

## The C3 workplace health programme

The four major chronic non-communicable diseases – cardiovascular disease (heart disease and stroke), diabetes, cancer and chronic lung disease – place a heavy financial burden on companies through their impact on absenteeism and reduced productivity. Many employers recognise that investing in employee health directly affects financial performance and improves the company's reputation with its workforce and beyond.

According to the World Health Organisation, 80% of premature heart disease, stroke and type 2 diabetes as well as 40% of cancers could be prevented or delayed, by eliminating three risk factors<sup>1</sup>: **tobacco use, poor diet (including the harmful use of alcohol), and lack of physical activity.**

### C3's approach

C3 Collaborating for Health works with any employer who wishes to see these benefits in their workplace. Workplace health initiatives reach on a key age-group (16–60-year-olds), people who spend about 40% of their waking hours at work and who – in many cases (particularly men) – do not come into regular contact with health services.

Improved diet and regular physical activity also improves general physical and mental wellbeing and is important in recruitment, retention, motivation and engagement of staff.

C3 offers an approach to a workplace health programme that can be used by employers in any workplace. A programme needs to be designed for the specific workplace/company. It will require the commitment of top management and the involvement of staff representatives or workplace health 'champions'. What follows is an approach that is simple, but which needs the work and commitment of individuals to find an approach that suits each organisation, has high rates of participation and is sustained.

- The healthiest 25% of the workforce is naturally 18% more productive at work than the least healthy 25%.<sup>2</sup>
- Health promotion programmes are cost-effective, with returns on investment demonstrated of 2.3 to 10.1 times the amount invested.<sup>3</sup>

### 1. Collaboration

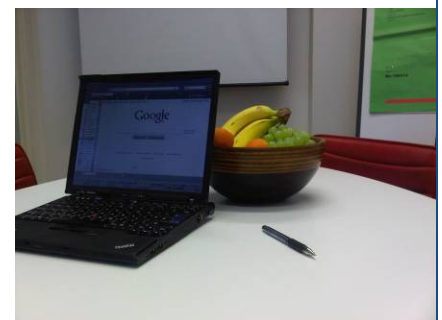
C3 takes a collaborative approach across all areas of its work. Collaboration with employees is particularly important when implementing any kind of organisational development activity – including workplace health initiatives.

### 2. Assessment of the workplace

#### Current health programmes

Most employers already offer some health programmes such as health and safety, occupational health and private health insurance.

However, 67 per cent of companies in the UK are currently not addressing health and wellness.<sup>4</sup>



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and a company limited by guarantee (no. 6941278), registered in England and Wales.

## Smoking

Is help provided to those wishing to stop smoking, such as smoking-cessation classes or nicotine replacement therapy?

- Smokers are absent from work more than 50% more than non smokers and 35% more than former smokers. Smokers also have significantly more unproductive time at work.<sup>5</sup>

## Diet

Is there a cafeteria? Vending machines? Do they have/encourage healthy options? Is information on healthy eating available to employees?

Is there information on healthy eating? Are there incentives to eat healthily? Are there cookery classes? Weight-reduction programmes?

- Obese employees are more than twice as likely to experience high-level absenteeism and 1.5 times more likely to suffer from moderate absenteeism as those of recommended weight.<sup>6</sup>

## Physical activity

Are stairs easy to use and use of the lifts discouraged?

Are staff encouraged to exercise? Are there incentives for doing so? Are there on-site exercise facilities?

Are there facilities to store bicycles? Are there walking clubs or other group activities?

- Non-exercisers have 46% greater absence rates than those who exercise just once a week.<sup>7</sup>
- High levels of fitness programme participation tend to be associated with decreased levels of short-term absenteeism.<sup>8</sup>

## 3. Assessment of the workforce

### Information

Individual working places will hold some information on the health and behaviour of employees:

- Sickness, absence, turnover – and possibly much more
- Staff surveys and discussion groups may also provide useful information

### Health risk assessment

Staff should be offered confidential personal assessments of their individual risk factors, such as medical history, blood pressure, body mass index, levels of cholesterol and blood sugar.

These need to be independent and confidential but can be summarised anonymously.

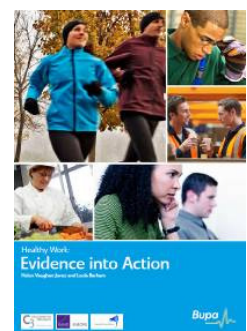
### C3's unique role

C3 is a diverse network of academic and other experts who can offer evidence-based solutions. C3 has been a member of the project boards of the *World Economic Forum's* Working towards Wellness Initiative, *Bupa's* Health at Work Initiative and *Dame Carol Black's* Sounding Board, and is coordinating an innovative partnership, the **Health and Wellbeing Local Business Partnership**, as part of the government's Health in the Workplace Responsibility Deal.

- C3 has worked with Britvic, Bupa, Business in the Community, PepsiCo, Mars, Nestlé, Novo Nordisk and Unilever.

C3's workplace programme is led by Christine Hancock, a former NHS CEO and past General Secretary of the Royal College of Nursing and President of the International Council of Nurses.

C3 is not a consultancy, but does offer advice to organisations that wish to develop their own programmes, and will help to evaluate and monitor results.



## Key indicators

C3's approach to workplace health focuses on a number of key indicators:

1. Number of smokers in the workforce
2. Numbers of smokers who quit each year
3. Average BMI (measure of obesity) of the workforce
4. Change in BMI of employees
5. Number of employees who daily eat five portions of fruit and vegetables
6. Number of employees who take 30 minutes of exercise five days a week
7. Employee attitude and behaviour



## Sources

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<sup>1</sup> *Preventing Chronic Diseases: A Vital Investment* (WHO, 2005), [http://www.who.int/chp/chronic\\_disease\\_report/en/index.html](http://www.who.int/chp/chronic_disease_report/en/index.html), p. 18.

<sup>2</sup> 'Vielife-IHPM health and performance research study', *Personnel Today*, 25 October 2005: <http://www.personneltoday.com/articles/2005/10/25/32181/vielife-ihpm-health-and-performance-research-study.html>.

<sup>3</sup> 'Building the case for Wellness', Price Waterhouse Cooper (2008): <http://www.dwp.gov.uk/docs/hwwb-dwp-wellness-report-public.pdf>.

<sup>4</sup> Statistic quoted by Dame Carol Black at a YMCA seminar, 'All work and no play: getting your workforce active', on 6 May 2011.

<sup>5</sup> Bunn W.B. 3rd, G.M. Stave, K.E. Downs, J.M. Alvir and R. Dirani, 'Effect of smoking status on productivity loss', *J Occup Environ Med* 2006, 48: 1099–108: <http://www.ncbi.nlm.nih.gov/pubmed/17033509>.

<sup>6</sup> Tucker, L.A. and G.M. Friedman, 'Obesity and absenteeism: an epidemiologic study of 10,825 employed adults', *American Journal of Health Promotion* 1998, 12(3): 202–7: <http://www.ncbi.nlm.nih.gov/pubmed/10176095>.

<sup>7</sup> Jacobson B.H. and S.G. Aldana, 'Relationship between frequency of aerobic activity and illness-related absenteeism in a large employee sample', *J Occup Environ Med* 2001, 43: 1019–25: <http://www.ncbi.nlm.nih.gov/pubmed/11765673>

<sup>8</sup> Aldana S.G. and N.P. Pronk, 'Health promotion programs, modifiable health risks, and employee absenteeism', *J Occup Environ Med* 2001, 43(1): 36–46: <http://www.ncbi.nlm.nih.gov/pubmed/11201768>.