-Centred:</b> Starting with the organisation's needs</p>	<ul style="list-style-type: none"> <li>•Starting where the individual is, is necessary for behaviour change (Goldstein, 1983). Likewise, it is necessary to listen to organisations to understand their enablers and barriers to change as well as opportunities to encourage healthy lifestyles. The Stages of Change could be applied to organisations.</li> </ul>
<p><b>Alliances:</b> Enabling Change, Encouraging Participation, Building Partnerships</p>	<ul style="list-style-type: none"> <li>•This is about encouraging participation across the whole organisation (ENWHP, 2007) or through participatory planning from senior management, participatory planning with employees, and seeking partnerships from agencies outside the business (Bellew, 2008; Public Health Agency of Canada, 2009.). If the entire organisation is engaged, it can provide to better buy-in with activities hence better results.</li> </ul>
<p><b>People Driven:</b> Valuing and Motivating Employees</p>	<ul style="list-style-type: none"> <li>•This is about involving, engaging and consulting with employees in planning and decision making removing barriers, increasing opportunities and focusing on person as a whole to ensure buy in (Bellew, 2008; WHO/WEF, 2008; Hooper, 2009; Chau, 2009).</li> </ul>
<p><b>Encompassing:</b> Being Inclusive, Acknowledging Diversity, Equity and Addressing Need</p>	<ul style="list-style-type: none"> <li>•Activities should be available to all in the workplace regardless of their current health status (Government of Singapore, 2007; Health Canada, 2009), noting that some employees such as people from particular populations may require more specific targeted strategies tailored to their needs (Bellew, 2008, WHO/WEF, 2008; Hooper 2009). Programs that seem to have the highest clinical and cost-effectiveness target industries employing large numbers of blue-collar workers . There is also a need to ensure that approaches are appropriate for the different sizes and types of businesses.</li> </ul>
<p><b>Comprehensive:</b> Addressing Health Comprehensively</p>	<ul style="list-style-type: none"> <li>•Although harder to implement, programs that seem to have the highest clinical and cost-effectiveness target the continuum from individuals, organisations and the environment at the same time (WHO/WEF 2008; Bellew 2008; Hooper 2009). Addressing one component alone, for example, the environment, without addressing an individual's behaviour is usually not enough (LaMontagne, 2004).</li> </ul>
<p><b>Multifaceted:</b> Addressing Health and Productivity in Multiple Integrated Ways</p>	<ul style="list-style-type: none"> <li>•An approach should target many levels addressing several health issues with measurable goals (Government of Singapore, 2007; WHO/WEF, 2008; Bellew 2008; Hooper 2009) and focus on promoting health, and preventing ill health (ENWHP, 2007). For example there is strong evidence for tackling physical activity, nutrition together to increase physical activity, promote healthy eating and prevent chronic conditions like obesity (Chau, 2009).</li> </ul>

## What is a 'Healthy Workplace'?

There is a number of definitions and descriptions of what constitutes a healthy workplace, for example:

- **Department of Health & Ageing HWI Web Portal (<http://www.healthyworkers.gov.au/>)**  
“A healthy workplace supports and encourages healthy behaviours in its employees, making healthy choices the easy choices. A healthy workplace is one where employers and employees work together to support and promote good health. A healthy workplace may complement workplace health and safety arrangements in your workplace but will not lessen or change requirements and obligations. Sometimes the term ‘workplace health and wellbeing’ is used. While wellbeing and mental health are acknowledged as important aspects of workplace health, this site focuses on five key aspects of promoting good health at work: encouraging employees to Eat Well, Move More, maintain a Healthy Weight, be Smoke-free and reduce consumption of Alcohol.”
- **European Network Workplace Health Promotion (1998)**  
“All the combined measures taken by employers and employees to improve health and wellbeing at work. It does not only try to promote the healthy behaviour, decision-making and responsibilities of the workforce but is also concerned with the work structures, work processes and design of the working environment. An holistic approach to WHP is closely connected to organisational development and work design.”
- **Health Promotion Agency for Northern Ireland (2008)**  
“Work is a key part of our lives and can provide a sense of wellbeing, purpose, social contact and status. Forward-looking employers recognise the link between the control of risks, the general health of employees and the success of the organisation itself. Employers can contribute to the health of their employees, and in turn the health of their organisations, by not only addressing the statutory obligations of safety and occupational health, but also by:
  - developing management practices and policies that support health;
  - providing opportunities and activities to promote health and wellbeing;
  - providing a workplace that protects the safety and health of employees and promotes a positive working environment.”
- **Health Promotion Board Singapore (<http://www.hpb.gov.sg/HOPPortal/>)**  
“One in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs:
  - health and safety concerns in the physical work environment
  - health, safety and well-being concerns in the psychosocial work environment, including organisation of work and workplace culture
  - personal health resources in the workplace, and
  - ways of participating in the community to improve the health of workers, their families and other members of the community.”

- **The Health Communication Unit in Toronto, Canada**  
<http://www.thcu.ca/workplace/infoandresources.htm>  
 This unit adopted a definition by Shain & Suurvali (2001, article not longer available) which defines comprehensive WHP 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.”
- **WorkHealth Healthy Workplace Kit (Worksafe Victoria)**  
<http://www.worksafe.vic.gov.au/about-worksafe-victoria/about-worksafe-victoria/?a=8978>  
 “A health promoting workplace is one where employers value the health and wellbeing of their workers (Chu 1997). A healthy workplace aims to (WHO 1999):

  - continually create a healthy, supportive and safe work environment
  - ensure that a focus on health becomes an integral part of business planning
  - enable total organisational participation in programs and initiatives
  - extend positive impact to workers’ families, the community and the environment.”
- **Heart Foundation Ten Steps Healthy Workplace Guide (National Heart Foundation et al 2011)**  
 “A healthy workplace is one that complements the occupational health and safety policies which help keep employees safe from physical, chemical and biological dangers, through supporting the health and wellbeing of employees. A healthy workplace implements workplace health programs and policies to create a supportive culture and environment that encourages healthy lifestyles. It is also characterised by employees and employers working together to support and promote the health and wellbeing of people.”
- **Wilson et al (2004)**  
 “A healthy workplace is characterised by intentional, systematic, and collaborative efforts to maximise employee well-being and productivity by providing well-designed and meaningful jobs, a supportive social-organisational environment, and accessible and equitable opportunities for career and work-life enhancement”.

### Quality criteria to describe a healthy workplace

The Health Communication Unit in Toronto has developed a set of quality criteria – the Canadian Healthy Workplace Criteria (CHWC) – as described in the following diagram (or model) and table (The Health Communication Unit 2004). These quality criteria can, as can the best practice principles, be used to underpin and develop a checklist for assessing the healthiness of a workplace (cf. Section 3).



Figure 5: Framework for WHP (The Health Communication Unit, 2004)

Table 3: The Canadian Healthy Workplace Criteria (The Health Communication Unit, 2004)

Leadership
<i>Strategic direction for a healthy workplace (HW)</i>
<ul style="list-style-type: none"> <li>• written policy</li> <li>• acknowledgement of the value of the people in vision or mission statement</li> <li>• strategic planning incorporating goals and objectives on WH and employee wellbeing</li> <li>• review mechanism in place</li> </ul>
<i>Leadership involvement in reinforcing a HW</i>
<ul style="list-style-type: none"> <li>• commitment through allocation of resources</li> <li>• organisation works at improving the interpersonal skills and leadership abilities of management and supervisory levels to help sustain a culture that reinforced the focus and programs related to a healthy workplace</li> <li>• shared throughout the organisation (e.g. committee in large workplaces, with representation at all levels)</li> <li>• employee health is considered in management decision-making</li> <li>• management is kept informed of the impact of HW issues (and evaluates and improves its performance in this area)</li> </ul>

## Planning

### *Needs assessment and analysis*

- formal assessment of employee needs, attitudes and preferences

### *Healthy Workplace Plan*

- based on the needs analysis and addresses the key elements of a HW
- financial resources allocated, short-term and long-term objectives around employee wellbeing established, communicated and discussed
- plan is reviewed in terms of program strengths and opportunities
- evaluation results are analysed and discussed

### *Program design*

- structured approach to planning with input at all levels
- promotion and communication of the program(s)
- based on employee needs analysis and across all levels of health
- respond to the varying needs and preferences of employees including awareness/information, skill building and behaviour change, and maintenance or support

## People focus/engagement

- methods are in place that make it easy for people to provide ongoing input on healthy workplace and organisational issues, and seek assistance
- programs align with HR development strategies
- goals and policies understood by everyone determines employee training and development needs to support HWP
- employees encouraged to take part in the development, implementation and participation in the program
- process in place to recognise employee achievements

## Process Management & risk assessment (key processes critical to sustaining actions and a strong focus on employee wellbeing across the organisation)

- formal assessments of hazards
- work processes monitored and documented
- an evaluation and review process of the HW Plan is in place, covering the goals and objectives within the plan
- work processes impacting worker health are documented and monitored
- process problems impacting on WH are identified, analysed and root causes dealt with
- any changes to procedure are documented and communicated

Outcomes (results and achievements with the aim of encouraging and improving employee health and wellbeing and sustaining a culture that allows people to make a positive contribution to the organisation within a healthy environment)

- management, through their actions, personally reinforce a HW
- levels (data) and trends are analysed and discussed (e.g. in terms of productivity, employee turnover, implementation of employee ideas, use of the program activities, healthy behaviour change, awareness of healthy lifestyle issues, training/skills development)
- levels and trends in employee satisfaction and morale in terms of H&W and overall job satisfaction

The CHWC are also underpinned by a **set of principles**:

- **Leadership through involvement** – developing a sound approach to the development and sustainability of a healthy workplace often involves a transformation in thinking and behaviour at all levels. This can only be achieved through the commitment of senior management to reinforce and allow change necessary for improvement.
- **Development of an overall health policy in the workplace** – provides the context for consistent direction in all parts of the corporation and conveys corporate values and support for employee health.
- **Primary focus on employees' needs** – WHPs should be designed for all employees, regardless of their present level of health. An organisation will find that its people need varied programs and varied levels of programming to accommodate different needs and preferences.
- **Recognition that a person's lifestyle consists of an interdependent set of health habits** – health programs cover a variety of issues which often impact on one another. The elements of a HW are interdependents and build on one another to meet employee needs.
- **Adaptability to the special features of each workplace environment** – every workplace has its own operating procedures, structures and culture. Health programs must be integrated into and be adaptable to the special features of each workplace.

### Other quality criteria

#### European Network for Workplace Health Promotion

- **WHP and corporate policy**
  - written corporate philosophy and management supports it
  - activities are integrated into existing structures and processes of the organisation
  - the organisation provides enough resources for WHP
  - the executive regularly monitors the progress of WHP measures
  - workplace health issues are an integral part of training and retraining
  - all staff have access to the health-related facilities
- **Human resources and work organisation** – 7 criteria
- **Planning of workplace health promotion**
  - the HP measures embrace the entire organisation and communicated to all sections

- the HP measures are based on regular needs analysis
- the entire workforce is informed about all WHP activities and projects
- **Social responsibility**
  - the organisation has taken clearly defined action to avoid practices which are detrimental to people and the environment
  - the organisation actively supports health-related, social, cultural, welfare issues
- **Implementation of WHP**
  - there is a steering committee which plans, monitors and evaluates the HP measures
  - all information required for planning and implementation is collected systematically and regularly
  - target groups and quantifiable objectives are set for all HP measures
  - measures for health promoting work organisation and job design as well as measures to promote healthy behaviour are implemented and interlinked
  - all measures are systematically evaluated and continually improved
- **Results of WHP**
  - impacts of the WHP measures on worker satisfaction, health indicators and relevant economic factors are evaluated.

## Combined Models of WHP

### World Health Organization WHP Model

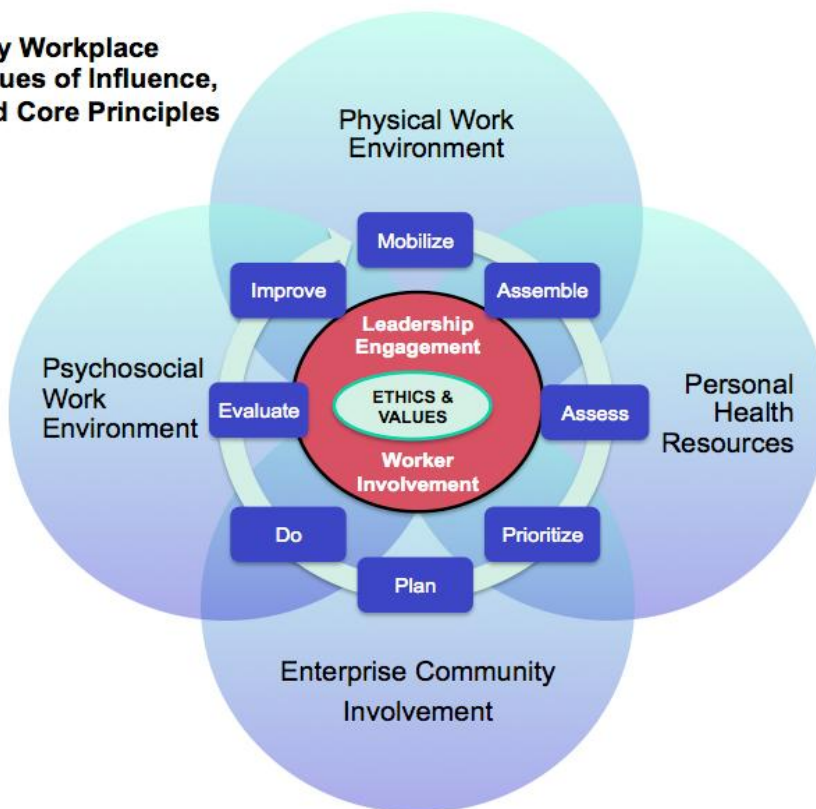
Joan Burton (2010) reviewed previous models of WHP and derived an overarching model for WHP (Figure 6). The phrase 'Healthy workplace model' is used by the WHO to mean the "abstract representation of the structure, content, processes and system of the healthy workplace concept". Recently, the different models have been combined into a single overarching model, published by the World Health Organization (the WHO Healthy Workplace Framework and Model; Burton 2010) as being the best practice, evidence-base on which to conduct WHP.

This overarching model combines the 3 elements of the models described in this section so far, i.e.:

- Model relating to the **CONTENT** of a healthy workplace program: in the WHO model there are four overlapping ways or 'Avenues of Influence' that an employer working in collaboration with employees can influence the health status of the employees and the organisation as a whole, in terms of its efficiency, productivity and competitiveness. The four areas of influence are:
  - the physical work environment – health and safety concerns in the physical work environment
  - the psychosocial work environment – health, safety and wellbeing concerns in the psychosocial work environment, including organisation of work and workplace culture
  - personal health resources in the workplace
  - enterprise community involvement – ways of participating in the community to improve the health of workers, their families and other members of the community.



**Figure ES1**  
**WHO Healthy Workplace**  
**Model: Avenues of Influence,**  
**Process, and Core Principles**



**Figure 6: WHO Healthy Workplace Model (Burton 2010)**

The WHO model concedes that a particular workplace may not have the need to address each of these four avenues all of the time. The way an organisation addresses the four areas must be based on the needs and preferences identified through an extensive consultation with workers and their representatives.

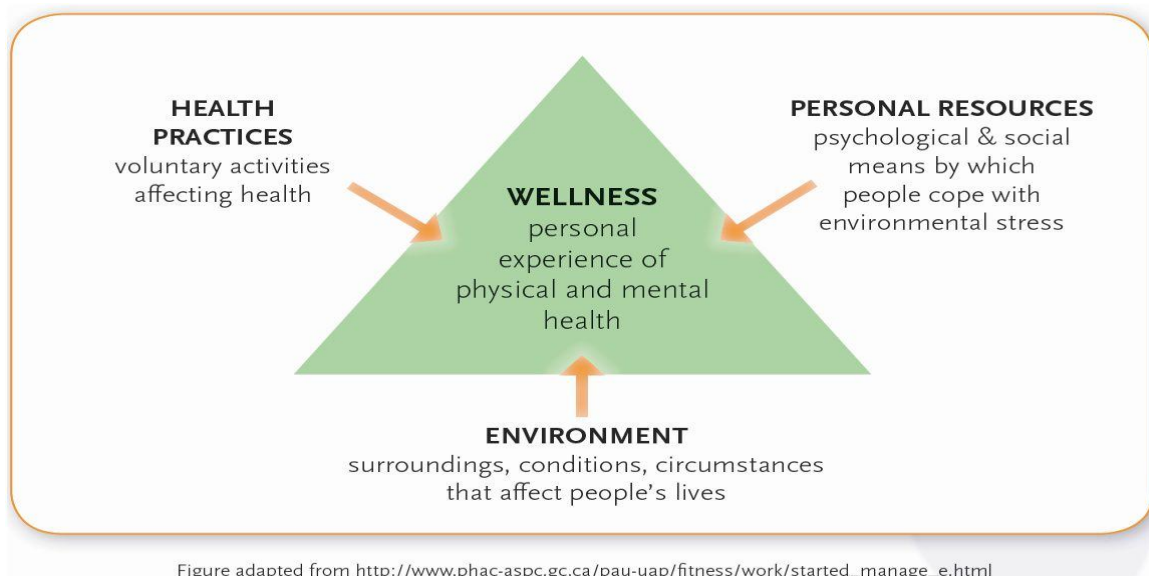
- Model relating to the **PROCESS** of establishing a healthy workplace: the WHO model is one of continual improvement, as graphically represented in the outer circle. This model describes a cyclic or iterative process that continually *plans, acts, reviews and improves on the activities of the program*. This 'sub-model' relates to the **step-by-step guides**.
- Model relating to **CORE/KEY PRINCIPLES**: Management commitment and worker involvement, based on sound business ethics and values, are the key principles at its very core. This 'sub-model' relates to the **best practice guiding principles and quality criteria**.

### **British Columbia Model**

[http://www.physicalactivityline.com/index.php?option=com\\_content&view=article&id=188:a-best-practice-model-for-workplace-wellness&catid=97:workplace-health-and-wellness&Itemid=129](http://www.physicalactivityline.com/index.php?option=com_content&view=article&id=188:a-best-practice-model-for-workplace-wellness&catid=97:workplace-health-and-wellness&Itemid=129)

A similar holistic approach across the 3 'levels' or sub-models is typified in the resources in British Columbia (Figure 7).





**Figure 7: Model of Workplace Health Promotion (British Columbia)**

A comprehensive approach consists of elements from the following categories:

- 1. Health Practices:** enabling and supporting healthy lifestyles, behaviours and coping skills
- 2. Physical Environment:** addressing the health and safety of the worksite
- 3. Social Environment and Personal Resources:** enhancing the culture of an organisation.

Each of the 3 categories involves a variety of strategies across the following areas:

- increasing awareness and education
- assisting behaviour change and skill building
- providing a health promoting environment
- mobilizing and building capacity.

### Steps Towards a Best Practice Model for Workplace Wellness

The following steps are instrumental for a successful program:

1. Serious commitment and involvement from senior management.
2. All levels of staff are involved with planning.
3. The focus is on employees needs.
4. Use of on-site experts and facilities.
5. The mission, vision, values and goals are supported by policy.
6. Integration of lifestyle choices, social conditions and work environment.
7. Individualized to the needs of the worksite.
8. Ongoing evaluation of key indicators, measures and outcomes.
9. Long term planning and commitment.

## Models for supporting WHP

The **Health Board in Singapore** contains the following WHP 'eco-system' which provides a model for supporting WHP (Figure 8). This model provides indirect evidence of the scope of a support service.

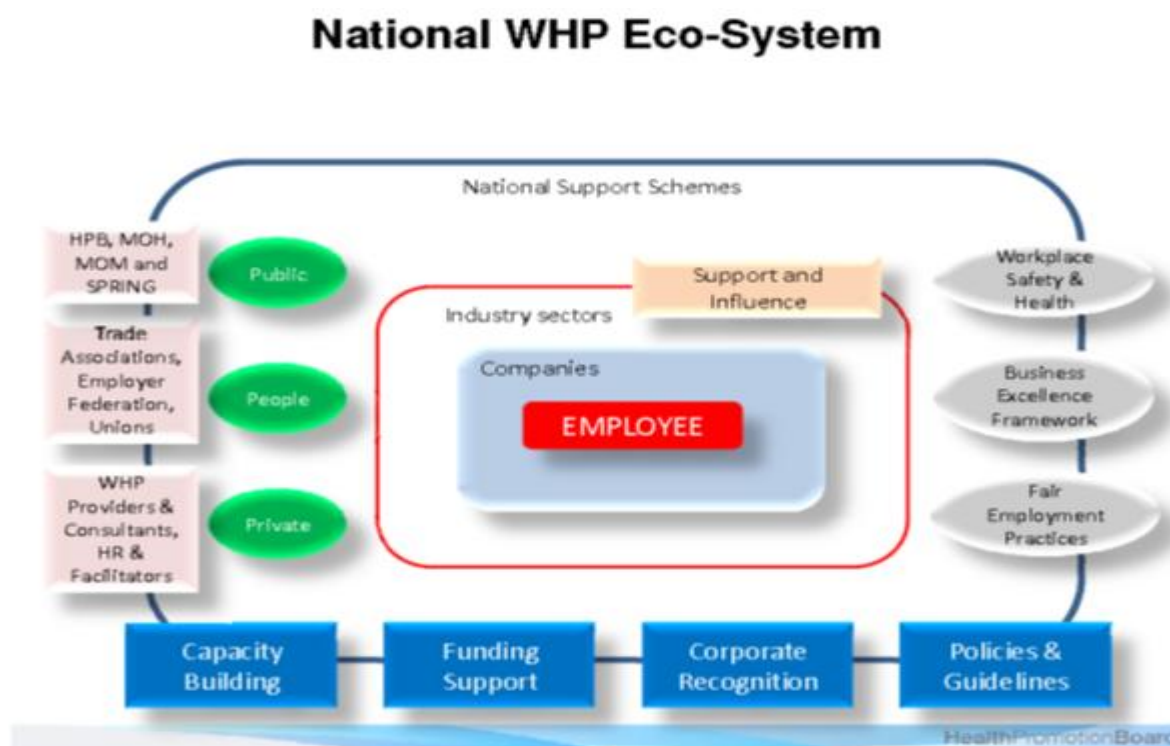


Figure 8: Eco-system model involving the support of WHP (Health Promotion Board, Singapore)

- **Capacity building:**
  - WHP training courses
  - National conference on WHP
  - Health promotion
  - One-to-one coaching
- **Infrastructure and Support** ([www.hpb.gov.sg/healthatwork](http://www.hpb.gov.sg/healthatwork))
  - Guidelines, toolkits, resources
  - Directory of health service providers/List of WHP consultants
  - E-newsletter – Workplace Health Digest
  - Health Information Centre and Library ([www.hpb.gov.sg/hic/](http://www.hpb.gov.sg/hic/))
- **Set of guiding principles**
  - Meets the needs of all employees regardless of their current level of health
  - Recognises that an individual's lifestyle is made up of interdependent set of health habits
  - Recognises the unique characteristics of each workplace environment and the needs, preferences and attitudes of different groups of participants
  - Supports the development of a strong overall health policy in the workplace
- **List of Critical Success Factors**

- Management support
- Committee structure
- Planned and evaluated
- Comprehensive approach (organisational policies, environment, health education; 4 key areas – healthy eating, PA, mental health, tobacco; mass & targeted)

The CDC also has a model for WHP (Figure 9) which could be used to **support implementation of WHP**, including **development of action plan activities across the various domains**.

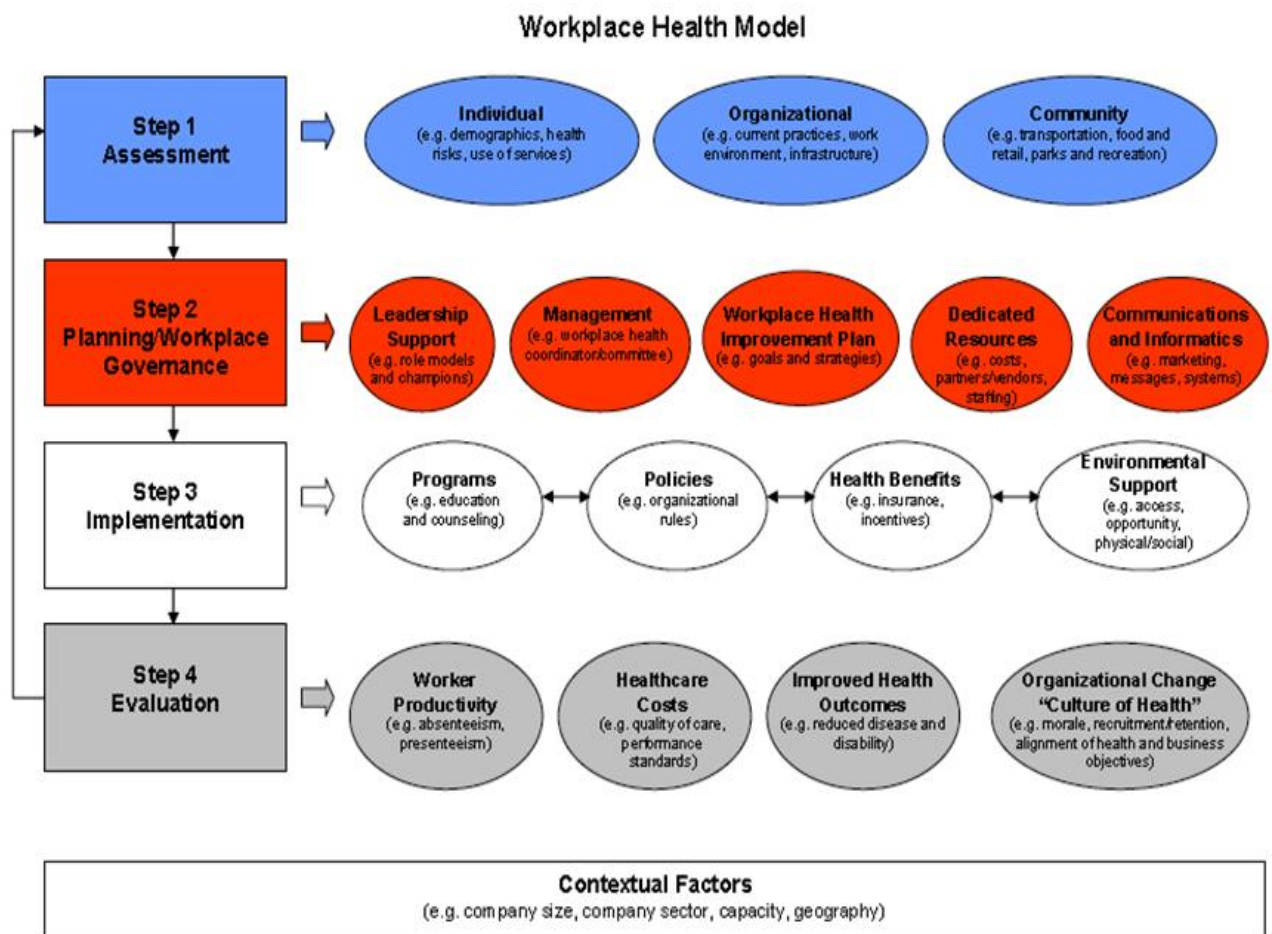


Figure 9: Centers for Chronic Disease Control (CDC) Workplace Health Model

## Section 4: Evidence relating to scoping questions B

---

### *Scoping Questions B*

---

- What components of validated audit tools to assess workplace health promotion have good evidence for inclusion in a NSW model?
- What aspects of workplaces are most important to assess?
- Who/what workplaces would it be most suitable for?
- Are there any current models for how to provide feedback on the results of WHP assessment/audit tools?

### *Methods – Scoping Questions B*

---

At the time that the NSW HWI was being developed there were no existing simple, freely-available survey tools assessing WHP which were suitable for administration (for self completion) to a diverse range of Australian workplaces on a large scale, at a regional, state or national level which combine the functions of profiling workplaces, assessing current WHP activity, perceptions towards WHP and the types of support workplaces require. Such a tool – The PRC Tool – was developed by PANORG/PRC in order to support implementation and evaluation of the NSW HWI (Appendix 3).

A review of existing tools was conducted in 2010/2011 for the development of the PRC tool. These tools were used to identify appropriate search terms for validating WHP audit tools in the peer-reviewed literature. The grey literature (e.g. Google Scholar and Google) was also searched for validated tools.

An internet search was conducted for tools currently being used in Australia. Those currently being implemented in the various jurisdictions in Australia were identified; as were a sample of those being used most prominently internationally.

The various searches were extensive and it was considered that a large majority of the tools that have been validated, and/or those that are currently being used in Australia, and those that are currently being used internationally, were identified.

The tools were summarised in tabular form with the following headings:

- Background
- Purpose
- Included elements or aspects of WHP measured
- Delivery mode
- Follow-up
- Validation
- Strengths and Limitations.

### Identified assessment tools – content and critique

Internationally and locally there is a number of existing workplace health promotion survey audit tools published in the literature and used within organisational support services in other Australian jurisdictions and internationally (specifically America, Canada and Singapore). Only a few validated tools were identified and these were mainly research tools.

Many of the identified tools are those being used in Australia, the US, and Canada in WHP resource toolkits.

The tools have been divided into two broad types:

- those aimed at the organisational level, and
- those aimed at the individual (employee needs assessment).

The tools identified using the above stated methods are included in Tables in Appendices 4 and 5. They are termed ‘situational assessment tools’ or merely ‘assessment tools’ by some researchers and this may be a more appropriate term than ‘audit tool’ which is a term more often applied to checklists of WHP policies, supportive physical environment and programs/activities.

At the **organisational level** the domains or elements of WHP that are measured by the identified tools include:

- Organisational culture including readiness to adopt WHP
- Management attitudes, commitment, barriers to WHP
- Employer awareness and belief in the business case, i.e. link between health and productivity
- Organisational management and leadership style
- Existing environmental support for WHP
- Existing programs and practices (activities) for WHP
- Existing policy support for WHP
- Social support including employee inclusiveness and engagement
- Characteristics of the immediate neighbourhood around the workplace.

A tool was developed in the US, as described in Barrett et al (2005) and Anderson et al (2005), which identified measures of **organisational leadership** for health promotion as part of the Alberta Heart Health Project. As the elements of the tool are not described, it is not included in the summary tables; however, the component domains were validated for the organisational leadership domain. The leadership scales were: (i) practices for organisational learning, (ii) wellness planning, (iii) workplace climate, and (iv) organisation member development. Scale alpha coefficients ranged from 0.79 to 0.91, thus there were high internal consistencies. The tool was considered to be valid for the assessment of organisational leadership for health promotion and heart health promotion.

Of note, an aspect of WHP often measured is **organisational readiness for WHP**, often measured using items indicating ‘stage of change’. This is regarded by the US National

Cancer Institute as most applicable for readiness to implement an existing WHP program; however, it is considered less applicable when working from the bottom up.

At the **employee level** the factors assessed are:

- self-reported healthy behaviours (diet, PA, smoking, alcohol)
- employee level of interest and/or preferences regarding workplace health promotion policies, practices and timing across various healthy behaviours
- individual health risk appraisal (health check) – usually separate to the tools.

Overall these ‘**situational analysis**’ tools can be summarised as (THCU):

- current practice survey
- health risk assessment
- employee interest survey
- employee needs assessment
- organisational culture survey
- workplace audit.

### **Appropriateness of tools in the NSW context**

There is no single validated audit tool available that would be suitable for inclusion in a NSW model. Few of the many available tools have been validated. Validity and reliability testing of these tools is challenging as different perspectives will be held by different persons within organisations; hence, answers can be quite different depending on who is completing the survey. One of the tools, the Designing Healthy Environments at Work (DHEW) tool, specifically asks the respondent to spend 2-4 hours researching the answers to the questions. Reliability testing is particularly difficult, as was shown in the PANORG studies – a person will likely answer some questions differently after exposure to the tool, as it can affect thinking and perspectives on WHP.

Also, many are not suited to the purposes of The Service or to the NSW context. A catalogue of situational assessment tools is provided at The Health Communication Unit’s website ([www.tchu.ca/workplace/sat/search\\_results.cfm?search\\_type=FULL](http://www.tchu.ca/workplace/sat/search_results.cfm?search_type=FULL)) and at the Project Health website ([www.projecthealth.ca/node/22](http://www.projecthealth.ca/node/22)) in Waterloo, Canada, amongst other places. However, many of these tools would not be applicable in the context of the NSW HWI.

The Heart Foundation Ten Steps Guide suggests using:

- the organisational audit tool from WA (Be Active)
- the Employee Health & Wellbeing Survey from Tasmania
- the Employee Interest Survey from the Health Promotion Board Singapore.

In 2010/11 the available workplace level audit and research tools were examined for potential use in their entirety or for individual items for use in the development of the PRC tool. The survey by Ackland et al (2005) in WA was examined in particular for application in NSW but it was deemed too lengthy, and many questions were not applicable across all sizes of workplace. Several of the WA questions were included in an initial version of the



PRC tool; however, many were discarded after expert debate within the PRC team. Several of the final questions were adaptations of questions from a variety of existing tools.

Currently the Tasmanian, Victorian and ACT Healthy Workers websites and/or resource guides contain workplace audits.

*Tool length:* Many of the tools are lengthy, ranging between 100 and 380 items, e.g. the CDC Health Score Card. Similarly, the validated 'Leading By Example (LBE)' tool is very detailed. Lengthier tools may be applicable for larger companies who want a comprehensive audit and some of the listed audit tools may be suitable for internal evaluation and assessment purposes by individual workplaces/organisations, but are likely to be not suitable for screening within an organisational support service; however, particular items within many of the surveys would be useful. Further, many items in the US tools are not worded for the Australian context.

*Mode of delivery:* The audit tools also vary in the mode of delivery for which they were designed. Some were designed to be implemented in face-to-face interviews and/or onsite visits, or self-administered, and would not be suitable for brief telephone assessment such as initially indicated in the organisational support service. For example, the CDC tool was designed to be delivered onsite, in a face to face manner, a mode of delivery that would be generally prohibitive for The Service. Many of the other surveys are designed to be self-administered online or in print with a scorecard type system in place for feedback. One of the tools, the DHEW, also contains online feedback system which prompts the respondent to examine current practices and directs for commencement or enhancement of current WHP activities.

### **What aspects of workplaces are most important to assess?**

There is no evidence describing the most important aspects of workplaces to assess, as many of the tools and component dimensions have not been validated nor compared experimentally in terms of their usefulness. Further, not all tools measure all aspects. Some of the tools include a 'reduced version' for smaller workplaces.

The PRC Tool was developed to be a short organisational tool applicable across a diverse range of Australian workplaces of different size and types, and at a regional, state or national level. It assesses employers' attitudes towards WHP, types of preferred support, current WHP activities, environment and policies and stage of readiness to undertake WHP. This tool was successfully piloted in Lithgow (StGeorge et al 2013) and subsequently administered across a range of businesses in Parramatta (StGeorge et al, publication submitted). This brief organisational tool is likely suitable for adaptation to the specific needs of the NSW Organisational Support Service, although it would require further examination in the light of this more recent review.

The purpose of a survey tool for use by the NSW Get Healthy@Work Organisational Support and Facilitation Service (The Service) may not necessarily be the same as the purpose of a large number of the current survey tools identified in Australia and internationally (mainly US and Canada) for conducting audits of organisational support, policies, and activities concerning WHP and/or employee preferences. Most of these organisational level tools

described are designed for self-administration and use within an individual organisation to determine appropriate action plans.

The PRC survey tool was developed as a baseline evaluation tool for the HWI overall but could also be used as a screening or decision-making tool to identify appropriate levels and types of support required. It also contains questions to determine a profile of the individual workplace in terms of size and type, and these aspects of the tool are likely to be highly useful for The Service in terms of identifying appropriate level of support and advice.

A tool such as that developed by the PRC could therefore be incorporated into a decision-making tool or system (based on a flow chart design or similar). It would be used by The Service to determine the appropriate course of action regarding level and type of advice and support to be provided by The Service for the individual workplace/organisation, as well as providing information to inform action plans. The course of action for The Service would depend, for example, on size and type of workplace (is it an office where most people are seated for long periods? or is it a construction company where most people are physically active), current level of WHP activities, organisational commitment and barriers to WHP (e.g. cost). Would the support offered by The Service be, for example, 'Encouragement of the workplace to examine the 'Healthy Workplaces at a Glance' resource (NSW Heart Foundation et al 2012)' versus, perhaps, 'an onsite visit to help develop an Action Plan'?

Such a decision-making tool could be further developed sequentially as more information becomes available to The Service.

There is evidence from a publication by Dunet et al (2008) '**A new evaluation tool to obtain practice-based evidence of worksite health promotion programs**' that a SWAT (*Swift Worksite Assessment and Translation*) evaluation approach is feasible in small and medium-sized workplace settings. The SWAT method is based on CDC's Evaluation Framework and the method of a site visit to determine data collection processes, programs and practices, followed by a 1-hour teleconference call. CDC provided an interpretive assessment of how they were performing. One SWAT assessment was estimated to be 87 hours for Level 1 evaluators, 34 hours for Level 2 experts, and 4 hours for level 3 experts. The time from initial contact with a potential site through the technical assistance conference call requires a minimum of 2 months and an average of four months. The method was considered effective in providing data sufficient for experts in health promotion to identify promising and innovative WHP strategies. The explicit promise given to the practices, which reduced the subjectivity of the determinations, was considered to be a strength of this approach.

### **Employee Health & Wellbeing Surveys (needs assessment)**

A number of WHP government web portals in Australia (ACT and Tasmania), and particularly in America, also include Employee Health & Wellbeing Surveys in their tools and resources.

In the ACT Healthier@Work Pilot study (ACT Health 2013) this type of survey was considered to be valuable in identifying the types of individual health behaviour changes



that needed to be supported including WHP plans and programs, and in identifying employee preferences regarding WHP activities and timing. In this case the results (confidential) can be summed across the workplace to provide a profile of the health of the employees.

The results of employee health checks, also necessarily confidential, can similarly be used to provide particular areas of need so that WHP activities can be selected appropriately. Health checks generally do not currently provide information on employee interests and preferences regarding WHP, although there may be scope to include these sorts of questions during health checks.

Employee surveys are contained in the Tasmanian, Victorian and ACT healthy workplaces websites and/or resource guides.

### **Who/what workplaces would the tool be most useful for?**

Most of the tools have been designed to be used across workplace type, although size of workplace can determine which tool is used; as indicated in Table 1, Appendix 4, several tools are more applicable for use in small and medium-sized businesses while others are aimed at larger organisations. As stated above, the PRC Tool was designed to be applicable across a range of work types and sizes. This tool determines whether the workplace is a single site or one of multiple sites – which may determine to whom within the organisation and what part of the organisation The Service should provide advice and support.

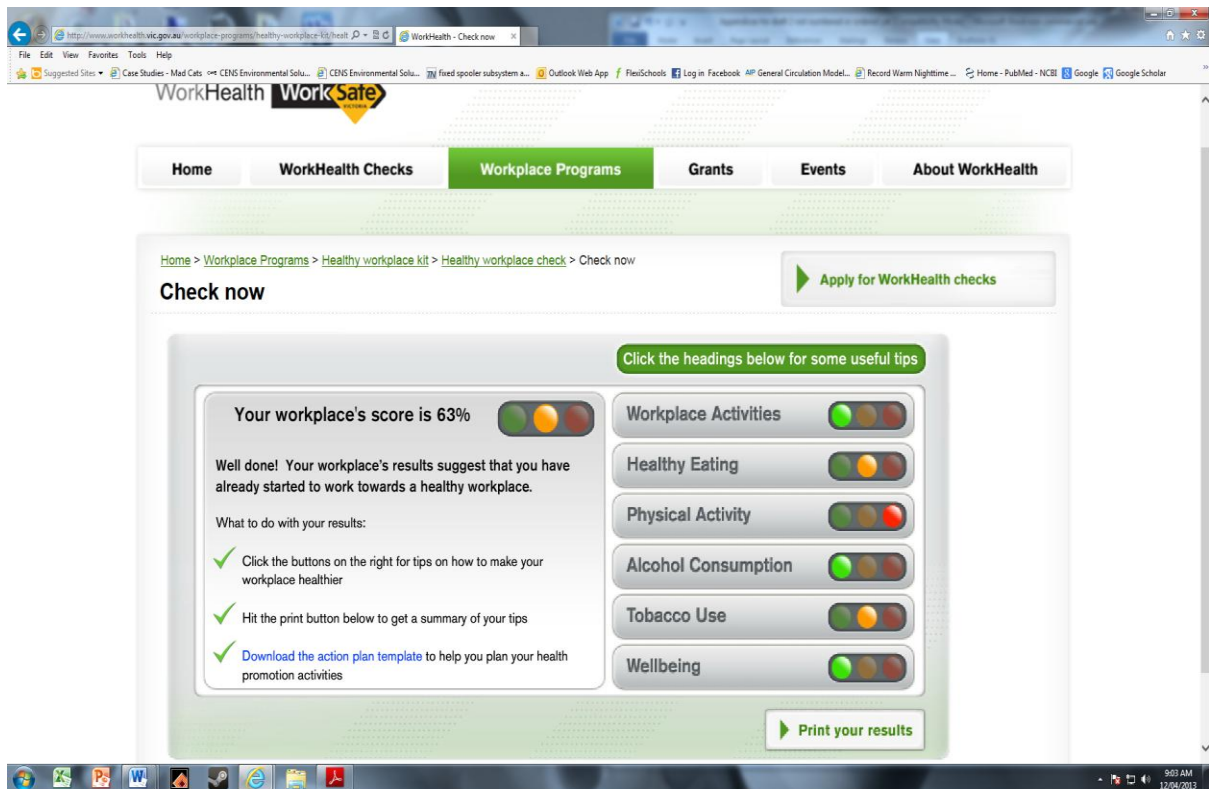
### **Scores/grading feedback relating to WHP assessment tools**

The methods of feedback or follow-up following administration of the survey tools is provided in column 5 of the summary table in Appendix 4.

Many of those tools contained in current guides and on web portals are designed for self-administration and for the findings – **generally a score or grading** according to status of WHP implementation – to be the output of the survey which can be used internally to guide planning for WHP. Many could be easily adapted for The Service to provide feedback to workplaces after self-completion online, where the responses are interpreted within the advisory system.

### **Some Examples of Survey Feedback**

**WorkHealth WorkSafe Victoria:** has a feedback report to an online survey ‘**The Healthy Workplace Check**’ (Figure 10) – it provides an overall score (using also a traffic light rating system) and some suggestions for activities across the organisation, as well as specific activities for healthy eating, physical activity, alcohol consumption, tobacco use, and wellbeing. These suggestions however, are very broad as the questionnaire is wide-ranging and would not be particularly suitable to provide specific guidance.



**Figure 10: Example of scored feedback after completion of online healthy workplace check (WorkHealth WorkSafe Victoria)**

**ACT Heathy Workplaces audit tool:** This organisational-level audit tool and feedback mechanism is presented in Appendix 6. The tool includes items which assess WHP across the following dimensions:

- commitment
- provision of activities
- facilities and infrastructure
- accessing external resources
- planning
- administration and evaluation
- inclusiveness and participation
- supportive culture.

The assessment or audit tool applies a *scoring system* based on degree of 'implementation' of each of the items associated with these various domains – and is scored according to:

- 'Beginning'
- 'Developing'
- 'Embedding'
- 'Leading'

**Work Well Healthy Workplace Guide, UK** self-evaluation or assessment tool is based around a broader description of health and safety, but provides a model for self-evaluation and action planning that could also be applied to situational assessment tools. The **Healthy Workplace Guide** developed by the Health Promotion Agency in Northern Ireland is a notable document. The guide was developed after a pilot workplace Initiative 'Work Well', and was funded by the Department of Health, Social Services and Public Safety and the Health and Safety Executive of Northern Ireland. Twenty small businesses worked with the HPA over a one-year period to develop their own healthy workplace programs. Elements of the National Quality Institute of Canada's '*Healthy Workplace for small organisations 10-point quality criteria and self-assessment tool*' were incorporated into the guide, as it is specifically designed for small workplaces of less than 50 employees; hence recognising the resource implications. This document has a good example of an action plan linked to key principles/criteria.

Note – Most of the audit or assessment tools can be delivered repeatedly to indicate changes in implementation of WHP, i.e. they can be used to evaluate progress.

### Scores/grading feedback relating to quality criteria of WHP

There are also checklists and questionnaires to link to **quality criteria** rather than specific elements of implementation.

For example, the **European Network for Workplace Health Promotion** has a '*Questionnaire for self-assessment*' designed to record the quality of, and continually improve, WHP. The questionnaire enables:

- a systematic self-assessment of WHP measures
- highlights both strengths and areas which need improving
- helps to establish what quality level the organisation's measures have already reached
- helps to set priorities for future projects
- permits comparison with other organisations.

Also, the **Canadian Healthy Workplace Criteria (CHWC)** translate into a set of grading criteria. The CHWC serve as a roadmap for organisations in any sector who wish to encourage, support and offer exemplary health-related programs in the workplace.

The **National Quality Institute (NQI) in Canada** has developed a brief set of 12 questions to see how the workplace measures up to these criteria:

1. Is a strategic approach in place to developing and sustaining a healthy workplace and is it based on employee needs?
2. Do your leaders demonstrate, through their comments and action, a commitment to the management of a healthy workplace?
3. Is there an overall health policy in place stating your organization's intent to protect and promote the health of all employees by providing as healthy an environment as possible?

4. Do you have a formal assessment process to determine employee needs, attitudes and preferences in regard to healthy workplace programs?
5. Are the workplace health assessment results analysed and are improvement goals set out in a Healthy Workplace Plan?
6. Does the Healthy Workplace Plan lead to improvement of all the key elements of a healthy workplace - the Physical Environment, Health Practices and the Social Environment & Personal Resources?
7. Do you have a mechanism in place to review relevant occupational health and safety legislation and are you in compliance with such legislation/regulations?
8. Do you have methods in place that make it easy for people to provide ongoing input on healthy workplace and organizational issues and to seek assistance?
9. Do you measure employee satisfaction levels in order to improve the workplace?
10. Do you identify the contributions of your people and provide appropriate recognition and rewards?
11. Are there good levels and trends in employee satisfaction and morale?
12. Do you train your people in healthy workplace principles and methods?

Other examples of checklists relating to quality criteria are indicated in Appendix 7.

### **Government awards and recognition schemes**

The quality criteria are also used as part of government awards and recognition schemes for excellence in WHP. Nearly all of the Australian HWIs are including such schemes via their web portals.

For example: San Antonio has a Healthy Workplace Recognition Program (2013; [fitcitysa.com/en-us/worksites/workplacerecognition.aspx](http://fitcitysa.com/en-us/worksites/workplacerecognition.aspx)). The application kit for this program contains a set of checklist criteria and recognition levels are given as bronze, silver and gold.

There is also a national system in place – the National Preventive Health Awards 2013 (ANPHA; [anpha.gov.au/internet/anpha/publishing.nsf/Content/AwardsHealthyWorkplaces](http://anpha.gov.au/internet/anpha/publishing.nsf/Content/AwardsHealthyWorkplaces)). These awards are in sub-categories according to workplace size, and are deemed as ‘team excellence in workplace well-being’. A set of judging criteria apply across four criteria (3 items scored out of ten – total score out of 120 points): targeted interventions, leadership and commitment, engagement and communication, evaluation and success – the full criteria are contained in Appendix 8.

## Section 5: Evidence relating to scoping questions C

---

### *Scoping Questions C*

---

- What templates exist for workplace health promotion action plans and what actions are included in existing programs?
- Is there a list of action plan items – a suite of ideas – that a workplace could use?
- What types of support do workplaces/organisations require to develop, implement and review a healthy workplace action plan/policy?
- What type of characteristics will an intermediary or implementation supporter have?
- What is the evidence for methods of delivering support both at the development of the action plan stage and on-going (web, telephone, onsite)?
- Is there any information on other types of activities to support workplaces to change?

### *Detailed Findings – Scoping Questions C*

---

The findings for this section should be considered with respect to the current jurisdictional HWI support websites and resources, as summarised in Appendix 9.

#### **Templates for action plans**

Action plans vary in how they are structured. Actions are generally allocated according to various underlying frameworks and these depend on the ‘purpose’ of the action plan in terms of what it seeks to achieve overall; e.g. if the overall objective of the action plan is to change healthy behaviours, or if it is to make sure there are actions across the various domains of influence and/or if it is seeking to plan and evaluate against a set of best practice principles or quality criteria, such as:

- specific health behaviours (healthy eating, physical activity, smoking, etc)
- activities within the 3 domains of influence – healthy places, healthy people and healthy community/environment
- quality criteria and/or best practice principles.

Some examples are described below and further details of these and other action plans are provided in Appendix 10.

(1) The **Heart Foundation’s Ten Step Guide Action Plan** has healthy behaviours as the focus or target areas:e.g.

Target Area	Goal	Objective	Activities	Support and Resources	Employee responsible	When	Measures of success	How did we go? X or ✓
<b>Healthy Eating</b>	Employees will have access to healthier food options within the workplace	All vending machines will be modified to include at least 50% healthy food options by [date]	Modify food in vending machines	Consultant dietitian to undertake audit of vending machines and report on suggested changes	[name]	[date]	50% healthy options in vending machines  Positive employee feedback on vending machine choices	

(2) The example action plan from the **Work Well Healthy Workplaces Guide in the UK** is based on actions across the major and minor quality criteria that have been adopted in that guide – actions are indicated against each quality criterion and then accompanied by person(s) responsible and a timeframe:

e.g. Leadership and Management: Criterion 1: A healthy workplace has a commitment from senior management to developing the program

Action = Communicate the senior management’s commitment to WH through the discussion, development and dissemination of a WHH policy statement. This statement will incorporate information on how the organisation feels that employees’ health and wellbeing is integral to the success of the operation.

(3) The **ACT Health & Wellbeing Guide for WHP** suggests a detailed action plan based on making sure that there are strategies around ‘people’ and ‘places’ and, in accordance with the Heart Foundation action plan, is focused on goals and objectives:

**Goal 1: To build and maintain a workplace environment and culture that supports healthy lifestyle choices**

**Objective: To reduce the number of employees who smoke by 10% over 18 months**

Strategies	Activities	Timeframes	Person(s) responsible	Resources required	Measures of success
<b>Create a smoke free workplace policy</b>	Establish a working group to develop and coordinate a smokefree policy that supports smokefree environments and employees who wish to quit	Jan – June 20XX 6 months	Program coordinator  H&W committee  Smokefree working group	Program coordinator time  Committee member time  Working group member time	Policy developed and implemented by [ ]  Knowledge and awareness of workplace smokefree policy among employees and managers (measured through post-strategy survey)
	Seek employee input into the policy through consultation processes			Budget for smoking coalition supports	

Example Action Plans from the other jurisdictional WHP resource guides are included in Appendix 10 and follow a similar format and content to either the Heart Foundation guide or the ACT guide.

### **Lists of action plan items**

The action plan templates listed in the various guides often give examples of what to fill in for several rows of the table – ie. they give examples of goals and objectives, strategies, activities, potential persons responsible and what sorts of measures of success could be used.

However, the guides vary in whether or not they supply lists of potential activities or actions. The Ten Steps Guide (National Heart Foundation et al 2011) includes a list of low, medium and high resource activities (relative to the estimated employee and financial resources that will be required to implement the activity) that could be included in a WHP program (Figure 11). These activities are further classified based on their target area: people, environment and policy. Activities that focus on people are aimed at educating and increasing awareness, and should be teamed with activities that create a supportive workplace environment backed up by sound workplace policies. These activities are also contained within an associated 'Activities at a Glance' resource.

Another list of program activities and information on selection and implementation of activities is indicated at The Health Communication Unit website ([www.thcu.ca/workplace/wri/cabin-guide.cfm](http://www.thcu.ca/workplace/wri/cabin-guide.cfm)).

This list contains the usual types of changes that workplaces can make to support healthy behaviours but also contains mention of the social environment – the culture of an organisation as experienced by its employees – and personal resources – employee coping skills and sense of control over their work and personal choices.

This list of examples provided by the CHWC are more expansive in scope than the support of healthy behaviours directly. Supportive employer initiatives in regard to the social environment and personal resources help to foster and support a healthy workplace.

Lists of other ideas for activities are contained in Appendix 11. A list of suggested activities generated through online completion of the WorkSafe WorkHealth Victoria Healthy Workplace Check is included in Appendix 12.



Examples of activities targeting nutrition in the workplace	People	Environment	Policy
<b>Low resource activities</b>			
Liaise with local provider(s) to take food orders from employees and deliver boxes of fresh fruit and vegetables			✓
Provide a protected space away from work areas for meal breaks with space for some food preparation			✓
Display healthy eating information in appropriate places in the workplace (e.g. kitchen, canteen, dining room)			✓
Develop regular communications on nutrition (e.g. healthy recipe of the week, nutrition tips, myth busting), and provide links to relevant websites	✓		
Offer healthy food and drink choices at employee functions and meetings			✓
Provide nutrition magazines for employees to read in your workplace			✓
Promote local, state and national healthy eating events			✓
Establish workplace policies that promote and support employees to eat healthily e.g. workplace healthy catering policy			✓
<b>Medium resource activities</b>			
Organise for a dietitian to take employees on a food label reading tour at the local supermarket	✓		
Provide water cooler(s) that all employees can access easily			✓
Ensure there are sufficient kitchen facilities for food storage and preparation e.g. refrigerators, microwaves, cutlery and crockery			✓
Provide free or subsidised fresh fruit and vegetables in the workplace			✓
Offer healthy food options in vending machines			✓
Arrange a mobile food service that offers healthy options			✓
Have a dietitian provide an educational talk on healthy eating	✓		
Provide subsidies for the purchase of nutrition related books e.g. cookbooks	✓		
<b>High resource activities</b>			
Provide incentives and/or support (e.g. flexible time) for employee participation in off-site nutrition or weight management activities	✓		
Include employees' families in education regarding nutrition e.g. disseminate information relevant to families, invite families to nutrition information sessions	✓		
Change the menu in your workplace canteen to ensure that healthy options are available			✓
Have a dietitian run a weight management/nutrition course on-site	✓		

See Tools and resources (page 27) for more information on choosing activities targeting nutrition for your workplace.

**Figure 11: Lists of ideas for activities contained in the Heart Foundation ‘Ten Steps Guide to a Healthy Workplace’ and also included in the associated ‘Activities at a Glance’ resource (Heart Foundation et al 2011)**

## Evidence of effectiveness for direct support

There is no direct evidence of the types of support that workplaces/organisations require to develop, implement and review a healthy workplace action policy/plan. Various resource guides have been described in this scoping review and these contain action plan templates and ideas for activities, as indicated above.

No evidence of the effectiveness of these step-by-step, self-administered guides was identified. However, there is some limited evidence of the effectiveness of direct support by intermediaries or implementation agents in terms of successful development and implementation of action plans.

### *Onsite Support by Implementation Agents or Intermediaries*

- **Healthy@Work pilot study in the ACT (ACT Health 2013)** (conducted in 5 diverse ACT workplaces with a focus on nutrition, physical activity, smoking, alcohol misuse and mental health/stress management) indicated that, when considerable onsite support was given in the form of **'implementation consultants'**, resources such as step-by-step guides were not required. Key elements of the pilot included conducting a needs assessment and developing an action plan for each workplace.

The **action planning process** with management was considered to be an essential component of the pilot by all stakeholders. The evaluation found that this process engaged pilot workplaces and in most cases resulted in plans that the workplaces found useful.

The evaluation indicated that care must be taken to **develop and implement action plans soon after employee surveys and health checks** for maximum impact.

Also, the action plans that were developed for the pilot were lengthy and it was considered unlikely that workplaces would have neither the time nor capacity to develop lengthy action plans without the support of the Implementation Consultant. The evaluation thus led to the development of a **simple action plan template**.

- **HealthLinks Program** (Laing et al 2012): The effectiveness of an 'interventionist' was examined in a study among 23 diverse small worksites (average size = 42 employees) in the US in which an interventionist from an NGO – the **American Cancer Society** – provided support implementing the *HealthLinks* program. The intermediary organisation conducted baseline assessments of workplaces' implementation of program, policy and communication best practices targeting the health risk behaviours. **Following assessment, the intermediary offered tailored recommendations of best practices to improve priority health behaviours, and helped the workplaces implement *HealthLinks*.** This support was effective in increasing the implementation of physical activity programs (29% to 51%,  $P = .02$ ), health behaviour policy (40% to 46%,  $P = .047$ ), and health information communication (40% to 81%,  $P = .001$ ). On average, workplaces implemented 36% of the best practices at baseline and 59% at follow-up ( $p < 0.001$ ). Most workplaces supported smoking cessation but few – about 2% – offered any cessation benefits, and less than 10% of workplaces offered cessation programming.

After *HealthLinks*, approximately two-thirds of workplaces promoted the state quitline and 26% received information about instituting tobacco ban policies.

The **high level of participation** was **attributed to the support provided by the ACS interventionist** and the Department of Health personnel who helped to identify incentives, managed competitive teams and coordinated the program at workplaces. The results demonstrated the **importance of hands-on support to small workplaces** who may not have an internal champion or the capacity to implement WHP.

- **American Cancer Society Workplace Solutions program** (Harris et al 2008): was piloted in a before-after study without a comparison group among 8 large employers (7500 to 115,522 employees; private and public employers). Workplace Solutions recommends 15 employer practices in 5 categories: 1) health insurance benefits, 2) policies, 3) workplace programs, 4) health-promoting communication, and 5) tracking of employee health behaviours to measure progress; aimed at increasing employers' adoption of evidence-based practices to prevent and control employee chronic disease. The intervention took a **marketing approach** and involved **4 meetings with employers over 2 months beginning with a questionnaire-based assessment of employer practices, followed by tailored recommendations with practice-based implementation assistance on requested topics**. Overall, implementation of the practices increased from 38% at baseline to 61% at follow-up.

### *Pro-active Telephone Support*

- Daly et al (2005): Further information from an Australian study provides evidence on the acceptability of a direct marketing approach to encourage the adoption of WHP strategies (in relation to smoking, preventing alcohol-related harm, sun protection (workplaces with outdoor workers only) and HIV or hepatitis; not healthy eating and physical activity). The intervention involved a telephone-based direct marketing strategy to contact workplaces and encourage adoption of WHP activities, conducted over a 4-year period in the Hunter Valley, NSW. Workplaces were offered free services and resources designed to facilitate adoption of WHP initiatives and a tailored feedback report was provided after each contact, as a performance and peer-comparison feedback strategy to encourage adoption and maintenance of activities.

The project was promoted via print, TV and radio, and overseen by an advisory group consisting of members from relevant unions, business organisations, government workplace health authorities, and representatives from individual workplaces.

The study found that there was a significant increase in the prevalence of the provision of information on any of the health topics and/or presence of a relevant policy (except for the provision of sun-protective uniforms and equipment which was already maximal at the start of the intervention). The mean number of activities undertaken by each workplace increased from 2.4 to 4.3 ( $p < 0.0001$ ).

The study showed that a proactive telephone-based support intervention has the potential to be effective in increasing the prevalence of health promotion initiatives (involving the adoption of policies and the provision of information) across a range of health topics in a large population of workplaces (n = 227). The program cost \$225 per workplace, suggesting that it may be a cost-efficient means of achieving these changes in workplaces.

### Examples of Direct Support in Australia and the US

#### TASMANIA WorkCover: Health and Wellbeing Advisors

If you own or manage a small to medium sized business (up to 200 workers) our Health and Wellbeing Advisors can provide free advice and assistance to help you:

- understand what health and wellbeing is
- understand the ongoing benefits of a health and wellbeing program to your business and workers
- develop a health and wellbeing program that suits your workplace
- identify the activities and health topics your workers will value
- monitor and review your health and wellbeing program outcomes
- make links with community health organisations, providers and services

Visits are face to face so you get advice that is specific to your needs. All advice is provided in-confidence. Our Advisors can also speak at your toolbox, management or staff meetings to help raise awareness of health and wellbeing issues in your workplace.

#### The National Healthy Worksite Program by the CDC

([www.cdc.gov/nationalhealthyworksite/about/index.html](http://www.cdc.gov/nationalhealthyworksite/about/index.html), page accessed Feb 26, 2013);

The CDC indicates that it will assist up to 100 small, mid-sized and large employers in establishing CWHP programs. Each workplace will receive intensive support and expertise putting in place a combination of program, policy, and environmental interventions (note that no indication of organisational cultural support and best practice guidelines/guiding principles are indicated). In addition, community participants will receive training and technical assistance as well as mentoring through peer relationships. Evaluation efforts will also capture best practices for implementing core WHP and document unique challenges experienced by employers to overcome them.

A qualitative study among five health promotion champions within businesses in south Wales, UK, indicated that a key enabler in health-promotion programs is an external facilitator (Williams and Snow 2012).

### *'The Intermediary' as indicated by The Health Communication Unit (Canada)*

The role of an “Intermediary” is described as being responsible for providing direction and support to people in workplaces about how to provide employee WHP. Intermediaries may include those in public health departments, municipal governments, unions, human resource associations, private sector organisations, organisations that provide health and/or safety services to workplaces, and NGOs such as community health centres.

The intermediary role can take on a specialist function or a generalist function:

1. **the specialist function** would: have expertise in a specific topic area; provide direct services and programs in areas of expertise; provide training, skills development and resources in areas of expertise; and refer workplaces to other professionals and/or community organisations when an intermediary is not dealing with the area of expertise for the appropriate service.
2. **the generalist's role** would: advocate by increasing awareness about the importance of healthy productive workers and workplaces (i.e. present the business case); consult and advise regarding the process for developing workplace health promotion, including:
  - support the development of actions taken by decision-makers within workplaces to plan, assess needs and opportunities, set priorities, prepare, promote, implement and evaluate workplace health promotion
  - assist with securing commitment, needs assessments, evaluation and continued promotional efforts targeted at management and all other WHP stakeholders
  - help workplaces make decisions about how to most effectively meet employee needs related to all three major healthy workplace approaches (occupational health and safety; voluntary health practices; organisational change)
  - have expertise in guiding and sustaining productive partnerships within the workplace and within the community.

***Roles for Intermediaries*** (Webinar/powerpoint presentation for The Health Communication Unit; THCU Toronto, 2008):

- obtain management support – *advocate for CWHP with key decision makers*
- establish HW committee – *provide sample TOR, play an advisory role on the committee*
- conduct situational assessment – *assist in identification of appropriate tool*
- develop a HW plan – *facilitate a visioning exercise; provide sample workplan templates*
- develop a HW program and evaluation plan – *provide examples of evidence-informed programs, facilitate planning*
- obtain management support – *assist committee with presentation development to elicit support*
- implement – *provide encouragement, coaching and consultation services through implementation*
- evaluate – *search out and provide sample evaluation tools already developed; facilitate debrief discussions with SHs to generate recommendations from the evaluation results.*

The THCU website ([www.thcu.ca/workplace/infoandresources.htm](http://www.thcu.ca/workplace/infoandresources.htm)) indicates that the **Consultation Assistance** is:

- Advice giving
  - feedback on a draft
  - talk through an idea
- Guided process
  - onsite usually
  - facilitate the work of a group to address a WH related issue
- Conduct situational assessment
  - current practice survey
  - health risk assessment
  - employee interest survey
  - employee needs assessment
  - organisational culture survey
  - workplace audit.

### Evidence of effectiveness for other types of support

#### *Stakeholder preferences for support*

Indirect evidence of the need for and preferred types of support come from stakeholder needs analyses conducted in NSW, in other Australian states and territories, and a paucity of qualitative studies in the international peer-reviewed literature.

Several Australian reports were located which evaluated the effectiveness of WHP resources/support or assessed the types of support employers require.

- A report on a survey of 130 workplaces in Western Australia found that incentives for implementing a WHP program, or expanding an existing one, were internal drivers such as **employee demand, management support** and **budget surplus** (Ackland et al 2005). External support such as increased government promotion/research and toolkits were considered the least important drivers.
- A mixed methods study undertaken with 233 workplaces by PANORG on the types of assistance workplaces require to undertake WHP found that a **website with information for employers** and, conversely, a **workplace health tool kit** were rated as the most useful forms of assistance (Laws et al 2012).

Information and support considered valuable by this sample of 233 Australian workplaces were:

- **implementation guidelines for WHP**
- **ideas for simple low-cost activities**
- **information on specific health conditions and how employees can be best supported**
- access to **health education resources** to provide to employees.
- A **telephone service** was rated by this sample of employees as least useful, particularly for small businesses; however, the concept of offering a **free telephone health coaching service** to employees in the workplace was considered useful.

- A study evaluating the effectiveness of workplace health support including a **resource kit**, an **employee health survey** and a **training session on the resources** with 66 businesses in Western Australia found strong support for all three (Jancey et al 2011); however, it was identified that engaging with management was important, along with the flexibility to **tailor resources to workplaces needs**.
- A study undertaken by PANORG, Cancer Council NSW, Heart Foundation and Western Sydney Local Health District (StGeorge et al 2013) on the effectiveness of providing guides on implementing WHP and suggestions for low-cost activities found that the majority of workplaces perceived both resources as useful; however, workplaces not contemplating WHP were least likely to read the resources, and least likely to undertake or indicate an intention to undertake a WHP activity or change. The study found that 50% of those in 'precontemplation' stage did read one or both resources, and the majority (>75%) of these reported that it increased their knowledge of the benefits of a healthy workplace; therefore, there is some suggestion that the resources may have had an impact on awareness in those not previously considering WHP.

### *Engagement processes*

- The Healthy@Work pilot in the ACT indicated that an engagement process undertaken by the implementation consultant was effective in informing and engaging the workplaces in readiness for the pilot and was considered to be a key step in the implementation process.

### *Business case, networking and knowledge transfer (including case studies)*

Process evaluation of the ACT Healthy@Work pilot study led to the recommendations noted below:

- a **readily accessible forum/mechanism** be made available to help identify innovative health and wellbeing ideas and learnings from other workplaces – e.g. case studies
- **innovative multimedia approaches** be utilised to help present the key messages to workplaces, including using pilot workplaces to assist in the promotion of the benefits of having a workplace health and wellbeing program
- **strategies** be developed **for engaging unwilling staff and maximising participation** on health and wellbeing.

**Tips to increase program participation** can be found on page 29 of the 'Healthy Workforce 2010 and Beyond: An essential Health Promotion Sourcebook for Employers large and small' (Partnership for Prevention, US Chamber of Commerce, 2009).

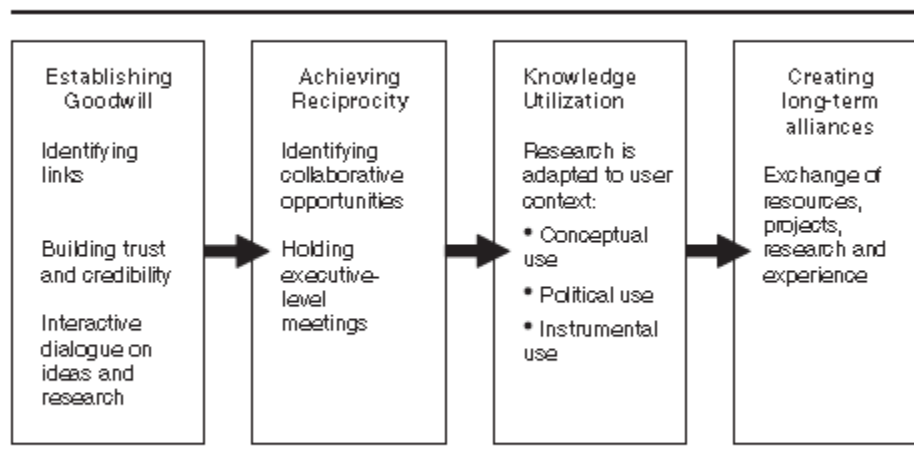
Accordingly, ACT Health have developed **case studies** and a **case study template** to assist workplaces to share ideas and learnings. Healthier Work is also establishing **networks of workplace health coordinators to facilitate this information sharing and identification of mentoring opportunities**.

**Multimedia approaches** are used in the ACT *Healthier Work* website, including a **motivational video** in which a number of pilot workplaces participated.



Kramer & Wells (2005) 'Achieving buy-in: building networks to facilitate knowledge transfer' may be of some use. It contains the following conceptual framework:

434 SCIENCE COMMUNICATION



**Figure 2: Conceptual Framework: Building interorganizational networks to facilitate knowledge transfer.**

Another paper by Kramer et al (2009) 'Spreading good ideas: a case study of the adoption of an innovation in the construction sector' – may provide some insight into challenges and facilitators for disseminating innovations (in this case WHP); in the construction sector in this instance.

### *Support seminars*

**Generic organisational support seminars** on project management, project evaluation and organisational culture change were deemed too generic to be useful by the various workplaces, although they could have been more effective if they were tailored to the needs of each workplace (ACT Healthy@Work Pilot Study; ACT Health 2012). However, Lunch & Learn presentations were popular components of the study by Laing et al (2012).

### *Development of leadership potential*

Determination of the style of leadership may be important. A participative, employee-oriented style of management is very beneficial for the WHP approach – the smaller the company the more the management style increases as a success factor. The Linz model recommends the use of trained in-company facilitators (Meggeneder and Sochert 1999).

- **Local government** has been mentioned as the preferred point of contact with businesses for government-led WHPs. Local councils are considered to be ideal for linking businesses to state and federal initiatives, promoting locally run programs, activities or facilities, as well as providing a point of contact to share information and ideas with other businesses in the local community.
- Workplaces' capacity to participate in *HealthLinks* depended on the **resources received**.
- Implementation of employee health education materials depended on the availability of **ready-to-use materials** and regular distribution of **up-to-date health information**.
- The most popular components were **e-newsletters** and **Lunch and Learn presentations**.



- The component most likely to influence future WHP decisions was considered to be the **assessment of best practices – employer practices survey**.

A study undertaken by the Prevention Research Collaboration in NSW examined employer views regarding WHP, in particular the value and priority placed on the promotion of employee health, who should be responsible, as well as key barriers and facilitators (Laws et al 2013). Main findings:

- Employers indicated that the most commonly mentioned facilitators were financial incentives, practical information and support, and the opportunity to network with other local businesses.
- Provision of a website was considered useful in providing guidelines, endorsed programs and providers, ideas for low cost activities for businesses, information on specific health conditions and supports available, mechanism for sharing of ideas and strategies between businesses, and employee access to health education materials and resources.
- A telephone service, where employers could ring with specific questions, was considered to be a useful complementary service to a website.

### Other government support

- **Education, communication and advocacy** to workplaces on the benefits of WHP programs and to provide an employers' health promotion resource centre – to collect, disseminate objective, easy-to-use and accessible WHP tools, information and resources
- **Co-funding initiatives**
- **Yearly health checks**
- **Subsidies and incentives for employees** (e.g. subsidised gym membership with joint funding by employer and government)
- **Training and support** for employers on workplace health and wellness
- **Population health programs** for individuals
- **Social marketing campaigns** to raise awareness of health issues and promote uptake of health programs.

### Characteristics of intermediaries

In the study by Laing et al (2012), where the intermediary was the American Cancer Society, the following two characteristics were identified as being important:

- **Reputation of the intermediary** and/or **previous relationship with the intermediary** was noted to drive employers' participation
- Employer engagement processes are likely to be necessary to gain 'buy-in' to the Service.

## Organisational change

There is no direct evidence of change management strategies being applied to support services for WHP. Workplace health promotion can be guided by appropriate health promotion theory relating to awareness raising and organisational change. A summary of some relevant theories are included in Appendix 13. Different theories can apply to different aspects of promoting and supporting WHP. It is worth noting that the 'stages of change' theory that is often considered in relation to management support for WHP is considered less applicable when working from the bottom up in planning WHP and is seen as only useful in assessing readiness to implement an existing WHP program, rather than full engagement in the holistic approach to WHP and organisational change.

The Health Communication Unit in Toronto, Canada (THCU, March 2009) has produced (as one of their series of support documents on WHP) an info-pack 'Organizational Culture: From Assessment to Action', which is designed for health promotion intermediaries as a series of action steps for assessing and addressing organisational culture (and ultimately health) in the workplace based on three models of cultural change. This document also contains some definitions of organisational culture and a list of a number of other tools useful to guide and manage organisational culture change.

The info-pack is divided into 5 sections:

- Section 1: Understanding culture – 3 theoretical models that address organisational culture. This section is designed such that intermediaries can decide which model best suits the employee group, workplace and strategic direction.
- Section 2: Assessing organisational culture – describes each model's approach to assessing organisational culture.
- Section 3: Changing organisational culture – describes each model's approach to changing organisational culture and can be used together with section 4 to create a plan for change.
- Section 4: Strategies for action – provides some concrete strategies for action to change organisational culture.
- Section 5: Some organisational change success stories – tells the stories of several organisations that have been successful in managing the culture change process.

The usefulness of this document for the NSW Organisational support service is uncertain.

## References

---

- Ackland T, Braham R, Bussau V, Smith K, Grove JR, et al. (2005). Workplace Health and Physical Activity Program Review - Report. Western Australia, Department of Sport and Recreation, Western Australian Government, [http://www.dsr.wa.gov.au/assets/files/Healthy\\_Active%20Workplaces/review%20of%20workplace%20health%20program.pdf](http://www.dsr.wa.gov.au/assets/files/Healthy_Active%20Workplaces/review%20of%20workplace%20health%20program.pdf).
- ACT Health (April 2011). ACT Workplace Health Promotion Needs Analysis Summary Report. Canberra. <http://www.health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers/>.
- ACT Health (January 2013). ACT Healthy@Work Pilot: Summary Evaluation Report. Canberra, ACT Government <http://www.health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers/>.
- Anderson D, Plotnikoff RC, Raine K, Barrett L (2005). "Development of measures of individual leadership for health promotion." *Int J Health Care Qual Assur Inc Leadersh Health Serv* 18(2-3): i-xii.
- Anderson D, Plotnikoff RC, Raine K, Cook K, Smith C, et al. (2004). "Towards the development of scales to measure 'will' to promote heart health within health organizations in Canada." *Health Promot Int* 19(4): 471-481.
- Auvinen AM, Kohtamaki K, Ilvesmaki Msc A (2012). "Workplace health promotion and stakeholder positions: a Finnish case study." *Arch Environ Occup Health* 67(3): 177-184.
- Barrett L, Plotnikoff RC, Raine K, Anderson D (2005). "Development of measures of organizational leadership for health promotion." *Health Educ Behav* 32(2): 195-207.
- Bellew B (2008). "Primary prevention of chronic disease in Australia through interventions in the workplace setting: A rapid review ": Brokered by the Sax Institute for the Chronic Disease Prevention Unit, Victorian Government Department of Human Services.
- Burton J (2006). Creating Healthy Workplaces, Industrial Accident Prevention Association, [www.iapa.ca/pdf/2004\\_HWP\\_Healthy\\_Workplace\\_FINAL.pdf](http://www.iapa.ca/pdf/2004_HWP_Healthy_Workplace_FINAL.pdf).
- Burton J (February 2010). WHO Healthy Workplace Framework and Model: Background and supporting literature and practices. Switzerland, World Health Organization, [http://www.who.int/occupational\\_health/healthy\\_workplace\\_framework.pdf](http://www.who.int/occupational_health/healthy_workplace_framework.pdf).
- Centers for Disease Control and Prevention (1999). Framework for program evaluation in public health. *MMWR Recomm Rep*. 44: 1-40.
- Centre for Health Advancement NSW Health (2010). "NSW Healthy Workers Initiative Discussion Paper." <http://www.health.nsw.gov.au/healthyworkers/pages/default.aspx>.
- Centres for Disease Control and Prevention (2012). The CDC Workplace Health Scorecard: An Assessment Tool for Employers to Prevent Heart Disease, Stroke, and Related Health Conditions. Atlanta, US Department of Health and Human Services, [www.cdc.gov/dhdsp/pubs/docs/HSC\\_Manual.pdf](http://www.cdc.gov/dhdsp/pubs/docs/HSC_Manual.pdf).
- Chu C (2003). From workplace health promotion to integrative workplace health management: trends and development. The Global Occupational Health Network Newsletter. Australia. 6.
- Chu C, Driscoll T, Dwyer S (1997). "The health-promoting workplace: an integrative perspective." *Aust N Z J Public Health* 21(4 Spec No): 377-385.
- Comcare, Australian Government (2010). "Effective health and wellbeing programs." PUB82, [http://www.comcare.gov.au/Forms\\_and\\_Publications/published\\_information/our\\_services/safety\\_and\\_prevention/safety\\_and\\_prevention/effec\\_health\\_wellbeing\\_prog](http://www.comcare.gov.au/Forms_and_Publications/published_information/our_services/safety_and_prevention/safety_and_prevention/effec_health_wellbeing_prog).
- Daly J, Licata M, Gillham K, Wiggers J (2005). "Increasing the health promotion practices of workplaces in Australia with a proactive telephone-based intervention." *Am J Health Promot* 19(3): 163-166.
- DeJoy DM, Wilson MG (2003). "Organizational Health Promotion: broadening the horizon of workplace health promotion." *American Journal of Health Promotion* 17(5): 337-341.
- Della LJ, De Joy DM, Mitchell SG, Goetzel RZ, Roemer EC, et al. (2010). "Management support of workplace health promotion: Field test of the Leading by Example tool." *American Journal of*

*Health Promotion* 25(2): 138-146.

- Dunet DO, Sparling PB, Hersey J, Williams-Piehotá P, Hill MD, et al. (2008). "A new evaluation tool to obtain practice-based evidence of worksite health promotion programs." *Preventing Chronic Disease* 5(4): A118.
- European Network for Workplace Health Promotion (1999). Quality criteria for workplace health promotion. Essen Germany, BKK Bundesverband, [http://www.netzwerk-bgf.at/mediaDB/MMDB123870\\_quality\\_criteria.pdf](http://www.netzwerk-bgf.at/mediaDB/MMDB123870_quality_criteria.pdf).
- European Network for Workplace Health Promotion (2001). Criteria and models of good practice for health promotion in small and medium-sized enterprises (SMEs). Essen <http://www.pdca.es/documentos/Criterios%20calidad%20pymes%20saludables.pdf>.
- European Network Workplace Health Promotion (1998). The Luxembourg declaration on workplace health promotion in the European Union, WHP-Net-News 2-3.
- Goetzel RZ, Chung Roemer E, Liss-Levinson RC, Samoly DK (December 2008). Workplace health promotion: policy recommendations that encourage employers to support health improvement programs for their workers. . Partnership for Prevention, US, <http://www.prevent.org/data/files/initiatives/workplacehealthpromotion-policyrecommendations.pdf>.
- Golaszewski T, Barr D, Pronk N (2003). "Development of assessment tools to measure organizational support for employee health." *Am J Health Behav* 27(1): 43-54.
- Golaszewski T, Fisher B (2002). "Heart check: the development and evolution of an organizational heart health assessment." *Am J Health Promot* 17(2): 132-153.
- Hannon PA, Garson G, Harris JR, Hammerback K, Sopher CJ, et al. (2012). "Workplace health promotion implementation, readiness, and capacity among midsize employers in low-wage industries: A national survey." *Journal of Occupational and Environmental Medicine* 54(11): 1337-1343.
- Hannon PA, Hammerback K, Garson G, Harris JR, Sopher CJ (2012). "Stakeholder perspectives on workplace health promotion: A qualitative study of mid-sized employers in low-wage industries." *American Journal of Health Promotion* 27(2): 103-110.
- Hannon PA, Harris JR, Sopher CJ, Kuniyuki A, Ghosh DL, et al. (2012). "Improving Low-Wage, Mid-sized Employers' Health Promotion Practices: A Randomized Controlled Trial." *American Journal of Preventive Medicine* 43(2): 125-133.
- Harris JR CJ, Hannon PA, Mahoney E, Ross-Viles S, Kuniyuki A (2008). "Employer adoption of evidence-based chronic disease prevention practices: a pilot study." *Preventing Chronic Disease* 5(3) [http://www.cdc.gov/pcd/issues/2008/jul/07\\_0070.htm](http://www.cdc.gov/pcd/issues/2008/jul/07_0070.htm).
- Health Promotion Agency for Northern Ireland (2008). Healthy Workplace Guide. [http://www.healthpromotionagency.org.uk/Resources/workwell/pdfs/WorkWell\\_Guide\\_Assessment\\_08.pdf](http://www.healthpromotionagency.org.uk/Resources/workwell/pdfs/WorkWell_Guide_Assessment_08.pdf): 95 pp.
- Healthy Workplace Team of the Leeds Grenville & Lanark District Health Unit (2009). It's time to get the job done well: Healthy workplace guide. Canada, Leeds Grenville & Lanark District Health Unit, [www.healthunit.org/workplace/](http://www.healthunit.org/workplace/)
- Heart Foundation, Cancer Council NSW, PANORG Sydney University (2011). Healthy Workplace Guide: Ten steps to implementing a workplace health program, National Heart Foundation of Australia, <http://hdl.handle.net/2123/8776>.
- Hodgins M, Battel-Kirk B, Asgeirsdottir AG (2010). "Building capacity in workplace health promotion: the case of the Healthy Together e-learning project." *Global Health Promotion* 17(1): 60-68.
- Hooper P, Bull F (2009). "Healthy Active Workplaces - Review of evidence and rationale for workplace health", [www.dsr.wa.gov.au](http://www.dsr.wa.gov.au).
- Hughes MC, Patrick DL, Hannon PA, Harris JR, Ghosh DL (2011). "Understanding the decision-making process for health promotion programming at small to mid-sized businesses." *Health Promot Pract* 12(4): 512-521.
- Human Capital Alliance (June 2006). Workplace health promotion and organisational change in recruitment and retention of the health and community services workforce: First report. Victoria, Department of Human Services,

<http://www.humancapitalalliance.com.au/downloads/DH40%20EOC%20Main%20Report.PDF>

- Jancey J, Tye M, Hildebrande J, Bowser N (2011). "Healthy Active Workplace Initiative: An evaluation of resources." Centre for Sport and Recreation Research, Western Australia, Perth, January 2012. [www.wachpr.curtin.edu.au/local/docs/CSRR9bHealthyActiveWorkplace.pdf](http://www.wachpr.curtin.edu.au/local/docs/CSRR9bHealthyActiveWorkplace.pdf)
- Kramer CM, Wells RP (2005). "Achieving buy-in: building networks to facilitate knowledge transfer." *Science Communication* 26: 428.
- Kramer D, Bigelow P, Vi P, Garritano E, Carlan N, et al. (2009). "Spreading good ideas: a case study of the adoption of an innovation in the construction sector." *Appl Ergon* 40(5): 826-832.
- Kramer DM, Wells RP, Bigelow PL, Carlan NA, Cole DC, et al. (2010). "Dancing the two-step: Collaborating with intermediary organizations as research partners to help implement workplace health and safety interventions." *Work* 36(3): 321-332.
- Laing SS, Hannon PA, Talburt A, Kimpe S, Williams B, et al. (2012). "Increasing evidence-based workplace health promotion best practices in small and low-wage companies, Mason County, Washington, 2009." *Preventing Chronic Disease* 9(4).
- Laing SS, Hannon PA, Talburt A, Kimpe S, Williams B, et al. (2012). "Increasing evidence-based workplace health promotion best practices in small and low-wage companies, Mason County, Washington, 2009." *Prev Chronic Dis* 9: E83.
- Lang JE, Hersey JC, Isenberg KL, Lynch CM, Majestic E (2009). "Building company health promotion capacity: a unique collaboration between Cargill and the Centers for Disease Control and Prevention." *Preventing Chronic Disease* 6(2).
- Laws R, StGeorge A, King L, Rissel C (2013). Employer perspectives of workplace health promotion. The University of Sydney E-repository, <http://hdl.handle.net/2123/8972>.
- Learning and Skills Council (September 2003). The role of intermediary agencies in promoting information advice and guidance in the workplace: research report. Coventry, UK, Learning and Skills Council, <http://dera.ioe.ac.uk/3971/>.
- Lowe GS (January 2004). Healthy Workplace Strategies: Creating change and achieving results. Prepared for the Workplace Health Strategies Bureau, Health Canada. [www.grahamlowe.ca](http://www.grahamlowe.ca), The Graham Lowe Group Inc. .
- McLellan D, Harden E, Markkanen P, Sorensen G (February 2012). "SafeWell Practice Guidelines: An integrated approach to worker health, Version 1.0." Harvard School of Public Health Centre for Work Health and Well-being.
- Meggeneder O (2007). "Style of management and the relevance for workplace health promotion in small and medium sized enterprises." *Journal of Public Health* 15(2): 101-107.
- Meggeneder O, Sochert MR (1999). "WHP interventions and work organisation: the health circle approach." *Promot Educ* 6(3): 14-16, 34, 42-13.
- National Institute for Occupational Safety and Health Initiative (October 2008). Essential elements of effective workplace programs and policies for improving worker health and wellbeing. Centers for Disease Control and Prevention. <http://www.cdc.gov/niosh/docs/2010-140/pdfs/2010-140.pdf>.
- National Quality Institute and Health Canada (1998). Canadian Healthy Workplace Criteria. <http://www.bvsde.ops-oms.org/bvsast/i/fulltext/criteria/criteria.pdf>.
- Oldenburg B, Sallis JF, Harris D, Owen N (2002). "Checklist of Health Promotion Environments at Worksites (CHEW): Development and measurement characteristics." *American Journal of Health Promotion* 16(5): 288-299.
- Partnership for Prevention (2009). "Healthy Workforce 2010 and Beyond: An essential health promotion sourcebook for both large and small employers." Labor, Immigration and Employee Benefits Division, US Chamber of Commerce <http://prevent.org/Topics.aspx?ealD=1&topicID=52>.
- Patel D, Goetzel RZ, Beckowski M, Milner K, Greyling M, et al. (2013). "The healthiest company index: A campaign to promote worksite wellness in South Africa." *Journal of Occupational and Environmental Medicine* 55(2): 172-178.
- Punnett L, Cherniack M, Henning R, Morse T, Faghri P (2009). "A conceptual framework for



- integrating workplace health promotion and occupational ergonomics programs." *Public Health Reports* (Washington, D.C. : 1974) 124 Suppl 1: 16-25.
- Quintiliani L, Sattelmair J, Sorensen G (2008). "The workplace as a setting for interventions to improve diet and promote physical activity, Background paper prepared for the WHO/WEF Joint Event on Preventing Noncommunicable Diseases in the Workplace (Dalian/China, September 2007)." World Health Organization.
- Quorus (October 2010). Principles for workplaces - Healthy Workers Quality Framework.  
<http://Quorus.com.au>
- Sparling PB (2010). "Worksite health promotion: principles, resources, and challenges." *Preventing Chronic Disease* 7(1): A25 [http://www.cdc.gov/pcd/issues/2010/jan/2009\\_0048.htm](http://www.cdc.gov/pcd/issues/2010/jan/2009_0048.htm).
- StGeorge A, King L, Bennie J, Portors C, Hing L, et al. (2013). Evaluation of the effectiveness of disseminating workplace health promotion resources to businesses. PANORG, The Sydney E-Repository, <http://hdl.handle.net/2123/9037>.
- StGeorge A, King L, Newson R, Wells V, Campbell M (2012). "Implementing workplace health promotion initiatives: who should we target?" *Health Promotion Journal of Australia* 23(2): 134-140.
- StGeorge A, Laws R, King L, Hector D, Portors C, et al. (2013). Results of a survey on workplace health promotion in businesses in Lithgow. PANORG, University of Sydney E-Repository, <http://hdl.handle.net/2123/9038>.
- The Health & Productivity Institute of Australia (2012). "Best-practice guidelines: Workplace health in Australia.": <http://www.hapia.com.au/CorporateWellness.html>.
- The Health Communication Unit (2004). Influencing the organizational environment to create healthy workplaces. University of Toronto, [http://www.thcu.ca/workplace/documents/influencing\\_org\\_envir\\_infopackv\\_1.1.FINAL.pdf](http://www.thcu.ca/workplace/documents/influencing_org_envir_infopackv_1.1.FINAL.pdf).
- The Health Communication Unit (April 2002). Conditions for successful workplace health promotion initiatives, version 3.0. University of Toronto, Centre for Health Promotion, Canada, [http://www.thcu.ca/infoandresources/resource\\_display.cfm?res\\_topicID=16](http://www.thcu.ca/infoandresources/resource_display.cfm?res_topicID=16).
- The Health Communication Unit (July 2004). An introduction to comprehensive workplace health promotion, version 1.1, info pack. Centre for Health Promotion, Toronto, [www.thcu.ca/resource\\_db/pubs/771388233.pdf](http://www.thcu.ca/resource_db/pubs/771388233.pdf).
- The Health Communication Unit (September 2008). Introduction to comprehensive workplace health promotion. Toronto, Canada, Powerpoint presentation, Webinar Series, <http://www.thcu.ca/workplace/infoandresources.htm>.
- The Health Communication Unit, Centre for Health Promotion (March 2009). Organizational culture: from assessment to action. Version 1.0., The Health Communication Unit, University of Toronto, <http://www.thcu.ca/workplace>.
- Trifit (2005). Organizational Health Audit: A collaborative tool developed by Trifit Inc. 1998; Revised by Canada's Healthy Workplace Week, 2005. Canada, [www.trifit.com/wp/wp-content/uploads/2010/10/OHA.pdf](http://www.trifit.com/wp/wp-content/uploads/2010/10/OHA.pdf)
- Weiner BJ (2009). "A theory of organizational readiness for change." *Implement Sci* 4: 67.
- Williams SJ, Snow DM (2012). "Promoting health in small and medium-sized enterprises." *Journal of Small Business and Enterprise Development* 19(4): 729-744.
- Wilson MG, DeJoy DM, Vandenberg RJ, Richardson HA, McGrath AL (2004). "Work characteristics and employee health and wellbeing: test of a model of healthy work organization." *Journal of Occupational Health and Organizational Psychology* 77: 565-588.
- Wiman V, Lydell M, Nyholm M (2012). Workplace health promotion: views from managers of small companies. Malta, 5th European Public Health Conference
- Witt L B, Olsen D, Ablah E (2013). "Motivating Factors for Small and Midsized Businesses to Implement Worksite Health Promotion." *Health Promot Pract* Jan 23(Epub ahead of print).
- World Health Organization Five keys to healthy workplaces: No business wealth without workers' health; powerpoint or pamphlet  
[www.who.int/occupational\\_health/5keys\\_healthy\\_workplaces.pdf](http://www.who.int/occupational_health/5keys_healthy_workplaces.pdf).
- World Health Organization (1999). Regional Guidelines for the Development of Healthy Workplaces.

WHO: Regional Office for the Western Pacific.

World Health Organization (2010). Healthy workplaces - a model for action: for employers, workers, policy makers and practitioners. Switzerland,  
[www.who.int/occupational\\_health/healthy\\_workplaces/](http://www.who.int/occupational_health/healthy_workplaces/).

World Health Organization, World Economic Forum (2008). "Preventing noncommunicable diseases in the workplace through diet and physical activity: WHO/World Economic Forum report of a joint event." [http://www.procor.org/resources/resources\\_show.htm?doc\\_id=689560](http://www.procor.org/resources/resources_show.htm?doc_id=689560)