Healthy Work:

Evidence into Action

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Foreword

The health of the UK workforce is vital to the economy and to society. It will be critical to the UK's competitiveness as we emerge from recession.

The Confederation of British Industry estimates that every year sickness absence costs the economy nearly £14 billion. The costs to society are even greater. In her review of the health of the working age population, Dame Carol Black, National Director for Health, Work and Wellbeing, found that the annual costs associated with working age ill health are over £100 billion.

These costs are likely to rise. The first report of this project, *Healthy Work: Challenges and Opportunities to 2030*, published in 2009, found that the UK workforce of the future will be older and sicker, with more people living and working in ill health.

This report draws on the expertise of The Work Foundation, C3 Collaborating for Health and RAND Europe to identify how employers, government and providers of workplace health interventions can respond to this challenge to UK productivity and public health.

It also examines over 600 pieces of evidence on the effectiveness of a broad range of interventions – from absence management and health promotion to improving the quality of work – to identify what works for different types of employers.

The report challenges the assumption that workplace health is simply a benefit or perk for senior managers. It recognises the achievements of a number of UK employers, who are 'ahead of the game' in implementing workplace health interventions as part of a broader health and wellbeing strategy aligned to their culture and business priorities. Finally, it makes the case that the contribution employers already make to improving health in the UK needs to be better recognised by government and policymakers.

In the context of a public deficit and constraints on public finances, it is important to point out that addressing these challenges does not require significant levels of investment or additional government expenditure. What is really needed is a structured approach, greater focus and clearer planning by business, supported by government.

There are signs that policymakers are beginning to recognise the potential of an increasing focus on workplace health.

But the pace of reform is in danger of slowing and more needs to be done to address the immediate pressures of the worsening health of the workforce.

Although this report takes England as its starting point, its recommendations could equally apply to policymakers in Wales, Scotland and Northern Ireland.

Most of the 29 million working people in the UK spend a considerable proportion of their waking hours at the workplace, making it a location that can make a real difference to health and healthy living.

By getting workplace health right, employers can make a significant contribution helping to reduce levels of disease and illness in the UK, to deliver benefits for all.

Sandy Leitch

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Executive Summary

In the future, UK workers will be older and sicker, putting increasing pressure on employers at a time when they should be investing to sustain future growth.

With 40 percent of adults set to be obese by 2025 and the number of people living and working with chronic conditions likely to rise steadily, levels of absence will rise, productivity will fall and this will damage morale, competitiveness and profitability.

Sickness absence already costs UK businesses nearly £14 billion a year. So in an increasingly competitive global economy it will be the healthiest businesses that prosper. Excluding employees will not be an option, so those companies who invest to support the health of their employees will be fitter for purpose and better placed to weather changing economic conditions over the long-term.

Improved workplace health has the potential to make a significant contribution to the economy, to public finances and to reducing levels of illness and disease in the UK. Dame Carol Black, National Director for Health, Work and Wellbeing, has calculated that improved workplace health could generate cost savings to the government of over £60 billion – the equivalent to nearly two thirds of the NHS budget for England.

This report is aimed at government, employers and providers of workplace health interventions. It sets out what they can do to help realise these cost savings for the benefit of UK businesses, the economy and society.

Government policy could make a huge difference. By promoting the link between organisational performance, national prosperity and the health of the workforce; and by improving links between the workplace and more traditional healthcare settings, the government could encourage more employers to invest in a broader range of interventions to support key public health goals.

Some employers are ahead of the game and already invest in a range of interventions to support the health and wellbeing of their employees. But others consider workplace health to be a benefit or perk for senior managers and little more. Most invest in the interventions most likely to deliver a short-term return to their bottom line or as an aid to recruitment and retention.

Small- to medium-sized enterprises (SMEs) face specific challenges, not least because they may have no dedicated human resource function. Given that 99 percent of companies in the UK are SMEs, this is where the real challenge of promoting productivity and improving public health lies.

Employers can take a few simple steps that will deliver quick wins. Evidence shows that a range of interventions benefit both employers (through reduced absence and improved productivity), and employees (through improved wellbeing and earlier detection of disease). By investing in these interventions now and doing so in a way that is informed by an understanding of the health profile of their workforce, employers can make a significant contribution to reducing levels of illness and disease.

Over the long-term the UK needs to invest in research to build up the evidence base and to encourage academics and employers to share knowledge about what works.

Providers of workplace health interventions have a role to play too. If employers are to increase their investment and the government is to encourage them to do so, they will want to know that appropriate provision is in place. Providers need to get ahead of the curve by developing a range of interventions suited to the specific health needs of tomorrow's workers.

Whilst the worsening health of UK workers presents huge challenges, it also presents an unusual opportunity for a win-win for employers, government and society.

The costs of not doing anything to meet these challenges will be great. But the benefits of taking action could be even greater.

Recommendations

For government

1) Improve co-ordination of government policy on workplace health – further emphasise the link between organisational performance, national prosperity and the health of the nation's workforce.
2) Drive awareness of the workplace as a location for improving public health by encouraging primary care trusts to partner with local employers.
3) Push more employers to report publicly on their investment in workplace health by publicly recognising those that do.
4) Research the options for financial incentives for employers to invest in workplace health.
5) Increase the co-ordination of research to improve the evidence base for workplace health.

For employers

1) Invest where it makes sense – in health interventions that are known to be effective.
2) Understand the health profile of your workforce and involve employees in decisions about investment in workplace health.
3) Ensure that workplace health interventions have clear objectives and are supported by senior management.
4) Track key metrics about the health of the workforce, such as levels of sickness absence, health and general wellbeing.
5) Consider improving the quality of work as well as more traditional workplace health interventions.
6) Find innovative ways to involve as many employees as possible in workplace health interventions.

For providers of workplace health interventions

1) Provide tools to help employers understand the health profile of their workforce.
2) Develop a broader array of interventions that support employees to lead healthier lives.
3) Develop a broader array of interventions that support people with long-term conditions in the workplace.
4) Gather more evidence on how to manage the impact of work on health and share this knowledge with employers.
5) Gather more evidence on how to implement workplace health interventions in a way that will maximise their effectiveness and share this knowledge with employers.
6) Offer a more integrated set of workplace health interventions.

1 Why workplace health matters and will matter even more in the future

The future health of UK workers is important because it has an impact on the UK economy and society

In the future, UK workers will be older and sicker. This will increase costs to employers.

1.1 Future trends in the health of the workforce

The first report of this project, *Healthy Work: Challenges and Opportunities to 2030*, showed that improved workplace health has the potential to make a significant contribution to the UK economy, to public finances and to reducing levels of disease and illness in the UK.[1]

It showed that the workplace can be an effective location to support people in poor health, prevent future ill health and promote good health through high quality work.

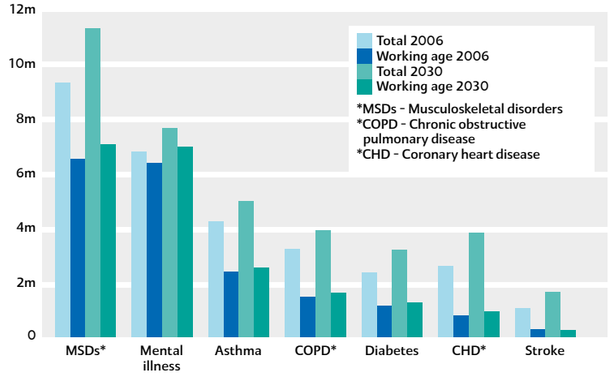
The health of the UK workforce is vital to the economy and to society. In her review of the health of the working age population, Dame Carol Black, found that the annual costs of sickness absence and worklessness associated with working age ill health are over £100 billion.[2]

And the situation is likely to get worse. *Healthy Work* analysed the future health of the workforce to 2030. It found that the workforce of the future will be older, more obese, living with more long-term conditions[3], leading less healthy lives and with more caring responsibilities[4] for others.

Healthy Work predicted that in the future, rates of disease will rise as set out in Figure 1.

Fig. 1

Projected cases of selected diseases, UK population and working population, 2006-2030



Source: Vaughan-Jones H and Barham L. Healthy Work (2009).[5] Note: The working age population is people of 16-65 years of age. Cancer is not included in the chart because incidence rates were used to calculate future cases of cancer, whereas for all other disease areas, prevalence rates were used.[6]

These projections account for the increasing likelihood of ill health based on ageing and population growth alone. In the future an even larger portion of the burden of disease in the UK will be linked to lifestyle. Already nearly a third of the total burden of disease and disability in the UK is linked to people's lifestyle behaviour, such as smoking, levels of alcohol consumption, diet and physical activity. Without action, this link is set to increase in future, with more people leading less healthy lives - pushing up the levels of disease set out in the table above; especially coronary heart disease and stroke. The number of people with long-term conditions such as asthma and diabetes will also increase.

In an increasingly competitive economic environment, employers will have no choice but to invest in workplace health because it will be the fittest businesses that prosper.

1.2 Implications for employers

More people in the future will be living and working with a degree of ill health and employers will find themselves facing higher levels of absence and 'presenteeism'.[7]

This will have implications for the UK economy. Already, the Confederation of British Industry (CBI) estimates that every year, days lost due to sickness absence cost the economy nearly £14 billion.[8] If the workforce of the future is sicker, this figure is likely to increase.

The response of individual employers will be crucial. They will want healthy employees; *Healthy Work* found that the health of employees is a major factor in an organisation's competitiveness. Employees in good health can be up to three times as productive as those in poor health; they can experience fewer motivational problems; they are more resilient to change; and they are more likely to be engaged with the business's priorities.

In addition, employers will have fewer options for recruiting workers from elsewhere:

- Net migration is predicted to level off from 2014 onwards, so there will be fewer opportunities, relative to the increasing size of the UK labour market, to recruit workers from abroad.[9]
- Changes in the demography of the UK will mean more people than ever before will be dependent on those who are in work and that the workforce will have the added burden of supporting a growing retired population.[10]

Given these pressures, employers will have no choice but to invest in workplace health. Those who do will be fitter for purpose, more competitive and better placed to weather changing economic conditions over the long-term.

Investment in workplace health will ease the pressure on tight public finances.

1.3 Implications for government

The government - and society as taxpayers - bear a number of costs of ill health in the workplace. The economic and social costs include the costs of treating ill health (whether this is through the NHS or the independent sector which may be funded via private insurance, self-pay or by employers) and the costs to the economy of lower productivity, through less productive workers and those who leave the workforce altogether, and time taken off work by their carers. There are also a number of transfer costs (via benefits payments and expenditure on the healthcare system) which put pressure on public finances.

These costs will matter even more in future because of the impact of the recession on public finances. Most commentators suggest that in the UK reductions in public spending will begin in 2011 and run to at least 2017.[11] In this context the kind of cost savings and improved value that workplace health can deliver to the public purse will be vital.

Employers are well placed to influence the health of employees, relieving pressure on the NHS.

1.4 The benefits of workplace health to the NHS

A rising burden of disease means rising costs to the NHS. *Healthy Work* set out some of the costs to the NHS in England:

- Treating smokers costs the NHS £2.7 billion a year, compared with £1.7 billion a decade ago.[12]
- The cost of treating obesity was approximately £4.2 billion in 2007.[13]
- In 2004 a report for the government by Sir Derek Wanless said the rising cost of lifestyle behaviours could over time make the NHS itself unsustainable.[14]

It is important to set these costs in the context of the ongoing debate about the future funding of the NHS. According to The King's Fund and The Institute for Fiscal Studies (IFS), the NHS is currently facing the most significant funding crisis since it was established. In a report looking at funding pressures from 2011-2017, they said the NHS needs to brace itself for a funding freeze that could last six years.[15]

So it will be vital to look for every opportunity to reduce the burden on the NHS. Given that nearly 80 percent of people of working age are economically active, spending on average around 37 percent of their waking hours for around 40 years of their life in the workplace, employers can play a key role in helping to protect health and prevent future ill health.[16]

Employers can help reduce the burden on the NHS by encouraging employees to make healthy choices, such as the extent to which they smoke, drink alcohol, take exercise and eat healthily. Employers are well placed to 'nudge'[17] UK workers to lead healthier lives because they can make the kind of physical changes to the working environment that help people sustain changes to their behaviour and integrate them into their daily life. For example, by installing bike racks or subsidising healthy food in the canteen, employers can encourage employees to exercise more and eat more healthily.

Workplace health can also help in the drive to reduce pressure on the NHS by supplementing existing services. The provision of health assessments by employers can help with both prevention and early diagnosis of disease, for example. And workplace health can also be used to target those who would be unlikely to access health services in the community. Young men, for example, who may be reluctant to visit their GP may be more inclined to make use of health services in the workplace.

In the context of increasing pressure on NHS finances, getting value for taxpayers' money is vital. Encouraging more employers to play a greater role in supporting the health of UK workers offers a 'win-win' for government. It would help to improve health and reduce the burden on the NHS, just at a time when the NHS needs it most.

Investment in workplace health will promote UK competitiveness.

1.5 The benefits of workplace health to the economy, productivity and national competitiveness

Encouraging investment in workplace health would have a huge impact on UK productivity and competitiveness.

The importance of health as a driver of economic success is widely recognised.[18] At EU level, for example, the link between national health and national prosperity has been a focus for a number of years.[19] In fact, one of the major components of The Lisbon Treaty (2009), which set out a package of measures to improve the EU's competitiveness, was that health is a vital part of growth, competitiveness and employment.[20]

In the UK, a healthier workforce could lead to increased national prosperity because:

- Improved health, leading to a healthier workforce, will have a direct impact on labour force participation and productivity.
- Improved health may lead people to stay in the labour force longer, delaying retirement, increasing the potential supply of labour and potentially reducing staff turnover costs.
- Improved health may drive improvements in educational attainment and vice versa.

The potential for adding value to the UK economy is considerable. The CBI estimates that if the worst performing organisations reduced their sickness absence levels to that of the best performers, it would lead to 54 million fewer days lost and cost savings of over £5.4 billion.[21]

And given that the government benefits directly from improvements in the performance of UK businesses, through tax on company profits, improved workplace health would offer a direct payback to the government, increasing tax revenues at a time when there is increasing pressure on public finances.

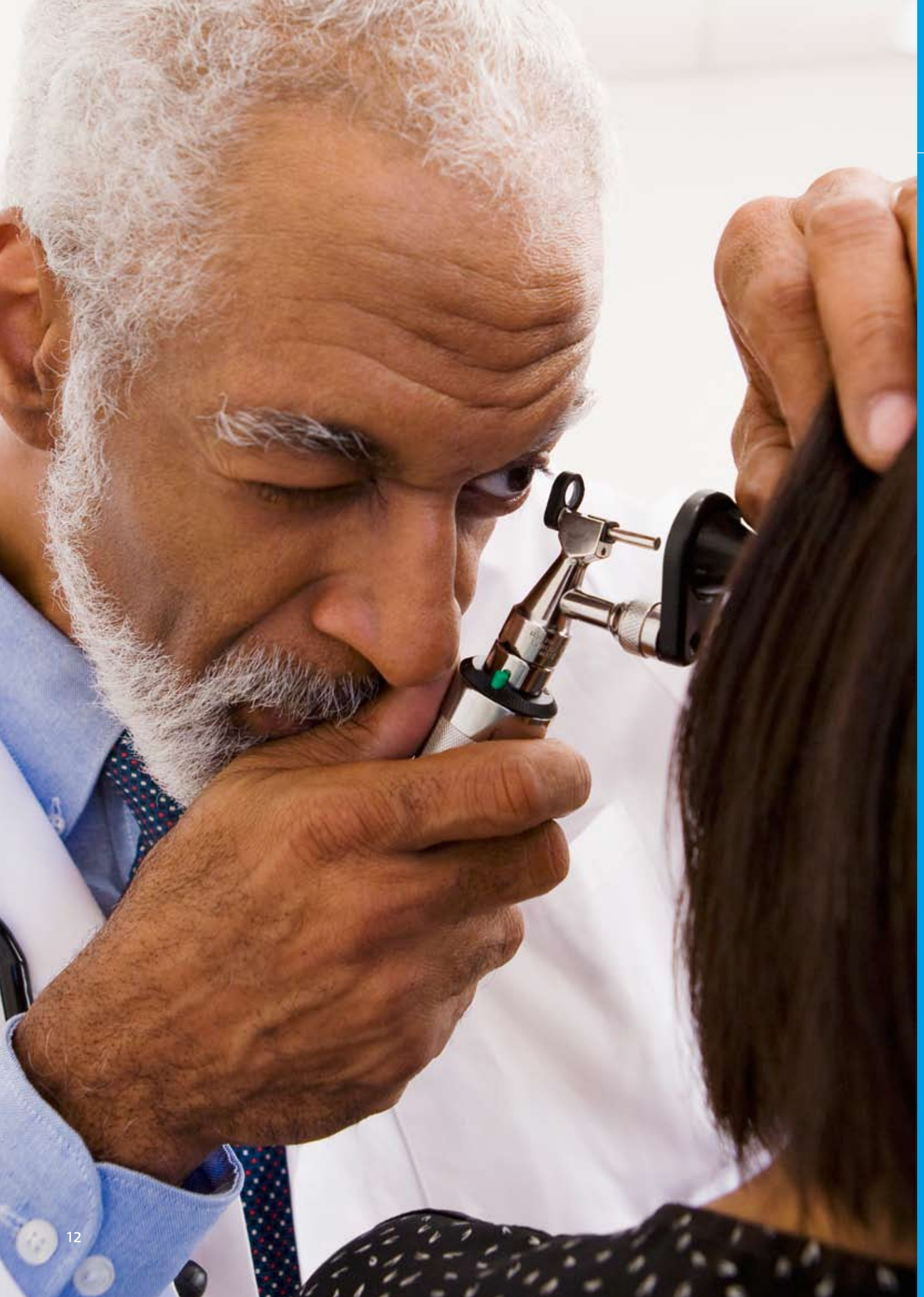
Investment in workplace health offers a win-win because the benefits are likely to outweigh the costs.

1.6 The benefits of workplace health in reducing direct costs to government

In addition to the cost savings for the NHS, improved workplace health has the potential to help reduce the flow of people onto incapacity benefits.

According to the OECD, there are more people on incapacity benefits in the UK than there are in other countries with similar levels of national income.[22] Around 7 percent of the working age population in the UK receive incapacity benefits, costing the public purse over £13 billion annually.[23] And it is not just the formal costs to the welfare system that will make a difference; it is likely that reducing the number of people on incapacity benefits will have a knock-on effect on other 'lost' tax revenues, such as the costs of supporting carers to look after those who cannot work.

So the key question is; what can employers, the government and providers of workplace health interventions do to help realise these savings, for the benefit of UK businesses, the economy and society?



What employers are doing now

2

To respond effectively to the challenges of rising ill health among UK workers, it is necessary to understand how and why employers invest in workplace health, as well as the barriers they face to increasing investment and the likely impact of changes in the economy

Some employers are ahead of the game, investing in a comprehensive range of interventions to support the health and wellbeing of their employees. Others lag behind or see workplace health as a benefit or perk.

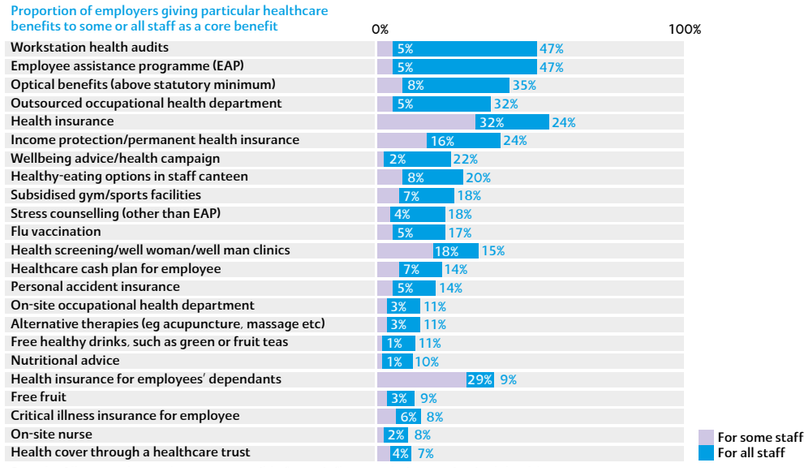
2.1 Common workplace health interventions

The range of interventions offered by UK employers include health assessments, on-site medical clinics, services that help manage and reduce levels of absence, those that promote health and wellbeing and insurance-based products such as health insurance and income protection. Appendix 1 describes the range of interventions available in the UK.[24]

Figure 2 shows the interventions that are most commonly offered by employers in the public and private sectors.

Fig. 2

Common workplace health interventions provided by employers



Sample: All respondents who are responsible for, or influence, their organisation's healthcare strategy

Source: Employee Benefits Simply Health Healthcare Research 2009 [25]

A number of employers are leading the way in offering workplace health interventions as part of a broader health and wellbeing strategy aligned with their culture and business priorities. The box below gives some examples.

Examples of innovative approaches to investment in workplace health

Centrica/British Gas

The main cause of sickness absence within the engineering community is musculoskeletal disorders. British Gas employs over 9,000 engineers in roles that are physically demanding. To support employees with back problems, the company introduced a series of back care workshops delivered at various locations. At these workshops, employees were taught how to manage their condition and were given tips on how to maintain their health and fitness.

The workshops were well received by employees and resulted in a number of benefits for British Gas. Back pain related absence from work, for example, reduced by 43 percent in the year following the introduction of the workshops. The company calculated that this led to a return on investment of £31 for every £1 they spent delivering the workshops.[26]

Hewitt Associates

In 2008, financial services company Hewitt Associates, took steps to strategically align the range of health related services they offered their 2,000 employees and to develop a better understanding of the drivers of ill health across their workforce.

The aim was to develop an effective health management strategy to reduce absence, promote employee health and wellbeing and deliver a return on investment for the company.

Hewitt Associates undertook a full health audit to identify the main health risks faced by employees. They then implemented a 'total health management' strategy to improve the efficiency and effectiveness of the health services offered to employees.

Within 18 months, the total cost of employee ill health to the company had been reduced from £2,850 to £2,500 per employee per year, a total saving to the company of £700,000. In addition to this, the company took steps to ensure that the health of their employees was made a board level agenda item.

Other employers take a different approach, offering workplace health interventions largely as a benefit or perk for senior managers in the same way that they might offer a company car or pension. Research suggests that 32 percent of employers who offer health insurance restrict the number of employees they offer it to and 18 percent of employers who offer health screening do likewise.[27] These employers tend to see workplace health more as an add-on, an aid to recruitment and retention, rather than a fundamental part of the business strategy.

An employer's attitude to workplace health is likely to depend on the culture of the organisation and their motivation for investment.

Employers invest in workplace health to comply with health and safety requirements, to reduce costs to the business or because they think it is the right thing to do for employees.

2.2 Reasons why employers invest in workplace health

Figure 3 shows that the reasons why employers invest in workplace health can be grouped into 3 categories:

1) Legal – to comply with health and safety requirements.

2) Economic – to reduce costs or add value to the business.

3) Ethical – the sense that it is the right thing to do for employees.

Reasons why employers invest in workplace health

Fig. 3

Source: Interpretation of data in Employee Benefits Simply Health Healthcare Research 2009 [28]

1) Legal

Some employers invest in workplace health interventions to comply with health and safety regulations or to protect themselves against potential litigation. The following laws are among those that employers in some industry sectors, such as manufacturing, must comply with:

- The Health and Safety at Work Act (1974).
- Management of Health and Safety at Work Regulations (1999).
- The Control of Noise at Work Regulations (2005).

Of course, some workplace health interventions are likely to be more useful in helping an employer comply with regulations than others. Organisational risk assessments, pre-employment screenings and medicals to meet industry standards are likely to be among the interventions most commonly put in place by employers for reasons of compliance (see appendix 1 for descriptions of these interventions).

2) Economic

The costs to employers of workplace ill health can be high. In 2008 sickness absence cost businesses on average £692 per employee.[29] *Healthy Work* set out the different types of costs that employers occur (Figure 4) and calculated the costs of different diseases to UK employers (Figure 5).

Examples of the type of sickness absence costs incurred by employers

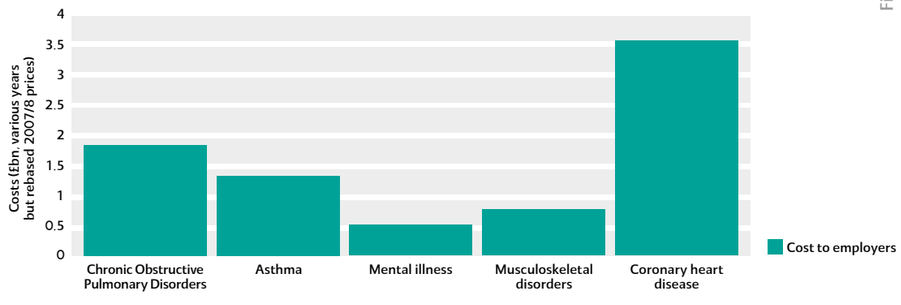
Fig. 4

Direct costs	Salary costs, employers' National Insurance contributions, employers' contribution to pension
Indirect costs	Internal replacement worker (overtime/'acting up' allowance)/external replacement worker (daily agency costs)
Absence management costs	Line manager costs (arranging cover, return-to-work interviews, supervising replacements, absence administration), HR department time (collating and reporting data, administration)
Training	Line manager training, trainer employment costs
Productivity	Productivity can be lost through the use of replacement workers and among co-workers both while the vacancy remains unfilled and also while the new or temporary post holder is being inducted and trained

Source: Vaughan-Jones H and Barham L, *Healthy Work: Challenges and Opportunities to 2030* (2009).[30]
Note: The costs in the above table are costs for short-term absence. For more significant absence there are the additional costs of claims on income protection policies, ill health retirement and so on.

Costs of major diseases to employers

Fig. 5



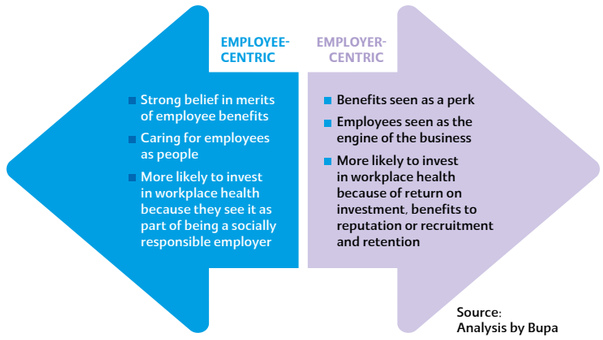
Source: Vaughan-Jones H and Barham L, *Healthy Work: Challenges and Opportunities to 2030* (2009).[31]
Note: Studies tend to 'allocate' costs to different categories of cost in a number of ways. Hence these costs should be viewed with some caution. For many a number of disease areas, we could not identify any studies that estimated the full cost of a disease to employers.

Interventions offer a range of benefits to both the employer and the employee. The kind of interventions that an employer invests in and their motivation for doing so is likely to depend on the culture of the organisation.

The culture of an organisation is the term given to the shared practices and values of a company. One dimension of organisational culture is the extent to which a company is employer-centric or employee-centric in its approach. Figure 6 sets out the spectrum of behaviours associated with employee- versus employer-centric organisations.

Dimensions of employer behaviour and culture

Fig. 6



Source: Analysis by Bupa

Some of the different types of economic benefits that an employer may hope to see as a result of investment in workplace health are listed below; section 5.3 sets out the evidence for some of them in greater detail.

- Reducing absence.
- Getting employees back to work as quickly as possible.
- Improving staff retention.
- Being seen as an employer of choice.
- Improving employee engagement with business priorities.
- Controlling costs.
- Improving productivity and employee performance.
- Improving recruitment by keeping up or offering better benefits than those offered by competitors.

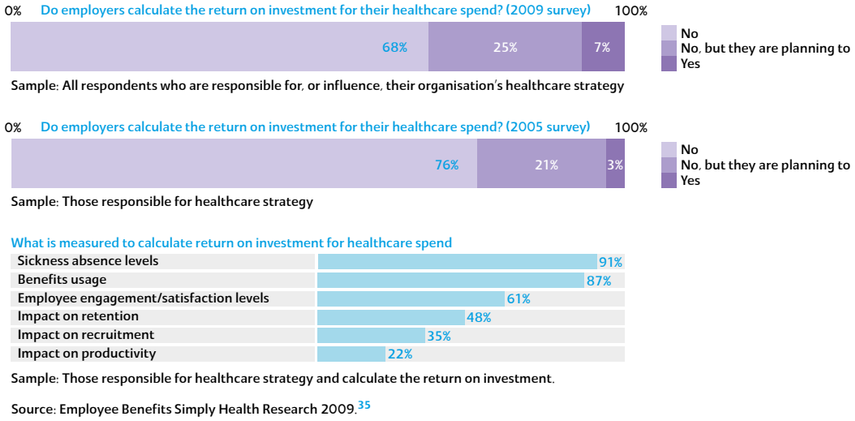
It can be difficult for employers to measure the extent to which a particular workplace health intervention has had an impact of the kind listed, not least because it can be difficult to establish cause and effect. If an employer finds that long-term absence because of psychological issues has fallen, how do they know if this is the result of the new Employee Assistance Programme or different management practices?

In addition, measuring the return on investment (ROI) from workplace health interventions can be difficult because it requires employers to track, cost and regularly measure key metrics about their organisation and their employees, such as levels of absence, productivity, presenteeism [32], ill health and wellbeing. Most employers do not currently track metrics of this kind on a regular basis. Only 69 percent of employers, for example, record their annual employee absence rate.[33] If an employer does not cost or measure these things it can be difficult for them to identify whether the intervention has made a difference, let alone place a financial value on it.

This lack of key metrics might explain why only 7 percent of employers calculate their return on investment in workplace health (Figure 7). Although this is up from 5 percent in 2005, this is still a relatively small number. As the Association of British Insurers (ABI) concluded in its submission to Dame Carol Black's call for evidence on workplace health; 'There is actually surprisingly little evidence on what the total costs, both direct and indirect, are to business. That so few businesses spend time calculating the costs could be one explanation for why relatively few of them are investing in employee health measures.' [34]

Employer practices in calculating return on investment in workplace health interventions

Fig. 7



Source: Employee Benefits Simply Health Research 2009.[35]

For further discussion of the need to develop a standard set of measures to demonstrate the impact of health at work interventions, see chapter 4.

3) Ethical

Expectations of 'corporate citizenship' are changing, and employers are increasingly being required to demonstrate that they are socially responsible in their actions, by employees, customers and shareholders. Supporting employee health is being seen as part of a company's social responsibility. For example, 59 percent of employees think employers should be more proactive in providing workplace health interventions.[36] And Business in the Community, a charity dedicated to encouraging businesses to be socially responsible, has launched a campaign to encourage employers to report publicly on their investment in workplace health.[37]

Employers who invest in workplace health for ethical reasons do so because they have a sense that it is 'the right thing to do'. They are more likely to be employee-centric in their culture and are likely to invest in a range of workplace health interventions – whether or not there is a demonstrable return on investment for the business.

UK employers could be doing more to support employee health by improving the quality of work they offer.

2.3 Employer practices relating to the quality of work

Healthy Work set out the nature of the relationship between work and health. It showed that being in work is good for your physical and mental health, boosting self-esteem and quality of life.[38] But it also showed that jobs that require poor quality work are associated with low levels of wellbeing and a higher incidence of physical or mental illness.[39] For example:

- Employees will experience worse health if their employment is insecure, their work is monotonous and repetitive and they have little or no autonomy, control and task discretion.[40]
- Unskilled workers are more than four times more likely to experience accidents, both in and out of the working environment, than managers and professionals.[41]
- Workers with low levels of control over their work experience more stress than senior managers.[42]

So in order to promote a healthy workforce, employers need to think about the quality of work they offer their employees. This is especially important because *Healthy Work* also showed that workplace health interventions are more likely to be effective in organisations that promote good quality work.

Promoting good quality work involves giving consideration to issues of working practices and job design. The Work Foundation describes 'Good Work' as work that is organised so as to promote the positive effects of work on health whilst minimising the negative ones. 'Good Work' has a number of features relating to the way in which work is organised, including:

- Employment security.
- Work that is not characterised by monotony and repetition.
- Work that offers employees autonomy, control and task discretion.
- A balance between the efforts workers make and the rewards that they receive.
- Work that offers employees the skills they need to cope with periods of intense pressure.
- Observance of the basic principles of procedural justice.
- Strong workplace relationships.[43]

The Work Foundation suggests that there is a significant opportunity for UK employers to do more to promote health by providing good quality work.

The recession could restrict available funds for workplace health, but employers who continue to invest will reap the benefits in the long run.

2.4 Employer practices – likely impact of the recession

Healthy Work showed that an economic downturn in the UK in the short- to medium-term will lead to higher levels of disease and illness. At the same time, it is likely to restrict the level of resources employers have available for investment in workplace health.

Research suggests that among employers who currently invest in workplace health, the recession will mean that 54 percent will be under pressure to reduce the scale of their investment next year and 19 percent will have to reconsider which interventions they put in place.[44] It also shows that the pound for investment in workplace health is competing in the boardroom with the pound for investment in staff training and development, which is likely to be even more important during a recession.[45]

Not all employers, however, will restrict their level of investment in workplace health. Employers may continue to invest in interventions that offer a return on investment, such as those that help them to manage absence more effectively, to improve financial performance in a downturn.

In addition, *Healthy Work* showed that there are a number of reasons why it can be particularly beneficial to employers to invest in workplace health during a recession. This is because it:

- Sends a powerful message to employees that the organisation values them and their contribution, helping to improve employee engagement and motivation.
- Improves employees' emotional resilience and their ability to cope with stress caused by job insecurity and changing job demands.
- Helps ensure the organisation is fitter for purpose and better placed to weather changing economic conditions over the long-term.[46]

Some employers are put off investing in workplace health for fear of 'nannying' employees. Others would like to see more evidence to show it works.

2.5 Concerns that can prevent employers from investing – or increasing investment – in workplace health

Aside from the difficulties of demonstrating a clear business case (see section 2.2), there are a number of cultural issues that could deter employers from increasing their focus on supporting employee health over the coming decades. Depending on their culture, some employers may feel uncomfortable about taking a hands-on approach to supporting their employees' health. For example, some employers may have concerns about being accused of 'nannying' employees by encouraging them to make changes to their lifestyle. Or they may be concerned about invading their privacy or uncovering confidential medical issues. However, by consulting with employees and, where appropriate, trade unions, about what interventions to implement and how to implement them, employers can ensure that they adopt an approach that is both effective and culturally appropriate for their organisation.

In her report on the health of the working age population, Dame Carol Black highlighted how, in addition to the above, small- to medium-sized enterprises (SMEs) face a number of specific barriers to investment in workplace health. These barriers include the fact that they tend to have fewer staff, lower turnover, and often no dedicated human resource function, all of which can make it very difficult for them to engage in the health and wellbeing agenda.[47]

This is important because SMEs are among the organisations most likely to be affected by employee ill health; if one person is absent it can have a substantial impact on the rest of the organisation. It is also important because 99 percent of companies in the UK can be classed as SMEs.[48]

Also, if employers are to increase their levels of investment in workplace health over the coming years, they will want to know which interventions, compared with each other, are most effective at addressing a particular issue or concern – and how they compare with the option of doing nothing. This was highlighted as an issue by Dame Carol Black in her summary of the evidence submitted to her review of the health of the workforce.[49] Chapter 6 summarises the evidence base for workplace health.

Why government needs to help

3

Government policy makes a difference to levels of employer investment in workplace health. It is important to consider how current policy is shaped to understand what government can do to help employers overcome the barriers they face to increasing investment in workplace health

Government must do more to encourage employers to invest in workplace health and must do so in a way that will help achieve key public health goals.

3.1 Why government policy is needed to encourage more employers to invest in workplace health

Government policy is important because it influences employer investment in workplace health.

Improving workplace health is clearly in the government's interests. It is also in employers' interests; as chapter 1 sets out, workplace health can add value to a company's bottom line and improve its competitiveness. So if it makes good business sense, can the government just leave employers to get on with it?

There are two reasons why government policy is needed to stimulate investment in workplace health:

1) Employers' willingness to invest is likely to be limited by the extent to which it directly benefits their organisation

The benefits of workplace health accrue over the long-term and to several stakeholders, including government. Some employers may only consider the costs and benefits of investment to themselves. They may be unlikely to consider the benefits to government and may under-invest compared with the optimal level to benefit society.

2) Employers may also be less willing to invest in interventions that help improve public health over the long-term

Another reason why public policy needs to encourage investment in workplace health is that employers – aware of levels of employee turnover and focused on the needs of today – may be reluctant to invest in the kind of interventions that deliver a longer term improvement to public health. Given that lifestyle is set to play an increasingly important role in the health of the nation (see section 1.1), helping employees to eat more healthily, exercise more and drink less alcohol is likely to be a priority from a public health perspective. This may not be a problem for those employers whose motivation for investing in workplace health is to be socially responsible. But for employers more narrowly focused on the business case, spending resources on helping to improve the longer term health of employees who may move on to work for a competitor in the future, is less appealing.

In addition, employers who invest in workplace health tend to invest in interventions that support employees with the kind of diseases or conditions that could be caused or exacerbated by work, such as mental illness and musculoskeletal disorders. Unless the government intervenes, some employers may only invest in supporting employees with diseases and conditions they feel responsible for, which may not necessarily be those that are the most important from a public health perspective.

In the face of growing pressures on the NHS and more ill health in the workforce, government policy will need to focus on better aligning the interests of government and employers. The key priority needs to be encouraging employers to increase their investment in a way that will support longer term public health goals.

Workplace health has risen up the government's agenda in recent years, but policies have had varying degrees of success.

3.2 Public policy on workplace health

There has been an increasing focus on workplace health in recent years in UK policymaking. The box below shows how the agenda has developed.

Examples of major government activity relating to workplace health 2002-2009

	2002	2003	2004	2005	2006	2007	2008	2009
Department for Work and Pensions					7) Publication of *Is Work Good for your Health and Wellbeing?* Waddell G., Burton K.A		11) Publication of *What Works, for Whom and When?* Waddell G., Burton K. and Kendall N.	
Cross government health, work & wellbeing team				5) Publication of *Health, Work and Wellbeing - Caring for our Future*	8) Creation of National Stakeholder Council on Health, Work and Wellbeing	10) *Business Action on Health* campaign launched	12) Publication of *Working for a Healthier Tomorrow* Dame Carol Black, review of the Health of the Workforce. 13) Publication of *Improving Health and Work, Changing Lives*	
Department of Health	1) Publication of *Securing Our Future Health. Taking a Long-term View,* Wanless D.		2) Publication of *Securing Good Health for the Whole Population,* Wanless D. 3) *Choosing Health,* White Paper				14) NICE publishes guidance on the promotion of environments that promote increased physical activity. 15) Publication of *High Quality Care for All: NHS Next Stage Final Review,* Darzi A.	
Department for Business, Innovation and Skills								16) Publication of *Engaging for Success: Enhancing Performance through Employee Engagement,* MacLeod D.
Prime Minister's Strategy Unit				6) Publication of *Improving the Life Chances of Disabled People*				
Health and Safety Executive			4) Publication of HSE Management Standards		9) Launch of Workplace Health. Connect pilot			

Note: Cross government health, work and wellbeing team is sponsored by five government partners; the Department for Work and Pensions, the Department of Health, the Health and Safety Executive, the Scottish government and the Welsh Assembly government.

1) Government commissioned report on the long-term trends affecting the future of the health service. Recommends large increases in resources and sets the scene for a discussion of new ways of thinking about how best to support health.[50]

2) Government commissioned report by Sir Derek Wanless provides an update on his earlier 2002 report on long-term health trends and the resourcing challenges facing the NHS.[51]

3) The *Choosing Health* White Paper sets out the principles for helping people to make healthier and more informed choices in relation to their lifestyle and shows how the workplace can be used to support this.[52] Key recommendations include:

- Establish pilots to develop the evidence base for the effectiveness of promoting health and wellbeing through the workplace.
- Establish a healthy business assessment in the Investors in People Standard.
- Establish the NHS as an exemplary employer.
- Work with NHS employers to ensure that the Framework for Vocational Rehabilitation is adopted across the NHS.

4) Publication of guidelines for managers to encourage employers to think constructively about role clarity, management quality, communication and transparency in order to support employee mental health.[53]

5) A joint strategy published by the Department of Health and the Department for Work and Pensions for the promotion of health, work and wellbeing leads to the creation of a National Stakeholder Council and a National Director for Health, Work and Wellbeing. Also commits the government to initiating a 'national debate' on the subject of workplace health.[54]

6) Government paper recommends a single point of information and advice to employers on how to support the health of disabled people in the workplace.[55]

7) A review of the evidence on whether being in work is good for an individual's health and wellbeing concludes that good quality work promotes health, whilst poor quality work can have a detrimental impact on health.[56]

8) Formed as an advisory group for Ministers on issues of health, work and wellbeing, the National Stakeholder Council includes representatives of large and small businesses, unions, healthcare professionals, charities, insurers and social enterprise organisations from across Britain. It is jointly chaired by Ministers from the Department for Work and Pensions and the Department of Health.[57]

9) The two-year Workplace Health Connect pilots were designed to give tailored advice on workplace health, safety and return-to-work issues to small- and medium-sized businesses in England and Wales.[58]

10) Business in the Community, supported by the cross government health, work and wellbeing team, launches campaign to encourage employers to report publicly on their investment in employee health.[59]

11) This report, commissioned by the Task Force on Vocational Rehabilitation led by Department for Work and Pensions Minister Lord McKenzie, looked at the evidence base for vocational rehabilitation.[60]

12) Dame Carol Black, the National Director for Health, Work and Wellbeing, publishes a review of the health of the workforce which suggests that the annual cost of sickness absence and 'worklessness' associated with working age ill health is over £100 billion. The review recommends replacing doctors' 'sick notes' with electronic 'fit notes' focusing on an individual's capacity for work.[61]

13) The government's response to Dame Carol Black's review of the health of the workforce. The report accepts many of the recommendations made in Dame Carol Black's report, including the roll-out of an electronic 'fit note', setting up a national centre for research on working age health and wellbeing and a pilot 'fit for work' service.[62]

14) National Institute for Health and Clinical Excellence publishes recommendations on how to improve the physical environment to encourage physical activity. The guidance demonstrates the importance of such improvements in relation to the workplace and the need to evaluate how they impact on public health.[63]

15) Publication of government commissioned report on the future of the NHS. The report puts quality at the heart of the future strategy and refers to the role of the workplace in supporting health.[64]

16) Report looks at how to improve 'employee engagement', that is, how to ensure employees are committed and motivated. It sets out a number of potential benefits for employers and employees and says that enhanced employee engagement could contribute to improving the competitiveness of UK companies.[65]

The link between the quality of work and employee health has been underplayed.

3.3 Public policy on the quality of work

An important element of the debate about how to improve workplace health in the UK is the quality of work. *Healthy Work* sets out how the quality of work can affect an employee's mental and physical health. It also showed how workplace health interventions are more likely to be successful in organisations that promote the features of 'Good Work' (see section 2.3 for an analysis of what constitutes 'Good Work').

There are signs that the quality of work and its relationship to health is moving higher up the public policy agenda. It was recognised most recently in the review of employee engagement carried out by David Macleod for the Department for Business, Innovation and Skills (BIS), which said: "If I could wave a magic wand, the one thing I would do is improve the relationship between line managers and employees… health and wellbeing is not just a medical issue. The nature and the characteristics of the jobs that employees are required to do in terms of job satisfaction, reward and esteem and a degree of control in the task, are vitally important to them. The line manager has a key role. Good line management can promote better health and wellbeing and improved performance".[66]

In one sense, the 'good work' agenda may be more appealing to employers; no effort is needed to change employees' lifestyle choices and the employer is required to act in those areas directly under their control - the management of the workplace.

But in another sense this agenda is more challenging than a sustained campaign of workplace health promotion or the provision of personal health services. Offering access to healthy food in the staff restaurant, an Employee Assistance Programme and health insurance is less demanding of the employer than more open and transparent communication or the redesign of jobs to enhance the scope for individuals to control their work.

Meaningful progress will only be made when both of these agendas are brought together. Employers must focus on those things that they control directly, such as job quality and demonstrate their concern for workers by investing in workplace health.

Current policy is constrained by the confused and overlapping interests of different government departments.

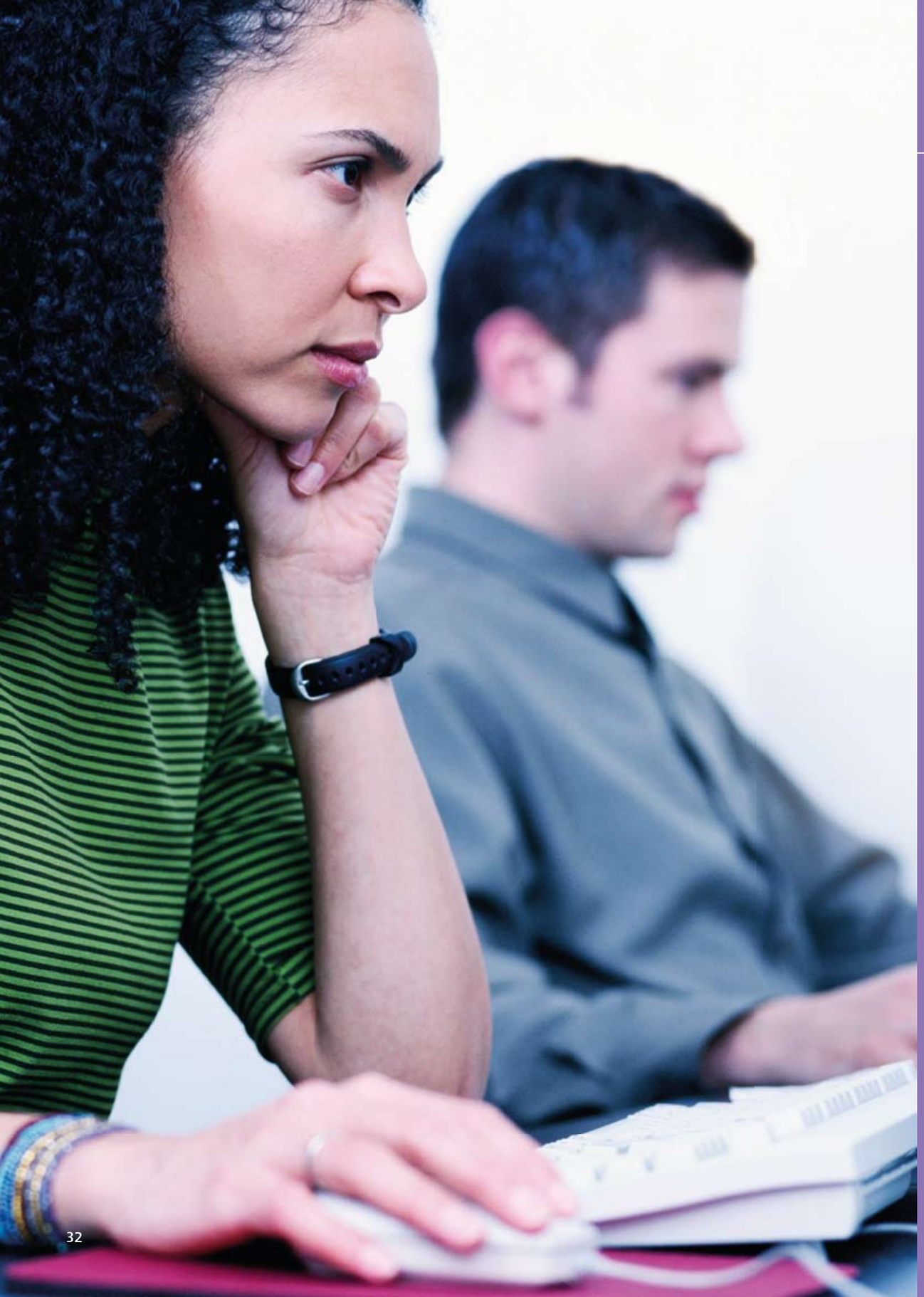
3.4 Co-ordinating public policy on workplace health

For policymakers, the healthy work agenda has been principally the concern of the Department for Work and Pensions (DWP) and the Department of Health (DH).

But workplace health touches the policy agendas of many different government departments. For example, the DWP wants to get more people off the unemployment register and into sustainable jobs, but sustainability depends on promoting good quality work, which falls to the Department for Business, Innovation and Skills (BIS). Similarly, the DH wants to improve public health, but beyond guidelines on health promotion and the joint work with the DWP, has few instruments available to affect how the nature of work and its quality impacts on health.

What is needed is a clear and systematic exposition that links all the different elements of policy, explaining how the workplace can improve health and reduce health inequalities, how action can be taken to improve the quality of work, how this could lead to improvements in UK competitiveness and why it makes sense for employers to invest in better work organisation, occupational health provision and health promotion. In addition, there needs to be more accountability across government departments for different aspects of the agenda, with clear objectives to measure progress.

The next chapter makes recommendations about how this can be achieved. In the context of a public deficit and constraints on public finances, it is important to point out that addressing these challenges does not require significant levels of investment or additional government expenditure. What is really needed is a structured approach, greater focus and clearer planning by business, supported by government.



What government should do

4

To promote the role of employers and the workplace in driving improvements in the health of the UK population, the government should:

Improve co-ordination of government policy on workplace health – further emphasise the link between organisational performance, national prosperity and the health of the nation's workforce

The previous chapter highlighted the difficulty of making appropriate connections between different areas of policy in the absence of a guiding narrative or a clear set of responsibilities across government departments.

This chapter suggests that an appropriate narrative to support the drive to use the workplace to improve the health of the working age population would be one that establishes an explicit policy link between organisational performance, national prosperity and the health of the workforce. This narrative links workplace health promotion and the provision of personal health services by employers to the emerging discussion about the importance of job quality and sets them in the context of competitiveness and productivity.

This narrative also fits well with the current economic climate and the squeeze on public finances. For investment in workplace health to be sustained through the recession, government policy must emphasise that a small investment in the health of the workforce could pay dividends if people are ill less often, develop fewer unhealthy lifestyle habits and remain in work.

As the previous chapter highlighted, these agendas have been pursued quite separately in public policy terms, with different government departments in the lead. To bring these various elements of policy together the government should clarify and rationalise overlapping responsibilities in relation to the workplace health agenda and reinforce key messages to encourage more employers to invest in workplace health. In addition, the government should make clear the responsibilities of each government department, targeting them with a clear set of objectives and establishing metrics against which progress on this agenda can be measured.

Drive awareness of the workplace as a location for improving public health by encouraging primary care trusts to partner with local employers

Many employers already do a lot to support public health.[67] Those who provide health screening for their employees, for example, help with both prevention and early diagnosis of disease. Those who provide their employees with flu vaccinations or health advice before they travel abroad help to reduce the spread of infectious diseases.

But section 3.1 outlined how a key priority for public policy needs to be encouraging employers to increase their investment in workplace health in a way that will support longer term public health goals, such as encouraging employees to lead a healthier lifestyle. This is important because employers with high levels of turnover, and those who are narrowly focused on the business case for investment may be less inclined to invest in supporting the longer term health of employees.

Given that employers are likely to bear part of the burden of worsening health among the UK workforce, it makes sense to help raise awareness of employers' contributions to and role in supporting the health of the UK workforce.

It is clear that employers would support this kind of approach. The Business in the Community campaign, for example, to encourage employers to report publicly on their investment in the health of their employees is well supported.

Promoting the relationship between the workplace and public health is not a new idea. The *Choosing Health* White Paper published by the Department of Health in 2004, made the case for treating work as a public health issue. For example, it suggested that a healthy business assessment should be established as part of the Investors in People Standard and that pilots should be established to develop the evidence base for the effectiveness of promoting health and wellbeing through the workplace.

And more recently the opportunity to use the workplace to promote improvements in lifestyle has been recognised by National Institute for Health and Clinical Excellence (NICE), the body responsible for making recommendations on the cost-effectiveness of technologies for use in the NHS. NICE has developed guidance on promoting mental health in the workplace and on how workplace health promotion can encourage employees to be more physically active.[68]

But the link between work and public health does not seem to have been taken to heart across the whole of government or observed in practice.

The organisations responsible for public health initiatives at a local level in England are primary care trusts (PCTs), who commission health services for their local area. Although the guidance for PCTs – the Department of Health's *Commissioning Framework for Health and Wellbeing* – contains a chapter on work and health, supporting and improving working age ill health is not currently a priority for most PCTs in the UK.[69] In fact, Dame Carol Black, in her review of the working age population, recommended that commissioners of health services need to improve their understanding of the importance of tackling working age ill health, the needs of working age people and the interventions that are most effective in tackling the health conditions suffered by them.[70]

One of the ways in which PCTs could improve their understanding of workplace health would be for them to work more closely with employers to consider which services that are currently delivered in the community could be more effectively delivered in the workplace. They could even consider providing matched funding for the employer to deliver a range of carefully selected interventions. This need not be specific to England; primary care organisations in Wales, Scotland and Northern Ireland could take a similar approach.

There is evidence to suggest that interventions in the workplace may be more cost-effective than similar interventions delivered in the community. For example, one study has found that an intervention to encourage people to take physical activity in the community had an incremental cost per quality adjusted life year (QALY)[71] gained of £2,515, compared with the same intervention delivered in the workplace which had an incremental cost per QALY gained of £1,393.[72]

But further research needs to be carried out in relation to this. So as a first step to promoting this agenda, the government should fund research into how the workplace can be used to complement public health initiatives in the community. This will help PCTs to make decisions about how to partner with local employers to improve workplace health and encourage employees to lead healthier lives.

The government could also consider encouraging PCTs to set up pilots that test different ways of partnering with local employers. These pilots could help identify best practice in using the workplace to support improvements in public health and they could help to identify which interventions are most effective and how best to integrate them with existing community based health services.

Push more employers to report publicly on their investment in workplace health

If more companies reported on their investment in the health of their employees in their annual report, in the same way that they report on their environmental credentials, employers would be able to benchmark themselves against other companies in their sector.

This would have the added benefit of encouraging investors to give greater consideration to workplace health as an indicator of company performance, given the evidence to show how investment in workplace health can promote productivity and improve competitiveness as well as influence the organisation's ability to recruit, retain and motivate employees.

As mentioned previously, Business in the Community, a charity dedicated to encouraging businesses to be more socially responsible, is currently running a campaign to get employers to report publicly on their investment in workplace health.[73] The charity is working with employers to identify the kind of issues relating to investment in workplace health that employers should report on. This campaign is likely to be influential in encouraging organisations to report publicly on workplace health.

If employers published this kind of data, it could then be aggregated and collected centrally. Having data of this kind at a national level would contribute to the drive to encourage a broader view of the health of the workforce; one that promotes a workforce-adjusted view of health that could be used to stimulate a public conversation about whether the health of the UK's workforce is better or worse than could be expected.

Research the options for financial incentives for employers to invest in workplace health

Section 3.1 highlighted how employers' willingness to invest in workplace health may be limited by the extent to which it directly benefits their organisation.

To help ensure that employers invest at the optimal level to benefit society, the government should consider research to explore whether using financial incentives could encourage more employers to invest in workplace health – or to encourage those who already do so to increase their levels of investment. The following types of incentives could be used:

- Subsidies. The government could consider subsidising employers to invest in workplace health. Subsidies tend to be a more transparent mechanism than, say, tax credits.
- Matched funding. This also involves the government subsidising employer investment in workplace health, but in a way that would require employers to match fund any subsidies. This would help to ensure that employers had a vested interest in investing in the interventions likely to be most effective in their organisation.
- Removing the disincentives in the current tax treatment of workplace health interventions. The current treatment of workplace interventions is complex. In general, prevention activities (eg health assessments) are not taxed, but treatment activities (eg private treatment and health insurance) are taxed as a benefit in kind. Some have argued that there would be greater investment if all workplace interventions were not taxed as benefits in kind.

For all of these options, the government could consider tying funding to a set of criteria to inform which employers receive any funding and what interventions they receive funding for. This would help to avoid public money being used to fund projects where the impact on productivity and health would be limited.

Some suggested criteria would be:

- Company size: small- and medium-sized employers face particular barriers when it comes to investment in workplace health (see section 2.5).
- Industry sector and sickness absence record: sectors of the economy where there is a high burden of sickness absence and where there is likely to be a faster return to both employers and society.
- Collective approaches: where small employers join together to invest in health at work interventions. This would give them greater buying power, lower the cost of products and services and increase their likelihood of investing.
- Diseases and conditions important from a public health perspective: this would help overcome the problem of employers investing only in supporting the health of employees with the kind of diseases and conditions that are caused or exacerbated by work (see section 3.1).

The focus of government research on this issue should be to consider which kind of financial incentives would work best for different employers and what approaches might be most effective.[74]

Increase the co-ordination of research to improve the evidence base for workplace health

As more employers look to invest in workplace health, they will want more evidence to show that their investment will deliver improvements in the health of their employees.

Based on the analysis of the strengths and weaknesses of the existing evidence, as set out in chapters 5 and 6, the government should fund and increase the co-ordination of research to establish:

A classification scheme for workplace health interventions

Making sense of existing research on workplace health requires some pragmatism because different studies use different terminology to describe the same intervention. For example, what is described as 'health promotion' in one study could be described as 'smoking cessation support' in another. If there were a classification scheme of workplace health interventions, there would be more consistency in the use of terminology and this would mean that employers could compare the results of different studies with greater confidence that they were comparing like with like.[75]

A set of core indicators for workplace health

Currently only a few employers measure a range of indicators for workplace health. Absenteeism is, for example, an important metric as it results in costs that directly affect the company bottom line. However, a high absenteeism rate could be due to poor management practices. So it is important to measure a broader set of indicators to tackle workplace health effectively.

Such a core set of indicators could include the following:

- Employee health risk profile including the prevalence of health risk and lifestyle issues such as smoking, alcohol, obesity and stress, as well as the prevalence of medical conditions in the company.
- Absenteeism profile including the reasons for absence, direct and indirect costs associated.
- Other direct and indirect health costs, eg health insurance premium and claims data by disease and trend, income protection, critical illness and early ill health retirement pension costs.
- Metrics on employee engagement in the workplace including productivity measures and employee satisfaction with their work and their management.
- Employee retention rate.

Businesses should seek to benchmark their indicators with other comparable organisations in terms of employee number, sector, geographical location and so on.

Core and consistent measures for evaluating processes, outputs and outcomes

Currently, researchers looking at the benefits of workplace health use different measures for evaluating processes, outputs and outcomes. For example, one study measuring the impact of an Employee Assistance Programme (EAP) might measure the number of employees who call the EAP helpline; while another might measure the number of employees who go on to receive treatment after calling it. This makes it difficult to compare the effectiveness of different interventions.

If researchers could identify the most appropriate measures for evaluating processes, outputs and outcomes, it would be easier to compare the effectiveness of different interventions and to draw conclusions across a range of studies. It would also make it easier to compare the relative effectiveness of interventions delivered in the workplace versus those delivered in the community or other traditional healthcare settings, which would help PCTs to make decisions about how best to engage with local employers to support health. Examples of measures that could be used in both the workplace and in the community or other healthcare settings include the EQ 5D tool or the SF36 health survey.[76]

The benefits of workplace health to small- and medium-sized enterprises and to employers in a broader range of industry sectors

Section 2.5 sets out how small- to medium-sized enterprises (SMEs) face particular barriers in relation to investment in workplace health. Of those that identified the size of the employer, only 10 percent of the studies identified in our analysis of existing research on workplace health (see section 5.1) looked at the effectiveness of workplace health interventions in small- or medium-sized employers. Similarly, the majority of studies we identified looked at the benefits of workplace health to employers in healthcare or manufacturing. More research is needed so that employers in different sized companies and a range of industries can consider how best to put interventions in place to support the particular needs of their workers.

The return on investment for workplace health interventions

Less than 5 percent of the studies we identified in our analysis of existing research reported on the return on investment for employers. Evidence on return on investment is important to employers who invest in workplace health for economic reasons (see section 2.2). In particular, it would be helpful if future research could focus on identifying likely payback times for different interventions to give employers a sense of how long it might take before they see a return on investment.

A database of ongoing research projects

There are many academics, employers, intermediaries and providers of workplace health interventions who commission or produce research on the benefits of workplace health. This is helpful because it adds to the evidence base, but a lack of co-ordination between different stakeholders means that overlapping research projects and gaps in the evidence base are common.

The government should set up a database where stakeholders can register their research project so others can track what research is being carried out before they commission their own study. They could follow the model used by the National Health Technology Assessment programme, which lists published research on a range of drugs and treatments, ongoing research projects and allows stakeholders to put forward ideas for future research.[77]

The benefits of this would be extensive; employers would find it easier to access research, providers of workplace health interventions could plan their research more effectively and academics would be able to take a more systematic approach to analysing the evidence.

Researchers should also be encouraged to provide sufficient levels of detail when reporting on the results of different studies. Many of the studies identified in our search did not provide sufficient information about the type of intervention and the context in which it was implemented, the number of employees who participated in the intervention and levels of compliance. This information is important to make comparisons between the results of different studies. It is also important because employers need this level of detail so they can think about how best to adapt interventions that have been proven effective to the specific needs of their organisation.

How to make workplace health more effective

5

Further research and changes to government policy are important. But there are also things that employers can be doing now to respond to the challenges ahead. Evidence shows that the way an intervention is implemented in the workplace can have an impact on its effectiveness. A few simple steps will make a big difference

5.1 Analysing the evidence

Employers can be confident that a range of workplace health interventions will help support the health of their employees and deliver a return on investment.

The recommendations in this chapter and the next were informed by a search of English language academic studies and government commissioned research published in the last ten years on the impact of a range of workplace health interventions.[78] This search took place in January 2009 and identified 49 review articles, covering 692 primary studies.[79] We also found 46 further studies which discussed the evidence in a more qualitative way. More information on the search criteria we used to identify relevant studies can be found in the online technical appendix available on the Bupa website at **www.bupa.com**

The evidence base for workplace health is diverse and requires judgement to interpret. In part this is because interventions in the workplace can be more complex and less amenable to research than other more traditional interventions to support health, such as medicines.

Despite this, there is a growing evidence base to show that a range of interventions can improve the health of employees. Some interventions also lower levels of absence, to the benefit of employers, and reduce healthcare costs, to the benefit of government.

And whilst chapter 4 makes a number of recommendations as to where researchers could most usefully focus their efforts for future research, in its current form the evidence is robust enough for employers to be confident that investment in workplace health will improve the health of their employees.

5.2 How to implement workplace health interventions

There are a number of things employers can do when putting workplace health interventions in place to increase the likelihood of them being effective.

The effectiveness of workplace health interventions will differ from one employer to the next, because the context in which they are put in place is likely to influence the outcome. What works for one employer may not work for another. That said, the evidence shows that in general, workplace health interventions are more likely to be effective if employers:

Understand the health profile of their workforce and involve employees in decisions about investment in workplace health

The more an employer knows about the health of their employees, the better placed they are to identify the intervention most suitable for their needs. Health risk appraisals and health assessments can help employers to identify possible lifestyle issues or health risks that could lead to ill health, whereas employee engagement surveys indicate hotspots where there may be high levels of stress or management problems.

Employers should measure at least the core set of indicators set out in chapter 4. Without this knowledge, employers risk putting inappropriate interventions in place that are less likely to improve the health of their employees. Chapter 6 sets out the evidence to show which interventions are effective at targeting particular diseases or conditions.

Ensure that workplace health interventions have clear objectives

Before putting workplace health interventions in place, employers need to be clear about what their objectives are for doing so. Section 2.2 sets out the range of reasons why employers might invest in workplace health, from wanting to be seen as a caring employer, to reducing absence, improving job satisfaction or improving recruitment and retention.

Interventions can deliver against more than one of these objectives of course, but the employer needs to be clear about what their priority is, as this will inform the type of intervention they put in place.

This means identifying the organisational drivers for investment, whether they are high levels of absence, poor employee satisfaction scores or low rates of retention. These drivers should then form the basis of a strategy, which should cover the specific interventions that will be carried out, the target population for these interventions, how progress will be measured, how buy-in will be achieved amongst managers and how the strategy will be managed and governed.

Find innovative ways to involve employees

Employers need to involve employees in the process of deciding which interventions to implement and how to implement them. Research shows that employers who do this experience better outcomes, because employees feel more engaged and are more inclined to participate.[80]

Employers can involve employees by setting up working groups, distributing posters and newsletters, involving the trade union, setting up focus groups and carrying out surveys. They should also consider using incentives because research shows these can be effective at encouraging employees to get involved.[81] Incentives need to be appropriate to the context. They could take the form of competitions, prizes and vouchers, for example.

Ensure senior management buy in

Getting involvement from the top of the organisation is crucial. Employees need to know that senior management are on board and that the intervention is part of a genuine drive to support health. One way to do this would be to establish a health management board made up of senior managers to drive progress.

Evaluate the impact of the intervention to refine and improve it

Employers should ensure they evaluate how well the intervention is working in order to refine and improve it as they go along.[82] They can do this by collecting and analysing a range of measures, such as levels of absence, to track how the intervention is impacting on employee health.

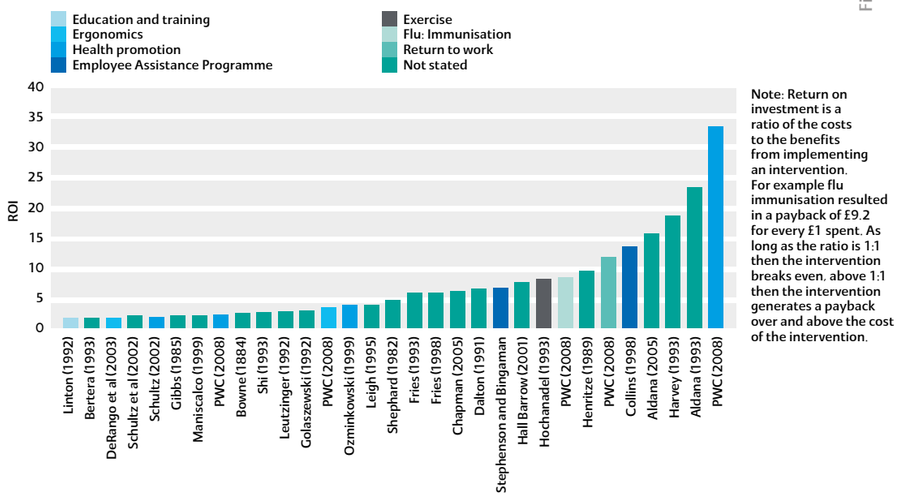
By ensuring that as many employees take part as possible and tracking key metrics, employers can increase the likelihood that workplace health interventions will deliver a return on investment.

5.3 How to maximise return on investment

Our search of academic studies identified 31 that looked at return on investment (ROI) for workplace health. They showed that the scale of the return can be impressive, ranging from 1:2 (a return of £2 for every £1 spent) to 1:34 (Figure 9).

Fig. 9

Return on investment from a range of interventions



Note: Return on investment is a ratio of the costs to the benefits from implementing an intervention. For example flu immunisation resulted in a payback of £9.2 for every £1 spent. As long as the ratio is 1:1 then the intervention breaks even, above 1:1 then the intervention generates a payback over and above the cost of the intervention.

Appendix 2 gives more information on all the studies that identified a return on investment for the employer.

Examples of studies showing ROI for employer investment in workplace health

Manufacturing

A manufacturing company employing 4,000 people put in place a range of wellness initiatives to support employees with musculoskeletal problems. They gave them access to expert advice and support, prompt treatment of injuries and put in place an absence management programme to encourage early return to work. These initiatives delivered a reduction of over 80 percent in the number of days of absence lost due to musculoskeletal disorders. The overall estimated benefit to the company was £192,000 a year based on a reduction in absence, a reduction in civil compensation claims and a more positive health and safety culture. This equated to a return on investment of 12:1.[83]

Public sector

A local authority employing 9,000 people put in place a range of health promotion initiatives, including diet and nutrition advice, 'Have a healthy breakfast' campaign and exercise classes. These initiatives generated sickness absence-related savings of over £1.5 million over 3 years as well as an improvement in employee satisfaction levels of 20 percent over four years.[84]

The evidence suggests that in order to maximise return on investment employers should:

Ensure as many employees as possible participate

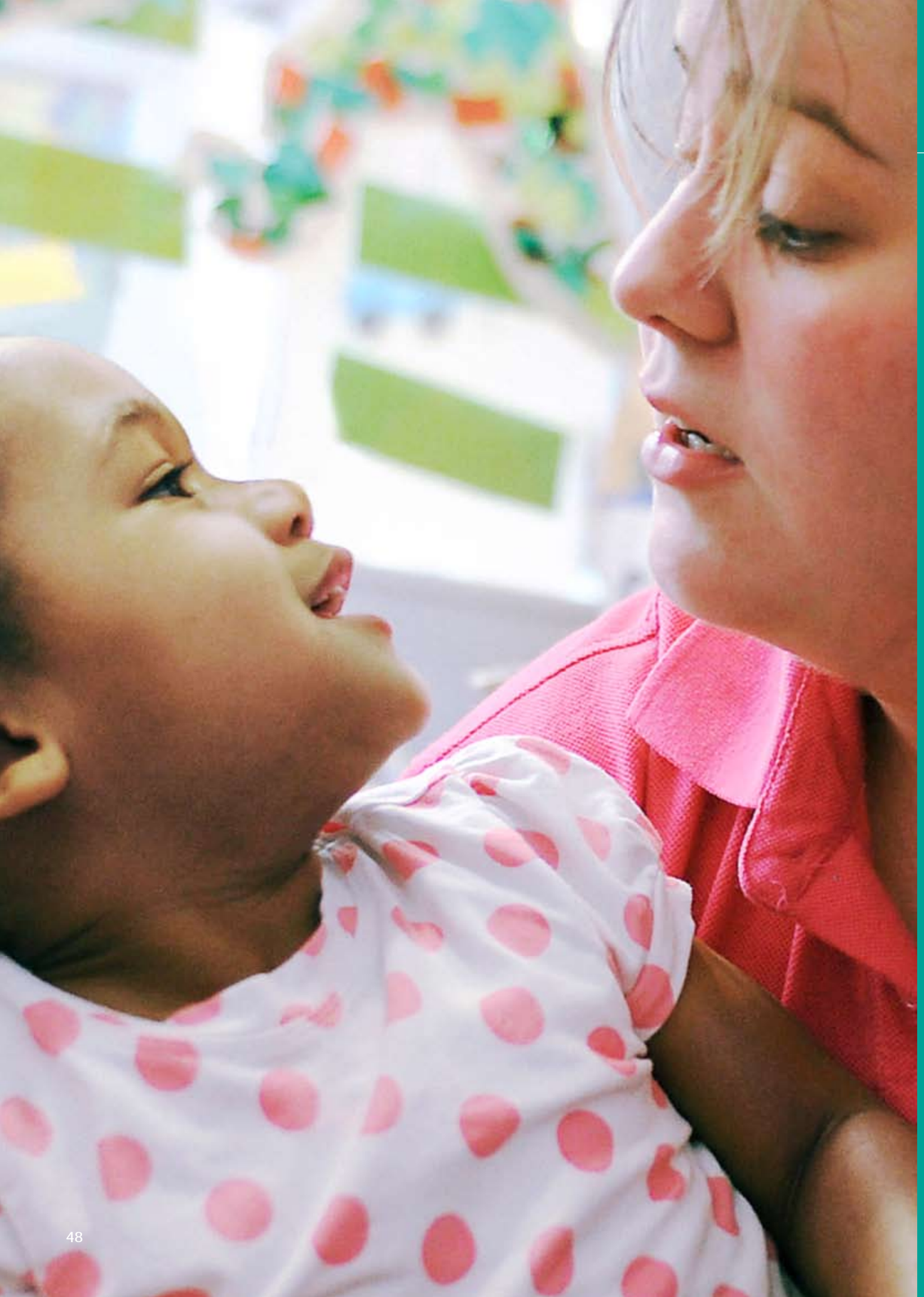
There is a link between the number of employees who take part in a health at work intervention and its cost-effectiveness. This is because most interventions will have fixed costs. The more employees who take part, the lower the fixed cost for each employee participating so the higher the return on investment the employer is likely to see.[85]

There are a number of ways in which employers can encourage employees to participate in workplace health interventions. The previous section suggested that involving employees in the design and implementation of the intervention is important. It is also important for return on investment because research shows that the more employees feel involved the more they are likely to participate.

In addition to involving employees, employers should invest time and energy in promoting the existence of the intervention and its benefits to employees. Ways in which employers can promote workplace health interventions include using poster campaigns, distributing information to line managers and teams, putting promotional information on desks and sending emails to all staff.

Track key metrics including costs and benefits

In order to measure ROI, employers should track key metrics about their organisation, such as levels of absence, productivity, ill health and wellbeing. Employers should consider measuring at least the core set of indicators set out in chapter 4. This can be done by using health surveys, absence management tools and online wellbeing surveys. Most employers do not currently track metrics of this kind on a regular basis (see section 2.2), but without a clear picture of 'before' and 'after' it can be difficult to assess whether the intervention has made a difference at all, let alone place a financial value on this difference. Tracking these metrics should be a first step for any employer looking to demonstrate ROI.



6 The benefits of workplace health to employers and employees

UK employers should increase their investment in workplace health interventions where there is evidence to support their effectiveness

6.1 Analysing what works

The evidence presented in this chapter is an overview of the findings from a range of studies identified in our search of academic and government commissioned research on the impact of workplace health interventions (see section 5.1).

The evidence is presented in a series of graphs that show whether the intervention has a positive, negative or mixed[86] result in relation to the particular objective of the study and the quality of the research (high, medium, low).[87] Section 5 of the technical appendix to this report, available at **www.bupa.com**, lists the studies that were used to compile each graph.

The quality of the research is relevant because it is an indication of the strength of the evidence. It is important to consider both the number of studies carried out and the reliability of the findings when making decisions about what is likely to be effective. This does not mean that case studies or other types of evidence considered to be 'low' quality are less relevant to employers. Indeed, some employers may well find case studies more useful than other types of evidence. Employers interested in a particular study should look at the methodology in greater detail to form their own view on the extent to which the findings are relevant to their organisation.

Each box in the graphs in this chapter represents one study. When looking at the graphs, it is important to remember that the bars indicate the number of studies carried out for each intervention and the relevant results. They do not show the relative effectiveness of one intervention compared with the next. The greater the number of studies that have been carried out, the surer we can be of the likely impact. But this does not mean that those interventions where relatively few studies have been carried out are not effective. It just means they have not been studied as often.

It is also important to remember that different studies highlighted in this chapter use different terminology to describe the same workplace health intervention. For example, what one study describes as 'health promotion' could be very different from what another study describes as 'health promotion'. There is no recognised classification scheme for workplace health interventions, so for the purposes of this research we have grouped studies into categories according to their description of the activity that was carried out (see appendix 3).

The evidence presented in this chapter should be used by employers as a guide to help them make decisions about investment in workplace health. But it should not be the sole basis on which they make their decision. The effectiveness of workplace health interventions will vary from organisation to organisation and employers must interpret the information presented in this chapter according to how it fits with their specific circumstances.

Impact of intervention: Quality of study: High Med Low | Negative impact | No or mixed impact | Positive impact

6.2 The benefits of workplace health interventions

This section presents the findings of a range of studies highlighting the benefits of workplace health interventions to both employers and employees. Where an intervention has been shown to improve health, we have presented this as a benefit to the employee, but it is important to remember that it is also beneficial to the employer because healthy employees are less likely to be absent and more likely to be productive.

What is the impact of return to work interventions?[88]

Twenty-one studies looked at the benefits of return to work interventions.[89] The majority demonstrated reduced levels of absence. Some also demonstrated cost savings, which can include reduced costs for temporary or agency workers to cover employees who are absent from work for shorter periods of time. Other studies identified reductions in general costs for the employer, such as workers' compensation costs and long-term disability insurance claims costs. The studies also identified a number of benefits to the employee, through improved wellbeing and health status.

Impact of return to work interventions

Fig. 10

The box on the next page gives an example taken from one of the studies that looked at the impact of return to work interventions.

Example study: The benefits of return to work interventions

This study looked at whether putting in place an integrated approach to case management helped public sector employees who had been unable to work because of work-related upper limb disorders to return to work faster.

Case managers who had been trained in ergonomic assessment and problem-solving skills held interviews with each employee and used their training to develop individually tailored case management plans for each one. Employees were asked to fill in two questionnaires, one after 6 months and another after 12 months of receiving treatment, asking them about their ability to carry out day to day tasks, their level of pain or discomfort and other general questions about their health and wellbeing.

The study found that those employees who received the integrated case management approach experienced higher levels of satisfaction and a reduction in the severity of their symptoms. It also found that employees who were more satisfied with their treatment had a faster return to work compared with other employees.[90]

What is the impact of Employee Assistance Programmes? [91]

Studies show that Employee Assistance Programmes (EAPs) offer a number of benefits to both employers and employees, including cost savings for the employer. For EAPs to have an impact on health, employees need to find them useful. Some studies have explored the awareness and attitudes of employees towards EAPs and found positive results. Given that some EAPs can include referral to treatment or counselling, some studies have assessed whether EAPs have increased uptake of treatment.[92]

Impact of Employee Assistance Programmes

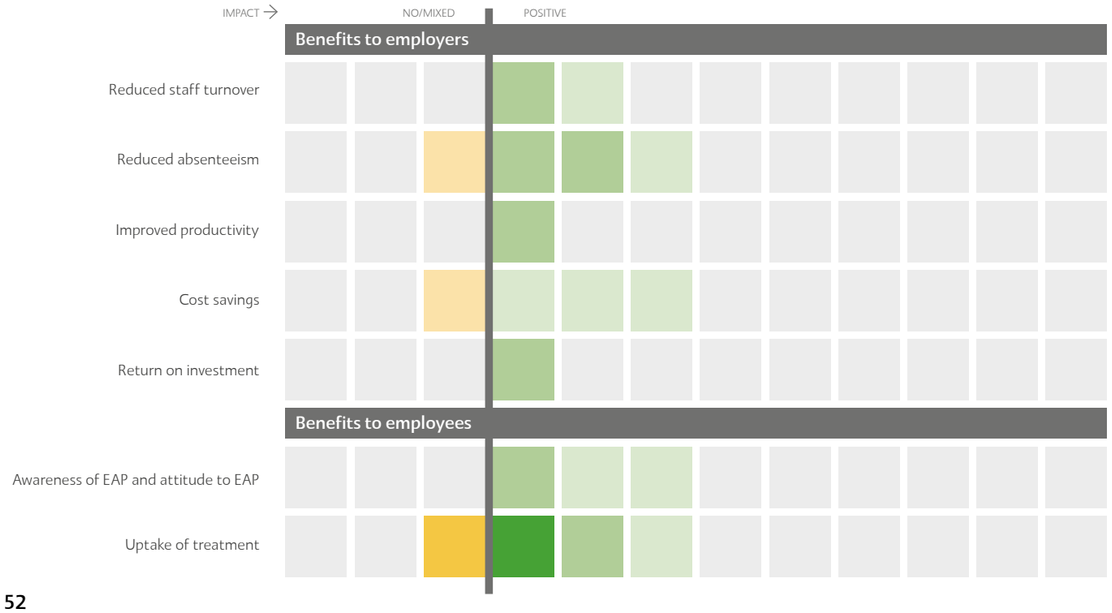


Fig. 11

Impact of intervention:

Quality of study: High Med Low

Negative impact | No or mixed impact | Positive impact

What is the impact of health promotion? [93]

Studies show that health promotion in the workplace offers a number of benefits to employers, with 49 studies showing that it can help reduce levels of sickness absence and 25 showing that it can deliver significant cost savings to the employer, for example by reducing the cost of staff turnover and insurance premiums. Studies also show a broad range of benefits for employees, from improved wellbeing through to improvements in diet, exercise and reductions in levels of stress.[94]

Impact of health promotion

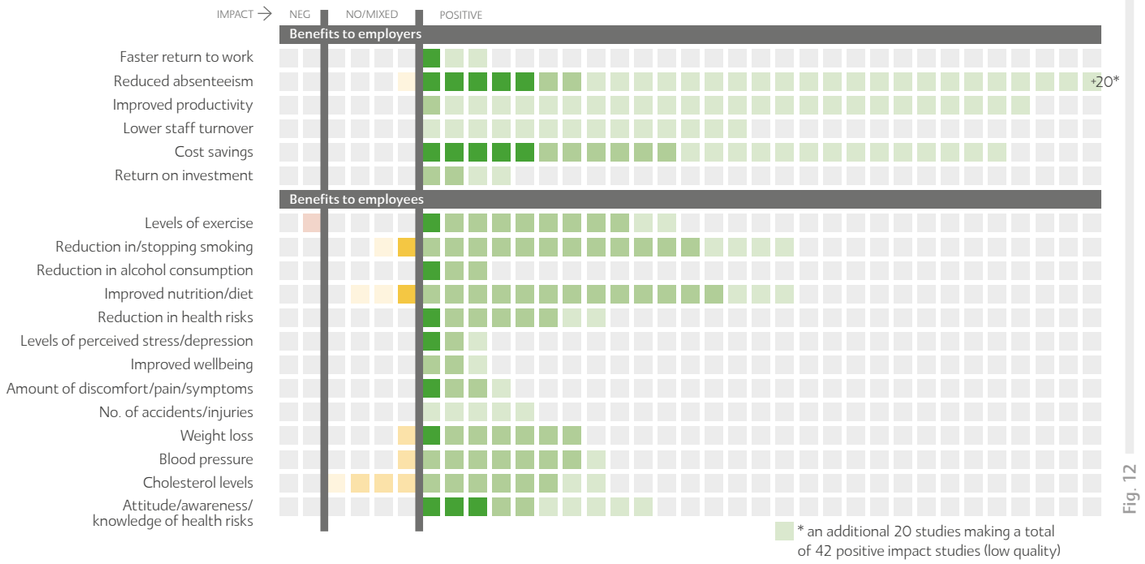


Fig. 12

What is the impact of changes to job design?[95]

There is evidence to show that making changes to job design can support employee health. Studies show that redesigning jobs to promote health offers a number of benefits to employers through reduced absence and improved productivity. They also show that redesigning jobs can benefit employees by reducing levels of stress and improving general health and wellbeing.

Two studies showed that changes to job design increased levels of stress rather than reduced them. This could be a reflection of other changes in the organisation (perhaps the company was restructured, for example) or it could be because the way in which the employer implemented the change increased levels of stress, or alternatively it may be because it takes time for the full benefits of job design on stress levels to be realised. This suggests that employers should seek expert advice about how to implement changes to job design to promote health.[96]

Impact of improving job design

Fig. 13

6.3 What works for common diseases and conditions?

What helps employees reduce their levels of stress or depression?

Stress is one of the biggest causes of sickness absence in the UK and stress and mental illness combined are estimated to cost employers £477m per year.[97] So it makes sense for employers to consider investing in workplace health interventions that help employees to manage or reduce their levels of stress.[98]

Sixty-eight studies looked at the impact of workplace health interventions on stress.[99] They show that a range of interventions have a positive impact, including counselling, psychosocial interventions and debriefing sessions. Most studies look at the impact of stress management, which involves a number of different approaches to helping employees identify, manage and cope with stress. The majority of these studies have been rated as high quality, which suggests that the results are fairly reliable.

There are many studies which show that relaxation can help to reduce levels of stress. Interventions in the workplace that help employees to relax tend to involve teaching them techniques to help them to unwind. One high quality study, however, suggests that teaching employees how to relax can increase their levels of stress. This seems counter-intuitive, but asking employees to focus on coping with stress can sometimes have the effect of reminding them how stressed they feel, with the result that they report higher levels of stress. This is also likely to be the case in relation to the study which showed that monitoring levels of stress across an organisation, which can be done through the use of health surveys or questionnaires, can also increase levels of stress. Monitoring levels of stress is part of the process an employer goes through to understand the level of stress in their organisation; other interventions are likely to be more effective at helping employees to manage their stress.

Nine studies looked at how changing job design can reduce levels of stress. Job design can involve changing job descriptions, shift patterns or organisational structure for example. Two of these studies, both rated as medium in quality, showed that changes to job design increased levels of stress rather than reduced them. These are the same two studies as those identified in the section on job design and show how important it is that employers seek expert advice about how to implement changes to job design to promote health.

Impact of workplace health interventions on stress or depression

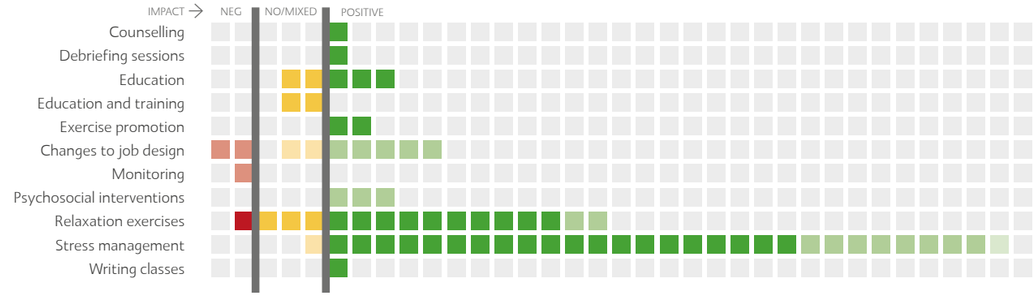


Fig. 14

What helps employees reduce their levels of unhealthy cholesterol?

Coronary heart disease is one of the most costly diseases to employers and the NHS.[100] To assess the impact of workplace health interventions on coronary heart disease we used cholesterol as a proxy because reducing unhealthy cholesterol reduces the risk of heart attacks and strokes.

Twenty studies looked at the impact of workplace health interventions on levels of cholesterol.[101] Most of these studies focused on diet and exercise programmes, which can include advice on nutrition, exercise classes and group weight loss programmes. The majority of these studies found that these programmes helped to reduce levels of cholesterol.

One study looked at the impact of health screening, which involves offering cholesterol tests. The study found that screening alone did not help to reduce levels of cholesterol. This suggests that informing employees of their level of cholesterol may be sufficient to motivate them to take action, but they may need support to help make the kind of changes to their lifestyle that are necessary to help reduce their risk of coronary heart disease.

Impact of workplace health interventions on cholesterol

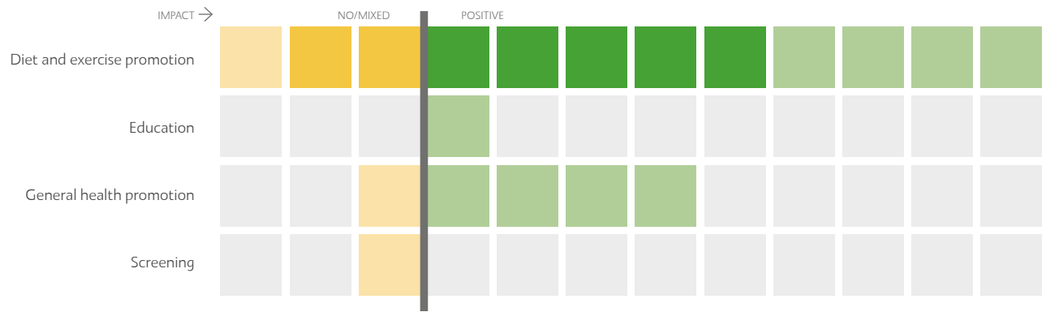


Fig. 15

What helps employees with musculoskeletal disorders?

Musculoskeletal disorders are one of the largest causes of sickness absence, with work-related musculoskeletal disorders alone estimated to cost UK employers £820 million per year.[102] A range of health at work interventions have been shown to reduce the discomfort, pain and symptoms of general musculoskeletal disease.[103]

Ergonomics is the most studied, but the results are mixed. Some studies showed that ergonomics had a positive impact on musculoskeletal disease, others showed that it made little or no difference.

Some studies look at the benefits of ergonomic interventions combined with the use of equipment, this could include for example providing an employee with a new piece of equipment such as a desk or chair and some training on how to use that equipment most appropriately. Others look at the impact of encouraging employees to take regular breaks from their workstation. Two studies look at how equipment can be used to encourage employees to take rest breaks. This could include, for example, computer software that generates reminders that flash up on employees' computer screens.

Psychosocial interventions (such as cognitive behavioural therapy and problem-solving training) can be used to support people with musculoskeletal disease. All of the studies that focused on psychosocial interventions found that they did not halt worsening symptoms. But it is important to remember that had the employer not provided any intervention at all, the employees may have experienced even worse symptoms than they did.

Impact of workplace health interventions on musculoskeletal discomfort/pain/symptoms

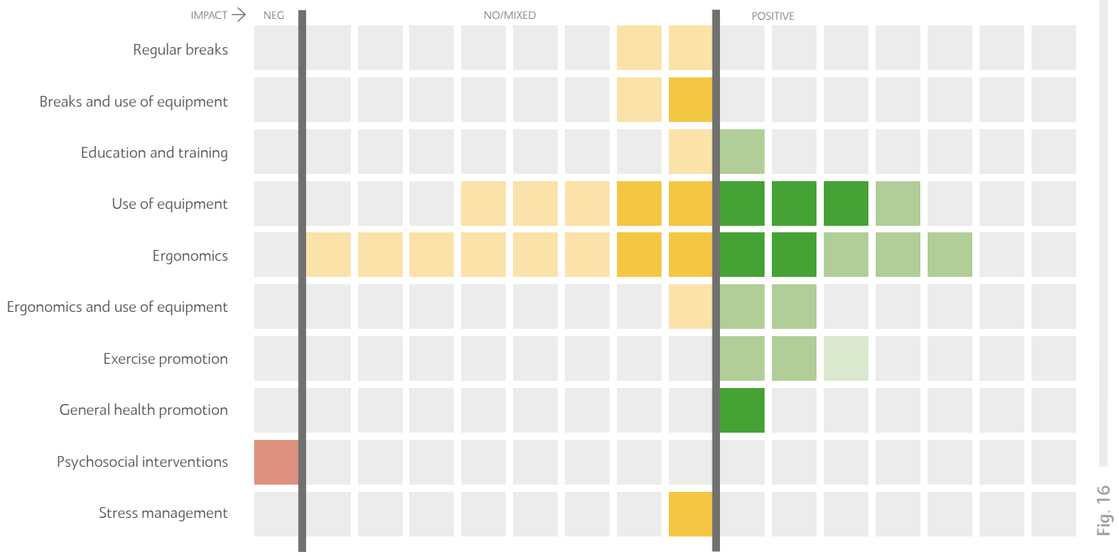


Fig. 16

What helps employees to reduce or stop smoking?

Smoking is one of the largest causes of disease and disability in the UK and is linked to some cancers, heart disease and chronic obstructive pulmonary disorders. Helping employees to stop smoking can reduce their long-term risk of disease and improve their general health and wellbeing, which is likely to have a knock-on effect on levels of absence and productivity.[104]

Forty-two studies looked at the effectiveness of workplace health interventions helping employees to reduce or stop smoking.[105] The range of interventions studied include the use of incentives, such as cash, for employees who successfully stop smoking, the use of IT support, such as online programmes that help employees to stop by reminding them of the benefits of doing so, patches, education and training. It also included the use of occupational health professionals to talk to employees about the benefits of stopping.

Impact of workplace health interventions on helping employees to reduce or stop smoking

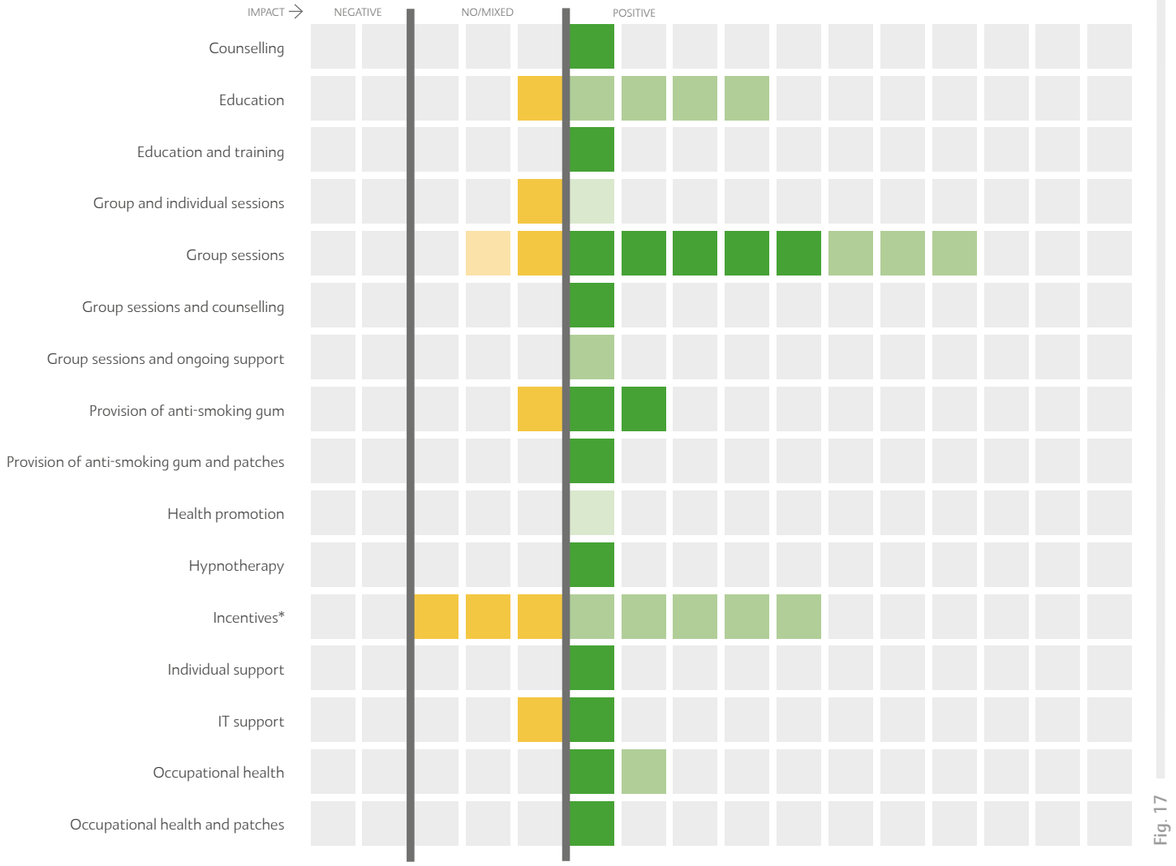
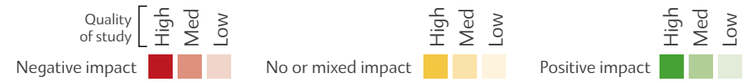


Fig. 17

* The majority of studies looking at the impact of incentives focused on the benefit of using incentives in addition to another intervention

Impact of intervention:



What helps employees to maintain a healthy weight?

Levels of obesity among UK employees are rising. Currently more than one in five adults in the UK are obese and this is predicted to rise to 47 percent of men and 36 percent of women by 2035. Being even slightly overweight can increase an individual's risk of disease, such as cardiovascular disease and cancer. In addition, losing even a few pounds can immediately improve musculoskeletal disorders, which are one of the largest causes of sickness absence in the UK.[106]

Forty-five studies looked at how workplace health interventions can be used to help employees maintain a healthy weight.[107] Most studies focused on interventions designed to promote diet and exercise, such as nutrition advice and exercise classes.

Impact of workplace health interventions on weight

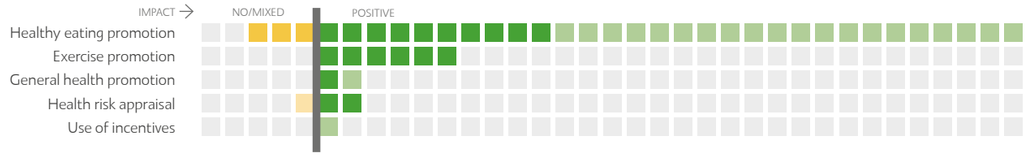


Fig. 18

Example study: what helps employees maintain a healthy weight?

This study looked at the impact of a weight management programme designed to help reinforce healthy eating behaviours among employees at a university trying to lose weight.

The programme lasted 6 months and involved encouraging employees to select behaviours to focus on and agreeing suitable targets with the group leader. Targets included, for example, increasing fruit and vegetable intake or reducing snacking.

The programme was offered to both professional and support staff in addition to a traditional weight loss programme, which focused solely on weight loss and offered employees little or no advice on how to sustain healthy eating behaviours over time.

Employees who received the weight management programme lost on average 12.9 lbs compared with those on the traditional programme who lost an average of 3.9lbs.[108]

What providers of workplace health interventions should do

7

If employers are to increase their investment in workplace health, and if government policy is to promote the workplace as a focus for public health, the provision of workplace health services needs to keep pace with the changing health needs of the workforce

Our analysis of the future health needs of the workforce (chapter 1) and of the evidence (chapter 6) suggests that providers of workplace health services should:

Provide tools to help employers understand the health profile of their workforce

As chapter 5 showed, workplace health is more likely to be effective if employers base their decisions about what interventions to put in place on an understanding of the health profile of the workforce.

Providers of workplace health interventions have experience in using the tools which help to provide a baseline understanding of employee health and wellbeing. These tools include health and wellbeing surveys, which can be delivered in person or online, health assessments, pre-employment questionnaires, insurance claims, such as health insurance, critical illness and income protection, tools to analyse long- and short-term absence data and so on. They can be used to help measure and track health risks (ie the potential for future ill health) as well as the prevalence of existing medical conditions that require treatment. This kind of detailed breakdown is important because it helps employers to understand the scale and nature of the problem, what interventions to implement, and whether to implement them on a company-wide basis or to target specific groups of employees.

By providing this kind of tool and carrying out the relevant analysis, providers of workplace health interventions can help employers to develop targeted solutions to address specific health problems in their organisation.

Develop a broader array of interventions that support employees to lead healthier lives

Chapter 1 showed how lifestyle is set to play an increasingly important role in shaping the health of the UK workforce. Health promotion can help employees to lead healthier lives and opportunities exist for workplace health providers to develop a broader array of interventions that help employees to make and sustain changes to their lifestyle.

An example of a broader approach to helping change behaviours is the use of incentives. The evidence about the effectiveness of incentives [109] in encouraging lifestyle change in the workplace is positive (see chapter 6) and even though some still question the acceptability of offering incentives to help people improve their lifestyle, the NHS is currently experimenting with their use to encourage behaviour change among specific groups of people.[110] For example, in 2007, NHS Tayside set up a scheme to help pregnant women give up smoking by offering them £50 a month to spend at the local Asda store if they passed a weekly carbon monoxide breath test. 50 out of the 55 women registered with the scheme stopped smoking.

Given that lifestyle is set to be responsible for an increasing amount of disease and illness in the UK, workplace health providers would do well to start thinking about how incentives could be most effectively used in a workplace context.

Develop a broader range of interventions to support people with long-term conditions in the workplace

Chapter 1 showed how worsening lifestyle behaviours will lead to a rise in the number of people with long-term conditions such as asthma and diabetes.

This will have an impact on employers because, as *Healthy Work* set out, nearly 40 percent of people with a long-term condition say it affects their work.[111] In addition, people with long-term conditions tend to have higher levels of absence than others. For example, people with diabetes have 2-3 times the rate of sickness absence as other workers.[112]

In this context, employers need advice on how to support employees to manage their condition in the workplace to prevent it from becoming so debilitating that it requires them to take time off work. For example, employees with angina may be unable to work alone for long periods of time; those with diabetes may need regular meal breaks and first aiders who are trained in how to treat low blood sugar. Line managers need training in how to manage teams effectively to support people with long-term conditions that come and go in their level of severity, such as multiple sclerosis.

By developing expertise in how to support people with long-term conditions in the workplace, providers of workplace health can help employers to access the advice they need to help employees to manage their condition and reduce the likelihood that they will need to take time off work.

Gather more evidence on how to manage the impact of work on health and share this knowledge with employers

Section 2.3 showed how poor quality work is associated with lower levels of wellbeing and higher levels of physical or mental illness. It also suggested that UK employers could do more to support health by giving consideration to issues of working practices and organisational culture.

There is clearly appetite among employers for advice. In a recent survey by The Work Foundation, 41 percent of employers said that they would welcome advice and support from external organisations about how to improve the quality of work to support health.[113]

So there is opportunity for workplace health providers to build knowledge and expertise to share with employers about how to manage the impact of work on health.

Gather more evidence on how to implement workplace health interventions in a way that will maximise their effectiveness and share this knowledge with employers

Chapter 5 gives examples of how employers can implement workplace health interventions in a way that helps to maximise the likelihood that they will be effective. These examples were identified as part of our analysis of academic evidence for what works in workplace health. Evidence of this kind is useful, but expertise about the day to day experience of employers in delivering interventions on the ground is equally as important.

Providers of workplace health interventions are in a unique position to develop and share this expertise. Working with employers gives providers of workplace health services insights and experience of how to implement interventions in a way that is suitable for the culture of a particular organisation.

By capturing, measuring and tracking these insights and sharing them with employers, providers can make a significant contribution to building knowledge and awareness of how to ensure that investment in workplace health delivers tangible benefits to both employee and employer.

Offer a more integrated set of workplace health interventions

As section 2.2 sets out, employers invest in workplace health for a variety of reasons. To help employers achieve their objectives, providers should consider offering employers a more integrated set of workplace health interventions, tailored to the specific needs of their workforce.

An integrated approach covering a range of workplace health interventions is likely to be more effective because the more co-ordination there is, the more opportunity there is for different interventions to work together, making the whole worth more than the sum of its parts.

There are a number of interventions which work together in a complementary way. For example, an employee health survey can help identify health risks in different parts of the workforce, which could be addressed through a targeted health promotion campaign.

If providers were able to offer a greater range of integrated workplace health interventions it is likely that they would be more effective in delivering tangible benefits to the employer.

Next steps

8

The recommendations for action for employers, government and providers of workplace health interventions highlighted in this report can be grouped around the following themes:

1) **Promoting greater recognition of the current and potential contribution of employers to supporting the health of the nation and the benefits of workplace health to employees, employers and the economy.**

2) **Increasing employer investment in workplace health interventions where there is evidence to support their effectiveness and investing in research to improve knowledge of what works.**

3) **Ensuring that workplace health interventions keep pace with the changing health needs of the workforce, by developing interventions that support people with specific health needs or offering a more integrated set of workplace health interventions.**

Some of these recommendations will be more effective, easier to carry out and garner more support among stakeholders than others.

Recommendations with the potential to be most effective in encouraging more employers to invest in workplace health are promoting the workplace as a location for improving public health and further research into how incentives could be used by government to match fund or subsidise targeted employer investment in health.

A recommendation that might be more challenging is improving the evidence base for what works in workplace health. This is because it requires co-ordinating the efforts of employers, government, providers and academics. But it also presents a huge opportunity to encourage more employers to track and measure key metrics about their workforce, which is crucial to demonstrating the business case for investment.

All of these recommendations require stakeholders to work together.

By investing in traditional health interventions and improving the quality of work they offer, employers can play a fundamental role in promoting and protecting health to deliver benefits for all.

Appendix 1: Common workplace health interventions*

Throughout this report, the term 'workplace health interventions' is used to refer to the whole range of interventions available to employers looking to support the health of their workforce, as set out below. This includes those that can be delivered in-house as well as those provided by external providers.

Absence management

Absence management interventions help companies to monitor sickness absence, identify absence trends and health and safety risks across the organisation. Absence management also helps to reduce absence rates and the direct and indirect costs of absence and presenteeism.

Case management

Case management interventions help employers manage the process through which an employee returns to work after sickness absence. Some case management interventions help employers make an assessment of the employee's medical needs and make recommendations on their fitness for work and any adjustments they might need. Others offer interventions such as physiotherapy and counselling, to help ease an employee's return to work. The objective is to return people to effective work as soon as possible to reduce the costs of absence.

Dental insurance

These schemes tend to cover the costs of dental treatment, often up to an annual limit. Some schemes offer cover towards the costs of dental accidents and also covers dental emergencies in the UK and abroad.

Drug and alcohol screening

This helps employers develop a policy on drug and alcohol abuse to ensure staff never perform tasks under the influence. It is especially used in industries where there is use of heavy machinery. Interventions can include providing routine and random screening for safety critical employees, and a call-out service to respond immediately to an incident or accident at work.

Employee assistance programmes

Employee assistance gives employees telephone access to confidential advice and support, often with referral to face-to-face counselling if required.

Employee health surveys

Employee surveys profile the health of an organisation's workforce. They can be online or paper-based and provide a benchmark on levels of health and wellbeing, with recommendations on the issues that need to be addressed. Some provide a personal report for each employee, with lifestyle advice on how to minimise their health risks for the future. Employee health surveys are sometimes referred to as Health Risk Appraisals (HRAs).

***As defined by Bupa**

Health assessments

Health assessments help detect health problems in good time for employees to take corrective action or for them to be treated with a greater chance of success. Health assessments include a range of medical tests for example, for heart and lung function as well as blood and urine analysis. They are available on an employer-paid or employee-paid basis or as part of a flexible benefits scheme.

Health insurance

Health insurance can come with various levels of cover. It allows employees to receive treatment fast and at a time of their choosing.

Health promotion

Health promotion interventions offer employees health education and advice on a range of issues such as healthy eating, smoking cessation, posture, sleep and stress prevention. They generally use leaflets, posters, emails and intranet sites to raise awareness among employees.

Health surveillance

Health surveillance interventions offer a way of ensuring that employees are fit to perform their work safely and that their health is not adversely affected by work or the work environment. They include a range of health tests, including vision, hearing and lung function. The need for health surveillance can be identified through a workplace health and safety risk assessment.

Ill health retirement reviews

Businesses need to ensure that ill health retirement pensions are given to deserving cases, whilst protecting a vulnerable fund from inappropriate claims. These interventions help employers to assess each claimant and provide an independent report to the pensions trust on eligibility for benefits.

Income Protection

Income Protection insurance provides employers with the ability to insure a benefit of a percentage of salary for employees who are unable to work for more than 6 months (typically) due to sickness or injury.

Medicals to meet industry standards

Many industries have their own specific health standards. For example, large goods vehicle drivers holding a Group 2 driving licence must have a medical.

On-site health interventions

On-site health interventions allow employees to visit a GP, nurse, physiotherapist or dentist at their place of work. This reduces the need to take time off and results in less disruption to the working day.

Organisational risk assessment

By law every employer must conduct a risk assessment to identify the risks to its employees' health and safety and then implement measures to address the issues identified. Some providers also offer assistance with health and safety policy development.

Pre-employment/pre-placement screening

Pre-employment screening through a questionnaire or face-to-face medical helps businesses comply with any applicable legislation when recruiting new employees. It also helps them identify an individual's health needs so they can make reasonable adjustments to accommodate them.

Stress management programmes

These programmes offer training sessions for managers and individuals to help them recognise stress, and show them how to prevent or deal with it, so that it does not affect business performance.

Vaccination interventions

Vaccination programmes, such as those to protect employees against flu. Other interventions include travel vaccinations for employees planning a trip overseas as well as travel health advice for a range of countries.

Appendix 2: Information on studies which show a return on investment

Disease focus	Full description of intervention as provided by review	Quality assessment	Return on investment	Country of study	Review source	Primary study source	Year
Various	Employee Assistance Programme (EAP)	Medium	1:7.21		As reported by Csiernik (2004)	Stephenson and Bingaman	1999
Various	EAP	Medium	1:14		As reported by Csiernik (2004)	Collins	1998
Various	Voluntary self selection of participants versus non-participants into a comprehensive health promotion programme	Medium	1:4.73	US	As reported by Pelletier (2001)	Ozminkowski	1999
Various	Physiotherapy and exercise. Prevention talks, stretching programme, induction for new employees	Low	1:2.67	UK	As reported by PWC (2008)	PWC case study 13	2008
Various	Ergonomic improvements made. Redesigning manual handling training programme in 2006, new manual handling training (reducing soft tissue injuries)	Low	1:4.17	UK	As reported by PWC (2008)	PWC case study 11	2008
Influenza	Voluntary flu immunisation	Low	1:9.2	UK	As reported by PWC (2008)	PWC case study 42	2008
MSD	Rehabilitation of musculoskeletal disorder sufferers through expert support, prompt treatment of injuries and absence management to assist return to work	Low	1:12	UK	As reported by PWC (2008)	PWC case study 43	2008
Various	In-house and discounted physiotherapy scheme	Low	1:34	UK	As reported by PWC (2008)	PWC case study 36	2008
Various	Chair and training	Medium	1:2.13		As reported by Tompa et al (2006)	DeRango et al	2003
MSD	Five-week physical and behavioural preventive intervention consisting of physical therapy, including ergonomic education in the form of a low back school, practising high risk manoeuvres on the job, behaviour therapy to help workers learn to better control their pain and maintain healthy, low-risk lifestyles, which included group meetings with a psychologist and training on pain control, lifestyle management, risk analysis and application training	Medium	1:2	US	As reported by Tompa et al (2008)	Linton	1992

Table continues on next page

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Disease focus	Full description of intervention as provided by review	Quality assessment	Return on investment	Country of study	Review source	Primary study source	Year
MSD	On-site industrial physiotherapy programme for all injuries, both worker related and not. Services include evaluation, treatment, physical therapy referrals and education in the form of a back school	Medium	1:9	US	As reported by Tompa et al (2008)	Hochanadel	1993
Unclassified	Not provided	High	1:2.05		As reported in Chapman (2005)	Bertera	1993
Unclassified	Not provided	High	1:2.3		As reported in Chapman (2005)	Schultz	2002
Unclassified	Not provided	High	1:3.07		As reported in Chapman (2005)	Shi	1993
Unclassified	Not provided	High	1:3.4		As reported in Chapman (2005)	Golaszewski	1992
Unclassified	Not provided	High	1:3.6		As reported in Chapman (2005)	Aldana	1993
Unclassified	Not provided	High	1:4.73		As reported in Chapman (2005)	Leigh	1995
Unclassified	Not provided	High	1:5.96		As reported in Chapman (2005)	Fries	1993
Unclassified	Not provided	High	1:6		As reported in Chapman (2005)	Fries	1998
Unclassified	Not provided	High	1:6.52		As reported in Chapman (2005)	Chapman	2005
Unclassified	Not provided	High	1:15.6		As reported in Chapman (2005)	Aldana	2005
Unclassified	Not provided	High	1:19.41		As reported in Chapman (2005)	Harvey	1993
Unclassified	Not provided	Medium	1:2.51		As reported in Chapman (2005)	Gibbs	1985
Unclassified	Not provided	Medium	1:2.51		As reported in Chapman (2005)	Maniscalco	1999
Unclassified	Not provided	Medium	1:2.9		As reported in Chapman (2005)	Bowne	1984
Unclassified	Not provided	Medium	1:3.24		As reported in Chapman (2005)	Leutzinger	1992
Unclassified	Not provided	Medium	1:4.85		As reported in Chapman (2005)	Shephard	1982
Unclassified	Not provided	Medium	1:7		As reported in Chapman (2005)	Dalton	1991
Unclassified	Not provided	Medium	1:8		As reported in Chapman (2005)	Hall Barrow	2001
Unclassified	Not provided	Medium	1:10.1		As reported in Chapman (2005)	Henritze	1989
Various	Assess the impact of HP/DP programme	Medium	1:2.3		As reported in Pelletier (2005)	Schultz et al	2002

Note: Various refers to interventions which were not classified as focusing upon a specific disease area, rather they are interventions which are likely to impact upon the risk factors (eg physical activity) which may impact upon many disease areas. Unclassified refers to interventions which were not classified as focusing upon a specific disease area and where there are no details on the intervention provided in the review. Return on investment is a ratio of the costs to the benefits from implementing an intervention. For example, flu immunisation resulted in a payback of £9.2 for every £1 spent. As long as the ratio is 1:1 then the intervention breaks even, above 1:1 then the intervention generates a payback over and above the cost of the intervention.

Appendix 3: Details of intervention categories

Intervention classification	General summary	Example description of an intervention in this category, taken from a review	Example primary source	Example review source
Alcoholism programme	Alcoholism programmes aim to reduce alcohol consumption through education, referral to treatment and/or rehabilitation	US Navy alcohol rehabilitation programme	Edwards et al (1973)	As reported by Roman and Blum (1996)
Back belt	Back belts are belts worn to support the back. They have been used to support people with back problems taking part in manual labour. When back belts are provided they may also provide training in how to use them. This training can take the form of written instructions or videos	Back belt, written instructions, slides/movie	Redell (1992)	As reported by Karas and Conrad (1996)
Back belt, education and training	The use of back belts (see description above) together with the provision of training and education in how to manage back conditions to prevent their recurrence	Back belt, educational teaching, body mechanics/ lifting techniques	Walsh (1990)	As reported by Karas and Conrad (1996)
Breaks	Interventions to encourage employees to take a break from their workstation. Sometimes this is combined with advice encouraging employees to use this time to take exercise	Rest breaks, exercise	Henning (1997)	As reported by Brewer et al (2006)
Breaks and equipment	This includes interventions which encourage employees to take a break from their work station (see above) but interventions in this category use computer software to generate reminders that automatically appear on employees' computer screens	Rest breaks, 'ergobreak' software prompting users to take breaks	McLean (2001)	As reported by Brewer et al (2006)
Counselling	Counselling can be used in the workplace to support behaviour change (for example encouraging employees to stop smoking or take more exercise). There are a number of different types of counselling that can be offered and they have been included in this category		Terazawa (2001)	As reported by Moher et al (2005)
Debriefing	Debriefing can be offered by employers as a way of helping employees, who have experienced a potentially stressful or traumatic situation through the course of their work, to cope	Post traumatic psychosocial debriefing sessions	Robinson and Mitchell (1993)	As reported by Murphy (1996)
Diet	Employers can put in place a range of interventions which help employees to improve their diet, such as training and education on nutrition or providing healthier choices in the canteen	Weight loss programme offered to employees	Scrignar (1980)	As reported by Hennrikus and Jeffery (1996)
Diet and exercise	Employers can put in place a range of interventions which focus on encouraging employees to improve their diet (such as nutrition education) as well as encouraging them to take more exercise (for example through group exercise classes)	Non-pharmacologic behavioural education programme to reduce serum cholesterol (food behaviour change techniques, nutrition education, physical activity level planning and self-management skills)	Bruno et al (1983)	As reported by Glanz et al (1996)

Intervention classification	General summary	Example description of an intervention in this category, taken from a review	Example primary source	Example review source
Drug testing	Drug testing involves using medical tests to establish whether or not an employee or potential employee has taken an illicit substance. Some employers combine such tests with education about the problems of taking drugs	Pre-employment, for reasonable suspicion, anyone involved in accident, or anyone involved in a major accident irrespective of obvious cause received drug test	Taggert (1989)	As reported by Kraus (2000)
Education	Employers can put in place a range of interventions that educate employees about how to lead healthier lives. This could include providing information through poster or email campaigns as well as organising group discussions and showing health promotion videos	Cardiovascular health awareness campaign	Pescatello et al (2001)	As reported by Pelletier (2005)
Education and training	Education (see above) can be combined with training for employees on how to manage or mitigate against various risks to their health that might occur as a result of their work or home life	In-service programme	O'Donnell and O'Donnell (1987)	As reported by Wilson et al (1996)
Employee Assistance Programme	Employee Assistance Programmes tend to involve a telephone advice line covering health, work, and wellbeing. They may also include referral to treatment or counselling for some employees	EAP	Holder and Blose (1991)	As reported by Roman and Blum (1996)
Equipment	Employers can provide specific equipment to either prevent or reduce the likelihood of a particular disease or condition or injury. The type of equipment provided will depend on the nature of employment, the demands of the job and the industry sector, but one example would be eye goggles or magnifying glasses to protect eyesight	Glasses	Horgen (2004)	As reported in Brewer et al (2006)
Ergonomics	Ergonomics tends to include education and advice on how to use equipment and adjustment of workstation equipment	Nursing aides received exercises and education focusing on ergonomics	Alexandre et al (2001)	As reported by Williams et al (2007)
Ergonomics and equipment	Ergonomics (see above) may also be combined with the provision of new equipment (eg new table, new chair)	Lighting, workstation adjustment (new table and chair), VDT glasses	Aaras (2001)	As reported by Brewer et al (2006)
Exercise	This includes a range of approaches to encourage physical activity from individual advice on exercise through to group classes and so on	Aerobic exercise and stress inoculation training	Gronningsaeter et al (1992)	As reported by Murphy (1996)
Graded activity	Graded activity allows employees to complete some but not all of their tasks within their role. This could be because they are returning from sickness absence. Interventions of this kind are often designed to allow employees to progress from 'low' graded activity through to their usual tasks over time	Graded activity intervention. Twice weekly, 60-minute exercise sessions run by three physiotherapists, in a practice based within workplace	Hlobil et al (2005)	As reported by Hillage et al (2008)

Intervention classification	General summary	Example description of an intervention in this category, taken from a review	Example primary source	Example review source
Health education	This includes education, training and advice on a range of issues relating to health	Health education	Bauer et al (1985)	As reported by Dishman et al (2005)
Health promotion	Health promotion can include information, education, encouragement of healthier diet, greater physical activity etc	Screening and individual counselling, workshops and seminars, self-help materials, fitness facilities on-site	Larssens and Simmonds (1993)	As reported by Pelletier (1997)
Health risk appraisal	A health risk appraisal is an assessment of an individual's risk of ill health	Health Risk Appraisal with and without counselling in conjunction with a worksite health exam	Gemson and Sloan (1995)	As reported by Anderson and Staufacker (1996)
Health and safety training	Training focused upon health and safety aspects and requirements in the workplace. This will differ according to job demands and industry sector	Health and safety training	PWC Case Study 18	As reported by PWC (2008)
Immunisation	Immunisation against specific diseases in the workplace	Flu immunisation	PWC Case Study 42	As reported by PWC (2008)
Incentives	Incentives are primarily financial rewards for meeting certain targets in relation to lifestyle, such as stopping smoking, weight loss or increased exercise. Incentives may be based on 'prizes', competitions, or a pledge, or may be a penalty for failing to achieve a certain target	Health promotion programme, cessation classes, incentive strategy (an amount to be deducted from pay cheque)	Jeffrey (1993)	As reported by Moher et al (2005)
Individual support	Employers can offer a range of interventions that help employees stop smoking that is tailored to the needs of the individual	High risk intervention subjects recalled, measured blood sample, weight, blood pressure, tailored advice on diet, alcohol and smoking	Cambien (1981)	As reported by Moher et al (2005)
IT support	Employers can put in place a range of IT services that help support behaviour change. Examples include computer software programmes that help employees to stop smoking by reminding them of the benefits of doing so	Computer tailored magazine with dietary, exercise, smoking advice, and social support at work from trained helpers	Campbell (2002)	As reported by Moher et al (2005)
Injury surveillance	Injury surveillance tends to involve interventions to monitor the number of injuries in the workplace	Injury surveillance system with the use of quality based standardised diagnostic and treatment protocols	Wiesel (1994)	As reported by Tompa et al (2008)
Job design	Interventions that help employers to design jobs in a way that promotes health. This can include giving consideration to job roles, job content, shift patterns and organisational structure for example	Participative management intervention, committees of nurses given control over personnel, work scheduling, training and some budgeting	Counte et al (1987)	As reported by Egan et al (2007)

Intervention classification	General summary	Example description of an intervention in this category, taken from a review	Example primary source	Example review source
Management training	Interventions which offer training to managers on how to promote health in the workplace	Multimodel cognitive behavioural intervention comprising five modules: exercise therapy, cognitive behavioural modification, education, promotion interaction with occupational and social milieu, training of work supervisors to enhance reintegration into job	Jensen and Bodin (1998)	As reported by Hillage et al (2008)
Modified work	Modified work involves modifying job tasks and offering temporary work to allow employees to return to work following sickness absence	Light duty	Butler (1995)	As reported by Krause (1998)
Monitoring	This tends to involve monitoring ill health and/or the precursors of ill health in the workforce, generally through the use of health surveys or questionnaires	Develop stress questionnaire and use it to assess change due to stress management training	Steinmetz et al (1982)	As reported by Murphy (1996)
Multiple	This category includes studies where a range of interventions were put in place and it was not clear how to separate out each intervention from the mix	Physical therapy, exercise, ergonomics, behaviour therapy and prevention of pain and re-injury	Linton (1989)	As reported in Tveito et al (2004)
Occupational health	Employers can put in place interventions that involve the services of an occupational health professional. Occupational health professionals tend to focus on specific risks of injury in the workplace	Early referral to occupational health	Malcolm et al (1993)	As reported in Michie and Williams (2003)
On-site medical support	On-site medical support includes a range of different types of medical support provided on-site, such as an on-site GP, nurse, physio or dentist, for example	On-site medical room and nurse to provide first aid, medical advice and lifestyle checks	PWC Case Study 55	As reported by PWC (2008)
Organisational management	Organisational management involves a range of different approaches to changing the way that the company is organised and managed to improve the health of employees	Two levels that are linked organisationally with one another: The centralised level includes a 'Central Office for Health Management'. Under its leadership, a steering committee comprised of members from various departments and organisations meet regularly and co-ordinate, evaluate and direct the overall process On the decentralised level, in each of the departments, there is a health management working group that plans, co-ordinates and directs activities that promote health on-site and at departmental level	Case Study 21	As reported by De Greef and Van den Broek (2004)
Partial work	Partial work is a way of adjusting an employee's job role to allow them to take on some but not all tasks. This might be due to sickness absence or because they are experiencing poor health	The intervention included the following key features: a work rehabilitation programme for the injured worker is proposed to the workplace management, an agreement is made between the occupational therapist of the team and the worker's supervisor on the partial duties expected from the worker in their usual job. To ensure that production needs are met, the injured worker is typically placed in a supplemental position and helps a co-worker to do partial tasks of the job. The injured worker's partial tasks are progressively augmented (in time and strength) during the 4 to 8 weeks until full job demands are fulfilled	Durand and Loisel (2001)	As reported by Hillage et al (2008)
Psychosocial intervention	Psychosocial interventions tend to be those that provide psychotherapy to employees. There are a number of different types of psychotherapy. They are all ways of helping people to overcome stress, emotional problems, relationship problems or troublesome habits	Brief psychotherapy	Barkum and Shapiro (1990)	As reported by Murphy (1996)
Relaxation	Relaxation interventions in the workplace involve teaching employees techniques to help them relax. This could be through the use of music, for example	Relaxation training	Alderman and Techlengburg (1983)	As reported by Murphy (1996)
Return to work	Interventions that help employees return to work. This could involve working with the line manager to co-ordinate an early return to work for employees who are off sick	In-house rehabilitation counsellors, training (not specified), return to work co-ordination on as needed basis	Ahrens (2000)	As reported by Shaw et al (2008)
Screening	Screening involves the use of health assessments and other interventions that offer screening for specific illnesses and/or risk factors for a range of diseases	Medical screening and initial counselling with physician, three counselling sessions with a nurse	Edye et al (1989)	As reported by Pelletier (1997)
Sickness absence monitoring	Interventions that help monitor levels of sickness absence within an organisation, often through the use of information technology	Sickness absence management through IT programmes, and early rehabilitation	PWC Case Study 3	As reported by PWC (2008)
Stress management	Interventions relating to stress management tend to involve different approaches to helping employees cope with stress	Stress counselling programme	Doctor et al (1994)	As reported by Murphy (1996)
Writing	The use of writing to encourage coping with traumatic events experienced through work	Writing about traumatic events	Frances and Pennebaker (1992)	As reported by Murphy (1996)
Work/life balance	Interventions that help employees to manage the competing demands of work and their personal lives	On-site crèche, subsidised social club, private healthcare schemes, free on-site health checks, holiday buy-back scheme	PWC Case Study 14	As reported by PWC (2008)

Note: Various refers to interventions which were not classified as focusing upon a specific disease area, rather they are interventions which are likely to impact upon the risk factors (eg physical activity) which may impact upon many diseases. Also note that these intervention classifications are not mutually exclusive; they are a pragmatic basis to convey the main focus of interventions and are open to considerable interpretation. The authors are not aware of a taxonomy or complete classification scheme for health at work interventions

About this report

The project that led to the production of this report was initiated in 2007 by Bupa as part of its drive to understand how to encourage more employers to invest in workplace health.

Bupa has an interest in health at work both as an employer of over 50,000 people worldwide, and as a provider of interventions to employers and employees to help them support the health of their workforce.

Bupa has drawn together a project team from across a variety of organisations. This report seeks to represent the consensus of views held by the members of the project team. It does not represent the formal views of Bupa, C3 Collaborating for Health, RAND Europe, The Work Foundation or those of the independent consultant involved in this work.

The project team was made up of:

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2 'Worklessness' tends to refer to people who are not in work. This includes people who are on benefits or unemployed.

3 A long-term condition is a health problem that requires ongoing management over a period of years or decades.

4 'Caring responsibilities' refers to the responsibilities that employees have outside work to care for dependants, such as children, pensioners or people who cannot work due to illness or disability.

5 Vaughan-Jones H, Barham L (2009) *Healthy Work: Challenges and Opportunities to 2030*, a report for Bupa in partnership with The Oxford Health Alliance, The Work Foundation and RAND Europe, available at http://www.bupa.com

6 Prevalence is the proportion of a population that are cases of a specific condition at any time within a stated period. Incidence is the rate at which new cases occur in a population during a specified period.

7 'Presenteeism' is the term used to describe workers who are in work but not working productively due to ill health.

8 Vaughan-Jones H, Barham L (2009) *Healthy Work: Challenges and Opportunities to 2030*, a report for Bupa in partnership with The Oxford Health Alliance, The Work Foundation and RAND Europe, available at http://www.bupa.com

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31 Vaughan-Jones H, Barham L (2009) *Healthy Work: Challenges and Opportunities to 2030*, a report for Bupa in partnership with The Oxford Health Alliance, The Work Foundation and RAND Europe, available at http://www.bupa.com. Note: It can be difficult to make an accurate assessment of the costs of disease to employers. This is because some costs are hard to measure, such as productivity, some costs are 'hidden' and there are a variety of approaches to costing disease. The figures in this graph represent the project team's best assessment of likely costs, based on available data.

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57 More information on the National Stakeholder Council is available at http://www.workingforhealth.gov.uk/News-and-updates/News-Summary.aspx?NewsID=58

58 More information on workplace health connect pilots is available at http://news.hse.gov.uk/2008/02/25/workplace-connect-pilot-ends/

59 More information on the Business Action on Health campaign is available at http://www.bitc.org.uk/document.rm?id=6566

60 Waddell G, Burton K and Kendall N, *What works for whom and when? A review of the evidence of workplace health rehabilitation* (2007) available at http://www.workingforhealth.gov.uk/documents/vocational-rehabilitation.pdf

61 *Working for a healthier tomorrow* (2008), Dame Carol Black's review of the health of the workforce, available at http://www.workingforhealth.gov.uk/Carol-Blacks-Review/Default.aspx

62 *Improving health and work: changing lives* (2008), available at http://www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lives.pdf

63 NICE, *Workplace health promotion: how to encourage employees to be physically active*, NICE public health guidance 13 (2008).

64 *High quality care for all: NHS next stage review* (2008), available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

65 Macleod D, *Engaging for success: enhancing performance through employee engagement* (2009), available at http://www.berr.gov.uk/whatwedo/employment/employee-engagement/index.html

66 Macleod D, *Engaging for success: enhancing performance through employee engagement* (2009), available at http://www.berr.gov.uk/whatwedo/employment/employee-engagement/index.html

67 Public health is defined as the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, public and private organisations, communities and individuals.

68 NICE, *Promoting mental wellbeing at work* (2009) and NICE, *Workplace health promotion: how to encourage employees to be physically active*, NICE public health guidance 13 (2008).

69 *Commissioning Framework for Health and Wellbeing*, the Department of Health (2007), available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604

70 *Working for a healthier tomorrow* (2008), Dame Carol Black's review of the health of the workforce, p66, available at http://www.workingforhealth.gov.uk/Carol-Blacks-Review/Default.aspx

71 A 'QALY' is a metric used to combine measures of quality of life with measures of survival. It is a frequently used measure for assessing the impact of healthcare interventions in economic evaluation.

72 Pilgrim, H, et al Modelling the cost effectiveness of interventions, strategies, programmes and policies to reduce the number of employees on sickness absence (May 2008).

73 For more information on the Business Action on Health Campaign see http://www.bitc.org.uk/healthyworkplaces

74 This report discusses a range of financial incentives, but it is important to note that non-financial incentives could also be used.

75 A number of classification schemes exist for occupational health, but they do not cover the full range of interventions that employers may be looking to invest in when considering workplace health, from health promotion through to job redesign, counselling or health insurance.

76 EQ 5D is a standardised instrument for use as a measure of health outcomes. It includes questions about 5 dimensions: mobility, self care, usual activities, pain/discomfort and anxiety/depression with 3 levels within each of these domains: no problems, some problems, severe problems (see http://www.euroqol.org/fileadmin/user_upload/Documenten/PDF/Sample_UKenglishclin_website.pdf). SF-36 is a multi-purpose, short-form health survey with 36 questions (see http://www.sf-36.org/tools/SF36.shtml)

77 See http://www.hta.ac.uk/about/index.shtml

78 The search was carried out in January 2009.

79 An academic review is a review of the academic literature on a particular subject. It is carried out to provide analysis and synthesis of a range of studies relating to that subject. A primary study is an empirical study which aims to directly measure the outcome of a particular intervention, through, for example, surveys or experiments.

80 Burton AK, Kendall NAS, Pearce BG, Birrell LN, Bainbridge LC, Management of Upper Limb Disorders and the Biopsychosocial Model. London: HSE Books, 2008. Available at: http://www.hse.gov.uk/research/rrpdf/rr596.pdf; Harden, A et al *A systematic review of the effectiveness of health promotion interventions in the workplace* Occup Med 1999;49(8):540-548; McCloed, D and Clarke, N Engaging for success: enhancing performance through employee engagement 2009.

81 Cahill, K and Perera, R *Competitions and incentives for smoking cessation* Cochrane Database of Systematic Reviews 2008; 3 Art No CD004307. DOI:10.1002/14651858.CD00437.pub3

82 Public Health Commission, *We're all in this together, improving the long-term health of the nation* (2009).

83 PWC, *Building the case for wellness*, a report for Dame Carol Black (2008). Available at http://www.workingforhealth.gov.uk/documents/dwp-wellness-report-public.pdf

84 PWC, *Building the case for wellness*, a report for Dame Carol Black (2008). Available at http://www.workingforhealth.gov.uk/documents/dwp-wellness-report-public.pdf

85 Chapman L, *Does wellness work? A look at the evidence for worksite wellness*. Taken from a presentation to AWC Wellness Academy, WA (2007).

86 A study was defined as having a mixed result if it set out to measure more than one outcome and the impact was positive in relation to one and negative in relation to another.

87 The review articles use a variety of approaches for assessing the quality of the primary research. To make comparisons we rated studies as 'high', 'medium' or 'low'. For those studies which used a scoring technique to grade the primary research we simply split the scores into 3 levels: high, medium, and low. For other studies we gave a rating based on the description of the study type: eg case studies were rated low, randomised control trials were rated high and other study types were rated medium. This reflects standard academic approaches to reliability of different types of evidence. However, it is important to point out that case studies and other approaches to research can be equally as useful to employers considering which interventions might work best for them.

88 Return to work interventions include case management services, which help employers to manage the process through which an employee returns to work after sickness absence. They also include interventions which help employers to make an assessment of an employee's medical needs and make recommendations on their fitness for work and any adjustments they might need. Some return to work interventions also include physiotherapy and counselling where required to help ease an employee's return to work.

89 We drew on the findings of primary studies included in the following review studies: Shaw et al (2008), Hillage et al (2008) and PWC (2008). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

90 Feuerstein, M et al Integrated case management for work related upper extremity disorders: impact of patient satisfaction on health and work status J Occup Environ Med 2003;45:803-12. This study was rated as high quality and is available at http://journals.lww.com/joem/Abstract/2003/08000/Integrated_Case_Management_for_Work_Related.6.aspx

91 Employee Assistance Programmes (EAPs) offer employees telephone access to confidential health, work and wellbeing advice. They may also include referral to treatment or counselling.

92 We drew on the findings of primary studies included in the following review studies: Roman and Blum (1996) and Csiernik (2004). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

93 Health promotion covers a range of activities, from offering employees education and advice on a range of issues relating to health to posters, campaigns and challenges to encourage employees to be more active and lead healthier lives.

94 We drew on the findings of primary studies included in the following review studies: Dishman et al (2005), PWC (2008), Pelletier (2001), Pelletier (1997), Hillage et al (2008), Rick et al (2008), Engbers et al (2005), Pelletier (2005), De Greef and Van den Broeck (2004), WEFWHO (2008), Peersman et al (1998), Aldana (2001) and Heaney et al (1997). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

95 Interventions related to changing job design include changing job descriptions, improving job content, reorganising shift patterns and changing the structure of the organisation. For more information on how job design is related to health, see section 2.3.

96 We drew on the findings of primary studies included in the following review studies: Egan et al (2007), Boocock et al (2007) and De Greef and Van der Broeck (2004). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

97 Vaughan-Jones H, Barham L (2009) *Healthy Work: Challenges and Opportunities to 2030*, a report for Bupa in partnership with The Oxford Health Alliance, The Work Foundation and RAND Europe, available at http://www.bupa.com

98 Spurgeon et al, *New directions in managing employee absence*, (2007) a publication by the Chartered Institute of Personnel Development. Available at http://www.cipd.co.uk/Bookstore/_catalogue/HRPractice/9781843981855.htm

99 We drew on the findings of primary studies included in the following review studies: Murphy (1996), Mimura and Griffiths (2003), Michie and Williams (2003), and Egan et al (2007). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

100 Vaughan-Jones H, Barham L (2009) *Healthy Work: Challenges and Opportunities to 2030*, a report for Bupa in partnership with The Oxford Health Alliance, The Work Foundation and RAND Europe, available at http://www.bupa.com

101 We drew on the findings of primary studies included in the following review studies: Glanz (1996), Pelletier (1997), Pelletier (2001) and Pelletier (2005). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

102 Vaughan-Jones H, Barham L (2009) *Healthy Work: Challenges and Opportunities to 2030*, a report for Bupa in partnership with The Oxford Health Alliance, The Work Foundation and RAND Europe, available at http://www.bupa.com

103 We drew on the findings of primary studies included in the following review studies: Proper et al (2003), Franche et al (2005), Brewer et al (2006), Verhagen et al (2006), Boocock et al (2007), Tompa et al (2008) and Rivilis et al (2008). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

104 Vaughan-Jones H, Barham L (2009) *Healthy Work: Challenges and Opportunities to 2030*, a report for Bupa in partnership with The Oxford Health Alliance, The Work Foundation and RAND Europe, available at http://www.bupa.com

105 We drew on the findings of primary studies included in the following review studies: Moher et al (2005), Cahill and Perera (2008). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

106 Vaughan-Jones H, Barham L (2009) *Healthy Work: Challenges and Opportunities to 2030*, a report for Bupa in partnership with The Oxford Health Alliance, The Work Foundation and RAND Europe, available at http://www.bupa.com

107 We drew on the findings of primary studies included in the following review studies: Hennrikus and Jeffery (1996) and Engbers et al (2005). See the technical appendix to this report, available at www.bupa.com for full reference details for these studies.

108 Anderson, JV et al, A worksite weight management program to reinforce behavior J Occup Med 1993;35:800-4. This study is rated as high quality and is available at http://journals.lww.com/joem/Abstract/1993/08000/A_Work_Site_Weight_Management_Program_to_Reinforce.17.aspx

109 Incentives can take the form of financial payments, or they can be non-financial such as gift vouchers, competitions or other prizes. They can be used to encourage employees to stop smoking, to exercise more or to lose weight.

110 http://www.independent.co.uk/life-style/health-and-families/health-news/bribery-ndash-the-key-to-better-public-health-1666833.html

111 Department of Health (2008). 'Raising the profile of long-term conditions care, a compendium of information.' Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082069 (accessed 20 February 2009).

112 Quoted in Bramley-Harker E, Barham, L (May 2004). 'The Human and Economic Value of Innovation and Opportunities for the NHS'. London: NERA

113 Constable S, Coats D, Bevan S and Mahdon M, *Good Jobs*, a report for the Health and Safety Executive (2009).

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