

# How one South African employer helped its staff get healthier and why it's worth doing

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Non-communicable diseases account for [half of all deaths](#) in South Africa. Cardiovascular diseases are the biggest contributor, followed by cancers, diabetes and respiratory diseases. [Diabetes](#) alone is the leading killer of women and second most common cause of death overall. The impact of non-communicable diseases [increases](#) with age through a combination of physiological, genetic, environmental and behavioural factors. But most deaths occur among people of working age. The number of deaths from non-communicable diseases in people of working age are expected to [increase by 41%](#) in developing economies, including South Africa, by 2030.



The workplace can make a big contribution to behaviour change. Image: Darcelle Schouw

Risk factors associated with non-communicable diseases [include](#) tobacco smoking, harmful alcohol use, physical inactivity and unhealthy diets. Most of these can easily be modified through lifestyle changes such as healthy eating, sufficient exercise, reduced alcohol use and quitting smoking.

One approach to encourage behaviour change is through legislation, for example, taxes on alcohol, tobacco or sugar. Another is through health education. But any [approach](#) needs to involve many government departments, civil society and the private sector.

The workplace can make a big contribution. It's an environment that shapes people's health and behaviour, and the support of co-workers can reinforce behaviour change. Organisations can reduce their employees' risk of non-communicable diseases through relatively inexpensive adjustments to the work environment. The organisation also [benefits](#) when staff are healthier and more productive.

In 2016, we designed and introduced a Healthy Choices at Work programme at a commercial power plant in South Africa's Western Cape province. This came after a spate of deaths at the plant from [non-communicable diseases](#). We did research, over a two year period, that focused on the design, implementation, [effects](#) and [financial cost](#) of the programme.

A representative sample of the staff employed at the power plant participated in the programme. But the whole organisation was targeted, therefore all employees were potentially affected by the programme. It enabled staff to make healthy food choices at work, provided opportunities for physical activity and encouraged workers to use the health and wellness services available. After two years we evaluated the representative sample of workers. Our findings show that interventions in the workplace can help reduce the burden of non-communicable diseases.

## **Designing the Healthy Choices at Work programme**

The programme was designed by a diverse group of 11 employees in managerial positions with a record of successful action and openness to change. It focused on four areas: food choices at work, opportunities for physical activity, use of health and wellness services, and buy-in of top management.

Food vendors adjusted their menu to include and promote wellness meals. More fruit and vegetable snacks were made available throughout the workplace. Opportunities for physical activity were identified – for example, the plant was located within a nature reserve with walking, running and cycling trails. Employees were encouraged to take up these opportunities through competitions and healthy challenges. Time for physical activity was scheduled during working hours. Health and wellness services assessed people's health risks periodically, gave feedback to individuals and motivated behaviour change through counselling. Leadership [buy-in and participation](#) was key to the success. The managers led by example in marketing and participating in the activities.

The programme targeted all 1,743 staff employed at the power plant. We evaluated a representative sample of 137 workers in detail. Everyone in the sample participated in the health risk assessment and 80% received counselling. Between 45% and 62% changed their eating habits at work and between 28% and 33% increased their physical activity.

The programme was associated with clinically significant improvements in behavioural, metabolic and psychosocial risk factors for non-communicable diseases. Our study showed the potential of health promotion in the workplace to complement interventions in the health services and community.

Staff reduced their harmful use of alcohol from 21% to 5%, increased their fruit and vegetable intake by 37%, improved their levels of physical activity by 21%, and showed significant improvement in blood pressure and cholesterol levels.

The change was helped along by systems thinking, a shift of perspective from the parts of the organisation to the whole. The whole organisation was responsible for bringing about the changes and not just the health and wellness department. The focus was on relationships between people in different parts and across the hierarchy. It emphasised connection, collaboration and participatory action rather than authority and instructions.

Making the healthy choice an easy choice was also important. For example, the wellness meal was put at the top of the menu display and fruit snacks were provided instead of confectionery in vending machines.

The additional annual cost to the company was \$1.15 per employee. The change in systolic blood pressure alone translates

to a potential 22% reduction in coronary heart disease and 41% reduction in [stroke](#). The improvement in behaviour and the changes in people's diets and habits should also lead to a reduced incidence of type 2 diabetes.

We also noted psychosocial changes associated with the programme, such as improved relationships at work and a perception of better health. Given the short span of the project (measurements over two years), we couldn't assess how well these [benefits](#) translated into reduced illness and time off sick.

## Way forward

Our findings suggest that the workplace should get more attention as a setting for preventing non-communicable disease. Doing this can help to meet national and international targets. The government should include workplace-based health promotion in its policy on non-communicable diseases and promote such programmes using lessons learnt.

Such programmes should be designed and implemented with the participation of staff members from different parts of the organisation. These staff should be able to offer leadership and embrace systems thinking. Programmes should address the whole organisational environment and not just offer traditional health services. The approach may be applicable to small, medium and large-scale organisations.

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