

A Coordinated Action Agenda for Healthy Workplaces

A call to action by the Canadian Healthy Workplace Council
October 2007



healthyworkplaceweek.ca

The Canadian Healthy Workplace Council (The Council), comprised of leading workplace health organizations and practitioners from across Canada, is dedicated to promoting healthy workplaces in order to improve and sustain the health of Canadian organizations, their work environments and their employees. There is solid evidence indicating that, in a healthy workplace, workers can meet their aspirations for engaging work and a high quality of life and employers can achieve improved organizational performance and reduced costs.¹ The result is a healthier population and a more prosperous economy.

Recognizing that a critical mass of governments, organizations and workplace health practitioners are pursuing healthy workplace goals, the Council believes that the time is right for a *coordinated action agenda to create healthy workplaces*. The goals are more integrated public policy and wider diffusion of best practices in workplaces. The Council is committed to enabling collaboration among stakeholders, providing opportunities to work toward the above goals. All interested stakeholders in the private, public and not-for-profit sectors are invited to join in this endeavour and help establish a shared vision for healthy workplaces.

Achieving Coordinated Action

The Council's activities to date have focused on organizing the annual Canada's Healthy Workplace Week campaign, assisting in the selection of the annual NQI Canada Awards for Excellence (Healthy Workplace Category), and adjudicating the Canadian Workplace Wellness Pioneer Award presented annually at the Health, Work & Wellness Conference. Council members actively advocate across the country for a comprehensive and integrated approach to healthy workplaces, through their own work, involvement in local healthy workplace activities and groups, as well as frequently speaking and writing on healthy workplace issues.

¹ See accompanying document, "Evidence for Healthy Workplace Action," prepared for the Council by Graham Lowe, The Graham Lowe Group Inc.

The Council includes representation from across the spectrum of workplace health stakeholders and proposes to use its unique position as a neutral broker among business, labour, governments, researchers and non-profit organizations *to achieve comprehensive healthy workplace change through coordinated action*. A convergence of pressures has raised the stakes for creating workplaces that are both healthy and productive, including the aging workforce, acute labour shortages in some industries and regions, rising costs of public health care and employer health benefits, and clear evidence that the ingredients of a healthy workplace also contribute to business success. Furthermore, there is mounting evidence that healthier workplaces will provide significant social and economic benefits.

Here are highlights from the Council's expert review of this evidence and research (provided by The Graham Lowe Group):

- Absenteeism in Canada has increased steadily since the 1990s. Actual work time lost for personal reasons in 2006 resulted in 102 million work days for all full-time employees. The estimated cost of each long-term absence is approximately \$8,800.
- Job stress has been linked causally to chronic diseases such as heart disease, as well as depression, diabetes, asthma, migraines, and ulcers. Stress and job dissatisfaction are related, and both contribute to increased disability days and healthcare costs.
- Workplace health promotion interventions that are comprehensive, well-designed, and successfully implemented will have a positive return on investment or cost-benefit ratio. Multi-component worksite health promotion programs which track return on investment result in average reductions in sick leave, health plan costs, workers' compensation and disability costs of just over 25%.
- Obesity among Canadian adults 18 years and over increased from 14% in 1978 to 23% in 2004. The estimated total direct and indirect cost of weight-related major chronic diseases to the health system is at least \$4.3 billion. Workplaces are ideal environments for promoting healthy weights for adults, yet few Canadian employers have formal policies encouraging physical activity and healthy eating.

The federal-provincial-territorial Labour Minister's March 2006 joint statement calling for increased cooperation on healthy and safe workplaces resonates with the Council. However, Canada's geographic and political realities limit the role any one government can play in bringing about healthy workplace change. All workplace health stakeholders need to take leadership to ensure a cooperative approach.

Coordinated Action Framework

Three basic concepts – *collaborative, integrated and comprehensive* – form the Council’s proposed framework for coordinated action to achieve healthy workplaces in organizations of all sizes and in all sectors and regions.

The rationale for a *collaborative* approach to achieving healthy workplaces is simple. First, it will result in a more efficient use of the scarce resources (time, effort and money) being invested by employers and employees, non-governmental organizations (NGOs) and governments. Second, it will contribute to timely sharing of information across organizational boundaries, disciplines, and regions. Third, it will bridge the gaps that exist between the worlds of policy, practice and research. The Council believes that the cumulative evidence showing individual, organizational, and societal benefits from healthy workplace interventions provides common ground for creating a shared agenda for coordinated action.

The Council’s mission advocates *integrated* thinking and action. This means ‘putting the pieces of the puzzle together’ and ‘connecting the dots’. Canadians are fortunate that a growing number of not-for-profit organizations are promoting healthy workplaces, including: the Global Business and Economic Roundtable on Addiction and Mental Health, the Canadian Centre for Occupational Health and Safety (CCOHS), the Industrial Accident Prevention Association (IAPA), the National Quality Institute (NQI), the Institute for Work and Health, the Quality Worklife – Quality Healthcare Collaborative, the Forum on the Advancement of Healthy Workplaces, the Ontario Healthy Workplace Coalition, the Group for Promotion and Prevention Strategies in Quebec, to name some. The Council believes more coordinated action is needed to better leverage the points of integration across these initiatives.

The Council is committed to a *comprehensive* model of workplace health. Health promotion in workplaces is best achieved by a holistic approach to psychological, social and physical wellness. Healthy workplaces also must have cultures and organizational systems aligned around employee health and performance goals. Furthermore, substantial health and productivity benefits flow from addressing proactively the underlying determinants of health in the work environment. The Council believes that coordinated action will result in more workplaces taking this comprehensive approach to workplace health.

A Call to Action – An Invitation to Collaborate

The Council invites stakeholders to consider, discuss and provide feedback on the following approach to developing a coordinated healthy workplace action agenda:

1. Create a shared vision of a healthy, safe and productive workplace that achieves individual, organizational and societal goals, and which is accepted by all stakeholders.
2. Enable stakeholders from all levels of government, employers, unions, professional associations, researchers and NGOs to share information, identify priority actions, and to implement these actions in the most effective manner possible.
3. Identify opportunities for a more horizontal approach to public policy across jurisdictions, levels of government, and policy areas to achieve healthy workplace goals.
4. Launch an on-going forum for sharing healthy workplace best practices and evaluate the need for a national information clearing house on healthy workplace initiatives.
5. Leverage existing opportunities (such as conferences) to network and build alliances in the interests of pursuing comprehensive approaches to healthy workplaces.

Getting Involved

Interested individuals and organizations are invited to provide feedback directly to the Council at: council@healthyworkplaceweek.ca

Evidence for Healthy Workplace Action

Prepared for the Canadian Healthy Workplace Council by Graham Lowe,
The Graham Lowe Group Inc.



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There is solid evidence supporting a comprehensive approach to creating healthy workplaces, showing benefits ranging from improved employee health and wellness to reduced employer costs and increased productivity. This evidence informs the initiatives undertaken by the Canadian Healthy Workplace Council. Here are the key highlights from this growing body of research and data:

Absenteeism:

- Absenteeism in Canada has increased steadily since the 1990s. In an average week in 2006, 7.2 % of male workers and 9.5 % of female workers missed work due to their own illness or disability or for personal or family responsibilities (excluding maternity leave). Actual work time lost for personal reasons increased from the equivalent of 7.4 days per worker in 1997 to 9.7 days in 2006 – an estimated 102 million work days for all full-time employees.¹
- Absenteeism has direct costs for employers. For example, the average duration of long-term absence is 11 weeks. The estimated cost of each long-term absence is approximately \$8,800 (based on 440 hours of lost time and average hourly earnings of \$20/hr). While long-term absences were more common among individuals with poor health or with a prior disability, employees feeling very stressed were 2.4 times more likely to take a leave than those not overly stressed.²

Injuries and Fatalities:

- Lost-time work injuries have declined considerably over the past two decades. However, work-related fatalities are on the rise.³

Work-life Balance:

- Work-life imbalance is on the rise, largely due to work-related factors. According to the General Social Survey, the proportion of workers feeling somewhat or very dissatisfied with work–life balance increased from 16.7% in 1990 to 20% in 2001.⁴ Another major Canadian study found that 1 in 4 employees experienced high levels of conflict between work and

family, based on work-to-family interference and caregiver strain.⁵ The Rethinking Work survey found that 34% of workers surveyed in 2004 reported that it has become harder for them to achieve work–life balance over the past few years, while 29% have found it easier to achieve (37% experienced no change). Finding it easier to achieve work-life balance is associated with a supportive supervisor, flexible hours and schedules, and low job stress.⁶

- Extensive research documents how the relationship between work and family and personal life affects an individual’s health as well as their performance in work and family roles.⁷ Work–family conflict is regarded as a major stressor, contributing to reduced general mental health and well-being, dissatisfaction with life, psychosomatic symptoms, depression, general psychological distress, use of medication, alcohol consumption, substance abuse, clinical mood disorders, clinical anxiety disorders, and emotional exhaustion.⁸
- Estimated direct costs of absenteeism due to high work–life conflict range from \$3 to \$5 billion annually in Canada.⁹ When indirect costs are included, this could rise to \$10 billion. Furthermore, there are public costs, which include mental and physical health risks created by work–life conflict. These risks affect national productivity, quality of individual and family life, and impose burdens on the health care system.

Job Stress:

- 30% of workers experienced most days at work as “quite a bit” or “extremely” stressful in 2005, a slight decline from 32% in 2001. Managers and health care occupations have the highest levels of self-perceived stress, compared to other occupations.¹⁰
- Job stress has been linked causally to chronic diseases, such as heart disease, as well as depression, diabetes, asthma, migraines, and ulcers.¹¹ High psychological demands coupled with low control over these demands increases a worker’s exposure to “job strain,” and through this, an elevated risk of morbidity. Furthermore, a lack of reciprocity between work effort and rewards (e.g., pay, job security, career opportunities, self-esteem, and satisfaction) are associated with increased risks of cardiovascular disease, depression, alcohol dependence, and poor self-rated overall health.¹²
- Data from National Population Health Survey and Canadian Community Health Survey show that workers in high strain jobs are twice as likely to report job stress, compared with those in low strain jobs. In 2002, 26.6% of women, compared with 18.8% of men, have job demands that outweigh their freedom to make decisions or apply their skills. Men in high strain jobs

were 2.5 times more likely than those in low strain jobs to have experienced depression, and women were 1.6 times more likely.¹³

- Data from the Health and Safety Executive (HSE) in the United Kingdom shows that 36% of sickness absenteeism for work-related illness or injuries is caused by stress, depression and anxiety – which means that between 30% and 40% of the direct costs of sickness absenteeism can be attributed to these causes.¹⁴ Average direct and indirect (including reduced customer satisfaction, lower productivity, and higher staff turnover) costs of work stress are approximately \$3,000 annually.

Job Dissatisfaction:

- Job dissatisfaction, stress and absenteeism are related. Most Canadian workers are satisfied with their jobs, but in 2002 one in twelve were dissatisfied – a total of 1.3 million workers. 24% of those reporting their jobs to be extremely stressful are also dissatisfied. Those who are not at all satisfied with their jobs report about 3 times the rate of disability days in the past 2 weeks. For every 100 workers who were very satisfied, 47 disability days were reported, compared to 129 for every 100 who were not at all satisfied.¹⁵

Hours and Schedules:

- Work hours and schedules can affect individuals' health.¹⁶ Working long hours contributes directly to unhealthy lifestyles, which are well-documented risk factors in heart disease and serious health conditions. Shift work creates health risks because of disruptions to the body's circadian rhythms. Health problems directly related to shift work include gastrointestinal disorders, cardiovascular diseases, cancer, and menstrual and pregnancy complications in women.¹⁷

Worksite Health Promotion:

- Research on the impact of comprehensive worksite health promotion and disease management programs demonstrate that a combination of comprehensive and high-risk group interventions yield positive if modest clinical and cost outcomes. Workplace health promotion interventions that are comprehensive, well-designed, and successfully implemented will have a positive return on investment or cost-benefit ratio. Evidence suggests that the issue for management is not whether to introduce such programs to reduce health risks and increase productivity, but how to design, implement and evaluate programs to achieve the best outcomes.¹⁸

Costs and Benefits:

- Multi-component worksite health promotion programs which track return on investment result in average reductions in sick leave, health plan costs, workers' compensation and disability costs of just over 25%.¹⁹ A review of 13 studies found an average benefit of \$3.72 in reduced health care costs (per dollar invested in the program) and \$5.06 in reduced absenteeism. Other studies show returns on investment in the range of \$3 to \$8 for every dollar over a 5 year period invested in the intervention.²⁰ Another review shows a median benefit of \$8.88 for workplace disease management programs.²¹ The strongest and most convincing evidence is for reductions of personal health risk factors such as smoking, weight, physical inactivity, and diet.²²
- US researchers have examined the top 10 physical and mental health conditions affecting employees, concluding that employee absenteeism and disability accounted for 29% of the health and productivity related costs for physical health conditions and 47% for mental health conditions.²³ Presenteeism costs (based on self-reported work productivity) account for 61% of total costs associated with 10 common health conditions (allergies, arthritis, asthma, cancer, depression, diabetes, heart disease, hypertension, migraines and headaches, and respiratory disorders). Four conditions (arthritis, hypertension, depression/sadness/mental illness, allergies) have annual presenteeism costs per employee reporting these conditions of over \$200 (based on \$23.15/hour wages and benefits).

Obesity:

- Obesity among Canadian adults 18 years and over increased from 14% in 1978 to 23% in 2004. Most people who are obese are at increased risk for a range of preventable chronic diseases, such as cardiovascular disease, hypertension, type 2 diabetes, arthritis and some types of cancer. The estimated total direct cost of weight-related major chronic diseases to the health system was nearly \$1.6 billion in 2001, rising to \$4.3 billion when indirect costs are included. Workplaces are ideal environments for promoting healthy weights for adults. However, few Canadian employers have formal policies encouraging physical activity and healthy eating.²⁴
- Longitudinal data from Canada's National Population Health Survey (NPHS) shows that men who moved from a standard workweek of between 35 and 40 hours to longer work hours during a two-year period had twice the likelihood of unhealthy weight gain, compared with men continuing to work standard hours.²⁵ For women, increased high job strain was associated with unhealthy weight gain.
- Obesity in the workforce imposes costs on employers. The results of an eight-year study of overweight workers by US researchers compared the

health of workers classed as obese to those in the recommended weight class. Those classed as obese had twice as many workers' compensation claims, had medical claims costs that were seven times higher and had 13 times as many lost work days as those in the recommended class.²⁶

- The most effective way to increase employee physical activity is through strategic, comprehensive approaches that reach beyond individual behaviours and short-term programs, to create a health-promoting culture in the workplace.²⁷

Employer Programs:

- Statistics Canada's 2003 Workplace and Employee Survey found that just over one in three employees received some kind of personal or family support service or program from their employer.²⁸ Employee assistance was available to 30 % of employees in 2003, 16% had access to fitness and recreation services, 7% had help for child care available, 4 % had elder care support, and 5% had other personal or family support services. However, few employees with access to a specific program in 2003 actually used them.

Workers' Needs and Experiences:

- Canadian workers highly value a healthy and safe workplace: 72% of workers responding to a national survey considered this to be a 'very important' job feature.²⁹ However, only 41% say they have a healthy and safe workplace in their current job 'to a great extent'.
- Canadian workers' needs for work-life balance are not being met. The Rethinking Work survey found that while 63% of survey respondents placed high importance on being able to achieve work-life balance, only 34% had achieved 'good' balance in their job.
- Canadian workers' perceptions of healthy workplaces are shaped by individuals' relationships with their co-workers, supervisors, and senior management.³⁰ Workers who perceive their work environment to be healthy are far more likely, than those who do not, to report good communication, friendly and helpful co-workers, a positive relationship with their supervisor, and to receive recognition.

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