

GUIDELINES -

Implementing a Workplace Health and Wellbeing Program.

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1. Introduction

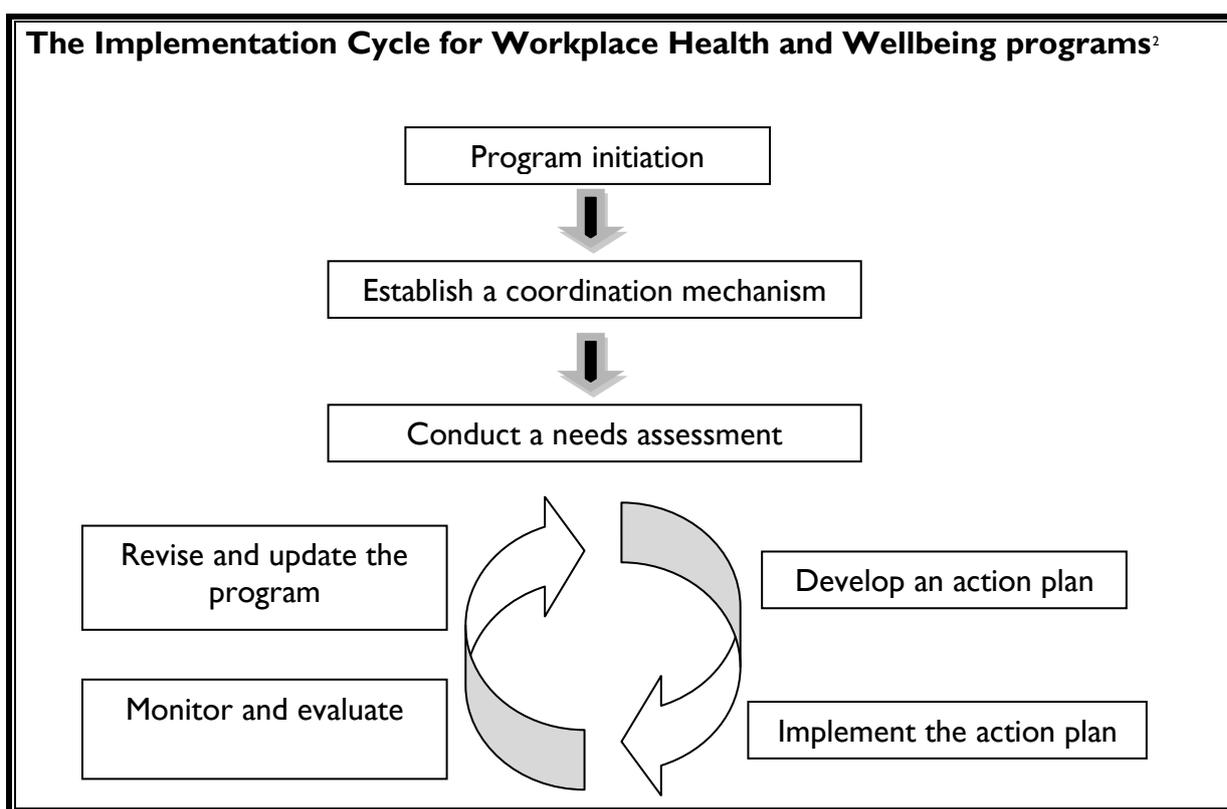
The Tasmanian Government seeks to increase the efficiency and productivity of the State Service through a culture that values, supports and improves the health and wellbeing of employees.

These guidelines have been designed to assist Agencies to meet their obligations to develop a workplace health and wellbeing programs as outlined in Ministerial Direction 23.

The guidelines are based on a number of national and international resources¹ including the Get Moving at Work Kit developed by the Tasmanian Premier's Physical Activity Council. As the guidelines have been developed using the best available evidence for implementing effective workplace health and wellbeing programs, agencies are strongly encouraged to use them as a basis for the development or refinement of their program.

Additional information on the rationale for and benefit of workplace health and wellbeing programs is provided in Attachment 1.

2. Guidelines – The Implementation Cycle for a Workplace Health and Wellbeing Program



¹ Premier's Physical Activity Council (2007). Get Moving at Work: A resource kit for workplace health and wellbeing programs. www.getmoving.tas.gov.au; Queensland Health (1996) Better Health for Working People: Guiding Principles. QLD Health, Brisbane. Workplace Health and Safety Queensland (2008). Healthy Lifestyle Program for the Queensland Public Service: Guidelines for government agencies. www.worksafe.qld.gov.au; Bellew, B (2008) Primary Prevention of Chronic disease in Australia through Interventions in the Workplace Setting <www.saxinstitute.org.au>; World Health Organisation – Regional Office for the Western Pacific (1999). Regional Guidelines for the Development of Healthy Workplaces. www.wpro.who.int; Chu, C., Lee, P, Rutherford, S., & Zhu, B. (2010). Healthy@Work professional Development Program. Griffith University Centre for Population and Environmental Health for the Tasmanian State Service Healthy@Work project (Unpublished Paper). World Health Organisation (2010). WHO Healthy Workplace Framework: Model: Background and Supporting Literature and practice

² Developed from Queensland Health (1996) Better Health for Working People: Guiding Principles and World Health Organisation – Regional Office for the Western Pacific (1999). Regional guidelines for the development of health workplaces.

2.1 Program initiation

- 2.1.1 Gain management approval.
- 2.1.2 Discuss management expectations and understanding of the aims of the program.
 - i. It is important that there is a commitment to the program by senior management. Senior managers should be briefed on the nature and scope of workplace health and wellbeing programs as well as their benefits, the need for a coordinator and resource requirements.
 - ii. In gaining management support for the implementation of a program it is important that the expectations of managers are discussed and that there is a clear understanding of the programs purpose.
- 2.1.3 Establish a workplace coordinator.
 - i. The identification of a coordinator is important as it signifies the commitment and significance of the project, encourages coordination within the workplace and provides initial human resources to establish the program.
 - ii. In large organisations the coordinator may be someone who is responsible for the program as their role or part of their role. For example, Human Resources staff or Occupational Health and Safety staff could be appropriate.
 - iii. In smaller organisations a manager or motivated employee may be appropriate as the coordinator.
 - iv. A coordinator should understand issues such as: current staffing and resources, networks within the organisation, communication mechanisms (for management and workers) and the management structure of the organisation.
 - v. It is important that when a coordinator has been selected that their role in the program is discussed and that an appropriate amount of their time is allocated to coordinate the program.
 - vi. The coordination of the workplace health and wellbeing program should be included within relevant Statement of Duties.

2.2 Establishing a coordination mechanism

- 2.2.1 Establish a workplace working party or use an existing workplace committee.
 - i. To support the implementation of a program a working party or committee should be identified. This can be an existing committee such as an Occupational Health and Safety committee or a newly established committee.
 - ii. The committee should have representatives from relevant sections within the workplace (e.g. management, employee representatives, communication staff).
 - iii. The committee needs to have clear terms of reference that address issues such as the overall aim of the program, the role of the committee, the roles and responsibilities of members, management and administration processes (e.g. financial, communication, human resources).
 - iv. It is important that the committee understands the relationship between workplace health and wellbeing and Occupational Health and Safety. See section four.

2.3 Conduct a needs assessment

- 2.3.1 Identify the priority issues and needs of the organisation and employees by conducting a needs assessment.

- 2.3.2 Use a number of methods for gathering information for your needs assessment. A needs assessment should include:
- i. A **workplace profile** (e.g. demographic information, health status of the workforce, the physical workplace, management structures).
 - ii. A **workplace analysis** which combines the workplace profile and an internal analysis of the strengths, weaknesses, opportunities and threats (SWOT) in relation to the development of a workplace program.
 - iii. The final **needs assessment** which builds on the workplace analysis by identifying the perception and view of internal stakeholders such as senior management, employees and external stakeholders such as health experts in the what, why and how of health issues and priorities for the workplace.

2.4 Establish an action plan

The program action plan provides a way to establish a clear direction for the program based on the needs assessment.

- 2.4.1 Determine goals and objectives.
- i. The goals and objectives of the program should reflect the key priorities and issues identified within the needs assessment.
 - ii. The goals should reflect the overall aim of the project and should link with the initial rationale for establishing the program.
 - iii. Program objectives should be related to what needs to change to achieve the program goal.
- 2.4.2 Identify strategies to address the goals and objectives.
- i. These strategies should be linked to a specific objective and have detail on what actions are required for them to be implemented.
 - ii. Where possible, there should be existing evidence that the strategies identified will create the required change.
 - iii. There should be a mixture of strategies targeting organisational policies and practices, the workplace environment and individual behaviour change. Without targeting each of these types of strategies areas it is unlikely improvements in health and wellbeing will occur. Examples of strategies include:
 - Health and wellbeing issues being included in new or existing policies and management practices (e.g. an agency policy statement on health and wellbeing or integration within an OH&S Policy or a healthy catering policy).
 - Create environments that support health and wellbeing (e.g. healthy on-site food options, storage and change facilities that encourage active transport).
 - Include employees in decisions that impact on the implementation of the program (e.g. input into the implementation of specific strategies and their evaluation).
 - Develop individual knowledge and skills (e.g. education and information sessions). Remember, knowledge of an issue is a prerequisite for change but not sufficient for the change to occur. Health and wellbeing strategies that focus on prevention (e.g. programs designed to increase physical activity, support mental wellbeing, improve nutrition, decrease alcohol consumption or lead to smoking cessation).

- 2.4.3 Identify resources, facilities and expertise in the workplace and immediate community.
- i. When developing the action plan it is important to identify the most effective way to implement the program by identifying relevant internal policies, existing resources and expertise within the workplace, available facilities, funding sources and internal systems (e.g. communication).
 - ii. If the expertise or resources required to address a particular issue are not available within the organisation an external provider can be engaged. These may include services provided by government agencies, private provider or non-government organisations. When using external providers it is important to consider issues such as cost, availability, the appropriateness of the service provided, available evidence of the impact of the service, the reputation of the organisation, professional accreditation and insurance.
 - iii. Organisations are strongly encouraged to utilise external organisations for specific strategies rather than the implementation of a whole program. The longer term sustainability and embedding of a program within an organisation's culture and practices is less likely if an external service provider is chosen to develop the whole program.
 - iv. Funding requirements for strategies will vary greatly. Many strategies can be implemented on a cost-recovery or low-cost basis. Greater costs may be associated with using external organisational strategies rather than using internal resources and expertise. Cost should not be a barrier to implementing a workplace health and wellbeing program but a clear budget should be identified.

Note - Example templates for completing an action plan are provided in Attachment 2.

2.5 Implement the action plan

- 2.5.1 Implement the strategies to address priorities
- i. The action plan should be the ongoing guide for decisions about the implementation of strategies.
 - ii. Some of the key issues impacting on successful implementation of activities include:
 - A well-developed action plan that prioritises strategies and identifies for each strategy; what is going to take place, who is going to be responsible, a realistic timeframe, how it is going to be monitored and that any necessary resources have been identified.
 - Appropriate promotion of strategies.
 - The active involvement of organisational leaders and members of the workplace health and wellbeing committee.
 - Monitoring and evaluation (see Section 3.6).
 - Incentives can be useful to rates participation in activities. Where possible incentives should be relevant to the activity being conducted (for example, healthy catering at a training session about preparing healthy lunches). Another incentive that can increase participation is allowing employees to participate in some activities during work time.

- iii. Potential barriers to the successful implementation of strategies include an underdeveloped action plan, a lack of human and financial resources, attempting to implement too many strategies, unrealistic timeframes and those responsible for implementation having a lack of relevant knowledge or experience.

2.6 Monitor and evaluate

Monitoring and evaluation is an important factor in ensuring the ongoing development of the program and ensuring that the goals, objectives and strategies within the plan are being met.

Evaluation should take place throughout a program and should be linked to the goals, objectives and strategies identified in the action plan. Findings from the evaluation undertaken should be provided to all staff and organisation leaders as appropriate.

2.6.1 During implementation of a strategy (process evaluation).

- i. Process evaluation examines how well program strategies have been planned and implemented. It may collect information on uptake (e.g. number of participants, type of participants), satisfaction with what was delivered, the quality of resources or information provided as part of a strategy, how suitable planning or communication for the strategy was.
- ii. The process evaluation that is going to be undertaken should be included in the specific planning for each strategy identified in the action plan.

2.6.2 After the implementation of a strategy (impact evaluation).

- i. Impact evaluation examines the immediate and short-term effects of the implementation of strategy/strategies. Impact evaluation relates specifically to progress made in achieving the program goals and is directly related to assessing progress towards meeting the program's objectives (see Action Plan).

2.6.3 After the implementation of the action plan or when reviewing progress (outcome evaluation).

- i. Outcome evaluation examines the broader impact of the program and relates to the program goals. It may examine issues such as changes in health and wellbeing factors across the agency, or employee engagement. Comparisons with information collected in the needs assessment stage can form the basis of outcome evaluation.
- ii. The outcome evaluation can be particularly useful when reviewing the programs progress.

2.7 Review and update the program

A review and update of the program and the action plan should be undertaken on a regular basis by the workplace coordinator and/or committee. It is suggested that this takes place on at least an annual basis and includes a briefing to, and associated meeting with, senior management.

2.7.1 Briefing to senior management.

- i. The briefing should outline how long the program has been running, the role of the workplace coordinator and committee, the goals, objectives and strategies identified within the action plan and the findings from the program evaluation.

- 2.7.2 Confirm management support for the program and clarify management expectations.
 - i. Confirmation of support to continue the program and a review of management expectations should take place in association with the briefing to senior management.
- 2.7.3 Implement a new needs assessment.
 - i. Once management expectation and support have been confirmed a new needs assessment should be undertaken (see 3.3). The program evaluation can now be used as an additional source of information for the needs analysis.
 - ii. The new needs assessment will help to identify if there have been changes to the findings from the first needs assessment.
- 2.7.4 A new or revised action plan should be established based on the new needs assessment. The remaining stages of the implementation cycle can then be undertaken again.

3. Guidelines – Key Principles for Implementing a Workplace Health and Wellbeing Program³

When implementing a well-developed workplace health and wellbeing program, as per the identified implementation cycle, there are a number of key principles that should be applied throughout the program. A well developed program:

3.1 Is cost-effective and may not be expensive.

- The use of resources within the workplace and available community resources can help manage the costs of a program.
- Where possible low-cost strategies should be used.
- Shared payment by employer and employee can help manage costs.

3.2 Acknowledges and supports Occupational Health and Safety (see section 4).

- As Occupational Health and Safety is a legislated requirement it must be treated as a higher priority in the workplace.
- Workplace health promotion and Occupational Health and Safety should reinforce and support one another.
- Well developed workplace health and wellbeing programs in the workplace will contribute to the achievement of Occupational Health and Safety outcomes.

3.3 Is managed within the workplace.

- The individuals within the workplace identify the issues to be addressed in the program, how they will be addressed and who will address them.
- External health professionals (e.g. corporate wellness providers, non-government organisations, government providers) should be used to target issues or strategies

³ Developed using Queensland Health (1996) Better Health for Working People: Guiding Principles. QLD Health, Brisbane.
Bellew, B (2008) Primary Prevention of Chronic Disease in Australia through Interventions in the Workplace Setting <www.saxinstitute.org.au>

that have already been identified within the workplace but for which the organisation does not have the necessary skills or experiences to implement.

- If external providers are involved they support the program rather than manage the program.
- Consultation between employer and employees should guide decisions relating to the program.

3.4 Includes an assessment of needs to identify health issues in the workplace.

- A needs assessment should be undertaken to identify the priority issues within the organisation. See stage 3 of the implementation cycle.

3.5 Involves voluntary employee participation and attains high participation.

- All aspects of a program should be implemented on a voluntary basis. Activities such as mandatory health testing as part of a selection process should not be considered part of a health and wellbeing program.
- Employees should not be criticised or marginalised if they choose not to participate in a program.
- Employee participation in planning, program strategies based on identified need, promotion of successes, incentives for participation and updating a program based on evaluation can all help increase participation.

3.6 Includes training in health promotion/workplace health promotion principles and access to appropriate information and resources for staff responsible for coordinating the program.

- The workplace coordinator responsible for facilitating a program should have the necessary skills and training in health promotion/workplace health promoting to undertake the role.

3.7 Is sustainable and involves a long-term commitment.

- To ensure sustainability the program must be integrated within the organisations ongoing operations, respond to changing priorities and needs within the workplace and work within available resources.
- A program should target long-term changes to workplace policies and practices that lead to a workplace culture that supports healthy choices.

3.8 Involves equitable access for staff irrespective of their current health status or role within the organisation.

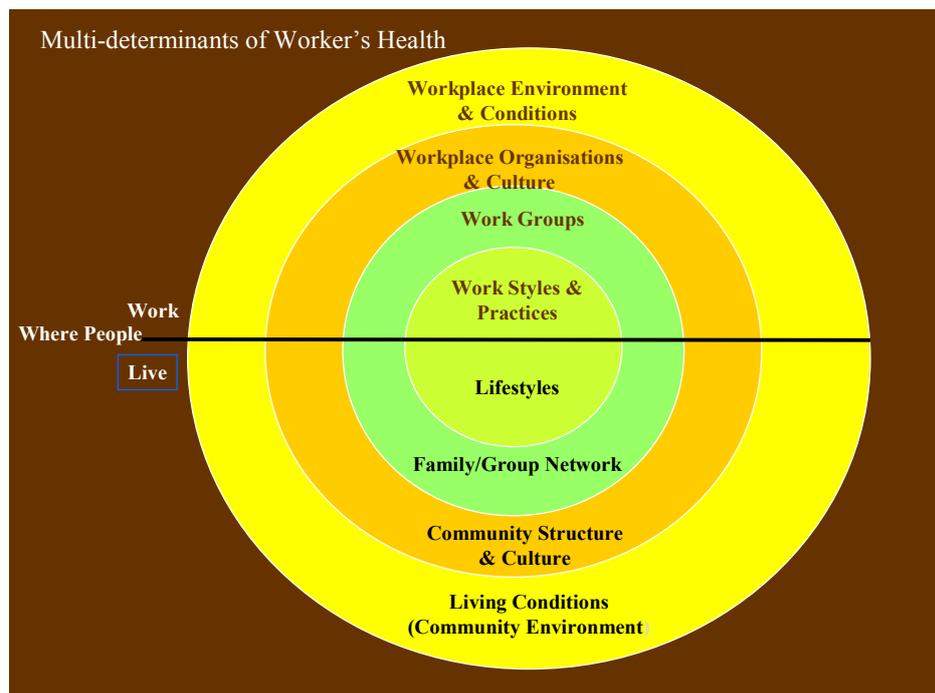
- All individuals within the organisation should have access to the program.
- Groups of employees with specific needs (e.g. shift-workers, women, lower-paid, those at higher risk of preventable diseases) should be supported by the program.

3.9 Involves an evaluation process.

- Evaluation must be part of a workplace health and wellbeing program that occurs on an ongoing basis. See stage 6 of the implementation cycle.

3.10 Recognises that an individual's health is determined by a set of interdependent factors.

- An individual's health and wellbeing is shaped by a number of social, economic and environmental determinants. A range of workplace (e.g. physical environment, culture) and non-workplace issues (e.g. lifestyle choices, living conditions) can impact on the health of an employee.
- In developing a program or implementing specific strategies the impact of these determinants should be taken into account.



⁴ World Health Organisation – Regional Office for the Western Pacific (1999). Regional Guidelines for the Development of Healthy Workplaces. www.wpro.who.int

3.11 Uses a mix of strategies that simultaneously identify or address individual, environmental and organisational issues.

- A range of strategies should be used in the needs assessment, implementation and evaluation phases of a program.
- Effective health and wellbeing programs should involve strategies that target social (e.g. workplace policies and practices), environmental (e.g. workplace infrastructure) changes as well as those directed at individual behaviour.

3.12 Considers the workplace structures, cultures and policies.

- The economic, political, legislative, and social environment of the workplace must be taken into account when developing and implementing a program.

3.13 Involves senior management and senior management owns the program.

- It is important that senior managers have approved the goals, content and structure for the program as well as discussed their own expectations. See stages 1 and 7 of the implementation cycle.
- Senior management should be encouraged to actively participate in the development and implementation of the program including participating in relevant strategies.

3.14 Is integrated into the organisations operations through program governance, administration and staffing.

- The action plan and governance structure for the program should be clearly identified and form part of the ongoing operations of the organisation.
- It is critical that a specific workplace health and wellbeing coordinator or coordinators are identified and their roles and responsibility are clearly outlined. Related roles and responsibilities should be identified for the committee or group responsible for the implementation of the program. See stage 2 of the program implementation cycle.
- Reporting to Senior Management should be built into the administration of the program.

3.15 Promote program and outcomes internally and externally.

- Internal promotion of the program and strategies can help to increase participation, improve understanding of the program, increase the perceived value of the program and encourage employees to actively participate in future planning.
- External promotion of the program can help to publicise the positive culture within an organisation and help to attract new employees.

4. Relationship to Occupational Health and Safety Legislation

Voluntary workplace health and wellbeing programs complement Occupational Health and Safety goals, but are ultimately subordinate to the *Workplace Health and Safety Act 1995*, and adhere to the following requirements:

- A workplace health and wellbeing program must not detract from the provision of a safe work environment, which is the first health priority for employers and a mandatory obligation under health and safety legislation.
- In the initial stages of planning a workplace health and wellbeing program, consultation must occur with the Occupational Health and Safety system/person..
- Workplace health and wellbeing initiatives may identify issues that have a clear workplace hazard component. Workplace hazards must be referred to Occupational Health and Safety processes.

5. Resources

Agencies can receive support to develop and implement their health and wellbeing program from the Healthy@Work project. Information on the support available can be obtained from www.healthyatwork.tas.gov.au or by telephoning 6232 7040.

Attachment I – The rationale for implementing workplace health and wellbeing programs.

The World Health Organisation defines health as a complete state of physical, social and mental wellbeing and not merely the absence of disease or infirmity.⁵ This broad definition acknowledges that an individual's health and wellbeing is shaped by a number of social, economic and environmental determinants.

With most adults spending more than 50% of their waking life at work⁶ the workplace provides an important setting to influence the health of workers and the community as a whole. A range of workplace determinants (e.g. physical environment, organisational structure, culture, and the nature of work tasks) and non-workplace determinants (e.g. lifestyle choices, living conditions) can impact on the health of an employee.

Workplace health and wellbeing programs involve the use of health promotion principles to develop a set of planned strategies to address identified health and wellbeing needs within an organisation. Programs consists of a range of individual employee (e.g. smoking cessation programs) and organisation (e.g. environmental, policies and cultural) based strategies to address issues such as physical activity, nutrition, alcohol consumption, smoking and mental health.

Health promotion is the process of enabling people to increase control over, and to improve their health.⁷ Health promotion represents a comprehensive social and political process as it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.⁸

Within the workplace setting, the principles of health promotion indicate a need for coordinated action involving strategies that:

- Include health in corporate policy and integrate health concerns into management practices.
- Create a safe and supportive work environment.
- Enable workers to act in the interests of their health.
- Develop individual worker's health skills.
- Provide health services with an emphasis on prevention rather than just cure.⁹

Historically, workplace health promotion has grown from a focus on screening and treatment of existing illness to an approach that considers, and responds to, a range of individual, organisational, environmental and community factors. This has lead to a greater focus on prevention based strategies that target individual, organisational and environmental change.

Prevention can be defined as 'action to reduce or eliminate or reduce the onset, causes, complications or recurrence of disease'.¹⁰

⁵ World Health Organisation (1946). Constitution of the World Health Organisation.

⁶ Klein, D. (2005). The Case for Corporate Health and Well-being Programs. www.cch.com.au

⁷ World Health Organisation (1986) Ottawa Charter for Health Promotion. Geneva

⁸ World Health Organisation (1998). Glossary of Health Promotion.

⁹ Chu, C., Lee, P, Rutherford, S., & Zhu, B. (2010). Healthy@Work Professional Development Program. Griffith University Centre for Population and Environmental Health for the Tasmanian State Service Healthy@Work project (Unpublished Paper).

A review of workplace wellness by Price Waterhouse¹¹ highlighted three key components of workplace wellness:



The components of workplace wellness summarised by Price Waterhouse identified the association between occupational health and safety (health and safety), ill health and workplace health promotion (prevention and promotion). This reflects a broadening of the occupational health and safety agenda to include health promotion strategies alongside the more traditional focus on injury prevention and occupational disease. Within current legislative requirements, workplace health promotion and workplace health and wellbeing programs are subordinate to Occupational Health and Safety. See section 4 for more information.

The impact of employee health in the workplace

The health of the workforce has a number of impacts in relation to the performance of an organisation.

Productivity and absenteeism

Research commissioned by Medibank Private¹² indicated a strong relationship between an employee's health and wellbeing and their productivity at work. Healthy workers were found to be almost three times more productive than their unhealthy colleagues and nine times less likely to have sick days.

¹⁰ Australian Institute of Health and Welfare (2004). Australia's Health 2004. Canberra, AIHW Cat. No. AUS 44, p.496.

¹¹ Price Water House C. Building the Case for Wellness. 2008.

¹² Medibank Private (November 2005). The Health of Australia's Workforce www.trenchhealth.com.au/articles/MEDI_Workplace_Web_Sp.pdf

Comparisons of the Australian Worker⁸

Unhealthy	Healthy
<ul style="list-style-type: none"> • 18 days annual sick leave • Self-rated performance of 3.7 out of 10 • 49 effective hours worked (full-time) per month 	<ul style="list-style-type: none"> • 2 days annual sick leave • Self-rated performance of 8.5 out of 10 • 143 effective hours worked (full-time) per month
High fat diet	Healthy diet
Low energy levels and poor concentration	Fit, energetic and alert
Obese or overweight	Normal body weight
Irregular sleep patterns	More attentive at work and better sleep patterns
Poor stress management techniques	Actively manage stress levels

Cost

The Australian Safety and Compensation Council estimated that in 2005-06 the direct and indirect cost of work-related injury and illness to workers, their employers and the community to be \$57.5 billion (5.9% of GDP).¹³ The cost to employers was estimated to be around 18% (A\$10.2 billion).

The Future @Work (2006) report estimated the effect on the Australian economy from lost productivity due to ill health was \$34.8 billion per annum or 4.2% of GDP.¹⁴

Presenteeism is 'the loss of productivity that occurs when employees come to work, but aren't fully-functioning because of an illness or injury'. In 2005-06, the cost of presenteeism to the Australian economy was estimated to be \$25.7 billion, nearly four times the estimated cost of absenteeism (\$7 billion annually).¹⁵

Stress-related presenteeism and absenteeism are estimated to cost the Australian economy \$14.8 billion per year with direct costs to employers totally \$10.11 billion annually.¹⁶

Why have Workplace Health and Wellbeing Programs – the Benefits.

The benefits of workplace health and wellbeing programs include:

Health¹⁷

- Increases in physical activity, improved nutrition, decreased body fat levels, smoking cessation and alcohol moderation, result in improved cholesterol, decreased blood pressure and reduced stress levels within employees.
- Reduced injuries and or work-related accidents.

¹³ Australian Safety and Compensation Council (2009). The Cost of Work-related Injury and Illness for Australian Employers, Workers and the community. www.safeworkaustralia.gov.au

¹⁴ Wesley Corporate Health (2006). Future@Work Health Report: Employees and their Workplace.

¹⁵ Medibank Private Ltd. (2007). Sick at Work: The Cost of Presenteeism to your Business, Employees and the Economy.

¹⁶ Medibank Private Ltd. (2008). The Cost of Workplace Stress in Australia.

¹⁷ Ackland T, Braham R, Bussau V, Smith K, Grove R, Dawson B. (2005.). Workplace Health and Physical Activity Program Review - Report. Perth, Western Australia;

- Improved health reducing the use of health care services leading to reduced costs of health care to the employer if these services are provided to employees.

Organisational

- Workplace culture and productivity¹⁸.
- Improved workplace morale and workplace culture.
- Reduced absenteeism.
- Improved staff recruitment/retention,
- Increased productivity enhanced quality and/or quantity.
- Improved external image.

Economic

- Return on investment of US\$3.48 per dollar invested in workplace health promotion due to reduced medical costs, and US\$5.82 per dollar invested due to reduced absenteeism.¹⁹
- Examination of the economic benefits of risk avoidance/health promotion in comparison to risk reduction/management strategies indicate that risk avoidance strategies (US\$350 per employee) are more economically beneficial than risk management strategies(\$US153).²⁰

Many of the diseases that impact on the health and wellbeing of employees are preventable through changes in modifiable lifestyle risk factors such as smoking, nutrition, alcohol consumption, physical activity and psychological stress. These risk factors are linked to a number of preventable chronic diseases such as coronary heart disease, type 2 diabetes, kidney disease and some cancers.

By targeting modifiable lifestyle risk factors it is possible to remove or reduce the impact of related negative outcomes and chronic disease within the workplace and the broader community.

¹⁸ Bull F, Adams E, Hooper P. (2008). Well@Work: Promoting Active and Healthy Workplaces Final Evaluation Report. . Loughborough: School of Sport and Exercise Sciences, Loughborough University, UK.

Bull F, Adams, EJ, Hooper, PH, Jones, CC. (2008). Well@Work: A Summary Report and Call to Action.

¹⁹ American Institute for Preventive Medicine. ; (2008).The Health and Economic Implications of Worksite Wellness Programs: Wellness White Paper. American Institute for Preventive Medicine. Available from: http://www.qigonginstitute.org/html/papers/Wellness_WhitePaper.pdf.

²⁰ Edington D. (2001). Emerging Research: a View from one Research Centre. American Journal of Health Promotion.; 15(5):341-349. University of Michigan Health Management Research Centre (2004.). The Worksite Wellness Benefit Analysis Report 1979-2004.

The Health of the Workforce

In 2009 an online employee health and wellbeing survey was conducted as part of the State Service Healthy@Work project. The survey was completed by 7715 employees and the analysis of the findings by the Menzies Research Institute indicates²¹:

Unhealthy lifestyles were common in all age groups

- 42% of men and 37% of women reported three or more health risks (relating to physical activity, smoking, nutrition, alcohol consumption, psychological stress, unhealthy weight).
- A small number of staff (5%) reported no health risks.

Many of the health risks were most common among staff aged 16 to 24 years

- 16% of young women smoked; the highest percent across all age groups.
- 41% of young men and 32% of young women reported risky alcohol use.
- 24% of young men and women reported high levels of psychological distress.

Smoking rates

- The proportion of staff who smoke (11% men, 11% women) was lower than the national workforce average (21% men, 17% women).

Low Physical activity

- 24% of men and 30% of women reported low physical activity. No direct comparison was possible with national workforce averages.

Risky alcohol use

- Directly comparable national workforce averages were not available but other related data indicates that the percentage of staff drinking to risky levels (22% men, 15% women) may be above the national workforce average.

Low fruit and vegetable intake

- Most staff (90%) reported low fruit and/or vegetable intake. This is consistent with Tasmanian workforce averages (89%) and national workforce averages (95%).

Psychological distress

- The percent of staff reporting high or very high psychological distress (16% men, 18% women) was higher than the national workforce average (6% men, 10% women).
- The percent of staff in the very high distress category (5% men, 5% women) is consistent with reports on State Government employees across Australia (4% men, 4% women).

²¹ Menzies Research Institute (2010). A Snapshot of the Health and Wellbeing of the State Service. www.healthyatwork.tas.gov.au.

Workplace Health and Wellbeing Programs in Tasmania

During the past ten years there has been an emerging focus on the delivery of workplace health and wellbeing programs within Tasmania. Programs have been established by a number of private and public organisations including some State Government agencies.

Much of the advocacy and support for the development of workplace health and wellbeing programs has been driven by the Premier's Physical Activity Council and its members. With an initial focus on increasing the physical activity levels of Tasmanian workers, the Council soon broadened its perspective to include other aspects of health and wellbeing programs.

In 2007 the State Government launched *Get Moving at Work: A resource kit for workplace health and wellbeing programs*.²² The kit was developed by the Premier's Physical Activity Council, with support from WorkCover Tasmania. The construction of the kit was in response to leaders within a number of Tasmanian organisations indicating that they understood the benefits of having a workplace health and wellbeing program but required advice and support on how to implement a program.

In the 2008-09 State Budget the Government announced a four-year commitment to implement workplace health and wellbeing programs within the public sector through the Healthy@Work project. This project is managed through the Public Sector Management Office and aims to support the development of workplace health and wellbeing programs within each government agency.

An audit of State Service workplace health and wellbeing activity in December 2008 indicated that six of the 15 agencies had a workplace program in place. For those agencies that had a program in place there were large differences in the content, quality and method of development.

The Healthy@Work project is supporting the development of workplace health and wellbeing programs through the use of a consistent evidence based model that allows agencies the flexibility to develop a program specific to the needs of their organisation (see section 3).

The development of workplace health and wellbeing programs within the State Service aligns with a number of state and national policy agendas:

National Partnership Agreement on Preventive Health (2009-2015)

- In late 2008 the Commonwealth and all State and Territory Governments signed the *National Partnership Agreement on Preventive Health*. This agreement was established to address the rising prevalence of lifestyle related chronic diseases. The Healthy Workers component of the strategy will provide funding to facilitate healthy living programs in workplaces. Commonwealth funding of \$144.71M will be allocated to States and Territories on a pro-rata basis. Another \$144.71M will be allocated to States and Territories as reward for reaching agreed performance benchmarks.

Tasmania Together 2020

- Goal 4 – active healthy Tasmanians with access to quality and affordable health care services.
- Goal 9 – increased work opportunities for all Tasmanians.

²² Get Moving at Work: A resource kit for workplace health and wellbeing programs (2007). www.getmoving.tas.gov.au.

Demographic Change

- Workforce-based demographic issues as identified by the Demographic Change Advisory Committee in the information paper *Tasmania's Workforce: health impacts on participation and productivity in the face of an ageing population*.²³ The information paper indicates that 'As Tasmania's workforce ages and the number of people entering the work force begins to decline, the capacity to maintain the supply of labour is going to be critical for economic wellbeing. One of the most important areas impacting on supply capacity is the health of the working age population, as it is an important determinant of labour productivity and participation.'

People Directions

- People Directions is a long-term strategic approach to people and workforce management for the Tasmanian State service. Health and Wellbeing Programs and Healthy@Work are directly linked to the following People Directions Themes:
 - knowing who we are, what we do, why we do it and how we do it
 - attracting and retaining the right people
 - shaping our workforce and performance
 - leading and managing for the future
 - developing and recognising our people capability.

The Tasmanian Government Charter for the development of a more physically active Tasmanian community.

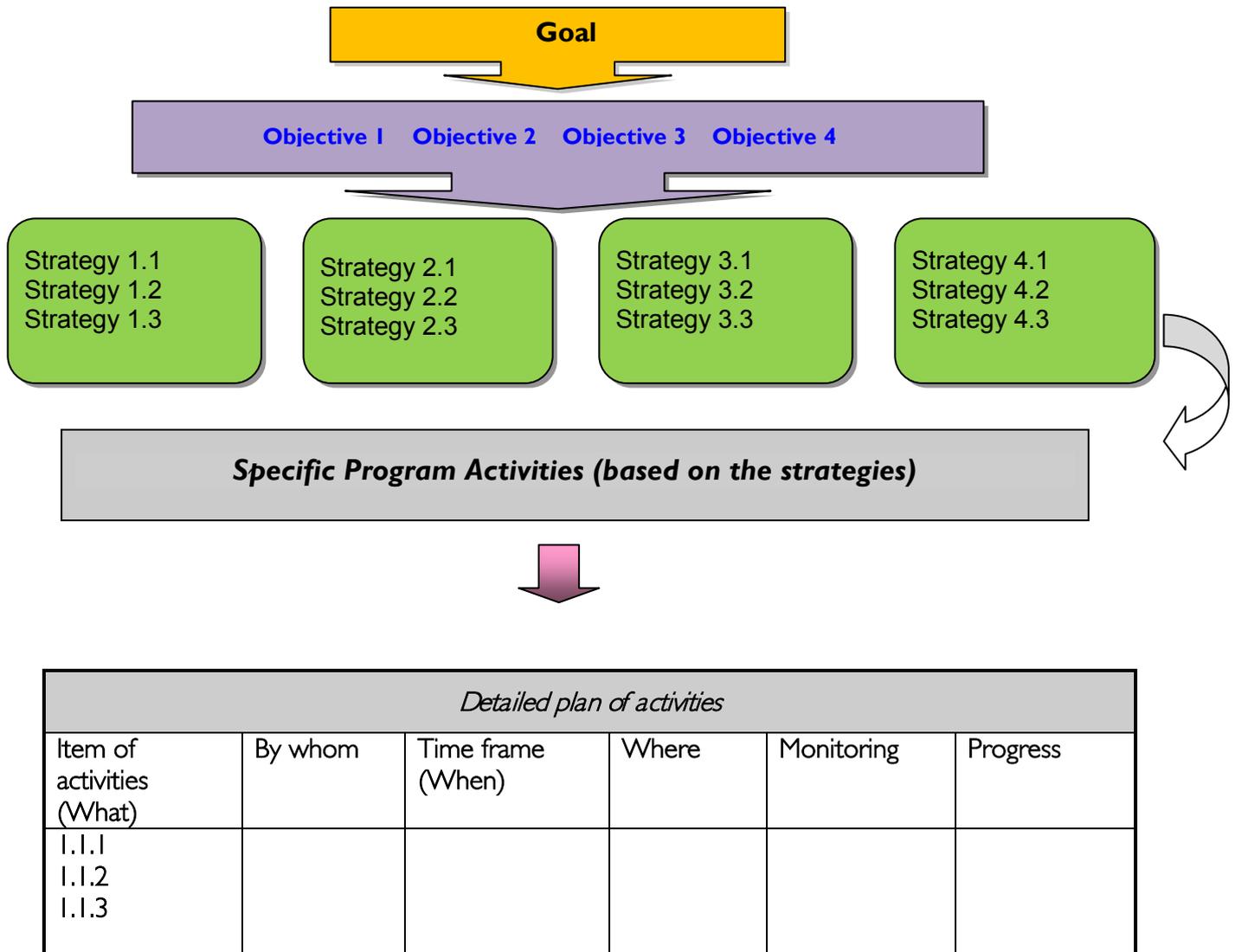
Tasmanian Framework for Action on Climate Change

The increase in preventable diseases and health risk factors, growing pressure on the acute health care system and the impact of demographic change on the workforce are key social and economic issues for Tasmania. Workplace health and wellbeing programs provide an opportunity to proactively address each of these health, economic and productivity issues.

²³ Demographic Change Advisory Council (2008). *Tasmania's Workforce : Health Impacts on Participation and Productivity in the face of an Ageing Population - Summary Paper*. www.dcac.tas.gov.au/PDFs/Workforcehealth-summary.pdf

Attachment 2 - Two example templates for a Workplace Health and Wellbeing Action Plan.²⁴

Example 1 -



²⁴ Adapted from Chu, C., Lee, P., Rutherford, S., & Zhu, B. (2010). Healthy@Work Professional Development Program. Griffith University Centre for Population and Environmental Health for the Tasmanian State Service Healthy@Work project (Unpublished Paper).

Example 2 -

Issue:	
Rationale	
Goal statement:	
Objectives	<ol style="list-style-type: none"> 1. 2. 3. 4.
Strategies How do you achieve the objectives?	<p><u>Health policy</u></p> <ol style="list-style-type: none"> 1.1 1.2 <p><u>Supportive environment</u></p> <ol style="list-style-type: none"> 2.1 2.2 <p><u>Community (workplace) action</u></p> <ol style="list-style-type: none"> 3.1 3.2 <p><u>Personal skills</u></p> <ol style="list-style-type: none"> 4.1 4.2 <p><u>Health services</u></p> <ol style="list-style-type: none"> 5.1 5.2
Activities The what, who, when and how of the actions needed to undertake each of the strategies	<p>What:</p> <ol style="list-style-type: none"> 1.1.1 1.1.2 <p>Who:</p> <ol style="list-style-type: none"> 1.1.1 1.1.2 <p>When: (A detailed timeframe is recommended to monitor all program activities)</p> <ol style="list-style-type: none"> 1.1.1 1.1.2 <p>Where:</p> <ol style="list-style-type: none"> 1.1.1 1.1.2 <p>How (progress monitoring):</p> <ol style="list-style-type: none"> 1.1.1 1.1.2