

For Information

DATE: May 26, 2011

REPORT TITLE: **WORKPLACE HEALTH STRATEGY**

FROM: Janette Smith, Commissioner of Health Services
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OBJECTIVE

To update Regional Council on the Workplace Health Strategy.

REPORT HIGHLIGHTS

- Chronic conditions, such as obesity and diabetes, present significant health and economic challenges to the Region of Peel. In response, Peel Public Health is committed to creating supportive environments to improve the health status of the population.
- Peel Public Health recognizes workplaces as good settings to promote the health of many Peel residents.
- The Workplace Health Strategy helps workplaces create programs, policies and supportive environments that promote employee and organizational health and wellness.
- As part of continuous improvement in the Workplace Health Strategy, resources have been reallocated from the mobile outreach program to a strengthened Comprehensive Workplace Strategy.

DISCUSSION

1. Background

a) Obesity and Chronic Conditions

Peel's population is slightly healthier, more educated, and younger than Ontario's as a whole. However, Peel cannot become complacent considering:

- 47 per cent of Peel residents report having at least one chronic condition.
- 47 per cent of Peel residents are overweight or obese.
- The prevalence of diabetes in Peel has risen rapidly over the past decade and rates exceed those for Ontario. Diabetes rates are projected to increase due to an aging population, rising obesity rates, and the influx of high-risk immigrants.

Furthermore, chronic diseases have serious impacts: they not only cause premature death, but have major adverse effects on the quality of life of affected individuals and create large adverse economic effects on families, communities and society in general.

Chronic diseases and their risk factors continue to be an important issue in public health in Canada and worldwide. In the past, public health has attempted to make progress by

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providing individuals with the knowledge and tools to modify their behavioural risk factors. Today, public health recognizes that this approach is limited with respect to reach and impact; and therefore, too inefficient and unsustainable. Alternatively, health promotion strategies directed at the entire population have a much greater effect on the overall health status of the region. This approach ultimately produces environments that are supportive of healthier choices. Therefore, Peel Public Health is committed to taking a population health approach.

2. Workplace Health Promotion**a) Key Setting: Workplaces**

There are more than 86,000 workplaces in Peel. The workplace has been established as one of the priority settings for health promotion. The workplace directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the promotion of the health of a large audience.

The concept of the health promoting workplace is becoming increasingly relevant as more private and public organizations recognize that future success in a globalizing marketplace can only be achieved with a healthy, qualified and motivated workforce.

b) Peel Public Health's Approach to Workplace Health Promotion

The Strategy helps workplaces create programs, policies and supportive environments that promote employee and organizational health and wellness. The key elements are obtaining commitment from employers, establishing long-term relationships and sustainable programs, reaching a significant number of workers, and using programs which have evidence of effectiveness.

Peel Public Health's workplace health promotion program, Account for Health, provides support and consultative services to workplaces in the Region of Peel to assist in creating healthy and supportive environments that promote employee and organizational wellness. Comprehensive workplace health builds upon a base of occupational health and safety to encompass two elements offered by Peel Public Health:

- Promoting personal health practices which support health; and
- Developing social and physical environments, and an organizational culture, which supports healthy practices.

A key component of this approach includes the use of specific tools by Peel staff to support both the employer and employee to better understand their needs. Within engaged workplaces, employees complete a Health Risk Assessment. This tool aims to:

- Help employees understand and improve their own health and document this in the Employee Health Risk Assessment Tool; and
- Help employers learn more about the overall health of employees in order to start to address or improve wellness, and to complete the Organizational Situational Assessment Tool. Combined, these tools will help create an accurate picture of the health of the organization. This information will guide the development of future health policy and programs and will ensure that specific needs are addressed to improve the health of employees within the engaged organizations.

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3. Mobile Outreach Program

In 1992, as part of the broader Workplace Health Strategy, Peel Public Health developed a mobile outreach program called the HeartMobile. The HeartMobile visited businesses within the Region of Peel and was designed as a health education and screening strategy to increase knowledge of cardiovascular disease risk factors among males and females aged 18-65 years. The program provided an interactive experience for individuals and consisted of seven modules: Cholesterol Screening, Blood Pressure Testing, Tips on Managing Stress, Healthy Food Choices, Active Living Information, Body Mass Index (BMI) score, Computerized Health Risk Assessment (HRA).

Since its launch, the HeartMobile has assessed 52,671 participants at 939 workplace and community settings. On average, this was approximately 3,000 participants and 50 workplaces per year.

Over the last three to four years the estimated cost of the HeartMobile program was \$120,000 to \$130,000; an average cost of \$43 per participant. In addition, the capital replacement expenditures for the HeartMobile would have been approximately \$200,000, as it was approaching the end of its useful life.

At the time this program was developed, levels of public awareness on heart disease and related risk factors were lower than today. Furthermore, workplace health was a new concept that was not widely known among employers. The mobile outreach program was an interactive initiative that helped Peel Public Health introduce health promotion to regional workplaces and begin establishing relationships with these new partners.

The mobile outreach program succeeded in encouraging some workplaces to work with Peel Public Health on health promotion initiatives, programs and policy development. However, many workplaces were only interested in the one-time service offered by the program and did not pursue opportunities to develop a planned, comprehensive and long-term approach to collaborate with Public Health and improve overall employee and organizational health and wellness.

In keeping with Peel Public Health's evidence-informed decision making approach to program planning, staff completed a review of the health literature to better understand the effectiveness of the cardiovascular screening component of the mobile outreach program on health behaviours. The literature review revealed the following:

- There is limited high-quality evidence to support the use of one-time individual screening for cardiovascular risk factors to improve health behaviours. Such change as is seen is modest, and there are no data on the persistence of change.
- Non-fasting total serum cholesterol that was used in the program is outdated as a means of assessing risk for cardiovascular disease.
- There is potential for those screened as negative (i.e., those identified as having cholesterol levels within the normal range) to adopt a false sense of good health. These individuals may not feel the need to start or continue to engage in healthy behaviours since they may falsely assume a clean bill of health (i.e., the 'certificate of health' effect).

Assessment of individual risk for chronic disease is more appropriately undertaken in the primary care setting, and efforts to improve this are now evident.

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As a result of these findings, the HeartMobile program has been discontinued and the resources reallocated to an expanded Workplace Health Strategy. The enhanced program was the subject of a meeting attended by 80 workplaces, with many of them committing to the program. The new approach will improve the effectiveness and reach of the program.

CONCLUSION

Chronic conditions, such as obesity and diabetes, continue to present significant health and economic challenges to the Region of Peel. Peel Public Health is committed to creating supportive environments that will promote healthier behaviours and positively impact the health status of the population. As a part of this approach, Peel Public Health recognizes workplaces as an ideal setting and infrastructure to support the promotion of health for many residents of Peel.

Peel Public Health remains committed to promoting health throughout workplaces in Peel. Accordingly, public health staff will continue to actively engage private and public organizations to promote employee health and wellness through programs and policies that are effective, sustainable, and impact as many residents of Peel as possible.



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