The California Commission on Health and Safety and Workers' Compensation

Summary of July 16, 2008 Workplace Wellness Roundtable

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Workplace Wellness: How to Address Both Occupational and Lifestyle Issues on the Job

Background

Integration of wellness and occupational health and safety has become a key focus of efforts by employers of large, medium and small-sized businesses and labor. Efforts to develop an integrated approach to health promotion and occupational health and safety programs have focused on research and public health literature, as well as best practices of wellness programs implemented by employers.

Introduction

The Commission on Health and Safety and Workers' Compensation (CHSWC) convened a roundtable discussion on July 16, 2008, on Workplace Wellness: How to Address Both Occupational and Lifestyle Issues on the Job. The roundtable was facilitated by the University of California (UC), Berkeley Labor Occupational Health Program (LOHP).

The purpose of this roundtable was to begin a dialogue about strategic approaches to integrating workplace wellness and occupational health and safety programs in California. The objectives for the roundtable discussion were to:

- Develop a general understanding of what constitutes an integrated approach to health promotion and occupational health and safety programs.

- Explore barriers to integration of workplace health promotion and workplace health and safety programs.

- Discuss strategies for overcoming challenges to integration of programs.

- Identify strategies and resources for promoting more and better programs that address worker health in a holistic fashion.

The discussion examined the benefits of taking a "holistic approach" to worker wellness and presented useful examples of coordinated efforts to provide safer work environments and promote general wellness (e.g., reduce risk factors for heart disease, diabetes, and other major chronic illness). Case studies, resource materials, and sample guidelines for creating effective wellness programs were presented. Particular attention was given to the integration of occupational health and health promotion and the benefits of worker participation in planning and conducting programs.

The roundtable discussion presented participants with the opportunity to learn from the experience of national leaders in the field, examining both best practices and challenges to effective integration. (See Attachment A.) Attendees were encouraged to reflect on how they can relate these ideas to their own industries. Participants included individuals familiar with best

practices of wellness programs from labor, management, government, and community organizations. (See Attachment B.)

Welcome

Christine Baker, Executive Officer, CHSWC, welcomed participants to the roundtable, a joint project with LOHP. She stated that this is a time when it is difficult to distinguish between occupational and non-occupational injuries and illnesses, as well as to take into account issues of the aging workforce. There are duplicate systems and costs, and the challenge is to reduce or eliminate duplication and improve health and provide health care services. Currently, the California HealthCare Foundation (CHCF) has funded a pilot program for integration of occupational and non-occupational care under a carve-out involving DMS Facility Services and the Service Employees International Union (SEIU) Local 1877. The objectives of the pilot are to reduce costs for employers and to provide better care to employees.

Research on Workplace Wellness and Occupational Safety and Health Programs

Gregory R. Wagner, MD, National Institute for Occupational Safety and Health (NIOSH), discussed research on workplace wellness and occupational safety and health programs from the NIOSH WorkLife Initiative. He stated that workplace wellness and occupational safety and health affect both employers and employees. It is important to look at factors that are influenced by both individual behavior and environmental conditions at home, in the community and in the workplace. Chronic diseases are on the rise as are health care costs, which include health insurance, disability programs and workers' compensation. The size of an employer is also a critical factor, as small employers are less likely to offer wellness and safety and health programs. The aging workforce is also a critical element. In addition, work is the primary access point for health care for working Americans, and behavioral patterns are established and modified within the workplace. The median costs for employers per eligible employee, based on analysis of 43 companies and 946,000 lives, include: group health (47%); turnover (37%); unscheduled absence (8%); non-occupational disability (5%); and workers' compensation (3%).

Other key issues are productivity, absenteeism, and presenteeism. Trends in work-related injury and illness include: decline in acute traumatic injuries from work; increase in chronic conditions (including depression and anxiety); erosion of distinction between occupational and non-occupational injuries and illnesses; and increased medical and indemnity costs.

The rationale for coordination of safety and health prevention and workplace wellness includes: workers' risk of disease is increased by exposure to both occupational hazards (organizational and environmental) and individual risk-related behaviors; workers at the highest risk for exposures to hazardous working conditions are often most likely to engage in risk-related health behaviors and live in higher-risk communities; combining occupational safety and health prevention may increase program acceptance, participation and effectiveness for high-risk workers; and potential beneficial spillovers exist between improved work environments and improved personal health behaviors.

Integrated workplace wellness and occupational safety and health programs are critical to improved safety and health. Barriers to integration of safety prevention and workplace wellness programs include: fragmentation of the health care system; limited funding for interventional effectiveness (prevention) research; separation between health promotion and health protection responsibilities in workplaces; stakeholder and professional silos; limited scientific evidence of benefits; regulatory versus voluntary approaches; and disparities in access to any workplace services. More research and data are needed to support the importance of integration.

In addition, misconceptions retard success and include: consideration of health as exclusively an individual responsibility so that interventions should focus only on the individual; and perception that the workplace contributes little to injuries and illnesses, as OSHA has taken care of the problem.

Key issues related to integrated or coordinated, comprehensive workplace programs, policies and practices for worker health and well-being include demonstrating that: employers, workers, their families and communities all benefit from prevention of disease and injury and from sustained health; workplaces create excellent opportunities to deliver useful health programs and services; evaluation research is critical to determine what is effective and why; both the work environment (organizational and physical) and individual choices and behavior affect worker health; small and medium-sized enterprises have the greatest needs for information and assistance; and the aging workforce requires particular attention.

Large employers are beginning to develop their own integrated programs and participate in national meetings with interested stakeholders including insurance companies and human resources professionals. Small and medium-sized employers do not have the resources to do this and often turn to hiring a vendor and buying a packaged program. NIOSH is developing a website with a set of resources on integrated programs that small and medium-sized employers especially can access. This should also help vendors to develop better programs.

Laura Punnett, from the Center to Promote Health in the New England Workplace (CPH-NEW) and the Department of Work Environment at the University of Massachusetts Lowell, an occupational epidemiologist, ergonomist and occupational health specialist focusing on health behaviors and environmental issues in the workplace, stated that there is a huge gap in the research literature on the interaction of health behaviors and the occupational environment. The focus of most health promotion action has been on individual health behaviors. Within the health promotion field, there is beginning to be some more focus about the environmental influences on individual health behaviors, and in the occupational health side, there is some examination of psycho-social control having an impact on health behavior. The University of Massachusetts Lowell, in combination with the University of Connecticut, has been funded by NIOSH through the WorkLife Initiative described above as the Center to Promote Health in the New England Workplace. The Center's goals are to undertake intervention activities that would be sensitive to the work environment and that address the work context directly, especially the psycho-social environment, as a vehicle to modify health behaviors. Worker involvement in developing programs is highly emphasized. These efforts will be compared quantitatively with more traditional health promotion approaches.

There are at least two ways that program content could be compared: one is to explore whether if you start with health promotion programs and add occupational health programs, there is more participation and/or more health benefits; the other is to start with occupational health programs and add health promotion programs to see if there is more effect.

The Center has two research projects being implemented. One, carried out in a chain of about 200 nursing homes, assesses a program to reduce back injuries and workers' compensation costs and compares the benefits in nursing homes with and without traditional health-improvement programs already in place. Some of the nursing homes are unionized, and there will be some assessment of the impact of unionization. In a third arm of the study, participatory health teams will develop their own work environment and wellness interventions. The other research project takes pairs of workplaces in the same company with similar work processes and introduces a top-down process in one workplace and a more participatory process in the other to compare the benefits. Access to and adoption of health insurance and/or Employee Assistance Program (EAP) services and their impact on health are factors that should also be accounted for. Cost-effectiveness analysis is being done in both projects, on a center-by-center level, including: the costs of the programs; the benefits of the programs; and the changes in group health.

In the first project, one of the nursing homes with participatory interventions identified that a key issue was quality of supervision. As a result, an organizational psychologist has participated in the project to identify appropriate interventions. To encourage worker participation, several focus groups were part of the research activity and provided an avenue for workers to be involved. Participants were asked to present what an ideal nursing home would look like. Leadership training/priority setting will also be provided to supervisors as part of the effort for long-term sustainability of the groups. None of the centers with participatory interventions is unionized, but agreement about release time and schedule changes to allow for participation was needed.

Another CPH-NEW project focuses on dissemination of scientific information about the role of job stress in heart disease, determining what other professionals need to know about job stress. This project further involves the Massachusetts Department of Public Health and its partner institutions.

Laurel Kincl, Research Associate, University of Oregon Labor Education and Resource Center, stated that she is involved with substance abuse and wellness programs in Oregon. A literature review was done by searching academic search engines and looking at popular sources and union websites. Interviews were conducted, including five with union members or those closely related to unions, a couple with researchers, and a couple which involved workers' compensation. Findings indicated that some unions play a role in health promotion programs, but some do not; it depends on what the union members are interested in.

The desire to lower health care cost was the main incentive for adopting wellness programs. Workplace issues were important; if workplace issues were being addressed, then the perception was that health was being addressed. In industries where workers were difficult to recruit and difficult to retain, it was also important to address workplace issues. The unionized workforce in Oregon is definitely at higher risk; therefore, unions can play an important role by creating trust,

which is a key factor, and by ensuring participation to keep workers involved in the program. Some of the unions that have high incidences of health problems included firefighters. A program for firefighters, PHLAME, used models of peer-led groups and teams to make health changes through diet and exercise. This is a national project that started in Oregon, but since it is not yet that well known, a key challenge is to find ways to do outreach about the program. Some of the research suggests that incentives need to be included, including funds for participation. A summary of outcomes and an education piece for unions with key points on integration of wellness with safety and health are available.

The objectives of integration programs for unions usually focus on reducing health care costs for unions (for their Trust Funds) as well as for individuals. The building trades and other unions include information about wellness in newsletters put out by Trust Funds. If money goes heavily into health care, then it is not going into wage increases and other benefits. The majority of organizations focus on behavioral approaches to individual health care improvement, not on improvements in the workplace. A lot of research is available on incentives. Humana has stated that an incentive of $123 per person per year can achieve some results. It remains to be seen if you can reduce the monetary incentives for participation through active engagement of the workforce in integrated programs.

Discussion

An important key to integration programs involves perception and privacy issues. In general, people are not going to reveal their physical and behavioral health and what treatment they need; they are more likely to talk about issues in the workplace that contribute to their safety and health. Kaiser does a good job of health promotion and could be a model; its efforts are directed at building awareness and interventions from the ground level up through education campaigns directed at consumers and from the top down through leadership support. Another effective approach is to customize approaches to the different constituents within a group, as was done in a program on tobacco education funded by the State of California for construction workers which used customized models to address specific audiences. This program is no longer funded by the State of California, which shows that you can have an effective program but one that cannot be implemented due to lack of funding.

Education for employers about developing a health culture is a challenge. Interventions need to be customized for different types of businesses. For example, small businesses can not undertake large-scale wellness efforts but they can undertake selected, specific health interventions that bring small successes. State-mandated guidelines exist on the occupational health side but not on the wellness side. Implementing similar state-mandated guidelines for wellness would have significant impact. To achieve integrated programs, it is important to have an advocate for integration within the organization to bring the different parts of the organization together.

Another approach is to create holistic education efforts, which involves linking education on wellness in the workplace to wellness information and practices at home. One approach is to emphasize how individual health promotion efforts are a way of preparing for the physical demands on the job. Job interventions will follow and then be related to wellness.

Privacy about health matters is a significant concern for many employees. A solution to this problem is hiring an independent contractor for health risk assessments with privacy assured; the employer does not get individual data, only aggregate data. The City of El Cerrito, California, is currently doing assessments of fire, health, police and city employees in this way. The information the city receives will direct its wellness and occupational risk-reduction programs. A related question is whether the data are accurate, that is, whether employees are providing accurate responses. If there are worker-represented organizations involved in this effort, there will be a high level of participation. The key to success of these efforts is to communicate that the employer cares about the employees' health but is not trying to manage their health care. It is also possible to use sophisticated surveys for health assessment data without violation of privacy. Another key point to emphasize about health assessments is that they provide an opportunity to identify health issues early and therefore allow for early interventions and better health outcomes.

Timing is also critical to achieving integration of wellness and occupational health programs. Currently, the employment-based health care system is breaking down, and the responsibility for health care and health care costs is being shifted away from employers to employees. In this environment, employees see integration of care as a way for employers to escape liability. This raises questions about who pays for health care, in addition to who is responsible for doing something about health care. Data and cost analysis, as well as useful tools, such as checklists, models and individual health risk assessments, are critical to creating positive action for both occupational safety and health and wellness. In addition, it will be important to provide customized efforts for small, medium-sized and large businesses, as well as for businesses in different industries. Different incentives and public policy changes are also critical.

Key Issues from Roundtable Participants

Small group discussions focused on additional issues and recommendations related to the key topics discussed above, including resources, research and methods, incentives, and policies:

- Workplace wellness needs to be emphasized as a means to drive efforts to address other workplace issues.
- Different motivations exist and need to be acknowledged as well as underlying common interests. Different motivations need to be addressed by customizing outreach and education.
- Training strategies in behavioral change are needed.
- Policy change is needed to promote effective workplace programs through worker's compensation rate setting (an incentive to employers).
- Universal healthcare needs to be explored as a key issue in relation to both occupational safety and health and wellness.
- The ways that an integrated program can serve the organizational mission need to be emphasized:
    - Incentives/ making case for change.
    - Gathering best practices/case studies.
    - Customizing for small vs. large employers with different perspectives, as well as employers and union management.

- Sources for external funding for pilot programs need to be identified, including sustainability issues or making the economic case to justify continuing funding.
- A "materials/tools warehouse" website (checklists, promotional materials) needs to be created online:
    - Existing resources and websites (e.g., rtwknowledge.org) need to be identified.
- Health promotion needs to be integrated into Injury and Illness Prevention Program (IIPP) regulation and resources.
- Systems to reward good employers need to be identified.
- More research on intervention effectiveness is needed.
- The economic case for an integrated program needs to be clarified and emphasized.
- **C**ross-disciplinary education in professional schools needs to be encouraged.
- More labor/management partnership, including establishing health and safety committees, with a focus on both health and safety and wellness, needs to be emphasized.
- Receptive businesses (merge group health group with workers' compensation medical care) need to be targeted, including:
    - Self-insured.
    - Public agencies.
- Materials that explain the benefits of integration of occupational safety and health and wellness are needed; presentations that explain the benefits also need to be made to unions**.**
- More data are needed on:
    - Programs – which ones already exist.
    - Surveillance.
    - Cost-effectiveness.
    - Short-term gain to get buy-in.
    - Health status effects.
    - How the higher number of work injuries can be related to individual health factors.
    - The benefits of incentives, including higher morale and/or loyalty to the company.
- Need to integrate research/evaluation into implementation in order to document benefits.
- Need to develop the methodology/tools for businesses to help them document costs and benefits.
- Need to involve employees in determining what would make a difference in health to them.

Roundtable Recommendations and Next Steps

Based on the points discussed above, the following recommendations were developed:

- Demonstrate benefits and cost savings of integrated occupational safety and health and health promotion programs. Provide case examples. Develop a costing guideline to help in estimating costs and benefits. Explore incentives to increase benefits (workers' compensation, Cal/OSHA, health care premiums).

- Identify employers interested in developing model programs. Explore interest in the self-insured community (possibly also in the public sector). Design and seek funding for an evaluation study to document impact.

- Develop educational materials for specific audiences:
  - Labor.
  - Small businesses.
  - Occupational safety and health professionals.
  - Workplace health promotion professionals.
  - Joint labor-management committees.

  Augment CHSWC's Worker Occupational Safety and Health Training and Education Program (WOSHTEP) materials, including: the Worker Occupational Safety and Health (WOSH) Specialist course; and the Small Business Resources materials for specific industries and materials for small businesses across industries.

- Develop a set of principles for effective, ethical integration of occupational safety and health and workplace health promotion.

- Review legal barriers to integration; identify policy measures needed to resolve those barriers.

- Provide resources. Collect and distribute examples of best practices. Develop an easy-to-understand rationale for integration and examples of what integration can look like. Post resources on a website and update periodically.

Attachment A

Workplace Wellness: How to Address Both Occupational and Lifestyle Issues on the Job

AGENDA

July 16, 2008
Oakland, CA

10:00am – 12:00 ***Welcome and Introductions***

- o Roundtable Objectives
- o Agenda

Panel Discussion: Overview of Workplace Wellness

- o Greg Wagner, M.D., NIOSH and Harvard School of Public Health
- o Laura Punnett, Sc.D., Center for the Promotion of Health in the New England Workplace, University of Massachusetts Lowell
- o Laurel Kincl, Ph.D., M.S., Research Associate, University of Oregon Labor Education and Research Center

Discussion: What Should Model Programs for Integrating Wellness and Occupational Health and Safety Programs Include?

- o Models, challenges, and strategies

12:00 – 12:45pm **Lunch**

12:45 – 1:45pm ***"Buzz Groups": How to Promote Integrated Wellness Programs***

Each group will discuss -

- o What new resources or materials could assist efforts to promote integration?
- o Is there more research on methods of integration that needs to be done?
- o What policies and/or incentives are needed?

Report Backs

1:45 – 2:00pm ***Recommendations for Next Steps and Closing***

Attachment B

Workplace Wellness: How to Address Both Occupational and Lifestyle Issues on the Job

PARTICIPANTS

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Attachment C

Workplace Wellness: How to Address Both Occupational and Lifestyle Issues on the Job

Resources and Bibliography

The following resources were made available to participants. The full text of each resource is presented on the following pages.

"Essential Elements for Effective Workplace Programs and Policies for Improving worker Health and Wellbeing," NIOSH

This draft document was created by NIOSH, the National Institute of Occupational Safety and Health. As a product of the WorkLife Initiative, this resource is "intended to become a useful tool to facilitate the development of workplace programs, policies, and practices to sustain and improve workforce health."

"Steps to a Healthier US Workforce: Integrating Occupational Health and Safety and Worksite Health Promotion: State of the Science", Glorian Sorensen, PhD, MPH (Lead Author)

This is commissioned paper for NIOSH presents the rationale and scientific evidence for coordinating and integrating worksite health promotion and occupational health and safety as a means of enhancing the effectiveness of efforts to promote and protect worker health.

"Wellness/Health Promotion Programs and Unions," Helen Moss, Laurel Kincl, University of Oregon Labor Education and Research Center.

This project report identifies current practices by labor unions with regard to wellness/health promotion programs and begins to explore possible roles in successful wellness/health promotion programs.

"Futile Exercise?" Hazards 93, February 2006, Rory O'Neil
This article examines the conflict between worker wellness programs and efforts to correct workplace hazards.

"Integrating Employee Health: A Model Program for NASA," Report Brief, June 2005, Institute of Medicine of the National Academies.

This report provides an example of an approach to establishing an integrated and sustainable program for worker health, addressing multiple health and safety and wellness elements.

"Measuring the Health of Our Workplace," City of Toronto, Toronto Human Resources Annual Report 2004.

This report describes the City of Toronto's evaluation of its effectiveness in providing a healthy and safe workplace. Noteworthy in this report is its conceptualization of an integrated model of wellness and occupation health components, which includes a framework that addresses "mind, body, and spirit."

Bibliography of Related Publications

American College of Occupational and Environmental Medicine (ACOEM): Corporate Health Achievement Award
Health & Wellness in the Workplace: Lessons and Best Practices
2003, 31pgs
http://www.chaa.org/pdfs/2003Winners.pdf

This publication highlights a small number of programs from each winning organization's total health, occupational, and environmental efforts. They illustrate exemplary approaches to workforce and workplace health and safety. For each company, examples are included for the key categories of: Healthy People, Healthy Environment, Healthy Company, and Management & Leadership. The companies cited are Union Pacific, Bae Systems, and Marathon Oil. Specific practices that attempt to integrate health promotion and workplace health and safety are listed.

ACOEM Health-Related Productivity Roundtable
The Health of the Workforce and Its Impact on Business
Arlington Heights, IL, ACOEM/Pfizer, 2003, 14pgs
http://www.acoem.org/uploadedFiles/Career_Development/Tools_for_Occ_Health_Professional/Health_and_Productivity/Roundtable.pdf

In March 2003, with a grant from Pfizer Inc, the American College of Occupational and Environmental Medicine (ACOEM) convened a Health-related Productivity Roundtable. The goal of the Roundtable was to develop consensus statements on the value and impact of employee health enhancement activities, including a perspective on the return on investment (ROI) of these initiatives. Among the interesting issues raised in this report is: 1) evidence supports that integrating messages on job and behavioral risks may enhance motivation to change health behaviors, and 2) experience that shows that appropriate investment in health has a positive impact on business performance. The Roundtable participants developed a list of actions for further research and collaborative studies on health and wellness in the workplace and its impact on business, health care providers, insurers, and employees.

Ceridian
New Regulations Pave the Way for Employee Wellness Programs
Constangy, Brooks & Smith, LLC, 2007, 3pgs
http://hrcompliance.ceridian.com/www/content/10/12487/14915/14934/101007_new_regulations.htm

This short article discusses how HIPAA and ADA requirements can be met in wellness programs. A wellness program can reward good results (on a limited basis) if it satisfies five general requirements which are laid out here.

Drennan FS, Ramsay JD, Richey D
Integrating Employee Safety & Fitness: a Model for Meeting NIOSH's Steps to a Healthier U.S. Workforce Challenge
Professional Safety, 2006, 11pgs
http://www.teamsafetyinc.com/articles/pdf/26-35Jan2006.pdf

This article talks about how organizations can keep their workers healthy and productive. Notably, it gives a detailed example of "how one organization integrated a physical conditioning program into the daily safety routine in order to prevent injuries and motivate lifestyle change." Drennan argues that this organization meets 19 out of 20 "NIOSH WorkLife's Essential Elements Workplace Programs and Policies for Improving Worker Health and Wellbeing."

Goetzel, Ron Z.
Examining the Value of Integrating Occupational Health & Safety & Health Promotion Programs in the Workplace
NIOSH, Steps to a Healthier US Workforce, 2005, Final Report, 61pgs
http://www.cdc.gov/niosh/worklife/steps/pdfs/BackgroundPaperGoetzelJan2005.pdf

This paper examines the role of worker health as a contributing factor to increases in workplace productivity, and the emergence of organizational practices that support the integration of occupational health, safety and productivity management programs. It reviews some of the common threads that run across several successful integrated program implementation efforts, and points to examples of "best practices" and quantitative results reported by these organizations. The paper concludes with some suggestions for next steps to be considered by government, industry, unions, nongovernment organizations, academia, and other policy experts.

Health Communications Unit at the Center for Health Promotion, University of Toronto
Influencing the Organizational Environment to Create Healthy Workplaces
The Center for Health Promotion, University of Toronto, 2004, 37pgs
http://www.thcu.ca/workplace/documents/influencing_org_envir_infopackv_1.1.FINAL.pdf

This packet of information contains: an overview of key factors which impact organizational health, such as stress and mental health, work-life balance and management practices; strategies to promote the health of the organizational environment; and ideas for workplace health promoters. It emphasizes the overlap between occupational health and safety, voluntary health practices, and organization change practices. The appendices also include sample questionnaires for stress/satisfaction and for managing for health and productivity.

Holman CD, Corti B, Donovan RJ, Jalleh G.
Association of the Health-promoting Workplace with Trade Unionism and Other Industrial Factors.
American Journal of Health Promotion. 1998 May-Jun; 12(5):325-34.

The study examines associations of five healthy workplace attributes with trade unionism and nine other industrial and socio-demographic factors. The aims were to illustrate the measurement of workplace health promotion indicators in Western Australia and to identify associations

leading to a better understanding of determinants of the healthy workplace. The study raises the hypothesis but cannot confirm that trade unions could provide a means for employees to pursue the creation of a health-promoting workplace. It suggests that small business represents an excellent target for health promotion activities.

Laborers' Health & Safety Fund of North America
LIUNA Health & Welfare Funds Face Challenges Ahead
Life Lines, 2003, Vol. 5, No. 2, 3pgs
http://www.lhsfna.org/index.cfm?objectID=7583367F-D56F-E6FA-99D582F0C7CED741

This short article addresses the fact that health care costs are rising, forcing many funds to reduce their benefits. One option to avoid or limit further cuts is to limit administrative expenses. Another is to encourage healthier lifestyles by promoting a variety of wellness programs.

Mathiason GG, Gannon AE et al
The Littler Report, Employer Mandated Wellness Initiatives: Respecting Workplace Rights While Controlling Health Care Costs
Littler Mendelson, P.C., 2007, 29pgs

This paper looks at legal issues around wellness programs. It provides a short summary of the current health care crisis and some examples of existing wellness programs at various companies.

Noblet A, Lamontagne AD.
The role of workplace health promotion in addressing job stress.
Health Promotion Int. 2006 Dec; 21(4):346-53. Epub 2006 Jul 31.

The purpose of the first part of this paper is to highlight the criticisms of the individual approach to job stress and to examine the evidence for developing strategies that combine both individual and organizational-directed interventions (referred to as the comprehensive approach). The aim of the second part of this paper is to provide a detailed description of what the comprehensive approach to stress prevention/reduction looks like in practice and to examine the means by which workplace health promotion can help develop initiatives that address both the sources and the symptoms of job stress.

Sorensen G, Stoddard A, Ockene JK, Hunt MK, Youngstrom R.
Worker participation in an integrated health promotion/health protection program: results from the WellWorks project.
Health Educ Q. 1996 May; 23(2):191-203.

This study examined worker participation in the WellWorks worksite cancer prevention intervention, which integrated health promotion and health protection. Results indicate that participation in programs to reduce exposures to occupational hazards might contribute to blue-collar workers' participation in health promotion activities.

Sorensen G, Stoddard AM, Youngstrom R, Emmons K, Barbeau E, Khorasanizadeh F, Levenstein C.
Local labor unions' positions on worksite tobacco control.
Am J Public Health. 2000 Apr; 90(4):618-20.

This report describes local unions' positions on tobacco control initiatives and factors related to these positions. Support for tobacco control initiatives among local unions was higher than might be expected on the basis of previous evidence.

UCI Health Promotion Center
Workplace Health Promotion Information & Resource Kit
1997, 24 pgs.
http://socialecology.uci.edu/users/dstokols/resource%20kit/hpc_kit.html

This kit, aimed at small and medium-sized businesses, includes a list of the top 12 workplace health promotion strategies, tips for a model health promotion program and a resource list for further reading. It is a component of a larger project by University of California, Irvine Health Promotion Center to develop five health promotion programs for California small and medium-sized businesses, conscious of their lack of resources often in place for larger corporations' wellness programs.

Attachment D

NIOSH WorkLife Initiative

Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing

The *Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing* is a resource document developed by the National Institute for Occupational Safety and Health (NIOSH) with substantial input from experts and interested individuals.

This document, a key part of the NIOSH WorkLife Initiative, is intended as a guide for employers and employer-employee partnerships wishing to establish effective workplace programs that sustain and improve worker health. The *Essential Elements* document identifies twenty components of a comprehensive work-based health protection and health promotion program and includes both guiding principles and practical direction for organizations seeking to develop effective workplace programs.

The WorkLife Initiative is intended to identify and support comprehensive approaches to reduce workplace hazards and promote worker health and well being. The premise of this Initiative, based on scientific research and practical experience in the field, is that comprehensive practices and policies that take into account the work environment--both physical and organizational-- while also addressing the personal health risks of individuals, are more effective in preventing disease and promoting health and safety than each approach taken separately.

The twenty components of the *Essential Elements*, presented below, are divided into four areas: Organizational Culture and Leadership; Program Design; Program Implementation and Resources; and Program Evaluation. The document is a framework that will be enhanced by links to resource materials intended to assist in the design and implementation of workplace programs and offer specific examples of best and promising practices.

Organizational Culture and Leadership

1. **Develop a "Human Centered Culture."** Effective programs thrive in organizations with policies and programs that promote respect throughout the organization and encourage active worker participation, input, and involvement. A Human Centered Culture is built on trust, not fear.

2. **Demonstrate leadership.** Commitment to worker health and safety, reflected in words and actions, is critical. The connection of workforce health and safety to the core products, services and values of the company should be acknowledged by leaders and communicated widely. In some notable examples, corporate Boards of Directors have recognized the value of workforce health and wellbeing by incorporating it into an organization's business plan and making it a key operating principle for which organization leaders are held accountable.

3. **Engage mid-level management.** Supervisors and managers at all levels should be involved in promoting health-supportive programs. They are the direct links between the workers and upper management and will determine if the program succeeds or fails. Mid level supervisors are the key to integrating, motivating and communicating with employees.

Program Design

4. **Establish clear principles.** Effective programs have clear principles to focus priorities, guide program design, and direct resource allocation. Prevention of disease and injury supports worker health and well being.

5. **Integrate relevant systems**. Program design involves an initial inventory and evaluation of existing programs and policies relevant to health and well-being and a determination of their potential connections. In general, better integrated systems perform more effectively. Programs should reflect a comprehensive view of health: behavioral health/mental health/physical health are all part of total health. No single vendor or provider offers programs that fully address all of these dimensions of health. Integrate separately managed programs into a comprehensive health-focused system and coordinate them with an overall health and safety management system. Integration of diverse data systems can be particularly important and challenging.

6. **Eliminate recognized occupational hazards.** Changes in the work environment (such as reduction in toxic exposures or improvement in work station design and flexibility) benefit all workers. Eliminating recognized hazards in the workplace is foundational to WorkLife principles.

7. **Be consistent.** Workers' willingness to engage in worksite health-directed programs may depend on perceptions of whether the work environment is truly health supportive. Individual interventions can be linked to specific work experience. Change the physical and organizational work environment to align with health goals. For example, blue collar workers who smoke are more likely to quit and stay quit after a worksite tobacco cessation program if workplace dusts, fumes, and vapors are controlled and workplace smoking policies are in place.

8. **Promote employee participation.** Ensure that employees are not just recipients of services but are engaged actively to identify relevant health and safety issues and contribute to program design and implementation. Barriers are often best

overcome through involving the participants in coming up with solutions. Participation in the development, implementation, and evaluation of programs is usually the most effective strategy for changing culture, behavior, and systems.

9. **Tailor programs to the *specific* workplace** and the diverse needs of workers. Workplaces vary in size, sector, product, design, location, health and safety experience, resources, and worker characteristics such as age, training, physical and mental abilities, resiliency, education, cultural background, and health practices. Successful programs recognize this diversity and are designed to meet the needs of both individuals and the enterprise. Effective programs are responsive and attractive to a diverse workforce. One size does not fit all—flexibility is necessary.

10. **Consider incentives and rewards**. Incentives and rewards, such as financial rewards, time off, and recognition, for individual program participation may encourage engagement, although poorly designed incentives may create a sense of "winners" and "losers" and have unintended adverse consequences. Vendors' contracts should have incentives and rewards aligned with accomplishment of program objectives.

11. **Find and use the right tools.** Measure risk from the work environment and baseline health in order to track progress. For example, a Health Risk Appraisal instrument that assesses both individual and work-environment health risk factors can help establish baseline workforce health information, direct environmental and individual interventions, and measure progress over time. Optimal assessment of a program's effectiveness is achieved through the use of relevant, validated measurement instruments.

12. **Adjust the program as needed.** Successful programs reflect an understanding that the interrelationships between work and health are complex. New workplace programs and policies modify complex systems. Uncertainty is inevitable; consequences of change may be unforeseen. Interventions in one part of a complex system are likely to have predictable and unpredictable effects elsewhere. Programs must be evaluated to detect unanticipated effects and adjusted based on analysis of experience.

13. **Make sure the program lasts.** Design programs with a long-term outlook to assure sustainability. Short-term approaches have short-term value. Programs aligned with the core product/values of the enterprise endure. There should be sufficient flexibility to assure responsiveness to changing workforce and market conditions.

14. **Ensure confidentiality**. Be sure that the program meets regulatory requirements (e.g., HIPAA, State Law, ADA) and that the communication to employees is clear on this issue. If workers believe their information is not kept confidential, the program is less likely to succeed.

Program Implementation and Resources

15. **Be willing to start small and scale up.** Although the overall program design should be comprehensive, starting with modest targets is often beneficial if they are recognized as first steps in a broader program. For example, target reduction in injury rates or absence. Consider phased implementation of these elements if adoption at one time is not feasible. Use (and evaluate) pilot efforts before scaling up. Be willing to abandon pilot projects that fail.

16. **Provide adequate resources.** Identify and engage appropriately trained and motivated staff. If you use vendors, make sure they are qualified. Take advantage of credible local and national resources from voluntary and government agencies. Allocate sufficient resources, including staff, space, and time, to achieve the results you seek. Direct and focus resources strategically, reflecting the principles embodied in program design *and implementation.*

17. **Communicate strategically.** Effective communication is essential for success. Everyone (workers, their families, supervisors, etc.) with a stake in worker health should know what you are doing and why. The messages and means of delivery should be tailored and targeted to the group or individual and consistently reflect the values and direction of the programs. Communicate early and often, but also have a long-term communication strategy. Provide periodic updates to the organizational leadership and workforce. Maintain program visibility at the highest level of the organization through data-driven reports that allow for a linkage to program resource allocations.

18. **Build accountability** into program implementation**.** Accountability reflects leadership commitment to improved programs and outcomes and should cascade through an organization starting at the highest levels of leadership. Reward success.

Program Evaluation

19. **Measure and analyze.** Develop objectives and a selective menu of *relevant* measurements, recognizing that the total value of a program, particularly one designed to abate chronic diseases, may not be determinable in the short run. Integrate data systems across programs and among vendors. Integrated systems simplify the evaluation system and enable both tracking of results and continual program improvement.

20. **Learn from experience.** Adjust or modify programs based on established milestones and on results you have measured and analyzed.

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Attachment E

LOHP Checklist for Workplace Health Promotion Programs
DRAFT July 2008

What programs are in place to provide protection on the job?

☐ Effective Injury and Illness Prevention Program
- o Written plan that includes responsible person, hazard identification and control plan, training/communication, etc.

☐ OSHA compliance program
- o Employer is aware of and complies with all OSHA regulations

☐ Active health and safety committee
- o (or other form of joint worker-management involvement)

☐ Support for injured worker to limit further harm (prompt care, appropriate return to work policies, modification of work)

☐ Other:

What programs are in place to support individual health promotion?

☐ Health insurance provided for workers and families

☐ Smoking cessation benefits (classes, pharmaceuticals)

☐ Exercise programs
- o On-site work-outs; subsidized membership at health club, etc.

☐ Information and education
- o Useful health promotion materials distributed
- o Classes offered (e.g. living with diabetes, weight control, managing asthma, controlling hypertension, etc.)

☐ Paid time off provided for MD appointments, health education classes and/or exercise

☐ Employee assistance and/or other mental health services

☐ "Family friendly" policies (child care, elder care, flexible work hours, etc.)

☐ Other:

Attachment F

Model for Workplace Health Promotion

(LOHP 8/05, rev 10/06)

A model approach to promote programs that are holistic, addressing all of the following elements is presented below.

	Individual Action (worker)	**Workplace Action** (employer/joint labor-management)
Occupational Health	***Examples of what workers can do to help prevent occupational exposures:*** • Learn and follow all safety and health procedures • Avoid safety "shortcuts" • Use PPE properly and consistently • Participate in joint labor-management safety and health programs • Report any unsafe conditions promptly	***Examples of what can be done in the workplace to prevent job-related injury and illness:*** • Comprehensive injury and illness prevention programs • OSHA compliance • Joint labor-management health and safety committees • Hazard control measures, effective interventions • Case management for injured/ill workers to prevent further harm
Personal Health	***Examples of what workers can do to help protect their own health and well-being:*** • Participate in classes, programs, or support groups to address tobacco, alcohol, diet, exercise, and other problems • Share information and resources with co-workers and families • Seek and follow medical advice	***Examples of what can be done in the workplace to support healthy choices:*** • Adequate health insurance; insurance that includes behavioral health services and mental health services • Coordination of benefits to help improve access and customer service • Smoking cessation services • Exercise programs (on-site, subsidized health club memberships) • Make nutritious meals/food choices available • Information/education (classes, materials, resources) • Paid time off for participation in

		behavioral health programs • Employee assistance programs • Family friendly policies (childcare, eldercare, flex-time) • Provide access to community support networks

Attachment G

Message to Unions: Comprehensive Workplace Health Promotion Programs

Employees AND management must be engaged early in planning a comprehensive workplace wellness program and must continue joint participation in the implementation and evaluation.

Why should unions add this to their list of priorities?
Working class has increased risk for chronic health issues (i.e. # smokers, poor diets)
Current double-digit health care cost keeps increasing
Aging labor force (workers post pone retirement)
Could shape as a positive intervention instead of discipline
Way to offer programs to workers who value wellness
Way to negotiate with employer to address health and safety issues in the workplace

Barriers Employers and Unions are Facing:

- Lack of interest by employees (this could be due to some workplace culture factors such as poor program advertising, additional cost for participating in programs, not able to access easily, other stressful/hazardous working conditions are not being addressed so workers are skeptical, privacy)
- Lack of staff resources
- Lack of funding (hard to show the cost pay off of reducing injuries and illnesses without good evaluation and data gathering efforts)
- Lack of participation of high risk employees
- Lack of high level management support

Unions are an excellent way to engage employees in wellness programs because they:

- have the communication structure for research and programs
- have a strong sense of community and identity of union
- have respect of members
- can promote wellness messages within union messages of supporting strong work ethics and the desire to be healthy to stay employed and provide for the family.
- Evidence-based intervention methods (motivational interviewing, peer-led teams) are natural fits

Research shows that employees need incentives beyond desiring a "healthier lifestyle". Need:

- involvement in the planning and implementation and evaluation and support to do so.
- direct incentives (cash payment for participation or obtaining goals, health care premium differential, time off for "well days", merchandise award programs, enhanced medical benefit coverage)
- workplace factors addressed appropriately (i.e. workplace health and safety programs functioning well in identifying and removing workplace hazards - ergonomics, safety,

workplace stress as well as redefining EAP effectiveness for substance abuse prevention and disability management)
- personal factors addressed in an appropriate way, not "blaming the victim" but identifying workplace factors as well as personal factors and not focusing on individual's behavior but approaches for the entire workforce.
- peer support (appropriate training for peer health coaches) as well as dedicated staff to the programs (not just volunteers that do the work in addition to their normal workload)
- evidence based programs (data showing that it is an area in the workforce that needs interventions, as well as evidence that interventions being explored are effective and what makes them effective)
- programs that are specific to the worker population (i.e. dispersed workforces, health care industry already are experts so reach them appropriately, etc.)

(Points taken from "Wellness/Health Promotion Programs and Unions", Moss H, Kincl, L and O'Neil C.)

Attachment H

New work and health strategy
puts lifestyle measures first

Futile exercise?
Hazards 93, February 2006

Workplaces make people sick. They kill tens of thousands each year. A new government workplace health strategy could make a difference. But Hazards *editor Rory O'Neill discovered the government plan gives far greater emphasis to changing your lifestyle than changing your workplace.*

The government's new strategy, 'Health, work and well-being – Caring for our future' (1), is clear that work can be bad for your health. A foreword to the October 2005 report, produced jointed by the Department of Work and Pensions (DWP), Department of Health (DH) and the Health and Safety Executive (HSE), notes that "40 million working days are lost every year to occupational ill-health and injury, and a third of those people coming on to Incapacity Benefit have come from work."

A new National Director of Occupational Health – the workplace health "czar" – is due to be appointed early in 2006 and will oversee the strategy, raise awareness of the work and its relationship to health and well-being, develop measures to monitor progress and success and lead a national debate on occupational health and well-being, including how innovative proposals might be developed and funded. The government says its new strategy "will enable us to work with our partners across and outside government to break the link between ill-health and inactivity, to advance the prevention of ill-health and injury, to encourage good management of occupational ill-health, and to transform opportunities for people to recover from illness while at work, maintaining their independence and sense of worth."

There's already a dizzying blur of new organisations and programmes set up, all with government support, to deal with the challenge, and more on the way – the Centre for Workplace Health, Pathways to Work, Well@Work, Workplace Health Connect, NHS Plus, Safe and Healthy Working, Pathfinders. One priority of the strategy will be to "address gaps" in provision of return-to-work programmes and to extend vocational rehabilitation. The 30 page blueprint for health at work has three key aims – getting people into work, keeping them in work and using the workforce as a captive audience for workplace health promotion activities.

What's it all about?

The problem

- Workplace sickness absence costs 12bn a year
- 40 million days lost to occupational ill-health and injury
- 2 million people suffering from ill-health believed that was work-related in 2004/05 (2)
- Only 15 per cent of British firms provide basic occupational health support, and only 3 per cent provided comprehensive support (3)
- 2.7 million people claim incapacity benefit, annual bill £12.5bn.

Key strategy aims

- Engaging stakeholders through a National Stakeholder Council and a National Stakeholder Network; supporting creation of local stakeholder councils; developing a Charter for Health, Work and Well-being; initiating a national debate
- Improving working lives
- Improving health care for working page people

Bad behaviour

The health, work and well-being strategy includes some far-reaching proposals to address Britain's occupational injury and disease epidemic (*Hazards* 92). But while the joint DWP, DH and HSE workplace health initiative is upfront about the high financial and human cost of work-related ill-health, the strategy itself is heavily skewed towards health promotion. Also on the to-do list, is promoting health promotion and health improvement advice.

The clear intention is to prioritise measures in the workplace to address workers' personal fitness, diet and assorted bad habits. Under the plan, the British workforce could be doing jumping jacks around the office, skipping up the stairwells, foregoing the fry-up and chomping on nicotine gum. It's only their jobs that would stay the same.

There are dangers in prioritising health issues at work over those caused by work. Employers may have a greater appetite for cheap, easy and voluntary lifestyle measures, and workplace risk prevention - changing an employer's bad behaviour - could be further sidelined as result. And while grand claims are made for workplace health promotion, the reality may be less impressive.

The new strategy document cites just one independent study (4) to support this practice and says this review "showed that heart conditions and other risks factors were lessened by participation in an occupational activity programme." In fact, the paper does not identify a reduction in heart conditions in any of the studies it cites. The authors showed a stunning lack of knowledge of

prevention of occupational health risks, however, only identifying one paper – a review on prevention of musculoskeletal disorders - that met their criteria for inclusion in their paper.

The authors also admit to a shocking flaw in the workplace health promotion evidence. The review says it must be assumed that the impact on "average" employee of sports or nutrition programmes, for example, "are considerably lower than the published figures suggest, as the study participants normally represent a small, health-conscious minority." It adds: "In North America the success of activity programmes has been challenged since appraisals indicate that, at best, 20 to 30 per cent of the entitled employees participate. This is especially problematic against the backdrop of self-selection as it must be assumed that it has not been possible to reach exactly those employees, who would profit most from the behavioural changes."

It could also unleash an invasion of health promotion advisers with little or no knowledge of or interest in workplace risk factors and a blitz of self-proclaimed but wholly unregulated rehabilitation programmes.

Invasion of the buttie snatchers

Most of us spend over half our waking day throughout a large part of our adult lives in work. And most of us would want that experience to be conducive to good health – and that means conditions which encourage a healthy lifestyle and environment inside and outside of work.

Healthy lifestyle programmes, often run by outside advisers, are appearing in workplaces nationwide. Well@Work, a programme led by the British Heart Foundation (BHF), is one of the more noteworthy examples (4). The £1.5m project, co-funded by the Department of Health, is a "two-year programme to test ways of getting England's workplaces healthier." It will involve 8,500 employees in the private, public and voluntary sectors. A final report on the project is due in October 2007.

According to the project's website: "Increasing physical activity will be a major focus, but projects will also be aimed at encouraging better diets, giving up smoking, reducing alcohol intake and other lifestyle changes. The methods will include everything from using pedometers to encourage more walking, to workplace awareness campaigns on smoking, physical activity, alcohol and diet. Attention will also be paid to the working environment and how this can influence employees' health."

None of the key interventions identified by Well@Work deal with workplace risk factors – and the British Heart Foundation has to date maintained a conspicuous silence on work-related causes of heart disease, despite strong evidence that work is responsible for one in five deaths from the condition (*Hazards* 83). There's nothing in the project plan that suggests it has any intention to address the chemicals, environments and work methods that cause these deaths.

What makes us sick

The government's health, work and well-being strategy evangelises about the personal health side of the equation, and is encouraging initiatives like Well@Work to promote exercise, smoking cessation and healthy diets. It is also pushing measures to get the sick and injured back to work, through sickness absence management and vocational rehabilitation.

Where is falls flat is in prevention of the poor working environments and the work pressures that drive many of us drink, or that leave us no time or energy for exercise and neither the time nor the cash to make healthy choices about diet. Low pay is a health issue; long work hours are a health issue; hazards at work are a health issue. Telling employees to clean up their act while the workplace and the work remains unchanged is a patently suspect and potentially unhealthy recipe.

And lifestyle measures themselves should only be introduced "in a supportive, and non-judgmental way," says TUC's Frances O'Grady. "Don't make the mistake of one large employer who almost had a strike on their hands when they unilaterally removed the full English breakfast from the canteen menu because they thought it would be good for workers. That kind of paternalistic approach is not going to help.

"Instead look at supporting social clubs and getting them to provide a range of activities beyond a snooker room and an annual booze cruise to Calais. Look at providing a canteen with a range of options. Give time off for smoking cessation classes, and have a positive drugs and alcohol policy. These are all great. But do them with the workforce, not for them."

Real job of work

Measures to address the workplace risk factors that drive poor lifestyle choices – more humane hours and breaks, action on shift work and systems of work, improved job satisfaction and control, substitution of chemicals, action on risk assessments, more job security and addressing low wages - can have tangible benefits for all the workforce.

But the component of the strategy intended to improve health and well-being is almost entirely concerned with lifestyle, with the workplace a convenient pulpit from which to preach the lifestyle lesson. The work-related component is concerned with after-the-fact interventions – getting the sick back to work and productivity. A greater emphasis on primary prevention of hazards could yield by far the most significant impact on health, and though that on sickness absence. Work is one of the major contributors to all the UK's major killers – cancer, heart disease and obstructive lung disease (*Hazards* 92). The same goes for the major causes of long-term sick leave, including mental illness and back pain. And employers have a legal duty to address the causes of work-related ill-health.

However enforcement of the laws intended to address work-related injury and ill-health has dropped dramatically, latest figures show (6). Crucially, the strategy ignores entirely the way bad employers drive employees bad habits, including drug and alcohol use (*Hazards* 84). According to TUC deputy general secretary Frances O' Grady: "We need to look at the deeper relationship between work and health. That means addressing work-life balance and giving people the time an opportunity to make choices about their health." She said this should include "empowering workers to make their own choices and involving safety representatives." O'Grady added: "We do not want to see any move from prevention towards sickness absence management."

Work Fit in BT

BT's Work Fit programme (7), which the company says "is probably the biggest lifestyle initiative in the world", was launched in 2005. Work Fit is backed by unions CWU and Connect. According to CWU: "The campaign is aimed at getting the entire BT workforce to look at work-life balance, and to give help and advice on how to avoid heart problems, get fit lose weight, stroke prevention, lowering cholesterol, having a healthier diet and a healthier lifestyle."

BT staff are encouraged to sign up online to the programme. At the end of January 2006, four months into the programme, 16,500 of BT's 80,000 UK employees had joined the scheme. The web-based programme provides access to two nurses employed as lifestyle advisers and to general advice. Workers participating in the scheme complete an initial lifestyle questionnaire designed by a major drug company, and are sent a "health toolkit", including advice, a pedometer, tape measure, and discounts on gym membership and on blood press and cholesterol tests.

CWU regional safety reps are involved, and have been running "CWU Work Fit" stalls, promoted by BT, in the

entrance areas to some BT buildings. The stalls "encourage people to sign up to the programme and to ensure that BT now starts giving a higher profile to health issues," says CWU.

Unproductive strategy

Some commentators are already warning the approach is seriously flawed. A December 2005report from The Work Foundation (8) says the health, work and well-being strategy "lacks cohesion and will have little impact on the real issues affecting health and productivity," because it underplays the harm causes by work and is poorly coordinated.

'Healthy work: Productive workplaces', produced with the London Health Commission, says problems such as sickness absence, dependence on welfare benefits and low pay have their root in bad jobs that give employees little voice and control. It says other issues that impact health and productivity include imbalances between effort and reward, bad management and poor job design. The report argues that employers must tackle the whole system and not just symptoms in isolation. It says initiatives to improve health and work are tackled by several different government agencies and social partners who too often don't work together.

According to report co-author David Coats: "If work is one of the major routes to both a healthier population and a more productive one then government must sort out the muddle of agencies by creating a clear strategic framework, transparent policy objectives and a route map that all can follow."

And the health, work and well-being strategy is a wish-list, not a regulation-backed and enforced prescription for better workplace health. There is no compulsion anywhere in the plan. It is a take-it-or-leave approach that relies entirely on employer goodwill. That may work to varying degrees with the better employers, but the worst employers offering the most unhealthy conditions inside the workplace together with the wages and conditions conducive to poor health outside it, can and will ignore the whole initiative.

Healthy returns for rehab cowboys

Flogging rehabilitation services is set to become a big money spinner – and it doesn't require any qualifications or expertise to set up in the rehab business. There is no regulatory body governing the fledgling "profession". Rehabilitation could become a rogues' paradise.

Already there are reports of dodgy outfits on the prowl. One firm has been touting for trade from insurers and legal

bodies, claiming to be able to rehabilitate a non-critically injured person in just three sessions at £30 a time. According to Zurich personal injury claims manager David Southwell: "I have rehabilitation companies promising me nirvana and I don't know who can and can't deliver – Zurich cannot afford to get the wrong person."

Dr Andrew Curran, scientific director for HSE's Centre for Workplace Health, told *Hazards*: "It is incredible that people are offering to rehabilitate people for £30. I am concerned people will pay £30 and get crap, it's £30 wasted. It will get the whole issue of occupational health a bad name if people are not helped appropriately." He added: "One of the difficulties of occupational health is that it becomes much easier to operate as a cowboy because there is no single body responsible – it is multidisciplinary, and strays across a number of areas."

Involving unions

Alongside the plethora of workplace health organisations – described as "a bonanza for outside contractors" by one well-placed HSE insider who contacted *Hazards* - there is a role for unions, and particularly safety reps, says the strategy. On healthy workplaces, the strategy highlights "working with trade unions at local, regional and national levels to build on the successful work that they have already undertaken in partnership with employers to better protect employees from health risks in the workplace. In particular, we will seek to develop the constructive and supportive role of safety representatives."

The strategy also envisages "engaging all stakeholders, but especially employers, unions and insurers, to develop a coordinated and mutually supportive approach to the health and well-being of people at work and to demonstrate the positive impact this will have on people's lives, and therefore on the competitiveness of Great Britain." And on occupational health support it says it will be "exploring innovative models of occupational health delivery which will help to address resourcing issues, review the role which health and safety representatives might play and explore the nature and delivery of training that such groups would require."

So far, however, there has been no sign of any cash bonanza for unions conducting this work. And while the strategy identifies a need to involve unions and union reps, the government has consistently refused to extend workers' rights, including the creation of "roving safety reps" which could at a stroke create a national network of trained and union-resourced health and safety advisers (*Hazards* 89).

Companies, meanwhile, are encouraged "to report their occupational health and safety performance as a key part of their business performance reporting, using the HSE's Corporate Health and Safety Performance Indicator (CHaSPI) system (9) and the equivalent Health and Safety Performance Indicator for small businesses. The strategy goals also include "identifying incentives for businesses to encourage the provision of occupational health support", with more emphasis on rehab.

Strategy at work

The work, health and well-being strategy says it will provide three major benefits, by helping individuals:

- manage minor health problems in work and ensuring swift treatment so they can remain in work
- return to health following an absence from work because of illness through specialist return-to-work support, redeployment and adaptations to work and work practices
- avoid work-related health problems as the strategy "will increase the number of people whose workplaces have access to occupational health support that is aimed at reducing the number of people who suffer from work-related ill-health."

OHS, danger, OHS!

The new work health strategy says the government wants "to achieve access to competent occupational health advice and support for all employees."

A centrepiece of the government's plan is Workplace Health Connect (10), privately run but wholly funded by the government to the tune of £20m over two years, kicking off in February 2006. It will provide an advice line for England and Wales and five regional hubs or "Pathfinders". This new service for small and medium sized firms will offer "free and impartial advice on occupational health, safety and return to work issues." However, the service can only be accessed by employers, with the service refusing to talk directly to employees.

This "no workers" decision has been criticised by TUC. "The reality is that most workers are very reticent t go through their employer to access any form of service," TUC deputy general secretary Frances O'Grady told a joint TUC/HSE December 2005 conference on the new strategy (11). "Any employee-centred approach must be on the basis that because the service is for the benefit of the employees themselves, it must be aimed at being accessible by the employee and for the employee."

An HSE insider told *Hazards* they see Workplace Health Connect as "backdoor privatisation". He added: "If it was to apply nationwide its budget would rival that of HSE. It performs functions many will recognise as jobs traditionally done by HSE, but without the enforcement." The service is expected to conduct 5,700 visits over the next two years. When HSE inspectors see "matters of evident concern" on a visit, for example high risk activities, they are required to act regardless of the original purpose of the visit. Workplace Health Connect has no such duty nor any power to intervene.

Sickness at work

DWP sees workplace sickness absence management programmes as a key part of strategy. It says they lead to a dramatic decrease in the number of sick days and much swifter return to work. The work, health and well-being strategy dovetails with other government initiatives. In January 2006, secretary of state for work and pensions, John Hutton announced "something for something" incapacity benefit reform. Currently about 2.7 million people claim incapacity benefit, resulting in an annual bill of £12.5bn.

The plans are spelled out in a 24 January 2006 Green Paper (12). Incapacity benefit will be replaced with a single payment called the Employment and Support Allowance. The government plans to get one million incapacity benefit claimants back into work within 10 years. The minister has also indicated that GPs could be paid cash incentives to encourage the long-term sick back to work.

The health, work and well-being strategy also envisages a greater role for GPs by "ensuring effective links between GPs, occupational health professionals and employers are developed", and improving the education of GPs in relation to health and work, "to assist them in providing better fitness for work advice to patients". The strategy also says the government will be piloting links between GPs and employment support to assist patients in staying in or returning to work, following health problems.

Unions are concerned that workplace sickness absence initiatives, a big component of the new strategy, assist and don't harass sick employees back to work. Scientists' union Prospect asked to visit the private firm running the Ministry of Defence pilot on sickness absence reporting. It wanted to ensure the nurses employed by Active Health Partners "support staff rather than put pressure on them to return to work before they are ready."

Reducing sickness absence is not the same as reducing ill-health. There is compelling evidence in fact that going those taking sick leave are more productive in the long-term than the working wounded. Britain's biggest ongoing workplace health study, the Whitehall II study of civil servants, reported in the British Medical Journal that "short term absences may represent healthy coping behaviours," with workers were less likely to end up on the long-term sick list (13).

And the whole health, work and well-being strategy pre-supposes employers are going to want to employ those 1m workers that are being targeted for a transfer from welfare into work. A 2005 report from the Chartered Institute of Personnel Directors found that the core jobless, which

grouped those with a history or long-term sick leave alongside those with a criminal record or a history of drug or alcohol problems, were shunned by many employers.

UNION CHECKLIST

-Has the union been fully consulted prior to the introduction of any health or rehabilitation programmes?

- Has the union been consulted on the selection and role of any health promotion or rehabilitation advisers?

- Has the union formulated its own demands on workplace health and safety improvements as a condition for the introduction of health promotion programmes?

- Are safety reps fully informed and involved?

- Are work-related causes of ill-health prevention priorities?

- Are work factors including working hours, flexibility, pay rates, breaks and work hazards addressed by the programme?

- Is worker confidentiality maintained? (*Hazards* 89)

- Is sickness absence management separate from the disciplinary procedure? (*Hazards* 85).

- Are initiatives such as flexi-work and gym membership equally accessible at all levels in the firm?

- Are drug, alcohol and smoking cessation policies supportive, not punitive?

Organisations

Centre for Workplace Health A “national centre of excellence to promote health in the workplace” was launched in September 2005. The Centre is a collaboration between the University of Sheffield, The Sheffield Teaching Hospitals Foundation Trust and the HSE’s Health and Safety Laboratory. more

Pathways to Work Pilot projects to assist people on incapacity benefit back into work. The government intends to roll out the programme nationwide. more

Workplace Health Connect A confidential service designed to give free, practical advice on workplace health, safety and return to work issues, to smaller businesses (with 5 to 250 workers) in England and Wales. Includes an advice line, which will only respond to queries from employers. Will undertake workplace visits on request. To start in February 2006. more

NHS Plus. NHS Plus is a network of NHS occupational health departments across England, supplying services to non-NHS employers. It offers support to industry, commerce, and the public sector, with a focus on small and medium sized enterprises (SMEs) more

Scotland's Health at Work A national award programme "which rewards employers who demonstrate commitment to improving the health and ultimately the performance of their workforce." more

Safe and Healthy Working Safe and Healthy Working is part of the Scottish Centre for Healthy Working Lives and provides an occupational health and safety service for small and medium sized enterprises in Scotland. more

Constructing better health An industry led and funded initiative. The Leicestershire based project is a pilot for a planned national initiative. more

BBC Big Challenge Healthy workplaces. Part of the BBC's health promotion campaign. more

References

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12. *A new deal for welfare: Empowering people to work*, Green Paper, January 2006.

13. Kivimäki M and others. *Sickness absence as a global measure of health: evidence from mortality in the Whitehall II prospective cohort study*. BMJ, vol.327, pages 364-70, 2003. more

Resources

Hazards website

Work and health • Drug and alcohol policies • Sickness absence • Rehabilitation • Workers' health information

TUC website

Rehabilitation • Sickness absence • Drugs and alcohol

Faculty of Public Health/Faculty of Occupational Medicine Creating a Healthy workplace guide

CCOHS Bringing health to work web portal

Attachment I

Measuring the Health of Our Workplace

TORONTO Human Resources

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Message from the Executive Director

We all know what it takes to become an organization that is recognized as a leader in civic service….or do we? In this year's Human Resources Annual Report 2004, Measuring the Health of Our Workplace, we explore one of the critical components of organizational excellence – providing a healthy and safe workplace. We identify components which include a strong health and safety program and effective workplace wellness initiatives. Unlike health and safety, workplace wellness is an abstract concept for most of us. Like "customer service" no two people would describe it in the same way. This report provides the framework for understanding "workplace wellness"; the legislative framework for Occupational Health and Safety and our partnership role in supporting the Toronto Public Service. The City's People Strategy which was adopted by City Council in April 2003 provides the context for this and future Human Resources Annual Reports. An integrated model captures the idea that as an employer, the City can affect change and achieve a healthy and safe workplace by intervening at different places.

I am interested in your feedback and encourage you to send me your comments at bhohn@toronto.ca.

Brigitte Hohn

This report was prepared by the Human Resources (HR) Division with special efforts by the HR Annual Report Writing Group (Christine Stoat, Cindy O'Brien and Louise Gorby). Thanks go to the Corporate Communications group who provided creative support to this initiative.

April 2005

Measuring the Health of Our Workplace

The Corporate Context: Making Progress on Implementing the People Strategy

In April 2003, City Council adopted the People Strategy which provides a corporate human resource (HR) context for how the City of Toronto will be recognized as a leader and model of civic service excellence through its people, the employees of the City of Toronto.

As a people-oriented plan, it provides the foundation for building and renewing relationships and sharing responsibilities and commitments. It provides strategic directions and a framework for managing all employees including those who deliver direct services to the public. Ultimately it supports the implementation of operational business plans and the Mayor's and City Council's nine (9) strategic priorities.

As the People Strategy is not an end unto itself, the Human Resources Division provides an on-going source of program and professional resources and partners with others. Our goal is to ensure operational success by integrating people issues with business planning at both divisional and corporate levels. This is a unique responsibility and one that is reinforced by leading management consultants including Dave Ulrich who, in an interview with the Conference Board of Canada stated that "the quality of people and their engagement will be critical factors in corporate vitality…."

In this and subsequent annual reports, we will use the People Strategy as a diagnostic tool to explore hot strategic HR issues; highlight trends; illuminate plans for the future and reveal where opportunities may exist. Bread and butter HR services such as staffing, labour relations, training and compensation will continue to dominate the landscape, however corporate vitality increasingly will depend on strategic HR planning data and decisions to foster a people-oriented workplace where employees are valued and recognized. The People Strategy embodies the spirit and intent of the corporate vitality. In using the People Strategy as an on-going diagnostic tool, the organization moves toward achieving its goal to be recognized as the leader and model of civic service excellence.

The Toronto Public Service
People Strategy Mission Statement

"The City of Toronto will be recognized as the leader and model of civic service excellence."

A Healthy and Safe Workplace Within the Toronto Public Service

Within the People Strategy, there are five (5) key result areas. These inform our on-going path and direction.

The five key result areas of the People Strategy are:

- Leadership
- Management of People
- Retention and Recruitment
- Building a Productive Workforce: a Learning Organization and;
- A Healthy and Safe Workplace

As noted earlier, an in-depth exploration of each of these key result areas will be provided each year as part of the HR Annual Report.

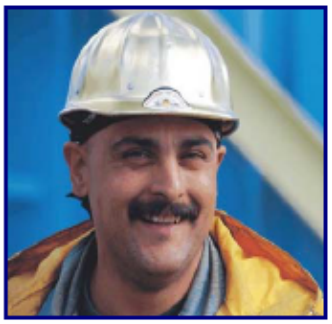
Our Focus

In this year's Human Resources Annual Report, we explore ***A Healthy and Safe Workplace*** on two fronts:

- Occupational Health and Safety
- Workplace Wellness

Throughout this report, you will see an integrated model which is used in this report to illustrate an integrated approach to achieving a healthy and safe workplace. You will also see references to programs; progress on program initiatives; trends; and where available, statistical and demographic workforce data related to Occupational Health & Safety and Workplace Wellness.

We hope you will enjoy this year's HR Annual Report and find it useful.❖



Section 1

Occupational Health and Safety

Integrated Model

Human Resources Annual Report 2004
6

Section 1

Occupational Health and Safety

Achieving a Healthy and Safe Workplace is and will continue to be a joint responsibility of City Council, senior decision-makers, unions and associations, managers and all employees who share responsibility for making it a reality throughout the organization.

In the case of Occupational Health and Safety, there is also a legislated obligation as the program operates under the authority of the Ontario Occupational Health and Safety Act and related regulations.

This section related to the City's Health & Safety Program provides details on the initiatives underway, the City's legal obligations and plans for the future to ensure the safety of our staff and clients. Programs aimed at providing a safe workplace are top-of-mind for this organization and the responsibility is taken very seriously.

Health and Safety:

The Legislative Framework

The Ontario Ministry of Labour Occupational Health and Safety Program sets, communicates, and enforces laws aimed at reducing or eliminating workplace fatalities, injuries and illnesses. The legislation covers approximately 300,000 workplaces and 4.6 million workers in Ontario. The Occupational Health and Safety Act sets out the rights and duties of all workplace parties (employers, supervisors, and workers). It establishes procedures for dealing with workplace hazards, and provides for enforcement of the law where compliance has not been achieved voluntarily. The Act is based on a philosophy known as the "internal responsibility system", whereby workplace parties are deemed to be in the best position to identify health and safety problems and to develop solutions. Provisions of the Act aimed at fostering an adequate internal responsibility system include requirements for employers to have a health and safety policy, program and system to monitor the effectiveness of that policy and program. An effective and fully functioning occupational health and safety program includes the following elements:

- instruction, training and orientation programs;
- appointment of appropriately trained and sufficient supervisory personnel;
- auditing or reviewing of the workplace for foreseeable health and safety risks;
- implementation of steps to control or eliminate identified hazards;
- communication of health and safety risks to workers;
- establishment and maintenance of joint health and safety committees;
- establishment and implementation of policies, practices and procedures to protect workers against risks; and
- enforcement of policies, practices and procedures.

Ministry inspectors have broad powers, among other things, to inspect any workplace; to conduct

investigations in response to accidents, work refusals, or health and safety complaints; to order compliance with the Act and regulations; and to initiate prosecutions. Where there are contraventions of the Act or the regulations, the inspectors may issue written orders requiring the employers to comply with the law within a certain time period. If the contraventions in question are dangerous to workers' health or safety, the inspectors may also issue stop orders.

In 2003-2004 there were 77,800 orders issued.

Source: Ministry of Labour Office of the Provincial Auditor of Ontario

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In 2002, the Ministry had approximately 230 inspectors who carried out about 56,000 field visits annually; two-thirds of those visits pertained to inspections, and the remaining one-third pertained to investigations. The Ministry has recently hired 100 new inspectors and has embarked on a recruitment initiative to hire 100 additional inspectors as a result of this trend. These inspectors have been hired to assist in fulfilling the government's goal of reducing workplace injuries by 20 per cent by 2008.

The City's Health and Safety Program

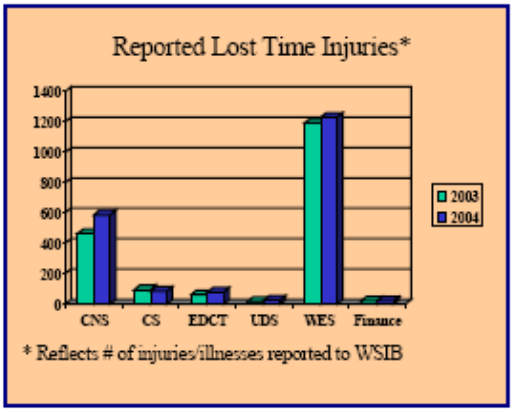
Occupational Health and Safety is and will continue to be a high priority for the Toronto Public Service. Providing the leadership; strategy; structure; policies; reporting; claims management; data and practices, Human Resources developed partnerships with the unions, COTAPSA and senior management to support employees in providing a healthy and safe workplace. A comprehensive set of initiatives have been undertaken in 2004 which focus on education, prevention and compliance:

- establishment of joint health and safety committee structures within each City operating area and a central Occupational Health and Safety Co-ordinating Committee;
- revitalized the central Occupational Health and Safety Co-ordinating Committee;
- establishment of a Human Resources structure that enables provision of safety, occupational hygiene and ergonomics services to City service areas;
- development of a number of occupational health and safety policies, programs and safe work procedures to address hazards within City work operations;
- development and delivery of health and safety training programs for City managers, employees and joint health and safety committees; and
- development of policies regarding protective clothing and equipment with TCEU Local 416 and CUPE Local 79.

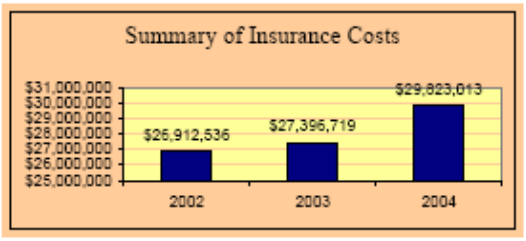
Data

In 2004, the City showed an overall increase of 9.2 per cent over the previous year in lost time injuries reported to the Workplace Safety and Insurance Board. Increased lost time injuries were reported in all City departments except Corporate Services. An overall increase of 10.5 per cent in reported recurrences was experienced during the

same period together with Ministry of Labour orders which also increased.



Total workplace safety and insurance costs for the City increased by 8.8 per cent. Increased costs are largely attributable to increasing health care costs (being experienced by all employers) and survivor benefits arising from occupational disease claims.



Emerging Issues for 2005/06

The City's health and safety statistics demonstrate that additional and sustained attention to workplace health and safety is needed.

It is, of course, critical to the wellbeing of our employees and their families to eliminate or reduce, to the extent possible, the incidence and severity of workplace accidents. In addition to this key motivator, a number of other factors demonstrate that creation and maintenance of a strong City health and safety culture is essential. Factors that have the potential to affect the City in 2005 and beyond include:

- Bill C-45 amendments to the Criminal Code facilitate criminal prosecution for individuals and organizations for workplace health and safety negligence. Every one who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person;
- increased level of provincial inspections and ticketing powers to fine individual supervisors and managers and employees violating the Act;
- increased attention by the Workplace Safety and Insurance Board on its prevention mandate and enhanced links between the WSIB and the Ministry of Labour's (MOL) enforcement arm;
- increased recognition and entitlement to benefits for occupational disease by the WSIB, with the expected result that there will be an increase in the number of occupational disease claims approved for City workers; and
- the possibility that in 2005 the WSIB will begin to recognize work-related chronic stress as compensable

It takes the combined efforts and commitment of senior managers, front line managers and supervisors, employees, unions and HR's health and safety professionals to achieve a safe and healthy workforce for City employees.

Enhancing the health and safety of employees and reducing costs for the City will be a major focus in 2005. The following initiatives will move the organization towards this goal.

1. Educational Opportunities:

   - implementation of the newly-approved Occupational Health and Safety Orientation program;
   - enhancing measures to educate, and facilitate health and safety communications between supervisors and staff.

2. Prevention:

   - re-emphasis on Workplace Hazardous Materials Information System (WHMIS) requirements;
   - establishment of a process for conducting comprehensive and objective occupational health and safety audits that will enable prompt identification and correction of health and safety concerns.

3. Accountabilities:

   - taking additional steps to ensure health and safety performance of all City staff is evaluated as part of performance evaluation.❖

Section 2

Workplace Wellness

Integrated Model

Section 2

Workplace Wellness

We know intuitively that healthy workplaces contribute to an individual's physical, mental, spiritual, and social well-being. Conversely we know that an unhealthy workplace can result in employee stress and high costs to employers. According to the Industrial Accident Prevention Association (IAPA) research and Dr. Graham Lowe, author of the *Quality of Work: A People-Centred Agenda* report,"It's psychological, social or mental health problems that are driving up the cost of prescription drug and disability costs."

Employee absenteeism due to stress has increased over 316 % in the last decade.

Source: Stats Can

A healthy workplace can contribute to higher job satisfaction, lower absenteeism and turnover, improved job performance, lower accident rates and reduced health benefits including worker's compensation costs.

According to the "Perspectives on People" Towers Perrin report (a global management consulting firm) "finding the right work-life balance approach can result in higher levels of motivation, energy and performance". Their report identifies workplace wellness as "a number one people-related priority" for organizations.

Workplace stress and stress-related illnesses costs the Canadian economy $5 billion a year.

Source: Canadian Mental Health Association

What is Workplace Wellness?

What traditionally has been a public health issue is now a workforce management issue.

Source: Health Canada

Research supports the notion that a one-size fits all approach to workplace wellness does not work. No two employers would describe workplace wellness in exactly the same way.

A healthy workplace addresses a whole spectrum of health-related attitudes and practices, including the physical environment (air quality, noise, lighting, ergonomics, safety), the psycho-social environment (e.g. freedom from harassment, work-family balance), and personal health practices (nutrition, exercise) as well as employees' perceptions of their own health and stress.

Source: Health Canada

Components of wellness programs include courses, lunch and learn information sessions, access to fitness centres and wellness centres, "healthy" cafeterias, increasing training and coaching of managers, employee recognition, implementing work and work-life balance initiatives and empowering employees through training and control over their work.

Wellness can best be described as the achievement of a culture that fosters healthy lifestyles/habits and a safe, comfortable and positive workplace. Research shows that people spend over 100,000 hours at work, therefore the workplace is a major contributor to our overall health. Creating a culture that fosters healthy lifestyles/habits and provides a supportive, comfortable and positive environment is recognized as having a positive impact on organizational performance.

Employee stress and difficulties in balancing work, health and family, costs our country $2.7 billion annually.

Source: Conference Board of Canada

Organizational Models

A worn-out, unhealthy workforce is costly, and many of today's leaders recognize the impact of day to day life on employees and the role it plays in organizational performance.

Of Fortune Magazines "Top 100" companies, 67 per cent offered comprehensive wellness programs. This includes Canada's most successful companies such as Royal Bank, Husky Injection Mouldings, BC Hydro, Telus Mobility, Rogers Communications, MDS Nordion and Enbridge Gas. Public sector organizations have also experienced great success with wellness programs including the University of Alberta, Scarborough Grace Hospital, Georgian College, Province of Saskatchewan and Simcoe County. Ontario municipalities that have formal wellness programs include Regions of Peel and Halton, Town of Richmond Hill and Oakville.

TPS Workplace Wellness Framework

As previously noted, research supports the notion that a truly effective wellness program focuses on an integrated model.

A workplace wellness model for the Toronto Public Service was established in 2004. This is an integrated framework which has three components – ***Mind, Body*** and ***Spirit***.

Mind – People have the knowledge and skills to do their job.

Body – Staff work in an environment that supports and encourages personal health and work-life balance.

Spirit – Staff find meaning and fulfillment in their work, feel part of the organization and are proud to be a contributing member.

While the Mind, Body and Spirit model was only developed as a formal enterprise-wide framework in 2004, programs and services aimed at supporting employees were already place. The following highlights the informal activities that are already in place to support the Mind, Body and Spirit of the TPS.

Mind

New courses specifically designed to support Workplace Wellness were introduced in 2004 including the New Spirit of Work and the Mind, Body and Spirit course which was designed to assess one's attitudes, behaviours and lifestyle choices, and explore workplace wellness issues and individual strategies. These courses offered through the TPS Training Guide in 2004 were aimed at ensuring that people have the knowledge and skills to do their job.

Some of the other courses that were offered in 2004 through the course calendar included training for managers and supervisors; HR Management; Relationship Building; Communication; Personal Effectiveness; Personal Financial Planning; Health and Safety; Fleet and IT Training.

Body

Working in an environment that supports and encourages personal health and work-life balance requires interventions at various places. The following are examples of initiatives which support both employees and the public. These include the annual free flu vaccine clinics; the annual "Bike to Work" campaign and the addition of 2,360 bike parking facilities spread across the City to encourage physical activity. On-site first aid and primary nursing care is also provided at City Hall to employees and members of the public who are at City Hall grounds. Located at City Hall and Metro Hall, there are two affordable employee fitness centres for those employees working in the downtown core. Centres are well-equipped and staffed by certified fitness professionals and offer a variety of cardio and weight equipment as well as lunchtime aerobics classes.

The Employee Health and Rehabilitation Services (EH&R) helps support a healthy workplace by working closely with other members of Human Resources, departments and unions to provide supportive reintegration into the workplace for employees with either physical or mental health problems.

The Employee Assistance Program (EAP) offers employees access to free, confidential, short-term counseling information. Services are designed to provide professional assistance to help resolve personal problems that may affect work life. EAP also provides referral services to employees who are looking for eldercare and daycare services in the community. Employees who are parents of very young children also have access to daycare centres co-located in City Hall and Metro Hall; other City workplaces (e.g. Social Service offices); and sites in close proximity to City workplaces (e.g. North York Civic Centre). In addition, EAP also offers services which include legal, financial and services that support employees in managing a work/life balance.

An Occupational Health Physician and Consultant Physiotherapists conduct on-site assessments at City Hall and provide recommendations for employees returning to work.

Spirit

There are a number of initiatives in place which contribute to building a positive culture where employees feel a part of the organization and contributions are recognized. For example, the CAO's *Just Say Thanks* program; the non-union *Performance Management* program; the *Learning Summit* which was a two day event that focussed on celebrating departmental successes. This event lead to a total of eight award-winning submissions for the City at the Public Sector Quality Fair which featured exhibits and presentations at the Metro Convention Centre. The fair promotes innovation and proven best practices and celebrates the success of projects. Awards were received for the following: Social Services Data Mart (Gold Award); Social Services Kids @computers Scholarship Project (Silver Award); Shelter, Housing and Support Programs for Homeless Pregnant Women (Silver Award); Toronto's Economic Development SARS

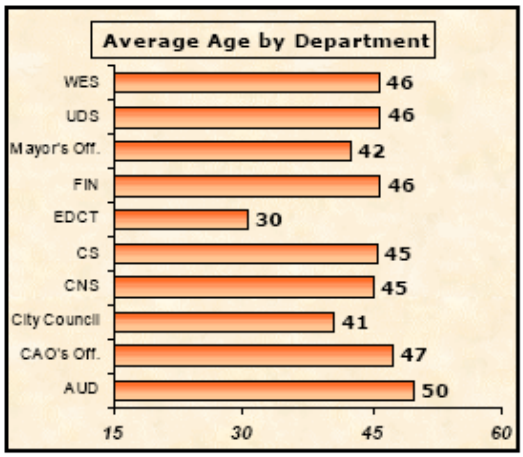
Economic Recovery Program "You Belong Here Campaign" (Silver Award) and Urban Development Services' Marketing Taxicab Driver/Owner Training Courses (Silver Award). Individual departments also have designed and supported reward and recognition programs for individuals and groups including the Public Health "You Make a Difference" program.

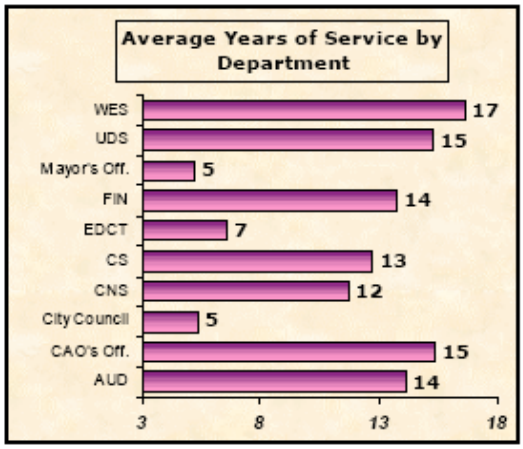
Emerging issues for 2005 and 2006 - Data

An extensive two year study conducted by the Institute of Public Administration of Canada (IPAC) in 2004 "Making Government the Best Place to Work: Building Commitment", reported that turnover in the public sector is extremely low when compared to the private sector.

The IPAC report also revealed that "*public sector employees are staying in their jobs but are not happy doing so*".

Finally the City's age demographics reveal that a high number of employees are baby boomers or what is commonly referred to as the "sandwich generation" where the juggling of issues associated with aging parents and childcare is common.





Childcare in Toronto remains relatively inaccessible – about 14 % of children 12 and under in Toronto attended regulated childcare in 2003 and; seniors are still waiting for places in nursing homes. Over the past three years the number of seniors on waiting lists for nursing homes has varied from 4,131 in 2002 to 2,407 in 2004.

Source: Toronto's Vital Signs 2004

35 % of workers, men and women, reported that they provided care for a relative or in-law 62 years or older in the past year, and employees with families reported significantly higher interference between their jobs and family lives than 20 years ago (45% vs. 34%)

Source: 2004 National Study of Changing Workforce: Families and Work Institute.

The demographic make-up of the TPS workforce, the findings from research including that of the IPAC study and other factors including potential increased workload due to the impact of a two-year hiring freeze, and increased time for commuting to work all combine to a call for action which is planned for 2005 and beyond.

Maintaining the status quo is not an option for the TPS, as lower employee engagement ultimately results in reduction in organizational performance. Organizational performance is optimized when employees feel a sense of connection to their organization, their team, their job and have a sense of connection or engagement beyond "basic loyalty".

The promotion of a wellness culture throughout the TPS will be a major focus in 2005. The following initiatives will move the organization towards this goal.

1. Education:
    - targeted training through Mind, Body and Spirit workshops;
    - creation of Wellness Web site.
2. Program Development:
    - research and develop proposal for formal program through cross-departmental "Workplace Wellness Committee".
3. Accountability:
    - develop partnership with Public Health and other stakeholders in launching formal Workplace Wellness program.

Section 3

Where We Go From Here

Section 3

Where We Go From Here

The City has an opportunity to capitalize on the synergies between workplace wellness; occupational health and safety and good human resource management.

The literature clearly suggests that effective integration of health, safety and wellness initiatives will have a positive impact on organizational culture, however the underlying determinants of health, safety and wellness can only be altered through changes in policy, programs and people practices. Leadership and management practices including increasing collaboration with the City's unions and staff associations will be important factors in addressing this key result area of the People Strategy.

In order to encourage continuous improvement in the areas of health, safety and wellness, the integrated model shown throughout this report will be used. It captures the idea that the organization can effect change by intervening at different places. This report clearly raises the ante for managing and supporting a healthier and safer workplace.

The plans in place to move this forward are outlined herein.

Occupational Health and Safety

- implementation of the newly-approved Occupational Health and Safely Orientation program;
- enhancing measures to facilitate health and safety communications between supervisors and staff;
- establishment of a process for conducting comprehensive and objective occupational health and safety audits that will enable prompt identification and correction of health and safety concerns; and
- regular reporting of health and safety statistics to the executive team and City Council.

Workplace Wellness

- "Workplace Wellness Committee" to identify issues, challenges and create solutions to promote a wellness culture throughout the TPS. Development of pilot projects, creation of task forces to research and focus on key elements of the work environment – including alternative work arrangement strategies for employees, transition to retirement; reward and recognition programs;
- establishment of change management programs that focus on behaviours as a means of achieving lasting culture change – this includes the development of a corporate learning strategy;
- implementation of targeted training and development of programs and tools aimed at Mind, Body and Spirit which reinforce and enhance the New Spirit of Work and Mind, Body and Spirit workshops; and
- the launch of a formal Workplace Wellness strategy during National Healthy Workplace Wellness Week (October 24-30, 2005) in partnership with Public Heath and the Medical Officer of Health and under the leadership of the Executive Director of Human Resources.❖