

Health@work.hk Pilot Project

Summary Report

Central Health Education Unit



May 2012



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Department of Health



Abbreviations

Abbreviations

Full names

BRFS	Behavioural Risk Factor Survey
CHEU	Central Health Education Unit
DH	Department of Health
LD	Labour Department
NCD	Non-communicable diseases
OSHC	Occupational Safety and Health Council
WC	Wellness Committee
WGDP	Working Group on Diet and Physical Activity
WHO	World Health Organization
WHP	Workforce health promotion

1. Background

1.1 Why Tackle Non-communicable Diseases

Unhealthy lifestyle, such as smoking, unhealthy diet and physical inactivity, increases the risk of developing obesity, high blood pressure, and abnormal blood lipid and blood glucose. These in turn are the main risk factors for many non-communicable diseases (NCD).

The World Health Organization (WHO) estimated in 2005 that there were 35 million deaths worldwide due to NCD, including cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases. This figure represented 60% of all deaths globally in the same year.¹ In Hong Kong, the top five leading causes of death in 2010 were predominately NCD.² This poses a major public health threat. By working upstream to tackle unhealthy lifestyle, the risk of NCD can be reduced. Through healthy diet, regular physical activity, and avoidance of tobacco use, at least 80% of heart disease, stroke, and type 2 diabetes, as well as 40% of cancers could be avoided.³

To address the NCD problem, the Department of Health (DH) in collaboration with local experts in disease prevention and control produced a Strategic Framework for Prevention and Control of NCD in October 2008.⁴ The Strategic Framework identifies and acknowledges the environment as one of the key targets of NCD prevention actions and recommends the setting-based approach for health promotion.

1.2 Why Target the Workplace

In Hong Kong, around half of the population is engaged in the workforce which gives an estimate of over three million working people. Workers spend on average over a third of their daily hours at work. Therefore, health promotion programmes on NCD

prevention targeting the workplace setting are worth exploring. Moreover, the WHO has advocated workplace as one of the priority settings for health promotion as it directly influences the physical, mental, economic and social well-being of workers and subsequently the health of their families, communities and society.⁵

1.3 Why Promote Health in the Workplace

Research studies on workforce health promotion (WHP) conducted overseas have demonstrated that not only do employees benefit but also the organisation by improving presenteeism,⁶ decreasing absenteeism⁷ and reducing business cost.⁸ WHP programme has been conducted with success in some places. For instance, Singapore has its National Workplace Health Promotion Programme that provides consultancy services, training courses and educational seminars to organisations on WHP. It also provides free or charged consultancy services, training courses and educational seminars to health promoters. In addition, it conducts industry-based promotional campaigns and administers the WHP grant. In Victoria, Australia, the WorkHealth programme offers free health checks to workers and provides workplace health promotion grants to employers to support their workplace health and wellbeing activities. Both programmes have involved formation of an advisory committee comprising representatives from government agencies, employers and employees. Resources of guidance and support are available to the employers.

2. Planning for Workforce Health Promotion in Hong Kong

Taking reference from successful workplace health promotion work overseas and the recommendations made by the Working Group on Diet and Physical Activity (WGDPA), DH embarked on constructing a workable and feasible model to promote healthy diet and physical activity among workers making use of the workplace. The Central Health Education Unit (CHEU) was tasked to develop such a model by conducting a pilot project.

Before working out the details to be included in the pilot project, we started by understanding why healthy workplaces should be promoted in the first place, especially from the employers' perspective. It would be pertinent to learn what could work for the benefits of staff and companies rather than simply borrowing health promotion components of other settings. In recent years, most businesses have advocated corporate social responsibility and business ethics. Many companies get involved in building healthier workplace to show their staff and customers that they do care about people. Not only is such an act the right move but also the smart thing to do as it echoes recommendations of international agencies, such as the WHO and the International Labour Organization. Improving productivity and competitiveness has been demonstrated in businesses getting involved in WHP. Taking the international company Du Pont as an example, an evaluation was performed to compare changes in workers' sickness days in the two years following implementation of a health programme in 41 sites involving around 30,000 staff, with that of 19 control sites covering about 15,000 staff. A decline of 0.7 day per staff per year from baseline was observed in the second year at programme sites compared with 0.3 at control sites.⁹ With total costs averaged US\$48 per staff in the first year and US\$24 in the second year, savings were estimated to have broken even in the first year and a return of US\$2.05 for every dollar invested in the second year after taking into account resources consumed by the programme and savings from wage costs due to reduction of disability days.

The literature¹⁰ has shown that healthier employees mean a healthier workforce, raising real possibilities of longer working life and healthier retirement for older staff, reduced staff turnover, sickness and absenteeism resulting in lower costs, increased

productivity and equally important, better public relations inside and outside the organisation. Hence, health promotion in the work setting is a win-win situation for both employers and employees.

2.1 What planning frameworks to adopt

Like promoting health in any setting, the Ottawa Charter¹¹ for Health Promotion in 1986 provides the key areas for action in the context of the workplace:

- Building healthy company policy;
- Creating a supportive work environment;
- Developing employees' skills to practice healthy lifestyle;
- Strengthening workplace action for health; and
- Reorienting health promotion and occupational health services.

Using this as the planning basis, the CHEU planning team adopted Don Nutbeam's outcome model¹² of health promotion as well as WHO's setting-based approach as the frameworks for planning and development of the pilot project.

From the outset, it is important to bear in mind that evaluation of the progress and the programme outcomes are pertinent in our pilot project in order to develop a workable model(s) for subsequent wider application locally. Nutbeam's outcome model of health promotion is considered a useful and suitable reference. It describes three levels of outcomes namely health promotion outcomes, intermediate health outcomes, and health and social outcomes. Health promotion outcomes reflect modifications to those personal, social and environmental factors which are a means to improving people's control and thereby changing the determinants of health (intermediate health outcomes). They also represent the more immediate results of planned health promotion actions. Intermediate health outcomes represent the determinants of health and social outcomes. Implicit is the notion that changes at different levels of outcome will occur according to different time-scales, depending on the nature of the intervention and the type of social or health problems being addressed. Hence, through advocacy, facilitation and education aiming at the workplace and workforce, health literacy increases and social actions take place leading to changes in

organisational policies and practices. These, in turn, support healthier lifestyle practices, better health services and more conducive environments. In the social context, the outcomes are improved quality of life, functional independence and equity, and finally, decreased mortality, morbidity and disability, and that is, better health.

On the other hand, health promotion work in selected setting has been proven to be effective. The setting-based health promotion approach defines a setting as one where people actively use and shape the environment; it is also where people create and solve problems relating to health. Examples of settings include schools, workplaces, hospitals, marketplaces and cities. Settings can also be used to promote health as they are vehicles to reach individuals, gain access to services, and synergistically bring together the intersectoral communications and actions in the community. Healthy settings remain a useful and dynamic means to identify local solutions to address risk factors, prevent diseases and improve wellbeing. In the context of WHP, a healthy workplace is one in which “workers and managers collaborate to use a continual improvement process to protect and promote health, safety and well-being of all workers and the sustainability of the workplace ...”.¹³ There are four pillars that facilitate and create a healthy workplace. They include (i) the physical work environment, (ii) the psychosocial work environment, (iii) personal health resources, and (iv) enterprise involvement in the community. These are closely connected with elements of leadership, ethics and values of the company. To be effective, a WHP programme will necessarily be based on these four pillars.

2.2 What key elements to include

Input from interested parties, stakeholders and potential partners were sought from an early stage. These included Labour Department (LD), Occupational Safety and Health Council (OSHC), Health InfoWorld of the Hospital Authority, employers' organisations, staff unions, and a company which was a forerunner in WHP. Their views and comments are summarized below:

1. Small and stepwise changes in the working environment were considered practical in influencing workers' healthy lifestyles. Hence, our programme should not result in drastic modification in the workplace in the short run that could affect the company's usual operation;
2. While any WHP project was generally welcomed in workplaces, recruitment of willing companies with strong commitment from their senior management should be considered first;
3. Involving all levels of staff in the participating companies was considered the crucial factor for project success. It should involve top-level support as well as frontline staff engagement in decision making process of workplace health;
4. Components and activities of the health promotion project should be flexible and adaptable enough to cater for varying needs of the employees as well as to suit any changes in job demands and working environments;
5. If health check on individual staff should be involved in the pilot project, personal data protection would become a concern. In any case, personal health information of the workers collected in the process of the pilot project should not be made available to employers without the express consent of the employees;
6. Peer group support in the work setting was considered useful in reinforcing health knowledge, attitudes and practice; and
7. Training or workshops organised by professional bodies such as the DH would be welcomed as one form of staff training.

It became evident that opportunity existed for collaboration between health promotion practitioners and corporations to enhance workers' health awareness and practices making use of the workplace setting. To strengthen the pilot project's credibility and popularity, the CHEU planning team considered it necessary to address the following aspects:

A. **Suitability:** Companies considered their workers and workplace environment unique and therefore would not accept a "one-size fits all" solution. It would be important to look at each company as an individual entity and provide the most suitable solution to improve health literacy of staff.

Proposed solution: Some form of needs assessment would be conducted for each company before formulating a set of customized recommendations to address specific needs of the company.

B. **Professionalism:** Stakeholders expressed concern about the quality of health related workshops provided by non-public bodies. On the other hand, they had greater confidence in the advice and services provided by DH.

Proposed solution: A professional team (comprising doctor, nurse, dietitian, physical exercise instructor and health promotion personnel) would be formed to provide guidance and support to participating companies.

C. **Convenience:** As the business environment in Hong Kong is extremely competitive and fast paced, any service or activity included in the pilot project had to be easily accessible for users to save time on travelling as well as to cause minimum disturbance to their work schedule.

Proposed solution: Most of the health promotion activities would be conducted in the workplace and at convenient hours to both employers and employees.

D. **Affordability:** While providing reasonable resources to facilitate workers in joining health related activities was usually not a problem for many companies, workers and unions did voice out the need for as low a cost to employers as possible as that would mean higher participation overall.

Proposed solution: For enrolment in the pilot project and its activities, no fees would be charged to the companies and staff.

2.3 What health issues to target

A literature search of PubMed and Google was conducted in December 2009 to determine the content and scope of the pilot project. MeSH terms combination of ("health promotion" AND "workplace") AND “effective” AND “review” were used in the search on PubMed. A search of the free text terms using “health promotion" AND (“workplace” OR “workforce”) AND “effective” AND “review articles” was also conducted. A total of 19 articles were retrieved for review of programme effectiveness and strength of evidence. The following health promotion activities in the workplace were found to be effective in reducing cardiovascular risk:

- Physical activity;^{14,15,16,17}
- Healthy eating;^{18,19} and
- Smoking cessation.²⁰

2.4 What components should the pilot model consist of

With the benefit of overseas experience, advice from local experts, and evidence from literature review (scoping stage), decision was made to proceed in two phases: preparatory and implementation phases. The preparatory stage would entail the drawing up of a list of sound health promotion interventions and recruitment of companies to take part in the project. The implementation stage would commence once the participating company has formed a Wellness Committee (WC), which essentially was a steering group consisting of management and frontline staff to coordinate matters related to the project, and to serve the role of a contact point.

Titled “Health@work.hk”, the pilot project would last for around 15 months from September 2010 to December 2011. The core components would include:

- Recruitment;
- Setting up a WC;
- Conducting needs assessment (company, worksite and employees);
- Providing advice on and implementation of health promotion actions; and
- Evaluation.

Objectives of the pilot project are two-fold

1. To develop a model of WHP that will increase health awareness and literacy of the workforce; and
2. To assess the feasibility, acceptability, effectiveness and efficiency of the model of WHP via implementation of the pilot project.

Recruitment

In order to apply the WHP model across a variety of companies of diverse backgrounds cost-effectively and be able to complete the pilot project within 15 months (of which around nine months would be dedicated for health promotion interventions), the following criteria were drawn up to guide recruitment :

- (1) Around 20 companies would be recruited;
- (2) No restriction would be imposed on the business type but the workplace should be confined to an office setting;
- (3) About half of these companies should be of small to medium size, i.e. between 10 and 100 employees (for more efficient use of resources);
- (4) For large companies with multiple workplaces, only one office would be selected;
- (5) The senior management had to be committed to improving workers' health and willing to be involved in the pilot project; and
- (6) Areas/space in the workplace could be made available for organising health promotion activities.

Setting up the Wellness Committee

We encouraged the participating companies to establish their own WC. WC membership would include senior management (for endorsement and support), middle management (for planning and executing company health policy) and frontline staff (for organising and encouraging participation in events). No minimum number of memberships was set. The WC would serve as a contact point for liaising with the CHEU planning team. Also, the WC would assist in drafting and implementing sustainable health promotion policy, improving the work environment, planning health promotion programmes that best suited the company's core values, coordinating health promotion activities, delivering health messages to the staff through internal communication channels, and providing feedback to DH on project implementation and progress.

Conducting Needs Assessment

This would entail, on one hand, an assessment of corporate capacity to promote health of its workforce and on the other, an understanding of the health status and health needs of staff.

The former was achieved through conducting a self-administered corporate questionnaire and conducting a company visit for documenting company policies, practices and work environment that influenced staff health positively and/or negatively.

The latter was made possible by means of a questionnaire survey during the “Health Day” events which also marked the beginning of the WHP project of the respective participating companies. DH organised “Health Day” for each participating company at the workplace during which employees of the participating company would be requested to complete an anonymous questionnaire about their health behaviours and health status. To raise staff awareness of healthy lifestyle (healthy eating, physical activity and avoidance of smoking) and its relation to heart health, measurements of body height, weight, waist circumference and blood pressure were offered. Carbon Monoxide Monitor Test was done to help participants understand the harmful effect of cigarettes. Cardio-endurance Tests were also included, using 3-minute Step Test and Low Back Flexibility Test (also known as the Sit- and-Reach Test). Finally, a whole fruit and fruit & vegetable recipes were distributed as practical reminders and tools to facilitate healthy eating.

To promote sustainable healthy lifestyle, a health log book containing health tips was handed out and proper use of the log book was highlighted by a health professional. Smokers were given information and referral to smoking cessation services.

Providing Advice on Health Promotion Actions

Data collected from the corporate survey, site visit and staff questionnaires were compiled, analysed and presented in the form of a company health profile to the WC

within 4 weeks of the “Health Day”. The meeting with the WC provided good opportunity for DH staff who played the role of a case manager to impress upon the company the health and health improvement needs of the workforce and to persuade the company to consider health actions that would improve the work environment and health practice of staff. Workshops on healthy eating and physical activity promotion were subsequently recommended. Changes in company policies and practices that supported healthy behaviors of staff were also considered in the company’s annual planning.

Evaluation

Process and output indicators as well as user satisfaction surveys were collected at formal encounters such as the “Health Day”, workshops and throughout the pilot project. Moreover, opinion from the WCs was collected towards the end of the project to review the pilot project and to plan for future programme extension.

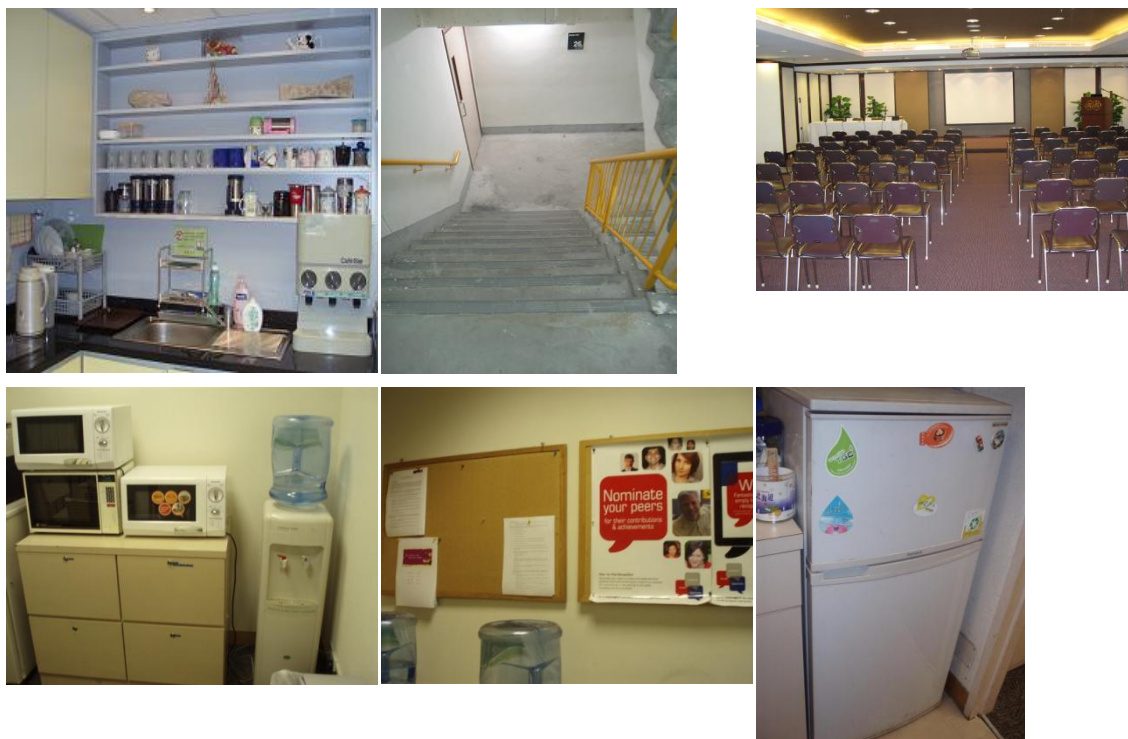
3. Implementing Health@work.hk Pilot Project

3.1 Corporate recruitment and preparation

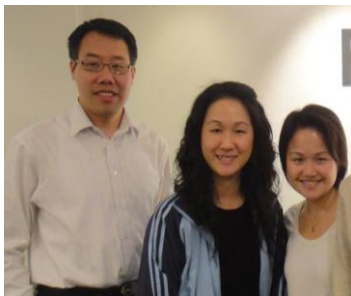
Company recruitment took place between September 2010 and March 2011 through a variety of channels including conferences and meetings, referral from employees' unions, direct responses from organ donation supporting companies, media publicity, work connections and private networks.

A total of 19 companies across different fields of business (including property management, construction work, insurance, laboratory, retail, banking, foreign exchange, telecommunication, government department) were recruited. The number of participating staff from these companies ranged from 10 to 300. Overall, around 2000 staff took part in the pilot project.

Visits were made to the companies which then proceeded to set up their WC or similar coordinating structure.



Snap shots taken during site visits to some companies



Wellness Committees of some participating companies

All companies completed a self-administered corporate questionnaire and facilitated the organisation of a “Health Day” for staff.



Participating staff filling in questionnaires



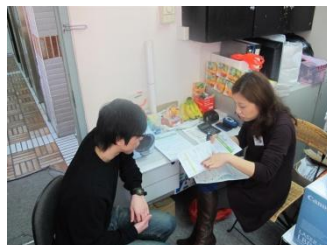
Conducting physical measurements



Cardio-endurance tests



Use of carbon monoxide meter



Health advice to staff upon completion of questionnaire and tests

Data collected from these occasions were analysed and salient information was summarized in a corporate health profile fed back to the company in about 4 weeks' time.

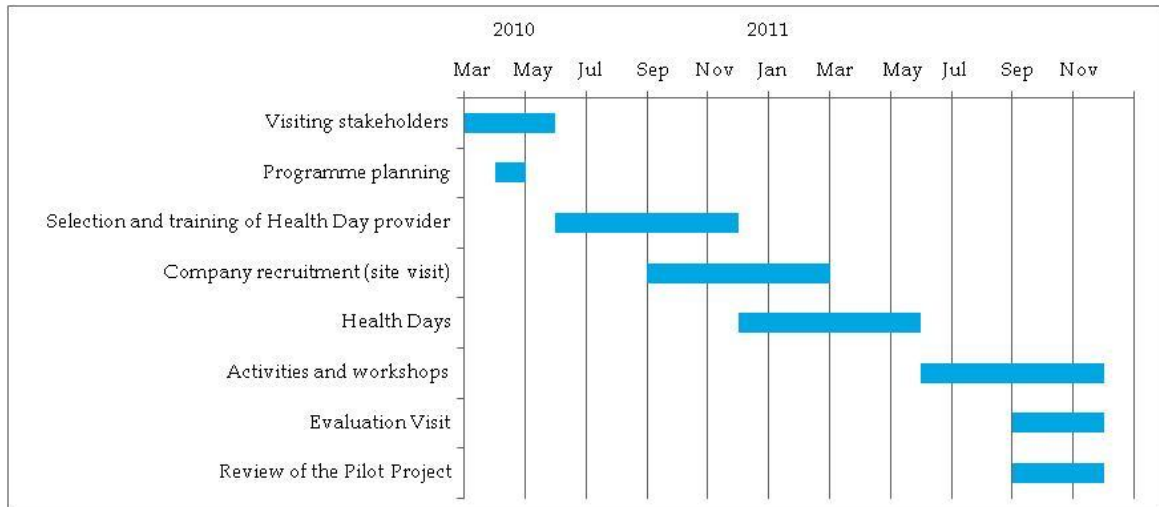


Hardcopy of the Corporate Health Report to the company



Corporate Health Report Powerpoint Slides

The pilot project proceeded in accordance with the following timescale:



3.2 Health status of participants

Overall, workforce data collected at the “Health Day” events showed a higher prevalence of overweight (19.4%) and obesity (27.3%) compared with population figures revealed by DH Behavioural Risk Factor Survey (BRFS) 2010 which were 18.7% and 21.7% respectively. (Table 1)

Table 1: Health status of staff of the participating companies

Company code	Weight status by WHO classification (Asian standard) (%)			Waist circumference (%)		High blood pressure* (%)	Reported diabetes (%)
	Underweight	Overweight	Obesity	Male >90cm	Female >80cm		
1	10.3	30.8	17.9	20.0	29.2	12.8	0
2	8.2	18.4	32.7	33.3	18.2	14.3	0
3	14.7	20.6	32.4	40.0	36.8	29.4	3.1
4	6.0	16.4	34.3	50.0	37.8	28.4	1.8
5	7.1	28.3	31.0	31.6	25.7	30.7	3.9
6	7.7	14.8	38.0	34.1	70.0	45.8	2.9
7	6.4	14.9	29.8	40.0	17.1	12.8	0
8	2.3	18.6	16.3	13.3	3.6	14.0	0
9	0	33.3	11.1	20.0	25.0	11.1	0
10	8.9	21.4	26.8	61.5	34.9	17.9	1.9
11	6.7	23.3	20.0	33.3	11.8	30.0	3.4
12	4.2	25.0	20.8	37.5	31.3	37.5	0
13	7.5	13.4	16.4	26.7	21.2	26.5	3.4
14	0	22.9	40.0	47.1	44.4	40.0	0
15	6.5	16.9	18.2	47.1	21.7	28.6	1.3
16	12.2	14.6	17.1	20.0	23.1	26.8	0
17	1.9	20.8	35.8	52.9	28.1	30.2	0
18	15.9	17.4	14.5	15.4	17.1	15.9	0
19	6.2	18.6	30.1	30.0	26.1	13.3	0
Overall	7.4	19.4	27.3	34.1	25.5	26.0	1.5

*Systolic blood pressure higher than or equal to 140 mm Hg or diastolic blood pressure higher than or equal to 90 mm Hg

Health risk behaviours

Most staff (95.9%) participating in the “Health Day” events had not taken adequate amounts of fruit and vegetables, compared with the average adult population of 80.9% as revealed by the BRFS 2010. (Table 2)

Table 2: The smoking habit and dietary habit of staff of the participating companies

Company code	Smoking habit (%)		Dietary habit (%)		
	Current smoker	Living with smoker(s)	Inadequate fruit and vegetable consumption*	High consumption of sugary drinks [§]	High intake of snacks high in oil, salt and sugar [‡]
1	0	10.3	81.6	30.8	38.5
2	16.3	22.9	100	67.3	51.0
3	12.1	32.3	96.7	58.8	52.9
4	9.0	23.9	95.5	40.0	37.9
5	17.7	33.6	95.6	64.6	46.0
6	38.6	48.6	99.3	73.9	43.2
7	0	6.4	87.2	31.9	34.0
8	0	27.9	97.7	42.9	44.2
9	0	11.1	100	44.4	55.6
10	5.4	23.2	92.9	53.6	42.9
11	10.0	34.5	96.7	70.0	46.7
12	12.5	34.8	100	50.0	29.2
13	0	18.2	95.6	32.4	30.9
14	2.9	22.9	97.1	60.0	42.9
15	7.8	31.2	97.4	51.3	51.3
16	7.3	15.0	95.1	50.0	52.5
17	5.7	23.1	90.4	50.9	34.6
18	7.2	29.0	97.1	66.2	44.1
19	10.6	30.6	99.1	62.8	46.8
Overall	11.8	28.3	95.9	55.7	43.3

* Less than 5 servings as recommended by WHO

[§]Had sugary drinks 4 times or more per week

[‡]had snacks high in oil, salt and sugar for 4 times or more per week

Current smokers accounted for 11.8% of all health day participants and 13 of them accepted referral to the Tobacco Control Office for smoking cessation and counselling. To protect personal information, none of the personal identifiers of these individuals was disclosed to third parties including their employers.

In addition, most participants (76.4%) at the “Health Day” events reported low level of physical activity, compared with 64.2% of local adult population which did not attain WHO’s recommended physical activity level, according to the BRFS 2010. (Table 3)

Table3: Physical activity level and the perceived barriers to exercise among staff of the participating companies

Company code	Physical activity (%)			Barriers to exercise* (%)				
	Not meet WHO's recommended level	Not often having Stair climbing*	Often having walking [§]	Too busy	No companion	Not interested	Don't know how to do	Laziness
1	74.4	76.9	53.8	64.1	25.6	10.3	2.6	5.1
2	75.5	73.5	39.6	61.2	14.3	16.3	4.1	10.2
3	66.7	82.1	16.7	78.6	14.3	10.7	0	0
4	82.1	65.7	46.3	68.2	30.3	6.1	6.1	0
5	81.6	71.1	40.4	63.2	28.1	10.5	3.5	3.5
6	47.2	72.5	43.7	61.0	19.9	14.9	2.8	2.1
7	78.7	72.3	40.4	70.2	23.4	21.3	6.4	0
8	90.7	69.0	67.4	71.4	14.3	11.9	2.4	4.7
9	77.8	55.6	55.6	88.9	33.3	0	0	0
10	91.1	80.4	28.6	73.2	17.9	12.5	5.4	3.6
11	66.7	80.0	56.7	46.7	33.3	13.3	0	10.0
12	75.0	83.3	45.8	66.7	4.2	20.8	8.3	4.2
13	91.2	82.4	44.1	61.8	17.6	13.2	1.5	4.4
14	82.9	82.9	34.3	57.1	20.0	14.3	8.6	0
15	92.2	81.8	44.2	70.1	22.1	15.6	5.2	3.9
16	85.4	72.5	36.6	63.4	14.6	22.0	4.9	12.2
17	66.0	81.1	47.2	62.7	15.7	9.8	9.8	1.9
18	75.4	81.2	33.3	58.0	24.6	23.2	5.8	8.7
19	77.9	85.0	35.4	72.3	34.8	11.6	4.5	2.7
Overall	76.4	76.8	41.6	65.3	22.6	13.8	4.4	3.9

*Not often take the stairs instead of the lift

[§]Walked for at least 10 minutes at a time every day in the 7 days prior to the survey

※Multiple answers allowed

3.3 Department of Health actions to improve workers' health

Meetings with the WCs were arranged for each of the 19 companies to debrief them of the findings of the corporate survey, site visit and health day questionnaires. A report pertaining to the company was prepared and provided for retention. Health promotion activities and recommendations for policy and environmental change were suggested.



Wellness Committee with the Corporate Health Report

With better understanding of the health status of their staff and corporate capacity to improve workers' health, WC conducted further meetings and discussions in-house to consider necessary measures to be carried out (company policy, practices, information dissemination and health promotion activities) in improving staff wellbeing. A member of the CHEU planning team has by now assumed the role of a case manager to follow up with the WC on the company's future plan for WHP.

Health promotion interventions were so packaged and marketed as addressing healthy eating, active living and smoking cessation:



- ❖ Nutrition Labeling Workshop
- ❖ Heart Health Workshop
- ❖ Fruit Day
- ❖ EatSmart Canteen



- ❖ Elastic Band Exercise Class
- ❖ Towel Stretching Exercise Class
- ❖ Walking Competition



- ❖ Smoking cessation talks for persons in need

The following health promotion interventions were organized with support from DH-

Health promotion interventions run with the support of DH	Aim
Joyful Fruit Day 	Promote adequate daily intake of fruit
EatSmart Canteen (only for companies with food premises)	Encourage food premises within workplace to become an EatSmart Restaurant with healthier food choices
Read Nutrition Labels for Choice of Snacks 	Assist staff to acquire skills of reading nutrition label and thus choose healthier prepackaged food items
EatSmart Tips for a Healthy Heart 	Provide ten tips on healthy eating for heart health
Get Moving – on Your Feet 	To build up a sporty and energetic image by promoting physical activities outside workplace
Stretching Exercise 	Relax by means of stretching exercise
Elastic Band Exercise 	Encourage staff to build up the body by having muscle strengthening exercise in the workplace

In addition, take-home messages focusing on healthy eating (8 messages on 8 fact sheets) and increasing physical activity (8 messages in 2 series of comics) were dispatched at regular intervals to the WC of the company to be passed on to company staff through internal communication means such as internal circulars, intra-net, e-magazine, newsletter and notice board.

健康 在職先導計劃
Health@work.hk Pilot Project

Always begin your day with breakfast in the morning

The Hong Kong working lifestyle is fast paced and stressful, and many of us would skip breakfast in order to rush to work. Some believe that skipping a meal or two is not a problem, while some even think that it could help them lose weight.

In fact, breakfast is essential to everyone by replenishing our energy stores after a long period of fasting during sleep. This is especially important to the brain, which depends on a stable supply of blood sugar to maintain normal functioning. When we skip breakfast, our level of concentration declines, and this in turn affects our work performance and efficiency. Moreover, skipping breakfast makes us feel excessively hungry by lunchtime, and often unconsciously, we would over-eat, leading to excessive energy consumption and weight gain.

Many scientific studies have proven a higher rate of obesity amongst those who skip breakfast compared to those who eat breakfast regularly. For the sake of our health, we should make breakfast a part of our daily routine. Below are some healthy and convenient breakfast ideas.

Chinese-style	Western-style
Lean meat congee, fresh fish congee	Oatmeal with low-fat milk
Steamed rice-rolls (less sauce)	Low-fat cheese sandwich, tomato and egg sandwich
Rice vermicelli in soup with beef	Sultana and walnut bread, bread with tuna
Low-sugar soy milk	Macaroni in soup with chicken (skinless)
Low-fat/skimmed milk	
Water	

If you wish to learn more about:

- Healthy eating, 'Health Zone' website at <http://www.cheu.gov.hk>
- 'Health@work.hk Pilot Project', please visit <http://cheu.gov.hk/healthatwork>

健康 在職先導計劃
Health@work.hk Pilot Project

Fruit and fruit juice are not equal nutritionally

There is no replacement for the benefits of whole fruits. Neither do pure fruit juice.

Whole fruit is rich in dietary fibre that helps bowel movement and prevents constipation. Apart from this, dietary fibre can increase feelings of fullness and satiety. Having fruits as snacks may prevent overeating and consequently excessive energy intake. Most of the dietary fibre, however, is removed in fruit juices during processing such as squeezing. Therefore, whole fruits are preferred so as to ensure adequate fibre intake.

	Apple juice (1cup, 240 ml)	Apple, without skin (medium, about 161 g)	Apple, with skin (medium, about 182 g)
Energy (kcal) ¹	114	77	95
Dietary fibre (g)	0.5	2.1	4.4

Source: The Nutrient Data Laboratory, United States Department of Agriculture
¹ 1 kcal = 3900 calories = 4.2 kJ

Adequate daily intake of fruits can reduce the chance of developing chronic diseases such as heart diseases and colon cancer. It is recommended that adults should have a daily intake of at least 2 servings of fruit. One serving of fruit is equivalent to [Remark: 1 bowl = 240 ml]:

- 1 piece of medium-sized fruit (e.g. apple, orange)
- 2 pieces of small-sized fruit (e.g. kiwifruit, plum)
- 1/2 bowl of fruit cuts (e.g. star fruit, papaya, grapes, strawberries)
- 1/2 piece of large-sized fruit (e.g. banana)
- 1 tablespoon of dried fruits without added sugar (e.g. raisin)

If you wish to learn more about:

- The health benefits of fruits, please visit the "2 plus 3 A Day" website at <http://2plus3.cheu.gov.hk>
- 'Health@work.hk Pilot Project', please visit <http://cheu.gov.hk/healthatwork>

Active@work Series 1

The best exercise is the one that you can regularly do.

1. Still no progress! I've already played a lot.

2. Be patient! Keep exercising regularly and you'll see the result.

3. I keep it up every day!

4. After 3 months, Great! I enjoy doing exercise! He enjoys doing exercise!

BUNNY TIPS

Choose the appropriate physical activity based on your interest, physical fitness and available time. Do 3-5 times a week. Keep doing regularly to achieve optimal results.

Active@work Series 2

Let's walk more to improve our health.

1. Hurry up! Grab this and send to the manager on 10th floor before 2:15.

2. Time's running out. Let me take the stairs.

3. Your document, madam.

4. Cool. Not even puff a bit? Thanks for your advice. I've climbed more stairs these days and it really works!

BUNNY TIPS

Climbing stairs and brisk walking can improve your cardiovascular fitness. With a healthy body, you are more capable of coping with challenges at work.

A thematic website was launched in November 2010 for promoting the pilot project as well as acting as a resource hub for easy reference and sharing. Its address was <http://www.cheu.gov.hk/healthatwork>.



3.4 Corporate initiatives to promote workers' health

Some companies took the initiative to design their own health promotional materials e.g. banner and poster to promote various health activities. Opportunity was also taken to disseminate health educational resources provided by DH.

Dissemination of Health Information



Notice board of an insurance company



Poster designed and produced by an estate management company



Making use of DH health promotional materials



A company made its own banner to promote healthy lifestyle



Producing their own health promotion materials



Health messages compiled by a property management company for clients of a residential property club house



BMI Chart posted at the club house by a property management company



Promoting stair use in a residential property



Take-home-messages posted on the notice board for teaching staff of the school

Making the Environment Conducive to Health



Company organises monthly monitoring of body weight and blood pressure for staff



Raising health awareness – a staff learning his weight and height



Exercise demonstration video broadcast at the company canteen

4. Evaluation

As the pilot project was to operationalise the health promotion model and evaluate its usefulness and practicability in the local setting, the planning team collected user feedback on the programme and its components at critical stages of the project. Two types of data were collected, from self-administered post-workshop surveys (quantitative) from participants and structured interviews (qualitative) with WC members towards the end of the pilot project. Quantitative data collection was voluntary and anonymously conducted to assure data quality.

4.1 User Surveys

A total of 104 health promotion interventions were conducted. Participants were invited to provide feedback by completing user opinion forms. Overall, 1944 user opinion forms were returned from 19 participating companies for analysis. (Table 4)

Table 4: Number of health promotion interventions run with the support of DH

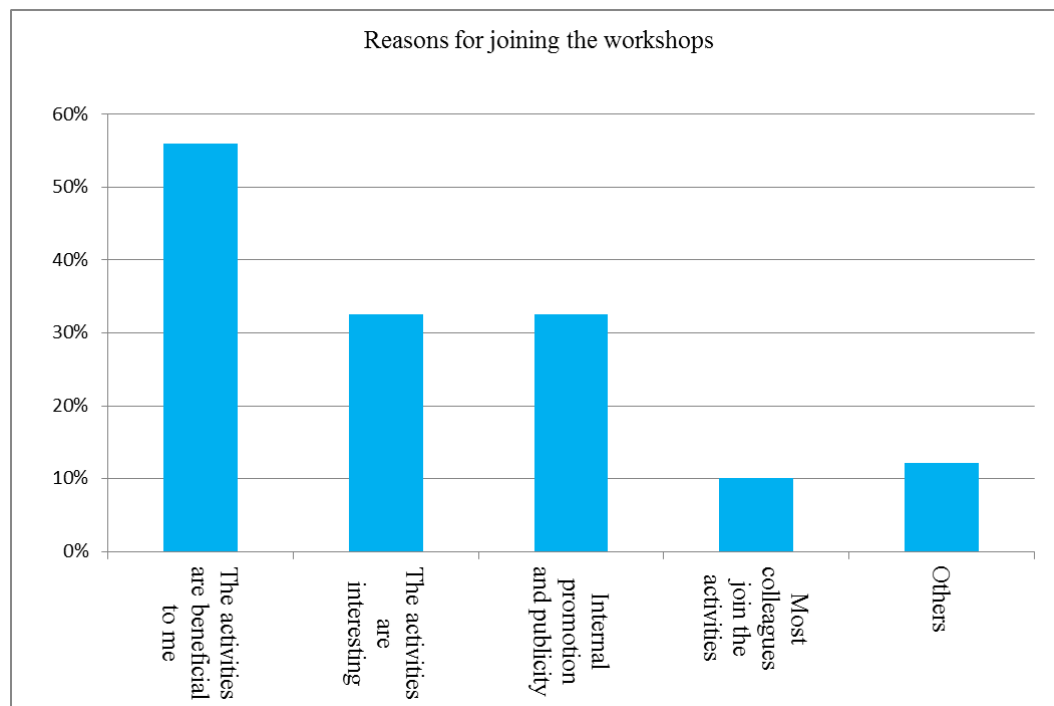
Health promotion interventions	No. of companies	No. of participants	No. of companies participating in the surveys	No. of completed user opinion forms
1. Elastic Band Exercise	18	637	15	389
2. Stretching Exercise	19	711	17	459
3. Get Moving on Your Feet	14	--*	N/A [§]	N/A [§]
4. EatSmart Tips for a Healthy Heart	19	721	18	601
5. Read Nutrition Labels for Choice of Snacks	18	556	17	495
6. Joyful Fruit Day	16	--*	N/A [§]	N/A [§]

* The number of participants was not recorded for these two activities as all staff were encouraged to join anytime

§ No survey was conducted for these two activities

Participants indicated that major reasons for joining the workshops were (a) “the activities are beneficial to me” (56.0%), (b) “the activities are interesting” (32.6%) , and (c) “internal promotion and publicity” (32.5%). (Figure 1)

Figure 1: Reasons for joining the workshops



* Multiple answers were allowed for this question
 Base: All respondents excluding non-response (n = 1929)

Overwhelmingly, majority of respondents (over 98%) agreed or strongly agreed that the subject matter helped them in the practice of healthy lifestyle. (Table 5)

Table 5: Responses to the question, “The topic helps you to practice healthy living.”

Workshops	The topic helps you to practice healthy living.			
	Strongly agree	Agree	Disagree	Strongly disagree
	No. of response (%)	No. of response (%)	No. of response (%)	No. of response (%)
Elastic Band Exercise	165 (42.4%)	221 (56.8%)	3 (0.8%)	0 (0%)
Stretching Exercise	204 (44.4%)	253 (55.1%)	2 (0.4%)	0 (0%)
EatSmart Tips for a Healthy Heart	204 (34.1%)	390 (65.1%)	4 (0.7%)	1 (0.2%)
Read Nutrition Labels for Choice of Snacks	161 (32.7%)	324 (65.7%)	6 (1.2%)	2 (0.4%)

Moreover, about 97% indicated that they would practise healthy lifestyle after attending the health promotion workshops. (Table 6)

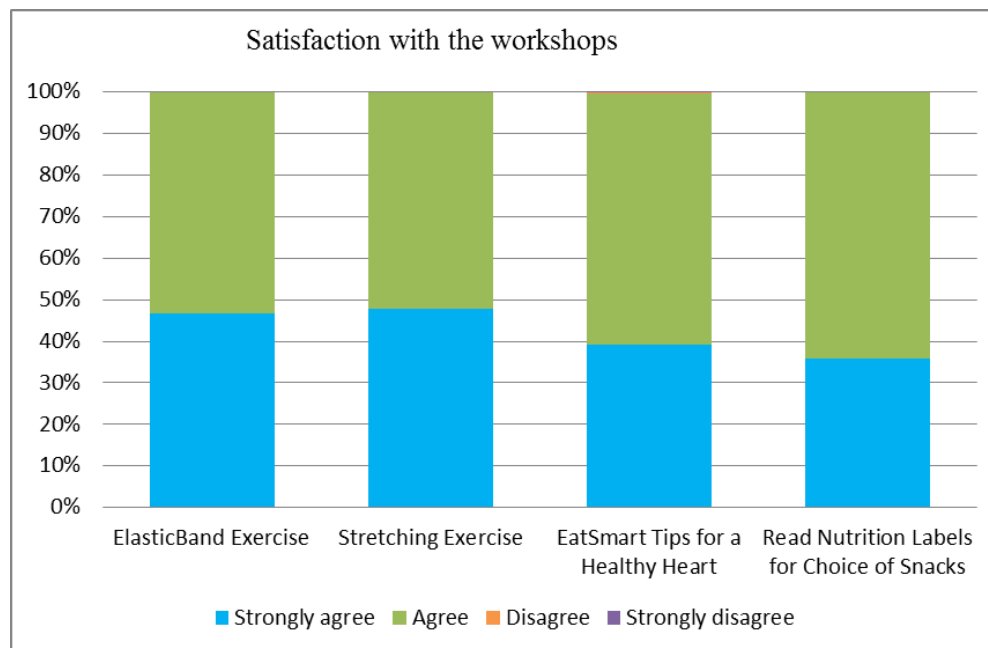
Table 6: Responses to the question, “Would you use what you learn through the workshop to do more exercise / practise healthy eating?”

Workshops	Would you use what you learn through the workshop to do more exercise / practise healthy eating?	
	Yes	No
	No. of response (%)	No. of response (%)
Elastic band exercise	373 (95.9%)	16 (4.1%)
Stretching Exercise	450 (98.5%)	7 (1.5%)
EatSmart Tips for a Healthy Heart	588 (98.5%)	9 (1.5%)
Read Nutrition Labels for Choice of Snacks	467 (95.1%)	24 (4.9%)
Overall	1878 (97.1%)	56 (2.9%)

Base: All respondents excluding non-response (n = 1934)

In general, majority of respondents (99.8%) were satisfied with the workshops and over 96% would recommend these workshops to other colleagues. (Figure 2)

Figure 2: Participants’ satisfaction with the workshops



4.2 Interview with Wellness Committee members

Upon completion of all health promotion activities, the case manager conducted a structured interview with all WCs to collect feedback on the pilot project and its components. A total of 18 interviews were conducted. Each interview took about 1 to 1.5 hours. One company declined the interview because of a busy year end schedule.

About the “Health Day” –

Nearly all interviewees expressed that the “Health Day” had been very impressive and useful in raising health awareness among staff. It also served as a kick-off event for the pilot project within the company. The most-enjoyed activities were physical measurements, 3-minute Step Test and Sit-and-Reach Test through which staff acquired a better understanding and heightened awareness of their health status. Interviewees also expressed the wish for the “Health Day” to be organised again for post-intervention assessment of workforce health status.

About the “Fruit Day” –

Initially, the Fruit Day was intended as a standalone activity involving fruit distribution, instant photo-taking with the EatSmart Doggie mascot and dissemination of pamphlets and souvenirs. After running the Fruit Day on the first pilot company, it was decided that its content should be enriched with health information such as benefits of fruit eating. Compounded by actual logistical difficulties such as problems with the use of instant cameras and stringent time management required of the activity, subsequent “Fruit Days” were integrated into other workshops such as that for the heart health workshop or as part of sharing by CHEU staff and the senior management of pilot companies. The improved version of the “Fruit Day” was found to be better received by WC members.

About Diet Workshops –

The workshop on “Read Nutritional Labels for the Right Snacks” provided useful information for participants. The nutrition labeling cue card on how to choose low fat, low salt and low sugar food items was considered by some as a good tool when doing shopping. The workshop adopted an interactive approach with use of food

packaging samples for illustration and exercise purposes. However, some participants found the nutritional labeling information and calculations too complicated for day to day application.

Some pilot companies reflected that the level of diet workshops could be pitched and targeted at a wider range of audience. For example, information of diet-related diseases, healthier choices when eating out, more convenient and healthier food choices when working over-time could be some topics for consideration in future projects.

About Exercise Workshops –

The exercise workshops were considered interesting by some but not all participants. Many participants found it difficult to repeat the same exercise at the workplace as they felt embarrassed doing it in front of colleagues. Moreover, the exercise steps were hard to remember despite relevant leaflets handed out after the workshops. Some suggested the workshops to be re-run regularly, for example every 2 to 3 months for more sustained effect. Demonstration videos could be shown in the workplace to facilitate staff doing the exercises at times convenient to them. Some expressed that a greater variety of exercise could be introduced to meet the varying interest of participants, such as yoga or dancing.

About Promotion of Walking –

All participants were issued a pedometer when they attended the walking exercise. Use of the pedometer did incite a lot of excitement and interest in walking as a form of exercise that could be practiced in their daily lives. By inviting members of the senior management to participate in the walking exercise, the activity was regarded by the WC as serving the dual role of exercise promotion and team building.

Overall Impression of Organised Activities -

In general, the health promotion activities under this pilot project intended for promotion of healthy diet and exercise were considered informative and useful. The instructors were graded professional and knowledgeable. The souvenirs were attractive and easy to use. The workshop duration of one hour or less was considered optimal taking into account work requirement and staff relief considerations. A number of companies expressed interest to take part in future

re-run of the project.

About Health Promotion Information Provided to Companies –

Most of the WC interviewees expressed that “My Health@work Log Book” was useful and informative although some staff had not used it for recording their health status and lifestyle practice. All in all, the logbook served as a concise reference for learning about and encouraging participation in healthy eating and physical activities.

Several take-home-messages on diet and physical activities were disseminated to staff via company intranet and/or other means. For some companies, the take-home-messages were compiled, consolidated and reprinted for internal and external clients.

Environmental Change –

Changes in organisational and individual behaviour were reported. After taking part in the pilot project, most of the participating companies were willing to provide fruit to their staff at intervals of once or twice a month. Low-fat milk and less sugary drinks were provided in the workplace as healthier options, as reported by some companies. Some staff brought fruit to the workplace every day as a regular habit. In one company, an increase in the number of staff consuming home-packed lunchboxes was observed and the company manager led by example by taking short walks during lunch breaks.

For further promotion of physical activity, company sponsorships for staff to participate in physical activities such as ball games, charity walk, company challenges, Marathons or Trailwalkers were made available in some corporations. In one company, the supervisor started a financial incentive scheme to encourage staff to engage in more walking to and from office.

A company culture that heightened health awareness among staff was noted in one company that organised monthly checking of body weight and blood pressure with positive staff feedback. Two companies planned to establish a “staff corner” as part of their renovation works. Health related resource materials such as magazines, leaflets and posters would be provided and simple equipment such as an electronic weighing machine and blood pressure monitor would be installed.

Ripple Effect due to the Pilot Project -

Pilot companies engaged in the housing estate management expressed that the health information received from DH enabled them to communicate, particularly via their regular newsletters with their clients, on health more effectively. As a result, from the health promotion point of view, health messages were disseminated beyond the confines of the workplace to reach a wider audience and community.

Other pilot companies revealed that health messages received from the pilot project enabled staff to take home and communicate with family members. For example, they were now better able to comprehend the messages conveyed and rationale behind the EatSmart@school.hk Campaign targeting primary school children. This generated a synergistic effect with CHEU's other health promotion initiatives under DH.

The Pilot Project and Participating Companies –

Pilot companies generally found participation in the pilot project acceptable and affordable in terms of time and human resource input. Also, by positioning and organising WHP activities under the umbrella of human resource development and management, their existing human resource management work could be enriched, made easier, more effective and efficient. Upon further examination, most pilot companies indicated little difficulty in funding workshops of similar nature except that they lacked the professional expertise in determining the credibility of the persons or organisations commissioned to run these workshops.

General Comments –

Participation in the pilot project had the support of the company management which for obvious reasons, was concerned about staff wellness. Much of this support stemmed from confidence in DH as the driver behind the project. All WC interviewed remarked they looked forward to participating in future projects even though some parts of project might be fee-charging. They would welcome a recommended list of workshops and contents, with instructors and providers to choose, depending on the interest and specific needs of staff and corporation, with resources to be met internally.

A wider range of topics could be included, with contents of diet workshops enriched

to cater for specific needs of staff in the office setting.

On the other hand, encouraging staff participation in exercise in the workplace was not as easy. Some companies made use of team sports as a motivator. However, organising sport games and training after office hours was often met with difficulty as players could not take advantage of public recreational facilities managed by Leisure and Cultural Services Department. There was suggestion for DH to collaborate with relevant agencies such as OSHC and LD to organise more comprehensive and sustainable programmes for the workforce.

5. Discussion

Nutbeam's outcome model of health promotion provides an optimal framework for the planning, implementation and evaluation of the WHP pilot project. Health promotion actions aiming to modify personal, social and environmental factors will raise health awareness and help individuals make healthier choices, which in turn increase health and wellbeing. In this pilot, DH targets the workplace and workforce, and plays the advocacy, facilitation and education role, helping corporations make changes in the environment for workers to make healthier decisions for health. In health promotion terms, health is gained where people live, work, learn and play.

The Health@work.hk Pilot Project pilot project engaged more than 2000 staff from 19 organisations of diverse backgrounds for a period of around 15 months to increase their health awareness and health literacy. The pilot established a feasible and acceptable model of WHP considered to be effective and financially viable. Underpinning the model are a number of critical success factors.

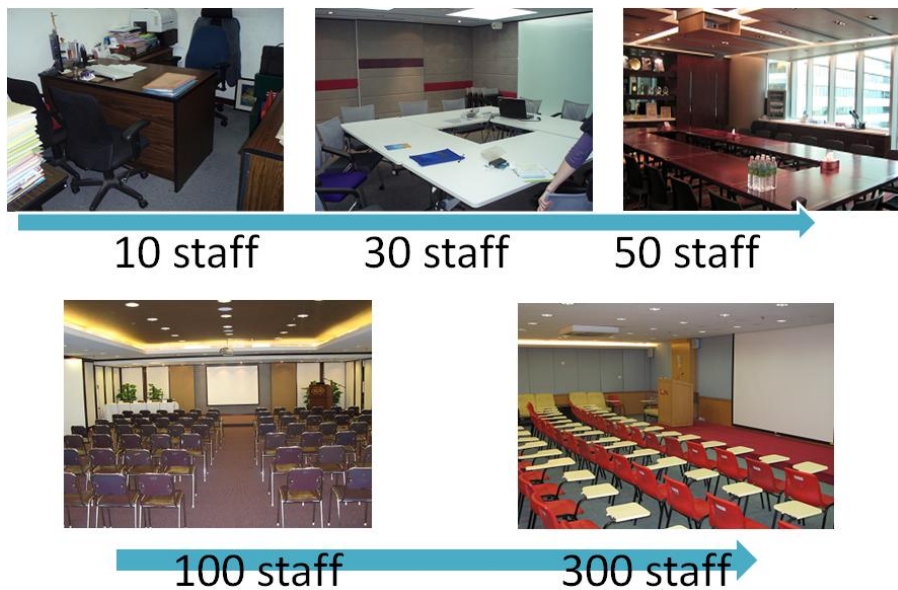
First, organisational commitment is pivotal.

Corporations participating in this pilot project value employees and view them as important assets. They are generally concerned about staff's wellbeing, absenteeism and productivity. Indeed, many corporations have existing policies and programmes that aim to enhance staff welfare and commitment at work. Some examples include team building, competitions, mini-challenges and training activities. A WHP programme that puts staff health and wellbeing in the forefront therefore echoes very well with company values. By conducting an initial screening and face-to-face interview with the participating company in the early recruitment stage helps to confirm management's commitment and readiness to contribute and make full use of the pilot to promote workforce health.

Second, services and support rendered to participating organisations must be corporate-centric, i.e. the mission, vision, culture, operation and logistics within **the company must be fully respected**.

It is also true that corporations which embark on WHP do so from different levels of capacity and experience, and at different pacing.

The top priority of any business organisation has to be “business must go on”. Therefore, minimizing the impact on daily operation and company resources is extremely important. While companies generally have little difficulty spending money on organising one-off activities such as buying fruits, free lunch and gifts, or renting venues for activities, they are very concerned about invisible spending, such as lost man-hours for organisation of and participation in activities. For customer services which are desk-bound, off-duty hours are the only possible time for engaging staff in health promotion activities. As a result of the unique characteristics of each company, the pilot project has to be sufficiently flexible to cater for the company’s special circumstances. Thus, the timing, duration, frequency, venue and content of project components are to be worked out between the corporation and planning team and no one-size fits all.



Venues of on-site workshops could be very different from company to company

Another important feature of the pilot project is the establishment of a WC in the corporation consisting of high and middle-level management as well as frontline staff, which best understands and articulates the unique needs of the workforce and corporation. The WC or its equivalent, by virtue of its composition and direct access to higher management, is best able to make corporation-wide decisions and mobilise

people and resources to support WHP actions. Having a regular structure to oversee WHP matters is crucial not only to regularly engage top management commitment but also to minimize the loss of continuity arising from staff movement in the wellness committee.

It is observed that with time and practice, the WCs pick up the skills in planning, organising and evaluating health promotion activities. With encouragement and support, they continue to take out time, manpower and resources to organise health promotion activities at regular intervals so that a greater number of staff may benefit from the programme.

Third, a case management approach is best suited to meeting the health promotion needs of the workplace and workforce.

A case manager is a designated member of the DH planning team responsible for liaising and providing continuous support to each participating company. The case manager establishes rapport with the focal point in the WC and has good understanding of the company's background and personalities. As such, he/she is capable of rendering customized advice on project implementation. He/she provides steer and keeps track of project progress, advises on available sources of health promotion and education resources, and plays the advocate, facilitator and educator role.

It is worth noting that, the case manager who represents DH, is perceived as a symbol of authority and credibility. Corporations express that they are more likely to listen to and take heed of the advice rendered by the case manager because they are confident there will be no hidden agenda behind their discussion, which may be commercial or otherwise.

Fourth, health promotion interventions must be needs-driven and relevant

The Health@work.hk Pilot Project adopts a needs-driven and risk factor-based approach to promoting workforce health. Although the ultimate objective is to

reduce risk factors and hence reduce NCD, the project begins with assessments at both corporate (by means of site visit and questionnaire survey) and workforce levels (by means of a Health Day event) to identify corporate and staff health needs as well as capacity for health improvement. There are also well thought through activity-based modules to transfer knowledge and skills of healthy eating, physical activity and smoking cessation to participants. By compiling a corporate health profile and sharing its content with the WC, the case manager explores with the company possible health enhancement options in the short and long terms. The company is further encouraged and empowered to adopt new policies, practices and introduce viable and sustainable arrangements that will improve staff wellness beyond the duration of the pilot project.

To more effectively capture the attention and interest of staff, the pilot project incorporates elements such as fitness tests and physical measurements which turn out to be fun-filled and popular among participants. The workforce is keen to know about their health status as well as obtain on-the-spot health tips. Data collection via staff health questionnaires form part of the corporate health profile which provides a baseline assessment of overall workforce health status for the corporation to take forward and work on seriously. The WCs express dismay at the unexpectedly high rate of overweight/obesity, inadequate fruit and vegetable intake and lack of physical activity among staff. They are reassured that as a corporation, something can be done to improve the situation. Feeding back this information to staff helps to attract a high level of participation at subsequent health promotion workshops/sessions.

The pilot project actively invites company CEOs to take part and share corporate and personal views on health and health practices during scheduled health promotion activities. For some, the “Joyful Fruit Day” is an informal but valued opportunity for senior managers to show their concern for staff wellbeing and act as role models. For others, “Get Moving on Your Feet” creates the first ever opportunity for staff to walk along with their CEO on a designated route near the workplace. For most, the pilot project helps to enhance cohesiveness among staff at all levels and fostered a harmonious and caring culture through organisation of and participation in various health promotion activities.

As workers are exposed to different job demands and thus share different health concerns, the health promotion workshops should best be tuned to specifically target their special health needs, making the content more relevant to the audience.

Fifth, collaborative partnerships across sectors to be considered

To increase the richness and variety of health promotion workshops/sessions offered to the workforce, consideration may be given for the WHP programme to engage a variety of professionals and experts that are skilled in running health promotion programmes. Many of these skills and expertise are resident in professional groups and community non-governmental organisations. The case manager may serve the role of resource person and render advice on the nature and objective of services to be commissioned. However, for organising the “Health Day”, a core team of health promotion staff under the direct supervision of the case manager may be a more cost-effective and efficient approach.

The Health@work.hk pilot project has developed, implemented, evaluated and documented a number of workshops that are effective in promoting healthy eating and physical activity. These will serve as useful references and starters for organisations that embark on their WHP journey.

Over time, other health topics may be considered for addition into the core programme. These may include breastfeeding promotion, positive psychology, avoidance of alcohol, etc. As the content of the programme enriches, so will the need to mobilise a variety of community support services.

Sixth, company size and structure limit the extent of implementation and cost-effectiveness of the interventions.

For the sake of optimal effectiveness and efficiency, the pilot project has recruited companies with a workforce between 10 and 2000, and whose physical locations provide a venue large enough for organising health promotion activities. Such

requirements will have excluded companies of a small scale and whose staff are deployed to undertake outreach activities such as driving, product sales, catering, cleansing duties, construction work, etc. Small companies may also be limited in physical space, other resources and capability in organising and relieving staff to take part in health promotion activities. Yet, because of the closeness of the staff team, better communication and connectedness among staff members could be a strength.

On the other hand, large companies may take extended periods of time to brief and deliberate within its elaborate management structure before giving the green light to proceed with the WHP programme.

Last but not the least, promoting workers' health imparts a synergistic effect on overall population health improvement.

Exploring the workplace as a setting to promote workforce health is one of the actions proposed by the WGDPA under the Steering Committee on Prevention and Control of NCD. As many employees are themselves parents, increase in their level of health literacy will increase the capacity of the family to support children's healthy lifestyle habits. As a member of a WC recalled, a colleague made the remarks that, "now I recollect and understand what my child(ren) learned in school and are talking about in connection with healthy eating". One of the participating organisations is a school, and this provides a complementary approach to supplement and support the EatSmart@school.hk campaign aiming to foster primary students' healthy eating habits. Another company has made a request to the canteen operator to consider joining the EatSmart@restaurant.hk campaign in order to offer more healthy dishes to its staff although the canteen did not eventually enroll as an EatSmart restaurant. Some corporations which are property management companies are planning to disseminate relevant health promotion messages and approaches to their clients.

6. Conclusion and Way Forward

The Health@work.hk Pilot Project has provided a workable model of WHP for introduction to the local business community. The programme increases workforce health awareness and health literacy, and has the potential of improving staff cohesiveness and engagement within the organisation, much to the benefit of company productivity and competitiveness. In an era which values sustainable development and corporate social responsibility, WHP is in line and will add value to high level agenda of business corporations.

To enable the WHP project to be introduced to a larger number of corporations for the benefit of a larger workforce, the CHEU proposed the following actions and steps -

Give due recognition to pilot companies, partners and supporters

Compilation of this report forms the first step in documenting and disseminating the experience of the Health@work.hk Pilot Project. Preparation is underway to organise an award presentation ceremony in May 2012 to recognize the effort of pilot companies in rendering support to the pilot run. These companies will be invited to share their positive experience for the benefit of other companies. Opportunity will also be taken to thank supporters and partners who have contributed to the smooth running of the pilot project.

It is expected that the promotion and publicity generated by the above activities will increase the awareness and interest of business organisations in taking part in similar WHP programmes in future. Briefings at bosses' and trade association meetings will stimulate further interest in such project.

Establish a resource team in CHEU to render ongoing support

The current Health@work.hk Pilot Project is completed in accordance with the recommendation made in the Action Plan for promotion of healthy diet and physical activity participation and in line with prevention of non-communicable diseases.

Given the very positive response from users, a wealth of experience and expertise gained from implementing the project as well as the demand expressed from the business sector for WHP initiatives, the CHEU considers it opportune to redeploy existing manpower and resources to establish a Health@work.hk project team with the following objectives:

- To consolidate, fine-tune and share positive experience;
- To render professional support to companies interested in WHP;
- To mobilise multi-disciplinary support within CHEU/DH; and
- To engage community partners and service providers.

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