

# The Bro Taf Health Authority "Small Workplace" Project United Kingdom



*Bro Taf Health Authority established the Healthy Hearts Initiative to tackle the problem of high levels of cardiovascular disease in Wales. A health initiative in small workplaces was identified as an effective method of reaching a significant sector of the population. Bro Taf Health Authority employed the services of Health Promotion Wales for analysis of employee questionnaires.*

## **Cardiovascular disease in Wales: a serious problem**

Levels of cardiovascular disease in Wales are among the highest in the world. In the Bro Taf Health Authority area cardiovascular disease is the largest single cause of ill health – in 1997 it accounted for around 40% of all deaths, and around 30% of deaths in persons under 65 years. Bro Taf is working hard to address this issue. The focus of discussions at both national and local levels concentrate on the most effective ways of promoting generic cardiovascular health in the population, and the most effective method of treating people who already present with symptoms. Given these levels of coronary heart and cardiovascular diseases, and the need to continually seek innovative ways of reducing them, Bro Taf Health Authority established the Healthy Hearts Initiative to enhance the treatment and management of cardiovascular disease in primary and secondary care and raise awareness of cardiovascular disease in the community. The initiative consists of four separate projects, one of which investigated the potential of health promotion in small workplaces to bring about behaviour change that will reduce

a worker's risk of developing cardiovascular disease.

## **A scientific approach**

A business, once recruited to the project, was randomly allocated to either the intervention group or the control group. A control group was set up to ensure the scientific rigour of the initiative. For ethical reasons it was decided that this group would have an intervention, but on a health issue unrelated to cardiovascular disease – thus muscular-skeletal injury prevention was chosen. In the interests of equity it was decided to add a second year to the project to enable the measures implemented in the intervention group in year one to be implemented in the control group in year two, and vice versa. Therefore over the two-year period each participating business went through an identical process. The project provided an intensive health promotion campaign focusing on the reduction of risk factors for cardiovascular disease (the intervention group) and muscular-skeletal injury (the control group). It also monitored the level of organisational change resulting from the interventions together with changes in attitude and behaviour in employees.

Contact:  
Malcolm Ward  
**Health Promotion Specialist**  
**Bro Taf Health Promotion Service**  
**Merthyr Local Health Group**  
**Mountain Ash General Hospital**  
UK - Mountain Ash  
CF45 4DE  
Phone: +44 (0)1685 872411  
E-mail:  
malcolm.ward@nglamtr.wales.nhs.uk

Maureen Howell  
**Health Promotion Division**  
**National Assembly for Wales**  
Ffynnon-las  
Ty Glas Avenue  
Llanishen  
UK - Cardiff  
CF14 5EZ  
Phone: +44 (0)2920 681258  
E-mail:  
maureen.howell@Awales.gsi.gov.uk

Claire Donovan  
Cancer/CVD Care Programme  
Manager  
**Directorate of Public Health**  
**and Policy**  
**Bro Taf Health Authority**  
**Temple of Peace and Health**  
Cathays Park  
UK - Cardiff  
CF10 3NW  
Phone: +44 (0)2920 402516  
E-mail:  
Claire.Donovan@bro-taf-ha.wales.nhs.uk

### ***A six-step initiative***

Recruiting businesses into the project proved to be a major challenge, however forty businesses eventually enrolled. The intervention consisted of six stages, starting with questionnaires for completion by employees being sent to every participating workplace. These covered issues such as the person's lifestyle and working practice. Each business received a site visit and audit of organisational practice. This included an examination of policy development and implementation, working practices, health and safety provision and ergonomic assessment. Recommendations for future action were then developed and communicated to the owners/managers. During the first visit the completed employee questionnaires were collected and forwarded to Health Promotion Wales for analysis. Stage two involved a further site visit during which employees' height, weight and blood pressure were measured and one to one advice on lifestyle issues was provided. In stage three training events were offered to the owners or senior managers on a range of health promotion issues, the prevention of cardiovascular disease (for the intervention group) and the prevention of muscular-skeletal injury (for the control group). Courses were run on a number of topics including, "Managing Stress", Cardio-Pulmonary Resuscitation, and ergonomics.

Stage four involved further site visits to provide the businesses with feedback on the progress they were making and what further action they needed to take. In stage five, at the end of the first twelve months, a second employee questionnaire went out and the employees weight and blood pressure was measured once again. In final stage the intervention group became the control group and vice versa. The project was then repeated as in year one but without the initial data collection exercise. The intervention phase of the project ended on the 31st March 2000, although some data collection will continue for the next twelve months.

### ***Unexpected results***

Tobacco use among employees was predicted to be an important issue to be addressed. In fact, this was not the case, with the notable exception of the residential care homes for the elderly where for both nursing and ancillary staff tobacco use was high. Stress was a major concern in all the organisations, both for the owners or managers and employees. There was considerable demand for information on nutrition and healthy eating – although awareness of healthy eating was generally high among those interviewed, their dietary practice was often poor. A number of instances of poor workplace design, working practice and ergonomic factors were identified

with manual handling and lifting being issues of particular concern.

At individual workplaces, health promoting organisational change has been very limited. This is largely due to the fact that there were few, if any, support structures in place in the workplaces participating in the study. If the owner was highly motivated or the business employed someone who was, then health-promoting practices were more likely to be introduced. Unfortunately this was not often the case. A second, and major, learning point was that in a project spread over two years, considerable efforts had to be made to maintain the commitment of the SMEs.

### ***Looking to the future***

The study has demonstrated that workplace health promotion in SMEs is feasible, but that a number of challenges need to be overcome. Working practices and working cultures are not always conducive to health, and while the intervention of an external "expert" can be of benefit in the short term, gaining the commitment and motivation of key individuals in small businesses is crucial, for without this the sustainability of health promotion activities is seriously in doubt.