



# Pan American Health Organization



*Regional Office of the*  
World Health Organization

## Wellness in the Workplace

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# Definition of Health

Health is not merely the absence of diseases, infirmity or disability, but the total of physical, mental and social wellbeing (WHO)

# Definition of Wellness

Wellness is a state of emotional, mental, physical, social and spiritual well-being that enables people to reach and maintain their personal potential in their communities.  
(Province of New Brunswick)

# Wellness in the workplace

Wellbeing in the workplace not isolated from the wider physical and socio-economic environment:

FROM: Traditional safety of the workplace:  
Occupational Health and Safety (OHS)

TO: The workplace as a setting for health interventions

# Physical environment

- People breath, drink and eat from the environment and are in constant contact with their physical environment and other persons in their environment.
- At the same time people also breath-out and deposit their waste products into their environment.
- We as human beings are intrinsically intertwined with and inseparable part of our environment.

# Occupation Health and Safety: (ILO/WHO)

Promotion and maintenance of the HIGHEST degree of the PHYSICAL, MENTAL and SOCIAL WELL-BEING of workers in all occupations;

Placing and maintaining workers in occupational environments adapted to their **physical** and **mental** needs

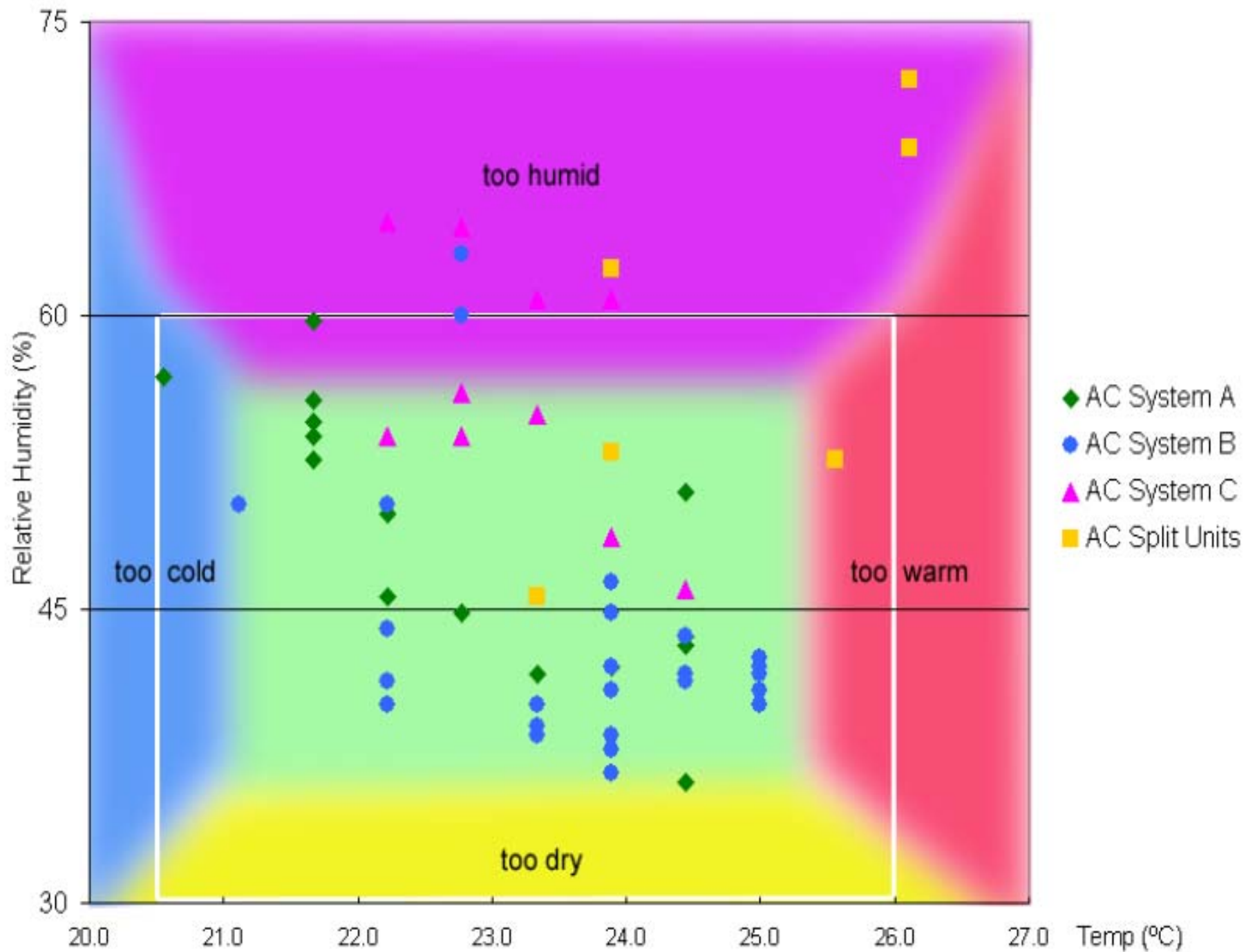
Protecting workers in their employment from risks resulting from factors adverse to health

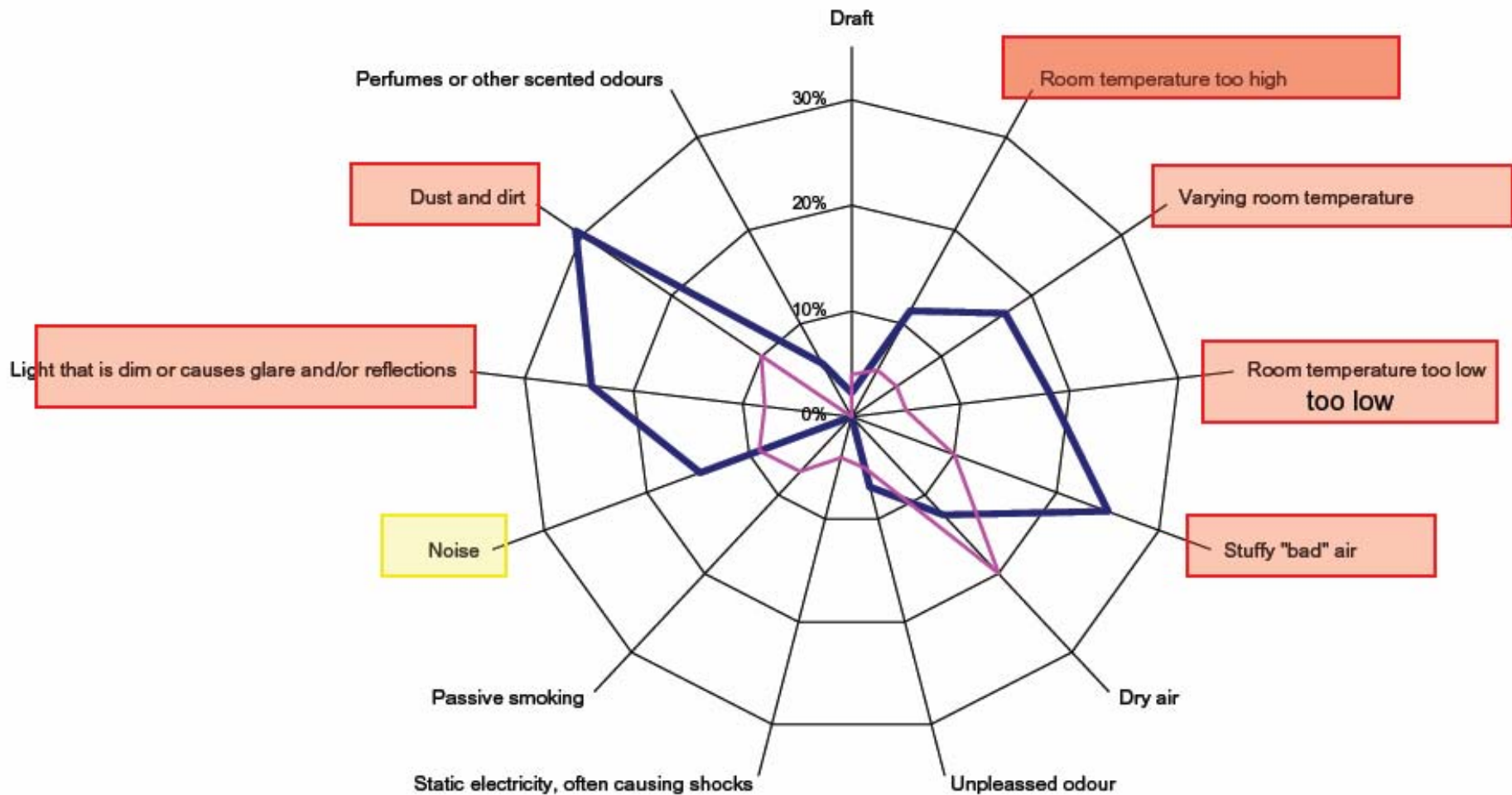
# OHS issues

- Physical hazards include trips, slips, falls; noise; vibration, lighting, radiation, extreme temperature, temperature variations (AC Units).
- Chemical (pesticides, VOC's)
- Biological hazards: e.g. micro organisms e.g. moulds, bacteria, viruses (AC Units)
- Psychological: stress, burnout, anxiety, job insecurity and depression
- Ergonomical: musculoskeletal, posture re keyboard and screen, etc







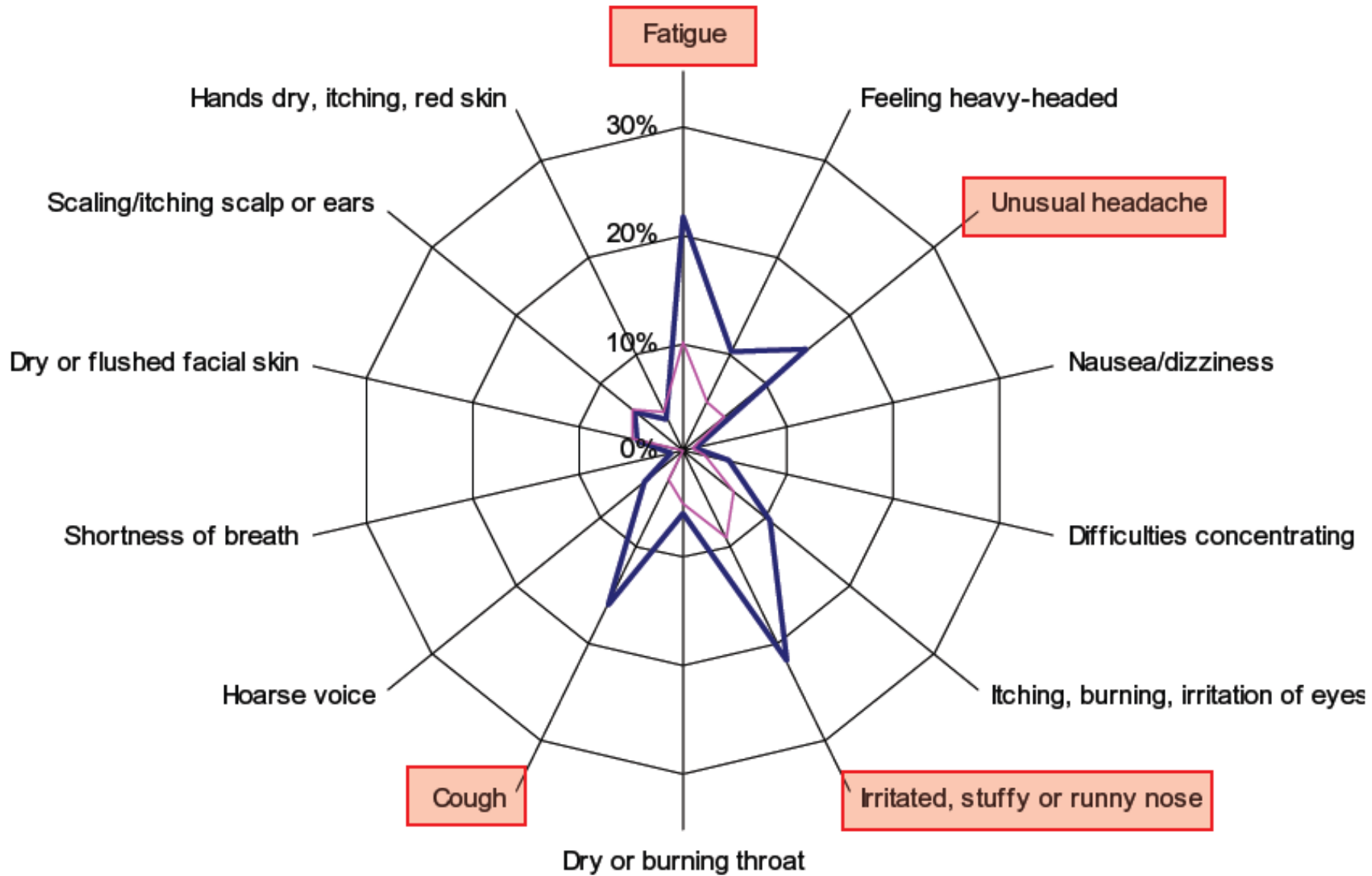


\* Blue line: study data; red line: reference group data

Red box: Complaints with statistical different prevalence compared with reference group.

Yellow box: Complaints with increased prevalence compared with reference group.

# Work environment complaints frequencies radar



\* Blue line: study data; red line: reference group data

■ Complaints with statistical different prevalence compared with reference group.

# Symptoms complaints frequencies radar

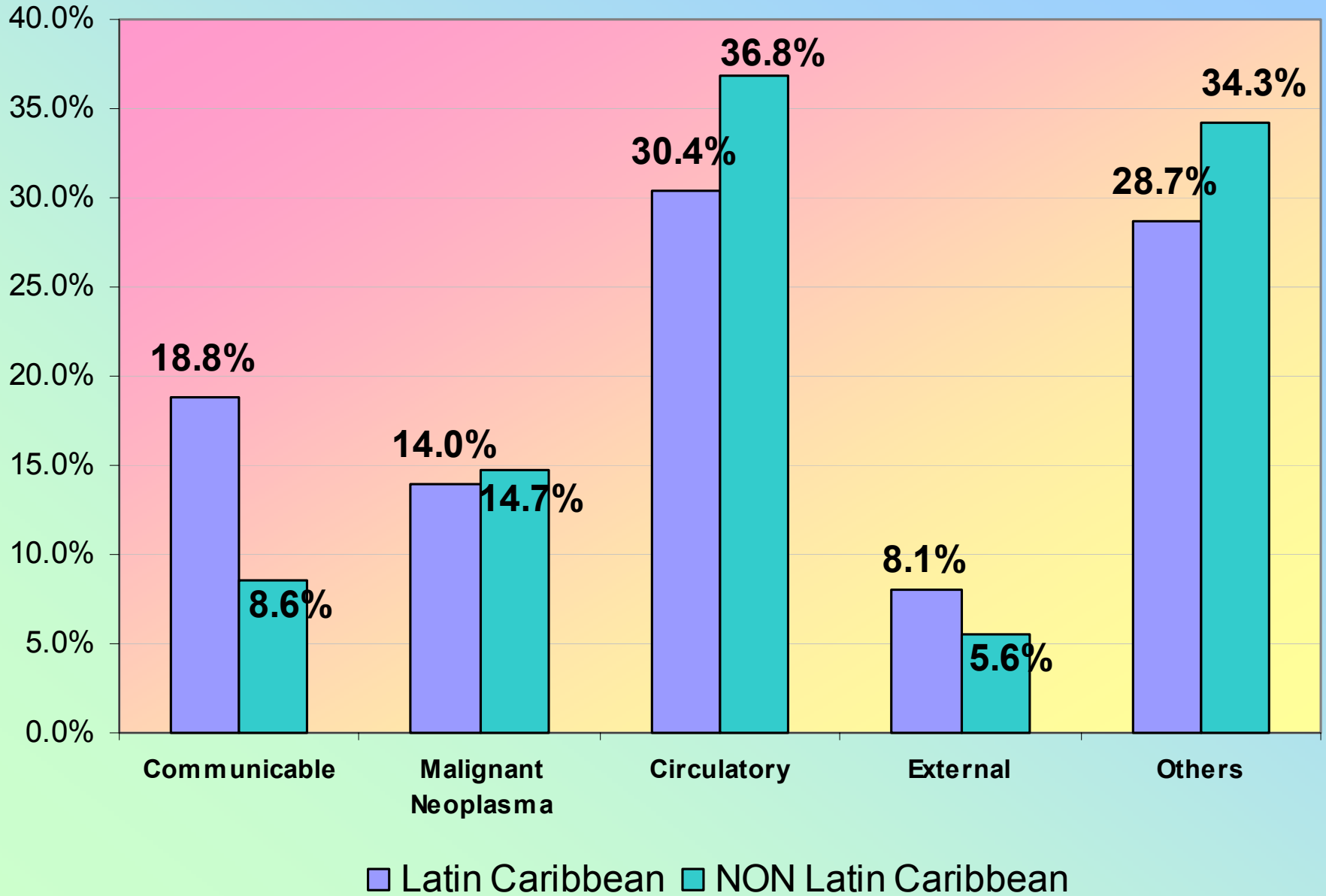
# Global and Regional Health Issues

- non-communicable diseases (NCDs) accounted for 60% of all projected deaths in the world, including in the Caribbean.

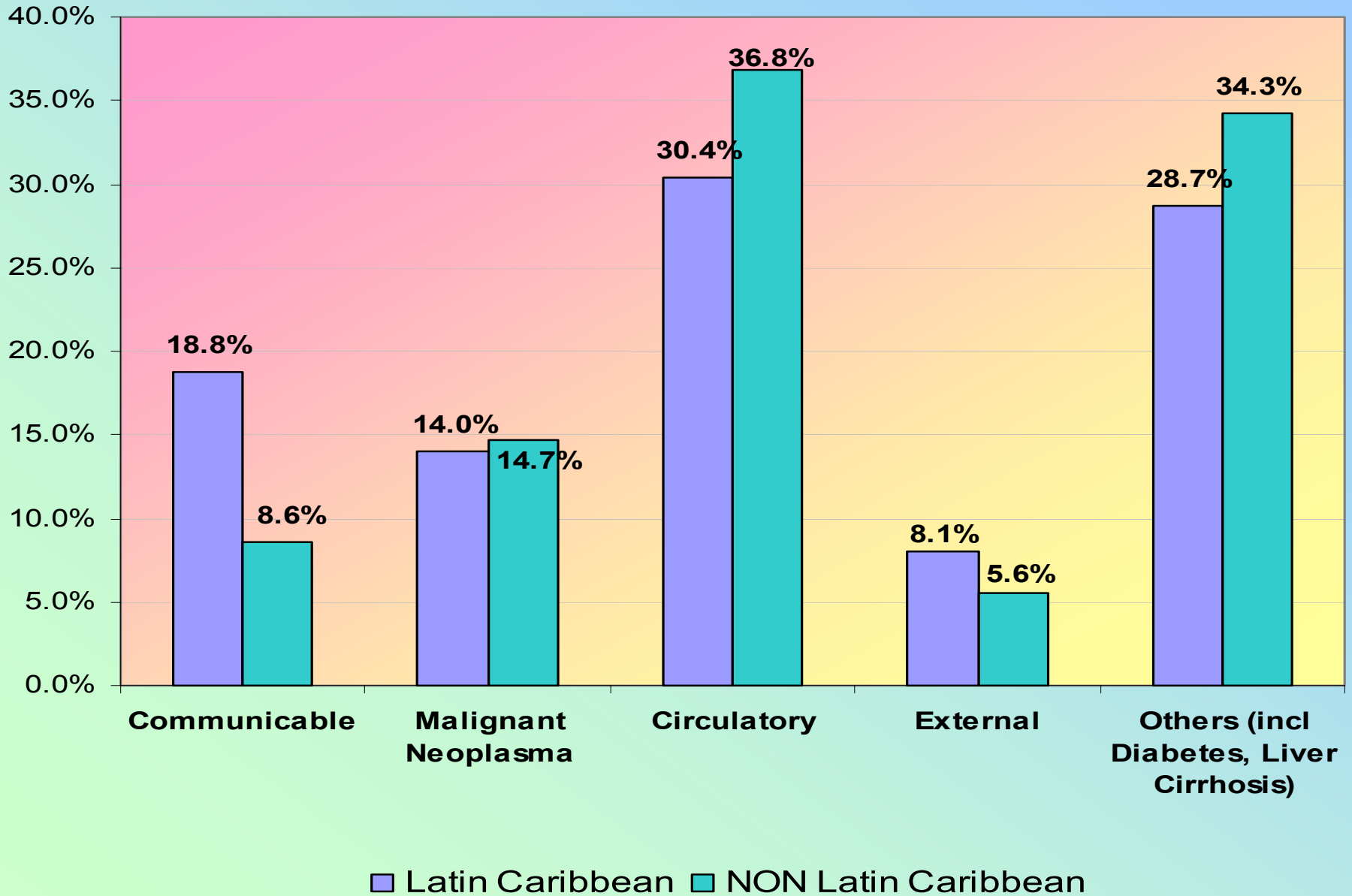
The five major NCDs are

- heart disease,
- stroke,
- cancer,
- chronic respiratory diseases and
- diabetes.

# Mortality Rates Caribbean



# Mortality Rates Caribbean



# Burden of NCD's

- The burden of NCDs has an impact not only on the quality of life of affected individuals and their families, but also on the country's socio-economic structure.
- PAHO/WHO estimates that the loss of national income of different countries will be dramatic (Table 1). For example, it is estimated that Brazil will lose around 50 billion international dollars from 2005 to 2015 as result of the burden of NCDs

Country	Estimated income loss in 2005	Estimated income loss in 2015	Accumulated loss in 2005 value
Brazil	2.7	9.3	49.2
Canada	0.5	1.5	8.5
China	18.3	131.8	557.7
India	8.7	54.0	236.6
Nigeria	0.4	1.5	7.6
Pakistan	1.2	6.7	30.7
Russian Federation	11.1	66.4	303.2
United Kingdom	1.6	6.4	32.8
United Republic of Tanzania	0.1	0.5	2.5

Projected loss of national income attributable to heart disease, stroke and diabetes, selected countries, 2005-2015 (billions of constant 1998 international dollars)



# What to do about NCD's

There is strong scientific evidence that healthy diet and adequate physical activity (i.e.  $\geq 30$  minutes of moderate intensity physical activity,  $\geq 5$  days per week) play an important role in the prevention of these diseases.

Furthermore, it is estimated that approximately 80% of heart disease, stroke, type 2 diabetes and 40% of cancers can be prevented through inexpensive and cost-effective interventions that address the primary risk factors.

# Workplace as a healthy setting

- PAHO/WHO Occupational Health and Safety Plans stipulates that the workplace should not be detrimental to health and well-being.
- The workplace can serve as a setting for delivery of other essential public health interventions, and for health promotion.
- Through workplace environments, it is possible to influence the health behaviors of large proportions of the population and to conduct repeated multilevel interventions to influence health behaviors.

# Workplace as a healthy setting

A healthy workplace should:

- avoid risks to the physical, psychological and social well-being of the workers,
- allow them to strengthen and promote their health.

Improving the health of the workforce requires a **comprehensive approach** to the protection and promotion of health at work including:

- control of occupational hazards,
- development of an enabling physical, psychological and social working environment
- as well as promoting healthy behavior.

# Health Promotion in the Workplace

Health promotion in the workplace has generally focused on promoting worker's health through the reduction of individual risk-related behaviors such as:

- Tobacco use
- Physical inactivity
- Poor nutrition
- Other health risk behaviors

# Tobacco Cessation

Workplace tobacco cessation programs:

- effective in reducing smoking prevalence among employees.
- a strong and positive influence on the behavior of smoking workers and
- play a key role in the prevention of NCDs

# Health Promotion in the workplace

Workplaces are also an effective means of promoting a

- healthy diet and
- regular physical activity

# Benefits

Health Promotion in the Workplace initiatives addressing physical activity reported several beneficial outcomes including:

- Increase in physical activity levels
- Reduction in relative body fat percentage
- Decrease in musculoskeletal disorders
- Improvement in cardio-respiratory fitness

# Benefits

Health Promotion in the Workplace initiatives addressing healthy diet reported several beneficial outcomes including:

- Improvements in increased intake of fruit and vegetables
- Improvements in reduced intake of unhealthy dietary fat
- Significant reduction in body weight using BMI measurements



# Benefits

Health Promotion in the Workplace initiatives reported several beneficial outcomes including:

- 1) An average 27% reduction in sick leave absenteeism
- 2) An average 26% reduction in healthcare costs
- 3) An average 32% reduction in workers' compensation and disability claim costs
- 4) An average US\$ 5.81-US\$ 1.00 savings-to-cost ratio

# Approaches

Health Promotion at the Workplaces will involve worker's input, and may set priorities based on:

- Workers' assessments of needs
- Behaviours associated with the largest decrements in mortality and morbidity, increases in disability, decreases in work productivity
- Potential for cost savings relative to health impact

# Approaches

Senior management personnel need to be interested in initiating workplace health promotion for a variety of reasons, including:

- Increasing healthy behaviors
- Reducing medical care and disability costs
- Enhancing employee productivity and improving corporate image

# CARICOM Policies

CARICOM leaders called for action (NOV 2005) on NCDs including:

- Efforts to increase physical activity in the entire population, such as in the workplace and through sports and by providing parks and other recreational spaces.
- Reintroduction of physical education in schools and programs that provide healthy meals and promote healthy eating.

# CARICOM Policies

CARICOM leaders called for action (NOV 2005) on NCDs including:

- Immediate ratification by all CARICOM states of the Framework Convention on Tobacco Control (FCTC) and legislative action to limit or ban smoking in public places; to require warning labels on tobacco products; to prohibit the sale, advertising and promotion of tobacco to children; and to raise taxes on tobacco and use the proceeds to promote health.

# CARICOM Policies

CARICOM leaders called for action (NOV 2005) on NCDs including:

- Mandated labeling to disclose the nutritional content of foods.
- Promotion of indigenous agricultural products and foods.
- Improved screening and management of chronic diseases, so that by 2012, 80 percent of people with NCDs receive quality care.

# CARICOM Policies

CARICOM leaders declared every SECOND Saturday in September

*Caribbean Wellness Day*

