

Proposal for an Ontario Comprehensive Workplace Health Strategy



Ontario
Workplace
Health
Coalition

*Supporting
comprehensive
workplace health
in Ontario*

Original Version: August 2009
Revised: October 2013

The Ontario Workplace Health Coalition (OWHC)

The Ontario Workplace Health Coalition (OWHC) was first formed in 2005 to advance workplace health in Ontario. Its membership comprises a broad cross-section of workplace health stakeholders.

The OWHC:

- Serves as a unifying structure across the province;
- Facilitates communication among workplace health stakeholders; and
- Promotes the importance of using a comprehensive approach to create healthy and safe workplaces in Ontario.

The OWHC vision for workplace health is:

All Ontario workplaces will:

- Value employee mental, physical, and psychosocial health as fundamental to organizational success; and
- Adopt and implement a comprehensive approach to healthy workplace as an integral part of their business strategy and operations.

Acknowledgements

The Ontario Workplace Health Coalition (OWHC) would like to acknowledge the collaborative effort of many individuals and groups in developing this *Proposal for an Ontario Comprehensive Workplace Health Strategy*. We are grateful for the efforts of the OWHC Advocacy Committee for taking the lead on the coordination and preparation of this *Proposal*; and the Communication Committee for ensuring that the OWHC membership had the opportunity to provide feedback on the draft. We also appreciate the expertise from The Health Communication Unit (THCU) staff in assisting with this project. Most of all we thank the OWHC members who took the time to review and comment on the draft, providing us with valuable feedback to enhance the document.

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1. Introduction

The benefits of a healthy workplace are many. Healthier employees are good for business and to society as a whole. A healthy workplace involves integrating comprehensive workplace health into business operations, with strategies addressing: occupational health and safety; health and lifestyle practices; a supportive organizational culture; and organizational social responsibility (See *Appendix 1: Healthy Workplace Handbook*). A healthy workplace should be the aspiration of all Ontario employers and employees.

For organizations, there is strong evidence that healthy workplaces lead to improved employee engagement, which in turn leads to enhanced productivity and organizational performance (See *Appendix 2: The Evidence*).

This *Proposal for an Ontario Comprehensive Workplace Health Strategy* has been developed by the Ontario Workplace Health Coalition (OWHC) to support the development of a strategy for comprehensive workplace health (CWH) at the provincial level. The OWHC tasked its Advocacy Standing Committee with not only developing a proposal for a provincial strategy, but also drafting a *Comprehensive Workplace Health Model* that could assist organizations across the province in implementing their own workplace health programs. This proposal has been developed through an iterative process, taking into account feedback from the OWHC membership and workplace health stakeholders.

The purpose of this document is to help initiate and mobilize a public-private senior leadership partnership to develop and implement a coordinated provincial comprehensive workplace health strategy. This would include inviting a broad range of stakeholders from public and private sectors to identify how a provincial strategy could help meet their needs by facilitating the creation of healthy workplaces.

2. The Issue

While in recent years there has been more attention on creating healthier workplaces, efforts in Ontario have generally been fragmented and dependent on individual isolated efforts. Beyond legislated requirements for occupational health and safety, the province is lacking an infrastructure to motivate and enable workplaces to take a comprehensive approach.

A comprehensive workplace health strategy is needed to:

- Improve occupational health and safety, including: a reduction in work-related injury, illness, and disability;
- Improve organizational outcomes, including: decreased absenteeism and injuries; increased recruitment and retention; increased productivity; increased customer satisfaction/loyalty; and increased employee satisfaction and commitment; and
- Improve individual outcomes, including: improved health status, work-life quality, increased job satisfaction, and commitment.

3. The Business Case for an Ontario Comprehensive Workplace Health Strategy

In recent years, a significant body of research, including a number of landmark Canadian studies, has shown evidence that investing in CWH results in a solid return on investment, increased productivity, decreased health-related absence, and reduced incidence of health claims (*See Appendix 2: The Evidence*). When CWH becomes the norm in business practice, this will give Ontario, and ultimately Canada, an edge in global competitiveness.

A comprehensive approach to workplace health protects and enhances the health of the organization and its employees. CWH is not just a particular program, policy or model, although these are fundamental. It is a philosophy, an approach to business practice that is intended to be incorporated into the business plans of organizations whose governors, shareholders, owners and managers care about the advancement of their organization and the health of their employees.¹

CWH should therefore be integrated into the everyday culture and operations of the organization. When the four elements of a healthy workplace are addressed within an organization's business plan, research shows it improves organizational productivity, efficiency and competitiveness.

By providing a healthy workplace environment, employers can help protect themselves from liability charges related to exposure to an identified workplace hazard. Employers may soon face litigation based on a lack of due diligence that creates excessive stress for employees.² As well, an unhealthy employee may threaten the health and safety of others. As employees become more stressed, they become more likely to be involved in workplace accidents and sustain injuries.³ Employers are required to protect employees and the public from the unsafe actions of a worker. Through public policy, CWH should be incorporated into due diligence efforts and the regulatory framework.

¹ Shain, M., Suurvali, H. *Investing in Comprehensive Workplace Health Promotion - A Resource for the Pursuit of Organizational Excellence*. November 2000.

² M. Shain as reported in Active Living at Work www.hc-sc.gc.ca/hppb/fitness/work. Retrieved 05/04/03.

³ M. Shain. *Best Advice on Stress Risk Management in the Workplace*. 2000. Ottawa: Health Canada. p.14.



*The Supreme Court of
Canada:*

*“Work is one of the most
fundamental aspects in a
person’s life, providing an
individual with the means
of financial support and, as
importantly, a
contributory role in
society. Work is an
essential component of his
or her identity, self-worth
and emotional well-being.”*

*The World Health
Organization:*

*“The workplace directly
influences the physical,
mental, economic and
social well-being of
workers and in turn the
health of their families,
communities and society. It
offers an ideal setting and
infrastructure to support
the promotion of health of
a large audience. The
health of workers is also
affected by non-work
related factors.”*

Additionally, healthy workplaces are increasingly becoming a key element of attraction and retention of key personnel, and as such, a province-wide CWH strategy would assist Ontario businesses in attracting and retaining professional and skilled workers.

A CWH strategy would benefit all Ontarians, not just businesses. Healthier, more engaged employees also use fewer public resources, such as health services. In this regard, a provincial CWH strategy would further support public health units working specifically with workplaces to promote healthy policies, healthy environments, healthy behaviours, and healthy people.

4. *The Proposed Strategy*

This proposal for a provincial CWH Strategy is based on a number of guiding principles and identifies a number of strategy components.

4.1 *Guiding Principles*

1. **Provincial Leadership:** Commitment from workplace health leaders at all levels within businesses, as well as from provincial and municipal government, is essential and it must take the form of visible leadership.
2. **Stakeholder Engagement:** Broad stakeholder representation is necessary to obtain input from all sectors and to encourage a sense of ownership in the strategy (*See Appendix 3: OWHC Healthy Workplace Stakeholders Map*).
3. **Customized Plan:** A provincial workplace health strategy should be relevant to businesses of all economic sectors and organizational size.
4. **Link to Broader Strategic Goals:** The CWH Strategy for Ontario must be clearly linked to the mandates of key business organizations, as well as to the mandates of provincial ministries and agencies, for example:
 - Ministry of Labour;
 - Ministry of Health and Long-Term Care;
 - Ministry of Economic Development and Innovation (now Ministry of Economic Development, Trade and Employment)
 - Ministry of Education;
 - Ministry of Government Services; and
 - Public Health Ontario
5. **Economically Viable Solution:** There must be an economically sound approach to the development and implementation of the CWH strategy, with resource contributions from many stakeholders.

6. **Financially Beneficial Outcomes:** A strong business case for a provincial CWH Strategy is necessary to show the anticipated cost savings for the province and for workplaces across Ontario.

4.2 Strategy Components

The Ontario CWH Strategy can be achieved through a number of proposed components that have been adapted from the Nova Scotia HealthWorks initiative.⁴ These include a focus on the following:

1. **Leadership:** Establish leadership support and commitment to develop and implement an Ontario CWH Strategy.
2. **Social Marketing:** Promote the benefits of a healthy workplace and influence social norms among business leaders and governments with respect to creating healthy workplace environments.
3. **Capacity Building:** Provide training and education; provincial support networks; and tools and resources that increase capacity for CWH in Ontario. An example of a tool is the recently developed OWHC Healthy Workplace Handbook (*See Appendix 1: Healthy Workplace Handbook*) that supports Ontario organizations in initiating and sustaining their own healthy workplace programs.
4. **Policy and Incentives Development:** Review existing policies and identify gaps for new policies that support the sustainability of CWH in all Ontario workplaces. Explore development of incentives that have been considered in other provinces,⁵ such as the following:
 - Rate incentives (Workplace Safety & Insurance Board (WSIB) and insurers);
 - Tax incentives (government);
 - Leadership training, tools and support, and recognition incentives (e.g. Chambers of Commerce, unions, health charities, education); and
 - Tools and support, research and development funding incentives (Pharma).

⁴ Strategic Leadership and Partnership Committee. *A comprehensive workplace health strategy for Nova Scotia*. 2007.

⁵ Ibid.

5. **Research and Evaluation:** Support workplace health research and create an evaluation system that measures/monitors the effectiveness of the Ontario CWH Strategy, both within organizations as well as at the societal level.

5. Recommended Actions

The Ontario Workplace Health Coalition can be a catalyst and an operational arm that can help to support the implementation of a provincial workplace health strategy. The OWHC proposes some immediate next steps to ensure initiation, ongoing development and implementation of an Ontario CWH Strategy.

The Ontario Workplace Health Coalition recommends the following actions:

- Identify main contacts from each of the key ministries and private and not-for-profit organizations with interest in developing a provincial strategy;
- Set up preliminary meeting with interested participants and get feedback on the proposed development of a provincial strategy;
- Identify required financial and human resources; and
- Establish a province-wide strategy project including project lead(s), governance structure (e.g. Steering/Advisory Group, individual working groups and purpose), and timelines.

Short Term Goal:

- A comprehensive workplace health strategy for Ontario is developed.

Long Term Goals:

- A comprehensive and sustainable Ontario workplace health strategy is fully implemented;
- There is optimal collaboration that is coordinated, well resourced, effective, and efficient among a growing number of stakeholders and partners, which strengthens the implementation of a comprehensive workplace health strategy in Ontario; and
- Ontario organizations implement a comprehensive approach to healthy workplace as an integral part of their business strategy and operations.



Appendix 1: Healthy Workplace Handbook

Healthy Workplace Handbook

Ontario Workplace Health Coalition

Revised: October 2013

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Introduction

The benefits of a healthy workplace are many. Healthier employees are good for business AND to society as a whole. A healthy workplace should be the aspiration of all Ontario employers and employees.

For organizations, there is strong evidence that healthy workplaces lead to improved employee engagement, which in turn leads to enhanced productivity and organizational performance.

This *Healthy Workplace Handbook* is intended for use in any Ontario workplace. It has been developed to support Ontario organizations in initiating and sustaining their own healthy workplace programs. The *Handbook* proposes a *Comprehensive Workplace Health Model*.

The *Comprehensive Workplace Health Model* provides workplaces with a basic framework and an easy-to-follow tool to implement their own workplace health programs. A resource guide provides links to the many workplace health resources that are currently available. Both the *Comprehensive Workplace Health Implementation Tool and Resource Guide* can be found in the Appendix.

Please take the time to review this *Healthy Workplace Handbook* and use it to create, enhance, and sustain your own healthy workplace.

Purpose of the Handbook

Prior to the first draft of the *Comprehensive Workplace Health Model* and this *Healthy Workplace Handbook* in 2009, there was no common model or guidelines for workplace health in the public domain in Ontario. The World Health Organization (WHO) developed a Healthy Workplace Model in 2011. The OWHC decided to update its CWH model in 2013 to align more closely with the WHO approach.

This *Healthy Workplace Handbook* includes a more dynamic model that incorporates the evidence-based “Plan-Do-Check-Act” process which organizations can follow to implement the comprehensive approach; and links to helpful resources.

Introduction

Goal and Objectives of the Handbook

Goal

The goal of this *Healthy Workplace Handbook* is to help Ontario workplaces integrate comprehensive workplace health into their business operations, with strategies addressing: occupational health and safety; health and lifestyle practices; a supportive organizational culture; and organizational social responsibility.

Objectives

- Improve the integration of workplace health into the culture, vision, and overall business strategy of an organization;
- Improve occupational health and safety, including a reduction in work-related injury, illness, and disability;
- Improve organizational outcomes, including: decreased absenteeism and injuries; increased recruitment and retention; increased productivity; increased customer satisfaction/loyalty; and increased employee satisfaction and commitment; and
- Improve individual outcomes, including: improved health status, work-life quality, increased job satisfaction, and commitment.

Business Case

The case for investing in a healthy workplace has effectively been made through many years of research.

A healthy workplace improves an organization's bottom line. Investing in people today builds the capabilities needed for long-term improvements in service and product quality, and overall organizational performance.⁶

The bottom line for a workplace is improved through:

- Reduced absenteeism and injuries;
- Increased recruitment and retention;
- Improved employee health and well-being;
- Reduced grievances and disability time;
- Improved employee satisfaction and commitment; and
- Improved productivity and service quality.

Conversely, the cost of doing nothing is enormous. The negative effects of unhealthy workplaces and unhealthy lifestyle practices are well documented. They include increased incidence of:

- Injuries
- Back pain
- Mental health problems
- Substance abuse
- Heart problems
- Infections
- Certain cancers
- Conflicts⁷

Given the ample evidence indicating that a healthy workplace is critical to both organizational and employee well-being, and in order to remain competitive, it is time for all Ontario workplaces to take the necessary steps to provide a healthy environment for their employees.

⁶ Bachmann, K. *More Than Just Hard Hats and Safety Boots: Creating Healthier Work Environments*. Ottawa: Conference Board of Canada. 2000. Ulrich D. *Human Resource Champions: The Next Agenda for Adding Value and Delivering Results*. Boston: Harvard Business School Press. 1997

⁷ Shain, M., & Suurvali, H. *Investing in Comprehensive Workplace Health Promotion*, Centre for Addiction and Mental Health, April 2001, page 11.

CWH does not need to be expensive in order to achieve results.

Comprehensive Workplace Health (CWH)

Our health is affected by the environments in which we live, learn, work, and play. Workplaces play a key role in either enhancing or diminishing an individual's health.

A comprehensive approach to workplace health has been demonstrated through research to be most effective in protecting and enhancing the health of an organization and its employees.

CWH builds on legislated occupational health and safety requirements. It addresses four elements through which an employer can influence the health of their organization and their employees to create a healthy workplace.

Workplaces play a key role in either enhancing or diminishing an individual's health.

Four Elements of Comprehensive Workplace Health

- **Occupational Health and Safety:** Reducing work-related injury, illness, and disability by addressing the physical environment and work processes. It includes factors such as air quality; physical, chemical and biological hazards; and violence prevention.
- **Health and Lifestyle Practices:** Creating an environment that is supportive of and encourages health-enhancing personal lifestyle practices, such as healthy eating, physical activity and not smoking.
- **Organizational Culture:** Fostering a supportive environment where employees are actively engaged and empowered. It focuses on the factors that affect the interaction between people, their work, and their organization.
- **Organizational Social Responsibility:** Participating in the community to improve the health of workers, their families and other members of the community. It includes being environmentally conscious; controlling pollutants; fundraising for charities; and volunteering during work hours.

There is an inherent relationship between all four elements of CWH, and to leadership and employee engagement. Leadership and employee engagement are two key drivers of organizational health and performance, and as such they have an impact on the CWH implementation process.

Businesses therefore need to consider all four CWH elements in the context of leadership and employee engagement in order to create a truly healthy workplace and optimize organizational health and performance.

Key Drivers of Comprehensive Workplace Health

- **Leadership** is about creating and facilitating an environment in which all employees can work together to achieve optimal employee health and organizational performance.
- **Employee Engagement** consists of two components:
 - *Satisfaction*: The level of contentment or passion a person associates with his or her job/position and the organization.
 - *Commitment*: Inspiration to do one's best work; to perform at levels beyond what is expected, while making a meaningful commitment to improving one's personal health and enhancing organizational performance.⁸

Leadership and employee engagement are essential to successfully implement and sustain actions that support all four elements of comprehensive workplace health.

⁸ Schmidt, F., & Marson, B. Employee engagement: A foundation for organizational performance. *Vanguard: Canada's Premier Defence and Security Magazine*. 2006. Retrieved October 25, 2009, from <http://www.vanguardcanada.com/EmployeeEngagementSchmidtMarson>

Comprehensive Workplace Health (CWH) Model

Employers and employees share the responsibility for creating a healthy workplace. With a combination of creativity and passion, organizations of any size can develop workplace health programs. Whether an organization chooses to think big from the start, or to begin with something smaller, it is wise to keep in mind the guiding principles for healthy workplaces (See *Appendix A*).

The Ontario Workplace Health Coalition has developed a *Comprehensive Workplace Health Model*. The model was developed from discussions with over 100 individuals and organizations at the Ontario Healthy Workplace Coalition March 2009 Symposium (Note: the name of the Coalition was formally changed in 2012.) The model was reviewed and enhanced in 2013 based on the World Health Organization's *The Global Framework for Healthy Workplaces*.⁹

In the implementation process for this model the examples under Organizational Culture highlight the thirteen workplace factors that are known to impact psychological health and safety in the workplace.¹⁰

⁹ For additional information on the WHO healthy workplace model please see http://www.who.int/occupational_health/healthy_workplaces/en/. Joan Burton's presentation *What in the World is a Healthy Workplace* is a good place to start http://www.owhc.ca/pdf/JBurton_OHWC_Breakfast_What_in_the_World.pdf

¹⁰ CAN/CSA-Z1003-13/BNQ 9700-803/2013 *Psychological Health and Safety in the Workplace* (<http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/inv/z10032013>) addresses the thirteen workplace factors that are known to impact psychological health and safety.



CWH Implementation Process

At the onset of implementing this model, it is expected that a commitment from senior leadership has been attained and a healthy workplace committee and/or champions have been identified. The model recommends a [process or series of steps](#) that an organization could follow towards creating a healthy workplace.

The implementation process includes the following steps:

- Plan
- Do
- Check
- Act

1. Plan: This is an ongoing and recurring process.

- a. *Identify issues:* Identify and prioritize [workplace health issues](#) such as OH&S issues relating to the physical work environment, organizational culture issues relating to the psychosocial work environment, wellness and health promotion needs among employees, and opportunities for community involvement.
- b. *Gather information:* Existing wellness programs and policies, previous assessments, applicable legislation, resources, worker complaints, concerns and suggestions, data regarding absenteeism, disability claims, turnover, and other indicators.

The model recommends a process that an organization could follow towards creating a healthy workplace.

- c. *Assign*: Assign authority, responsibilities, and resources needed to develop and maintain the CWH program.

2. Do: This step includes the implementation steps for your program.

- a. *Identify resources*: Identify the resources and infrastructure required to reach your organization's objectives and targets including people, equipment, funds and space.
- b. *Define and assign*: Resources, responsibilities, time frames for completion and milestones to measure progress.

3. Check: This phase includes evaluating the outcome and reporting on the effectiveness and impact of the action taken.

- a. *Monitor progress*: Ask questions such as: is there management commitment and is it effective, are policy objectives being met, is worker participation effective, is information being produced, reviewed and used for continual improvement of the program?
- b. *Take action*: Identify what should be continued, stopped or revised.

4. Act: This phase requires periodic review of the CWH program by management.

- a. *Review*: To determine if the program meets the needs of the organization, is effective in reducing work-related injuries and illnesses, is improving the mental health and well-being of workers. Identify actions needed to address any deficiencies, including follow up actions from audits and previous management reviews of the CWH program.
- b. *Assess*: The future direction of the program, need for changes to policies, objectives and targets, resources, priorities and action items.

All Size Businesses as Healthy Workplaces

It is important to note that creating and sustaining a healthy workplace is an ongoing process that businesses should constantly monitor, update, and improve through experience and change.

A *Comprehensive Workplace Health Implementation Tool* is available as a template for organizations to use as a guide (See *Appendix B*).

97.4% of Ontario organizations have fewer than 50 employees. 29% of Ontario employees work for businesses with fewer than 50 employees; 24% work for organizations with 50 to 499 employees; and 47% work for large employers with 500+ employees.¹¹

Traditionally it has been assumed that large organizations would be more likely to have the resources to develop a healthy workplace. Small businesses may think that they have limited resources and therefore a comprehensive workplace health plan is not feasible for them. However, this is far from the truth. Many small businesses have found ways to integrate healthy workplace initiatives into their organization in a way that works for them and fits their budget. A healthy workplace does not need to be expensive in order to achieve results.

Dr. Graham Lowe, a leading expert on work, notes that the most successful companies with fewer than 100 employees have:

- Policies that promote a balance between work and personal life;
- Flexible schedules;
- Excellent employee benefits;
- Competitive salaries;
- Excellent leadership with an emphasis on teamwork;
- Environmentally responsible company policies;
- Procedures for seeking employee input; and
- A focus on placing employee personal well-being ahead of personal gain of company leaders.¹²

¹¹ Canadian Federation of Independent Business. *CFIB Research: Ontario Small Business Profile*. <http://www.cfib-fcei.ca/cfib-documents/rr3093.pdf>

¹² *Workplace Wellness: Small vs. Big Business Options*: Healthy U: <http://www.healthyalberta.com/1068.htm>

The majority of these elements are components of a healthy workplace strategy. All that a business needs is support from leadership and a few committed people to embark on their journey towards a healthy workplace.

A Healthy Workplace Committee

A Healthy Workplace Committee or a designated individual can help champion the cause. If possible, the committee should consist of representatives from different levels and areas of the business, to account for all needs and interests. Healthy Workplace Committees need to work closely with Joint Health and Safety Committees (JHSC). Small businesses can move forward with just one champion or a smaller committee of two or more staff members.

Moving Forward

This *Healthy Workplace Handbook* has been developed to provide all Ontario organizations with information and resources to initiate their own healthy workplace programs in order to enhance both organizational and employee health. The *Handbook* takes into account the successful experiences and best practices from healthy workplaces throughout Ontario and elsewhere.

The Ontario Workplace Health Coalition aims to support the development of strategies that will increase the number of Ontario organizations integrating healthy workplace plans into their business operations. These strategies need to address: occupational health and safety; health and lifestyle practices; organizational culture; and organizational social responsibility.

The business case for investing in healthy workplaces proves that the time to act is now!

A *Resource Guide* provides links to useful information to help organizations implement the strategies presented in this *Handbook* (See *Appendix C*).

Through the information provided in the *Healthy Workplace Handbook*, Ontario workplaces can take the necessary steps to invest in the health of their organizations and their workers, and create healthier and more productive workplaces.

Appendix A: Guiding Principles for Healthy Workplaces:¹³

Guiding Principles for Healthy Workplaces

1. *Supportive culture and values:* Creating and maintaining a healthy workplace requires a supportive culture that clearly values employees and is trust-based.
2. *Leadership:* Commitment from senior management is critical, and must take the form of visible leadership on health issues. Employees judge commitment by the actions of the CEO and the executive team. Leadership must also be exercised throughout the entire organization.
3. *Use a broad definition of health:* Good mental and physical health means more than the absence of illness, injury and disease. It also means leading a balanced life, developing one's potential, making a meaningful contribution to the organization, and having input into workplace decisions.
4. *Participative team approach:* Implementing a healthy workplace strategy requires an integrated approach, guided by teams that include representatives from all segments of the organization such as management, health and safety, human resources, operations, employees, and unions. Direct employee involvement in all stages is especially critical to success.
5. *Customized plan:* Collaboratively develop a healthy workplace policy and action plan with clear goals. The policy and plan must be tailored to the business context, workforce characteristics, and documented gaps in the work environment. A healthy workplace plan is dynamic in nature, reflecting changing needs of the employees and of the business.
6. *Link to strategic goals:* Clearly link health issues and outcomes to the organization's strategic goals. Integrate health and well-being objectives into the organization's business planning process, so that all management decisions take employee health and well-being into account.

Employers and employees share the responsibility for creating a healthy workplace.

¹³ Lowe, G. S. *Healthy Workplace Strategies: Creating Change and Achieving Results*. January 2004

7. *Ongoing support*: Allocate resources that ensure continuity of healthy workplace actions. Provide training at all levels, to sustain the initiative and embed health into how the organization operates.
8. *Evaluate*: Effectively evaluate outcomes of healthy workplace initiatives. Monitor and measure healthy workplace indicators such as absenteeism, turnover, workplace injury rates, staff and customer satisfaction.
9. *Communicate*: Keep management informed about the impact on business outcomes. Open, continuous communication is a key success factor in any organizational change initiative.

Appendix B: CWH Implementation Tool

Elements of a Healthy Workplace	Implementation Process Checklist								
	Plan			Do		Check		Act	
	Identify issues	Gather information	Assign	Identify resources	Define & assign	Monitor progress	Take action	Review	Assess
<p><i>For more information on these topics, visit the "Links" section of the Ontario Workplace Health Coalition website http://www.owhc.ca/links.html</i></p>	Have all stakeholders (owner, management, union, staff & clients) identify issues of concern. Establish an overarching policy. Conduct hazard & risk assessments. Review legislative & other requirements,	Gather relevant information from best practices; internal records on experience performance; usage related to disability, absenteeism, benefits and Employee Family Assistance Program (EFAP) use; incident reports; available expertise.	Identify strengths & gaps. Decide what is working & what can or should be fixed. Define priority and high risk issues. Assign authority, responsibilities & resources. Set program objectives & measures.	Identify resources & infrastructure including people, equipment, funds & space. Base program development on outcomes of hazard, legal and needs assessments & the results of performance data.	Define the resources, responsibilities, time frames & milestones.	Keep track of your progress using measures you decided on in the planning stage. Monitor established measures. Conduct internal program audits to verify conformance to standards & effectiveness.	Identify what should be continued, stopped or revised. Define what needs to be corrected, revised or implemented as part of continual improvement opportunities. Celebrate & share successes. Share lessons learned.	Check how the process worked & if you met your objectives. Ask why your outcomes were met or why not.	Assess the future direction of the program, and the need for changes. Review & revise the policy. Update needs assessments. Set new objectives for next term.
Occupational Health & Safety									
Examples:									
<ul style="list-style-type: none"> Injury Prevention 									
<ul style="list-style-type: none"> Hazardous Substances 									
<ul style="list-style-type: none"> Air Quality (example provided) 	Review worksite layout & physical conditions. Conduct air quality surveys. Review worker complaints.	Review past surveys. Review Material Safety Data Sheet (MSDS) inventory. Review incident & environmental reports. Review purchasing records.	Prioritize air quality hazards & risks. Assign to person responsible for developing protective & preventive measures.	Look to hierarchy of control measures to eliminate or mitigate the air quality hazard. Remove contaminant from ventilation system, upgrade existing system, create work instructions, provide	Purchasing to investigate alternative products. Engineering to review ventilation systems. Operations to develop work instructions on safe handling, usage,	Re-survey once new product in use – have you introduced another problem? Monitor air quality measures. Conduct internal audits, inspections to confirm conformance to requirements. Investigate future incidents	Revise purchasing procedures to ensure products are scent-free. Correct and address issues arising from audits, inspections & investigations. Monitor air quality reports for acceptable levels & respond when those measures are not being met.	Confirm the air quality program is working to expected requirements, review results of air quality measures to evaluate effectiveness. Identify where corrective or preventive measures are needed. Identify opportunities for	Update policy & programs based on the management reviews. Set new objectives & action plans related to correction, prevention or continual improvement, which

				personal protective equipment (PPE) related to contaminant.	storage & disposal of materials.	& complaints regarding air quality.		improvement, including if new regulatory or other requirements are needed.	become part of next cycle of the management system.
• Ergonomics									
• Violence & Harassment									
• Workplace Accommodation									
Health & Lifestyle Practices									
Examples:									
• Healthy Eating									
• Tobacco Use									
• Physical Activity									
• Drug & Alcohol Use									
• Immunization									
• Stress Management									
Organizational Culture									
Examples:									
• Psychological & Social Support									
• Clear Leadership & Expectations									
• Civility & Respect									
• Psychological Demands									
• Growth & Development									
• Recognition & Reward									

• Involvement & Influence									
• Workload Management									
• Engagement									
• Balance									
• Psychological Protection									
• Protection of Physical Safety									
Organizational Social Responsibility									
Examples:									
• Reducing the carbon footprint of business activities									
• Control of pollutants in community air and water									
• Fundraising for local charities									
• Opportunities to volunteer during work hours									

Key Drivers Checklist

Leadership	Employee Engagement
Air Quality Example:	Air Quality Example:
<ul style="list-style-type: none"> • Establish management commitment to the issue. 	<ul style="list-style-type: none"> • Involve employees in plan design & implementation.
<ul style="list-style-type: none"> • Opportunities for managers to demonstrate their support. 	<ul style="list-style-type: none"> • Ensure employees can participate in developed program.
<ul style="list-style-type: none"> • Corporate decision to buy scent-free products. 	<ul style="list-style-type: none"> • Health & safety committee involvement in choosing cleaning products.



Appendix C: Resource Guide

The Resource Guide provides links to reliable and trustworthy websites with useful information to help organizations implement the strategies presented in this *Handbook*.

Resources

You can access these resources through the “Links” section of the Ontario Workplace Health Coalition. Please visit our website at <http://www.owhc.ca/links.html>.

You will find a comprehensive list of workplace health topics including active living, organizational culture, employee involvement, harassment and many more. We have also added links to the workplace health pages of public health units in Ontario. These units can provide assistance to workplaces within their community in establishing workplace health programs.

Getting Started

A first step is to review the following resources provided by the Canadian Centre for Occupational Health and Safety:

Workplace health and wellness program – getting started
http://ccohs.ca/oshanswers/psychosocial/wellness_program.html

Samples of workplace health program elements
http://ccohs.ca/oshanswers/psychosocial/sample_elements.html

Sample workplace health and wellness survey
http://ccohs.ca/oshanswers/psychosocial/sample_wellness.html

Another excellent resource is the former Workplace Health Promotion Project of the Health Communication Unit (University of Toronto). This archived website includes many useful tools and resources on developing a healthy workplace program.

THCU Resource Library
http://www.thcu.ca/infoandresources/resource_display.cfm?translateto=english

Other tools are available at <http://www.thcu.ca/infoandresources.cfm>



Become a Member of the Ontario Workplace Health Coalition (OWHC)

Membership in the Ontario Workplace Health Coalition is open to any workplace health stakeholder, including representatives from the public, private, and not-for-profit sectors. Benefits of joining the OWHC include:

- Increasing your organization's profile as a leader in the development of healthy workplaces;
- Enjoying member discounts on special events;
- Receiving regular newsletter updates;
- Networking with other stakeholders; and
- Becoming part of a movement to advance comprehensive workplace health in Ontario.

Contact the OWHC:

135 Hunter Street East
Hamilton, ON
L8N 1M5

Email: info@owhc.ca

Website: <http://www.owhc.ca>



Appendix 2: The Evidence¹⁴

Evidence for Healthy Workplace Action Prepared for the Canadian Healthy Workplace Council by Graham Lowe, The Graham Lowe Group Inc. October 2007.

Absenteeism:

- Absenteeism in Canada has increased steadily since the 1990s. In an average week in 2006, 7.2 % of male workers and 9.5 % of female workers missed work due to illness or disability or for personal or family responsibilities (excluding maternity leave). Actual work time lost for personal reasons increased from the equivalent of 7.4 days per worker in 1997 to 9.7 days in 2006 – an estimated 102 million work days for all fulltime employees.¹⁵
- Absenteeism has direct costs for employers. For example, the average duration of long-term absence is 11 weeks. The estimated cost of each long-term absence is approximately \$8,800 (based on 440 hours of lost time and average hourly earnings of \$20/hr). While long-term absences were more common among individuals with poor health or with a prior disability, employees feeling very stressed were 2.4 times more likely to take a leave than those not overly stressed.¹⁶

Injuries and Fatalities:

- Lost-time work injuries have declined considerably over the past two decades. However, work-related fatalities are on the rise.¹⁷

Work-life Balance:

- Work-life imbalance is on the rise, largely due to work-related factors. According to the General Social Survey, the proportion of workers feeling somewhat or very dissatisfied with work–life balance increased from 16.7% in 1990 to 20% in 2001.¹⁸ Another major Canadian study found that 1 in 4 employees experienced high levels of conflict between work and family, based on work-to-family interference and caregiver strain.¹⁹ The Rethinking Work survey found that 34% of workers surveyed in 2004 reported that it has become harder for them to achieve work–life balance over the past few years, while 29% have found it easier to achieve (37% experienced no change). Finding it easier to achieve work-life balance is associated with a supportive supervisor, flexible hours and schedules, and low job stress.²⁰

¹⁴ The following evidence is from *A Coordinated Action Agenda for Healthy Workplaces: A call to action by the Canadian Healthy Workplace Council* October 2007.

¹⁵ Statistics Canada (2007). *Work Absence Rates 2006*. Ottawa: Statistics Canada, Catalogue No.71-211-XIE.

¹⁶ K. Marshall (2006). On sick leave. *Perspectives on Labour and Income* 18 (2):29-37.

¹⁷ A. Sharpe and J. Hardt (2006). *Five Deaths a Day: Workplace Fatalities in Canada, 1993-2005*. Ottawa: Centre for the Study of Living Standards (csls@csls.ca). CSLS Research Paper 2006-04. csls@csls.ca.

¹⁸ Statistics Canada, General Social Survey. Unpublished data provided by Statistics Canada.

¹⁹ L. Duxbury & C. Higgins (2003). *Work–life Conflict in Canada in the New Millennium. A Status Report*. Ottawa: Health Canada.

²⁰ Rethinking Work, 2004 national worker survey (n=2002), Ekos Research Associates and Graham Lowe Group Inc.



- Extensive research documents how the relationship between work and family and personal life affects an individual's health as well as their performance in work and family roles.²¹ Work–family conflict is regarded as a major stressor, contributing to reduced general mental health and wellbeing, dissatisfaction with life, psychosomatic symptoms, depression, general psychological distress, use of medication, alcohol consumption, substance abuse, clinical mood disorders, clinical anxiety disorders, and emotional exhaustion.²²
- Estimated direct costs of absenteeism due to high work–life conflict range from \$3 to \$5 billion annually in Canada.²³ When indirect costs are included, this could rise to \$10 billion. Furthermore, there are public costs, which include mental and physical health risks created by work–life conflict. These risks affect national productivity, quality of individual and family life, and impose burdens on the health care system.

Job Stress:

- 30% of workers experienced most days at work as “quite a bit” or “extremely” stressful in 2005, a slight decline from 32% in 2001. Managers and health care occupations have the highest levels of self-perceived stress, compared to other occupations.²⁴
- Job stress has been linked causally to chronic diseases, such as heart disease, as well as depression, diabetes, asthma, migraines, and ulcers.²⁵ High psychological demands coupled with low control over these demands increases a worker's exposure to “job strain,” and through this, an elevated risk of morbidity. Furthermore, a lack of reciprocity between work effort and rewards (e.g., pay, job security, career opportunities, self esteem, and satisfaction) are associated with increased risks of cardiovascular disease, depression, alcohol dependence, and poor self-rated overall health.²⁶
- Data from National Population Health Survey and Canadian Community Health Survey show that workers in high strain jobs are twice as likely to report job stress, compared with those in low strain jobs. In 2002, 26.6% of women, compared with 18.8% of men, have job demands that outweigh their freedom to make decisions or apply their skills. Men in high strain jobs were 2.5 times more

²¹ L.T. Eby, W.J. Casper, A. Lockwood et al. (2005). Work and family research in IO/OB: Content analysis and review of the literature (1980–2002). *Journal of Vocational Behavior* 66 (1):124–197, 2005. G. M. Bellavia & M. R. Frone. Work-family conflict. In: J. Barling, E. K. Kelloway & M. R. Frone (Eds.). *Handbook of Work Stress*. Sage Publications. L. Duxbury & C. Higgins (2003). *Work–life Conflict in Canada in the New Millennium: A Status Report*. Ottawa: Health Canada.

²² E. Appelbaum, T. Bailey, P. Berg, & A. Kalleberg (2005). Organizations and the intersection of work and family: A comparative perspective. In: *The Oxford Handbook of Work & Organization*. S. Ackroyd, R. Batt, P. Thompson & P.S. Tolbert (Eds.). NY: Oxford University Press. R. Baughman, D. DiNardi & D. Holtz-Eakin (2003). Productivity and wage effects of ‘family-friendly’ fringe benefits. *International Journal of Manpower* 24(3):247–259. Bellavia & Frone, Work-family conflict.

²³ Duxbury and Higgins (2003). *Work–life Conflict in Canada in the New Millennium*.

²⁴ Statistics Canada, Canadian Community Health Survey, 2001 and 2005, custom tabulations.

²⁵ C.A. Mustard, J. Lavis, & A. Ostry (2006). New evidence and enhanced understandings: Labour market experiences and health. In: *Creating Healthier Societies: From Analysis to Action*. J. Heymann, C. Hertzman, M. Barer & R. Evans (Eds.). NY: Oxford University Press. J. Barling, E. K. Kelloway & M. R. Frone (Eds.) (2005). *Handbook of Work Stress*. Sage Publications. M. Shields (2004). Stress, health and the benefits of social support. *Health Reports* 15 (1):9–38.

²⁶ J. Siegrist & M. Marmot (2004). Health inequalities and the psychosocial environment – two scientific challenges. *Social Science & Medicine* 58:1463–73.



likely than those in low strain jobs to have experienced depression, and women were 1.6 times more likely.²⁷

- Data from the Health and Safety Executive (HSE) in the United Kingdom shows that 36% of sickness absenteeism for work-related illness or injuries is caused by stress, depression and anxiety – which means that between 30% and 40% of the direct costs of sickness absenteeism can be attributed to these causes.²⁸

Average direct and indirect (including reduced customer satisfaction, lower productivity, and higher staff turnover) costs of work stress are approximately \$3,000 annually.

Job Dissatisfaction:

- Job dissatisfaction, stress and absenteeism are related. Most Canadian workers are satisfied with their jobs, but in 2002 one in twelve were dissatisfied – a total of 1.3 million workers. 24% of those reporting their jobs to be extremely stressful are also dissatisfied. Those who are not at all satisfied with their jobs report about 3 times the rate of disability days in the past 2 weeks. For every 100 workers who were very satisfied, 47 disability days were reported, compared to 129 for every 100 who were not at all satisfied.²⁹

Hours and Schedules:

- Work hours and schedules can affect individuals' health.³⁰ Working long hours contributes directly to unhealthy lifestyles, which are well-documented risk factors in heart disease and serious health conditions. Shift work creates health risks because of disruptions to the body's circadian rhythms. Health problems directly related to shift work include gastrointestinal disorders, cardiovascular diseases, cancer, and menstrual and pregnancy complications in women.³¹

Worksite Health Promotion:

- Research on the impact of comprehensive worksite health promotion and disease management programs demonstrate that a combination of comprehensive and high-risk group interventions yield positive if modest clinical and cost outcomes. Workplace health promotion interventions that are comprehensive, well-designed, and successfully implemented will have a positive return on investment or cost-benefit ratio. Evidence suggests that the issue for

²⁷ M. Shields (2006). Stress and depression in the employed population. *Health Reports* 17 (4):11-29.

²⁸ www.hse.gov.uk/stress/index.htm. Henderson Global Investors. *Less stress, More value. Henderson's 2005 survey of leading UK employers*, 2005. www.henderson.com

²⁹ M. Shields (2006). Unhappy on the job. *Health Reports* 17 (4):33-37.

³⁰ K. Sparks, C. Cooper, Y. Fried, & A. Shirom (1997). The effects of hours of work on health: A meta-analytic review. *Journal of Occupational & Organizational Psychology* 70:391–408.

³¹ P. Totterdell (2005). Work schedules. In: *Handbook of Work Stress* Barling, Kelloway & Frone (Eds.). N.W.H. Jansen, L.G.P.M. van Amelsvoort, T.S. Kristensen, et al. (2003). Work schedules and fatigue: A prospective cohort study. *Occupational and Environmental Medicine* 60:47–53. E.J.C. Josten, A. Tham Ng & H. Thierry (2003). The effects of extended workdays on fatigue, health, performance and satisfaction in nursing. *Journal of Advanced Nursing* 44 (6):643–52. M.M. Ohayon, P. Lemoine, V. Arnaud-Briant, & M. Dreyfus (2002). Prevalence and consequences of sleep disorders in a shift worker population. *Journal of Psychosomatic Research* 53 (1):577–83. C.N. Pitsopoulos, & K.M. Greenwood (2004). Shift-dependent differences in self-reporting of health symptoms among shift workers. *International Journal of Industrial Ergonomics* 34 (3):187–93. L. Strazdins, R.J. Korda, L.L.Y. Lim et al. (2004). Around-the-clock: Parent work schedules and children's well-being in a 24-h economy. *Social Science & Medicine* 59 (7):1517–27.



management is not whether to introduce such programs to reduce health risks and increase productivity, but how to design, implement and evaluate programs to achieve the best outcomes.³²

Costs and Benefits:

Multi-component worksite health promotion programs which track return on investment result in average reductions in sick leave, health plan costs, workers' compensation and disability costs of just over 25%.³³ A review of 13 studies found an average benefit of \$3.72 in reduced health care cost (per dollar invested in the program) and \$5.06 in reduced absenteeism. Other studies show returns on investment in the range of \$3 to \$8 for every dollar over a 5 year period invested in the intervention.³⁴ Another review shows a median benefit of \$8.88 for workplace disease management programs.³⁵ The strongest and most convincing evidence is for reductions of personal health risk factors such as smoking, weight, physical inactivity, and diet.³⁶

- US researchers have examined the top 10 physical and mental health conditions affecting employees, concluding that employee absenteeism and disability accounted for 29% of the health and productivity related costs for physical health conditions and 47% for mental health conditions.³⁷ Presenteeism costs (based on self-reported work productivity) account for 61% of total costs associated with 10 common health conditions (allergies, arthritis, asthma, cancer, depression, diabetes, heart disease, hypertension, migraines and headaches, and respiratory disorders). Four conditions (arthritis, hypertension, depression/sadness/mental illness, allergies) have annual presenteeism costs per employee reporting these conditions of over \$200 (based on \$23.15/hour wages and benefits).

Obesity:

- Obesity among Canadian adults 18 years and over increased from 14% in 1978 to 23% in 2004. Most people who are obese are at increased risk for a range of preventable chronic diseases, such as cardiovascular disease, hypertension, type 2 diabetes, arthritis and some types of cancer. The estimated total direct cost of weight-related major chronic diseases to the health system was nearly \$1.6 billion in 2001, rising to \$4.3 billion when indirect costs are included.

³² K. R. Pelletier (2005). A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: Update VI 2000-2004. *Journal of Occupational & Environmental Medicine* 47 (10):1051-58.

³³ L. Chapman (2003). Meta-evaluation of worksite health promotion economic return studies. *Art of Health Promotion Newsletter* 6 (6):1-10.

³⁴ S. G. Aldana (2001). Financial impact of health promotion programs: a comprehensive review of the literature. *American Journal of Health Promotion* 15(5):296-320.

³⁵ R.Z. Goetzel, T.R. Juday & R.J. Ozminkowski (2005). Estimating the Return-on-Investment From Changes in Employee Health Risks on The Dow Chemical Company's Health Care Costs. *Journal of Occupational & Environmental Medicine* 47 (8):759-768.
D.R. Anderson, S.A. Serxner & D.B. Gold (2001). Conceptual framework, critical questions, and practical challenges in conducting research on the financial impact of worksite health promotion. *American Journal of Health Promotion* 15 (5): 281-288.

³⁶ J. E. Riedel, C. Baase, P. Hymel, W. Lynch, M. McCabe, W. R. Mercer & K. Peterson (2001). The Effect of Disease Prevention and Health Promotion on Workplace Productivity: A Literature Review. *American Journal of Health Promotion* 15 (3):167-190.

³⁷ R.J. Goetzel, K. Hawkins, R. J. Ozminkowski et al. (2003). The health and productivity cost burden of the 'top-10' physical and mental health conditions affecting six large US employers in 1999. *Journal of Occupational and Environmental Medicine* 45: 5-14.



Workplaces are ideal environments for promoting healthy weights for adults. However, few Canadian employers have formal policies encouraging physical activity and healthy eating.³⁸

- Longitudinal data from Canada's National Population Health Survey (NPHS) shows that men who moved from a standard workweek of between 35 and 40 hours to longer work hours during a two-year period had twice the likelihood of unhealthy weight gain, compared with men continuing to work standard hours.³⁹ For women, increased high job strain was associated with unhealthy weight gain.
- Obesity in the workforce imposes costs on employers. The results of an eight-year study of overweight workers by US researchers compared the health of workers classed as obese to those in the recommended weight class. Those classed as obese had twice as many workers' compensation claims, had medical claims costs that were seven times higher and had 13 times as many lost work days as those in the recommended class.⁴⁰
- The most effective way to increase employee physical activity is through strategic, comprehensive approaches that reach beyond individual behaviours and short-term programs, to create a health-promoting culture in the workplace.⁴¹

Employer Programs (Employee Assistance Programs):

- Statistics Canada's 2003 Workplace and Employee Survey found that just over one in three employees received some kind of personal or family support service or program from their employer.⁴² Employee assistance was available to 30 % of employees in 2003, 16% had access to fitness and recreation services, 7% had help for child care available, 4 % had elder care support, and 5% had other personal or family support services. However, few employees with access to a specific program in 2003 actually used them.

Workers' Needs and Experiences:

- Canadian workers highly value a healthy and safe workplace: 72% of workers responding to a national survey considered this to be a 'very important' job feature.⁴³ However, only 41% say they have a healthy and safe workplace in their current job 'to a great extent'.
- Canadian workers' needs for work-life balance are not being met. The Rethinking Work survey found that while 63% of survey respondents placed high importance on being able to achieve work-life balance, only 34% had achieved 'good' balance in their job.

³⁸ Canadian Institute for Health Information (2006). *Improving the Health of Canadians: Promoting Healthy Weights*. Ottawa: CIHI. http://secure.cihi.ca/cihiweb/products/healthyweights06_e.pdf

³⁹ M. Shields (2000). Long working hours and health. *Perspectives on Labour and Income* 12 (1): 49–56.

⁴⁰ T. Østbye, J. M. Dement and K. M. Krause (2007). "Obesity and Workers' Compensation: Results From the Duke Health and Safety Surveillance System," *Archives of Internal Medicine* 167 (8): 766-773.

⁴¹ A. Marshall (2004). Challenges and opportunities for promoting physical activity in the workplace. *Journal of Science and Medicine in Sport* 7 (1): 60-66.

⁴² Statistics Canada, Workplace and Employee Survey, employee data. Unpublished data provided by Statistics Canada.

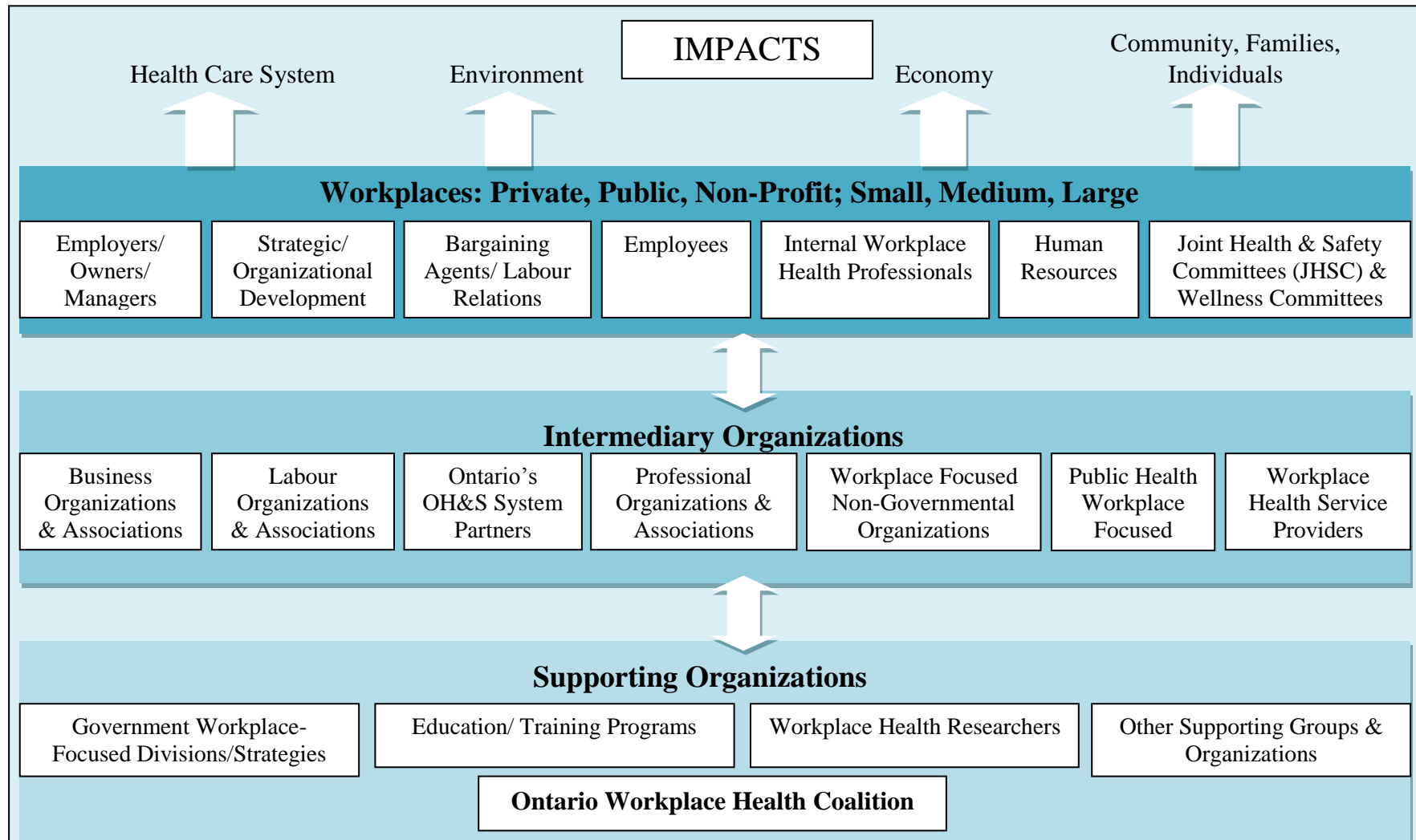
⁴³ Rethinking Work, 2004 national worker survey (n=2002), Ekos Research Associates and Graham Lowe Group Inc.



- Canadian workers' perceptions of healthy workplaces are shaped by individuals' relationships with their co-workers, supervisors, and senior management.⁴⁴ Workers who perceive their work environment to be healthy are far more likely, than those who do not, to report good communication, friendly and helpful co-workers, a positive relationship with their supervisor, and to receive recognition.

⁴⁴ G. S. Lowe, H. S. Shannon & G. Schellenberg (2003). Correlates of employees' perceptions of a healthy work environment. *American Journal of Health Promotion* 17 (6):390-399.

Appendix 3: OWHC Healthy Workplace Stakeholders Map





Supporting Organizations: Primarily provide policy, legislation, direction, and/or support (related to workplace health) to intermediaries; they may also support workplaces or the general public.

Intermediary Organizations: Mainly provide direction and/or support to those within the workplace who make decisions that impact the health of the employees and/or that of the work environment; on occasion they may also interact directly with employees.

Workplaces: Include those within the workplace who influence or impact the health of the employees and/or that of the work environment. All types of workplaces are included, i.e. public, private, not-for-profit sectors; small, medium and large employers.