Investing in Comprehensive Workplace Health Promotion

- A Resource for the Pursuit of Organizational Excellence –

Martin Shain
Helen Suurvali

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Introduction
The purpose of this resource is to encourage and facilitate the implementation of Comprehensive Workplace Health Promotion in Canada both as an end in itself and as a means of pursuing organizational excellence.

Comprehensive Workplace Health Promotion is an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management culture and upon the efforts of employees to care for their own wellbeing.

CWHP is not a particular program or model. It is a philosophy, theory and practice of health promotion that is intended and designed to be incorporated into the Business Plans of organizations whose governors, owners and managers care about the wellbeing of their employees.

We believe that the CWHP approach belongs in the business plan because what is good for employee health is also good for organizational productivity, efficiency and competitiveness. In fact, health is produced or manufactured by the same processes as goods and services, so what sustainably determines the quality of one, sustainably determines the quality of the other.

As an approach, rather than as a program or model, CWHP is open-ended. That is, it is an ongoing work in progress which can never be completed but which can be constantly updated and improved through experience.

CWHP has been identified by the National Quality Institute as the approach to wellness that is most likely to support the pursuit and achievement of organizational excellence.
The Bottom Line
By the time you have finished reading this resource we hope you will be ready to give Comprehensive Workplace Health Promotion a chance to prove itself through changes you can implement in your workplace or practice. You may be a CEO; you may be a Wellness Coordinator; you may run the EFAP for your company or be on the committee that governs it. Whatever your role, there is something you can do – by word or deed – to advance CWHP.

In the end, CWHP will mean very little unless it is incorporated into the standard operating practices and culture of an organization. It is explicitly intended for incorporation into the Business Plan of your workplace or your clients’ workplace.

How the Resource is organized
We want readers to come away with the conviction that CWHP makes sense from every point of view and that it can be built into the Business Plan of any organization.

To create this conviction, we have to make the case – the business case – to get you on board. To do this, we have organized the resource as follows:

1. Understanding how health is “produced” in the workplace and the costs of doing nothing to promote it.
2. The costs and benefits of doing something. Weighing our options.
How Health is “Produced” in the Workplace and the Costs of Doing Nothing to Promote It.

Health, as we experience and observe it in the workplace, is produced or manufactured by two major forces:

1. What employees bring with them to the workplace in terms of personal health practices, beliefs, attitudes, values and hereditary endowment.
2. What the workplace does to employees once they are there in terms of organization of work in both the physical and psychosocial sense.

In practice, these forces are not independent: they interact. For example, certain management practices can make it difficult for employees to care for their own health – things like unscheduled overtime or travel requirements, excessive time and energy demands and so forth. On the other hand, a workplace located in an area fabled for its heavy drinking practices can experience severe management challenges as supervisors struggle to prevent excessive or inappropriate alcohol use from translating into absenteeism, illness and accidents.

Research, until recently, was focussed more on the first force (“personal health practices”, for short) than on the second force (“organization of work”, for short), so there is more literature on the first than the second. However, when the effects of both forces on health and productivity are examined at the same time in the same place, it turns out that they are about equal in strength as well as being related to each other, as noted just now. Chart 1 shows this picture in broad strokes and when we read about the effects of one force or the other, we need to keep in mind that both are operating at the same time whether the report or article says so or not.
Notes: - personal health practices can affect productivity in two ways: directly and indirectly. Directly, by “time-out” for things like smoking breaks, caffeine “fixes”, etc.; indirectly, by first affecting health (e.g. bronchitis) which then keeps the affected individual off work.

- organization of work can also affect productivity in two ways, directly and indirectly. Directly, through design of work systems and efficiencies in management practices; indirectly, through organizational practices that cause anxiety, depression and other negative emotional states that are antagonistic to productivity in themselves and can also contribute to physical disease processes.

Although this is the “big picture” which we will want to keep as an anchor as we move on, it is necessary to begin a closer inquiry by looking at the two forces as
though they were separate, because that is how research has typically dealt with them.

To reduce the burden on readers, we will limit statements in the main text to “bottom line” conclusions, relegating supporting evidence to a set of companion pieces that can be explored as time and interest permit. These companion pieces are sometimes bibliographies, sometimes articles, sometimes brief bulletins or commentaries.

**Impact of Personal Health Practices on the Health of Employees and on Employer Health Costs**

The research literature usually deals with personal health practices (e.g. eating, exercising, sleeping, drinking, smoking, coping with stress) as “risk factors” for various disorders, diseases, or incapacities and for the absenteeism and health care costs associated with them. **There is little room for doubt that as the number of risks associated with health practices increases, negative health consequences increase also.** (Companion Piece 1)

Although this is the general conclusion, different studies show wide variations in the degree and intensity of negative health consequences such as higher health claim costs (including drugs and use of medical/paramedical services) absenteeism and disability. Many factors may explain these variations, including differences in scientific methods, measurements, characteristics of workforces and so on. However, the most confounding factor of all – and one that is rarely discussed in this type of study – involves the organization of work. **There is every reason to believe that the degree to which personal health practices as “risk factors” translate into negative health outcomes depends on the extent to which the management culture of the workplace supports health.** This point will be explored further in the next section.
The problems with comparing methods in the studies on this subject make it difficult to provide concrete conclusions beyond the facts just stated. However, a fairly typical conclusion goes like this: if you take those employees who have three or more risk factors (e.g. they are seriously inactive, they smoke, they drink too much and they are overweight), they are likely to have 50% more absence from work than those employees who have no such risk factors. (Chart 2) Again, the absolute size of this High Risk Group (3 or more risk factors) will vary from one workplace to another, leading to major differences in the total impact on health costs and productivity. However, it is not uncommon to find that multiple risk employees cost their employers two to three or more times the amounts accounted for by other less “risky” employees in terms of services, drugs, short-term disability and other more casual forms of absenteeism.

<table>
<thead>
<tr>
<th>Chart 2</th>
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<tbody>
<tr>
<td><strong>Personal Health Practices (“Risk Factors”), Health Costs and Productivity</strong></td>
</tr>
<tr>
<td><strong>LOW</strong></td>
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<td><img src="chart.png" alt="Image" /></td>
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<tr>
<td>• Absent &gt;50% more often</td>
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<tr>
<td>• 2X – 3X or more health costs (services, drugs, disability)</td>
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- “Risks” and “Costs” are progressively related to one another: more risk, more cost.
- The size of the higher risk group varies from one workplace to another, even within the same industrial/commercial/business/government sector.
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Investing in Comprehensive Workplace Health Promotion, A Resource for the Pursuit of Organizational Excellence

By: Martin Shain

- How Health is “Produced” in the Workplace and the Costs of Doing Nothing to Promote It.
- The Costs and Benefits of Doing Something to Promote Health: Weighing Our Options
- The Joint Impact of HPPs and OWIs on Health and Productivity
- The Business Case for Comprehensive Workplace Health Promotion
- The Business Health Investment Plan

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