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# Global Perspectives in Workplace Health Promotion

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**Production Credits**

Publisher: Michael Brown  
Editorial Assistant: Teresa Reilly  
Associate Production Editor: Kate Stein  
Senior Marketing Manager: Sophie Fleck  
Manufacturing and Inventory Control Supervisor: Amy Bacus  
Composition: Composure Graphics  
Art: diacriTech  
Cover Design: Kristin E. Parker  
Cover Image: © Emrahselamet/Dreamstime.com  
Printing and Binding: Malloy, Inc.  
Cover Printing: Malloy, Inc.

**Library of Congress Cataloging-in-Publication Data**

Global perspectives in workplace health promotion / [edited by] Wolf Kirsten, Robert C. Karch.  
p. ; cm.

Includes bibliographical references and index.

ISBN-13: 978-0-7637-9357-9 (pbk.)

ISBN-10: 0-7637-9357-4 (pbk.)

1. Employee health promotion—Cross-cultural studies. I. Kirsten, Wolf, 1966- II. Karch, Robert C. [DNLM: 1. Health Promotion—methods. 2. Cross-Cultural Comparison. 3. Occupational Health. 4. Workplace. WA 590 G562 2012]

RC969.H43G56 2012

362.1—dc22

2010023513

6048

Printed in the United States of America

15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

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# Foreword

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Kazutaka Kogi

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We are facing rapid changes in work life as a consequence of the globalizing economy. Changes in employment and demographic structures, introduction of new technologies, and the current global financial crisis are having deep impacts on health and safety of workers worldwide. These changes are creating new challenges in occupational health practice for effectively managing work related health and safety risks and promoting health of workers in diverse working situations. Increasing attention is drawn to comprehensive risk management at the workplace and improved access to occupational health services as a result of these situations.

It is encouraging that various new attempts are being made to improve work methods and the working environment and secure active participation of employers and workers in workplace health activities. This effort is clearly reflected in the activities of our International Commission on Occupational Health (ICOH). Through its 35 scientific committees and its task and working groups, ICOH activities are focusing on proactive risk assessment procedures and the extension of occupational health services to underserved sectors. A particular emphasis is placed on the development of basic occupational health services and the application of participatory approaches, particularly for improving small-scale workplaces. ICOH makes joint efforts with other international organizations in line with the International Labor Organization (ILO) global strategies and the World Health Organization (WHO) global plan of action for healthy workplaces for all workers. It is also encouraging that cooperation with national and regional associations is advancing in these aspects.

The new developments reported in this book represent an important step forward in our collaborative efforts. These developments confirm the need for the combined efforts of employers, workers, and society toward workplace health promotion. The positive experiences in needs assessment and in the planning and implementation of sustainable improvement processes reported from many countries are particularly important. We can learn useful lessons that can facilitate action-oriented healthy workplace programs despite the many constraints in increasingly diverse work life settings.

International cooperation is emerging to meet the goals of using good practices in reducing safety and health risks at work, and designing and using multidisciplinary healthy workplace programs and related training and information materials. ICOH likewise places high priority on developing action-oriented toolkits. Further, we must intensify efforts to make fuller use of known health promotion best practices in order to provide specific guidance and support for

workplace settings. Thus, by utilizing these best practices that have been appropriately adjusted to specific settings, we can ensure that workplace health promotion and health protection become an integral and successful part of management practices and thereby extend their impact to a wide range of sectors.

It is gratifying that experiences from different regions are compiled together in this book. This gives us useful insights into locally workable interventions toward a healthy and safe environment as well as toward worklife changes. I am sure that workplace health successes, including those reported in this publication, provide us with practical hints for actions at the regional, national, and local levels. ICOH places high priority on ethical standards and social justice in our daily practice, and the lessons learned through these health promotion practices and shared in this publication will help us incorporate reliable changes into the workplace culture and practices. There is an acute need for concerted action to improve workers' health in many difficult conditions, and I hope this book will be recognized as a valuable contribution to occupational health and well-being of workers in different regions.

Kazutaka Kogi

President

International Commission on Occupational Health (ICOH)

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# Foreword

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Joana Godinho

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This book provides a global account of the status of health promotion in the workplace, showing that employees and organizations are moving toward healthier practices, albeit slowly. This business move is expected to contribute not only to a healthier workforce but also to increased productivity and reduced healthcare costs.

The World Health Organization (WHO) has been a global leader in advancing much of the current thinking about the importance of healthy lifestyles and environments to keep chronic diseases at bay, especially cardiovascular diseases and cancer, some of the main global killers. To gain and maintain such a lifestyle, people need to live and work in health promoting communities and workplaces, which give them opportunities and incentives for healthy practices, such as eating a balanced diet with plenty of fruits and vegetables, getting sufficient sleep, engaging in physical activity daily, and managing stress without having to resort to excessive alcohol intake, smoking, or abusing drugs. These healthy practices contribute to decrease their risk of disease, disability, and premature death—and help the private and public sectors to keep organizational and healthcare costs under control.

No country in the world can be competitive in the world economy with unhealthy workers. On the other hand, the workplace setting can play a major role in encouraging people to adopt healthier lifestyles. Health and safety legislation confined to the prevention of physical accidents provided the historical drivers for health promotion in the workplace. Countries with health insurance linked to employment, such as the United States, may have had more of an incentive to engage in health promotion in the workplace, as referred to in Chapter 20. For health promotion in the workplace to gain further ground, it is necessary to identify additional incentives for workers and organizations to engage in healthy practices as a sound business move. There is still a great deal to be done, not the least in continuing to investigate the impact of health promotion in the workplace on organizational costs and returns.

This publication highlights how 21 countries are addressing these challenges by focusing on the following areas regarding health promotion in the workplace: the prevailing health issues and risk practices; national healthcare systems; historical and cultural influences on both physical and mental health; key drivers for establishing global workplace health promotion programs; examples of best practices; key outcomes and success indicators; and available evidence.

Joana Godinho  
Senior Health Specialist, Human Development  
The World Bank  
Washington, DC





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# Preface

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The field of workplace health promotion (WHP) has enjoyed significant growth on a global scale over the last decade. Responding to the chronic disease trends as well as the health-care cost and productivity challenges, governments, health insurances, and social partners (employer and employee representative groups) are increasingly turning to health promotion strategies. While stakeholders often still need to be convinced of the business value of workplace health promotion, this growth and early development stage is an extremely exciting prospect for health promotion professionals worldwide. Envision yourself in a start-up company that has a highly innovative and promising product with global relevance and that you truly love. On top of this positive atmosphere, the field seems to attract deeply motivated and caring individuals in whichever country you go. All of this bodes well for health promotion, but can we convince the venture capitalists—to stay with the start-up analogy—and make it mainstream?

Although workplace health promotion is a young field, dedicated professionals have implemented many excellent programs over the years in various countries. This publication attempts to document many of these. As such a global account of WHP has not yet been recorded, this book fills a real need. As globalization accelerates and the workforce becomes more mobile, there is a thirst for knowledge with regard to health trends and behaviors in other countries, as well as cultural aspects of WHP. Multinational employers are faced with the challenge of developing global health and well-being strategies and supporting local sites in the implementation of programs. This presents a daunting task given the multiple levels and facets of cultures and countries.

This book contains WHP profiles of 21 countries from 6 continents: Asia, Africa, North America, South America, Europe, and Australia. These include high-, middle-, and low-income countries. We have succeeded in featuring all major countries, minus a few exceptions. Each chapter covers the following categories:

- general facts on the country
- prevailing health issues and risk behaviors
- healthcare systems
- influence of culture and mentality
- key drivers for establishing workplace health promotion programs
- program examples and good practices
- outcomes and success indicators

- existing research findings
- conclusion

These chapters have been written by distinguished professionals who are regarded as health promotion pioneers in their given country. All of the contributing authors are members or friends of the International Institute for Health Promotion (IIHP), which is based at American University in Washington, DC. The book idea was originally discussed within the IIHP and immediately found tremendous resonance and support. We, as founders of the IIHP, are proud of the IIHP's connection to this book and are truly grateful to all contributing authors for their dedication.

Being the first edition, the publication process was an adventure for us and strewn with many unforeseen challenges, especially due to the global nature of the project. We are truly excited to finally make the book a reality after many years of reflection and discussion and we welcome your feedback and suggestions for improvement.

—Wolf Kirsten and Robert C. Karch

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# Acknowledgments

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The publication of this book represents a global collaboration. Thirty-five authors from 21 countries contributed, with many more individuals helping in the background. We are deeply grateful to all of the contributing authors, many of whom we have known for numerous years through the International Institute for Health Promotion (IIHP). All of the authors submitted high-quality manuscripts—some on a very short timeline—and were most responsive to editorial changes. Given the fact that for most, English is not their native language, we were impressed with the quality of their writing. Hats off to you! In addition, we would like to congratulate the authors for being gracious representatives of their home countries.

We would also like to thank Joana Godinho from the World Bank and Kazutaka Kogi from the International Commission of Occupational Health (ICOH) for crafting powerful forewords on short notice. Both are consummate professionals who fully understand the undeniable link between healthy citizens and productive societies.

To the International Health Consulting team—Robin McClave, Pia Schneider, and Tanya Kalas—we give special thanks for your encouragement and input. You were immensely helpful and kept us on track along the way. In addition, the country-specific data information provided by Melissa Johnson and the development of instructional content for each chapter assisted by Mary Ellen Rose added two unique and valuable dimensions to this text for which we are very appreciative.

Karen Karch did an amazing job editing all the chapters. Her tireless effort, and, in particular, her editorial sensitivity in working with cultural nuances from authors and transcripts from so many non-English speaking countries, are extremely laudable, deeply appreciated, and central to our ability to get the full manuscript out of the door to our publisher. Also, a big thank you to the staff at Jones & Bartlett Learning, especially Mike Brown, Catie Heverling, Teresa Reilly, Sophie Fleck, and Kate Stein for guiding us along the way and creating the final product.



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# Introduction: Setting the Context for Workplace Health Promotion

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Wolf Kirsten

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## Global Health Trends

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Employers and employees throughout the world are facing immense challenges with an ongoing economic crisis, an increasingly fast-paced business environment, growing demands for productivity, and a global rise in chronic diseases. This book will highlight health trends and challenges at the workplace. The workplace has recently received considerable attention with regard to health promotion, mainly due to two reasons:

1. The significant impact of unhealthy employees on the business. Numerous studies have documented the negative economic consequences of poor employee health, health risks, and dissatisfaction in form of absenteeism, presenteeism, accidents, and healthcare costs (Mills, Kessler, Cooper, & Sullivan, 2007).
2. The recognition of the workplace as a useful setting to advance public health. The World Health Organization (WHO) has advanced the settings approach and recently outlined a comprehensive framework on how to promote health at the workplace (World Health Organization [WHO], 2010a).

A longer standing tradition exists with regard to how work can affect the health of workers, that is, the impact of the physical or psychosocial working environment. From a global perspective, next to the World Health Organization and the International Labor Organization (ILO), the International Commission on Occupational Health (ICOH) has been the most prominent organization advocating policies and programs on how to minimize the health impact of work (International Commission on Occupational Health [ICOH], 2009). Job-related accidents and illnesses claim more than two million lives annually (International Labor Organization [ILO], 2005). This number is rising in developing countries due to rapid industrialization. In addition, 268 million nonfatal workplace accidents occur each year in which the victims miss at least 3 days of work as a result, as well as 160 million new cases of work-related illness (ILO, 2005). The working world is changing rapidly, for example, the International Data Corporation (IDC) projects that by 2013 a third of the world's workforce will be mobile workers (International Data Corporation [IDC], 2009). This will require new methods and strategies in the field of workplace health promotion, such as how to reach mobile workers or how to address the new health challenges.

## Introduction: Setting the Context for Workplace Health Promotion

The alarming increase of chronic disease has left its mark on the workplace. According to the WHO (2008), noncommunicable diseases cause 38 million deaths annually (70% of all global deaths when adding injuries). Eighty percent of these deaths occur in low- and middle-income countries. The forecast is even worse: death rates from noncommunicable diseases are likely to increase by 17% globally over the next 10 years, with the greatest increase projected in the African region (27%) followed by the eastern Mediterranean region (25%) (WHO, 2008). The WHO identifies four major noncommunicable diseases (cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases) and four related risk factors to address (tobacco use, unhealthy diets, physical inactivity, and the harmful use of alcohol). The Oxford Health Alliance's global campaign 3Four50 ([www.3four50.com](http://www.3four50.com)) focuses on three key risk factors (tobacco use, poor diet, and lack of physical activity) and four chronic diseases (heart disease, type 2 diabetes, lung disease, and many cancers) which are responsible for more than 50% of deaths in the world. The obesity epidemic is probably one of the most highlighted public health challenges. Each year, 2.6 million people are dying as a result of being overweight or obese (WHO, 2010b). Once associated with high-income countries, obesity is now also prevalent in low- and middle-income countries. In light of the aging trend in many countries, the chronic disease profile will become even more pronounced and create a growing challenge for international organizations, national governments, and employers alike. A British insurance provider, Bupa, issued a report on the future workforce of the United Kingdom (Bupa, 2009) that painted a bleak picture. Employees will be:

- older,
- with more long-term conditions or “lifestyle” conditions,
- caring for others,
- obese with diabetes and/or heart problems,
- in the kind of jobs more likely to have an impact on psychological health, and
- working in knowledge-intensive or service industries.

The economic impact of noncommunicable disease is staggering. According to the joint report by the World Health Organization and the World Economic Forum “Preventing Noncommunicable Diseases in the Workplace through Diet and Physical Activity,” the financial impact of lifestyle-related diseases to countries in 2015 amounts to the following (WHO/World Economic Forum [WEF], 2008):

China:	\$558 billion
India:	\$237 billion
Russia:	\$303 billion
United Kingdom:	\$33 billion
Brazil:	\$9.3 billion
Pakistan	\$6.7 billion

## Trends in Workplace Health Promotion

While U.S. employers have addressed individual employee health for a long time, it has been somewhat of a taboo in Europe, where health is regarded as a personal issue and not a concern of the employer. This is partially cultural but mainly due to the differing healthcare systems. In the United States, the employer feels the direct cost impact of poor employee health while in most European countries (and many other countries worldwide) the state carries the burden in some form or the other. This has led to a higher prevalence of health promotion programs in the United States (Buck Consultants, 2009) (see Figure I-1).

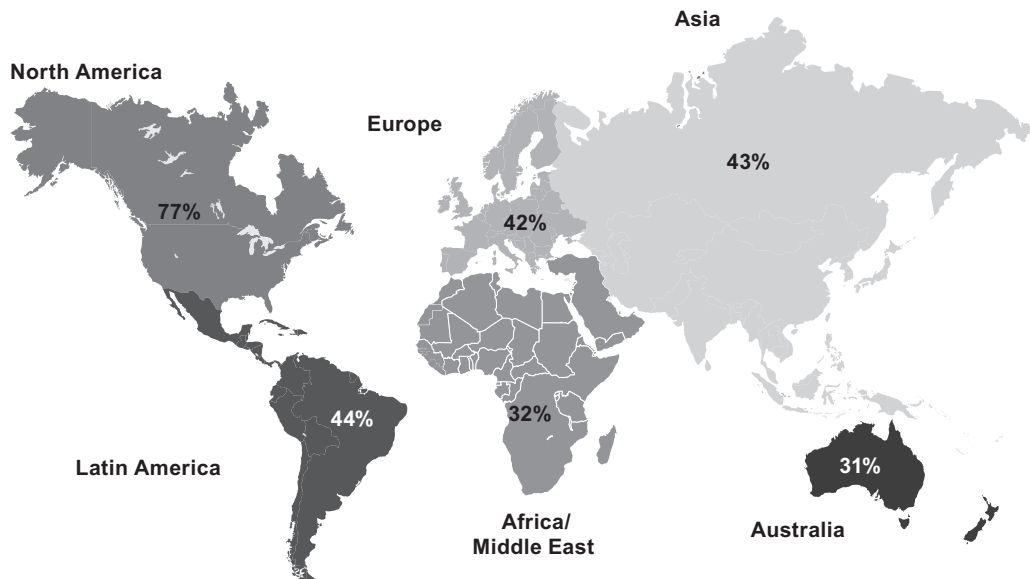


Figure I-1 Global prevalence of health promotion programs.

Source: Buck Consultants, 2009

In the United States, employers continue to struggle with healthcare costs in light of the daunting demographic and disease trends. In the rest of the world, employers mainly feel the impact of poor health through absenteeism and presenteeism. The Global Survey of Health Promotion and Workplace Wellness Strategies (Buck Consultants, 2009) asked 1,103 organizations about the main objectives for implementing health promotion programs (see Figure I-2).

## Introduction: Setting the Context for Workplace Health Promotion

	Africa	Asia	Australia	Canada	Europe	Latin America	United States
Improve productivity/presenteeism	1	2	1	1	1	1	2
Reduce employee absences	2	3	2	2	3	3	3
Improve workforce morale/engagement	4	1	3	4	2	4	4
Maintain work ability	3	6	6	7	4	2	8
Further organizational values/mission	5	4	8	6	6	6	5
Attract and retain employees	6	7	4	5	5	7	7
Improve workplace safety	7	5	5	8	7	5	6
Reduce healthcare/insurance costs	9	9	11	3	11	11	1
Promote corporate image or brand	8	8	6	9	8	9	9
Fulfill social/community responsibility	10	10	8	10	9	8	10
Comply with legislation	11	11	10	11	10	10	11
Supplement government-provided health care	12	12	12	12	12	12	12

Figure I-2 Top employer objectives driving wellness initiatives.

Source: Buck Consultants, 2009

According to the survey, the main health issues driving health promotion programs were stress, physical activity, nutrition and healthy eating, work/life issues and chronic disease (see Figure I-3).

	Africa	Asia	Australia	Canada	Europe	Latin America	United States
Stress	1	1	1	1	1	3	5
Physical activity/exercise	4	2	2	4	2	1	1
Nutrition/healthy eating	10	3	4	5	6	2	2
Work/life issues	3	6	3	2	3	11	9
Chronic disease (e.g., cardiac, diabetes)	8	7	5	8	10	6	3
High blood pressure	9	5	7	10	11	4	4
High cholesterol	13	4	8	9	13	5	7
Workplace safety	6	8	6	6	5	8	11
Depression	5	11	10	3	7	13	10
Tobacco use/smoking	12	14	12	11	4	10	8
Psychosocial work environment	10	10	13	7	8	9	15
Obesity	15	12	9	15	14	7	6
Personal safety	6	9	14	12	9	15	13
Sleep/rest/recovery	17	13	11	13	12	12	14
Maternity/newborn health	18	17	16	16	15	14	12
Substance abuse	14	18	15	14	16	18	16
Infectious diseases/AIDS/HIV	2	16	17	18	18	17	17
Public sanitation	16	15	18	17	17	16	18

Figure I-3 Health issues driving wellness strategies.

Source: Buck Consultants, 2009



The global survey showed that a large portion of employers, from 33% to 47% depending on the objective, do not know the impact of their health promotion initiatives on the organization’s strategic objectives (see Figure I-4). Only 22% of surveyed organizations report measuring financial outcomes of their health promotion programs.

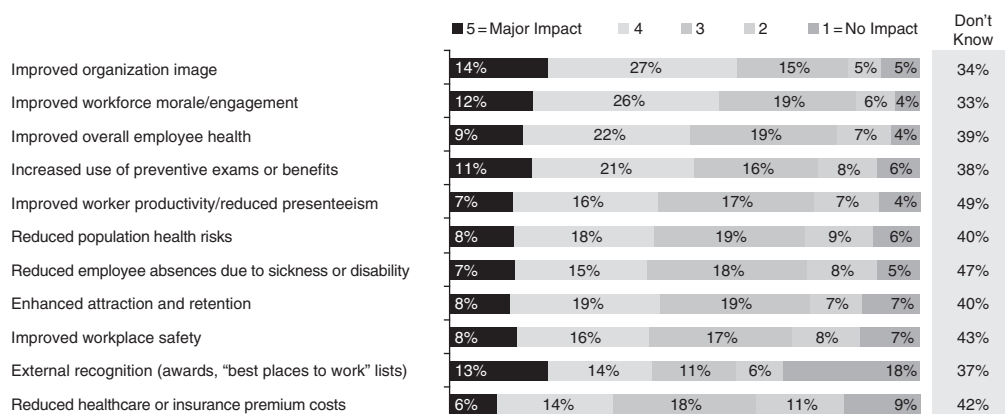


Figure I-4 Impact of wellness initiatives on organizations.

Source: Buck Consultants, 2009

These findings underline the need for enhanced evaluation and better instruments that can be used across countries and healthcare systems. The survey supports similar findings of other smaller surveys (Watson Wyatt Worldwide, 2006) that show that employers worldwide are increasingly recognizing the value of health promotion. However, on a global scale, only a minority of companies are adopting a health promotion approach. There are still countless companies, especially in developing countries and small employers, that have not yet implemented basic occupational health and safety services (Jamison et al., 2006). This scenario does not bode well for developing and emerging countries, which are facing a chronic disease crisis. The country profiles in this book highlight these challenges and examine how major emerging economies, such as China and India, are trying to address the trend.

## What Is “Workplace Health Promotion”?

It is important to clarify what workplace health promotion is, because the term is highlighted in the title of this publication and features prominently throughout the book. Many terms, such as worksite wellness, health and well-being, health and productivity management, health enhancement, disease prevention, etc., are used internationally and often confusion arises around these. Two of the most recognized definitions have been published by the International Association for Worksite Health Promotion (IAWHP) and the European Network for Workplace Health Promotion (ENWHP). The IAWHP defines workplace health promotion as “a corporate set of strategic and tactical actions that seek to optimize worker health and business performance through the

## Introduction: Setting the Context for Workplace Health Promotion

collective efforts of employees, families, employers, communities, and society-at-large” (International Association for Worksite Health Promotion [IAWHP], 2009). The ENWHP takes a slightly different approach with the definition in the Luxemburg Declaration.

Workplace Health Promotion (WHP) is the combined efforts of employers, employees, and society to improve the health and wellbeing of people at work. This can be achieved through a combination of:

- improving the work organization and the working environment
- promoting active participation
- encouraging personal development (ENWHP, 1997, 1)

The World Health Organization does not have a definition for workplace health promotion and takes a broader approach by defining a healthy workplace as one that considers the following (WHO, 2010a):

- health and safety concerns in the physical work environment
- health, safety, and wellbeing concerns in the psychosocial work environment, including organization of work and workplace culture
- health promotion opportunities in the workplace
- ways of participating in the community to improve the health of workers, their families, and other members of the community

Furthermore, the WHO presents a model and framework for a healthy workplace, which includes avenues of influence, process, and core principles (see Figure I-5).

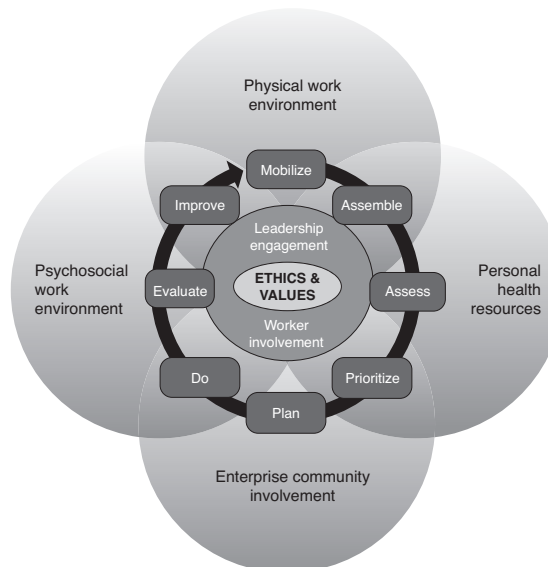


Figure I-5 Healthy workplace model.

Source: World Health Organization, 2010a

Based on these definitions, it is essential to understand that workplace health promotion is not merely targeting and improving health risks and behaviors of the employees, but also addressing the working environment as well as integrating with occupational health programs and medical services. The inclusive and multidisciplinary nature of workplace health promotion creates its challenges, as this requires breaking down existing barriers between disciplines. A common corporate challenge is the lack of communication between occupational health services (OHS), health, safety and environment (HSE), and human resources (HR). Too often, health promotion services are caught between these departments and do not receive adequate support. Overall, disciplines are gradually changing their conventional approaches and recognizing the need for a more proactive approach to workplace health. This includes the medical community, which has traditionally been resistant to external influence. For example, the Indian Association for Occupational Health ([www.iaohindia.com](http://www.iaohindia.com)) and the American College for Occupational and Environmental Medicine ([www.acoem.org](http://www.acoem.org)) have recently taken on workplace health promotion in their portfolio of activities.

## Good Practices in Workplace Health Promotion

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There are numerous initiatives to summarize and highlight successful programs and practices for other workplaces to replicate. A number of these will be featured in the following chapters. Comparing with other companies, or benchmarking, has become the norm; often benchmarking is approached from a competitive perspective, but it is also valuable in order to learn from others. The ENWHP recently gathered good practice models through their Move Europe initiative ([www.enwhp.org](http://www.enwhp.org)). The selection process was based on the ENWHP quality criteria, which were developed in 1999 (ENWHP, 1999). The criteria were divided into six sectors:

1. Workplace health promotion and corporate policy
2. Human resources and work organization
3. Planning of workplace health promotion
4. Social responsibility
5. Implementation of workplace health promotion
6. Results of workplace health promotion

The Wellness Councils of America (WELCOA) outlined the features of a “well workplace” (WELCOA, 2010):

- capturing CEO support
- creating cohesive wellness teams
- collecting data to drive health efforts
- carefully crafting an operating plan
- choosing appropriate interventions

## Introduction: Setting the Context for Workplace Health Promotion

- creating a supportive environment
- carefully evaluating outcomes

Additional significant good practice criteria and models have been developed in Canada (Canadian Healthy Workplace Criteria), Singapore (Singapore Health Award), and Brazil (Prêmio Nacional de Qualidade de Vida). Most recently, URAC, the United States–based accreditation and certification agency formerly known as the Utilization, Review, Accreditation Commissions, and the Global Knowledge Exchange Network on Healthcare (GKEN), have initiated the first global health promotion awards program, which includes a workplace award. The inaugural winning programs are described at [www.aihpa.org](http://www.aihpa.org). All of these programs agree that the commitment and support of leadership is one of the most important predictors of success.

## The Future of Workplace Health Promotion

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As evidenced by the Global Survey of Health Promotion and Workplace Wellness Strategies (Buck Consultants, 2009), the field of workplace health promotion is growing year by year and further growth is expected. Even the severe economic recession could not halt this growth, seeing as most companies surveyed did not cut their programs and some actually increased their investments (Buck Consultants, 2009). Given the current disease and demographic trends, the challenges will no doubt be greater for individuals, employers, and countries. The workplace setting provides a unique opportunity to tackle noncommunicable diseases and improve global health, for it is in the workforce where the largest majority of adults can be found in any given country—even within countries with unemployment rates as high as 20–30%. Although this has been recognized by numerous organizations—governmental, nongovernmental and private—healthcare systems do not seem to support a more proactive approach. In addition, financial constraints and short-term thinking in the corporate world create barriers for the implementation of health promotion strategies. The consequence for our field is a need for enhanced documentation and outcome data that is relevant to the given system and environment. These data should include presenteeism as a measure, especially as the self-report instruments have matured and are now being used internationally, such as the Work Limitations Questionnaire (WLQ), the Stanford Presenteeism Scale (SPS), and the Health and Work Performance Questionnaire (HPQ). One of the most impressive studies was commissioned by Dow Chemical in 2005 (Collins et al., 2005). A survey of 12,397 employees found that for all chronic conditions studied, the cost associated with presenteeism greatly exceeded the combined costs of absenteeism and medical treatment combined—at least three times as much in all cases except diabetes (see Figure I-6).

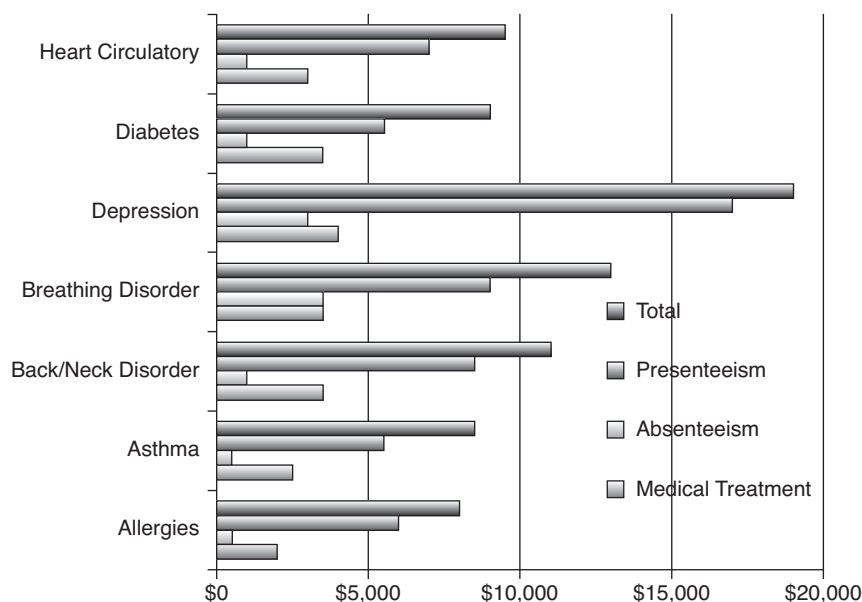


Figure I-6 The economic impact of presenteeism, absenteeism, and medical costs due to chronic health conditions.

Source: Adapted from Collins et al. (2005)

Another documented need is improved integration of health-related programs, such as health promotion, occupational health, disease management, workers' compensation, disability case management, and human resources. In addition, corporate social responsibility (CSR) strategies should also be linked to employee health programs as synergies exist. The overall integration is a common challenge, especially in large multinational companies, with regard to communication structures and data collection. A seamless tracking and improvement process from healthy to at-risk to sick or disabled employees will be beneficial in order to achieve positive outcomes. It is particularly important to address the health of all employees, not only the sick and disabled ones. Interventions need to be more tailored to the individual and consider personality types and preferences. Substantial progress has been made in this regard with the lightning-fast developments in technology. The emergence of virtual worlds will likely enhance the tailoring of health messages in the near future.

Culturally adapted messages and programs are still lacking. Not much has been done on a global scale aside from translations, spelling adjustments (e.g., labor vs. labour), and measurement conversions (e.g., pounds vs. kilograms). Cultural adaptation and sensitivity programs have not kept track with the growth in global health promotion strategies. In order to achieve marked and sustainable behavior change, more diligence and investment is required on the part of employers and program providers.

Finally, workplace health promotion will assume a greater role in improving employees' overall well-being at the workplace. Employers are often struggling with sagging employee morale and dissatisfaction, making a holistic approach to health and well-being necessary.

In summary, future needs for the field of workplace health promotion are the following:

1. Evaluation and measurement
2. Integration of health-related programs
3. Focus on all employees—sick and healthy
4. Tailoring of interventions utilizing new technologies
5. Cultural adaptation and sensitivity
6. Holistic approach to health and well-being

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# About the Editors

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## Wolf Kirsten, MSc

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Wolf Kirsten is the founder and president of International Health Consulting based in Berlin, Germany ([www.wolfkirsten.com](http://www.wolfkirsten.com)). His company mission is to help international corporations, organizations, and governments improve the quality of life of their respective populations through innovative, culturally appropriate, and cost-effective health promotion programs.

Mr. Kirsten has published and edited extensively on the global aspects of health promotion in various international publications. He has assisted numerous international corporations with the implementation and coordination of their health promotion programs. His consulting portfolio extends from China to North America and Europe to the Middle East, advising companies such as Nokia, Johnson & Johnson, Cisco, and Saudi Aramco. He also advised the Ministry of Health of the Kingdom of Bahrain and crafted a national health promotion strategy. Mr. Kirsten teaches post-graduate courses in health promotion at the Freie Universität in Berlin and the Hochschule Magdeburg and is a sought-after speaker and trainer.

He is the cofounder and board member of the International Institute for Health Promotion (IIHP), which he managed for eight years in Washington, DC, and he is on the board of the International Association of Worksite Health Promotion (IAWHP).

Mr. Kirsten received his master of science in health promotion management and graduated *magna cum laude* from American University in Washington, DC. He is a German native and lived abroad for many years, including in the United States, England, and China.

## Robert C. Karch, EdD

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Dr. Karch is a professor in the School of Education, Teaching, and Health at American University in Washington, DC. He brings more than 30 years of academic leadership experience, extensive project management expertise, and a wealth of real-world business acumen to any project he undertakes ([www.robertkarch.com](http://www.robertkarch.com)). His well-established and award-winning record for innovative academic program development in the areas of health promotion management and chronic disease interventions are perhaps unparalleled in higher education.

To date, more than 400 students have received their master of science (MS) degree in health promotion management from the innovative interdisciplinary graduate program that Dr. Karch

created and established at American University in 1980. Moreover, his professional work has greatly contributed, both nationally and internationally, to the advancement of knowledge with respect to not only the social, environmental, cultural, and organizational aspects of health promotion, but also the role and importance of self empowerment of employees within workplace settings.

Aside from directing the MS program, he also teaches the capstone courses for the MS, Strategic Planning for Health Promotion and Critical Issues in Health Promotion, as well as a course in global health and global health policy. Dr. Karch is also the founder and executive director of the National Center for Health and Fitness (established in 1980) and the International Institute for Health Promotion (established in 1996) at American University.

Over the past 25 years, Dr. Karch has been the principal investigator on more than a dozen projects with a combined value in excess of \$28 million. All of those projects directly focused on changing and then sustaining health related behaviors in human subjects. In many of those studies, Dr. Karch and his research colleagues applied advanced financial models to statistically significant outcomes so as to document the financial return on such program investments.

Over the past 25 years, Dr. Karch has lectured, given keynote addresses, scholarly papers, conducted intense training courses and consultative services for corporations, governmental agencies, and private sector groups in dozens of countries throughout the world on the topic of health promotion.

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# The International Institute for Health Promotion

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The founding and development of the International Institute for Health Promotion (IIHP) in 1996 was a logical strategic international extension of the prior 16 years of academic and research activities conducted by the National Center for Health and Fitness (NCHF), founded at American University in 1980 by Dr. Robert C. Karch, coauthor of this text. The central purpose of NCHF was to provide leadership for the United States in the areas of health risk identification and lifestyle improving activities and to stay abreast of the growing and changing needs of the health and fitness industry and, in particular, health promotion professionals. To that end, in 1980, as a central activity of the NCHF, Dr. Karch also established an interdisciplinary Master of Science Program in Health and Fitness Management (now an MS in Health Promotion Management) at American University.

The onset of globalization and in particular the internationalization of the workforces of the world coupled with the increasing requests for information from the international community with respect to health promotion activities served as the impetus for the establishment of the IIHP at American University. Thus, starting in the 1988, the founder of the NCHF embarked on a systematic process of evaluating the merits of officially establishing a global network of institutions and individuals to respond to the ever increasing needs of the global community with respect to quality health promotion programs and the educational preparation of professionals entering this rapidly emerging discipline. The culmination of this process was the founding meeting for IIHP, developed by Dr. Karch and Wolf Kirsten, held at American University in June of 1996. Today the IIHP is comprised of some 200 institutions, organizations, and individuals that represent more than 50 countries.

To further implement the strategic objectives of the IIHP, the organization is actively establishing IIHP regional centers throughout the world so as to bring the collective resources of the membership of the IIHP closer to select regions as well as to each other.

## Mission Statement

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The mission of the IIHP is to strategically maximize the intellectual resources of select academic institutions, private and public sector organizations, companies, and professionals in order to continually enhance and advance the education preparation and training of health promotion professionals.

The IIHP will accomplish this through the facilitation and development of collaborative educational strategies, focused research, and public and private sector initiatives and partnerships.

## Strategic Objectives

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The membership of the IIHP is dedicated to fulfilling the organization's mission through the successful development and implementation of the following five strategic objectives.

1. To develop and recommend core curricula content for preparation of current and future health promotion professionals
2. To develop, recommend, and offer continuing educational programs for health promotion professionals
3. To develop a research program along with appropriate methodologies to advance the evidence base of quality health promotion programs
4. To develop and coordinate international exchange opportunities for students, faculty, and professionals within the field of health promotion
5. To encourage and assist public and private sector organizations in the development, implementation, management, and evaluation of health promotion policies and programs