

Atlantic Health and Wellness Institute



Canadian Labour and Business Centre
Centre syndical et patronal du Canada

Workplace Health Works!

A Seminar on Innovative
Workplace Health Practices

Conference Proceedings

Halifax, Nova Scotia
November, 2003



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The CLBC is a unique Canadian forum for business-labour dialogue and consensus-building. Its Board includes labour, business, government and education representatives. It applies a balanced and inclusive approach to all aspects of its research and consultation activities in the broad labour market field.

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Background

Issues of workplace health and wellness are an ongoing priority for the Canadian Labour and Business Centre (CLBC), which is a joint organization founded on strong membership from the main workplace parties – business and labour. The CLBC and its Board of Directors believe that approaches which promote workplace health and wellness are in the best interests of both employers and workers – a clear ‘win-win’. In particular, in a period of anticipated growing skill shortages, those employers who pay attention to workplace health issues will have a competitive advantage over others in recruiting and retaining workers with much-needed skills.

As part of its efforts to improve our collective understanding of healthy workplace concepts and to promote healthy workplace practices more broadly within the business and labour communities, the CLBC carried out case studies on the safety and health initiatives of 13 Canadian workplaces. The cases were selected because their approaches to workplace health are innovative and effective in improving workplace safety and health, and in improving business performance. It was felt that the case study approach would be a persuasive way to promote these practices and encourage their adoption by other organizations.

The case studies were carried out between September, 2001 and November, 2003. The 13 organizations that participated in the studies were drawn from six provinces, varied in size from 30 to 7,300 employees, reflected public and private sector organizations ranging from hospitals to steelmakers, and included both unionized and non-unionized workplaces. This variety reflected an important objective of the study, which was to explore the form that workplace health initiatives took in vastly different types of workplaces and try to derive common features of these.

Each of the 13 case studies features:

- The comprehensiveness of the organization’s workplace health initiatives;
- The process by which the workplace health initiatives were developed, including the roles of unions/employees in this process;
- The relationship between the workplace health initiatives and the organization’s overall business strategy;
- The impacts of the workplace health initiatives on both employee health and organizational performance.

In addition to the individual case studies, the CLBC prepared an overall summary document outlining the key features common to these workplaces and their workplace safety and health initiatives. The case studies and the overall summary document are available on the CLBC’s website.

Regional Seminars on Workplace Health

To promote healthy workplace practices more broadly within the business and labour communities, the CLBC is hosting a series of regional seminars on workplace health and wellness¹. The purpose of the seminars is to share the results of case studies on innovative workplace health practices, in order to demonstrate the value of these practices in enhancing employee health and workplace performance, and in reducing health-related costs. The overall goal is to encourage management, unions and employees to initiate and/or maintain workplace health practices.

Halifax Seminar on Workplace Health

The second regional seminar – *Workplace Health Works!* – was held in Halifax, Nova Scotia on November 18-19, 2003. The event drew a total of 49 participants from a variety of sectors and constituencies. About one third were representatives of business establishments, while 10% were representing labour groups, and a further 37% were from government organizations. The remaining participants were comprised of representatives from other organizations. CLBC staff were also in attendance.

Program Overview: Halifax Seminar

The evening session of the Halifax seminar began with opening remarks from Christine Tanner, Deputy Minister of Labour, Saskatchewan and CLBC Board member. This was followed by a panel discussion involving Dr. Lydia Makrides, Director of the Atlantic Health and Wellness Institute, and Jane Farquharson, Executive Director of the Heart and Stroke Foundation of Nova Scotia. In the first presentation, Dr. Makrides presented the results of studies on the business case for workplace health, and she provided an overview of the Institute's current activities, including a study on the effects of employee wellness programs on cardiovascular risk factors. During her presentation, Ms. Farquharson discussed, among other topics, the *HealthWorks* project, which involves working with three local workplaces for implementing a workplace health strategy. The two presentations set the stage for the second day of the seminar by laying out some of the key principles and possible outcomes of workplace health programming.

The full-day session of the Halifax seminar was opened by Rick Clarke, President of the Nova Scotia Federation of Labour. The main part of the day's agenda featured presentations by representatives of both management and unions/employees from three different workplaces, one of which had been documented among CLBC's initial case studies. The featured presentations were from:

- Human Resources Development Canada, PEI Region
- Seven Oaks General Hospital, Winnipeg, Manitoba
- Hershey Canada Inc., Moirs Plant, Darmouth, Nova Scotia

¹ Funding support for these seminars is provided through the Population Health Fund (Health Canada) and the Labour Market Partnerships Program (HRDC).

Presenters described the key features of their respective workplace health initiatives and their link to corporate strategy; assessed the role of management and union/employees in the development of the initiatives; and commented on the impacts of the initiatives on both employee health and workplace performance.

Key components of the seminar were the roundtable sessions that followed the featured presentations. The roundtable discussions were led by pre-assigned facilitators at each table, and explored questions relevant to the case study presentations. Participants were pre-assigned to tables to ensure a good cross-section of views and a constructive and lively exchange of experience and perspective.

The seminar was concluded by remarks from Fred Morley, Vice President and Chief Economist, Greater Halifax Partnership.

Summary of Proceedings

The following summary of seminar proceedings has four main components:

1. Key messages from the Seminar. These are common themes which emerged from seminar presentations and discussions.
2. Excerpts from the opening remarks made by Rick Clarke, President of the Nova Scotia Federation of Labour.
3. Summary of Roundtable Discussions. Participants engaged in lively facilitated discussions using information from the presentations and from their own experience, to answer pre-assigned questions.
4. Participants' Assessments. These include selected comments from participants on the value of the Seminar.

The PowerPoint slides prepared and presented in the opening session and by some of the featured workplaces can be accessed directly from the CLBC web site.

Key Messages from the Seminar

The three workplaces which made presentations – indeed, all thirteen of the workplaces which CLBC described and summarized in its case study research – demonstrated a rich variety of experience and practice in the field of workplace health and wellness. Yet, as the presentations and roundtable discussion summaries clearly indicate, there were common themes which applied across all the workplaces discussed. These included the following:

- 1. Workplace health pays.** All presenting workplaces pointed to benefits, either in terms of employee health indicators ('human' goals) or in terms of workplace performance and 'bottom line' indicators (business or financial goals). While the indicators varied in terms of their focus and formality, they were sufficient to convince the workplaces to continue with their workplace health activities.
- 2. Workplace health must be an integral part of the organization's business strategy,** rather than a 'nice-to-have' add-on. This begins with the crucial role of leadership in expressing this priority, supported by genuine employee participation, with the involvement of unions, if present. But employees are much more than 'program participants'; they must first 'buy into' and support the workplace health culture within which individual initiatives are put forward.
- 3. Impacts take time to be seen and recorded,** yet monitoring and measurement of impact is critical to the sustainability of the initiatives. There is not an absolute standard or requirement on what constitutes 'acceptable' impact indicators. Yet what is critical is whether the organizations themselves find these indicators sufficiently convincing to justify the continued investment in workplace wellness.
- 4. Workplace health is one sign of organizational excellence.** In a real sense, workplace health constitutes only one dimension on which the excellence of organizations might be assessed. In the final analysis, all the participating organizations conveyed an impression of being well-run – an impression which would likely hold whether viewed through the lens of workplace health or from some other perspective. The conclusion is that workplace health and good overall management are essentially inseparable.

Excerpts of Opening Remarks by Rick Clarke, President of the Nova Scotia Federation of Labour

'When you look at our workplaces today and compare them to 20 or 30 years ago, many people believe there has been real progress. And they are right. Today, workplaces for the most part are cleaner and safer, partially due in no small measure to the labour movement, which has pushed hard for improvements in occupational health and safety. Unions have been able, first in collective agreements and then in basic rights legislation,

to ensure that workplaces are safe. We have helped to develop health and safety regulations and have worked to gain new provisions for workers from many hazards.

However, we also know that the world of work keeps evolving. New technologies and other changes in production have seen an increase in repetitive strain injuries. New and unknown chemical compounds continue to be introduced in the work environment. There is increased reporting of higher levels of stress due to increases in workloads. In addition, as the workforce ages, more cases of disease – some attributed to the environment and some to earlier workplace exposures – are being recorded. Not all of these changes are accommodated in current provisions and this gives us some concern.

Our members, like working people everywhere, want to know when they get up every morning and go to their place of work; they will at the end of the day come home to their families safe and whole. We know that is not always the case.

I am sure that everyone in this room knows the history of Westray. There were 26 miners who knew they were working in an unsafe environment but could not get anyone, at any level of government, to address the problems. The result we know: they paid with their lives. We do not want to see another Westray in this province or in any other part of Canada for that matter. We do not want to be put in the position of having to challenge provincial governments and Workers Compensation Boards in order to protect the health of our members.

Today you will hear presentations from three very different workplaces, all of which have implemented programs designed to improve the work environment. They may not be perfect. There may be some bumps along the way. But at the end of the day, these programs may help to make things better for working people.

We in the labour movement would rather be working with employers, with government, and with Workers Compensation Boards to ensure a healthy and safe workplace for everyone. We want to build a strong framework from the bottom up. We want to be active participants. We do not want solutions imposed upon us and we certainly do not want to be challenging decisions after the fact.'

Summary of Roundtable Discussions

Participants engaged in lively discussions, using information from the seminar presentations as well as their own experiences to answer two sets of questions (one in the morning, the other in the afternoon):

Set One

- Based on what you've heard so far, what are the most important challenges to implementing workplace health initiatives?
- What types of action or strategies could work in meeting these challenges?

Set Two

- Based on the presentations today, what is the key ‘message’ you are taking away?
- As you consider possible workplace health initiatives in your own workplace: What resources will be important in implementing these initiatives? How important will it be to measure the impacts of these initiatives on employee health and workplace performance?
- What roles should employers, workers and government play in promoting workplace health?

At each roundtable, the facilitator or designate was asked to record key elements of the discussion. These notes were then organized and summarized by CLBC staff to capture key themes and messages.

Most Important Challenges to Implementing Workplace Health Initiatives

Attitudes of managers and employees; workplace culture

Overcoming attitude barriers of managers – effectively obtaining buy-in – represents a significant challenge that was identified by several participants. The point was made that workplace health involves more than technical programs; it involves changing attitudes of leadership and changes in workplace culture. On a related note, several participants observed that the existing learning and training policies and culture of the workplace may not be conducive to the implementation of a workplace health approach. One participant noted that changing the workplace culture to one that is more wellness-aware can be difficult, given that many work environments are not healthy, focusing on grievances and the collective bargaining framework as a means to establish or manage employment relationships.

Several reasons exist as to why some managers may be displaying non-supportive attitudes toward workplace health practices. One such reason is the tendency for some managers to be reactive, as opposed to adopting a more proactive approach to employee and organizational health, particularly in situations when crises happen and managers must juggle conflicting priorities.

Related to this challenge is the importance of senior management commitment and leadership. The lack of commitment exhibited by managers may often be related to a lack of knowledge or understanding about the business case for workplace health, highlighting the importance of providing information and disseminating research findings on this topic. One result is that managers remain unconvinced that the benefits brought about by adopting a workplace health approach can outweigh its costs. In the public sector, absence of leadership may mean that workplace health issues will not be addressed by individual departments, as they will wait for a central agency to address the issue on a cross-departmental basis. The danger is that a complete absence of action may result.

Employee/organizational resistance

Employees are often cynical of management-led initiatives and, in this context, one significant challenge is to build up a critical level of trust and to keep promises. Obtaining staff buy-in can prove to be challenging, particularly in organizations and workplaces where staff involvement or commitment to the organization is not a given. Often times, employees remain unconvinced of the benefits of workplace health and fail to participate in the programs and initiatives offered. In this context, it may be helpful to enact measures to give employees control over the process. Motivating employees to take an interest in these issues remains a challenge and younger employees, in particular, may feel they do not need the wellness programs.

In addition, in many workplaces new wellness initiatives or strategies may need to be coordinated with, or integrated into existing OH&S activities. However, some OH&S committees are not effective partners in this regard, because they often exist within a strict regulatory framework. As a result, it is often difficult to embed a workplace health strategy within the OH&S committee. One alternative is to establish a separate wellness committee – discussed in some CLBC’s case studies – but some links must be established between the wellness and the OH&S committees.

At another level, organizations made up of multiple units, or scattered in different locations, may encounter barriers to implementation given each unit’s or location’s specific needs, occupational make-up, and circumstances. One challenge is to be able to deliver services to several areas, trying to balance diversity and integration. Multi-site employers, particularly if the sites are geographically dispersed and the number of employees small, can render the cost of some initiatives prohibitive. On a related note, restructuring and reorganization can result in the elimination of workplace health initiatives if the fundamental will is not there to keep them.

Inadequate resources to plan and execute

The lack of resources – time, money or infrastructure – has also been identified as an important challenge to implementing workplace health practices. Several workplaces rely upon their managers’ and employees’ free time to plan, design or implement employee wellness initiatives or strategies, and it is often difficult for them to find the time required to fulfill their obligations. Managers, it was said, are often overloaded, so that much of their time is devoted to ‘putting out fires,’ moving from one crisis to the next. More generally, finding adequate resources when everything is already on a tight budget can be difficult.

As a counterpoint, mention was made that a wide range of workplace health initiatives do not cost very much, particularly in cases where the organizations can use their fixed assets or other internal resources at no or little marginal cost.

Along the same lines, finding and supporting a champion – or a staff person dedicated to workplace health activities – constitutes a challenge to smaller organizations, or to those with conflicting priorities. One participant mentioned that even when one champion or

dedicated individual can be found and nurtured, heavy reliance upon such an individual for implementing and sustaining workplace health practices has its own dangers.

Communications and information on best practice

There was near consensus that broader dissemination of workplace health practices is hindered by a lack of knowledge about the benefit-cost ratios of workplace health. There was recognition that the business case for workplace health has been made – particularly in Europe and the United States, but this knowledge has not been transferred to the workplace. Furthermore, there is a tendency for managers to focus only on the cost side, without looking at the benefits and returns. In some workplaces – such as in health care –, resources and information are needed about how to develop analyzes of the impact of wellness initiatives on organizational outcomes.

The point was made that the business case for workplace health may be more difficult to make to small businesses, since many of them do not offer sick leave benefits to their employees. Given that, the case for workplace health should be made on the basis of how it can reduce turnover and increase retention, which has the potential to reduce training and hiring costs. That said, small businesses have the ability to make change happen more quickly and easily, given the importance they attach to communications and the employment relationship.

On a separate note, mention was made that there is often a lack of communication between HR personnel and senior management, the former sometimes ‘working in a silo’ and being removed from program personnel. The need exists, thus, to have these two groups working hand in hand for developing and implementing a workplace health strategy.

Communications are often lacking between senior managers and line managers. The latter group do not always know the cost of promoting a healthy workplace, and of the impacts healthy workplace programming can have on productivity and employee wellness. As a result, they are missing essential information that would allow them to better understand the relation between workplace health and competitiveness. Support from line managers is essential if any management-driven workplace health approach is to succeed.

The elusive nature of mental health

One particular challenge associated with the implementation of workplace health practices is the difficulty in dealing with the stress-mental health continuum. There is reluctance in many workplaces to deal with mental illness in the same way physical health is addressed, and the tools for diagnosing this type of illness are not well known. On the preventive side, for example, the question of how to identify depression in the workplace is relevant.

The issue of confidentiality

Several participants thought that the issue of confidentiality could be problematic, to the extent that personal health information may need to be collected, analyzed and reported on. To the extent that the collecting of such information comes with a guarantee that it will be shared only with individual employees, or that only aggregate results will be used, this issue should not represent a major obstacle to designing and implementing health-related wellness initiatives. In this regard, confidentiality, neutrality, and the presence of an external partner may be crucial in dealing with sensitive, individual health matters.

Action or strategies that could work in meeting these challenges

Supporting legislation

In one province, workplace stress has been recognized in a court case as a compensable health risk. This case may change workplace practices and encourage employers to pay more attention to employee wellness and workplace health practices. On a related note, Bill C45, which was passed in Nova Scotia, may further encourage managers to adopt more proactive workplace health strategies, since they can be held accountable for employee illness under certain circumstances.

Promotion campaign

Several ideas were expressed under the general rubric of promoting workplace health practices. One participant mentioned that SMEs are particularly difficult to involve in workplace health practices, but that such practices could be promoted more effectively by integrating them into a broader retention/recruitment strategy. Detailed and accurate data on the cost of absenteeism and employee illness could be used for promoting the strategy. One participant mentioned the need to do a full cost accounting of STD/LTD/replacement costs, and training costs. Along the same lines, linking workplace health strategies to skills, learning and the aging workforce issue could appeal to managers and business owners.

Starting small and building on success

Organizations with limited resources or with a large number of employees and/or work units would be well advised to start small – perhaps by way of pilot projects – in order to learn about what works in their own workplace and what doesn't. Such a strategy would allow the organizations to build on early success, get buy-in from employees and managers alike, and develop more elaborate or formal workplace health strategies.

Another approach is to build, as a start, on areas of mutual interest and concern to both employer and employees, such as health and safety. From this point on, a more collaborative approach can be developed. The point was made also that, even at the start, wellness teams/committees should be diversified enough to reflect the numerous views and needs of the workforce.

Accessing expertise and knowledge

Increased attention on developing a persuasive business case for senior leaders and managers has been put forward as an important strategy. Making the business case for workplace health to managers, employers and staff could be easier if access to ‘experts’ in the field and relevant information was readily available. In particular, easily comprehensible information on the business case for workplace health would be desirable.

Other strategies

The best way to raise awareness about and knowledge of workplace health practices could be, according to one participant, to introduce healthy workplace concepts as part of regular management and leadership training, or as part of the school curriculum in business programs. The importance of managers’ involvement and leadership has been recognized by many. Leaders, including CEOs and CFOs, need to be involved, and they should be attending events such as this Halifax seminar.

A different approach would be to build accountability for workplace health into manager job descriptions. By making managers accountable for their track record in meeting workplace health targets – and perhaps by linking their achievement of such objectives to evaluation and pay, the uptake on workplace health practices could dramatically increase.

Stress and mental illness can lead to productivity loss and absenteeism, yet most employers do not appear to have a comprehensive response package that would allow them to deal with these workplace issues. One participant recommended that a well-developed set of initiatives designed to deal with stress leaves and mental illness be integrated into workplace health approaches. Another mentioned that employers have a duty to accommodate employees with mental illness, just as they have in case of physical illness.

One voice was heard to the effect that companies must be more forceful and proactive in securing the participation of employees in wellness programs. Explicitly keeping records of participation and attendance, and following up with non attendees, is one strategy that was mentioned. Another was to make wellness an explicit part of an employee’s employment contract. These opinions, however, were shared among a minority of participants.

Employers can also organize wellness fairs, featuring local health and wellness agencies and services, in order to build awareness of workplace health. Allowing employees to attend these events on company time could add to their motivation and demonstrate the employer’s commitment to the initiative. Employee awareness can be further encouraged by asking them, for instance, to log all their daily activities and see if opportunities can be found to introduce more active approaches into their agendas.

Key message being taken away

No silver bullet

Given that workplaces are markedly different, wellness programs must be tailored to individual workplaces in order to reflect particular circumstances and needs. Likewise, all parties must be brought to the table in order for workplace health to become a priority. That said, the point was made also that there is no need to reinvent the wheel; information and practices already exist that can be adapted.

Common sense also dictates that long-term commitment, persistence and patience can come a long way in ensuring that obstacles and challenging organizational changes such as shift work, building and workforce expansion, employees' lack of enthusiasm, etc. be overcome. On this issue, one participant remarked that it is impossible to obtain 100% participation, and that expectations have to be realistic.

The importance of communications

The point was made that the importance of workplace health cannot be over communicated. Communications needs to be frequent and bilateral, involving managers and employees. Furthermore, in unionized workplaces, it was pointed out that more upfront, developmental work needs to be done with unions, starting with the recognition that common interests exist. Unions must be brought into the wellness initiative early on. Employees' enthusiasm can also be helpful in convincing reluctant unions.

The importance of leadership

Leadership is key to changing workplace culture, and champions on both the management and the employee/union side can significantly help make workplace health happen. In addition, the commitment of senior management to a workplace health strategy could help deal with issue of lack of time and resources. Such a level of commitment should be embodied, according to some participants, in an appropriate corporate vision that includes statements about the wellness of employees.

To the extent that they could count of their senior manager's support, middle managers might be better able to block off the time needed to manage workplace health initiatives. In addition, the point was raised that management needs to back up commitment with resources. As an alternative to financial resources, committing in-kind contributions of working hours could be effective. Beyond all that, recognition was given to the fact that someone must be made accountable for the success of workplace health initiatives, or else they may fail for lack of energy, commitment and direction. Another observation is that, if we accept the fact that leadership is crucial, leadership development becomes important.

Importance of demonstrable, pertinent evidence

Several participants were struck by the evidence presented by the Atlantic Health and Wellness Institute. The point was made that close-to-home examples that are credible and

well documented can be powerful influencers. On a related note, someone observed that health risk assessments can be great motivators and a means to influence those who do not normally participate in wellness activities.

Benefits of contracting out

Some participants were favorably impressed by the numerous advantages brought about by resorting to contracting out for the delivery of specialized workplace health services and programs. Contracting out makes it possible to deal with the issues of confidentiality, objectivity, access to expert advice, and lack of internal resources in a sensitive and cost effective matter. In addition, outside expertise may represent an effective means of jump starting a workplace health strategy.

Other observations

Awareness of workplace health issues seems to be growing in Nova Scotia, reflecting an increased awareness of health issues in general, and the extremely poor ranking of Atlantic Provinces on a wide range of health measures. The 'platform is burning' and something must be done. While the province may be winning the war on smoking, it is losing ground in terms of obesity.

The focus on workplace health strategies should be on emotional and spiritual health, rather than just physical health. Aboriginal concepts, or those of other cultures, may be relevant in this respect.

Resources that will be important for implementing workplace health initiatives

Time and money are key

A strong sense emerges that both time and money are important. In particular, finding a single staff person dedicated to the development of workplace health programs could be crucial in some workplaces, and doing so requires resources. Furthermore, some initiatives such as extensive health risk assessments can be expensive and, therefore, be out of reach for some organizations. Resources may also be required to recognize good workplace wellness outcomes, in the form of prizes, commendations, etc.

As a counterpoint, some participants agreed that will may be more important than resources. Experiences in their workplaces suggest that adequate resources could be available to create and implement new initiatives, but will can be lacking. In relative terms, the cost of most workplace health initiatives is not perceived to be high.

Information

Information as to where resources to design or implement workplace health initiatives are available should be considered important, particularly for smaller worksites. For these worksites, additional support may be provided by encouraging them to form partnerships with larger, better-resourced organizations. Alternatively, there may be a way for these

smaller organizations to pool resources and form networks for collaboration on workplace health, following the Nova Scotia example.

The point was made also that a well thought out communications plan should be considered a priority, given the importance of a workplace culture that is compatible with employee wellness, and the resistance management and employees may initially have toward workplace health.

Importance of measuring the impacts of initiatives on employee health and workplace performance

Generally speaking, participants agreed that measurement of impacts and outcomes is very important, in order to justify a continued allocation of resources to wellness initiatives. Some participants were adamant in their belief that an evaluation component must be integrated into any workplace health strategy. One participant mentioned that such an evaluation must be based on the recognition that some results may not be immediate. Another indicated that short-term measures could focus on participation and process, and improved risk factors, while long-term measures could include absenteeism, insurance costs, accidents, employee turnover, productivity, etc. More generally, evaluation activity must be related closely to goals and objectives.

The importance of good baseline measurements was also recognized. While the relevance and usefulness of health risk assessments were highlighted, the utilization of surveys and other measures of organizational health and satisfaction was promoted. One participant observed that organizations that regularly conduct customer satisfaction research may be in a good position to adapt this expertise to wellness programs, for example by designing organizational health surveys.

Another participant indicated that often the challenge is to sift through vast amount of data, hence the importance of selecting relevant data and of identifying what can constitute a good trailing or leading indicator.

Roles of employers, workers, government and other in promoting workplace health

A general point was made to the effect that all stakeholders have a role to play in promoting and implementing workplace health. Essentially, this is about forming networks of players that are required to invoke widespread community and social change, as well as changes within the workplace.

Government role

Mention was made that government can play an essential awareness promotion role, going as far as suggesting that its role is to promote healthy workplace practices as an important societal value. Some participants advocated the creation of provincial Ministry of Wellness or Ministry of Health Promotion. While it was recognized that Directorships of Health Promotion may exist in some jurisdictions, it should be more than just an office or a person, in order to gain more profile.

An important, parallel government role would be to promote a preventive approach to workplace health and injury. The point was made that such promotional efforts be directed to the workplace, given that a majority of Canadians spend a large number of hours in a work environment. Information on models, toolkits and on Return on Investment would be central to such promotional activity. Outside the workplace, government may have a role to play by encouraging the development of programs for active children in schools.

Given their ability to influence behavior through fiscal or other measures, federal and provincial governments could devise tax and other incentives that would encourage employers, on the one hand, and employees, on the other, to adopt workplace health measures. They could also subsidize research on the business case for workplace health. Finally, government can act as a model employer, by implementing and disseminating information about its own innovative workplace health practices.

Employers role

Employers have an important role to play, in that they must be accountable for their actions in areas of health and safety. The positive side of this obligation is the recognition that managers should be rewarded and recognized when successes happen.

More generally, employers must make tangible – personal and financial – investments in workplace health, in order to ensure and create company commitment, just like one can expect employees, in some instances, to make (even nominal) contributions as a means to foster employee buy-in. They could also, as was suggested, include health and wellness programs and benefits as part of company benefit plans, but allow flexibility so that employees can meet their own specific needs. By ‘walking the talk’ and participating in wellness initiatives, managers can give those initiatives credibility, encourage others, and reinforce positive attitudes.

Others

Unions can play an active role if brought in appropriately and early enough. Workplace health and safety are natural topics for joint management-labour action in a collaborative, rather than confrontational, manner. Unfortunately, there appears to be a tendency to bring them too late, which creates problems.

Consultants and designers of wellness programs may also have a role to play. They must be able to demonstrate how their programs and strategies can produce positive, advantageous ROI. An important consideration is that, given the various means by which employers can invest and generate positive ROIs, there needs to be a demonstration that investment in workplace health is equal or superior to other kinds of investments.

Given the *Workers Compensation Board's* active involvement in occupational health and safety, it is only logical that it plays a role in the promotion of workplace health. One participant suggested that, given its clout, WCB could provide financial incentives or disincentives as a means to encourage employers to adopt proactive workplace health measures. The central objective would be to create an environment in which employers

can take on 'healthy workplace habits.' Along the same line, one suggestion was to develop and implement ISO standards for wellness, which would include approved guidelines for a healthy workplace.

The *media* can also play a meaningful role in promoting workplace health. The Participaction campaign illustrates how effective the media can be in promoting widespread societal changes. Building on successes of this nature, the media can play a significant role via a targeted campaign designed at changing the organizational culture of businesses with respect to workplace health.

Not to be forgotten, mention was made that every *worker* has to be responsible for his or her own wellness, and perhaps to that of their colleagues. This notion of respect at work seemed to echo the *Neighbour@Work* project presented by HRDC PEI. One participant mentioned that employees need to take some accountability for their own health, and practice a healthy lifestyle outside of the work environment.

On a final note, there could be a role as well for doctors to be more prevention-oriented and less exclusively focused on treatment.

Participants' Assessments

In organizing this seminar, the Canadian Labour and Business Centre reflected its strong belief in the value of a 'proactive,' practical dissemination of research findings to workplace representatives who can use them. In their written comments as they evaluated the seminar, participants universally appreciated the opportunity to hear the experience of other workplaces that were wrestling with common problems. Specific comments varied, but the following examples of commentary indicate that participants appreciated the event:

- "It's great to get all the stats to support our case for health and wellness."
- "Actual work cases that demonstrate how different organizations chose to address issues; real life examples are very valuable."
- 'I thought I would have to roll out a complete plan. I now believe I can start with smaller programs and grow from there.'
- 'Some cases focused on personal health, while one in particular focused on the psychosocial aspects of health, which is very important.'
- "Very enjoyable sessions; will take many good ideas back to my work."
- "It is important to learn more about what my department could do to help improve employee wellness."

For some participants, the presentations reinforced the notion that their own initiatives were on the right track. Others who may not be well advanced on this issue were interested in learning about real life applications, models and approaches that can be relevant to their own situation. Different participants thus derived different specific value from the event.

Perhaps above all came the realization, as one participant put it,

- "There is no one way to do this. You must deal with the realities of each individual workplace; it is not possible to prescribe one program for all workplaces. "

These comments demonstrated that while research has its value and its place, it risks being ignored unless actively shared and disseminated. There are significant benefits to additional effort to put practical examples in front of practical workplace people. Reflecting these conclusions and observations, the Canadian Labour and Business Centre will replicate this seminar elsewhere in Canada, learning and improving the program as it goes.