

# ACT Population Health Bulletin

Volume 2

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## Upcoming Events

- 1-31 July 2013—Dry July <http://www.dryjuly.com/>
- Sportenary – 100 Sporting Events, 100 Days, 1 Centenary Year [canberra100.com.au/programs/sportenary/](http://canberra100.com.au/programs/sportenary/).

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## Introduction

### A message from the Chief Health Officer, Dr Paul Kelly

This issue of the Bulletin highlights the work of the Population Health Division's Health Promotion section in addressing health and wellbeing in the workplace setting. The key strategic intent is to improve health in the adult population by addressing key risk factors for chronic disease – namely smoking, nutrition, alcohol consumption and physical activity – also known as SNAP. The program is based on locally collected evidence of the nature of the ACT workforce and the prevalence of these risk factors in the ACT working population, with particular strategies tailored to those workplaces with higher risk profiles. Much of the work described here has been funded under the Council of Australian Government's National Partnership Agreement on Preventive Health (NPAPH). This Agreement has supplemented ACT Government funds with \$3.66 million extra funding for the Healthy Workers program over seven years from 2011. Apart from the population health imperative, there are also opportunities for additional incentive payments if defined targets for obesity, nutrition, physical activity and smoking are reached. Hence this workplace-based activity has become a key priority for our prevention efforts.

Health promoting workplaces make sense on a range of levels: societal, business and individual. A healthy workplace is a happy and productive one, where employee engagement and retention are high. There is also the potential for direct financial benefits to industry through decreased workers compensation premiums. Pilot programs have been rolled out and evaluated across a diverse selection of workplaces in the ACT: from the public and private sectors, white and blue collar occupations as well as female and male dominated professions. The results, along with the best evidence of what works nationally and internationally, is informing the ACT Healthier Work Service, established in 2012 with funding from the NPAPH. We are also looking to lead by example – health promoting policies in ACT Government workplaces and in particular within the 20 diverse settings in which ACT Health employees spend a large proportion of their waking hours. The articles in this Issue outline a range of effective interventions including structural changes to workplaces and work practices as well as individually targeted approaches including health checks and telephone coaching services.

Thanks to all the contributors, and particularly to the guest editors for this issue, Leah Newman and Alanna Williamson.

Dr Paul Kelly

Editor

May 2013

# Articles

## Acronyms

ABS	Australia Bureau of Statistics
ACTGHS	ACT General Health Survey
ANPHA	Australian National Preventive Health Agency
ANU	Australian National University
CATI	Computer assisted telephone interviewing
HIB	Health Improvement Branch
HP	Health Promotion (section)
NCEPH	National Centre for Epidemiology and Population Health
NPAPH	National Partnership Agreement on Preventive Health
PHD	Population Health Division

## Useful Resources

- ACT Public Sector: Whole of Government Workplace Health and Wellbeing Policy, ACT Government [http://www.cmd.act.gov.au/\\_data/assets/pdf\\_file/0010/320104/3\\_2012.pdf](http://www.cmd.act.gov.au/_data/assets/pdf_file/0010/320104/3_2012.pdf)
- ACT Workplace Health Promotion Needs Analysis Summary Report, 2012, ACT Health <http://www.health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers>
- ACT Healthy@Work Pilot Summary Evaluation Report 2013, ACT Health <http://health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers/>
- Get Health Information and Coaching Service, ACT Health <http://www.gethealthy.act.gov.au/>
- Health and Productivity Institute of Australia Best Practice Guidelines - Workplace Health in Australia, 2010. <http://www.hapia.org.au/index.html>
- Healthy Workers Portal, Australian Government <http://www.healthyworkers.gov.au/>
- Healthier Work website, ACT Government <http://www.healthierwork.act.gov.au/>
- Sedentary Workplaces Tool Kit, Comcare [http://www.comcare.gov.au/safety\\_and\\_prevention/your\\_working\\_environment/sedentary\\_work\\_practices\\_toolkit](http://www.comcare.gov.au/safety_and_prevention/your_working_environment/sedentary_work_practices_toolkit)
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## Background to the Healthy Workers Initiative

Alanna Williamson, Health Promotion, Population Health Division

Workplaces have become a key focus in the drive to improve the health and wellbeing of the ACT adult population.

This article provides background to the ACT Healthy Workers Initiative under the National Partnership Agreement on Preventive Health (NPAPH). It considers the emergence of the workplace as an important setting for addressing the lifestyle risk factors that can contribute to chronic disease, and the potential benefits of this approach to employers and the ACT population. It describes the actions ACT Health has undertaken to support local employers to implement health and wellbeing activities in their workplaces.

## Risk factors for chronic disease in the ACT workforce

Like many developed nations, Australia is currently experiencing an increase in the burden of chronic disease. In a 2010 Australian Institute of Health and Welfare publication it was reported that 96% of working-age Australians had at least one modifiable chronic disease risk factor and 72% had multiple risk factors. The modifiable risk factors causing the greatest disease burden are tobacco smoking, alcohol misuse, poor nutrition, physical inactivity and unhealthy weight. As major lifestyle-related contributors to chronic disease these risk factors place great pressure on the Australian health system and lead to reduced productivity and participation in the workforce and community.<sup>1</sup>

Whilst the ACT currently enjoys the best life expectancy and health status of any jurisdiction in Australia, there are still opportunities for improvement. For further information about the health status of ACT workers refer to Facts and Figures: a Health Profile of the ACT Workforce on page 5.

An expected increase in prevalence of chronic disease in the ACT population, coupled with an ageing population is likely to impact on employers by way of reduced productivity and participation in the workforce.

## The benefits of health and well-being programs to workplaces

There may be many business advantages for employers in helping to improve the health and wellbeing of their employees. These may include:<sup>2</sup>

- improved work performance and productivity;
- reduced absenteeism and sick leave;
- decreased frequency and cost of workers' compensation;

# Articles

## Background to the Healthy Workers Initiative (cont.)

### The benefits of health and well-being programs to workplaces (cont.)

- improved corporate image and attraction/retention of employees;
- increased return on training and development investment; and
- improved employee engagement and employee relationships.

A recent review of evidence by Comcare<sup>3</sup> cites one US meta-evaluation that analysed the cost effectiveness of workplace health promotions and found that, on average, programs:

- decrease sick leave absenteeism by 25.3%;
- decrease workers compensation costs by 40.7%;
- decrease disability management costs by 24.2%; and
- save \$5.81 for every \$1 invested in employee health and wellbeing.

### Policy setting

In recognition of the need to progress work in this area, the ACT Government under the *2009/2012 ACT Healthy Future – Preventative Health Program* began work to develop and implement a healthy workers program for the ACT. This included the establishment of the Healthy Workplaces Advisory Group in March 2010, the 2011 ACT *Workplace Health Promotion Needs Analysis Report*,<sup>4</sup> the implementation and evaluation of the ACT Healthy@Work Pilot project, and the 2010/11 Workplace Health Promotion Capacity Building Funding Round.

The ACT Government is also a signatory to the Council of Australian Governments' National Partnership Agreement on Preventive Health (NPAPH), which is committed to reducing the prevalence of lifestyle-related chronic disease in settings, including workplaces.

Under the NPAPH, the Australian Government is providing funding to all states and territories, including the ACT, over seven years from July 2011 for the 'Healthy Workers initiative' with a focus on reducing the prevalence of overweight and obesity, improving nutrition, increasing physical activity, smoking reduction/cessation, and the reduction of harmful alcohol consumption.

### ACT workplaces as a setting for health promotion

The workplace is increasingly seen as an important setting to improve the health and wellbeing of the adult population, with most Australian adults spending about one third of their lives at work.<sup>5</sup>

The World Health Organization has recognised the workplace as a priority setting for promoting health and wellbeing, and there is growing evidence demonstrating the efficacy and cost effectiveness of workplace-based interventions.<sup>6</sup>

A key strategy of the ACT Healthy Workers initiative is to build sustainability for health and wellbeing in the workplace, by supporting employers and workplaces to embed best practice health and wellbeing policies and programs into their general business planning. Health Promotion has established a partnership with WorkSafe ACT to establish Healthier Work to achieve this.



As part of a joint ACT and Australian Government initiative under the NPAPH, the Healthier Work service was launched in May 2012 and provides employers with information, advice, support, training and targeted financial incentives to increase employee engagement in workplace health and wellbeing programs.<sup>7</sup> For more information on Healthier Work refer to page 10.

The ACT Government's commitment to workplace health is further demonstrated through the ACT Public Sector: Whole of Government Workplace Health and Wellbeing Policy.<sup>8</sup>

Endorsed in April 2012 the policy supports the development and implementation of health and wellbeing programs across all ACT Public Service Directorates. It also provides guidelines on the strategic elements required for programs based on best practice approaches.

# Articles

## Background to the Healthy Worker Initiative (cont.)

### Evaluation

The Health Improvement Branch is also undertaking an evaluation of the delivery and impact of Healthier Work, which will provide advice on the planning, performance and success of the initiative. The outcomes of the evaluation will be used to inform the future of health and wellbeing programs targeting workplaces - particularly, but not only - in the ACT.

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## Facts and figures: a health profile of the ACT workforce

Alanna Williamson, Health Promotion, Population Health Division

To inform the development of an ACT workplace health promotion program ACT Health contracted PricewaterhouseCoopers to analyse the current ACT workplace health and wellbeing environment.

The *2011 ACT Workplace Health Promotion Needs Analysis Summary Report*<sup>1</sup> highlighted the needs and practices of local employers, employees and other stakeholders. It covered three primary activities: a data analysis of the workforce demographics and employee health status; a stakeholder consultation; and a literature review. This article focuses on the employee health status data.

### Methods

The datasets used to develop the employer and worker profiles include the Australian Bureau of Statistics (ABS) Business Register,<sup>2</sup> Comcare workers' compensation data, the 2006 Census, and the ABS 2010 Labour Force Survey.<sup>3</sup> The prevalence of modifiable lifestyle risk factors was analysed by industry, occupation, age and gender. The data used for this analysis was the ABS 2007/08 National Health Survey<sup>4</sup> and the ABS 2007 National Survey of Mental Health and Wellbeing.<sup>5</sup>

### Results

#### Workforce Demographic Profile

The composition of ACT employers and workers is noticeably different to other jurisdictions in Australia. The ACT has a high proportion of public sector employees at 41% compared to 14% nationally.

The ACT also has a high proportion of employees working for large employers (>200 workers). Large employers employ 58% of ACT workers compared to 21% nationally. Generally the age and gender profiles of employees are similar to other jurisdictions.

According to the report, there are approximately 220,500 workers in the ACT, employed by approximately 11,000 employers.

Of ACT workers:

- 55% are male;
- 16% are aged under 25;
- 36% are aged 45 or more;
- 46% are classified in 'white collar' occupations; and
- 18% are in 'blue collar' occupations.<sup>1</sup>



# Articles

## Facts and figures: a health profile of the ACT workforce

### Results (cont.)

#### Lifestyle risk factor profile

Overall the prevalence of lifestyle risk factors including smoking, inadequate nutrition, alcohol consumption, physical inactivity and overweight and obesity amongst ACT workers is comparable to, or slightly better, than national levels.

Of ACT workers<sup>6</sup>:

- 20% report being current smokers;
- 48% have inadequate fruit intake;
- 93% have inadequate vegetable intake;
- 65% do not do enough physical activity;
- 56% are overweight/obese;
- 48% had consumed alcohol on a single occasion at harmful levels within the last 12 months;
- 23% consume alcohol at levels harmful on a long-term basis;
- 32% report at least moderate levels of psychological distress; and
- 70% report two or more lifestyle risk factors.

### Conclusions

The analysis revealed the ACT workforce health risk profile to be slightly lower than the national average in many areas, however, it is important to note that the absolute prevalence of all health risks requires improvement. The study also indicated that the occupations with the most distinctive needs are blue collar workers (17% of the ACT workforce) with 84% reporting two or more lifestyle risk factors and 43% report being smokers.

The 2011 ACT Workplace Health Promotion Needs Analysis Summary Report has been used to guide the development and targeting of the ACT workplace health promotion program. Healthier Work was a new service established in May 2012 to facilitate the implementation of policies, practices and programs that encourage workplace organisational change and sustained employee lifestyle changes. Healthier Work will provide an opportunity to engage with employers on these key lifestyle risk factors. For further information see the Healthier Work Service article on page 10.

To download a copy of the ACT Workplace Health Promotion Needs Analysis Summary Report visit <http://health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers/>.

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# Articles

## ACT General Health Survey 2011 data on employee workplace health and wellbeing programs

Alanna Williamson, Health Promotion, and Lindy Fritsche, Epidemiology, Population Health Division

The ACT General Health Survey 2011 data provides insight into the extent of employee access to and engagement in workplace health and wellbeing programs in the ACT population.

### Background

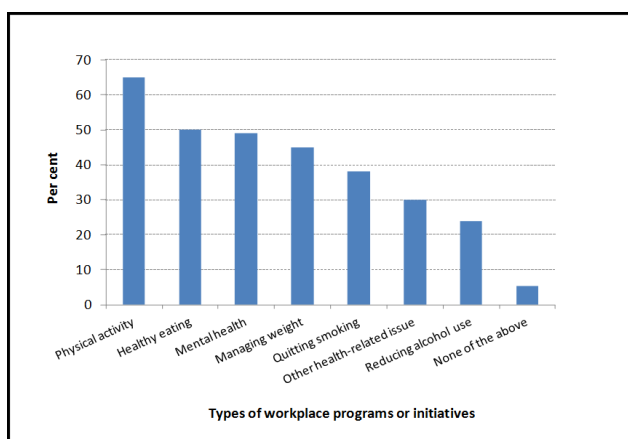
To inform the evaluation of the ACT Healthy Worker's Initiative a range of questions to obtain baseline measures of prevalence and participation in workplace health and wellbeing programs by ACT adults were included in the 2011 ACT General Health Survey (ACTGHS).

### Methods

The ACTGHS is a computer assisted telephone interviewing (CATI) survey conducted each year with residents of the ACT. It is continuous in nature with interviewing conducted from March to December each year. The survey is administered by NSW Ministry of Health on behalf of the ACT Health. The typical target sample is 1,300 people per year (1,000 adults and 500 children).

### Results

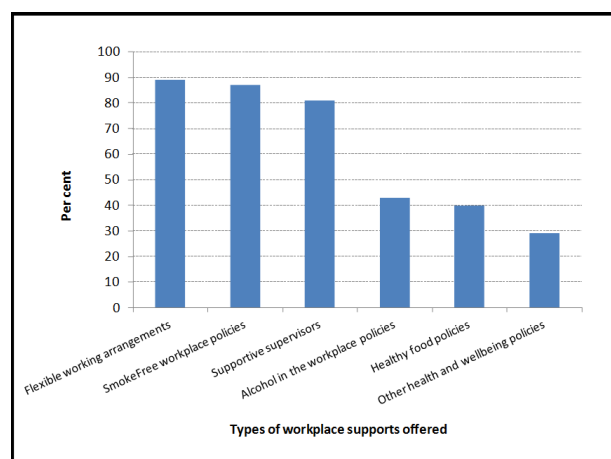
The survey found that 75% of the ACT adult population (16 years and over) are in paid or unpaid work. Of these, 61% reported that their workplace had offered health and wellbeing programs or initiatives in the past year. Figure 1 shows the types of health and wellbeing activities that ACT adults were offered by their workplace. The most commonly reported activities were for physical activity programs or initiatives (65%) and healthy eating programs or initiatives (50%). Of those ACT adults in paid or unpaid work, 50% reported that they took part in at least one activity offered by their workplace.



**Figure 1** Types of health and wellbeing programs offered to ACT adults by their workplace, 2011\*

\*Note: Respondents were able to choose multiple responses to this question.  
Source: ACT General Health Survey, 2011

Results of the survey showed that of the ACT adults in paid or unpaid work, 91% strongly agreed or agreed with the statement "In general, my workplace or employers are supportive of my health and wellbeing". Figure 2 shows the types of supports offered to ACT adults. The most common types of supports were flexible work arrangements (89%), smokefree workplace policies (87%), and supportive supervisors (81%).



**Figure 2** Types of support offered to ACT adults in paid or unpaid work by their workplace, 2011.\*

When asked about the type of workplace facilities provided by their employers to support health and wellbeing, ACT working adults reported the following:

**Table 1:** Types of facilities provided for ACT adults in paid or unpaid work by their workplace.\*

Type of workplace facilities	%
Access to drinking water	93
Space to store, prepare and eat food brought from home	92
Safe and pleasing places to walk close to work	81
Change areas	72
Showers	67
Bike racks or similar storage for bikes	67
Outdoor spaces near to or at work that could be easily used for activities	64
Standing work stations	46
Meeting rooms or other indoor spaces that could easily be used for exercise classes	40
Meeting rooms or other indoor spaces that are used for exercise (not including gyms)	25
An indoor gym	24
Indoor or outdoor courts (e.g basketball/tennis)	16
A pool	7

## Articles

### ACT General Health Survey 2011 data on employee workplace health and wellbeing programs (cont.)

#### Next Steps

The survey results will form part of the baseline measure of the prevalence and participation in workplace health and wellbeing programs by ACT adults. These questions were asked again in 2012 and will be repeated in subsequent years as one measure to determine the impact of the ACT Healthy Worker's Implementation Plan on the ACT population.

These data will also inform the current delivery and impact evaluation of the key strategies of the Healthier Work service. Established in May 2012, the Healthier Work service aims to build the capacity of ACT workplaces to implement programs, policies and practices that in the long term encourage health promoting workplace environments and sustained employee healthy lifestyle change. These data will also contribute to future strategic planning and program funding in workplace health promotion.



### Findings from the ACT Healthy@Work Pilot

Alanna Williamson, Health Promotion, Population Health Division

An ACT evaluation of a pilot workplace health program suggests that there are notable benefits for both employees and employers participating in workplace health activities.

#### ACT Healthy@Work pilot context

To inform the implementation of effective strategies and programs for the ACT Government's Healthy Workers Initiative (2011-18), ACT Health conducted the ACT Healthy@Work Pilot in five workplaces from August 2010 to June 2012. The Healthy Workers Initiative operates under the Council of Australian Governments' National Partnership Agreement on Preventive Health.

As part of the pilot a variety of workplace health promotion strategies, focusing on nutrition, physical activity, smoking, alcohol consumption and mental health/stress management were trialled at different workplaces. The pilot also aimed to assess how these strategies could be effectively implemented and sustained in a range of workplaces.

Healthcare Management Advisors Pty Ltd implemented the pilot and Health Outcomes International Pty Ltd undertook process and early outcome evaluation (at six months post pilot). Details of the evaluation findings can be found in the ACT Healthy@Work Pilot Summary Evaluation Report.<sup>1</sup>

#### Key pilot implementation steps

The steps taken to trial the ACT Healthy@Work pilot initiative in workplaces included:

- refining and localising resources developed by the Tasmanian Premier's Physical Activity Council *Get Moving at Work* program, including the: 'Online Employee Health and Wellbeing Survey'; the 'Workplace Audit Tool'; and a guide to promoting health and wellbeing in the workplace;
- liaising with local health promotion service providers;
- recruiting and engaging pilot workplaces;
- conducting a needs assessment in each pilot workplace, using the ACT version of the Employee Survey and Audit Tool;
- developing an implementation action plan for each pilot workplace;
- implementing the action plan, including conducting health checks on workers;
- delivering organisational support seminars to employers to help facilitate program sustainability; and
- reporting and evaluation.



# Articles

## Findings from the ACT Healthy@Work Pilot

### Key pilot implementation steps (cont.)

Evaluation activities included:

- repeating the Employee Survey and Audit Tool at six months post pilot (to compare to baseline data collected during the needs assessment process);
- supplementary employee surveys to inform the process evaluation at end of the pilot (End of Pilot Employee Survey) and the impact evaluation six months post pilot (Post Implementation Employee Survey); and
- interviews with employers.

The five workplaces recruited were:

- a small community sector organisation;
- a medium ACT public sector agency;
- a large construction company head office and work site;
- two hairdressing salons (one franchisee); and
- a small private sector IT company.

### Key health and wellbeing interventions piloted

Based on the action plans for each workplace, the project implementers offered a range of interventions and initiatives to employers that included:

- health checks;
- national *Swap It Don't Stop It*<sup>®</sup> campaign seminars and information;
- general health campaign information and resources;
- fruit and vegetables supplied at work;
- yoga, pilates, and exercise groups provided at work sites;
- flexible time for staff to participate in physical activity;
- stress management seminars; and

- an online healthy lifestyle self management program.

### Impact of the pilot on employees

Based on responses to the Employee Survey, improvements were found in the proportion of employees reporting healthy behaviours across most lifestyle risk factors at six months post pilot. Percentage changes amongst employees across the lifestyle risk factors are summarised in Table 2 below.

Of those who responded to the six month Post Implementation Employee Survey, 94% reported having taken up additional health and wellbeing activities since commencement of the pilot, including: drinking more water at work (63%); bringing their own healthier lunch (39%); undertaking other forms of physical activity before, during or after work (34%); and access to a fruit/vegetable basket at work (33%).

The Employee Survey identified positive shifts in employees' levels of the readiness to change:

- the proportion of employees that reported making changes to healthy eating increased from 39% to 50%;
- there was a decrease in employees, who identified as 'not needing to change' their alcohol consumption behaviours, from 36% to 26%. This suggests increased awareness around unhealthy alcohol consumption levels; and
- the percentage of employees who rated making behaviour changes as important increased across all risk factors, with the exception of emotional wellbeing, which decreased from 65% to 61% of staff.

**Table 2** Percentage changes amongst employees across the lifestyle risk factors

Lifestyle risk factor	At baseline	Six months post pilot	% change
Within healthy weight range (i.e. body mass index between 18.5 and 24.9)	49%	53%	4%
Sufficient intake of vegetables (i.e. 5 or more serves a day)	7%	13%	6%
Sufficient intake of fruit (i.e. 2 or more serves a day)	60%	67%	7%
Sufficient intake of water (i.e. 8 or more glasses a day)	16%	21%	5%
Low or no risk alcohol consumption (2 or less standard drinks per day)	40%	61%	21%
Sufficient levels of physical activity (i.e. at least 30mins of moderate-intensity activity or 20-min of vigorous-intensity activity on at least 5	76%	77%	1%
Low or no psychological distress	44%	43%	-1%
Non-smokers	89%	89%	0%



# Articles

## Findings from the ACT Healthy@Work Pilot (cont.)

### Limitations

There is a risk that the findings around water consumption may be overstated. At baseline the question may have been misinterpreted by asking about water consumption during work hours only rather than for a 24 hour period. The question was rewritten for clarity before the survey was repeated six months post pilot. This said, the behaviour changes reported in the Post Implementation Employee Survey support the finding of employees drinking more water post pilot.<sup>1</sup>

It should also be noted that any survey results should be considered indicative rather than definitive due to: tests for statistical significance were not performed; the inability to match baseline and post pilot results; a low response rate of 29% for the six-month Post Implementation Employee Survey; the possibility that people who had made improvements may have been more motivated to complete the surveys; and that all results were self-reported.<sup>1</sup>

### Impact of the pilot on workplaces

The evaluation found substantial improvements in the total Audit Tool score at six months post pilot. This tool assessed workplace elements such as the implementation of health and wellbeing policies, leadership involvement, risk management, culture, environment, and community involvement in implementation of health and wellbeing activities.<sup>1</sup>

The six month Post Implementation Employee Survey found that:

- 70% of employees thought that their employers cared 'quite a bit' or 'a lot' about their health and wellbeing compared to 50% before the pilot;
- 69% of employees thought their workplace was more supportive of healthy behaviours than before the pilot;
- the most common ways employees thought workplaces were more supportive were: flexible working times to participate in activities (50%); a more supportive work culture (59%); and access to fresh fruit and vegetables (54%).<sup>1</sup>

### Critical success factors and barriers to program implementation

Key critical success factors identified through the evaluation in terms of successfully implementing and sustaining a workplace health program included the need for:<sup>1</sup>

- an active champion(s);
- a set of strategies to successfully engage employees and workplaces, including well developed and easy to use tools;
- a close alignment with health and safety programs and corporate objectives more broadly;
- demonstrated support and commitment from executive and local management;
- program flexibility;
- a clear point of accountability for all activities;
- ready access to skilled and experienced service providers;
- adequate resourcing;
- a supportive work environment; and
- at least some team based activities.

A key barrier to improving or maintaining good health and wellbeing in the workplace identified by employees was lack of time. For employers, the key barriers identified were maintaining employee enthusiasm, and recognising that changing cultures and attitudes takes time.

### Key pilot cost benefit indicators

The key pilot cost benefit indicators identified by the evaluation were the:

- direct cost of the program per workplace as a percentage of actual workers compensation premiums, which was 18% across all pilot workplaces;
- direct cost of the program per employee per annum, which was on average \$221 across all pilot workplaces when including health checks, reducing to \$150 if health checks are excluded; and
- total cost of the program expressed as equivalent to the cost of staff turnover, with the program cost found to be equal to turnover of 0.7 full-time equivalent (FTE) staff across all pilot workplaces. (Note: total cost includes the cost of management time in organising the program and staff time in participating during work time where applicable). Workplace health and wellbeing programs may have the potential to pay for themselves if they lead to a reduced staff turnover per annum of only 0.7 FTE. The evaluation suggests that this finding could be an effective driver for workplaces to develop and implement workplace health



# Articles

## Findings from the ACT Healthy@Work

programs.<sup>1</sup>

The smaller pilot workplaces were also found to have relatively higher costs in running their programs when compared to the larger workplaces.

### Conclusions

The pilot was found to have led to encouraging benefits for both participating employees and workplaces. It also led to valuable learnings for the rollout of the ACT Healthy Workers Initiative, including a better understanding of the critical success factors and barriers to implementing workplace health programs and the benefits and costs of such programs.

The pilot provided an opportunity to trial, localise and improve a range of resources and tools to support other ACT workplaces to implement staff health and wellbeing programs. The refined resources and tools are now available through the Healthier Work service. To access this information visit the Health Work website at [www.healthierwork.gov.au](http://www.healthierwork.gov.au).

To access a copy of the ACT Healthy@Work Pilot Summary Evaluation Report January 2013 visit: <http://health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers/>

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1. ACT Health 2013. ACT Healthy@Work Pilot Summary Evaluation Report January. <http://health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers/> accessed January 2013.



## Healthier Work

Christine Spicer, Healthier Work, WorkSafe ACT



As part of the ACT Healthy Workers Initiative, WorkSafe ACT has established Healthier Work to build sustainability for health and wellbeing in the workplace. Healthier Work is supporting employers and workplaces to embed best practice health and wellbeing policies and programs into their general business planning.

### Workplaces – a setting for reducing the prevalence of lifestyle related chronic disease

Workplace policies, systems, practices and the physical environment can directly affect the ability of individuals to make healthy choices.<sup>1</sup> International and national literature and opinion identifies a range of elements critical to the success of workplace health promotion programs including: management involvement and support; integration of workplace health promotion with existing business planning and values; well established project planning and implementation; effective and consistent communication; multi-component programs; and monitoring and evaluation.<sup>2</sup>

Improving the work environment and organisation can be achieved through the development of policies, positive workplace culture and the provision of facilities. For example: establishing formal workplace health and wellbeing policies such as healthy catering policies and vending machine policies; including a health and wellness section in staff induction; addressing the psychosocial environment of the workplace, such as leadership, corporate culture, and the sense of belonging; and providing facilities to enable healthy lifestyles such as showers, changing rooms, bike storage and encouraging the use of stairs.<sup>3</sup>

A key strategy of the ACT Healthy Workers Initiative is to build sustainability for health and wellbeing in the workplace by supporting employers and workplaces to embed best practice health and wellbeing policies and programs into their general business planning. To progress this ACT Health has established a partnership with the Justice and Community Safety Directorate to establish Healthier Work to provide resources and supports for workplaces to increase their readiness and capacity to become health promoting environments.

This service sits within WorkSafe ACT, Justice and Community Safety Directorate, where the national harmonisation of work health and safety laws further validate a renewed focus within workplaces on the health, and not just the safety, of employees.



## Articles

### Healthier Work (cont)

#### Workplaces – a setting for reducing the prevalence of lifestyle related chronic disease (cont.)

Under the new *ACT Work Health and Safety Act 2011*, the person conducting a business or undertaking has responsibility for the physical and psychological health and safety of their employees. A workplace health and wellbeing program complements workplace health and safety systems. The ACT is also working with other jurisdictions, in particular Tasmania, that have established a similar service, to build on existing resources in this area.

#### Healthier Work supports and resources

Healthier Work was launched in May 2012 and aims to facilitate the implementation of policies, practices and programs that encourage workplace organisational change, and sustained employee lifestyle changes, addressing the key lifestyle risk factors including tobacco smoking, alcohol misuse, poor nutrition, physical inactivity and unhealthy weight.

One of Healthier Work's key strategies is the provision of a free advisory service for workplaces, which delivers individually tailored advice to workplaces on how best to establish, or add value to an existing workplace health and wellbeing program. A Healthier Work advisor visits a workplace and collects a range of information about the organisation including workplace demographics, previous experiences in delivering health promotion initiatives and any systems and processes that could potentially link with health and wellbeing programs. Following the visit the Healthier Work advisor provides the workplace with an in-depth report with tailored advice for their workplace. The advisor then follows up with the workplaces at regular intervals.

Healthier Work also has a range of free supporting tools and resources to assist workplaces in becoming health promoting environments including: a website with health and wellbeing ideas and strategies, case studies and links to key resources; a step-by-step guide to promoting health and wellbeing in the workplace; an online employee health survey and an organisational audit tool; links to workplace health and wellbeing providers; and training and support mechanisms for workplaces.



healthier  
work

#### Targeted strategies

All ACT workplaces are eligible and encouraged to access Healthier Work and utilise the supporting resources. Recognising that one size does not fit all, Healthier Work will develop specific strategic approaches to engage and support high need and hard to reach workplaces including:

- Small to medium businesses - these workplaces have limited capacity and lack the economies of scale of larger organisations to invest in health and wellbeing initiatives.
- Blue collar workers - workers in these industries/occupations have been shown to have higher prevalence of major health risk factors.

One of the approaches to engage small to medium businesses includes the ACT Small Business Workplace Health and Wellbeing Incentives Program (Incentives Program). The Incentives Program was launched in February 2013 and provides funding of up to \$5,000 to a workplace, depending on the number of employees, to implement health and wellbeing initiatives. Healthier Work will be conducting further consultations with industry groups and unions to determine the best approach for targeting blue collar industries.

#### Social marketing

Advertising for the Healthier Work Service commenced in March 2013, utilising television, radio, press, outdoor and social media advertising to focus on promoting the service and engaging both employers and employees. Healthier Work also plans to promote the service via a direct mail-out to ACT business owners in August 2013.



# Articles

## Healthier Work (cont.)

### Evaluating the impact of Healthier Work

The delivery and impact of the outcomes of Healthier Work over a three year period ending in March 2015 will be evaluated to:

- assess whether Healthier Work and its deliverables are implemented as intended, and to apply the findings to improve its performance;
- measure and improve the delivery of Healthier Work's advice, support, resources, tools, training, communication, and social marketing and targeted incentives;
- measure the impact of Healthier Work on workplaces and their employees;
- contribute to evidence of the effectiveness of this model of service delivery; and
- inform strategic planning and program funding beyond the life of the NPAPH funding.

This, along with other initiatives occurring in other jurisdictions across Australia, will contribute to the evidence of what works best to engage employers, workplaces and employees in workplace health promotion.

For more information on Healthier Work visit <http://www.healthierwork.act.gov.au>



healthier  
work

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Healthy Eating



Be Active



Social and  
Emotional Wellbeing



Reduce Alcohol Use



Smokefree

A joint Australian, State and Territory Initiative under the National Partnership Agreement on Preventive Health

# Articles

## Workplace health and wellbeing case study – Manteena Pty Ltd

Sharon Costigan, Human Resource Manager, Manteena

### Staff health and wellbeing a priority for a local building firm

Manteena Pty Ltd. is a building and construction project management company based in Canberra and Wollongong. They have around seventy workers and were the winner of the 2010 Safe Work ACT Award for Best Workplace Health and Wellbeing Program. The Manteena executive have offered their employees a range of workplace health and wellbeing activities for a number of years, including annual health checks and flu shots, as well as encouraging participation in community activities. Manteena provide health and wellbeing programs because they prioritise supporting the health and wellbeing of their staff and recognise it is positive for their business and the community.

### Background

In 2007 Manteena began looking at what it could do to help staff focus more on their health. In addition to the health checks and flu shots, they provided fruit in the workplace to promote healthier eating and to reduce the consumption of unhealthy 'fast food'. Mindful of the high incidence of alcohol and drug use, and high suicide rates in the building and construction industry generally, Manteena engaged an Employee Assistance Program provider, the OzHelp Foundation (OzHelp), to provide access to stress management services if needed and to promote general mental and physical wellness.

In late 2008 Manteena developed a policy to allow staff paid time to undertake physical activity during the work day, in response to a need identified from the Tradies Tune-Up health checks. Staff nominated or 'registered' their activities which include: walking groups; playing squash at lunch time; golf after work (leaving early); and running groups; and can use 1.5 hours of paid work per week to participate.

Manteena also developed an overarching plan to improve the general health and wellbeing of all staff with the aim of reducing time away from work as a result of workplace injury and general illness. The plan falls under its Corporate Social Responsibility Strategy and progress is reported quarterly to the Executive.

### Getting started

Other workplace activities currently offered to staff include:

- corporate participation and support of community events, for example: the Canberra Fun Run, the Hawkesbury Classic, and Cycle for Life;
- subsidised gym activities, such as yoga and pilates classes;
- smoking cessation support;
- Mental Health Awareness training through the OzHelp SafeTALK program;

- a range of fun social activities that promote better work relationships and support (e.g. Harmony Day Food sharing);
- provision of information at work sites on a range of health issues; and
- Hard Hat Chats - OzHelp health information sessions on issues such as sleep and fatigue, reducing the risk of cancer, and heart health. This was a joint project between Manteena and OzHelp with funding provided by the ACT Health as part of their 2010 Safe Work ACT Award for Best Workplace Health and Wellbeing Program. These sessions will be rolled out to other construction sites by OzHelp.

### Key barriers

A barrier to greater participation in the health and wellbeing activities by employees has been the perception that "we are here to work". The Senior Management Team is working to address this by promoting the benefits of taking time away from the desk or the site workspace to get some exercise and to clear the mind by taking part in the programs themselves.

### Key benefits

Some benefits of the health and wellbeing program include:

- staff now having regular health check-ups rather than waiting until they are unwell to seek medical attention;
- early identification of serious health problems through health check-ups;
- additional follow-up provided for those people most at risk;
- greater staff awareness of the importance of health and wellbeing in the workplace and supports and resources available; and
- greater access to mental health information and management strategies.

### Return on investment

Routine trend monitoring in the form of monitoring hours of work, absenteeism, and staff satisfaction surveys has shown changes thought to be attributable to the health and wellbeing initiatives. For example, absenteeism has reduced over time and the results of recent staff surveys indicate Manteena staff appreciate the support and commitment the company places on health and wellbeing. Manteena's Staff Health and Wellbeing program is now an integral part of their business. The program provides all Manteena employees with healthy lifestyle information and encourages staff to participate in activities to improve their health.

For more information on Manteena's staff health and wellbeing program please contact Sharon Costigan. Email: [s.costigan@manteena.com.au](mailto:s.costigan@manteena.com.au) or call (02) 62807033.



# Articles

## Staff Health and Wellbeing in ACT Health

Neill Taylor, *my health* Staff Health and Wellbeing Coordinator, Health Promotion, Population Health Division

As a signatory to the Council of Australian Governments' National Partnership Agreement on Preventive Health, ACT Health has been driving the workplace health and wellbeing agenda across the ACT. To demonstrate leadership and to gain firsthand experience of the barriers and enablers experienced by workplaces, ACT Health is implementing its own staff health and wellbeing program.

### Background

ACT Health has approximately 6,200 staff located across more than 20 sites. In July 2010, ACT Health's Executive approved the development and implementation of a comprehensive staff health and wellbeing program, known as *my health*. To inform this process the following key activities were undertaken:

- establishing a staff health and wellbeing reference group;
- conducting an online staff health and wellbeing survey, which helped identify the current health status and program preferences of staff; and
- conducting an audit of the workplace to identify current workplace infrastructure and policies that support a health promoting environment.

Based on the findings of the needs assessment activities and the deliberations of the staff health and wellbeing reference group, ACT Health's Executive endorsed the *my health* Staff Health and Wellbeing Strategy 2012-2013 (the Strategy) in December 2011. The aims of the Strategy are to:

- Build and maintain an organisational culture that understands, values and supports staff health and wellbeing;
- Increase staff awareness of health and wellbeing issues and participation in health and wellbeing activities;
- Facilitate the availability of a range of initiatives and facilities that support employees' personal health and wellbeing.



### Implementing targeted initiatives

Consistent with the Health and Productivity Institute of Australia's best practice guidelines for workplace health in Australia<sup>1</sup>, *my health* is a multifaceted program that includes a range of targeted initiatives to achieve the aims of the Strategy. The targeted initiatives align with one of four categories: chronic disease prevention, healthy food and drink options, supporting healthy behaviours and emotional wellbeing. The Beat It: Physical Activity and Lifestyle Program and the My Healthy Food and Drink Choices Initiative are two examples of targeted initiatives that have been substantially progressed and they are discussed in more detail below.

#### Beat It: Physical Activity and Lifestyle Program

Beat It is an eight week, group based, physical activity and lifestyle modification program. It is targeted at staff that are at risk of developing, or currently living with, diabetes and/or other chronic conditions.

Beat It commenced in March 2012 and is delivered by staff from ACT Health's Exercise Physiology Department. To date three Beat It courses have been delivered and the final one commenced in April 2013. Approximately 45 staff have participated in Beat It.

As part of the evaluation of Beat It, health and wellbeing data is collected from participants prior to commencing the course, at course completion and at six months post course completion. Preliminary results from the first two courses suggest that at six months post course completion:

- all of the participants are more physically active than they were before the course commenced;
- most of the participants are still engaged in some form of regular physical activity; and
- participants think more about their food and drink choices and some have made small, healthier changes to their diet.

The full impact of Beat It will be known when the final evaluation report is produced in early 2014.





## Articles

### Staff Health and Wellbeing in ACT health (cont.)

#### Implementing targeted initiatives (cont.)

##### **My Healthy Food and Drink Choices Initiative**

The My Healthy Food and Drink Choices Initiative aims to make structural changes to the workplace environment and culture by increasing the opportunities for ACT Health staff, volunteers and visitors to make healthy food and drink choices at ACT Health facilities, for example when eating and drinking at cafes or purchasing from vending machines.

As part of the baseline data collection process a staff survey and audit of food outlets and vending machines was undertaken. The survey, which occurred during November and December 2012, sought staff opinion about food and drink choices in the workplace. The audits, which were conducted between January and March 2013, looked at the range and nutritional quality of food and drink currently available for purchase.

In March 2013 a formal consultation process commenced to provide staff and the public with more information about the initiative and to give them the opportunity to provide feedback. The feedback collected through this process will contribute to the development and implementation of ACT Health's healthy food and drink policy.

It is anticipated that the staff survey and audit of food outlets and vending machines will be conducted again following the implementation of the policy to determine what impact the policy has had on increasing healthy food and drink choices at ACT Health facilities.

#### Increasing staff awareness and engagement

A range of activities have been implemented to raise awareness of *my health* and encourage more staff to participate in health and wellbeing activities. Examples of some of these activities are described in more detail below:

##### ***my health* intranet site and monthly messages**

The intranet site provides staff members with information about a range of health and wellbeing issues such as: healthy eating; physical activity; emotional health and wellbeing; smoking cessation and guidelines for minimising the risks of harm associated with alcohol consumption. It is updated monthly with the latest *my health* message for staff. This regular message provides staff with health and wellbeing information and alerts them to upcoming events.

##### ***my health* champions network**

The main role of the network is for champions to promote *my health* to colleagues in their local work area. To date 85 champions have been recruited from across all areas of ACT Health. Some champions have taken their role a step further and have organised health and wellbeing activities for their colleagues, such as a ride to work event and regular lunchtime walking groups.



##### ***my health* information folder**

The purpose of the hardcopy folder is to raise awareness about *my health*, in particular for those staff who do not have regular access to electronic communication or those that are new to ACT Health. Copies of the folder have been provided to each work area across ACT Health, as well as to new starters as part of their formal orientation training. As of 30 April 2013, over 850 folders had been distributed to staff.

##### ***my health* corporate team events**

As awareness about *my health* increases more staff are keen to participate in team events that have a health and wellbeing focus. In the past 12 months *my health* has promoted and supported approximately 150 staff from across ACT Health to participate in a range of activities, including Ride2Work Day, Dry July, Canberra Times Fun Run, ActewAGL Women and Girls' Fun Run and the Dragons Abreast Corporate Dragon Boat Challenge. Special mention should be made of the teams that participated in Dry July and the Dragons Abreast Corporate Dragon Boat Challenge. These two teams raised \$4,335 and \$2,650 respectively for their event's beneficiaries, which in the case of Dry July was The Canberra Hospital. Anecdotal feedback from participants in these events indicates that they are a great way to build new networks across ACT Health and to improve team morale, whilst doing something positive for their own health and wellbeing.

#### Future direction

The Strategy will be evaluated during 2013, with the results informing the future direction of the *my health* program. This will assist ACT Health to continue to provide an effective health and wellbeing program for its staff. Furthermore, it will ensure that ACT Health continues to meet its responsibilities under the ACT Public Sector Whole of Government Health and Wellbeing Policy. This policy, which was released in April 2012, states that "Directorates are to develop and implement workplace health and wellbeing programs..."<sup>2</sup>

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## Articles

### Get Healthy Information and Coaching Service®

Alyssa Krause, Health Promotion, Population Health Division

The Get Healthy Information and Coaching Service® is the first Australian telephone-based lifestyle intervention service that has been implemented on a population wide scale. It has been thoroughly evaluated and found to have the potential to make significant improvements to the chronic disease risk profiles of adult Australians.

#### What is the Get Healthy Service

The Get Healthy Information and Coaching Service® (Get Healthy Service) is a free telephone-based service supporting adults to make sustained improvements in healthy eating, physical activity and achieving or maintaining a healthy weight.

The Get Healthy Service was developed by NSW Health and commenced in NSW in 2009. It was introduced to the ACT and Tasmania in July 2010 and in Queensland in January 2013.

The Get Healthy Service was developed by drawing on evidence that telephone-based interventions are effective in increasing physical activity, improving nutrition and reducing weight in the short to medium term (three to six months) across different populations, in a range of settings, and using different intervention modalities.<sup>1,2</sup>

#### Get Healthy Service delivery

The Get Healthy Service provides two levels of service:

- Information-only: Provides an evidence-based booklet that include information and a journal on healthy eating, physical activity, and achieving or maintaining a healthy weight, consistent with the Australian Guide to Healthy Eating and National Physical Activity Guidelines.
- Six-month coaching program: Includes 10 individually-tailored calls provided by university qualified health coaches that are based on behaviour change/self-regulation principles designed to assist with goal setting, maintaining motivation, overcoming barriers and making sustainable lifestyle changes. Coaching calls are provided on a tapered schedule, with a higher intensity of calls occurring in the first twelve weeks of the program to promote initiation of behaviour change, and less frequent calls during the latter fourteen weeks to promote maintenance and prevent relapse. Participants are able to cease coaching at any time during the six-month program and are also able to reenrol in the program after completing the six months.

Callers enrolling in the coaching program undergo medical screening via a telephone survey. Callers with any health issues of potential concern are referred to their General Practitioner (GP) to obtain medical clearance before coaching can commence.



#### ACT marketing of the Get Healthy Service

A number of marketing and promotional strategies have been used in the ACT to encourage service participation, including:

- mass media campaigns, such as television, radio and newspaper advertisements and news stories, brochures distributed to events and medical services, email banners for staff and bus advertising; and
- health professional partnerships, including promotions and information packs to GPs, practice nurses, Maternal Child Health nurses, dietitians and health centres.

#### Get Healthy Service NSW evaluation

The Get Healthy Service is being independently evaluated by the Prevention Research Collaboration, University of Sydney, in collaboration with the University of Technology and the University of Queensland. The key elements of the evaluation are to assess the Service from a process, outcome and economic perspective.

As part of the evaluation of the Get Healthy Service in NSW, the effectiveness of telephone coaching on participants' risk factor profiles were assessed. Changes in anthropometric and behavioural risk factors from baseline to six months was analysed for approximately 1,440 participants who took part in telephone coaching between February 2009 and December 2011. The evaluation found:<sup>3</sup>

- An average weight loss of 4 kg. Approximately 50% of participants who completed the 6-month coaching program lost between 2.5% - 10% of their original body weight;
- An average loss of 5cm from waist circumference;
- An average reduction in BMI of -1.4;
- An increase in daily serves of fruit intake by 0.3 serves;
- An increase in daily serves of vegetables intake by 1.0 serve;
- A reduction in daily serves of sweetened drink intake by 3 serves;
- A reduction in daily serves of takeaway meals intake by 0.5 serves; and
- An increase in the number of 30 minute sessions per week of walking by 1.0 sessions.
- An increase in the number of 30 minute sessions per week for both moderate and vigorous physical activity by +0.5 sessions.

## Articles

### Get Healthy Information and Coaching Service® (cont.)

#### Get Healthy Service NSW evaluation (cont.)

These changes were all statistically significant at the  $p < 0.001$  level. Improvements in weight, waist circumference, moderate physical activity, fruit and vegetable and takeaway meal consumption remained statistically significant after adjusting for socio-economic characteristics. A 12-month follow up found that after adjusting for baseline levels and socio-economic variables, the coaching program had statistically significant maintenance effects for all anthropometric measurements and for fruit consumption.<sup>3</sup>

These results suggest that the Get Healthy Service in NSW is helping many participants to reduce their anthropometric and behavioural risk factors for chronic disease after six months participation in the telephone coaching.<sup>3</sup>

**Michelle loves exercising and feeling great!**

**get healthy®**  
Information & Coaching Service  
**1300 806 258**

As a student and single parent of two, Michelle admitted to being unfit her whole life. So when Michelle heard about the Get Healthy service on TV, she decided it was time to make the phone call.

One of Michelle's strongest childhood memories was a huge hill that she was never quite able to make it to the top without stopping often to take a breath. As a result of her new exercise routine, improved fitness and healthy eating plan, Michelle was not only able to walk up the hill — she was able to run it!

*"It was such an achievement. I had never done that before — it was awesome."*

Michelle says that she enjoyed the motivation her health coach provided — like a buddy who suggested exercise and meal ideas to help her stay on track to reach her goals. Michelle now has a better breakfast and healthier snacks. As well as reducing her waistline, Michelle finds she now has a lot more energy and gets more done.

*"I discovered I actually enjoyed exercise."*



#### Evaluation

The Prevention Research Collaboration, University of Sydney will also conduct an analysis of ACT participants of the Get Healthy Service. A report will be made available towards the end of this year after more data are collected.

#### Future Directions

The current challenge is to expand the reach of the service in order to recruit a greater number of the ACT participants into the service. This will occur through general advertising, but also by working with General Practitioners and health professionals to increase their referrals to the Get Healthy Service.

Workplaces will be an important setting for promoting the Get Healthy Service. Population groups at risk of chronic disease such as men, and Aboriginal and Torres Strait Islander workers will be the focus of future promotions of the Get Healthy service.

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# Articles

## Finding time for health promotion in the workplace

Ginny Sargent, Cathy Banwell and Lyndall Strazdins, National Centre for Epidemiology and Population Health, the Australian National University; and Helen Lilley, Merryn Hare and Leah Newman, Health Improvement Branch, Population Health Division

### Key messages

- Research funded by the Australian National Preventive Health Agency (ANPHA) is investigating the role played by time, money and social position in the uptake of workplace health promotion programs.
- This research aims to identify strategies to make workforce participation in health promotion programs easier for employers and employees

### Time pressures and health

People need time to keep healthy – to prepare nutritious meals, to be physically active, and to maintain strong social bonds<sup>1</sup>. The workplace is an important site for campaigns to improve people's health by ensuring what happens at work is healthy and by influencing health risk behaviours and health outcomes beyond the workplace. However, for many, time at work has become more demanding and pressured,<sup>2</sup> and this may be one reason employers and employees find it hard to commit to health promotion activities.

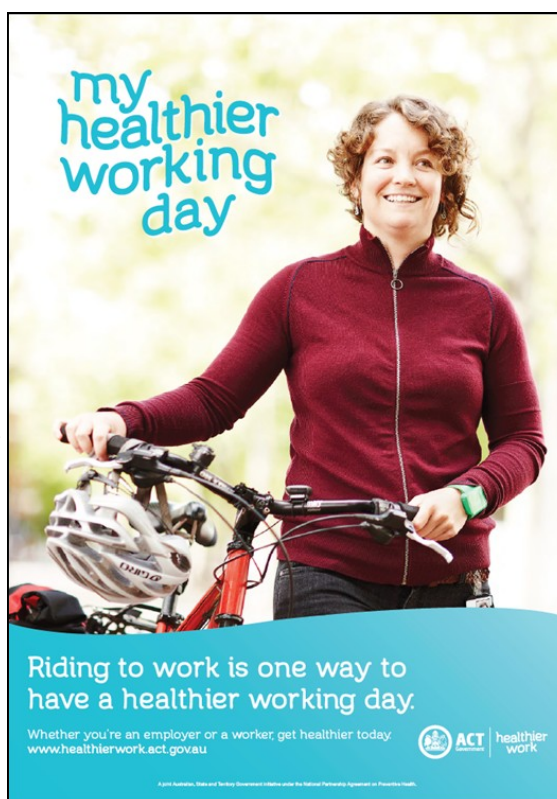
### The health of ACT workers

There is a considerable burden of health risk in ACT workplaces; a needs assessment found that 20% of workers smoke, 48% have insufficient fruit intake, 93% do not eat sufficient vegetables, 65% have insufficient physical activity, and 23% consume alcohol at harmful levels.<sup>3</sup> Small (1-19 workers) and medium sized workplaces (20-199 workers) employ 42% of ACT workers and are less likely than large workplaces to have any health promotion programs in place. Blue collar workers in the ACT (18% of ACT workers) are significantly more likely to have risk factors for chronic disease than those in white collar occupations with 43% smoking, 56% having insufficient fruit intake, 96% having insufficient vegetable intake, and 34% consuming alcohol at harmful levels.<sup>3</sup> Hence, small and medium workplaces and workplaces with predominantly blue collar workers have been identified as settings with high need for health promotion in the workplace.

### The effectiveness of health promotion in the workplace

Workplace health promotion programs can result in significant decreases in the health risk factors of participants, namely: increases in physical activity, improvements in diet quality, improved mental health, decreased alcohol and tobacco use, and anthropometric changes.<sup>4</sup>

There is also support for health promotion in the workplace from a business perspective with mounting evidence of financial gains from reduced absenteeism and staff turnover.<sup>4,5</sup> However, if uptake of health promotion programs by either workplaces or workers remains low, the programs are rendered ineffective.



### Barriers to participation

Concerns regarding financial costs and time costs are inter-related and have been identified as the two key barriers to participation in workplace health promoting activities for both employers and employees. Employees have expressed concerns about the time required to be involved in health promotion programs and whether or not this is paid time. Employers have expressed concerns about the staff time spent in facilitating the planning and delivery of programs, as well as the disruption to existing routines, and a fear that the program may be a waste of time.<sup>6</sup>

The challenge for implementing health promotion in the workplace is to develop a convincing procedure and implementation model that will engage both

workplace decision makers and employees and subsequently raise participation rates. Evidence regarding the roles of time, money and social position in the workplace and how they relate to barriers to participation, may help inform the development of such a model.

### New research 2013-14

The Australian National Preventive Health Agency (ANPHA) has funded research<sup>7</sup> to address the research question: *What roles do time, money and social position play in driving participation in a workplace health promotion program?* The research team consists of researchers from The Australian National University (ANU), National Centre for Epidemiology and Population Health (NCEPH), and ACT Health, Health Improvement Branch, Population Health Division.

## Finding time for health promotion in the workplace (cont.)

### New research 2013-14 (cont.)

In May 2012, the ACT Government established *Healthier Work*, a service designed to assist workplaces to implement health promotion programs, with funding from the Australian Government *National Partnership Agreement on Preventive Health* (NPAPH). The research team will work with *Healthier Work* to recruit workplaces in the ACT that have considered implementing health promotion programs and are small or medium-sized, or are workplaces with predominantly blue collar workers. The researchers will then interview participants from 10 of these workplaces.

This research aims to increase the understanding of how time and money may be barriers to participation in workplace health promotion, and how these barriers affect the participation of different social groups within workplaces in the ACT. It is anticipated that the research will enable these barriers to be addressed via policy and appropriate implementation in the workplace and hence improve workforce participation in health promotion programs.

More information about the research and how to participate in it can be found at <http://nceph.anu.edu.au/research/projects/health-what>

Dr Ginny Sargent is happy to receive comments or queries on (02) 61255616 or [Ginny.Sargent@anu.edu.au](mailto:Ginny.Sargent@anu.edu.au)

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**Figure 3:** This flyer will be used to recruit participants in a sample of ACT workplaces.

## TIPS FOR OFFICE WORKERS - Sitting less and moving more

People are spending more time sitting for long periods throughout the day including:

- driving to work;
- sitting at a work desk and in meetings;
- sitting eating meals; or
- watching TV or using the home computer.

Evidence suggests that sedentary behaviour is associated with an increased risk of cardiovascular disease, diabetes and a range of other health conditions. So it is important to sit less and move more throughout your day. Increase your physical activity and make some simple changes to your daily routine. Try the following tips.

### Plan ahead

- Plan your week ahead and schedule in your physical activity - use your diary, electronic calendar and phone. This is a meeting you cannot miss!
- Keep a spare set of walking shoes, sports clothes or a swim bag in your car or in your work drawer – then you'll be ready to take advantage of opportunities to be active.
- Set yourself some goals. What have you always wanted to do and put off? Can you do more than last week? Can you beat your time?
- What's your incentive? Do you want to be healthy, lose weight, sleep better, wind down after a long day or set an example? Find your reason.

### Make it part of your day

- Walk or cycle all or part of the way to and from work. Get off the bus a stop early or find the furthest parking bay.
- Use your lunch break to do some physical activity - go for a walk or try a local gym class.
- Use the stairs instead of the lift, if allowed.
- Walk, cycle or take public transport to and from work meetings where possible.

### Aim to sit less through the day

- Make your default printer the one furthest away from your desk to walk that little bit further to collect your paperwork.
- Hand deliver messages instead of using the phone or email.
- Stand up to answer the phone or if you're on your mobile, get up and walk around while talking.

### Be active with friends and colleagues

- Get to know more about your colleagues. Grab a friend and walk before, during or after work.
- Involve colleagues in a 'walking meeting'.

### Getting more out of your workplace

- Make the most of what your workplace provides (eg secure bicycle storage, showers and lockers).
- Request flexible working hours so you can participate in physical activity before, during or after work.
- Find out if your workplace has organised discounted or subsidised memberships at local gyms.
- Take part in active corporate events. You could meet new people and try something new.
- Suggest that management purchase "pool bikes", providing staff with an active alternative to get to offsite meetings.

### Useful resources

Australian Government Comcare. Sedentary Workplaces Tool Kit, 2012. [http://www.comcare.gov.au/safety\\_and\\_prevention/your\\_working\\_environment/sedentary\\_work\\_practices\\_toolkit](http://www.comcare.gov.au/safety_and_prevention/your_working_environment/sedentary_work_practices_toolkit) accessed April 2013

Healy GN, Lawler SP, Thorp A, Neuhaus M, Robson EL, Owen N & Dunstan DW. Reducing Prolonged Sitting in the Workplace: An evidence review: full report, Victorian Health Promotion Foundation, 2012. [http://www.vichealth.vic.gov.au/Publications/Economic-participation/Creating\\_Healthy\\_Workplaces.aspx](http://www.vichealth.vic.gov.au/Publications/Economic-participation/Creating_Healthy_Workplaces.aspx) accessed April 2013

Heart Foundation. Sitting for Less for Adults, 2011 <http://www.heartfoundation.org.au/SiteCollectionDocuments/HW-PA-SittingLess-Adults.pdf> accessed April 2013

Australian Government. Department of Health and Ageing. National Physical Activity Guidelines for Australians. 2005. <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines> accessed April 2013

### Acknowledgement

This article draws on the Find Thirty everyday<sup>®</sup> Tips for Office Workers fact sheet, State of Western Australia.



# Area Highlight

## Healthy Workers Team

### The Healthy Workers Team within Health Promotion

The Health Promotion (HP) Section within the Health Improvement Branch in the Population Health Division has a range of functions which includes initiating and managing programs and projects that aim to improve the health of the ACT population and reduce risk factors for chronic disease. These are delivered in partnership with other agencies and organisations and include whole of population health promotion and disease prevention initiatives. Initiatives target individuals and population groups, as well as activities that influence the social, environmental and economic conditions that impact on public and individual health. Within HP, the Workers Team has responsibility for the delivery of programs aiming to improve the health and wellbeing of ACT workers.

### Staff

Health Promotion staff come from a wide variety of work experiences and academic backgrounds, including public health, education, nursing, marketing, psychology, social work, management and community development. The Healthy Workers team consists of Alanna Williamson, Patricia Byrne and Neill Taylor, supported by Merryn Hare, Senior Manager of Health Promotion.

### Work Program

The Healthy Workers team is currently promoting health and wellbeing in the workplace setting through:

- Development, implementation and ongoing management of the Healthier Work service within Justice and Community Safety;
- Management of the external evaluation of the Healthier Work service;
- Development, implementation and evaluation of *my health*, ACT Health's staff health and wellbeing initiative;
- Public Sector engagement; and
- Development and maintenance of relevant tools, resources and policies.

### Resources

Publications developed to inform and support this work include: ACT Workplace Health Promotion Needs Analysis (May 2011); Guide to Promoting Health and Wellbeing in the Workplace (May 2012); and the Report on the Workplace Pilot.



Healthy Workers Team (L-R): Alanna Williamson, Merryn Hare, Neill Taylor, Patricia Byrne

# Notifiable Disease Report

Number of notifications<sup>^</sup> of selected notifiable conditions received in the Australian Capital Territory between 1 January and 31 March 2013.

Table 1. Number of notifications of selected notifiable conditions received in the Australian Capital Territory, 1 January to 31 March 2013<sup>#</sup>.

	Number of notifications Q1 2013	5 year average, Q1	Total number 2012	5 year average number, annual total
<b>VACCINE PREVENTABLE CONDITIONS</b>				
INFLUENZA A	37	9.4	531	440.8
INFLUENZA B	5	2.6	134	67.0
MENINGOCOCCAL DISEASE (INVASIVE) *	1	0.4	1	1.8
<b>GASTROINTESTINAL DISEASES</b>				
CAMPYLOBACTERIOSIS	105	142.2	476	475.2
CRYPTOSPORIDIOSIS	19	19.2	19	32.2
GIARDIA	40	34.2	103	101.2
HEPATITIS A *	1	1.2	1	4.0
HEPATITIS E	0	1.0	1	1.0
LISTERIOSIS	1	0.3	0	1.2
SALMONELLOSIS <sup>^</sup>	70	72.2	241	194.2
SHIGELLOSIS	4	2.2	6	6.6
STEC/VTEC	1	0.0	5	2.0
TYPHOID	1	0.8	1	1.4
YERSINIOSIS	0	1.0	8	3.2
<b>SEXUALLY TRANSMITTED INFECTIONS</b>				
GONOCOCCAL INFECTION	39	18.8	92	70.4
<b>VECTORBORNE &amp; ARBOVIRUS</b>				
BARMAH FOREST VIRUS INFECTION	3	1.8	2	3.6
DENGUE FEVER	3	4.4	22	15.2
MALARIA	8	2.8	11	11.6
ROSS RIVER VIRUS INFECTION	1	6.8	10	13.0
* This condition includes cases that meet the probable and confirmed case definitions. Both probable and confirmed cases are nationally notifiable.				
#Notifications are reported according to the earliest date recorded which may be onset date, specimen collection date or date of notification.				
<sup>^</sup> Includes <i>S. paratyphi</i> infections				
N.B. Data reported are the number of notifications received by ACT Health. Data are provisional and subject to change.				
The number of notifications received for all notifiable diseases for the ACT is available at: <a href="http://www9.health.gov.au/cda/source/cda-index.cfm">http://www9.health.gov.au/cda/source/cda-index.cfm</a> . HIV data are reported annually by the Kirby Institute: <a href="http://www.kirby.unsw.edu.au/surveillance/Annual-Surveillance-Reports">http://www.kirby.unsw.edu.au/surveillance/Annual-Surveillance-Reports</a>				

# Notifiable Disease Report

## Number of notifications<sup>a</sup> of selected notifiable conditions received in the Australian Capital Territory between 1 January and 31 March 2013.

### Notes on notifications

In the ACT, increased numbers of notifications of gastrointestinal and arboviral diseases are often observed in the 1st quarter (summer) in the ACT compared to cooler months. In the 1st quarter of 2013, the number of notifications of gastrointestinal disease was similar to previous years while there were more mosquito-borne infection than expected compared to previous years. The following text relates to Table 1 above.

### Meningococcal disease

There was one case of invasive meningococcal disease (IMD) notified between January and March 2013. The infection was caused by *N. meningitides* serotype B. In the last 5 years, there were 9 cases of IMD, with serotype B causing infection in 8 cases. On average, there are 1.8 cases of IMD notified each year in the ACT. Vaccination is available for children and high risk individuals against meningococcal disease caused by serotype C only.

### Influenza notifications

Compared to the 5 year average for the first quarter, there were more influenza A and influenza B notifications than expected in 2013 (37 and 5 respectively). In the previous 5 years, an average of 9.4 and 2.6 notifications of influenza A and influenza B respectively were received. Year to date in 2013, approximately 25% of the 42 notifications were confirmed by PCR. Seasonal influenza vaccination is recommended for anyone aged over 6 months, and is funded for certain at risk groups.

### Listeriosis

There was one case of listeriosis notified in 2013. This case was linked to the multi-jurisdictional outbreak associated with soft cheese investigated and reported by OzFoodNet. There are usually one or two cases of listeriosis reported each year in the ACT, though no cases were identified in 2012.

### Overseas acquired gastrointestinal diseases

There was one case of hepatitis A, one case of typhoid, and four cases of shigellosis notified in the first quarter of 2013. All infections were acquired whilst travelling overseas. The number of notifications of these diseases is similar to previous years.

### Arboviral infections

There were three Barmah Forest Virus (BFV) notifications and one Ross River Virus (RRV) notification received in the ACT in the first quarter of 2013. There were less RRV notifications than expected for this time of year - the ACT has received an average of 6.8 RRV notifications in the first quarter during the previous five years.

Three cases of dengue fever and eight cases of malaria were notified between January and March 2013. All these cases acquired their infections overseas. There were more malaria notifications than expected for the quarter. The average number of malaria notifications over the previous 5 years in the first quarter was two.



## Hot Topics

### Winter Particulate Pollution

With winter on the way the people of Canberra will start heating their homes. Some of them will use wood fires that generate particulate pollution. This pollution is of particular concern in the Tuggeranong valley.

The ACT Government has a range of programs to address wood smoke which are primarily delivered by the Environment and Sustainable Development Directorate.

These include:

- Public education and enforcement activities;
- The licensing of firewood merchants;
- The Wood Heater Replacement Program – Promoted through Government shopfronts, retail outlets and print media;
- The ‘Don’t Burn Tonight Campaign’ which operates during June, July and August each year and aims to improve air quality by calling on Canberrans who use wood fired heaters to use alternative heating sources, if possible, on nights when atmospheric conditions will prevent the dispersion of wood smoke. These alerts are based on data from the Bureau of Meteorology and are issued by the Environment Protection Authority and broadcast through the local media outlets;
- The ‘Burn Right Tonight’ campaign, which is aimed at informing people about the health effects of wood smoke and that by using their wood heater correctly they will be improving Canberra’s air quality. Promotion of this program includes print advertising and cinema advertisements throughout the Winter months.

The Health Protection Service, Population health Division will monitor particulate pollution at the Monash and Civic ambient air monitoring station across winter as usual. For the last 10 years a downward trend in particulate pollution concentration has been noted and the above campaigns to reduce particulate pollution may have attributed to this.

### Influenza and the Winter Plan

The Population Health Division has worked closely with the ACT Medicare Local, Canberra and Calvary Hospitals to prepare for the winter season. The Winter Plan summarises preparedness activities of key health sector agencies. Activities include: developing hospital escalation plans to manage increased presentations; enhancing influenza vaccine uptake in health professionals and the community; streamlining influenza testing and improving surveillance; and reviewing stockpiles of essential medicines and equipment.

The Winter Plan can be accessed at <http://www.health.act.gov.au/health-services/population-health/>

As a vulnerable population, regular communication is maintained with Aged Care Facilities. The Health Protection Service provides support and advice on immunisation, outbreak management, education and information.

Immunisation remains the best protection against influenza. Annual vaccination is necessary as vaccine composition changes annually and immunity from influenza vaccination lasts about 12 months. Influenza vaccine is free for groups at higher risk of severe disease. Those not eligible can obtain vaccine via prescription.

People who develop a flu-like illness should do the following to limit spreading the disease:

- Don’t attend childcare, school, work and social activities until symptoms resolve;
- Cover mouth and nose when coughing/sneezing, and dispose of soiled tissues in the bin immediately;
- Use an alcohol based hand rub, and/or wash hands regularly with soap and water.