

ENWHP Healthy Employees in Healthy Organisations

Occupational Health



Overweight hospital staff and promoting workplace health

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6th EUROPEAN CONFERENCE ON PROMOTING WORKPLACE HEALTH, PERUGIA, ITALY 27th and 28th APRIL 2009

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Background (1)

✚ Sambre Avesnois Medical Center at Maubeuge:

- Public health establishment;
- Labelled as "health promoters";
- 512-bed occupancy;
- Approximately 1500 staff including 120 doctors and 1373 paramedical, administrative and technical staff;
- Organized into 7 clusters of activities with an administrative and a technical departments.

✚ Organizational Model

- This organization has enabled the pooling of resources between the Occupational Health Service and the Public Health Department in accordance with the new hospital governance under the law "Hospital, Patient, Territory" currently in force in France.

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Background (2)

✚ European Network for Workplace Health Promotion (2001):

- «... the combined efforts of employers, workers and society to improve workers' health and welfare.» (Muller & Mairiaux 2008)
- The resulting occupational well-being is due to a host of factors:
 - Improvement of labour organization;
 - Improvement in the work environment;
 - Promotion of the worker's active participation;
 - Encouragement of personnel development (Muller & Mairiaux 2008).

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Background (2)

✚ Experiments

- Finland (2009): social capital at work and lifestyle influence on risk factors: tobacco, alcohol, sedentariness, weight excess
- USA (2009): encouraging results at the end of the 1st year of a program to prevent obesity in a 8013-worker chemical plant with BMI measured for 28% of them
- Canada (Stat. 2005) & France (1993, 1998, 2000): Negative impact as known facts obesity which has increased between 3% to 12.5% in 1995 and to 15.7% in 2005, mainly in men aged 55 to 64 years (21%).

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Questions raised (1)

✚ National:

- PNNS (National Program for Nutrition and Health 2006 -2010)

✚ Regional:

- CG CR PRSP

✚ Institutional:

- Health Promoting Hospital
- Nutritional Committee
- Social Project
- Committee for Hygiene and Labour Conditions
- Occupational Health Action Plan

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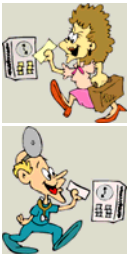
Questions raised (2)

✚ Weight excess affects job performance:

- Morbidity;
- Absenteeism, etc.

✚ Project novelty:

- Promoting healthy standards for hospital staff and not the measurement of obesity level and work performance



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AIMS / Project Goals

Promote the welfare of hospital personnel by :

- providing individualized medical assistance and dietary guidance;
- getting prevention workers to promote a health plan embedded in the hospital's broader public health policies;
- preventing cardiovascular and psychosocial risk factors in the hospital staff.

Promote a nutritional policy that incentivizes workers to alter their work and eating behaviour on the job

Promote workers' self-esteem and self-confidence.
More importantly for those with eating disorders (BMI > 30kg/m²)
and who wish to seek help.





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AIMS / Project Goals


Main Goal:
To develop a « model of influences on the well-being at work » by organizing food taste events and physical activities.

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Tools



Two types of support are offered:

- Individual
- Collective

The coaching process includes:

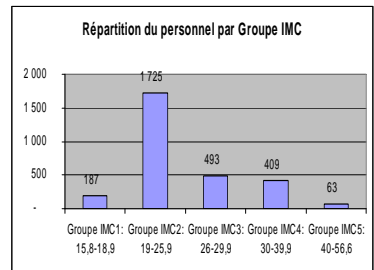
- medical examination;
- investigation support;
- dietary guidance;
- joint medical and nutritional assessment.

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Results / Situation report (1)

- 2904 cases analyzed from 2004 to 2008;
- 99% workers classified in 5 BMI groups;
- 503 workers monitored in 2008 of which 20 are included in the 2009 program.

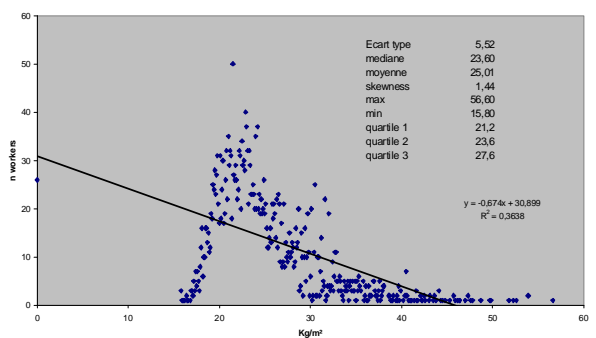


Groupe IMC	Number of Workers
Groupe IMC1: 15,8-18,9	187
Groupe IMC2: 19-25,9	1725
Groupe IMC3: 26-29,9	493
Groupe IMC4: 30-39,9	409
Groupe IMC5: 40-56,6	63

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BMI distribution



Statistic	Value
Ecart type	5,52
mediane	23,60
moyenne	25,01
skewness	1,44
max	56,60
min	15,80
quartile 1	21,2
quartile 2	23,6
quartile 3	27,6

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Results / Situation report (2)

- BMI values were spread out over a large spectrum of data as depicted by the relatively high standard deviation ($\sigma = 5.52$).
- No significant skewness was noted as the mean (25.01) and median (23.6) were close.
- Half of CHSA' workers had BMI less than 23,6 and a quarter had BMI higher than 27.6
- Highest BMI value noted was 56.6 and lowest was 15.8 yielding a statistically high range of circa 40.

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Action plan :

- ✚ Create a working group;
- ✚ Promote action in forums and with workers (via meetings, slideshows, posters);
- ✚ Develop tools for action;
- ✚ Organize health education meetings;
- ✚ Hold food-taste events as a means of promoting nutritional health within the staff.



Individual follow-up process



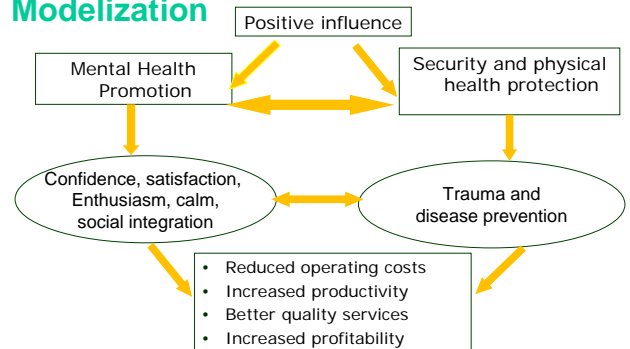
- ✚ Follow clinical and biological indicators assuming a cardiovascular risk and a BMI > 30;
- ✚ Include in the program a strategy to promote a healthy nutrition approach;
- ✚ Organize healthy educational meetings with involved group of workers;
- ✚ Promote orientation to dietary carry out.
(individualized moment and globally focused)

Group follow-up process

- ✚ Two groups of 10 (20 workers included in this first phase) by addressing topics related to the influence:
 - Representations;
 - A balanced diet;
 - Positive Influence, etc.



Modelization



Strengths and weaknesses

- ✚ Factors change;
- ✚ Negative Influence;
- ✚ Integration and support of stakeholders;
- ✚ Institutional (government, CHSCT, unions);
- ✚ Organizational - Human Resources;
- ✚ Premises, etc.



Conclusion

The value of this program is twofold:

- ✚ Preventive effect: direct impact on the well-being of staff with nutritional disorders;
- ✚ Developing a model: influences on the well-being for the benefit of the public health of populations in a territorial area.





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