Healthy workplace tools in five countries

Evidence review

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Table of contents

List of tables

List of figures

Abbreviations

Term	Explanation
CCOHS	Canadian Centre for Occupational Health and Safety
CDC	Centers for Disease Control and Prevention
DoH	Department of Health
EU	European Union
ENWHP	the European Network for Workplace Health Promotion
FAQ	frequently asked questions
HPA	Health Promotion Agency
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OECD	Organisation for Economic Co-operation and Development
PHS	Toi Te Ora – Public Health Service
SCHWL	Scottish Centre for Healthy Working Lives
SME	small and medium-sized enterprises
STUC	Scottish Trades Union Congress
USA	United States of America
WHO	World Health Organization

Glossary

Definitions

Term	Explanation
Effectiveness	A measure of the extent to which a specific intervention, procedure, regime or service, when deployed in the field in the usual circumstances, does what it is intended to do for a specific population. A measure of the extent to which a healthcare intervention fulfils its objectives in practice.[1]
Efficiency	The extent to which a specific intervention, procedure, regime or service produces a beneficial result under ideal circumstances; the benefit or utility to the individual or the population of the service, treatment, regime or intervention. Health service research: The aim of health service research is evaluation. The components which can be considered for evaluation are: • Structure: Concerned with resources, facilities and manpower • Process: Concerned with matters such as where, by whom and how healthcare is provided • Output: Concerned with the amount and nature of health services provided • Outcome: Concerned with the results; i.e., whether persons using health services experience measurable benefits, such as improved survival or reduced disability.[1]
Evaluation	A process that attempts to determine as systematically and objectively as possible the relevance, effectiveness and impact of activities in the light of their objectives. Several varieties of evaluation can be distinguished (e.g. evaluation of structure, process, and outcomes).[1]
Intersectoral collaboration	Cooperative actions and ventures among health and health-related groups and organizations intended to improve health outcomes[2]
Management process	Management process is a process of setting goals, planning and/or controlling the organizing and leading the execution of any type of activity, such as: • a project (project management process) or • a process (process management process, sometimes referred to as the process performance measurement and management system). An organization's senior management is responsible for carrying out its management process. However, this is not always the case for all management processes, for example, it is the responsibility of the project manager to carry out a project management process[3]
Programme evaluation and review techniques (PERT)	A work-scheduling method that uses algorithms and also enunciates general principles of procedure for allocating resources. It calls for the listing of specific tasks to be completed and the results – personal, equipment, supplies and other items – that will be needed, along with their costs; a time chart indicating when each component task is to begin and end; an enumeration of interim accomplishment levels during that period; and a specification of times for interim review of the progress of the plan.[1]
Public Health Approach	The population health approach is positioned in the Public Health Agency of Canada as a unifying force for the entire spectrum of health system interventions -- from prevention and promotion to health protection, diagnosis, treatment and care -- and integrates and balances action between them. (A county-specific definition)[4]
Quality of care	A level of performance or accomplishment that characterises the healthcare provided. Ultimately, measures of the quality of care always depend on value judgement, but there are ingredients and determinants of quality that can be measured objectively. These ingredients and determinants were classified by Donabedian into measures of structure (e.g. manpower, facilities), process (e.g. diagnostic and therapeutic procedures) and outcomes (e.g. case fatality rates, disability rates and levels of patient satisfaction with the service).[1]
Population health approach	An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these

Term	Explanation
	objectives, it looks at and acts on the broad range of factors and conditions that have a strong influence on our health.[4]
Presenteeism is a relatively new subject and methods of measurement are still being developed.[5] Presenteeism has been described or defined in a number of ways; here we provide three descriptions or definitions of presenteeism along with identified causes.	
1.	Reporting for work despite feeling ill (MeSH term introduced in 2016).[6]
2.	When an employee is at work, but is performing below expectations because of work-related mental health problems.[7]
3.	Presenteeism has been identified as arising from a variety of physical and mental pathologies. These include musculoskeletal, gastrointestinal, neurological, mood and anxiety, cardiovascular, and immunological disorders, as well as respiratory conditions. Presenteeism has also been observed among patients' caretakers.[8]
Social marketing	Andreasen defines social marketing as 'the application of proven concepts and techniques drawn from the commercial sector to promote changes in diverse socially important behaviors such as drug use, smoking, sexual behavior.' By "proven techniques" Andreasen meant methods drawn from behavioural theory, persuasion psychology and marketing science with regard to health behaviour, human reactions to messages and message delivery, and the "marketing mix" or "four Ps" of marketing (place, price, product, and promotion). Social marketing is widely used to influence health behaviour. Social marketers use a wide range of health communication strategies based on mass media; they also use mediated (for example, through a healthcare provider), interpersonal and other modes of communication; and they use marketing methods such as message placement (for example, in clinics), promotion, dissemination and community-level outreach. Social marketing encompasses all of these strategies.[9]

Executive summary

Introduction and purpose
The World Health Organization (WHO) states that a healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following:

- Physical work environment,
- Psychosocial work environment,
- Personal health resources in the workplace, and
- Participation of the wider community.

Under the auspices of Healthy Ireland, the Department of Health (DoH) is leading the development of the National Healthy Workplace Framework in partnership with the Department of Business, Enterprise and Innovation. This information review will inform the National Healthy Workplace Framework and implementation plan and will contribute to the business case for healthy workplace programmes.

Research questions
The three research questions were:

1. What are the online tools and resources available to support the implementation of a healthy workplace programme?
2. What are the direct supports provided (i.e. staff supports and funding) to ensure translation of the identified online tools and resources to the workplace?
3. What assessments and evaluations of these healthy workplace programmes have been undertaken in each of the examined countries?

Methods
The Health Research Board (HRB) included five anglophone countries (Australia, Canada, New Zealand, Scotland and the USA) in the review. It is important to note that this may lead to a bias towards English-speaking countries and their culture, but we did not have the language skills or translation resources to do an in-depth review of programmes in countries whose main language is not English. We extracted online tools and resources for up to six health topics (healthy eating, physical activity, healthy weight [not a topic of interest but extracted where reported as it is closely linked to healthy eating and physical activity], mental health, alcohol, and tobacco) and the tools and resources for the documented roll-out processes for healthy workplace programmes. The HRB excluded health and safety tools and resources, and did not describe online tools and resources related to the accreditation processes, as the latter will be dealt with in a separate research project.

The HRB used the key search terms <healthy workplace program or programme> and country <name> to locate and identify:

- International bodies with healthy workplace programmes expertise
- Federal- or national-level healthy workplace programmes
- Government agencies tasked with managing these programmes, and
- Websites through which these programmes are delivered.

We examined published healthy workplace programmes literature form the World Health Organization (WHO) and the European Network for Workplace Health Promotion (ENWHP). We searched the federal and national bodies' websites and websites referenced within to identify the array of online tools and resources developed for each country's healthy workplace programme. We extracted data into a bespoke Excel spreadsheet which included the following: country, government agency, title of resource/tool, principal audience (workplace or worker), URL, and a statement of

whether the URL was working or not. The HRB assigned a format type to each online tool or resource and allocated each format type to one of five HRB-designated group titles: print media, technology, personnel, partner organisations and/or websites, and events.

For Question 2 and Question 3, the HRB searched the government agencies' websites, completed a Google search and emailed the agencies involved.

Findings

Question 1 summary
In the given countries six key government agencies were identified their corresponding healthy workplace programmes or information sites, with available online tools and resources, were:

- the Department of Health in Australia with its Healthy Workers initiative
- the Canadian Centre for Occupational Health and Safety and its Healthy Minds @Work microsite
- Toi Te Ora – Public Health Service in New Zealand with its WorkWell programme; in addition, the Health Promotion Agency has a Wellplace.nz information hub
- NHS Health Scotland with its Healthy Working Lives programme, and
- the Centers for Disease Control and Prevention in the USA and its Workplace Health Promotion site.

Summaries for the countries of interested are provided in the box 'Key facts for countries of interest: Australia, Canada, New Zealand, Scotland and USA'.

This answer to Question 1 covers the roll-out process and online guidance, as well as the online tools/resources, for the five health topics of interest.

Four (Australia, Canada, New Zealand and the USA) of the five countries examined have a documented roll-out process to help the nominated government agency engage with employers and workplaces. This approach also helps employers gain input and support from employees. The roll-out processes have between three and seven stages (or steps), depending on the country. Each roll-out process covers the following themes: a motivational approach to ensure buy-in, an assessment of needs, a planning and implementation approach, and an evaluation stage to assess progress and to learn lessons for the future. The specific programme steps or process stages for each of the four countries are as follows:

- Australia: getting started, planning and delivering your program, and improving your program
- Canada: taking ownership and leadership and getting support from the "top"; getting support from everyone; acknowledging current or informal activities and collecting baseline data; identifying key needs and expectations of the workplace; developing a detailed plan; putting the plan into action; and monitoring, evaluating and maintaining the program
- New Zealand: engage; assess and prioritise; plan; apply and implement; and evaluate and improve resources
- USA: assessment, planning and management, implementation, and evaluation.

Scotland's approach differs in its mode of presentation, with the structural emphasis on the Healthy Working Lives Award Programme, detailing the supports developed for the Workplace Services (the tools and resources), and providing information on the Learning and Development Programme, rather than on a management or roll-out process. In addition, Scotland employs a social marketing approach to implementation.

Workplace case studies are employed in all countries to encourage workplaces to review their progress and make necessary improvements, and to motivate new workplaces to introduce a healthy workplace programme.

Key facts for countries of interest: Australia, Canada, New Zealand, Scotland and USA

Australia

-The Australian Government Department of Health – federal-level–established the Healthy Workers initiative

-3 stage roll-out process

-5 online tools and resources to support roll-out process

-Links to 333 tools and resources for the4 topics of interest (healthy eating, physical activity, smoking, and alcohol) [~ 50% of links currently active]

-Process tools developed by the DOH and specialist tools developed mainly by specialist organisations

-The initiative provided up to Aus$222 million to fund workplaces health promotion focusing on modifiable lifestyle behaviours to reduce chronic disease risk

Canada

-Canadian Centre for Occupational Health and Safety (CCOHS) runs the countries federal level healthy workplace programme, which also has a

Microsite for mental health topic – mental health is government of Canada priority

-7 stage roll-out process

-57 online tools and resources to support roll-out process

-Tools for 136 topics including 5 of interest

-235 tools for the 5 topics of interest (healthy eating, physical activity, mental health, smoking, and alcohol)

-Process and topic tools are developed by CCOHS and specialised organisations

-Cost of programme and number of support staff not identified in review

New Zealand

-WorkWell, the New Zealand healthy workplace programme, National Coordination Office is located at Toi Te Ora's Tauranga office: a public health unit

-The Tauranga office runs the programmes and trains WorkWell advisors for a selected New Zealand regions

-5 stage roll-out process

-100 online tools and resources to support roll-out process

-245 topic tools (healthy eating, physical activity, mental health, smoking, and alcohol)

-Cost of programme not identified in review, however, 5/6 support staff for Workwell programme,

-Wellplace (information hub) provides tools and resources on topics but not roll-out process

10% FTE allocated to maintain Wellplace information hub

-Roll-out has taken place at regional level, not yet, national

Scotland

-NHS Scotland runs Healthy Working Lives

-the structural emphasis on programme roll-out comprises the:

Healthy Working Lives Award Programme,
Workplace Services (the tools and resources), and
Learning and Development Programme

rather than a management or roll-out process

-Scotland employs a social marketing approach to implementation

-11 online tools and resources support approach

-63 topic tools for 5 topics (healthy eating, physical activity, mental health, smoking, and alcohol)

-Cost of programme for core and non-core activities in 2012-13 was just under GB£5million

-Roll out is national and across its 14 health boards

- Number of support staff not identified

USA

-Centers for disease control and prevention (CDC) runs programme to support the healthy people strategy

-4 stage roll-out process

-28 online tools and resources to support roll-out process

-Tools for 21 topics including 5 of interest

-81 tools for the 5 topics of interest (healthy eating, physical activity, mental health, smoking, and alcohol)

- Process and topic tools are developed by CDC and specialised groups organisations

-CDC was given US$30 million for workplace wellness: US$10 million in 2011, 2014 and 2015

The selected health topics that were common across all five countries are healthy eating, physical activity, tobacco cessation, and consumption of alcohol and other substances. Four of the five countries included mental well-being, and separately, family and work-life balance. Three countries included topics covering chronic diseases and infectious diseases. The HRB extracted over 950 topic-based online tools and resources covering the five topics selected in the unpublished report entitled *A description of public policy mechanisms to support workplace well-being programmes*. These are presented in 66 different formats which are assigned to five groups for ease of presentation and understanding. The five groups are: print media (40 format types), technologies (11 format types), personnel (8 format types), partner organisations and/or websites (2 format types) and events (5 format types).

The healthy topic tools are usually developed by expert partner agencies and the nominated government agency's website links to the specialist expert websites. Canada has an excellent mental well-being programme and New Zealand has a comprehensive information hub covering the five health topics of interest. Australia has a national information hub, but only 54% of the links are active and the site was last updated in 2014. Calendar events are used to raise awareness of particular health topics, and the New Zealand, Scotland, and USA websites advertise these. The HRB also extracted 200 process-based tools that had facilitated the nominated government agency implementation of a national-level heathy workplace programme to employers in the case countries. Process-based tools are usually developed by the nominated government agency. Canada, New Zealand and the USA have very detailed process-based tools; Canada has developed a detailed manual to assist with roll-out. The tools usually target one of two audiences – workplaces (that is, employers and their representatives) and workers – although some tools may target both audiences.

New Zealand and Scotland employ trained advisers to provide support in implementing their online tools and resources. For example, in Scotland, the advisers respond to phone calls and emails and provide live training to employers and employees. The USA trains self-employed trainers to provide healthy workplace training for employers and employees.

The following list presents the 950 health topics and 200 process formats allocated to their five groups:

- **Print media:** posters, information leaflets, fact sheets, signage, images, infographics, frequently asked questions, games/quizzes, recipes and checklists for a variety of topic areas, articles, reports of various types, legislation, terms of reference, policy reports, pledges, guides, timelines, evaluations, risk assessment forms, resource lists/collective tools, activity plans, business cases, surveys, comparison tables, toolboxes/toolkits, handbooks, tips, brochures, presentations, books, accreditation-related items and case studies
- **Technologies:** websites, videos, apps, online training courses, podcasts, electronic updates, webinars, DVDs, calculators and online checklists
- **Personnel:** advisers (access to), advice lines (phone), email-based advice, trainers and assessors
- **Partner organisations and/or websites:** public sector, private for-profit, and non-profit
- **Events:** challenges, calendar-based events (named days, weeks or month-long events), workshops and accreditation.

Question 2 Summary

Two of the countries, New Zealand and Scotland, reviewed employed advisers or trainers to facilitate the roll-out of healthy workplace programmes. In Zealand the Ministry of Health funds the Toi Te Ora Public Health which provides workplace related services covering health promotion and protection. Funding is divided across teams of between four and six persons. The teams address workplace, education and health policy development. However, team members also undertake other duties and the attribution of costs to healthy workplace verses other health promotion and protection work commitments have not been made. Currently there are 20 trained WorkWell advisors across the eight

District Health Board regions that offer the WorkWell healthy workplace programme. Advisors also perform other roles within their public health units. We could not obtain numbers of advisers required to roll-out the second programme in New Zealand. Four countries have state-supported levers to increase participation, and three countries employ a State-sponsored accreditation programme.

Scotland reported the most useful costs data. Between 2010 and 2013, the Healthy Working Lives programme had a core budget of just over GB£4 million per year. The core budget is used for developing new solutions, providing leadership and cohesion, building knowledge and evidence, maximising capacity and resources, and funding a national advice line. There is a small non-core budget from the Scottish Government and other external sources for specific time-limited activities. It is important to note that the Healthy Working Lives programme has a wider brief than some other national workplace programmes examined, as it also includes people seeking employment. The cost data for Canada includes health and safety as well as its healthy workplace programmes, whereas it is not clear what the cost data for the USA covers. The information on funding the Healthy Workers initiative in Australia was last updated in 2014. The Australian Government allocated AU$5 million to develop 'soft infrastructure' to support the implementation of state and territory activities at both the local and national levels. An additional AU$217 million was made available to state and territory governments to support health-promotion activities between 2011 and 2016.

Question 3 summary
The HRB did not find evaluations of the national healthy workplace programmes in Australia or Canada. The USA completed a pilot programme between 2011 and 2015 and is currently completing a Workplace Health in America survey to evaluate employers' healthy workplace programmes and practices, and this is expected to be published in 2018. Only two countries, New Zealand and Scotland, have published evaluations examining specific aspects of the healthy workplace programmes.

The early evaluations in New Zealand indicated that good structure and adequate funding were required to implement a healthy workplace programme. The most recent evaluation concluded that 'WorkWell Advisors were adequately trained to support the implementation of WorkWell [the current state-funded programme] within workplaces. More than 10 new workplaces were accredited with the Bronze Standard by June 2013. The proportion of the workforce in WorkWell workplaces, number of priority registrations and number of workplaces accredited with the Silver Standard were slightly lower than intended; [however,] as programme delivery and development continued, it became clear that it was more important to focus on quality within a smaller number of workplaces than to rush recruitment and risk an inferior programme'.

The HRB found five reports covering four evaluations of the healthy workplace programmes in Scotland. The first evaluation report examined the geographical distribution and uptake of a specific programme, Work Positive, which was the predecessor of the current Healthy Working Lives programme.

The second and third reports were a draft and final version of the same evaluation project for Scotland. The two evaluation reports centred on understanding the nature of employer engagement, specifically in relation to policies, practices and behaviours. The reports also examined the quality of the Healthy Working Lives programme services rolled out to support employers, including its website, advice line, workshops and training sessions. The main finding in the final report was that 'the evidence base around what the SCHWL [Scottish Centre for Healthy Working Lives] needs to do is strong, but its key challenge is around strengthening the evidence of impact. This is particularly the case around capturing evidence around harder impacts, which requires the development of an appropriate set of indicators which are both implementable and deliverable.'
The fourth evaluation report was a review of the government's Healthy Working Lives Strategy; the specific Healthy Working Lives programme is not addressed in the report.

The fifth report is *Health Works: A review of the Scottish Government's Healthy Working Lives Strategy*. This evaluation reported an increase in:

- The number of organisations, especially small and medium-sized enterprises, being supported by Healthy Working Lives
- Funding for resources, and
- New organisations registering their intention to achieve a Healthy Working Lives Award.

Conclusions
The HRB included five anglophone countries (Australia, Canada, New Zealand, Scotland and the USA) in the review, so the findings represent the selected English-speaking countries and their culture.

This information review found that in each of the five countries either a government department or more frequently a nominated government agency was appointed to implement its national healthy workplace programme. The national healthy workplace programmes in the countries selected involved one or more of the following activities: selecting health-related topics (all countries), developing an online information hub linked to a network of expert agencies (all countries), documenting a management or health promotion process to help the government agency engage with employers and workplaces (four countries), employing advisers or training trainers (three countries), and an accreditation process for workplaces or employers (three countries), which included qualified assessors (two countries). Three countries (Canada, New Zealand and Scotland) employed a social marketing approach to their programmes and four countries (Australia, Canada, Scotland and the USA) used a population health approach.

The HRB extracted over 950 topic-based and 200 process-based online tools and resources into an Excel spreadsheet. Partner or expert agencies often developed a number of the health topic tools, whereas the nominated government agencies developed the process tools.

There was little data on cost and staff supports identified through Internet searching or by directly contacting government agencies, and budget is sometimes tied into a larger programme. Scotland was the only country that published detailed costs data.

Only two countries, New Zealand and Scotland, had published evaluations examining specific aspects of the healthy workplace process. The main lessons learned from these are that healthy workplace programmes are enhanced by a structured roll-out process (New Zealand), adequate funding (New Zealand and Scotland), evidence-informed activities (Scotland), and the development of useful indicators to measure impact (Scotland).

An important point to note is the socio-economic and political context in which a national healthy workplace programme is developed. Interventions are likely to be ineffectual in the context of structural issues such as economic restructuring, weakening social security nets and increasing precarity. Long-standing global evidence supports the view that lifestyles play a proximal role in health and health outcomes but are shaped by material and political drivers.

1 Introduction

1.1 Policy background

Under the auspices of Healthy Ireland, the Department of Health (DoH) is leading the development of the National Healthy Workplace Framework in partnership with the Department of Business, Enterprise and Innovation cross-sectoral policy. In Ireland, the Health and Safety Authority has made significant progress in making workplaces safer and their actions have reduced workplace accidents and fatalities. Workplace safety is one part of a four-part approach to increasing well-being at work; the other equally important and synergistic parts are health promotion, occupational health, and human resource management.

1.2 Purpose

This review will inform the National Healthy Workplace Framework itself, and will contribute to the design and costing of the implementation plan for the National Healthy Workplace Framework. The review will feed into the final stages of the policy's development and support the business case for resources. The review will contribute to the development of resources to support the implementation of the framework across public and private sector workplaces. This review will be used by policy-makers, employers and employees to help prepare the implementation plan and to calculate its associated resources.

1.3 Research questions

1) **What are the online tools and resources available to support the implementation of a healthy workplace programme?**
2) **What are the direct supports provided (i.e. staff support and funding) to ensure translation of the identified online tools and resources to the workplace?**
3) **What assessments and evaluations of these healthy workplace programmes have been undertaken in each of the examined countries?**

2 Background and rationale

2.1 Background

The background to advancing healthy workplace programmes is embedded within the legislative history designed to ensure safe and healthy workplaces. Across the globe, a range of acts governing employees' rights have delineated business responsibility with regard to a healthy work environment.[10]

In addition to the responsibility to ensure people's physical safety and reduce their risk of occupation-related illness, businesses are also responsible for protecting workers' physical and mental well-being. Business responsibilities include ensuring a workplace free from bullying, discrimination (gender, religion, sexual orientation), sexual harassment, all types of exploitation, tobacco harm (including second-hand smoke), alcohol-related harm, and other risks such as sun damage.[10] The legislation surrounding employment relations arises from an array of political unions. Legislation can be passed at the supranational union level – for example by the European Union (EU) for European states – and by other geopolitical unions such as the federations of Australia, Canada and the USA, as well as at the national or state level. While at an international level measures of and trends in health, trade and investment gathered by bodies such as the Organisation for Economic Co-operation and Development (OECD), the World Health Organization (WHO) and the International Labour Organization (ILO) all directly and indirectly determine employment relations legislative frameworks. An illustration of key bodies and steps involved in determining workplace legislation is presented in Figure 1.

In the case of the countries reported on in this information review – Australia, Canada, New Zealand, Scotland and the USA – healthy workplace-related policy and associated legislation has been translated into practice through national bodies. The bodies represent, in varying composition, the three pillars of a healthy society: government, business, and civil society (non-profits). The players from each pillar of society have a distinct and important role to play, and all three need to work together synergistically to create the most value for society.[11] In some countries, the policy drive to develop a healthy workplace culture has directly resulted in the establishment of new health-related service delivery bodies.[12] Other nations or states have tasked established bodies with additional responsibilities to agree on and arrange the ethos of, and framework for, national healthy workplace programmes.[13] Government bodies engage with business and civil society to develop, deliver, monitor and evaluate healthy workplace programmes. This process is iterative in nature.

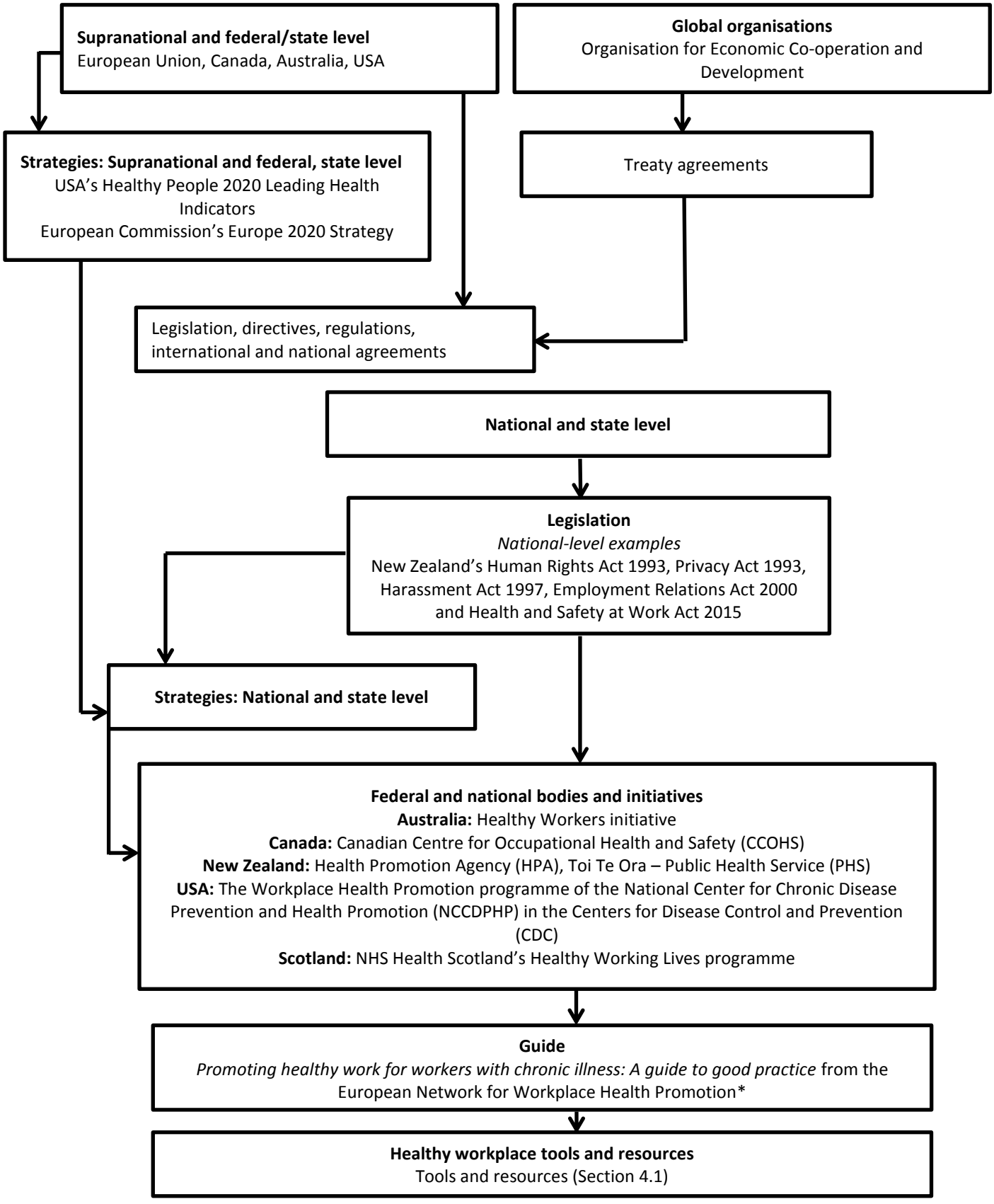


Figure 1 Development of healthy workplace programmes

*Ref[14]

In 2002, the Council of Australian Governments agreed the National Partnership Agreement on Preventive Health, which established the Healthy Workers initiative (Figure 2).[15] The Canadian Centre for Occupational Health and Safety (CCOHS) was established by the Canadian Centre for Occupational Health and Safety Act in 1978, with the first edition of the *Workplace Health and Wellness Guide* published in 2002.[16, 17] Also in 2002, the New Zealand Public Health and Disability Act established the Health Promotion Agency (HPA), a Crown entity, to inspire all New Zealanders to lead healthier lives so that New Zealand, as a country, would experience better health and well-being and less harm, injury and disease.[18] The WorkWell healthy workplace programme of Toi Te Ora – Public Health Service the public health unit for New Zealand's Bay of Plenty and Lakes District Health Boards, has been supporting workplaces to 'work better through wellbeing' since 2010.[19] The Scottish Centre for Healthy Working Lives, an initiative of NHS Health Scotland, was established in 2006 to help employers create a safer, healthier and more motivated workforce.[12] It also seeks to improve the health of those seeking to re-enter the workforce. In 2008, the US Government tasked the National Center for Chronic Disease and Prevention and Health Promotion (NCCDPHP) in the Centers for Disease Control and Prevention (CDC) with designing and implementing the national Workplace Health Promotion programme.[20]

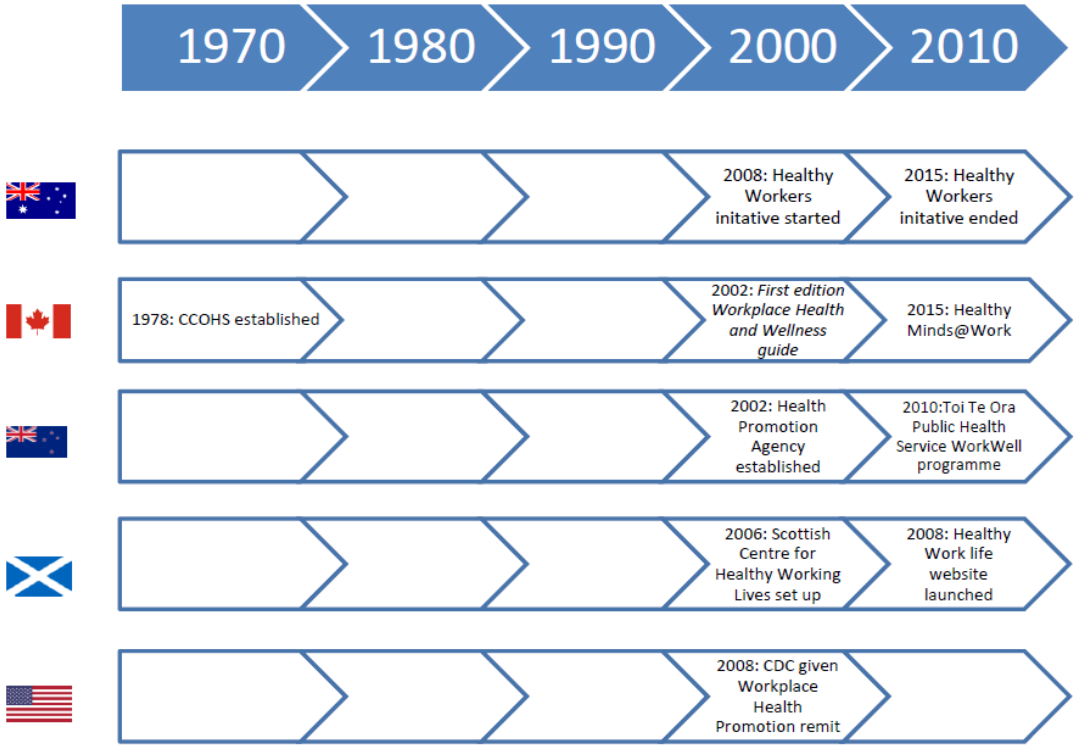


Figure 2 Timeline for establishment of current healthy workplace programmes

All of the bodies in Figure 2 have established websites which provide material on:

- background information on healthy workplace programmes
- the topic areas identified for implementation
- collaborative partners in the development and/or delivery of training programmes
- the online tools and resources developed to support each national-level healthy workplace programme
- in some cases, process steps on how small and medium-sized enterprises (SMEs) prioritize, establish, deliver and evaluate topics considered beneficial to the organisation and their workers
- accreditation processes
- dissemination and participatory events developed to ensure standards and encourage participation in healthy workplace programmes.

The role of healthy workplace programmes is to educate and support employers and workers. Such programmes aim to increase awareness of and improve health-related behaviours in relation to the topics of interest.

The resources available for healthy workplace programmes to achieve their aims reflect a combination of government- and workplace-provided physical (including financial) and psychological supports. That is, nationally and organisationally identified priorities are addressed, taking account of available staffing and the funding capacity to deliver the programme. To be successful, the implementation of any strategy is ideally undertaken within a feedback developmental process which takes account of the current health measures (morbidity measures) of the working population and the desired changes. Annual measures of morbidity gathered from employees in business, industry and state bodies, coupled with national demographic and economic trends and fiscal, monetary and social policies, usually determine national health-related strategies. Fidelity in the implementation of health-related strategies should influence employee-related morbidity trends. Therefore, a national strategy to improve health in the workplace requires ongoing monitoring, auditing and evaluation if targeting is to remain meaningful and effective. This requires baseline measures of employee morbidities, the implementation of interventions proven to improve health, the auditing of interventions to ensure fidelity with the intervention processes, the gathering of data to measure change, and the tweaking of healthy workplace programmes to change morbidity norms, all on an iterative basis.

Strategies have evolved from different, but not necessarily mutually exclusive, perspectives. Some have taken account of national health and well-being measures, specifically measures of mortality and of physical and mental morbidities. The USA's Healthy People 2020 Leading Health Topics was one strategy developed from such a priority-setting perspective.[21] Economic changes have also acted as a catalyst to changing workplace practices. The 2008 global economic crisis contributed to the direction of the European Commission's Europe 2020 Strategy. The Europe 2020 Strategy's target to achieve 'a 75% employment rate for 20–64 year-olds through the EU' highlighted the need for interventions arising from the fact that 23.5% of the working population of the 27 EU member countries report suffering from a chronic illness and 19% stated that they have long-standing health issues.[22]

State and national bodies tasked with developing these strategies say what measures of health and safety are to be addressed in the workplace and why; but in the main, it is the implementation process which addresses who, where, when, and how activities are undertaken. The degree of independence and integration between those tasked with strategic development and those tasked with strategic delivery is not always clear-cut. The HRB has observed that strategy development departments in Canada, New Zealand, Scotland and the USA have also made a range of online tools and resources available to those delivering or participating in workplace education. Although our

observations indicate that the design and delivery of the implementation process is more frequently the remit of service delivery-oriented bodies, this perfect dichotomy between policy development and a delivery body does not hold in all cases. Many steps in the process show that the responsibilities and actions of involved entities overlap.

2.1.1 Australia

In Australia, the Healthy Workers initiative is one of three settings-based programmes under the National Partnership Agreement on Preventive Health agreed to by the Council of Australian Governments in 2008.[15] The focus in the workplace is on improving performance and productivity; reducing absenteeism, sick leave and presenteeism; and improving staff morale, and employee engagement and relationships. The wider socioenvironmental setting is focused on increased health awareness and knowledge, physical and mental health and well-being, morale, job satisfaction and motivation, and capacity to enjoy life in and outside the workplace. Information on the website supporting the initiative was last updated at two time points. The explanation of the initiative's methods to develop workplace programme was updated in 2013, the content for the each of the initiative's five topics in 2014. The website and strategy appear to have been published in 2011. In July 2011, the then Minister for Health and Ageing, Nicola Roxon, issued a Joint Statement of Commitment – Promoting Good Health at Work, stating that 'preventative health initiatives are becoming increasingly important considering Australia's ageing population and increasing rates of chronic disease.'[15] At the time, a key part of the Australian Government's strategy for preventative health was the National Partnership Agreement on Preventive Health, which was providing up to AU$872.1 million in funding over six years, the biggest investment in health promotion that the Australian Government had ever made. In 2014, it was reported that the Healthy Workers initiative was providing up to AU$222 million in funding for health promotion in workplaces that focus on key modifiable lifestyle behaviours. Of this funding, up to AU$217 million was to be made available to state and territory governments to support health promotion activities in workplaces. Funding for Healthy Workers had been allocated to specific activities which were detailed in state and territory implementation plans. The remaining AU$5 million was being used by the Australian Government to develop 'soft infrastructure' to support the implementation of state and territory activities at both a local and national level. This infrastructure includes the website examined in this review, the Joint Statement of Commitment – Promoting Good Health at Work, and a quality framework and registration website for workplace health programmes. National awards for employers demonstrating best practice in workplace health programmes were to be delivered by the Australian National Preventive Health Agency.[23] The aim of the National Partnership Agreement on Preventive Health was to reduce the risk of lifestyle-related chronic disease through investment in a range of preventative health activities, including three initiatives focused on settings where the population spend a large proportion of their time: the Healthy Communities, Healthy Children and Healthy Workers initiatives.[15]

2.1.2 Canada

The information provided here was extracted from the CCOHS website.[13, 16] The Canadian Centre for Occupational Health and Safety Act, which established the CCOHS, was passed by unanimous vote in the Canadian Parliament in 1978. The CCOHS promotes the total well-being – including physical, psychosocial and mental health – of working Canadians by providing information, training, education, management systems and solutions that support health, safety and wellness programmes. A federal department corporation, the CCOHS is governed by a tripartite Council – representing government, employers and labour – to ensure a balanced approach to workplace health and safety issues. The CCOHS fulfils its mandate to promote workplace health and safety, and encourage attitudes and methods that will lead to improved worker physical and mental health, through a wide range of products and services. These products and services are offered in both English and French, and are designed in cooperation with national and international occupational health and safety organisations with an emphasis on preventing illnesses, injuries and fatalities. The CCOHS gives special attention to

some topics and issues. To provide a single point of access to some of the best information, tools and research, the CCOHS has a collection of websites focused on specific topics such as mental health, healthy workplaces, and young and new workers. The CCOHS believes that a healthy and productive workplace culture that creates an environment which promotes employee mental and physical health, as well as productivity and organisational effectiveness, can benefit employers and employees alike. The Healthy Workplaces website brings together some of the best information, tools and resources available to help employers, workers and practitioners participate in making their workplaces healthy and safe. In 2017, the website was totally refreshed with a mobile-friendly layout and design, as well as credible information on topics related to creating healthy workplaces, such as active living, ageing workers, occupational diseases, ergonomics and mental health. The website had 51,847 page views this year (2016-2017).[24]

2.1.3 New Zealand

The information provided here was taken from the Wellplace website.[10] New Zealand's legislation – such as the Health and Safety at Work Act 2015, the Employment Relations Act 2000, the Privacy Act 1993, the Harassment Act 1997 and the Human Rights Act 1993 – sets out a business's responsibility to provide a healthy work environment. Businesses may see their main legal responsibility as ensuring employees' physical safety and reducing their risk of occupational illnesses. However, their legislative responsibility also includes protecting workers' physical and mental well-being. Therefore, businesses must provide a workplace free from bullying, discrimination (gender, religion, sexual orientation), sexual harassment, all types of exploitation, tobacco harm (including second-hand smoke), alcohol-related harm, and risk of sun damage. Businesses that do not provide a safe and healthy workplace can be prosecuted and face significant fines or even imprisonment. Such costs can be severely damaging to a business's financial viability, as well as its reputation and ability to attract new employees and customers. New Zealand emphasises how the workplace culture – that is, how a business organises its work – and the physical conditions of work affect the workers' ability to make healthy choices. New Zealand also highlights how an individual's lifestyle factors – i.e. their home and community – affect how they eat and drink, their health conditions and stress levels, and their family issues, as well as what they think and their values.

The Toi Te Ora – Public Health Service has also developed a healthy workplace programme entitled WorkWell.[19]

2.1.4 Scotland

In 2006, the Scottish Centre for Healthy Working Lives (SCHWL) was launched by NHS Health Scotland. It was established to help employers create a safer, healthier and more motivated workforce. *Healthy Working Lives: A plan for action* defined a healthy working life as 'one that continuously provides working-age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allows them to sustain and improve their health and wellbeing.[25] *It means that individuals are empowered and enabled to do as much as possible, for as long as possible, or as long as they want, in both their working and non-working lives.' Health Works: A review of the Scottish Government's Healthy Working Lives Strategy* was published in November 2009 and reflected the significant developments that had taken place in Scotland, many of which had been led by the SCHWL, since the publication of the original plan for action.[26]

2.1.5 USA

In 2008, the US Government gave responsibility for designing and implementing a national workplace health programme to the CDC's NCCDPHP. The NCCDPHP developed a workplace health model in 2008 and launched the Workplace Health Promotion website in 2010.[20] The CDC's Workplace Health Promotion programme is implemented by each state's Department of Public Health. The NCCDPHP has an annual budget of about US$1.1 billion dedicated to preventing chronic diseases and promoting health across the life span, in key settings, and with attention to the primary chronic disease risk

factors. Between 2011 and 2015, the CDC was given US$30 million for workplace wellness, which comprised US$10 million in 2011, 2014 and 2015.[27]

In the USA, direct and indirect savings have been identified as reductions in medical costs and lost productivity. The health and quality of life impact on individual workers and their families, as well as the economic cost to employers and employees, have been identified as direct costs such as medical costs, insurance premiums and workers' compensation claims, and indirect costs arising from absenteeism, disability and reduced work output. [28]

2.2 Rationale

Governments in the countries of interest have given several rationales for the implementation of healthy workplace tools. These rationales fall into the following categories: cost (indirect and direct), quality of life, employee engagement, and legal requirements. Each is dealt with in a summary paragraph in the following four subsections.

2.2.1 Cost: indirect and direct

The CDC in the USA and the HPA in New Zealand state that workplace health programmes make good business sense.

For example, in the USA, 'the Medical Expenditure Panel Survey of 2010, the latest year for which figures are available, found that the USA spends US$1.219 trillion each year on medical costs, and that 86% of that total is related to chronic conditions, such as heart disease, stroke, cancer, arthritis, diabetes or obesity. Productivity losses related to personal and family health problems cost U.S. employers more than US$225 billion every year.'[28]

Indirect costs should also be considered; for example, the Australian Department of Health cites the following benefits of a healthy workplace for employers:

- 'Improved work performance and productivity,
- Reduced absenteeism and sick leave,
- Decreased incidence of attending work when sick (presenteeism), and
- Decreased frequency and cost of workers' compensation.'[29]

In Scotland, an emphasis is also placed on the cost of mental health problems; a study carried out by the University of Strathclyde on behalf of the Scottish Trades Union Congress (STUC) reported that on average employees take 21 days for each period of absence related to mental health. Mental health problems cost Scottish employers over GB£2 billion a year. Stress, depression and anxiety are reported as the most common reasons for staff absence; however, a lot of work-related mental health absence could have been prevented. Evidence shows that there are a number of simple, cost-effective ways to support employee mental health.[30]

Health Canada found that healthy employees are more efficient, energetic, alert and more able to manage stress.[31]

2.2.2 Quality of life

Workplace health programmes also positively affect the quality of life of the employee. For example, the Australian Department of Health cites the following benefits of a healthy workplace for employees:

- 'Increase in health awareness and knowledge,
- Increase in physical health and mental wellbeing,

- Improved morale, job satisfaction and motivation,
- Improved opportunities for a healthier lifestyle, and
- Greater capacity to enjoy life both in and outside the workplace.'[29]

2.2.3 Employee engagement

The level of employee engagement is correlated with a healthy workplace. The New Zealand HPA reports that global research has found that when employee health and well-being is managed well, the percentage of engaged employees increases, as does creativity and innovation.[32] The Australian Department of Health cites the following benefits of a healthy workplace:

- 'Improved staff morale, satisfaction and motivation,
- Improved corporate image and attraction/retention of employees,
- Increased return on training and development investment, and
- Improved employee engagement and employee relationships.'[29]

The Canadian *Workplace Health and Wellness Guide* also states that a workplace health programme can lead to a healthier workplace culture.[31]

2.2.4 Legal requirements

Legislation exists which mandates employers' responsibility to look after the health and well-being of their employees. For example, New Zealand legislation, including the Health and Safety at Work Act 2015, sets out an employer's responsibilities to provide a healthy workplace, and covers more than just reducing employees' risk of occupational diseases and injury.

Employers who do not provide a safe and healthy workplace can be prosecuted and face significant fines or even imprisonment. Such costs will be severely damaging to a business's reputation and ability to attract new employees and customers.[10]

2.3 Definitions and objectives

The World Health Organization states: 'A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following, based on identified needs:

- Health and safety concerns in the physical work environment,
- Health, safety and well-being concerns in the psychosocial work environment, including organisation of work and workplace culture,
- Personal health resources in the workplace, and
- Ways of participating in the community to improve the health of workers, their families and other members of the community.'[33]

In Australia, the objectives of a healthy workplace initiative are described as: 'Encourage employees to make sustainable changes to their lifestyles such as increased physical activity levels, healthier eating behaviours, smoking cessation and reduction of harmful alcohol consumption; and assist in preventing lifestyle-related chronic diseases and related morbidity and mortality rates in Australian adults.'[34]

In Canada, the CCOHS states that 'wellness and workplace health promotion is a pro-active approach to healthy living which focuses on the general population at a workplace as a whole, and addresses a broad range of health issues.'[31]

The HPA of New Zealand states that 'a healthy workplace is one where making the healthy choice is the easy choice. It works with its team to ensure all aspects of its operations are not harmful. It helps its people be as healthy and strong as they can be. A healthy workplace knows healthy businesses need healthy communities. It recognises that helping keep families and communities strong benefits its own business through a healthier workforce and a more invested, loyal community.'[10]

The SCHWL states that the overall rationale or vision of health promotion in the workplace is to give Scottish workers 'the opportunity to work in ways that sustain and improve their health and well-being.'[12]

The CDC in the USA describes a workplace health programme as 'a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports, and links to the surrounding community designed to meet the health and safety needs of all employees.'[35]

3 Methods

3.1 Inclusion and exclusion criteria

The inclusion and exclusion criteria for this review were:
Inclusion:

- the countries of Australia, Canada, New Zealand, Scotland and the USA
- the topics of healthy eating, physical activity, mental health, alcohol, and tobacco, and healthy weight were identified for inclusion. The area of health weight was included along with healthy eating and physical activity as some countries provided guidance on activity and eating across these three categories
- online tools and resources
- federal- or national- level programme design.

Exclusion:

- topics other than those identified in the inclusion criteria
- health and safety tools and resources
- online tools and resources related to accreditation processes
- healthy workplace programmes tools and resources not available online
- state-level programmes of the federal states.

The DoH identified the areas of healthy eating, healthy weight, mental well-being, physical activity, alcohol and other substances and tobacco as topics for attention.[36] It should be noted that the countries included in the review are English-speaking nations, and that these federations and countries share a range of common, if not entirely analogous, socioeconomic structures. Findings will reflect the approaches of these states. The structure of healthy workplaces in non-English-speaking European countries may differ.

3.2 Searching

3.2.1 Google search for agencies and websites

The HRB used the key terms <healthy workplace program or programme> and country <name> to locate and identify the federal- or national-level healthy workplace programmes, the government administrative bodies tasked with managing these programmes, and the websites through which these programmes are delivered. This evidence review was completed using an information review approach. An information review is a comprehensive collection of the existing information on a given topic using the documented approach which is described in this section. We examined the identified federal and national bodies' websites, and the websites referenced within those websites, to identify the array of online tools and resources developed for each country's healthy workplace programme. This also allowed us to identify a network of organisations from which a range of online tools and resources could be extracted to address the DoH's needs. With no predetermined parameters or boundaries and with additional web links nested within the initially identified websites, this process by its nature is boundless. In addition, the primary axis of classification for the website in each country differed. So, while the contents of the sites in each country showed many similarities, the routes to locating the required information differed, and often looped.

Therefore, the HRB worked to the following specifications:

1. Where the healthy workplace programme website was nested within a website domain catering to a wider healthcare area, the healthy workplace programme main page was identified.

2. Where the website was specifically developed for the healthy workplace programme, we started with the home page.
3. Once we reached the healthy workplace programme front page, we systematically worked across:
    - the website tabs
    - the topic-specific subsections within the main page
    - the tabs across the topic-specific subsections (the more appropriate approach was adopted).
4. For each topic of interest, we worked across and down each page, opening each link, reading each document, and examining each tool and resource (the types of which are identified in Section 4.1.3, Quantitative assessment of tools and resources).
    - Findings from point 4 above resulted in one of a number of outcomes. First, the tool or resource stood on its own and no further follow-up was of benefit to the review; for example, the identified support was an Excel spreadsheet, a calculator, a poster, or similar. Second, the support led to the website of another partner or stakeholder; in this instance, a decision was made if this site was to be further explored or not. These decisions were subjective in nature and were made if the researcher felt that the contents of the website would add to the information store being developed for the DoH.
5. Finally, although it was not part of the original remit of the review, we also explored documentation on the process by which healthy workplace programmes were rolled out.
    - The rationale for this additional inclusion was that a well-developed process pathway appears to improve the potential success rate of the healthy workplace programme. It does this in a number of ways, including by establishing baseline measures of population and employee well-being, identifying mechanisms in prioritising areas for intervention, and engaging employers and employees. It also allows examination of the structure of a national workplace programme and identification of the available online tools and resources. During this phase of the information review we mapped each identified tool or resource to stages and steps of each country's process.

It is clear that within the capacity limits of the review, the search for online tools and resources could not be exhaustive. Nevertheless, we are confident that the findings give an extensive and representative overview of the online tools and resources employed in Australia, Canada, New Zealand, Scotland and the USA.

3.2.2 Supplemental search for evaluations

The HRB performed a supplemental Google search for national- or federal-level programme evaluation reports for the countries of interest (Australia, Canada, New Zealand, Scotland and the USA) by performing a targeted search of government sites and/or country-specific domains. Given the large volume of results, screening was limited to the first 50 results for each country, and screening was limited to title and description only. No national- or federal-level evaluations for any of the current national healthy workplace programmes in the five countries of interest were located in this search.

3.2.3 Writing to key informants

Due to the dearth of publicly available information on funding, staff, and programme evaluations, we also wrote to each government agency, healthy workplace programme, or information hub to see if we could identify evidence on supports and programme assessments and evaluations. These contacts were an important source of information for some of the findings reported for Canada, New Zealand

and Scotland. At the time of drafting this report, we have not received substantive replies to our queries from Australia or the USA.

3.3 Data extraction, reporting and coding

The HRB extracted information from the identified websites, online tools and resources, and documentation supplied by our colleagues in the target countries. Taking account of the questions from the DoH and findings from the sources examined, we iteratively developed a reporting framework that allowed information to be presented in a structured manner which could be used for each country. In brief, the framework for Question 1 was:

- The federal- or national-level healthy workplace programme and its accompanying website
- The topic areas covered in the national healthy workplace programme
- The online tools and resources within the website
- Grouping and labelling the online tools and resources using the criteria described in the following bullet points:
    - a description of the nature of the programme for each country in a series of case studies
    - identification of partner organisations involved in the development and roll-out of the healthy workplace programme, presenting findings from New Zealand as an example of this area of programme development, engagement and roll-out.

For Question 2 and Question 3, we reported findings on costs and evaluations by country. The HRB additionally developed a schematic model of factors derived from the findings from each country, identifying the supports (personnel and funding) required to translate the online tools and resources into the workplace. This schematic model will, regardless of the model developed for Ireland, allow the main support areas to be identified for inclusion in a costing model (Appendix E Derived costing model). Additionally, where country-specific reporting required, we presented extracted information in summary tables.

In conjunction with this information review we inputted the identified online tools and resources into an Excel spreadsheet, coding the data under the following headings: country, government agency, title of resource or tool, overall format group, format type, audience (workplace or worker), URL, and an indicator of whether the URL was working or not (yes or no). For the two variables, overall format group and format type, we applied codes to the identified online tools and resources to allow the data within these variables to be meaningfully grouped. The options identifying the format groups and format types are listed in Table 4. Many of the identified tools and resources we focused on in this review of healthy workplace programmes could be employed as supports for both or either of the two target audiences (the workplaces' employers and their workers). Employment of some tools and resources required contributions from both audiences, representing a joint endeavour, other tools and resources were specifically for one of the target audiences and finally, an array of the tools and resources were suitable for the two audiences at different times in the roll out process. Employment of some tools and resources required contributions from both audiences, representing a joint endeavour, other tools and resources were specifically for one of the target audiences and finally, an array of the tools and resources were suitable for difference audiences at different times in the roll out process. Along with a copy of this information view the DoH have been supplied with a copy of the excel spreadsheet. Both products are available on the HRB website.

These tools and resources contained a range of subdivisions. For example, a document might provide information on a topic area and include a questionnaire. In this instance we coded the document according to what we interpreted as its main focus, for example the questionnaire. Where the questions applied to both the workplace and the workers, we again coded the document to what we interpreted as its main target audience. Other coders may have applied alternate label options. Due

to these issues, it was not possible to develop a mutually exclusive classification or hierarchical system to group the tools or resources. Therefore, we wish to flag the subjectivity of our grouping methods and to acknowledge that some of the coded tools and resources grouped under one format type could also easily fit under an additional or other format type. However, this approach makes it possible to gain a quick understanding of the key use of this heterogeneous collection of the over 1,600 tools and resources reviewed.

4 Findings

4.1 Question 1: Online tools and resources

Question 1:
What are the online tools and resources available to support the implementation of a healthy workplace

In the first several section of this chapter we present our findings from the five countries and their six agencies which have been identified for inclusion in the study and which align with the agreed inclusion/exclusion criteria. This is followed by quantification of the identified online tools and resources and the group types into which the online tools and resources have been aggregated for reporting. The following section qualifies the nature of the online tools and resources, reporting the country-assigned label, the type of tool or resource (poster, Excel spreadsheet, questionnaire, app and so forth), a description of the tool or resource, and where it is used. A large part of section 4.1.4 is in tabular form, with the presented findings stratified by country and topic of interest – i.e. by the areas of healthy eating, physical activity, mental health, and so forth. Section 4.1.5, national-level case studies, provides detail on the process of how the healthy workplace programme is rolled out within an organisation; here, the stages and the steps within each stage are identified in chronological order. Finally, as we observed that organisational participation is heavily reinforced by external supports, we have provided examples of three controls by which national public health bodies leverage organisational and population engagement. These are: cross-sectoral engagement with partner or stakeholder organisations; the use of events such as national days, campaigns and challenges to raise awareness; and encouraging organisations that have participated in the programme to create case studies or vignettes to explain the process and encourage engagement.

4.1.1 Healthy workplace programmes

The agencies identification and location details are reported in Table 1. We also included the mental-health-specific microsite identified from the CCOHS.

Table 1 Identified healthy workplace programmes and agencies

Country	Agency initiative, programme or information hub	Abbreviation	Link
Australia	Australian Government Department of Health Healthy Workers initiative	Healthy Workers initiative	http://www.healthyworkers.gov.au/
Canada	Canadian Centre for Occupational Health and Safety	CCOHS	http://www.ccohs.ca/healthyworkplaces/topics/
Canada	CCOHS Healthy Minds @Work microsite	Healthy Minds @Work	https://www.ccohs.ca/healthyminds/
New Zealand	Health Promotion Agency Wellplace.nz	HPA	http://www.wellplace.nz/
New Zealand	Toi Te Ora – Public Health Service WorkWell New Zealand	Toi Te Ora PHS	http://www.workwell.health.nz/workwell_home
Scotland	NHS Health Scotland Scottish Centre for Healthy Working Lives	Healthy Working Lives	http://www.healthyworkinglives.com/
USA	Centers for Disease Control and Prevention Workplace Health Promotion	CDC	https://www.cdc.gov/workplacehealthpromotion/index.html

4.1.2 Healthy workplace programme topic areas

Table 2 lists the healthy workplace programme topics of the individual countries examined; topics of interest to the Irish DoH are indicated by a red tick, and the remaining topics – indicated by a green tick – are additional healthy workplace programme topics. The table indicates the topic-specific geopolitical variations in healthy workplace programmes (that is the topics which the different geographical areas and political bodies priorities taking account of their workforce wellbeing). In total, the five countries cover 14 topic areas in their healthy workplace programmes. Umbrella terms with variations in the focus and nature of the components included have been noted. The DoH identified the areas of healthy eating, healthy weight, mental well-being, physical activity, alcohol and other substances and tobacco as topics for attention.[36] We added the topic healthy weight to this list as some countries had addressed the two topics healthy eating and physical activity, by breaking the two topics into three and adding the topic health weight. As a point of note, the remaining topics are family/work-life balance, cancer, chronic diseases, sun exposure, infectious diseases, oral and/or dental health, and the heterogeneous category 'Other'. This category comprises topics such as violence, gambling and general healthcare. The topic details are presented in the paragraphs below.

4.1.2.1 Australia's topic areas

The Australian Government Department of Health's Healthy Workers initiative website contained online tools and resources on four of the five topics of interest. Mental health is not addressed in Australia's Healthy Workers initiative.[23]

4.1.2.2 Canada's topic areas

Canada provides a much broader range of topics than Australia.[37] Canada covers a larger number of topics than almost all countries; especially Australia who covers the smallest number of topics. Mapping of these specific topics to the umbrella topic terms was completed and is outlined in Table 3. The CCOHS Healthy Workplaces website hosts a resource portal where any external organisation can submit a resource or tool. This resource portal also includes tools provided by the CCOHS. The topics covered by this portal are broad; 136 topics are listed in the hub. Some subjects are dealt with as generic concepts (e.g. cancer), or according to type (e.g. breast cancer). Some subjects are considered from different angles (e.g. cancer, cancer screening, and occupational cancer). The difference in focus requires different discipline-specific interventions. Some areas are suitable for intervention in the workplace, while others require specialised clinical expertise. Using the umbrella topic list in Table 3, the following topics were covered in Canada: healthy eating, moving more or physical activity, mental well-being, family/work-life balance, alcohol and other substances, tobacco awareness/smoke-free workplaces, cancer, infectious diseases, and other. Family/work-life balance and mental well-being were the two topics with the most emphasis in Canada.

Mental well-being is a Government of Canada priority. In 2015, the CCOHS worked with the Government of Canada to deliver the Workplace Mental Health Campaign, and the Healthy Minds @Work microsite was created. The following year a two-month social marketing campaign was run which reached eight million Canadians, or approximately 40% of the workforce.[24]

The CCOHS has the remit for occupational health and safety in Canada, and for this reason several health and safety tools and resources were listed in the hub; these have been excluded from our review.

4.1.2.3 New Zealand's topic areas

The New Zealand Health Promotion Agency's Wellplace.nz and the Toi Te Ora – Public Health Service's WorkWell websites listed eight and nine topics, respectively.[18, 38] Both websites contained online tools and resources for these topics. Tools and resources on the additional areas of sun exposure, family/work-life balance and infectious disease were included in the Wellplace.nz website,

and a community programme was included in the Toi Te Ora – Public Health Service WorkWell website.

4.1.2.4 USA's topic areas

The CDC's Workplace Health Promotion programme listed 21 topics.[39] Fourteen of the CDC workplace topics appear to have been identified through a review of the evidence on health in the workplace during the development of the Healthy People strategy. Healthy People is the 10-year national strategy for improving the health of all Americans. The 14 topics are: alcohol and substance misuse, hypertension (high blood pressure), breast cancer, cervical cancer, colorectal cancer, high cholesterol, depression, diabetes, flu and pneumonia, nutrition, obesity, physical activity, tobacco use, and work-related musculoskeletal disorders. Additional topics were identified in 2013; these are lactation supports, occupational health and safety, vaccine-preventable diseases, and community resources. When these specific tools were mapped (Table 3), the following umbrella topics were covered: healthy eating, physical activity, mental well-being, family/work-life balance, alcohol and other substances, tobacco awareness/smoke-free, chronic diseases, cancer, and infectious diseases. Within the CDC Workplace Health Promotion website there is a clear focus on preventing chronic disease. This appears to be a US Government priority and is reflected in the selection of the CDC's NCCDPHP as the agency with responsibility for designing and implementing a national workplace health programme.

4.1.2.5 Scotland's topic areas

The Healthy Working Lives website of Scotland lists eight topics of interest: the five core topics and the additional areas of family/work-life balance, chronic disease, and oral and/or dental health.[40] The Healthy Working Lives website is nested within a wider network of websites from NHS Health Scotland.

Table 2 Topic areas covered by identified agencies

	Healthy eating	Healthy weight	Physical activity	Mental well-being	Alcohol and other substances	Tobacco awareness/smoke free	Family/ work-life balance	Chronic diseases	Cancer	SunSmart	Infectious diseases	Oral/dental health	Community	Other
Health Promotion Agency, New Zealand	✓		✓	✓	✓	✓				✓			✓	
Toi Te Ora – Public Health Service, New Zealand	✓		✓	✓	✓	✓	✓			✓	✓			
Australian Government Department of Health	✓	✓	✓		✓	✓								
Canadian Centre for Occupational Health and Safety	✓		✓	✓	✓	✓	✓	✓	✓		✓			✓
Healthy Minds @Work				✓										
Centres for Disease Control and Prevention	✓		✓	✓	✓	✓	✓	✓	✓		✓			
NHS Health Scotland's Scottish Centre for Healthy Working Lives	✓	✓	✓	✓	✓	✓	✓	✓				✓		

✓ Indicates identified topics which align with the Irish DoH's inclusion criteria ✓ Indicates remaining identified topics not deemed for inclusion by the DoH

Table 3 Mapping specific topics to umbrella topic terms: Canada and the USA

Umbrella term	Canadian Centre for Occupational Health and Safety	Centers for Disease Control and Prevention
Mental well-being	anxiety, bullying, civility and respect, conflict resolution, depression, employee assistance programmes, employment relationships, harassment, harassment policies, job demands, job design, job satisfaction, mental fitness, mental health, mental illness, organisational change, organisational culture, organisational health, resiliency, risk factors, social support, stigma, stress, workplace conflict, workplace mental health promotion, workplace peer support, workplace stress	depression, stress
Tobacco awareness/smoke-free	environmental tobacco smoke, smoke-free workplaces, smoking cessation	tobacco-use cessation
Cancer	cancer, cancer screening	cancers
Physical activity	active living, ergonomics	physical activity
Healthy eating	healthy eating	cholesterol, nutrition
Infectious diseases	immunisation, influenza	influenza
Chronic diseases	musculoskeletal disorders, diseases, chronic diseases	blood pressure, diabetes, heart attack and stroke, work-related musculoskeletal disorders, obesity
Family/work-life balance	aging workers, breastfeeding, breastfeeding-friendly workplaces, caregiving, childcare, eldercare, family-friendly workplaces, flexible work arrangements, maternal employment, part time work, pregnancy, relationships, reproductive health, retirement, return to work, telework, temporary work, work-family initiatives, work-life balance	lactation support
Other	gambling, health care utilisation, health care workers, violence, violence prevention, workplace health research, workplace violence	

4.1.3 Quantitative assessment of tools and resources

This section reports the type of and number of online tools and resources for all examined countries combined. The tool and resource formats are reported by their five groups in Table 4, and the numbers of format types allocated to one of the five groups are reported by agency and country in Table 5. The five groups are print media, technologies, personnel, events, and partner organisations. In the first group, print media, the online tools or resources are additionally stratified into five subdivisions, which group print media tools and resources by a measure of their contents (key point, information rich, data collection sheets) and by their main target audience (workers or workplaces). Of the five contents subdivisions, the first in general consists of materials with pithy, easy-to-assimilate information; the second contains more information-dense tools and resources; the third contains tools and resources geared towards data collection; the fourth encompasses accreditation-related items; and the fifth consists of case studies. A flow chart detailing the number of identified online tools and resources and the screening process applied to these is reported in Figure 3.

Table 4 Online tools and resources grouped

Groups	Tools' and resources' target audience and format	Detail
Print media	**Subdivision one – workers:** posters, information leaflets, fact sheets, signage, images, infographics, frequently asked questions, games/quizzes, recipes, and checklists for the variety of topic areas **Subdivision two – workplace:** articles, reports of various types (policy, annual national- and organisational-level reports on morbidity prevalence, roll-out progress, etc.), legislation, terms of reference, policy reports **Subdivision three – workplace:** templates (including action and resource plans), pledges, guides, timelines, checklists, evaluations, risk assessment forms, resource lists/collective tools, activity plans, business cases, surveys, comparison tables, toolboxes/toolkits, handbooks, tips, brochures, presentations, and books **Subdivision four – workplace:** accreditation-related items **Subdivision five – workplace:** case studies	**Format:** Mainly Word or PDF documents available for downloading and used either to provide information or as a source of data gathering. **Case studies:** Examples are presented in Section **4.1.6**
Technologies	Websites, online training courses, videos, podcasts, webinars, DVDs, calculators, apps, electronic updates, and online checklists	
Personnel	Advice lines (phone), email-based advice, advisors (access to), assessors, and trainers (including public or private training of trainers)	
Events	Day/week/month events, challenges, workshops, classes, live training days, networking opportunities, and accreditation	
Partner organisations	Partners in policy development, tool development, service delivery, training delivery, support; organisations with topic-specific expertise (e.g. nutritional advice) and participating organisation (e.g. organisations that are taking part in the programme)	Examples are presented in Table 19

The HRB went through several rounds of review to identify the tools and resources relevant to the five topics of interest. Figure 3 outlines the numbers of tools and resources reviewed, excluded and the final number included.

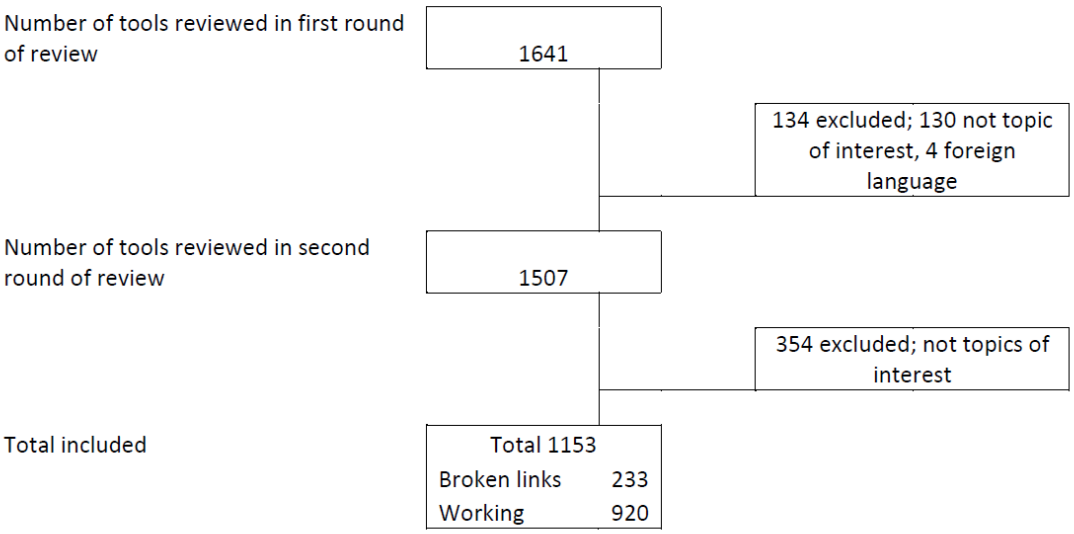


Figure 3: Flow chart of tools and resources reviewed

Table 5 Quantitative summary of tool and resource types by country and agency

		CCOHS	CCOHS – Healthy Minds @Work microsite	Canada	CDC USA	Toi Te Ora Public Health Service	Health Promotion Agency	Collaborative[1]	New Zealand	Australia[2]	NHS Health Scotland – Healthy Working Lives
	Print media (with or without online accessibility)[3]										
1	Reports	4		4	4	2			2		
2	Case studies				2	6	16		22	1	
3	Case studies and other tools and resources						2		2		
4	Terms of reference					1			1		
5	Pledges					1			1		
6	Templates				3	10	8		18		
7	Articles	9	2	11	1		8		8		
8	Guides	7	3	10	20	1	13		14	12	
9	Guides and other tools and resources				1	1			1	1	
10	Posters	10		10			59		59	1	
11	Information leaflets		3	3	1					1	
12	Fact sheets	27	7	34	5					8	
13	Fact sheets and other tools and resources	1	1	2							
14	Brochures	4	2	6	4		9		9	3	
15	Presentations	6		6			3		3		
16	Signage						6		6		
17	Images						14		14		
18	Timelines					3			3		
19	Surveys/questionnaires				6	2			2	3	
20	Planning resources					5			5		
21	Checklists				1	8			8	1	
22	Checklists and other tools and resources									1	
23	Evaluation and improvement resources				1						
24	Infographics	4		4	1						
25	FAQs									1	

		CCOHS	CCOHS – Healthy Minds @Work microsite	Canada	CDC USA	Toi Te Ora Public Health Service	Health Promotion Agency	Collaborative[1]	New Zealand	Australia[2]	NHS Health Scotland – Healthy Working Lives
26	Games/quizzes	9	1	10	1		1		1	4	
27	Toolboxes/toolkits	28	6	34	5					1	
28	Toolboxes/toolkits and other tools and resources	1		1							
29	Handbooks	24	4	28							2
30	Tips		1	1						8	
31	Resource lists/collective tools				5						
32	Activity plans	1		1	2						
33	Research/policy reports	11	1	12	1					1	
34	Business cases	5	2	7						2	
35	Books				1						
36	Comparison tables					1			1		
37	Accreditation-related items					7			7		
38	Action plan templates					8			8		
39	Recipes									1	
40	Legislation	3		3	1					1	
	Technologies										
1	Websites	11	4	15	20	8	48	1	57	41	28
2	Websites and other tools and resources	1	1	2		10	4	6	20	26	17
3	Videos		1	1			5		5	4	
4	Apps	2		2						1	
5	Online training courses	4	1	5							
6	Podcasts	19		19	1						
7	Electronic updates	7		7							
8	Webinars	8		8	1						
9	DVDs										1
10	Calculators				2					9	
11	Online checklists									1	

		CCOHS	CCOHS – Healthy Minds @Work microsite	Canada	CDC USA	Toi Te Ora Public Health Service	Health Promotion Agency	Collaborative[1]	New Zealand	Australia[2]	NHS Health Scotland – Healthy Working Lives
	Personnel										
1	Advice lines (phone)									1	5
2	Advice lines and other tools and resources									1	1
3	Email-based advice										7
4	Training of trainers (government, educational institutes, NGOs)								1[4]		1
5	Training of trainers and other tools and resources				1						
6	Inquiry services										2
7	Challenges									4	
8	Challenges and other tools and resources				1						
	Events										
1	Days/weeks/etc.									2	
2	Weeks	2		2			1		1		
3	Months						2		2		
4	Seasons						2		2		
5	Workshops	3	1	4					1[5]		
	Partner organisations										
1	Partners					53	6		59		10
2	Partners and other tools and resources	6	1	7		1			1	12	
	TOTAL	217	42	259	92	128	207	7	342	153	74

[1] Development of Toi Te Ora Public Health Service and Health Promotion Agency with contributions from other agencies.
[2] Australian Government Department of Health's Healthy Workers initiative.
[3] The qualification of print media as with or without online accessibility refers to the fact that some documents allow data entry online, while other documents need to be printed if they are to be used for data collection purposes.
[4] Reviewer's note: Toi Te Ora trains WorkWell advisors from the various regions across New Zealand to confidently and professionally deliver the WorkWell programme
5 Reviewer's note: Toi Te Ora delivers two series of workshops per year for the registered WorkWell workplaces. Each series focuses on a topical theme and aims to build the workplaces capability at addressing that theme within their workplace eg. Mental Wellbeing in the Workplace. The workshops are a networking opportunity for the workplaces. More recently, some of the other regions that are now delivering WorkWell under Toi Te Ora's mentoring and supervision, have started delivering workshops in their regions.

4.1.4 Qualitative assessment of tools and resources

This section reports on the manner in which information and data are presented on the source websites in each of the individual countries. The supporting descriptive tables reflect the country-specific healthy workplace programmes, the presentation forms of the source websites and the nature of the healthy workplace programmes of each country.

4.1.4.1 Australia

We identified 333 online tools and resources on the Australian Government Department of Health's Healthy Workers initiative, of which 180 (54%) were found to be working when examined. Table 6 presents a summary of the working tools and resources for the four relevant Healthy Workers initiative topics. As noted, mental health is not covered in this initiative.

The layout of the source website shows the online tools and resources for employers and employees are presented separately under each heading, that for employers and that for employees. However, many tools and resources are presented under both headings. Within the Employers and Employees sections, tools are further grouped:

- To help employers to plan, develop and deliver a healthy workplace programme; as tools specifically for employers; as tools for employees to engage with their employees; and as supports to encourage engaging with advice on the particular topic of interest
- To provide employees information on reference bodies, as well as supports and tips to succeed.

The main supports are a website, research articles, surveys on normal practice, and tips on how to integrate the topic into the workplace setting, guides for employers, fact sheets, challenges, advice lines, and posters and brochures on the specific topic of interest. Some topics, such as those requiring measures of anthropometry, lent themselves to the design of calculators; others, such as the area of physical activity, lent themselves to the development of games or quizzes and to the establishment of walking meetings or walking groups.

For example, in Table 6 the first topic addressed is healthy eating. The first row, and the first column of this row, indicates that we are looking at a website. The second column of the first row shows we are looking at the Employers section and the guidelines for 'How to plan and deliver a healthy eating programme at my workplace'. The third column shows that we are looking at the information under Nutrition Australia, which provides the (first working) link to Nutrition Australia's Workplace Health and Wellbeing programme. This website then provides a range of information and supports for healthy eating.

The above highlights the navigation system for the Healthy Workers initiative website. Many of the links do not work; some lead to pages signposted with: 'This page has changed, and further interrogation is required to get to source tools and resources'. We have listed the working links as of December 2017 in Table 6. Nevertheless, in spite of the lack of maintenance of the federal government's website, Table 6 does contain a rich mixture of tools and resources for the additional topics of healthy weight, physical activity, alcohol and drugs awareness, and tobacco awareness.

Table 6 Country-specific online resources and tools from Australia

Tool or resource type	Topic area by employer or employee	Title	Total resources identified [active; inactive]
	Nutrition/physical activity/healthy weight umbrella topic		**224 [97, 127]**
Healthy Eating	**Healthy Eating**	**Healthy Eating**	
Website	Employers: How to plan and deliver a healthy eating programme at my workplace	Nutrition Australia Workplace Health and Wellbeing programme	
Research	Employers: Developing a Health Eating Policy: Referenced bodies and supports	Research Healthier Food and Drink Choices Policy Directive	
Guides	Employers: Tools for Employers	*Guide to GREEN and AMBER menu options*	
Tips		Healthy catering ideas for meetings, functions and events	
Tips		Healthy options vending machine survey	
Events (days, weeks, months)		Go for 2&5	
Website	Employers: What can I do together with my employees to support and encourage Eating Well?	Shape Up Australia Go for 2&5 Eatforhealth.gov.au Australian Dietary Guidelines Dietitians Association of Australia Nutrition Australia Eat for Health: Food Essentials	
Guides	Employees: Referenced bodies and supports	Eatforhealth.gov.au *Australian Dietary Guidelines* *Queensland Health Guide to GREEN and AMBER menu options*	
Tips		Cancer Council food and nutrition Heart Foundation Healthy eating Healthier. Happier – Nutrition: Tips for eating healthier when you are out SA Health Healthy eating for adults	
Recipes		Healthier. Happier – Nutrition: Recipes	
Events (days, weeks, months)		Australian Government Department of Health Go for 2&5 fruit and vegetable campaign	
Guides	Referenced bodies and supports: Employees – Tips on healthy eating	Nutrition main page, guidelines on good nutrition	
Fact sheets		Fact Sheet – Low Fat foods	
Game/quiz		Healthy Eating Quiz	
Websites		Eat Well Tasmania Smart Eating for You Tasmania Let's Eat Well	

Tool or resource type	Topic area by employer or employee	Title	Total resources identified [active; inactive]
		Cancer Council Victoria Eat a healthy diet	
Challenges		Eating Well: take the challenge! – Fact sheet	
Healthy Weight	**Healthy Weight**	**Healthy Weight**	
	Employees: Tips on Healthy Weight		
Fact sheet		A Guide for men with diabetes – Fact Sheet – Talking diabetes No. 11 A Guide for women with diabetes – Fact Sheet – Talking diabetes No. 12	
Tips		Healthy eating and drinking tips Live Lighter – Healthy lifestyle tips and free meal and activity planner app	
Websites		Websites (N=9), of which one is a repeat Being overweight: Your weight and heart disease Healthy body weight and cancer Cut Back on Portion Sizes How to reduce cancer risk by eating well and being active Maintain a healthy weight Overweight & obesity in Australia – Brochure: How much will being overweight increase your chances of getting cancer? Main website: Diet and Overweight – Links to information relating to the role of diet in overweight and obesity Lose Weight Lead page: Healthy Weight	9
Videos		YouTube ad – The Hug – How much will being overweight affect your chances of getting cancer?	
Calculator		How do you measure up? Is your weight healthy?	
Advice lines (access to)		Free Telephone-Based Healthy Coaching	
Case studies	Employers: How to plan and deliver a programme to help my employees be a healthy weight	Heart Foundation Staff Wellness Programme 2009 – a case study	
Brochures		HF Booklet *So you want to lose weight* – Download 36-page booklet	
Websites		Fats explained Nutrition Australia – Workplace Health and Wellbeing Program Measuring your waist – How do I measure my waist?	
Videos		Dieting myths – Common myths on losing weight, YouTube video. Maintaining a healthy weight – Information and video on managing weight	
Calculator		Body Weight – BMI calculator, information on BMI range and waist measurement Obesity Cost Calculator worksheet NHS choices BMI healthy weight calculator and tracker iphone app	

Tool or resource type	Topic area by employer or employee	Title	Total resources identified [active; inactive]
Websites	Employers: What can I do together with my employees to help them maintain a healthy weight?	Get Healthy Information and Coaching Service	
Challenges	Employers: What can I do together with my employees to help them maintain a healthy weight?	Workplaces for Wellness – 1000 Steps Challenge	
Advice lines		Advice line Get Healthy Information and Coaching Service	
Physical Activity	**Physical Activity**	**Physical Activity**	
Posters	Employers: Tools for Employers	Poster template to promote walking	
Brochures		Brochure – *Workplace Travel Plan*	
Business case		Template to create a business case PowerPoint for active living at work Walking meetings	
Websites		Fitness self-assessment tool Online fitness assessment tool Eat Well Tasmania Couch to 5K running plan for complete beginners – Running Plan for beginners and downloadable iTunes plan Walkability Action Groups	
		Victoria Walks Films	
		Workplaces for Wellness – 1000 Steps Challenge	
Brochures	Employers: How to plan and deliver a programme to support my workers to Move More	Brochure – *Workplace Travel Plan*	
Game/quiz		Walking meetings Workplace walking groups	
Website		Business Case Template for Active Living at Work – Summary of Canadian web site on Active Living at Work Walk the Block Exercise Snacks Map your local area Live lighter program TravelSmart Workplaces Programme	
Toolbox/toolkit	Employers: How to plan and deliver a programme to support my workers to Move More: Process-related	How to set up a successful bike fleet – 35 page toolkit for setting up a successful bike fleet	
Websites		Creating a cycling friendly workplace – How to encourage and support employees to cycle Resources for implementing a workplace health and wellbeing programme Information on workplace health programmes (Workplace Wellness...it's good for business)	

Tool or resource type	Topic area by employer or employee	Title	Total resources identified [active; inactive]
Guides	Employees: Tips for moving more and sitting less	Physical activity guidelines and video – Physical activity guidelines for adults (USA) Using a pedometer – Guide to counting steps	
Fact sheets		Fact Sheet: Sedentary Work	
Survey		Information on physical activity – Fact Sheet – Move your body	
Tips		Information and tips on how to be more active	
Websites		Information on physical activity for those with diabetes: FS – Talking diabetes No. 27 – Physical activity and type 2 diabetes Article on being active and heart health – Staying active Want a simple way to improve your Health and Fitness age? Resources for implementing a workplace health and wellbeing programme An example of a typical exercise profile with video link – warm up, abdominal programme, strength programme, cardio and cool down	
Challenges		Eating Well: take the challenge!: Fact sheet	
	Alcohol and Drugs Awareness	**Alcohol and Drugs Awareness**	**40 [23; 17]**
Checklist	Employers: How can we work together to encourage and support employees to drink responsibly?	Australian Government's Alcohol website Checklist of things you might consider: Develop an 'alcohol at my workplace policy'.	
Website		The Right Mix – handy hints for functions – Handy hints for the provision of alcohol in functions (veteran community) but applicable to all Drug and Alcohol Policy	
Calculator		Ensuring Solutions to Alcohol Problems – What can our company do about costly alcohol problems? – Alcohol cost calculator for business	
Guides	Employers: Tools for Employers	Flyer – *Breast feeding and alcohol. If you are pregnant... the safest option is not to drink alcohol* Alcohol Guidelines Quiz – online quiz on alcohol guidelines Reduce Your Risk – New national guidelines for alcohol consumption brochure – standard drink guide	
Calculator		The Right Mix – handy hints for functions – Handy hints for the provision of alcohol in functions (veteran community) but applicable to all Alcohol self-assessment – Alcohol calculator Alcohol Tracker – Downloadable desktop tool to track alcohol intake	
Guides	Employees: How can I reduce my intake of alcohol?	*Facts on alcohol and guidelines*	
Information sheets		*What's a standard drink? – Standard drink sizes*	
Fact sheets		Limit alcohol – Information on alcohol and the risk of cancer Alcohol and Diabetes Fact Sheet – Six-page fact sheet on alcohol	

Tool or resource type	Topic area by employer or employee	Title	Total resources identified [active; inactive]
		consumption and diabetes Fact sheet on limiting alcohol intake Fact Sheet – Awareness and behaviours of low carb beer drinkers	
Infographic		Common questions: alcohol FAQs	
Website		Free Resources on alcohol – VIC – List of free resources on alcohol available in Victoria Cancer Council Western Australia: Alcohol Information on risks of drinking alcohol	
	Tobacco Awareness	**Tobacco Awareness**	**64 [28; 36]**
Guides	Employers: How to plan and deliver a Smokefree programme in my workplace	*Smoking Cessation in the Workplace: A guide to helping your employees quit smoking*	
Survey		Move Europe – Survey workplace health	
Websites		Stop Smoking – Live well – NHS Choices – Information on smoking and quitting UK	
Online checklist		Well workplace checklist – Online checklist for a healthy workplace – USA	
Guides	Employers: Developing a smokefree policy	*Steps towards a smoke-free workplace, including a sample smoke-free workplace policy*	
Partners		Smokefree policies	
Guides	Employers: How to plan and deliver a Smokefree programme in my workplace	*Steps towards a smoke-free workplace, including a sample smokefree workplace policy*	
Legislation		ACT – Health Services – Smoke-free public places Act 2003	
Websites		When smoke gets in your eyes… The law relating to environmental tobacco smoke Fresh Start Workplace Services – Details of Fresh Start programmes for the workplace	
Partners		Quitline Quitnow	
Websites	Employers: What can I do together with my employees to go smokefree?	Provide employees with information about the benefits of quitting smoking	
	Employees: Tools to help you quit smoking		
Websites		So you're ready to Quit? Join iCanQuit now. It's free! Quitnow – How to Quit Calculate how much smoking costs you Quitline Quit Tasmania Quit can help you succeed, wherever you're at	
Apps		My QuitBuddy	

Source: http://www.healthyworkers.gov.au/

4.1.4.2 Canada

Findings for Canada are summarised in Table 7, where all the tools and resources associated with the mental health topic are presented. The online tool or resource types are listed in the first column, the title of tool or resource in the second column, and a description of the named tool or resource in the third column.

The resource hub on the CCOHS Healthy Workplaces main website and the 'Healthy Minds @Work' microsite had a heavy focus on print media (with or without online accessibility; some materials were listed on the website to be printed off and used in hard copy format only); 34 fact sheets were available, 34 toolkits, 12 research or policy documents and 28 handbooks. Technologies were also featured in the resource hub; 15 websites and 19 podcasts were listed. No personnel were listed. Mental Illness Awareness Week was listed as a tool that could support the CCOHS healthy workplace programme (it was listed twice under two subtopics). There are possible duplicates in these numbers, as the same tool and resource could be listed under several topics or subtopics.

Seven partner organisations were listed. In reality, it is likely that the majority of non-CCOHS websites listed are also partner organisations, but they are not clearly defined as such.

Table 7 Country-specific online resources and tools for mental health in Canada

Type of tool/resource	Title	Description
Reports	*Health impact of the psychosocial hazards of work: an overview* *Voices of Canadians: seeking work-life balance*	
Articles	Depression and work impairment Job burnout	
Guides	*Best practices in workplace eldercare* *Guidance on the European Framework for Psychosocial Risk Management: A Resource for Employers and Worker Representatives* *Mental health guide in the workplace* *Workplace interventions for people with common mental health problems: a summary for employers and employees*	
Posters	Bullying is not part of the job Healthy minds at work Healthy minds at work: workplace support is key Mental or physical, illness is illness Respect, everyone deserves it	Posters can be downloaded from CCOHS website and all were developed by the host agency
Information leaflets	*Supporting return to work success* *Talking it out: resolving conflict at work* *Workplace trauma*	Only available from mental health microsite
Fact sheets	*Bullying in the workplace* *Employee assistance programs (EAP)* *Employers: helping your employees cope with loss* *Grieving in the workplace: coping with loss* *How job demands and control over work may affect your well-being* *Job design* *Mental health and the workplace* *Mental health: coping with stress* *Mental health: introduction* *Mental health: psychosocial risk factors in the workplace* *Presenteeism* *Substance abuse in the workplace* *Union support* *Violence in the workplace* *Working with a bully* *Workplace health: how job demands and control over work may affect your well-being* *Workplace stress: general*	The CCOHS has developed a series of easy-to-read question-and-answer fact sheets covering a range of workplace health and safety topics, and several of these cover mental health issues. The other fact sheets were developed by partner organisations.
Fact sheets and other tools and resources	*Co-workers and gambling*	Link to fact sheet and other supportive materials
Brochures	*A guide to creating a mentally healthy workplace: employees resource*	

Type of tool/resource	Title	Description
	An addiction in the family: what it means for the workplace *Workplace peer support*	
Presentations	Best advice on stress risk management in the workplace: part 1 Best advice on stress risk management in the workplace: part 2	
Infographic	Bullying and harassment in the workplace infographic Mental health in the Canadian workplace infographic	
Game/quiz	Are you in balance: the work-life balance quiz Check up from the neck up Interactive tool: how well do you bounce back? Interactive tool: what is your stress level? Mental health meter	Some of these quizzes and games were interactive and so could also be considered technologies.
Toolbox/toolkit	A fine balance: a manager's guide to workplace well-being Anti-harassment policies for the workplace: an employer's guide Family violence: it's your business (a workplace toolkit) Guarding minds @ work: a workplace guide to psychological safety and health Let's talk: a guide to resolving workplace conflicts Managing mental health matters Mental health at work… from defining to solving the problem: Scope of the problem… how workplace stress is shown Not myself today On the agenda Problematic substance use that impacts the workplace: a step-by-step guide & toolkit to addressing it in your business/organisation Reasonable accommodations for people with psychiatric disabilities Stress prevention at work checkpoints Towards a respectful workplace Workplace culture	None of the toolboxes/toolkits referenced on the CCOHS resource hub were produced by the host agency. In their simplest form the toolkits are PDFs which contain printouts to inform many aspects of a workplace wellness programme, e.g. *A Fine Balance – a Manager's Guide to Workplace Well-being* from the Government of Canada. More advanced toolkits are often topic-specific websites with multiple resources embedded, for example Guarding Minds @ Work.
Handbook	*2010 Workers with Mental Illness: a Practical Guide for Managers* *A Guide for Employers. To promote mental health in the workplace* *Antidepressant Skills at Work: Dealing with Mood Problems in the Workplace* *Assembling the Pieces: an Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace* *Line Managers' Resource: A practical guide to managing and supporting people with mental health problems in the workplace* *Preparing for and responding to trauma in the workplace: a manager's guide* *Psychological Health and Safety: An Action Guide for Employers* *When Grief Comes to Work: Managing Grief and Loss in the Workplace: A Handbook for Managers and Supervisors* *Workplace mental health: how employers can create mentally healthy workplaces and support employees in their recovery from mental illness*	There were nine handbooks listed in the resources hub, all from partner organisations. Some of the handbooks cover general aspects of mental well-being, e.g. *A Guide for Employers. To promote mental health in the workplace*; from the European Network for Workplace Health Promotion. In contrast, others covered a narrower part of mental well-being, e.g. grief in *When Grief Comes to Work: Managing Grief and Loss in the Workplace: A Handbook for Managers and Supervisors*.
Tip	Mental fitness tips	

Type of tool/resource	Title	Description
Activity plan	Healthy break activities	
Research/policy report	*Reducing work-life conflict: what works? What doesn't?* *Stress and depression in the employed population* *The Alberta survey of addictive behaviours and mental health in the workforce: 2009* *Tracking the perfect legal storm: converging systems create mounting pressure to create the psychologically safe workplace* *Work-life compendium 2001: 150 Canadian statistics on work, family & well-being*	
Business case	A guide to the business case for mental health Mental health and well-being in the workplace: what works and why it makes business sense	
Legislation	National Standard of Canada for Psychological Health and Safety in the Workplace	
Website	Canadian Mental Health Association Centre for Addiction and Mental Health Centre for Applied Research in Mental Health and Addiction (CARMHA) Healthy Minds @Work website Workplace mental health promotion: a how-to guide Workplace strategies for mental health	References to external partner organisation websites
Website and other tools and resources	Centre of Expertise on Mental Health in the Workplace	
Videos	Working through it	
Apps	Measure workplace stress app	App which will allow the user to fill out the Copenhagen Psychosocial Questionnaire (COPSOQ) and have their responses automatically scored
Online training courses	Mental health: awareness People to people communication: preventing and resolving harassment for a healthy work environment Violence in the workplace: awareness	
Podcast	Addressing work-related stress Breaking the cycle of workplace bullying Exploring psychosocial issues in the workplace Good health at work Managing workplace stress Mentally healthy workplace Podcasts: health and safety to go! Taking a proactive approach to maintaining a mentally healthy workplace	Eight podcasts were listed in the resources hub, all created by the CCOHS. Also listed in the resources hub was a link to a general podcast library entitled 'Podcasts – Health and Safety To Go!'
Electronic updates	Mental health works – monthly email newsletter MHCC newsletter Newsletters from CCOHS	
Webinars	Mental health in the workplace Mentally healthy workplaces: strategies for success	

Type of tool/resource	Title	Description
	Workplace: webinar series	
Events (days, weeks, months)	About mental illness awareness week	Mental Illness Awareness Week (MIAW) is an annual national public education campaign and runs in October every year. The week was established in 1992 by the Canadian Psychiatric Association, and is now coordinated by the Canadian Alliance on Mental Illness and Mental Health.
Workshop	Mental health first aid Canada Mental health works	
Partners and other tools and resources	Center for Workplace Mental Health Mental Health International	Partner organisation websites with additional tools and resources

Sources: https://www.ccohs.ca/healthyworkplaces/
https://www.ccohs.ca/healthyminds/

4.1.4.3 New Zealand

Findings for New Zealand are summarised in Table 8; the topic area and online tools or resources are listed in the first column, the type of tool or resource in the second column and a description of the named tool or resource in the third column. This final column also details the contents of the identified tool or resource, provides information on other tools and resources that may be used in conjunction with the identified tool or resource, and/or gives examples of where the tool or resource is to be employed.

For example, the first topic addressed in the table is 'Eat Well'. The first row of this topic area reports on Good Food resources. Three tools and resources have been identified for this area; they are two posters and one presentation. The source website states that these three tools and resources aid in the dissemination of workplace nutrition messages and that they provide education about creating nutritious meals and on how to read food labels. Other websites and agencies that provide information and education on other aspects of eating well – such as food storage, preparation and cooking methods – are also identified. Information on how to access the tools and resources for interested organisations is provided, with some resources being developed for specific work environments.

A similar reporting style has been adopted for the remaining rows of 'Eat Well' and the subsequent areas of 'Move More', 'Mental Well-being', 'Alcohol' and 'Smokefree'. The reader can refer to Table 8 for the full details. The source website from which the details reported in the table were collected is given at the end of the table.

Table 8 Country-specific online resources and tools from New Zealand

Topic area and specific resource or tool	Type of tool or resource	Description
Eat Well	**Eat Well**	**Eat Well**
Good Food resources	Poster: Good Food resources Poster: Vegetables made easy Presentation: Food label toolkit	These resources can help spread messages about nutritious food in the workplace. The Good Food link is where one can download posters and animations about creating nutritious meals from core ingredients. Food labels can be confusing, so a toolkit can be ordered to use in workplace presentations to demystify food labels. Also see a series of posters developed with vegetables.co.nz and the Heart Foundation on how to store, prepare and cook basic vegetables (carrots and kumara are available now, but more are coming). These posters can be downloaded or ordered in hard copy, including in pads of 20.
Guide to Providing Healthier Beverage Options	Guide: *Providing healthier beverages in your workplace*	These healthy beverage guidelines are intended to assist workplaces to support the health of their staff by improving the quality of beverages available in the workplace. Most employees spend at least eight hours each day in the workplace. The work environment can influence beverage choices, especially if employees have limited access to buying drinks outside the workplace. Follow these guidelines to reduce the consumption of sugar-sweetened beverages.
Guidelines for Providing Healthier Cafeteria Food	Guide: *Guidelines for Providing Healthier Cafeteria Food*	These guidelines from the Heart Foundation help workplaces to provide healthier food options in their cafeterias, and promote and display them in a prominent and attractive way.
Healthy Food and Drink Policy for Organisations	Guide: *Healthy Food and Drink Policy for Organisations*	The Ministry of Health's Healthy Food and Drink Policy for Organisations helps workplaces see what a good food and drink policy might include. Tailor the policy to suit the workplace and working environment.
5+ A Day@work brochures	Brochure: *Working fruit and vegetables into your work day* Brochure: *Compare the cost and nutrition of lunch options*	Most of us could benefit from fitting in a few more servings of fruit and vegetables during our work day. These 5+ A Day@work brochures detail the nutritional benefits of many common fruits and vegetables, and compare cost and nutritional content of various lunch options. Both resources – and many more – aimed at workplaces are available for download or hard copy order from the 5+ A Day website. Also see 5+ A Day's information for workplaces.
Sugary drinks and 100% water posters	Poster: 100% Water: How much sugar in that drink? Poster: 100% Water: Fresh thinking, drink water Poster: 100% Water: is free Poster: 100% Water: hot or cold? Poster: 100% Water: Available on tap Poster: 100% Water: Switch to water and you could save Poster: 100% Water: A 350 ml bottle of fruit juice contains… Poster: 100% Water: 350 ml bottle of Energy Drink equals…	Use these posters to promote water as the best choice in the workplace. Some posters showing how much sugar is in common drinks, and a 100% water pack promoting water as the best choice, can be ordered in hard copy for free. Also check out the Guide to Providing Healthier Beverages.
Healthy Heart Visual Food Guide		Heart healthy eating doesn't have to be hard – the Heart Foundation's visual food guide posters make it easy to eat well for one's heart health. There are A3 and A4 posters are available to order in English, Maori, Cook Island, Niuean,

Topic area and specific resource or tool	Type of tool or resource	Description
		Samoan, Tongan, Hindi and Chinese.
Eat Well articles	Article: Eat Well – How much sugar are you drinking?	Consider copying and pasting articles about eating well into the staff newsletter or emails. Feel free to adjust or adapt any copy to suit the workplace. Note: the square brackets indicate where one can insert the workplace's details, or use text provided if suitable – e.g. if an article is timed with National Oral Health Day in November.
Myfamily.kiwi	Website: Myfamily.kiwi	This website is about making it easier to give your family food that is good for them. The meal ideas are tasty, fast, easy and low-cost, and there are tips for helping the food budget go further.
Move More	**Move More**	**Move More**
Sit Less Move More Posters	Poster: Sit less: Uncomfortable chair Poster: Sit less: Standing meetings Poster: Sit less: Go the extra mile Poster: Sit less: Stand up Poster: Sit less: Be more productive in meetings Poster: Sit less: Feeling sleepy? Poster: Sit less: Take a walking break Poster: Sit less: Healthy lunch Poster: Sit less: Walk over	Take the stairs, not the lift. Walk to talk to someone, don't email. Stand up and stretch. Have a standing meeting. Is it lunchtime? How about a walk? This series of posters is a colourful and humorous reminder for your workmates to sit less and move more in the workplace. Also check out the guide, PowerPoint presentation and content suggestions to support your campaign to encourage office workers to sit less and move more. If you have stairs, how about testing our stair challenges to climb iconic New Zealand landmarks? Hard copies of the Sit Less Move More resources are also available for free, including a starter pack for offices.
Sit Less: Guide, PowerPoint and key messages	Guide: *Sit less: Q&A* Article: Sit less: Key messages Guide: *Sit less: Guide for workplaces* Presentation: Sit less: PowerPoint	A workplace that supports staff to sit less and move more can benefit from more productive staff and reduced absenteeism through improved health. This guide for office workers suggests a number of no-cost ways to encourage staff to sit less and move more, making this a very cost-effective workplace well-being focus. We've also included a PowerPoint template to accompany the guide for those wanting to gain buy-in from senior management – tailor the content to suit the workplace. A Q&A will help you answer questions, and a set of key messages will help you communicate the benefits of sitting less and moving more to your people. Also check out the series of Sit Less Move More posters (which can be downloaded or ordered in hard copy for free), and take our stair challenge to climb iconic New Zealand landmarks. A hard copy starter pack for offices is also available on order.
Sit Less resources for the transport industry	Poster: Sit less: Truck – make your lunch healthy Poster: Sit less: Taxi – taking a break Poster: Sit less: Taxi – stand to open doors (female) Poster: Sit less: Bus – easy way to make lunch healthy Poster: Sit less: Bus – having a break between runs (female) Poster: Sit less: Truck driver –	Most people working in the road transport sector have to sit for long periods of time, which can impact on their health. These Sit Less Stand More resources encourage drivers to stand up whenever they can to benefit their well-being. The resources include A3 posters and a PowerPoint presentation – all free to download.

Topic area and specific resource or tool	Type of tool or resource	Description
	feeling tired at work Poster: Sit less: Truck – taking a break Poster: Sit less: Taxi – easy way to make lunch healthy Poster: Sit less: Taxi – stand to open doors (male) Poster: Sit less: Bus – having a break between runs (male) Presentation: Sit less: PowerPoint	
Feetbeat Challenge	Guide: Feetbeat instructions Poster: Feetbeat maps Template: Feetbeat record sheets and other tools	Feetbeat is an eight-week walking programme encouraging people to increase their physical activity with workmates, whānau/family and friends. Teams are challenged to walk for at least 30 minutes a day while taking a virtual journey around Auckland, New Zealand or the Pacific. Anyone can be part of the team (workmates, families, community groups, friends, etc.). The team who walks the furthest distance wins! See the Feetbeat website for more information.
Bike Wise: Get your workplace cycling	Website: Bike Wise	From the New Zealand Transport Agency, the Bike Wise website is aimed at getting more New Zealanders on their bikes. Bike Wise has a great resources page with help and ideas for workplaces to use to encourage people to swap their cars, trains, buses and taxis for a bike.
Sit less: Stair challenge	Challenge: Stair challenge – Guide Template: Stair challenge – Mitre Peak Template: Stair challenge – Ngauruhoe Poster: Stair challenge – Test our stairs Template: Stair challenge – Sky Tower Template: Stair challenge – Mt Cook Template: Stair challenge – Beehive Template: Stair challenge – Certificate PDF Template: Stair challenge – Certificate in Word	A workplace that supports staff to sit less and move more can benefit from more productive staff and reduced absenteeism through improved health. Is your workplace up for a stair challenge? There are five challenge destinations of iconic New Zealand landmarks – choose one, or gradually climb your way to all five. These are flexible to suit office workplaces of any size – all you need is at least one flight of stairs. Also check out the Sit Less Move More Guide PowerPoint and key messages for offices and the series of posters (which can be downloaded or ordered in hard copy for free). A hard copy starter pack for offices is also available on order.
Eat Healthy Food and Move More Every Day	Brochure: *Eat Healthy Food and Move More Every Day*	Eat Healthy Food and Move More Every Day is a short brochure from the Ministry of Health and the Health Promotion Agency showing how we can all move more and eat healthy food every day.
Mental wellbeing	**Mental wellbeing**	**Mental wellbeing**

Topic area and specific resource or tool	Type of tool or resource	Description
Working well – a workplace guide to mental health	Guide: *Working well – a workplace guide to mental health*	The Mental Health Foundation workplace guide to mental health is designed to help increase mental wellbeing in the workplace. The guide is informed by the latest developments in mental health support practice, science and organisational psychology literature. It is a valuable starting point for managers to use in everyday situations.
Open Minds	Guide: *Open Minds: – Tips and factsheets* Guide: *Open Minds – Q&As* Poster: Open Minds – Posters Video: Open Minds	Open Minds is a Like Minds, Like Mine project aimed at equipping managers with the confidence and skills to talk about mental health in the workplace. The long-term outcome of Open Minds is that New Zealand employers can develop workplace policies, structures and cultures that are more inclusive and supportive of people with experience of mental illness. See links to Open Minds' posters, tips and factsheets, and a Q&A. Also watch the video on Open Minds' YouTube channel.
depression.org.nz resources	Image: Walk with a Mate Image: Sit Down and Open Up Image: Pick up an Instrument Image: Stop and Listen Video: TV Commercial 1 Video: TV Commercial 2 Video: TV Commercial 3 Website: depression.org.nz	depression.org.nz is part of the National Depression Initiative. The website has ideas and stories to help people with depression and anxiety get to a better place, including The Journal, a free and personalised online programme. It helps New Zealanders recognise and understand depression and anxiety, and seeks to reduce the impact that depression and anxiety have on the lives of New Zealanders by encouraging early recognition and help-seeking. A new campaign promotes small steps that New Zealanders can take on the path to recovery from depression and anxiety. See below for videos of the campaign's television commercials (TVCs) you can share, or images you can download and use in your communications.
beyondblue	Website: beyondblue.org.nz	beyondblue is an Australian website that provides information and support to help everyone achieve their best possible mental health, whatever their age and wherever they live. The website provides easy access to facts and information about mental wellbeing, as well as ways to support people experiencing mental distress.
Five Ways to Wellbeing	Guide: *Five Ways to Wellbeing* Poster: Five Ways to Wellbeing resources	Use the Five Ways to Wellbeing as a tool to build and support good mental wellbeing at work. They comprise five principles that increase wellbeing: • Give • Be active • Keep learning • Connect • Take notice. See these Five Ways to Wellbeing resources from the Mental Health Foundation.
Alcohol	**Alcohol**	**Alcohol**
Not Beersies posters and image	Image: Not Beersies: logo Posters: Not Beersies: Awesome sports guys Not Beersies: Freshen up your 'mouth hole' Not Beersies: Thanks to my Not Beersies goggles Not Beersies: Brewed by clouds Not Beersies: Not Beersies is heresies	Water is a healthy alternative to alcohol and can reduce levels of intoxication when used to help pace drinking. Renaming water as Not Beersies, these posters show water being served as if a real beer, rather than 100% icy fresh H_2O.

Topic area and specific resource or tool	Type of tool or resource	Description
	Not Beersies: Go the distance	
Alcohol – the Body and Health Effects	Brochure: *Alcohol – the Body and Health effects*	An easily understood booklet, including facts and statistics about alcohol, alcohol use and its effects. It outlines what alcohol is and what it does to the body, explains what standard drinks are, outlines the social harms caused by alcohol, and includes ways to seek help. Download and print a copy of this booklet for your people, or order hard copies.
The Straight Up Guide to Standard Drinks	Brochure: The Straight Up Guide to Standard Drinks Website: Interactive guide to standard drinks	This pamphlet explains what a standard drink is and shows how many standard drinks are in a range of types of alcoholic drinks. It is also available to order in hard copy. Also see the interactive tool below to find out how many standard drinks are in typical containers of different types of drinks.
Alcohol and you, facts and effects	Brochure: Alcohol and you: Facts and effects	An easily understood booklet including facts and statistics about alcohol, alcohol use and its effects. It outlines what alcohol is and what it does to the body, explains what standard drinks are, outlines the social harms caused by alcohol, and includes ways to seek help. Free downloadable and printable copies along with hard copies on order are available.
The Straight Up Guide to Standard Drinks	Brochure: *The Straight Up Guide to Standard Drinks* Website: Interactive guide to standard drinks	This pamphlet explains what a standard drink is and shows how many standard drinks are in a range of types of alcoholic drinks. It is also available to order in hard copy. Also see the interactive tool below to find out how many standard drinks are in typical containers of different types of drinks.
Helpseekers Yeah, Nah flyer	Brochure: *Helpseeker*: flyer	Posters supporting the Helpseekers campaign, which invites people who drink alcohol to answer questions about their drinking and call the Alcohol Drug Helpline if they need help.
Serving Alcohol SAFELY at Workplace Events	Brochure: *Serving alcohol at work events*	A downloadable booklet providing the key components of host responsibility at work social events for employers and giving advice for ensuring the safety of staff. Free hard copies are available on order.
alcohol.org.nz	Website: alcohol.org.nz	alcohol.org.nz has information, advice, research and resources to help prevent and reduce alcohol-related harm and inspire New Zealanders to make better decisions about drinking alcohol.
Alcohol articles	Article: Alcohol – Be the 'host with the most' this summer Article: Alcohol – It's not just about the booze	Information for copying and pasting about responsible drinking and reducing alcohol harm into staff newsletters or emails. Feel free to adjust or adapt any copy to suit the workplace. The square brackets indicate where details can be inserted, or use text provided if suitable; e.g. if articles are timed with a work function and/or hosting during the holiday season.
Smokefree	**Smokefree**	**Smokefree**
A Guide to Creating a Smokefree Workplace	Guide: *A Guide to Creating a Smokefree Workplace*	This guide from the Northland Intersectoral Forum is aimed at making workplaces more supportive of smoke-free environments. It includes information on what should be in a smokefree policy, as well as a Smokefree Workplace matrix with actions that workplaces can take to help their people become or stay smokefree. There is also a good Q&A on why smoke-free environments are beneficial.
smokefree.org.nz	Website: smokefree.org.nz	smokefree.org.nz has been developed to provide easy-to-understand and engaging content to enable and inspire all New Zealanders to live and promote a smoke-free lifestyle for themselves, their whānau, their community and their workplace. smokefree.org.nz is part of the government's vision of a smoke-free New Zealand by 2025. On that website you can find a variety of information and resources about smoking and its effects, how to create a smoke-free environment, as well as help to quit or help others quit.
Cost of smoking infographics	Image: Cost of smoking tobacco infographic 2017 – for download Poster: Cost of smoking tobacco	Infographics showing the financial cost of smoking – for a pouch of tobacco and a pack of cigarettes. Use the JPEGs electronically, and/or download and print out the PDFs.

Topic area and specific resource or tool	Type of tool or resource	Description
	infographic 2017 – for printing Image: Cost of smoking cigarettes infographic 2017 – for download Poster: Cost of smoking cigarettes infographic 2017 – for printing	
Smokefree stickers	Image: Smokefree at all times sticker (back adhesive) Image: Smokefree at all times sticker (front adhesive) Image: Smokefree area sticker (back adhesive) Image: Smokefree area sticker (front adhesive sticker) Image: Smokefree area (small sticker) Image: Auahi Kore I ngā wā katoa (back adhesive sticker) Image: Auahi Kore I ngā wā katoa (front adhesive sticker)	Stickers for placement around the workplace.
Smokefree Nga Atua posters	Poster: Smokefree: Nga Atua	Download and print Nga Atua posters in Maori and in English. Note – no longer available in hard copy.
Smokefree signage for workplaces	Signage: Smokefree: Auahi kore Signage: Smokefree: Smokefree at all times Signage: Smokefree: Our smokefree workplace template Signage: Smokefree: Stencil	Downloadable 'Our workplace is smokefree at all times' template sign available in English or Māori, and stencils in large and small signs. The template allows employers or employees to add logos. They are cardboard reusable 'Smokefree' stencils. Signage also comes in the form of green metal signs.
Smokefree articles	Article: Instantly save money – give up smoking Article: Want to quit? Article: Quit for your kids	Copy and paste these articles about going smokefree into the staff newsletter or emails. Contents can be adjusted or adapted to suit the workplace. Note: the square brackets indicate where additional details can be inserted, e.g. if the articles are timed with World Smokefree Day on May 31.
World Smokefree Day resources	Website: World Smokefree Day	World Smokefree Day is a great opportunity to promote the smokefree message to staff and their whānau (family, community). The Health Promotion Agency has produced a range of tools and resources to support initiatives that utilise the 'It's about Whānau' theme, and the desire to protect others from the harms of second-hand smoke. The resources, including posters and email banners, are available from the Smokefree.org.nz website.
Smokefree Move more Eat Well Community		
healthed.govt.nz	Website: healthed.govt.nz	Health Ed is a catalogue of free health resources from the Health Promotion Agency (HPA) and the Ministry of Health.

Topic area and specific resource or tool	Type of tool or resource	Description
		The public health resources on this website support healthier New Zealand communities. These resources will help you to make informed decisions for yourself and those you care about, including people in your workplace.

Source: http://www.wellplace.nz/resource-library/#paging:number=15

4.1.4.4 Scotland

Table 9 summarises online resources and information for the five topic areas addressed by NHS Health Scotland's Healthy Working Lives. The Scottish initiative is heavily supported by advice lines, email query supports and weekly or monthly e-bulletins which interested parties can access for information and guidance. Other countries also offer the supports specifically highlighted in Table 9, but the mode of presentation and the nature of the roll-out of Healthy Working Lives in Scotland appear to draw more heavily on the skills and expertise of professionals and require more of their direct interaction, often through training workshops and programmes, than observed in the Australia initiative, although it should be noted that reporting for Australia drew on information from the federal level website, reporting details for the rollout mechanisms may differ at state level. With regard to New Zealand Toi Te Ora – Public Health Service's Workwell programme was supported with advisors who engaged with workplaces that demonstrated interest in rolling out a healthy workplace programme.

NHS Health Scotland's Healthy Working Lives also exhibits strong links with a range of national non-profit organisation or charities focused on one of the topic areas of interest. For example, under the umbrella of physical activity, not only is the evidence on the benefits of physical activity from expert bodies such as the National Institute for Health and Care Excellence (NICE) made available on the Healthy Working Lives website, but links to the organisational websites of Sustrans, jogscotland and Cycling Scotland are also included. Independent of the Healthy Working Lives initiative, these organisations have over many years developed a range of programmes to influence the Scottish population's activity levels. These programmes consist of events, challenges and guidelines on the topic of interest and are targeted at individuals of all of ages across the community, including the workplace, adopting a cross-sectoral whole-population approach. The websites of these organisations provide guidance on how work-related organisations can engage with activity programmes which are nested within this wider-milieu, whole-of-nation approach to change.

The cross-sectoral approach is also observed from the NHS Health Scotland's Healthy Working Lives website in relation to the topics of healthy eating, healthy weight, physical activity, mental health, and alcohol- and tobacco-related behaviours.

The tools and resources provided on the NHS Health Scotland's Healthy Working Lives website and its partner organisations consist of a heterogeneous array of data collection mechanisms (e.g. surveys, risk assessment forms); data dissemination methods and practices (e.g. information leaflets, fact sheets, educational classes); guides (e.g. manuals and protocols with guidance on issues such as how to introduce health promotion policies in the workplace or how to address alcohol misuse in the workplace); videos; webinars; links to training courses and programmes; and information on how to contact topic-specific trainers skilled in educating and empowering individuals (both employers and employees) to engage in and benefit from workplace health promotion programmes.

Many online supports can be downloaded. As previously indicated, some supports require additional training to ensure that they are effectively employed and deployed. These training supports may take the form of online courses, with or without follow-up live training sessions (so-called blended learning), or live training sessions of varying duration – half day, full day or longer. The resources and tools are designed to develop employers' understanding, knowledge and skills in assessing the need for, or engaging with, training to improve employee health. The resources and tools are also designed to support employees in engaging with the various work-based programmes. Information dissemination on and engagement with the various topics is further leveraged by national campaign programmes which seek to highlight awareness of specific topic areas (awareness days, weeks or months) or by encouraging employers and employees to engage with activities such as the Healthy Working Lives Award.

As stated, Healthy Working Lives actively engages with an array of charitable organisations that are experts in their area of interest. The behind-the-scenes collaborations to promote awareness programmes and web links to the charities are just two of the ways in which these interactions are promoted. In addition to the identified partner organisations, NHS Health Scotland's Healthy Working Lives personnel also engage with employers and their representative bodies (listed below). This multipronged approach provides a holistic three-pillar (private sector (business), public sector and civil society), cross-sectoral approach to health promotion in the workplace. This cross-cutting approach leads to some duplication in the employment of certain tools, resources and organisations for different topics. Details on the online resources and tools from the Healthy Working Lives website are listed in the third column of Table 9.

Table 9 Country-specific online resources and tools from Scotland

Topic area	Main and supporting sites and specific areas of interest	Description of contents of each site (when available website links are included)
Healthy eating	Information communication technology	Email query address [website-based email submission] Advice line 0800 019 2211 (you can call the Advice line for free confidential advice, to request a workplace visit, or to register for the Award programme which recognises and accredits good practice) Links to eight national health promotion websites Link to advisers in how to engage with the Award programme (http://www.healthyworkinglives.com/award/advisers) Ability to sign up for weekly or monthly e-bulletins
	Healthy eating and the Healthy Working Lives Award Programme	Healthy eating and the Healthy Working Lives Award Programme (http://www.healthyworkinglives.com/award/criteria) The Healthy Working Lives Award portfolio contains different criteria for organisations with and without catering facilities, and also for organisations that have previously achieved the healthy living award (http://www.healthylivingaward.co.uk/index). Engagement in the award programme offers employers guidance that supports and informs the development and implementation of an organisation's healthy eating policies and procedures. It also provides guidance on food preparation and serving methods. The award programme (http://www.healthyworkinglives.com/award) supports employers and employees to develop health promotion and safety themes in the workplace in a practical, logical way that is beneficial to all.
	Healthy lifestyle choices: Healthy Working Lives	Healthy lifestyle choices (http://www.healthyworkinglives.com/advice/Health-and-Safety-Quick-Start-Guide/Workplace-Health/Healthy-lifestyle-choices) The link between lifestyle and health and well-being is often underestimated. As a nation, Scotland is inactive, unfit and increasingly overweight or obese. The effects of poor lifestyle choices are associated with disease, disability and poor mental health. Next to smoking, the most significant contributor to Scotland's poor health is an unhealthy diet. Poor nutrition is associated with an increased risk of conditions such as coronary heart disease, some types of cancer, and type 2 diabetes. According to the British Heart Foundation, more than half of the adult UK population is overweight and a further one in four is classified as obese. It is estimated that 18 million working days are lost each year due to obesity. Similarly, evidence shows that people who are physically active take less sickness absence leave. Regular physical activity has wider personal, social and environment benefits as well as having beneficial effects on some chronic diseases and disorders. We know that the majority of people in Scotland do not meet the minimum recommended levels of physical activity, particularly women.
	jogscotland	jogscotland (http://jogscotland.org.uk/) can assist in setting up a jogging group within the workplace.
	eatWell.gov.uk	eatWell.gov.uk (https://www.gov.uk/government/publications/the-eatwell-guide) contains lots of great advice and a community where the employer's staff can ask questions around topics from healthy eating to physical activity.
	Active Scotland	Active Scotland (http://www.activescotland.org.uk/) can tell of the many opportunities in an area to get active.

Topic area	Main and supporting sites and specific areas of interest	Description of contents of each site (when available website links are included)
	Cycling Scotland	Cycling Scotland https://www.cycling.scot/ can connect you to cycling skills and training courses among many other things.
	Physical Activity and Health Alliance	Physical Activity and Health Alliance (http://www.paha.org.uk/) connects people and groups from a variety of sectors and professions with the shared goal of promoting physical activity across Scotland.
Healthy weight	Information communication technology	Email query address [website-based email submission] Advice line 0800 019 2211 Links to nine national health promotion or training websites
	BMI healthy weight calculator: NHS	BMI healthy weight calculator (external link http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx)
	Scottish Slimmers	Scottish Slimmers (http://www.scottishslimmers.com/)
	Healthyliving award	Healthyliving award (http://www.healthylivingaward.co.uk/index)
	Counterweight	Counterweight (http://www.counterweight.org/)
	Cycling Scotland	Cycling Scotland (http://www.cyclingscotland.org/) National agency promoting cycle use. Site includes information on how an organisation can promote active travel and register for the Cycle Friendly Employer programme.
	Take Life On	Take Life On includes information on healthy eating and physical activity, including easy-to-follow tips for improving levels of physical activity.
	Paths for All	Paths for All (http://www.pathsforall.org.uk/pfa-home) has information on walking for health, including a section on promoting walking to work and in the workplace.
	Sustrans	Sustrans (https://www.sustrans.org.uk/scotland/our-work-scotland) is UK sustainable transport charity's website, and includes information on walking and cycling routes and groups across the UK.
	jogscotland	jogscotland(http://jogscotland.org.uk/) provides information on jogscotland's gentle walking, jogging and running programmes that encourage everyone to get out and be active, as well as general advice on walking, jogging and running.
Physical activity	Information communication technology	Email query address [website-based email submission] Advice line 0800 019 2211. Links to six national health promotion or training website(s)
	NICE Guidance on Physical Activity	NICE https://www.nice.org.uk/guidance/topic/lifestyle-and-wellbeing/physical-activity The National Institute for Health and Clinical Excellence (NICE) has developed a tool that can allow employers to calculate the potential costs and benefits of developing a workplace physical activity scheme.
	Cycling Scotland	Cycling Scotland (http://www.cyclingscotland.org/) National agency promoting cycle use. Site includes information on how your organisation can promote active travel and register for the Cycle Friendly Employer programme.

Topic area	Main and supporting sites and specific areas of interest	Description of contents of each site (when available website links are included)
	Paths for All	Paths for All (http://www.pathsforall.org.uk/pfa-home) Information on walking for health, including a section on promoting walking to work and in the workplace.
	Sustrans	Sustrans (https://www.sustrans.org.uk/scotland/our-work-scotland) Website of the UK sustainable transport charity, including information on walking and cycling routes and groups across the UK.
	jogscotland	jogscotland (http://jogscotland.org.uk/) Information on jogscotland's gentle walking, jogging and running programmes that encourage everyone to get out and be active and general advice on walking, jogging and running.
Mental health and wellbeing	Information communication technology	Email query address [website-based email submission] Advice line 0800 019 2211. Links to 10 national health promotion or training website(s) Other support tools such as videos, DVD, classes
	Mentally healthy workplace training Healthy Working Lives	Mentally healthy workplace training (http://www.healthyworkinglives.com/advice/workplace-health-promotion/mental-health) Line managers are key to supporting and promoting the mental health and well-being of employees. Over a number of years, Healthy Working Lives – in partnership with employers, mental health service users and expert advisers – has developed a training package specifically for line managers. The course teaches people how to develop mentally healthy workplaces, including tackling stigma and discrimination, managing personal stress, supportive management practices and the legal requirements under The Equality Act (2010). This Stress Risk Management tool assists workplaces to identify and reduce potential causes of stress. The site includes: Mentally Healthy Workplaces' eLearning course – for employees and is a virtual learning environment. 'Mentally Health Workplace' training for managers comprises online learning and attendance session with the course delivered by the local Healthy Working Lives teams.
	Well Scotland	Well Scotland (http://www.wellscotland.info/) Well Scotland is the national mental health improvement website for Scotland. It is a resource intended for professionals who currently work in, or have an interest in, the mental health improvement field.
	See Me Scotland	See Me Scotland (https://www.seemescotland.org/) Scotland's national campaign to challenge the stigma and discrimination of mental ill health
	Choose Life	Choose Life (http://www.chooselife.net/whatwedo.aspx) The national strategy and action plan to reduce suicide and self-harm offers information and free training on how to intervene when someone is contemplating suicide.
	Breathing Space	Breathing Space (http://breathingspace.scot/) Breathing Space is a free and confidential phone line service for any individual who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to. 0800 83 85 87
	Scotland's Mental Health First Aid Training	Scotland's Mental Health First Aid Training http://www.smhfa.com/) This comprehensive training package gives participants the skills required to deal with mental health crises using a similar approach to physical first aid courses. It is a 12-hour course which teaches people how to recognise and support a person with a mental health problem, or someone who is in distress

Topic area	Main and supporting sites and specific areas of interest	Description of contents of each site (when available website links are included)
	The Scottish Recovery Network (SRN)	The Scottish Recovery Network (SRN) (https://www.scottishrecovery.net/) SNR raises awareness that people can and do recover from health problems. The organisation works to increase our understanding of what helps people recover and stay well – and builds capacity for recovery by highlighting and supporting examples of good practice.
	Samaritans	Samaritans (https://www.samaritans.org/) Provides confidential, emotional support for people experiencing distress or despair. Also provides a number of courses for businesses to help tackle stress in the workplace.
	See Me Scotland	See Me Scotland website (https://www.seemescotland.org/) Scotland's anti-stigma campaign, 'See me', has a range of free resources, including posters and leaflets, that can be displayed in workplaces to stimulate discussion and help improve attitudes.
	Ahead for health DVD	Ahead for health DVD 'Ahead for health' tackles the subject of mental health at work. The DVD encourages workers to think about their mental health and realise that there are some simple, everyday ways to stay well. It also aims to reduce stigma by giving people the confidence to discuss mental health openly in the workplace. The DVD was developed with the support of a number of companies to raise the subject of mental health in male-dominated industries.
	Stress control classes NHS Lothian	Stress control classes (http://www.nhslothian.scot.nhs.uk/Services/A-Z/StressControl/Pages/default.aspx) Stress control is designed to help people understand the psychological aspects of stress and learn how to cope better with stress in their lives. There are six classes, each week focusing on a different aspect of stress and how it affects an individual. Each class we will share proven psychological techniques on how to manage stress, and there is a booklet to accompany the class. This is not a therapy group – instead material is taught using lecture-style presentations. Class members will not be required to ask questions or share personal information during sessions.
Alcohol and Drugs Awareness		
	Information communication technology	Information communication technology: Email query address [website-based email submission] Advice line 0800 019 2211 Ability to sign up for weekly or monthly e-bulletins Links to five national health promotion website(s) Links to organisations with special trainers Risk assessment forms Guides to policy implementation and alcohol and drug testing
	Alcohol Focus Scotland The Scottish alcohol charity, provide, advice, fact sheets and more.	Under Alcohol Focus Scotland http://www.alcohol-focus-scotland.org.uk/ there are five areas identified for information dissemination. These are: Campaigns and policy (not specifically workplace-based/focused). Alcohol information (not specifically workplace-based/focused) Training (workplace and non-workplace-based/focused for example: ○ Employers who want to raise awareness of and manage alcohol/drug issues in the workplace and ○ Volunteers and staff on telephone helplines providing alcohol information and support Resources: There are over 200 resources consisting of: briefings, consultation responses, corporate publications, leaflets

Topic area	Main and supporting sites and specific areas of interest	Description of contents of each site (when available website links are included)
		and fact sheets. Licensing resources, local alcohol harm fact sheets; local alcohol cost profiles, outlet density and harms profiles, presentations, and research and policy papers. News
	Alcoholics Anonymous. Provides information for professionals and recovering alcoholics.	Alcoholics Anonymous (AA) (http://www.healthscotland.com/documents/43.aspx) The AA has a booklet on alcohol. It is one of a series of booklets for employers to take action to prevent ill health and promote good health. The guide explains: why having an alcohol and drugs policy in the workplace policy is useful; legal duties and obligations; the process of creating a policy; and key elements of a policy. It also contains list of agencies that can provide expert help in developing a policy.
	Scottish Drugs Forum. The Scottish drugs charity provides drugs information, research and more	Scottish Drugs Forum (http://www.sdf.org.uk/training-type/core_knowledge/) The Scottish Drugs Forum (SDF) delivers: *General and specialist training* (http://www.sdf.org.uk/training/) on drug-related issues for a range of agencies and through a number of approaches. The staff of the Scottish Drugs Forum have experience in designing training for a diverse range of learners who engage with people with drug problems, including: drug workers, needle exchange workers, college workers, workers in services working with vulnerable young people, housing staff, GPs and people who are stable/former drug users. They also have extensive experience of offering bespoke training solutions and of tailoring existing training to meet local needs – more information can be found here (http://www.sdf.org.uk/training/bespoke-training-courses/). Resources (http://www.sdf.org.uk/resources/) SDF Publications, Drugfax (briefings on commonly encountered substances), Videos and Conference Presentations.
	Free guidance from NHS Health Scotland: Alcohol and drugs in the workplace – a simple guide	Alcohol and drugs in the workplace – a simple guide (external site http://www.healthscotland.com/documents/43.aspx) *Simple Guide: Alcohol and drugs in the workplace*. One of a series of booklets for employers to take action to prevent ill health and promote good health. This guide explains: why having an alcohol and drugs policy in the workplace policy is useful; legal duties and obligations; the process of creating a policy; and key elements of a policy. It also contains list of agencies that can provide expert help in developing a policy.
	Visit Know the Score. Provides information and advice on drugs in Scotland for individuals, parents and professionals	Visit Know the Score (external site http://knowthescore.info/)Information and advice on drugs in Scotland for the individual browsing the website, parents and professionals. Website users can learn what drugs look like, how they are taken, immediate effects and short- and long-term risks to health and well-being. To get started, they need to simply type in the name of the drug they want to know about, and information is supplied. There are also other supports and information on the site.
	Key steps in developing an alcohol policy: Professional trainers and health boards	Getting help to develop an alcohol policy There is no such thing as a standard alcohol policy. Organisations, from the very large to the very small, need to develop a policy to suit their individual needs. The type of policy required will depend on the nature of the organisation, the culture, size and structure of the workplace, and the rationale behind the policy development. It is strongly advised that employers seek expert help to assist in the development of a policy suited to the needs of their organisation.

Topic area	Main and supporting sites and specific areas of interest	Description of contents of each site (when available website links are included)
		Here are some potential sources of such assistance: Professional trainers Health Scotland, Alcohol Focus Scotland and the Industrial Society have trained a network of professionals on the subject of alcohol in employment. A central list of qualified trainers can be obtained by telephoning Health Scotland on 0131 536 5500. Health boards have a range of specialists, including those from health promotion and occupational health, who can provide you with help. To find your local specialist, contact your health board (listed under 'Health' in your telephone directory).
	Misuse of drugs in the workplace – further tools Healthy Working Lives	Assessment of and other tools on the misuse of drugs in the workplace • Risk Assessment Form (http://www.healthyworkinglives.com/document?PublicationID=2596) • Risk Assessment Form – Worked Example (http://www.healthyworkinglives.com/document?PublicationID=2597) The following guides are also available as a hard copy on request from the Adviceline: *Policy into Practice: Guidelines for workplace drug policies* (http://www.healthyworkinglives.com/document?PublicationID=2656) *Testing Times: A guide to workplace drug and alcohol testing* (http://www.healthyworkinglives.com/document?PublicationID=2657) Free guidance from the Health and Safety Executive Note: links below are to pages on the HSE Books website giving options to download or order these resources: *Drug Misuse at Work – a guide for employers* INDG91 (http://books.hse.gov.uk/hse/public/home.jsf)
Tobacco Awareness	Information communication technology	Email query address [website-based email submission] Advice line 0800 019 2211. Links to four national health promotion or training website(s) Note: Health Scotland Publications links are to pages on the Health Scotland website giving options to download these publications. They are also available to order from your local health board.
	How to stop smoking and stay stopped Health Scotland	*How to stop smoking and stay stopped* (http://www.healthscotland.com/documents/312.aspx). Publications: This revised booklet is for smokers who are seriously thinking about stopping smoking. Reading this booklet will help smokers decide if they are ready to stop and then how to go about it.
	Passive Smoking – Unclouding the Issue	Passive Smoking – Unclouding the Issue (http://www.healthscotland.com/uploads/documents/9590-PassiveSmokingUncloudingTheIssue%20Leaflet.pdf). This weblink does not currently have content.
	Passive Smoking in the Workplace Health Scotland	Passive Smoking in the Workplace (http://www.healthscotland.com/documents/227.aspx). Publications: This fact sheet provides information concerning passive smoking in the workplace, which includes Health Scotland recommendations, with sections on passive smoking, smoking policies and employers' responsibilities. It also contains a list of references.

Topic area	Main and supporting sites and specific areas of interest	Description of contents of each site (when available website links are included)
	Smoking policies for workplaces: a simple guide Healthy Working Lives	Smoking policies for workplaces: a simple guide (http://www.healthyworkinglives.com/advice/Legislation-and-policy/employee-issues/smoking). Publications: Brief guide explaining why having a smoking policy in the workplace policy is useful, environmental and passive smoking factors, legal issues, the process of creating and key elements of a policy. Also contains list of support agencies and further reading.

Source: http://www.healthyworkinglives.com/advice/workplace-health-promotion

4.1.4.5 USA

Findings for the USA are summarised in Table 10; all the tools and resources associated with the healthy workplace programme are presented. The online tools or resources type are listed in column one and the title of tool or resource are listed in column two.

The CDC Workplace Health Resource Center focuses heavily on technologies. Print media (with or without online support) also featured with 21 guides, 5 fact sheets and 5 toolboxes available along with several other tool/resource types.

With regard to the technologies, 20 websites were listed in the resource center. Some personnel were also available, with a trainer of trainers and other tools and resources listed. Events listed included challenges, accreditation, and live training days. There are possible duplicates in these numbers, as the same tool and resource could be listed under several topics or subtopics.

No partner organisations were listed. As was the case in the CCOHS in Canada, it is likely that the majority of websites listed are hosted by partner organisations; they are just not explicitly defined as such.

Table 10 Country-specific online resources and tools from the USA

Type of tool/resource	List
	Nutrition and/or physical activity
Case studies	Food Service Guidelines: Case Studies from States and Communities
Templates	North Carolina's Eat Smart Move More Worksite Initiative organisational physical activity policy template. Building a Healthy Worksite – A Guide to Lower Health Care Costs and More Productive Employees
Guides	*Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities* *Food Service Guidelines for Federal Facilities* *IMPROVING THE FOOD ENVIRONMENT through nutrition standards: a guide for government procurement* *Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events* *Meeting Well – A Tool for Planning Healthy Meetings and Events* *North Carolina's Eat Smart Move More Worksite Initiative has developed a guide to creating walking maps* *Physical Activity Guidelines for America*
Guides and other tools and resources	*Dietary Guidelines for Americans*
Brochures	*Tips For Offering Healthier Options and Physical Activity at Workplace Meetings and Events*
Survey/Questionnaire	Nutritional Environment Measures Survey (NEMS) – Vending
Toolbox/toolkit	Eat smart workbook Healthy Worksites toolkit Walk with ease toolkit
Activity plan	The American Cancer Society's Active for Life Programme North Carolina's Eat Smart Move More Worksite Initiative has developed a step-by-step guide to establishing a worksite stairwell initiative.
Websites	The Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity, and Obesity U.S. Department of Agriculture My Plate is a nutrition guide published by the U.S. Department of Agriculture. Healthier Food Choices for Public Places Menu planner CDC Physical Activity website CDC physical Activity basics Supertracker
Challenges and other tools and resources	Walking Campaign Tools
	Mental Health
Reports	The Surgeon General's Report on Mental Health *The Changing Organization of Work and the Safety and Health of Working People*
Articles	The USA perspective: current issues and trends in the management of work stress.
Guides	*Boost Your Competitive Edge: Actions for a Healthy, Productive Workforce*
Fact sheets	Mental Health America's Factsheet – Co-occurring Disorders and Depression Mental Health America's Factsheet – Depression: What You Need to Know

Type of tool/resource	List
	Mental Health America's Factsheet –Depression in the Workplace
Brochures	*STRESS... At Work* *EXPOSURE TO STRESS Occupational Hazards in Hospitals*
Resource list/collective tools	The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programmes and Practices Model Programmes for the Workplace (NREPP) provides specific techniques and interventions that have been carefully implemented and evaluated and have shown positive outcomes. Manage stress resources
Research/policy report	The Substance Abuse and Mental Health Services Administration (SAMHSA) publishes regular reports from the National Survey on Drug Use and Health.
Website	The Centers for Disease Control and Prevention's (CDC) Mental Health Workgroup The Partnership for Workplace Mental Health The Substance Abuse and Mental Health Services Administration's (SAMHSA) Screening, Brief Intervention, and Referral to Treatment (SBIRT) Initiative The Substance Abuse and Mental Health Services Administration (SAMHSA) created the 'What a Difference a Friend Makes' campaign Behavioural Health Treatment Locator
Podcast	Treatment Works: Get Help for Depression and Anxiety
	Alcohol
Guides	Preventing Excessive Alcohol Consumption: *Electronic Screening and Brief Intervention (e-SBI) Community Guide Recommendation* The Substance Abuse and Mental Health Services Administration's (SAMHSA) *Overarching Principles to Meet the Needs of Persons with Co-occurring Disorders* National Business Group on Health: *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*
Fact sheets	Mental Health America's Factsheets – Co-occurring Disorders: Fast Facts Mental Health America's Factsheet – Co-occurring Disorders Alcohol and Drug Abuse, Addiction and Co-occurring Disorders
Resource list/collective tools	The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programmes and Practices Model Programmes for the Workplace
Websites	The Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Free Workplace Kit: Develop a Policy The Substance Abuse and Mental Health Services Administration's (SAMHSA) Screening, Brief Intervention, and Referral to Treatment (SBIRT) Initiative The Substance Abuse and Mental Health Services Administration's (SAMHSA) Drug Free Workplace Kit: Assess Your Workplace website provides employers with information on completing a drug-free workplace needs assessment to determine whether alcohol and other drugs are affecting the workplace.
	Smoking cessation
Reports	*Tobacco Cessation Benefit Coverage and Consumer Engagement Strategies: A California Perspective*
Templates	Tobacco-Free Workplace Model Policy
Guides	*Telephone Quitlines. A Resource for Development, Implementation, and Evaluation* *Guidance on Establishing Programmes Designed to Help Employees Stop Using Tobacco*
Brochures	*Save Lives, Save Money*
Toolbox/toolkit	Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients
Resource list/collective tools	Cessation Materials for State Tobacco Control Programmes The North Carolina State Health Plan has a Quit Now Workbook
Book	*Treating Tobacco Use and Dependence: 2008 Update*

Type of tool/resource	List
Legislation	Tobacco Policy Project/State Legislated Actions on Tobacco Issues (SLATI)
Websites	The Centers for Disease Control and Prevention's (CDC) Smoking and Tobacco Use web page smokeFree.gov: You Can Quit Smoking Now Strategies for Promoting and Implementing a Smoke-free Workplace
	Process
Reports	*Framework for Programme Evaluation in Public Health*
Case studies	Employers in Action
Guides	*Health Risk Appraisals at the Worksite: Basics for HRA Decision Making* *Swift Worksite Assessment and Translation (SWAT) Implementation Guide* *Employee Level Assessment* *Organisational Level Assessment* *Essential Elements of Effective Workplace Programmes and Policies for Improving Worker Health and Wellbeing* *Implementation* *Evaluation*
Information leaflets	*Workplace Health Programme Definition and Description*
Survey/questionnaire	CDC National Institute for Occupational Safety and Health's (NIOSH) Quality of Worklife Questionnaire CDC Worksite Health ScoreCard NHWP Employee Health Assessment (CAPTURE™) NHWP Health and Safety Climate Survey (INPUTS™) [PDF-857K] NHWP Health and Safety Climate Survey (INPUTS™) Manual[PDF-1M]
Checklist	Workplace Health Programme Development Checklist
Evaluation and improve resources	Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programmes
Infographic	Workplace Health Model
Game/quiz	Vaccine questionnaire
Toolbox/toolkit	The CDC National Institute for Occupational Safety and Health (NIOSH) – A Primer Based on Workplace Evaluations of Musculoskeletal Disorders
Website	CDC workplace health promotion
Webinars	Workplace Health promotion webinars and training
Calculator	Ensuring Solutions to Alcohol Problems Chronic Disease cost calculator
Trainers of trainers and other tools and resources	CDC Work@Health Programme

Source: https://www.cdc.gov/workplacehealthpromotion/index.html

4.1.5 National-level case studies

Case study definition:
A detailed analysis of the occurrence, development, and output of a particular problem or innovation, often over a period of time. A detailed description of a concrete situation requiring ethical analysis, judgement, and – sometimes [more or re] analysis.

This section provides a process by which employers are recruited to introduce a healthy workplace programme. It outlines the processes employed by the designated national agencies to help employers manage the implementation of their healthy workplace programme; in addition, it provides details on the high-level stages identified by most countries in process signposting. Four of the five countries present a management process to help employers introduce healthy workplace programmes. The number of stages in the healthy workplace programme roll-out process for employers varies, with three in Australia, four in the USA, five in New Zealand, and seven in Canada. Within these stages, a number of subcategories or steps are also identified; these detail areas of focus and, usually, list the tools and resources required to effect process. Broadly speaking, the stages cover: engaging and attaining support from owners, management and employees; assessing and prioritising topics for consideration in the healthy workplace programme; planning resources and training requirements; applying and engaging with the intervention(s), and evaluating and building on past practice. However, there is some variation in the emphasis on each of these generic stages in the four countries.

The Scottish approach differs in its mode of presentation, with the structural emphasis on: the Healthy Working Lives Award Programme; detailing the supports developed for the Workplace Services (the tools and resources), and information on the Learning and Development Programme, rather than on a management process.

Each country approach is described in detail in the subsequent section.

4.1.5.1 Australia

Background
The main portal to the Healthy Workers initiative run by the Australian Government is through the Department of Health's webpage titled 'Creating Your Own Healthy Workplace'.[41] This is a key source to a range of supports and tools for employers and employees who wish to develop and participate in creating a healthy workplace programme. Details on supports for the Healthy Workers initiative are given in Appendix B national case studies. The main points and process are summarised in this section. Details from Appendix B are cross referenced where appropriate.

The Quality Framework developed for the Healthy Workers initiative lists five principles for healthy workplaces.[42] These principles cover the drivers and inhibitors of successful workplace health promotion for employers and are termed as: understanding the context, engagement and collaboration, commitment, tailoring, and continuous improvement.

The key features of these principles are that:

- Understanding the context includes matching staff and workplace needs; ensuring that aims are specific, measurable and time limited, understanding the workplace culture and ensuring that the available, and the various levels of, resources are sufficient.
- Engagement and collaboration includes effective promotion of workplace programme benefits, open communication and discussion, committed and passionate champions, programmes which are respectful of individual choice, cultural beliefs and business requirements, and a partnership approach between local community groups, state and territory government departments, local businesses, not-for-profit and non-government groups and private providers.
- Commitment should include effective leadership, a stated and understood philosophy, effective and sufficient planning, and resources and developed actionable steps.

- The tailoring of the programme should include being responsive to needs, being balanced in its approach to improving healthy life choices by workers, taking account of the culture of the workplace and the workplace environment, being resource appropriate, providing information in a variety of ways which cater for a range of abilities and knowledge at different levels, and include a risk management approach, and
- The continuous improvement cycle involves planning, assessing need, implementing action, monitoring progress, evaluating and improving.[42]

Checklists for the first three of these principles have been developed to assess if requirements to effect context, engagement, collaboration and commitment are partially met, met, or not met; these checklists are completed to aid the development of, and planning process for, a healthy workplace programme. Checklists are detailed in Appendix B **Table 32** to **Table 34**

Roll-out process

There are three stages to implementing a healthy workplace programme.[41] These are: getting started, planning and delivering the programme, and improving the programme. Each stage can be approached by adopting a simple (mainly for small business) or detailed approach. The choice of approach depends on a number of factors, including the size of an organisation and if an organisation is in the early stages of starting a healthy workplace programme, or has engaged with the process previously.

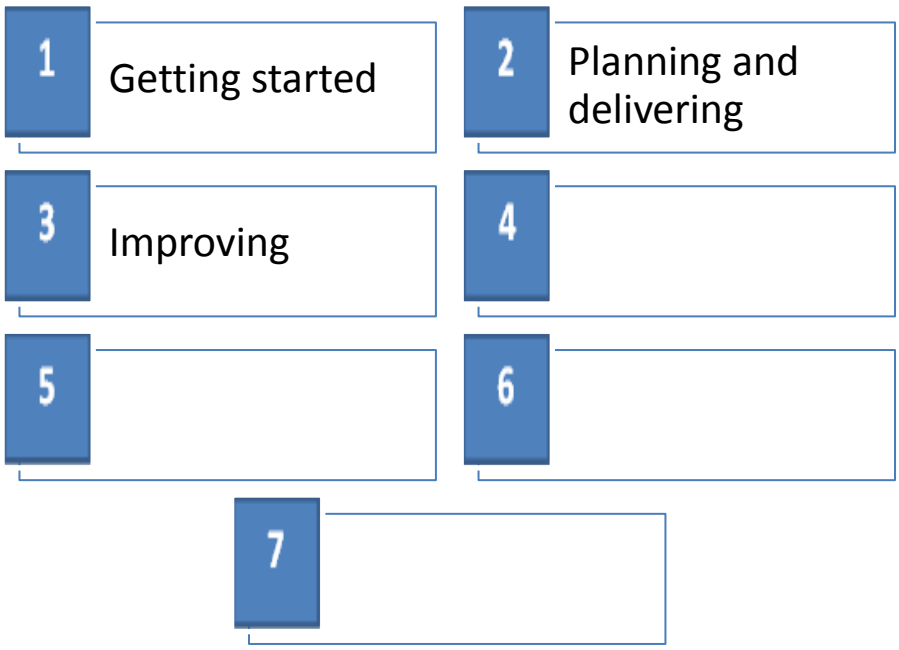


Figure 4 The three-stage process of implementing a healthy workplace programme in Australia

Getting started

The first stage 'Getting started' addresses three steps:

- Gaining support from management
- Engaging employees, and
- Undertaking a needs assessment.

A number of tools have been developed to gather data for these steps. They include the Workplace Health Savings Calculator tool (Appendix B **Table 35**) which is aimed at gaining support from management. The calculator can be used: as a business case to demonstrate potential expected savings from a successful workplace programme, and/or to track progress of a workplace programme that has been, or is currently being, implemented. Tools employed to aid in engaging employees include:

- Those which allow a quantification of modifiable lifestyle risk factors prevalence stratified by industry/workplace settings (Appendix B

- Table **37**); thus providing baseline national-level data on the more industry specific risk factors to a healthy lifestyle, and
- A series of questionnaires assessing alignment between a range of dyads of workplaces, employers or employees (Appendix B Table 38 to Table 40).

These questionnaires assess how aligned the workplace, the managers and the workers are with healthy workplace legislative, regulation, recommended and actual best practice. They also allow assessment of workers' general health and well-being.

Other tools provided included the Workplace Well-being Tool (**Table 40**) which allows the calculation of the costs of poor health and well-being to a business. This tool can help build a business case for action to reduce costs and improve the health and well-being of employees.

Planning and delivering

The second stage of the programme, 'Planning and delivering', addresses a range of steps to prioritise the requirement of a specific workplace. These include:

1. Setting goals that state the overall desired outcome for the workplace
2. Setting objectives that state what should be done to achieve the goals
3. Determining how, when and where the programme will operate
4. Determining what activities the programme will undertake
5. Determining how risks will be assessed and managed
6. Determining who will be responsible for the various aspects of the programme
7. Determining what resources are available, both in-house resources and external resources, including possible government assistance
8. Identifying ideas for how the programme can be marketed and promoted among employees
9. Considering ideas for longer-term sustainability, and
10. Identifying what indicators will be used to measure the success of the programme.

The Healthy Workers initiative website reports a number of tools as process enablers. However, examination of the links to the tools and resources indicate that the web links are no longer active (December 2017). Therefore, apart from reporting on the 10 overarching steps, which were retrieved from the Federal level website, we are unable to summarise the detail of how the Healthy Workers initiatives are planned and delivered in Australia.

Improving the programme

The third stage of the programme, the evaluation, provides important insight into the success of the overall programme and generates ideas for future activities. Evaluation outcomes can be used to promote the workplace health programme benefits. Australia's Healthy Workers initiative evaluations can be done formally and informally. All evaluations require comparison with the status of the relevant factor, or factors, of interest measured at an earlier time point. Therefore, a baseline data measure must be undertaken for all areas of interest to assess the impact of any intervention. This applies to the data gathered in the managers' and employees' questionnaires on workplace compliance with regulation and practices and on workers' general health and well-being. It requires examination of the nature of the process in implementing a Healthy Workers initiative, and assessment of fidelity with stated standards. It requires baseline measures on areas where changes are to be effected, to assess what impact occurs on the required outcomes.

More specifically, process evaluation, i.e. how well the programme was implemented, can be assessed by measuring participation rates; asking participants how satisfied they were with the workplace health programme; what aspects of the programme could be improved, and asking non-participants what could be changed to facilitate their participation.

Outcome evaluation, of both immediate and longer programme effects, could include surveys measuring changes in issues such as:

- Participants' awareness, belief, skills and behaviours
- Illness-related absences

- Productivity
- Employee engagement and morale
- Supportive environments such as healthy food options within the workplace, and
- Policy-level changes, such as implementation of a smokefree policy.

The second part of the improvement process is to create recommendations from information gathered. Recommendations include how to improve specific process steps and required outcomes. They should be used to inform long-term organisational strategies and ensure that the health promotion activities are sustainable. Sustainable health promotion programmes require that workplaces nurture the initiative and the skills needed for longer-term support, and that they integrate the health promotion goals into the workplace's ongoing strategies. However, while general guidance on evaluating the Australian workplace programmes is informative, it should be noted that links to specific tools and resources identified as supports to effect such appraisal are, at the time of compiling this report, dormant.

4.1.5.2 Canada

Background

The CCOHS has developed an overall process guide to aid businesses in the development of a healthy workplace programme.[31] The 187-page guide was published in 2008. The scope of the guide is to assist in the development and implementation of workplace health programmes. It is a practical guide, with information designed for both the programme leader and the workforce in general. Many of the tips and suggestions can be used as handouts for participants in employee training sessions. It is process rather than topic specific and it provides information on how to choose the topics for an organisation as well as further information on selected topics. In Canada, this can be considered the first port of call for a company considering establishing a workplace programme.

As the CCOHS has been providing healthy workplace programme support for many years (the first edition of the *Workplace Health and Wellness Guide* was published in 2002), the list of resources and tools presented is extensive; therefore, in this case study we will focus on one topic only – mental health.

Roll-out process

There are seven steps to implementing a healthy workplace programme as outlined in Figure 5. Steps 1 to 4 are all background steps, which are generic and applicable regardless of topic area. Steps 5 to 7 can be topic specific and will require some level of topic-specific tools and resources. Step 1 is 'Take ownership and leadership and get support from the "top" and involves the setting up of a workplace health committee and getting buy-in from the leadership team. Step 2 is 'Get support from everyone' and suggests that the committee should speak to internal and external groups – e.g. human resources, employee assistance programme provider – to garner support for the programme in development. Step 3 'Acknowledge current or informal activities and collect baseline data' advises workplaces to capture as much data as possible on current initiatives in the workplace and the health of employees. Step 4 'Identify the key needs and expectations of the workplace' outlines how the topic areas can be chosen. Step 5 'Develop a detailed plan' is covered in a lot of detail by the CCOHS and partner agencies; therefore, we will discuss it in more detail below as part of our case study. Step 6: 'Put your plan into action' describes the kick-off of the programme. The final step (Step 7) is to Monitor, evaluate and maintain the programme.

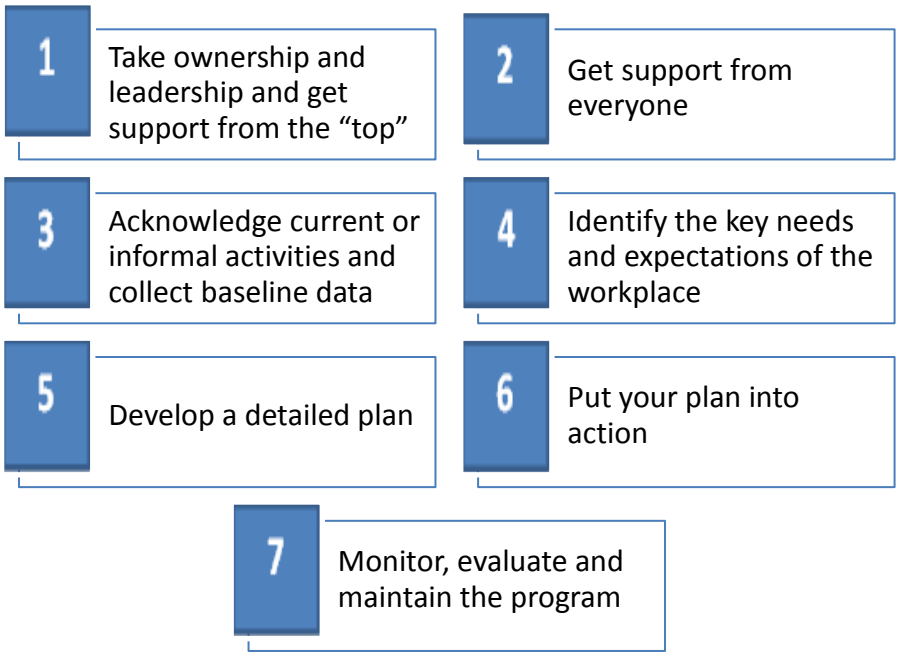


Figure 5 Canadian Centre for Occupational Health and Safety's implementation steps

Further details on each of the steps described in Figure 5 are given in the following bullet points:

- Step 1: Take ownership and leadership and get support from the "top". This is a small step in the process and involves getting support from the management team; the programme cannot move forward without the support of the management team.

- Step 2: Get support from everyone. The committee should speak to all internal and external groups who could help support the programme, including:
  - Union/worker representatives,
  - Management,
  - Health and safety professional(s),
  - Human resources professional(s),
  - Your employee assistance programme (EAP) provider,
  - Medical or occupational health staff, and
  - Local groups from your community who may be able to help include:
    - Public health
    - Mental health professionals,
    - Canadian Cancer Society,
    - Heart and Stroke Foundation of Canada, and
    - A member of your local Dietitians of Canada.
- Step 3: Acknowledge current or informal activities and collect baseline data. Baseline information must be collected before the programme starts. This will help in the evaluation process. Sources of baseline data include:
  - Attendance records
  - Accident/injury/incident/first aid reports
  - Healthcare claims or health screening results
  - Facility inspection records, and
  - Survey/questionnaire results.
- Step 4: Identify the key needs and expectations of the workplace. This is the step in which the topics are chosen. A survey is required in order to establish people's needs, attitudes and preferences.
- Step 5: Develop a detailed plan. The CCOHS *Workplace Health and Wellness Guide* describes the planning step in a lot of detail. It advises that based on steps 1 to 4, the committee should carry out the following steps:
  - Identify what needs to be done
  - Prioritize these needs
  - Set realistic targets and timelines. Have both immediate and long-term goals
  - Plan how and when the programme will be initiated
  - Plan how to maintain interest
  - Know what resources you need for each step (time, money, people, etc), and
  - A pilot programme could be considered as a first step.
- Step 6: Put your plan into action. This is where the programme gets launched. The programme and policies changes should be communicated.
- Step 7: Monitor, evaluate and maintain the program. The committee should review and evaluate the programme. The measurable objectives set in Step 5 should help here. The baseline data collected will also be useful. The results of the review and evaluations should be used to help gauge what is working and what could be enhanced.

Process tools

The tools used to support the planning of a healthy workplace programme are listed in Table 11. We have focused on those covering healthy workplaces in general and those covering mental health in more detail. The vast majority of tools and resources were Canadian (21/25 tools). There were five tools that supported the overall process, and these are useful for setting up a healthy workplace programme regardless of topic. They are described in the first section in Table 11. The second section of Each of the tools and resources are described in more detail in Appendix C.

Table 11 covers the mental health-specific tools and resources. Some of the tools were specific to mental health subtopics rather than mental health in general; two were on stress, two on grief, and one each on respect and harassment. Each of the tools and resources are described in more detail in Appendix C.

Table 11 Tools and resources for planning step in Canada, mental health focus

Tools name	Tool type	Source	Source country	Link
General				
Second edition Workplace Health and Wellness Guide	Guides	CCOHS	Canada	https://www.ccohs.ca/products/publications/wellness.html
Creating a healthy workplace environment: workbook and toolkit	Toolbox/tool kit	British Columbia Ministry of Health	Canada	http://www.health.gov.bc.ca/library/publications/year/2006/Creating-healthy-workplace-environment-workbook.pdf
Wellness program – getting started	Fact sheets	CCOHS	Canada	http://www.ccohs.ca/oshanswers/psychosocial/wellness_program.html
Wellness works program	Toolbox/tool kit	County of Lambton, Community Health Services Department	Canada	https://lambtonhealth.on.ca/health-information/workplace-wellness/workplace-wellness-program
Workplace health resource toolkit	Handbook	Alberta Health Services (AHS)	Canada	http://albertaforestproducts.ca/wp-content/uploads/2016/03/Workplace-Health-Resource-Toolkit-FINAL-Oct-2012.pdf
Mental Health				
A Fine Balance – A Manager's Guide to Workplace Well-being	Toolbox/tool kit	Government of Canada Publications	Canada	http://publications.gc.ca/collections/Collection/SC94-93-2002E.pdf
2010 Workers with Mental Illness: a Practical Guide for Managers	Handbook	Australian Human Rights Commission	Australia	https://www.humanrights.gov.au/sites/default/files/document/publication/workers_mental_illness_guide_0.pdf
Assembling the Pieces: an Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace	Handbook	Mental Health Commission of Canada	Canada	http://www.csagroup.org/documents/codes-and-standards/publications/SPE-Z1003-Guidebook.pdf
Center for Workplace Mental Health	Partners and other tools and resources	American Psychiatric Foundation	USA	http://workplacementalhealth.org/

Tools name	Tool type	Source	Source country	Link
Centre of Expertise on Mental Health in the Workplace	Website and other tools and resources	Treasury Board of Canada Secretariat	Canada	https://www.canada.ca/en/treasury-board-secretariat/topics/healthy-workplace/mental-health-workplace.html
Guarding minds @ work: a workplace guide to psychological safety and health	Toolbox/tool kit	Centre for Applied Research in Mental Health and Addiction (CARMHA)	Canada	https://www.guardingmindsatwork.ca/
Not myself today	Toolbox/tool kit	Partners for Mental Health	Canada	http://www.notmyselftoday.ca/
Psychological health and safety: an action guide for employers	Handbook	Mental Health Commission of Canada	Canada	https://www.mentalhealthcommission.ca/sites/default/files/Workforce_Employers_Guide_ENG_1.pdf
Reducing work-life conflict: what works? What doesn't?	Research/ policy report	Health Canada	Canada	https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/occup-travail/balancing-equilibre/full_report-rapport_complet-eng.pdf
Workplace mental health promotion: a how-to guide	Website	The Health Communication Unit, and the Canadian Mental Health Association	Canada	http://wmhp.cmhaontario.ca/
Workplace strategies for mental health	Website	Great-West Life Centre for Mental Health in the Workplace	Canada	https://www.workplacestrategiesformentalhealth.com/
A Guide for Employers. To promote mental health in the workplace	Handbook	European Network for Workplace Health Promotion (ENWHP)	Europe	http://www.enwhp.org/fileadmin/downloads/8th_Initiative/MentalHealth_Broschuere_Arbeitgeber.pdf
Job design	Fact sheets	CCOHS	Canada	http://www.ccohs.ca/oshanswers/hsprograms/job_design.html
Taking a proactive approach to maintaining a mentally healthy workplace	Podcast	CCOHS	Canada	http://ccohs.libsyn.com/taking-a-proactive-approach-to-maintaining-a-mentally-healthy-workplace
Anti-harassment policies for the workplace: an employer's guide	Toolbox/tool kit	Canadian Human Rights Commission	Canada	http://www.chrc-ccdp.gc.ca/eng/content/anti-harassment-policies-workplace-employers-guide

Tools name	Tool type	Source	Source country	Link
Employers: helping your employees cope with loss	Fact sheets	Alberta Learning Information Services (ALIS)	Canada	https://alis.alberta.ca/tools-and-resources/resources-for-employers/helping-your-employees-cope-with-loss/
Stress prevention at work checkpoints	Toolbox/tool kit	International Labour Organisation (ILO)	International	http://www.ilo.org/global/publications/books/WCMS_168053/lang--en/index.htm
Towards a respectful workplace	Toolbox/tool kit	Muriel McQueen Fergusson Centre for Family Violence Research, University of New Brunswick	Canada	http://www2.unb.ca/towardarespectfulworkplace/
Problematic substance use that impacts the workplace: a step-by-step guide and toolkit to addressing it in your business/organisation	Toolbox/tool kit	Atlantic Canada Council on Addiction	Canada	http://www.health.gov.nl.ca/health/publications/addiction_substance_abuse_workplace_toolkit.pdf
When Grief Comes to Work: Managing Grief and Loss in the Workplace: A Handbook for Managers and Supervisors	Handbook	AIDS Bereavement and Resiliency Program of Ontario (ABRPO)	Canada	http://www.catie.ca/sites/default/files/When%20Grief%20Comes%20to%20Work_e.pdf

4.1.5.3 New Zealand

Background

The Toi Te Ora Public Health Service has a five-stage process that it uses to help employers introduce and maintain a healthy workplace programme.[43] Each stage comprises between 2 and 22 subcategories of supports or interventions, making a total of 42 separate categories.

Roll-out process

The stages and the number of subcategories within each stage are:

1. Stage 1 Engage (10 subcategories)
2. Stage 2 Assess and prioritise (2 subcategories)
3. Stage 3 Plan (22 subcategories)
4. Stage 4 Apply and implement (6 subcategories), and
5. Stage 5 Evaluate and improve (2 subcategories).[43]

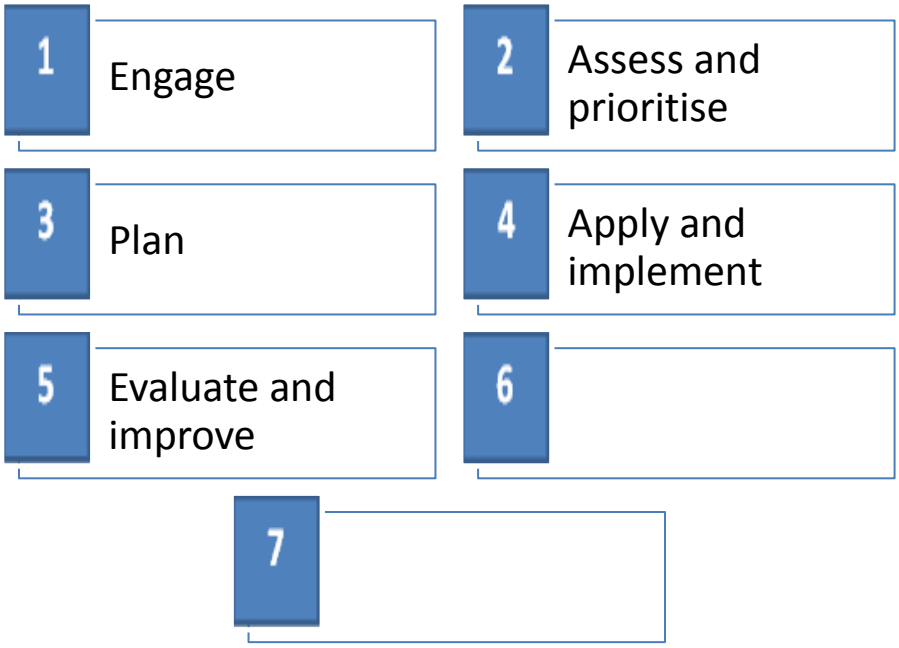


Figure 6 The five-stage process of the WorkWell healthy workplace programme, New Zealand

Details of the tools and resources for each stage are given in Table 12 to Table 15 and the contents of these tables are summarised below.

Stage 1 Engage – 10 subcategories

The resources designed to engage organisations and staff in WorkWell consists of 10 subcategories (Table 12). The resources include: a guide detailing ways of supporting effective workplace-based communication; a pledge which recognises the 'how's and ways' of participation; terms of reference and what is to be achieved through the WorkWell programme; two communication poster templates; timelines detailing the milestones of, and the time points for, achievements at various levels (bronze, silver and gold); a WorkWell resource set supported by the assigned WorkWell advisors; a networking and implementation support offered through the WorkWell website; and an e-newsletter service.

Stage 2 Assess and prioritise – 2 subcategories

The resources provided for this second stage of participation with the WorkWell programme consist of two subcategories: a survey template to gather data on the workplace of interest impacts on health and well-being, and advice and guidance on how to boost survey participation (Table 13). Workwell also have the Organisational Profile Tool. This tool, similar to the Workplace Health Savings Calculator on table 35 on page 154, helps the workplace to assess and identify their priority wellbeing areas.

Stage 3 Plan – 22 subcategories

The resources provided for this third stage of participation in the WorkWell programme consist of a template to allow planning for the resources required for action in each of the identified topic areas, and the evaluation plan for the intervention's effectiveness. The example provided is on the area of healthy eating in Table 14.

Stage 4 Apply and implement– 6 subcategories
The resources provided for this fourth stage of participation with the WorkWell programme consist of six subcategories, which include ways of applying and implementing resources. One of the subcategories details the accreditation standards and maintenance requirement for bronze, silver and gold awards. As the accreditation process was excluded from the study criteria, this area has not been detailed in this report but can be accessed on the WorkWell website if required by the reader.

Stage 5 Evaluate and improve – 2 subcategories
The resources provided for this fifth stage of participation with the WorkWell programme consist of a comparison table and an annual progress report on actions, achievements and other relevant items for workplaces and employees (Table 15).

Table 12 New Zealand WorkWell programme Stage 1: Engage

Stage 1 Engaged resources with 10 subcategories
Working well – a workplace guide to mental health: communications guidelines
These guidelines have been established to support effective two-way communication while developing and implementing WorkWell within your workplace and to ensure correct use of the WorkWell identity. **Internal communication strategies for WorkWell** 1. Identify your key audience. For example: CEO, senior management, HR team, managers, supervisors, team leaders, staff and/or their whanau, union representatives. Different audiences may need different messages; for example, senior managers may want to know about how WorkWell can improve productivity, whereas staff may be more interested in the individual benefits. 2. Establish clear communication goals. Your communication goals may include: • Ensuring that all staff understand WorkWell and the benefits it will bring to them as individuals and as a workplace • Encouraging staff to embrace WorkWell and participate in creating a healthier workplace for themselves and their workmates • Sharing information openly and emphasising that the privacy of individuals will be respected • Providing timely and relevant information for all key audiences 3. Identify the key stages when communication is required. For example, raising awareness of WorkWell, advising of upcoming actions or activities, sharing information that has been gathered (such as staff survey results), and consulting on ideas, plans or decisions. WorkWell is something that is done with staff, rather than something that is done to them. Ongoing communication is key. For information about when and what to communicate to managers and staff throughout the WorkWell Stages and Steps, please see the Implementing WorkWell Manual. **WorkWell identity** As well as being the name of Toi Te Ora – Public Health Service's workplace well-being programme, WorkWell is a trademarked logo. The WorkWell identity consists of the WorkWell name and logo as well as the member and accreditation logos. WorkWell members are able to use the WorkWell name, logos and images as part of their internal and external communications strategy as long as the guidelines contained in this document are respected. We hope that WorkWell members will make use of the WorkWell name and identity and support our aim to improve the well-being of staff and indirectly their families/whanau. **Examples of using WorkWell to add value to communications** Use the WorkWell Member or accreditation logos: when providing a webpage link to the WorkWell website; as a door sticker on the entrance to your business premises; in graphics or sidebars in internal and external newsletters and on your organisation's intranet; in your recruitment advertisements; in your organisation's annual report (when reporting on WorkWell) **Key messages to use when communicating about WorkWell** WorkWell: is a workplace well-being programme with huge benefits for staff and employers; is available free for workplaces in many areas of New Zealand; provides a framework that supports workplaces to develop and implement an effective and sustainable well-being programme for staff; is based on best practice and encourages workplaces to follow a step-by-step process to enable in staff well-being improvement. WorkWell promotes a multi-level approach, encouraging workplaces to consider staff well-being across three levels; organisational, environmental and individual. WorkWell will recognise your workplace's progress with three standards of achievement; bronze, silver, and gold. These standards provide quality assurance for staff and the community that a sustainable health-promoting environment is created and fostered. WorkWell is about empowering staff to increase control over, and improve, their own well-being by making the healthy choice the easy choice. **WorkWell member accreditation logos** Once accredited, WorkWell Members are able to use the WorkWell accreditation logos for Bronze, Silver or Gold, depending on the standard of accreditation achieved.

Stage 1 Engaged resources with 10 subcategories
Format: The WorkWell Member and accreditation logos are available for use as a RGB JPEG. It is preferred that the accreditation logos always appear in colour; however, if you require a greyscale version, please discuss this with your WorkWell Advisor. **Size:** The logos should be no smaller than 36 mm in width **Clear space:** A clear space rule ensures that the logo is not 'crowded' by typography or other graphic elements wherever it is being used. The WorkWell clear space rule is as follows; the top, bottom and side clear space are equal to the width of the 'W'. **Alterations to WorkWell logos:** Please do not make any alterations to any of the WorkWell logos. This includes: altering the brand image or parts of the logo, embossing, shadowing or other 3D effects, adding words or names to the logo or altering the proportions of the logo. **No lock-up rule:** The logo is not to be restrained by a logo lock-up (i.e. a box or circle placed around the logo) in any instance. **Guidelines for use of the WorkWell identity.** The WorkWell name, logos and images may never be used in any manner that would imply Toi Te Ora – Public Health Service's endorsement of a company, its products or services. WorkWell accreditation gives endorsement for improvements made in the area of workplace well-being only; name, logos and images may not be altered, cut apart, separated or otherwise distorted in perspective or appearance; name, logos and images may never be used in a manner that would disparage WorkWell or Toi Te Ora – Public Health Service; members are responsible for their own use of the WorkWell name, logos and images, and the name should always be written as such – capital W for Work and capital W for Well, with no between word spaces. http://www.workwell.health.nz//vdb/document/1836
WorkWell pledge
WorkWell commitment agreement between <Workplace> and the WorkWell Provider **Purpose:** The purpose of this agreement is to assist <Workplace> and the WorkWell Provider to work collaboratively towards improving the health and well-being of <Workplace's> staff through the implementation of WorkWell. **Principles:** The agreement between <Workplace> and the WorkWell Provider will be underpinned by the common recognition of the effectiveness of a whole- organisation approach. Such an approach focuses on the impact of the working environment and organisational systems in working toward improving the health and well-being of staff. **Outcomes of this agreement:** The desired outcomes of this agreement are: to offer a framework for developing health promotion in a way that supports and enhances existing structures and programmes/practices within the workplace; to work in partnership to identify areas of need, set goals and evaluate health-related activities to further enhance well-being; to maintain momentum towards the standards of accreditation while adhering to a best practice approach, and to achieve the WorkWell Standard of Accreditation. **Term, review and variation:** This agreement will take effect upon signing and will be reviewed annually or by negotiation. **Maintenance of this agreement:** The WorkWell Provider will appoint a designated WorkWell Advisor and the <Workplace> will appoint a WorkWell Leader in respect of this agreement. The Leader and Advisor are responsible for dealing with the day-to-day matters related to the administration and operation of this agreement and coordinating reviews of the agreement to ensure it remains current. Senior management commitment is vital to the ongoing success of this programme. The signatories of this agreement will ensure that a best practice approach is adhered to at all times. Ongoing support from the WorkWell Advisor will be conditional on <Workplace> adhering to a best practice approach. Best Practice includes: visible support and commitment from senior management; a necessary amount of resourcing permitted to ensure success of the programme; commitment to respond to identified areas of need where practicable; ensuring that employee well-being is ingrained into all business planning, and timely progression through the WorkWell process. Designated Leaders and Advisors may be changed by mutual agreement. **Signatories Head of Organisation and WorkWell Advisor** The term, WorkWell Provider, refers to all organisations (including Toi Te Ora – Public Health Service) which have a formal agreement to deliver WorkWell.
WorkWell Terms of Reference
Vision: Outline what the group wants to achieve, or how it wants the environment in which it operates to be. A vision: concentrates on the future and is a source of inspiration; provides clear decision-making criteria and/or strategic direction, and a long-term view, e.g. 'A happy, healthy, productive workforce'. **Mission:** Define the fundamental purpose of the group, basically describing why it exists and what it does to achieve its vision. **Roles and responsibilities:** Identify the roles and responsibilities of all group members; this is fundamental to the group working effectively together.

Stage 1 Engaged resources with 10 subcategories
Communication: Identify how the group is going to ensure open, two-way communication channels to provide regular WorkWell updates and to receive formal and informal feedback and suggestions (with management and employees). **Membership:** Identify: Membership of the group (should reflect different levels of the workplace and departments); minimum numbers of attendees required for group meetings to proceed, and how new members are recruited to the group, etc. **Meetings:** Identify: Meeting schedule, venue, etc; process for meetings (including chair, agenda items, minutes distribution and task allocation) **Review:** A statement regarding review process, e.g. the Terms of Reference shall be reviewed annually from date of approval. This may be altered to meet the current needs of all group members by agreement. Date agreed: _____ Review Date: _____
WorkWell Communication Flyer Template 1 and 2
Copies available online for review
Timeline
Timeline **Bronze [Months 1–6] Engage and Improve** Gain Commitment; Raise Awareness; Identify Leader; Establish Working Group; Develop Group Vision; [**Months 6 –9] Assess and Prioritise** Complete Organisational Profile Tool; Complete Staff Survey; Identify Priority Well-being; Areas; Communicate Results **[Months 9–12] Plan** Develop Action and Evaluation Plan; Communicate Plan; Apply for Bronze Standard; Accreditation http://www.workwell.health.nz//vdb/document/1844 **Bronze to Silver [Months 1– 6] Evaluate and Improve** Roll out Bronze Action Plan; Develop Annual Summary; Report; Engage Confirm Management; Commitment; Maintain WorkWell Group; Maintain Communication with Employees and Management **Assess and Prioritise [Months 6–9]** Repeat Staff Survey; Repeat Organisational Profile; Tool; Identify Priority Wellbeing; Areas; Communicate Results; **Plan [Months 9–12]** Develop Action and Evaluation Plan; Communicate Plan; Apply for Silver Standard; Accreditation http://www.workwell.health.nz//vdb/document/1845 **Silver to Gold [Months 1– 6] Evaluate and Improve** Roll out Silver Action Plan; Develop Annual Summary; Report; Engage; Confirm Management; Commitment; Maintain WorkWell Group; Maintain Communication with Employees and Management **[Months 6–9] Assess and Prioritise** Repeat Staff Survey; Repeat Organisational Profile; Tool; Identify Priority Wellbeing; Areas; Communicate Results **[Months 9–12] Plan** Develop Action and Evaluation Plan; Communicate Plan; Apply for Gold Standard; Accreditation http://www.workwell.health.nz//vdb/document/1846
WorkWell overview is a free, workplace wellbeing initiative which supports workplaces to 'work better through wellbeing'. Developed by Toi Te Ora – Public Health Service, WorkWell can be adapted to any workplace. With step-by-step support and mentoring from an assigned WorkWell advisor, easy-to-use resources, workshops, networking opportunities and recognition through accreditation, WorkWell can help create a happier, healthier and more productive workplace. WorkWell is available in various regions across New Zealand. Visit our website to see if WorkWell is delivered in your region. **Index**: What is workplace wellbeing? Why have a workplace wellbeing programme? What does a healthy workplace look like? What if our business already offers health and wellbeing activities for our staff? What is the role of a senior manager? Become a WorkWell accredited workplace. Identifying your workplace wellbeing needs. How to approach workplace wellbeing. http://www.workwell.health.nz//vdb/document/1639
Implementing Workwell Congratulations on beginning your WorkWell journey towards 'working better through wellbeing'; By joining WorkWell you connect with a community of like-minded workplaces supporting the health and wellbeing of their staff through WorkWell. To enable you to network with other WorkWell workplaces, regular workshops are offered, while your WorkWell advisor is also available to mentor and support you along the way. Follow success stories and case studies online at workwell.health. nz and be sure to sign up to our newsletter for all the latest tips and advice on workplace wellbeing. This is your opportunity to make a lasting impact on the health and wellbeing of your staff. We wish you all the best on your journey. **Index:** WorkWell Overview • The Multi-Level Approach; • Priority Wellbeing Areas; • WorkWell Stages and Steps; • WorkWell Support; • WorkWell Accreditation;

Stage 1 Engaged resources with 10 subcategories
Stage 1 Engage; Gain Commitment of Senior Management; Raise Awareness of Workwell; Identify a Workwell Leader; Establish a Workwell Group; Develop a Group Vision; Maintain Regular Communication between all Employees and Management; Maintain an Employee Induction Programme ▪ **Stage 1** Requirements for Accreditation **Stage 2** Assess and Prioritise; Complete Organisational Profile Tool; Complete Staff Survey (Prepare, Promote, Provide); ▪ Analyse Data and Identify Priority Wellbeing Areas; Disseminate Results and Findings; Maintain Regular Monitoring of Staff Wellbeing Indicators; **Stage 2** Requirements for Accreditation; **Stage 3** Plan; Develop an Action and Evaluation Plan; Communicate Your Plan; **Stage 3** – Requirements for Accreditation; **Stage 4** Apply and Implement; Apply for Workwell Bronze Standard Accreditation; Celebrate Your Success; Implement the Action and Evaluation Plan and Maintain Momentum; **Stage 4** Requirements for Accreditation; **Stage 5** Evaluate and Improve; Evaluate Progress of Action and Evaluation Plan; **Stage 5** Requirements for Accreditation; Additional Steps for Silver and Gold Standard Accreditation; Progressing from Bronze Standard Accreditation; Additional Steps for Silver Standard Accreditation; Additional Steps for Gold Standard Accreditation http://www.workwell.health.nz//vdb/document/1641

Table 13 New Zealand WorkWell programme Stage 2: Assess and prioritise

Stage 2 WorkWell staff survey and response rates
Your workplace is committed to improving and protecting the health and wellbeing of all staff. This survey is designed to find out how your workplace impacts on your health and wellbeing and what your workplace can do to support you to achieve a healthy working life. Your answers will help identify your needs and provide suggestions for areas your workplace can improve. You will find some questions that ask you to identify activities you would like to see implemented in your workplace. While your ideas are welcomed, there is no obligation or guarantee that the identified activities will be implemented. The information collected will be used to create a summary report. At no time will you or your individual responses be identified. All answers will remain completely confidential. Please work through the questions carefully. The survey will take about 10 minutes to complete. **Thank you for taking part.** Name of workplace and date of completion: ()
Build confidence that survey data will be used in a meaningful way. Before doing the survey, step back and ask: Why are we doing a staff survey? How do we intend to use the results? What value will employees get from participating? What actions can we absolutely commit to after results are in? Considering these elements and having answers in mind will help ensure that marketing and communications are strong and consistent – which in turn will encourage employees to get on board. **Ensure and promote confidentiality**. The survey has to contain enough demographics to make the information useful. This information, however, can make employees feel threatened – especially where they work within small work units or demographics. So, use a third party (where possible) to manage and administer the survey; set a minimum number of people who will handle the raw data to avoid situations where individuals can be identified; and clearly communicate confidentiality parameters and commitments to all participants. **Make it easy to complete.** Consider access – literacy, accessibility, time available; be realistic in time estimates for completion of the survey – it is better to overestimate and have people happy when they finish earlier than to underestimate and have them grumpy because it has taken longer. Set reasonable expectations for response rates: some research suggests that a rate of less than 65% is too low, as the results are not representative. However, staff survey response rates typically range between 25% and 60%. Internal surveys tend to fare better than external ones. **Explain next steps**. Let employees know what to expect and when. When will the results be available? What will be happening after that? When can people expect some actions to occur? Follow through on promises. Stick to a timeframe – if delays occur, be sure to communicate these and advise about new timeframes. Failing to do this can mean credibility is damaged and responses next time may be lower. Incentives. There is research available both for and against the use of incentives. Research for incentives generally asserts around a 10–15% increase in rates when incentives are used (although estimates range up to 50%). Monetary incentives are generally not effective. Some research suggests 'useful and relevant information' is a great incentive for the current workplace (for example, a personalised summary of findings or access to results). A genuine assurance that information will be used and acted upon is also effective. Research often recommends against making participation a competition – for example, a prize for the department that achieves 100% response rate or for particular individuals. These can be viewed as a bribe or as unfair and can encourage disharmony or division within the organisation. Company-wide incentives are generally regarded as a good idea; for example, donation to a charity if the company goal is achieved. Other research suggests that vouchers are effective for longer surveys, or that prize draws are effective for shorter ones. Small prizes with a high chance of winning are generally more effective than bigger prizes with a small chance of winning. **Other recommendations and considerations.** Send a reminder within 10 days of launching the survey; this will generally boost responses and allow a timeframe of at least two weeks for survey completion. This can help ensure that staff who are on leave have an opportunity to complete it. (http://www.workwell.health.nz//vdb/document/1461)

Table 14 New Zealand WorkWell programme Stage 3: Plan

Stage 3 Plan						
Wellbeing goal: *This can be the same as the Vision in the WorkWell Group Terms of Reference*			**Plan timeframe:** *Aim to begin activities around the time of accreditation and complete all activities within 12 months*			
Rationale						
What has led to the decision to focus on this particular priority health area? Include any relevant staff survey results and organisational profile data.						
Priority area (e.g. Healthy Eating)						
Objective: *e.g. Increase/decrease in number of staff reporting X behaviours*						
	Activities What are we planning to do?	**Tasks** What steps are needed to make it happen?	**Communication** How will employees be made aware?	**Timeline** When do we want it done by?	**Responsibility** Who will make it happen?	**Resources** Costs, equipment, etc.
Organisational change						
Physical environment						
Individual change						
Evaluation strategies: *How will the impact of the activities be measured? i.e. staff survey results, employee feedback, audits, etc.*						
Table of topics which have a plan resource template						
Action and evaluation plan				Bronze	Silver	Gold
Healthy Eating				x	x	x
Infection control and immunisation						x
Physical activity					x	x
Smokefree				x	x	x
Mental health and wellbeing					x	x
Alcohol and other drugs						x
Sun safety						x
Table of impact of activities						
	Easy to implement			Medium to implement		Hard to implement
High impact						
Medium impact						
Low impact						

Statement: Supporting the health and wellbeing of staff in a proactive and positive way is central to the <Workplace> approach to health and safety. <Workplace> Health and Safety priorities are to: support a safe and healthy workplace with zero harm; support and contribute to improving quality of life at home, work and play; enhance recruitment and retention of staff, a

reduction in absenteeism and an increase in productivity through Health and Safety workplace initiatives.

As part of this approach, <Workplace> is committed to achieving the WorkWell standards of accreditation. WorkWell is a key strategy for living <Workplace> values and aims to link together new and existing initiatives with a view to integrating systems and processes that support ongoing employee wellbeing. WorkWell is a process of continual improvement that enables <Workplace> to monitor and improve indicators of employee and organisational wellbeing, including but not limited to: staff engagement, morale and job satisfaction; staff knowledge, attitudes and behaviours relating to their own wellbeing (and indirectly the wellbeing of their families/whānau); absenteeism and productivity; workplace accidents and injuries; and employee turnover. All WorkWell strategies and activities are outlined in the most recent WorkWell Action and Evaluation Plan. The purpose of this wellbeing policy is to provide an overview of organisational strategies, policies and procedures that impact on employee wellbeing.

Scope: This policy applies to all <Workplace> staff.

WorkWell standards to be met: Continue to improve already established wellbeing systems. Maintain relevant accreditation requirements. There is additional related documentation on the website.

Workplace Wellbeing Policy Development Guidelines

A policy is a plan, course, or method of action that has been deliberately chosen and that guides or influences the future decisions of your workplace. Health and wellbeing policies show commitment to building an organisational culture that supports employee health and wellbeing. In terms of promoting health and wellbeing, policies should make it easier to choose healthier options and difficult to choose less healthy ones. This document provides guidelines to assist in the development of a workplace health and wellbeing policy. It can be used to support the development of an over-arching 'health and wellbeing policy', of specific health priority area policies (e.g. 'physical activity policy'), or specific strategies (e.g. 'vending machine policy'). As each workplace is unique, this document is intended as guidance only and should be adapted to meet your organisation's own individual needs.

Key Process

1. Gain senior management support and commitment – The WorkWell working group will already have senior management support and commitment and therefore this group could be responsible for the communication.
2. Develop and agree through consultation – The policy should be established in consultation with the people who enact the policy (e.g. in terms of healthy eating – vendors, food service providers, caterers) and those affected by the decisions (e.g. employees). The WorkWell working group could be responsible for consulting with all relevant parties and developing a draft policy based on identified needs.
3. It is recommended that you consult relevant legislation, regulations and guidelines to ensure that you are following best practice.
4. The policy should be in written form to remove any ambiguity. It should be written in a concise and understandable format, with any definitions explained. The format should be in line with other policies and procedures, e.g. sickness absence procedures, health and safety policy.
5. All employees should receive a copy of the policy or have access to a copy with details of how to obtain further information or support, if required.
6. If necessary, training should be provided to relevant individuals (e.g. managers) on how to implement and manage the policy. This could include practical operational details, how to handle conflict and how to monitor the policy.
7. The policy should be monitored and reviewed on a regular basis. Six months from implementation and annually thereafter is a good guide.

The Public Health Service has developed the Priority Well-being Area Checklist to assess what a workplace is currently doing towards reducing harm associated with a specified topic area. Where any question is answered by a 'no', it is recommended to add that activity in to the organisation's Action and Evaluation Plan. A range of questions and the introductory statement on the checklist are generic to all of the topic areas. These are presented below within the template for the Smokefree Checklist (in Italics). This is followed by the questions which are unique to each specific topic area. Reference to the actual checklist is advised. Questions specific to a topic area are then listed at the end of the section.

Many of the questions in the checklist are common to each topic area. These are indicated by italics in the Smokefree Checklist, in the next section.

Smokefree

Checklist*: Please complete the below checklist to assess what your workplace is currently doing towards reducing harm associated with smoking. If you answer 'no' to any of these questions,*

Stage 3 Plan

we recommend adding that activity in to your Action and Evaluation Plan.
Organisational [Insert name]
Develop/Implement Smokefree Policy
Does your workplace have a smokefree policy or include this topic in a wellbeing policy?
Does your policy: reinforce smokefree legislation?; state that your workplace is completely smokefree and/or includes smoking in designated areas only?; include support for Smokefree Aotearoa 2025?; cover smokefree vehicles?; limit when staff can smoke during work time?; include a strategy for supporting employees who wish to become smokefree?; include whānau and the wider community in smokefree support?; reinforce the benefits of being smokefree?
Reduce use of 'smoko break' term
Does your workplace encourage the use of alternative terminology to 'smoko break'?
Environmental
Restrict or ban smoking on workplace grounds: Does your workplace restrict where smoking is allowed, or ban from your site completely? Do designated smoking areas meet legislative requirements? See Ministry of Health Website for more details.
Are ashtrays removed from smokefree areas?
Prominently display smokefree signage: Does your workplace have prominently displayed smokefree signage?
Support work events to be smokefree: Does your workplace encourage work events to be smokefree?
Individual
Provide opportunities for smokefree knowledge development: Does your workplace provide smokefree information sessions? Does your workplace provide smokefree information resources? (e.g. posters, brochures, flyers) Does your workplace promote smokefree community services, such as Quitline?
Provide support to staff to be smokefree: Does your workplace provide or promote smoking cessation support services? Does your workplace encourage staff to support each other when quitting smoking? Does your workplace promote smokefree events such as Smokefree Day, WERO Challenge and Stoptober? Does your workplace offer nicotine replacement therapy or promote suppliers?
Extend smokefree support to family of staff: Does your workplace offer smokefree support to family of staff?
Planning Notes: For tips on promoting smokefree in your workplace, go to: http://www.workwell.health.nz/workwell_smokefree

The Toi Te Ora-Public Health Service has developed the Priority Wellbeing Area template to empower the development of a culture and environment which supports staff to achieve the desired outcomes for the specific wellbeing which the staff and the organisation are striving to achieve. Again, each template identifies six areas by which the organisation, the environment and the individual seeks to improve. The six areas consist of actions and tasks to complete, including identifying modes of communication, timeline, responsibility and required resources. The specific example with regard to healthy eating is given below. The main differences observed in the remaining areas of interest are also reported in the subsequent tables. However, reference to the website is advised for the exact template copy for each area.

Wellbeing goal: *This can be the same as the Vision in the WorkWell Group Terms of Reference*

Plan timeframe: *Aim to begin activities around the time of accreditation and complete all activities within 12 months*

Objective: *e.g. Develop an environment that supports staff to breastfeed*

	Actions	**Actions to complete** Identified in checklist	**Tasks** How will it be done?	**Communication** How will staff know?	**Timeline** When will it be done?	**Responsibility** Who will lead?	**Resources** Costs, equipment, etc.
O r g a	Develop/implement smokefree policy						

Stage 3 Plan		
		Include smokefree information at inductions
		Involve all staff and managers in smokefree actions
		Reduce use of 'smoko break' term
		Other actions (specify):
Physical environment		Restrict or ban smoking on workplace grounds
		Prominently display smokefree signage
		Support work events to be smokefree
		Other actions (specify):
Individual change		Provide opportunity for smoking awareness knowledge development
		Provide opportunities for skill development
		Extend smoking support to family of staff
		Other actions (specify):

Evaluation

Please outline how you intend to evaluate actions to ensure they are effective or maintained. Consider process (how it was done), outcome (what happened), and impact (did it change anything) in evaluation.

www.workwell.health.nz/workwell_smokefree

Table 15 New Zealand WorkWell programme Stage 5: Evaluate and improve

Stage 5 Evaluate and improve resources

Using the information from your staff survey and organisational profile tool data, compare this year's data with that from your baseline. Comparing Bronze Accreditation will ideally include three priority wellbeing areas, Silver Accreditation – five priority wellbeing areas and Gold Accreditation – seven priority wellbeing areas.

Staff survey				
Wellbeing area	**Month/year – Results**	**Month/year – Results**	**Month/year – Results**	**Significant changes/comments**
<Priority wellbeing area>				
e.g. Smokefree				
e.g. Healthy Eating				
e.g. Physical activity				
e.g. Mental wellbeing				
e.g. Alcohol and other drugs				
e.g. Breastfeeding				
e.g. Infection control and immunisation				

Annual progress report: Using the information within your Action and Evaluation Plan, outline the objectives you set for each priority wellbeing area, the activities implemented to meet those objectives, and evaluate the progress of your wellbeing programme. Include any extra activities undertaken in addition to those in your plan. Reflecting on Bronze Accreditation will ideally include three priority wellbeing areas, Silver Accreditation – five priority wellbeing areas and Gold Accreditation – seven priority wellbeing areas. Use the following points as a guide to assist you in completing this report:

What happened?: How did you raise awareness and ensure buy-in for your activities (from management and employees)? What kind of response did you get from employees; what were participation rates like? How successful was the activity? What improvements or positive changes were gained? Were timeframes met? Was the budget adhered to? What unintended outcomes were there, both negative and positive? Any other observations?

Reflections and where to from here: What lessons were learned? How will these learnings inform future planning (for your next 12-month WorkWell Action and Evaluation Plan)? Will you do this activity again? Are there any aspects of the activity that you could improve and/or expand upon? Using the information within your Action and Evaluation Plan, outline the objectives you set for each priority wellbeing area, the activities implemented to meet those objectives, and evaluate the progress of your wellbeing programme. Include any extra activities undertaken in addition to those in your plan. Reflecting on Bronze Accreditation will ideally include three priority wellbeing areas, Silver Accreditation – five priority wellbeing areas and Gold Accreditation – seven priority wellbeing areas. Use the following points as a guide to assist you in completing this report:

What happened? How did you raise awareness and ensure buy-in for your activities (from management and employees)?; What kind of response did you get from employees. What were participation rates like? How successful was the activity?; What improvements or positive changes were gained?; Were timeframes met? Was the budget adhered to?; What unintended outcomes were there, both negative and positive?, and Any other observations? How will these learnings inform future planning (for your next 12-month WorkWell Action and Evaluation Plan)? Will you do this activity again?, and Are there any aspects of the activity that you could improve and/or expand upon?

4.1.5.4 Scotland

The Healthy Working Lives programme is described as an integrated, evidence-informed set of solutions and services tailored to the needs of its customers, which delivers tangible benefits for them. The programmes of Healthy Working Lives fall into the following three categories (Figure 7):[44]

1) **The Healthy Working Lives Award Programme,** which provides a single, integrated framework that enables employers to engage with their employees to develop a positive and supportive workplace culture and focus on health improvement, safety, occupational health and employability themes in a practical, logical way that is beneficial to all. It is a popular programme, in which 1,200 employers representing almost 700,000 employees are actively participating. As at March 2017, there were an estimated 365,600 private sector enterprises operating in Scotland. Almost all of these enterprises (98.3%) were small (0–49 employees); 3,855 (1.1%) were medium-sized (50–249 employees); and 2,365 (0.6%) were large (250 or more employees). As at March 2017, there were 363,235 small and medium-sized enterprises (SMEs) operating in Scotland, providing an estimated 1.2 million jobs. SMEs accounted for 99.4% of all private sector enterprises, accounting for 55.0% of private sector employment and 40.1% of private sector turnover.[45]

2) **Workplace Services**, which is tailored to the needs of a workplace, including access to information and self-help, interpretive advice and signposting. It also provides consultancy support to help employers and their staff to identify the relevant health issues, and thereafter helps them to develop and implement the appropriate solutions.

3) **The Learning and Development Programme**, which provides access to free or discounted training packages for employers and their staff, delivered through its centre or in partnership with NHS Boards and other training providers. Training is available for single organisations, or to staff drawn from a range of organisations. Access to these solutions and services is available through three interrelated channels, which allow users great flexibility in how, or when, they wish to use them.

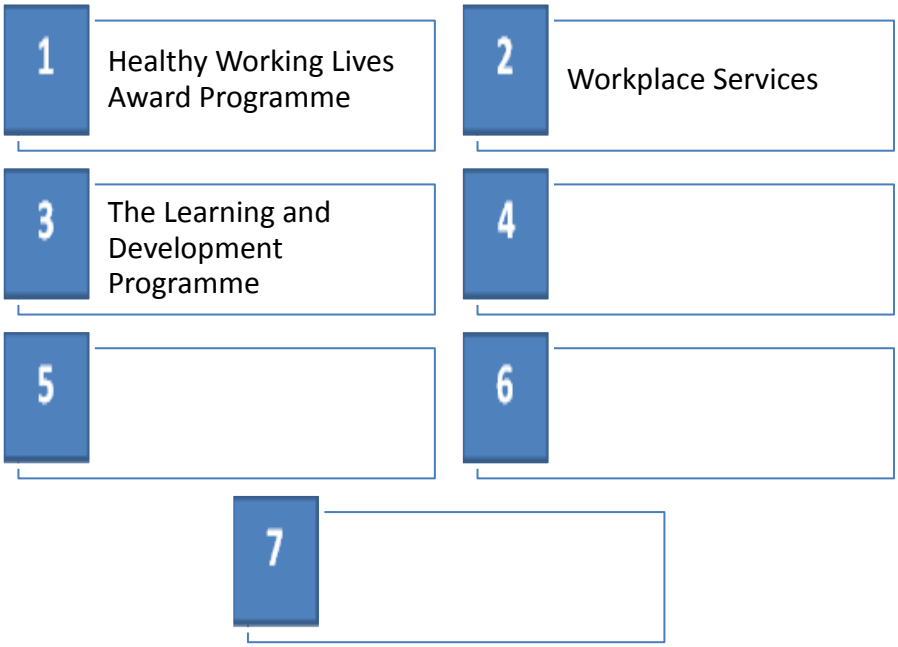


Figure 7 The three categories of Scotland's Healthy Working Lives programme

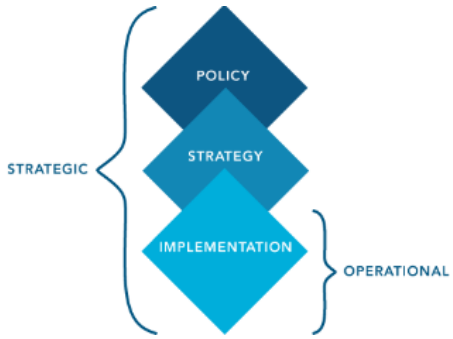
On the Healthy Working Lives website is the key point of support for the vast majority of the Learning and Development Programme Centre's clients, in particular for small and micro organisations, and for individual employees. The website is packed with helpful, up-to-date advice and information,

together with practical tools and case studies. It is presently receiving over 500,000 visits on an annual basis. Supports can be accessed in a number of ways:

- By phone, to the Healthy Working Lives National Adviceline (0800 019 2211). The Adviceline is staffed by a team of expert advisers who are on hand during normal working hours to deal with enquiries from employers and employees alike, as well as professionals working on their behalf. The Adviceline also acts as the customer interface for a range of specialist services provided by Healthy Working Lives partners, including Working Health Services Scotland (WHSS). WHSS provides free and confidential advice and health support to the self-employed and individuals employed by companies with less than 250 employees.

- In person, with a Healthy Working Lives adviser. Expert advisers are on hand in each of 'the 14 territorial health board areas,' and can work face to face with employers to assist them in finding solutions to the challenges they and their staff face. The advisers are able to provide support with the Healthy Working Lives Award Programme, and they are also responsible for delivering the Centre's Learning and Development Programme.

From a customer point of view, Healthy Working Lives is a brand that covers the activity of a range of organisations, and users must be able to expect the same high standard of support and access to the core service programme wherever they happen to be located. The Learning and Development Programme Centre takes a customer-focused approach to marketing these solutions (i.e. the Healthy Working Lives Award Programme, Workplace Services, and the Learning and Development Programme itself) which is being developed within the context of a social marketing approach (Figure 8). Healthy Working Lives is working with the Scottish Government to develop this approach (i.e. the integrated, evidence-informed set of solutions and services tailored to the needs of its customers which is adopted by the Healthy Working Lives programme) into a social marketing and communications strategy to support delivery of the plan.



Social marketing has the primary aim of 'social good', while in 'commercial marketing' the aim is primarily financial.

Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good.

Figure 8 Components of the social marketing approach: Influencing behaviours that benefit individuals and communities for the greater social good

Marketing activity to attract customers to the Learning and Development Programme Centre includes targeted public relations activity. The principal focus has been on digital marketing which, according to NHS Scotland, has been very successful at driving business to www.healthyworkinglives.com since its launch in the summer of 2008. Other marketing channels are through the recommendation and referral of partners and customers, or through local promotion.[46]

4.1.5.5 USA

Background

In 2008, the US Government gave responsibility for designing and implementing a national workplace health programme to the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in the Centers for Disease Control and Prevention (CDC). The NCCDPHP developed a workplace health promotion website, which has four main features:

1. A resource centre
2. A workplace health model
3. An employer-based training programme
4. An assessment and evaluation tool.

The resource centre is the location for all the tools and resources described in this report. The workplace health model describes the steps it takes to build a workplace health promotion programme. The ultimate aim of the employer-based training programme is to improve the organisational health of participating employers, with an emphasis on strategies to reduce chronic disease and injury risk to employees and an eye to improving overall worker productivity. The Worksite Health ScoreCard is a tool designed to help employers assess whether they have implemented science-based health promotion and protection interventions on their worksites to prevent heart disease, stroke, and related health conditions such as hypertension, diabetes and obesity.

Roll-out process

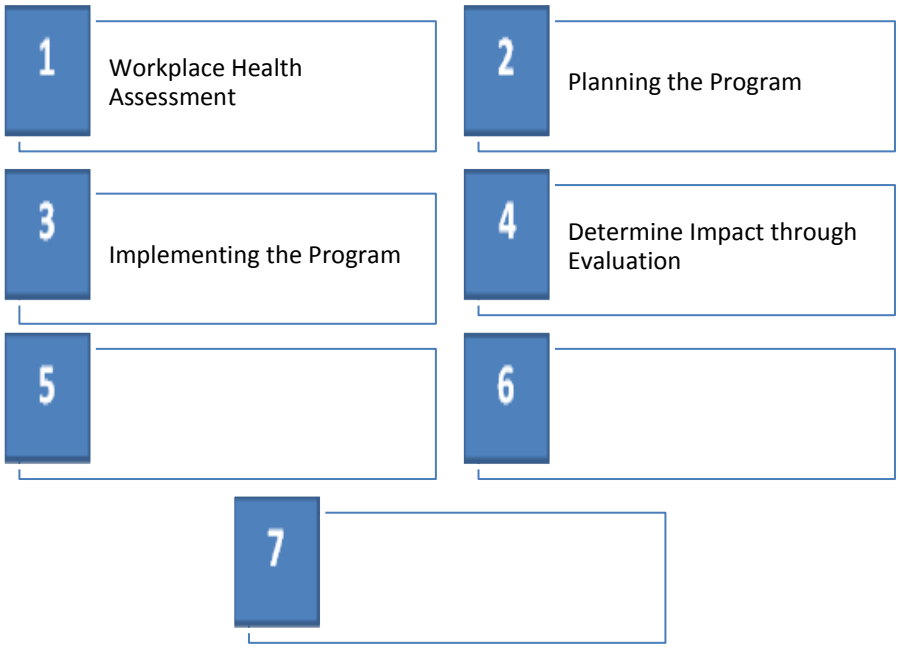


Figure 9 The four steps of the Workplace Health Model, USA

The CDC's Workplace Health Model is a systematic and step-wise process of building a workplace health promotion programme that emphasizes four main steps, which are described by the CDC in the next four sections and summarised in a diagram (Figure 9).

A. Workplace Health Assessment

The CDC states that 'a successful workplace health programme is one that is targeted to the specific employee population, suiting the worksite, employee needs, and personal and organisational health goals. This information can be gained through the first step in the process, a workplace health assessment. An assessment should aim to capture a picture of the many factors that influence employee health, including: individual-level factors such as lifestyle choices, the work environment, and the organisational level. This assessment can take place informally through conversations, a call for input/opinions (such as a bulletin board, opinion box, email requesting ideas), or more formally by using instruments such as an employee health survey or environmental audit. Both current health issues as well as employee interests should be considered when prioritising programme and policy interventions as well as evaluating and making improvements to the workplace health programme on an ongoing basis. Involving employees from the beginning will reinforce the shared responsibility and commitment the employee and the organisation have to employee health, and the overall success of the workplace health programme. The assessment module provides guidelines, tools, and resources for conducting a workplace health assessment.'[47, 48]

B. Planning the Programme

The CDC advises 'a careful planning stage should precede any implementation of workplace health programmes, policies, benefits or environmental supports. The overall programme requires a basic governance structure or infrastructure to administer and manage health promotion activities which can be initiated during the planning phase and recognises the size and scope of each step may be influenced by factors such as the company's size, sector, or geographic location. The enterprise governance structure provides the strategic direction, leadership, and organisation necessary to operationalise the programme elements. Organisational strategies provide the infrastructure to ensure that programme objectives are achieved, employee health risks are appropriately managed, and the company's resources are used responsibly. Organisational strategies include:

1. Dedicating senior leadership support to serve as a role model and champion
2. Identifying a workplace health coordinator, council or committee to oversee the programme
3. Developing a workplace health improvement plan with sufficient resources to articulate and execute goals and strategies
4. Communicating clearly and consistently with all employees
5. Establishing workplace health informatics to collect and use data for planning and evaluation.'

The CDC notes 'it is important to remember that a successful programme does not necessarily incorporate all potential workplace health strategies. A truly successful programme is one whose components are carefully selected, implemented efficiently, and is suited to the employee population. It may be more prudent to focus on one or two policies/programmes at first and build on early successes rather than poorly implement several interventions at the beginning. Workplace health programmes also do not have to cost significant amounts of money. Many effective interventions such as health-related policy changes exist that are low-cost which is especially important for small and medium-sized employers who may not have lots of resources to dedicate to employee health. The planning/workplace governance module provides guidelines, tools, and resources for conducting a planning process.'[49]

C. Implementing the programme

The CDC reports that 'most employers, when they think about improving worker health, think of actions individuals can take. Losing weight, quitting smoking, and exercising more are all examples of individual actions that can result in better health. It is important to realise, however, that improving health requires a broad perspective that also includes the environments in which people work, live, and play. A person's health is a result of both individual actions and the context or environment within which those actions are taken. Employers and employees have many opportunities to influence the work environment to promote health and prevent disease. Changing the environment affects large groups of workers simultaneously and makes adopting healthy behaviours much easier if

there are supportive workplace norms and policies. Therefore, it is important for the overall workplace health programme to contain a combination of individual and organisational level strategies and interventions to influence health. The strategies and interventions available fall into four major categories:

1. Health-related programmes which are opportunities available to employees at the workplace or through outside organisations to begin, change or maintain health behaviours
2. Health-related policies which are formal/informal written statements that are designed to protect or promote employee health and affect large groups of employees simultaneously
3. Health benefits which are part of an overall compensation package including health insurance coverage and other services or discounts regarding health
4. Environmental supports which refer to the physical factors at and nearby the workplace that help protect and enhance employee health.

The implementation module provides topic-specific guidelines, tools, and resources for putting the programme strategies and interventions in place.'[50]

D. Determine Impact through Evaluation

The CDC advises that worksites should plan to evaluate the programmes, policies, benefits, or environmental supports implemented. It is important to assess how well the workplace health programme can be sustained over time, how it is received by employees and management, and its return on investment. While programme evaluation is widely recognised as a core function of public health, differences in definition of good evaluation practice often lead to evaluations that are time-consuming and expensive, and, most importantly, produce findings that are not employed for programme improvement. The evaluation should focus on questions that are relevant, salient, and useful to those who will use the findings. The evaluation process should feed into a continuous quality improvement loop to improve and strengthen existing activities; identify potential gaps in current offerings; and describe the efficiency and effectiveness of the resources invested. The evaluation module provides general and topic-specific guidelines, tools, and resources for evaluating the programme's efforts.[51]

Tools to help with the process

There were 24 tools identified which can aid in building a workplace health promotion programme following the Workplace Health Model; these are described in Table 16. The tools are sorted by the stage of the process to which they are applicable: overall process, assessment, planning and management, implementation, and evaluation. While a lot of tools have been listed as assessment tools (10/24) these could also be used again in the evaluation step to see how workplace health and well-being has improved. The tools identified in the table are described in more detail in appendix D.

Table 16 Tools used to support the process in the USA

Programme step	Tool name	Type	Source	Link
Overall	The National Institute for Occupational Safety and Health (NIOSH): A Primer Based on Workplace Evaluations of Musculoskeletal Disorders	Toolbox/toolkit	CDC – NIOSH	https://www.cdc.gov/niosh/docs/97-117/
Overall	Workplace Health Model	Infographic	CDC	https://www.cdc.gov/workplacehealthpromotion/pdf/WorkplaceHealth-model-update.pdf
Overall	Workplace Health Program Development Checklist	Checklist	CDC	https://www.cdc.gov/workplacehealthpromotion/pdf/WorkplaceHealth-Checklist.pdf
Overall	Workplace Health Promotion Webinars & Trainings	Webinars	CDC	https://www.cdc.gov/workplacehealthpromotion/tools-

Programme step	Tool name	Type	Source	Link
				resources/training/index.html
Overall	Employers in Action	Case studies	CDC	https://www.cdc.gov/workplacehealthpromotion/tools-resources/employers-in-action/index.html
Assessment	NIOSH): Quality of Worklife Questionnaire	Survey/questionnaire	CDC – NIOSH	https://www.cdc.gov/niosh/topics/stress/qwlquest.html
Assessment	Health Risk Appraisals at the Worksite: Basics for HRA Decision Making	Guides	National Business Coalition on Health in collaboration with the CDC	http://www.eatsmartmovemorenc.com/Worksites/AdditionalToolkits/Texts/HRA-Toolkit.pdf
Assessment	CDC Worksite Health ScoreCard	Survey/questionnaire	CDC	https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html
Assessment	CDC National Healthy Worksite Program (NHWP) Employee Health Assessment (CAPTURE™)	Survey/questionnaire	CDC	https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/nhwp-capture-health-assessment-update.pdf
Assessment	CDC National Healthy Worksite Program (NHWP) Health and Safety Climate Survey (INPUTS™)	Survey/questionnaire	CDC	https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/NHWP_INPUTS_Survey.pdf
Assessment	CDC NHWP Health and Safety Climate Survey (INPUTS™) User Manual	Survey/questionnaire	CDC	https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/NHWP_INPUTS_Manual.pdf
Assessment	Ensuring Solutions to Alcohol Problems	Calculator	The George Washington University Medical Center	http://www.alcoholcostcalculator.org/
Assessment	Chronic Disease Cost Calculator Version 2	Calculator	CDC	https://www.cdc.gov/chronicdisease/calculator/index.html
Assessment	Employee Level Assessment	Guides	CDC	https://www.cdc.gov/workplacehealthpromotion/model/employee-level-assessment/index.html

Programme step	Tool name	Type	Source	Link
Assessment	Organisational Level Assessment	Guides	CDC	https://www.cdc.gov/workplacehealthpromotion/model/assessment/assessment-interview.html
Planning and Management	Workplace Health Program Definition and Description	Information leaflets	CDC	https://www.cdc.gov/workplacehealthpromotion/pdf/Workplace-Health-Program-Definition-and-Description.pdf
Planning and Management	*Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing*	Guides	CDC – NIOSH	https://www.cdc.gov/niosh/TWH/essentials.html
Implementation	The Adult Vaccine Quiz	Game/quiz	CDC	https://www2.cdc.gov/nip/adultImmSched/
Implementation	CDC Work@Health® Program	Trainers of trainers and other tools and resources	CDC	https://www.cdc.gov/workplacehealthpromotion/initiatives/workathealth/index.html
Implementation	Implementation	Guides	CDC	https://www.cdc.gov/workplacehealthpromotion/model/implementation/index.html
Evaluation	Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programs	Evaluation & improve resources	CDC	https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/key_outcome/index.htm
Evaluation	*Swift Worksite Assessment and Translation (SWAT) Implementation Guide*	Guides	CDC	https://stacks.cdc.gov/view/cdc/31332
Evaluation	*Framework for Program Evaluation in Public Health*	Reports	CDC	https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm
Evaluation	Evaluation	Guides	CDC	https://www.cdc.gov/workplacehealthpromotion/model/evaluation/index.html

Tobacco example

Taking tobacco as an example we outline some of the topic-specific tools that were available in the CDC resource hub. These are listed in Table 17. Three of the identified tools were websites, two were guides, two were collective tools, and we identified one each of: templates, legislation, books, reports, toolkits, and brochures.

Table 17 Tools and resources for tobacco in the USA

Tool name	Tool type	Source	Link
Smoking & Tobacco Use	Website	CDC	https://www.cdc.gov/tobacco/
Cessation Materials for State Tobacco Control Programs	Resource list/collective tools	CDC	https://www.cdc.gov/tobacco/quit_smoking/cessation/index.htm
Telephone Quitlines: A Resource for Development, Implementation, and Evaluation	Guides	CDC	https://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines/pdfs/quitlines.pdf
smokefree.gov	Website	smokefree.gov	https://smokefree.gov/
Tobacco-Free Workplace Model Policy	Templates	The American Lung Association of Ohio, Ohio Department of Health/Healthy Ohioans, and Ohio Tobacco Prevention Foundation	http://www.noacc.org/documents/OhioTobaccoPolicyInfo.pdf
Tobacco Policy Project/State Legislated Actions on Tobacco Issues (SLATI)	Legislation	American Lung Association	http://www.lungusa2.org/slati/
Treating Tobacco Use and Dependence: 2008 Update	Book	Tobacco Use and Dependence Guideline Panel	https://www.ncbi.nlm.nih.gov/books/NBK63952/
Tobacco Cessation Benefit Coverage and Consumer Engagement Strategies: A California Perspective	Reports	Pacific Business Group on Health	http://www.pbgh.org/storage/documents/reports/PBGH-CDC_TobaccoCessation_06-2008.pdf
Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients	Toolbox/toolkit	Partnership for Prevention and CDC	http://www.prevent.org/The-Community-Health-Promotion-Handbook/Healthcare-Provider-Reminder-Systems.aspx
Save Lives, Save Money: Make Your Business Smoke-Free	Brochures	CDC	https://www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/index.htm
Quit Tobacco	Website	American Cancer Society	http://www.acsworkplacesolutions.com/quitTobacco.asp

Tool name	Tool type	Source	Link
Quit Now Workbook	Resource list/collective tools	Eat Smart, Move More NC	http://www.eatsmartmovemorenc.com/NCHealthSmartTlkt/QuitNowWrkBk.html
Guidance on Establishing Programs Designed to Help Employees Stop Using Tobacco	Guides	U.S. Office of Personnel Management	https://www.opm.gov/policy-data-oversight/worklife/reference-materials/tobacco-cessation-guidance-on-establishing-programs-designed-to-help-employees-stop-using-tobacco/

4.1.6 Partners, events and organisation-level case studies

Earlier sections have provided details on a range of online tools and resources employed in healthy workplace programmes, where in the process they may be employed, and the nature of their use. In addition to the tools and resources, we identified other online supports which facilitate, and indeed are indispensable to, the development, roll-out and culturalisation of healthy workplace programmes. Here we provided a brief overview of three processes and approaches by which these supports facilitate the integration of healthy workplace programmes, enabling their embedding into individual, organisational and societal cognition. The three areas of note we identified are: intersectorial engagement of partner organisations, the highlighting and use of specific calendar events to raise awareness, and the reporting of regional or organisational case studies illustrating who, what, how, where, and why organisations engage with a healthy workplace programme.

4.1.6.1 Partners

The design of, delivery of and supports for healthy workplace programmes represents a combined input from a range of organisations with expertise across a range of areas. It includes organisations with expertise in policy development; biological and social topic-specific expertise; those with expertise in prioritising public health programmes and health service delivery; tool and resource design and development; website design; development and delivery of education and training programmes; participant engagement (organisational and individual); the auditing, evaluation and monitoring of programme delivery; maintaining engagement; and so forth. Inputs from these bodies and their personnel are neither static nor permanent. They are malleable and represent responses to changes in knowledge and awareness of all players. This dynamic process culminates in, and learns from, a network of engagements and interactions among the relevant individual and organisational agents.

Table 18 summarises the range of government departments, agencies, services, foundations, organisations, associations, trade unions, and so forth, identified from the healthy workplace programme websites, that have contributed to the development and execution of national programmes at various stages. It also lists a range of strategies, initiatives, programmes, and plans, as well as some of the tools by which the healthy workplace programmes are delivered. These include websites, training programmes, and so forth. The table illustrates the multilayer, intersectorial, and temporal nature of affecting a national healthy workplace programme. The Scottish Centre for Healthy Working Lives, for example, states that its 'partners include employers – of all sizes and in all sectors – and their representative bodies'.

Table 18 Summary of organisational supports for healthy workplace programmes

Title	Definitions	Actor
Government department	A division of a large organisation (in this instance of government) dealing with a specific area of activity	New Zealand • Ministry of Health Australia • Queensland Health • Queensland Department of Justice and Attorney-General • New South Wales Health • Government of Victoria • Government of Tasmania • Western Australian • Australian Government • Victorian Government – Better Health Channel • Government of South Australia • Government of New South Wales • Government of Western Australia Canada • Canadian Centre for Occupational

Title	Definitions	Actor
		Health and Safety (CCOHS) • Public Health Agency of Canada • Government of Canada • Health Canada United States • U.S. Department of Health and Human Services • U.S. Department of Agriculture • U.S. Office of Personnel Management
Service	The action of helping or doing work for someone	Workplace Health and Wellbeing Unit (Ireland) Breathing Space (Scotland) National Health Service (NHS, United Kingdom) NHS Choices (United Kingdom) Alberta Health Services (Canada) Toi Te Ora Public Health (New Zealand)
Foundation	An institution established with an endowment; for example, a research body or charity	Mental Health Foundation of Australia Heart Foundation (New Zealand) Mental Health Foundation (New Zealand) Stroke Foundation (Australia) British Heart Foundation American Psychiatric Association Foundation
Partnership	The state of being a partner or partners An association of two or more people as partners	Paths for All (Scotland) Partnership for Workplace Mental Health, from the American Psychiatric Association Foundation
Society (public, private)	An organisation or club formed for a particular purpose or activity	Cancer Society for Scotland (Scotland) Cancer Society (New Zealand) American Cancer Society
Organisation	An organised group of people with a particular purpose, such as a business or government department	Cycling Scotland Scottish Slimmers Nutrition Australia Sustrans (Scotland) Samaritans (Scotland) MAP-IT in Action – In the Workplace: Employees Organise To Improve Workplace Wellness (USA) Professional Organisations in Occupational Safety and Health (Scotland)
Association (public, private)	(Often in names) a group of people organised for a joint purpose[1]	Dietitians Association of Australia American Lung Association
Network	A group or system of interconnected people or things; a group of people who exchange information and contacts for professional or social purposes	http://www.jogscotland.org.uk/jogscotland Scottish Recovery Network Fittogether (Scotland) European Network for Workplace Health Promotion (ENWHP)
Strategy	A plan of action designed to achieve a long-term or overall aim	Choose Life (Scotland)
Training (programme, classes)	The action of teaching a person or animal a particular skill or type of behaviour; the action of undertaking a course of exercise and diet in preparation for a sporting event	Stress Control classes from NHS Lothian (Scotland) Scotland's Mental Health First Aid
Council	An advisory, deliberative, or administrative body of people formally constituted and meeting regularly; a body of people elected to manage the affairs of a city, county, or other municipal district	Cancer Council (Australia and for each State) Diabetes Australian New South Wales Premier's Council for Active Living (Australia) Get Moving Tasmania (Australia) – Premier's Physical Activity Council
Charity	An organisation set up to provide help and raise money for those in need	Alcohol Focus Scotland
Fellowship	A friendly association, especially with people who share one's interests; the	Alcoholics Anonymous (Scotland)

Title	Definitions	Actor
	status of a fellow of a college or society	
Forum	A meeting or medium where ideas and views on a particular issue can be exchanged	Scottish Drugs Forum Health Promotion Forum (New Zealand)
Confederation	An organisation which consists of a number of parties or groups united in an alliance or league	Confederation of British Industry (CBI) Scotland Federation of Small Businesses (FSB) (Scotland) Victoria Walks (Australia)
Government agencies	A department or body providing a specific service for a government or other organisation	Scottish Enterprise Office of the Surgeon General (USA) Health Promotion Agency (New Zealand)
Executive	Relating to or having the power to put plans or actions into effect; denoting or relating to the part of a political administration with responsibility for putting into effect laws drawn up by the legislature	Health and Safety Executive (HSE) (Scotland)
Non-departmental public body	A non-departmental public body (NDPB) is a 'body which has a role in the processes of national government, but is not a government department or part of one, and which accordingly operates to a greater or lesser extent at arm's length from ministers'.	National Institute for Health and Care Excellence (NICE) (United Kingdom)
Quango	A semi-public administrative body outside the civil service but receiving financial support from the government, which makes senior appointments to it.	Jobcentre Plus (Scotland)
Local authority	An administrative body in local government	Convention of Scottish Local Authorities (COSLA)
Trade union	An organised association of workers in a trade, group of trades, or profession, formed to protect and further their rights and interests	Scottish Trades Union Congress (STUC)
Faculty	A group of university departments or professions in a discipline concerned with a major division of knowledge	Faculty of Occupational Medicine (FOM) (Scotland)
Institution	An organisation founded for a religious, educational, professional, or social purpose	Royal Environmental Health Institute of Scotland (REHIS) Cancer Institute NSW (Australia) Institute of Health Economics (Canada)
Centres	A political party or group whose opinions avoid extremes	Centers for Disease Control and Prevention (USA)
Statutory authority	A statutory authority is a body set up by law which is authorised to enact legislation on behalf of the relevant country or state.	WorkSafe Victoria (Australia)
Policy (tool)	A course or principle of action adopted or proposed by an organisation or individual (device or implement, especially one held in the hand, used to carry out a particular function)	Shape Up Australia Take Life On (Scotland)
Plan	A detailed proposal for doing or achieving something	
Initiative	The ability to assess and initiate things independently. An act or strategy intended to resolve a difficulty or improve a situation; a fresh approach to something	EatWell.gov.uk Active Scotland
Website	A set of related web pages located under a single domain name	Eatforhealth.gov.au (Australia) Well Scotland Know the Score (Scotland) iCanQuit: Quitting Methods and What to Expect

Title	Definitions	Actor
		(page) (Australia)
Programme	A planned series of future events or performances	Counterweight (United Kingdom) Quit Tasmania (Australia) See Me Scotland Quit (Information for Professionals) (Australia)

In all countries we observed inputs from a variety of bodies representing the three pillars of a healthy society: government, business, and civil society (or non-profits). These bodies are listed in Table 19 and include national or local government bodies, non-profit organisations, business, and a mixed group of universities and other collaborations. This multipronged approach from the three pillars of society indicates the complexity of assessing the resources – personnel and monies – which are required to support healthy workplace programme development. The collaboration also crosses countries with countries referencing tools and resources developed by a foreign agency; there is some evidence of this in Table 19.

Table 19 The three pillars of society

New Zealand	Australia	Scotland	Canada	USA
National or local government body	**National or local government body**	**National or local government body**	**National or local government body**	**National or local government body**
Ministry of Health New Zealand	A supportive community that can help you quit for good	Active Scotland	Alberta Health Services (AHS)	Community guide established by the U.S. Department of Health and Human Services
Workplace Health and Wellbeing	Australian Government	Breathing Space	Alberta Learning Information Service (ALIS)	Iowa Department of Public Health
	Beactive	Choose Life	Atlantic Canada Council on Addiction	National Heart, Lung, and Blood Institute
	CCOHS (Canadian Centre for Occupational Health and Safety)*	Convention of Scottish Local Authorities (COSLA)	Australian Human Rights Commission	North Carolina State Health Plan
	Centers for Disease Control and Prevention (USA)*	EatWell.gov.uk	British Columbia Ministry of Health	Office of Disease Prevention and Health Promotion
	Eat for Health: Food Essentials (Government)	Health and Safety Executive (HSE)	Treasury Board of Canada Secretariat	Oregon Health Authority
	Get Moving Tasmania – Premier's Physical Activity Council – Get Moving at Work Resource Kit – section 4 includes a sample policy on Physical Activity	Jobcentre Plus	Canada Revenue Agency (CRA)	SAMHSA – Substance Abuse and Mental Health Services Administration
	Government of Canada	Know the Score	Canadian Human Rights Commission	smokefree.gov
	Government of Western Australia Tobacco	National Institute for Health and Care Excellence (NICE)	Centre for Addiction and Mental Health (CAMH)	Office of the Surgeon General

New Zealand	Australia	Scotland	Canada	USA
	iCanQuit	Professional Organisations in Occupational Safety and Health		Ohio Department of Health
	MAP-IT in Action – In the Workplace: Employees Organize To Improve Workplace Wellness (USA)	Scotland's Mental Health First Aid	Centre for Applied Research in Mental Health and Addiction (CARMHA)	National Institute for Occupational Safety and Health (NIOSH)
	Government of New South Wales	Scottish Drugs Forum	Centre for Families, Work and Well-Being (CFWW)	Tobacco Use and Dependence Guideline Panel
	NHS (National Health Service, United Kingdom)	Stress Control classes NHS Lothian	Lambton Public Health	U.S. Department of Health and Human Services
	NHS Choices	Take Life On	Employment and Social Development Canada	U.S. Department of Agriculture
	New South Wales Health	Well Scotland	Government of British Columbia	Utah Department of Health
	Nutrition Australia		Government of Canada Publications	U.S. Office of Personnel Management
	Public Health Agency of Canada		Health Canada	University of Minnesota School of Public Health
	Queensland Health		HealthLinkBC	
	Queensland Department of Justice and Attorney-General		Mental Health Commission of Canada	
	Quit Information for Professionals		New Brunswick Family Violence and the Workplace Committee	
	Quit Tasmania		Occupational Health Clinics for Ontario Workers (OHCOW)	
	Quitting Methods and What to Expect		Ontario Ministry of Labour	
	South Australia Health		Statistics Canada	

New Zealand	Australia	Scotland	Canada	USA
	Shape Up Australia		The Health Communication Unit	
	Smoke free			
	Government of South Australia			
	Government of Tasmania			
	Victoria Walks			
	Government of Victoria			
	Victorian Government – Better Health Channel			
	Government of Western Australia			
	WELCOA (Wellness Council of America)			
	WorkCover Tasmania			
	WorkSafe ACT			
	WorkSafe Victoria			
Non-profit organisations	**Non-profit organisations**	**Non-profit organisations**	**Non-profit organisations**	**Non-profit organisations**
Cancer Society NZ	Australian Diabetes Council	Alcohol Focus Scotland	AIDS Bereavement and Resiliency Program of Ontario (ABRPO)	American Cancer Society
Heart Foundation*	British Heart Foundation	Alcoholics Anonymous	American Psychiatric Association Foundation*	American Lung Association
Mental Health Foundation of New Zealand	Cancer Council	Cycling Scotland	British Occupational Health Research Foundation	American Psychiatric Association Foundation*
Stroke Foundation of NZ	Cancer Council South Australia	jogscotland	Canada Safety Council	Arthritis Foundation
	European Network for Workplace Health Promotion (ENWHP)*	Paths for All	Canadian Alliance on Mental Illness and Mental Health (CAMIMH)	Center for Science in the Public Interest
	Healthy Living – Hamilton (Canada)	Royal Environmental Health Institute of Scotland (REHIS)	Canadian Mental Health Association (CMHA)	Mental Health America

New Zealand	Australia	Scotland	Canada	USA
	Heart Foundation*	Samaritans	European Network for Workplace Health Promotion (ENWHP)*	Eat Smart, Move More NC
	New South Wales Premier's Council for Active Living	Scottish Trades Union Congress (STUC)	Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST)	The American Lung Association of Ohio
	Quit Coach	See Me Scotland	Institute of Health Economics	Ohio Tobacco Prevention Foundation
	United States Department of Health	Sustrans	International Labour Organization (ILO)	
		Scottish Recovery Network	Mental Health First Aid England	
			Mood Disorders Society of Canada (MDSC)	
			National Alliance for Caregiving	
			Partners for Mental Health	
			Partnership for Workplace Mental Health, American Psychiatric Association Foundation	
			The Conference Board of Canada	
			World Health Organization (WHO)	
Business	**Business**	**Business**	**Business**	**Business**
	Dietitians Association Australia	Confederation of British Industry (CBI) Scotland	Dietitians of Canada	National Alliance of Healthcare Purchaser Coalitions
	Fittogether (USA)	Counterweight	Great-West Life Centre for Mental Health in the Workplace	National Business Group on Health
		Scottish Enterprise	Mental Health International	Pacific Business Group on Health
		Scottish Slimmers		
		Federation of Small Businesses (FSB)		

New Zealand	Australia	Scotland	Canada	USA
Mixed: Universities or collaborations	**Mixed: Universities or collaborations**	**Mixed: Universities or collaborations**	**Mixed: Universities or collaborations**	**Mixed: Universities or collaborations**
		Faculty of Occupational Medicine (FOM)	Alberta Centre for Active Living	George Washington University
			Muriel McQueen Fergusson Centre for Family Violence Research, University of New Brunswick	Partnership for Prevention
			Center for Psychiatric Rehabilitation, Boston University	

*Common across different countries

4.1.6.2 Events calendar

The Events calendar (Table 20) lists 19 separate events which are employed to raise awareness on specific areas of well-being across the five case countries. Using data from New Zealand to illustrate this point, we observed that events for 2017 cover 11 health topics, including the five health topics of focus for this review. The data in Table 20 provide an example of this support and how it is employed in various settings. The methods employed include highlighting specific days (2), weeks (3), or months (5) which international or national organisations have identified as a period of time to observe issues of interest or concern. Specific areas or health issues which are seasonally influenced (4) and specific topics of concern (2) are also highlighted by specifically flagged calendar events. Although we have only reported events from New Zealand, other countries offered similar supports.

Table 20 Events calendar

New Zealand	
Mental Health Awareness Week	Support people who experience mental distress, while also learning how to protect your own mental wellbeing during Mental Health Awareness Week.
Mid-winter protections for mental wellbeing	Find ways to help your people stay mentally well in the middle of winter – perhaps including giving up alcohol for Dry July.
Look after yourself getting back to work	It can be easy to forget to look after ourselves as we leave our summer break behind and get back into work. Here are people who help.
Gambling Harm Awareness Week	Gambling Harm Awareness Week is the perfect time to highlight the harm that can come from gambling.
White Ribbon Day	White Ribbon Day is the international day when people wear a white ribbon to show that they do not condone violence towards women.
It may be winter, so move indoors!	Ways you can encourage your people to get out and move more, even through the depths of winter.
Breast cancer and Pink Ribbon fundraisers	As part of Breast Cancer month, the Breast Cancer Foundation is inviting all workplaces to turn Pink for a Day on any day in October.
Daylight saving has arrived so get SunSmart	As Daylight Saving starts, it's a great time to remind your people to be SunSmart.
Health Literacy Month	Health Literacy Month is a time for organisations and individuals to promote the importance of understandable health information.
Stroke Week	Stroke Week is an opportunity to teach your people to recognise if someone is having a stroke – their ability to do so could save a life.
Movember – Help stop men dying too young	Movember is a global campaign to get men talking about health issues in general, and prostate and testicular cancer in particular.
Diabetes Action Month	A focus on diabetes awareness and prevention runs for the whole month of November, taking in World Diabetes Day on November 14.
Preventing harm as summer approaches	As the season of festive cheer approaches, November is a reminder to employees about the risk of alcohol harm, including at work 'dos'.
National Oral Health Day	Like any health topic, oral health is an ideal subject for workplace education. National Oral Health Day spreads the dental health word.
Relay for Life	The Cancer Society's Relay for Life gives everyone a chance to celebrate survivors, carers, and loved ones lost to cancer, and raise funds.
Stay SunSmart in March	Summer may be over but you still need to be SunSmart in March.
June is Men's Health Month	Men's Health Month is a time to encourage men to start talking about their health: a thing that could save hundreds of lives every year.
Junk Free June	Junk Free June raises money for the Cancer Society by challenging people to give up junk for the month of June.
Bowel Cancer Awareness Month	This Awareness Month encourages New Zealanders to have that awkward conversation about the country's most common cancer.

4.1.6.3 Organisational case studies

In the section 'National-level case studies' we provided detail on healthy workplace programmes at the country level. The section illustrated the key programme framework components in each country. Here we present two local-level case studies to illustrate how another support in healthy workplace programmes is rolled out: at the organisational level and across organisations.

Cawthron is one of New Zealand's largest independent science research institutes. The first case study shows how Cawthron and its staff approached the issue of mental health in the workplace (Table 21). The second case study reports on the aftermath of Christchurch's 2011 earthquake. Here four major construction companies – Hawkins, Naylor Love, Fletchers and Corbel – and various government bodies banded together to form the Alcohol and Other Drugs Construction Team to provide help and awareness on this topic for those participating in rebuilding the city (Table 22).

Table 21 Cawthron, a New Zealand science research institute, and its approach to mental wellbeing – a case study

Cawthron Getting comfortable with mental wellbeing

'Our aim is to make it as comfortable to ask someone about their mental health as it is to ask about their physical health,' says Sarah Brown, Cawthron Institute's Human Resources Manager. Cawthron is New Zealand's largest independent science research institute. Located in Nelson, it has been supporting primary production and enhancing ecosystems for more than 90 years. 'Most of our staff are highly qualified scientists. They tend to be high-achieving individuals who might be more vulnerable to burnout or stress from their own expectations,' says Sarah. 'We decided we could do a better job of noticing and responding quickly when staff were experiencing mental distress. We knew we weren't as comfortable handling mental health as we were other wellbeing topics.'

WellBeing@Work *Oranga Mahi*

Sarah heard about WellBeing@Work *Oranga Mahi*, a Like Minds, Like Mine funded programme designed and delivered to workplaces in the Nelson Tasman region by Health Action Trust. After a discussion with the rest of Cawthron's leadership team, the company decided to take part in the mental wellbeing programme.

WellBeing@Work is a tool that workplaces can use for managers and staff to learn about mental health and wellbeing. It provides guidance on how to protect your own mental wellbeing and support others, and have conversations with people in mental distress. It also helps the organisation enhance policies and practices to maintain positive organisational mental health.

An important component of WellBeing@Work is to encourage staff members to stand up and share their stories of mental distress. In doing this they become WellBeing@Work 'champions', modelling that it is okay to talk about mental health. Also, the programme trains 'connectors' – other staff members who help people get support. Cawthron's Health and Safety Advisor, Jessica Trott, has had her own experience of mental distress and put her hand up early to become a champion. After WellBeing@Work had run its workshop for managers, as a way of introducing the programme to Cawthron's wider workforce and inviting them to the staff workshops, Jessica shared her story. With a senior manager, who also had experienced mental distress, she spoke very frankly about her own mental health at one of the company's fortnightly organisation-wide talks. 'I wanted to share that I was in a seriously bad state four years ago but now I'm totally recovered. I'm fine, fully functional. It was a strong message for people to receive,' Jessica says. 'That's one of the messages the training gave us – that people can recover,' says Sarah. 'Having a mental illness, or poor mental wellbeing, is not a lifetime affliction.' 'I was obviously nervous about baring my soul but my message was really simple. No one would hesitate to ask how you are if you had a broken leg, so how hard is it to ask, 'Are you okay?' The feedback couldn't have been more positive,' says Jessica.

Spreading the message through staff workshops

To reach as many of the Cawthron staff as possible, WellBeing@Work ran eight one-hour-long workshops over two weeks at varying times of the day, so that most staff could attend if they chose to do so. The workshops were timed to begin in Mental Health Awareness Week, leveraging that week's momentum.

'It's totally voluntary. The Chief Executive emailed his encouragement and we just said, "If this is something you want to learn about, come along to the workshop at a time that suits you",' says Sarah. They did come. Sarah says about two-thirds of staff did the workshop in the last quarter of 2016, with more workshops scheduled for 2017. 'We're an expertise-based organisation, so our people are hungry for knowledge and good at applying what they learn,' says Sarah. 'WellBeing@Work has given people the confidence to talk about mental wellbeing. In the same way they might say, "I've started going to the gym", they might say, "I've realised I need to pull back on a few things to get a better balance in my life". Or, "I'm finding things really tough at the moment",' she says.

Including a mental health focus in workplace wellbeing

As well as using WellBeing@Work to change people's attitudes and behaviours towards mental health and those in distress, Cawthron is adding a focus on mental health to its already broad wellbeing programme. 'This is the next layer on top,' says Sarah. 'It's allowed us to make our health and safety focus more holistic, which we've been wanting to do for a while. We already do a lot of general wellbeing work and now we're adding a mental wellbeing focus to keep up the momentum from the workshops.' For example, the company runs a programme over summer entitled RACE, which stands for Rewarding Active Cawthron Employees. 'We're promoting each RACE initiative using one of the Five Ways to Wellbeing. For instance, for "Connect" the organisation encouraged people to do what they're doing with someone else. Say, if they're going for a walk or run, to invite someone to go with them.

'For the "Give" component, employees can donate the points they earned through RACE to a charity of their choice at the end of the RACE season. This is a new initiative this year,' says Jessica. And for 'Keep Learning', the company encourages people to come down to the local sports field and try out a new sport, something it does as part of its TOM Sports (Try Out More) programme. 'We try to be subtle, but still get the message out. Whether 10 people turn out or 100, that's okay. But generally we're surprised at how many people participate,' says Sarah.

Mental health now an essential part of Cawthron's processes

Sarah and Jessica will also be strengthening the focus on mental wellbeing in how the company works and leads.

'We'll keep up our manager training and we'll put some more supports around our WellBeing@Work connectors. We'll check in with them regularly to see how things are out there and to provide support and development,' says Sarah. 'We've now got a documented wider wellbeing plan, based around what we learned from WellBeing@Work. We're going to review and update our harassment and bullying policy and other guidelines, and we'll provide more information for staff through our intranet.'

'And I plan to include mental wellbeing in our health monitoring as well, as wellbeing is about far more than biometrics,' says Jessica. They both say completing the WellBeing@Work *Oranga Mahi* programme has already made a big difference in how staff look at – and talk about – mental health. 'The training made most people realise that asking how someone is, or if they can help, isn't going make it worse for that person. There can only be an upside from that,' says Sarah.

Table 22 Christchurch's Alcohol and Other Drugs Construction Team

Christchurch's Alcohol and Other Drugs Construction Team

With the Christchurch rebuild bringing thousands of construction workers into the city, concerns rose about the high use of alcohol and other drugs (AOD) in the industry. Ministry of Health figures from 2012/13 show that 15% of New Zealanders aged over 15 have a potentially hazardous drinking pattern. However, research from the Alcohol and Other Drugs Construction Team (comprising four major construction companies and various government organisations) commissioned through late 2014/early 2015 showed that figure was even higher among construction workers. 'In early 2014 the Alcohol and Drug Helpline reported they were getting a lot of construction workers calling for support,' says Mark Taylor, the AOD Group chair and Naylor Love's Canterbury Regional Safety Manager. 'We knew we needed to do something to help these people before they got to the point of needing to ask for help. So that was the spark to start raising awareness about AOD use. We wanted to give everyone on site the tools to spot the signs if someone at work has a problem, to self-manage, and to know where to go for help.

'We also wanted to make sure everyone knows that if they come to work impaired they're far more likely to do something stupid, or do poor work.' With strength in numbers, four major construction companies – Hawkins, Naylor Love, Fletchers and Corbel – banded together to form the Alcohol and Other Drugs Construction Team. The companies were supported by the

Mental Health Education and Resource Centre (MHERC), Alcohol Drug Association NZ (ADANZ), the Accident Compensation Corporation (ACC) and WorkSafe, with funding support from the Canterbury District Health Board and the Health Promotion Agency (HPA).

The group's aims were to do the following: 1. Promote low-risk drinking behaviour; 2. Reduce workplace injuries – as a consequence of having unimpaired workers at work; 3. Enable people within the construction industry to help and support others who asked for help or who failed an alcohol and other drugs test; 4. Create a foundation for culture change around alcohol and other drugs in the wider community.

Workshops and toolbox talks

To achieve these aims, the group developed workshops and toolbox talks facilitated by an addiction specialist registered nurse. These aimed to increase knowledge and awareness about alcohol and other drug use, and improve support to those who need it by giving participants:

- brief intervention skills (how to ask someone if they need help, or offer them help if you know they do)
- the ability to talk about alcohol and other drugs to workers, for example at toolbox talks
- referral pathways for managers to help their people get support
- information materials to take away with them.

During 2015 the group held 16 workshops (funded by the Canterbury District Health Board) for 155 construction workers, as well as 10 one-hour onsite toolbox talks to 162 construction staff. ACC then funded an AOD breakfast for small to medium business owners, to which 230 employers came. 'The breakfast went really, really well,' says Mark. 'In fact, we had to call a stop to all the questions. There's such a demand for knowledge out there.

'From that we knew we needed to develop tools and resources for smaller contractors. A suite of materials is now available, including a four-page fact sheet that covers how to implement a policy, information on the issue of alcohol and drugs, and where to seek help.' The fact sheet is loaded on the Canterbury Rebuild Safety Charter website, which also features a toolbox talk, and links to get more information and support from AOD-focused organisations.

Culture change from the top

Mark says getting the site managers to understand their own drinking was crucial. 'To a lot of our young workers, heavy drinking is just normal. We need to keep the message going that it's okay to go for non-alcoholic or low-alcohol drink options. We need them to lead the culture change.'

He says the culture is changing and points to the lower drink driving laws as being a big help. 'Quite often the guys will have only a couple of beers after work rather than four, so it is changing. But these things take time. The word is getting out, though, and I've noticed quite a lot of self and peer-to-peer management around AOD.'

4.1.7 Question 1: Online tools and resources cross-country comparison

The six key government agencies and their corresponding healthy workplace programmes or information sites were:

- the Department of Health in Australia with its Healthy Workers initiative
- the Canadian Centre for Occupational Health and Safety and its Healthy Minds @Work microsite
- Toi Te Ora – Public Health Service in New Zealand with its WorkWell programme; in addition, the Health Promotion Agency has a Wellplace.nz information hub
- NHS Health Scotland with its Healthy Working Lives programme, and
- the Centers for Disease Control and Prevention in the USA and its Workplace Health Promotion site.

Summaries for the countries of interested are provided in the box 'Key facts for countries of interest: Australia, Canada, New Zealand, Scotland and USA'.

This answer to Question 1 covers the roll-out process and online guidance, as well as the online tools/resources, for the five health topics of interest.

Four (Australia, Canada, New Zealand and the USA) of the five countries examined have a documented roll-out process to help the nominated government agency engage with employers and workplaces. This approach also helps employers gain input and support from employees. The roll-out processes have between three and seven stages (or steps), depending on the country. Each roll-out process covers the following themes: a motivational approach to ensure buy-in, an assessment of needs, a planning and implementation approach, and an evaluation stage to assess progress and to learn lessons for the future. The specific programme steps or process stages for each of the four countries are as follows:

- Australia: getting started, planning and delivering your program, and improving your program
- Canada: taking ownership and leadership and getting support from the "top"; getting support from everyone; acknowledging current or informal activities and collecting baseline data; identifying key needs and expectations of the workplace; developing a detailed plan; putting the plan into action; and monitoring, evaluating and maintaining the program
- New Zealand: engage; assess and prioritise; plan; apply and implement; and evaluate and improve resources
- USA: assessment, planning and management, implementation, and evaluation.

Scotland's approach differs in its mode of presentation, with the structural emphasis on the Healthy Working Lives Award Programme, detailing the supports developed for the Workplace Services (the tools and resources), and providing information on the Learning and Development Programme, rather than on a management or roll-out process. In addition, Scotland employs a social marketing approach to implementation.

Workplace case studies are employed in all countries to encourage workplaces to review their progress and make necessary improvements, and to motivate new workplaces to introduce a healthy workplace programme.

The selected health topics that were common across all five countries are healthy eating, physical activity, tobacco cessation, and consumption of alcohol and other substances. Four of the five countries include mental well-being, and separately, family and work-life balance. Three countries included topics covering chronic diseases and infectious diseases. The HRB extracted over 950 topic-based online tools and resources covering the five topics selected in the report entitled *A description of public policy mechanisms to support workplace wellbeing programmes (personal communication Robert Murphy, Department of Health, Ireland, 2018)*[52]. These are presented in 66 different formats which are assigned to five groups for ease of presentation and understanding. The five groups are: print media (40 format types), technologies (11 format types), personnel (8 format types), partner organisations and/or websites (2 format types) and events (5 format types).

The health topic tools are usually developed by expert partner agencies and the nominated government agency's website links to the specialist expert websites. Canada has an extensive mental well-being programme and New Zealand has a comprehensive information hub covering the five health topics of interest. Australia has an information hub, but only 54% of the links are active and the site was last updated in 2014. Calendar events are used to raise awareness of particular health topics and these are advertised on the websites for New Zealand, Scotland and the USA. The HRB also extracted 200 process-based tools to facilitate the nominated government agencies to introduce the national heathy workplace programme to employers in the case countries. The process tools are usually developed by the nominated government agency supported by input from stakeholders in Scotland and New Zealand. Canada, New Zealand and the USA have very detailed process tools; Canada has developed a detailed manual to assist with roll-out. The tools target one of two audiences (the workplace or the worker), although some tools may be used by both audiences. New Zealand have an implementing WorkWell document to assist the workplace in the roll-out of the programme.[53]

New Zealand and Scotland employ trained advisers to provide support in implementing their online tools and resources. For example, in Scotland, the advisers respond to phone calls and emails and provide live training to employers and employees. The USA trains self-employed trainers to provide healthy workplace training for employers and employees.

The following list presents the 950 health topics and 200 process formats allocated to their five groups:

- **Print media:** posters, information leaflets, fact sheets, signage, images, infographics, frequently asked questions, games/quizzes, recipes and checklists for a variety of topic areas, articles, reports of various types, legislation, terms of reference, policy reports, pledges, guides, timelines, evaluations, risk assessment forms, resource lists/collective tools, activity plans, business cases, surveys, comparison tables, toolboxes/toolkits, handbooks, tips, brochures, presentations, books, accreditation-related items and case studies
- **Technologies:** websites, videos, apps, online training courses, podcasts, electronic updates, webinars, DVDs, calculators and online checklists
- **Personnel:** advisers (access to), advice lines (phone), email-based advice, trainers and assessors
- **Partner organisations and/or websites:** public sector, private for-profit, and non-profit
- **Events:** challenges, calendar-based events (named days, weeks or month-long events), workshops and accreditation.

4.2 Question 2: Direct supports provided

Question 2:
What are the direct supports provided (i.e. staff support and funding) to ensure translation of the identified online tools and resources to the workplace?
This includes:

- **Total annual funding**
- **Funding by item**
- **Number of whole-time equivalents allocated to the project.**

This section addresses the area of direct support provision in the translation of online resources to the workplace. It should be noted that there was little relevant publicly available information on this subject. Where financial reports were identified, we observed that funding streams sometimes covered the healthy workplace programme as part of a wider budget heading and did not separate the costs of the healthy workplace programme as observed in Canada. Also, the detail in the national-level case studies suggest that the range of actors engaged with the process in each country results in input from multiple funding streams that are not accounted for in the health service budget allocation. The direct correspondence with relevant bodies that we engaged in, to address a dearth of information on funding and staffing supports, yielded little. Information which has been retrieved or supplied is presented below.

4.2.1 Australia

In 2014, it was reported that the Healthy Workers initiative would provide up to AU$222 million in funding for health promotion in workplaces that focus on key modifiable lifestyle behaviours. Of this amount, up to AU$217 million was to be made available to state and territory governments to support health promotion activities in workplaces. Funding for Healthy Workers has been allocated to specific activities which are detailed in state and territory implementation plans.

The remaining AU$5 million was ring-fenced for use by the Australian Government to develop 'soft infrastructure' to support the implementation of state and territory activities at both a local and national level. This infrastructure includes the website (from which the online tools and resources reported in this review were retrieved), the Joint Statement of Commitment: Promoting Good Health at Work, a quality framework, and a registration website for workplace health programmes. National awards for employers demonstrating best practice in workplace health programmes were delivered by the Australian National Preventive Health Agency in 2013.[34]

4.2.2 Canada

The 2017–18 Departmental Plan from the CCOHS gives a breakdown of planned spending and human resources requirements for the entire CCOHS. However, the estimates and spending covers occupational health and safety as well as healthy workplace programmes (Table 23). The human resources estimates also cover health and safety as well as healthy workplace programmes (Table 25).[54]

Table 23 Planned expenditure for CCOHS[54]

Programmes and internal services	Occupational health and safety information development, delivery services and tripartite collaboration CA$	Internal services CA$	Total CA$
2014–15 Expenditures	1,846,820	2,839,118	4,685,938
2015–16 Expenditures	6,728,530	3,189,587	9,918,117
2016–17 Forecast spending	6,079,113	2,860,759	8,939,872
2017–18 Main Estimates	6,036,633	2,840,768	8,877,401
2017–18 Planned spending	6,036,633	2,840,768	8,877,401

2018–19 Planned spending	6,036,633	2,840,768	8,877,401
2019–20 Planned spending	6,036,633	2,840,768	8,877,401

Table 24 Planned human resources for CCOHS[54]

Programmes and internal services	Occupational health and safety information development, delivery services and tripartite collaboration	Internal services	Total
2014–15 Full-time equivalents	61	20	81
2015–16 Full-time equivalents	65	20	85
2016–17 Forecast full-time equivalents	65	20	85
2017–18 Planned full-time equivalents	68	21	89
2018–19 Planned full-time equivalents	71	22	93
2019–20 Planned full-time equivalents	73	23	96

4.2.3 New Zealand

Toi Te Ora Public Health is funded by the Ministry of Health to provide a public health service for two district health boards, Bay of Plenty District Health Board and Lakes District Health Board. The funding is split across the various services that the two boards provide e.g. health promotion, health protection etc. Within the health promotion team, the funding is split again across the workplaces team, education team and the healthy policies team. One of the workplaces team's focuses since 2008-09 has been the development and then implementation of a comprehensive workplace wellbeing programme. Since the launch in 2010, the workplaces team has supported workplaces to implement the programme, continued to further develop the programme, update the website and tools, maintain and develop further relationships with relevant stakeholders, and more recently, drive the national expansion of WorkWell. Over this time, the team has consisted of four to six advisors. However, as the advisors' role comprises more than simply delivering the WorkWell programme and detailed accounting of work allocation is not quantified, it is not possible to answer the question 'how many advisors are required to roll-out the programme. Neither is it possible to say exactly, how much it has cost Toi Te Ora Public Health to develop and then roll the programme out. (David Wood, personal communication, 2018)[55]

The WorkWell advisors (in the Bay of Plenty/Lakes regions) are employed by Toi Te Ora Public Health and belong to the workplaces team. When a new workplace registers with WorkWell, Toi Te Ora Public Health allocates one of advisors to that new workplace. With WorkWell being recently offered in other regions of New Zealand, Toi Te Ora Public Health has developed different arrangements with the relevant public health unit. For example, Waikato District Health Board's Population Health Service have three WorkWell advisors, trained by Toi Te Ora Public Health who continue to be supported and mentored by the Toi Te Ora Public Healthy workplaces team although employed by Waikato District Health Board. These trainers support a number of workplaces to implement WorkWell in their region, while also holding other roles for their Population Health Service. (David Wood, personal communication, 2018)[55]

In terms of the other regions delivering WorkWell, each Public Health Unit decides on the number of advisors that they can employ to see WorkWell delivered in their region. They do so taking account of how much capacity the advisors will have to deliver WorkWell taking account of their other roles in their public health unit.

Currently, there are 20 trained WorkWell advisors across the 8 District Health Board regions that are offering WorkWell to workplaces in their regions. They all maintain other roles within their Public Health Units.

Good4Work is an online workplace wellbeing tool that has been developed by Toi Te Ora Public Health, Health Promotion Agency and Auckland Regional Public Health Service. While driving the national expansion of WorkWell, Toi Te Ora Public Health were also tasked with the development of a simplified model of workplace wellbeing for small to medium sized workplaces. The finished product has been designed to not require advisory support neither does it have an accreditation scheme attached to it. Workplaces can register with Good4Work and follow the four step process to improve the health and wellbeing of their staff in their own time.Good4Work was launched in May 2017 and is currently being reviewed based on the feedback received from the first 9 months of use.

The second source of tools and resources, Wellplace, is not a programme but an information hub that links to the Health Promotion Agency and other (mostly) New Zealand information sources. Personal correspondence with a Health Promotion Agency employee provided the following information. The Wellplace information hub has, by limiting the need to respond individually to requests for information, reduced the personnel (time) costs. The personnel resources for basic administration of the Workplace site are absorbed by the Health Promotion Agency, and it is the Health Promotion Agency that manages the Wellplace site. The costs represent the costs arising from checking and fixing site links once the site was launched; in other words, they represent running costs but not capital cost. This task of link checking is undertaken by one employee (Representative, Senior Advisor Workplace and Sport Settings, personal communication, Dec 2017). Her work of overseeing the Wellplace site is undertaken within a broader role; her time allocated to this work accounts for approximately 10% of a full-time equivalent. The representative also reported having a small (unquantified) budget which covers basic web maintenance and hosting, as well as engaging a content producer to create new content. The new content includes creating items such as online tools on interviews with, and case studies on, organisations that have taken part in programme. The budget also pays for some online marketing such as Google AdWords.

4.2.4 Scotland

The Scottish Centre for Healthy Working Lives has two sources of funding: a core and a non-core budget.[23] The core budget is part of NHS Health Scotland's ongoing annual budget allocation, and is subject to internal corporate prioritisation. The non-core budget is funding from the Scottish Government or other external sources for specific time-limited activities. A breakdown of the figures for 2010 to 2013 is presented In Table 25. Between 2010 and 2013, the Healthy Working Lives programme in Scotland had a core budget of just over GB£4 million per year. The core budget funds developing new solutions, providing leadership and cohesion, building knowledge and evidence, maximising capacity and resources, and funding a national advice line. It is important to note that the Healthy Working Lives programme has a wider brief than some other national workplace programmes examined, as it also includes people seeking employment.

Table 25 Scottish Centre for Healthy Working Lives budget, 2010–2013

	2010–2011	2011–2012	2012–2013
Core	**GB£**	**GB£**	**GB£**
Delivery	2,520,000	2,520,000	2,520,000
(of which NHS Board funding)	1,897,000	1,897,000	1,897,000
(of which national Adviceline funding)	120,500	120,500	120,500
Developing new solutions	323,000	323,000	323,000
Providing leadership and cohesion	157,500	157,500	157,500
Building knowledge and evidence	31,500	31,500	31,500
Maximising capability and resources	1,000,000	1,000,000	1,000,000
(of which SCHWL staffing)	872,000	872,000	872,000
Total core	**4,032,000**	**4,032,000**	**4,032,000**
Non-core			
Healthy Eating, Active Living	299,500	Unknown	Unknown
Towards a Mentally Flourishing Scotland	168,000	Unknown	Unknown
DWP advice line pilot	214,000	Unknown	Unknown
EU project funding	29,500	21,000	10,500
Total non-core	711,000	21,000	10,500
Total centre budget	**4,743,000**	**4,053,000**	**4,042,500**

There is also an initiative offered by the SCHWL in partnership with a number of local authorities and leisure trusts in Scotland to increase physical activity of staff at registered workplaces. SCHWL meets 50% of the total costs for eight weeks and 20% of the usual rate for a further four months of a range of physical activity options via local leisure services (i.e. unlimited access to local swimming pools, gyms and fitness classes, and in some areas, sports coaching, weight management programmes and court hire).[56]

4.2.5 USA

The NCCDPHP in the CDC was given responsibility for designing and implementing a national workplace health programme circa 2008 which would be implemented by each State's Department of Public Health. The NCCDPHP has an annual budget of about US$1.1 billion dedicated to preventing chronic diseases and promoting health across the life span, in key settings, and with attention to primary chronic disease risk factors. Between 2011 and 2015, the CDC was given US$30 million for workplace wellness: US$10 million in 2011, 2014 and 2015.[27]

We do not have any information on the staff resources required for a national healthy workplace programme.

Correspondence with the CDC gave an estimate of the cost of running a programme in an individual organisation; 'We found through interviews and our routine technical assistance calls that the minimum personnel requirements for a small employer program was roughly 0.20 FTE (20% time). The more an employer staff a half time or full time person the more they were able to do and offer to employees and the better the chances of sustaining and growing the program… the costs of operating a program can be highly variable depending on what is offered and how. Subject matter experts have indicated that a good range is between $150-$300 dollars per employee per year. This would depend on whether financial incentives were included or not. Below that amount you don't see much improvement and above it you may start to see diminished returns'; personal communications, CDC.

4.2.6 Question 2: Direct supports provided summary

Question 2 Summary

Two of the countries, New Zealand and Scotland, reviewed employed advisers or trainers to facilitate the roll-out of healthy workplace programmes. In Zealand the Ministry of Health funds the Toi Te Ora Public Health which provides workplace related services covering health promotion and protection. Funding is divided across teams of between four and six persons. The teams address workplace, education and health policy development. However, team members also undertake other duties and the attribution of costs to healthy workplace verses other health promotion and protection work commitments have not been made. Currently there are 20 trained WorkWell advisors across the eight District Health Board regions that offer the WorkWell healthy workplace programme. Advisors also perform other roles within their public health units. We could not obtain numbers of advisers required to roll-out the second programme in New Zealand. Four countries have state-supported levers to increase participation, and three countries employ a State-sponsored accreditation programme.

Scotland reported the most useful costs data. Between 2010 and 2013, the Healthy Working Lives programme had a core budget of just over GB£4 million per year. The core budget is used for developing new solutions, providing leadership and cohesion, building knowledge and evidence, maximising capacity and resources, and funding a national advice line. There is a small non-core budget from the Scottish Government and other external sources for specific time-limited activities. It is important to note that the Healthy Working Lives programme has a wider brief than some other national workplace programmes examined, as it also includes people seeking employment. The cost data for Canada includes health and safety as well as its healthy workplace programmes, whereas it is not clear what the cost data for the USA covers. The information on funding the Healthy Workers initiative in Australia was last updated in 2014. The Australian Government allocated AU$5 million to develop ‘soft infrastructure’ to support the implementation of state and territory activities at both the local and national levels. An additional AU$217 million was made available to state and territory governments to support health-promotion activities between 2011 and 2016.

4.3 Question 3: Evaluation

Question 3:
What assessments and evaluations of these healthy workplace programmes have been undertaken in each of the examined countries? Please provide: a list of documents and a summary of the areas examined and their findings in the main report and their recommendations in an appendix.

This section reports on healthy workplace programme assessments and evaluations. We looked for evaluations of programme structure, process, output and outcomes. We considered evaluations of national-level healthy workplace programmes, which include:

- Australia's Healthy Workers initiative
- Canada's CCOHS Healthy Workplaces programme and Healthy Minds @Work microsite
- New Zealand's Toi Te Ora – Public Health Service WorkWell programme
- Scotland's Healthy Working Lives programme
- The USA's Workplace Health Promotion programme
- National-level evaluations where more than one programme was rolled out.

We did not look for or report on evaluations of individual workplace-level programmes.

4.3.1 New Zealand

The number of areas where a healthy workplace programme may be evaluated is dependent on and reflects the programme model. Figure 10 details three healthy workplace programmes which have been rolled out in New Zealand. These three programmes are the Lakes District Health Board (DHB) Workplace Wellness Programme, the Healthy Workplace Programme, and the WorkWell programme. Figure 10 provides an illustration of the high-level components eligible for evaluation. The first two of these programmes are presented as 'black boxes', as these programmes have now ceased and it was not possible to determine their design. The third programme illustration, the WorkWell programme, shows the five stages and the range of steps within each stage; the roll of and effectives of each stage is potentially eligible for evaluation.

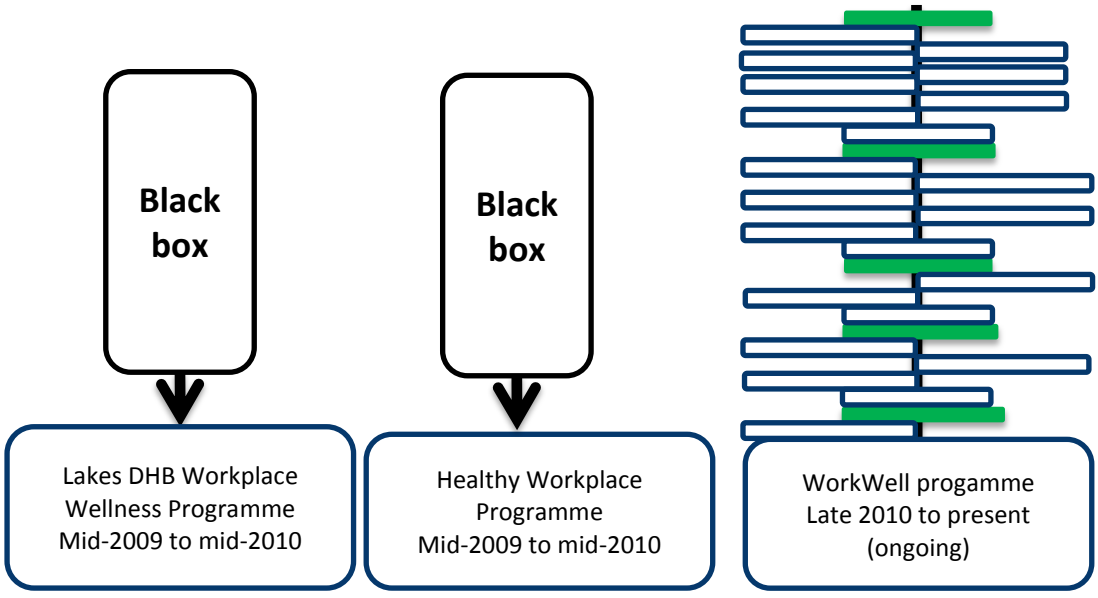


Figure 10 Evaluation of three healthy workplace programmes in New Zealand

The structure of New Zealand's WorkWell programme is detailed in Figure 11, which illustrates the different stages of the programme. Each stage has between four and eight subsections eligible for evaluation with regard to structure, process, output and outcomes. Figure 11 takes account of evaluations within a healthy workplace programme, not necessarily of the surrounding supports (e.g. the work of, and supports associated with, national agencies tasked with establishing the service at a national level).

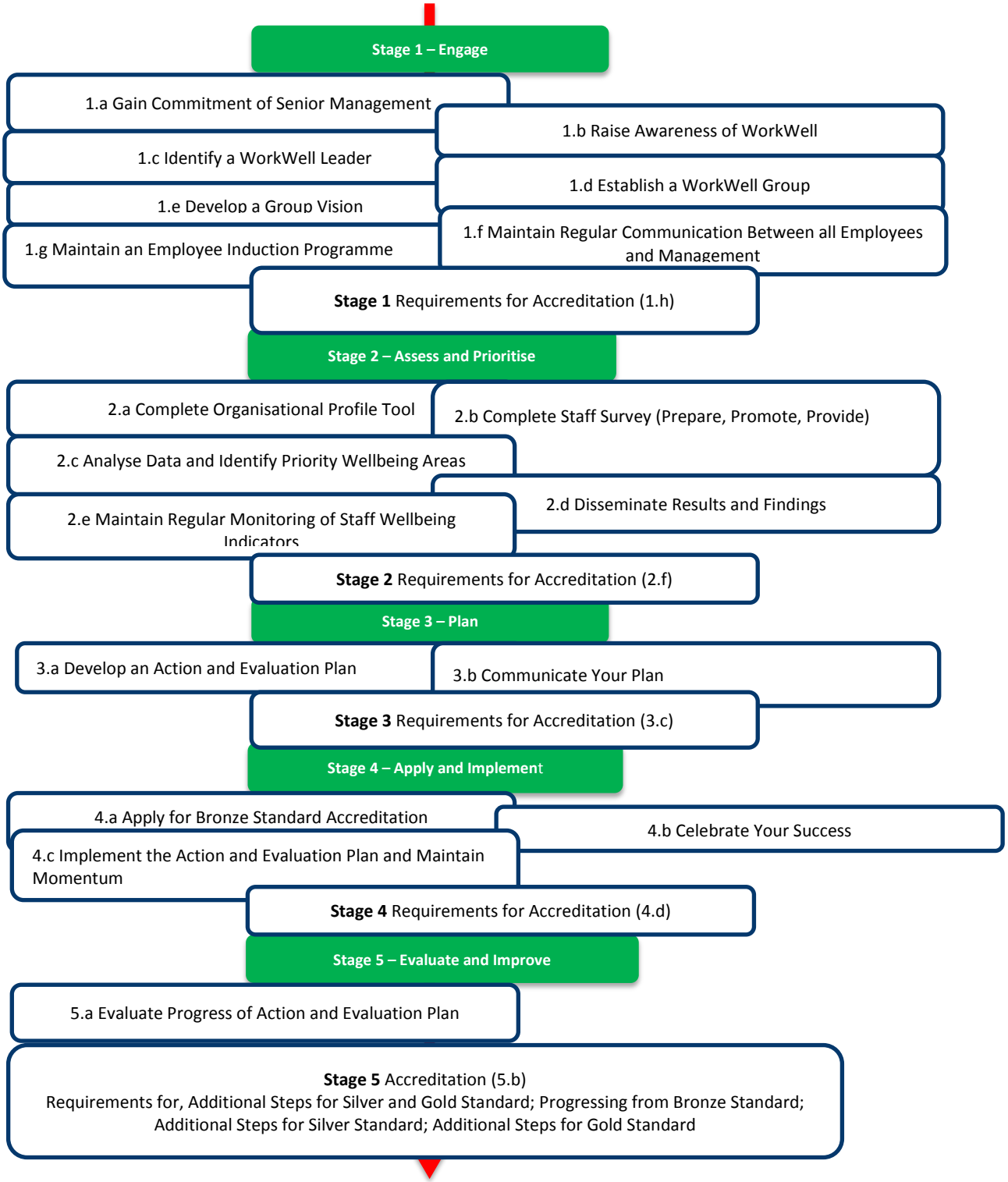


Figure 11 New Zealand's WorkWell programme detail

We identified two evaluations from New Zealand, the findings of which are summarised in Table 26.[57, 58] The first evaluation reported on three New Zealand healthy workplace programmes: the Lakes DHB

Workplace Wellness Programme and the Healthy Workplace Programme (both of which ran from mid-2009 to mid-2010 when both were terminated due to lack of progress because of inadequate structure and a lack of funding), and WorkWell, the most recent programme, which began in late 2010 and is still running.

The second evaluation from New Zealand was the *WorkWell Implementation July 2012 – June 2013* report. The aim of this evaluation was to:

- Monitor the implementation and effectiveness of the WorkWell programme from the preceding year
- Monitor completion of 2012 evaluation recommendations
- Identify additional areas for ongoing improvement.

The recommendations from the preceding year's implementation report were:

- Recruiting a target percentage of a district's workforce employees into the programme
- Having a targeted percentage of workplaces registered in the programme
- Evaluating WorkWell advisors' training and development.

The most recent evaluation concluded that 'WorkWell Advisors were adequately trained to support the implementation of WorkWell [the current state-funded programme] within workplaces. More than 10 new workplaces were accredited with the Bronze Standard by June 2013. The proportion of the workforce in WorkWell workplaces, number of priority registrations and number of workplaces accredited with the Silver Standard were slightly lower than intended; however, as programme delivery and development continued, it became clear that it was more important to focus on quality within a smaller number of workplaces than to rush recruitment and risk an inferior programme'.[57]

An outcomes evaluation of the WorkWell programme was being undertaken in December 2017, but 'the final report is still a little way off completion' (Dave Wood, personal communication, December 2017). The nature of the outcomes being evaluated was not provided.

4.3.2 Australia

The HRB did not find any evaluations on Australia's Healthy Workers initiative website or through our Google search. We wrote, using the enquiry email address, to the Australian Government Department of Health asking for details of any evaluation which may have been undertaken on its Healthy Workers initiative, but to date have not received a response.

4.3.3 USA

There were limited evaluation data available for the USA (Table 26). The CDC conducted a national demonstration study from 2011-2015 in which the CDC worked with the employers involved to create a comprehensive wellness programme. Their study concluded that 'Training and technical support can help small and mid-sized employers implement evidence-based health interventions to promote positive employee behavior changes. A longer follow up period may be needed to assess whether NHWP led to improvements in clinical outcomes.'[59]
The CDC has launched the Workplace Health in America survey to evaluate employers' health programmes and practices. Results are expected in 2018.[60]

4.3.4 Canada

Our searches found no national monitoring assessment or evaluation reports for the CCOHS healthy workplace Programme. The CCOHS publishes an annual report which provides summary statistics on key programmes.[24, 61] A regional evaluation was also identified, which was completed by the Alberta Centre for Active Living.[62] The data are summarised in Table 26.

The Health Research Board contacted the CCOHS through its email enquiry service and was informed that the CCOHS has not conducted an evaluation of the programme outlined in the *Workplace Health and Wellness Guide*.

4.3.5 Scotland

NHS Scotland's initiative, Healthy Working Lives, is delivered through a three-phase approach: the Healthy Working Lives Award Programme; Workplace Services; and The Learning and Development Programme. Taking account of the number of phases, an assessment/evaluation can consider any of the three areas for structure, process or outcomes. Given that this review focuses on six topic areas, this gives 54 potential areas eligible for evaluation in the Scottish Healthy Working Lives programme (Figure 12). This number does not take account of repeat evaluations as the programme rolls out with time.

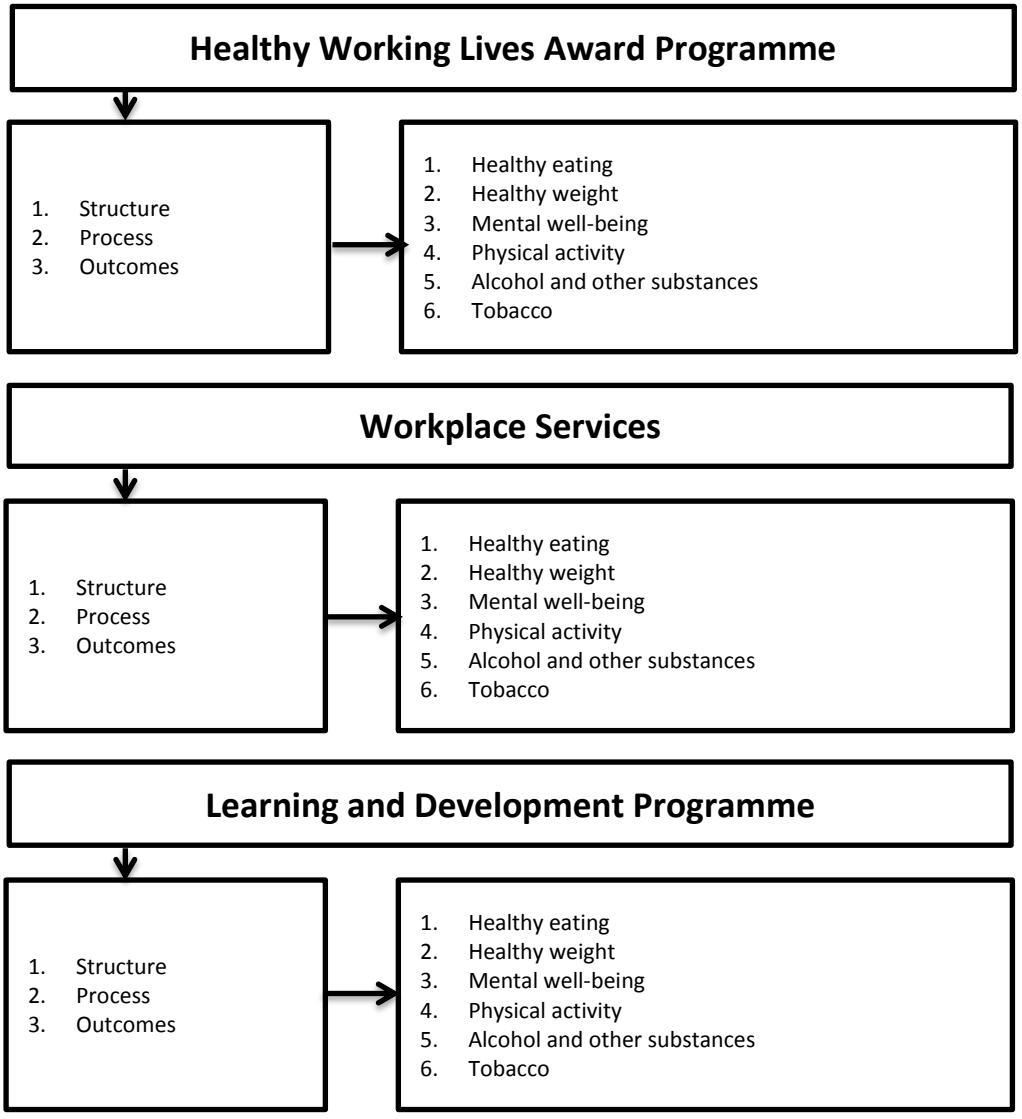


Figure 12 NHS Scotland's Healthy Working Lives initiative potential areas for evaluation

The HRB found five reports covering four evaluations examining the healthy workplace programmes in Scotland. The first evaluation report examined the geographical distribution and uptake of a specific programme, Work Positive.[63] Work Positive was the predecessor of the current Healthy Working Lives programme, but we have included it here to illustrate the path-dependent nature of all public health programmes and to show how a programme's success, or lack thereof, can be influenced not only by the quality of the programme with regard to design, uptake and implementation, but also by the context (geographical) and culture (political, knowledge and educational attainment) in which a programme is developed.

Two of the reports were a draft and final version of the same evaluation project for Scotland.[64, 65] The two evaluation reports centred on understanding the nature of employer engagement, specifically in relation to policies, practices and behaviours. We have included both as there was a sufficient difference in emphasis within the reports to merit doing so. The evaluation also examined the quality of the Healthy Working Lives programme services rolled out to support employers, including its website, Adviceline, workshops and training sessions. The main finding in the final report was that 'the evidence base around what the SCHWL [Scottish Centre for Healthy Working Lives] needs to do is strong, but its key challenge is around strengthening the evidence of impact. This is particularly the case around capturing evidence around harder impacts, which requires the development of an appropriate set of indicators which are both implementable and deliverable.'

The fourth evaluation report is a review of the Government's Healthy Working Lives Strategy, but the specific Healthy Working Lives programme is not addressed in any detail in the report.[66]

Finally, the fifth report is *Health Works: A review of the Scottish Government's Healthy Working Lives Strategy*.[67] This report on implementation covers a wider range of work-related areas than the specific area of healthy workplace programmes. The aspects of the report which do relate to healthy workplace programmes report beneficial outcomes in the health and well-being of employees working for organisations that engaged with Healthy Working Lives teams in rolling out a healthy workplace programme.

Details from these evaluations are presented in Table 26.

4.3.6 Other jurisdictions: England

While we chose to cover Scotland rather than England or Wales for the purposes of this review, we did locate one pilot project evaluation which may provide useful lessons for Ireland. The Well@Work pilot project aimed to assess the effectiveness of workplace health programmes in promoting the health and well-being of employees in a diverse set of workplace environments and to develop an evidence base of 'what works' in health promotion in the workplace in England.[68] The framework for evaluation is described in Figure 13, and the 20 conclusions the team drew from their review are summarised in Table 26.

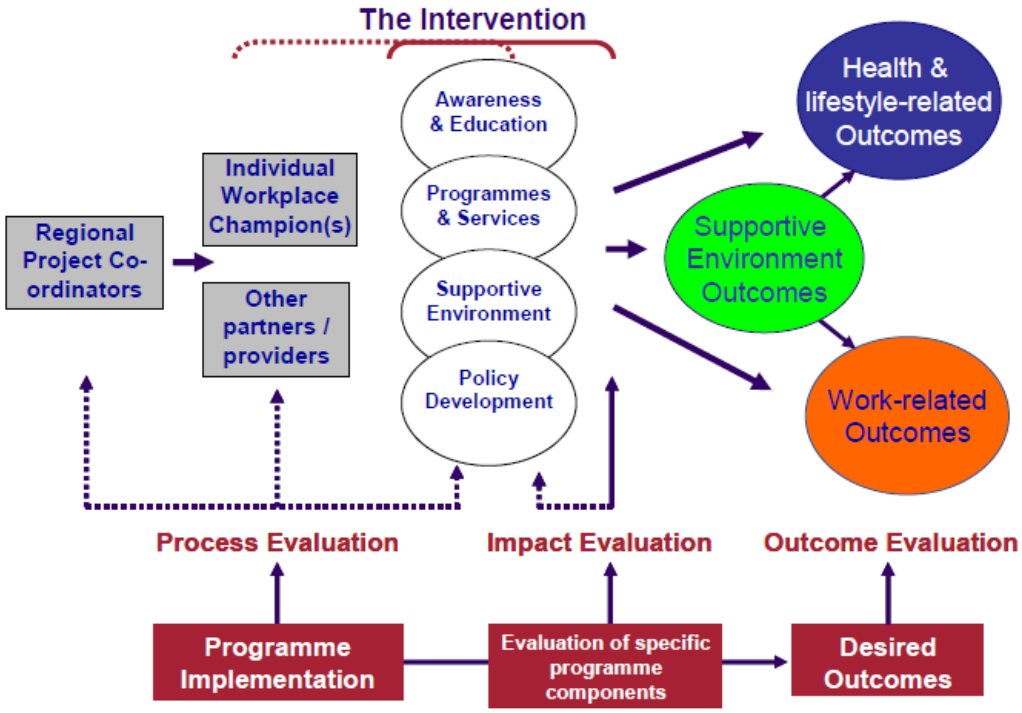


Figure 13 Well@Work evaluation process

4.3.7 Question 3 Evaluation summary

The HRB did not find evaluations of the national healthy workplace programmes in Australia or Canada. The USA completed a pilot programme between 2011 and 2015 and is currently completing a Workplace Health in America survey to evaluate employers' healthy workplace programmes and practices, and this is expected to be published in 2018. Only two countries, New Zealand and Scotland, have published evaluations examining specific aspects of the healthy workplace programmes.

The early evaluations in New Zealand indicated that good structure and adequate funding were required to implement a healthy workplace programme. The most recent evaluation concluded that 'WorkWell Advisors were adequately trained to support the implementation of WorkWell [the current state-funded programme] within workplaces. More than 10 new workplaces were accredited with the Bronze Standard by June 2013. The proportion of the workforce in WorkWell workplaces, number of priority registrations and number of workplaces accredited with the Silver Standard were slightly lower than intended; [however,] as programme delivery and development continued, it became clear that it was more important to focus on quality within a smaller number of workplaces than to rush recruitment and risk an inferior programme'.

The HRB found five reports covering four evaluations of the healthy workplace programmes in Scotland. The first evaluation report examined the geographical distribution and uptake of a specific programme, Work Positive, which was the predecessor of the current Healthy Working Lives programme.

The second and third reports were a draft and final version of the same evaluation project for Scotland. The two evaluation reports centred on understanding the nature of employer engagement, specifically in relation to policies, practices and behaviours. The reports also examined the quality of the Healthy Working Lives programme services rolled out to support employers, including its website,

advice line, workshops and training sessions. The main finding in the final report was that 'the evidence base around what the SCHWL [Scottish Centre for Healthy Working Lives] needs to do is strong, but its key challenge is around strengthening the evidence of impact. This is particularly the case around capturing evidence around harder impacts, which requires the development of an appropriate set of indicators which are both implementable and deliverable.'
The fourth evaluation report was a review of the government's Healthy Working Lives Strategy; the specific Healthy Working Lives programme is not addressed in the report.

The fifth report is *Health Works: A review of the Scottish Government's Healthy Working Lives Strategy*. This evaluation reported an increase in:

- The number of organisations, especially small and medium-sized enterprises, being supported by Healthy Working Lives
- Funding for resources, and
- New organisations registering their intention to achieve a Healthy Working Lives Award.

Table 26 Evaluation documents identified

Description	Limitations/findings
New Zealand: Lakes DHB Healthy Workplace Projects Final Evaluation Report from Resonance Research for Lakes District Health Board (DHB) Healthy Workplace initiatives (March 2012) Hard copy available on request	
This is a report of the evaluation of the Lakes District Health Board (DHB) Healthy Workplace initiatives that was conducted by Resonance Research in a contract for the Lakes DHB. The Healthy Workplace initiatives were implemented in response to the Ministry of Health's Healthy Eating – Healthy Action/Oranga Kai – Oranga Pumau (HEHA) initiative. Three programmes were evaluated: · The Lakes DHB Workplace Wellness Programme · The Healthy Workplace Programme · The WorkWell programme. The Lakes DHB Workplace Wellness Programme and the Healthy Workplace Programme ran from mid-2009 to mid-2010, when they were terminated due to lack of progress. The last programme (the WorkWell programme) began in late 2010 and is still running. The evaluation processes used included: · Preparation for the evaluation and each round of fieldwork · Four rounds of fieldwork between December 2009 and December 2011 involving 115 interviews · Production of five key-findings reports · The production of this report which is a culmination of all the previous evaluation work for this project. This report outlines the details of how each programme operated and what the enablers and barriers were to their success.	<u>The Lakes DHB Workplace Wellness Programme</u> This programme was for the benefit of the Lakes DHB employees and their families. The work was overseen by a small group of people and endorsed by the DHB's Healthy Workplace Group. A half-time person was employed to coordinate the programme but resigned after a short time and was replaced by another person – also on a half-time basis. Although the project and the coordinator were well received by DHB staff and there was evidence of some positive outcomes, the project failed to gain traction and was terminated in mid-2010. The major barriers to success included: • Insufficient time to do the work • Lack of strategic direction • Lack of baseline monitoring • Lack of a systematic approach. <u>The Healthy Workplace Programme</u> The Healthy Workplace Programme (HWP) was designed to benefit targeted health service providers who had contracts with the Lakes DHB. Kaupapa Māori providers and elder care services were to be prioritised with recruitment of 10 providers in the first year, increasing every year for three years. A private consultancy firm was contracted to carry out the work. Some healthy workplace initiatives were implemented and some participants came to understand that their organisations had responsibility for their own well-being. However, too little was achieved and the programme was terminated. The reasons for lack of success included: • Lack of clarity about the programme • Lack of structure for the programme • Insufficient buy-in from senior personnel and workers in participating organisations • Lack of appropriate Māori cultural engagement • Lack of tangible outcomes. <u>The WorkWell programme</u> At the end of 2010, Toi Te Ora – Public Health Service (Toi Te Ora) was contracted to deliver its WorkWell (WW) programme to both the DHB staff and the targeted health service

Description	Limitations/findings
	providers. This programme continues and there are early indicators that it may eventually deliver healthy outcomes for the staff in these organisations and their families/whānau. The strengths of the WorkWell programme overcame many of the barriers experienced in the two earlier initiatives. The strengths included the following: 1. WW was based on internationally developed, evidence-based programmes 2. WW was well-structured and utilised a step-by-step process 3. It came with fully developed, easy-to-use resources 4. The programme was supported in each participating organisation by a WW Advisor who was, in turn, well-resourced by Toi Te Ora, their parent organisation 5. The WW Advisors were regarded as highly professional, knowledgeable, accessible and approachable by staff from participating organisations 6. Buy-in from the senior management in each participating organisation was gained 7. Enthusiastic and highly-regarded WW Leaders were recruited from within each organisation and fully supported by the WW Advisors 8. Representatives from different parts of organisations were recruited to form WW Groups to oversee and support the WW process 9. The WW Groups were playing their roles well 10. A range of successful activities had taken place with desirable outcomes for staff 11. Predetermined milestones in the form of three levels of accreditation were part of the programme. Achieving the levels of accreditation were perceived to be highly desirable for all participating organisations. Although the WorkWell programme showed early promise, there remained some barriers that Toi Te Ora was still trying to overcome. These included the following: 1. Working to make the link between the programme and Māori models of health more explicit to Māori organisations 2. Refining their 'Roadshow' – developed for organisations with multiple sites 3. Helping WW Leaders and Groups find better ways to engage the staff in their organisations 4. Increasing the depth of subject-specific knowledge of WW Advisors 5. Working on ways to make the programme more flexible to better meet the specific needs of participating organisations.
New Zealand: WorkWell Implementation July 2012 – June 2013 (August 2013)	

Description	Limitations/findings
The aim of this evaluation was to monitor the implementation and effectiveness of the WorkWell programme from the preceding year, monitor completion of 2012 evaluation recommendations, and identify additional areas for ongoing improvement. Key objectives were: • To have 11.5% of the Bay of Plenty and Lakes Districts' workforce (13,225 employees) in WorkWell workplaces • To have 75% of registered workplaces represent priority one or two businesses as identified in the WorkWell Targeted Engagement Plan • To have at least 10 new workplaces accredited with the Bronze Standard and five workplaces accredited with the Silver Standard • To continue to prepare and develop WorkWell Advisors through professional development and experiential learning. The evaluation period ran from July 2012 to June 2013.	
Canada: CCOHS Program Evaluation Study (2009) **http://www.ccohs.ca/ccohs/reports/financial_report09.pdf** An external evaluation of CCOHS with a two-fold aim: (1) a programme evaluation perspective on the operations of CCOHS, including an assessment of the relevance of the programme and the effectiveness and efficiency of the programme given its mandate; and (2) an assessment of financial capacity issues and a presentation of an approach to continued economic viability at CCOHS.	• No healthy workplace-specific data were identified by the audit and so results are not discussed here.
Canada: *CCOHS Report of the Council: April 1, 2016 to March 31, 2017* (2017) **Canada: *CCOHS Report of the Council: April 1, 2015 to March 31, 2016* (2016)** **https://www.ccohs.ca/ccohs/reports/annualReport16-17.pdf** https://www.ccohs.ca/ccohs/reports/annual_report15-16.pdf	

Description	Limitations/findings
The CCOHS publishes an annual report which provides summary statistics on key programmes.	• In 2015–2016, the Healthy Workplaces website had 53,131 page views and in 2016–2017 the website had 51,847 page views. • Government of Canada Workplace Mental Health Campaign 2015: In collaboration with the Canadian federal government, CCOHS ran a paid advertising social marketing campaign to raise awareness of workplace mental health. Funds were secured through the centralised web fund, which is granted to departments with organisational objectives that align with throne speeches and ministerial mandate letters. The campaign utilised social media to help drive awareness of mental health and how it relates to the workplace, all while leveraging the reach capabilities of social media channels, including Facebook, Twitter and LinkedIn. The objectives of the campaign were to reach as many workers and employers in Canada as possible in an effort to break through stigma and generate conversation and engagement on a trending topic. Additionally, the campaign included a variety of different creative rotations that addressed several sectors, including construction, healthcare and food service. Running over the span of two months, the campaign launched in January 2017 and ended in early March 2017. • As a result, the campaign delivered and exceeded performance benchmarks in comparison to other government advertisers. More than eight million Canadians were reached and there were more than 80,000 combined engagements of likes, shares, comments and retweets. People that engaged with the content were redirected to the CCOHS's Healthy Minds @Work website, where additional information, tools and resources are made available. The website saw significant increases in users visiting; when comparing to 2015-2016, the portal users grew by 13 times.
Canada: *An Environmental Scan of Workplace Wellness Programs in Alberta* (2004) https://www.centre4activeliving.ca/media/filer_public/e7/64/e764b576-311a-445f-80b0-a6c250595aee/2004-workplace-scan-report.pdf	
The authors of this report used the Alberta Centre for Active Living's database to compile a list of organisations with workplace wellness programmes. In addition, they sent 52 letters to people in the centre's database who might be able to provide more information about Alberta's workplace wellness programmes. This dual process yielded a list of 70 organisations that were offering workplace wellness programmes with a physical activity component. The authors phoned each of these organisations to ask them to participate in the environmental scan. Between December 2003 and January 2004, workplace wellness surveys (along with information letters and informed consent forms) were sent to the people responsible for workplace wellness programmes in the 49 organisations that initially told the service that	Only qualitative data collected. The survey collected data on: 1. Locations of respondents 2. Physical setting and purpose 3. Public versus private sector 4. Number of employees 5. Respondents' positions in the organisations 6. When the workplace wellness programmes started 7. Employee participation

Description	Limitations/findings
they wanted to participate. This report mainly focuses on what parts of the programme were implemented and how.	8. Responsibility for the workplace wellness programme 9. Evaluation of programmes and involvement of employees 10. Access to the workplace wellness programme (e.g. are retired employees included?) 11. Goals of the workplace wellness programme 12. Communication strategies 13. In-house exercise facilities and supervision 14. Partnerships 15. Flexible work schedules 16. Workplace physical activity opportunities 17. Active living recreational events 18. Promoting active transportation 19. Active breaks and stair use 20. Other workplace wellness initiatives 21. Fees and incentives 22. Perceived benefits and impact of workplace wellness programmes.
England: *Well@Work: Promoting Active and Healthy Workplaces: Final Evaluation Report* (July 2008) **http://www.ssehsactive.org.uk/userfiles/Documents/WWEVALUATIONREPORT1.pdf**	
The Well@Work programme was a national workplace health initiative, comprising nine regional projects encompassing 32 workplaces representing different-sized organisations and sectors. The aims of the Well@Work pilot project were to assess the effectiveness of workplace health programmes in promoting the health and well-being of employees in a diverse set of workplace environments and to develop an evidence base of 'what works' in health promotion in the workplace in England. A national evaluation was carried out by Loughborough University using a framework developed to provide a consistent and comparable approach across all Well@Work projects and assess the key outcome areas. There were four elements to the evaluation (Figure 13): • Outcome evaluation: aimed at assessing changes in the three primary outcome areas, namely employee health and lifestyle behaviours, the supportive workplace environment (physical and policy), and selected business-related indicators. • Process evaluation: aimed at providing a detailed analysis of the tasks involved in implementation of the Well@Work projects. This included an assessment of the project coordinator's role and the collation of summary data on all events and activities delivered over the course of the two-year Well@Work project. • Impact evaluation: aimed at providing a more specific evaluation of selected workplace initiatives, such as stair-climbing programmes, smoking cessation groups, or	Physical activity and nutrition were the dominant focuses of all Well@Work projects. Physical activity initiatives (including sports and recreation, walking, and active travel) accounted for approximately half (49%) of all project initiatives; however, this did vary across projects (from 26% to 73%). Nutrition initiatives accounted for 19% of project events, but again this varied across projects (from 4% to 41%). There were no observed changes in the prevalence of smoking, alcohol consumption or other health areas and this is likely reflective of the low number of initiatives delivered to address these topics. Providing a supportive workplace environment can support and encourage employees to maintain healthy lifestyles; however, only a few changes were made in Well@Work sites over the two-year timeframe. The majority of improvements addressed the awareness and education environment (providing newsletters, poster boards or intranet pages) and these were viewed as easy and cheap to implement. Changes to the physical environment in Well@Work projects were small-scale, non-structural and inexpensive; most addressed physical activity (e.g. the provision/improvement of bike storage or the provision of sports equipment) and nutrition (e.g. heathier options in vending machines and canteens). Employees reported that more changes to the physical environment would have provided visible commitment to the project and employee health from their employer. Few changes were made to modify or introduce healthy workplace policies in Well@Work projects. Improved business performance was a key driver for Well@Work in many organisations, but

Description	Limitations/findings
changes in canteen sales. Impact evaluation can provide useful feedback on the individual components of a larger, multi-component workplace project. • Qualitative evaluation: aimed at complementing the extensive set of quantitative data collection and capturing the views, opinions and experiences of those involved with the project. Methods included in-depth interviews and focus group discussions, as well as open-ended questions in the employee questionnaire. The qualitative data collected as part of the evaluation framework were used as an additional data source to inform the process, impact and outcome evaluation elements of Well@Work.	overall there is limited evidence from objective data due to the lack or poor quality of data provided by participating workplaces. Employers reported observing an improvement in staff morale, working atmosphere, and communications and interactions between both employees and managers in the workplace as a consequence of participating in Well@Work. These were described as 'less tangible' but important outcomes. Around two-thirds of employees thought that the Well@Work projects had been 'interesting', 'helpful' and provided them with 'useful information'. Participants reported enjoying their experiences and liking the opportunity to meet new colleagues and socialise. Self-reported participation rates did vary across the Well@Work projects from 37% to 88%, with the lowest participation rates in projects with low scores on employees' rating of project convenience. Conclusions: 1. A range of initiatives to increase on-site participation in physical activity through sports, recreation, walking and active travel can be undertaken. 2. The facilities need to be provided to promote physical activity. 3. Appropriate encouragement to sustain physical activity; on site for larger companies, and signposts for community classes in smaller companies. 4. Identify features of the organisation, including routes to work, which encourage physical activity (e.g. using the stairs, cycling to work). 5. Promote active travel through amenities like provision of bike storage, incentives, bike purchase schemes, or bike loan schemes. 6. Healthy eating promotion can be addressed; popular schemes include 'Fruity Fridays'. 7. Food service contracts (e.g. in canteens) can slow down introduction of initiatives. 8. Extensive employer training is required for complex initiatives related to alcohol, drugs and mental health 9. A policy and culture of working through lunch may need to change. 10. Identify areas requiring specialised interventions (e.g. shift workers, part-time workers) to ensure equitable access for participation and engagement. 11. Changes to the physical environment at a workplace may be required. 12. Organisational policy should be developed to ensure long-term sustainability. 13. Coordination is key and allocation of time and resources to coordinators is necessary. 14. 'Workplace champions' encourage employee engagement and ownership. 15. Visible management support is essential. 16. Comprehensive workplace health programmes may need external support. 17. Programmes must meet the needs and interests of employees, involve them in the planning and delivery and create employee ownership. 18. Communicate the aims and purpose of the workplace health programme.

Description	Limitations/findings
	19. Expectations for the programme should be realistic. 20. Realistic timescales are needed. Up to five years may be required to realise some of the potential benefits of workplace initiatives.

WHO: *Monitoring and Evaluation of Worksite Health Promotion Programs – Current state of knowledge and implications for practice* (September 2007)
http://www.who.int/dietphysicalactivity/Engbers-monitoringevaluation.pdf

This paper aims to gain insight into the current state of knowledge with regard to best practice methods of monitoring and evaluation (M&E) of worksite health promotion programs (WHPPs) that address healthy diets and physical activity (PA). Specific objectives were first to give an overview of frequently used indicators and measures in M&E; second, to comment on the feasibility of using these methods for M&E of non-scientific WHPPs; and third, to formulate recommendations on M&E of WHPPs.	The following indicators were identified: 1. Self-reported and objective measurements of diet, e.g. outcome indicators on fruit, vegetable or fat intake to measure a change in the frequency of consumption (portions, grams or 'fat points' per day) 2. Self-reported and objective measurement of physical activity, e.g. intensity and duration 3. Environmental measures, e.g. means to be active like showers in building 4. Determinants of behaviour, e.g. attitude 5. Biological indicators, e.g. increasing physical fitness 6. Process indicators, e.g. investigating how the programme was implemented. <u>Best practice: Recommendations for M&E of WHPPs in practice</u> 1. To adequately interpret the findings of M&E of WHPPs, outcome indicators should be included on each level of formative, process, intermediate and impact evaluation. 2. Outcome indicators should directly be related to and dependent on intervention components and objectives. They should be logical consequences of decisions made in each level of evaluation as mentioned in point 1 above. 3. An extensive process evaluation should always be included in the M&E of WHPPs; qualitative information on program preparation and implementation is just as important as the impact of WHPPs. Process evaluations will provide useful information on how to make WHPPs more successful. 4. Due to an increasing body of evidence regarding environmental determinants and the effectiveness of such interventions, in the M&E of WHPPs at least a measure to quantify the inside (worksite) or outside environment has to be included. An increasing number of such instruments are currently developed for research purposes. 5. To decrease the load of data management for health researchers and to increase the response of subjects to PA or dietary questionnaires, the use of validated and shorter Internet or intranet questionnaires should progressively be used more in the M&E of WHPPs. 6. Questionnaires to quantify PA should include items on occupational PA. 7. Technical developments provide new, valid and more feasible means to objectively measure occupational light-intensity PA (tri-axial accelerometers, pedometers and stair use measurement) and dietary habits (specified sales data in restaurants and vending machines).

Description	Limitations/findings
	Consequently, the use innovative objective instruments should be stimulated and utilised more frequently in the M&E of WHPPs. 8. The inclusion of an extensive set of biological indicators (e.g.) the measurement of full-spectrum blood lipid analysis, determination of body composition and blood pressure) in WHPPs might not be necessary or feasible. In correspondence with programme components and objectives, a relatively small set of feasible and less expensive biological indicators (i.e. finger stick cholesterol, fitness or strength tests and/or body weight and length) might be sufficient in the M&E of WHPPs in practice. 9. In combination with the continuous monitoring of sick leave at most worksites, regular (yearly) health check-ups of employees should likewise be incorporated in company health policy. Including the recommended small set of biological indicators and/or a questionnaire, continuous health monitoring: - Will give insight into long-term health changes - Will automatically measure health changes due to newly implemented policy or intervention elements - Will lead to effective WHPPs by gaining insight into successful or unsuccessful interventions of policy elements so that health trends can be anticipated - Can be utilised as a benchmark of a company's health policy - Will contribute to the employees' perception of the commitment of the company to occupational health management - Continuous data flow can make cost-benefit analysis achievable.
USA: Findings From The National Healthy Worksite Program https://www.ncbi.nlm.nih.gov/pubmed/28594703	
The CDC conducted a national demonstration study from 2011-2015 in which the CDC worked with the employers involved to create a comprehensive wellness programme. Their study concluded that 'Training and technical support can help small and mid-sized employers implement evidence-based health interventions to promote positive employee behavior changes. A longer follow up period may be needed to assess whether NHWP led to improvements in clinical outcome's	Pilot study only
USA: Workplace Health in America (ongoing) https://www.cdc.gov/workplacehealthpromotion/data-surveillance/index.html	
CDC developed the new Workplace Health in America survey to assess the organisational structure, characteristics, and practices of workplace health programmes. Although other surveys of workplace health programmes have been conducted over the past 25 years, no systematic effort has been made to document strategies that make up an effective programme from a representative sample of US employers. The Workplace Health in America	No results yet; now expected later 2018.

Description	Limitations/findings
survey will address this gap by collecting data about health programmes, policies and benefits; environmental supports; leadership; infrastructure; and capacity. It will help establish a surveillance system that tracks these efforts. The resulting data can be used to create recommendations, guidelines and solutions for US employers and to evaluate national health priorities, such as Healthy People 2020 objectives.	
USA: *CDC's Workplace Health* Programme Achievements (Date not reported)	
The CDC Workplace Health Programme has two actions which fall under this heading: 1. Collect, analyse and disseminate data to guide public health and employer action. 2. Support research to learn what interventions and practices are most effective in helping employers – especially small and mid-size employers – improve the health and well-being of their workers.	Some measures of reach are reported on the CDC Workplace Health Programme website and are listed here: 1. Over 18 months, the percentage of employees who participated in the National Healthy Worksite Programme who met CDC recommendations for physical activity increased from 6% to 13%, and the percentage who were current smokers decreased from 14% to 12%. 2. Using the CDC Worksite Health ScoreCard, over 1,200 worksites representing 40 states have assessed how proven health promotion strategies are used in their worksites.
Scotland: *Evaluation of the Scottish Centre for Healthy Working Lives Services to Support Employers and Healthy Working Lives Award Programme: Final Report* (from Scottish Centre for Healthy Working Lives Services) (July 2012) http://www.healthscotland.com/uploads/documents/19235-Evaluation%20of%20the%20Scottish%20Centre.pdf	
A three-tier evaluation strategy was undertaken which involved an e-survey of 355 employers; a telephone survey of 180 employers; and two-phase, in-depth case studies with 28 employers. Employers were given the opportunity to determine these impacts specifically in relation to: **Policies, practices and behaviours** - Understanding more about the issues around workplace health and well-being - Improving workplace practices and/or the policies around promoting health at work - Improving workplace practices and/or policies on health and safety - Improving workplace practices and/or policies around occupational health. **Employer performance** - Reductions in sickness absence/improved attendance - Reduction in staff turnover - A more motivated and productive workforce - Reduction in the number of accidents at work - A higher level of client satisfaction	The evidence base around what the SCHWL needs to do is strong, but its key challenge is around strengthening the evidence of impact. This is particularly the case around capturing evidence around harder impacts, which requires the development of an appropriate set of indicators which are both implementable and deliverable. **Recommendations** The evaluation makes a series of recommendations which relate to specific aspects of the SCHWL's activities. Adopting these recommendations would help the SCHWL to deliver on the goals set out in the terms and condictions (ToC). There is a need for a clear definition of what is meant by employer engagement, both initially and on an ongoing basis. Once effectively engaged with an employer, the SCHWL needs to ensure that it is maximising its opportunities for making a difference through, firstly, engaging with the right employers and, secondly, working with them effectively. The evaluation evidence provides a strong evidence base, particularly through the case studies, that the SCHWL should focus the intensity of its activity on employer need, as this is where it will add the most value. To enhance employer engagement the SCHWL must: - Monitor client data to ensure that the SCHWL is moving further away from its historical

Description	Limitations/findings
- Increased sales and/or production - Better able to comply with legislation - Enhanced reputation for the organisation.	precedent of working with larger, public sector organisations, which at one level may be easier to engage with, but evidence suggests do not present the opportunities to deliver in terms of impact. There has been significant progress on this during the course of the evaluation, but this needs to be maintained over time. - Work more proactively through its existing client base (whose experiences of using the various aspects of their services are reported as largely positive, albeit with a varying range of impacts) to increase their engagement, in turn raising the potential for positive impact by the SCHWL. - Investigate the reasons why many employers are only engaged on a light touch basis, as maintaining engagement over time will ensure that a more intensive service can be delivered where appropriate. - Ensure that it fully understands the 'hook' that engages employers in the first place. This involves continuing to use and build on the findings of the market research that drove the development of the SME Engagement Strategy and reviewing the need for research to be undertaken among non-users of the service. The evidence base shows that the SCHWL is making a bigger impact where it has a larger number of connections to employers. Given a finite set of resources this suggests the need for a strategic decision, supported by stakeholders and funders, to work with fewer employers, but more intensively, to secure the required impacts. In seeking to target employers, the critical issue is to ensure that the SCHWL is doing the 'right things' with the 'right organisations'. The management information system needs to be enhanced to ensure that it can deliver what it needs to be able to demonstrate in a clear and systematic way where and to what extent the activities of the SCHWL are adding value to its clients. This may require a review of the current system which can be accessed directly by a wide range of individuals to input information (which has potential implications for consistency and quality management) and is hosted by a third party (which has implications for costs, governance and responsiveness). Data collection should be designed in a way that it could feed directly into the ongoing collaborative work with NHS Health Scotland to develop an outcome focussed framework for the SCHWL, that will help to support the planning, delivery and evaluation of its contribution to *Health Works*.

Scotland: ***Evaluation of the Scottish Centre for Healthy Working Lives Services to Support Employers and the Healthy Working Lives Award Programme: Key Findings from the E-Survey, from Scottish Centre for Healthy Working Lives Services*** **(2010)**
http://www.healthscotland.com/uploads/documents/18379-RE042SummaryOfKeyFindings0809.pdf

Description	Limitations/findings
An evaluation to test the contribution to employers made by the SCHWL through two key areas of its activity. The first is its services to support employers, which includes the package of measures available through the HWL website, HWL Adviceline, one-to-one workplace visits and customised support, the workshops, and the training sessions. The second is the HWL Award Programme. More specifically, it seeks to assess SCHWL's impact on employer behaviours and practices and employer performance. Note: This research is not an evaluation of the individual elements of the services and supports that the SCHWL offers.	The response rate was 34% (355/1250). In addition to the numeric response rate, responder bias characteristics were observed with regard to: • Engagement with the HWL Award Programme – more responders had participated in the Award Programme • Under-representation of SMEs. Half of employers were public sector bodies (not the target group, which was SMEs). About 25% of responding organisations had more than 250 employees at the site of the SCHWL programme. 40% of organisations had more than 1000 employees in total. [This isn't a like-with-like comparison].
Scotland: NHS Health Scotland: *Evaluation of the Distribution and Uptake of Work Positive in Scottish Workplaces* (2004) http://www.healthyworkinglives.com/resources/evaluation-of-the-distribution-and-uptake-of-work-positive-in-scottish-workplaces-55148	
The Work Positive Pack was launched and distributed to organisations across Scotland in March 2002, as a resource pack to combat stress at work. This evaluation assesses how successful Work Positive has been in terms of distribution and implementation across Scotland since the launch, including the identification of key motivations and barriers to the implementation of the Work Positive Pack.	This evaluation is not an evaluation of a healthy workplace programme but of related work on which healthy workplace programmes are built. It has been included here to flag this issue of pathway dependence, a factor which needs to be considered when considering programme impact.
Scotland: NHS Health Scotland: *Evaluation of the Activity Works Programme* [specifically physical activity] (2011) http://www.healthscotland.com/uploads/documents/18434-ActivityWorksEvaluation.pdf	
Evaluation approach The evaluation comprised three main components: 1. Programme mapping: to profile Activity Works across the seven local authority areas in terms of employer size (small, medium or large) and type (public, private, other), leisure service provision, and models of delivery and promotion 2. Quantitative component: retrospective profiling of all Activity Works participants (using routinely collected programme data) and collection and analysis of follow-up data through postal and online surveys. This captured changes in physical activity and additional data relating to employer type and size, level of engagement and reasons for participation or non-participation 3. Qualitative component: focus groups, face-to-face and telephone interviews were undertaken in four case study local authority areas with participants (engaged, disengaged and non-participants) and other stakeholder groups, to explore programme strengths and weaknesses, and areas for improvement.	**Quantitative: physical activity change** Based on data that could be included in the analysis, significantly higher activity levels were apparent at follow-up compared with baseline in both within-subjects analysis (n=29) and between groups analysis (n=685 baseline vs. n=187 follow-up). Data should be treated with caution given the small number of participants with data at both time points, the unknown variation in time between baseline and follow-up, and limitations in physical activity measurement.

Description	Limitations/findings
Mapping – Activity Works employer profile A total of 250 employers were registered with Activity Works across seven local authority areas. Public sector employers accounted for the majority of employers and participants in Activity Works. This is consistent with the historical focus of workplace health and physical activity programmes on large, often public sector bodies, in most local authority areas. Mapping: leisure services profile The nature of leisure services provision in terms of number of facilities, range of activity options and cost of participation was similar across local authority areas. Average rates of retention beyond the initial eight-week discount period were between 25% and 34%,but with marked differences in two areas (17% and 83%). Quantitative: participant profile Demographic information was available for 685 of the 943 registered Activity Works participants. This indicated a predominantly female participant population (75%), with low ethnic diversity (98% White British), and the highest proportion accounted for by adults in middle age. The majority of participants reported having sedentary occupations (65%) and were classified as 'low active' (59%), indicating relative success in reaching sedentary employees. Marked variation between some local authority areas indicated the need to explore targeting in some areas.	
Scotland: *Health Works: A Review of the Scottish Government's Healthy Working Lives Strategy* (December 2009) http://www.gov.scot/Publications/2009/12/11095000/0 This review was carried out in the context of Dame Carol Black's review of the health of Britain's working-age population. Among the recommendations in Dame Carol Black's report is the replacement of the current medical certificate, or 'sicknote', with a 'fitnote' that will aim to keep people in work where it will help their recovery. The introduction of the new medical certificate necessitated a major change in attitudes to health and work among employers, employees and healthcare professionals. The report highlights the requirement for the Scottish Centre for Healthy Working Lives to work with its partners to develop a clear marketing and communications strategy to ensure that it maximises the number of employers it reaches with its services, in particular small and medium-sized enterprises. Individuals with a health barrier to entering, or fulfilling their potential in, work will have access to healthcare services that will support them back towards work.	
Scotland: *Health Works: A review of the Scottish Government's Healthy Working Lives Strategy: A report on implementation* (May 2013) http://www.gov.scot/Resource/0042/00422629.pdf	
This report provides an update on progress with the delivery of the Scottish Government's *Health Works*. It is based on wide consultation and partnership working with relevant stakeholders throughout Scotland and presents information to the end of March 2013. Brief case studies are presented throughout the text to illustrate the kinds of positive initiatives	Key findings from this report related to the area of Healthy Working Lives include: Healthy Working Lives is a partnership involving the 14 territorial NHS boards and is led by NHS Health Scotland. It has continued to drive improvements in its customer focus and reach,

Description	Limitations/findings
that services are taking forward across the country.	engaging with a record number of employers. Achievements include increasing the number of organisations actively supported by over 10% to a total of 4,100, most of which are small and medium-sized enterprises. Taken together, these organisations employ over one million staff and account for over 40% of employees in Scotland. The Healthy Working Lives advice line, which predates *Health Works*, has been a key service for the business community and general public, providing access to information and support on health and work, occupational health, health and safety, and health improvement in Scotland. The Department for Work and Pensions (DWP) has provided additional funding over the last few years, increasing resources for support and more active promotion to businesses through a Scottish Chambers of Commerce-coordinated marketing campaign. The advice line also provides direct access to the WHSS vocational rehabilitation service hosted by NHS Lanarkshire. Visitors to the Healthy Working Lives website now stand at almost 900,000 per year, an increase of 50% on 2010–2011. **Healthy Working Lives awards scheme** This successor to the highly regarded Scotland's Health at Work Awards has been extremely successful in engaging the business community. One hundred and sixty new organisations registered their intention to achieve a Healthy Working Lives award, with a 22% increase to 297 awards in 2013. Twelve hundred employers are now engaged.

5 Conclusions

This information review found that each of the five countries nominated a government agency to implement its national healthy workplace programme. The national healthy workplace programmes in the countries selected involved one or more of the following activities: selecting health-related topics (all countries), developing an online information hub linked to a network of expert agencies (all countries), documenting a management or health promotion process to help the government agency engage with employers and workplaces (four countries), employing advisers or training trainers (three countries), and an accreditation process for workplaces or employers (three countries), which included qualified assessors (two countries). Three countries (Canada, New Zealand and Scotland) employed a social marketing approach to their programmes and four countries (Australia, Canada, Scotland and the USA) used a population health approach.

The HRB extracted over 950 topic-based and 200 process-based online tools and resources into an Excel spreadsheet. Partner or expert agencies often developed a number of the health topic tools, whereas the nominated government agencies developed the process tools.

There was little data on cost and staff supports identified through Internet searching or by directly contacting government agencies, and budget is sometimes tied into a larger programme. Scotland was the only country that published detailed costs data.

Only two countries, New Zealand and Scotland, had published evaluations examining specific aspects of the healthy workplace process. The main lessons learned from these are that healthy workplace programmes are enhanced by a structured roll-out process (New Zealand), adequate funding (New Zealand and Scotland), evidence-informed activities (Scotland), and the development of useful indicators to measure impact (Scotland).

An important point to note is the socio-economic and political context in which a national healthy workplace programme is developed. Interventions are likely to be ineffectual in the context of structural issues such as economic restructuring, weakening social security nets and increasing precarity. Long-standing global evidence supports the view that lifestyles play a proximal role in health and health outcomes but are shaped by material and political drivers.

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Appendix A : Quantitative summary by country

Table 27 Breakdown of tool and resource type by umbrella topic: Australia

	Nutrition/ physical activity/ healthy weight	Mental Health	Alcohol	Smoking Cessation	Process	TOTAL
Case studies	1	0	0	0	0	1
Guides	6	0	3	3	0	12
Guides & other tools and resources	0	0	1	0	0	1
Posters	1	0	0	0	0	1
Information leaflets	0	0	1	0	0	1
Fact sheets	4	0	4	0	0	8
Brochures	3	0	0	0	0	3
Survey/questionnaire	2	0	0	1	0	3
Checklist	0	0	1	0	0	1
Checklist & other tools and resources	0	0	1	0	0	1
FAQ	0	0	1	0	0	1
Game/quiz	4	0	0	0	0	4
Toolbox/toolkit	1	0	0	0	0	1
Tip	8	0	0	0	0	8

Research/ policy report	1	0	0	0	0	1
Business case	2	0	0	0	0	2
Recipes	1	0	0	0	0	1
Legislation	0	0	0	1	0	1
Website	25	0	7	4	5	41
Website & other tools and resources	20	0	1	5	0	26
Videos	4	0	0	0	0	4
Apps	0	0	0	1	0	1
Calculator	6	0	3	0	0	9
Online checklists	0	0	0	1	0	1
Advice lines (phone)	1	0	0	0	0	1
Advice lines & other tools and resources	1	0	0	0	0	1
Challenges	4	0	0	0	0	4
Days/Weeks/etc	2	0	0	0	0	2
Partners & other tools and resources	0	0	0	12	0	12
Broken links	127	0	17	36	0	180
TOTAL	224	0	40	64	5	333
TOTAL not broken	97	0	23	28	5	153

Table 28 Breakdown of tool and resource type by umbrella topic and by specific agency: Canada

		Main site	Microsite				
	Nutrition/ physical activity/ healthy weight	**Mental Health**	**Mental Health**	**Alcohol**	**Smoking cessation**	**Process**	**TOTAL**
Reports	0	4	0	0	0	0	4
Articles	8	0	2	0	0	1	11
Guides	1	5	3	0	0	1	10
Posters	0	10	0	0	0	0	10
Information leaflets	0	0	3	0	0	0	3
Fact sheets	3	19	7	1	2	2	34
Fact sheets & other tools and resources	0	0	1	1	0	0	2
Brochures	0	2	2	2	0	0	6
Presentations	0	6	0	0	0	0	6
Infographics	0	4	0	0	0	0	4
Game/quiz	0	9	1	0	0	0	10
Toolbox/toolkit	4	17	6	0	1	6	34
Toolbox/toolkit & other tools and resources	0	0	0	0	0	1	1
Handbook	2	9	4	0	1	12	28
Tip	0	0	1	0	0	0	1

Activity Plan	0	1	0	0	0	0	1
Research/ policy report	1	6	1	0	0	4	12
Business case	0	0	2	0	0	5	7
Legislation	0	2	0	0	0	1	3
Website	1	5	4	0	0	5	15
Website & other tools and resources	1	0	1	0	0	0	2
Videos	0	0	1	0	0	0	1
Apps	0	2	0	0	0	0	2
Online training courses	0	3	1	0	0	1	5
Podcast	4	9	0	1	1	4	19
Electronic updates	0	5	0	0	0	2	7
Webinars	0	6	0	0	0	2	8
Weeks	0	2	0	0	0	0	2
Workshop	0	2	1	0	0	1	4
Partners & other tools and resources	0	5	1	0	0	1	7
Link broken	6	13	6	0	0	8	33
TOTAL	31	146	48	5	5	57	292
TOTAL not broken	25	133	42	5	5	49	259

Table 29 Breakdown of tool and resource type by umbrella topic: New Zealand*

	Nutrition/ physical activity/ healthy weight	Mental Health	Alcohol	Smoking Cessation	Process	TOTAL
Reports	0	0	0	0	2	2
Case studies	3	4	1	0	14	22
Case studies & other tools and resources	0	2	0	0	0	2
Terms of reference	0	0	0	0	1	1
Pledges	0	0	0	0	1	1
Templates	8	0	0	0	10	18
Articles	3	0	2	3	0	8
Guides	7	6	0	0	1	14
Guides & other tools and resources	0	0	0	0	1	1
Posters	39	6	10	4	0	59
Brochures	3	0	6	0	0	9
Presentations	3	0	0	0	0	3
Signage	0	0	0	6	0	6
Images	0	4	1	9	0	14
Timelines	0	0	0	0	3	3
Survey/questionnaire	0	0	0	0	2	2
Plan resources	0	0	0	0	5	5
Checklist	0	0	0	0	8	8

Game/quiz	0	0	1	0	0	1
Comparison Table	0	0	0	0	1	1
Accreditation related item	0	0	0	0	7	7
Action plan template	0	0	0	0	8	8
Website	18	9	10	11	9	57
Website & other tools and resources	1	2	1	0	16	20
Videos	1	3	0	0	1	5
Partners	21	13	9	8	8	59
Partners & other tools and resources	0	0	0	1	0	1
Weeks	0	1	0	0	0	1
Months	1	1	0	0	0	2
Seasons	1	1	0	0	0	2
Link broken	0	0	1	0	2	3
TOTAL	109	52	42	42	100	345
TOTAL not broken	109	52	41	42	98	342

*In the New Zealand HPA several tools fell into a cluster; that is where a tool fell under multiple umbrella terms, e.g. one cluster was smokefree, Move More, Eat Well and community. To facilitate the ease of reading of the table those clusters have been removed.

Table 30 Breakdown of tool and resource type by umbrella topic: Scotland

	Nutrition/ physical activity/ healthy weight	Mental Health	Alcohol	Smoking Cessation	Process	TOTAL
Handbook	0	0	2	0	0	2
Website	18	9	0	0	1	28
Website & other tools and resources	3	1	9	4	0	17
DVD	0	1	0	0	0	1
Advice lines (phone)	2	1	1	1	0	5
Advice lines & other tools and resources	1	0	0	0	0	1
Email based advice	4	1	1	1	0	7
Trainers of trainers (government, educational institute, NGO)	0	0	1	0	0	1
Inquiry service	0	1	1	0	0	2
Partners	0	0	0	0	10	10
Links broken	0	0	0	0	0	0
TOTAL	28	14	15	6	11	74

Table 31 Breakdown of tool and resource type by umbrella topic: USA

	Nutrition/ physical activity/ healthy weight	Mental Health	Alcohol	Smoking Cessation	Process	TOTAL
Reports	0	2	0	1	1	4
Case studies	1	0	0	0	1	2
Templates	2	0	0	1	0	3
Articles	0	1	0	0	0	1
Guides	7	1	3	2	7	20
Guides & other tools and resources	1	0	0	0	0	1
Information leaflets	0	0	0	0	1	1
Fact sheets	0	3	2	0	0	5
Brochures	1	2	0	1	0	4
Survey/questionnaire	1	0	0	0	5	6
Checklist	0	0	0	0	1	1
Evaluation & improve resources	0	0	0	0	1	1
Infographics	0	0	0	0	1	1
Game/quiz	0	0	0	0	1	1
Toolbox/toolkit	3	0	0	1	1	5
Resource list/ collective tools	0	2	1	2	0	5
Activity Plan	2	0	0	0	0	2
Research/ policy report	0	1	0	0	0	1
Book	0	0	0	1	0	1
Legislation	0	0	0	1	0	1
Website	8	5	3	3	1	20
Podcast	0	1	0	0	0	1
Webinars	0	0	0	0	1	1
Calculator	0	0	0	0	2	2
Trainers of trainers & other tools and resources	0	0	0	0	1	1
Challenges & other tools and resources	1	0	0	0	0	1
Links broken	2	7	1	4	3	17
TOTAL	29	25	10	17	28	109
TOTAL not broken	27	18	9	13	25	92

Appendix B : National case study: Australia

• Australia the five key principles

Creating a Healthy Workplace

There are many approaches to developing a healthier workplace that range from simple, low cost approaches to more detailed approaches. Most successful workplace health programmes follow a process that involves continuous improvement – that is, the process continually plans, acts, reviews and improves on the workplace's health promotion activities. To create a successful programme it is important to consider how the workplace's health promotion activities can be sustained in the long term

No two workplaces are the same, which is why successful approaches to promoting a healthy working environment are those that are tailored to the needs of the workplace and its employees. The Health Workers initiative provides information on how to develop and implement both simple and detailed approaches to workplace health. Depending on the circumstances of workplace it may be best to start small, using simple strategies, and build the programme over time. Alternatively, a more detailed strategy may be implemented straight away. The steps for the simple and detailed approaches are address later in this case study. .
The Quality Framework developed for the Healthy Workers initiative includes Principles for Healthy Workplaces. The five key principles cover the drivers and inhibitors of successful workplace health promotion for employers and are identified as: understanding the context, engagement and collaboration, commitment, tailored, continuous improvement

Understanding the Context

- **Need** – Successful approaches are those that are matched to what each specific workplace needs, what the staff need, and what is relevant, appropriate and acceptable to that workplace. The assessment of need should take into account both individual healthy lifestyle profile and environmental considerations.
- **Aims –** Aims need to be specific, measurable and time limited. Knowing the need will assist in developing relevant aims. Aims allow what can be diverse needs to be refined into priorities and specific focus areas.
- **Workplace culture** – A supportive workplace culture will help participants of workplace health programmes achieve more and sustain those achievements. Understanding workplace culture will assist in tailoring the programme appropriately.
- **Resource availability** – Resources can include staff time, freely available health promotion material, local community organisations, physical facilities, private providers, dedicated workplace units. Knowing the market place and what resources are available and the level of resource available internally will assist in planning an appropriate approach

Engagement and Collaboration

- **Promotion:** -Workplaces will need to discuss the mutual benefits with employers, management, employees and with any established healthy and safety representatives /committees. Promotion of programme activities will support higher levels of participation and engagement. Promoting the successes and lessons learnt will promote continuous improvement and sustainability.
- **Communication:** -As with all programmes communication is key. Open discussion should be encouraged and take account of the different needs of people in workplaces. Communication needs to be repeated regularly to improve its effectiveness. Communicate the what, why, how, where and who.
- **Champions:** -The use of workplace champions is associated with higher levels of success. Champions are those who are committed and passionate about workplace health promotion and healthy lifestyles and can help motivate others. They can act as role models and lead specific engagement strategies.
- **Respectful:** - Programmes must be respectful of individual choice, cultural beliefs and business requirements. They should also reflect any legal requirements.

- **Partnerships:** -Collaborative approaches use partnerships effectively to harness like minded groups and individuals to achieve similar goals. There are many possible partners available to support workplaces including Workplace Health and Safety teams, local community groups, state and territory government departments, local businesses, not for profit and non-government groups and private providers. The Healthy Worker Registration process will assist workplaces in selecting quality providers, if they chose to use external providers.

Commitment

- **Leadership:** -Leadership is a critical success factor for workplace health promotion. Ideally the leadership will come from all levels: senior executives, business owners, managers, supervisors and employees themselves. Leadership will make things happen, commit resources, and remove barriers and obstacles.
- **Policy / philosophy:** - statement about what the workplace wants to achieve will be useful in guiding action.
- **Planning and Resources:** -Promoting healthier lifestyles in the workplace does not necessarily need to cost much. However at a minimum it will take some time and effort to promote and coordinate. Providing dedicated resources is the most demonstrable way of committing to doing something.
- **Action:** -The planning process should identify the first actionable steps. Taking action will allow workplaces to start to achieve their stated aims.

Tailored

- **Responsive to need:** -The most successful approaches will be those that consider the range of needs and the local aims identified under Understanding the Context. Programmes that are relevant to the specific workplace needs are more likely to have higher levels of participation and success.
- **Balanced:** - There will always be competing priorities in delivering programmes. Workplaces need to not only balance the various identified needs but also consider a balanced approach to improving healthy life choices by workers, the culture of the workplace and the workplace environment to support to reduce risk factors for chronic disease.
- **Resource appropriate:** - Programmes need to match available resources. Tailored programmes meeting the needs of workplaces can be developed on a range of budgets and resource availability.
- **Variable:** -The diversity of need and wants within a workplace would indicate that a variety of approaches will be more successful. Workplaces will need to consider variations in the way information is provided, the types of activities that are supported, the places where activities occur and the times that activities occur.
- **Risk managed:** - the risks of each approach need to be assessed and managed accordingly. This should be done in line with Workplace Health and Safety obligations.

Continuous Improvement

A continuous improvement cycle involves planning, assessing need, implementing action, monitoring progress, evaluating and improving. There are a range of publications which provide evidence-based, detailed approaches for employers to follow. Many have a particular focus such as a specific state or territory, industry or size of workplace. Examples include:

- Best-Practice Guidelines -Workplace Health in Australia. (HAPIA. 2010.)
- Healthy Workplace Guide – Ten steps to implementing a workplace health programme (Heart Foundation, Cancer Council NSW, and PANORG Sydney University . 2011)
- Get moving at Work. A Resource Kit For Workplace Health & Wellbeing Programmes. (Premiers Physical Activity Council -Tasmania. 2007)
- Healthy lifestyle programme for the Queensland Public Service -Guidelines for Government Agencies. (Workplace Health and Safety Queensland.)
- Healthy Workplace Kit (WorkSafe Victoria)
- Consultation obligations -LEGISLATIVE FACT SHEET SERIES (Safe Work Australia)

Checklist for Workplaces

Table 32 Understanding context

Criteria	Meets	Partially meets	Does not meet	Comments
Has the need been assess and articulated?				
Have the aims for the healthy workplace and programme been defined?				
Has the workplace culture to support a healthier workplace been assessed?				
Have resources been identified that can support the programme?				

Table 33 Engagement and collaboration

Criteria	Meets	Partially meets	Does not meet	Comments
Has the programme intent, benefits and approach been promoted with managers, employees and health and safety representative?				
Is there a communication plan?				
Have champions been identified and co-opted to support the programme?				
Is the programme design and implementation approach respectful of the different views and needs across the workplace?				

Table 34 Commitment

Criteria	Meets	Partially meets	Does not meet	Comments
Is leadership for the programme visible?				
Is there an espoused policy or philosophy to support the programme?				
Have resources been allocated to support the programme?				
Are there actionable steps with assigned responsibility?				

• Case study: Australia the three stages

The three stages to assist in creating a healthier workplace are:

1. Getting Started
2. Planning and delivering the programme and
3. Improving the Programme.

1. Getting Started

Gain support from Management

There is strong evidence that most successful programmes are those that have widespread support from the CEO or senior management team. Ideally the most senior managers, including the CEO, should support the workplace health programme. If a workplace is small or just starting on the process, it's important to gain some management support, such as from a team leader or small business owner.

Simple approach:

- Identify a manager, team leader or the business owner who is willing to make things happen, or lead by example

Detailed approach:

- Build a strong business case for your workplace health programme:

- Describe why the programme would be of benefit to the workplace, e.g. return on investment, employer of choice, worker loyalty, reduced absenteeism and attending work while sick, reduced costs
- Outline the programme and its goals
- Use case studies to highlight successes in other workplaces

Workplace Health Savings Calculator – is an interactive, excel-based, tool to estimate the potential savings associated with implementing a successful health programme in your workplace. This calculator can be used in two ways: as a business case to demonstrate potential savings a business could expect from a successful workplace programme or to track progress of a workplace programme that has been implemented or is currently being implemented. This calculator should be used as an overall gauge of the impact (or potential impact) of a successful workplace health programme. It is estimated that two of the more tangible ways that employee health can have an immediate financial benefit to an organisation is through reducing:
1. Absenteeism
2. Staff turnover

The Workplace Health Saving Calculator spreadsheet (Table 35) will help calculate the impact a successful workplace health programme can have on staff absenteeism and turnover rates.

Table 35 Workplace Health Savings Calculator

Absenteeism	
Step 1: Annual Number of sick days*	
Total number of employees#	50
Average number of sick days per employee per year (in days)	8.5
OR	
Total (all staff) number of sick days in the last 12 months	
Step 2: Determine the annual cost of sick leave	
Average hours worked per day	8
Average hourly wage ($)	$ 20.00
Total annual cost of staff sick leave	$ 68,000.00
Step 3: Estimate potential savings from a successful workplace health programme	
It is estimated that a successful workplace programme can decrease staff absenteeism by an average of 30-40%.^ [1]	
Reduction in sick leave	30%
Total annual savings in sick leave	***$ 20,400.00***

Notes

* Refers to unplanned leave (such as leave for colds and flu) not planned leave (for example, maternity leave)

Use number of full-time equivalent (FTE) employees

^ Based on UK data

Staff turnover	
Step 1: Determining the annual cost of replacing employees	
Total number of employees resigned in the last 12 months	3
Average annual gross wage ($)	$ 50,000.00
It is estimated that the cost of replacing an employee is 75-150% of the employee's salary. [2]	
Cost of replacing an employee as a percent of annual salary	75%

Annual cost of replacing employees as a result of resignation	$ 112,500.00

Step 2: Estimate potential savings from a successful workplace health programme.
It is estimate that a successful workplace health programme can decreased staff turnover by an average of 10-25%. [1]

Reduction in staff turnover (%)	10%
Total annual savings in staff turnover	***$ 11,250.00***

Total annual saving

Savings made through reducing sick leave	$ 20,400.00
Savings made through reducing staff turnover	$ 11,250.00
Total annual savings as a result of implementing an effective workplace health programme	$ 31,650.00

Fill in the yellow cells with the requested information. Red cells are automatically calculated.

Table 36 Workplace Health Savings Calculator 12 month example from a company of 50 staff

Example *In the last 12 months, a company of 50 staff has experienced a unplanned sick leave rate of 8.5 days per employee and has recruited 3 replacement staff due to resignations. The average staff salary is $50,000. The company runs a shift roster of 8-hour days and the average hourly wage is*	
Total number of employees[#]	50
Absenteeism	
Step 1: Estimate the total number of sick days in your organisation for the past 12 months	
Total number of employees[#]	50
Sick leave rate per employee per year (in days)	8.5
OR	
Total (all staff) number of sick days in the last 12 months	425
Step 2: Determine the annual cost of sick leave	
Average hours worked per day	8
Average hourly wage ($)	$ 20.00
Step 3: Determine the annual cost of staff sick leave	
Total annual cost of staff sick leave	$ 85,000.00
Step 4: Estimate the impact of a workplace health programme It is estimated that a successful workplace health programme can decrease staff absenteeism by an average of 30-40%. [1]	
Reduction in sick leave	30%
Total annual savings in sick leave achievable by implementing an effective workplace health programme	***$ 25,500.00***
Staff turnover **Step 1: Estimate the number of employees who resigned in the last 12 months and their average annual gross wage**	
Total number of employees resigned in the last 12 months	3
Average annual gross wage ($)	$ 50,000.00
Step 2: Determining the cost of replacing employees	
It is estimated that the cost of replacing an employee is 75-150% of the employee's salary. [2]	
Cost of replacing an employee as a percent of annual salary	75%
Annual cost of replacing employees as a result of resignation	$ 112,500.00
Total annual savings	
Savings made through reducing sick leave	$ 25,500.00
Savings made through reducing staff turnover	$ 112,500.00
Total annual savings as a result of implementing an effective workplace health and wellbeing programme	***$ 138,000.00***

Engage your employees

It is important to support the people involved in implementing workplace health programmes as well as those employees who participate. It is also helpful to identify and recruit the support of employees who may be key leaders and influencers in the workplace to help build maximum support.

Simple approach:

- Nominate one person to lead your workplace health programme (this could be the manager or team leader willing to make personal changes and lead by example)
- Use staff meetings or regular staff interviews to talk to employees about workplace health in your workplace
- Identify how you will prioritise and act on employees' suggestions
- Identify how you will communicate information to your employees, e.g. posters, emails, personal letters

Detailed approach:

- Identify a *Healthy Workplace Champion* in the workplace who could take a leading role in developing the workplace health promotion programme
- Form a small group of people, *The Healthy Workplace Team*, to assist the *Healthy Workplace Champion* implement healthy changes in the workplace. Try to ensure the team is representative of the differences amongst employees such as gender, workplace position and language and cultural differences
- Identify how you will circulate the programme information and encourage participation in workplace health promotion programmes.

Needs assessment

Identify the workplace health needs of the workplace and employees.

How Healthy is Your Industry?

Workplaces vary considerably across Australia by size, location and industry. This (sub)section provides information on workplace health relevant to each industry. Many workplaces are becoming more sedentary due to labour saving technology reducing the physical effort required, even in industries and occupations that were traditionally very physical. Of all those employed in Australia, around 70% are sedentary or have low levels of physical activity. Be aware of the health risks associated with being sedentary and encourage workers to take regular breaks, stand and walk around. The data below is an analysis undertaken by PriceWaterhouseCoopers in 2010 using results from the 2007/2008 National Health Survey, combined with industry data sourced from occupational health and safety bodies across Australia. It provides information on the health risks of the working population in each industry sector with a focus on smoking, physical inactivity, weight, nutrition and harmful alcohol consumption

Table 37 Prevalence of modifiable lifestyle risk factors

Analysis of all Persons aged 18 or more	Current Smoker	Inadequate Fruit & Veg intake	Physical Inactivity	BMI - Measured		Waist Circumference	High Risk	Alcohol Increased Lifetime Risk
				Overweight OR obese	Obese	Increased OR high risk		
NATIONAL	**22%**	**49%**	**71%**	**59%**	**23%**	**55%**	**31%**	**24%**
Agriculture, Forestry & Fishing	20	40	70	64	26	63	47	30
Mining	27	39	67	67	21	58	29	28
Manufacturing	30	55	75	60	25	53	32	28
Utilities	17	45	69	73	19	62	29	17
Construction	31	54	68	64	25	49	27	40
Retail Trade	20	54	75	50	20	51	28	20
Accommodation & Restaurants	27	56	74	48	17	44	27	22
Transport & Storage	29	54	79	71	29	62	37	26
Communication Services	12	51.5	77	58	17	48	25	30
Finance & Insurance	20	53	66	63	22	53	28	24
Property & Business Services	16	49	65	56	18	51	28	25
Government Administration & Defense	24	51	72	58	24	62	37	19
Education	14	40	66	57	21	56	31	18
Health & Community Services	19	42	75	60	24	62	37	12
Cultural & Recreational Services	13	47	62	60	24	52	35	20
Personal & Other Services	26	53	67	56	22	51	26	27

http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/industry

Simple approach:

- Ask employees at a team meeting what they consider to be the workplace's health promotion priorities
- Walk around the workplace (or a typical example of the place of work if the workplace is mobile) looking for possible ways to promote healthy living, e.g. increasing physical activity, providing healthy options in vending machines
- Consider working conditions and how they might affect workplace health
- Review the number of sick days

Detailed approach

- One option is to conduct a needs assessment which can:
    - Identify the priority health concerns
    - Involve employees
    - Create interest in your programme

Be aware that different employees may be at varying stages in their awareness of personal health risks and readiness to make behavioural changes. The assessment might include both what your workplace is like now and the conditions and outcomes that the workplace health promotion programme hopes to achieve.

Assessment of the present situation might include:

- Employee illness/injury data
- Employee turnover data

- A comprehensive assessment of how your workplace conditions (both physical and social) impact on employees' health
- The current health of employees through the collection of confidential survey data
- The working environment
- Employee health concerns and issues
- What sort of health programmes employees consider valuable

First Steps Tools
Employee Survey

- Regional Guidelines for the Development of Healthy Workplaces – WHO Western Pacific

Table 38 WHO Western Pacific Region's Guideline for the development of healthy workplaces

HEALTHY WORKPLACE PROGRAMME SAMPLE QUESTIONNAIRE FOR MANAGERS				
Company:				
Company Representative, Title:				
1 Visible management commitment and leadership			Yes	No
A. Does the company have a written Health and Safety Programme?				
A.1 If yes, is the programme reevaluated and/or updated on a regular basis?				
A.2 If yes, is it available for review?				
Is there a health and safety policy statement signed by top management?				
B.1 If yes, does it specifically mention importance of employees?				
Does management set formal, annual health and safety goals for the company?				
C.1 If yes, how are these goals communicated? (Check all that apply)				
Bulletin board	Letter to employees	Health, Env. and Safety Committee	Other	
D. Is there an annual health and safety budget designated for control measures, as opposed to general operating expenses?				
E. Do written H&S policies hold managers and supervisors directly accountable for health and safety in their areas?				
F. Is health and safety a formal part of managers' performance evaluations ?				
G. Is health and safety a formal part of foreman/line supervisors' performance evaluations?				
H. Do any full-time employees have health and safety as their primary responsibility?				
H.1 If yes, specify number: 1	2	3	4 or more	
H.2 If yes, specify type(s): Safety Professional	OH Nurse	Other		
II. Employee participation:				
A.1 Does the company have a Health and Safety committee? Yes	No	N/A		
A.1.a If yes, specify type(s): management	union/employee	oint		
A.2Are there specific, written, mission statements, goals, contract language, or other documents describing functions, duties, and authority of the health and safety committee(s)?				
A.2.a If yes, is it available for review? Yes	No	N/A		
A.3 Does the committee(s) meet consistently at a regularly consistently at a regularly scheduled Yes No N/A				
A.3.a If yes, does the committee(s) meet at least monthly?				
A.3.b How many scheduled meetings have been missed In the past year? _____ out of_____				

HEALTHY WORKPLACE PROGRAMME		
A.4 Are the committee's agendas and minutes distributed to all employees, or posted in a way that makes them accessible to all employees? (check all that apply) Bulletin boards Notices to employees Company newsletter Other		
B.1 Are there formal procedures for employees to report health and safety hazards, problems, issues or concerns?		
B.2 Is there a formal 'feedback' system for responding to employees' concerns?		
B.3 Are there special procedures for handling immediate health and safety problems (other than emergency response), e.g. stopping an unsafe job, or the right for employees to refuse what they perceive as unsafe work?		
B.4 Does the company offer any health and safety incentive programmes?		
B.5 Are employees allowed to conduct health and safety activities on work time? training meetings accident investigations Other _____		
B.6 Do line employees participate in the identification and elimination of workplace hazards Always Frequently (>50%) Sometimes (<50%) Rarely or never Example: _____		
B.7 Do line employees participate in developing or revising health and safety practices and/or policies?		
B.8 Are there clear communication channels for getting health and safety information to employees? (check all that apply) Newsletters Health and safety bulletin boards Other _____		
III. Workplace analysis:		
A. Are new processes, machinery, methods, and materials formally reviewed for health and safety considerations before their introduction into the workplace? Always Frequently (>59%) Sometimes (<50%) Rarely or never		
B. Does the Health and Safety Committee have the authority to keep any processes, machinery, materials, or work methods out of the workplace?		
C. Have formal Job Hazard Analyses been done on all processes, machinery, or methods? If yes, by whom? Supervisor Affected Employees Other _____		
D. Are detailed health and safety audits or inspections for all areas carried out on a regular basis? If yes, specify interval: monthly or less <1 year annually >1 year		
E. Has the quality of personal protective equipment been evaluated?		
F. Are investigations/analyses performed for all accidents resulting in injury, regardless of how minor they may be? Always Frequently (>50%) Sometimes (<50%) Rarely or never		
G. Do line employees participate in accident investigations, other than as witnesses? Always Frequently (>50%) Sometimes (<50%) Rarely or never		
H. Are the results of accident or incident investigations and analyses reported to top management? Always Frequently (>50%) Sometimes (<50%) Rarely or never		
I. Are any employees subject to medical surveillance or monitoring for specific hazards (e.g. noise)? If yes, which _____		
IV. Hazard Prevention and Control		
A. Is responsibility for the correction of a potential hazard typically assigned to one specific individual? Always Frequently (>50%) Sometimes (<50%) Rarely or never	Yes	No

B. Are specific time deadlines set for the correction of potential hazards?

C. Are follow-up inspection made to determine whether corrective action has been taken?

D. Is there an occupational health physician/nurse on site? Full-time Part-time

E. Are engineering controls for a given process or problem always fully researched before adopting either personal protective equipment or administrative control solutions?

F. Is there a preventive maintenance programme?

V. Health and Safety Training and Education Yes No

A. Are all site employees, including managers and supervisors, provided with health and safety training?

B. Who is responsible for conducting H&S training? (check all that apply)
Supervisors Employees from affected area Environment and safety staff
Other _____

C. Does health and safety training include some formal assessment of comprehension or mastery of material (Ex.: demonstration of skills, tests, etc)?
Always Frequently (>50%) Sometimes (<50%) Rarely or never

D. Does health and safety training include an assessment of the training by participants?

E. If so, are these evaluations used to modify future training?
Always Frequently (>50%) Sometimes (<50%) Rarely or never

F. Does typical job/task training include specific health and safety elements, e.g. inclusion of how to perform tasks in accordance with safe work practices, PPE use, etc.?
Always Frequently (>50%) Sometimes (<50%) Rarely or never

G. Are employees potentially exposed to hazards connected with the following? Check all that apply.
Hazardous chemicals Confined spaces Powered industrial vehicles Noise
Work in laboratories Work at elevation Hazardous waste
Ergonomic hazards Bloodborne pathogens

H. Is health and safety training provided to contractors or part-time employees?
Always Frequently (>50%) Sometimes (<50%) Rarely or never

I. Does the company employ workers who have limited literacy skills

J. Are provisions made regarding health and safety training for employees with low literacy skills?
Always Frequently (>50%) Sometimes (<50%) Rarely or never

VI. Situation of occupational health and safety during the past year

1. Working accidents: Yes No
What kind of accident: _____ Total days off _____

2. Trauma:
What kind: _____ Total days off _____

3. Number of persons with lost work days due to illness _____
Total days off _____

4. Health examination in a year: Yes No
Number of examined Workers: _____ Percentage _____

5. Are medical tests given regularly? Yes No
If so, what types?
_____

HEALTHY WORKPLACE PROGRAMME		
VII. Promotion of healthy lifestyles	Yes	No
A. Is there a no-smoking, no-drug use, no alcohol use policy at the workplace?		
B. Are there regulations on food safety?		
C. Is safe and nutritious food provided in the canteen?		
D. Is education on healthy lifestyles available to workers?		
1. Smoking		
2. Alcohol and drug use		
3. Nutrition		
4. AIDS		
5. Stress management		
6. Fitness and exercise		

Table 39 Healthy workplace programme: sample questionnaire for employees

HEALTHY WORKPLACE PROGRAMME SAMPLE QUESTIONNAIRE FOR EMPLOYEES
Name: _____
Workplace: _____
A. Lifestyle survey
I. Personal data
1. Sex a. Male b. Female
2. Race:
3. Marital status 1. Single 2. Married 3. Separated/divorced 4. Widow
4. Age _____
5. Highest level of education attained • No official education • Primary school • Secondary school • Graduated from university • Having professional qualifications
6. Current weight: _____ kg.
7. Current height: _____ m.
II. Health status
8. Number of days you were unable to work due to sickness in the last year: _____ days
9. Number of days you were unable to work due to injury (at work or at home) last year? _____ days
10. Have you had any of the following health problems diagnosed or treated by a doctor in the last year? (May circle more than one) 1. Lung disease 2. Asthma 3. Bronchitis

4. Heart diseases such as heart attack, heart failure
5. Diabetes
6. Stroke
7. Cancer
8. Others (specify)

_____

9. Not applicable

11. Have any of your family members (parent, brother, sister) ever had any of the following health problems?
1. Lung disease
2. Asthma
3. Bronchitis
4. Heart diseases such as heart attack, heart failure
5. Diabetes
6. Stroke
7. Cancer
8. Others (specify)

_____

9. Not applicable

12. Do you consider yourself to be:
1. Healthier than your colleagues
2. At the same level of health as you colleagues
3. Less healthy than your colleagues

13. Do you do exercise? (Please underline the type of exercise you do)
1. Yes (e.g. running, jogging, brisk walking, swimming, cycling, aerobic exercise/dance, other _____)
2. No

14. If you do not exercise, what are your reasons?
1. Lack of time
2. Are not interested in
3. No convenient facilities available for exercising
4. Health problems
5. Too tired because of hard work
6. Others (specify)

_____

15. If you do not exercise, would you do exercise if facilities were provided at the workplace for your use?
1. Yes
2. No

16. Are you a
1. Smoker
2. Non smoker
3. Ex-smoker (stopped smoking completed for at least 1 year)
4. Ex-smoker (stopped smoking completely)

17. If you are a smoker, do you want to stop smoking?
1. Yes
2. No

18. If you are a smoker and would like to stop smoking, would you be interested in joining a Smoking Cessation Club?
1. Yes
2. No

19. How often do you include fresh fruit, vegetables, beans or peas in your meals

(breakfast, lunch and dinner)?
1. In all 3 meals of the day
2. In 2 out of 3 meals of the day
3. In 1 out of 3 meals of the day

20. How many regular size (or 360 ml) bottles of beer do you drink in a typical week? If none, put '0'.
Bottles

21. How many glasses (5 oz or 150 ml) of wine do you drink in a typical week? If none, put '0'.
Bottles

22. How do you feel about your job and life?
1. Very good
2. Rather good
3. Having difficulties

III. Rating you own health

23. What, if anything, would you like to do in the next year to improve or maintain your health?
Check all the answers that apply to you.
01 Eat better
02 Exercise more
03 Remove a major source of worry, nerves or stress from life
04 Learn to cope better with worry, nerves or stress
05 Change jobs
06 Change my home situation
07 Quit smoking, or smoke less
08 Drink less alcohol
09 Get medical treatment
10 Have my blood pressure checked
11 Try to control my blood pressure
12 Nothing

24. Of all the things you just checked, which is the single most important thing you would like to do for your health in the next year? Write the number from the list above here.

25. What, if anything, is stopping you from making this change? Check all the answers that apply to you.
01 Problem is not serious; there is no rush
02 Not enough time
03 Not enough energy
04 Not enough money
05 Do not know how to get started
06 No encouragement from family and friends
07 No encouragement or help from employer
08 It is too hard
09 Do not want to change my ways
10 Not sure I can really make a difference
11 Too much stress right now
12 Lack of self-confidence
13 I do not know what is stopping me

IV. Feelings about my health and my job

26. Show how you feel about the following statements:

	Strongly Agree	Agree	Not Sure	Disagree	Strongly

a) I am in control of my own health. b) I have an influence over the things that happen to me at work

c) My employer knows that stress at work can have bad effects on employees' health.

d) My employer makes every effort to keep unnecessary stress at work to a minimum.

e) I am satisfied with the recognition I receive from my employer for doing a good job.

f) I am satisfied with the amount of involvement I have in decisions that affect my work.

g) My employer has a sincere interest in the wellbeing of its employees.

h) I am satisfied with the fairness and respect I receive on the job.

i) I feel I am well rewarded for the level of effort I put out for my job.

j) I get as much out of my job as I put into it.

k) I think that, if I wanted to, I could quite easily find another job at least as satisfying as this one.

l) If I had to find another job today, I think I would have all the skills and training I would need to do so.

m) At work, I feel I often have to do things or make decisions that I know are bad for my mental or physical health.

n) On the whole, I like my job.

o) I look outside of my job for my main satisfaction in life.

27. On the whole, does your present job challenge you (make use of your skills and abilities).
a. too much?
b. too little?
c. just enough?

V. Worry, nerves or stress

28. What, if anything, caused you excess worry, 'nerves' or stress at work in the last six months? Check all the answers that apply to you.

01 I changed jobs
02 Too many changes within my job
03 I do not like the hours
04 Too much time pressure
05 Unscheduled overtime
06 My duties are not clear
07 My duties conflict with one another
08 Management tries to control my work too much
09 I do not have enough influence over what I do and when I do it
10 Too much responsibility
11 Supervisors or managers have unrealistic expectations of me
12 Deadlines
13 I do not get enough feedback on how I am doing
14 I am not treated fairly here
15 I am afraid of losing my job
16 My work tires me physically
17 My work tires me mentally
18 My work is boring
19 Conflict with other people at work
20 I feel isolated from my co-workers
21 I have difficulty speaking with people at work

22 I have difficulty understanding written instructions
23 I do not have enough control over the pace of my work
24 Trying to cope with the results of an injury or illness
25 Others

29. Of all the items you checked in question 28, what one thing has caused you the greatest worry, nerves or stress at work in the last six months? Please write the number of the item from the list in question 28 in this box.

30. What, if anything, caused you excess worry, 'nerves' or stress at home or outside of work in the last six months? Check all the answers that apply to you.
01 A close family member or friend has been ill or injured
02 A close family member or friend has died
03 Unexpected pregnancy
04 Birth or expected birth of a child
05 Arguments with other family members
06 Physical abuse at home
07 Verbal or emotional abuse at home
08 Child care and/or elder care problems
09 Finding a place to stay or moving to a new home
10 Change in living situation (new person in my house, family member leaving, etc.)
11 I do not have enough money
12 Legal concerns and/or trouble with the law
13 My own alcohol or drug use
14 I have trouble balancing home and work responsibilities
15 I have too much to do
16 Fear of AIDS or other sexually transmitted disease
17 I have trouble getting to and from work
18 Alcohol or drug use of someone close to me
19 Nothing

31. Of all the things you checked in question 30, what one thing has caused you the greatest worry, nerves or stress at home or outside of work in the last six months? Please write the number of the item from the list in question 30 in this box.

VI. Workplace health and safety

32. Below is a list of health and safety hazards and unpleasant working conditions. Please indicate the ones about which you are very concerned in your workplace by checking the relevant boxes below.
01 Too much heat
02 Too much cold
03 Bad air (stuffy, not enough air, etc.)
04 Too much noise
05 Too much vibration
06 Poor work space or not enough working space
07 Poor lighting (too much, too little, etc.)
08 Having to perform unsafe work
09 Working with people who are under the influence of drugs or alcohol
10 Fire or explosion hazards
11 Litter or mess in work area
12 Not enough safety training
13 Risk of physical strain (e.g. back, wrist, neck)
14 Risk of eye strain
15 Dangerous chemicals
16 Biological agents or infectious diseases
17 Toxic gas hazard

18 Too much dust
19 Unsafe equipment or machinery (including office equipment)
20 Awkward postures and/or repetitive motions
21 Lack of personal protective equipment (clothing, gloves, respirator)
22 X-rays, other radiation, or video display terminals
23 Electrical hazards
24 Slipping and tripping
25 Travel hazards, e.g. public transportation, driving conditions
26 Fear for personal safety and security
27 Exposure to tobacco smoke of others
28 Bad work-station design
29 Meals at enterprise
30 Shift work
31 Too much work outside working hours
32 Lack of health facility or examination
33 Lack of facilities or access for employees with disabilities
34 Lack of adequate toilet facilities
35 Nothing
33. Looking back at t

33. Looking back at the hazards listed above, select the two hazards or problems at your workplace that are of greatest concern to you.
01 _____
02 _____

34. What would you do if your supervisor told you to do something that you thought was dangerous for your health and safety?
01 I would do it anyway and not complain to anyone in authority
02 I would do it, but complain to someone in authority later
03 I would not do it until I was satisfied that there was no danger
04 I am not sure what I would do

VII. Health interests

35. Would you be interested in participating in a health promotion programme if it was conducted at your enterprise?
1. Yes
2. No

36. Would you prefer to attend health sessions during or after working hours?
1. During working hours
2. After working hours

37. Are you willing to pay some money to participate in a health promotion programme?
1. Yes
2. No

38. Which of the following topics are you interested in? (you can circle more than one)
1. Exercise
2. Nutrition and healthy eating
3. Stress management
4. Risk of smoking
5. Hazards of alcohol
6. Hazardous factors at the workplace
7. Backache
8. Musculoskeletal disorder
9. Heart disease: high blood pressure, heart attack

HEALTHY WORKPLACE PROGRAMME

10. Diabetes
11. Occupational diseases
12. Cancer
13. AIDS
14. Other topics (specify)

_____

39. Other suggestions for a health promotion programme in your enterprise:

_____

Table 40 How healthy is your workplace: checklist on the regional guidelines for development of healthy workplaces

HOW HEALTHY IS YOUR WORKPLACE? CHECKLIST ON THE REGIONAL GUIDELINES FOR DEVELOPMENT OF HEALTHY WORKPLACES	Score (0-10)	Remarks
The checklist which follows was used in a training session in Mongolia on *Developing a Healthy Workplace*. Participants were asked to evaluate to what extent the guidelines were being implemented in their own workplace. The checklist served as a tool for both reviewing the guidelines and identifying common problems in the workplace.		
Instructions: In the following checklist, select a score between 1 (least healthy) and 10 (healthiest) which best describes your workplace for each category on the list. Feel free to add any remarks to illustrate or clarify your score.		
Workplace policies (PO)		
PO1 - Healthy workplace policy in place		
PO1 - Enforced alcohol and drug-free workplace		
PO1 - High level of nutrition and food safety in canteen		
PO2 - Health and Safety Committee established		
PO3 - Established indicators for monitoring progress		
PO4 - Education and training on health and safety		
PO5 - Human resources management policies		
The Organizational Environment (OE)		
OE1 - Worker participation in decision-making		
OE1 - Realistic deadlines established		
OE1 - Opportunity to do a variety of tasks		
OE1 - Sufficient break time		
OE1 - Good relations among staff		
OE1 - Recognition for high performance		
OE2 - Shift work causes minimum harm		
OE4 - Protection for staff with special needs		
The Physical Environment (PE)		
PE1 - Provision of a safe and healthy environment		
PE2 - Minimized exposure to work-related hazards		
PE3 - Safe use of personal protective equipment		
PE4 - Manager held accountable for health and safety		
PE5 - Adequate sanitation and water		
Lifestyles and Personal Health Skills (HL)		
HL1 - Support for healthy lifestyles		
HL2 - Programmes in nutrition		
HL2 - Programmes in smoking cessation		
HL2 - Programmes in physical fitness		
HL2 - Programmes in stress management		
HL2 - Programmes in reproductive and sexual health		
HL3 - Enterprise connects with family and community		
Health Services (HS)		
HS1 - Basic health services available to staff		

HOW HEALTHY IS YOUR WORKPLACE? CHECKLIST ON THE REGIONAL GUIDELINES FOR DEVELOPMENT OF HEALTHY WORKPLACES	Score (0-10)	Remarks
HS2 - Rehabilitation and return to work programmes		
HS3 - Participation of local health services		
Impact on the External Environment (EE)		
EE1 - Prevents pollution of external environment		
EE2 - Access to safe transport to and from work		
EE3 - Plays positive role in community life		

- Tasmania's Get Moving at Work Online Employee Survey [Link not working]

Workplace Audit

- Regional Guidelines for the Development of Healthy Workplaces – WHO Western Pacific [Previously illustrated in Figures xx to xx]]
- Canada Alberta Centre for Active Living: Workplace Physical Activity Framework Audit Tool [Not working]
- ACT Healthy Workplaces - Audit Tool [Not working]

Absenteeism and Presenteeism Costs Calculator

- UK Government's Workplace Wellbeing Tool

Table 41 Workplace well-being tool

Workplace Well-being Tool			
Welcome [Home tab]			
The Workplace Well-being Tool is designed to help you work out the costs of poor health and well-being to your business. It can also help you build a business case for action to reduce your costs and improve the health and well-being of people in your business.			
The Tool is divided into two key sections:			
1a What are my costs? 1b Summary of costs 1c Example of costs	Enter your business' details to work out the costs of poor health and well-being (sickness absence, presenteeism, labour turnover and workplace injury and ill-health) View a summary of poor health and well-being costs to your business View a completed example		
2a Why invest? 2b Business case summary 2c Example of business case	Estimate the costs and benefits of investing in a health and well-being project and create a business case for action View a summary of your business case View a completed example business case		
1a. What are my costs?			
This section helps you to work out the costs of poor health and well-being to your business:			
Sickness absence			
Presenteeism		£	
Labour turnover		£	
Insurance premiums and accidents/injuries		£	
Other costs associated with poor health and well-being		£	
Enter your business' details in the yellow-coloured cells below. **Click on the question marks for further guidance or information.** **To see an example, click on the box at the bottom of this page.** **Once you have entered your business' details, click on the box at the bottom of this page to view a summary.**			
Employee information			
Total number of employees in your business			
Average gross wages plus non-wage costs			
Annual number of working days per employee			
Cost of sickness absence			
4a Annual working days lost per employee from sickness absence **OR**			
4b Annual proportion of working time lost per employee from sickness absence			
5 Absenteeism adjustment factor			
Cost of absenteeism to your business			
Cost of presenteeism			
5a Annual working days lost per employee from presenteeism **OR**			
5b Annual proportion of working time lost per employee from presenteeism			
Cost of presenteeism to your business			
Cost of labour turnover			
6 Proportion of employees that leave each year **OR**			
7 Average turnover cost per employee			
Cost of labour turnover to your business			

Workplace Well-being Tool		
Cost of accidents/injuries		
8 Number of claims due to accidents/injuries per year		
9 Average cost per claim		
Cost of insurance premiums and accidents/injuries		
Other costs associated with poor health		
10 Description		
11 Numbers of incidences		
12 Cost per incidence		
Cost of		
1b. Summary - What are my costs?		
A summary Chart is generated from the data entered giving the percentages for		
Summary table	£	
Absenteeism	£	
Presenteeism	£	
Labour turnover	£	
Accidents injuries	£	
Other	£	
Total	£	
A summary Chart is generated from the data entered giving the cost in £ for the variables:		
Absenteeism		
Presenteeism		
Labour turnover		
Accidents injuries		
Other		
1c. Example - What are my costs?		
Employee information		
1 Total number of employees in your business		
2 Average gross wages plus non-wage costs		
3 Annual number of working days per employee		
Cost of sickness absence		
4a Annual working days lost per employee from sickness absence **OR**		
4b Annual proportion of working time lost per employee from sickness absence		
5 Absenteeism adjustment factor		
Cost of absenteeism to your business		
Cost of presenteeism		
5a Annual working days lost per employee from presenteeism **OR**		
5b Annual proportion of working time lost per employee from presenteeism		
Cost of presenteeism to your business		
Cost of labour turnover		
6 Proportion of employees that leave each year		
7 Average turnover cost per employee		

Workplace Well-being Tool											
Cost of labour turnover to your business											
Cost of accidents/injuries											
8	Number of claims due to accidents/injuries per year										
9	Average cost per claim										
Cost of insurance premiums and accidents/injuries											
Other costs associated with poor health											
10	Description										
11	Numbers of incidences										
12	Cost per incidence										
Cost of Occupational Health Assessment											
Summary chart interested here											
2a. Why invest?											
This section helps you to build a business case for action to reduce the costs of poor health and well-being in your business.											
Enter your business' details in the yellow-coloured cells below. **Click on the question marks for further guidance or information.** **To see an example, click on the box at the bottom of this page.** **Once you have entered your business' details, click on the box at the bottom of this page to view a summary of your business case.**											
Business case parameters Project name Length of business case in years *(for example: period over which returns are expected)* What discount rate does your business use?											
Business case Bring forward my data from 'what are my costs'? into year 0 **You can enter data for all employees or a sub-set of employees that your health and well-being project is targeted at.**											
Employee information	0	1	2	3	4	5	6	7	8	9	10
Numbers of employees											
Average gross wages plus non-wage costs											
Number of working days in a year											
Costs											
Start up costs											
Running costs											
Other costs											
Indicators											
For the current year or Year 0, enter current rates and costs. For future years, estimate how your health and well-being project might impact on these rates and costs.											
Working days lost per employee from absence											
OR Proportion of working time lost per employee											
Absenteeism adjustment factor											
Working days lost per employee from presenteeism											
OR Proportion of working time lost per employee											
Proportion of employees that leave each year											
Average turnover cost per employee											

Workplace Well-being Tool												
Number of claims due to accidents/injuries per year												
Average cost per claim												
Other: incidence												
Other: cost per incidence												
2b. Summary - Why invest?												
Summary business case A graph is here												
Investment appraisal												
Net present value Benefit to cost ratio Payback period (in years) Internal rate of return												
Business case							**Years**					
	0	1	2	3	4	5	6	7	8	9	10	Total
Benefits/savings												
Absenteeism												
Presenteeism												
Staff turnover												
Accidents/injuries												
Other												
Total benefits												
Discounted total benefits												
Costs												
Start up costs												
Running costs												
Other costs												
Total costs												
Discounted total costs												
Net benefits/savings												
Net benefits (Benefits minus costs)												
Discounted net benefits												
Cumulative net benefits												
Discounted cumulative net benefits												
2c. Example - Why invest?												
Business case parameters												
Project name												
Length of business case in years (for example: period over which returns are expected) What discount rate does your business use?												
Business case parameters Project name												

Workplace Well-being Tool											
Length of business case in years *(for example: period over which returns are expected)* What discount rate does your business use?											
Business case Bring forward my data from 'what are my costs'? into year 0 **You can enter data for all employees or a sub-set of employees that your health and well-being project is targeted at.**											
Employee information	0	1	2	3	4	5	6	7	8	9	10
Numbers of employees											
Average gross wages plus non-wage costs											
Number of working days in a year											
Costs											
Start up costs											
Running costs											
Other costs											
Indicators											
For the current year or Year 0, enter current rates and costs. For future years, estimate how your health and well-being project might impact on these rates and costs.											
Working days lost per employee from absence											
OR Proportion of working time lost per employee											
Absenteeism adjustment factor											
Working days lost per employee from presenteeism											
OR Proportion of working time lost per employee											
Proportion of employees that leave each year											
Average turnover cost per employee											
Number of claims due to accidents/injuries per year											
Average cost per claim											
Other: incidence											
Other: cost per incidence											
Summary business case											
Investment appraisal											
Net present value Benefit to cost ratio Payback period (in years) Internal rate of return											
Business case							**Years**				
	0	1	2	3	4	5	6	7	8	9	10	Total
Benefits/savings												
Absenteeism												
Presenteeism												
Staff turnover												
Accidents/injuries												

Workplace Well-being Tool												
Other												
Total benefits												
Discounted total benefits												
Costs												
Start up costs												
Running costs												
Other costs												
Total costs												
Discounted total costs												
Net benefits/savings												
Net benefits (Benefits minus costs)												
Discounted net benefits												
Cumulative net benefits												
Discounted cumulative net benefits												
User guide												

Item	**Description**
Cost of labour turnover to your business	Cost of labour turnover = Number of employees x Proportion of employees that leave each year (turnover rate) x Average turnover cost per employee
Annual number of claims due to accidents/injuries	This is the number of claims arising each year due to workplace accidents/injury. You may wish to exclude claims arising from long-tail liabilities as these are not reflective of the current health and well-being of your workforce or organisation and relate to past exposure of a workplace hazard. Long-tail liabilities are injuries/ill-health where there is a long latency period between exposure to the workplace hazard and the manifestation of the injury/ill-health, for example, some diseases caused by exposure to asbestos.
Average cost per claim	As above, you may wish to exclude claims arising from long-tail liabilities. The average cost per claim should include administrative costs incurred in processing the claim and managers' time in dealing with the claim. Absence from work due to the workplace accidents/injuries need be excluded as these should already be captured in your absenteeism figures. Similarly, if an employee leaves your organisation as a result of a workplace accident/injury, the cost of this should already be captured in your labour turnover figures. Compensation to employees should only be included if your business is directly liable (and not paid by the insurance company).
Cost of accidents/injuries	Cost of accidents/injuries = Number of claims x Average cost per claim
Other costs associated with poor health and well-being	Other costs = numbers of incidences x cost per incidence
Why invest?	

Workplace Well-being Tool			
Length of business case in years	This is the length of time in years over which you wish to assess your health and well-being project and expect to see returns for your investment.		
What discount rate does your business use?	Discounting is a method used to compare costs and benefits that occur in different time periods. The discount rate is used to convert all future costs and benefits to 'present values'. The discount rate you should use is your business's cost of capital. Somebody responsible for finance within your business should know the appropriate discount rate to use. As a default, 7% is assumed. This is a nominal discount rate. In general, public sector organisations follow the Treasury's Green Book guidance for the discount rate. This rate is currently 3.5%. This is a real discount rate (so if you use this rate, you do not need to inflate costs, for example, the average cost per employee or average turnover cost in the business case should be in real terms).		
Bring forward my data from 'what are my costs' into year 0	This will bring forward the data that you have entered in 'what are my costs' to Year 0 of the business case.		
Numbers of employees	You can enter data for all employees or a subset of employees that your health and well-being project is targeted at. For example, a project targeted at smoking cessation will only have an impact on employees that smoke so data for this group could be included only instead of for all employees in the business. If you enter data for all employees, all subsequent entries must relate to all employees. Similarly if you enter data for a subset, all subsequent entries must relate to the subset of employees only. You can enter projections for the number of employees if you think these will change (if not, just re-enter the number of employees in Year 0).		
Average gross wages plus non-wage costs	Wage and non-wage costs are used to capture the full total pre-tax and national insurance cost of an employee to your business. Non-wage costs may include expenditure such as employers' national insurance and pension contributions, recruitment and training costs and accommodation costs. Non-wage costs are typically an additional 30% above wage costs but may vary for your business. For future years, you can enter projections of wage and non-wage costs. If you are using a nominal discount rate, cost projections need to be in nominal terms (include inflation). If you are using a real discount rate, cost projections need to be in real terms (constant prices and exclude inflation).		
Number of working days in a year	228 is the standard average number of working days for a full-time employee based on 5 working days a week and 52 weeks in a year less 32 days leave (24 days annual leave and 8 public holidays).		
Start up costs	Enter the one-off costs that may be incurred at the very outset of the project (Year 0). These costs may be for equipment or materials that you need to buy in order to start your well-being project.		
Running costs	Enter the ongoing annual costs of running the project, if any. These may begin in Year 0 or in Year 1. These are the day-to-day costs associated with your project, for example, staff costs incurred in running and maintaining the project.		
Other costs	Include any other costs of the health and well-being project, for example, the cost of work time lost from taking part in the project.		
Working days lost per employee from sickness absence	'For the current year (Year 0), enter the average number of days that your employees are absent. For future years, estimate how the number of days absence might change as a result of your health and well-being project and enter the new number of days absence per employee per year. For example, if each employee is absent for 10 days per year at the moment (Year 0) and you think this will improve by 1 day		

Workplace Well-being Tool			
	next year, enter 9 in the Year 1 cell.'		
Proportion of working time lost per employee from sickness absence	'For the current year (Year 0), enter the proportion of working time that your employees are absent. For future years, estimate how the proportion of working time lost might change as a result of your health and well-being project and enter the new proportion of working time lost per employee per year. For example, if each employee is absent for 0.5% of working time at the moment (Year 0) and you think this will improve by 10% next year, enter 0.45% in the Year 1 cell.'		
Absenteeism adjustment factor	'The average (total) cost of an employee may not accurately reflect the cost of absenteeism for your organisation. The costs could be higher if: - There are additional direct costs associated with absenteeism, for example, (i) you have to pay overtime to other employees or (ii) employ temporary replacement staff at a higher rate than the sick worker for the same or a reduced level and quality of output. - There are additional indirect costs associated with absenteeism, for example, the absence of one individual affects the performance of others in the team or levels of customer satisfaction are reduced. On the other hand, the costs could be lower if: - Absenteeism is compensated by greater effort or unpaid overtime by other workers or the sick worker upon his/her return to work. - Sickness is higher amongst lower paid staff (as is consistently reported in UK absence surveys). - Employees receive lower levels of pay, for example, statutory sick pay during periods of absence, so they bear some of the costs. ' 'You can change the cost of absenteeism for your business (from average (total) cost of an employee to an alternative value) by entering an appropriate adjustment factor. Example 1: Case study evidence suggest that firms typically take action to maintain output when an employee is absent from work. In Company A, the average cost per employee is £100 a day (£22,800 a year). When employees are off sick they continue to receive their full pay. Output is maintained, and the cost of doing this (e.g. overtime, temporary replacement staff) is equivalent to what the absent worker would have been paid. The cost of absence to the employer is therefore the cost of paying the sick worker (£100 per day). The adjustment factor in this case is simply 1 since no adjustment up or down of the average cost per employee is required to get the full cost of absenteeism.' 'Example 2: Similar to the example above, in Company B, the average cost per employee is £100 a day (£22,800 a year). When employees are off sick they continue to receive their full pay. Output is maintained but the cost of doing this is greater than what the absent worker would have been paid e.g. temporary agency staff cost £110 a day (£25,080 a year). The cost to Company B of employee absence is the cost of paying the sick worker (£100 per day) plus the extra cost of the temporary agency worker over and above what the sick worker would have been paid to generate the same output (£110-£100=£10). The total cost of a day of absence is therefore £110 (£100+£10). As the total cost of absence is greater than the average cost per employee, an adjustment is required. The adjustment factor is 1.1 (£110/£100). Example 3: In Company C, the average cost per employee is £100 a day (£22,800 a year). When employees are off sick they receive occupational sick pay at 90% of their normal pay. Output is maintained, and the cost of doing this (e.g. overtime, temporary replacement staff) is equivalent to what the absent worker would have been paid. The cost to Company C of employee absence is therefore the cost of paying the		

Workplace Well-being Tool			
	sick worker (90% x £100 per day = £90). As the total cost of absence is less than the average cost per employee, an adjustment is required. The adjustment factor is 0.9 (£90/£100).'		
Working days lost per employee from presenteeism	'For the current year (Year 0), enter the average number of days/proportion of working time that is lost due to presenteeism. For future years, estimate how this might change as a result of your health and well-being project and enter the new number of days/proportion of working time lost from presenteeism per employee per year.'		
Proportion of working time lost per employee from presenteeism	'Estimates on the scale and costs of presenteeism are largely US-based and suggest that the costs can be greater than the costs of absenteeism. Presenteeism is, however, likely to be lower in the UK due to a greater coverage of sick pay. In the US, workers are less likely to stay at home as a result of poor health and well-being because there is more of a financial incentive to go to work. Nevertheless, presenteeism could be a significant cost to your business. Presenteeism is a relatively new subject and methods of measurement are still being developed. As a result, estimates vary. To estimate presenteeism in your business, you may wish to refer to: - Existing management or administrative data on performance together with health and well-being status of employees - Consult managers and employees for self-reported assessments of performance and changes as a result of poor health and well-being. 'In the absence of your own estimates, you may wish to select a figure from published studies that are most relevant to your business and what you know about the health conditions and the well-being of your employees. Alternatively, if you do not feel able to make an estimate, given that presenteeism has generally been found to be more costly than absenteeism, you may wish to assume that the cost of presenteeism is at least the same as that for absenteeism in your business. Therefore, you would insert the same working days or proportion of time lost figures as for absenteeism.'		
Proportion of employees that leave each year	'For the current year (Year 0), use the current turnover rate. For future years, estimate how the turnover rate might change as a result of your health and well-being project.' 'The labour turnover rate can be calculated by taking the number of leavers in a year and dividing it by the average number of people employed in that year. Example: - On January 1st, there were 50 people employed in Company X. - During the year, 2 people left the company and 5 people joined. - On December 31st, there were therefore 53 people employed (i.e. 50-2+5). - The average number of employees during the year was (50+53)÷2 = 51.5. - The turnover rate is therefore (2÷51.5) x 100 =4% Depending on the data available to you, when calculating your labour turnover rate you can choose to use: - employees who leave for reasons of poor health and well-being only - all leavers (so also, for example, dismissals, redundancies or retirement)' All leavers turnover rates are generally recorded in benchmarking turnover surveys so entering your all leavers rate will help you to compare your rate to other similar businesses. However, the all leavers rate does over-estimate the turnover that results from poor health and well-being in your business. So, if you know the number of employees who leave for health and well-being reasons, you can use this to get a more accurate cost of health and well-being related turnover.		
Average turnover cost per employee	'This is the average (per employee) cost to your business of a person leaving including: - separation costs (redundancy costs, resignation costs) - loss of productivity (pre-departure productivity losses, disruption to others in		

Workplace Well-being Tool			
	team, lower productivity of new recruit at the beginning) - costs associated with covering during the vacancy period - recruitment and selection costs (advertising, agency costs, interview and assessment centre costs, administration) - new hire costs (including induction and training) These costs can vary significantly, depending on a number of factors. For example: - The more senior the employee leaving the organisation, the higher the turnover cost may be. - The state of the labour market also influences turnover cost. In a recession, recruitment costs tend to be lower. These, and other variations specific to your organisation, should be taken into account when estimating your average turnover cost. A rule of thumb sometimes used is that is costs 50% of gross annual salary to hire a replacement.' For future years, you can enter projections of average turnover costs. If you are using a nominal discount rate, cost projections need to be in nominal terms (include inflation). If you are using a real discount rate, cost projections need to be in real terms (constant prices and exclude inflation).		
Number of claims due to accidents/injuries per year	'This is the number of claims arising each year due to workplace accidents/injury. You may wish to exclude claims arising from long-tail liabilities as these are not reflective of the current health and well-being of your workforce or organisation and relate to past exposure of a workplace hazard. Long-tail liabilities are injuries/ill-health where there is a long latency period between exposure to the workplace hazard and the manifestation of the injury/ill-health, for example, some diseases caused by exposure to asbestos. For the current year (Year 0), enter the number of claims for the current year. For future years, estimate how this number might change as a result of your health and well-being project.'		
Average cost per claim	'As above, you may wish to exclude claims arising from long-tail liabilities. The average cost per claim should include administrative costs incurred in processing the claim and managers' time in dealing with the claim. Absence from work due to the workplace accidents/inuries need be excluded as these should already be captured in your absenteeism figures. Similarly, if an employee leaves your organisation as a result of a workplace accident/injury, the cost of this should already be captured in your labour turnover figures. Compensation to employees should only be included if your business is directly liable (and not paid by the insurance company). For the current year (Year 0), enter the current average cost per claim. For future years, estimate how these costs might change as a result of your health and well-being project. If you are using a nominal discount rate, cost projections need to be in nominal terms (include inflation). If you are using a real discount rate, cost projections need to be in real terms (constant prices and exclude inflation).		
Other: volume/unit	Enter your own health and well-being or business output measure and to track how you estimate this measure changing over the period of your project.		
Other: cost per unit	Enter your own health and well-being or business output measure and to track how you estimate this measure changing over the period of your project. If you are using a nominal discount rate, cost projections need to be in nominal terms (include inflation). If you are using a real discount rate, cost projections need to be in real terms (constant prices and exclude inflation).		
Business case summary			

Workplace Well-being Tool			
Net present value	The Net Present Value (NPV) is the present value of the health well-being project's future benefits minus its costs. In other words, it is the total discounted benefits minus the total discounted costs of the project. If the NPV is greater than zero, it means that the (present value) benefits are greater than the (present value) costs – so the project is worthwhile financially. If the NPV is less than zero, it means that the (present value) costs are greater than the (present value) benefits – so the project is not worthwhile financially.		
Benefit to cost ratio	The benefit-to-cost ratio is a measure of the value for money of an investment. It is the ratio of the total (discounted) benefits/savings to the total (discounted) costs. For example, a benefit-to-cost ratio of 1.5 indicates that the benefits of a project are 1.5 times that of its costs. A benefit to cost ratio greater than 1 suggests that an investment is worthwhile. The higher the benefit to cost ratio, the greater the benefit of the investment.		
Payback period (in years)	This is the length of time before the return from an investment 'repays' the original cost of the investment. It can also be described as the amount of time it takes for benefits to equal costs, resulting in the break even point. If your result shows N/A it means that, based on your estimates of costs and benefits, your project does not shows a positive financial return over the lifetime of the project.		
Internal rate of return	The Internal Rate of Return (IRR) is the discount rate that gives a proposed investment a present value of zero. It can be used to rank proposals. An investment should be undertaken if the Internal Rate of Return (IRR) is greater than the rate of return that could be earned by alternative investments of equivalent risk (i.e. bonds, interest from a bank accounts, other projects etc.). For this reason, the IRR is often used to compare potential investments. If all else is equal (e.g. risk, amount of initial capital required or any important 'softer benefits'), the investment with the highest IRR will deliver the highest return.		
Discounted total benefits	The present value of total benefits.		
Discounted total costs	The present value of total costs.		
Discounted total net benefits	The present value of total net benefits.		

2. How to Plan and Deliver a Workplace Health Programme

Choose the health issues that is to be included in the programme

Simple approach:

- Use a regular staff or team meeting to identify some health issues that could be addressed
- Ask staff to prioritise the most important issue as a starting point

Detailed approach:

- Create a list of health issues to target from those that have been identified in the assessment step.
- Involve both management and employees (from all levels of the workplace) in identifying priority health issues through meetings, emails or suggestion boxes

Plan and Deliver your programme

Managing a programme can be a very simple process. There are some key steps to keep in mind when planning and delivering a programme.

Simple approach:

- Create a 'to-do' list and ask for feedback from staff at a meeting or via email
- Allocate activities or tasks to individuals or small groups and ensure they are given dedicated work time and support to undertake them

Detailed approach:

Once priorities are established, develop an action plan for your workplace that includes both longer and short term plans.

Action plan should include:

Goals that state the overall desired outcome for the workplace,
Objectives that state what should be done to achieve the goals,
How, when and where will the programme will operate,
What activities the programme will undertake,
How risks will be assessed and managed,
Who will be responsible for the various aspects of the programme,
What resources are available, both in-house resources and external resources, including possible government assistance,
Ideas for how the programme can be marketed and promoted amongst employees,
Considerations for longer term sustainability,
What indicators you will use to measure the success of your programme,

Workplace Health Programme Tools

These resources will help plan and deliver a workplace health programme suitable to each individual workplace. The resources below are suitable to be used in any state or territory.

Healthy workplace guides

Healthier Workplace WA - Templates for creating workplace health policies, and
WorkSafe Victoria: Healthy Workplace Kit.

Developing a healthy workplace policy

Heart Foundation / Staff Wellness Program 2009 - Case Study,
Heart Foundation / Healthy workplace guide - ten steps,
Healthier Work, ACT Government - Example Health and Wellbeing Policy,
Healthier Work, ACT Government - Health and wellbeing action plan, and
Tasmanian Government's 'Guidelines on Implementing a Workplace Health and Wellbeing Program.

3. How to Improve your Programme

Programme evaluations provide an important insight into the success of the overall programme and generate ideas for future activities. The outcomes of the evaluation can be used to promote the benefits of the workplace health programme specific to the workplace of interest. Evaluation can be done both formally and informally. Any kind of feedback will help an understanding of what worked and what can be done to improve next time. The approach use to evaluate can be simple or detailed, depending on a number of factors including whether the plan has been to started and keep things small, or whether to plan to build the programme over time.

Simple approach:

Regularly ask for feedback and whether the implementation can be improved
Encourage employees to keep a record of progress and ask whether they have noticed health improvements as a result
Measure changes in absentee rates
Ask employees how they felt the programme or activities went
Keep a record of how many employees participated in activities and meetings

Detailed approach:

Why evaluate?

To be accountable to programme stakeholders,
To give feedback to employees who participate,
To identify any problems that can be remedied,
To determine if there are ways the programme can be improved for the future,
To assess the economic benefits of the programme,
To assess any health improvements that have been generated as a result of the programme,
To provide information for corporate responsibility activities.

Evaluation should be planned before the programme begins and conducted during and after programmes delivery.

Plan the evaluation.

Before the programme has started, be sure to:

Establish the purpose of evaluation and what indicators will be used to measure the success of the programme,

Decide on when is the best time to evaluate the delivery of the programme (process) as well as its impact and outcomes.

Establish baseline data

It is a good idea to assess the situation before a workplace health promotion programme is implemented so that any changes can be fully appreciated. The information collected in the needs assessment can be used to help create a baseline measurement.

Evaluate the Process

Evaluating the process looks at how well the programme was implemented.

Ask participants how satisfied they were with the workplace health programme,

Ask participants what they liked the best about the workplace health programme,

Ask participants what aspects of the programme could be improved,

Ask those who didn't participate what could be changed to facilitate their participation,

Assess the reception of the marketing of the programme,

Measure how many people participated in the programme and whether certain groups did not.

Evaluate the Outcomes

Evaluating the outcomes should assess both the immediate and the longer term effects of the workplace health programme with a focus on whether the goals and objectives set in the planning phase have been met.

Examples of indicators you could measure include:

Surveying changes in the awareness, beliefs, skills and behaviour of participants,

Measuring reductions in illness related absences,

Measuring improvements in productivity,

Surveying longer term improvements in employee engagement and morale,

Measuring improvements in supportive environments within the workplace, e.g. availability of healthy food options,

Identifying policy level changes, e.g. implementation of a smoke-free policy or healthy catering policy.

Recommend

The second part of the improvement process is to create recommendations from information gathered in the evaluation that can be used to improve existing and future programmes.

Improve

The recommendations from the evaluation should be used to revise and update the programme or develop new workplace health programmes.

The improvement process is usually applied to a new action planning cycle, which means returning to the first steps and reassessing needs and reassembling health promotion advocates.

The recommendations should also be used to inform long term organisational strategies and ensure that the health promotion activities are sustainable.

Sustain

Sustaining your workplace health programme is critical to the long term successful creation of a healthier workplace.

For sustainable health promotion programmes, the workplace needs to nurture the initiative and the skills needed for longer term support, and to integrate the health promotion goals into the workplace's ongoing strategies.

Nurture

Nurture the development of healthy workplaces by encouraging and supporting health promotion activities.

Ensure that there are incentives and/or sufficient recognition to reward participation and successful outcomes.

Invest in developing the skills required in the workplace to support the health promotion programme including capturing the learning from each phase of the programme to inform future phases and programmes.

Integrate
Developing healthy workplaces requires commitment to long term strategies. In order to create sustainable health promotion initiatives that last beyond the current programme, consider incorporating health and wellbeing goals into long term organisational goals and strategies. Consider creating a health and wellbeing mission statement and policies that support creating healthier workplaces.

Sustaining Workplace Health Tools
Sample Health and Wellbeing Mission Statement
Healthier Work ACT Government - Workplace Health Evaluation Overview
Tasmanian Get Moving Workplace Resource Kit
Sample Policy Templates
Tasmanian Get Moving Workplace Resource Kit

Appendix C : National case study: Canada

Description of tools and resources used to support planning step

Workplace Health and Wellness Guide
This is an overall process guide which outlines the steps as described in Figure 9. It was produced by the CCOHS and is the second edition of their guide. It supports the employer through development and implementation of workplace programmes. It is available to purchase from the CCOHS website.
Wellness program - getting started
This facts sheet is an introduction to the health and wellness programme. It is adapted from the CCOHS Workplace Health and Wellness Guide.

Workplace health resource toolkit
The Alberta Health Services (AHS) Workplace Health Programme is designed to help companies of all sizes develop workplace policies, programmes and activities that promote and enhance health. The accompanying Toolkit is intended to provide Alberta workplaces with guidance and support to develop and implement workplace health policies, programmes and activities. The toolkit covers Legislation, Examples of Best Practices and Policies, Resources, Services and Programs at a local, regional, national and international level and Samples/Examples of Programs for a range of different topic areas.

Creating a healthy workplace environment: workbook and toolkit
This process guide comes from the Ministry of Health in British Columbia. It describes an eight step framework to introduce a healthy workplace plan and the Ministry of Health in British Columbia is used as an example throughout.

Wellness works program
This is a regional toolkit from Lambton County Public Health in Ontario. The website offers training and guidance from a health promoter as well as access to tools such as a Monthly planning guide – covering national/world health events e.g. national non-smoking week, world cancer day.

A fine balance: a manager's guide to workplace well-being
This toolkit was produced as a result of a roundtable discussion. It has a magazine style format mainly focused on stress busting. It includes; case studies, rationale for change, tips for managing workload, useful websites and a printable stress test.

Guarding minds @ work: a workplace guide to psychological safety and health
Guarding Minds @ Work (GM@W) is a website which provides a comprehensive set of resources designed to protect and promote psychological health and safety in the workplace. GM@W resources allow employers to effectively assess and address psychosocial factors known to have a powerful impact on organizational health, the health of individual employees, and the financial bottom line. GM@W was developed by researchers from the Centre for Applied Research in Mental Health and Addiction (CARMHA) within the Faculty of Health Sciences at Simon Fraser University on the basis of extensive research, including data analysis of a national sample and reviews of national and international best practices, as well as existing and emerging Canadian case law and legislation. GM@W is available to all employers - large or small, in the public or private sector -- at no cost.

Not myself today
This is a website developed by the Canadian Mental Health Association. Companies must register to participate. Participating companies receive their own Not Myself Today toolkit, access to the members-only website, national recognition and ongoing support. It is a pay for service. The toolkit includes; Planning support, Kick-off materials, Awareness-building materials, Engagement activities and Evaluation tools.

Anti-harassment policies for the workplace: an employer's guide
This toolkit provides employers with all the information they need to develop and implement an anti-harassment policy in your workplace. It also provides guidance on how to prepare, monitor and update your policies so that your employees are aware of their rights.

Stress prevention at work checkpoints
This toolkit includes checkpoints for identifying stressors in working life and mitigating their harmful effects. This toolkit includes: checklists to identify stressors, -use information sheets; and materials to organize training workshops for planning and implementing workplace changes.

Towards a respectful workplace
This Towards a Respectful Workplace web site is intended to encourage discussion about how to develop more respectful workplaces, and to identify some starting points and guiding principles. It offers a general framework to be adapted. It is more focused on preventing violence and crime and it feel under the CCOHS civility and respect subtopic heading.

Problematic substance use that impacts the workplace: a step-by-step guide & toolkit to addressing it in your business/organization
This toolkit was developed to assist workplaces in addressing problematic substance use. It was listed on the mental health microsite but it more closely aligns with the alcohol umbrella topic and so is not discussed further here.

2010 workers with mental illness: a practical guide for managers
This Handbook was produced by the Australian Human Rights Commission and gives the rationale for setting up a programme as well as acting as an overall guide. Section four of the manual 'creating a safe and healthy workplace for all' outlines steps in a plan.

Assembling the pieces: an implementation guide to the National Standard for Psychological Health and Safety in the Workplace
In spring 2013, a new National Standard of Canada was published; this voluntary Standard was created to help organizations recognize psychological health as part of an ongoing process of continual improvement. The implementation handbook is intended to be used along with the National Standard of Canada for Psychological Health and Safety in the Workplace. These two documents work together to help organizations create psychologically healthy and safe workplace environments. This handbook was developed to help organizations and individuals understand where to start and how to move their organization through the initial planning stages to full implementation. The steps to implementation are outlined in **Figure 14**.

Figure 14 Implementation steps for 2013 National Standard

Psychological health and safety: an action guide for employers
This guide prefaced the 2013 National Standard. The action guide provides a logical approach to moving forward with psychological health and safety strategy; the P6 framework. The six steps involved in implementation process are outline in **Figure 15**.

1)

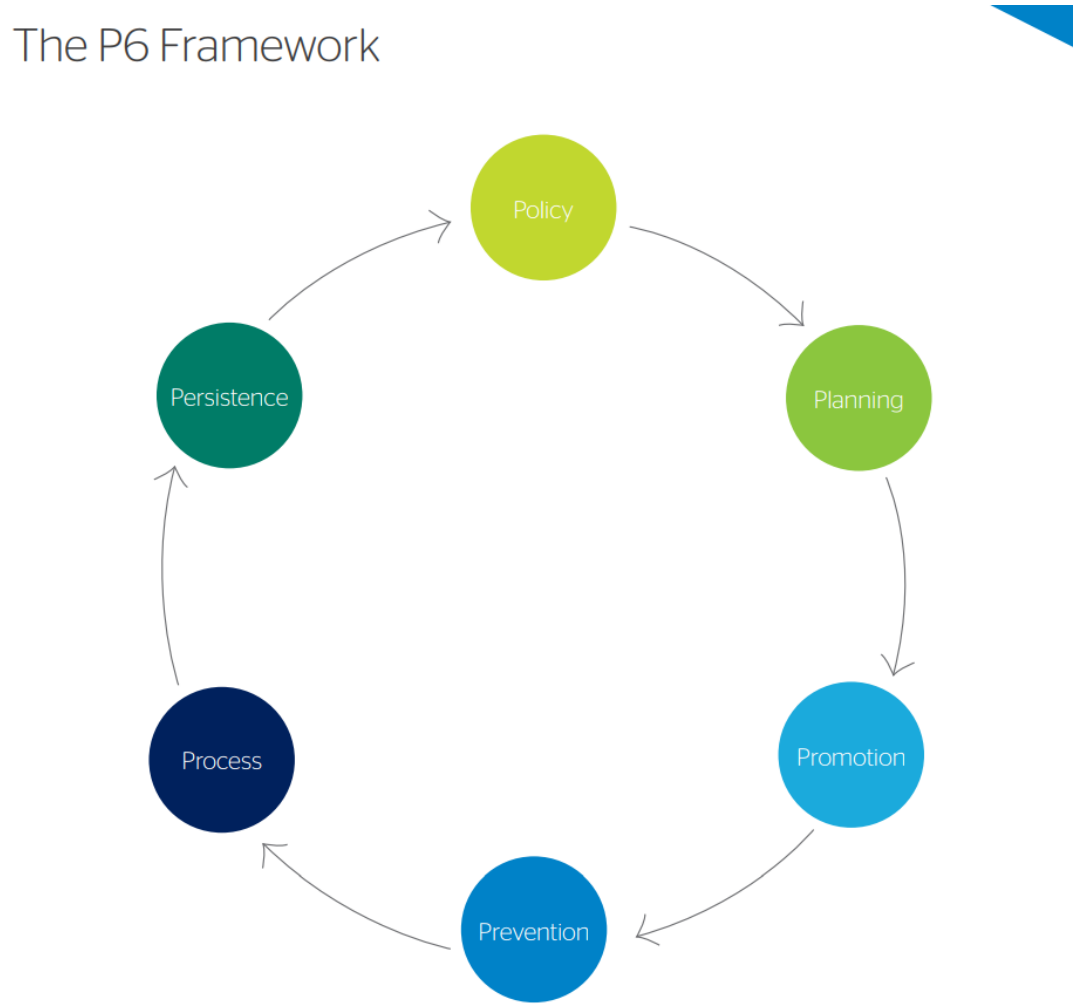

Figure 15 P6 Framework from Mental Health Commission of Canada

A guide for employers: to promote mental health in the workplace
This handbook was produced by the European Network for Workplace Health Promotion (ENWHP). as part of a European campaign "work. in tune with life. move Europe". The handbook explains why and how to: promote positive mental health in the workplace, understand and prevent issues that cause stress and mental health problems, support employees who develop mental health problems, develop effective policies to reintegrate and employ people who have experienced mental health problems.

When grief comes to work: managing grief and loss in the workplace: a handbook for managers and supervisor
This is a handbook covering a specific area of mental health; grief. It guides managers and supervisors on how best to manage grief in the workplace. It includes general advice sections as well as example plans, policies and procedures.

Center for Workplace Mental Health
The American Psychiatric Foundation supports the Center for Workplace Mental Health in the USA The Center's mission is to help workers with mental illness by inspiring companies to increase awareness of mental health issues and provide better support for employees.

Centre of Expertise on Mental Health in the Workplace
The Canadian government hosts the Centre of Expertise on Mental Health in the Workplace. Through the website users can find information about how the Government of Canada addresses mental health in the workplace and access resources, tools and services for organizations, managers and employees.

Workplace mental health promotion: a how-to guide
The workplace mental health promotion website is a Canadian collaboration with a focus on creating a mentally healthy workplaces that promote positive mental health and mental well-being for all employees.

Workplace strategies for mental health
Workplace strategies for mental health is an initiative from the Great West Life Assurance company. The Centre was established in 2007 and has three main objectives:
Increase knowledge and awareness of workplace psychological health and safety,
Improve the ability to respond to mental health issues at work, and
Turn knowledge into action through practical strategies and tools for employers.

Job design
This is a fact sheet on job design and to implement it. 'Job design' refers to the way that a set of tasks, or an entire job, is organized. A well designed job will encourage a variety of 'good' body positions, have reasonable strength requirements, require a reasonable amount of mental activity, and help foster feelings of achievement and self-esteem.

Employers: helping your employees cope with loss
This face sheet outlines steps for setting up a workplace bereavement policy.

Reducing work-life conflict: what works? What doesn't? Research/ policy report
This policy report details the results The 2001 National Work–Life Conflict Study. The objectives of the study were:
To provide a clearer picture of the extent to which work–life conflict is affecting employees and employers in Canada,
To help organizations appreciate why they need to change how they manage their employees by linking conflict between work and life to the organization's 'bottom line',
To expand the overall knowledge base in this area, and
To suggest appropriate strategies that different types of organizations can implement to help their employees cope with multiple roles and responsibilities.

Taking a proactive approach to maintaining a mentally healthy workplace Podcast
A Workplace Mental Health Specialist from the Canadian Mental Health Association explains how organizations can take a proactive approach at addressing mental health in the workplace.

Appendix D : National case study: USA

Tools used to support the process

The CDC National Institute for Occupational Safety and Health (NIOSH) A Primer Based on Workplace Evaluations of Musculoskeletal Disorders

This primer describes the basic elements of a workplace program aimed at preventing work-related musculoskeletal disorders (WMSDs). Management commitment, worker participation, and training are addressed along with procedures for identifying evaluating, and controlling risk factors for WMSDs. The text cites NIOSH ergonomics investigations to illustrate practical ways for meeting programme needs. The primer includes a 'toolbox,' which is a collection of techniques, methods, reference materials, and sources for other information that can help in programme development.

Workplace Health Model

This tool is discussed in detail in Section 4.1.5.5..

Workplace Health Programme Development Checklist

The checklist can be used throughout the process of building a workplace health programme to review activities and monitor progress.

Workplace Health promotion webinars and training

This webinar series introduces some components of the workplace health model. The last webinar date was in2013 so does not appear to be current.

Employers in Action

Multiple case studies from the National Healthy Worksite Programme.

CDC National Institute for Occupational Safety and Health's (NIOSH) Quality of Worklife Questionnaire

This questionnaire provides 76 questions on a wide range of work organization, work/life balance, and worker well-being issues. These include (but are not limited to) hours of work, workload, worker autonomy, layoffs and job security, job satisfaction/stress, and worker well-being.
Questions were initially developed with the National Science Foundation to add a special module assessing the quality of work life in America to the 2002 General Social Survey. The General Social Survey is a biannual, nationally representative, personal interview survey of U.S. households conducted by the National Opinion Research Center and funded by the National Science Foundation.

Health Risk Appraisals at the Worksite: Basics for HRA Decision Making

Guide on developing the questionnaire at the start of the process.

CDC Worksite Health Scorecard

The CDC Worksite Health ScoreCard (HSC) 'is a tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke, and related conditions such as high blood pressure, diabetes, and obesity' (Appendix D).

NHWP Employee Health Assessment (CAPTURE™)

Developed by the CDC for use in the National Healthy Worksite Programme, is a tool to assess employee health status, health behaviors, readiness to change, needs and interests related to worksite health and safety, and work-related health history.

NHWP Health and Safety Climate Survey (INPUTS™)

Developed by the CDC for use in the National Healthy Worksite Programme, is a tool to assess employee perceptions of the work environment, working conditions, and the attitudes of supervisors and coworkers that support a healthy worksite culture.

NHWP Health and Safety Climate Survey (INPUTS™) Manual

Developed by the Centers for Disease Control and Prevention (CDC) for use in the National Healthy Worksite Programme, the user manual discusses how to administer and score the Health and Safety Climate Survey.

Ensuring Solutions to Alcohol Problems

Alcohol and substance use disorder cost calculators for employers to estimate the cost of alcohol misuse in their companies.

Employee Level Assessment

Guide on things to consider when developing, implementing, and analyzing employee health self-assessment surveys. Covers; designing surveys, administering surveys, analyzing surveys, on-the-job injuries data, employee time and attendance, and job satisfaction

Organizational Level Assessment

Guide on conducting a worksite assessment and the pros and cons associated with this.

Workplace Health Programme Definition and Description

Definitions and description to aid in understanding of programme for employers and employees.

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

The Essential Elements of Effective Workplace Programmes 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.
It is intended as a guide for employers and employer-employee partnerships wishing to establish effective workplace programmes that sustain and improve worker health. The Essential Elements document identifies twenty components of a comprehensive work-based safety and health programme and includes both guiding principles and practical direction for organizations seeking to develop effective workplace programmes.
Total Worker Health® is intended to identify and support 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' with 'risk factors in the workplace can contribute to health problems previously considered unrelated to work. In recognition of this emerging relationship, the TWH approach integrates workplace interventions that protect safety and health with activities that advance the overall well-being of workers.
The twenty components of the Essential Elements are divided into four areas: Organizational Culture and Leadership; Programme Design; Programme Implementation and Resources; and Programme 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 programmes and offer specific examples of best and promising practices.

CDC Work@Health® Programme
The CDC designed Work@Health which is an employer-based training programme. The CDC reports that 'the aim of the programme is to improve the organizational health of participating employers and certified trainers, with an emphasis on strategies to reduce chronic disease and injury risk to employees and an eye to improving overall worker productivity.'
In order to qualify for Work@Health® training, employers must meet the following criteria:
Must be headquartered in the United States,
Must employ at least twenty employees, and
Must provide health insurance.

The Work@Health core employer-training programme promotes 'workplace wellness through employer education, training, and technical assistance. The programme partners with trade

associations, business coalitions and health departments that support employer workplace health efforts. Training is delivered by professional instructors who undergo a certification process.'

Work@Health Advance, launched in 2015, provides 'advanced training and technical assistance to employers who have completed the Work@Health core programme. After being exposed to the most important workplace health concepts and principles, the next phase of employer training focuses on sustainability by reinforcing key principles and providing more sophisticated and advanced technical assistance.'

Work@Health uses web-based training, and in-person training labs to deliver content for both its programmes. A team of quality instructors, facilitators and subject-matter experts provide ongoing technical assistance and support both to programme graduates and new participants.'

The key components of Work@Health® are:

'The Employer Core Training Programme combines web-based and in-person training by certified trainers. It uses a science-based employer training curricula;

The Advance Technical Assistance Programme will provide employers, who have completed their Work@Health Core training, one-on-one support, a customized technical assistance plan, and assistance reaching third-party accreditation/ recognition;

The Work@Health Training and Technical Assistance Portal (TTAP) is a web-based Web portal where employers can access Work@Health tools, information, and technical assistance from top experts in the field. It is an online information sharing platform for Work@Health Technical Assistance Providers and employers to enhance collaboration and ongoing learning while assisting in the sustainability and replication of successful worksite health and wellness best practices;

The Train-the-Trainer Programme prepares new certified trainers who will collectively provide comprehensive core training to employers in their communities;

The Master Trainer Programme will provide additional training to a select group of certified trainers to enable them to train other Train-the-Trainers or become Technical Assistance Providers;

Collaboration with regional and national stakeholder organizations that support employee health and wellness issues.

The Work@Health® employer training content covers a number of foundational and core workplace health principles including:

'Why having a workplace wellness programme makes good business sense,

How to assess the workplace health needs of organizations,

How to plan, implement, and create an environment that supports science-based workplace health programmes, policies, and practices that provide a great return on investment,

How to know if your workplace health and wellness programme is working and how to continuously improve its quality, and

How to develop and leverage partnerships, community links, and resources to support workplace health.'

The Work@Health goals are:

Increase awareness of the benefits to employers and the skills required to implement effective workplace training to expand the number of worksites adopting science-based workplace health programmes,

Create a highly trained corps of instructors, coaches and trainers who can train and support employers who are developing, implementing, or improving worksite wellness programmes,

Increase employers' knowledge and skills of workplace health programme concepts and principles,

Improve employer capacity for developing, expanding and sustaining workplace health programmes by providing technical assistance, tools, and resources that can support them, and

Promote peer-to-peer, community-based cooperation and mentoring among employers.[28]

The Work@Health Core Curriculum helps employers develop a basic skill set and capacity to build or enhance a science-based worksite health programme. The training is targeted to employers of various sizes (but particularly small businesses), geographic distribution and industries. Training in the Core Employer Curriculum is delivered through eight core modules and the core elements of the curriculum are presented in **Figure 16**.[69]

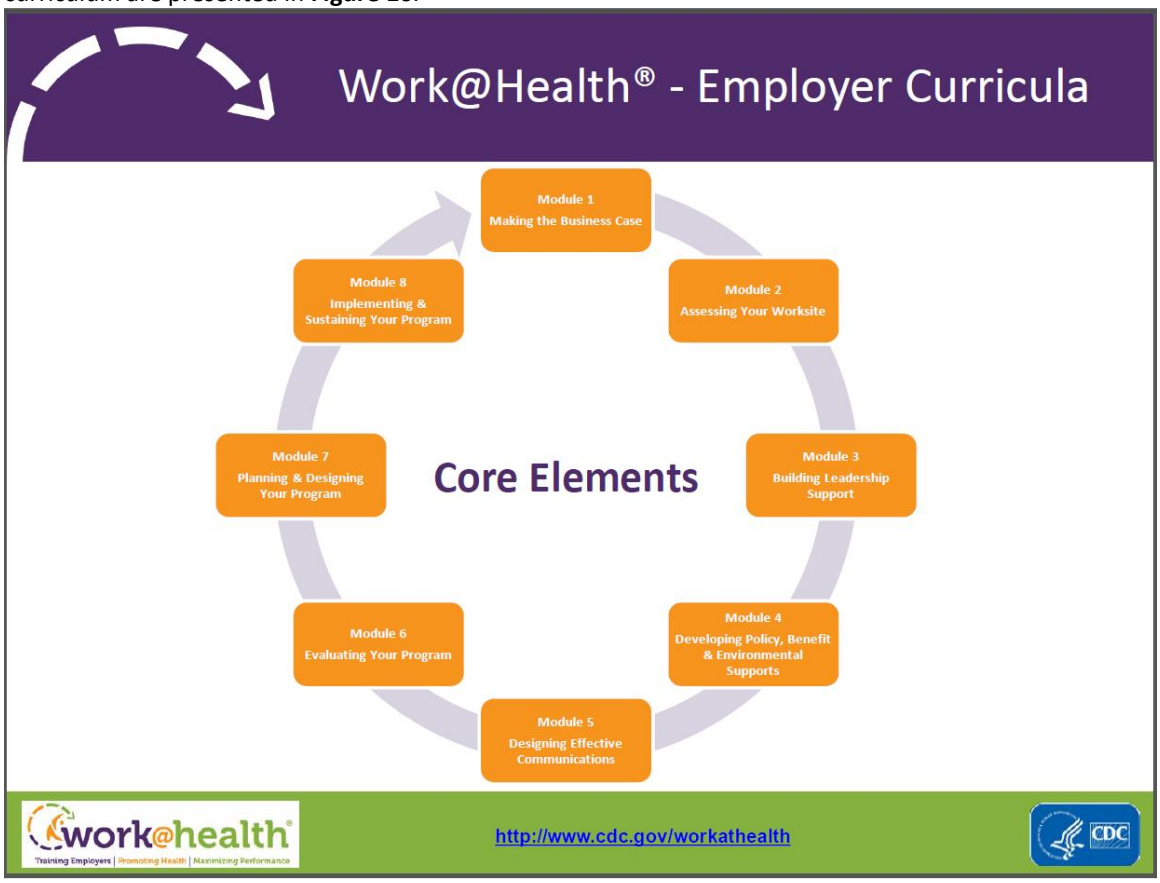

Figure 16 Work@Health Core curriculum and its core elements

Implementation

This is a detailed guide on the implementation step of the process.

Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programmes

Developed by CDC provides information on 120 key outcome indicators for evaluation of statewide comprehensive tobacco prevention and control programmes that could be useful to employers in workplace settings.

Swift Worksite Assessment and Translation (SWAT) Implementation Guide Framework for Programme Evaluation in Public Health

CDC developed the Swift Worksite Assessment and Translation (SWAT) method to rapidly assess and identify promising practices in workplace health promotion programmes. The SWAT approach was developed as a middle-ground evaluation method that aims to be business-friendly while being solidly based in good evaluation practice. The SWAT evaluation method is intended to be used to assess worksite programmes individually (e.g., one-at-a-time), not to compare worksites against one another.

Evaluation

This is a detailed guide on the evaluation step of the process.

Chronic Disease cost calculator

The Chronic Disease Cost Calculator version 2 is a downloadable tool that provides state-level estimates of medical expenditures and absenteeism costs for; arthritis, asthma, cancer, cardiovascular diseases, depression, and diabetes.
Specifically, the Cost Calculator provides the following estimates for each chronic condition:

- Medical expenditures are for the entire state population (all payers and the uninsured) and separately for Medicaid, Medicare, and privately insured,
- Absenteeism costs and estimates of missing work days, and
- Projections of medical costs until 2020.

Vaccine questionnaire

For employees to determine which vaccines they should be getting.

CDC Worksite Health ScoreCard

The CDC Worksite Health ScoreCard (HSC) is a tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke, and related conditions such as high blood pressure, diabetes, and obesity.

Who developed the CDC Worksite Health ScoreCard?

This tool was developed in 2008 by CDC's Division for Heart Disease and Stroke Prevention in collaboration with the Emory University Institute for Health and Productivity Studies; the Research Triangle Institute; CDC's National Center for Chronic Disease Prevention and Health Promotion Workplace Workgroup; and an expert panel of representatives from the federal, state, academic, and private sector. It was updated in 2013 to include four additional topics related to worksite health (lactation supports, occupational health and safety, vaccine preventable diseases and community resources) which were tested through CDC's National Healthy Worksite Program.

How was the CDC Worksite Health ScoreCard developed?

To develop the CDC Worksite Health ScoreCard, CDC and its partners conducted the following activities:

Examined existing worksite programs, tools, and resources that address heart disease and stroke prevention;

Identified reliable and valid questions from the Heart Check and Heart Check Lite assessment tools for use in the CDC Worksite Health ScoreCard;

Identified new topics and questions for the CDC Worksite Health ScoreCard from the worksite literature and from surveys that state heart disease and stroke prevention programs had previously used in worksites;

Pretested the original tool (which had 12 topics) with nine employers in 2008, nine employers in 2010, and more than 70 worksite health promotion practitioners across the country. This pretesting was done to make sure that the tool was easy to understand and simple to complete. (These employers were not the same as those included in the main study of 93 employers below.);

Revised the CDC Worksite Health ScoreCard on the basis of feedback from these groups;

Weighted the questions used for each topic on the basis of expert ratings of the level of scientific evidence and the health impact of each topic on intended health behaviour;

Field-tested the CDC Worksite Health ScoreCard with a new sample of 93 very small, small, medium-sized, and large worksites for validity and reliability and the feasibility of adopting the strategies highlighted in the HSC;
Revised the CDC Worksite Health ScoreCard again on the basis of feedback from the 93 employers;
Edited and submitted the final CDC Worksite Health ScoreCard and this manual for public release;
In 2013, tested an additional four topics (lactation supports, occupational health and safety, vaccine preventable diseases, and community resources) with 102 employers nationwide that participate in the NHWP. The same validation protocols as the original modules of the CDC Worksite Health ScoreCard were used.

Why should my organization use the CDC Worksite Health ScoreCard?

The United States is facing an unparalleled health epidemic, driven largely by chronic diseases that are threatening American businesses' competitiveness because of lost productivity and unsustainable health care costs. The medical care costs of people with chronic diseases accounted for more than 75% of the nation's $2.2 trillion in medical care costs in 2009.13,14 For example, heart disease and stroke, which are the primary components of cardiovascular disease (CVD), are the first and fourth leading causes of death in the United States. They are responsible for one of every three (more than 800,000) reported deaths each year.15 CVD is responsible for 17% of national health expenditures, and as the US population ages, these costs are expected to increase substantially.16 In 2010, annual direct and overall costs resulting from cardiovascular disease in the United States were estimated at $273 billion and $444 billion, respectively.16 In 2008 dollars, the medical costs of obesity were estimated at $147 billion.17 In 2007, the economic costs related to diabetes were estimated at $174 billion. This figure includes $116 billion in direct medical expenses and $58 billion in indirect costs from disability, work loss, and premature mortality.18 During 2000–2004, the economic costs related to tobacco use were estimated at $192.8 billion a year. This figure includes $96 billion a year in direct medical costs and $96.8 billion a year in lost productivity.19

Although chronic diseases are among the most common and costly of all health problems, adopting healthy lifestyles can help prevent them. A wellness program that seeks to keep employees healthy is a key long-term strategy that employers can use to manage their workforce. To curb rising health care costs, many employers are turning to workplace health programs to make changes in the worksite environment, help employees adopt healthier lifestyles and, in the process, lower employees' risk of developing costly chronic diseases. The approach that has proven most effective is to implement an evidence-based, comprehensive health promotion program that includes individual risk reduction programs that are coupled with environmental supports for healthy behaviors and coordinated and integrated with other wellness activities.20–22 However, only 6.9% of US employers offer a comprehensive worksite health promotion program, according to a 2004 national survey.23 Several studies have concluded that well-designed worksite health promotion programs can improve the health of employees and save money for employers. For example, in 2005, the results of an analysis of 56 financial impact studies conducted over the past 2 decades showed that medical or absenteeism expenditures were 25%–30% lower for employees who participated in worksite health promotion programs than for those who did not participate.1 In 2010, a literature review that focused on cost savings garnered by worksite wellness programs found that the return on investment (ROI) for medical costs was $3.27 for every dollar spent. The return on investment for absenteeism was $2.73 for every dollar spent.24 Studies have also found that worksite health promotion programs can take 2 to 5 years to see positive return on investments.2–4 Although employers have a responsibility to provide a safe and hazard-free workplace, they also have many opportunities to promote individual health and foster a healthy work environment. CDC encourages employers to provide their employees with preventive services, training and tools, and an environment that supports healthy behaviors.

The CDC Worksite Health ScoreCard includes questions on many of the key evidence-based and best practice strategies and interventions that are part of a comprehensive worksite health approach to addressing the leading health conditions that drive health care and productivity costs.

Who can use the CDC Worksite Health ScoreCard?
Anyone who is responsible for promoting health in the workplace can use the CDC Worksite Health ScoreCard to set benchmarks and track improvements in their organization. Examples include employers, human resource managers, health benefit managers, health education staff, occupational nurses, medical directors, and wellness directors. State or local health departments can help employers and business coalitions use this tool to find ways to create healthier workplaces. They can also use this tool to monitor worksite practices, create best practice benchmarks, and track improvements in health promotion programs in the workplace over time. This information can help health departments direct their resources and support employers more effectively.

The CDC Worksite Health ScoreCard has 122 questions that assess how evidence-based health promotion strategies are implemented at a worksite. These strategies include lifestyle counseling services, environmental supports, policies, health plan benefits, and other worksite programs shown to be effective in preventing heart disease, stroke, and related health conditions. Employers can use the CDC Worksite Health ScoreCard to assess how a comprehensive health promotion and disease prevention program is offered to their employees, to help identify program gaps, and to set priorities for the following health topics:

The questions on the CDC Worksite Health ScoreCard cover:
Worksite Demographics (6 required questions; 7 optional questions),
Organizational Supports (18 questions),
Tobacco Control (10 questions),
Nutrition (13 questions),
Lactation Support (6 questions),
Physical Activity (9 questions),
Weight Management (5 questions),
Stress Management (6 questions),
Depression (7 questions),
High Blood Pressure (7 questions),
High Cholesterol (6 questions),
Diabetes (6 questions),
Signs and Symptoms of Heart Attack and Stroke (4 questions),
Emergency Response to Heart Attack and Stroke (9 questions),
Occupational Health and Safety (10 questions),
Vaccine-Preventable Diseases (6 questions), and
Community Resources (3 questions; not scored).

Table 42 CDC employer training curriculum

Module N and Title	Learning objectives	Peer learning activity
(1) Make the business case	After completing this module, participants will be able to: 1. Identify the value and benefit of a worksite health program; 2. Describe success factors; 3. Develop a business case for their employer's leadership.	At the end of this module, participants will draft a value statement that answers the question: 'Why build a worksite health program for my employees?
(2) Assess the worksite	After completing this module, participants will be able to: 1. Describe common health and productivity-related metrics and their relevance to worksite health programs; 2. Identify and interpret their worksites' health promotion needs and interests based on available data and tools; 3. Assess their worksites' organizational capacity using the CDC Worksite Health ScoreCard(https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html)	At the end of this module, participants will analyze their scores on the CDC Worksite Health ScoreCard and plan their assessment strategy
(3) Build leadership support	After completing this module, participants will be able to: 1. Describe the value of and need for establishing a 'Total Leadership Model'; 2. Secure and maintain senior- and middle-management participation/support; 3. Establish health promotion committee and peer-support network (these may be your health promotion champions).	At the end of this module, participants will lay the framework for developing a Total Leadership Model by identifying key stakeholders at their worksites.
(4) Develop policy, benefit, and environmental supports	After completing this module, participants will be able to: 1. Implement policies supporting preventive screenings, tobacco cessation, healthy eating, and regular physical activity; 2. Make benefit changes related to improving employee participation and job satisfaction; 3. Create environmental supports that encourage healthy behaviours.	At the end of this module, participants will complete a 'Closing the Gaps' worksheet to formulate multiple strategies to improve their scores in focus areas of the CDC Worksite Health ScoreCard(https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html)
(5) Design effective communications	After completing this module, participants will be able to: 1. Conduct a communications audit; 2. Develop a unique brand; 3. Select media/distribution channels to address their worksite programming goals and objectives.	At the end of this module, participants will use a checklist to rate the effectiveness of various methods of communication at their worksites.
(6) Evaluate the program	After completing this module, participants will be able to: 1. Describe the different types of program evaluation; 2. Align measures with their program goals and objectives; 3. Establish baseline measures to evaluate impact and report results; 4. Integrate evaluation within planning processes.	At the end of this module, participants will use a checklist to identify potential evaluation elements for their programs
(7) Plan and design the program	After completing this module, participants will be able to: 1. Identify and prioritize their needs using relevant data from Module 2 (Assessing the Worksite); 2. Use the Work@Health® Program Planning Template to create strategic plans and design their program	At the end of this module, participants will conduct a review of their current and potential programs and assess their program

Module N and Title	Learning objectives	Peer learning activity
	components; 3. Design specific program options to build and sustain better health and a culture of health among their employees.	
(8) Implement and sustain the program	After completing this module, participants will be able to: 1. Involve their health promotion committees; 2. Implement a master schedule; 3. Initiate operational approaches to manage and sustain their programs; 4. Manage the evaluation process; 5. Access technical assistance to support development of their worksite health programs.	At the end of this module, participants will use the Program Design Worksheet to health promotion activities/events.

Appendix E : Derived costing model

Figure 17 to **Figure 19** gives a schematic representation of areas requiring direct supports. These have been identified from examination of the healthy workplace programmes covered in this review. By placing the healthy workplace programme within the wider areas of workplace health and safety **Figure 17** highlights the need to consider the context in which a healthy workplace programme is situated. The healthy workplace programme sits within the broader umbrella area of 'health and safety'. The healthy workplace programme boundaries differ by country. That is, the components of a national level healthy workplace programme may differ a little by country. Regardless of what the national level boundaries are, the healthy workplace parameters represent the determinants for the first level of cost considerations. Figure 17 identifies the three areas which determine direct supports requirements:

1. The first area is the design and development of a national healthy workplace model,
2. The second is the design of the website or portal supporting the agreed national healthy workplace model,
3. The third area is the direct supports required to roll out of a healthy workplace programme.

Figure 18 identifies potential 'personnel' and 'online tools and resources' requirements in the development and running of a supporting website or web portal. The precise nature of these inputs will reflect the national agreed healthy workplace programme design. However, using the knowledge gained from examination of the five federal or national level websites, we suggest that consideration of the following in determining costs requirements is needed.

For online tools and resources, we identified three areas for consideration: new tools and resources which may need to be developed; these are process- and health topic-related online tools and resources; tools and resources which can be taken from or adapted from online tools and resource of partner organisations. For this latter group it may be necessary to engage with such organisation to gain permission to use such online tools and resources. The finally cost area for online tools and resources is linking in with the websites or portals of other organisations to allow access to their online tools and resources.

At the end of **Figure 18**, we have also listed a number of additional areas observed from the healthy workplace websites or portals of other countries. They are: an educational website, a quality framework website (or web page), a registration website for workplaces, a learning and development programme website, an awards programme website, the workplace service website, and areas for case studies and for accreditation documentation. However, as noted the design of the programme at national level very much determines what websites, portal, webpages and costs need to considered. For example in Australia, National awards for employers demonstrating best practice in the workplace healthy programmes are delivered by the Australian National Preventive Health Agency. If Ireland choses to support the healthy workplace programme with an awards programme then these costs will need to be considered. And, even in the situation where an awards programme is run, if an alternative body is tasked with its administration then cost may come from a different funding stream; albeit one associated with the healthy workplace programme.

In the final illustration, **Figure 19**, we have identified a number of cost areas associated with a healthy workplace programme's roll out. Much of the costs associated with this area are personnel-related costs. They include the recurrent training and awards costs, as well as salary costs for programme advisors and programme assessors, cost associated with recording and uploading case studies from organisations participating in the programme (which allows organisations share their experience with others interested in running a healthy workplace programme), and finally, the costs of running events to boost programme engagement.

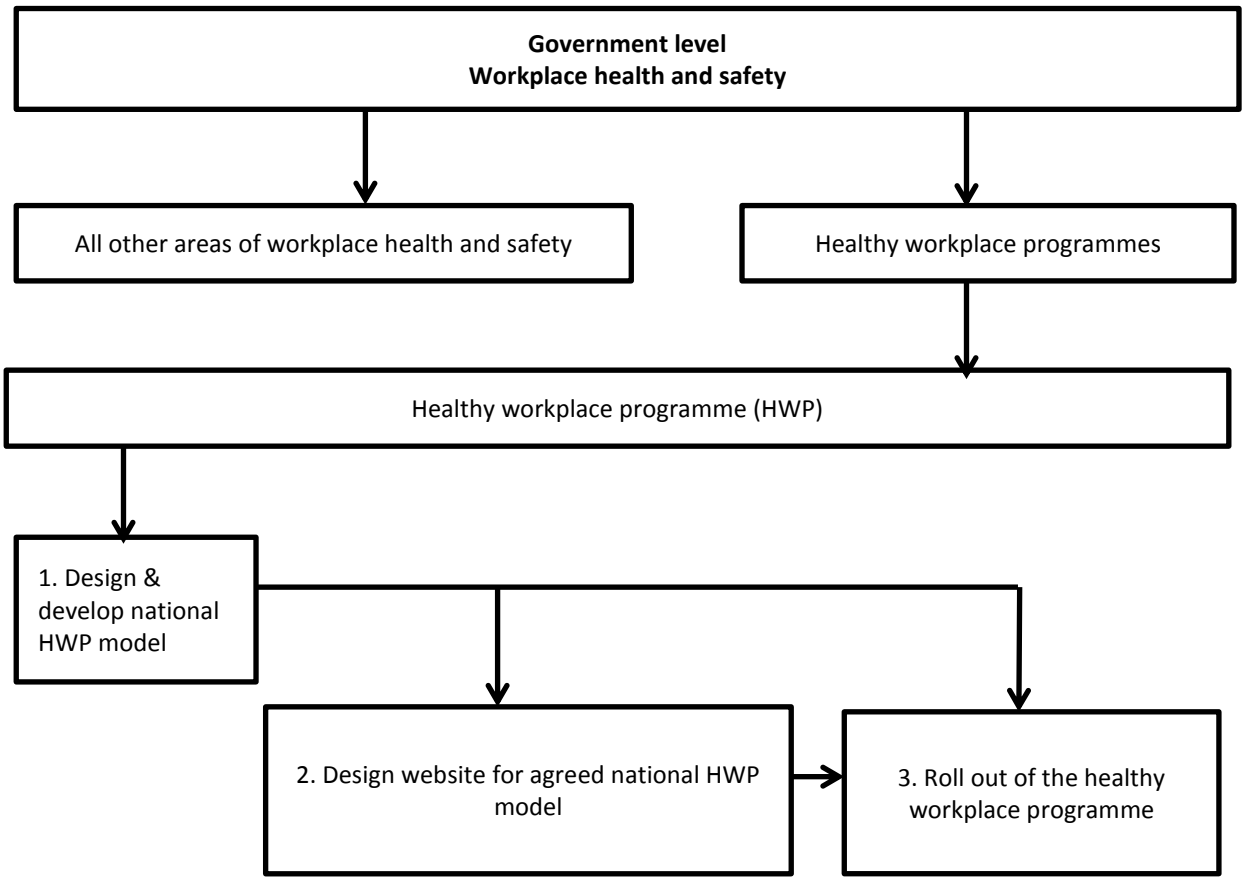

Figure 17 High level components of a healthy workplace programme

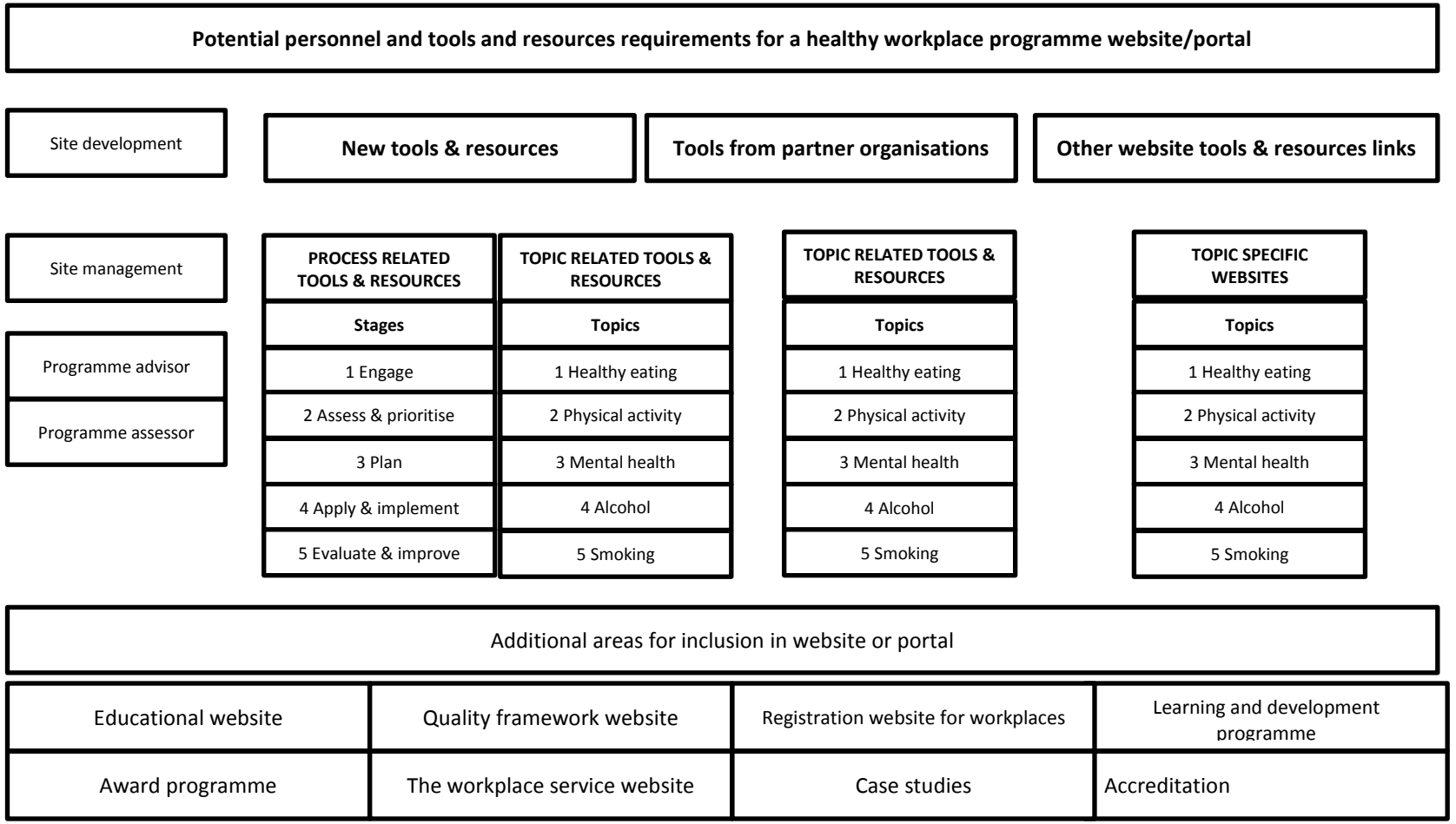

Figure 18 Potential personnel and tools and resources required for a healthy workplace programme

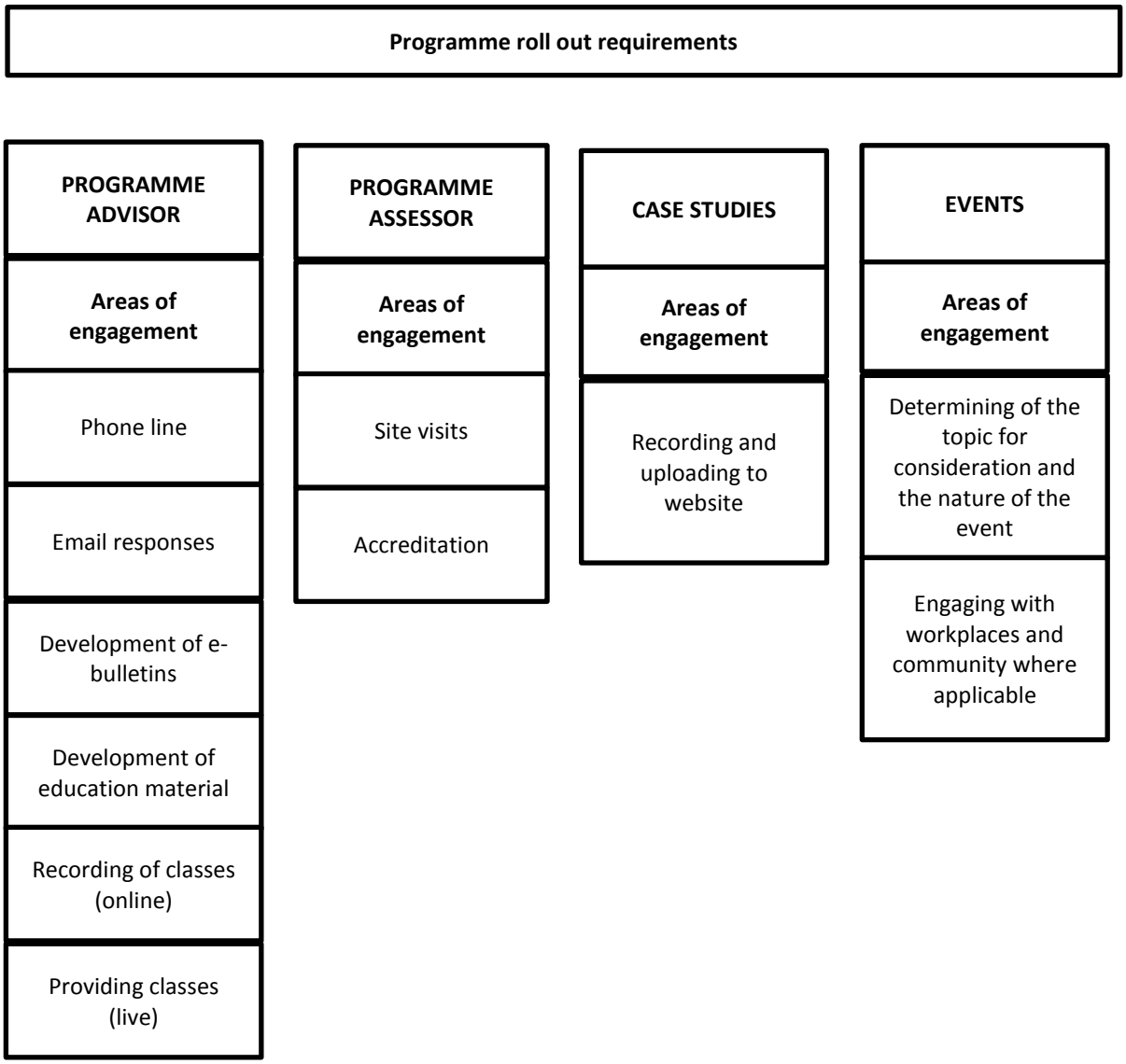

Figure 19 Personnel supports case studies and events required to facilitate programme roll out