WEIGHT MANAGEMENT PROGRAMES AT WORK

This brochure is designed for corporate managers and those with responsibility for designing health programs in the workplace. It provides a review of the evidence to guide your decision-making and to help design programs relating to weight management.

WHY WEIGHT MANAGEMENT?

The National Partnership Agreement on Preventative Health\(^1\) recognises the importance of the workplace as a setting for health promotion.

Obesity and a high waist measurement are major risk factors for type 2 diabetes and other lifestyle-related chronic diseases.\(^2\) Forecasted to become the leading cause of disease burden in Australia by 2023, type 2 diabetes is a long-term health condition with the potential to greatly affect an individual’s ability to participate in the workforce.\(^3\)

Building the health and wellbeing of our communities at work makes good business sense. Workplace weight management programs can help to:

> improve worker health
> increase productivity
> reduce absenteeism
> reduce work-related injuries
> lower workers’ compensation costs
> improve corporate image by being a responsible employer
> increase staff retention.\(^4\)

Differences in stature and physical ability may affect a worker’s capacity to undertake safe manual handling. Excess body weight may also be a safety issue for employees who work on equipment with a weight load limit.
IMPLEMENTING A WEIGHT MANAGEMENT PROGRAM

Before starting, consider if weight management is a priority health issue for your employees. Examine any organisational information such as injury statistics, age demographics, nature of work, staff surveys and corporate health data to help make the decision.

Where indicators suggest there is a cause for concern, use the following principles to design your health and wellbeing program:

> Develop a business case supporting the need for a program.
> Consult employees on the priority areas for action.
> Be guided by research and information concerning the most effective approaches to weight management, but ensure solutions are specific to your organisation.
> Provide information, support and training on roles and responsibilities in promoting safe, healthy and supportive workplaces.
> Regularly monitor performance against indicators of organisational health and provide senior managers with briefings on trends.
> Measure and report against agreed targets and performance indicators, and review against goals. Aim for continuous improvement, rather than expecting a dramatic and uniformly positive impact.
> Plan to improve programs as indicated by review and evaluation.

IT’S ABOUT GETTING THE BALANCE RIGHT

We know that weight gain and obesity develop from periods of energy imbalance where energy intake (from food) exceeds the energy expended (via physical activity and other metabolic processes). Programs aiming to reduce weight must focus on reducing energy intake, and/or increasing energy expenditure to correct the imbalance between the two.

Program effectiveness can be enhanced through greater program intensity, such as increasing the duration of an intervention, increasing the frequency of contact between participants and professionals (such as clinicians or coaches) or by using more behavioural strategies.

Workplace programs targeting nutrition or physical activity (preferably both) can reduce an employee’s weight. However, there is strong evidence for the effectiveness of multi-component workplace interventions.

A ‘WHOLE PERSON’ APPROACH IS NEEDED

A ‘whole person approach’ to weight management programs in the workplace recognises the importance of combining different intervention strategies in a multi-component program.

Targeting programs for those already overweight is most effective when combining psychological interventions with changes to diet and physical activity levels.

See Box A for psychological strategies to support behaviour change.
BOX A

Ways to increase capability, self-management and peer support:

- self-monitoring—the individual increases their self-awareness by monitoring and recording relevant information such as food intake, physical activity and associated places, times and feelings
- stimulus control—examples include avoiding contact with problem foods and learning alternative responses to conditioned stimuli for eating, such as watching television
- problem solving—individuals self-correct weight-related problems through trialling possible solutions—important in maintaining weight loss
- social support—strong encouragement and guidance from support groups or individuals, including friends, family, clinicians and work-mates is helpful
- goal setting.

CREATE A SUPPORTIVE ENVIRONMENT

New research has shown that workplace programs targeting physical activity and dietary behaviour that include an environmental component are more effective than those without.

Environmental components can range from physical infrastructure to a workplace culture that supports and encourages healthy choices. Examples of environmental components include:

- secure on-site bicycle storage
- on-site facilities for physical activity including gyms and activity rooms
- on-site showers and change rooms
- walking maps and routes
- prompts for healthy choices
- point-of-choice messages
- availability of healthy food and drink options
- business goals
- management commitment
- team competitions
- family involvement.

DEAL YOUR PEOPLE IN FOR SUCCESS

Australian workplaces are entering a new era where greater participation of workers in decision-making is becoming an expectation shared by workers and employers alike. A partnership approach, whereby workers and employers collaborate to design and implement workplace programs is the ideal. Research supports a focus on participation, finding that effective programs usually involve participants in the planning and implementation stages.

From the outset, early consultations with workers regarding a proposed weight management program are important to address any perception workers may have that an employer-sponsored program is an unwarranted intrusion into their personal lives. Not everyone appreciates the key role of the workplace in promoting healthy lifestyles and the relevance of healthy workers to an organisation’s success. It is important that workers, managers and senior leaders are all involved with any proposed program and understand the reasons for it.
WHAT WEIGHT MANAGEMENT APPROACHES CAN WORK?

Behavioural counselling

Forms of behavioural counselling such as motivational interviewing (MI) or health coaching have shown to be effective in reducing weight and inducing long-term behaviour changes.\(^\text{10}\)

Described as a “focused and goal-directed counselling approach that aims to help clients identify and address their ambivalence to change”,\(^\text{11}\) MI uses tailored lifestyle interventions that have been shown to increase the likelihood a person will adhere to the program.\(^\text{12}\)

MI has shown to be more effective in changing lifestyles than some other options.\(^\text{13}\) For example, MI has helped participants who were already in behavioural weight loss programs but having difficulty getting results, to significantly reduce their weight, increase physical activity and improve their dietary intake.\(^\text{14}\)

Weight management programs involving MI or health coaching are likely to produce better results than those that focus only on physical activity and/or nutrition.

Resistance training programs

Research shows that adhering to resistance training exercise programs improves a large number of health measures, including reduced body fat.\(^\text{15}\) Evidence recommends resistance training, preferably in combination with aerobic exercise training or energy intake restriction as a treatment therapy in obesity. Resistance training is also known to decrease the major risk factors for metabolic syndromes such as diabetes.\(^\text{16}\)

‘Lift for Life’ is a scientifically validated strength-based physical activity program targeting diabetics and those at risk of diabetes. Minges et al (2010) found a significant decrease in waist circumference, an improvement in agility, and increased upper limb and lower limb strength following eight weeks of resistance training. They also noted that the greatest differences were found after 24 weeks of training.\(^\text{17}\)

Note: Resistance training combined with dietary changes is more effective for weight loss purposes. Weight loss may not occur in cases where the increase in muscle mass is enough to compensate for the loss of body fat.

Walking programs

Workplace walking interventions using pedometers, goal-setting and self-monitoring diaries have been effective in increasing daily step counts\(^\text{4}\) while reducing waist measurements and blood pressure.\(^\text{18}\)

The World Health Organisation (WHO) found ‘The First Step’ program to be effective in causing weight loss; significantly lowering body weight, BMI and resting heart rate.\(^\text{19}\) Participants pursued individualised goals by monitoring their pedometer and recording their steps on a personal calendar or through the internet. Those with an average of over 11,000 steps per day before the program, were twice as likely to drop out of the program as those who were initially taking fewer steps. This indicates that the program may better suit individuals who are less active to begin with.

Another option for employers is promoting a pedometer-based workplace challenge where individuals, teams or worksites can compete to walk the most number of steps. There are options such as the Global Corporate Challenge (GCC) (see www.gettheworldmoving.com) to eliminate the need to design and implement a work-based program. As a four-month low-impact walking program, it has shown significant improvements to physical activity levels, blood pressure (both systolic and diastolic) and waist circumference.\(^\text{20}\) Improvements in these factors over baseline were also found one year after the start of the GCC.\(^\text{21}\)

Research has found that an individual’s mental health score improved with improvements to their physical activity levels. Research also found walking programs do not tend to appeal to middle aged men (between 45–65 years).\(^\text{22}\) Consider employee demographics prior to selecting this type of program.
Education, information and online resources

Education can be effective when combined with behavioural counselling or as part of a comprehensive program. However to be successful in the workplace, the information needs to be tailored to participants.  

The Coronary Health Improvement Program (CHIP) is an intensive program that aims to improve cognitive understanding of healthy behaviours and chronic non-communicable disease (NCD) risk factors. WHO rates this an effective program and it utilises educators, dieticians and medical professionals. Significant differences in BMI, weight and body fat were noted after six months. 

The program includes an educational course over four weeks (two hours a week) by health professionals at a local college—using textbooks, workbooks and assignments. A 30 minute per day cardiovascular exercise program followed the study course. Each participant received a pedometer and was encouraged to keep an exercise log and a dietary goal. The dietary goal meant that participants were encouraged to increase their consumption of unrefined ‘food-as-grown’, like grains, legumes and fresh fruit and vegetables. The use of educators, dieticians and medical practitioners meant that this intensive program was expensive. 

The workplace POWER (Preventing Obesity Without Eating like a Rabbit) program for overweight male shift workers was developed by the University of Newcastle and has proven to be an effective workplace weight management program. The three-month program involved one face-to-face information session, program booklets and group-based financial incentives. An online component allowed participants to self-monitor progress and receive a limited amount of tailored feedback. The program had comparatively low intensity and low-costs. The results for participants included significant weight loss and improved health-related outcomes and behaviours.

NEED MORE HELP?

Organisations wishing to develop and implement their own weight management programs can access further assistance through the following sites.

The Healthy Workers portal provides workers and employers with access to a wide range of tools and resources to assist in promoting healthy lifestyle choices: www.healthyworkers.gov.au.


The Australian Capital Territory Government provides information including resources, case studies and examples focussed on increasing physical activity and wellbeing at work at: www.worksafe.act.gov.au/page/view/1245.

The Centre for Disease Control and Prevention in the United States provides guidance, interactive tools and evidence-based resources targeting obesity prevention at: www.cdc.gov/leanworks/index.html.