

Workplace Health Promotion

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There is a growing awareness of the inequities in health within rural communities compared to metropolitan areas. Epidemiological studies have identified higher death rates in rural Australia for most of our major diseases such as heart disease and stroke. In addition, many rural communities are under staffed and under-resourced.

Our Nations goals, targets and strategies for better health outcomes for Australians include the reduction of "mortality from, and the impact of, coronary heart disease on the Australian population"¹.

Cardiovascular disease is the leading cause of death in Australia and is responsible for the escalating hospitalisation rates and costs in the upper age groups. In 1997, 41% of all deaths or 52,461 deaths were from cardiovascular disease (CVD). About 2.8 million Australians or 16% of the population had cardiovascular conditions in 1995.² A Zimmet and Welborn (2000) study published in the Herald Sun reported that Australia faces an epidemic of diabetes, obesity and heart disease.

The aim of the "Heart of the Grampians" (HOTG) workplace project was to foster the development of coordinated health promotion strategies that would help to reduce the differences in health status between rural and metropolitan areas of Victoria around heart disease by identifying risk factors for participants.

Based around the workplace setting, the Project sought to develop Community Health Partnerships within the Grampians Region to develop a Best Practice approach in dealing with cardiovascular disease. Health Promotion literature points out that the settings approach is beneficial and has the ability to spread the Health message to the community through families, friends and colleagues.

The Grampians Region in Victoria, based on 1994 and 1997 Measures of Health Status had the highest rate per population of causes of death associated with heart disease. In the immediate area of the Hepburn Shire, heart disease is responsible for 43% of all deaths³.

Faced with these rates of morbidity and mortality associated with heart disease in the local region this Project was concerned to:

- Increase the awareness of the risks of heart disease to groups within the community.
- Bring a better understanding of the level of personal risk within the community to the attention of health workers.
- Provide a mechanism by which associated Health Services could better target their communities with a program that would reduce the risks of heart disease.
- Provide participants with a much clearer understanding of their level of personal risk.

- Link the Community Health Services with GPs in a process that would facilitate the reduction of pre-existing risk factors to heart disease.
- Develop a package of resources at the end of the Project based on Best Practice and Action Research that would provide other communities with a system of health promotion that could effectively target cardiovascular health.

The project sought to address these concerns through a Workplace Health Program in partnership with Allied Health Workers and General Practitioners (GPs) in each program location.

Our extensive work in community men's health highlighted a need to have access to a group within the community that provided the opportunity to develop a longer term strategy and health outcome for a significant section of the community.

Our men's health programs highlighted a need based on the significantly high incidence of risk factors to heart disease "recognised" during the 10 Ways to a Healthy Heart Screening Sessions. The incidences of risk factors supported the epidemiology research that heart disease was significantly high and that the participant was unaware of their personal risk. Without the recognition of the risks, the possible long-term outcome for the participant was significant symptoms of heart disease, possible heart attack or at the worse, death from cardiac arrest.

The numbers of men attending Men's Health Screening Sessions within the Community ranged from 10-50% of the local male population. It was obvious from the sample results that not only were a percentage of the men at risk, but that this trend could indicate that women are also at risk.

Heart disease in rural areas has no boundaries. It is not gender specific. Although, it is well documented that men can suffer heart disease at different ages of up to 400% higher than women can. In rural areas, due to distance and lack of Emergency Medical Intervention a heart attack can mean death. This is another reason to provide greater levels of Primary Health Care Promotion Programs in rural areas to overcome the "tyranny of distance".

Within the community context it was difficult by its very nature to monitor the participants in order to encourage a behavioural change or to monitor their ongoing level of cholesterol, blood pressure or blood sugar.

Although the Men's Health Nights were successful and lifted the profile of men's health, a more sustainable process was required.

The Rural Workplace model was based on the findings of our men's health programs that to reduce their risks significantly we needed to support men to implement a behavioural change. It is also important to demonstrate to men the benefits of implementing change and this takes time.

The employment rate in rural Australia varies between 65% and 87% of the working age population, which is a significant number of men and women within the local community. Most rural towns owe their very existence to one or two large industries that employ a significant number of locals.

It then seems commonsense that the workplace would be an ideal venue to address a significant health risk factor, such as heart disease, for the entire workplace and that the benefits to the employer would also be significant.

Prevention rather than cure are encouraged within the Ottawa Charter. Employees must be recognised, as the most valuable asset within the workplace and need to be protected and nurtured. Investment in a cardiovascular health promotion program enhances the employee's ability to be proactive about their health and sends the employee a message that they are a valued member of that workforce.

A sense of control and a feeling of worth are vital elements for personal growth and development⁴. These elements were priorities during the development of the Heart of the Grampians workplace program.

The Workplace Setting was selected for its values to maintain this process and the benefits a workplace has in influencing the wider community through associations, such as family, friends and other workplaces. Indeed for men and women, the workplace in their community is an excellent venue for discussing their health needs.

The Workplace Setting has value as it:

- Builds relationships
- Provides structure
- Provides continuity with individuals
- Creates ownership
- Values all participants
- Is by invitation thus creates participation
- Offers an evaluation process
- Can lead to Infrastructure/Environmental Change
- Identifies the screening process in the workplace as a Best Practice and Quality Assurance based method

Workplace Health Promotion has huge potential given that approximately eight million Australians spend a third of their day at work⁴. This settings approach provides the opportunity to address not only those risk factors for heart disease but also other factors that affect a person's health such as environmental and social factors.

The benefits of Workplace Health Promotion programs, in the past, have been limited, concentrating on participant behaviour change without regard for the broader and more complex structures such as the environment, social context and cultural contexts⁴. This program however, sought to address these more complex issues, isolating needs identified by participants and then addressing those needs by providing pathways, information and resources through local health providers.

The process developed in the workplace needs to take into account – management style, work shifts, gender breakdown of workforce, levels of competency and age structure. With this in mind we developed a simple Heart Health Screening Process involving local allied health workers. **The screening process enables recognition of risk factors in individuals of which they have been previously unaware.**

Recently, one-off public health screenings have come under scrutiny. Risks associated with this type of screening process include:

- Providing misleading information by falsely identifying individuals as high risk when they are later found to be low risk and visa versa.
- Causing needless anxiety, family disruption etc
- Causing the sick role behaviour effect.
- Lack of referral process
- Follow up limited with only annual visits
- Failure to support a client after identification of *at risk* signs.
- Failures to provide client with appropriate personal resource information, eg. *written information and record of results*

Evidence within health literature suggests that the process of the Health Promotion Screenings is vitally important. Factors associated with successful risk factor screening include counselling during the screening process and follow up.

The Best Practice 10 Ways to a Healthy Heart Screening Process included these best practices. The process included a combination of risk factor identification, healthy lifestyle education, creation of pathways to local health services and practitioners with a documented referral process and provision of resources conducted with a Best Practice Accredited process.⁵

Throughout the HOTG project a valid and credible approach to address cardiovascular disease, the number one killer in the Grampians Region and throughout Australia, has been progressively developed. Evidence suggests that this Workplace Health Promotion Program can be sustained within health organisations.

In the past, many community health nurses (CHN) have been limited in their ability to adequately address primary CVD prevention, relying on one off screenings conducted once or twice per year. Time, resources and funds to attempt other strategies have been limited. Whilst some behaviour change programs are conducted, such as QUIT, they generally only attract those clients who actively seek out programs.

Difficulties arise when attracting asymptomatic clients to behaviour change programs. This project has found however that the risk identification process, education and provision of referral pathways, has some influence in encouraging the client to address their risk factors. Evaluation of the HOTG and other workplace programs has demonstrated increased visits to general practitioners, new management strategies and behaviour modifications. **This outcome should be nurtured and developed within all rural communities.**

- 74% of respondents had noticed an improvement in their general health since the Workplace Health Program.
- 87% of respondents said the program had influenced their awareness of Health Issues.
- Of the respondents who visited a GP or Health Professional as a result of the Workplace Health Sessions, 93% said the visits were easier with the information provided from the Workplace Health Sessions.⁶

Our findings suggest people are commonly unaware of their risk factors for heart disease and stroke. Unless afflicted with symptoms such as chest pain for example, one is not likely to seek medical attention. This became evident by the number of participants who had not visited their GP in a long time and who were found to have significant risk factors. In addition, our evaluation process found that GPs are less likely to detect underlying risk factors unless their client either requests investigations or presents with recognisable symptoms, eg angina, or a referral from Community Health Services (CHS) based on a Health Promotion Program.

The referral process within the Heart of the Grampians program has flagged asymptomatic risk factors for GPs to take action. Despite this process, many GPs are still ill equipped to deal with primary health care needs such as education or dietary advice and exercise etc., that are vital components in the management of risk factors. In many instances this may be due to time and resource constraints. **The GP/CHN partnership, within a structured workplace environment, would improve this process.**

The Secondary Prevention Process incorporates a team approach, where clients are readily referred to Cardiac Rehabilitation Programs. The management of these clients utilizes a team of several health workers such as dietitians, community health nurses, Pharmacists, GPs, Physiotherapist and counsellors. They are extremely successful in reducing the risk for further episodes of heart attack.

Further development of a Preventative Health Promotion Process, with allocated time and resources, and utilizing a multi-disciplinary approach may also assist the community to adequately address the very significant problems associated with cardiovascular disease within an early intervention strategic plan.

If heart disease accounts for 43% of Australian deaths each year, then a process based on collaboration between Health Practitioners in the delivery of Primary Health Care for cardiovascular preventive health is a good progression in the fight against this "killer".

The workplace is a significant component of any community, especially rural communities and programs that address such risks, as heart disease is an acceptable process and very well received.

The program relies on a collaborative approach, which involves CHC, GPs and local people through their workplace which will significantly demonstrate in a short program span of 12 months that –

Recognition of risks empowers individuals to reduce risks

The workplace is a setting approach that works and involves a process that creates collaboration within the workplace, with local GPs and Allied Health Workers and a representative workplace committee.

Our research has identified that this process does work and will work in a variety of workplaces such as, a Coal Mine, Police Station, with Council Workers, Hospital Workers and very successfully in schools with Teachers. Schools can also have an important impact on the broader community, as schools by their very nature are a place of influence.

- 67% of respondents indicated they had improved their eating habits as a result of the sessions
- Over half of the respondents (67%) indicated they would increase or change the way they exercised.
- Almost all of the respondents (97%) indicated the Partner Health Session was worthwhile and helpful.
- 96% of respondents found the Workplace Health Session worthwhile and 86% of respondents indicated they would attend more sessions.
- After the session 36% of respondents felt good, 20% felt informed and 19% felt more aware.⁶

“Anecdotal evidence suggests that the program has had some lasting impact on staff morale, if not on waistlines!”⁵

Rural people do not develop heart disease more than urban people do, but the mortality rate from heart disease is higher because “distance” kills. In urban areas the response time to a heart attack victim is estimated to be an average of 6 minutes. This response time saves lives and has a major impact on the life of the victim, who hopefully changes their lifestyle as a result of their heart attack.

Rural people do not and cannot expect an Emergency Medical Intervention response time of this calibre. This means that rural people need a better application of and access to Preventative Health Promotion Programs, based on a rural Policy and Strategy to reduce their risk. Providing rural people with a greater knowledge of their health status, not only in regard to heart disease, but also cancer and depression will help reduce their risk.

Our program offers that opportunity of acquiring greater knowledge about their health risks through a collaborative process in the rural workplace.

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