

# Workplace Health Promotion



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## Introduction

This set of guidelines has been developed to help social security institutions support and assist their “clients” – public and private sector enterprises and organizations – to develop comprehensive workplace health promotion (WHP) programmes.

In this context, the term “social security institution” is inclusive and all embracing. Health insurance funds, accident insurance funds, pension funds, providers of occupational safety and health (OSH), unemployment funds and funds supporting long-term care are all included, as are any other agencies considered to be engaged in the field of “social security”.

Workplace health promotion addresses the major risk factors for preventable and non-communicable illness (such as obesity, smoking, type 2 diabetes, alcohol-related illness and stress) and facilitates early intervention. The workplace is also a setting for disseminating information and raising awareness of communicable illnesses and health conditions such as AIDS. Reducing the risk of illness will, in the medium to long term, lead to a reduced need for social security benefits and will also improve the population’s health. Workplaces must institute a culture of health in the broadest sense, in a way that values the strengths and capabilities of the entire workforce.

According to European Union data published in 2010, 3.2 per cent of workers in the EU-27 were reported as having had an accident at work during a one-year period, which corresponds to almost 7 million workers. In addition, 8.6 per cent of workers reported a work-related health problem in the previous 12 months. This represents a significant expense to individual enterprises and national economies. Accidents at work and cases of work-related ill health result in huge costs. According to the International Labour Organization (ILO), the total cost of work-related accidents and ill health amounts to approximately 4 per cent of the world’s gross domestic product.

Furthermore, research shows that a large percentage of deaths are associated primarily with modifiable, lifestyle-related behaviours. Four predominant factors – tobacco use, poor diet, low levels of physical activity and alcohol consumption, account for the major risks of non-communicable diseases around the world. Over the next two decades, non-communicable diseases will cost more than USD 30 trillion, representing 48 per cent of global gross domestic product in 2010, which will dramatically impact upon productivity.

This significant loss has a negative impact on economic growth and places a burden on society. National economies and individual enterprises with better occupational safety and health standards tend to be more successful. Working safely and safeguarding health and well-being thus provide employers with direct business benefits.

Social security institutions play a major role in influencing and facilitating the return to work after injury or illness. This benefits insurers (with cost savings), individuals (with faster improvements in health and re-established well-being) and employers (with fewer absences).

Social security institutions can achieve tangible benefits by taking a leadership role in protecting and promoting workplace health. These guidelines support such actions.

## Objectives of the *ISSA Guidelines on Workplace Health Promotion*

The information contained in these guidelines will provide social security institutions with a framework for action. In essence, they are a “how to” manual for developing and implementing sustainable, needs-based workplace health promotion (WHP) programmes in client organizations, be they private or public sector enterprises, agencies or organizations. The processes and procedures described are based on established good practice.

Guidance focuses on two key areas:

- Social security institutions as facilitators of good practice in their client organizations and the steps involved in carrying out that role;
- Social security institutions as models and the actions needed to achieve this status.

The *ISSA Guidelines on Workplace Health Promotion* should be used in conjunction with the *ISSA Guidelines on Return to Work and Reintegration* and the *ISSA Guidelines on Prevention of Occupational Risks* and be understood as a holistic tool for senior management in social security institutions.

## Definition of Workplace Health Promotion

The European Network for Workplace Health Promotion (ENWHP) defines workplace health promotion (WHP) as “the combined efforts of employers, employees and society to improve the health and well-being of people at work”.

This definition is based on the *Luxembourg Declaration* (1997), developed by the members of ENWHP. It describes workplace health promotion as “a modern corporate strategy intended to prevent ill health at work (including work-related diseases, accidents, injuries, occupational diseases and stress) and enhance health-promoting potentials and well-being in the workforce”.

According to the *Luxembourg Declaration*, this can be achieved by:

- Improving work organization and the working environment;
- Promoting active participation;
- Encouraging personal development.

The comprehensive nature of this widely accepted (European) definition of workplace health promotion is not unique. In 2004, the Health Communication Unit at the Centre for Health Promotion, University of Toronto, described workplace health as “an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management under and upon the efforts of employees to care for their own well-being”. Similarly, the Centers for Disease Control and Prevention notes that workplace health programmes “refer to a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports, and links to the surrounding community designed to meet the health and safety needs of all employees”.

Examples of workplace health programme components and strategies include:

- Health education classes;
- Access to local fitness facilities;

- Company policies that promote healthy behaviours, such as a tobacco-free campus policy;
- Employee health insurance coverage for appropriate preventive screenings;
- A healthy work environment created through actions such as making healthy foods available and accessible through vending machines or cafeterias;
- A work environment free of recognized health and safety threats, with a means to identify and address new problems as they arise.

The need for such a comprehensive approach is recognized by the World Health Organization (WHO), which notes:

“The concept of the health promoting workplace (HPW) is becoming increasingly relevant as more private and public organizations recognize that future success in a globalizing marketplace can only be achieved with a healthy, qualified and motivated workforce. A HPW can ensure a flexible and dynamic balance between customer expectations and organizational targets on the one hand and employees’ skills and health needs on the other, which can assist companies and work organizations to compete in the marketplace. For nations, the development of HPW will be a prerequisite for sustainable social and economic development”.

One of the most positive features of workplace health promotion is the fact that so many groups can contribute to it and that it does not – indeed, should not – lie in the domain of one group alone.

This was identified by Wynne (1990) who adapted the five principles of general health promotion, based on the ecological model of health developed by WHO in 1984 for use in a workplace setting. Wynne states that workplace health promotion “is directed at the underlying causes of ill health; combines diverse methods of approach; aims at effective worker participation; and is not primarily a medical activity, but should be part of work organization and working conditions”.

Workplace health promotion is closely linked to and overlaps return-to-work (RTW) programmes based on the idea of proactive interventions and job retention. This holistic approach is highlighted in some of the following guidelines, based on the *ISSA Guidelines on Return to Work and Reintegration*. Around the world, social security institutions which combine the structures and mechanisms of workplace health promotion with the return to work provide good practice models, and their one-stop-shop service satisfies small and medium-sized enterprises in particular. The *ISSA Guidelines on Prevention of Occupational Risks* should also be part of this comprehensive service for enterprises and individuals.

## Workplace Health Promotion Framework

In most cases, social security institutions are not legally required to become involved in workplace health promotion (WHP). However, there are a number of compelling reasons to do so, including the following.

### *Ethics*

Not even the best rehabilitation and compensation arrangements can address the loss of quality of life following a work-related accident or ill health that prevents an employee from continuing to work. Social security institutions have a leadership role in preventing accidents and ill health and promoting well-being through the workplace.

### *Social benefits: Sustainable social security systems*

The loss of the ability to work – whether as a result of age, illness, accident or unemployment – can reduce overall knowledge, skill and experience within the workforce. This has an impact on the employer, the community, the affected person and his or her family. In the future, worker health, the ability to work and employment rates must be stabilized at a high level so that social insurance systems can continue to function. Promoting well-being in the workplace facilitates better health, safer work and worker retention. This ensures a sustainable funding source for rehabilitation and compensation while reducing the need for expensive rehabilitation measures and compensation.

### *Equity: Reducing health inequalities*

Unemployment and employment that may harm health result from social patterns. Such patterns place those of lower socio-economic status at higher risk. The link between such employment and working conditions and a range of indicators of poor health is clear. Reducing health inequalities benefits a wide range of stakeholders, including governments, health systems, social security systems, employers and individuals. Indeed, employment contributes significantly to reducing health inequalities in several interrelated ways:

- Employment and economic policies have a major impact on a range of life chances, with paid work playing a major social role in adult life;
- Wages and salaries provide the main component of a person's income. Low and insecure income affects health through material deprivation, unhealthy behaviours and stressful experience. Low income can have long-lasting negative effects across generations due to childhood antecedents of poor adult health;
- Adverse working conditions such as physical and chemical hazards, risk of injury, long or irregular working hours, shift work and physically demanding work can adversely affect workers' health;
- Working life has changed tremendously in recent times. Workers now face psychological and socio-emotional job demands and threats stemming from insecure work and other adverse psychosocial work environments. These demands and threats directly affect workers' health. New opportunities have emerged to strengthen "good" (health-promoting and protective) work through primary and secondary preventive measures.

However, a report by the German Central Federal Association of Health Insurance Funds shows that workplace health promotion projects are unevenly distributed across sectors and enterprises. Workers in the service industries, women and migrant workers are much less likely to benefit from health promotion projects than workers in the manufacturing sector. Social security institutions, among other stakeholders, are clearly in a position to influence this situation and must advocate for equal access to WHP.

### *Actors in workplace health promotion*

Ensuring the health and well-being of its employees is the responsibility of the employer. This principle is supported by most national occupational safety and health legislation. Other principles such as participation and consultation of the workers on these matters, as well as the fact that expert advice within or outside the company is needed to support company policies, are often part of the same legislation. Even

though comprehensive workplace health promotion programmes often go beyond legal compliance, the actors carrying out and supporting company policies are often the same.

It is widely recognized that the most successful workplace health programmes at a company level are based on strong senior management commitment. The involvement of senior management is imperative if employees are to appreciate and recognize that their employer is committed to protecting and promoting the health and well-being of the workforce.

Furthermore, workplace health promotion programmes require the engagement and participation of workers and should be undertaken in partnership with all employees at all levels and across the organization. Finally, the planning, development and implementation of workplace health promotion also requires the driving force of a team (or person) to actively ensure the delivery of workplace health promotion within the company.

Social security institutions are important actors in workplace health promotion. Their role involves actively encouraging and supporting employers who set up workplace health promotion programmes in their companies. This support can also include investing time and resources in such developments.

The role of social security institutions in supporting and enabling workplace health promotion can be based on a legal and/or voluntary mandate. For social security institutions that are already closely linked to workplaces, and which will obviously benefit from the development of successful workplace health promotion programmes, fulfilling this supporting and enabling role is both logical and economically sound.

In many countries, workers' compensation boards insure employees against the loss of income resulting from accidents at work and/or occupational diseases. Often the workers' compensation boards are part of social security funds covering multiple branches of social security, such as unemployment, pension, health, or family benefits, in addition to work injuries.

Health insurance schemes are also concerned with health promotion and workplace health promotion in particular. The organization of these health insurance schemes is highly dependent on the national context, with the responsibility for compensating a worker who is in ill health/absent from work often being shared by the employer (who might usually cover the early days or weeks of the sickness absence) and the health insurance fund. This also applies to the provisions put in place by those national social security laws applying to disability and pension funds.

## **Structure of the *ISSA Guidelines on Workplace Health Promotion***

The guidance that follows is organized in three parts:

**Part A, Basic Conditions for Workplace Health Promotion**, deals with the structural issues to be addressed so that social security institutions can encourage and enable their clients – public and private sector enterprises and organizations – to develop comprehensive approaches to workplace health promotion.

**Part B, Needs Assessment and Planning**, covers resources and processes for assessment and consensus building.

**Part C, Workplace Health Promotion Activities and Services**, describes the specific interventions and measures that social security institutions can take to enable workplaces to develop and implement workplace health promotion programmes.

Within each part, specific guidelines are grouped according to particular elements of a workplace health promotion programme. They are presented as follows:

**Guideline.** The guideline is stated as clearly as possible.

**Structure.** This is the suggested structure for the particular aspect of a workplace health promotion programme that may support the application of the guideline and facilitate the promotion of the underlying principle. A sound structure is essential for the effective functioning of a workplace health promotion programme. It should ensure an appropriate division of operational and oversight responsibilities as well as the suitability and accountability of the persons involved.

**Mechanism.** There are different ways in which a guideline may be implemented. The suggested mechanisms for a workplace health promotion programme are designed to ensure appropriate controls, processes, communication and incentives which encourage good decision-making, proper and timely execution, successful outcomes, and regular monitoring and evaluation.

## A. Basic Conditions for Workplace Health Promotion

This part describes the basic elements that should be in place to enable social security institutions to develop workplace health promotion activities:

- Legal framework;
- Definition of the role of the social security institution;
- Structures for workplace health promotion.

### A.1. The Legal Framework for Social Security Institutions

The social security institution must have a legal and financial mandate for its role as a workplace health promoter. The mandate defines the institution's scope of action and allows individualized services as well as community-based workplace health promotion activities. The mandate establishes a statutory right to health promotion services for insured persons. It may also state that a specified amount of the social health insurance budget may be used for (workplace) health promotion. Legislation is also necessary to define the boundaries between the state's public health activities and health promotion activities within the social health insurance framework, and to establish platforms for coordination and partnerships.

Obtaining a legal and financial mandate requires there to be a supportive policy environment in which to establish the legislative framework. A supportive policy environment is based on building the case for workplace health promotion and aligning workplace health promotion within overall health strategy. The mandate determines the scope and financial rules and is incorporated into official workplace health promotion implementation rules. In developing workplace health promotion activities, equal access for the whole insured population must be ensured. Hence, workplace health promotion can be instrumental in reducing health inequalities. At-risk individuals and groups and the currently "healthy" population can be reached at their workplaces. Because implementing the mandate is closely associated with the statutory rights of the insured population, the social security institution can, of course, be held accountable. Reporting systems must be in place to ensure transparency with regard to actions and resources.

#### **Guideline 1. Legal and financial mandate: Powers and responsibilities**

The social security institution develops its workplace health promotion activities based on a legal and financial mandate.

#### **Guideline 2. Ensuring equal access to workplace health promotion**

The social security institution ensures equal access to workplace health promotion.

#### **Guideline 3. Providing and managing financial resources**

The social security institution provides sufficient financial resources for workplace health promotion and established structures and rules for managing those resources.

#### **Guideline 4. Ensuring transparency and accountability**

The social security institution ensures accountability and transparency in implementing its mandate to develop workplace health promotion.

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## A.2. The Role of the Social Security Institution

Investing in workers' health is critical to the future sustainability of social security. Such investment is at the core of a social security institution's mission. The institution must thus assume the role of health promoter and work proactively to motivate and engage the insured population (i.e. within workplaces). Prevention and promotion approaches must be integrated into the institution's vision and strategy, supporting the concept of Dynamic Social Security.

The "setting approach" has proved successful within the framework of health promotion. In this, health promotion occurs in various settings (e.g. schools, municipalities, clinical settings and workplaces), but it is the interrelationships that can be created among the different settings which are important. The workplace setting must thus be approached as part of the community in which the social security institution operates, emphasizing the added value that the institution can offer in addition to its individualized services.

There are sustainable advantages for the social security institution in promoting the health of the insured population, including reduced costs (e.g. fewer benefit payments), improved institutional image, customer retention and customer acquisition.

Adopting the role of workplace health promoter requires moving from a reactive role as payer/purchaser of curative, rehabilitative and long-term care services to a more proactive role that focuses on motivating and engaging the insured population (i.e. those employed by client enterprises and organizations) and actors in the social health insurance system in health promotion and prevention.

This commitment to taking a proactive role in workplace health promotion must be translated into a clear vision, by clarifying the unique position of the social security institution within society in general and the social health insurance system in particular, as well as its relationship to the insured population.

Furthermore, the social security institution must set an example within its own organization and structures. If the institution is to act as a health promotion facilitator, it must have credibility. This can be acquired only by setting an example in promoting workplace health.

To consolidate its role in workplace health promotion, the social security institution must integrate this role into its vision, goals and strategic aims.

### **Guideline 5. Committing to promoting workplace health**

**The social security institution commits formally to the role of workplace health promoter by emphasizing its capacity to motivate and engage the insured population for added value.**

The insured population includes both those in workplaces and other actors in the social health insurance system.

Formal commitment requires the institution to make a strategic choice in favour of health promotion in a setting approach, recognizing the broader social, economic and environmental contexts which influence health status.

## **Guideline 6. Clarifying and defining the institution's role in workplace health promotion**

The social security institution develops a clear vision of its unique role in workplace health promotion and clarifies and builds understanding of this role through consultation.

## **Guideline 7. Demonstrating leadership for health**

The social security institution sets an example to others through the actions it takes to protect and promote the health and well-being of its own staff.

Good practice in this internal role gives the institution the credibility it requires to champion, lead and facilitate workplace health promotion in its client enterprises and organizations.

## **Guideline 8. Integrating workplace health promotion into vision and strategy**

The social security institution formally recognizes workplace health promotion at both corporate and strategic levels and develops a sustainable approach in which development is continuously reviewed and evaluated.

In recognizing the importance of workplace health promotion, the institution can bring lasting benefits to its client enterprises/organizations. Corporate and strategic commitment includes an external role, articulating how the institution enables, encourages and supports its clients in their efforts to protect and promote their own employees' health.

### A.3. Structuring Workplace Health Promotion

#### *Identifying and engaging stakeholders*

Promoting workplace health and well-being is a multi-layered activity. Identifying stakeholders is a vital first step in developing a proactive approach to employee health and well-being. The external stakeholders of a social security institution may include national and local government, non-governmental organizations (NGOs), civil society, employers and trade unions, professional organizations and private sector organizations with a health remit.

Creating workplaces which truly promote health will not result from the actions of one stakeholder alone but, rather, from the combined efforts of many. However, one group of key stakeholders is those within the health-promoting workplace itself (internal stakeholders). Consequently, representatives of these groups must be involved in discussions and planning at all levels. Their engagement legitimizes and endorses the involvement of internal stakeholders within other enterprises/organizations in workplace health promotion.

Thus, the first requirement of sustainable and successful workplace health promotion is to identify internal and external stakeholders at all levels and to develop effective partnerships, alliances and collaboration with them.

It is important to use an appropriate process to identify and engage those who have a stake in a health-promoting workplace. One way to do this is to conduct a stakeholder analysis. Many models of stakeholder analysis are available and many overlap. Regardless of which is used, the critical point is that, when the analysis is complete, it should offer a clear understanding of each stakeholder. Key questions to be asked include:

- What do potential stakeholders know, feel, want, believe and value in relation to workplace health issues?
- What are the threats, risks, costs and benefits for each potential stakeholder posed by workplace health issues?
- What are potential stakeholders' main concerns about workplace health issues?
- How do the stakeholders' concerns about the issues differ?
- What are the areas of common ground among the various potential stakeholders?
- What roles do you want stakeholders to play or how do you want stakeholders to be involved in any initiative to promote workplace health?

Stakeholder engagement is a key step in developing a sustainable and consistent approach to protecting and promoting employee health and well-being across groups of employers and geographical areas. But stakeholders must be engaged in appropriate positive ways, which include:

- Creating effective collaboration and partnerships from the outset;
- Defining a common agenda;
- Showing how disagreement and conflict, should they arise, will be resolved;
- Having in place, clear and agreed guiding principles;
- Having convincing arguments to support the call for engagement.

Gaining the involvement of stakeholders is a task that social security institutions are well placed to undertake. Building relationships is central to creating stakeholder engagement. Such relationships are based on:

- Working towards a common goal or objective (in this case, improving employee health);
- Collaboration, not competition, to achieve this improvement;
- Openness, transparency, and mutual trust and respect, which must underpin the relationship;
- Recognizing the diversity of stakeholders and their needs (e.g. the needs of the Ministry of Labour in terms of workforce well-being will be different from those of employers or trade unions, although the desired outcome will be the same for all).

Social security institutions have a clear health remit, and may thus be considered the key stakeholder in workplace health promotion.

### *The synergistic effect of stakeholder engagement*

Synergistic benefits for workplace health promotion can be achieved when all stakeholders work together effectively – whether within the social security institution, at a national or regional level or within individual enterprises/organizations. Regardless of the level or context, efforts to promote workplace health and well-being are more likely to be effective when they follow the following principles:

- Clarity of role: stakeholders know what is expected of them;
- Respect and trust: all aspects of the relationship between stakeholders are based on mutual respect and trust;
- Responsibility and accountability: stakeholders know what they are responsible for and are accountable for their actions;
- Reporting mechanisms are clear and used;
- The process is based on realistic expectations: goals and objectives are based on SMART principles (specific, measurable, achievable, relevant, time-bound);
- Recognition of effort: stakeholders and their efforts are valued.

## **Guideline 9. Developing a cooperative approach: Working in partnership with all stakeholders**

The social security institution identifies and actively engages all stakeholders in workplace health promotion.

## **Guideline 10. Creating synergies for workplace health promotion**

The social security institution maximizes the potential of partnerships in developing and implementing workplace health promotion initiatives.

This can be called the “synergistic effect”.

## B. Needs Assessment and Planning

When the basic elements for workplace health promotion are in place, the social security institution can move forward by:

- Assessing the needs of the target group;
- Planning its activities.

### B.1. Needs Assessment

Assessment of health needs is an essential step when defining issues that must be addressed in a workplace health promotion programme. A health needs assessment (HNA) is a systematic method of reviewing the health issues facing a population, while also assessing the structures and programmes already in place that support workplace health promotion. The results of a health needs assessment contribute to developing effective workplace health promotion strategies.

A health needs assessment creates a comprehensive overview of the health challenges and issues confronting a workplace population and serves as a basis for planning activities. It guides the choice of health interventions to be planned and supported, helps create agreement on priorities, and shapes the allocation of resources to promote employee health and well-being.

However, it is important to note that risk assessment, although much narrower in focus, can also identify threats to the well-being of workers, e.g. a stress questionnaire may be used as part of an assessment of risk to mental health and well-being. Therefore, a health needs assessment can include information derived from appropriate risk assessments.

A health needs assessment relies on several sources, including statistical data (e.g. demographic, sector specific, or on work-related health issues, absenteeism, etc.), interviews with stakeholders, focus groups and questionnaires. The skills involved in health needs assessment include data collection, analysis and interpretation, community consultation, communication and consensus building. Planning is required to establish the goals and process of the health needs assessment and who has responsibility for carrying it out.

Social security institutions can carry out a health needs assessment to assess issues that must be addressed prior to planning and implementing a workplace health promotion programme. To define its workplace health promotion activities, the institution must understand the profile and needs of the target group (i.e. workplaces). A health needs assessment is instrumental in this regard.

### **Guideline 11. Engaging resources to conduct a health needs assessment**

**The social security institution ensures that there are adequate resources to conduct a health needs assessment and that responsibility for performing it is clearly assigned.**

## **Guideline 12. Conducting a situational assessment**

The social security institution supports a workplace review to identify existing structures and activities which support workplace health promotion and develop a health profile of the target population.

## **Guideline 13. Gathering data on the target group's health needs**

The social security institution ensures that the workplace health promotion programme focuses on the health needs of the target population and national health priorities.

## **Guideline 14. Analysing assessment results and building consensus for action**

Based on analysis of the situational assessment and data on the health needs, the institution leads a consensual process of identifying priorities for action.

## **B.2. Planning and Setting Priorities**

Planning for workplace health promotion should be integrated into the social security institution's strategic planning.

In facilitating and enabling workplace health promotion, the social security institution must plan services which focus clearly on the needs of the target group (its client enterprises/organizations).

The elements of the workplace health promotion programme containing the workplace health promotion services for its clients are developed during the planning process. They include strategies for defining goals, implementation and evaluation. Careful planning is critical to the programme's success.

Programme planning should be based on results of the situational and health needs assessments conducted within a workplace and identified priorities for action. Stakeholders must be involved. Programme planning should be strategic (including broad-based, long-term strategies to achieve programme goals) and operational (involving the specific actions or steps necessary to implement and evaluate the programme).

### **Guideline 15. Setting workplace health promotion priorities**

**The institution actively involves stakeholders in setting priorities for workplace health promotion services, based on needs assessment and aligned with national health priorities.**

### **Guideline 16. Developing a workplace health promotion plan**

**The institution's plan for workplace health promotion addresses identified goals, determines actions, approaches and timelines, identifies necessary resources and establishes evaluation strategies.**

Stakeholder commitment, ownership, involvement and participation in developing a workplace health promotion plan are prerequisites for developing sustainable activities.

### **Guideline 17. Determining workplace health promotion actions and approaches**

**The institution adopts actions and approaches which will contribute to achieving its strategic goals for workplace health promotion.**

Appropriate and effective actions and approaches on workplace health promotion could include disseminating information and advice, campaigning, building capacity through training and consultancy services, creating incentives, establishing quality assurance processes, creating relevant tools, and providing advice on data collection and use.

### **Guideline 18. Allocating resources**

**The institution allocates adequate resources to support and implement the workplace health promotion plan.**

## C. Workplace Health Promotion Activities and Services

This part deals with the support that can be provided by social security institutions to the development and implementation of workplace health promotion programmes within client organizations. It provides guidance on interventions and measures that a social security institution can use to enable the development of workplace health promotion, with this guidance being based on best practice.

### C.1. Instruments: Motivating for Workplace Health Promotion

Various instruments can be used to facilitate and encourage companies and other organizations to engage in workplace health promotion. They include financial and non-financial incentives, linkages with corporate social responsibility and public relations.

#### *Incentive systems*

Some organizations will already have workplace health promotion programmes in place, while others will be prepared to develop programmes when they have been convinced of their benefits. Those with a less positive view of workplace health promotion and its benefits will need considerable persuasion to initiate well-being programmes. Others may not wish to acknowledge the importance of protecting and promoting employee health and well-being, despite compelling evidence and significant incentives to do so.

A number of *financial incentives* are possible. These include:

- Seed funding (also known as pump priming): This takes the form of small grants to help organizations develop a workplace health promotion programme. The funding could be used to purchase resources (e.g. web designers to set up an intranet site on well-being; pedometers to promote walking). Larger grants could subsidize cycle purchase or be used to install showers for use after exercise.
- Grant applications: These should include well-designed plans for the use of grant funds, proposed evaluation mechanisms and how the project would be sustained when the grant is exhausted.
- Social security premium discount: This is a much more long term measure. Discounts could be provided to employers who provide clear evidence of:
  - An action plan to promote health and well-being at work which includes benchmark monitoring (e.g. participation levels, progress evaluation, measurable improvements in sickness absence rates or morale);
  - Demonstrable reductions in the number of employees demonstrating risk factors for lifestyle-related chronic conditions (e.g. those who are overweight, smoke, exceed weekly alcohol consumption guidelines, or have lower biological markers of risk such as serum cholesterol and blood glucose);
  - Reductions in sickness absence linked to health promotion and interventions (e.g. reduction in stress-related absence in the 24 to 36 months following an initiative to improve mental health and well-being at work);

- How its workplace health plans, programmes and interventions and positive health outcomes will be sustained.

*Non-financial incentives* can take many forms. Before deciding which to use, a social security institution should consider the advantages and disadvantages of each and the circumstances in which they will be used. The following list is not exhaustive and many other forms of non-financial incentives exist. Non-financial incentives include:

- Certificates awarded for good practice or meeting a goal: Good practice criteria need to be developed, as do criteria for the award of a certificate (e.g. for mounting a workplace campaign to raise employee awareness of the benefits of physical activity). Entrants may submit evidence in the form of pictures, leaflets and posters. The certificate provides evidence to employees, visitors and the local community that the organization's efforts to promote health and well-being have been independently recognized.
- Competitions: These can be very motivating. However, there are always winners and losers. Runners-up often see themselves as losers. The risk with competitions is that it takes considerable effort to meet entry requirements and all entrants, except the winner, may feel a sense of disappointment. This is particularly true of competitions which compare companies or other organizations to determine the "best" health promoter. However, competitions play an important role in the workplace setting by stimulating staff involvement in health-promoting activities.
- Awards/accreditation: The major strength of an award/accreditation scheme is that there are no losers. However, establishing an award/accreditation scheme requires considerable planning and resource allocation. Key issues to consider when establishing such a scheme include the scope of the award in terms of organizations reached (large, medium, small, micro) and health topics addressed; the verification process; providing guidance and/or support to organizations seeking the award/accreditation; the period over which the award/accreditation may be held without requiring revalidation (which is important in terms of developing a sustainable approach at the company level); and providing feedback to organizations following the validation process (which is important in terms of ongoing development). Workplace health award/accreditation schemes may be found around the world. Any social security institution that is considering developing a new scheme must determine that one does not already exist in the area.

### *Corporate social responsibility*

Many companies want to be seen to be responsible corporate citizens. A strong argument can be made that a good corporate citizen gives priority to protecting and promoting employee well-being.

### *Public relations and marketing*

During periods of economic growth and in the context of a changing labour market, employers want to be seen to be an "employer of choice". Workplace health promotion programmes enable employers to be seen as caring and investing in employee health. Awards, certificates and other forms of recognition that acknowledge good practice in workplace health promotion, and the events where they are distributed, provide opportunities for companies to gain positive media coverage. The social security institution can facilitate media coverage and thus encourage and reward client organizations for their workplace health

promotion initiatives. This is a “win-win” situation, as the social security institution can use workplace health promotion (and their clients’ positive results) in their own marketing. Planning promotional activities should be part of their own marketing strategy.

### **Guideline 19. Financial incentives**

**The institution offers financial incentives to employers who establish workplace health promotion programmes, linked to outcomes and sustainability.**

Financial incentives should be used with caution. There is a risk that, when the incentive period ends, the initiatives may cease and progress in workplace health promotion will be halted.

### **Guideline 20. Non-financial incentives**

**The institution offers non-financial incentives to employers who establish workplace health promotion programmes.**

The advantages and disadvantages of each incentive and the circumstances in which they will be used should be carefully considered before making a decision to proceed.

### **Guideline 21. Links to corporate social responsibility**

**The institution promotes workplace health promotion as a key element of good corporate citizenship.**

### **Guideline 22. Public relations and marketing**

**The institution recognizes the importance and benefit of positive public relations and marketing opportunities arising from workplace health promotion initiatives.**

## C.2. Providing Support to Workplaces

Support to companies and other organizations may be provided in a number of ways, including providing consultancy advice and support as a specific contractual arrangement or as part of general service provision. Four specific ways in which a social security institution can facilitate the development of comprehensive workplace health promotion programmes (based on the Luxembourg Declaration) are presented below.

### *Quality criteria*

Developing quality standards for workplace health promotion practice is important for achieving a consistent approach across enterprises/organizations. It also helps to ensure that local practice is based on recognized good practice. The quality standards and information about them should be made widely available to client enterprises/organizations.

### *Information and communication*

Providing information is an important aspect of workplace health promotion. Information raises awareness and enables people to make informed decisions. A number of very straightforward information tools can be found in many workplaces, including noticeboards, posters, leaflets, newsletters and intranet/internet sites. Each of these can be used to raise health awareness and encourage participation in activities designed to promote health and well-being. Information presented in attractive and engaging ways reduces the likelihood that an employee will ignore the message. Written text should be developed so that it can be understood by workers with low levels of literacy.

Other forms of communication offer greater scope and opportunity for an enterprise/organization to actively engage with its employees. These include face-to-face discussions, suggestion schemes, staff surveys and interactive intranet pages. Each of these calls for a response from employees.

### *Campaigns*

Health campaigns (e.g. World No Tobacco Day) provide a great opportunity for enterprises/organizations to become involved with health-related issues. Such campaigns often provide access to resources for use in the workplace that would otherwise not be available. However, many organizations are unaware that such campaigns exist and of how they can become involved, what is required of them and how to access campaign resources. Social security institutions have an important role to play in collating and disseminating campaign information.

### *Training and qualification*

Capacity building is necessary to develop sustainable workplace health promotion initiatives. Most forms of capacity building involve some form of professional development, ranging from shadowing, mentoring, online and e-training and e-coaching to attending courses and conferences.

## **Guideline 23. Quality standards**

**The institution promotes and supports good practice in workplace health promotion in its client enterprises/organizations.**

## **Guideline 24. Providing workplace health promotion information**

The institution encourages and enables good communication practice in workplace health promotion.

## **Guideline 25. Campaigns**

The institution recognizes the importance of health promotion campaigns in adding value to workplace health promotion practice.

## **Guideline 26. Training and qualification initiatives**

The institution recognizes the importance of capacity building for workplace health promotion within its client enterprises/organizations, to ensure its sustainability and positive health outcomes.

### C.3. Services Targeting Employees

#### *Supporting the development of occupational health services*

In this section, the generic term “occupational health services” has at its core occupational health physicians and nurses but also includes additional disciplines such as ergonomics, physiotherapy and occupational therapy. The importance of occupational health services in protecting and promoting employee health must not be underestimated. It is also very important that employers understand the very positive role that occupational health services play in promoting employee performance and, in turn, organizational performance.

Occupational health services involve a wide range of activities, such as pre-employment medical checks, monitoring exposure to hazardous substances and noise, lifestyle screening, rehabilitation and return to work, medical redeployment and workplace health promotion. The social security institution should promote and encourage the role of occupational health services in ensuring a safe and healthy workplace.

However, the proportion of employees with access to occupational health services varies considerably from one country to another and even among similar companies in the same country. In some countries, access to occupational health services is mandatory while in others, it is not.

In many places, occupational health services staff are highly trained and work in multidisciplinary teams. In others, services are provided by staff with “an interest” in occupational health medicine. This may be commendable, but access to specialized training and professional development may not be available to such staff.

Social security institutions have a key role to play in developing and maintaining good occupational health practice in their client enterprises/organizations. This can be fulfilled in a number of ways:

- Building capacity in existing services through training and professional development for occupational doctors, hygienists, nurses, physiotherapists, occupational therapists and ergonomists;
- Encouraging the establishment of occupational health services in enterprises/organizations where none exist;
- Creating an occupational health service that delivers fee-based services to client enterprises/organizations. Ideally, the service would be multidisciplinary and built on the principles of best practice.

Developing occupational health staff offers considerable benefits to social insurance institutions and their client enterprises/organizations. Over time, rates of sickness absence will reduce, return-to-work and attendance-management processes will be more efficient, employees on long-term absence will be reintegrated and rehabilitated more smoothly, and performance will improve. Furthermore, in developing occupational health services, special attention must be given to providing equal access for workers, as work organization factors such as subcontracting and hiring temporary or short-term staff can hamper access to occupational health services.

#### *Supporting the development of lifestyle health screening*

Lifestyle health screening for employees is valuable in identifying risk factors for chronic diseases. At its most basic, health screening would include measurement of height and weight and, perhaps, blood

pressure. At a more complex level, it would also include blood or urine tests for a range of indicators including cholesterol, glucose and protein. Many enterprises/organizations which provide health screening for employees tell of staff members having been identified as being at serious risk of illness, but whose risk factors for chronic disease have declined after referral and treatment – and who have remained employable.

### *Supporting counselling and employee assistance programmes*

For employees facing major stressors, access to counselling and employee assistance programmes (EAPs) can be of huge benefit and may preserve the person's ability to continue to work or, if absent, return to work more quickly. Such support can also increase the person's resilience, equipping them to better deal with future challenges.

## **Guideline 27. Supporting the development of occupational health services**

The institution supports the development of occupational health services in client enterprises/organizations which actively promote and protect employee health and well-being.

## **Guideline 28. Supporting lifestyle health screening**

The institution publicly recognizes the value of lifestyle health screening for employees.

## **Guideline 29. Supporting counselling and employee assistance programmes**

The institution publicly recognizes the importance of counselling and employee assistance programmes in addressing work- and non-work-related mental health and well-being issues, and their impact on performance and productivity.

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