

Workplace Policies - February 26, 2009

Active transportation

Cycle Friendly Employer: Workplace shared bicycle policy (2003). Sport and Recreation New Zealand [Electronic version]. Available:
http://fulltext.ausport.gov.au/fulltext/2003/nz/workplace_shared_bike_policy.pdf
Ref ID: 116

Ministry of Environment's Work Bike Policy: Use of Bicycles for Business Travel (2006). BC Ministry of the Environment [Electronic version]. Available:
<http://www.env.gov.bc.ca/air/airquality/bikepolicy.html>
Ref ID: 115
Notes: This is not quite a "workplace policy"; however, it may have some useful elements.

Cycle friendly workplace (2007). Bicycle Victoria [Electronic version]. Available:
http://www.bv.com.au/file/file/RTW/BICY%20-%20Cycle-Fndly%20Workplaces_v12.pdf
Ref ID: 114

Notes: See: page 9 re: policy

See also:

The cycle friendly workplace

<http://www.ride2work.com.au/10213>

Provides access to three publications:

1. *Cycle friendly workplace*
2. *Workplace BUGS*
3. *The bicycle parking handbook*

Kirklees PCT Healthy Workplace Policy Statement (2008). NHS Kirklees [Electronic version]. Available:
http://www.kirklees.nhs.uk/uploads/tx_galileodocuments/Kirklees_PCT_Healthy_Workplace_Policy_Statement.pdf

Ref ID: 122

Notes: See page 4 re: active travel

The benefits of active transportation (2009). Winteractive [Electronic version]. Available:
http://www.winteractive.ca/uploads/tipsheets/physicalactivity/pa_wa09_benefits_active_transportation.pdf
Ref ID: 67

Amenities and programs that encourage active transportation in all seasons: Amenities & Programs: Workplace amenities and programs (2009). Transport Canada [Electronic version]. Available:
<http://www.tc.gc.ca/Programs/Environment/utsp/allseasontransportation.htm>
Ref ID: 113

Tips On Creating A Bike Friendly Workplace (2009). Windsor-Essex County Health Unit [Electronic version]. Available:
<http://www.wechealthunit.org/healthy-living/physical-activity/bike-friendly-workplace/tips-on-creating-a-bike-friendly-workplace>
Ref ID: 119

Bicycling and walking (2009). Arllington Transportation Partners [Electronic version]. Available:
<http://www.commuterpage.com/atp/ben-biking.cfm>
Ref ID: 120

Notes: Program - not policy. Does include at section entitled: *How can I encourage employee participation?* which may list some useful strategies.

Active travel in the workplace: case studies (2009). Sports Council Wales [Electronic version]. Available: http://www.sustrans.co.uk/webfiles/AT/Active%20Travel%20Cymru%20Toolkit/casestudies_ENG.pdf
Ref ID: 123

Active travel in the workplace: What's right for your organization? (2009). Sports Council Wales [Electronic version]. Available: http://www.sustrans.org.uk/webfiles/AT/Active%20Travel%20Cymru%20Toolkit/ideas_leaflet_ENG.pdf
Ref ID: 121
Notes: See *Active travel friendly policies*, p. 4.

Barriers and Incentives

Kruger, J., Yore, M. M., Bauer, D. R., & Kohl, H. W. (2007). Selected barriers and incentives for worksite health promotion services and policies. *Am J Health Promot*, 21, 439-447.

Ref ID: 10

Abstract: PURPOSE: To assess employees' attitudes toward potential barriers to and incentives for their likely use of worksite health promotion services. METHODS: Data from the 2004 HealthStyles Survey, a volunteer mail survey, were used to examine selected barriers to, incentives for, and potential use of worksite health promotion programs among adults employed full-time or part-time outside the home (n = 2337). RESULTS: Respondents were 72.7% white and 52.1 % female; 36.5 % were college graduates, 30.7% had a body mass index of at least 30, and 35.6% were regularly active. The most common reported barriers to use of worksite services were no time during the workday (42.5 %) and no time before or after work (39.4%). More than 70% of employees responded that the following incentives would promote their interest in participating in a free worksite wellness program: convenient time, convenient location, and employer-provided paid time off during the workday. Preferred health promotion services reported by respondents were fitness centers (80.6%), weight loss programs (67.1 %), and on-site exercise classes (55.2 %). Policy practices of paid time to exercise at work and healthy vending or cafeteria food choices were preferred by almost 80% of employees. CONCLUSIONS: These HealthStyles Survey data, in combination with needs data from an employer's own workforce, may help employers design wellness programs to include features that attract employees

Notes: DA - 20070522

IS - 0890-1171 (Print)

LA - eng

PT - Journal Article

SB - T

Case Study

Brissette, I., Fisher, B., Spicer, D. A., & King, L. (2008). Worksite characteristics and environmental and policy supports for cardiovascular disease prevention in New York state. *Prev Chronic Dis.*, 5, A37.

Ref ID: 7

Abstract: INTRODUCTION: Worksite policy and environmental supports that promote physical activity, healthy eating, stress management, and preventive health screenings can contribute to the prevention of cardiovascular disease and lower employer costs. This study examines the availability of these four categories of supports in a statewide survey of New York State worksites. METHODS: In 2002, we recruited a statewide sample of worksites in New York State with 75 or more employees to participate in a mailed survey assessing worksite policy and environmental supports for wellness and health promotion.

The overall response rate was 34.8%. The analysis included data from 832 worksites. RESULTS: Worksite size was an independent predictor of health promotion supports with small (75-99 employees) and medium-small (100-199 employees) worksites reporting significantly fewer policy and environmental supports in all four categories than worksites with 300 or more employees. Worksites in which most employees were nonwhite reported fewer supports for physical activity, healthy eating, and stress management than worksites in which most employees were white. A wellness committee or wellness coordinator was associated with more health promotion supports, regardless of the size of the worksite or composition of its workforce. CONCLUSION: Worksites with fewer than 200 employees have an increased need for assistance in establishing environmental and policy supports promoting cardiovascular health. Worksites that have a wellness committee or coordinator are better able to establish and sustain supports with the potential to improve the health of their workers.

Healthy Eating

Sorensen, G., Linnan, L., & Hunt, M. K. (2004). Worksite-based research and initiatives to increase fruit and vegetable consumption. *Prev Med, 39 Suppl 2*, S94-100.

Ref ID: 12

Abstract: BACKGROUND: Worksite initiatives to promote increased consumption of fruits and vegetables include a wide range of programs. Some initiatives focus on the physical and informational environments, with the dual aim of increasing the availability of healthful food options and providing education and support through point-of-choice labeling and signage. METHODS: Authors reviewed recent literature on comprehensive worksite health promotion programs that have addressed some type of environmental/organizational intervention to increase fruit/vegetable consumption. RESULTS: This review revealed that environmental/organizational initiatives rely on management commitment, supervisory support, and supportive organizational structures to sustain policy efforts over time. Program effectiveness is enhanced when they are based on social ecological approaches; include worker participation in program planning and implementation (e.g. employee advisory boards and peer-delivered interventions); address multiple (vs. single) risk factors for change; and integrate workers' broader social context (e.g. families, neighborhoods, etc.). CONCLUSIONS: Priorities for future worksite-based interventions include identifying and reducing barriers to organizational and environmental change, addressing social disparities in fruit and vegetable consumption, addressing social contextual factors driving behaviors, and building expanded networks of community partnerships. Future research is needed to identify key policy and program components that will yield meaningful increases in fruit and vegetable consumption; barriers/facilitators of organizational and environmental change within worksites; effective community-based participatory methods; and methods to disseminate cost-effective interventions for all worksites

Notes: DA - 20040817

IS - 0091-7435 (Print)

LA - eng

PT - Journal Article

PT - Review

SB - IM

Sample healthy foods policy (2005). North Carolina State Health Plan [Electronic version].

Available:

http://www.eatsmartmovemorenc.com/NCHealthSmartTikt/1_docs/eat_smart/ES_AppB%20SamplePolicy.pdf

Ref ID: 33

Abstract: This is part of the *NC HealthSmart Worksite Wellness Toolkit: Eat Smart* which includes posters, guidelines, etc.

<http://www.eatsmartmovemorenc.com/NCHealthSmartTikt/eatsmart.html>

Notes: See also: <http://www.eatsmartmovemorenc.com/Worksites.html#>.

Improving the Health of Canadians: Promoting Healthy Weights (2006). Canadian Institute for Health Information [Electronic version]. Available:
http://secure.cihi.ca/cihiweb/products/healthyweights06_e.pdf

Ref ID: 36

Notes: See Section on Workplace policies

Devine, C. M., Nelson, J. A., Chin, N., Dozier, A., & Fernandez, I. D. (2007). "Pizza is cheaper than salad": assessing workers' views for an environmental food intervention. *Obesity (Silver Spring)*, 15 Suppl 1, 57S-68S.

Ref ID: 8

Abstract: OBJECTIVE: "Images of a Healthy Worksite" aims to provide easy access to healthful foods and to reduce sedentarism at the worksite-to prevent weight gain. Formative research for the nutrition intervention component was aimed at gaining a broad understanding of the sociocultural role of food and eating among workers and worker perspectives on socially feasible and culturally acceptable environmental intervention strategies. RESEARCH METHODS AND PROCEDURES: Using an adapted PRECEDE health planning model, we conducted ecological, educational, environmental, and administrative assessments at the worksite. Through 15 in-depth interviews, five focus groups, and community mapping at two sites with 79 administrators, managers, workers, and food service personnel (51% men, 82% white), we assessed workers' perspectives on physical, sociocultural, economic, and policy environments. Data were coded for predisposing, enabling, and reinforcing factors related to intervention strategies in vending, cafeteria, catering, and informal food environments. After classification for reach, intensity, and sustainability, objectives and evaluation plans were developed for each highly ranked strategy. RESULTS: Key sociocultural factors affecting food and eating included: stress-related eating in a downsizing workplace, enthusiasm for employer-sponsored weight gain prevention efforts that respect personal privacy, and the consequences of organizational culture on worker access to the food and eating environment. Workers supported healthier cafeteria and catering options, bringing healthful foods closer, and labeling of healthful options. DISCUSSION: We provide a practical and systematic approach to formative research and assess the interrelatedness of the physical, policy, economic, and sociocultural factors that affect environmental worksite interventions to prevent weight gain among employees

Notes: DA - 20071212

IS - 1930-7381 (Print)

LA - eng

PT - Journal Article

PT - Research Support, N.I.H., Extramural

SB - IM

Fuemmeler, B. F., Baffi, C., Masse, L. C., Atienza, A. A., & Evans, W. D. (2007). Employer and healthcare policy interventions aimed at adult obesity. *Am J Prev Med*, 32, 44-51.

Ref ID: 9

Abstract: BACKGROUND: Increasing rates of obesity in the population have made prevention a high public health priority. Policy strategies for curtailing obesity have been recommended, yet there has been little research on the degree of public support for policy-level interventions. METHODS: Participants for this study included 1139 respondents who were surveyed as part of the Research Triangle Institute Obesity Telephone Survey conducted in September 2004. Participants were asked to indicate to what degree they favor specific healthcare and work policy strategies for treating and preventing adult obesity. Participants were also asked about their beliefs regarding the causes of obesity. RESULTS: A majority (85%) favored a policy change strategy that offered employers tax breaks if they provided adequate exercise facilities in the workplace. Seventy-three percent favored a move by healthcare companies to require obesity treatment and prevention. The same proportion (72%) favored beneficiary discounts by employers or healthcare companies to motivate individuals to maintain or move toward a healthy weight. Majorities endorsed a lack of willpower and the cost of healthy food as causes. Nearly two thirds did not believe genes or lack of knowledge was related to obesity in society, and the sample was split with regard to the belief that obesity is caused by society. CONCLUSIONS: The findings suggest that there is strong support for healthcare and employment policies in obesity prevention and treatment. These findings may be important to policymakers in developing population-based strategies to prevent obesity

Notes: DA - 20070112
IS - 0749-3797 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
SB - IM

Moskall, J. (2008). Healthy food policy in the workplace. Public Health Nutritionists of Saskatchewan [Electronic version]. Available: http://www.homefamily.net/index.php?/categories/clothingtextiles/healthy_food_policy_in_the_workplace/
Ref ID: 13

Story, M., Kaphingst, K. M., Robinson-O'Brien, R., & Glanz, K. (2008). Creating Healthy Food and Eating Environments: Policy and Environmental Approaches. *Annual Review of Public Health, 29*, 253-272.
Ref ID: 23

Abstract: Food and eating environments likely contribute to the increasing epidemic of obesity and chronic diseases, over and above individual factors such as knowledge, skills, and motivation. Environmental and policy interventions may be among the most effective strategies for creating population-wide improvements in eating. This review describes an ecological framework for conceptualizing the many food environments and conditions that influence food choices, with an emphasis on current knowledge regarding the home, child care, school, work site, retail store, and restaurant settings. Important issues of disparities in food access for low-income and minority groups and macrolevel issues are also reviewed. The status of measurement and evaluation of nutrition environments and the need for action to improve health are highlighted
Notes: doi: 10.1146/annurev.publhealth.29.020907.090926
PMID: 18031223

Workplace healthy eating blues (2009). Peterborough County-City Health Unit [Electronic version]. Available: <http://pcchu.peterborough.on.ca/NP/NP-workplace-nutrition.html>
Ref ID: 14
Abstract: Includes sample policy template.

Workplace Policies to Offer Nutritious Foods (2009). Prevention Institute [Electronic version]. Available: http://preventioninstitute.org/pdf/CHI_Workplace_Policy.pdf
Ref ID: 17

Irvine, V. (2009). Healthy Eating at Work. Saskatoon Region Health [Electronic version]. Available: http://www.saskatoonhealthregion.ca/your_health/health_matters/health_matters_083108.htm
Ref ID: 18

Food policy (2009). New York City Department of Health and Mental Hygiene [Electronic version]. Available: <http://www.nyc.gov/html/doh/downloads/pdf/wellness/worksite-food-policy.pdf>
Ref ID: 19
Notes: From: <http://www.healthatwork.org.uk/workplace/info.asp?p=98>

Scotland's Health at Work - Healthy Eating Criteria: For workplaces with in-house catering facilities (2009). Health at Work (Scotland) [Electronic version]. Available: http://www.healthatwork.org.uk/pdf.pl?file=haw/file/shaw/Healthy_Eating_with.pdf
Ref ID: 21
Abstract: Sample policy
Notes: From: <http://www.healthatwork.org.uk/workplace/info.asp?p=98>

Healthy eating and Physical activity

Hill, J. O., Sallis, J. F., & Peters, J. C. (2004). Economic analysis of eating and physical activity: a next step for research and policy change. *Am J Prev Med, 27*, 111-116.

Ref ID: 43

Abstract: Poor nutrition and physical inactivity are among the leading causes of morbidity and mortality in the United States, and widespread behavior modification is needed to improve health now and in the future. There is growing evidence that modifications in the physical environment and in social policies will be required to accomplish this goal. There is also growing recognition that economic factors have contributed to current eating and physical activity patterns, and that economic factors need to be considered when developing strategies for improving these behaviors. Identifying where economic and public health priorities converge could suggest new avenues for sustainable policy changes, which will, in turn, promote healthy choices on both an individual and population-wide level. To review the effect that economics has on eating and physical activity behaviors, the Partnership to Promote Healthy Eating and Active Living convened an Economic Analysis Forum. Two working groups were formed—one focusing on eating behaviors and one on physical activity, and both with equal representation from health-related and economic disciplines. The groups examined how economics has contributed to present eating and physical activity patterns and how economics could be used to develop interventions to improve these patterns. This article describes the challenges the groups faced in their work, the way in which the public health and economic approaches were integrated, and the questions left unanswered

Matson-Koffman, D. M., Brownstein, J. N., Neiner, J. A., & Greaney, M. L. (2005). A site-specific literature review of policy and environmental interventions that promote physical activity and nutrition for cardiovascular health: What works? *American Journal of Health Promotion, 19*, 167-193.

Ref ID: 126

Abstract: Objective: To review the literature to determine whether policy and environmental interventions can increase peoples physical activity or improve their nutrition. Data Sources: The following databases were searched for relevant intervention studies: Medline, Chronic Disease Prevention File, PsychInfo, Health Star, Web of Science, ERIC, the U.S. Department of Transportation, and the U.S. Department of Agriculture. Study Selection: To be included in the review, studies must have (1) addressed policy or environmental interventions to promote physical activity and/or good nutrition; (2) been published from 1970 to October 2003; (3) provided a description of the intervention; and (4) reported behavioral, physiological, or organizational change outcomes. Studies that had inadequate intervention descriptions or that focused on determinants research, individual-level interventions only, the built environment, or media-only campaigns were excluded. Data Extraction. We extracted and summarized studies conducted before 1990 (n = 65) and during 1990-2003 (n = 64). Data Synthesis: Data were synthesized by topic (i.e., physical activity or nutrition), by type of intervention (i.e., point-of-purchase), and by setting (i.e., community, health care facility, school, worksite). Current studies published during 1990-2003 are described in more detail, including setting and location, sample size and characteristics, intervention, evaluation period, findings, and research design. Findings are also categorized by type of intervention to show the strength of the study designs and the associations of policy and environmental interventions with physical activity and nutrition. Conclusions: The results of our review suggest that policy and environmental strategies may promote physical activity and good nutrition. Based on the experimental and quasi-experimental studies in this review, the following interventions provide the strongest evidence for influencing these behaviors: prompts to increase stair use (N = 5); access to places and opportunities for physical activity (N = 6); school-based physical education (PE) with better-trained PE teachers, and increased length of time students are physically active (N = 7); comprehensive work-site approaches, including education, employee and peer support for physical activity, incentives, and access to exercise facilities (N = 5); the availability of nutritious foods (N = 33), point-of-purchase strategies (N = 29); and systematic officer reminders and training of health care providers to provide nutritional counseling (N = 4). Further research is needed to determine the long-term effectiveness of different policy and environmental interventions with various populations and to identify the steps necessary to successfully implement these types of interventions. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (journal abstract)

Seymour, A. & Dupre, K. (2008). Advancing employee engagement through a healthy workplace strategy. *J Health Serv.Res Policy, 13 Suppl 1*, 35-40.

Ref ID: 6

Abstract: **BACKGROUND:** In recent years, there has been increased focus on improving the quality of the working lives of staff in health care organizations. Research shows that improvements can be achieved through a comprehensive organizational approach to workplace health. Improved worker engagement is a realizable outcome of such an approach, provided that it is based on reliable and relevant data and is tailored to the specific environment in which it is being implemented. **ASSESSMENT OF PROBLEM:** An intervention project was designed to develop an organization-wide approach to employee workplace health. A comprehensive health risk assessment was undertaken, along with a staff survey on workplace culture, individual health practice and environmental effects on physical health. **RESULTS:** In general, the findings present a positive picture of the culture and factors that influence psychological wellbeing. However, improvement is needed in some areas: satisfaction is only marginally outweighing stress, and musculoskeletal disorders account for much absenteeism. Employee health needs include weight management, improving fitness and nutrition, and decreasing coronary risk. **STRATEGIES FOR CHANGE:** Results have prompted this organization to pursue the development of a Healthy Workplace Policy that will be used as a filter for all other policies relating to workplace culture, environment and practice, and have provided the impetus and focus to review the organization of employee health services. **LESSONS LEARNED:** Three major administrative activities are necessary to move from planning to sustained action: ensure adherence of all staff to any policy derived from a health risk assessment; ensure staff feel proposed changes are relevant and important; and create a road map to guide the development of a strategic and an implementation plan. The findings outlined in this report can be addressed by organizations that are willing to commit to a comprehensive approach to workplace health

Notes: DA - 20080307

IS - 1355-8196 (Print)

LA - eng

PT - Journal Article

SB - H

Policy Suggestions and Environmental Supports for His & Her Health (2009). Windsor-Essex County Health Unit [Electronic version]. Available: <http://www.wehealthunit.org/workplace-health/initiatives/policies-and-environmental-supports/policy-suggestions-and-environmental-supports-for-his-her-health>

Ref ID: 15

Promoting healthy initiatives within your workplace: recognizing 2008 efforts (2009). Thurston County Chamber (Olympia, Washington) [Electronic version]. Available: <http://www.thurstonchamber.com/workwell/Downloads/WorkWell08.pdf>

Ref ID: 20

San Francisco shape up@ work: the how-to guide (2009). Office of the Mayor [Electronic version]. Available: http://sfworks.org/docs/shape_up_6-07.pdf

Ref ID: 26

Healthy meeting policies (2009). California Department of Public Health [Electronic version]. Available: <http://www.cdph.ca.gov/programs/cpns/Documents/CPNS-HealthyMeetingPolicies.pdf>

Ref ID: 38

Creating Environments for Physical Activity and Healthy Eating: Suggestions and Resources for Schools and Workplaces (2009). State Government of Victoria, Australia, Department of Human Services [Electronic version]. Available: [http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Active_Inform_Issue_6_May_2006.pdf/\\$File/Active_Inform_Issue_6_May_2006.pdf](http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Active_Inform_Issue_6_May_2006.pdf/$File/Active_Inform_Issue_6_May_2006.pdf)

Ref ID: 40

Healthy eating, Physical activity and Stress

Policy: the key to a healthy workplace (2002). Simcoe County Workplace Wellness Network [Electronic version]. Available: <http://www.simcoehealth.org/pdfs/HealthyWorkplace.pdf>

Ref ID: 35

Abstract: Adaptation of Ottawa document.

Healthy eating and Stress

Policy: the key to a healthy workplace: a guide to making your organization healthier (2009). Ottawa Public Health [Electronic version]. Available:

http://ottawa.ca/residents/health/environments/workplace/healthy/policy_manual_en.pdf

Ref ID: 24

Abstract: Strategies and sample policy for healthy eating (chapter 4) and issues of social environment (chapter 5) and social responsibility (chapter 6).

Mental health

Cooper, C. L. & Cartwright, S. (1997). An intervention strategy for workplace stress. *J Psychosom.Res*, 43, 7-16.

Ref ID: 47

Abstract: This article explores a range of sources of workplace stress and a three-prong intervention strategy for managing pressures at work. The three approaches highlighted are primary, secondary, and tertiary prevention interventions. Primary is concerned with stressor reduction, secondary with stress management and tertiary with remedial support. In addition, a number of wider policy issues are suggested, such as risk assessment, economic incentives, and specific measures to help small- and medium-sized workplaces in managing workplace stress

South Dublin County Council Policy on Stress in the Workplace (2005). South Dublin County Council Human Resources [Electronic version]. Available:

http://humanresources.southdublin.ie/index.php?option=com_docman&task=doc_view&gid=15

Ref ID: 51

O'Connell, P. & Russell, H. (2005). Equality at Work? - Workplace Equality Policies, Flexible Working Arrangements and the Quality of Work. Economic and Social Research Institute [Electronic version]. Available:

http://www.esri.ie/news_events/press_releases_archive/2005/equality_at_work_workplac/index.xml

Ref ID: 58

McDaid, D., Curran, C., & Knapp, M. (2005). Promoting mental well-being in the workplace: A European policy perspective. *International Review of Psychiatry*, 17, 365-373.

Ref ID: 129

Abstract: The nature of the workplace continues to change as Europe adapts to the challenges of competing in a global marketplace. Across the European Union there is a trend of increasing absenteeism and early retirement due to mental health problems, particularly stress and depression. The social and economic costs of lost productivity in Europe are substantial. Moreover, the sustainability of social protection systems may be challenged further by increases in the levels of disability benefits paid to people who have left work on grounds of poor mental health. Yet despite these significant consequences, at both national and pan-European levels, decision-makers have been slow to recognise the importance of promoting mental health within the workplace, although recently there have been some positive developments. This paper outlines some of the socio-economic arguments for the promotion of good

mental well-being in the labour force and identifies how they link with different national and European policy agendas around four key issues: economic growth and development, the promotion of a high level of public health, sustainability of social welfare systems and social inclusion. The role and activities to promote mental well-being in the workplace undertaken by both national and international organizations in Europe are outlined along with important gaps and challenges that need to be addressed. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (journal abstract)

Stress in the Workplace Policy (2006). Norfolk and Norwich University Hospital [Electronic version]. Available: <http://www.nnuh.nhs.uk/viewdoc.asp?ID=150&t=TrustDoc>
Ref ID: 55

Policy clinic: Workplace stress (2007). Personneltoday.com [Electronic version]. Available: <http://www.personneltoday.com/articles/2007/09/12/42111/policy-clinic-workplace-stress.html>
Ref ID: 54

Curran, C., Knapp, M., McDaid, D., & Å³masson, K. (2007). Mental health and employment: An overview of patterns and policies across Western Europe. *Journal of Mental Health, 16*, 195-209.
Ref ID: 127

Abstract: Background: The relationship between mental health problems and employment is receiving growing attention across Europe as the cost of lost productivity is appreciated. Aims: This paper reports on the preliminary collection of data on employment of people with mental health problems and related economic issues in 17 countries participating in the Mental Health Economics European Network (MHEEN). Method: A questionnaire was developed with the Network partners and statistical and narrative data collected. These local and national level data were examined for patterns and trends. Results: Across Europe, the impact of mental health problems on lost productivity is substantial and growing. A range of policies have been developed to address this challenge, covering the spectrum of issues from workplace interventions promoting positive mental health to anti-discrimination laws to enable participation in the workforce. Conclusions: While much is being done, data and information on best practice across Europe are scarce. There is a need to share and collect this information to facilitate the sharing of best practice in Europe. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (journal abstract)

Leka, S. & Kortum, E. (2008). A European framework to address psychosocial hazards. *J Occup.Health, 50*, 294-296.
Ref ID: 46

Abstract: Over the past decades, emphasis has been placed on the changing nature of work and new forms of risk that could negatively affect employee health and safety. These are mainly associated with new types of occupational hazards that have been termed psychosocial. Issues such as work-related stress, bullying and harassment are now receiving attention on a global basis and efforts have been made to address them at the workplace level. However, it has been acknowledged that despite developments of policy in this area, there still appear to be a broad science-policy gap and an even broader one between policy and practice. The WHO Network of Collaborating Centers in Occupational Health has, since the late 1990s, been supporting a dedicated program of work on psychosocial factors and work-related stress. Part of the Network's work is currently focusing on the translation of existing knowledge into practice in the area of psychosocial risk management. This program has identified that the optimum way forward lies in the development of a European framework for psychosocial risk management. This framework will serve as the basis for coordination of research activities and preventive action with an emphasis on evidence based interventions and best practice on an international basis

Worksite Wellness Policy (2008). North Carolina Office of State Personnel [Electronic version]. Available: <http://www.osp.state.nc.us/manuals/manual99/Worksite%20Wellness%20Policy.pdf>
Ref ID: 52

Notes: See: Reducing and Managing Stress in the Work Place, p. 51

Stress in the workplace policy (2008). University of Lincoln [Electronic version]. Available: <http://visit.lincoln.ac.uk/C18/C18/Stress%20in%20the%20Workplace/Document%20Library/Stress%20in>

[%20the%20Workplace%20Policy.doc](#)

Ref ID: 59

Example of a stress policy (2009). Health and Safety Executive (U.K.) [Electronic version]. Available: <http://www.hse.gov.uk/stress/standards/pdfs/examplepolicy.pdf>

Ref ID: 48

Policy on Mental Health and Stress at Work (2009). City University London [Electronic version]. Available: <http://www.city.ac.uk/hr/policies/stress.html>

Ref ID: 49

Notes: See policy: *Policy on Mental Health and Stress in the Workplace*
<http://www.city.ac.uk/hr/policies/stresspolicy.html>

Enough workplace stress: organizing for change (2009). Canadian Union of Public Employees [Electronic version]. Available: http://cupe.ca/updir/stress_guideline.pdf

Ref ID: 53

Notes: See page 28: discussion about policies

Should my workplace develop a mental health policy? (2009). Shaw Trust [Electronic version]. Available: <http://www.tacklementalhealth.org.uk/how-do-i/healthy-workspace/mental-health-policy/>

Ref ID: 56

Stress (2009). NHS Scotland [Electronic version]. Available: <http://www.healthyworkinglives.com/advice/work-related-illness-injury/stress-workplace.aspx>

Ref ID: 57

Stress: an Amicus guide for members (2009). Amicus [Electronic version]. Available: <http://www.amicustheunion.org/PDF/stressguide.pdf>

Ref ID: 60

Notes: See: page 9

Physical activity

Sallis, J. F., Bauman, A., & Pratt, M. (1998). Environmental and policy interventions to promote physical activity. *Am J Prev Med*, 15, 379-397.

Ref ID: 44

Abstract: BACKGROUND: Because most adults in industrialized countries do not meet physical activity guidelines, population-wide interventions are needed. Environmental and policy interventions are based on ecological models of behavior and have the potential to influence entire populations. Ecological models are particularly applicable to physical activity because the behavior must be done in specific physical settings. Cross-sectional data indicate that environmental and policy variables are associated with physical activity behaviors of young people and adults. METHOD: Seven published evaluations of environmental and policy interventions to increase physical activity were reviewed. RESULTS: Two studies showed that placing signs encouraging stair use can be effective. Quasi-experimental evaluations provided limited evidence that broad environmental changes can be effective. Large-scale policy interventions are currently being conducted in several countries. PROPOSED MODEL: A model describing the development of policy and environmental interventions is proposed, in the hope of stimulating more research in this area. Advocacy or planning groups identify and work with agencies that control policies and environments that can be altered to increase physical activity. Educational and policy/environmental interventions are seen as complementary. CONCLUSION: Lack of conceptual models and the inherent difficulties of evaluation have hampered research on environmental and policy interventions. Further research is needed, and practitioners and researchers should work together to evaluate programs

Kahn, E. B., Ramsey, L. T., Brownson, R. C., Heath, G. W., Howze, E. H., Powell, K. E. et al. (2002). The effectiveness of interventions to increase physical activity. A systematic review. *Am J Prev Med*, 22, 73-107.

Ref ID: 2

Abstract: The Guide to Community Preventive Services's methods for systematic reviews were used to evaluate the effectiveness of various approaches to increasing physical activity: informational, behavioral and social, and environmental and policy approaches. Changes in physical activity behavior and aerobic capacity were used to assess effectiveness. Two informational interventions ("point-of-decision" prompts to encourage stair use and community-wide campaigns) were effective, as were three behavioral and social interventions (school-based physical education, social support in community settings, and individually-adapted health behavior change) and one environmental and policy intervention (creation of or enhanced access to places for physical activity combined with informational outreach activities). Additional information about applicability, other effects, and barriers to implementation are provided for these interventions. Evidence is insufficient to assess a number of interventions: classroom-based health education focused on information provision, and family-based social support (because of inconsistent findings); mass media campaigns and college-based health education and physical education (because of an insufficient number of studies); and classroom-based health education focused on reducing television viewing and video game playing (because of insufficient evidence of an increase in physical activity). These recommendations should serve the needs of researchers, planners, and other public health decision makers

Notes: DA - 20020502

IS - 0749-3797 (Print)

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PT - Review

SB - IM

Policies to encourage physical activity (2003). Canadian Fitness and Lifestyle Institute [Electronic version]. Available: http://www.cflri.ca/eng/statistics/surveys/documents/cap03_02.pdf

Ref ID: 28

Sample physical activity worksite policy (2005). North Carolina State Health Plan [Electronic version]. Available: http://www.eatsmartmovemorenc.com/NCHealthSmartTikt/1_docs/move_more/MM_AppA%20SamplePolicy.pdf

Ref ID: 34

Abstract: This is part of the *NC HealthSmart Worksite Wellness Toolkit: Move more* which includes posters, guidelines, etc.

<http://www.eatsmartmovemorenc.com/NCHealthSmartTikt/movemore.html>.

Notes: See also: <http://www.eatsmartmovemorenc.com/Worksites.html#>.

Dodson, E. A., Lovegreen, S. L., Elliott, M. B., Haire-Joshu, D., & Brownson, R. C. (2008). Worksite policies and environments supporting physical activity in midwestern communities. *Am J Health Promot*, 23, 51-55.

Ref ID: 124

Abstract: PURPOSE: To examine the association of worksite policies and environments to physical activity. METHODS: Between 2001 and 2003, 977 adults from Missouri, Tennessee, and Arkansas participated in two random-digit-dialed telephone surveys regarding physical activity behaviors and worksite policies supporting physical activity. Logistic regression was used to investigate relationships between meeting national physical activity recommendations and supportive policies or environmental conditions (e.g., facilities, equipment, financial rewards) at worksites. RESULTS: Having multiple policies at worksites was associated with meeting physical activity recommendations, specifically the provision of accessible stairways and personal services (e.g., fitness testing, counseling). Meeting recommendations through walking was associated with having exercise facilities (e.g., gym, shower) and equipment (e.g., treadmill, weights). DISCUSSION: This study highlights the importance of supplementing health promotion information in workplaces with policies and environmental interventions. Particular

consideration should be given to accessible stairways for onsite exercise and provision of exercise facilities and equipment. Future interventions should combine policy change with program delivery

Tavares, L. S. & Plotnikoff, R. C. (2008). Not enough time? Individual and environmental implications for workplace physical activity programming among women with and without young children. *Health Care Women Int*, 29, 244-281.

Ref ID: 125

Abstract: This study sets out to determine the main issues employed women with and without young children voice as influencing their physical activity behaviors, and to identify the environmental dimensions (e.g., physical, social, cultural, organizational, policy) within and outside of the workplace surrounding physical activity promotion that are most pertinent to employed women in Canada. Thirty employed women participated in focus groups, and four senior personnel were interviewed. Worksite observations were carried out and a Workplace Physical Activity Audit Tool was administered. Results indicate that time constraints and demands of personal and work life are barriers to achieving more activity. The issues surrounding family obligations and pressures for women with young children illustrate the main differences between groups. Key environmental factors are addressed and considered for future workplace physical activity programming goals

A guide to writing and implementing a physical activity policy in the workplace (2009). Health at Work (Scotland) [Electronic version]. Available:

http://www.healthatwork.org.uk/pdf.pl?file=haw/file/shawsilver/Physical_Activity_Policy.pdf

Ref ID: 22

Abstract: Includes policy development and sample policy for physical activity.

Policy: the key to a healthy workplace: a guide to making your organization healthier (updated Physical activity section) (2009). Ottawa Public Health [Electronic version]. Available:

http://ottawa.ca/residents/health/environments/workplace/healthy/policy_activity_en.pdf

Ref ID: 25

Abstract: Considerations, strategies and sample policy.

Meeting well in Peel (2009). Region of Peel, Human Resources, Healthy Workplace Program [Electronic version]. Available:

<http://www.peelregion.ca/health/workplace/employers/policies/pdfs/phys-act-sample-policy.pdf>

Ref ID: 30

Physical activity in the workplace (2009). Eastern Ontario Health Unit [Electronic version].

Available: <http://www.eohu.ca/files/resources/resource129.pdf>

Ref ID: 31

Workplace physical activity policy (2009). Sport England [Electronic version]. Available:

http://www.sportengland.org/text/pa_policy_example.doc

Ref ID: 32

Physical activity policy (2009). Region of Peel Health [Electronic version]. Available:

<http://www.peelregion.ca/health/workplace/employers/policies/pdfs/phys-act-sample-policy.pdf>

Ref ID: 29

Notes: Based on:

Workplace policy and guidelines that support physical activity (2009). State Government of Victoria, Australia, Department of Human Services [Electronic version]. Available:

http://www.dhs.vic.gov.au/_data/assets/pdf_file/0004/319576/WorkplacePoliciesThatSupportPhysicalActivity.pdf

Ref ID: 37

Workplace physical activity resource kit (2009). Government of South Australia [Electronic version]. Available: <http://www.beactive.com.au/WorkplacePAresourcekit.pdf>
Ref ID: 41
Notes: Page 5: Policy level

Workplace physical activity policy: SAMPLE (2009). British Heart Foundation [Electronic version]. Available: <http://www.bhf.org.uk/thinkfit/wdocs/policy.doc>
Ref ID: 117

Worksite Program California Fit Business Kit! (2009). California Department of Public Health [Electronic version]. Available: <http://www.cdph.ca.gov/programs/cpns/Pages/WorksiteFitBusinessKit.aspx>
Ref ID: 45

Physical activity and Policy development

Create a workplace that promotes physical activity (2009). PreventionMinnesota [Electronic version]. Available: http://www.preventionminnesota.com/employer_resource.cfm?oid=6016
Ref ID: 27

Policies - various

Workplace Programs, Policies and Practices (2009). Human Resources and Skills Development Canada [Electronic version]. Available: http://www.hrsdc.gc.ca/eng/lp/spila/wlb/11programs_policies_practices.shtml
Ref ID: 4

Abstract: The following documents provide descriptions and examples of policies, programs and practices. They include the following:

Dependant care initiatives

- Emergency child-care
- Emergency eldercare
- Financial assistance for child care expenses
- Workplace child-care
- Information and referral service

Reduction of working time

- Job sharing
- Gradual retirement
- Voluntary part-time work

Work-life stress management

- EAP/EFPA
- Wellness/health promotion

Workplace flexibility

- Annualized hours
- Compressed work week
- Flextime
- Telework

Leave and benefits

- Flexible benefits

Leave for personal reasons
Maternity leave
Parental leave
Paternity leave
Sick leave
Vacation

Policy development

Wellness works handbook Brant County Health Unit [Electronic version]. Available:
http://www.bchu2.picassofish.com/index.php?option=com_content&task=view&id=991&Itemid=345
Ref ID: 16

Coffey, M. & Dugdill, L. (2006). Policies alone are not enough: Workplace health development in the public, private and voluntary sectors. *Critical Public Health*, 16, 233-243.
Ref ID: 128

Abstract: A 2001 survey of public (n = 28), private (n = 113) and voluntary sector (n = 64) workplaces in Sefton, Merseyside indicated that there were significantly different levels of health-related policy provision across the three sectors, with the public sector having the highest level of provision (7.18 policies on average), followed by the voluntary (5.09 policies on average) and the private sector (3.94 policies on average). Policies already in place were mostly based around health and safety (89%), smoking (80%), sickness absenteeism (68%) and manual handling (49%). Workplaces reported that in order to benefit their employees' health they wanted to improve: the physical work environment (38%); communications (31%); job content/organization (30%) and wage levels (29%). In addition, they wanted to develop stress management (51%) and family-friendly (25%) policies. The major perceived barriers to implementing these policies were: lack of time/monetary resources (70%); not having the skills/expertise (37%); knowing which issues are priorities (25%); and knowing where to go to for help (17%). In order to achieve this, workplaces would like support in the form of: advice/information (63%); free health and safety checks (52%); training courses (49%) and monetary subsidies (49%). This study uniquely compares the public, private and voluntary sectors, highlighting that the sectors with the most health policies in place (public and voluntary) are also the sectors with the greatest number of reported difficulties, e.g. absenteeism, recruitment and retention. Recommendations from this study are that a 'one-size-fits-air' approach to health promotion would be inadequate to bring about changes in practice; that health promotion campaigns should focus on addressing the contextual difficulties, e.g. lack of resources, facing the voluntary and public sector, rather than on solely developing policy provision; and that information and advice for workplaces should be tailored to this end. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (journal abstract)

Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing (2008). National Institute for Occupational Health and Safety [Electronic version]. Available: <http://www.cdc.gov/niosh/worklife/essentials.html>
Ref ID: 1

Mental health policies and programmes in the workplace (2009). World Health Organization [Electronic version]. Available:
http://www.who.int/mental_health/policy/workplace_policy_programmes.pdf
Ref ID: 50

Policy development and Active Transportation

Workplace site and policy assessment (2009). New Zealand Transport Agency [Electronic version]. Available: <http://www.landtransport.govt.nz/sustainable-transport/travel-behaviour-change/workplace-travel-plans/docs/workplace-site-and-policy-assessment.doc>
Ref ID: 118

Tobacco

Environmental tobacco smoke (2000). Canadian Centre for Occupational Health and Safety [Electronic version]. Available: http://www.ccohs.ca/oshanswers/psychosocial/ets_resolutions.html
Ref ID: 63

Cape Breton Regional Municipality Non-Smoking Policy (2001). Cape Breton Regional Municipality [Electronic version]. Available: <http://www.cbrm.ns.ca/portal/civic/policies/Non-Smoking.asp>
Ref ID: 66

Sample workplace smoking policy (2005). Health Promotion Agency for Northern Ireland [Electronic version]. Available: http://www.hseni.gov.uk/sample_workplace_smoking_policy.pdf
Ref ID: 61

Smoking in the workplace (2007). University of Guelph [Electronic version]. Available: <http://www.uoguelph.ca/ehs/policies/13-07.pdf>
Ref ID: 64

Workplace policies and procedures (2009). NSW Department of Commerce, Office of Industrial Relations [Electronic version]. Available: http://www.industrialrelations.nsw.gov.au/resources/workplace_pp.pdf
Ref ID: 62

Policy sample: tobacco use policy (2009). Community Heart Health Network [Electronic version]. Available: <http://www.hearthealth.on.ca/Directory/policy3.htm>
Ref ID: 65

Work/Life balance

Helping Employees Achieve Work-Life Balance (2007). Alberta Health Services Board [Electronic version]. Available: <http://www.amhb.ab.ca/knowledge/workplace/Documents/Fact%20Sheet%20Work%20Life%20Balance%20Employers%20new.pdf>
Ref ID: 5
Notes: See page 2

Flexible Work Arrangements (2008). Canadian Centre for Occupational Health and Safety [Electronic version]. Available: http://www.ccohs.ca/oshanswers/psychosocial/flexible.html#_1_3
Ref ID: 3
Notes: Includes section on *What should be considered when designing a flexible work policy?*