



Ministry of Commerce, Industry and Labour
Matagaluega o Pisinisi, Alamanuia ma Leipa



OCCUPATIONAL SAFETY AND HEALTH Guide



“Supporting Lifestyle and Wellbeing in the Workplace”



Australian
AID

ACKNOWLEDGEMENT

In the ongoing efforts of the Government of Samoa through the Ministry of Commerce Industry and Labour ('MCIL') and the Samoa National Occupational Safety and Health Taskforce ('NOSH') to raise the profile of Occupational Safety and Health ('OSH') nationally, this Guideline was developed to support the business community in particularly employers and employees in complying with requirements of OSH Legislation.

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Last but not the least, we acknowledge key stakeholders who have been involved in the development of this Guideline and have contributed immensely their time, feedback and advice on the compilation of this document.

This Guide was developed using guidance from the;

- WorkSafe Queensland Work health and wellbeing toolkit
- ILO 2020 Brief No 3 Domestic Violence and its impact on the world of work
- Improving health in the workplace: ILO's framework for action
- World Health Organisation Five Keys to Healthy Workplaces

Disclaimer:

- *MCIL has made every effort to ensure that the information in this Guide is reliable but makes no guarantee as to its completeness.*
- *Note this guide may be changed at any time without notice.*

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KEY DEFINITION

Transition Period: A specified period of time in which duty holders are given time to ensure compliance with the law, during which the law will not be enforced with any deterrent penalty. The transitional period is 1st January 2022

Scope and Aim of this Guide

Some OSH laws require organizations to undertake specific programs to minimize the risks of particular hazards in the workplace, whereas this Guide focuses on **Voluntary Programs** undertaken by an employer to support employee lifestyle and wellbeing choices.

Employer motivations to develop and implement lifestyle and wellbeing programs include reducing the potential for worker's injury or illness, increase productivity, reduce absenteeism, as well as becoming an employer of choice in terms of recruitment and retention.

Such programs are normally general health promotion programs (e.g. non-smoking, stress management, fitness, employee assistance programs). These programs may be aimed at identifying underlying illness, preventing illnesses as well as promoting the overall health and wellbeing of employees. The aim of this Guide is to support employers in the choice of an implementation of a suitable program for their workplace and employees.

To identify which are **current legal obligations**, compared to those which are **suggested best practice**, the following symbols are used.

*Denoted with the symbol:



current mandatory legal obligations, duty holder must ensure they comply



recommended best practice approach, a recommended approach

Note this is a generic guide, not industry specific, other industry guides that control industry specific issues should also be considered when identifying, assessing and controlling risks to Lifestyle and Wellbeing. This Guide in no way reduces or removes any requirement under existing law for a licence or other experience or qualifications.

1.0 Introduction

The World Health Organization (WHO 2010) describes a healthy workplace as *'one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering.....*

1. *The safety and health of the physical and psychosocial work environment.*
2. *Providing employees with personal health resources such as support and encouragement of healthy lifestyles, and*
3. *Enabling participation in the community to improve the health of workers, their families and members of the community.*

based on identified need.

Samoan OSH laws create **legal responsibilities** upon employers for **the physical and psychological work environment** whereas items 2 and 3 are discretionary. This Guide will introduce both the rationale and process for an employer to undertake item 2, to plan, implement, review and evaluate programs aimed at providing employees with personal health resources and encouragement of a healthy lifestyle via a workplace lifestyle and wellbeing program.

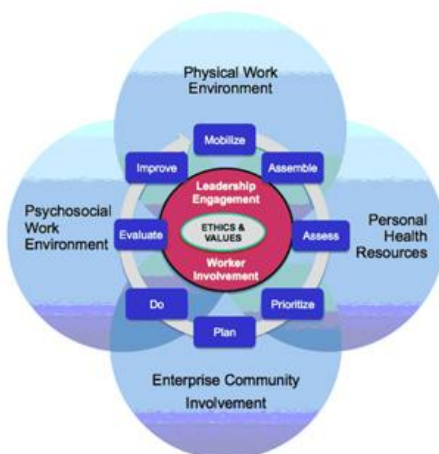


Figure 1 WHO (2010) Five Key factors in implementing a workplace program

2.0 Benefits of workplace lifestyle and wellbeing programs

According to the ILO, assisting workers in managing their chronic conditions and becoming proactive in their health care has turned into an accepted strategy for worksite (health promotion) HP programmes in many developed countries. These programmes are often designed to encourage and help build healthy behaviours, especially in relation to stress, alcohol and drug, tobacco, nutrition and physical activity. Such programs will likely continue as the workforce ages and chronic health problems place increased burdens on health systems and national economies.

Work based lifestyle and wellbeing programs focus on benefiting the health of workers to prevent chronic disease in the workplace. Some work roles such as hazardous working conditions, physically demanding tasks, sedentary work, high levels of stress and long working hours may mean a worker is more likely to engage in at *risk lifestyle behaviours*. Lifestyle behaviours that create risk to worker health include physical inactivity, unhealthy eating, harmful alcohol consumption and smoking. These lifestyle behaviours, as well as an increasingly sedentary society can lead to chronic diseases such as cardiovascular diseases, cancers, chronic obstructive pulmonary disease, obesity, diabetes and poor mental health.

Employers can contribute to the goal of having a fit and healthy workforce in many ways. Physical activity is fundamental to energy balance and weight control and contributes to social and mental well-being. According to WHO, physical activity reduces the risk of coronary heart disease and stroke, of Type II diabetes and of colon cancer and breast cancer among women

Health promotion and having a fit and healthy workforce has multiple benefits for employers:

- less absenteeism and presentism,
- a fitter physically and emotionally workplace with increased productivity and performance
- lower rates of injury and illness than workplaces that do not have a wellbeing program
- higher staff morale.

In addition, there are:

- The long-term well-being of workers and their families;
- Reducing pressure on health, welfare and social security systems.

The ILO also suggest that HP programs contribute to;

- The improvement of work organisation and the working environment;
- Social dialogue and the active participation of social partners in the improvement of working conditions at the workplace level;
- The promotion of health among all workers, their families and their communities;
- The encouragement of personal development and well-being by enabling workers to reach a higher level of self-determination concerning their health and its improvement.

Although work based lifestyle and wellbeing programs are voluntary there is a strong business case for organisations to consider the overall wellbeing of employees.

Embedding work health and wellbeing into organisational systems and culture will benefit the health of workers and prevent chronic disease risk in the workplace. However, goals do

take time to achieve therefore, it is important to consider short, medium and long-term outcomes as described in **Figure 2**.

Figure 2 Table adapted from WorkCover Tasmania's simple guide to Workplace Health and Wellbeing.

¹ Chapman LS. Meta-evaluation of worksite health promotion economic return studies: 2012 update. *The Art of Health Promotion* 2012; 26(4).

Within a few months	Within one to two years	Within three or more years*
<ul style="list-style-type: none"> improved worker engagement. improved team cohesiveness. improved health behaviours of workers. improved levels of energy and concentration of workers. 	<ul style="list-style-type: none"> improved health status of workers. improved corporate image/social responsibility. improved productivity. indirect cost savings (job satisfaction, skills retention). reduction of stress and poor mental health. 	<ul style="list-style-type: none"> reduced absenteeism. reduced workplace injuries. reduced workers' compensation costs up to 32 per cent).¹ savings of up to \$6 for every \$1 invested in employee wellbeing.¹ reduction in employee risk factors by up to 56 per cent.¹ prevention of musculoskeletal disorders.

3.0 Contents of lifestyle, wellbeing or health promotion programs

Workers can be supported to make healthier choices by providing education and ensuring physical environments, policies and organisational systems which support a healthy lifestyle. Example workplace lifestyle and wellbeing programs that are supported and encouraged by employers include:

Physical health and safety

- Quit smoking
- Drug and alcohol
- Flu vaccinations
- Gym
- Weight watchers or other clubs
- Providing educational material and other information on health and wellbeing issues (internet, posters, tool-box meetings)
- Host on-site visits e.g.: from Health Ministry ego information about sleep, nutrition, domestic violence information, benefits of exercise
- Providing information about cycling, walking routes
- Motivational posters
- Access to cold water, healthy food at meetings, fresh fruit bowl
- Lunchtime walking, yoga
- Personal health risk assessment

Mental and Psychosocial health

- Stress management
- Mental Health information
- Mental Health First Aid
- Meditation and mindfulness classes
- Flexible working arrangements
- Employee Assistance program
- Social Club and social events, as well as other lifestyle and social events

What else can be done?

Employers can encourage physical activity by:

- (larger workplaces) may be able to provide a gym or exercise area
- adjusting work organisation to allow appropriate time slots for physical activity
- make it part of a wider campaign on health promotion at the workplace,
- include information, education and other measures to create a social environment which is conducive to physical activity and exercise.
- Use senior staff as role models.
- Encouraging the use of stairs rather than lifts with the purpose of making use of a facility already in place in many buildings.
- Encourage travelling to work on foot or by bike, either all or part of the way can also be encouraged including providing showering facilities, or collaboration with the community to provide safe walkways and cycle paths (ILO) ILO 'physical activity and exercise'

Key features

Workplace factors provide a physical, cultural and organisational environment that supports healthy lifestyle choices for workers, supply chain and networks. Workplace interventions should:

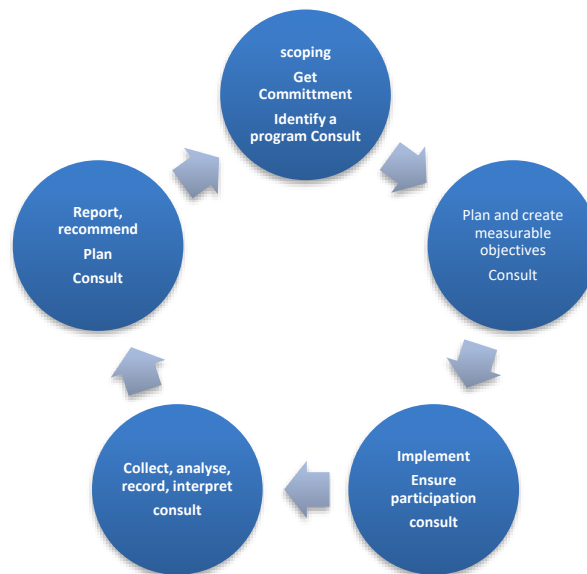
- build on a solid foundation of an effective safety management system
- be complementary to workplace health and safety systems and duties
- include consideration of work design and the work environment, and ensure these are contributing to positive health outcomes for workers
- adhere to principles of good work design.

3.1 How to introduce a work based lifestyle and wellbeing program into a workplace?

It is important to focus lifestyle and wellbeing programs to clearly **defined areas of need**, and that long-lasting and sustainable improvements are best achieved when health and safety is supported by the organisation's culture and embedded in policies, procedures and organisational systems.

4.0 Program Scoping- Set up

The process of identify hazards, planning, implementing and evaluating work-related health and safety programs is similar to other activities for the systematic management of safety. A key element of any program will also include consulting with employees and their representatives through all aspects of the program. **Figure 2** provides a model of how to develop a workplace lifestyle and wellbeing program.



Initiatives in a workplace may fail without the proper ‘commitment’ resources and support. Before embarking on a workplace lifestyle and wellbeing program ensure:

- management commitment is obtained, especially senior leadership to get the permissions, resources and support for the program
- prepare a workplace policy to demonstrate that commitment (see example Appendix A)
- identify hazards and assess your workplace needs
- plan to implement, create measurable objectives
- involve workers (and their representatives) from planning all the way through to evaluation
- ensure workers have a means of expression
- report on outcomes.

4.1 Management commitment

- Get support and involve management and organisational leaders. They will play an important part in the success of embedding work health and wellbeing. This will help with:

- sourcing resources and funding
- promoting the importance of work health and wellbeing in the workplace
- ensuring workers participate.

Business Case for a lifestyle and wellbeing program

No program is without cost, to demonstrate the effectiveness of a program goals must be set and results measured. This can be particularly important when a “return on investment” (ROI) is required.

It may be necessary to convince management and organisational leaders, a business case using examples from 3.1 above.

Managers are more likely to make a long-term commitment to work health and wellbeing if they understand how it supports business goals and objectives. A business case should

- link to the organisation’s goals and values,
- outline the benefits and recommendations for work health and wellbeing interventions.

A ‘key motivator’ tool could be used to determine an employer’s main motivators (Appendix A)

4.2 Health and Wellbeing Policy, Create a shared vision

Create a work health and wellbeing policy or statement, an example is provided in Appendix B. This formal document sets out the employer’s intentions about work health and wellbeing. The policy or statement can be a separate document or it can be included in other policies, such as your organisation’s health and safety or human resources policy.

The policy can include:

- the organisation’s commitment to work health and wellbeing
- responsibilities of management, supervisors and workers
- details of how the policy will be monitored, updated and reviewed
- consultation with employees and their representatives
- approval and sign-off by management.

4.3 Identifying and assessing workplace needs

It is important to identify and assess risks in the workplace that have the potential to cause poor physical and mental health conditions including the chronic disease risk factors. Knowing the risks will help plan the approach to work health and wellbeing and ensure that interventions are **targeted at the right areas**.

Questions to ask include:

What type of workforce currently exists, (age, sedentary, likely health conditions- what are the current chronic disease risks for employees?)

What are the health requirements for employees and priorities for the organisation?

- What are the health behaviours that should be supported?
- What is already in place to support health and wellbeing
- What changes are required

A major aspect of obtaining information and data to scope a program involves consulting with key stakeholders and experts to identify concerns, seek advice about what can be done as well as arranging appropriate programs.

Lifestyle influences- surveys or reports on issues such as:

Drugs and Alcohol, Smoking, Nutrition/weight loss, Cholesterol Diabetes, Blood pressure, Sun smart attitudes, Fitness, Sedentariness, Heart Health, Sleep practices, prevalence of Flu or other infectious disease, Women's/Men's health issues, Ageing workforce focus, Back care, Non-work related health and safety problems

Medical/Health status

Health Risk Assessments to summarize the workforce populations health risks

Biometric screening e.g. blood pressure, body fat

Mental Health issues- reports or concerns about

Stress (work and non-work related), Domestic violence, Bullying/Harassment, Fatigue, Depression, Relationship problems, Financial problems

Note in undertaking any employee survey confidentiality must be maintained.

Example checklist for identifying needs

Is there a planned approach to collecting information?

Are staff privacy and confidentiality catered for

What are the priority health issues?

- For employees- what interests them?
 - For the employer
-

-
- **For health department**
-

Undertake a risk assessment to determine priorities

Make a plan based on priorities

4.4 Worker participation and consultation

It is important to engage workers when you develop and implement work health and wellbeing. This can assist you in making better decisions about the approach.

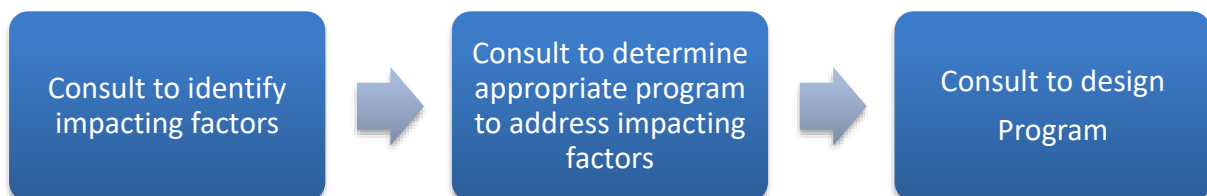
Worker engagement and participation can be encouraged by:

- finding out from workers and managers how they would like to be involved
- identifying champions from across the workplace to promote the strategy
- identifying a senior management sponsor to ensure it is an organisational priority
- asking workers for ongoing feedback and suggestions
- providing regular updates
- including information about work health and wellbeing in new worker induction
- including work health and wellbeing as a standing agenda item in team and management meetings.

The role of consultation for scoping a program

There are three aspects of consultation when scoping a program

- Consultation to assist with identifying and evaluating impacting factors
- Consult to determine appropriate programs to address impacting factors
- Consult to design program



4.5 Set up a Working group

Establishing a working group or committee for work health and wellbeing can also help. The working group may be part of other existing committees/groups (e.g. human resources team, work health and safety committee or a consultative committee).

Small workplaces might have an informal group of workers that meet to discuss work health and wellbeing issues and interventions.

A working group or committee which includes representatives from across the organisation can be used to:

- share the workload
- support the work health and wellbeing coordinator
- engage workers
- drive your approach to improving work health and wellbeing.

4.6 Champions

Champions can help promote and drive positive work health and wellbeing. Champions should be passionate about work health and wellbeing, have good communication skills and be respected by others in the organisation.

5.0 Plan

5.1 Creating Program Objectives

Objective should include business benefits (return on investment) as well as employee benefits.

Determining objectives and setting goals is an important part of planning. Typical objectives for work-related health and safety programs include:

Ensuring legal compliance (for non-voluntary programs for health surveillance) (e.g. complying with a specific exposure standard, undertake health surveillance as planned, corrective actions undertaken as identified etc)

For voluntary programs determining objectives is equally appropriate, however the objectives are likely to be broader. Measurable results will require a 'baseline' so that the effectiveness of the program can be accurately measured. Examples will be dependent on the program but may include:

- Increased productivity
- Reduction in absenteeism's
- Reduced turnover
- Employee satisfaction survey

Number of employees taking part Like all systematically managed programs objectives should be set at the planning stage. Using SMARTA measures for performance ensures that success can be measured.

"SMARTA" principles for goal setting ensure that measures

- Specific – clear, well defined.

- **Measurable** – can it be measured?
- **Achievable** – can it occur? Is there stakeholder agreement? Creating goals that are unachievable sets the organization up for failure and demotivation.
- **Realistic**- given the resources is it possible to achieve?
- **Time based**- is there enough time to achieve?
- **Agreed**- consultation has occurred?

At the planning stage issues such as who will undertake the monitoring (in-house, external), what data will be collected and how often, as well as who will receive reports. Setting goals ensures that the effectiveness of the program can be measured

In many cases if external providers can provide data and reports on the program such as:

Usage, participation rates,

Pre-post survey responses, measurements

Feedback responses.

Objectives might include

- Increased productivity
- Reduction in absenteeism's
- Reduced turnover
- Employee satisfaction survey
- Number of employees taking part
- Number of kilograms lost!

Figure 3 Provides a table to record the program objectives

What needs to be addressed?	
What are the objectives?	
What are the costs?	
What are the benefits? To the organisation and employees	
Who is the target?	
What resources are needed?	

5.2 Planning considerations

- **Who will be affected by the program?**

When planning a program, it must be determined who will be involved. In cases of workplace monitoring it may only be certain individuals likely to be exposed to the chemical or other hazard. Whereas wellness programs are more likely to be across the whole organization. Including the whole organization is particularly important where programs are considered to be a “benefit”.

Consideration must also include what personnel and resources will be required.

- **What needs to be done?**

When designing a program, it must be clear what is required.

- **When- timeframes**

When monitoring is involved attention must be taken to appropriate timing for sampling (e.g.: shifts work etc).

All programs should have confirmed start dates as well as scheduled dates for review.

- **Where will it be done**

Monitoring programs will obviously need to be undertaken in the worksite where exposure occurs. Other considerations might for other programs are space, room allocation etc.

- **How will it be done**

Finally, considerations will be how the program will be undertaken.

Considerations of what resources are needed are important considerations as well as costs.

6.0 Implementation

The following tables can be used to record implementation of a lifestyle or wellbeing program.

Action Plan Program Implementation, figure 4

Action required	Measure How will we know it is done?	Resources required	Responsibility	Due date By when	Status	Stakeholders to be informed/involved
		E.g. Budget Rooms Specialists Tools Equipment Time				

Area that requires further familiarisation	Who needs to know	What method will be used	What are the key points? Rationale	Who will do it	By when	Recorded in
	Workers Supervisors Managers Health and safety committee Health and Safety Representative	E.g. Intranet Tool box talks Newsletters Pamphlets Posters Team meetings announcements			How frequent will progress reports be?	

7.0 Review and evaluating the measure and initiative effectiveness

Determining the effectiveness of a program requires obtaining data on aspects of the program linked back to original objectives. The parameters of the review should be made clear. Data which will assist review includes costs, results feedback as well from participants and other stakeholders. Action plans should also be reviewed to determine if they were complied with. In some cases, service providers may be able to provide reports and assistance.

Stakeholders, the implementation team as well as a committee may all play a role in review and evaluation of the program. In some cases, improvements from baselines (before program implementation) may be valuable evaluation tools.

Program review and evaluation

Did the program meet its objectives?

Was compliance achieved?

How many people participated in the program (or in each component of the program?) –

Satisfaction survey

What improvements in individual health or risk factors occurred? – compared to previous

What positive effects did the program have? –, sick leave, absenteeism, WC, retention rates, productivity rates etc.

How much did the program cost? Compared to benefit

What was the net economic effect (Return on investment ROI?)

How could the program be changed for next year?

Was privacy maintained?

Has further action been undertaken as a result of the program?

Methods of reporting effectiveness of a program

A communication plan should determine how program effectiveness is reported, to whom and the timeframes.

There are many methods of reporting the effectiveness (or otherwise) of a program. Key individuals would include senior managers and the work health and safety committee or worker representatives.

Reporting might include memos to managers, formal reports, intranet summaries, newsletters, and committee.

8.0 Potential focus for health and wellbeing program

8.1 Domestic Violence

(based on ILO 2020 Brief No 3 Domestic Violence and its impact on the world of work)

According to the ILO Domestic violence is an expression of unequal power relations (both at the personal, relationship, community, and societal level) and is linked to issues of social domination and economic control. Therefore, any successful response to domestic violence must deal with the power inequalities and stereotypes that underlie it.

Although domestic violence may originate in the home, it can spill over into work.

For example:

- when abusive partners follow victims to their places of work,
- use work-related phone or computer technologies to intimidate, harass or control them, or
- prevent them from leaving the household to go to work.

And further; through the stress and trauma it causes, which may affect the ability to work of the victim and the perpetrator.

The ILO suggests that domestic violence may include economic violence. Specific examples include destroying work tools or clothes;

- physically restraining victims from leaving their homes,
- beating or depriving them of sleep to the extent that they cannot go to work; and
- forcing victims to unexpectedly leave their place of work

Domestic violence represents a cost for national economies, but also negatively affects employers through reduced productivity, absenteeism and increased leave and sick days.

What can employer's do to support employees?

Create inclusive supportive workplaces

In addition to creating social dialogue and inclusive, supportive workplaces and professional support as part of a work based lifestyle and wellbeing program employers

Provide leave and temporary protection against dismissal

Economic dependence on the perpetrator may prevent victims from seeking help and eventually leaving their abuser. Leave helps persons who are experiencing domestic violence attend court

hearings, seek counselling and medical help and move their children and themselves into safe environments. Providing leave ensures that victims do not find themselves in the situation of having to choose between leaving their abuser and keeping their job. Likewise, temporary protection against dismissal can be important for victims' empowerment, so they can secure their financial independence as they attempt to address the consequences of abuse and leave their abusers.

[Include domestic violence on risk assessments](#)

The ILO recommend inclusion of domestic violence in workplace risk assessments, as well as the provision of flexible work arrangements for victims of domestic violence. In some workplaces, persons who are experiencing domestic violence are already allowed to adjust their work schedules, use pseudonyms and have flexible working hours. This allows victims to make necessary changes to protect themselves from abusers who exploit the knowledge of their working hours and location.

[Facilitating access to services and to justice](#)

Addressing domestic violence is time-sensitive, as abuse is often on-going, and it needs to be stopped before it gets worse. It is therefore important to encourage victims to seek help as soon as possible, and to provide reactive and timely responses. Awareness-raising campaigns and initiatives create a conducive environment, both in and outside the workplace, in which victims can seek help and bystanders can take action.

[Providing information at the workplace on existing public measures and services](#)

Such as posters and flyers and support services contact details.

[8.2 Other major health hazards and at risk lifestyle behaviours resources:](#)

ILO Management of alcohol and drug related issues in the workplace 1996

https://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_PUBL_9221094553_EN/lang--en/index.htm

ILO Quality Sleep https://www.ilo.org/global/topics/safety-and-health-at-work/areasofwork/WCMS_118392/lang--en/index.htm

Appendix C Example of British Telecom's 'work fit' program documentation and objectives

The following is an example from British Telecommunications 'work fit' program. It is acknowledged that this is a large multinational economy and that many aspects of this plan may not be feasible. It does however show an exemplary program as well as an evaluation.

Programme Name

BT's 'Work Fit' initiatives encourage personal responsibility for wellbeing, lifestyle, mindsets and behaviours. We strive to promote better health among our workforce by encouraging the small lifestyle changes that, if sustained, can prevent or mitigate the effects of chronic disease.

Programme Objectives

1. To creating a healthy and diverse environment where excellence prospers.
2. To encourage and support BT people to make small but sustainable changes to their lifestyle to promote wellbeing and vitality at work and beyond.
3. To use data analysis in the development and institution of targeted programmes.

Programme Overview

1. It's essential to know the details about a population's health before designing a strategy to improve it.
2. Health has multiple components, so any strategy for improving it should be holistic.
3. People are different, so it's important to offer a variety of approaches.

Programme Components

Perceptions within BT have shifted to see health as a business issue that can be addressed.

Guiding Principles

Programmes should be integral to the behavioural change elements of BT's People Strategy. Reflective of our workforce: should focus primarily (but not exclusively) on men should make best use of the company's own products and services.

Working Towards Wellness

1. Create the environment by building on general aspirations for a healthy workplace.
2. BT's team approach to develop and deliver workplace wellness programming includes internal and external partners.
3. Careful attention to construction of programmes was given by the BT team. Health promotion is a broad topic and there is a danger of communicating bland general messages unless a clear focus is maintained.
4. Reflecting diversity in both demographics and geography is relevant to success.
5. Communications expertise is a core requirement for any programme.
6. Employee engagement is often the greatest challenge. BT has no doubt that incentives, mostly small and non-financial, have been useful in attracting attention to the campaigns and encouraging initial engagement. However, interest is short-lived unless the programme itself is engaging, professionally presented and perceived as relevant to the individual.
7. Work Fit initiatives include:
 - a. Cardiovascular Disease

- b. Weight Loss
- c. Nutrition- improving diet
- d. Physical activity
- e. Smoking Cessation
- f. Positive mentality
- g. Cancer Diabetes

Results

Evaluating Impact

- 1. Pre- and post-campaign surveys of knowledge and attitudes are essential**
- 2. Knowledge tests can also be used to track participation rates**
- 3. Tracking lifestyle behaviours relies on honest self-reporting**
- 4. Weight and waist size are useful objective measures and key risk factors**
- 5. Provision of a secure website encourages self-monitoring**
- 6. Anonymized self-monitoring data can be used to track group impact**
- 7. Metrics such as sickness absence improve before chronic disease effects (Cardiovascular)**
- 8. Disease campaign results:**
 - a. 16,366 people registered with the programme
 - b. 5,714 people used the weight and exercise monitoring tool regularly
 - c. Average weight loss of 2 kg (1.8cm reduced waistline) for regular users
 - d. At follow up 54% reported making lifestyle changes during programme
 - e. 77% of these maintained or improved lifestyle changes
 - f. Effectiveness equivalent to conventional health screening
- 9. Smoking**
 - a. 1,000 participants signed up
 - b. 30% quit rate
- 10. Mental Health**
 - a. 68% learned new ways to look after their MH
 - b. 56% implemented recommendations and continued at follow-up
 - c. 51% improvements in mental well-being
- 11. Cancer**
 - a. Knowledge improved up to 12%
 - b. 61% planned to change physical activity, diet, weight
- 12. Diabetes**
 - a. Up to 25% improvement in knowledge
 - b. 2/3rds took action to reduce their risk



Contact Information

For further information about Managing Lifestyle and Wellbeing in the workplace and OSH Compliance contact MCIL/OSH Unit

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