



ACT Workplace Health Promotion Needs Analysis

May 2011



SUMMARY REPORT

Accessibility

The ACT Government is committed to making its information, services, events and venues, accessible to as many people as possible.

- If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format—such as large print or audio—please telephone (02) 6205 3333.
- If English is not your first language and you require the translating and interpreting service—please telephone 131 450.
- If you are deaf or hearing impaired and require the TTY typewriter service—please telephone (02) 13 3677, then ask for 13 2281.
- Speak and listen users—phone 1300 555 727 then ask for 13 2281.
- Internet Relay Users—connect to the NRS, then ask for 13 2281.

© Australian Capital Territory, Canberra, April, 2011

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without written permission from the Territory Records Office, Community and Infrastructure Services, Territory and Municipal Services, ACT Government, GPO Box 158, Canberra City ACT 2601.

Enquiries about this publication should be directed to ACT Health, Communications and Marketing Unit, GPO Box 825 Canberra City ACT 2601 or email: HealthACT@act.gov.au

www.health.act.gov.au | www.act.gov.au

Enquiries: Canberra 13ACT1 or 132281

Foreword

The *2011 ACT Workplace Health Promotion Needs Analysis Summary Report* represents a significant step forward in our understanding of the key health issues impacting on the ACT working population and the demographics of our employers. Based on a more detailed report prepared for ACT Health, this research will provide a greater understanding of the actions and investment needed to develop a sustainable health and wellbeing program in workplace settings, and be a valuable resource for key stakeholders.

The *Summary Report* indicates that the industry mix of employers in the ACT is very different to other jurisdictions. In the ACT 143 employers are classified as large and they employ around 58% of ACT workers. Not surprisingly around 47% of workers are employed in white collar occupations, 36% are employed in pink collar occupations, and 18% are employed in blue collar occupations.

Whilst the ACT enjoys the best life expectancy and health status of any jurisdiction, the absolute prevalence of health risks identified provides ample scope for improvement. The *Summary Report* highlights that almost half (49%) of ACT workers are overweight and around one-fifth (20%) report being smokers. These rates will impact on future demand for health services in the ACT.

The ACT is not alone in witnessing a significant increase in preventable health conditions, which account for close to one third of the total burden of disease in Australia (Australian Institute of Health and Welfare, Australia's Health 2008). Tobacco smoking, alcohol misuse, poor nutrition, physical inactivity and overweight and obesity are the main modifiable risk factors contributing to chronic disease.

The impact of our ageing population combined with an increase in the prevalence of chronic disease will, over time, be felt by both government and business sectors. Just as governments must deal with increased demand for health services and rising health care costs, businesses will also be faced with workforce shortages and reduced productivity.

The workplace is increasingly seen as an important setting to improve the health and wellbeing of the adult population. In recognition of the need to progress work in this area, the 2009-10 ACT Government Budget allocated funding for three years under the *Healthy Future – Preventative Health Program* to develop and support workplace health programs and resources that promote healthy lifestyles and healthy environments.

The ACT Government is also a signatory to the Council of Australian Governments' *National Partnership Agreement on Preventive Health* (NPAPH), which is committed to reducing the risk of chronic disease by embedding healthy behaviours in settings, including workplaces. Under the NPAPH, the Australian Government will provide funding to the ACT over four years from July 2011 for the 'Healthy Workers' initiative.

The next stage of ACT Health's work will be to engage and support employers to develop workplace health and wellbeing programs. The *Summary Report* highlights that one of the critical factors for success of workplace health programs is '**Leadership**'. Visible leadership at all levels of an organisation, from the CEO and Senior Executives to the site manager, provides a clear demonstration of a workplace culture that supports healthy behaviours.

I would like to encourage all employers, managers and staff to lead by example and take an active role in making the ACT a healthier community and a leader in Australia for workplace health.



Katy Gallagher, MLA
Deputy Chief Minister
Minister for Health
May 2011

Contents

1	Context to this report	1
2	Overview of ACT workforce	3
3	Lifestyle risk factors amongst ACT workers	7
4	Lifestyle risk factors amongst occupations and industries	12
5	Mental health indicators amongst ACT workers	14
6	ACT stakeholder and industry observations	17
7	Targeting health and wellbeing needs in the ACT	20
8	Implications for program development and sustainability	22
9	Developing an ACT workplace health program	25

1 Context to this report

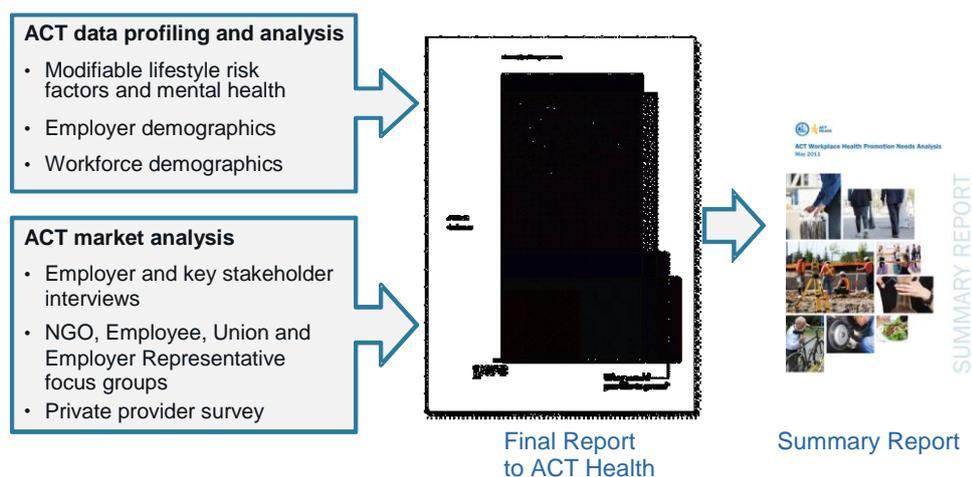
Like many developed nations, Australia is currently witnessing a significant increase in the burden of chronic disease. A 2010 Australian Institute of Health and Welfare report found that 96% of working-age Australians had at least one chronic disease risk factor and 72% had multiple risk factors.¹ The modifiable risk factors causing the greatest disease burden are tobacco smoking, alcohol misuse, poor nutrition, physical inactivity and unhealthy weight. As major contributors to chronic disease these risk factors place great pressure on the Australian health system and lead to reduced productivity and participation in the workforce and community.¹

Australian governments have recognised the imperative for action and are investing in the development of a range of health promotion programs and strategies targeting settings such as communities, schools and workplaces. The ACT Government has responded by allocating funding under the *Healthy Future – Preventative Health Program* to develop and support initiatives such as workplace health programs and resources that promote healthy lifestyles and healthy environments.²

The ACT Government is also a signatory to the Council of Australian Government's National Partnership Agreement on Preventive Health (NPAPH), which is committed to reducing the risk of chronic disease by embedding healthy behaviours in settings, including workplaces. Under the NPAPH, the Australian Government will provide funding to the ACT over four years from July 2011 for the 'Healthy Workers' initiative.

To inform the development of an ACT workplace health promotion program, ACT Health is undertaking a range of formative research and consultation activities. This paper presents a summary of key findings and recommendations drawn from one of these activities, the *ACT Workplace Health Promotion Needs Analysis*. ACT Health engaged PricewaterhouseCoopers (PwC) to analyse the current ACT workplace health and wellbeing environment to further understand the needs and practices of local employers, employees and other market stakeholders. The project was conducted over four months and the approach is shown below:

Figure 1-1 ACT Workplace Health Promotion Needs Analysis Project overview



¹ Australian Institute of Health and Welfare 2010. Risk factors and participation in work. Cat. no. PHE 122. Canberra: AIHW.

² ACT Health: Healthy Workers website. Accessed September 2010 at: <http://www.health.act.gov.au/c/health?a=da&did=10132614&pid=1167697764>

Workplace initiatives can improve an individual's health and wellbeing. Local, national and international studies provide good evidence supporting the value of workplace health and wellbeing initiatives for the physical, mental, and social wellbeing of employees.^{3,4} Also, there are clear benefits of improved health and wellbeing to employees and businesses in terms of reducing absenteeism, presenteeism and workplace injury, and improving productivity.^{5,6}

Best practice guidelines and frameworks for workplace health and wellbeing have emerged internationally and in Australia and provide a basis for development of programs. However, it is important to understand the local environment in order to tailor these programs to best meet the needs of the ACT.

The outcomes of this needs analysis will help guide long term ACT activities in workplace health and wellbeing. This will include the implementation of the ACT component of the Australian Government's Healthy Workers initiative under the NPAPH.

ACT Health and PwC would like to thank the individuals and organisations who generously agreed to participate in the *ACT Workplace Health Promotion Needs Analysis*.

Note on ACT data profile

A health status profile of ACT workers was developed using a number of data sources. The datasets used to develop the employer and worker profiles include the Australian Bureau of Statistics (ABS) Business Register⁷, Comcare workers' compensation data, the 2006 Census, and the ABS 2010 Labour Force Survey⁸. The prevalence of modifiable lifestyle risk factors was analysed by industry, occupation, age and gender. The data used for this analysis was the ABS 2007/08 National Health Survey (NHS)⁹ and the ABS 2007 National Survey of Mental Health and Wellbeing (NSMHWB)¹⁰.

The quantitative data was used to produce a profile of ACT employers and workers, including the risk factor prevalence of ACT workers. ACT employers were profiled in terms of the industry mix and employer size mix. ACT workers were profiled in terms of industry, employer size, occupation, age, gender, and combinations of these.

³ Wesley Corporate Health (2006), The future@work health report: Employees and their workplace.

⁴ Health Canada (2001), The business case for active living at work. phac-aspc.gc.ca/pau-uap/fitness/work/trends_e.html

⁵ Pelletier, K. (2005) 'A Review and Analysis of the Clinical and Cost-Effectiveness Studies of Comprehensive Health Promotion and Disease Management Programs at the Worksite: Update VI 2000-2004', *Journal of Occupational & Environmental Medicine*, 47(10):1051-1058. (Found in: The Health and Productivity Institute of Australia (HAPIA). Best-Practice Guidelines. Workplace health in Australia.)

⁶ Commonwealth of Australia. Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – Overview: Commonwealth of Australia 2009.

⁷ ABS (Dec 2007), Counts of Australian Businesses, including Entries and Exits, June 2003 to June 2007, Cat 8165.0, accessed 23 April 2010 at www.abs.gov.au

⁸ ABS (Feb 2010), 6291.0.55.001 Labour Force, Australia, Detailed - Electronic Delivery, accessed 8 April 2010 at www.abs.gov.au

⁹ ABS (2010), NHS 2007–08, Cat 4364.0 and accompanying Confidentialised Unit Record Files (Reissue, Cat 4324.0)

¹⁰ ABS (2008), National Survey of Mental Health and Wellbeing: Summary of Results, Cat 4326.0, accessed 27 July 2010 at www.abs.gov.au

2 Overview of ACT workforce

The composition of ACT employers and workers is unique, and noticeably different to other jurisdictions in Australia. Distinguishing characteristics of the demographics of ACT employers and workers that have the potential to influence program development and implementation are discussed below.

There are approximately 220,500 workers in the ACT, employed by approximately 11,000 employers.¹¹ The age and gender profile of the ACT workforce is similar to other jurisdictions: 55% of ACT workers are male; 16% of ACT workers are aged under 25; and 36% are aged 45 or more. The ACT has a high proportion of public sector employees.

The ACT has a large number of public sector workers

Forty one percent (41%) of ACT's workers are employed in the *public sector*, which includes the Australian and ACT Governments. This is significantly higher than other jurisdictions, with a national average of 14% public sector employment (See Table 2.1).

Table 2-1 Proportion of workers employed in the public sector across Australia

State/Territory	Proportion of workers employed in the public sector
New South Wales	13%
Victoria	13%
Queensland	15%
South Australia	15%
Western Australia	15%
Tasmania	19%
Northern Territory	30%
Australian Capital Territory	41%
National	14%

Source: ABS 2006 Census, ABS Labour Force Survey (Cat 6291.0.55.001), February 2010.¹²

¹¹ Employer counts exclude not for profit employers as suitable data was unavailable at the time of analysis.

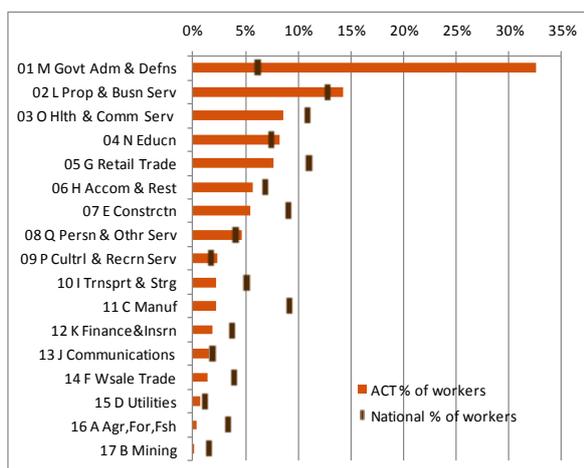
¹² Compiled from the ABS 2006 Census count of workers by geographic region of workplace, adjusted for growth in the labour force to February 2010 using the ABS Labour Force Survey (Cat 6291.0.55.001)

The ACT has a high proportion of workers in the industry grouped 'Government Administration and Defence'.

Industry classifications were used to group employers and workers by the type of primary work activity conducted. Thirty-three percent (33%) of ACT workers are employed in the industry sector titled *Government Administration and Defence*. This compares to a national average of only 6%. This industry classification includes *Defence, Justice, Foreign Government Representation, and Government Administration* (Commonwealth, State/Territory and Local). Correspondingly, ACT has a significantly lower proportion of workers employed in other primary and secondary industries such as *Mining, Manufacturing, Construction and Transport*.

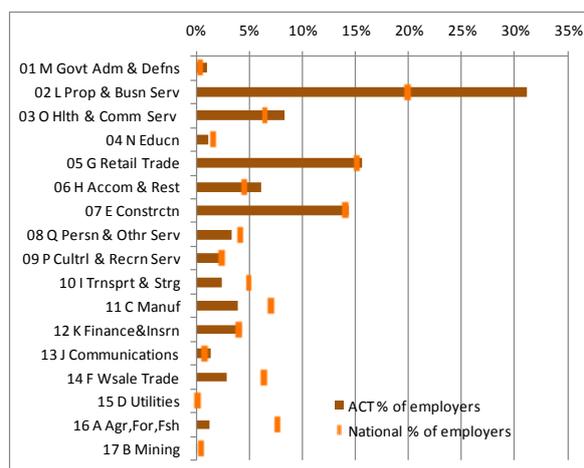
Figures 2.1 and 2.2 show the number of workers and employers by each industry classification. The industries are sorted in descending order based on number of workers, hence *Government Administration* appears at the top of the table because it is the largest industry of employment in the ACT.

Figure 2-1 ACT workers by industry



Source: ABS 2006 Census, ABS Labour Force Survey (Feb 2010), Cat 6291.0.55.001.

Figure 2-2 ACT employers by industry



Source: ABS (Dec 2007), Counts of Australian Businesses, including Entries and Exits, Cat 8165.0. Workers compensation datasets supplied by Comcare and State Workers' compensation authorities.

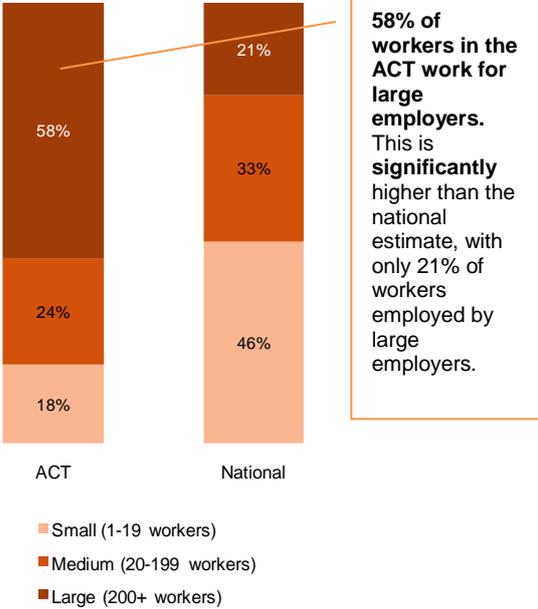
The industry mix of employers is also very different in the ACT than in other jurisdictions. Thirty one percent (31%) of employers are classified in the *Property & Business Services* industry, compared to 20% nationally. *Property Services* include property operators, real estate agents, and machinery and equipment hiring and leasing. *Business Services* include a range of professional services such as computer services, legal, accounting, marketing, business management, and scientific research.

The ACT has a high proportion of employees working for large employers

In the ACT, 143 employers are classified as large (> 200 workers), which is just over 1% of employer counts. However, large employers employ 58% of ACT workers. Large employers therefore have a very strong presence in the ACT. In contrast, 21% of workers nationally are employed by large employers.

There are 9,674 small employers in the ACT, which represents 88% of total employer counts – this proportion is similar to the national proportion of 90%. Eighteen percent (18%) of the ACT workforce is employed by small employers.

Figure 2-3 Proportion of workers by size of employer



Source: ABS 2006 Census, ABS Labour Force Survey (Feb 2010), Cat 6291.0.55.001, ABS (Dec 2007), Counts of Australian Businesses, Cat 8165.0. Workers compensation datasets supplied by Comcare and State Workers' compensation authorities.

White collar occupations employ a large proportion of ACT workers

The ACT has a higher proportion of white collar workers than other Australian jurisdictions with almost half (47%) of workers classified in *white collar* occupations, compared to 34% nationally. *White collar* occupations are those classified as managers and professionals. These major groups are predominantly associated with higher education and specific skills.

Table 2-2 Occupation summary

ACT workers

Occupation group	Number	%	National %
White collar	102,334	47%	34%
Pink collar	77,485	36%	33%
Blue collar	38,422	18%	32%
Total *	218,241	100%	99%

* Total lower than 220,505 due to unclassifiable occupations

Source: ABS 2006 Census, ABS Labour Force Survey (Cat 6291.0.55.001), February 2010

Eighteen percent (18%) of ACT workers are in occupations classified as *blue collar*, compared to 32% nationally. *Blue collar* occupations are those classified as: tradespersons; plant and machine

operators and drivers; labourers; and related workers. These major groups are predominantly associated with trades and lower-skilled jobs that are often physical.

The proportion of workers classified in *pink collar* occupations in the ACT is 36%, which is slightly higher than the national proportion of 33%. *Pink collar* occupations are those that traditionally have a high proportion of female workers, such as clerical and administrative workers, sales workers, and community and personal service workers.

There are differences in the demographic profile of each industry in the ACT

There is significant variation in the demographic profile of workers within each industry. For example, in the ACT 88% of *Construction* industry workers are male, while 78% of workers in *Health and Community Services* are female. These industry differences are observed nationally and within each jurisdiction.

Key findings for the 5 largest industries in the ACT are:

- *Government Administration and Defence* and *Property and Business Services*: these industries have a higher proportion of *white collar* workers (60%) than the ACT average (46%);
- *Health and Community Services* and *Education*: these industries have a high proportion of *white collar* workers (46%). They employ a higher proportion of female workers (78%), compared to all ACT industries (48% female), and employ a higher proportion of workers aged 45 or more (46%) than all ACT industries (36%); and
- *Retail Trade*: 47% of workers in this industry are under the age of 25, compared to 16% in the ACT overall. Furthermore, a very high proportion (57%) work in occupations classified as *pink collar*.

3 Lifestyle risk factors amongst ACT workers

Overall, the prevalence of modifiable lifestyle risk factors (the ‘SNAP’ risk factors, i.e. **S**moking, **I**nadequate **N**utrition, **A**lcohol consumption, and **P**hysical inactivity) and overweight /obesity amongst ACT workers is comparable, or slightly better, than national levels.

Risk factor definitions

Table 3-1 below provides the definitions for the reporting of the prevalence of lifestyle-related risk factors in this report. The selected thresholds to measure risk prevalence are based on definitions adopted by the ABS in the 2007/08 National Health Survey (Cat 4364.0). The glossary of the NHS report provides further detail on these measures. In many cases, the selected thresholds are based on NHMRC (National Health and Medical Research Council) approved guidelines or WHO (World Health Organization) definitions of risk.

Table 3-1 Risk factor definitions

Risk factor	Risk factor definition
Smoking	
Current smoker	<ul style="list-style-type: none"> Current daily smoker + current other smoker
Nutrition	
Inadequate fruit and vegetable	<ul style="list-style-type: none"> Less than 5 servings of vegetables and less than 2 servings of fruit a day
Inadequate vegetable only	<ul style="list-style-type: none"> Less than 5 servings of vegetables a day
Physical activity	
Physical inactivity	<ul style="list-style-type: none"> Sedentary, including no exercise Low physical activity (excluding Sedentary), ABS Scores of 100 to less than 1600: up to 30 minutes of walking, 20 minutes of moderate, or 15 minutes of rigorous exercise per day
Body Mass Index (BMI)	<ul style="list-style-type: none"> BMI both self measured and self-reported
Overweight OR obese	<ul style="list-style-type: none"> BMI 25 or more
Obese	<ul style="list-style-type: none"> BMI 30 or more
Waist circumference	<ul style="list-style-type: none"> Increased OR high risk: 94cm or more for males, 80cm or more for females High risk: 102cm or more for males, 88cm or more for females
Alcohol consumption	
2001 NHMRC Alcohol Guidelines	<ul style="list-style-type: none"> One standard drink contains 12.5 mLs of alcohol
Lifetime risk – risky OR high risk	<ul style="list-style-type: none"> Average of 5+(M), 3+(F) standard drinks per day in the previous week
Lifetime risk – high risk	<ul style="list-style-type: none"> Average of 7+(M), 5+(F) standard drinks per day in the previous week
Single occasion risk – risky	<ul style="list-style-type: none"> Have consumed 7 to 10 (M), 5 to 6 (F) standard drinks on a single day in the past 12 months
Single occasion risk – high risk	<ul style="list-style-type: none"> Have consumed 11+(M), 7+(F) standard drinks on a single day in the past 12 months
2009 Alcohol Guidelines	<ul style="list-style-type: none"> One standard drink contains 12.5 mLs of alcohol
Increased lifetime risk	<ul style="list-style-type: none"> Average of 3+ drinks per day in the previous week
2 or more risk factors	<ul style="list-style-type: none"> At least 2 of: any one overweight measure, smoking, nutrition, physical inactivity, lifetime alcohol risk (new OR old guidelines).
Psychological Distress	
Kessler 10 Moderate Distress	<ul style="list-style-type: none"> A score of 16 or higher in the Kessler 10 Psychological Distress Questionnaire
Kessler 10 High Distress	<ul style="list-style-type: none"> A score of 22 or higher in the Kessler 10 Psychological Distress Questionnaire

Summary of results for selected risk factors

Table 3-2 below provides a summary of results for SNAP risk factors and overweight / obesity amongst ACT workers and how these compare to national levels. The definition of these risk factors will be described in more detail.

Table 3-2 Summary of results for selected risk factors

National Health Survey risk factor	ACT prevalence	National prevalence
Smoking	20%	22%
Inadequate fruit and vegetable	46%	49%
Inadequate vegetable only	93%	92%
Inadequate fruit only	48%	51%
Physical inactivity *	65%	70%
Body Mass Index (Measured) – overweight/obese	56%	60%
Waist circumference (Measured) – overweight/obese*	49%	54%
Single occasion alcohol risk	48%	47%
Lifetime alcohol risk	23%	24%
Two or more of the above risks *	70%	74%
Kessler 10 Psych Distress – moderate or higher	32%	31%
Kessler 10 Psych Distress – high	9%	9%

* These differences between ACT and National are statistically significant¹³.

Source: Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0)

Despite the ACT workforce health risk profile being slightly lower than the national average in many areas, it is important to recognise that the absolute prevalence of these health risks requires vast improvement. Selected noteworthy risk factors for ACT workers are described in more detail.

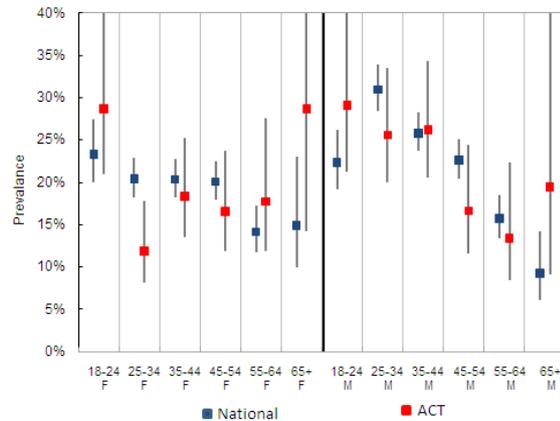
¹³ Statistical significance has been determined by the comparison of 95 per cent confidence intervals.

One-fifth of ACT workers report being smokers

On average, the prevalence of smoking in the ACT is 20% (see Figure 3-1). However, there are significant differences by age and gender:

- The prevalence of smoking is highest amongst males under the age of 35, where more than 25% are current smokers;
- Across most age groups, the prevalence of smoking is higher amongst males than females; and
- The prevalence of smoking decreases with age.

Figure 3-1 Smoking prevalence



Source: Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0)

Almost half of ACT workers have inadequate fruit and vegetable intake

Forty-six percent (46%) of ACT workers have inadequate fruit and vegetable intake, comprising:

- 48% report inadequate fruit intake; and
- 93% report inadequate vegetable intake.

Figure 3-2 shows the proportion of individuals that do not meet **either** the recommended minimum servings of fruit or vegetables per day. A very high proportion (93%) of ACT workers have inadequate vegetable intake – this is similar to the national level which is 92%. The prevalence of inadequate vegetable intake decreases with age and is more prevalent in males (95%) than females (90%) (see Figure 3-3), however across all age groups a large majority of ACT workers and Australian workers do not meet the recommended daily intake of vegetables.

Figure 3-2 Inadequate nutritional intake – fruit and vegetables

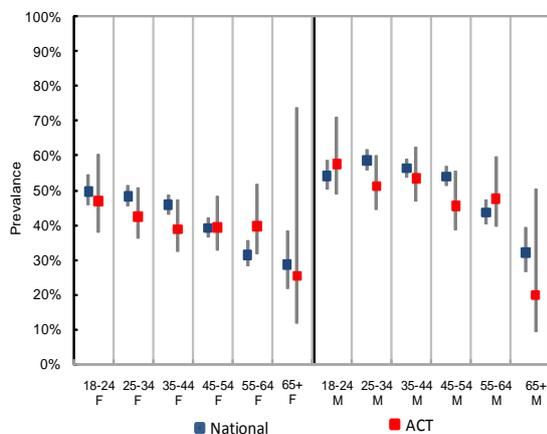
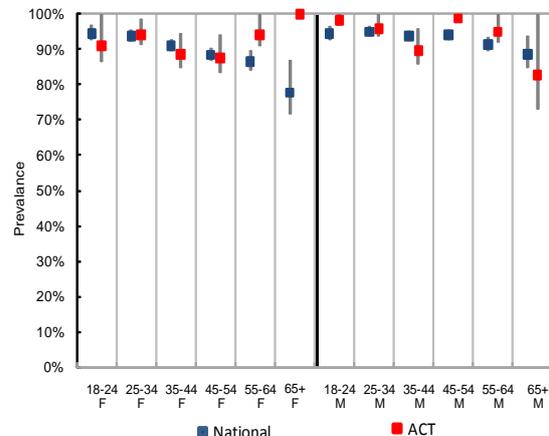


Figure 3-3 Inadequate nutritional intake – vegetables only



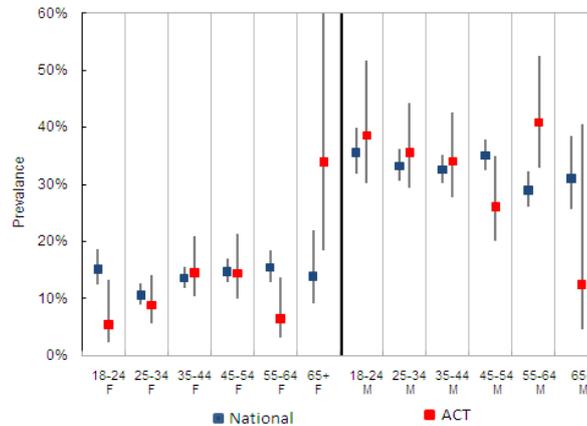
Source: Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0)

There are high rates of alcohol consumption at harmful levels in the ACT

Twenty-three percent (23%) of workers in the ACT consume alcohol at levels that are harmful on a long-term basis.¹⁴ There is a significant difference between ACT males and females in relation to long term alcohol consumption with the average prevalence amongst males being 33.9% (compared to 33.1% nationally), which is significant compared to 11% amongst females (see Figure 3-4).

Almost half (48%) of workers in the ACT consumed alcohol on a single occasion in the last 12 months at harmful levels. Harmful alcohol consumption on a single occasion is significantly more prevalent amongst younger workers (75%) and is more prevalent amongst males (55%) than females (42%).

Figure 3-4 Prevalence of harmful alcohol consumption at long-term risk levels



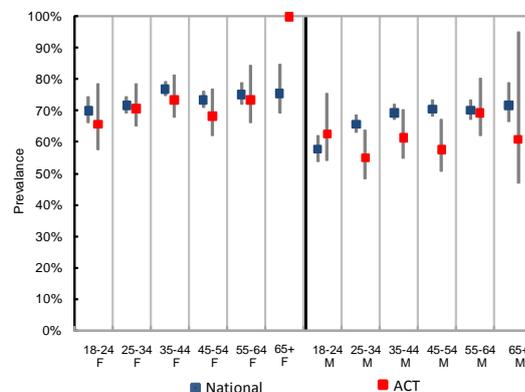
Source: Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0)

Almost two-thirds of ACT workers do not undertake sufficient physical activity

Almost two-thirds (65%) of ACT workers do not undertake sufficient physical activity – this is lower than the national average of 70%¹⁵. Despite this, a result of two in three workers not undertaking sufficient physical activity presents an opportunity for significant improvement.

The prevalence of physical inactivity increases only very gradually with age. On the whole, physical inactivity is higher amongst females (71%) than males (60%).

Figure 3-5 Physical activity



Source: Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0)

¹⁴ The 2009 guidelines deem alcohol consumption to be harmful on a long-term basis based on 3 or more standard drinks consumed in a day. The NHS enables this to be measured based on questions on alcohol consumption in the week leading up to the survey.

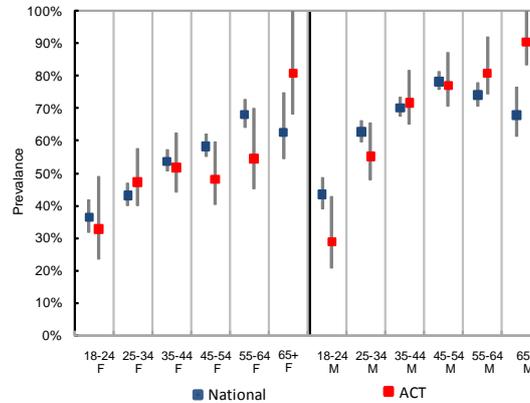
¹⁵ The NHS measures physical activity on the basis of exercise undertaken for fitness, recreation or sport. Incidental physical activity that arises during daily activities (e.g. manual occupations, duties for the household) is not included. However it is possible that some respondents do include incidental activities in their responses for the NHS – the interviews are, however, conducted face to face so the inclusion of incidental activities might be lower than what would occur using telephone-based surveys.

Almost half of workers in the ACT are overweight / obese

On the basis of measured BMI, more than half (56%) of ACT workers are overweight¹⁶ (see Figure 3-6). The risk of being overweight increases with age and is higher amongst males than females: 63% of ACT male workers are overweight compared to 48% of ACT female workers. The results are slightly lower in the ACT than national measures.

Using measured waist circumference, almost half (49%) of workers in the ACT are overweight – this is better than the national average and is statistically significant.¹⁷ The prevalence of increased waist circumference is higher amongst females (54%) than males (45%).

Figure 3-6 Prevalence of overweight based on measured BMI



Source: Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0)

Additionally, seventy percent (70%) of workers in the ACT display at least two of the indicators for overweight/obesity and modifiable lifestyle risk factors – this is better than national but it is a very high proportion.

¹⁶ Calculated from height and weight information, using the formula weight (kg) divided by the square of height (m). The prevalence of overweight or obesity in adults is based on the proportion with BMI of 25.0 or more, as adopted in the NHS.

¹⁷ "Overweight" is defined as waist measurements of 80 cm or more (females), and 94cm or more (males). These thresholds are consistent with those defined as "at increased risk" in the NHS, and are based on The World Health Organisation (WHO) and National Health and Medical Research Council (NHMRC) approved guidelines for Caucasian men and women.

4 Lifestyle risk factors amongst occupations and industries

Workforces in the ACT have significant differences in SNAP and overweight/obese risk factors. In particular, differences are evident in the *blue collar* and *white collar* occupations and associated industries. These are summarised below.

Blue collar occupations and associated industries

The grouping of occupations and industries termed *blue collar*¹⁸ shows a higher prevalence of the major lifestyle risk factors. The table below summarises the risk factor prevalence for the group of occupations classified as *blue collar* in the ACT compared to National figures.

Table 4-1 Summary of risk factors for ACT *blue collar* occupations compared to total ACT and national figures.

		ACT Blue collar workers	ACT	National
Worker count		38,422 (18%)	220,505	10,832,668
Current smoking	Daily + other	43%*	20%	22%
Nutrition	Inadequate fruit and vegetable	56%*	46%	49%
	Inadequate vegetable only	96%*	93%	92%
	Inadequate fruit only	58%*	48%	51%
Physical inactivity		74%	65%	70%
BMI – overweight/obese	Increased risk	43%	49%	54%
Waist Circumference- overweight/obese	High risk	21%	26%	31%
2001 alcohol guidelines	Single occasion risk	65%*	48%	47%
2009 alcohol guidelines	Lifetime risk	34%*	23%	24%
Multiple risks	2+ risk factors	84%*	70%	74%
Kessler 10 moderate or higher psychological distress		35%	32%	31%

* Note: Results highlighted are those measures for ACT blue collar workers that are higher than the national average, and are statistically significant (at 95% confidence).

Source: Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0). ABS 2006 Census, ABS Labour Force Survey (Feb 2010), Cat 6291.0.55.001.

¹⁸ *Blue collar* industries are those industries where a high proportion of workers have occupations that are classified as *blue collar*. These industries are Agriculture/Forestry/Fishing, Mining, Manufacturing, Electricity/Gas/Water Supply, Construction, Wholesale Trade, and Transport and Storage.

Blue collar workers represent 18% of the ACT workforce. With the exception of waist circumference, the prevalence of all other risk factors in blue collar workers is higher than the ACT average or the national average. Most of the differences are statistically significant. Findings for ACT blue collar workers of note are:

- Smoking – the prevalence is 43%, which is double the overall prevalence rate of 20% in the ACT;
- Nutrition – a higher prevalence of inadequate fruit intake (58%), compared to 48% for the ACT. 96% of *blue collar* workers have inadequate vegetable intake compared to 93% for the ACT;
- Alcohol consumption – the prevalence of harmful levels of alcohol consumption on both single occasion risk and lifetime risk is significantly higher than the ACT overall; and
- More than eight in 10 *blue collar* workers (84%) report at least two unhealthy behaviours, compared with 70% overall for the ACT.

White collar occupations and associated industries

While the prevalence of lifestyle risk factors for white collar ACT workers is lower than the ACT or National average amongst these occupations and industries, it is important to note that half of the ACT workforce is classified as white collar workers. As such, achieving improvements in white collar industries or occupations will have a large impact on the ACT's overall figures due to the high numbers of workers in this sector. The following areas present considerable opportunities for improvement in ACT white collar lifestyle risk factors:

- Physical inactivity – sixty-two percent (62%) of *white collar* workers report insufficient physical activity;
- Waist circumference – fifty percent (50%) of *white collar* workers report being overweight based on waist circumference; and
- Almost two-thirds (65%) of *white collar* workers report at least two unhealthy lifestyle behaviours.

5 Mental health indicators amongst ACT workers

Approximately thirty-two percent (32%) of ACT workers report at least moderate or higher levels of psychological distress, as measured by the Kessler 10 score. Additionally, 9% percent of ACT workers self-reported high levels of psychological distress (a score of 22 or more out of 30).

Sources of data

The data used for this analysis are:

ABS 2007 National Survey of Mental Health and Wellbeing (NSMHWB): This survey provides information on the prevalence of selected lifetime and 12-month mental disorders by three major disorder groups: Anxiety disorders (e.g. Social Phobia); Affective disorders (e.g. Depression); and Substance use disorders (e.g. Alcohol Harmful Use). The diagnostic component of the survey is performed using the WHO's Composite International Diagnostic Interview (CIDI). The survey's emphasis is on persons with a 12-month mental disorder, that is, persons with a lifetime mental disorder who experienced symptoms in the 12 months prior to the survey interview.

ABS 2007/08 National Health Survey (NHS): The NHS provides data on **self-reported** long-term mental health conditions (conditions that are expected to last for six months or more), and also reports on the respondents' scores in relation to the Kessler 10 psychological distress scale. The K10 is a scale of non-specific psychological distress. It cannot be used to determine major illnesses but has been validated as a simple measure of anxiety, depression and worry (psychological distress). It was developed as a short dimensional measure of non-specific psychological distress in the anxiety-depression spectrum. The 10 item questionnaire yields a measure of psychological distress based on questions about negative emotional states (with different degrees of severity) experienced in the four weeks prior to interview.¹⁹

Use of the data

Data from the NSMHWB is available nationally, and analysis for the working population is restricted to occupation only. No data is available for ACT specifically. Nevertheless, the NSMHWB provides useful results for the occupations in the ACT that are likely to have mental disorders.

In the NHS, there are two types of data. The advantage of NHS data is the ability to segment the workforce into the areas of interest for ACT Health, i.e. industry, occupation, age and gender that are specific to the ACT workforce including:

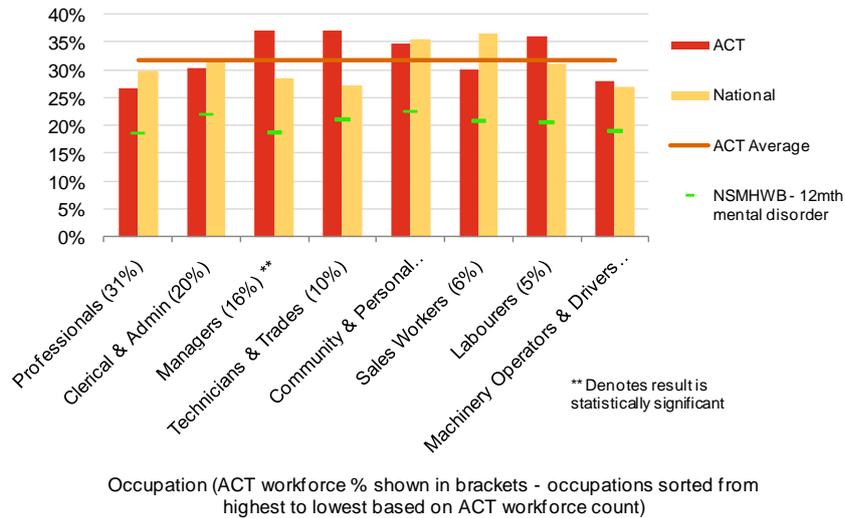
- Self-reported prevalence of long-term medical conditions: Data available from the NHS is available for more granular segments of the workforce, however the prevalence of long-term mental conditions will be under-stated relative to those reported in the NSMHWB because the NHS is based on answers that are self-reported, while the NSMHWB uses a diagnostic tool (the WHO's Composite International Diagnostic Interview) to measure the prevalence of long-term medical conditions; and
- Prevalence of psychological distress amongst workers, measured with the K10 score.

¹⁹ Page 40, ABS NATIONAL HEALTH SURVEY: USERS' GUIDE – ELECTRONIC • 4363.0.55.001 • 2007 – 08

Key findings

The occupations in the ACT that report the highest levels (moderate or higher) of psychological distress are *Managers (37%)*, *Technicians and Trades workers (37%)*, *Community and Personal Services workers (35%)*, and *Labourers (36%)*. The result for ACT *Managers* is statistically higher than the national average of 31% (see Figure 5-1).

Figure 5-1 Kessler 10 Moderate or higher – Prevalence by occupation for ACT and National



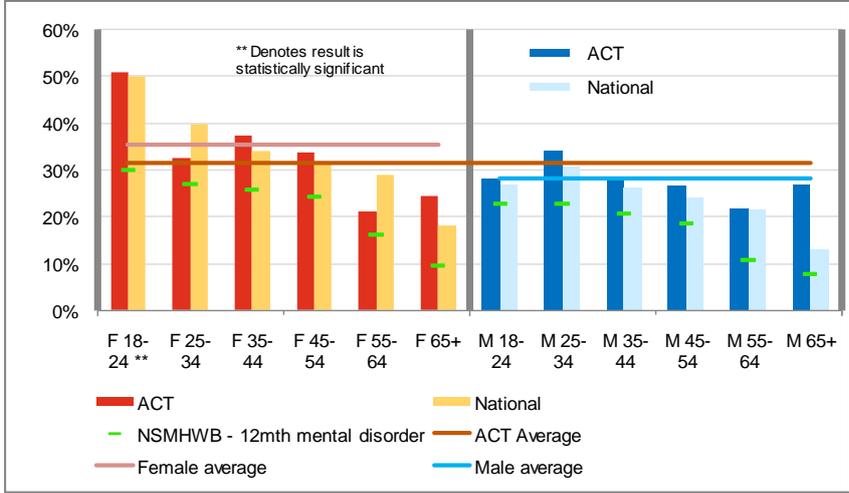
Source: ABS (2008), NSMHWB, Cat 4326.0. Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0)

Findings of note include:

- When comparing psychological distress by age and gender, a significantly higher proportion of ACT female workers (35%) than male workers (28%) had K10 scores that were moderate or higher;
- The ACT segment with the highest proportion of moderate psychological distress was female workers aged 18 to 24 (50%); and
- Overall, the prevalence of moderate psychological distress decreases with age.

These relative differences are consistent with the prevalence of mental disorders reported in the National Survey of Mental Health and Wellbeing (NSMHWB) by age and gender (see Figure 5-2).

Figure 5-2 Kessler 10 Moderate or higher – prevalence by age and gender for ACT and National



Source: ABS (2008), NSMHWB, Cat 4326.0. Analysis of NHS 2007–08 (ABS 2010, Cat 4364.0 and Cat 4324.0)

6 ACT stakeholder and industry observations

Stakeholder and industry consultations revealed common themes for workplace health and wellbeing in the ACT. Consulted stakeholders included ACT employers, private providers, Non-Government Organisation (NGO) providers, unions, employer representatives and government stakeholders.

The importance of workplace health and wellbeing in the ACT was recognised

There was strong recognition from all stakeholders in the ACT of the importance of preventative health and wellbeing initiatives to promote a healthy, motivated and engaged workforce:

- All stakeholders recognised the logical benefits of a healthy workforce such as engaged and productive employees;
- There was general agreement that the workplace was an effective setting for health and wellbeing initiatives; and
- There was a lack of consensus around the return on investment to employers and the ability to build and demonstrate a business case for effectiveness of workplace health initiatives.

There is a variety of health and wellbeing programs and services offered in the ACT

All stakeholders engaged during the project provided a variety of perspectives on workplace health and wellbeing initiatives. As such, each stakeholder group has been presented separately below.

- Employers – nine employers with workplace health programs in place were consulted and most were found to be engaged in workplace health and wellbeing in a predominantly reactive manner with general agreement that they would like to progress to a more strategic program;
- Union representatives – recognised the benefits of workplace health programs, welcomed an increased investment from employers in the health of their workers, and emphasised areas of concern being nutrition and mental health.
- Private providers – private providers operating in the ACT reported offering a wide range of health and wellbeing services, most common of which were: health and fitness assessments; education/awareness seminars and workshops; health coaching; and health expos. All indicated they had capacity to increase services to the ACT market; and
- NGO providers – offered a wide range of preventative health services typically focused on one specialty health area (e.g. diabetes, nutrition, heart disease).

ActewAGL, a large employer in the ACT is presented as a case study of an organisation engaged in workplace health and wellbeing programs that has implemented a range of programs for its staff.

Case study 1 ActewAGL

ActewAGL is Australia's largest multi-utility company, providing electricity to more than 164,000 customers, natural gas to more than 120,000 customers, water to more than 146,000 customers and wastewater services to more than 142,000 customers in Canberra and south-east New South Wales. ActewAGL is a diverse organisation with over 1,100 employees. ActewAGL has an extensive, well-designed employee health and wellness program that is managed internally by ActewAGL, with certain aspects being delivered by a number of external specialist service providers. Information sessions are held at the start of the financial year to outline the 12-month program. The health and wellness offerings are flexible to meet the needs of the variety of staff. Some of the offerings that have been implemented in past and present campaigns include the following.

- Yearly health and fitness assessments – used for benchmarking (by providers).
- Gym memberships – on participating in a health and fitness assessment.
- QUIT smoking programs.
- Weight management programs for staff with BMI > 30, run in conjunction with physical activity and nutrition coaching (8 week program).
- One-on-one personal coaching session to design physical activity programs (8 week program).
- Mens/womens health months with testing and education.
- Flu vaccinations.
- Beyond blue mental health awareness information sessions.
- Healthy eating/nutrition seminars.

ActewAGL uses the health risk assessment data to look at staff priority risk factors for the company to guide yearly programs. All programs are evaluated with a survey. The health and wellness programs are driven from the CEO and senior executive and are financially sustainable with yearly funding guaranteed.

The recognised value of workplace health and wellbeing in the ACT is still evolving

It was apparent that the measurement of benefits and value of workplace health and wellbeing programs is, in practice, still evolving. The ACT stakeholder understanding and recognition of benefits of workplace health programs was relatively clear, however the empirical demonstration was scarce:

- Private providers reported offering a range of measurement options while employers reported few examples of outcome measurement;
- Measurement, when conducted as part of a program, was focused on process rather than outcome, however there was interest in developing outcome measurement; and
- No employers had developed a business case to support sustainability and there were limited examples of Return on Investment (ROI) calculation.

There were common critical factors identified for the success of workplace health and wellbeing programs

Discussions with stakeholders identified elements that were considered critical in the initiation of workplace health programs and those critical to drive success during program implementation. These included:

- Leadership – the overwhelming factor critical to the success of workplace health and wellbeing programs was that of leadership support and commitment at all levels of an organisation;
- Other enablers – local champions; financial investment; flexibility of programs to meet the needs of workers; team and competitive activities; and
- Barriers and challenges – the sedentary nature and long hours of work; a resistant culture of the workplace; inadequate measurement and business case development to gain investment and support sustainability; difficulty of individual behaviour change.

Just Cuts™, a small employer in the ACT is presented below as a case study of an organisation with strong leadership in workplace health and wellbeing programs. The owners of the business provide leadership support and commitment for workplace health and wellbeing programs.

Case study 2 Just Cuts™

Just Cuts™ is the largest hairdressing franchise in Australia. PwC consulted a franchisee who owns two Just Cuts™ stores within the ACT employing approximately 20 staff. Although they are part of a national franchise, the owner's business philosophy is based on developing and assisting their individual staff. The owners understand the importance of health and wellbeing and are currently looking at innovative ways to engage their employees themselves through leading by example. They have to date provided programs around mental health (stress and conflict management), injury prevention (stretching exercises) and seated massage.

The owners stated that although no health risk assessment had been undertaken on their staff, they believe the health risk factors that need to be addressed are around smoking, physical inactivity and nutrition. The owners are willing to commit both financially and through providing flexible work hours to encourage participation in workplace health and wellbeing programs. The owners believe this investment will decrease absenteeism, and improve productivity and client satisfaction. The owners feel this will then lead to a happier, healthier workforce, becoming an employer of choice and also an increase in trade/retail.

Sustainability is an important consideration for the success of workplace health and wellbeing programs

The following themes were observed while exploring the sustainability of workplace health and wellbeing programs in the ACT with stakeholders:

- Senior leadership promotes sustainability – employers who stated that there was good buy-in from senior leadership identified that programs had set yearly funding. Those organisations in which funding was on an ad hoc basis stated the sustainability of programs was unclear;
- Strategic, evaluated programs are more sustainable – the NGO representatives described that for programs to be sustainable they need to be evaluated, continually improved and integrated into the employer's overall strategic business plan rather than being a separate ad hoc project that is driven by individuals or teams within the workplace; and
- Sustainable funding – the union, employer and government representatives emphasised the need for ongoing program funding to ensure sustainability and momentum in their health and wellbeing programs. There was some concern over the use of government incentives that are funding dependent and if withdrawn may undermine the sustainability of workplace health programs.

7 Targeting health and wellbeing needs in the ACT

This *ACT Workplace Health Promotion Needs Analysis* provided information to ACT Health to progress the understanding of the ACT's specific needs in workplace health and wellbeing. This information is being used to supplement the program planning already undertaken by ACT Health in developing its workplace health promotion program. A summary of ACT specific needs are highlighted below.

Public sector employers

- The large *public sector* workforce provides the ACT with a target for initiatives that can have a significant impact on workplace health and wellbeing, as it represents more than one third of ACT's workforce and has a large 'average employer' size (647 workers).
- Lifestyle health risks of concern include single occasion alcohol risk and moderate psychological distress.
- A program tailored to the *public sector* will need to consider: an effective business case to secure required investment and overcome the negative perception of spending taxpayers' money on the health of public servants; mechanisms to gain access to key decision makers in the bureaucratic process; and planning for the succession of key decision makers to promote sustainability.

Small and medium enterprise employers

- The development of initiatives to support *Small and Medium Enterprises* (SME) in the ACT will form an important component of an equitable approach to the ACT Workplace Health Promotion Program.
- The challenges to SME involvement in workplace health provides the government with an opportunity to offer support to workplaces that are less likely to participate in workplace health on their own.
- The industries with the highest concentration of small employers are: Property and Business Services; Construction; Personal and Other Services; Finance and Insurance Services; and Mining.
- Ease of access to affordable support and services for SME will be important as they have limited capacity to negotiate red tape, and lack the economies of scale of larger organisations to invest.

Workforce segments

- The occupation group with the most distinctive needs are *blue collar* workers (17% of the ACT's workforce) with very high rates of smoking and single occasion alcohol risk.
- The health risk profile for males compared with females was high and varied by age, with younger males having high smoking and single use of alcohol risk, and older males with high weight gain.

Modifiable lifestyle risk factors

- The analysis reveals the ACT workforce health risk profile to be slightly lower than the national average in many areas, however, it is important to note that the absolute prevalence of all health risks requires vast improvement.
- The analysis indicated that mental health is an area of increasing concern for several stakeholder groups and that mental health issues in the ACT are slightly higher than the national average.

8 Implications for program development and sustainability

Realising the benefits of workplace health and wellbeing will require action from all stakeholders – employers, government, providers, industry stakeholders and individuals.

The following are suggested areas for the ACT Government to consider in the ongoing development of ACT workplace health promotion programs and have been aligned with the implications of the needs analysis. Table 8-1 below outlines these suggestions and considerations for government development of ACT workplace health programs.

Table 8-1: ACT Workplace Health Promotion Needs Analysis indicates the following areas for the ACT Government to consider in the ongoing development of ACT workplace health promotion programs.

Identify and coordinate partnerships	<p>Government partnerships – There is an opportunity for ACT Health to coordinate with other ACT and Commonwealth stakeholders and agencies, such as ACT Work Safety and Comcare. A partnership with shared interests could: present consistent policies and messages to the industry; leverage common resources (promotional and best practice information); coordinate targeting (such as workers’ compensation authorities targeting industries with strong Occupational Health and Safety (OHS) focus while public health targets those with weak OHS focus, such as white collar).</p> <p>The government’s role in promoting and facilitating partnerships within the ACT workplace health and wellbeing industry was discussed by employers, unions, NGO providers and government stakeholders. These discussions revealed the following suggested partnerships opportunities for consideration:</p> <ul style="list-style-type: none"> • NGO partnerships – There is an opportunity to consolidate and coordinate an affordable suite of workplace health and wellbeing services from the ACT NGO providers; • Industry representative groups – There is an opportunity to engage with industry representative groups to: promote workplace health and wellbeing; assist in targeting fragmented workforce segments (such as SME); and to promote competition amongst employers (e.g. industry representative group to sponsor and promote award of best practice ACT employer in their industry); • Mentoring program – There is an opportunity to establish and coordinate a SME mentoring program for large employers to mentor SME in workplace health and wellbeing program development; and • Coordinate targeting – Periodic common emphasis on specific health risks, e.g. collaborative approach to single health issue through partnership with large employers, Australian Public Service Commission (APSC) and Comcare to engage in forums or sponsored events focused on the health issue of choice.
--------------------------------------	---

Resource development	<p>ACT workplace health and wellbeing resource development – The development and provision of workplace health and wellbeing resources was suggested by employers, unions and public sector stakeholders. This may include the development and accessible distribution of resources to support ACT employers in the development, implementation and evaluation of workplace health and wellbeing programs. Example resources may include:</p> <ul style="list-style-type: none"> • Best practice program guidelines; local case studies; “how to” information on workplace health program development; guidance on critical success factors; and strategies for employers of different size; • Workplace health measurement and assessment tools (such as engagement and health assessment surveys) and evaluation tools, including support and examples for the development of the business case for workplace health and wellbeing; • Links to local ACT private and NGO service providers; and • Marketing and promotional material.
Awareness development	<p>Awareness activities – Involvement in workplace health and wellbeing promotion and awareness building activities was suggested by providers, NGO and public sector stakeholders. Example activities included:</p> <ul style="list-style-type: none"> • Education around a consistent, broad definition of employee health and wellbeing; and • Awareness raising events, such as conferences or workshops to bring the ACT industry stakeholders together in the public arena.
Evaluation and research	<p>Evaluation – Employers and NGO providers suggested a need for assistance in understanding and developing effective program evaluation and in demonstrating the business case for workplace health and wellbeing.</p> <p>There is an opportunity to: develop and recommend evaluation standards for workplace health programs in the ACT; and to develop and conduct ACT workplace health measurement.</p> <p>Research – The government’s role in developing the local evidence base for workplace health and wellbeing was suggested by NGO and private providers.</p> <p>There is an opportunity to engage with ACT research organisations and universities to conduct local research on best practice workplace health and wellbeing (e.g. targeted pilots).</p>
Strategic targeting	<p>There is an opportunity to develop and coordinate specific strategies to target workforce segments such as SME, blue collar, the public sector and areas of lifestyle risk such as mental health.</p>

Incentives

The ACT government's role in providing financial support to the ACT workplace health and wellbeing industry was suggested by unions and NGO and private providers. The development of such initiatives should consider: the ACT government's jurisdictional sphere of responsibility; assessment of sustainability; and integration with other initiatives of the ACT workplace health promotion program. Examples of funding and incentives suggested by stakeholders included:

- Start up subsidies to encourage employers to implement basic programs;
 - Funding to employers to expand programs;
 - Advocating for tax incentives to employers (with the potential for links to measurement of success); and
 - Annual program subsidies for employers to promote sustainability of existing programs.
-

9 Developing an ACT workplace health program

An *ACT workplace health program* is currently in development. ACT Health has been undertaking a range of consultation and formative research activities to inform the long term directions of the program. A pilot program is now underway in five diverse ACT workplaces.

ACT and National Context

The ACT 2009-10 Government Budget allocated funding for three years under the *Healthy Future – Preventative Health Program* to develop and support initiatives such as workplace health programs and resources that promote healthy lifestyles and healthy environments.

The ACT Government is also a signatory to the Council of Australian Government's National Partnership Agreement on Preventive Health (NPAPH), which is committed to reducing the risk of chronic disease by embedding healthy behaviours in settings, including workplaces.

Under the NPAPH, the Australian Government will provide funding to the ACT over four years from July 2011 for the 'Healthy Workers' initiative. An ACT Healthy Workers Implementation Plan (HWIP) has been developed and was approved by the Australian Government Minister for Health, the Hon. Nicola Roxon, in December 2010.

Activities under these two funding streams will focus on: establishing an evidence base; provision of support and advice to employers; development of toolkits and resources; provision of workplace health and wellbeing training; capacity building for potential service providers; and incentives and targeted support for high need or hard to reach workplaces.

Consultation and formative research activities

ACT Health has undertaken a range of consultation and formative research activities under the *ACT Healthy Future – Preventative Health Program* to inform the long-term directions of this program area. These activities include:

Stakeholder engagement

- A stakeholder workshop held in November 2009 to discuss and obtain feedback on development activities under this program.
- The establishment in March 2010 of the ACT Health 'Healthy Workplaces Advisory Group' to provide high level advice on the development, implementation and evaluation of strategies that work towards a healthier workforce in the ACT. Membership of this Advisory Group includes representatives from key government and non-government organisations, the insurance industry, business sector, unions and a health researcher.

Research activities

- The completion of the *ACT Workplace Health Needs Analysis* undertaken by PwC to allow for better understanding of the needs and practices of local employers, employees and stakeholders in this space – on which this document reports.
- The ACT Workplace Tobacco Management pilot, undertaken by the ACT Alcohol, Tobacco and Other Drug Association of the ACT across six alcohol and other drug, and mental health service providers. This pilot is due for completion in December 2011 and will include a comprehensive evaluation.
- A 12 month ACT Healthy@Work Pilot in five diverse workplaces to inform the development of workplace health promotion programs and resources. This pilot is due for completion in September 2011, with a comprehensive evaluation, including follow-up in 2012.

- Planning for a comprehensive Staff Health and Wellbeing Program within ACT Health to provide first-hand experience of the barriers and enablers for workplaces taking on such programs.

Capacity building

- The introduction of a one-off Workplace Health Promotion Capacity Building Funding Round for the 2011/12 financial year. This Funding Round aims to build the capacity of community based and not-for-profit organisations to refine existing and/or to develop new, evidence based, health promotion programs and resources that can be made available to a number of ACT workplaces. Application closed on 4 April 2011.

ACT Healthy@Work Pilot

Planning for the ACT Healthy@Work Pilot commenced in September 2010. Now underway in five diverse ACT workplaces, the 12 month pilot is trialling a range of workplace health promotion strategies, with a focus on nutrition, physical activity, smoking, alcohol consumption and mental health/stress management. The strategies being trialled both address individual lifestyle and behavioural factors of employees, and assist workplaces in developing their capacity and readiness to be health promoting environments. They include:

- Needs assessments, through consultations with employees and audits of pilot workplace policies/programs, environments and infrastructure;
- Health promotion interventions, including health assessments with a range of individual referrals and risk modification programs; and
- Capacity building for workplaces to support the sustainability of programs beyond the pilot (for example, support in the areas of project management and evaluation, and culture change).

The ACT Health Minister, Ms Katy Gallagher, approved the selection of the five participating workplaces based on their diversity. Five industries are represented, as follows: retail; corporate; construction/trade; public sector; and not for profit/non-government. The pilot workplaces also reflect a mix of small, medium and large organisations.

Evaluation of the pilot will assess what successful health promotion strategies (around nutrition, physical activity, smoking, alcohol consumption and mental health/stress management) can effectively be implemented and sustained in a range of ACT workplaces. There will be a particular focus on what are the enablers and barriers for ACT workplaces taking on these strategies.

For more information

For more information on the ACT workplace health program, to subscribe to the ACT Workplace Health and Wellbeing e-newsletter, or to download a copy of the ACT Workplace Health Promotion Needs Analysis Summary Report go to www.health.act.gov.au/c/health?a=&did=11150362 or contact the Health Promotion Branch, ACT Health on (02) 620-79523