

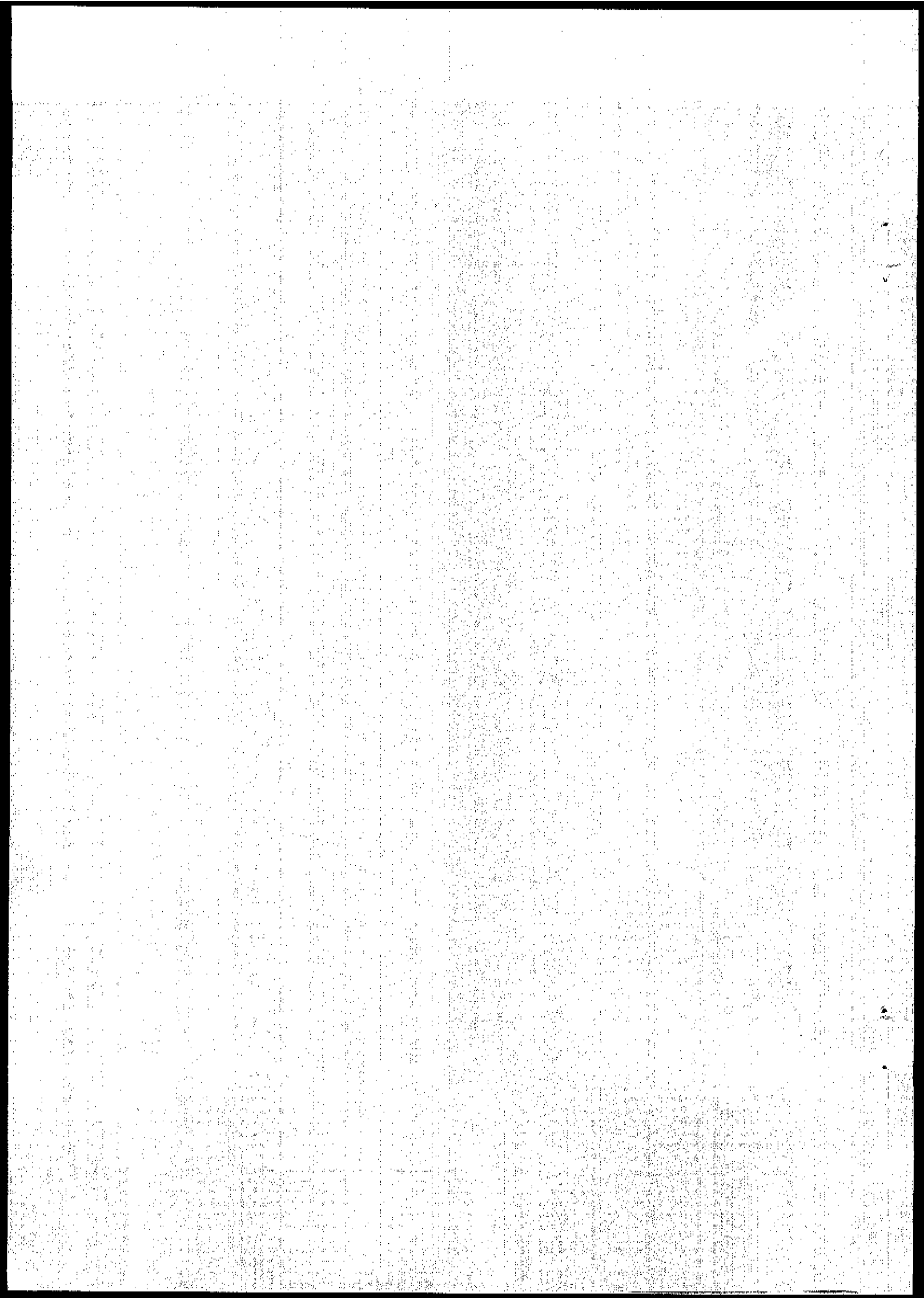
WHO/HPR/HEP/98.9
Distribution: limited
English only

The Health-Promoting Workplace: Making it Happen



WORLD HEALTH ORGANIZATION
HEALTH EDUCATION AND HEALTH PROMOTION

SEPTEMBER 1998

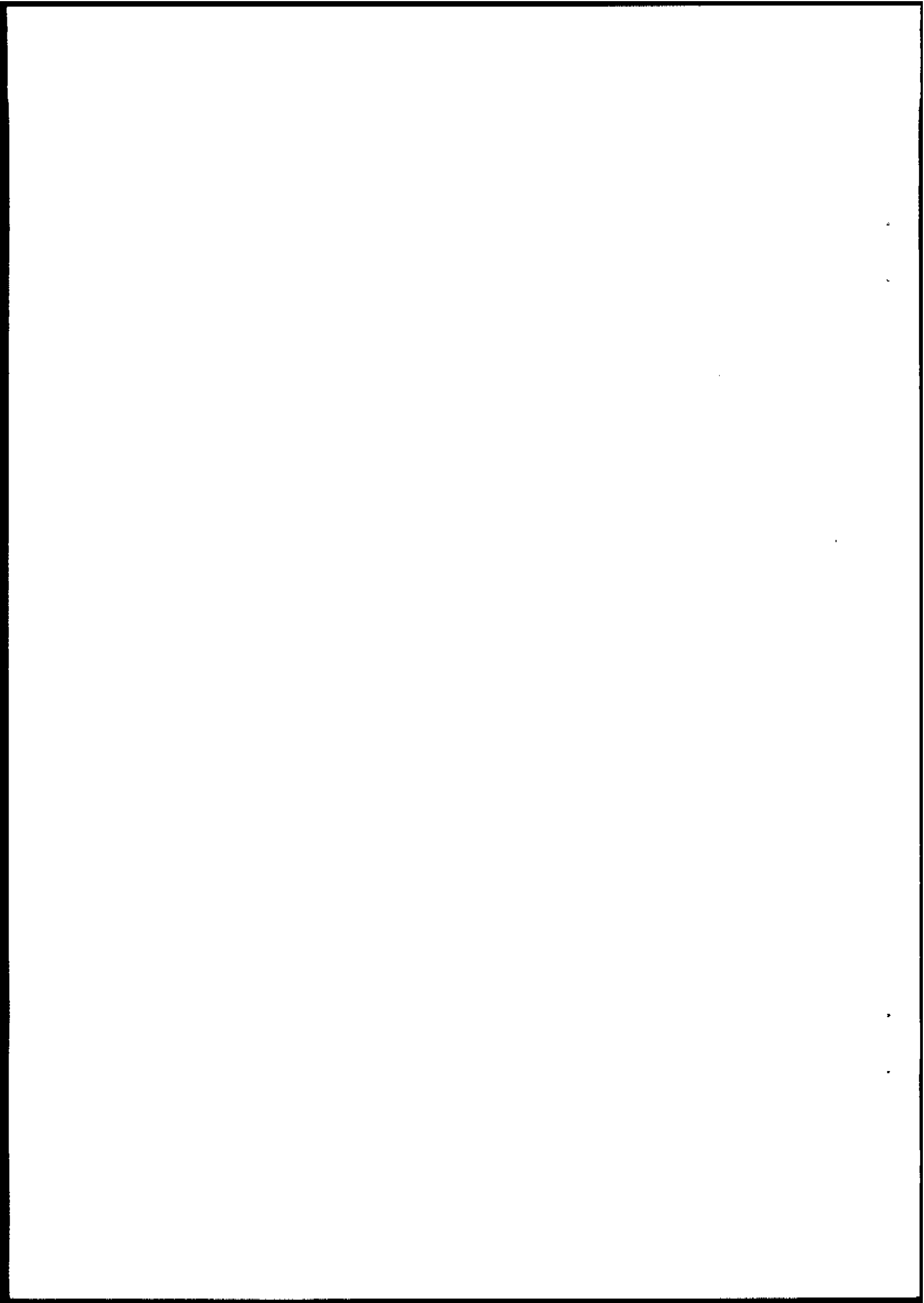


The Health-Promoting Workplace: Making it Happen

This document is not issued to the general public and all rights are reserved by the World Health Organization (WHO). This document may not be reviewed, abstracted, quoted, reproduced, translated in part or in whole without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other - without the prior written permission of WHO.

Table of contents

Acknowledgments	v
Introduction	1
Workplace health promotion: what is it?	1
Why promote health in the workplace?	2
Why now?	3
Health promotion in the workplace: what does it look like	4
Promoting workplace health promotion: what you can do	7
Promoting workplace health promotion: what WHO will do	9
<hr/>	
References	11
Annex I - Selected resources for workplace health promotion ..	13



Acknowledgements

This text has been prepared by Merri Weinger, Education Consultant, Health Education and Health Promotion, WHO, Geneva. Special thanks are extended to the members of the ad hoc Advisory Group on Workplace Health Promotion for their assistance in conceptualizing and reviewing this document. Members of the advisory group are:

Dr. Gregor Breucker, Federal Association of Company Health Insurance Funds (BKK), Germany

Dr. Cordia Chu, Director, Institute of Environment, Health and Development for the Asia-Pacific, Griffith University, Nathan, Australia

Mr. Terrence Dalton, Health Canada, Ottawa, Ontario, Canada

Mr. John Griffiths, Health Promotion Wales, United Kingdom

Dr. Richard Helmer, Director, Division of Operational Support in Environmental Health, WHO

Dr. Jorma Jarvisalo, Director, The Social Insurance Institution Research and Development Centre, Turku, Finland

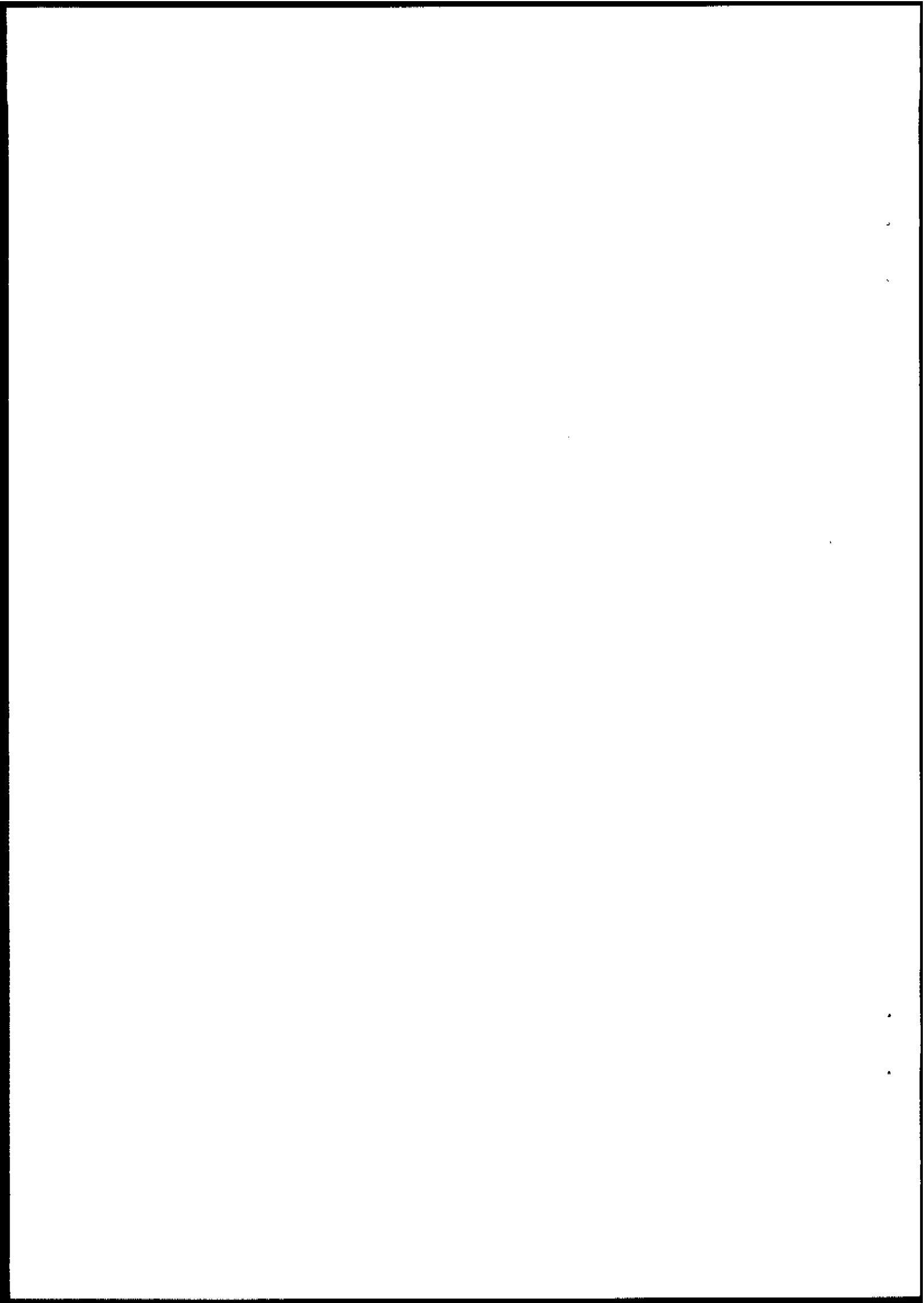
Dr. Desmond O'Byrne, Chief, Health Education and Health Promotion, WHO

Ms. Andrea Stitzel, Institute for Psychology of Work, Unemployment and Health, University of Bremen, Germany

Mr. Peter Trowell, Health Education and Health Promotion, WHO

We should also like to thank the many experts in the field who have contributed their advice and comments. In addition, the valuable assistance with research, editing and review provided by Mary Olivella, Education Specialist, Berkeley, California deserves special recognition.

The final edit was provided by David Bramley, while Pat Drury, Health Education and Health Promotion, WHO, was responsible for the layout.



THE HEALTH-PROMOTING WORKPLACE MAKING IT HAPPEN

Introduction

The World Health Organization (WHO) considers the workplace a priority setting for health promotion in the 21st century. Like other settings where WHO has developed health-promoting initiatives (schools, cities, hospitals, marketplaces), the workplace can have a very positive impact on the health and well-being of workers, their families, communities and society at large. However, in spite of demonstrated benefits, current workplace health promotion (WHP) efforts reach a limited number of workplaces and workers around the world.

This document is designed to help extend high-quality WHP programmes to workplaces in all regions and to encourage innovative additions to existing initiatives. Only when WHP becomes a part of national policy, organizational agendas and workplace personnel practice will its chances for sustainability be enhanced. Therefore this document is addressed to decision-makers in government, business and industry, employer associations and trade unions, professional associations and nongovernmental organizations in the hope that they will use it to increase the visibility of WHP on their regional and national agendas.

Workplace health promotion: *what is it?*

WHP includes a variety of **policies and activities in the workplace** that are designed to help employers and employees **at all levels to increase control over and improve their health**. WHP involves the participation of **employees, management and other stakeholders** in the implementation of **jointly agreed initiatives** for the health and well-being of the workforce. ⁽¹⁾

While some health promotion activities in the workplace tend to focus on a single illness or risk factor (e.g. prevention of heart disease) or on changing personal health practices (e.g. smoking, diet), there is a growing appreciation for the multiple determinants of workers' health. In addition to person-focused interventions, WHP initiatives have moved toward a more comprehensive approach, which acknowledges the combined influence of personal, environmental, organizational, community and societal factors on employee well-being. ⁽²⁾ A health-promoting workplace recognizes that a healthy workforce is essential and integrates policies, systems and practices conducive to health at all levels of the organization. Rather than a series of projects, WHP is an ongoing process for improving work and health.



The following are four **fundamental principles of WHP**.⁽³⁾

COMPREHENSIVE	Incorporates a range of interventions that create a safe, healthy and supportive work environment and promote organizational and individual behaviour change for better health.
PARTICIPATORY AND EMPOWERING	Encourages the participation of employees and management in decisions that affect their health; increases confidence in their ability to make changes in their lives; promotes skill-building for health protection and promotion.
MULTISECTORAL	Involves key stakeholders from different sectors, including government, industry, the health sector, academic institutions, trade unions, nongovernmental organizations, the community and others.
MULTIDISCIPLINARY	Integrates the expertise of professionals from a variety of disciplines including occupational health and safety, medicine, health education, human resources, organizational development, lifestyle professions (e.g. fitness, nutrition), law, facilities planning and management.

If programmes do not meet all of these criteria, does it mean that their sponsors are not doing WHP? No, these are simply important benchmarks for measuring progress in creating a health-promoting workplace.

Why promote health in the workplace?

The work environment is a key determinant of employee health. Since the majority of the adult population spends much of their waking life at work, many employers have recognized that the workplace offers an ideal environment for promoting health, and that healthy workers are more likely to be productive workers. Similarly, if neglected, the work environment can have extremely negative consequences for workers' health, causing stress, injury, illness, disability and death.⁽⁴⁾ A health-promoting workplace is not only free of hazards, but also provides an environment that is stimulating and satisfying for those who work there. While a healthy workforce is essential to a successful enterprise, it is also fundamental to the socioeconomic well-being of countries.⁽⁵⁾



Although efforts to create health-promoting workplaces are moving ahead in several countries, much remains to be done. A review of WHP programmes around the world reveals remarkable benefits, including improved health status, increased job satisfaction, enhanced morale and work productivity, as well as financial gains (e.g. reduced absenteeism and employee turnover, lower health care and insurance costs).⁽⁶⁾ However, such programmes have primarily been limited to large-scale enterprises in developed countries. Moreover, many of these interventions have been narrowly focused on changing individual lifestyle (e.g. smoking habits, diet, exercise), to the exclusion of the environmental and organizational factors that also have a significant impact on employee health.⁽⁷⁾

Benefits of WHP⁽⁸⁾	
To the organization	To the employee
<ul style="list-style-type: none"> ● A well-managed health and safety programme ● A positive and caring image ● Improved staff morale ● Reduced staff turnover ● Reduced absenteeism ● Increased productivity ● Reduced health care/insurance costs ● Reduced risk of fines and litigation 	<ul style="list-style-type: none"> ● A safe and healthy work environment ● Enhanced self-esteem ● Reduced stress ● Improved morale ● Increased job satisfaction ● Increased skills for health protection ● Improved health ● Improved sense of well-being

Why now?

The changing nature of work is already having a dramatic impact on workers' health. By the year 2000, the workforce of the world will be over 2.7 billion people, of whom a great majority (over 80%) will be in developing countries.⁽⁹⁾ Despite growing industrialization, most of these workers will be found in subsistence agriculture. Economic development may contribute to improved health, but unplanned and poorly controlled industrialization can also add to health risks. Examples include the siting of polluting industries near population centres and the transfer of unsafe products and practices to other countries.⁽¹⁰⁾ New strategies are needed to increase access to WHP in developing countries, among both the agricultural and industrial workforce.

Workplace demographics are also changing with an ageing workforce, a growing number of women workers and increased levels of education and literacy. Technological innovations will result in job loss for some, part-time work for others, increased work in the small enterprises, home and cottage industries known as the informal sector, as well as more self-employment. There will be an increasing number of workers in small businesses, which already employ the vast majority of the workforce. These small businesses, many with fewer than 20



employees, often feel that they do not have the necessary resources and expertise for launching WHP programmes. Innovative approaches for reaching small and medium-sized businesses and the informal sector are still in their infancy.⁽¹¹⁾

With an estimated job shortage of 1.3 billion in the year 2000, unemployment will be one of the major social problems of the world.⁽⁹⁾ In addition to causing health and psychosocial problems, job loss and instability will result in little or no health promotion and protection.

Reaching workers with special needs	
<ul style="list-style-type: none">● Agricultural workers● Home and cottage industries● Small and medium-sized business● Women workers	<ul style="list-style-type: none">● Part-time workers● Self-employed● Unemployed● Older workers

Health promotion in the workplace: what does it look like?

Action areas may include the following⁽¹²⁾:

Creating health-promoting policies

At regional and national levels, an excellent example of a health-promoting policy is the European Union's framework directive (1989) which required Member States to include workplace health and safety provisions in their national legislation.⁽¹³⁾ Additionally, the Department of Health and Children in Ireland recently developed a national strategy for WHP (1998).⁽¹⁴⁾ In the workplace, management commitment to WHP can be expressed through investment in health and the development of a strong overall health policy which may include provisions for restricted smoking, prevention of alcohol abuse, and the establishment of a health and safety committee.

Creating supportive environments

A health-promoting workplace recognizes that people are its greatest resource and develops policies, systems and practices to ensure that the work environment supports good health and well-being.⁽¹⁵⁾

At a minimum, WHP should include:

- **Strong leadership**
The presence of dynamic leadership and commitment at regional, national and workplace levels is essential to programme success.



- **Actions to promote a safe and healthy work environment**
This involves not only full adherence to occupational health and safety laws and their enforcement, but also management and employee education on how to recognize and prevent potential hazards to their health.
- **Access to safe drinking water and basic sanitation**
While many take water and basic sanitation for granted, they are not yet a reality for many workers around the world.

But also, actions to improve:

- **Workplace design and organization**
This may involve changes in the physical environment to ensure health and the environmentally-conscious design of production techniques, products and services. It may also lead to modifications in organizational structure to reduce stress and help employees feel better about themselves and their work. These include changes in management style, increased employee participation and control over working conditions, enhanced communication and teamwork, and opportunities for professional and social development.

Strengthening workplace action

Workplace action takes the form of working together to set priorities, plan and implement programmes for better health. Key to strengthening workplace action are:

- **Worker participation** in planning and implementing WHP programmes through employee advisory or health and safety committees;
- **Recognition of the non-occupational factors** that may affect health, such as the health and well-being of the family, literacy and its impact on health protection, and violence in the surrounding community.

Developing personal skills

The workplace offers a variety of opportunities to provide information, enhance skills and ensure an environment that facilitates healthier habits. Examples are:

- **Personal skills for health protection** (e.g. stress management, smoking cessation, prevention of alcohol and drug abuse, promotion of exercise and healthy diets);



- **Training for implementers of WHP programmes** (e.g. employee representatives, employers, managers, health professionals, trade unionists).

Strengthening health services

Dialogue and partnership with the health services are needed to develop a more visible and integrated approach to WHP. Actions may include:

- **Increased access to occupational health services** (e.g. health education and screening for potential work-related problems);
- **Promotion of primary and preventive health care services** (e.g. screening and routine medical checks); the workplace can also be used as a site for public health interventions such as HIV reduction and malaria control;
- **Strengthening the role of local and district health services as providers for workers** (e.g. pap test and blood pressure screening);
- **Providing training for service providers** (on WHP for occupational health professionals and on occupational health and safety for primary health care services).



Promoting workplace health promotion: what you can do

In spite of WHP success stories from around the world, the general level of awareness and activity remains low in many countries. Getting WHP on the agenda and increasing its visibility will require a multisectoral approach. The following are suggested actions for key players who can have a significant impact on the future of WHP. ⁽¹⁶⁾

Regional and national government

- Establish a policy framework and budget for WHP, including minimum statutory requirements for occupational safety and health, as outlined in the relevant ILO conventions and recommendations. ⁽¹⁷⁾
- Advocate for WHP programme development and implementation through government ministries and national centres of health promotion. Many ministries have 5-year plans of action. If WHP does not appear in them, the chances are that there will be limited activity in this area.
- Set national objectives for WHP, targeting sectors of greatest need. Establish pilot projects to field test WHP methodologies.
- Build alliances and try to achieve consensus among key players (e.g. National Steering Committee for WHP in Australia).
- Demonstrate the value of WHP by example. Support its implementation in government departments.

Business and employers associations

- Advocate for and promote WHP within your constituency, publicly endorse WHP, publicize it in newsletters and at conferences.
- Promote health structures in the workplace (e.g. health and safety committees, occupational health and safety departments, health policies and budgets).
- Disseminate information. Promote sharing of good practices and demonstrated benefits.
- Manage a roster of WHP service providers and provide guidance on their selection. In several countries, small businesses and trade associations have joined forces to identify WHP resources in the community in nongovernmental organizations, government services and universities.



Employee associations / trade unions

- Advocate for and promote WHP with employers and employers' associations. Target specific trades.
- Disseminate information and provide training to constituents.
- Ensure that WHP is part of the core values of companies and labour management agreements.

Professional health and labour associations

- Advocate for WHP to your membership, governments, universities, employers' associations, and the community.
- Promote training. Develop training curricula and standards.

Nongovernmental organizations, professional groups, voluntary and consumer associations

- Promote WHP policy and practice (e.g. advocacy for smoke-free workplaces by cancer and health associations or safe use of pesticides by farmworker groups).

International organizations

- Funding bodies may support the development of sustainable, culturally sensitive WHP programmes.
- Provide education and guidance for implementation of WHP.
- Promote interagency cooperation and coordination.

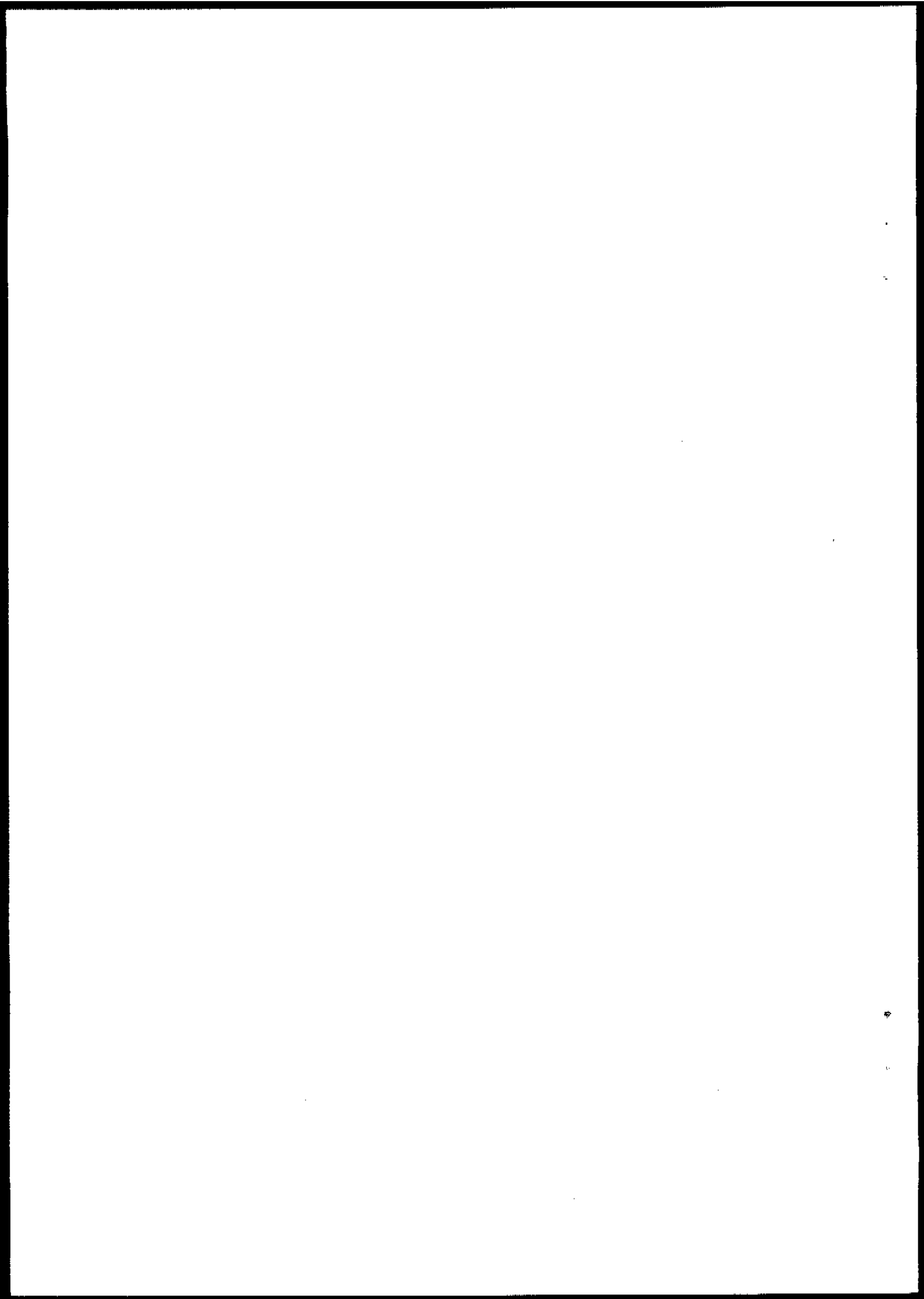


Promoting workplace health promotion: what WHO will do

The goal of WHO's WHP initiative is to increase the number of workplaces that can truly be called "health-promoting". As part of its plan of action, WHO will provide technical support to countries in developing projects in the area of work and health. More specifically, WHO aims to:

- **Provide an international focal point and strive for a common vision for WHP;**
- **Support regional and national networks and alliances for health-promoting workplaces;**
- **Disseminate information, tools and experiences (e.g. models of good practice, guidelines, training manuals);**
- **Facilitate training on WHP in teaching institutions and for professionals in the field;**
- **Promote research to improve current and future practice.**





References

1. Chu C, Simpson R (eds.) *Ecological public health: from vision to practice*. Brisbane, Griffith University, 1994 (joint publication of the Centre for Health Promotion, University of Toronto, and the Institute of Applied Environmental Research, Griffith University, Queensland).
2. Stokols D, Peletier KR, Fielding JE. The ecology of work and health: research and policy directions for the promotion of employee health. *Health education quarterly*, 1996, 27 (2): 137-158.
3. *The Luxembourg Declaration on Workplace Health Promotion in the European Union*. Adopted by the European Network for Workplace Health Promotion, November, 1997.
4. *The world health report, 1998*. Geneva, World Health Organization, 1998, p. 95.
5. Chu C, Driscoll T, Dwyer S. The health-promoting workplace: an integrative perspective. *Australian and New Zealand journal of public health*, 1997, 212 (4): 377-386.
6. Demmer H. *Worksite health promotion: how to go about it*. European Health Promotion Series, No. 4. Essen, World Health Organization, 1995, p. 5.
7. Chu C, Driscoll T, Dwyer S. *WHO's global healthy work approach*. Geneva, World Health Organization, 1997 (Document HPR/HEP/97.2).
8. Griffiths JH. *A practical guide to health promotion in the workplace: guidelines for alliance-building and networking with companies*. European Health Promotion Series No. 5. Cardiff, World Health Organization, 1995, p. 17.
9. *Global strategy on occupational health for all*. Geneva, World Health Organization, 1995 (Document WHO/OCH/95.1).
10. *Health and environment in sustainable development*. Geneva, World Health Organization, 1997 (Document WHO/EHG/97.8).
11. Wynne R, Clarkin N. *Under construction: building for health in the EC workplace*. Luxembourg, European Foundation for the Improvement of Living and Working Conditions, 1992.
12. *Ottawa Charter on Health Promotion*. Geneva, World Health Organization, 1995 (Document WHO/HPR/HEP/95.1).



-
13. The framework directive. *Official Journal of the European Communities*, No L 183, 1989, pp. 1-8.
 14. *Health promotion in the workplace: healthy bodies - healthy work*. Dublin, Department of Health and Children, 1998.
 15. *VicHealth in the workplace: annual review 1996-7*. Carlton, Victorian Health Promotion Foundation, p. 10.
 16. Wynne R, Clarkin N. p. 161.
 17. *International Labour Conventions and Recommendations 1919-1995*. Geneva, International Labour Organization, 1996 (3 vols.). Also at <http://www.ilo.org>



ANNEX I

SELECTED RESOURCES FOR WORKPLACE HEALTH PROMOTION

WHO documents

Breucker G, Schroer A (eds.) *International experiences in workplace health promotion*. European Health Promotion Series, No 6. Essen, World Health Organization, 1996.

Demmer H. *Worksite health promotion: how to go about it*. European Health Promotion Series, No. 4. Essen, World Health Organization, 1995.

Global strategy on occupational health for all. Geneva, World Health Organization, 1995 (Document WHO/OCH/95.1).

Griffiths JH. *A practical guide to health promotion in the workplace: guidelines for alliance-building and networking with companies*. European Health Promotion Series, No. 5. Cardiff, World Health Organization, 1995.

Health promoting hospitals. The International Network of Health Promoting Hospitals and its projects. Vienna, Ludwig Boltzmann-Institute for the Sociology of Health and Medicine and Copenhagen, World Health Organization, 1998. (Contact: Fax: 43 1 4277/48290; E-mail: hph.soc-gruwi@univie.ac.at; Web site: <http://www.who.dk>)

Health promotion for working populations: report of a WHO Expert Committee. WHO Technical Report Series, No 765. Geneva, World Health Organization, 1988.

The Jakarta Declaration on Leading Health Promotion into the 21st Century. Geneva, World Health Organization, 1997 (Document HPR/HEP/41CHP/BR/97.4).

The Ottawa Charter on Health Promotion. Geneva, World Health Organization, 1995, (Document HPR/HEP/95.1).

WHO's global healthy work approach. Geneva, World Health Organization, 1997 (Document HPR/HEP/97.2).



Other resources

Chu C, Simpson R (eds.), *Ecological public health: from vision to practice*. Brisbane, Griffith University, 1994 (joint publication of the Centre for Health Promotion, University of Toronto, and the Institute of Applied Environmental Research, Griffith University, Queensland).

Corporate health model. A guide to developing and implementing the workplace health system in medium and large businesses. Ottawa, Health Canada, 1991. Also small business and farm business health model. Request list of publications from: Health Canada, Jeanne Mance Bldg, Tunney's Pasture-A1: 1918-B, Ottawa-Ontario K1A 1B4, Canada. (Fax: 1 613 941 2633)

Heaney C, Goldenhar L. Worksite health programs. Theme issue of *Health education quarterly*, 1996, 27 (2).

Karasek R, Theorell T. *Healthy work, stress, productivity and the reconstruction of working life*. New York, Basic Books Inc., 1990.

O'Donnell MP, Harris JS. *Health promotion in the workplace*, 2nd edition. New York, Delmar Publishers Inc., 1994.

European Network Workplace Health Promotion. *WHP-Net-News*. Contact: The Liaison Office (Fax: 49 231 9071 454; E-mail: baua@baua2.do.shuttle.de; Web site: <http://www.baua.de>).

Wynne R, Clarkin N. *Under construction: building for health in the EC workplace*. Luxembourg, European Foundation for the Improvement of Living and Working Conditions, 1992.

Resources for training on WHP

Chu C. *University course curriculum on workplace health promotion*, School of Public Health, Griffith University, Nathan QLD 4111, Australia (Fax: 617 3875 7459).

Queensland Health. *Health promotion in the workplace: training course*. Brisbane, Australia (Fax: 617 32341699).

Work Research Centre. *A manual for promoting health activity at work*. Dublin, 1996. For a list of publications, contact: Work Research Centre Ltd., 22 Northumberland Road, Ballsbridge, Dublin 4, Ireland (Fax: 353 1 6683142).



Wynne R. *A manual for training in workplace health promotion*. Dublin, European Foundation for the Improvement of Living and Working Conditions, 1997.

Video

Health Canada. *A blueprint for health: establishing the workplace health system*, 1994. *The workplace health system: a strategy for success*, 1994 (Fax: 1 613 941 2633).

Queensland Health. *Workplace health management* ((Fax: 617 32341699).

World Health Organization, Regional Office for the Western Pacific. *Healthy urban China projects in Shanghai*. 1997, WHO-PRO., PO Box 2932, 1099 Manila, Philippines (Fax: 632 52 11 036).

World Health Organization, Regional Office for the Western Pacific. *Workplace health promotion in Shanghai*. 1998.

