



A finger on the pulse

Increasingly, Australian organisations are embracing broad-ranging programs to improve employee health and wellbeing. **Fiona Marsden** looks at how organisations are using health assessments to measure pre-and post-program outcomes



The statistics paint a stark picture. A study in late 2006 found that Australian employees used an average 6.25 days of sick leave each year – up from 5.75 days in 2003 – while resignations by permanent employees accounted for about 23 per cent of turnover (source: *Hallis Turnover and Absenteeism Report 2007*). A 2005 US study by Burton et al. showed that employees in poor health were likely to be 2 per cent less productive than others, while highly stressed employees were likely to be 4 per cent less productive.

With figures such as these, it is in the best interests of every organisation to encourage a healthier, happier workforce. Many are offering wellbeing programs with components ranging from seminars to dietary modification, to yoga classes and fitness squads.

Dr Taggart Lidbury is an occupational physician and health and safety manager for IBM Australia and New Zealand, which has 11,000 employees.

“It’s fair to say that many IT employees don’t exercise as much as they should, because they’re in sedentary desk-based jobs,” says Lidbury. “Ergonomics can also be an issue, because they spend so much time in front of a computer. By offering wellbeing programs, we can improve their ergonomics and encourage them to exercise more. It’s killing two birds with one stone.”

Of course, there’s little point in providing a program to improve your employees’ wellbeing if you have no way of measuring their before and after status. This is where health assessments come in.

“At an individual level, before and after assessments help each employee track progress towards their health and wellbeing goals,” says Lidbury. “At an organisational level, aggregate data from health assessments can help us identify health and wellbeing risks across our workforce, then target our programs and spending accordingly.”

Dale Nissen is manager, health and safety, for WorkSafe Victoria, which has about 1000 staff around the state. He sees assessments as an accessible way for employees to become more aware of their health and wellbeing status. “Despite all the publicly available information about the potential dangers of high blood pressure, high cholesterol and other risk factors, relatively few people know their personal data and risk levels,” he says. “By offering health assessments in the workplace, we make it easier for our employees to access this information and act on it if required.”

Combining the old with the new

Traditionally, health assessments have been done in person, with the practitioner carrying out height/weight calculations and checking levels of glucose, blood pressure, cholesterol and other key

health risk indicators.

In recent years, however, the emergence of new technology has allowed organisations to move part of their health assessment programs online, enabling employees to self-assess. While online checks can’t replace the face-to-face model, they can be a useful adjunct.

Until mid-2007, IBM ran health assessments using the traditional model. However, the staff participation rate was relatively low, at 10 to 15 per cent. To improve this figure and link assessment results with other components of their wellbeing program, IBM decided that offering both online and face-to-face assessments was the best way forward.

“Thirty per cent of our employees are scattered across a number of small IBM premises, client worksites and home-based offices,” says Lidbury. “It’s not always viable to do face-to-assessments, but most people can access the online tools.”

Additionally, online assessments usually come with a broader suite of follow-up tools. After completing their assessment, employees are guided towards the appropriate tools, such as diet plans, exercise programs or a health information library.

Combining the two types of assessment required some creative thinking. “The health assessment market in Australia is quite fractured,” says Lidbury. “Online providers tend to operate separately from face-to-face providers. So we got a provider from each field together and asked them to come up with an integrated content and delivery solution. This way, we could boost the employee participation rate, without creating two pools of data.”

Despite some initial logistics hurdles, the venture is paying off, with employee participation rising to 30 per cent.

WorkSafe Victoria introduced online self-assessment in 2007 after a comprehensive review of their wellbeing programs. “We had quite a few initiatives on offer,” says Nissen, “including a Healthy Heart Check program with face-to-face assessments. But the programs weren’t well integrated. We wanted to implement a more comprehensive and data-driven package.”

As part of this, they opted for online health assessment because it offered greater potential to cover the organisation’s 14 worksites. They still run the heart check program, so if an employee is able to do both types of assessment, the results from one can feed into the other.

Analysis of participation in the online program shows a younger average age profile than the face-to-face assessments. WorkSafe has asked its provider to find ways of encouraging older employees to try the online system.



Data accuracy

Ideally, an employee will do an online assessment, then a face-to-face follow-up to verify the results and focus on any standout issues. The provider will then direct the employee back to the online suite and the most relevant tools to help them act on the results.

In the real world, however, it is not always possible for employees to do both kinds of assessment.

If more people are self-assessing, does this increase the likelihood of false data? "Broadly speaking, our online and face-to-face assessments ask questions about similar issues: exercise and nutrition levels, stress and mental health factors, sleep, medical conditions, along with biometrics like blood pressure, cholesterol and glucose," says Lidbury. "Having said that, people have a tendency to overestimate their healthy habits and underestimate their unhealthy habits when doing online assessments. This is harder to do on a face-to-face basis.

"By introducing online assessment and increasing employee participation, we had to accept that there would be some trade-off in data accuracy. At the end of the day, we capture what we can."

Dangling the carrot

Participation in health assessments and follow up programs is voluntary at IBM and WorkSafe, so both organisations put significant effort into employee promotion and incentives to boost participation rates.

At WorkSafe, health assessments are promoted as part of its overall Feeling Good at Work program, which includes initiatives such as Pilates classes, sporting groups, counselling for employees and families, career and retirement planning, and paid

leave for community work.

Lidbury and Nissen acknowledge that tangible incentives also play a valuable role. Wii Fis, iPods and vouchers for fitness gear are among the carrots dangled.

Protecting privacy

As you'd expect, health and privacy legislation prevents organisations obtaining health assessment results that could identify individual employees. This data stays between the provider and the employee. Instead, organisations receive aggregate data which gives a general profile of the workplace population. Within this context, the data can be broken down by age group and gender to give a broad picture of health-risk factors that may be relevant to certain sub-groups.

Looking ahead

IBM will soon ask their providers to target employees with the highest health risks. "We don't have access to this information, but the providers do," says Lidbury. "Delivering tailored programs for these employees will provide the best 'bang for buck' because they will show the most improvement. We expect this will flow on to productivity and the organisation's return on investment."

Nissen is similarly upbeat. "We recently took delivery of our first annual report into the combined use of online and face-to-face assessments," he says. "This has given us benchmark data to better understand the organisation's health profile. The next step is to understand the impact our health programs are having on that profile."