

Get Healthy at Work – Pilot 2: Summary Report NSW Office of Preventive Health, September 2015

INTRODUCTION

The Get Healthy at Work program is funded by the NSW Health and was developed by the NSW Ministry of Health and WorkCover NSW with the aim of addressing modifiable risk factors for chronic disease in workers including smoking, obesity, lack of physical activity, poor diet and harmful alcohol consumption.

The Get Healthy at Work initiative has been designed specifically to target the public via their working environment. The program development has been informed by behaviour change theories in order to identify a model which leads to sustainable and long-term positive behaviour change amongst the target audience. The Get Healthy at Work initiative consists of two components:

1. *Workplace Health Program*: businesses that take part in the program receive assistance to build capacity and capability to help design, develop and implement their own sustainable work based health program. The program is designed to focus the first 'cycle' of work around one specific risky health behaviour e.g. smoking. The program will develop an action plan for the workplace for this specific behaviour that will be implemented over a 3-6 month period. The program can be implemented by the business using online resources or with support from a Get Healthy at Work service provider. The program has been designed so that, following the initial supported action plan development, each business will then have the tools and capabilities to continue the program cycles on their own to focus on further risky health behaviours.

The program is designed to encourage and motivate buy-in at all levels to encourage policy change and engender a long-term sustainable positive attitude towards healthy lifestyle changes. Each cycle is designed to introduce change through policy, people and places through behavioural change 'nudges' such as offering healthy promotional activities (e.g. free gym pass, or free fruit), or changing the workplace to reflect the desire to change behaviour, such as banning smoking throughout the work environment.

2. *Brief Health Check*: the brief health check provides each individual employee with a health assessment that establishes their risk of diabetes and cardiovascular disease. The assessment is based on responses to the AUSDRISK survey and additional lifestyle and health behaviour questions. Those found to be 'at risk' are provided with referrals to appropriate and relevant services that can assist them in tackling poor health behaviours e.g. smokers can be referred to NSW Quitline.

Businesses that participated in this study were supported in delivering the program by 'service providers' who worked with them to both deliver the brief health checks and to formulate and develop their primary action plan.

Research was required to carry out an evaluation of the final pilot phase of the Get Healthy at Work initiative to explore experiences with all phases of the program prior to it rolling out. However, the research approach was adapted over time as new insights relating to the program were identified.

RESEARCH OBJECTIVES AND NEEDS

The overall objective of this research was to evaluate the experiences of businesses in participating in the program, and the service providers assisting with program development.

More specifically the research needed to;

- Explore experiences of implementation, usability of printed and online resources, sustainable participation, utility of the 'Do It Yourself Online' option, the extent to which the program is relevant for priority groups.
- Provide an understanding of the key motivators and barriers to participation from the point of view of both the businesses and the service providers assisting with program delivery.
- Provide feedback around the tools and assistance currently available (as well as ideas for improvements).
- Explore reactions to new / extended service components.
- Understand how program improvements will affect propensity to participate in the program.
- Identify any barriers and drivers of participation.
- Explore utility of current tools and services on offer as part of the program (health incentives etc.).
- Explore extent to which online tool is a viable tool for program recruitment and delivery.

Identify the extent to which sustained participation is likely, and what changes could potentially increase propensity to continue the program following withdrawal of support.

METHODOLOGY AND SAMPLE

GfK Australia was contracted by the Office Of Preventive to undertake data collection, analysis and reporting. There were three rounds of research in total:

1. The initial evaluation of the preliminary phases of the pilot comprised of 6 qualitative interviews; 4 with business key contacts and 2 with service providers assisting the businesses to develop and implement the program.
2. The second round of research used the revised approach of 5 interviews with businesses at various points of the live Get Healthy at Work program, and 3 interviews with service providers working with these businesses to deliver the program
3. The third round of research revisited 2 of the business previously spoken to in round 2 and 1 of the service providers as well as a new business that had to completed the program to explore subsequent phases that might have taken place along with a new business and service provider

The businesses that participated in the evaluation were specifically chosen for sitting within industries identified as having workforces at higher risk of chronic disease including businesses operating in industries such as; transport and logistics, manufacturing and construction.

EXECUTIVE SUMMARY

The evaluation was able to establish a series of key indicators at each stage that underpin the extent to which participation of a business in the Get Healthy at Work program is likely to be successful. These 'indicators for success' demonstrate both the factors that need to be in place within the business itself, but also identify the external factors and influences that can motivate and drive successful participation and sustainability.

The key factors driving successful participation in the Get Healthy at Work program are:

1. A highly **motivated, passionate and dedicated** key informant;
2. **Senior management buy-in** and involvement that motivates and triggers workforce involvement;
3. A clear understanding inside the business of the '**end goal**' of the program (i.e. the need to develop capacity and sustainability) amongst the wider business;
4. **Worker engagement and trust** in the program from the outset through relevant and timely communication and education;
5. Clarity and specificity from the service provider to the key informant and the wider business relating to the **internal commitment** required in order to achieve the program aims;
6. Transparency within the business about the **purpose and relevance of the brief health checks** through effective and efficient communication;
7. Comprehensive understanding of the importance of building action processes into **wider business policy** combined with a knowledge of the tools and devices to effectively achieve this;
8. Transparency and clear expectations pertaining to the **program incentives** from the outset;
9. An understanding from the key informant of how to easily and simply **identify and tailor relevant Get Healthy at Work materials** on the website;
10. Providing the key informant from the outset of the program with robust knowledge and awareness of the **lifecycle of the Get Healthy at Work program** in terms of ongoing service provider support and involvement.

FINDINGS

1. Motivations for joining the program

- Businesses typically became aware of the program because they were actively seeking a health and wellbeing program (eg Google search) or were approached by a service provider about taking part.
- Some businesses had undertaken health initiatives in the past (e.g. Movember, Flu Vax) and were keen to get involved in another one.
- The businesses tended to be aware that the general health of their workforce could be improved and that the industries they work in are synonymous with poorer health than that of the wider population
- The decision to join was also motivated in part by the potential benefits to the business i.e. a healthier workforce could mean less sick days, fewer injuries at work, and higher productivity.
- A further strong motivator was the fact that the program provides structure, resources and a monetary incentive at no cost to the business.

2. Step 1 Get the Ball Rolling

- A highly motivated, passionate and dedicated key informant is critical to successful and sustainable participation.
- The key informant's mindset typically falls into one of two outlooks regarding the Get Healthy program:
 - *Highly motivated* - they perceive an ingrained need for the business to act and help their workforce improve their health.
 - *Less motivated* - they perceive that the program is a 'nice to have' option for their workers should they wish to improve their health.
- With this less motivated mindset the key informant can easily disappear if they feel almost defeated once they have started.
- A key success factor at this early stage is in obtaining the buy-in of senior management. Where delivery has been most successful it has been because, not only has senior management bought into the program, but they have proactively advocated and taken part in it throughout the process i.e. they have led by example.
- Another important motivator for some is the monetary incentive that is offered at the end of the program for points. However, this also has the potential to demotivate if expectations are too high.
- The businesses that have had the most successful delivery have engaged with workers from the outset of the program and developed their individual programs in consultation; they have taken a ground up, grass roots approach to developing the program.
- Where businesses were able to get buy-in at the early stages it was because they understood the business and the culture and have a clear, reciprocal pathway. They also put in the time and effort to educate the workforce about the program as a whole and the reasons that health and wellbeing is important, and why the business is supporting it.
- Where businesses have been less successful in their delivery it was usually because they had little trust that the workforce wanted to change. However, this was typically an assumption rather than fact and was often underpinned by a structure whereby the management enacts decisions in a top down format.
- It is also important that, as well as promoting the program to all employees, all stakeholders in the business know about the program (e.g. unions) and are able to input into the development from the outset.

- A clear understanding of the 'end goal' of the program (i.e. the need to develop capacity and sustainability) is crucial to ensuring successful participation
- Clarity and specificity from the outset relating to the commitment required from the business is vital to maintaining motivation in both the short and long-term

3. Step 2 Work out Needs (including Brief Health Checks)

- The businesses involved had varied experiences of the 'working out needs' phase, with some choosing to delay engaging the workforce until a later stage (post action planning), and others building this in to the program from the outset.
- As noted previously, implementing the program in a 'bottom up' fashion will lead to better outcomes and longer-term buy-in than a later stage 'top down' directive.
- Businesses with clear existing employee engagement channels (e.g. toolbox talks, site level HS committees etc.) were more likely to report involving the workers from the outset. Furthermore, they sought feedback through these channels for ideas for action planning, ensuring the workers felt part of the process.
- From the perspective of the businesses, there were two key issues in encouraging uptake of the brief health checks:
 - The 'emotional barriers': where the checks were not properly promoted and explained to the workforce then encouraging take-up, particularly amongst staff for whom English is a 2nd or 3rd language, was particularly difficult.
 - The 'practical barriers': often (and especially where the key informant was not overly motivated) there appeared to be little in the way of a holistic communications strategy to drive uptake of the checks as part of the wider program.
- Factors impeding the uptake of BHCs include: the perception that as the program is at work the results are not confidential; workers who feel that their health is their own business and no one else's and don't like the business getting involved in their personal issues; workers who do not want to find out if there was anything wrong with them.
- Although feedback around uptake of the brief health checks amongst workers for whom English is a 2nd language was limited, it was clear from at least one business that both the language and cultural expectations were significant barriers for engaging with these employees.
- Realistic expectations need to be set about what the health checks can and cannot achieve – there needs to be a clearer understanding that the program does not hinge on the success (or otherwise) of the brief health checks but, rather that they form one part of the bigger picture along with the other elements of the program.

Key indicators for success at this stage:

- **Clarity and specificity from the outset relating to the commitment required from the business is vital to maintaining motivation in both the short and long-term**
- **Transparency within the business about the purpose and relevance of the brief health checks through effective and efficient communication is critical for workforce participation and successful engagement**

4. Steps 3-4 Work Out Needs and Action Planning

- Businesses reported finding this stage fairly simple. Essentially the process involved looking at the brief health checks and the workplace review and identifying needs and some possible ideas.
- Where motivation and commitment were high then ideas for action had been sought at the individual site level through worker feedback. In some cases ideas were enacted at both a site level and a more overarching level - i.e. from the bottom up initiatives (such as 'get fit together' programs like team walks and team workouts) met top down initiatives (such as companywide stop smoking programs mandating no smoking on site).
- Where actions were typically smaller (i.e. fruit basket) then although there was clear positivity and take-up, it was less clear to what extent this has laid a foundation for long-term change i.e. whether it has actually built the capacity required to continue the process long-term and embed it into the wider business objectives around health and well-being. These types of small activities, whilst appreciated, did not generate the same level of buy-in at the company wide level around long-term wellbeing initiatives.
- The most successful ideas that resulted in the most uptake were those that:
 - Involved the entire company from the top down
 - Were measurable i.e. they had a 'start' point and a measurable finish (e.g. 'biggest loser challenge to see who had lost the most weight in 3 months)
 - Had a realistic and achievable end goal i.e. something to work towards - but within an easily identifiable timeframe - it can't be too far away or it feels unrealistic and momentum could then be lost
 - Were 'repeatable' i.e. could be easily run again to continue momentum
 - Had a company led, holistic communications approach to get buy-in from the wider business
 - Had an extra monetary incentive added by employer

Key indicators for success at this stage:

- **Comprehensive understanding of the importance of building action processes into wider business policy combined with a knowledge of the tools and devices to achieve this effectively ensures an effective blueprint for sustainability**
- **Transparency relating to the program incentives from the outset is important in ensuring continued buy-in throughout the program and long-term participation**

5. Get Healthy at Work Materials

- Businesses and service providers were positive about the materials available. However, there was too much to get through and some couldn't see the wood for the trees – a feeling they could be more punchy and easier to see which materials are relevant and useful to them.

6. Program Sustainability

- Many of the businesses did speak about trying to continue a health program and encourage healthy behaviours. However, the propensity to effectively continue the program without the service provider support was essentially driven by the success of the program and the dedication of the key informant.

- Those businesses with a passionate key informant, who was initially looking for a workplace health program, are much more likely to want to continue this kind of program than those who were just doing it 'because that's their job'.
- Those businesses building health and wellbeing into their wider health and safety policy felt much more confident about moving forward on their own
- Where businesses have implemented an action but not built it into the wider business (as yet) then they are less clear and more confused about what they are working towards and at what point the service provider assistance will no longer be available.

Key indicator for success for this stage:

- **Providing the key informant from the outset of the program with robust knowledge and awareness of the lifecycle of the Get Healthy at Work program and the future for the program within the business post participation.**

7. Conclusion

- Overall, there is a high level of positivity amongst both businesses and the service providers for the program. They are aware that a healthier workforce can be a more productive one.
- One of the over-riding success factors for the program is the passion, motivation and dedication of the key informant. Whilst the service provider can be positive and enthusiastic and 'sell in' the benefits of the program this does not necessarily mean that the business will share their enthusiasm.
- Emphasis needs to be placed on the need for close team work from the outset and buy-in across health and safety, HR teams etc. Delegating the running of the program to one person as part of an already demanding job role is a recipe for failure.
- A balance needs to be struck between managing expectations around what the business can expect in terms of 'incentives' for taking part, with the need to maintain motivations for participating – a difficult balance to strike!