

# An Investment Opportunity with high returns...

Every \$1 spent saves the Government, Employer or Employee \$18

Would you invest \$1 to save \$18?

## Western Sydney Healthy Workers Initiative

23 December 2010

*A large proportion of adults in NSW have a chronic disease or are at risk of developing a chronic disease due to modifiable lifestyle factors.*

*About one in two adults are overweight or obese, and a similar number eat fewer than two servings of fruit per day.*

*About 90% do not eat the recommended five servings a day of vegetables.*

*All of these are recognised risk factors for chronic diseases.*

*One contributing factor to ill health is a sedentary lifestyle.*

*Most employed adults spend more than half of their waking hours at work.*

*About 70% of workers are sedentary or have low levels of physical activity  
(Healey et al. 2008)*

*Those who spend more time sitting at work are more likely to be overweight or obese.  
(Russell 2009) in NSW Healthy Workers Initiative (2010)*



- Jim Bevan from ASP Plastics receiving his prize from Lizz Reay, Deputy CEO, NDGP

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## Executive Summary

The 2010/11 NSW Government budget allocates nearly 30% to healthcare. This surpasses other portfolios and is overwhelmingly for the provision of acute care mainly for chronic illness.<sup>1</sup>

It is estimated that 80% of Australians have at least one chronic health condition and lifestyle related chronic diseases are reaching epidemic proportions.<sup>1</sup>

Workplace wellness has been a focus of governments and employers internationally for a number of years. Approximately one-third of adult life is spent at work. Employment is a key social determinant of health and the World Health Organization recognises the workplace as a key avenue for health promotion.<sup>2</sup>

There is now a greater realisation within many sectors that investing in prevention is necessary in order to cope with future health care costs and improve the health of the population now and in future generations. This is reflected in the Governments' rationale for the current health reform.<sup>1</sup>

It is imperative to prevent the development of chronic disease by tackling the lifestyle related causes. Healthy eating and active living form the basis for any health improvement capability.

Workplaces have been identified as an ideal site for health promotion initiatives and interventions to prevent lifestyle-related chronic diseases especially in the 35-55 year age group.<sup>2</sup>

A small pilot workplace health check (based on the AUSDRISK tool) was conducted in November 2010 at ASP Plastics and ASP Healthcare Pty Ltd, medium sized businesses at St Marys in Western Sydney. This pilot involved 36 workers, who volunteered, and found high rates of overweight and obesity, smoking, high risk waist measurements, high blood pressure. 19 of 36 workers (52%) were at high risk of developing Type 2 diabetes mellitus (T2DM) in the next 5 years. Information and literature was provided to participants on nutrition, physical activity, weight management, smoking and alcohol consumption. Employees were enthusiastic about the intervention with most (82%) reporting they would make changes and a majority (89%) stating they would see their GP (General Practitioner) to discuss the results. This is indicative of what may be found in other worksites.

The Penrith LGA (Local Government Area) provides an ideal location for hosting a healthy workers initiative due to the partnerships, preliminary work and support already in place. Funding is being sought to support a Western Sydney Healthy Workers Initiative which will provide a three year demonstration project that can inform and shape future workplace initiatives to be rolled out across other areas of NSW.

The Western Sydney Healthy Workers Initiative Proposal is a partnership between the Penrith Business Alliance, the Nepean Division of General Practice and the Centre for Health Innovation and Partnership. It is built on a shared vision to deal with the drivers of escalating chronic disease and obesity and improve the health status of people in Western Sydney.

The Western Sydney Healthy Workers Initiative demonstration project will engage with local workplaces within the Penrith LGA to:

- Identify chronic disease risk factors in employees via workplace health checks. This will provide the initial impetus for change and encourage follow up with their GP for further risk assessment and prevention support.
- Provide education and support for workers to reduce risk factors including promotion of local, NSW Health and COAG initiatives such as local exercise, nutrition and lifestyle programs; the NSW Health Get Healthy Information & Coaching Service; Get Healthy@Work organisational support and facilitation service; QUIT Line; Lifestyle Modification Programs
- Improve the supply of healthier food options into workplaces.
- Provide a model for rollout in other areas of NSW
- Add to the body of research on workplace interventions

## Recommendations

- That NSW Health nominates the Nepean Division of General Practice as a demonstration provider of workplace visits and program delivery under the NSW Healthy Workers Initiative.
- That NSW Health provide funding to the Nepean Division of General Practice from the COAG program to conduct further health risk assessment screenings, like that provided at ASP Plastics and ASP Healthcare, beginning early in 2011.
- That NSW WorkCover consider adopting the same type of program funding as provided by Victoria's WorkSafe and allocates funds to the Western Sydney Healthy Workers Initiatives in 2011/12
- That the NSW Government fund the early establishment of a *Western Sydney Healthy Workers Initiative Centre of Excellence* as a facilitator of employer participation as one the first initiatives agreed to through the NSW Government's adoption of a final Penrith Health and Education Precinct strategy. Western Sydney incorporates the Local Government Areas of Auburn, Parramatta, Holroyd, Blacktown, Penrith, Blue Mountains, Hawkesbury and Hills Shire. The *Western Sydney Healthy Workers Initiative Centre of Excellence* to be initially based at the Penrith Business Alliance Office and supported by the alliance of organisations that has been put in place for the development of the Penrith Health and Education Precinct.
- That NSW Government support the role of the Centre for Health Innovation and Partnership in the NSW Health Western Sydney cluster:
  - to continue to mobilise and support partnership development and healthcare innovation to address the major burden of disease in Penrith Blue Mountains and Western Sydney regions.
  - with partners innovate workplace and community based health and wellbeing programs
  - to work with partners to monitor and report on project outcomes.

## Background

“There is a convergence of ideas that argues we must make meaningful lifestyle changes over the coming years that will allow us to protect our environment, improve our health and sustainably grow our economy and wealth”<sup>1</sup> With this in mind it is imperative to prevent the development of chronic disease by tackling the lifestyle related causes. Healthy eating and active living form the foundations for any health improvement capability.<sup>1</sup>

The *Healthy Workers Initiative* pilot undertaken at the worksite of ASP Plastics and ASP Healthcare Pty Ltd, medium sized businesses, in St Marys in Western Sydney has been a demonstration of the health check component of a Healthy Lifestyle Program (HLP) designed for the workplace. The health checks were delivered for all workers. The project has also sought to engage with local businesses to improve the supply of healthier food options into workplaces. The Penrith Business Alliance (PBA), the Nepean Division of General Practice (NDGP) and the Centre for Health Innovation and Partnership (CHIP) developed and supported the strategy and implementation process.

The pilot has provided sufficient evidence to go forward with a fully developed HLP that addresses *The NSW Healthy Workers Initiative*<sup>2</sup> plans to use workplace health promotion to prevent lifestyle-related chronic diseases by addressing five modifiable lifestyle risk factors for:

- poor nutrition
- physical inactivity
- overweight and obesity
- smoking
- harmful alcohol consumption.

The workplace is important in reaching a large proportion of the population as described in *The NSW Healthy Workers Initiative*<sup>2</sup>:

- workplaces can affect health directly
- workplace interventions have been shown to be effective
- current approaches to health promotion have not focused on small to medium sized businesses

Providing healthy lifestyle programs directly to workers in their workplaces can have a direct benefit of reducing lifestyle related illness that currently, and in the future, adds to the demand for health care services in hospitals and from General Practitioners. The Centre for Health Innovation and Partnership, believes such initiatives need to be pursued vigorously alongside reforming the healthcare services to help reduce service demand in the short to long term.<sup>1</sup>

The pilot has been built on the shared vision on how to deal with the drivers of escalating chronic disease and obesity and improve the health status of people in Western Sydney. This partnership approach emerged from an International Symposium, *Reducing Obesity in Our Community: Applying Global Experiences in Healthy Eating and Active Living* organised by the Centre for Health Innovation and Partnership and the International Life Sciences Institute in July 2010. The Symposium brought together leading researchers, community groups, public health services and private food manufacturing leaders, to apply global experiences in reducing obesity in our communities.<sup>1</sup>

The Symposium was formally opened by Ms Carmel Tebbutt, NSW Deputy Premier and Health Minister who welcomed speakers and attendees and spoke of the strong commitment and programs her government has to reduce obesity in local communities. Speakers from all countries outlined best practice in healthy eating and active living and emphasised the need for evidence based and properly evaluated initiatives and programs.

The overwhelming, current evidence available at the symposium was that real progress can be made when there is alignment of policy considerations and a genuine engagement across all tiers

of government; multi-sector partnerships across civic, public, private and academic organisations; and, most importantly, the open exploration of local ideas to get things going in local communities. No partner, that is committed and can make a difference, should be excluded. It is critical that governments in Australia apply resources to this way of building up new and more effective programs.

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## Western Sydney

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The Western Sydney region is a burgeoning urban region of nearly 2 million inhabitants. It has the third largest economy in Australia and sprawls over residential, industrial and rural land in a 8,817.3 sq km arc to the north, south and west of Sydney. This region of Sydney has the highest rate of population growth in Australia with an additional 1 million people predicted to be living in the region within the next 20 years.<sup>3</sup>

The community characteristics of Western Sydney show a social spectrum of both prosperity and disadvantage. Nearly half of Sydney's population live in Western Sydney and nearly one third of these people have migrated to Australia. Western Sydney is home to some of the largest urban communities of Aboriginal and Torres Strait Islander peoples and it is where many young families are choosing to live. More than 1 in 3 people (37.4%) are aged 24 years and under.<sup>3</sup>

Western Sydney is Australia's largest manufacturing region and is vital to the economy in terms of local investment and employment. Current figures indicate that Western Sydney has a GDP of over \$80 billion.<sup>4</sup> Economic growth in the region is coming from the finance and business services, construction, transport and distribution sectors and health, education and community services.<sup>5</sup>

Western Sydney now faces some of the greatest urban and infrastructure challenges as it tries to accommodate population and business growth in a sustainable way.

It could be said that this presents an exciting opportunity to re-design the urban and industrial landscapes. This redesign opportunity should have environmental and population health as the central focus creating communities that are health enhancing.

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## Health and Health Care Expenditure

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The National Partnership Agreement on Preventive Health aims to reduce lifestyle related chronic disease. Smoking, excessive alcohol, lack of physical activity, low fruit and vegetable consumption are all risk factors which contribute to the burden of chronic disease.<sup>6</sup> The Australian Institute of Health and Welfare (2010) suggests that 32 per cent of Australia's health burden is attributed to these risky behaviours and choices and that overweight and obesity is said to be the driving force behind our tsunami of lifestyle-related chronic disease.<sup>7</sup>

The Centre for Health Innovation and Partnership summarised these health concerns:

- 80% of people have at least one long-term or chronic health condition
- 50% of GP consultations are for a chronic condition
- 20% of adults have a mental disorder (during the year)
- 54% of adults & 25% of children are overweight or obese
- 75% of the population will be overweight or obese by 2020 (on current trends)
- 8% of the population have diabetes (possibly twice more yet undiagnosed) <sup>1</sup>

The current population health predictions suggest that our lifestyle and health behaviours contribute to 70% of health expenditure on chronic disease. <sup>1</sup>

The 2010/11 NSW Government budget allocates nearly 30% to healthcare which surpasses other portfolios, and is overwhelmingly for the provision of acute care mainly for chronic illness. “There is a convergence of ideas that argues we must make meaningful lifestyle changes over the coming years that will allow us to protect our environment, improve our health and sustainably grow our economy and wealth” <sup>1</sup>

With this in mind it is imperative to prevent the development of chronic disease by tackling the lifestyle related causes. Healthy eating and active living form the basis for any health improvement capability.

“Whilst individuals may have the ultimate responsibility for the behaviours they do (or do not) engage in that affect their health, they can be supported to reduce risk behaviours if provided with the right tools, strategies and environment to support their wellness” (World Economic Forum, 2007).<sup>8</sup>

The workplace, when it is a supportive environment, has many advantages as a setting for Healthy Workers Initiatives. Workplaces provide ease of access to potentially large numbers of people and access to existing communication channels and infrastructure. <sup>7</sup>

Employee health and fitness is now recognised as directly affecting the economic bottom line for many small to medium businesses <sup>9</sup>.

The workplace is an ideal setting to trial The National Partnership Agreement on Preventive Health and to reduce lifestyle related chronic disease by promoting healthy weight and healthy eating <sup>10</sup>

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## Workplace Initiatives

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The benefits of workplace health risk screening and lifestyle modification programs exceed economic benefits. Russell (2009) identifies the following benefits outlined in the paper *Workplace Wellness*. <sup>9</sup>

*A joint report by the WHO and the World Economic Forum notes there is clear and persuasive evidence that many Workplace Health Programs (WHPs) targeting non communicable disease have been successful at improving employees' health by reducing risk factors, increasing employees' fruit and vegetable consumption, improving employee engagement and productivity, and producing return on investment (through cost savings and increased productivity) (World Economic Forum/WHO, 2008).*<sup>9</sup>

Russell<sup>9</sup> outlines the following *Benefits to Employers* (but not limited to):

- A healthy, happy and present workforce
- Improved employee engagement, recruitment and retention
- A happier, more resilient workforce
- A positive workplace culture
- Improved industrial relations
- Increased employee performance and productivity
- Financial benefits including:
  - Reduced health care costs
  - Reduced costs relating to absenteeism
  - Return on investment (from improved productivity (i.e. increased innovation or efficiency) or cost savings (i.e. reduced workplace accidents, fewer staff absences, greater staff retention meaning recruitment and training costs are minimised)

Russell's review also found that the economic return on investment for various WHPs ranged from \$1.50USD to \$5.96USD saved for every \$1US spent<sup>9</sup>

The Benefits to Employees from WHPs (but are not limited to):

- Health benefits:
  - improvements such as reduced cholesterol, reduced risk of chronic disease, reduced incidence of musculoskeletal disorders)
- Increased mental well-being, energy and resilience, reduced stress and depression, and increased quality of life
- Financial benefits (e.g. including reduced expenditure on medical costs and receipt of incentives)
- Improved job satisfaction<sup>9</sup>

## **Victoria**

Free health checks supported through WorkSafe Victoria's WorkHealth program (2010) of 55,000 workers has found that 40% had a high or very high risk of developing type 2 diabetes or cardiovascular disease and one in three reported risky levels of alcohol consumption, 74% reported inadequate exercise and 22% had high blood pressure.<sup>10</sup>

Workplace health promotion programs, targeting all workers and especially people aged 35 to 55, can achieve improvement in both individual and workplace wellbeing.<sup>11</sup>

## **NSW**

*The NSW Healthy Workers Initiative (NSHWI)*<sup>2</sup> plans to use workplace health promotion to prevent lifestyle-related chronic diseases by addressing five modifiable lifestyle risk factors:

- poor nutrition
- physical inactivity
- overweight and obesity
- smoking
- harmful alcohol consumption.

The workplace is important in reaching a large proportion of the population as described in the *NSW Healthy Workers Initiative* <sup>2</sup>:

- workplaces can affect health directly
- workplace interventions have been shown to be effective
- current approaches to health promotion have not focused on small to medium sized businesses

The *NSW Healthy Workers Initiative* <sup>2</sup> is proposed to have the following main components:

- *Get Healthy@Work* organisational support and facilitation service
- *Get Healthy Information and Coaching Service*: targeted communications to employers and employees.

The first intervention, *Get Healthy@Work* will focus on supporting organisations to make changes in the workplace which support and effect behaviour change among workers. It is proposed to be a free service which offers a knowledge brokering and facilitation service via web, telephone and workplace visits. <sup>2</sup>

The creation of Medicare Locals as a key plank in the national health and hospital reform process can enable more direct engagement of General Practice with workplaces and local businesses. Medicare Locals could sponsor the facilitation and workplace visiting activities of *Get Healthy@Work*

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## Return on Investment

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The Australian Diabetes, Obesity and Lifestyle study is a national population-based study that included participant's  $\geq 25$  years. Using this data the annual direct healthcare costs of overweight and obesity in Australia in 2005 was recently estimated to be \$21 billion. Based on body mass index (BMI) the annual total direct cost per person increased from \$1710 (95% CI, \$1464–\$1956) for those of normal weight to \$2110 (increase of \$400/year) for the overweight and \$2540 (increase of \$830/year) for the obese. The main contributions to direct health care costs in those with BMI defined overweight were prescription medication, hospitalisation and ambulatory services, each accounting for about 32%. For obesity, hospitalisation accounted for 36% of cost, prescription medication for 33%, and ambulatory services for 25%.<sup>12</sup>

In addition, overweight and obesity are associated with other costs, including government subsidies and indirect costs associated with loss of productivity, early retirement, premature death and carer costs. This study showed that the average annual cost of government subsidies for the overweight and obese was \$3917 per person, with a total annual cost of \$35.6 billion. Combined with direct costs, this results in an overall total annual cost of \$56.6 billion. (refer Appendix 1) The authors of this study did not collect data on indirect or carer costs, but other studies have estimated that these are considerable. The cost of obesity alone due to loss of productivity was estimated as \$637 million in 2005 and \$3.6 billion in 2008, and carer costs were estimated as \$1.9 billion in 2008.<sup>12</sup>

In a critical meta-analysis of over 100 publications in the literature on in workplace disease prevention and wellness programs to improve health and lower costs, it was found that medical costs fall by about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent.<sup>13</sup>

Would you invest \$1 to save \$18? According to Segal <sup>14</sup> the conservative average cost of providing health services to a diagnosed type 2 diabetic in 1997 was \$1,800 per diabetic per year.<sup>14</sup> Australian Bureau of Statistics conversion tables equate this to \$2,592, in 2010 dollar values, per diabetic per year. Analysis of the various interventions (lifestyle modification involving improved nutrition, reduction in weight and increased activity levels) delivered delays in the onset of diabetes ranging between 3.5 years and nearly 10 years. <sup>14</sup> Conservatively this is a saving of between (2010 dollar values) \$9072 to \$24,028 per individual who could have potentially developed diabetes. If one individual has a one-off health check at a cost of \$400 and that check-up prevented the onset of type two diabetes by three years, this conservatively, would save the system \$7,376. A saving of \$18 for every \$1 invested. <sup>15</sup>

The imperative for “Workplace Wellness in Australia” a 2010 report by Price Waterhouse Coopers and Medibank recently concluded: <sup>16</sup>

The cost to individuals, employers and the health system of chronic disease and the ageing population is creating an imperative for action. In order to change the trajectory of chronic disease, health risk factors must be addressed as a matter of priority; the current imbalance in resources for the treatment of chronic diseases versus their prevention is no longer sustainable. <sup>16</sup>

A cultural shift is gradually occurring in Australia. Employers, health system payers and individuals are now seeing the benefit of the workplace as a setting for optimising physical, psychological and social health. <sup>16</sup>

While the ‘Gold Standards’ framework can be found in Australian companies, its use is not systematic and widespread. Demonstrating a return on investment for workplace wellness programs will require adequate resourcing, robust measures and holistic service offerings. <sup>16</sup>

A call to action: make wellness ‘business as usual’ - Although the imperative for supporting workplace health is clear, the benefits are harder to quantify for employers. A suite of collaborative and interdependent actions are therefore required to enable effective workplace wellness. Ultimately, the sustainability of workplace wellness programs at an organisational level will depend on demonstrating a return on investment. <sup>16</sup>

## Workplace Health Check Pilot at ASP Plastics and ASP Healthcare

The Penrith Business Alliance, the Nepean Division of General Practice and the Centre for Health Innovation and Partnership jointly sponsored a pilot project for workers at the company's factory at St Marys. All workers were invited to participate in a free health check. The promotional brochure for the pilot is attached in Appendix 2.



- Workplace Health Check at ASP Plastics and ASP Health care, St Marys

### Results of the Nepean Division of General Practice Workplace Health Check pilot

Results were collected from 36 participants (16 Females, 20 Males).

The workplace health check was well received by employees, with all respondents rating the event good or very good.

#### BMI

36 participant  
20 Males, 16 Females,

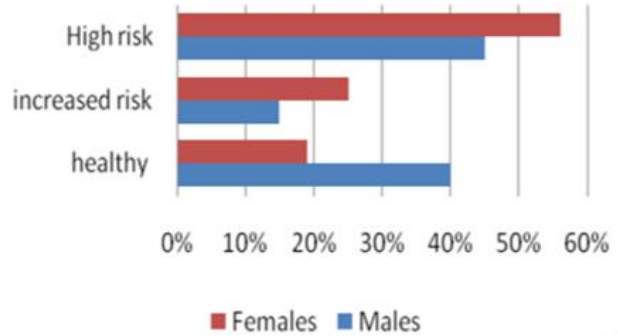
- 67% of participants were overweight or obese
- 39% overweight (40%M, 38% F)
- 28% obese (25% M, 31% F)

## Waist Measurements

(36 participant 20 Males, 16 Females)

**60% of males and  
81% of females  
had waist measures above that  
recommended by the Australian  
Government Measure Up campaign  
(<94cm M, <80cm F)**

## Waist Measurements



**Risk of developing T2DM in  
the next 5 years according  
to the AUSDRISK tool.**

- 52% at high risk
- 31% intermediate risk
- 17% of participants were shown to be at low risk

Of the 10 people aged 40-49 for which results were collected, 56% were at high risk and 31% at intermediate risk of developing type 2 diabetes in the next 5 years.

This pilot suggests workplace health checks may be an ideal place to identify people in the 40-49 year age range at high risk of T2DM for referral to a COAG funded Lifestyle Modification Program.

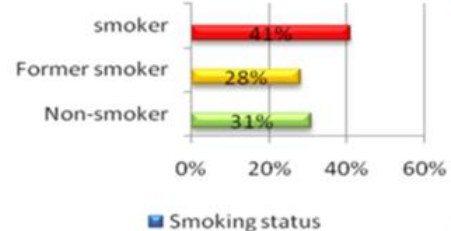
## Blood Pressure.

- 85% of participants had blood pressure readings greater than the NHF recommendation of 120/80

**Smoking status was collected from 32 participants.**

**Of those, 41% (13) were smokers and  
28% (9) former smokers.**

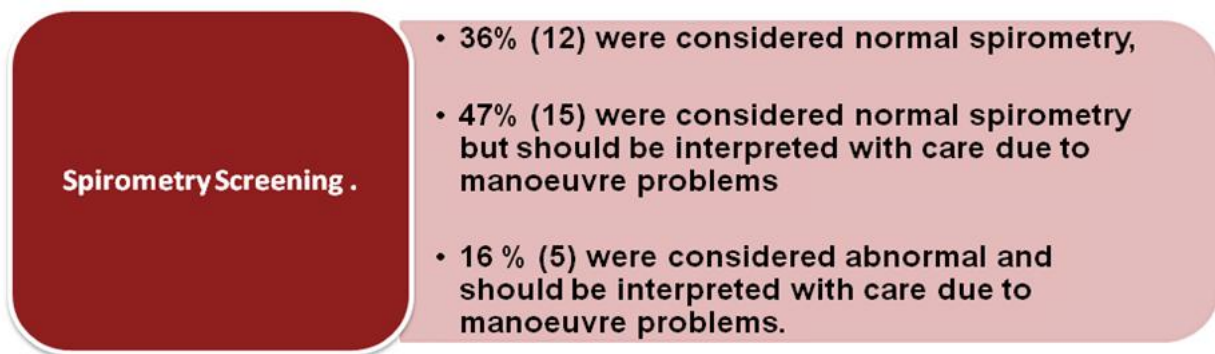
**This is higher than the national average.**



## **Spirometry tests were undertaken on 32 participants.**

The primary purpose of conducting the spirometry screening was to provide a preliminary report to each participant on their lung function status, particularly in relation to smoking, which they could then take to their GP for further discussion and advice.

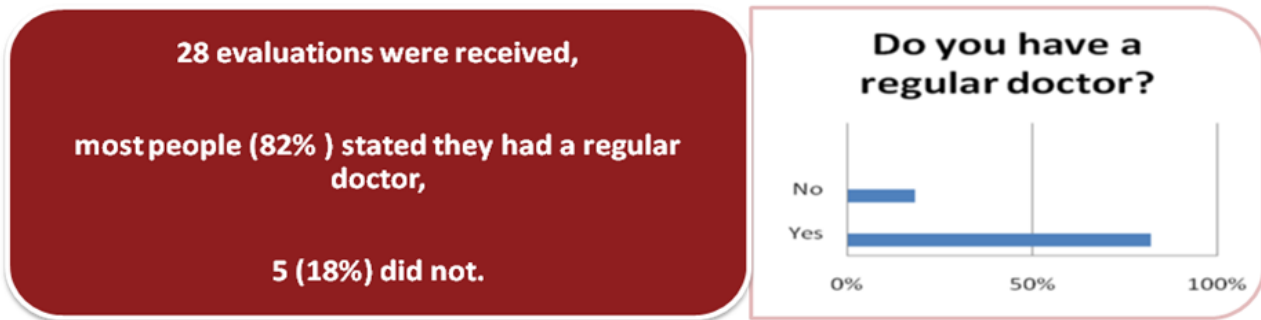
In the context of lifestyle intervention screening, spirometry is a tool often used to identify respiratory changes in certain high risk situations and populations e.g. Smokers, occupational respiratory exposure<sup>17</sup>



- Interpretation: 59% (19) of the spirometry tests conducted had one or more manoeuvre errors with the one of the three tests conducted on each individual and should therefore be interpreted with care. This point and the fact that spirometry is not a diagnostic (but a screening) tool was emphasised to the employees who under took the screening. They were encouraged to see their GP for any further advice.
- Participants were also asked about:
  - their alcohol consumption,
  - if PAP test was up to date (females), and
  - provided with a depression checklist.
- Information was provided to participants on:
  - safe drinking levels,
  - sleep and mental wellbeing,
  - healthy eating,
  - local health programs,
  - the 'get healthy coaching information service',
  - QUIT line phone number (on participant's results card)
  - smokers were given quit smoking literature.
  - other health promotion information was also available.

All participants were given a card which listed their results and they were encouraged to discuss these with their GP.

Participants were asked to complete a voluntary evaluation and 28 were received



Participants who completed the evaluation were give entry into a draw for a free box of fresh fruit and vegetables. (front cover photograph)

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- The majority of participants (89%) stated they would discuss the results of the workplace health check with a doctor.
- 82% of participants stated they would now make changes to improve their health.
- Improvements identified included:
  - quit smoking (7),
  - better eating habits, reducing portions and losing weight (13),
  - exercising more (7),
  - better sleep and reducing stress (1),
  - reducing alcohol (1),
  - checking blood pressure (1)
- 15 participants gave permission for us to follow up with them in 1 month time.
- This will provide information on changes made and if they followed up with their GP after the workplace health check.

The following comments typify the responses from workers who were followed up after the workplace health check:

{The workplace health check} “highlighted the potential health risks that I am exposed to, and made me rethink about food intake, exercise and healthy eating habits and the fact that it was done in a workplace environment, the message was a lot stronger and meaningful”

{I} “Reduced the volume of food intake, became active with exercising, gardening and weekend sports. {and} Encouraged my family to eat well.”

“I think it {work place health check} is a great initiative, it will allow people typically "too busy with work", to realise just how important to live a healthy lifestyle and to try and prevent some of common diseases like diabetes. It also helps when you employer shows interest in your wellbeing”

## Health Workers Initiative Workplace Package

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The workplace provides a positive and supportive culture for a preventive health program to develop. Peer networks can make use of the opportunities provided and act as supportive mechanisms for individual, and collective, health gains.

This workplace package has included:

### 1. Workplace Health Checks

### 2. Healthy Lifestyle Program for Workers.

- Healthy eating and energy balance
- Physical activity
- Weight management
- Smoking cessation and alcohol intake

### 3. Healthier Food Supply

The project partnership is working to secure a healthier food supply into workplaces in this region. Work has begun with local businesses and food service providers to deliver affordable healthy lunches to the workplace. The partnership will also work to promote local, NSW Health and COAG initiatives. An extension of this work may see an interest in access to affordable fresh food for the family by sourcing local fresh food suppliers.

The Penrith Business Alliance has endorsed a local social enterprise, *Food Within* to supply boxes of local seasonal fruit and vegetables, with recipes, to workplaces in the region. This scheme will be formally launched in February 2011. It is envisaged that promoting healthy eating at the time of the workplace health check and throughout the *Healthy Lifestyle Program* will increase interest in fresh fruit and vegetable consumption in both the workplace and the home.

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## Partnership Roles

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### Penrith Health and Education Precinct

The Penrith Business Alliance are developing a health and wellbeing industry strategy for Penrith at the request of the NSW Government for submission back to the government in early 2011 and have included developing a healthy workplace element in their strategy.

The submission will focus on the development of a Penrith Health and Education Precinct (PHEP) and such a Precinct could include a Centre of Excellence that supports the development and rollout a Western Sydney Healthy Workers Initiative Program funded directly through the COAG program and supported through the new Medicare Local will be created for the region.

WorkCover NSW could also consider funding these activities like the successful Victorian program. WorkHealth WorkSafe Victoria case study is identified in Appendix 3.

### **Nepean Division of General Practice**

Divisions of General Practice are well placed to roll out workplace health initiatives and have extensive experience in managing health programs. The Healthy Workers Initiative fits well with the changing focus of Divisions of General Practice as they evolve into Medicare Locals and have a greater coordination and preventative role in the primary care of the community. The link to General Practice is an important step in the follow-up and continuity for this program. If primary care can support the community while they are well to reduce risk factors for chronic disease, this will assist in reducing the burden of chronic disease in the future.

**The Penrith Business Alliance** will manage and coordinate worksite participation through the engagement with the Penrith Business Alliance membership. Penrith Business Alliance members are committed to now running this same program in their enterprises, provided funding is made available for this initiative through the Nepean Division of General Practice.

**The Centre for Health Innovation and Partnership** will continue to mobilise collaborations and support the project development and implementation. The Centre for Health Innovation and Partnership will also initiate activities to monitor, evaluate and report on project outcomes.

This partnership aims is to improve the health and wellbeing of individuals by targeting workplaces in this region. It brings together our collective vision for a healthier Western Sydney.

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## **Funding for Western Sydney Healthy Workers Initiative**

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Funding will be used to manage and coordinate the Healthy Workers Initiative Demonstration

Project including:

- Identification and liaison with local worksites,
- Conduct workplace health risk assessments and associated health promotion support,
- Implement healthy lifestyle programs in the workplace,
- Program management and coordination,
- Reporting, monitoring, evaluation and dissemination of results

### **Budget Summary: Indicative Costs and Expenses,**

The proposed budget is based on the worksite participation of 400 employees per year. The budget includes start up and evaluation costs to enable the program to be rolled out on a larger scale at the completion of the demonstration. The budget indicates the program implementation cost equates to approximately \$380 per worker per year.

<b>Indicative Costs and Expenses</b> (exc GST)	<b>Proposed budget</b> (exc GST) 2011-2012	<b>Proposed budget</b> (exc GST) 2012-2013	<b>Proposed budget</b> (exc GST) 2013-2014
Staff salaries and wages : \$86,000 (1.0 FTE coordinator) PBA: 0.2 NDGP: 0.4 CHIP: 0.4 plus 30% on costs : \$26,000 or staff salary equivalent to NSW Health HMS Level 3	\$112,000	\$112,000	\$112,000
Travel	\$750	\$750	\$750
Occupancy costs	\$4000	\$4000	\$4000
Health checks \$50 per employee x40 x10 worksites/year (400 workers/year)	\$20,000	\$20,000	\$20,000
Healthy lifestyle program \$200/session/workplace x 4 sessions x10/year	\$8000	\$8000	\$8000
Program resources	\$1000	\$1000	\$1000
Other program expenses	\$1000	\$1000	\$1000
Development of evaluation outcome tools, in collaboration with University	\$3,500		
<b>TOTAL Operating Expenses</b>	\$150,250	\$146,750	\$146,750
<b>Indicative cost per worker (400 workers)</b>	\$380	\$370	\$370

#### **Partnership roles:**

PBA: Promote and manage worksite participation

NDGP: coordinate and manage worksite health checks and provide worksite healthy lifestyle programs.

CHIP: monitor, evaluate and report project process and outcome

The potential role for primary prevention to reduce the burden of chronic disease is well established in the literature. The health service cost of managing chronic disease like type 2 diabetes mellitus (T2DM) in Australia has risen sharply and the prevalence is strongly correlated with overweight, poor nutrition and sedentary lifestyle.<sup>16</sup>

Programs for the prevention of chronic disease can achieve substantial improvement in health status at little cost and with potential net saving of health care resources. Prevention of lifestyle related chronic disease, through appropriate interventions, can represent a highly efficient use of the community's health resources.<sup>16</sup>

## References

1. Centre for Health Innovation and Partnership (2010)  
<http://swahs.elcom.com.au/CHIP/CHIP-Homepage/default.aspx>
2. The NSW Healthy Workers Initiative,  
[www.coag.gov.au/.../national\\_partnership\\_on\\_preventive\\_health.rtf](http://www.coag.gov.au/.../national_partnership_on_preventive_health.rtf)
3. NSW Government. Industry and investment. Business in Regional NSW  
<http://www.business.nsw.gov.au/region/profiles/westernsydney.htm>
4. NSW Government Response to The Western Sydney Jobs Summit, May 2010.  
[http://www.smallbiz.nsw.gov.au/news/Documents/WESTERNSYD\\_response\\_10.pdf](http://www.smallbiz.nsw.gov.au/news/Documents/WESTERNSYD_response_10.pdf)
5. NSW Government; Communities NSW: office of Western Sydney  
[http://www.westernsydney.nsw.gov.au/about\\_western\\_sydney](http://www.westernsydney.nsw.gov.au/about_western_sydney)
6. COAG The National Partnership Agreement on Preventative Health  
[www.coag.gov.au/.../agreements/.../national\\_partnership/national\\_partnership\\_on\\_preventive\\_health.rtf](http://www.coag.gov.au/.../agreements/.../national_partnership/national_partnership_on_preventive_health.rtf)
7. Australian Institute of health and Welfare: Australia's Health 2010  
<http://www.aihw.gov.au/publications/index.cfm/title/11374>
8. Australian Government: National Health and Hospitals Reform Commission  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/nhrc-1>
9. Nina Russell (2009) Workplace Wellness: A Literature Review for NZWell@Work  
<http://www.nzwellatwork.co.nz/pdf/wrkplc-wellness-lit-rev-feb09.pdf>
10. Work Health: WorkSafe Victoria (2010)  
<http://www.workhealth.vic.gov.au/wps/wcm/connect/workhealth+internet+content/workhealth+internet/home/>
11. Jennifer Blake (2010). Healthy Employees are more productive  
<http://www.dynamicbusiness.com.au/articles/articles-hr-and-staff/newsflash-healthy-employees-are-more-productive.html>
12. Stephen Colagiuri, Crystal M Lee, Ruth Colagiuri, Dianna Magliano, Jonathan E Shaw, Paul Z Zimmet and Ian D Caterson, The cost of overweight and obesity in Australia, MJA 2010; 192 (5): 260-264
13. Katherine Baicker, David Cutler and Zirui Song, Workplace Wellness Programs Can Generate Savings, Health Aff (Millwood). 2010 Feb;29(2):304-11. Epub 2010 Jan 14
14. Louise Segal, Andrew Dalton, Jeff Richardson,(1997) The Cost-Effectiveness of Primary Prevention for Non-Insulin Dependent Diabetes Mellitus  
<http://www.buseco.monash.edu.au/centres/che/pubs/rr8.pdf>
15. Penrith Business Alliance (2010) personal communication
16. Price Waterhouse Coopers Workplace Wellness in Australia 2010  
<http://www.pwc.com.au/industry/healthcare/assets/Workplace-Wellness-Sep10.pdf>
17. Johns D. Pierce, R. 2003. Pocket Guide to Spirometry. McGraw-Hills Sydney

## Appendix 1

### Annual cost per person, by weight status in 2004–2005<sup>1</sup>

Weight status	No.	Mean age (SE)	Annual cost (\$) per person (95% CI)			
			Direct health	Direct non-health	Total direct	Government subsidies
<b>General weight status using body mass index (BMI)</b>						
Normal	1943	55.2 (0.3)	1313 (1145–1482)	397 (262–532)	1710 (1464–1956)	2948 (2696–3199)
Overweight	2537	57.4 (0.3)	1559 (1418–1701)	551 (397–705)	2110 (1887–2334)	3737 (3496–3978)
Obese	1660	56.7 (0.3)	2027 (1839–2215)	513 (343–684)	2540 (2275–2805)	4153 (3840–4466)
<b>Abdominal weight status using waist circumference (WC)</b>						
Normal	2012	52.5 (0.3)	1120 (971–1268)	264 (151–377)	1384 (1171–1597)	2585 (2350–2821)
Overweight	1612	57.1 (0.3)	1461 (1289–1633)	411 (258–565)	1872 (1634–2110)	3450 (3160–3740)
Obese	2516	58.6 (0.2)	2093 (1932–2254)	726 (554–898)	2819 (2565–3072)	4507 (4247–4768)
<b>Combined weight status using both BMI and WC*</b>						
Normal	1517	53.9 (0.3)	1177 (990–1364)	295 (160–431)	1472 (1204–1740)	2633 (2360–2906)
Overweight	1992	56.3 (0.3)	1299 (1163–1434)	370 (237–503)	1669 (1473–1865)	3277 (3019–3535)
Obese	2631	58.2 (0.2)	2091 (1931–2251)	698 (533–862)	2788 (2542–3035)	4402 (4150–4654)
<b>Overall</b>	<b>6140</b>	<b>56.5 (0.2)</b>	<b>1608 (1514–1702)</b>	<b>492 (403–581)</b>	<b>2100 (1959–2240)</b>	<b>3600 (3446–3753)</b>

\* Normal = BMI, 18.5–24.9 kg/m<sup>2</sup> and WC < 94 cm for men, < 80 cm for women.  
 Overweight = BMI, 25.0–29.9 kg/m<sup>2</sup> and/or WC, 94–101.9 cm for men, 80–87.9 cm for women.  
 Obese = BMI ≥ 30.0 kg/m<sup>2</sup> and/or WC ≥ 102 cm for men, ≥ 88 cm for women.

<sup>1</sup> Stephen Colagiuri, Crystal M Lee, Ruth Colagiuri, Dianna Magliano, Jonathan E Shaw, Paul Z Zimmet and Ian D Caterson, The cost of overweight and obesity in Australia, MJA 2010; 192 (5): 260-264

# Appendix 2

## Key points

- The health check is provided by the Nepean Division of General Practice
- Results are confidential and will NOT be given to your employer
- You should discuss the results with your doctor.

**FREE and CONFIDENTIAL**  
**HEALTH CHECKS**  
 for all employees during work time  
 on  
**Wednesday 17th November**  
**1pm — 4:30pm**

### Did you know....

There are many local programs available covered by Medicare for people with Type 2 diabetes or people aged 40-49 who want to make lifestyle changes. For more information ask the staff of the Nepean Division of General Practice when they visit your workplace on 17th November or phone the Division on 47 21 1150

NEPEAN HEALTHY LIFESTYLE  
DIETETIC SERVICE

Nepean Division  
OF GENERAL PRACTICE

**HEALTHY WORKPLACE**

Car Keys.....✓ Check  
 Wallet.....✓ Check  
 Safety Gear...✓ Check

Blood Pressure?  
 Diabetes?  
 Healthy lunch?  
 ...Check?

This is a partnership program that  
is Building a Healthier Western Sydney.

Nepean Division  
OF GENERAL PRACTICE

*"Delivering local health solutions  
through General Practice"*

PO Box 903 Perth NSW 2751 www.nepeandgp.org.au	Phone: 47 21 1150 Fax: 4721 1176 Email: admin@nepeandgp.org.au
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The Perinth Business Alliance (PBA) has been asked by NSW Government to develop a Perinth Health Education Program (HEP) Strategy, to stimulate job growth and health in the region. As part of this, PBA members are committed to supporting their own workers participate in programs that improve their health status and engage in prevention activities that help them avoid preventable chronic illness in the years ahead.

**PERINTH BUSINESS ALLIANCE**  
SHARED GOALS  
SHARED SUCCESS

**Facilitating Health Care Reform & Building Healthier Communities in Western Sydney**

**CHIP**  
 Centre for Health Innovation & Partnership

**Free Health Checks**  
 are coming to your  
 workplace **November 17th**

## How do you measure up?

Feeling tired, sluggish, out of breath?  
Clothes a bit tighter than they used to be?  
Not sure how you measure up health wise?

Many people service their car, look after their pets and run around for their kids, but it is easy to cruise through the year without taking time to check our own health.

**Your employer is committed to providing a healthy workplace**

**They have agreed to**

**FREE and CONFIDENTIAL**

**HEALTH CHECKS**

for all employees during work time

on

**Wednesday 17th November**

**1pm – 4:30pm**



## What's a Health Check?

The health checks will be conducted by  
**The Nepean Division of  
General Practice**

They should take about 20-30minutes and you will be provided with a card to record your results.

Health checks can help you to identify any early signs of health problems that you may not be aware of. Prevention is better than cure, so early identification means you can take action before it is too late.

We encourage you to discuss the results with your doctor.



The health check will include:

- Blood pressure check
- Peak flow test (for your lungs)
- Height, weight and waist measurements
- Diabetes risk assessment
- Healthy habits check
- Information on health issues and local programs available

There will not be any blood tests and all checks are painless.

## What happens to my results?

Results will be recorded on a card for you to keep. You can take this card to your doctor to discuss any health issues that have been raised.

The Nepean Division of General Practice will record the results without names so they can assess the value of providing the health check service in the community. The Division will also ask your permission to call you in 1 month time to see if you have found the health checks useful.

This is optional and completely confidential.

**The health check is completely confidential.**

**The results of your checks are NOT given to your employer.**

The Nepean Division of General Practice is a not for profit organization that works with doctors to improve the health of people living and working in the Nepean area. We have experience in providing health checks for the local community.



# Appendix 3

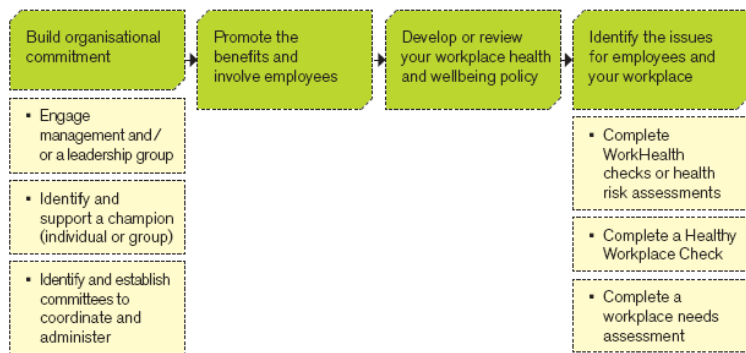


## Healthy Workplace Kit

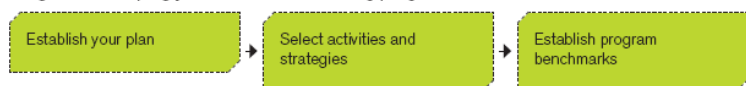
Your guide to implementing health and wellbeing programs at work

### Sample workplace health and wellbeing program – flowchart

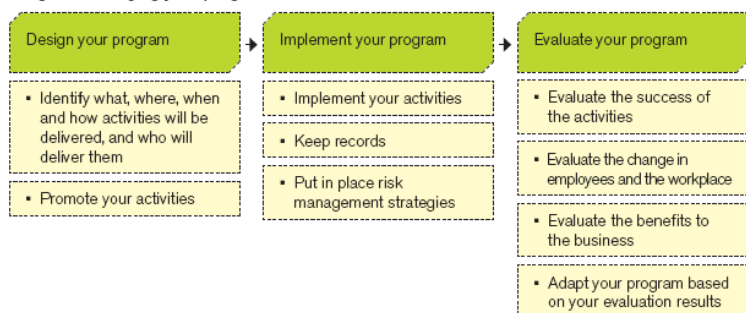
#### Stage 1: Getting started



#### Stage 2: Developing your health and wellbeing program



#### Stage 3: Managing your program



### WorkHealth checks lead to culture shift for Shamrock Craft

Shamrock Craft's management team had no idea how significant the roll-on effect was going to be when it signed up to provide free WorkHealth checks to its 30 staff.

Three months on, the Blackburn North craft wholesaler now has a regular walking group, weekly fruit boxes, filtered water on site and four out of the five leadership team members have joined the gym.

#### A simple approach

Simple approaches to enhancing health and wellbeing are already paying off for this small business. Activities underway include:

- WorkHealth checks
- Lunchtime walking groups
- Fruit boxes delivered weekly
- Healthy breakfast reminders in the kitchen
- Groups attending the gym together
- Filtered water provided on site

#### The results

- ✓ Generating discussion about health in the workplace
- ✓ Employees encouraging each other to eat well and exercise
- ✓ Some employees are reporting weight loss
- ✓ Employees are happier and healthier

#### Strengths of the program

- ✓ Management leading by example by joining the gym
- ✓ Group sessions, like walking, motivate employees to take part
- ✓ Shamrock Craft is proving that small businesses, with modest budgets, can still make a difference to the health and wellbeing of their employees by putting simple, inexpensive initiatives in place.

## 5

## Case studies

"Signing up for WorkHealth checks was really our first step towards introducing dedicated healthy activities into our workplace," said Graham Richards, Shamrock Craft Sales Manager.

"Initially, some of the team were a bit nervous about having the checks at work, but they soon realised it was a great opportunity to learn about their health and the majority put their names down.

"The checks initiated lots of discussion around the office about risk of chronic disease and how to reduce risk factors through things like healthier eating and regular exercise."

Factory worker Michelle Beales said she knew there was more she could be doing at work to improve her health.

"With a family and a full-time job, it's sometimes easy to let yourself go a bit," said Michelle.

"The WorkHealth check was so easy and fast, and it was great to get the instant results.

"It really spurred me into action, and I started up our regular lunchtime walking group. We now walk together around the local reserve on most days. I've also started bringing healthier options to work for lunch.

"As a result I've lost 6cm around my waist, which I'm really pleased about."

