Workplace health in Australia

BUPA BENCHMARK SURVEY 2015
At Bupa, we passionately believe that business has a capacity to make an enormous contribution toward reducing the impact and prevalence of chronic diseases, including cancer, heart disease and diabetes. This contribution starts with investing in workplace health.

In line with this commitment, we want to explore what might be possible to achieve in population health if a greater number of businesses actively engage in the health and wellbeing of their workplaces. Smart and progressive businesses understand that investing time and energy into their employees’ wellbeing makes great business sense. Healthier employees lead to a more productive workforce, reductions in staff turnover and increased employee satisfaction.

With 79,000 employees globally and more than 17,000 here in Australia, it’s a cause close to our heart and part of our commitment to helping people live longer, healthier, happier lives. Bupa Australia is already seeing the positive results of workplace health initiatives. In the last 5 years, the percentage of Bupa employees with high health-risk factors has reduced by 73%.

It is tangible outcomes such as this that continue to drive our commitment and investment in workplace health. We also recognise that lack of standardised measurement of workplace health initiatives and a demonstrated impact on the bottom line is a barrier to businesses investing in employee health.

This report provides further information, benchmarks and a template from which organisations can better understand, compare and prepare to realise the full potential of workplace health.

We hope the report is a useful tool to encourage organisations to move beyond good intentions to delivering workplace health programs that have tangible benefits for employees and in turn, the wider community.

Foreword

Dr Dwayne Crombie
Managing Director, Health Insurance
Bupa
The analysis in this report is based on a survey designed and administered by Bupa in 2014. University of Sydney researchers analysed the dataset, and the results are reported herein. The presentation and interpretation of results remains that of Bupa. March 2015
The Bupa Benchmark Survey 2015 report provides an insight into why Australian employers are focussing on workplace health, which initiatives are being selected and how they are implemented to maximise impact at an individual and organisation level.

The report presents a series of benchmarks that other organisations can use to assess how to identify different health risks across different locations and cohorts, the strategies and initiatives best suited to different needs and circumstances and the factors most important to optimise relevance, motivation and long term participation by employees.

The findings of the Bupa Benchmark Survey have a distinct narrative. Work health strategies are generally put in place by organisations to support the wellness of employees, and to promote greater organisational productivity. The survey has found that organisations are becoming more sophisticated in how they assess needs for their work health strategy. Australian employers are increasingly using data in their planning for their work health strategy, allowing them to build an evidence base for their commercial and workforce health needs. The most frequently used method of assessing needs for a work health strategy was through reviewing productivity data. Many also review employee health data such as findings from health risk assessments, health screening programs, employee assistance programs, and insurance claims.

There are a number of common approaches and initiatives across workplaces, which have become organisational norms within Australian workplaces such as workplace policy on tobacco control, flu vaccination programs, and employee assistance programs (EAPs). However, many workplaces are also planning newer initiatives in the coming years. Some of the highest priorities for workplaces over the next one to two years are improving supporting employee mental wellbeing, healthier eating habits and better sleep management.

How workplaces engage, educate and motivate change and healthier behaviours within their people is also evolving. While more traditional work health methods such as wellness seminars and screening programs remain popular, many workplaces are looking to take advantage of developments in technology which increase the scale, accessibility and affordability of programs. Digital health platforms including wellness portals and mobiles, as well as telehealth programs are all expected to increase in use amongst work health strategies in workplaces during 2015/16.

Proactive considerations to the workplace environment were also found to be a high priority for Australian employers. Most firms have set a high benchmark for providing employees with a physical environment which facilitates safe work and healthier behaviours, including onsite kitchens, showers, and bike storage.

However, many organisations report challenges in effectively implementing work health strategies. Some workplaces report inadequate resources dedicated to the communication, implementation and evaluation of initiatives. Many participating organisations also did not have a targeted approach, or dedicated human or financial resources to coordinate and implement initiatives. Perhaps in recognition of limited internal resources, a significant number of organisations partnered with external health providers to coordinate and implement programs.

Many workplaces that are using data to assess the needs of their work health strategy are using that same data to evaluate any achievements. They have largely focused on data about workers compensation, EAP usage, attrition, safety and sick leave. However, other workplaces are planning to better evaluate changes by including workers’ current health and lifestyle, along with behaviours which contribute to health outcomes. The amount of workplaces gathering this information and benchmarking it to national norms is expected to triple over the next two years. Many workplaces are also looking to begin measuring financial returns achieved with specific programs as well as the overall work health strategy.

Overall, the Bupa Benchmark Survey has found that Australian employers are becoming more structured in their approach to work health. The increased use of data in planning and evaluating will result in workplaces implementing more targeted and evidence based solutions for their people and organisations. However, key to continued success for these organisations will be to ensure adequate human and financial resources are allocated to effectively implement and evaluate the business strategy.
The Bupa Benchmark Survey 2015 report provides Australian employers with an insight into the policies, procedures and practices, which workplaces in Australia are engaging in to support the wellness of their people, and the health of their organisations.

The Bupa Benchmark Survey provides a profile of work health strategies organisations are leveraging today, as well as the plans these organisations have to further support their people in the years ahead. The survey aims to identify which areas of work health are being focussed on in organisations, how initiatives are being implemented and what impact they are having.

Through a greater understanding of which strategies are been implemented within the workplace setting, it is intended that employers will gain a better understanding of what other organisations are doing and how they compare. With insights such as these, employers will have a greater ability to benchmark their strategy and learn more from the market as to what they could also consider for their own workplace.

The survey was distributed by Bupa to a large number of organisations. Many of these organisations work with Bupa as their health partner, however the survey was open to any Australian employer. A campaign on LinkedIn also promoted the survey encouraging organisations to participate.

Researchers from the Business School at Sydney University analysed the survey responses and identified 18 key work health strategies through the Bupa Benchmark Survey in 2015. The researchers used factor analysis, a data reduction methodology to identify these key strategies. Participating organisations receive a scorecard of their own workplace to see how they compare to other organisations in Australia and in similar industries to their own across these key areas. This report has been a collaborative endeavour between Bupa and the Business School at the University of Sydney.

---

1 Factor analysis is a data reduction method which exploits the correlation between the many factors, choosing the factors which best account for variation, and discarding the variables which contain little additional information. The results are only loosely based on the factor analysis because the objective here is not optimal data mining. Factor analysis is often used to uncover patterns and generate weighted scores based on such patterns, in a wide range of applications. The variables in this analysis are chosen based on their factor loadings – loosely interpretable as their relative weights or importance. – from an underlying regression model. For further detail, see Kim & Mueller (1978) and Afifi et al (2012). These factor loadings are included in the Appendix.
The Bupa Benchmark Survey was structured to ask questions about organisational policies and initiatives in key areas related to the health and wellness of employees. A description of each of these areas is set out below:

- **Assessing work health needs**: the methods used by firms to assess their need for a work health strategy, including input from stakeholder groups and review of key data.

- **Design of work health strategy**: the means by which firms develop and deliver their work health strategy. This includes formal policies and resourcing.

- **Availability of health checks**: the extent to which firms make a range of health checks available to their employees. This includes biometric and other physical checks, as well as mental and behavioural health risk.

- **Support for physical health**: the range of initiatives, policies and programs which support the physical health of employees. This includes a range of onsite and offsite health services, as well as other wellness programs.

- **Support for mental health**: the range of initiatives, policies and programs which support the mental health of employees. This includes programs for drug and alcohol issues, healthy sleep, and mental crisis responses.

- **Workplace culture**: the extent to which firms promote healthier workplace culture through the involvement of senior leadership, employee benefits and social connectivity activities.

- **Workplace environment**: measures of how a firm supports a healthy physical workplace environment for example by providing onsite facilities and an ergonomic workstation.

- **Implementation**: the extent to which firms resource their work and health initiatives, in terms of financial support, leadership and coordination.

- **Communication**: strategies used to disseminate health messaging, health promoting materials and overall aspects of the work health strategy. This includes print, email and digital media channels.

- **Evaluation**: methods by which firms evaluate the impacts and outcomes of their work health strategy, both generally and program-specifically.
Participating Organisations
One hundred and fifty (150) Australian employers participated in the inaugural Bupa Benchmark Survey. Across this sample, the average workforce age was 40.3 years. On average 53% of employees were male and 47 were female. The average annual salary across these firms was $80,000. This section sets out key characteristics of participating organisations within the survey.

Organisational size
The total workforce was defined as the sum of all full time, part time, and casual staff (excluding contractor staff). Organisational size was then defined as follows:
- Small organisations: less than 20 employees
- Medium organisations: between 20 and 99 employees
- Large organisations: between 100 and 499 employees
- Extra large organisations: at least 500 employees

Table 1 shows that 79.8% were large firms (over 100 employees). There were few small and medium firms (6.7% and 13.5%, respectively).

Table 1. Organisational size by number of employees

<table>
<thead>
<tr>
<th>Workplace size</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small (less than 20 employees)</td>
<td>7.9</td>
</tr>
<tr>
<td>Medium (20-99 employees)</td>
<td>12.4</td>
</tr>
<tr>
<td>Large (100-499 employees)</td>
<td>31.5</td>
</tr>
<tr>
<td>Extra Large (at least 500 employees)</td>
<td>48.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
</tr>
</tbody>
</table>

Industry
The survey collected each organisation’s industry data according to the Australian and New Zealand Standard Industrial Classification (ANZSIC).

Table 2 shows the industries of participating organisations, compared to business counts as recorded by the Australian Bureau of Statistics (ABS, 2015). Note that business counts do not necessarily reflect the overall numbers of people who work in an industry, but rather the amount of organisations operating within an industry, which is likely very different.

The largest group of participating organisations were in the Professional Services and Healthcare/Social Assistance industries. It bears noting that 37 organisations operate in multiple industries, giving a total of 216 observations from the 150 responses.

Table 2. Industry classification

<table>
<thead>
<tr>
<th>ANZSIC 1-digit industry</th>
<th>Survey proportion (%)</th>
<th>ABS Business Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, forestry and fishing</td>
<td>2.8</td>
<td>8.7</td>
</tr>
<tr>
<td>Mining</td>
<td>5.1</td>
<td>0.4</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>9.7</td>
<td>4.0</td>
</tr>
<tr>
<td>Electricity, gas, water and waste services</td>
<td>3.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Construction</td>
<td>7.4</td>
<td>16.1</td>
</tr>
<tr>
<td>Wholesale trade</td>
<td>3.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Retail trade</td>
<td>5.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Accommodation and food services</td>
<td>1.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Transport, postal and warehousing</td>
<td>4.2</td>
<td>6.0</td>
</tr>
<tr>
<td>Information media and telecommunications</td>
<td>6.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Financial and insurance services</td>
<td>4.6</td>
<td>8.3</td>
</tr>
<tr>
<td>Rental, hiring and real estate services</td>
<td>2.3</td>
<td>10.9</td>
</tr>
<tr>
<td>Professional, scientific and technical services</td>
<td>13.0</td>
<td>11.9</td>
</tr>
<tr>
<td>Administrative and support services</td>
<td>5.6</td>
<td>3.8</td>
</tr>
<tr>
<td>Public administration and safety</td>
<td>4.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Education and training</td>
<td>5.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Healthcare and social assistance</td>
<td>13.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Arts and recreation services</td>
<td>1.4</td>
<td>1.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: ABS catalogue number 8165.0, Counts of Australian Businesses 2010 – 2014 (March 2015)
“The emphasis on workplace health is consistent across all States and Territories.”

Location
The greatest number of participating organisations were headquartered in NSW and Victoria (32% and 26%, respectively) – see Table 3.

Table 3. Head office location by state

<table>
<thead>
<tr>
<th>State</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>1.3</td>
</tr>
<tr>
<td>NSW</td>
<td>32.0</td>
</tr>
<tr>
<td>NT</td>
<td>2.0</td>
</tr>
<tr>
<td>QLD</td>
<td>18.0</td>
</tr>
<tr>
<td>SA</td>
<td>9.3</td>
</tr>
<tr>
<td>TAS</td>
<td>2.7</td>
</tr>
<tr>
<td>VIC</td>
<td>26.0</td>
</tr>
<tr>
<td>WA</td>
<td>8.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Despite the concentration of head offices in NSW and Victoria, the workforce of participating organisations is geographically widespread nationally. About 60% of organisations had employees based on the eastern seaboard, however about 44% had workers in South Australia and Western Australia. One in five had workers located in Tasmania and the Northern Territory, while a quarter of participants operated in the ACT.

Table 4. Workforce location by state

<table>
<thead>
<tr>
<th>Location of workforce</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>91</td>
<td>60.7</td>
</tr>
<tr>
<td>Victoria</td>
<td>90</td>
<td>60.0</td>
</tr>
<tr>
<td>Queensland</td>
<td>84</td>
<td>56.0</td>
</tr>
<tr>
<td>ACT</td>
<td>39</td>
<td>26.0</td>
</tr>
<tr>
<td>South Australia</td>
<td>65</td>
<td>43.3</td>
</tr>
<tr>
<td>Western Australia</td>
<td>66</td>
<td>44.0</td>
</tr>
<tr>
<td>Tasmania</td>
<td>31</td>
<td>20.7</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>30</td>
<td>20.0</td>
</tr>
</tbody>
</table>

In addition, a third of participating organisations had employees based internationally. These multinational organisations were most common across Asia and New Zealand. About 22% of participants had workers in Asia or New Zealand, followed by Europe (18%) and North America (15%).

Table 5. Global workforce

<table>
<thead>
<tr>
<th>Location of workforce</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multinational</td>
<td>49</td>
<td>32.7</td>
</tr>
<tr>
<td>Australia only</td>
<td>101</td>
<td>67.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>150</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The need to improve population health is one of the most important public policy issues of 21st century.

The importance of preventive health measures, particularly in relation to modifiable lifestyle risk factors for chronic disease, has been recognised, and interventions designed to address these have been developed.

The workplace is an important setting for the delivery of these interventions. The nature of work can make a contribution to personal health outcomes – whether work activities are largely sedentary or promote a degree of physical activity, whether working hours allow sufficient time for relaxation and recreation, and whether workplace practices support employees to be physically and mentally safe and well.

When health of the workforce is improved, everybody benefits. Workers benefit from longer, healthier, happier lives, but workplaces benefit too. An analysis undertaken by Price Waterhouse Coopers in 2010 estimated the cost of absenteeism to the Australian economy as being $7 billion a year. Increasingly, workplaces are taking steps to improve this situation, by putting in place workplace initiatives to support their people to make lifestyle changes that will improve their overall health. This report outlines findings from a survey of Australian workplaces that aimed to find out the prevalence of the programmes that are being put in place, and to assess where workplace practices are likely to change in the future.

The survey sought to collect detailed workforce health data from participants. Survey questions included average workforce weight, blood pressure, cholesterol, physical activity, blood glucose, alcohol intake, tobacco use, and consumption of fruits and vegetables. However, the survey found that the vast majority of organisations did not measure or track such factors. Such markers of health (as well as others, particularly of mental health) are crucial to the measurement or evaluation of the efficacy of work and health strategies.

The impact of work health strategies can be measured through the use of workplace data, such as sick leave and attrition. However, it is important to recognise that changes in these metrics can be difficult to directly attribute to workplace health policies, as other confounding effects must also be considered (e.g., personal influencers to improve health, the presence of flu outbreaks, etc).

The data in Table 6 show the average baseline levels of leave, presenteeism and attrition. Together with improved workforce health data collection, this data can be used to better inform measurement and evaluation of organisational Work and Health Strategies.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Average response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual sick leave per FTE</td>
<td>6.2 days</td>
</tr>
<tr>
<td>Annual carer leave per FTE</td>
<td>1.2 days</td>
</tr>
<tr>
<td>Annual other leave (i.e parental) per FTE</td>
<td>91 days</td>
</tr>
<tr>
<td>Lost productivity due to presenteeism</td>
<td>16.7%</td>
</tr>
<tr>
<td>Voluntary employee attrition rate</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

Any effective employee health and wellbeing strategy should incorporate four fundamental components – an assessment of needs, evidence based design, formal implementation plans, and a robust measurement or evaluation strategy. These four components fit together as pieces of a puzzle. They are interlinked and part of a cycle that should be reviewed and improved on a regular basis to best meet the needs of your business over time.

Dr. Paul Richards, Head of Work & Student Health at Bupa
The Bupa Benchmark Survey has found that organisations are becoming more sophisticated in how they assess the needs for their work health strategy.

Australian employers are increasingly using data in their planning for the work health strategy, allowing them to build an evidence base for their commercial and workforce health needs.

The most frequently used method of assessing needs for a work health strategy was through reviewing productivity data. Over 75% of organisations reported using insights from absenteeism, employee turnover, safety and workers compensation data in their planning.

Further, 58% of organisations review employee health data in their planning from sources such as health risk assessments, health screening programs, employee assistance programs, and insurance claims.

When assessing the needs of a work health strategy, two thirds (67.6%) of organisations are gathering input from senior leadership on the commercial priorities of the business.

The biggest change forecasted is an increase in workplaces following a formalised work health measurement and evaluation framework. Over one quarter (27.3%) of organisations are planning on devising such a framework over 2015/16, which will push the amount of workplaces following this approach to well over half. The large increase in workplaces taking this approach may be due to a need to measure the impacts and outcomes of work health initiatives that may have been in place for some time now. This feedback is vital to continually improve the development of an overall work health strategy.

Table 7. Work Health Strategy - Assessment

<table>
<thead>
<tr>
<th>The organisation creates and delivers its work health strategy by...</th>
<th>Yes (%)</th>
<th>No current plans (%)</th>
<th>Have future plans (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewing productivity data</td>
<td>75.5</td>
<td>11.2</td>
<td>13.3</td>
</tr>
<tr>
<td>Reviewing employee health data</td>
<td>58.2</td>
<td>29.8</td>
<td>12.1</td>
</tr>
<tr>
<td>Following a formalised work health measurement and evaluation framework</td>
<td>38.1</td>
<td>34.5</td>
<td>27.3</td>
</tr>
<tr>
<td>Engaging external expertise</td>
<td>60.3</td>
<td>27</td>
<td>12.8</td>
</tr>
<tr>
<td>Gathering input from senior leadership on commercial priorities</td>
<td>67.6</td>
<td>23</td>
<td>9.4</td>
</tr>
<tr>
<td>Gathering input from workers on their health needs and preferences</td>
<td>63.4</td>
<td>16.2</td>
<td>20.4</td>
</tr>
</tbody>
</table>
Following on from assessing the organisational and employee needs, the overarching design of a work health strategy is important to ensure the business is properly guided over the years ahead. The Bupa Benchmark Survey found a number of key factors are driving the development of work health strategies including formal frameworks, policies and resourcing. Table 8 illustrates the prevalence of the ways in which firms design their work health strategies.

Seventy percent (69.9%) of workplaces reported they now follow a formalised work health strategy that encompasses the total workforce. And of those that aren’t yet, most are planning on doing so in the near future (a further 16.8%).

Endorsed workplace policies (such as a workplace smoking policy) are the most frequently reported practice used in the design of the organisation’s strategy. Many workplaces are also now incorporating employee health within broader human resource strategies. The survey findings also show that further integration into human resources strategies is expected to be leveraged by more workplaces than other design considerations in the coming years ahead.

Table 8. Design of Work Health Strategy

<table>
<thead>
<tr>
<th>The organisation creates and delivers its work health strategy by....</th>
<th>Yes (%)</th>
<th>No current plans (%)</th>
<th>Have future plans (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following a formalised work health strategy that encompasses the total workforce</td>
<td>69.9</td>
<td>13.3</td>
<td>16.8</td>
</tr>
<tr>
<td>Including and incorporating employee health within our formal human resource strategies</td>
<td>58.5</td>
<td>19.7</td>
<td>21.8</td>
</tr>
<tr>
<td>Including and referencing employee health within our formal workplace safety strategies</td>
<td>67.8</td>
<td>17.5</td>
<td>14.7</td>
</tr>
<tr>
<td>Endorsed workplace health policies</td>
<td>85</td>
<td>9.5</td>
<td>5.4</td>
</tr>
<tr>
<td>Providing a central/corporate budget to fund the work health strategy and its initiatives</td>
<td>63</td>
<td>24.6</td>
<td>12.3</td>
</tr>
<tr>
<td>Decentralised/divisional budgets to fund localised initiatives</td>
<td>46.7</td>
<td>42.2</td>
<td>11.1</td>
</tr>
<tr>
<td>Financial support from external parties to co fund the costs of initiatives</td>
<td>31.5</td>
<td>53.1</td>
<td>15.4</td>
</tr>
<tr>
<td>Allowing employees to co-fund their own contribution to preventative health and wellness activities</td>
<td>40.7</td>
<td>47.1</td>
<td>12.1</td>
</tr>
<tr>
<td>Dedicating internal program management/personnel</td>
<td>58.6</td>
<td>27.9</td>
<td>13.6</td>
</tr>
<tr>
<td>Engaging an external health program provider(s)</td>
<td>57.3</td>
<td>25.9</td>
<td>16.8</td>
</tr>
</tbody>
</table>

Workplaces are engaging in a variety of resources to facilitate their strategy. Most workplaces (63%) have a dedicated corporate budget to fund the programs and initiatives. Fewer apply budgets in a decentralised or divisional format. Almost one third of organisations also report receiving financial support for their work health strategy from external sources such as insurers or governments.

Over half of the organisations surveyed have dedicated internal personnel to manage their programs, and within the next one to two years this is expected to rise to over 70% of workplaces. Similarly, over half of workplaces also engage external health providers to coordinate and deliver programs.
Health check programs have been a common component of traditional work health programs. Health checks can provide a two-fold benefit for organisations; improved understanding and awareness of personal health status and risk for their individual employees, as well as the aggregated data of such programs for the workplace to gain quantified insights into the needs of their people. Figure 1 illustrates the availability of various health checks offered through workplaces.

The most common health check used by workplaces was a screening of employees’ biometric health status (e.g. cholesterol, blood pressure) with 47% of workplaces offering this initiative to some or all of their people.

Twenty nine percent of workplaces offered a skin cancer check to their people, 26% offered vision checks, and 26% offered hearing checks.

In 2015/16, more workplaces are planning on introducing risk assessment programs for their people for the first time. Almost 25% of workplaces are planning on introducing behavioural risk assessments (such as online tools assessing health and lifestyle risks including smoking, physical activity and nutrition habits). This is on top of the 28.8% of workplaces that are already offering such activities. Workplaces using risk assessment tools specifically capturing mental health risks and needs are expected to double over the next 12-24 months with 14.4% currently using such a tool, and a further 18.6% planning on introducing one.

“A focus on mental health as well as the greater use of technology offer new opportunities in the support of health risks”
Many work health programs have traditionally focused primarily on supporting the physical health of their people. Physical health conditions such as diabetes, cancer or heart disease contribute significantly to overall morbidity and mortality. Many of these conditions often share modifiable risk factors, such as physical inactivity, smoking and poor nutritional habits, which workplaces can focus on with a view to encouraging behaviour change through targeted activities.

Support for physical health is largely focused around improving employee behaviours and lifestyle factors, increasing awareness and monitoring of personal medical profile, and better engagement in managing personal health conditions.

The most commonly offered initiative was flu vaccination programs, with 70% offering the program onsite for employees and 30% subsidising employees to receive a vaccination offsite such as at their own GP. Some workplaces offered a combination of both onsite and offsite services. Collateral that promotes healthy habits such as posters and fact sheets were also commonly used, with 63.1% of workplaces promoting physical health information this way.

Programs which encourage people to focus on musculoskeletal health, such as completing warm ups or stretches at work were expected to see the largest growth in the next one to two years. These programs have been introduced in some workplaces in recent years, primarily to prevent workplace musculoskeletal injuries in occupations involving physical labour. Currently 20.8% of workplaces report providing warm up and stretch programs to some or all of their people. A further 16.7% report plans to introduce such programs in the near future.

Of the key modifiable risk factors for preventing chronic diseases, nutrition based programs are expected to see large growth with many workplaces planning on introducing new programs to support their people.

Workplaces are also prioritising more technology in the delivery of their programs. Digital solutions using online platforms and telehealth programs are expected to see the largest growth in popularity. These delivery models are often more scalable and affordable, especially for larger, geographically-dispersed workforces.
Support for Mental Health

Support for employee mental wellbeing has become an increasing priority for Australian workplaces. While some workplaces have had reactive mental health solutions in place for some time to assist employees experiencing mental health issues, it has become increasingly important for workplaces to focus on preventive and health promotion strategies.

The most commonly reported solution to support mental health is an Employee Assistance Program (EAP) with 82% of workplaces offering such a program to some or all of their people. Over 60% also promote mental health wellbeing through collateral in the workplace such as posters and fact sheets.

The scalability and reach of digital solutions is expected to grow significantly over the coming years with over 50% growth in the amount of organisations using online platforms for mental wellbeing support programs; from 37.2% of workplaces today to a further 20.7% having plans to introduce over the next year or two.

A significant increase in the amount of workplaces providing training to managers on mental health in the workplace is also expected. Currently 37.6% of workplaces report providing education to managers while a further 23.1% are planning to introduce training for managers.

When looking at the common risks and impacts of poor mental health, workplaces are currently providing most support for alcohol or other drug use, followed by support for carer responsibilities including child and elderly care. However, more workplaces are seeing sleep and fatigue management as a key risk area with 1 in 5 workplaces planning on introducing support for healthy sleep in the near future.

Figure 3. Support for mental health

- An Employee Assistance Program (EAP)
- Mental health promoting collateral
- Online mental wellbeing support programs
- Onsite group mental wellbeing programs
- Online mental illness support programs
- Manager training on mental health in the workplace
- Programs to support drug and/or alcohol addictions
- Onsite counselling services
- Support programs for carer responsibilities
- Programs to train employees on mental health crisis responses
- Programs to support healthy sleep

Yes - most employees  Yes - some employees  No current plans  Future plans
The culture within the organisation can be a significant contributor to the success of work health strategies.

Therefore, many workplaces are actively pursuing a culture of health and wellness for their people, including employees, managers and senior leadership. Organisations are supporting the establishment of a healthier culture through strategies targeting social support, employee health benefits and improved health leadership.

Most workplaces (78.1%) are now coordinating workplace social activities such as team lunches. Promotion and support for social activities that are based around physical activity such as team sports or fun runs are also very common, with 65% of workplaces reporting this as a current initiative. Almost half (46.8%) of organisations surveyed are now actively including families of employees in specific social activities, including one quarter (25.7%) of workplaces extending health initiatives such as workplace wellness activities for family members to participate in.

The most common health benefit offered to employees was better access to health insurance, with 70.9% of workplaces focussing on providing more affordable health insurance. Over one quarter (26.7%) of workplaces either fully or partially subsidise health insurance for some (such as their senior leaders) or all of their people. A further 57.7% of organisations offer health insurance on negotiated corporate rates for their people.

Many workplaces reported they were planning to introduce initiatives to promote healthier cultures at a senior leadership level within the organisation throughout 2015/16. Forming a work health steering committee with senior leader representation is currently in place in 37.3% of workplaces; however a further 16.4% are planning on initiating such a group within the next two years. Training senior leaders on their roles and responsibilities for work health was also a high priority with 17% planning on introducing training in this area, on top of the 43.4% of workplaces who reported they have already initiated such training.

**Figure 4. Workplace culture**

- Workplace social activities
- Employees access to corporate health insurance discounts
- Workplace social physical activity initiatives
- Employees with financial planning support services
- Family based social events
- A WHS steering committee with senior leaders representation
- Senior leaders with training on their WHS roles
- Family based health programs
- Employees with partially subsidised health insurance
- Senior leaders with personal health programs
- Employees with health and wellness funds for personal
- Senior leaders with subsidised health insurance
- Employees with fully subsidised health insurance
Workplace environment

The design of the workplace environment extends from the core workspaces and supporting amenities through to the policies under which the organisation operates.

Consideration towards healthier or health-promoting work environments has become more established in recent years. Workplaces are now looking beyond the mitigation of risk associated with occupational injury or illness, and towards environments, which support healthier and happier employees. These environmental changes may assist in improving employee health as well as employee attraction, retention, and engagement in their work.

Policies addressing health risks such as smoking, alcohol and drug use are some of the most common ways organisations address the health of the working environment. Half of workplaces surveyed now completely ban smoking in their workplace, and a further 8.3% are planning on taking up this policy in the near future. More workplaces are also planning on introducing flexible working arrangements for the first time as a key human resources policy area.

Physical facilities which allow and encourage healthier eating and physical activity are also ranked highly. The provision of kitchen facilities (92.8%), shower facilities (90.1%), bicycle storage facilities (82.6%) and personal lockers (73.4%) are all quite common in workplaces.

While not a lot of workplaces have actively supported healthier eating in the past, it is now a higher priority for many workplaces. The amount of workplaces with a policy or guidelines for healthy nutrition and catering for work functions is currently at 17.9%, while a further 20.8% are planning on introducing such initiatives in the near future. Further, the number of workplaces that have vending machines with healthy foods only is expected to increase from only 6.4% of workplaces today to a further 11.4% with organisations planning to take action over the next two years.

Figure 5. Workplace environment

- Onsite kitchen facilities
- Alcohol and drug policy
- Onsite shower facilities
- Policy that restricts smoking on work premises
- Policy that outlines flexible work arrangements
- Onsite bicycle storage facilities
- Onsite lockers for personal use
- Work locations with formal considerations for healthy
- Policy that bans smoking on all work grounds
- An opportunity for a workspace ergonomic assessment
- Optional workspace ergonomic modifications
- Policy for working in the hot temperatures
- Subsidised first aid certification courses
- Vending machines with some healthy snacks and drinks
- Management training and/or support for occupational
- ‘Fit For Work’ policy for maintaining physical &
- Position descriptions that include the physical and
- Program that promotes active transport
- Policy or guidelines for healthy nutrition and catering
- Vending machines with healthy snacks and drinks only
Implementing the Work Health Strategy

Beyond the design of the strategy and solutions themselves, the success of work health programs are significantly determined by how well they are implemented.

There are numerous factors workplaces should consider to ensure that engagement and participation rates allow the strategy to have a successful impact and achieve the desired outcomes.

Devising a relevant plan for implementation that considers and engages the stakeholders (including employees, supervisors and senior management), including developing communication strategies promoting the programs to motivate participation are all key to supporting the success of the work health strategy.

Most workplaces outsource to health providers to implement programs (52%), and many also have dedicated internal personnel to manage implementation. Directly involving senior leaders (50.5%) and/or employees (43.3%) to provide feedback on the programs implemented is one of the common ways workplaces review the effectiveness of their programs.

The use of financial incentives to encourage participation is not a common tool of engagement. Prizes for participation are used by less than one third of workplaces (29.8%), and individual financial rewards for participation (9.7%) or achieving certain health outcomes (4.9%) are even less common.

Looking ahead, many workplaces are now planning on gaining better engagement and support of people managers by providing managers and supervisors with information and education on the benefits of healthier teams.
The communication of a work health strategy is one of the most important factors to consider in the implementation of programs. More common forms of communication have focused around print resources such as posters or newsletters, and emails which promote wellness or work health activities.

The use of digital communications is expected to increase significantly in the coming years. Today, one third (35.3%) of workplaces use a dedicated portal, while dedicated mobile apps have not yet become common with only 1.9% report using apps to encourage healthy habits.

However, over the next two years the use of dedicated portals is expected to increase to over half of workplaces, while the use of dedicated mobile apps is expected to see significant growth to nine times that of today.

Improving the relevance of the messaging is on the radar of work health strategies, and over the next two years the number of workplaces that provide targeted promotions and recommendations to employees with specific health conditions is expected to double.

Figure 7. Communication

- Print materials in communal workspaces
- Email based newsletters promoting wellbeing
- Regular reports to management on the Work Health Strategy
- Print based newsletters promoting wellbeing
- Company specific social media platforms
- Seminars or toolbox talks on health related topics by health professionals
- Branding the wellbeing program
- An online portal for our workplace health related programs
- Health content and topics as part of team meetings
- Targeted promotions and recommendations to employees with specific health risks
- Equipping managers with health promoting information to pass on to direct reports
- Promoting health providers in the community
- Targeted promotions and recommendations to employees with specific health conditions
- A mobile app for our workplace health related programs
- Yes
- No current plans
- Future plans
Evaluation of the work health strategy is very closely linked to the processes used in the initial needs assessment. As expected, many workplaces that are using data in assessing the needs for their work health strategy are also using the same data to evaluate the achievements of the work health strategy.

The most frequently used methods of evaluating the work health strategy was through the use of workplace data relating to workers compensation, EAP usage, attrition, safety and absenteeism.

In the future, workplaces are planning on better evaluating the changes in employee health, including their current health as well as the lifestyle and behaviours which contribute to health outcomes. The number of workplaces gathering this information and benchmarking it to national norms is expected to triple over the next two years, from 12% to 38.5%.

Many workplaces are also looking to begin measuring financial returns achieved with specific programs as well as the overall work health strategy. Only 12% report measuring the overall return on investment (ROI), while a further 30.7% plan to do so in the near future.

Figure 8. Evaluation

- Workers compensation data
- Employee Assistance Program (EAP) usage and data
- Attrition data
- Safety metrics
- Absenteeism data
- Feedback from employees
- Participation rates in health related programs
- Engaging external evaluation expertise
- Employee behaviours trends
- Employee health insurance data
- Employee health status trends
- Financial Return on Investment for the overall WHS
- Benchmarking health related statistics against national or industry norms
- Financial Return on Investment for specific programs

Yes No current plans Future plans
Find out how Bupa can help you build a healthier workplace

Carl Buik
Manager, Workplace
Health Analytics
Bupa +61 2 9323 9228
carl.buik@bupa.com.au