The First step in measuring the effectiveness of a wellness program is to conduct a needs assessment.

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Abstract

In Australia, Workplace Health Promotion (WHP) has a long history, but due to very few successful and validated outcomes, its implementation to date has tended to be patchy and any reductions in health care costs mean little to employers because there is no immediate cost benefit realized.

While organizations are still grappling with issues such as absenteeism, worker fatigue, stress and burnout, the focus of WHP initiatives has changed from early models of providing employees with exercise facilities and medical checkups, to a more holistic approach which entails providing individuals with health education, lifestyle modification, behavioural change and self-management interventions.

The key to addressing the growing number of risks and issues in the occupational health area is for organizations to develop and implement an overall business strategy that addresses the three key factors impacting on workplace health; organizational structure, physical environment and individual behaviour.

A critical process in achieving optimal change is for organizations to invest time and resources to perform needs assessments in order to identify where problems and potential high risk areas exist, how big the problems may be, and where attention should be directed to address the problem. Only then can effective occupational health strategies and workplace health promotion programs be put in place.

This paper provides practical solutions to assist organizations in performing needs assessments to diagnose where their organization is at greatest risk – people-wise, program-wise, or expense-wise. Through case studies, we will also show how the outcomes of these needs assessments can be translated into effective WHP programs that improve the health of employees and reduce employer costs.

Understandably, no organization can remain productive without maintaining the health, job satisfaction and morale of its employees (Bruhn & Cordova 1987). When considering the costs of poor health to business, and its increasing relevance, it becomes evident that initiatives need to be taken to reduce the incidence of workplace accidents and injuries, and subsequent worker's compensation claims (National Steering Committee 1995). However, it is not only the number of accidents and injuries that affect the bottom line when it comes to poor health of employees, absenteeism, presenteeism, reduced productivity and group morale, and higher turn over of staff consequently occur. On these grounds it makes good business sense for the workplace to support health promotion programs that aim to improve employee health. Not only can improved productivity, improved fitness, reduced workers compensation claims and fewer retirements due to illness be expected (Charlton 1993), but wellness programs have been associated with

decreased absenteeism and a translatable cost saving to the organizations involved (Aldana 2005).

In Australia, Workplace Health Promotion (WHP) has a long history, but due to only a few successful and validated studies, its implementation to date has tended to be patchy. Any reduction in health care costs mean little to employers because there is often no immediate cost benefit realized (Gardner 1999).

To date the majority of published literature regarding the cost effectiveness of WHP has come from the United States of America. Unlike in Australia where the bulk of health care costs are picked up by a federally funded universal health insurance programs in the USA a large proportion of employees have their health benefits funded by group policies taken out by their employers. Consequently, almost all WHP program that are run in American workplaces result in substantial reductions in the employer's health care premiums that can be seen within the first year. In Australia, however, the returns on investment are not as apparent. The indirect cost savings attributed to improved productivity, improved staff moral and improved/management relations are hard to measure (Charlton 1993) and become more apparent only over the long term.

Despite the lack of evidence for the cost effectiveness of WHP programs in Australia, many companies continue to run such initiatives with great success. Employers are seeing that these programs do provide very real benefits to the workplace (Glasgow, R., McCaul, K., and Fisher, K. 1993), positively impacting on their employees' productivity and safety.

Over the years, there has been some research conducted on the relationship between poor health and employer costs. One study demonstrated that employees who are highly stressed or depressed cost their employers substantially more than those who are not (Goetzel 2005). A study by Claxton (1999) found that when employees are appropriately treated for their depression, their rate of absenteeism drops. Productivity losses can become further pronounced when individual health concerns are coupled with organizational stressors such as uninspiring senior management, poorly communicated polices, unsupportive environments and downsizing, which in turn affects worker enthusiasm, moral and motivation (Goetzel 2005).

When personal and job stressors are mixed with additional job pressures there is the potential for them to appear as symptoms of medical conditions, psychological disorders, behavioral problems and organizational effects (e.g. absence, lateness, poor work quality, high turnover, low morale, low productivity, job dissatisfaction), increasing safety, health and productivity risks for both the employee and the organization (Goetzel 2005).

Australian workplaces have historically recognized and aimed to address employee health and its affect on business. This is of increasing significance as Australians struggle to maintain a healthy weight and develop a range of lifestyle related illnesses, which are largely affected by the working environment. Studies on the prevention of lifestyle related diseases have revealed that 91% of all diabetes cases, 80-90% of all heart attacks, and anywhere from 30-70% of all cancers can be prevented entirely through lifestyle changes (Aldana 2004). Although, changes in chronic disease reduction do not happen over night and are long term consequences of lifestyle changes, even within the first 6 weeks of WHP programs, the employees that take part and make lifestyle changes can experience large short term improvements such as weight loss, cardiovascular health and stress relief (Aldana 2004).

With the current aging population these figures are of particular importance. It is no secret that as people age, the risk of health complications heightens. The good news is, you are never too old to reduce your risk factors for lifestyle related conditions (Scanes 2004) and if WHP can help

combat the problems associated with aging workers, pro-activity in the area of disease prevention is a necessity to all organizations.

Traditionally, WHP initiatives have been centered on onsite gymnasiums, provision of exercise facilities and medical check-ups with no follow up. The focus has been predominantly on high risk employees. In situations where all employees have been accounted for, there has been no discrimination between employee risk categories resulting in all employees being prescribed the same level and type of WHP despite obvious differences in employee health needs. Traditionally, feedback, reporting and accountability were neglected.

In recent years the focus has shifted to a more holistic approach and is incorporated as part of an overall business strategy, the aims of which, are to reduce costs through increasing productivity, moral, staff satisfaction and decreasing absenteeism, illness and injury. Using a holistic approach WHP programs address all employee risk categories. Money and resources are allocated according to the level of risk, with high risk employees naturally requiring greater time, money and resources. For high risk employees the focus is on specific risk reduction programs that aim to address self management, behavioural change and lifestyle modification. Low risk employees become the workplace champions, positively role modeling lifestyle behaviours. Their focus is on maintaining and enhancing their current state of wellbeing with the aim of preventing injury and illness in the years to come.

As part of this holistic approach workers learn to manage their own health and fitness, allowing the individual to become personally involved and proactive in remaining fit to undertake work tasks (Grant & Brisbin 1992).

Business owners are now realizing that health and people are the priorities for growing a successful business for the future. Smart business owners recognize the above mentioned problems and build them into the overall business strategy to reduce risks, enhance employee health and reduce costs. This, however, can only be achieved effectively by implementing a needs assessment to establish problem areas and how much time, money and resources need to be invested in order to achieve the proposed outcomes.

Corporate Bodies International is a national company of health professionals with extensive experience in delivering WHP programs to corporate companies and blue collar industries. Through our experience we have learnt what makes a program a success or a failure, as well as the environmental and social issues that either help to support or prevent positive sustainable changes to employee health. Over the course of 6 years experience the company has designed the best practice model for health promotion and has implemented it successfully at over 100 companies throughout Australia.

This paper aims to provide practical solutions to assist organizations in performing needs assessments to diagnose where their organization is at greatest risk – people-wise, program-wise, or expense wise, through use of this best practice model. By way of case studies, we will show how the outcomes of the needs assessments can be translated into effective WHP programs that improve the health of employees and reduce employer costs.

1. Health Promotion – best practice model

The health promotion best practice model used by Corporate Bodies International is built on the very crux of health promotion principles. It utilises the four types of need required to accurately assess employees' health needs. These are:

Normative needs – professional guidelines and reference ranges, such as the Heart Foundations cholesterol ranges

Expressed need – what you can infer about the health needs of a workplace by observation of their use of services and facilities, such as use of exercise facilities in the workplace

Comparative need – examines the services in one workplace and uses this as a basis to determine the services needed in another workplace with a similar population

Felt need – the health needs expressed by the employees (Hawe, Degeling & Hall 2000).

Figure 1 presents a schematic diagram of the process recommended for implementing effective WHP programs. The first stage involves diagnosing where the organization is at greatest risk – people wise, program-wise, and expense-wise. The needs assessment is done via the methods of site audits, staff surveys and health assessments. This stage is followed by the needs evaluation stage which is categorized by evaluating all data obtained, identifying the risk areas, and reporting back to Occupational Health and Safety teams and/or company management. Stage 3 focuses on program development. It establishes the goals of the program, the costs, what is needed, how the program is best marketed, and how it will best run to capture the desired population. In addition, it sets the plans for evaluation post the programs completion. The final stage is program implementation. This stage focuses on the delivery of the program, ensuring it is relevant to everyone who attends, as well as, evaluating the program at its completion, and making recommendations for future improvements.

Figure 1: CBI Health Promotion Best Practice Model
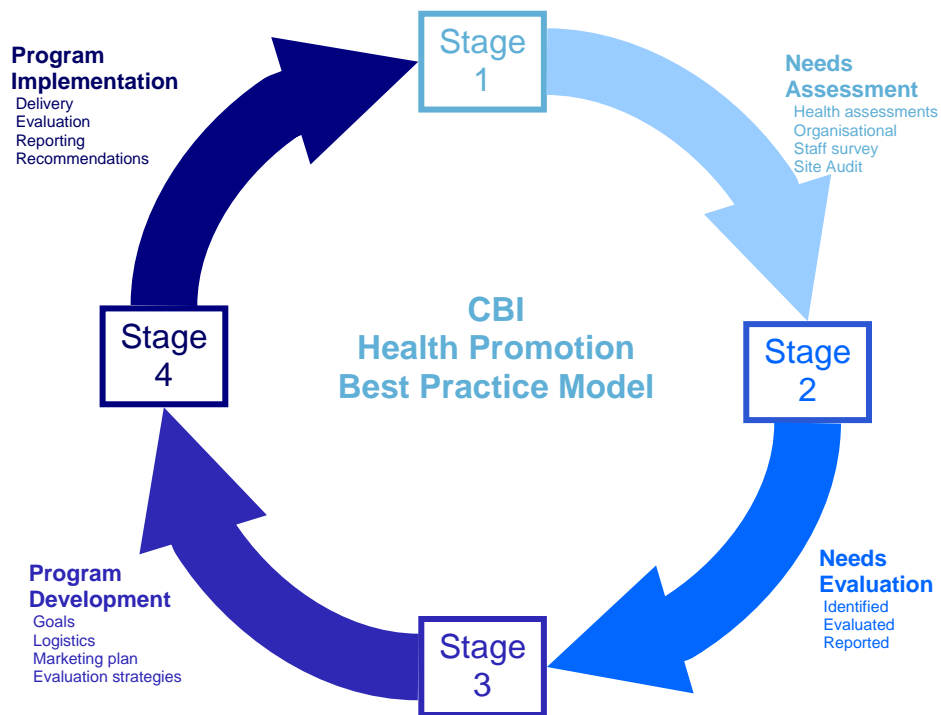
1.1   Stage 1 Needs Assessment

The needs assessment is crucial in ensuring the right WHP initiative is put in place. It forms the core of all future planning. Health needs are understood as being those states, conditions or factors in the workplace if absent prevent employees from achieving the optimum of physical, mental and social well being (Hawe, Degeling & Hall 2000).

The Corporate Bodies health promotion best practice model uses 3 main strategies to conduct needs assessments. Ideally all 3 components are recommended to be used together; however, this is not a necessity.

Health Assessments
Provide a screening tool to alert management of aspects of their employees' health that may be placing them at risk of illness, injury or disease. Individual results remain confidential, however a population report is complied to clearly identify priority areas requiring attention in the program design. Health assessments include a range of measurements such as anthropometry, blood tests, psychological tests, exercise and nutrition, and general health awareness such as cancer screening (refer to Appendix A).

Site audits
Audits are ideally carried out during an initial consultation, however can be preformed over the telephone if more convenient. They are used to gather information about the environment and structure of the business (refer to Appendix B). Site audits are preferably run in conjunction with site surveys to capture the perception of employees and provide a more comprehensive assessment of the organization's risks.

Site surveys
Can be used in isolation but ideally are used together with audits and/or health assessments. It provides an opportunity for the employees to express their felt need of what they see as requiring attention and ensures the program provides the information and skills they require (refer to Appendix C). Furthermore, it clearly signifies to management that there is support for such a program and the cost investment is justified.

Needs assessments should be preformed on a yearly basis to ensure WHP programs reflect the information and skills required by the workforce at the time. This may need to be preformed ½ yearly in companies with a highly transient population.

1.2   Needs Evaluation
Once all the data is collected the needs evaluation is essential for identifying key health risk areas in regard to employee health, working environment and organizational structure. Its objective is to priorities the risk areas based on the percentage of employees affected, company's ability to create change at that point of time, and the budget available. It is an important step in analyzing and synthesizing the data to form reports so that decision makers can interpret them and transform the report into actions.

When presenting findings and putting forth proposed WHP interventions to senior management the focus should be on the rationale or numbers behind the proposal (Goetzel 2004). Only a few convincing slides are required to present to senior management with the focus on overall conclusions, presented in point form or simple graphs. This is in contrast to Occupational Health & Safety teams (OH&S), middle managers, and other involved parties where the presentation is generally required to be more comprehensive (Sparrow 2006)

1.3   Program Development
Choosing the right program based on the key health risk areas identified and the specific population is essential for the achievement of the earlier mentioned health benefits. The aims of

this stage are to establish the goals of the program, the costs, what is needed, how the program is best marketed, and how to capture the desired population. In addition, the evaluation process is designed for post program completion.

Several factors are essential in ensuring the WHP program achieves its goals and are as follows:

Participation
Programs that are seen to be supported by supervisors and management have better attendance by employees (Glasgow, McCaul & Fisher 19930) (Mavis, Stachnik, Gibson & Stoffelmayr 1992). This goes a step further then simply running a WHP program on site and includes management and supervisory staff becoming role models to employees by participating in the program themselves. This duty assists in breaking down power barriers that can segregate management and organizational staff from the operators and demonstrates that health issues are common and important for everyone in the organization.

Involving employees in aspects of program planning, implementation and evaluation is a critical and an effective way to show them that their opinions are valued by their employer. This in turn will initiate improved relations in the workplace between employee and employer, and sparks motivation and participation (Egington, Sharp, Vreeken & Edington 1997) (Kapitan 1989).

Program Design
WHP programs can be offered in the form of group work, 1-on-1 counseling, telephone counseling or via the internet. It is important for organizations to offer a wide range of contexts where possible, given that people differ in their preferred way to discuss and learn about their health concerns (King et al 2005). Staff surveys help to identify what the preference of the target population is, as well as assist in program delivery and design.

The most effective WHP programs are those that use multiple strategies in order to enhance awareness, convey information and develop skills (Beardon 1998). Individual changes require modeling, practice, time for learning, recovery and reward. Programs are recommended to follow this continuum of change.

Logistics
Factors such as ensuring an appropriate room is available (i.e. small private room for one-on-one consultations or a large conference room with appropriate facilities for group sessions), adequate access to the venue for participants, suitable session times for all employees (shift workers, different crews), and group size (ideally only up to 12 people). A further consideration needs to be whether the sessions will be run in work time or employees' own time. The program must also fit in with varying shift times that occur in some organizations.

Marketing
Reflecting on the successes and failures of previous programs will help with structuring a program that is marketable to targeted employees.

Using fliers and advertisements are a crucial part of increasing a program's exposure. Such methods can include posters on walls in the workplace, advertisements in workplace newsletters, emails to all staff and fliers stapled to pay slips (Sparrow 2006). However, this must be backed up with a brief personalized presentation aimed at establishing report between the program presenter and employees, to explain program expectations and to allow opportunity for participants to sign up. Through its experience in WHP programs, Corporate Bodies International has found this to be the most effective marketing technique to ensure the highest sign up rates for participants. Inviting spouses to participate in the program has also shown to increase participation rates, especially of male employees (Scanes 2005).

1.4   Program implementation

Program implementation focuses on 4 key areas; delivery, evaluation, reporting and recommendations.

Program delivery essentially focuses on how the program is structured (group sessions or private), how long the sessions will run for, how frequently and in what style. Ideally group sessions should be run no further then 3 weeks apart because in doing so it can result in loss of momentum and the reforming of old habits (Scanes 2004). Participants have a greater chance of forming lifestyle changes with more intense learning in the initial process.

Participation is recommended to be of a voluntary nature. Some of the greatest benefits that result from WHP programs are improvements in moral, teamwork, and onsite communication (Heanery & Goetzel 1997). By making programs compulsory there is the risk these benefits will not be achieved due to resentment amongst those who are not interested, as well as, those uninterested in the program disrupting the learning of other participants.

Participation of employees has been widely studied both in Australia and the rest of the world. Research indicates that people with a higher degree of education, who play sport, have strong family support, perceive their lives as stressful and are only slightly overweight, are most likely to participate in WHP initiatives (Mavis, Stachnix, Gibson & Stoffelmayr 1992). Men who choose to participate tend to be older and overweight (Mavis, Stachnix, Gibson & Stoffelmayr 1992).

Evaluation is an essential part of any program. Regular verbal feedback from participants as well as written qualitative feedback at the closing of the program is extremely valuable in structuring the current and future programs. When employee feedback regarding a program is provided, it is important for the appropriate people to acknowledge and act on the feedback accordingly. Disregard of feedback could lead to lesser support for future programs. Essentially all program feedback, results and recommendations should be compiled into a report at the completion of the program to be fed back to management and OH&S teams.

2. Develop and Implement an Overall Business Strategy

The key to addressing the growing number of risks and issues in the occupational health area is for organizations to develop and implement an overall business strategy that addresses the three key factors impacting on workplace health; organizational structure, physical environment and individual behaviour. This holistic approach ensures that risks and issues are addressed at all levels to help improve the health of employees.

Organizational Structure
Support for WHP must occur at all levels of management in an organization. The catalyst for change needs to commence from senior management who can direct changes in organizational policies and procedures (Goetzel 2005). However, it is equally important to engage all the managers in the workplace to support the WHP program so they can be role models to employees. Therefore, it is essential that change be initiated from the top but for the initiative to be successful and long term it is required to be supported by employees within all ranks of an organization. Including WHP programs in the overall business strategy fosters management support at all levels.

Physical Environment
There is no doubt that WHP programs elicit positive food and lifestyle habits for the employees who attend, however, greater health improvements are possible within an environment that is

conducive to lifestyle change (Sparrow 2004). This is often referred to as the 'two-pronged' approach, where an organization puts in place OH&S policies and procedures while educating employees to take responsibility for their health through WHP programs (Bellingham 1991). For example, a demonstration of this is by organizations that create, as well as regularly review, polices to ensure there is the provision of healthy foods on site whilst at the same time educating and encouraging employees to make healthier choices through WHP initiatives. This 'two-prong' approach helps to maximize health improvements by educating and encouraging changes within a supportive environment.

Physical environmental factors refer also to the worksites ergonomic capabilities and systems, catering facilities, access to health care professionals and specialists, and health and fitness services such as gymnasiums and organized sport (Sparrow 2004). An environment that provides a range of physical activity options becomes more important when an organization implements a program that encourages increased involvement in physical activity. Research has demonstrated that organizations that provide such facilities improve their public image by demonstrating a concern for the welfare of their employees and in turn, this has a flow on effect of improved staff recruitment and retention (Mavis 1992).

Shift work combined with long working hours and traveling time makes it very challenging for some employees to fit exercise into their routine. A concept used by some organizations and gaining popularity is aimed at increasing physical activity levels by promoting opportunities to become active during working hours. Researchers have reported the greatest potential for influencing workforce health is by promoting incidental physical activity within and around the workplace (Marshall 2004). Strategies include the use of worksite gymnasiums, fitness classes, lunchtime walking groups or small pieces of cardio equipment installed in office blocks and control rooms.

Individual behaviour
For positive food and lifestyle changes to result for individuals the WHP initiative must empower individuals to accept responsibility of their own health and wellbeing. Individuals should expect to receive tailored, targeted feedback and follow up intervention programs. To be most effective they need to use multiple strategies in order to enhance awareness, convey information and develop skills (Beardon 1998). Using behaviour modification techniques will help ensure the behaviour is maintained. Positive reinforcement of change no matter how small it is works (Scanes 2005)

Programs need to be ongoing and frequent, touching employees as often as possible during the course of a year (Goetzel 2004). Research reveals that employees will often maintain a positive behaviour change long term, however, if a worksite doesn't continues the program or if an employee stops participating in the program, behaviour may shift back to the old habits (Chapman 2003).

The culture of an organization can exert powerful influences on the attitudes and behaviour of the individual workers, either positively or negatively (Robbins 1993). Health strategies that can recognize and utilize such cultural influences are more likely to be successful in achieving higher participation with more positive health outcomes than programs that are not culturally relevant.

3 Needs Assessment Outcome Translate into…?

There are two central benefits achieved from running WHP programs; improved employee health through targeted health promotion strategies and reduced employer costs. WHP initiatives give something back to the employees while benefiting the bottom line of the business. For the employees they feel appreciated, morale is positively affected and their health and wellness

should improve. For the employer, on the other hand, the benefit is improved staff moral, decision making ability and customer rapport, increased productivity (through decreased presenteeism), decreased absenteeism (sick leave, replacement staff costs), decreased turnover of staff and reduced WorkCover claims. In essence, it is a win-win situation for both parties

Employee Health
Research reveals that if a person makes positive lifestyle changes they can delay the onset of chronic illness by 7-13years and can extend a persons life by somewhere in the vicinity of 10-20years (Aldana 2004). Most importantly, some benefits can be achieved almost immediately. Avoidance of disease, improved health status and improved quality of life occur within several weeks or months when positive lifestyle changes are made. Prevention of chronic diseases such as diabetes, heart diseases and cancer, emerges with sustained lifestyle modification in the long-term.

Cost Savings:
Employers can expect a return in the vicinity of $3-5 dollars for every $1 invested into their employees' health (Aldana 2004) (Goetzel 2004). For example, if an employee spends $100 dollars per employee, they can expect to see a return of at least $300 per employee, per year. In theory, high risk industries such as mining could potentially save much more. For the first few years into a program, however, worksites typically do not release these returns but if companies are willing to wait, returns on investment of this magnitude are achievable (Chapman 2003).

At the moment WHP programs are running in large companies with large cash flows but it is predicted that over the coming 10-20years WHP programs will become much more common (Aldana 2004). Steve Aldana, director of health promotion programs at the College of Health and Human Performance at Brigham Young University, states

> '[companies] are going to see that productivity suffers with unhealthy employees, that healthcare costs may prevent them form becoming the corporation that they want to become, that their employees are their most valuable asset, and that they've got to give them more attention than simply using 'em up, burning 'em up, retiring 'em out, and moving them on. It has to change because our health status is going to be worse than it already is."

Health promotion is a long-term investment where the results speak for themselves.

Conclusion
Well designed and run health promotion programs work. There are few companies who have conducted such programs who will disagree. Improved moral, better staff management relations, decreased workers compensation costs/claims, and reduced absenteeism and presenteeism, are all very real benefits. For companies to achieve these benefits and returns on investment in the ball park of 3:1, the right WHP program must be chosen and implemented for that business. The conduction of a needs assessment is crucial in developing and implementing effective WHP programs that improve the health of employees and reduce employer costs.

Health Assessments

Premium Screening Time required 45 mins	Advanced Screening Time required 30 mins	Basic Screening Time required 20 mins
Weight	Weight	Weight
Body Fat	Body Fat	Body Fat
BMI	BMI	BMI
Waist	Waist	Waist
Flexibility (sit & reach)	Flexibility (sit & reach)	Flexibility (sit & reach)
Blood Pressure	Blood Pressure	Blood Pressure
Resting Heart Rate	Resting Heart Rate	Resting Heart Rate
Hydration Status	Hydration Status	Hydration Status
Questionnaires – General - Exercise participation - Dietary Intake - Lifestyle	Questionnaires – General - Exercise participation - Dietary Intake - Lifestyle	Questionnaires – General - Exercise participation - Dietary Intake - Lifestyle
Total Cholesterol	Total Cholesterol	Total Cholesterol
Blood Glucose	Blood Glucose	Blood Glucose
HDL (good cholesterol)	HDL (good cholesterol)	
LDL (bad cholesterol)	LDL (bad cholesterol)	
Triglycerides	Triglycerides	
Hand Grip Strength	Hand Grip Strength	
Framingham HD Risk Score	Framingham HD Risk Score	
Aerobic Capacity Test		
Fitness Test		
Lung Function Test		

Appendix B

Site Audits

No. of employees:
Average age range of employees:
Age range of employees:
Roles:

Questions	Yes/No	Comments
What access to food facilities do you have on site? I.e. Vending machines, canteen and food trucks?		
Do you have policies that address the provision of food at your workplace?		
Do your employees have access to healthy food choices while at work?		
Have you run health promotion programs in the past?		What were they? Were they effective? What were the outcomes?
Does your site actively promote physical activity as part of a working day?		How do you do this?
Do employees have access to exercise facilities at work?		What are they?
Does your workplace provide facilities necessary for exercise at work such as showers, change rooms, bike racks, and lockers?		What facilities do you have?
Is your work environment conducive to allow physical activity during breaks such as walking tracks and parks?		How does your workplace achieve this?
Approximately what proportion of employees would access food from take away and fast food outlets during work hours?		
Are meal and snack breaks actively encouraged?		How is this encouraged?
What are the rates of absenteeism at your site?		What is the main reason given for absenteeism?
How many WorkCover claims are lodged each year and how many people are off work or on light duties due to WorkCover claims?		What are the main WorkCover claims?

Appendix C

Staff Survey

To be completed by staff to gauge staff perception of health and safety at their workplace. For the following question mark with a score of 1 to 10, with 1 being the strongly disagree, 5 neutral and 10 strongly agree.

	Program start	Program end
My employer/management cares about my health and safety		
There are onsite initiatives to assist me in staying healthy		
There are healthy food options available at work?		
Being active at work is promoted/encouraged		
Work-life balance is encouraged		
Based on the health and safety programs at this site I would encourage people I know to work here		
I would be likely to remain at this workplace for longer if more health and safety programs were delivered.		
There should be more opportunities to be healthy at work		
There should be more opportunities to be active at work		
Management should spend more money on health promotion		
TOTAL SCORE		

What do you feel are important health risks facing you?

_____
_____

Do you feel that your job is negatively impacting on your health? If so, in what way?

_____
_____

Would you be interested in taking part in a workplace health program?

_____
_____

What areas would you like to learn about?

☐Nutrition ☐Stress ☐Smoking

☐Exercise ☐Aging ☐Chronic disease prevention

☐Weight loss ☐others_____

In what way would you most enjoy delivery of a workplace health program?

☐1-on-1 ☐Group

References

Aldana S. 2004, *"Maximum impact: A look at health promotion's impact on health status and the bottom line",* Wellness councils of America, received 20.2.2006 from www.welcoa.org

Aldana, S.G., Merrill, R.M., Price, K., Hardy, A. & Hager, R. 2005, *"Financial impact of a comprehensive multi-site workplace health promotion program",* Prev Med, Vol 20 (2), pages 131-37.

Beardon, J. 1998, "*The history and impact of worksite wellness",* Nursing Economics, Vol 16 (3), pages 117-121.

Bellingham, K. 1991, '*Integrating health promotion with OHS objectives'.* Occupational Health Magazine, August, pages 5-6

Bruhn, J.G. & Cordova, F.D. 1987, "*Promoting healthy Behaviour in the Workplace",* Health Values, Vol 11 (2), pages 39-48.

Claxton, A.J., Chawla, A.J., & Kennedy, S. 1999, "*Absenteeism among employees treated for depression",* Journal of Occupational and Environmental Medicine, 41, pages 605-611.

Charlton, R. 1993, *"Should lifestyle and health promotion of the workforce be employer responsibilities?",* Journal of Occupational Health and Safety, Australia and New Zealand, Vol 9 (6), pages 585-589

Edington, M.R., Sharp, M.A., Vreeken, K., Yen, L. & Edington, W. 1997, "*Worksite health program preferences by gender and health behaviour",* American Journal of Health Behaviour, Vol 21 (3), pages 207-215.

Gardner, I.R. 1999, "*The role of WHP in occupational health and safety: lessons learnt in Australia",* Promotion and Education, Vol 6 (3), pages 17-19.

Goetzel R.Z. 2005, *"Examining the value of integrating occupational health and safety and health promotion programs in the workplace",* The National Institute of Occupational Health and Safety, pages 1-61.

Goetzel, R. 2004, "*The cost of wellness",* Wellness councils of America received 20.2.2006 from www.welcoa.org

Grant, C.B. & Brisbin, R.E. 1992, "*Worksite wellness – the key to higher productivity and lower health costs",* Van Nostrand Reinhold, New York.

Hawe P., Degeling, D. & Hall, J. 2000, "*Evaluating health promotion: A health workers",* McLennan and Petty, Australia, pg 17.

Kapitan, R. 1989, "*Implementation considerations for worksite promotion programs",* Journal of New Zealand Dietetics Association, Vol 43 (1), pages 16-19.

King, A., Sweeny, S. & Fletcher, P. 2005, "*A checklist for organizations working with father using the non-deficit approach",* Children Australia, Vol 20 (2), pages 1-13.

Mavis, B.E., Stachnix, T.J., Gibson, C.A. & Stoffelmayr, B.E. 1992, "*Issues related to participation in worksite health promotion: A preliminary study*", *American* Journal of Health Promotion, Sep/Oct Vol 7 (1), pages 53-60.

Robbins, S.P. 1993, '*Organizational behaviour: Concepts, controversies and applications*' (sixth ed.), New Jersey, Prentice Hall International.

Scanes, L. 2004, *"Evidence shows workplace health promotion works – but how do youyou're your employees to attend?'.*
Scanes, L. 2005, "*Address the aging workforce and fitness for duty – by changing the lifestyle of workers. It can be doe, but how?"*

Sparrow, A. (2006), '*Health and wellness promotion in rural blue collar industries...Creating a supportive environment for change". Presented at Vison's Conference 2006*

The National Steering Committee – Health Promotion in the Workplace 1995, "*Why promote health at work. City Graphics, Canberra Australia"*, City Graphics, Canberra Australia