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# **Lessons from the Evaluation of the Implementation of a Large Scale Workplace Health Promotion Program**

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# Get Healthy at Work

- 🍏 A statewide workplace health promotion intervention in NSW, Australia
- 🍏 Aims to reduce workers' lifestyle related modifiable risk factors for chronic disease
- 🍏 Has been implemented since June 2014

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# Components of Get Healthy at Work

## Workplace based program

- Settings based
- Help workplaces target one prioritised action
- Do it yourself or service provider assisted
- Over 2,000 businesses and 4,000 workplaces have enrolled

## Brief Health Checks

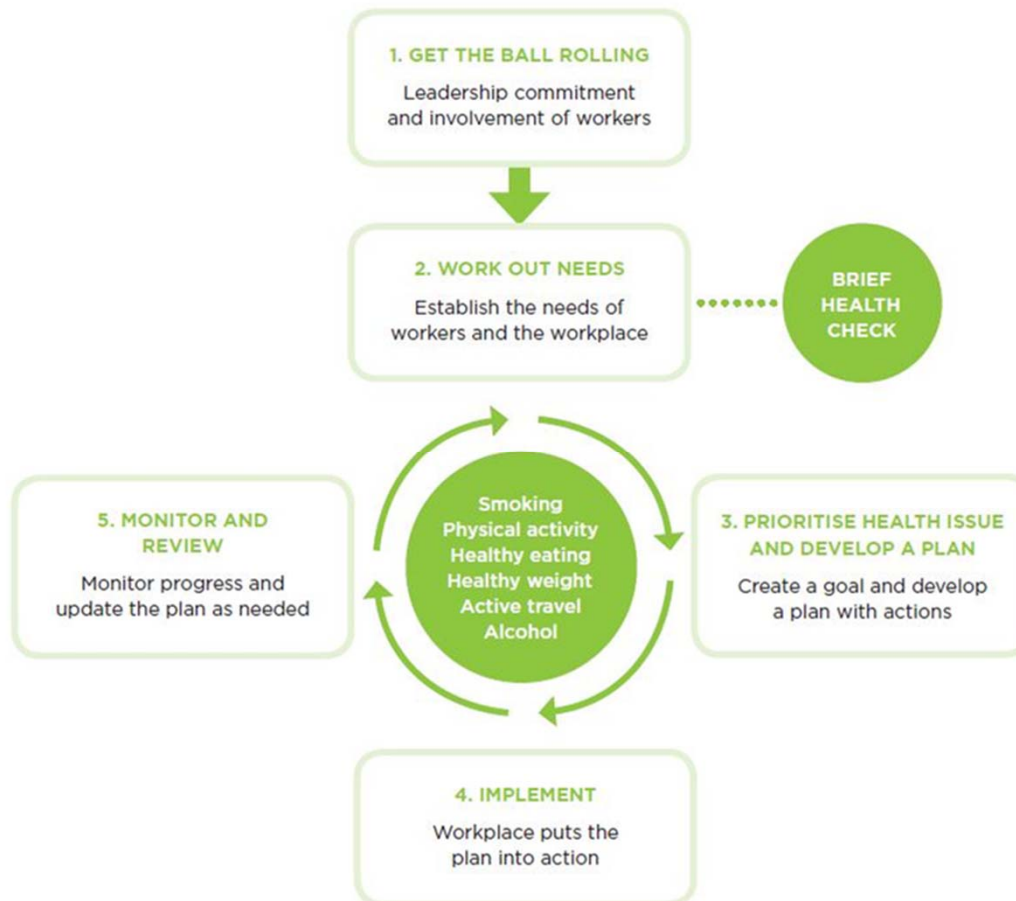
- Chronic disease risk scores of workers
- No clinical tests or weight measurement
- Face to face or online
- Over 30,000 Brief Health Checks conducted

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# Get Healthy at Work – Program model

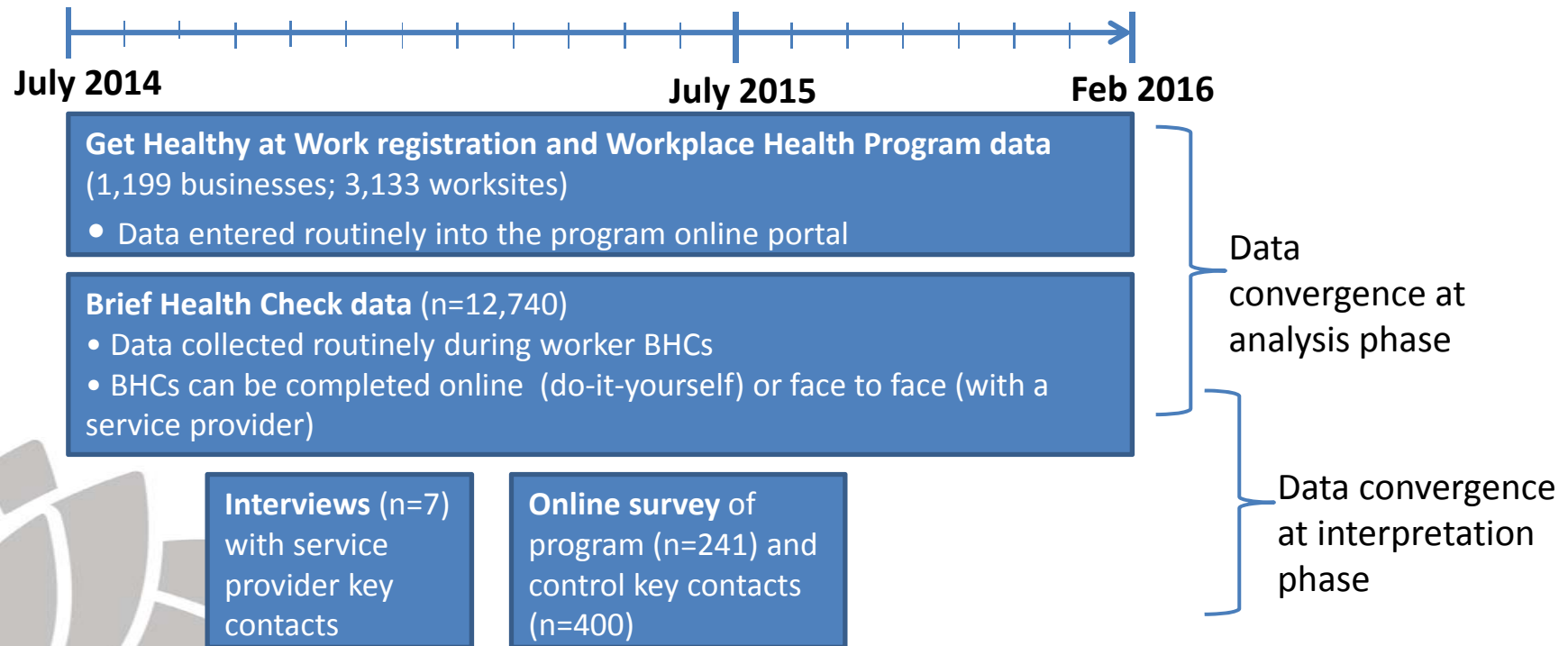


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# Evaluation (first phase)



# Workplace Health Program

- 🍏 In 20 months (July 2014-February 2016), 1,199 businesses registered for Get Healthy at Work
  - 3,133 workplaces (sites) with a potential reach of 372,010 workers
- 🍏 257 (8.2%) workplaces developed an action plan
  - Healthy eating (135, 43.5%)
  - Physical activity (80, 25.8%)
- 🍏 Service providers suggested that program was not adequately flexible for workplace settings

# Workplace characteristics

	Comparison workplaces % (N=400)	Get Healthy at Work workplaces % (N=241)	p value
<b>Existing WHP</b>	31.7	34.0	ns
<b>Agree or strongly agree that workplace health promotion...</b>			
Improves employee health	74.7	88.5	0.006
Improves employee productivity	69.0	88.9	<0.001
Improves staff retention	52.1	74.1	<0.001
Reduces incidence of workplace injuries	61.3	77.0	<0.001
Reduces sick leave	61.8	82.3	<0.001
<b>Agree or strongly agree that senior leadership at the workplace is</b>			
Willing to dedicate financial resources	40.2	57.6	<0.001
Willing to dedicate staff time	43.7	69.1	<0.001
Proactive about making changes	70.1	78.4	0.019
<b>Agree or strongly agree that in general, when there is agreement that changes are required in the workplace</b>			
Financial support available	53.4	63.8	0.006
Staff support available	53.1	60.9	0.024

# Brief Health Checks: Uptake

Brief Health Checks	Business size			Total
	Small	Medium	Large	
No. workers in the workplaces registered for Brief Health Checks	736	9,442	75,965	86,143
% of workers who undertook Brief Health Checks	53.0%	35.6%	11.8%	14.8%



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# Brief Health Checks: Worker characteristics

	Online % of BHCs	Face- to- face % of BHCs	p value
Age >35 years	71.3	64.3	<0.001
Male, N	33.1	57.5	<0.001
Aboriginal descent	1.5	2.0	ns
Born in Australia	69.8	79.0	ns



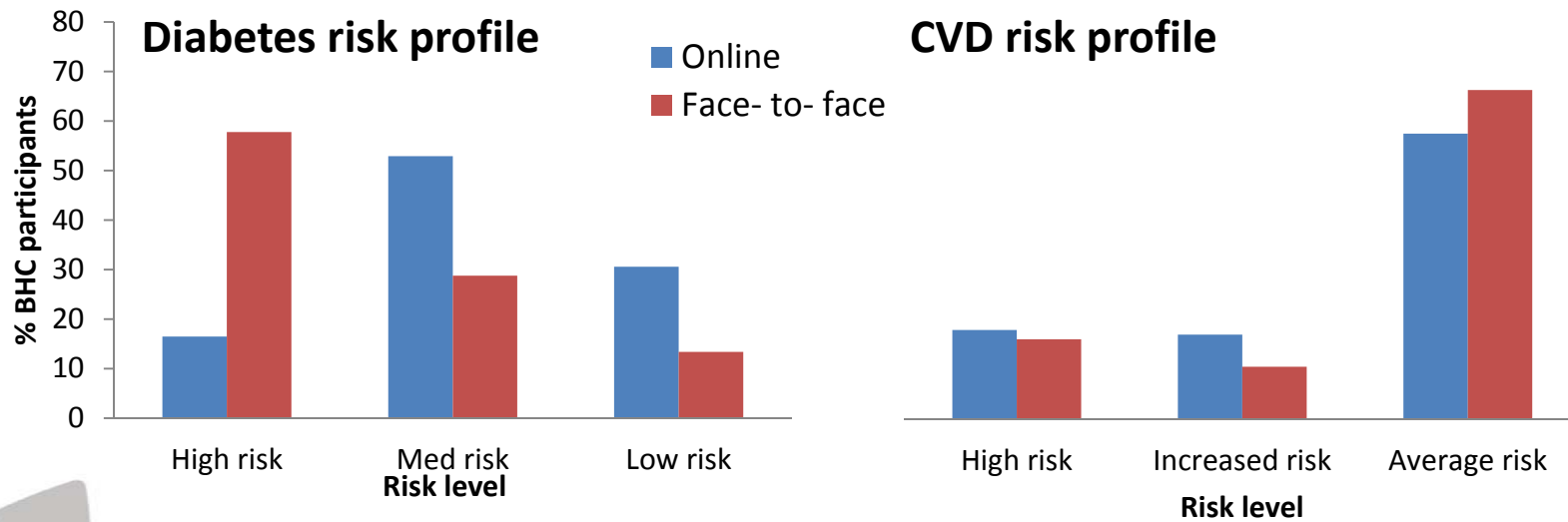
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# Brief Health Checks risk profile



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# Conclusions

- 🍏 In 20 months, Get Healthy at Work has reached a substantial number of NSW worksites
- 🍏 Progress of workplaces in the Workplace Health Program was slow due to limited flexibility
- 🍏 Workers at higher risks of chronic disease are more likely to undertake face to face Brief Health Check than online

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# Key lessons

- 🍏 Workplace based health promotion programs can be an effective approach to promote health in working adults.
- 🍏 Workplace health promotion programs require more flexibility than traditional health promotion approaches
- 🍏 Routine program data can be used to evaluate complex interventions

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