

Good employee health is good for business

A major study commissioned by the Health Work Wellbeing Executive and published earlier this year provides evidence that improving employee health is good for business¹. The study identifies a number of benefits of staff wellness programmes including reduced levels of sickness absence, lower staff turnover and greater employee satisfaction. Where these benefits have been costed against staff performance, they demonstrate a measurable return against the financial investment. The study concludes that "workplace wellness makes commercial sense" and suggests that the workplace offers considerable untapped potential as a setting for the improvement of population health.

This link between improved employee health and sound business practice is particularly good news for men . . .

The health of men at work

Health improvement initiatives delivered in the workplace are of particular importance for *men* because:

- ▶ Men are less likely than women to make use of almost all other forms of primary health provision. For example men see their GP an average only three times annually compared to five times for women²; men are less likely than women to have regular dental check ups (just over half of men compared with two thirds of women)³; and are less likely to seek health advice at a pharmacy⁴. Men are also acknowledged to be less likely to participate in public health improvement programmes of all kinds.

- ▶ Men spend far more of their lives in the workplace. Overall there are more men than women in paid employment (15.9 million men compared with 13.5 million women) and men are twice as likely to work full time (14.1 million men, 7.8 million women)⁵. Men also work much more overtime (29.9% of men work more than 45 h.p.w. compared with 9.7% of women)⁶ and because of the traditional differential in the retirement age, men still tend to work to a greater age.
- ▶ Men develop many serious illnesses earlier than women – 10-15 years earlier in the case of heart disease for example⁷ (there are nearly five times as many male deaths as female deaths from coronary heart disease in the 50-54 age group⁸). 16% of men compared to 6% of women die while still of working age⁹.
- ▶ There is an increasing and convincing body of evidence that health improvement initiatives in the workplace are not only effective at engaging men but are also welcomed and valued by men. In this sense, workplace interventions have gained an endorsement from men that may have been lacking in previous population-level initiatives. It is significant for example, that the workforce of the Royal Mail – whose work in this field is highlighted in the box overleaf – is 85% male.

Consistent with current policy

Aiming to *improve* health through action taken in the workplace is different from most established occupational health practice in which "health at work" tends to mean the management of employee sickness or the elimination of risks to employee safety. The new approach proposed in this paper would contribute to the wider choice, greater flexibility and patient-centred delivery that are the

central objectives of current national health policy. In particular, this paper should be seen as supportive of the existing commitment to improving health in the workplace, made in *Health, work and well-being – Caring for our future*, published by the Department of Health in 2005. Among its several objectives, this document is explicit that the workplace is potentially a crucial setting for the improvement of health:

[We want to achieve a society where] work offers opportunities to promote individual health and well-being, and access to and retention of work promotes and improves the overall health of the population.

Further impetus for moving forward in this way comes from the Equality Act 2006 which places a legal obligation (the Gender Equality Duty) on all public bodies to ensure that services promote equality of opportunity for both sexes. This means that NHS providers must begin to find ways of delivering services to men more effectively than has been the case in the past. Acting in partnership with employers to deliver health improvement services in the workplace offers a real opportunity to do this.

Finally, all of the key areas for action to improve health identified in *Choosing Health: Making Health Choices Easier* (e.g. sexual health, healthy eating, smoking, mental health) require gender differences to be taken into account if they are to be fully effective. Few would dispute that there is a particular need for strategies that successfully engage men.

The Black Review

Dame Carol Black's recently published review of the health of the working age population, *Working for a healthier tomorrow*, will inform future policy in relation to health at work¹⁰. The review draws particular attention to the capacity of the workplace to contribute to the "prevention of illness and the promotion of health and well-being" and observes that successful health programmes are those that are specifically designed to meet employee needs – "there is no 'one size fits all'".

The Black Review also acknowledges the potential importance of gender-sensitive approaches in enhancing the effectiveness of workplace health improvement initiatives; a point also made in a recent report from the World Economic Forum¹¹. The WEF report highlights the successful health improvement initiatives undertaken by BT in support of its now global workforce and acknowledges both that "different strategies and messaging are required for men and women" and that "men are a much more resistant audience and require special attention".

The potential of action to improve men's health at work is clearly shown by the Royal Mail's recent work to reduce absenteeism. The Royal Mail employs 180,000 people, 85% of whom are men. A report by the London School of Economics found that the company achieved significant reductions in absence – from 7% to 5% – between January 2004 and May 2007, equivalent to an extra 3,600 employees in work*. Raising the health awareness of staff formed an important element of the Royal Mail's approach and Men's Health Forum booklets – in the format of Haynes car maintenance manuals – were used to help achieve this. The LSE calculated that if the 13 sectors in the economy with the highest absence rates followed Royal Mail's example, the resultant reduction in absenteeism would be worth £1.45 billion to the UK economy.

* Marsden D and Moriconi S, *The Value of Rude Health: a report for the Royal Mail Group*. (London School of Economics, London 2008).

Added value

Finally, it should be noted that work is itself an important determinant of men's health status. Evidence suggests that good physical and mental health is associated with a satisfactory work/life balance and the sense of self worth that comes with a positive experience of the workplace. Poorer health is associated with stress, overwork, dissatisfaction and substandard employment practices. Making the most of the workplace as a setting for the improvement of health will therefore not only benefit men directly but will also contribute indirectly to the same objective by improving men's day-to-day experience and their sense of engagement with their employer.

The way forward

A shift in policy in favour of delivering health improvement services in the workplace would significantly improve male health in England and Wales. There is plenty of scope for progress to be made simply and immediately but such a shift will ultimately require significant cultural change on the part of both business and the NHS. The Men's Health Forum therefore calls for early action in line with the guiding principles outlined below:

- ▶ **Investment** by business and the NHS in initiatives that deliver "male friendly" health improvement services in the workplace. This need not be "new money" – much could be achieved by redirecting existing resources.
- ▶ **The establishment** of local planning partnerships specifically tasked with maximising the value of the workplace as a setting for the improvement of male health. Such partnerships could – for example - initiate the involvement of NHS staff in the delivery of occupational health services and would expand the audience for local health improvement programmes. Ideally partnerships of this kind should include local employers, health professionals, trade unions and occupational health bodies.

- ▶ **Government action** to create a more flexible NHS. Many services traditionally delivered in NHS settings could certainly be taken into the workplace (e.g. basic health checks, screening services, routine GP appointments). Flexibility of this kind would greatly enhance the range of options available for those seeking to maximise the potential of the workplace as a setting for health improvement initiatives.
- ▶ **A proper structure** for dissemination of existing good practice, including training opportunities for key staff on working with men.
- ▶ **Full gender impact assessment** of policy developments arising from Dame Carol Black's Review, including specific consideration of the potential of workplace health improvement initiatives to help address men's less effective use of other forms of health services.

Finally it should be stressed again that the Gender Equality Duty now requires all NHS bodies to ensure that services are delivered more equitably between men and women. All of these recommendations have the potential to help NHS bodies meet this statutory responsibility more effectively.

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Published by:



The Men's Health Forum
Tavistock House
Tavistock Square
London WC1H 9HR

Tel: 020 7388 4449
Fax: 020 7388 4477
Email: office@menshealthforum.org.uk
Web: www.menshealthforum.org.uk

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