East Midlands
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Public Health Observatory

Health, Work and Well-being: Employee Health Needs Assessment Methods and Tools

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Section 1 Introduction

Introduction

In March 2008, Dame Carol Black's review of the health of Britain's working age population was published.[1] It estimated that the overall costs of working-age ill-health in the UK exceed £100billion every year. The review recognised the beneficial impact that work can have on an individual's state of health and that work is generally good for both physical and mental health. It identified the importance of healthy workplaces designed to protect and promote good health and the central role that such workplaces play in preventing illness arising in the first place, and set out a vision based on three principles:

- Prevention of illness and promotion of health and well-being;
- early intervention for those who develop a health condition; and
- an improvement in the health of those out of work.

Subsequent national key policy and strategy documents have reinforced the importance of workplace health and well-being:

- **Improving Health and Work: Changing Lives** (2008)[2], released in response to Dame Carol Black's 2008 review, outlined the importance of improving occupational health support services and developing improved early intervention services. It challenged the public sector (particularly the NHS) to become an exemplar employer in its commitment to promoting staff well-being and supporting employees in ill health to remain in, or return more quickly, to work.
- **Working Our Way to Better Mental Health: a Framework for Action** (2009)[3] the first ever Great Britain wide mental health and employment strategy. The strategy aimed to improve well-being at work for everyone and to specifically improve employment outcomes for people with mental health conditions to ensure that greater numbers can enter into, remain in, or return more quickly to, work following illness.
- **NHS Constitution: the NHS Belongs to Us All** (2009)[4] recognised that high quality care requires high quality workplaces. It includes a commitment to provide all staff with clear roles and responsibilities and rewarding jobs along with opportunities to improving their health, well-being and safety, and engaging in decision making. The **High Quality Workforce: NHS Next Stage Review** (2008)[5] outlined plans to improve leadership and staff skills in the NHS.
- **The Department of Health Response** (2009)[6] to the **NHS Health and Well-being Review** (2009)[7] recognised that improved staff health and well-being can enhance quality and productivity in the NHS. The response

[1] Department for Work and Pensions and Department of Health (2008).Working for a Healthier Tomorrow. Dame Carol Black's review of the health of Britain's working age population. http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf
[2] Department for Work and Pensions and Department of Health (2008). *Improving health and work: changing lives.* The Government's response to Dame Carol Black's Review of the health of Britain's working age population. www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lived.pdf
[3] Department of Health and Department of Work and Pensions (2009). Working our way to better mental health: a framework for action. http://www.workingforhealth.gov.uk/documents/working-our-way-to-better-mental-health-tagged.pdf
[4] Department of Health (2009). NHS Constitution: the NHS belongs to us all. http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_093419
[5] Department of Health (2008). A High Quality Workforce NHS Next Stage Review. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_085841.pdf
[6] Department of Health (2009). Department of Health response to the Boorman NHS Health and Well-being Review. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108908.pdf

document outlines how the review's findings will be implemented, for example, through board level ownership of staff health and well-being issues.

- **Fair Society Healthy Lives** (2010)[8] aimed to produce an evidence based strategy for reducing health inequalities from 2010. It includes policies and interventions that address the social determinants of health inequalities, information on the role of 'good' work in tackling health inequalities and examples of interventions to improve physical and mental health at work.

Work and Well-being Indicator Set

The response to Dame Carol Black's review, published in November 2008,[9] identified seven key indicators and over twenty sub-indicators to develop baselines for and measure progress against. These indicators are important as they inform the selection of topic/question areas that might be included in a workplace Health Needs Assessment and so would be usefully included in the outputs from this project. The indicators are:

Indicator 1: Knowledge and perceptions about the importance of work to health and health to work
- Employers
- Working age adults

Indicator 2: Improving the promotion of health and well-being at work
- Provision of health and well-being initiatives
- Stress management
- Attendance management
- Flexible working

Indicator 3: Reducing the incidence of work-related ill health and injuries and their causes

Indicator 4: Reducing the proportion of people out of work due to ill health
- Proportion of people who left their last job due to ill health
- Reducing the gap between the employment rate for those with a limiting long term health condition and the overall employment rate
- Reduction in the proportion of people who move onto working age IB/ESA from employment

Indicator 5: Improving the self reported health status of the working age population

Indicator 6: Improving access to appropriate and timely health service support

Indicator 7: Improving business productivity and performance

The indicators are being measured through a combination of existing datasets and new research and in December 2010 the Health, Work and Well-being Strategy Unit[10] published the Health, Work and Well-being baseline indicators report [11] which sets out baseline data against which future progress will be monitored.

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[7] Boorman S (2009). NHS Health and Well-being Review: Final Report, November 2009. London: Department of Health, Central Office of Information (COI)

[8] Marmot M (2010). *Fair Society Healthy Lives. A strategic review of health inequalities in England post 2010.* London: The Marmot Review

[9] Department for Work and Pensions and Department of Health (2008). *Improving health and work: changing lives.* The Government's response to Dame Carol Black's Review of the health of Britain's working age population. www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lived.pdf

[10] The Health, Work and Well-being Strategy Unit is sponsored by five Government partners (Department for Work and Pensions, Department of Health, Health and Safety Executive, Scottish Government and Welsh Assembly Government).

[11] http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf

Section 2 Aims of this report

Employee level health needs assessment is an invaluable foundation upon which to base a sustainable workplace health programme, and it is important for identifying the key issues affecting staff health. A health needs assessment survey provides a systematic way to plan workplace health initiatives, while also giving an opportunity to engage staff and helping to emphasise employer commitment.

The aim of this report is to provide guidance, including recommendations regarding approaches and tools, suitable for employee level health needs assessment in the workplace. It is intended to be useful to those commissioning or providing work-related health programmes.

Both brief high-level screening tools and tools for more detailed needs assessment and evaluation work are included, covering the following topics:

- Measurement of health status, health-related behaviour (including healthy eating, smoking, alcohol consumption and physical activity) and general mental well-being (including work-related stress)
- Knowledge, beliefs, awareness and attitudes regarding health and healthy lifestyle behaviours
- Perceptions of the impact of the workplace on health and mental well-being
- Perceptions of health needs and priorities for change
- Perceptions of priorities for a health and work programme, including preferred methods of delivery
- Demography (age, sex, ethnicity etc)

This report:

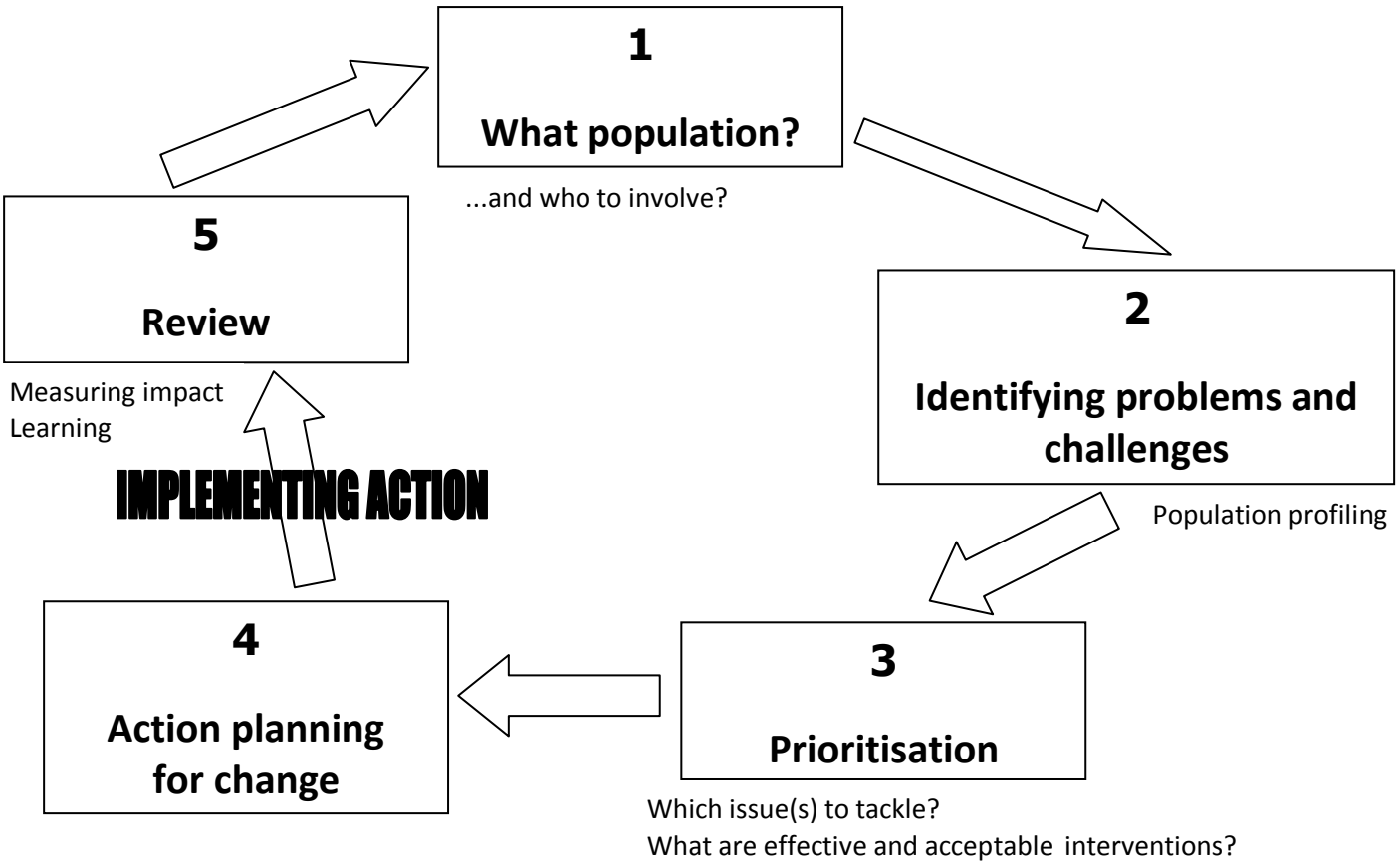
- Explains the purpose of undertaking a health needs assessment survey (section 3);
- Recommends methods of administration and advises on the issues which need to be addressed to ensure data collection is undertaken effectively and provides the information required (section 3);
- Evaluates tools and provides recommended questions covering the topics listed above (sections 4 to 11;
- Provides a bank of questions suitable for employee health needs assessment (Appendix B). This includes more detailed questions that might be suitable for some employers, especially those who have already conducted health needs assessment and now wish to focus on specific topics
- Provides a Model Core Health Needs Assessment Questionnaire. This includes tools extracted from the Question Bank, that are suitable for inclusion in a brief questionnaire to gain a general overview of employee health and well-being (Appendix C).

Section 3 Health Needs Assessment

What is a health needs assessment?

Health needs assessment (HNA) has been defined as 'a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.'[12] HNA is an invaluable foundation upon which to base a sustainable workplace health programme. Although it requires organisational commitment and investment of staff time, it is important in enabling the key issues affecting staff health to be identified. In research commissioned by the Health Education Authority,[13] HNA has been highlighted as a key component of a workplace health initiative. However, it is important that any staff's expectations, which are raised by the needs assessment process, are realistic. Therefore, the organisation should be open and explicit about its capacity to meet specific staff health needs. This is demonstrated in the 'cycle of HNA' where action planning, implementing action and review are key stages. This report, however, focuses on step 2 in the HNA cycle – Identifying problems and challenges.

Figure: Cycle of Health Needs Assessment



[12] Health Development Agency 2005
http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/health_needs_assessment_a_practical_guide.jsp
[13] HEA (1999). *Our Healthier Nation. Health at Work in the NHS. Building Blocks for a Healthier Workplace, Health Needs Assessment Guidance.*
http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/building_blocks_for_a_healthier_workplace_health_needs_assessment_guidance.jsp

Undertaking a Health Needs Assessment Survey

A HNA survey provides a systematic way to plan workplace health initiatives. It gives an opportunity to engage staff and helps to emphasise that workplace health is a matter for all staff, rather than primarily a medical activity or the sole responsibility of occupational health or management.

Assessing the health needs of employees allows the organisation to develop a healthy workplace programme that meets employee needs. Carrying out a workplace HNA survey can have several benefits:

- It forms part of the HNA process, including asking employees what health and well-being support they would like to be provided in the workplace;
- Both collection of the data and dissemination of the findings can act as an educational tool
- Repeating the questionnaire following implementation of workplace initiatives provides a means of measuring change and progress; and
- By asking employees what they want from their programme, ownership of interventions can be increased.

How to undertake a Health Needs Assessment Survey

Setting objectives

For this project, it is assumed that the overall objective is to provide a core bank of questions suitable for use in a brief HNA, covering multiple topics. However, different and more detailed questions might be suitable for some employers, especially those who have already conducted brief HNA and now wish to focus on specific issues. In either case, it is important that the objectives of the HNA are clear at the outset.

Resources

An appraisal of the resources available is important in determining the scope of the survey. Consider the amount of time, money and staff that will be needed for the planning, implementation, analysis and initiating of follow-up action.

Who will undertake the survey?

Staff need to feel confident that their views will remain confidential and the completed questionnaires will not be seen by colleagues or managers. This may have implications for deciding who will run, or be the 'sponsor' of, the survey. The sponsor may be pre-determined by the department or discipline of the survey co-ordinator. If so, it should be considered whether this has any implications for achieving a good response rate. For example, in some organisations staff may be wary of occupational health or personnel departments because their experience of them is limited to health problems, disciplinary issues or threats to job security.

Survey type

HNA surveys commonly take the form of self-completion questionnaires, and that method is the focus of this report. However, it is important to consider whether this method is most appropriate to meet the HNA objectives. Other possible methods include interview-based questionnaires, focus groups and individual interviews. Commonly, HNA uses mixed methods, for example a questionnaire survey is preceded by focus groups, or one-to-one interviews, with

a random sample of staff to assist in the identification of key issues. Using several methods can enhance the validity of the results which in turn should improve the reliability of the data and better inform decisions about prioritising key issues.

Some of the pros and cons of these methods are summarised in the table below – showing that each of the methods have something different to offer. For a general workplace HNA, it is recommended that self-completed questionnaires offer the most advantages.

Pros and cons of different research methods

Self completed questionnaires	Interviews	Focus groups
Quick to obtain information Can achieve greater coverage of staff surveyed Avoids interviewer bias Easily repeatable Relatively cheap Better for recording sensitive behaviours, such as levels of smoking and drinking[14]	Response rates may be higher than self completed questionnaires May provide a better quality of information for some items than self completed questionnaires (if questions are extensive and/or complex)	May provide a better quality of information for some items than self completed questionnaires (if questions are extensive and/or complex) Demonstrates staff involvement/ consultation

But

Self completed questionnaires	Interviews	Focus groups
Questions need to be simple Certain groups (e.g. less well educated) may be excluded – difficult to avoid sampling and response bias	Expensive (in terms of time) Require skilled interviewer(s) May contain interviewer bias	Expensive (in terms of time) Require skilled facilitator(s) External organisation may be needed to conduct the groups to protect participant confidentiality

[14] Evidence from an analysis of mode effects using data from the Health Survey for England 2006 and the Boost Survey for London at http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/health-and-lifestyles-related-surveys/health-survey-for-england/analysis-of-mode-effects

Survey sample

Deciding whether a sample of staff should be selected to receive the questionnaire or whether to take a census approach is likely to be determined by the resources available and/or the size of the workforce. Sampling has the advantage that survey logistics are kept to manageable proportions, which may be very important in a large organisation. However, a disadvantage may be that employees whose views are particularly relevant are missed. There is also a risk that staff who have not been sampled may be suspicious about being excluded unless care has been taken to explain the scale, method and reason for sampling. It may be necessary to consider targeting particular groups of staff to avoid this, such as shift workers. If it is most appropriate and/or expedient to sample staff, it is then important to consider how to get a representative sample i.e. one which reflects as closely as possible the total population.

Confidentiality

Care is needed to ensure that confidentiality is maintained. Any analysis should not identify small sub-groups of staff or individuals within departments. Permission to use the data should be explicitly requested.

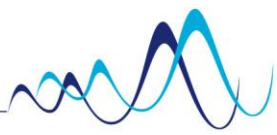
A section on background information about the respondents is needed in the questionnaire to help pinpoint problem areas, but staff feel uneasy if they feel they might be identified. At best they might simply leave this section blank. At worst they may not submit a completed questionnaire. This is a particular problem in an organisation with a small workforce or with many small departments. Analysis of the questionnaires by an external organisation is one way to overcome this potential problem.

Maximising response rates

Factors which influence response rates include:

- the length of questionnaire;
- the identity of the sponsor;
- the profile given to the survey;
- arrangements for questionnaire distribution and collection;
- staff participation;
- management involvement;
- organisational culture;
- feedback.

The length of a questionnaire is a key factor influencing response rates, with shorter questionnaires tending to obtain better response rates. For this reason, this report particularly focuses on identifying brief tools and questions. As noted above, the **sponsor** needs to be seen by potential respondents as someone they trust to keep the information confidential. Respondents are unlikely to complete a questionnaire which seeks their views on their manager or supervisor if they have any concern about who will see the information. The survey should be given a **high profile** within the organisation. All staff should be kept informed (and where possible be directly involved) in the HNA process. Prior to questionnaire distribution consider publicising it via posters on notice boards, and features in newsletters etc. Issuing reminders is important, either further paper copies or via email if appropriate. It should be made easy for employees to return completed questionnaires, for example by providing collection boxes for completed questionnaires at strategic places within the organisation (canteen, front entrance, etc.). It can also be



effective to use specified people to collect the questionnaires or to allocate particular times at meetings for the completion and collection of questionnaires (while still safeguarding confidentiality).

These are just some of the issues that can affect response rates, and further guidance is available from a recent Cochrane Centre review. [15] [16]

Questionnaire design

Some basic tips for constructing a questionnaire are provided below. They are not comprehensive but highlight some of the main issues.

Relevance: will the topics be perceived as relevant to the respondent? Try to avoid asking questions on information they do not have.

Wording: use simple, everyday words that the respondent will understand. The tools included in the Question Bank have all been fully validated, which will usually include cognitive testing of the readability of the wording used.

Length: be concise and specific in relation to the individual topics or statements and keep the questionnaire as a whole as short as possible.

Demographic or background details: keep these to the minimum. If staff are concerned that they can be identified, particularly in small departments, they may not complete the questionnaire.

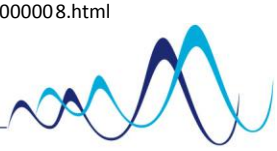
Order of questions/statements: start with easy, salient, non-threatening but necessary questions. Where practical, the topics should flow from non-threatening issues to more sensitive ones.

Free text: it is important to provide staff with the opportunity to add their own comments, and these add colour and relevance to the overall results. However, this should be limited as the analysis of free text data can be very time consuming.

Topics to include

The content of the HNA will depend upon whether it is the first survey and whether there is already sufficient local knowledge to indicate which areas of working life could usefully be targeted.

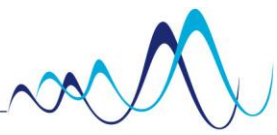
[15] Edwards P, Roberts I, Clarke M, *et al*.. Increasing response rates to postal questionnaires: systematic review. *BMJ* 2002;**324**:1183–5.
[16] Cochrane Centre Review Methods to increase response rates to postal questionnaires http://www.cochrane.org/reviews/en/mr000008.html



Tool assessment criteria

The following criteria were used to assess the suitability of tools for inclusion in the Question Bank:

- Shorter tools preferred (although some longer tools are included for organisations that wish to focus on specific issues);
- Previously used, either in national general population survey(s), or in surveys in the workplace setting;
- Valid: does the tool measure what it is intended to measure?
- Reliable: does the tool produce a measurement that is stable and reproducible under the same conditions?
- Feasible: is the tool easy to use by participants and evaluators, and can the data be easily interpreted?
- Cost and practicality: is the tool available and can it be implemented at a reasonable cost? (Usually tools are free to use providing sources are acknowledged).



Section 4 Demography and employment details

Background and rationale for inclusion

It is essential that some personal demographic details of the survey respondent are collected, in order to identify variations in behaviour, attitude and motivation between sub groups. However, it is important to keep such details to the minimum. If staff are concerned that they can be identified, particularly in small departments, they may not return the questionnaire.

As a minimum, it is important to include questions on age and sex. While for statistical purposes continuous age is preferable, some respondents might regard this as sensitive information and so it is recommended that age group categories (deciles) are used.

Ethnicity is not included in the HNA Core questionnaire (Appendix C), but a recommended question is included in the Question Bank (Appendix B) for use should it be appropriate in a particular setting. The ethnic group question is quite lengthy as it includes numerous sub-group options. Although on some occasions it may be relevant and important to collect data on ethnicity, there are some important considerations:

- What is the ethnic profile of the workforce as a whole? If the workforce includes only a small number of employees from black and minority ethnic backgrounds then collecting this information could compromise confidentiality.
- If the workforce includes few employees from black and minority ethnic backgrounds then numbers might be too small to undertake meaningful analysis, or analysis might only be possible by forming groups into heterogeneous categories (e.g. 'white' and 'non-white').
- Some employees could find this question sensitive and/or intrusive.
- How will ethnicity information be used? If there is no clear plan to use the information then the question should not be included. Importantly, as stated above, ensure that expected numbers of responses from minority groups will be sufficient to support the purposes for which the data has been collected.

Other demographic information (for example marital status, housing tenure etc) is unlikely to be particularly relevant in this context and so, in the interests of keeping the questionnaire as short as possible, it is recommended that such questions are not included. However, if they are required, it is recommended that categories used in national surveys (e.g. the Health Survey for England) or the Census are used.

It might be desirable to collect information regarding job characteristics including role, hours, length of time with employer, and supervisory responsibilities. However, care should be taken not to collect information that might breach assurances of confidentiality and these questions should only be asked if there is a clear plan to use the information collected. Some suggested questions are included in Appendix B, and it is recommended that the Labour Force Survey[17] be used for questions covering additional topics, if required.

[17] Labour Force Survey at http://www.statistics.gov.uk/statbase/Source.asp?vlnk=358&More=Y and http://www.esds.ac.uk/government/lfs/

Recommended questions

Table: Summary of recommended questions - demography and employment details

Topic	Health Needs Assessment Core questionnaire	Optional questions
Age	Age group (decile)	
Sex	Sex (Source: 2011 Census)	
Ethnicity		Ethnic group question (Source: 2011 Census)
Job role and hours		Two questions (Source: Labour Force Survey)
Length of employment		Single question (Source: Labour Force Survey)
Supervisory/ management responsibilities		Two questions (Source: Labour Force Survey)

For question details see the Question Bank (Appendix B) and the model Health Needs Assessment core questionnaire (Appendix C).

Section 5 General health and mental well-being

Background and rationale for inclusion

The cost of mental ill health to employers in the UK is estimated at £28.3 billion at 2009 pay levels, and evidence suggests that investment in healthy workplaces and practices along with the health and well-being of employees increases productivity and is cost-effective for business and wider society.[18]

A cost-benefit analysis conducted as part of the *Foresight Project: Mental Capital and Well-being Project*[19] suggests that certain components of organisation-wide approaches to promoting mental well-being (such as carrying out an annual stress and well-being audit and integrating occupational health professionals with primary care) can produce important economic benefits. Work has been found to have an important role in promoting mental well-being and is an important determinant of self esteem and identity.[20] However, work can also have negative effects on mental health. It is estimated that 17% of the working population think that their job is extremely or very stressful.[21] Research shows that prolonged stress is linked to psychological conditions such as anxiety and depression as well as physical conditions such as heart disease, back pain and headache. Therefore, it is important that efforts to improve well-being at work and the effects of work-related issues affecting people's health and well-being must be prevented in the first place.

Recommended topic areas

The use of a single question to assess an individual's general status can be a simple effective way to estimate the burden of ill health and compare different social and health status groups, while covering several dimensions of health. For example, self-assessed health questions are considered to be a good predictor of mortality (and ill health) in adults as well as use of health services: a pattern that can be observed across all socio-economic groups.

The 2011 Census includes single questions on both limiting long term illness and general health and it is recommended that these are included in the Employee HNA questionnaire. Both of these questions have also been used regularly in numerous other national (e.g. Health Survey for England and General Lifestyle Survey) and local surveys. In addition to the single question on limiting long term illness, questions regarding the presence of specific types of ill health are sometimes used. These are included in the Question Bank (Appendix B). However, these questions rely of reporting of diagnosis of various illnesses by a doctor or health professional, and so information will be incomplete as they will not include undiagnosed illnesses. Also, some respondents might find these questions intrusive especially if illnesses that might be considered sensitive or embarrassing are included.

The Office for National Statistics (ONS) is currently tasked with 'devising a new way of measuring well-being in Britain'. The aims of this project include developing a wider suite of indicators of the quality of people's lives. One important strand of this work is the development of questions on subjective well-being (i.e. what people think and feel about their own well-being) for inclusion in the Integrated Household Survey (IHS)[22] from April 2011. The IHS is

[18] NICE (2009). *Promoting mental well-being at work. Business Case. Implementing NICE Guidance. NICE Public Health Guidance 22*. London: NICE
[19] Foresight (2008). *Mental Capital and Well-being Project Final Project Report*. London: The Government Office for Science
[20] NICE (2009) Promoting mental well-being at work. London: NICE
[21] Webster, S and Buckley, P. (2008) *Psychosocial Working Conditions in Britain in 2008*. London: Health and Safety Executive
[22] Available at http://www.statistics.gov.uk/cci/nugget.asp?id=936

the largest regular government household survey currently carried out in Britain: the sample size will eventually be approximately 370,000 individuals annually (see Appendix D for further information).

The IHS questions draw on subjective well-being questions in other surveys and were developed with advice from a wide range of experts and organisations, including members of the National Statistician's Advisory Group on Measuring National Well-being. It is recommended that they are suitable for inclusion in the Employee HNA questionnaire.

Other longer tools are available for employers who wish to obtain a more detailed understanding of general health and well-being in their workforce. Those most commonly used include WEMWBS, SWEMWBS and the GHQ12, and these can be found in the Question Bank (Appendix B). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a 14 item tool increasingly used in national and local UK contexts. It offers only positively worded items and is more sensitive to a wider spectrum of feelings and aspects of well-being relevant to the wider population, such as good relationships and feeling optimistic about the future. Researchers have concluded that WEMWBS is likely to be a user-friendly and robust tool for monitoring positive mental health at a population level in the UK.[23]
A shorter, seven item version has more recently been developed as a practical alternative to the full version of WEMWBS. Although the shorter version offers a more limited assessment of mental well-being, it has other advantages and has proved to be a valid and robust tool.[23] It is also being used in large studies such as in the evaluation of Big Lottery funded projects.

The 12-item GHQ tool[24] is the most widely used measure of psychiatric ill health in the UK and there have been numerous applications in survey research, including in workplace settings. [25]

Recommended questions

Table: Summary of recommended questions – general health and well-being

Topic	Health Needs Assessment Core questionnaire	Optional questions
Global limiting long term illness	Single Census question	
Specific types of ill health		Combination of Outdoor Health and Healthy Foundations questions
General health	Single Census question	
General well-being	Four questions (2011 Integrated Household Survey)	
Mental well-being – detailed		WEMWBS (14 item) or SWEMWBS (7 item) or GHQ-12

For question details see the Question Bank (Appendix B) and the model Health Needs Assessment core questionnaire (Appendix C).

[23] Stewart-Brown S, Tennant A, Tennant R, Platt S, Parkinson J and Weich S (2009). Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from Scottish Health Education Population Survey. *Health and Quality of Life Outcomes, 7*(15)
[24] *Goldberg* D (1992) General Health Questionnaire (*GHQ-12*). Windsor, UK: NFER-Nelson
[25] British Heart Foundation Well @ Work evaluation

Section 6 Smoking

Background and rationale for inclusion

Smoking is the single most preventable cause of premature mortality and morbidity in England. Nationally, one fifth of all UK deaths (112,000 per year) are caused by smoking. One in two regular smokers is killed by tobacco, with half dying before the age of 70 (losing an average of 21 years of life) and half in later life (but still an average of eight years earlier than their non-smoking peers). Further useful information can be found via the London Public Health Observatory (LHO)[26] who are the lead PHO nationally for tobacco.

Evidence suggests that employers who provide smoking cessation support could benefit from reduced sickness absence and increased productivity, whilst promoting healthy living and non smoking within society.[27] A review of workplace interventions for smoking cessation conducted to inform the development of NICE intervention guidance[27] identified evidence that a key way for employers to encourage smokers to quit is by offering smoking cessation support. Such support was particularly important when provided within the context of workplace smoking bans. It is often the case that different strategies are chosen by individuals when trying to quit smoking and therefore making a variety of smoking cessation strategies available may meet the needs of more employees and increase participation in the workplace programmes. A recent Cochrane review[28] found strong evidence that interventions for smoking cessation, including individual and group counselling, are equally effective when offered in the workplace. Modelling of the net financial benefits to employers of a range of smoking cessation interventions delivered in the workplace found that all interventions taken into consideration were successful in reducing the number of employees who smoked which in turn led to increased productivity compared to 'no intervention'. Most interventions began to produce a net financial benefit after two years (the cost of the intervention subtracted from the productivity benefits) and some of the cheaper interventions reviewed, such as brief advice, led to a net financial benefit after just one year.

Recommended topic areas

Most important is to identify the proportion of people in the survey population who smoke (smoking prevalence). It is also important to distinguish between people who smoke now and those who may have given up. This is because the health consequences of smoking vary with length of exposure to smoke and can persist even after stopping smoking. Furthermore current smoking status can be subdivided into do not/never smoked, occasional smokers and daily smokers. Frequency of smoking, number of cigarettes smoked, and age at which started smoking are all also useful in determining higher risk smokers (i.e. those who have been smoking for longer, and/or who smoke a greater number of cigarettes). People who smoke their first cigarette within a few minutes of waking up are also at higher risk as they have higher levels of nicotine in the body than those who wait more than half an hour to smoke.

The Integrated Household Survey (IHS)[29] is the largest regular government household survey currently carried out in Britain: the sample size will eventually be approximately 370,000 individuals annually (see Appendix D for further information). The core IHS questionnaire contains two questions to determine the prevalence of current smokers,

[26] http://www.lho.org.uk/
[27] NICE (2007). *Workplace health promotion: how to help employees stop smoking*. Public Health Intervention Guidance 5. http://guidance.nice.org.uk/PH5
[28] Cahill K, Moher M and Lancaster T (2008). *Workplace interventions for smoking cessation*. The Cochrane Database of Systematic Reviews. Issue 4
[29] Available at http://www.statistics.gov.uk/cci/nugget.asp?id=936

ex smokers and never smokers. IHS results will form the main source of local level smoking prevalence data, and it is recommended that these questions be included in the Employee HNA Questionnaire.

Recommended questions covering other topic areas have been extracted mainly from national survey sources including the Health Survey for England and the General Lifestyle Survey (see Appendix D for further information on these surveys).

An individual's behaviour is influenced in part, by his or her knowledge of, and attitude towards the behaviour in question. Therefore, information on knowledge and attitudes is useful as it allows potential barriers to behaviour and behaviour change to be identified and interventions targeted appropriately. EMPHO has published a review of the main sources of survey data in England on knowledge and beliefs of, and attitudes to, tobacco and alcohol.[30] This paper identifies and describes the available sources of data, the methods used for their collection and their limitations. The focus is on data that are systematically and regularly collected from the national population and are in the public domain. The areas included are:

- Smoking habits and preferences e.g. where, when, who with
- Access to/obtaining tobacco e.g. sources, where purchased, difficulties obtaining or buying cigarettes
- Dependence e.g. intention to quit, reasons for wanting/not wanting to quit, sources of help
- Beliefs regarding acceptability e.g. social acceptability, family attitudes, perceived peer pressure
- Attitudes towards legislative changes e.g. smoking restrictions, taxation, increased age for sale of cigarettes
- Knowledge of and attitudes towards consequences of smoking/passive smoking e.g. health risks, social consequences
- Attitudes towards smoking in the home/near others e.g. whether smoking in the home is permitted
- General sources of information on smoking

The findings are not replicated here as such detailed topic-specific information is likely to be outside the remit of a general health needs assessment survey, but employers wishing to undertake a survey focusing specifically on smoking should consult the EMPHO report.[30]

[30] EMPHO (2010) Survey question bank. Tobacco and Alcohol: Knowledge, Beliefs and Attitudes http://www.empho.org.uk/viewResource.aspx?id=12215

Recommended questions

Table: Summary of recommended questions - smoking

Topic	Health Needs Assessment Core questionnaire	Optional questions
Smoking prevalence	Two questions on current and previous smoking (Integrated Household Survey/Health Survey for England)	
Frequency/quantity smoked		Single question (Healthy Foundations) or Health Survey for England categories
Smoking after waking		Single question (General Lifestyle Survey)
Age started smoking		Single question (Healthy Foundations)
Quit intentions (current smokers)		4 questions (General Lifestyle Survey)
Type of support		Single question (BHF Well @ Work)

For question details see the Question Bank (Appendix B) and the model Health Needs Assessment core questionnaire (Appendix C).

Section 7 Alcohol

Background and rationale for inclusion

The International Labour Organisation estimates that, globally, 3-5% of the average work force are alcohol dependent, and up to 25% drink heavily enough to be at risk of dependence.[31]

A survey carried out in December 2007 for Norwich Union Healthcare found a third of employees admitting to having been to work with a hangover and 15% reported having been drunk at work. The majority (77%) of employers interviewed for this survey identified alcohol as a major threat to employee well-being and a factor encouraging sickness absence.[32]

The government's 2004 alcohol harm-reduction strategy[33] concluded that:

- Alcohol misuse leads to loss of productivity for the country and loss of employment opportunities for the individual. Alcohol misuse among employees costs up to £6.4bn in lost productivity through increased absenteeism, unemployment and premature death. It can also lead to unemployment and loss of quality of life for individual problem drinkers, who tend to stay in jobs for shorter periods than employees who do not misuse alcohol.

- There is a clear framework on health and safety, but less emphasis on general awareness. There is a clear framework in health and safety law, as well as in practices adopted by individual businesses, to ensure that alcohol does not cause accidents in the workplace. However, as well as being a health and safety issue, alcohol misuse is a major cause of absenteeism, lost productivity and profitability.

- Employers need to know how to recognise when an employee has an alcohol problem and what actions to take and procedures to follow. The Department of Health and the Health and Safety Executive recommend that employers should have an alcohol policy setting out signs to look for and procedures to follow. While over half of employers do have an alcohol policy, and there are many examples of good practice, many of those who have no policy are likely to be small businesses who could benefit from advice on what to do.

It has been argued that the workplace can be an effective setting within which to influence patterns of alcohol consumption and reduce alcohol-related problems. Interventions are likely to be beneficial when placed in the context of a workplace alcohol policy covering drinking at the workplace, workplace discipline, recognition and help for those with alcohol-related problems, and alcohol education. It has also been suggested that brief interventions may work well in this setting.[34]

A review of literature reporting studies on the impact of workplace interventions on alcohol consumption and alcohol-related behaviour[35] concluded:

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[31] Code of Practice on the Management of Alcohol and Drug Related Issues. International Labour Organisation, 1995

[32] Findings from a report compiled from research carried out by Vanson Bourne and YouGov, commissioned by Norwich Union Healthcare in 2007

[33] Strategy Unit (2004) Alcohol harm reduction strategy for England. London: Prime Minister's Strategy Unit, Cabinet Office. www.strategy.gov.uk/files/pdf/al04SU.pdf

[34] HDA (2004), Choosing Health: Workplace interventions: alcohol and diet http://www.nice.org.uk/nicemedia/documents/CHB19-alcohol_diet-14-7.pdf

[35] HDA (2002) Prevention and reduction of alcohol misuse. Evidence Briefing. London: Health Development Agency. www.hda.nhs.uk/documents/alcoholtxt.pdf

- Work-based training programmes that focus on employees' alcohol problems and possible interventions are substantially effective
- There is general support for the efficacy of workplace interventions that are more-or-less based on the model of employee assistance programmes
- Programmes that offer employee assistance as a core component reported a high degree of success across a number of measures, although it is unclear which specific components of the programme designs contributed to effectiveness
- Training and interventions modelled on employee assistance programmes are complementary, not substitutes for each other.
- There is strong evidence that worksite interventions, including core components of employee assistance programmes, are effective in rehabilitating employees with alcohol problems
- There is some evidence that worksite training on alcohol affects the attitudes of supervisors and employees for a reasonable period after completion of training.

Recommended topic areas

Most surveys include questions across the following key themes:

- the quantity of alcohol drunk within a defined time period;
- the types of alcoholic drinks consumed;
- where people drink; and
- with whom people drink.

The first two questions are used to calculate the amount of alcohol drunk (in units) to establish drinking prevalence. The last two questions are not consistently asked across surveys. However, understanding the context of drinking behaviour will be increasingly important in adopting tailored approaches to influencing drinking behaviours.

To estimate alcohol consumption it is important to know what the respondent has drunk (as different drinks have different strengths) and how much of it they have consumed (in terms the respondent can understand). Some surveys simply ask the respondent to state the number of units of alcohol consumed (typically within the last 7 days). However, it is known that respondents can find it difficult to estimate consumption in terms of units. For this reason questions of this type usually use of standard lists of drinks. These lists differ between surveys, so for example, those used in the General Household Survey and the Health Survey for England are different. The recommended questions included in the Question Bank are those used in the Health Survey for England.[36]

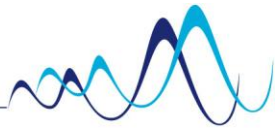
Binge drinking may also be seen as an indicator of alcohol-related risk, and the Question Bank includes questions modified from the AUDIT alcohol screening questionnaire that have previously been successfully used in a workplace setting.[37]

An individual's behaviour is influenced in part, by his or her knowledge of, and attitude towards the behaviour in question. Therefore, information on knowledge and attitudes is useful as it allows potential barriers to behaviour and behaviour change to be identified and interventions targeted appropriately. EMPHO has published a review of the main sources of survey data in England on knowledge and beliefs of, and attitudes to, tobacco and alcohol.[38]

[36] Health Survey for England (2009) available at http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england

[37] British Heart Foundation Well @ Work evaluation. Details at http://www.bhf.org.uk/HealthAtWork/wellbeing-at-work.aspx

[38] EMPHO (2010) Survey question bank. Tobacco and Alcohol: Knowledge, Beliefs and Attitudes http://www.empho.org.uk/viewResource.aspx?id=12215



This paper identifies and describes the available sources of data, the methods used for their collection and their limitations. The focus is on data that are systematically and regularly collected from the national population and are in the public domain. The areas included are:

- Drinking habits and preferences e.g. where, when, who with
- Access to/obtaining alcohol e.g. sources, where purchased, difficulties obtaining alcohol
- Dependence e.g. intention to reduce drinking, reasons
- Beliefs regarding acceptability e.g. social acceptability, family attitudes, peers
- Attitudes towards legislation e.g. punishment for drink driving, longer pub/club opening
- hours
- Attitudes towards consequences of excessive drinking e.g. health risks, social acceptability
- Knowledge of alcohol units
- General sources of information on alcohol

The findings are not replicated here as such detailed topic-specific information is likely to be outside the remit of a general health needs assessment survey, but employers wishing to undertake a survey focusing specifically on smoking should consult the EMPHO report.[30]

Recommended questions

Table: Summary of recommended questions - alcohol

Topic	Health Needs Assessment Core questionnaire	Optional questions
Frequency of drinking	Single question (Health Survey for England)	
Types of drinks consumed	Standard list of drinks (Health Survey for England)	
Typical drinking		Single question (Health Survey for England)
Binge drinking		Description of standard units plus separate questions for males and females (Modified AUDIT screening questionnaire used in BHF Well @ Work evaluation)

For question details see the Question Bank (Appendix B) and the model Health Needs Assessment core questionnaire (Appendix C).

Section 8 Healthy eating and healthy weight

Background and rationale for inclusion

Preventing obesity among adults, children and young people is a key public health challenge. There is evidence to suggest that interventions to prevent obesity are more effective if they are multi-component, ideally addressing healthy eating and physical activity together.[39]

There is a clear link between unhealthy diet and poor health and premature mortality.[40] This not only has increasing social costs in England, but is placing a financial burden of more than £2 billion on the NHS. [41] A government consultation into issues concerning healthy eating highlighted the need for the population to have sufficient information and knowledge to make informed choices about their diet. [42] The subsequent government white paper 'Choosing a better diet: a food and health action plan' identified a number of priorities for action surrounding health and nutrition, and to contribute to a reduction in cardiovascular disease, cancer and obesity, through encouraging the adoption of a healthy lifestyle.[43]

Research studies[44] have shown positive effects of healthy-eating interventions in the workplace, with decreases in blood cholesterol of between 2.5 and 10%. A Health Education Authority review of the effectiveness of health-promotion interventions in the workplace identified four studies on healthy eating with adequate methodologies.[45] Three show positive effects on consumption of fat, fruit and vegetables, intention to make dietary changes, and self-efficacy. Another review identified two workplace interventions as examples of good practice: the Treatwell 5-A-Day study (part of the US 5 A Day for Better Health Program) and the Working Well Trial. Characteristics of an effective workplace intervention include:

- Visible and enthusiastic support and involvement from management
- Involvement by employees at all levels in the planning and implementation phases so that there is a sense of ownership
- Screening and/or individual counselling
- Changes to the composition of best selling foods provided in canteens and vending machines, and promotion at the point of purchase
- Tailoring interventions to suit the characteristics and needs of the employees
- Combining population-based policy initiatives with intensive individual and group-based interventions
- Building in sustainability so that the intervention becomes embedded within normal practices
- Employees who enjoy the support of their family in making dietary changes
- Motivators such as incentives, competitions and events to launch the intervention.

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[39] National Institute for Health and Clinical Excellence (2006) Clinical Guidelines 43: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. London: National Institute for Health and Clinical Excellence

[40] Cabinet Office (2008). Food: An analysis of the issues Revision B. http://www.cabinetoffice.gov.uk/strategy/work_areas/food_policy.aspx

[41] National Audit Office (2006). Tackling Childhood Obesity. London.

[42] Department of Health (2004). Choosing Health? Choosing a better diet: A consultation on priorities for a food and health action plan. Gateway reference: 3134.

[43] Department of Health (2005). Choosing a better diet: a food and health action plan. Gateway reference: 4618.

[44] HDA (2002), Choosing Health: Workplace interventions: alcohol and diet http://www.nice.org.uk/nicemedia/documents/CHB19-alcohol_diet-14-7.pdf

[45] For more information see HDA (2002) Cancer Prevention. A resource to support local action in delivering The NHS Cancer Plan.

Recommended topic areas

The various methods of dietary assessment usually include:

- What was eaten?
- How much was eaten?
- How often is this eaten?

It is difficult to collect this information in concise form, and the perfect dietary assessment method does not exist. There is currently no single method that can be considered the 'gold standard' for the assessment of overall diet.[46]

In the context of public health nutrition, self-report methods are commonly used to collect food intake data as they are practical, easy to administer, less invasive and require less human and financial resources than direct methods such as biomarkers or clinical indicators. There are, however, limitations with data collected using self-report methods. For example, response bias can occur when respondents report behaviour that they perceive to be desirable, rather than accurate. Weighed food records are frequently considered to be the best method for dietary assessment but they can still show under reporting of less healthy foods and over reporting of healthier foods. Food records also tend to be very lengthy and, time consuming to administer.

The National Obesity Observatory has published 'Measuring diet and physical activity in weight management interventions'.[47] This paper is intended to be an accessible and practical guide to the measurement of physical activity and diet and provides a shortlist of practical, validated tools. It is recommended that employers wishing to focus on the collection of detailed data regarding diet and healthy eating should use the information in this paper as the basis for their decision. The paper identifies a shortlist of practical and validated questionnaires, based on best available evidence, for the assessment of diet. The strengths and limitations of each questionnaire are highlighted. The shortlist includes FACET, DINE, SFFQ, two-item food frequency questionnaire and DQS.

The Five-a-day Community Evaluation Tool (**FACET**)[48][49] was developed on behalf of the Department of Health to assess the effectiveness of a pilot initiative to increase fruit and vegetable intakes in deprived communities. It focuses on the intake of fruit and vegetables and related eating behaviours in adults.

It is a valid tool that has good correlation with a food diary, although it may overestimate portions consumed. The consumption element of FACET comprises a single table asking about frequency of consumption of a number of different food items. It is too lengthy to be suitable for a brief overview workplace HNA questionnaire but it might be suitable for those organisations who wish to obtain more detailed information (without using the more lengthy alternatives DINE or DQS - see below). Facet also includes a question on the perceived benefits of increasing fruit and vegetable consumption, and this is included in the Question Bank (Appendix B).

The Dietary Intervention in Primary Care (**DINE**)[50] is a 19-item questionnaire developed for use in interview administered health checks to help health professional provide personalised dietary advice. It measures an

[46] Roberts K (2010) Dietary Surveillance and Nutritional Assessment in England: what is measured and where are the gaps? Oxford: National Obesity Observatory.
[47] NOO (2011). **Measuring diet and physical activity in weight management interventions.** Oxford: National Obesity Observatory. http://www.noo.org.uk/uploads/doc/vid_10414_Assessment%20Tools%20160311%20FINAL%20MG.pdf
[48] For more information see http://www.fph.org.uk/uploads/section_d.pdf
[49] Ashfield-Watt PA, Welch AA, Godward S, et al (2007). Effect of a pilot community intervention on fruit and vegetable intakes: use of the FACET (Five-a-day Community Evaluation Tool). Public Health Nutrition 10(7):671–80
[50] Roe L, Strong C, Whiteside C, et al. Dietary Intervention in Primary Care: Validity of the DINE method for diet assessment. Family Practice. 1994; 11(2): 375–81.

individual's intake of total fat and dietary fibre and a modified version is used in the Health Survey for England. The full version of DINE is very lengthy and would not be suitable for use in a workplace setting.

The **two-item food-frequency questionnaire**[51] was developed as a brief tool to estimate intake of fruit and vegetables. It categorises whether respondents achieve the recommended daily intake of five portions of fruit and vegetables. It was initially designed for use with individuals in nutritional behavioural therapy, but it is considered suitable for use with larger populations. Portion size is defined using guidelines from the British Dietetic Association and examples of typical fruit and vegetable portions are provided. Fruit juice is included if it is greater than one glass of fresh juice per day, but would count as a single portion of fruit even if more than one glass is consumed. Fruit and vegetable intake can be combined to provide overall daily intakes and can be analysed as a continuous variable or as specific intake categories, (such as less than or greater than five portions a day). The questionnaire is short, which allows it to be completed quickly, and so despite some reservations regarding the extent to which fruit and vegetable consumption correlates with a healthy overall diet, it is recommended as suitable for inclusion in a brief workplace HNA questionnaire.

The Dietary Quality Score (**DQS**)[52] is an eight-item self-completion questionnaire. It assesses the quality of adult diets based on certain nutritional risk factors for cardiovascular disease. It was designed for use at a population level. It measures frequency of consumption of foods indicative of a healthy diet, including: vegetables, vegetarian dishes, fruit, fish, and type of fats used in spreading and cooking. Each answer has an assigned score which is used to calculate an overall dietary score and categorised to give a broad indication of whether the diet is of low, average or high quality. DQS has been evaluated to be a valid tool with good correlation with a 198-item food frequency questionnaire. The complete DQS is approximately two and a half pages in length. It is too long to be suitable for a brief overview workplace HNA questionnaire but it is recommended as suitable for those organisations who wish to obtain more detailed information in a more focused questionnaire.

An individual's behaviour is influenced in part, by his or her knowledge of, and attitude towards the behaviour in question. Therefore, information on knowledge and attitudes is useful as it allows potential barriers to behaviour and behaviour change to be identified and interventions targeted appropriately. The National Obesity Observatory (NOO) have published a review of the main sources of survey data in England on knowledge and beliefs of, and attitudes to, healthy eating.[53] Descriptions are provided for the available sources of data, the methods used for their collection and their limitations, and themes include:

- Individuals attitudes towards the practice of healthy eating, views on their own diet, barriers to healthy eating and enjoyment of food
- Individuals knowledge of what constitutes a healthy diet, knowledge of cooking techniques and responsibility for shopping and cooking
- Individuals attitudes towards weight, dieting for weight loss, body image and emotional motivation to eat

The findings are not replicated here as such detailed topic-specific information is likely to be outside the remit of a general health needs assessment survey, but employers wishing to undertake a survey focusing specifically on healthy eating should consult the NOO report.

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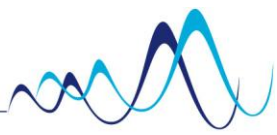
[51] Cappuccio FP, Rink E, Perkins-Porras L, et al. Estimation of fruit and vegetable intake workers. Nutrition, Metabolism and Cardiovascular Diseases. 2003; 13(1): 12–9.

[52] Toft U, Kristoffersen LH, Lau C, et al. The Dietary Quality Score: validation and association with cardiovascular risk factors: the Inter99 study. *European Journal of Clinical Nutrition*. 2007; 61(2): 270–8.

[53] NOO (2010). Data sources: Knowledge of and attitudes towards healthy eating and physical activity http://www.noo.org.uk/uploads/doc/vid_6317_Attitudes_paper_20050518_FINAL.pdf



The British Heart Foundation Well at Work evaluation[54] devised a question asking about factors that would encourage staff to make healthier eating choices in the staff canteen, and this is included in the Question Bank (Appendix B).

Standard height and weight questions are included in the Question Bank, in order to allow body mass index (and therefore obesity levels) to be calculated. However, these should be used with caution as respondents might object to being asked to provide this information. Also, there are concerns regarding the accuracy of such self reported information: height tends to be overestimated (particularly by males) and weight tends to be under-estimated.

Recommended questions

Table: Summary of recommended questions – healthy eating and healthy weight

Topic	Health Needs Assessment Core questionnaire	Optional questions
Fruit and vegetable consumption	2-item food frequency questionnaire (Cappuccio)	
Dietary quality (fruit and vegetables)		Half page food frequency grid (FACET)
Dietary quality		Assessment of nutritional risk factors - two pages (DQS)
Health impact of healthier eating		Five item grid (FACET)
Use of staff canteen		Five item question (BHF Well @ Work evaluation)
Healthy weight (obesity)		Height and weight

For question details see the Question Bank (Appendix B) and the model Health Needs Assessment core questionnaire (Appendix C).

[54] British Heart Foundation Well @ Work evaluation. Details at http://www.bhf.org.uk/HealthAtWork/wellbeing-at-work.aspx

Section 9 Physical activity

Background and rationale for inclusion

Around 65% of men and 76% of women are not physically active enough to meet national recommendations (at least 30 minutes moderate exercise five times a week) and the cost of this physical inactivity in England has been estimated at £8.2 billion a year.[55] 'Game plan'[56] estimated that a 10% increase in physical activity in adults would benefit England, both directly and indirectly, by at least £500 million per year and would save approximately 6,000 lives. Of this £500 million saving, 17% is attributable to direct health costs. Therefore the direct health saving for a 10% increase in physical activity would be £85 million.

Physically active employees are less likely to suffer from major health problems, less likely to take sickness leave and less likely to have an accident at work.[57] Evidence suggests that increasing activity levels will help prevent and manage over 20 conditions and diseases including cancer, coronary heart disease, diabetes and obesity. It can also help to promote mental well-being.[58]

Physical activity at work programmes have been found to reduce absenteeism by up to 20%[59] and well-designed programmes can reduce staff turnover and increase employee satisfaction by between 10 and 25%. In an organisation with 3,000 employees NICE estimate that a physical activity at work intervention programme can produce cost benefits of £424,950 annually.[60]

Recommended topic areas

The Chief Medical Officer recommends for public health, that adults should participate in "a total of at least 30 minutes a day of at least moderate intensity physical activity on five or more days a week. Often the purpose of measuring physical activity is to get an assessment in relation to this recommendation.

The various methods of measuring physical activity levels usually include assessment of:

- the extent of a person's movement over a given period of time
- the intensity of this movement
- its frequency
- the type of movement (e.g. weight bearing such as walking).

The concept of MET minutes (Defined as 350ml of oxygen expended per kilogram of body weight per minute) is used to measure the intensity of physical activity using different levels of METs. One MET = the energy (oxygen) used by the body whilst sitting quietly. Any activity that burns 3 to 6 METs is considered moderate-intensity physical activity.

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[55] Department of Health (2004) At least five a week: evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer. London: Department of Health

[56] Department for Culture, Media and Sport, 2002. *Game plan: a strategy for delivering government's sport and physical activity objectives.* London: Department for Culture, Media and Sport.

[57] Dishman R, Oldenburg B, O'Neil H and Shephard RJ (1998). Worksite physical activity interventions. *American Journal of Preventive Medicine*, 15(4) :344-61

[58] Pate RR, Pratt M, Blair SN, Haskell WL, Macera CA and Bouchard C . (1995). Physical activity and public health: a recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine. *Journal of the American Medical Association*, 273: 402–407

[59] Health, Well-being, Work (2008). *Improving health and work: changing lives. The government's response to Dame Carol Black's review of the health of Britain's working age population*. London: TSO

[60] NICE(2006). *Promoting Physical Activity in the Workplace. Business Case*. *Implementing NICE guidance in England. Nice Public Health Guidance*. London: NICE www.nice.org.uk/guidance/index.jsp?action=download&o=40702

Any activity that burns > 6 METs is considered vigorous-intensity physical activity. Duration and frequency of each level of intensity then need to be included in assessing an individual's level of physical activity over a given time period. This is important as it allows the calculation of total energy expenditure and when aligned to food intake is useful in measuring propensity to gain or lose weight.

There are a large number of self-report approaches in use, including questionnaires, diaries and log books. Self-report tools remain the most cost-effective option for population level surveillance, and the most practical option for health needs assessment of physical activity. However, it is difficult to collect this information in concise form and many of the available tools are too lengthy for inclusion in a general self-administered health needs assessment questionnaire.

The National Obesity Observatory has published 'Measuring diet and physical activity in weight management interventions'.[61] This paper is intended to be an accessible and practical guide to the measurement of physical activity and diet and provides a shortlist of practical, validated tools. It is recommended that employers wishing to focus on the collection of detailed data regarding physical activity should use the information in this paper as the basis for their decision. The paper identifies a shortlist of practical and validated questionnaires, based on best available evidence, for the assessment of diet. The strengths and limitations of each questionnaire are highlighted. The shortlist includes the Stanford 7-day recall (7-DR), the International Physical Activity Questionnaire Long version (IPAQ-Long) the New Zealand Physical Activity Questionnaire (NZPAQ-Short) and the 7-day Physical Activity Diary.

The IPAQ-Long is a 27-item self-completion or telephone-administered recall questionnaire. It measures walking, moderate intensity and vigorous intensity activities taken in each of the four domains: leisure-time physical activity; domestic and gardening activities; work-related physical activity and transport-related physical activity. While it is currently regarded as the 'gold standard' tool, it is very detailed (over 7 pages in length) and so not suitable for inclusion in a brief workplace HNA questionnaire.

The 7-DR and NZPAQ-Short are also lengthy and so too are not suitable for brief HNA purposes. The Seven-day Physical Activity Diary requires participants to 'tick' fifteen minute blocks of activity as they occur over the course of each day for seven consecutive days. This is too resource intensive and is likely to result in poor completion in a workplace setting.

On further tool that shows promise is the single item question developed for the Outdoor Health Questionnaire (OHQ).[62] The OHQ is a simple form used to screen new walkers for health conditions, and collect data to help evaluate Walking for Health. The tool is brief and easy to administer (comprising only a single question). Although it does not estimate energy expenditure (METs) it has good face validity. Formal testing of the reliability if the tool is currently being undertaken by Loughborough University. Although these findings are not yet published, in the absence of a suitable brief alternative, it is recommended that the OHQ item be included in the workplace HNA Core Questionnaire.

An individual's behaviour is influenced in part, by his or her knowledge of, and attitude towards the behaviour in question. Therefore, information on knowledge and attitudes is useful as it allows potential barriers to behaviour and behaviour change to be identified and interventions targeted appropriately. The National Obesity Observatory (NOO) have published a review of the main sources of survey data in England on knowledge and beliefs of, and

[61] NOO (2011). Measuring diet and physical activity in weight management interventions. Oxford: National Obesity Observatory. http://www.noo.org.uk/uploads/doc/vid_10414_Assessment%20Tools%20160311%20FINAL%20MG.pdf

[62] Outdoor Health Questionnaire available at http://www.wfh.naturalengland.org.uk/our-work/ohq

attitudes to, physical activity.[63] Descriptions are provided for the available sources of data, the methods used for their collection and their limitations, and themes include:

- Individuals attitudes towards their own participation in physical activity, willingness to participate and access to facilities
- Individuals knowledge of recommended physical activity levels

The findings are not replicated here as such detailed topic-specific information is likely to be outside the remit of a general health needs assessment survey, but employers wishing to undertake a survey focusing specifically on healthy eating should consult the NOO report.

The British Heart Foundation Well at Work evaluation[64] includes questions specifically regarding walking and cycling to and from work. They are included in the Question Bank (Appendix B) as they might be relevant to some employers.

Recommended questions

Table: Summary of recommended questions – physical activity

Topic	Health Needs Assessment Core questionnaire	Optional questions
Physical activity	Single item (Outdoor Health Questionnaire)	
Walking/cycling to/from work		Four questions (BHF Well @ Work evaluation)

For question details see the Question Bank (Appendix B) and the model Health Needs Assessment core questionnaire (Appendix C).

[63] NOO (2010). Data sources: Knowledge of and attitudes towards healthy eating and physical activity http://www.noo.org.uk/uploads/doc/vid_6317_Attitudes_paper_20050518_FINAL.pdf

[64] British Heart Foundation Well @ Work evaluation. Details at http://www.bhf.org.uk/HealthAtWork/wellbeing-at-work.aspx

Section 10 Impact of work on health and mental well-being

Introduction

The response to Dame Carol Black's review, published in November 2008,[65] identified seven key indicators and over twenty sub-indicators to develop baselines for and measure progress against. The Health, Work and Well-being baseline indicators report [66] sets out baseline data for these indicators, against which future progress will be monitored.

Several of the indicators measure employee perceptions of the impact of work on their health and well-being, quantified through a combination of existing datasets (including the Labour Force Survey[67]) and new research. Two new surveys were commissioned to obtain data to support the new Health, Work and Well-being Indicators (for more information see Appendix D):

- Health and well-being at work: A survey of employees
- Attitudes to health and work amongst working age adults

Questions from these sources (and others) regarding perceptions of the impact of work on health and well-being, suitable for inclusion in a general employee health needs assessment survey, have been assessed and extracted. The main categories included in this section are:

- general attitudes to health and work
- perceptions of risks to health and well-being at work
- experience of working life
- illness and injury at work
- stress at work
- attendance/sickness management

General attitudes to health and work

Indicator 1 in The Health, Work and Well-being baseline indicators report is 'knowledge and perceptions about the importance of work to health and health to work'. New research with working age adults (the Attitudes to health and work among the working age population survey) asked employees about their attitudes towards paid work and whether it is good or bad for physical and mental health.

The findings show that the majority of working age adults recognise that work can have a positive impact on health: over eight in ten respondents felt that paid work was generally good or very good for both physical and mental health. Interestingly, younger adults (16-24 year olds) were less likely than other age groups to agree that work was very good for physical health or mental health. The two relevant questions are included in the Question Bank (Appendix B) and it is recommended that they also be included in the Core HNA questionnaire. This would allow comparison between local findings and national benchmarks.

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[65] Department for Work and Pensions and Department of Health (2008). *Improving health and work: changing lives.* The Government's response to Dame Carol Black's Review of the health of Britain's working age population. www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lived.pdf

[66] http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf

[67] Labour Force Survey at http://www.hse.gov.uk/statistics/lfs/lfs0809.pdf

While these items measure general perceptions of the impact of paid work towards mental and physical health, it would also be useful to obtain respondents' views regarding their own personal satisfaction with their job and working environment. A review of the reliability and validity of instruments measuring job satisfaction identified a brief three-item tool that appears robust and performs well in the field. [68] The tool asks respondents to indicate levels of satisfaction with their job, and the social and physical environment at work. This tool was also used in the British Health Foundation Well @ Work evaluation, and it is recommended that it is included in the Core HNA questionnaire.

Perceptions of risks to health and mental well-being at work

The Health Education Authority publication 'Health at Work in the NHS. Building Blocks for a Healthier Workplace, Health Needs Assessment Guidance'[69] provides practical advice and a model questionnaire, which can be adapted to meet the specific needs of different organisations. Although it was specifically designed for use within the NHS, it could be adapted for use within different types of organisations. The guidance includes a question asking for views of the possible risk of a number of aspects of the workplace environment on physical and/or mental health. The tool is very lengthy as a large number of possible risks are included, but it could be shortened if it is adapted and items not relevant to particular workplaces removed. The full tool is included in the Question Bank.

Experience of working life

The Health Education Authority workplace HNA guidance questionnaire[70] seeks views about the ways staff work and are managed within their organisations. Again, although the question was specifically designed for use within the NHS, it could be adapted for use within different types of organisations. The question is very lengthy as a large number of possible statements are included, but it could be shortened if it is adapted and items not relevant to particular workplaces removed.

A further question asks respondents to indicate on how many occasions they have had a number of health or well-being problems, which they think are primarily a result of their working life. The problems listed include headaches, feeling tired, tendency to eat/drink/smoke more than usual. The full question is included in the Question Bank (Appendix B).

Illness and injury at work

Indicator 3 in The Health, Work and Well-being baseline indicators report[71] is 'reducing the incidence of work-related ill health and injuries and their causes'.

It is intended that the health, work and well-being agenda and individual initiatives will lead to a reduction in the number of people reporting illness or injury they believed to be caused or made worse by work.

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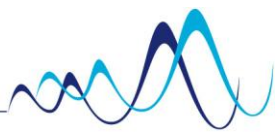
[68] N. van Saane, J. K. Sluiter, J. H. A. M. Verbeek, M. H. W. Frings-Dresen (2003). Reliability and validity of instruments measuring job satisfaction—a systematic review Occupational Medicine, 53, 191–200

[69] http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/building_blocks_for_a_healthier_workplace_health_needs_assessment_guidance.jsp

[70] http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/building_blocks_for_a_healthier_workplace_health_needs_assessment_guidance.jsp

[71] http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf



Data to support this indicator is derived from the Labour Force Survey (LFS).[72] LFS is a large nationally representative survey of about 50 000 responding households that provides a wealth of information about the Labour Force. It asks individuals about their current or most recent job, as well as enquiring about related topics such as training, qualifications and income. For more information on the LFS see Appendix D.

The LFS data show that in 2008/09, there were 1,860 incidents per 100,000 workers (1.9%), where the self-reported illness was caused or made worse by work in the previous 12 months

The 'Workplace Injury survey (WIS)' module has been included in the LFS annually since 1992/93, whilst the 'Self-reported Work-related Illness (SWI)' module was included on an ad hoc basis until 2003/04, since when questions have appeared annually.

The LFS SWI survey module asks as its screening question: *"Within the last 12 months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or by work you have done in the past?".* This is intended to be administered to all individuals who reported to have worked at some point during their life, and forms the basis of Health, Work and Well-being national indicator 3. The screening question is followed by a number of additional questions seeking further details of the problem. It is recommended that the screening question is included in the Core HNA questionnaire, in order that organisations can obtain data to compare themselves against national indicator set benchmarks. The additional questions are also included in the Question Bank, as they may be appropriate for organisations that want to focus on this area.

The LFS WIS module asks as it's screening question *"Thinking of the 12 months since [date], have you had any accident resulting in injury at work or in the course of your work?".* This is administered to individuals who reported to have worked at some point in the last 12 months. The screening question is followed by a number of additional questions seeking further details of the problem.

Stress at work

An annual series of surveys on psychosocial working conditions (PWC) began in 2004. These surveys were set up to monitor changes in psychosocial working conditions in British workplaces. These are the working conditions which the Health and Safety Executive (HSE) is aiming to improve amongst British workers by means of employers implementing its Management Standards approach to tackling work-related stress, launched in November 2004.

The report 'Psychosocial Working Conditions in Britain in 2009'[73] provides analysis of the 2009 data and tracks the changes from the corresponding surveys in 2004, 2005, 2006, 2007 and 2008. It aims to assess changes in the 6 key areas of psychosocial working conditions, namely demand, control, support, role, relationships and change, as covered by HSE's Management Standards for work-related stress.

Three core questions are asked regarding perceived job stressfulness, initiatives to reduce stress at work, and line manager support. It is recommended that these are suitable for inclusion in the CORE HNA questionnaire.

[72] http://www.hse.gov.uk/statistics/lfs/lfs0809.pdf
[73] Available at http://www.hse.gov.uk/statistics/pdf/pwc2009.pdf

Two further question grids are included in PWC, seeking views on potential work stressors. Although these are likely to be too detailed for many organisations, they are included in the Question Bank (Appendix B) as they may be appropriate for organisations that want to focus on this area.

Attendance/sickness management

Indicator 2 in The Health, Work and Well-being baseline indicators report[74] is 'improving the promotion of health and well-being at work'. This includes a sub-item regarding attendance management, which reports measures to help employees with five or more days of continuous absence back to work.

Data to support this indicator were collected via 'Health and well-being at work: A survey of employees'.
This survey was jointly commissioned by the Health and Well-being Board and the Health and Safety Executive and was carried out by GfK NOP between October and December 2009 (see Appendix D for more information).

The survey sought to further understand the extent to which employers are taking steps to retain employees with health conditions in work, and asked employees who had reported more than five days of continuous sick leave whether their organisation had used any measures to help them back to work.
Just under half (48 per cent) of employees who had a period of 5 days continuous sickness absence in the previous 12 months reported that their employer had taken steps to help them back to work. Further details are included in the Question Bank (Appendix B).

National indicator 1 'Knowledge and perceptions about the importance of work to health and health to work' also includes a number of attitudinal questions regarding likely absence from work in a variety of scenarios (for example, if suffering from a cold or back pain). These data were obtained from the 'Attitudes to health and work amongst the working age population' survey, and the relevant questions are included in the Question Bank.

[74] http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf

Recommended questions

Table: Summary of recommended questions – impact of work on health and mental well-being

Topic	Health Needs Assessment Core questionnaire	Optional questions
General attitudes to health and work	2 questions (Attitudes to health and work among the working age population survey)	
Satisfaction with job and work environment	Three questions (van Saane (2003) review and British Heart Foundation Well @ Work evaluation)	
Perceptions of risks to health and well-being at work		23 item grid (Health Education Authority Workplace HNA guidance, 1999)
Experience of working life		24 item + 5 item grids (Health Education Authority Workplace HNA guidance, 1999)
Illness at work	Screening question (Labour Force Survey Self-Reported work-related illness module)	Detailed questions (Labour Force Survey Self-Reported work-related illness module)
Injury at work		Screening question (Labour Force Survey Workplace injury module)
Stress at work	3 Core questions (Psychosocial Working Conditions in Britain survey)	23 + 12 item grids (Psychosocial Working Conditions in Britain survey)
Sickness management		Screening question + 7 item follow-up (Health and well-being at work: A survey of employees)
Sickness scenarios		3 questions (Attitudes to health and work among the working age population survey)

For question details see the Question Bank (Appendix B) and the model Health Needs Assessment core questionnaire (Appendix C).

Section 11 Workplace interventions – priorities and motivation

Introduction

Earlier sections in this report have focused on tools designed to identify employee health and well-being needs in the workplace. Guidance on effectiveness, such as that provided by NICE[75], should be taken into account when planning interventions to meet these needs. However, employee views on their own health/well-being priorities are also important in determining likely demand for interventions in the workplace. Also, social marketing segmentation techniques can be used to further define the target audience and therefore aid the design of any programmes.

The main categories included in this section are:

- knowledge of availability of current interventions
- priority issues of interest/likely demand
- preferred methods of delivery
- motivation (social marketing segmentation)

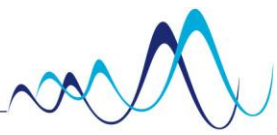
Knowledge of availability of current interventions

Indicator 2 in The Health, Work and Well-being baseline indicators report[76] is 'improving the promotion of health and well-being at work'. This includes a sub-item regarding provision of health and well-being initiatives. Data to support this indicator were collected via 'Health and well-being at work: A survey of employees' (see Appendix D for more information).

Employees were shown a list of initiatives and benefits and asked to identify which their organisation had provided in the last 12 months, regardless of whether the initiatives or benefits were provided to all staff or just some or whether the respondent had used them. Size of organisation was related to reported provision of initiatives: employees working for medium and large organisations were more likely to mention almost all benefits and initiatives than those working for small organisations. Employment sector was also associated with the provision of initiatives and benefits. Public sector employees were more likely to mention almost all initiatives and benefits than private sector employees. However, this is linked to employer size: public sector workers were more likely than private sector workers to work in organisations with 250+ employees. Employers were asked the same question in a similar survey, and it is notable that there are some differences between employee and employer reporting of the availability of initiatives and benefits. The full question is included in the Question Bank.

In addition, employees were asked specifically about stress management support or advice: whether stress management support or advice for employees and / or managers was available in their organisation and also whether employees' line managers had talked to them about avoiding stress at work. These questions are also included in the Question Bank.

[75] http://guidance.nice.org.uk
[76] http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf



Priority issues of interest/likely demand

It is likely that organisations will want to include a question in the Core HNA questionnaire to estimate likely demand and uptake of interventions that might be offered in the future. It is important that this question should be tailored to meet local circumstances. It would not be ethical to ask questions regarding likely uptake of services and interventions that an organisation is unlikely to be able to offer in the future. Such questions are included in the Question Bank, recommended examples being those extracted from the British Heart Foundation Think Well and Well at Work questionnaires.[77] Other questions used in a HNA questionnaire used extensively across the North East Region are also included (local feedback indicates that these questions work well in the field).

In addition, the North East HNA includes an open-ended question 'If there was one thing in your workplace that would improve your health, what would it be?' It is recommended that this be included in the Core HNA questionnaire. Local feedback indicates that this question is useful in the field, and it is good practice to offer at least one open-ended question to give respondents the opportunity to comment on issues not otherwise covered in the questionnaire.

Preferred methods of delivery

The Question Bank includes a question extracted from the North East Region workplace HNA questionnaire that asks how respondents would like to receive information (for example leaflets, notice boards, email, events etc). However, local feedback indicates that this question does not perform well in the field and most respondents tick a combination of methods. It is therefore not recommended that this question is included in the Core HNA questionnaire.

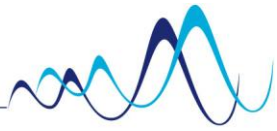
Motivation (social marketing segmentation)

Social marketing was endorsed through the Government White Paper *Choosing Health* as a health promotion framework to tackle lifestyle harms.[78] It encourages the development of interventions that are built on deep consumer insight and strategies of effective and sustained engagement. It can use a wide range of intervention formats such as education, new media and legislation, although the most appropriate mix will depend on the individual group targeted.[79]

Healthy Foundations[80] is a lifestyle segmentation project which sets out to ensure that all public health interventions are informed by our understanding of what motivates people to adopt healthy behaviours. The Segmentation Model allows local segments to be identified and targeted, and is aimed at those involved in planning, designing and developing social marketing and behaviour change programmes. It can be used as a strategic tool that can help to identify the Healthy Foundations segments to understand their needs, develop policies and allocate resources.

The core of the segmentation is the "*motivation*" dimension of the work. Using cluster analysis methods, a range of psychosocial attitudes and constructs – such as self esteem, locus of control, fatalism, short termism, goal setting and self efficacy – five core motivational segments have been created. Interventions can then be tailored to the

[77] British Heart Foundation Think Well questionnaire available at http://www.bhf.org.uk
[78] Department of Health (2004). Choosing health: making healthy choices easier. Department of Health, London
[79] Abbas J, Carlin H, Cunningham A et al. (2009). Technical briefing 5: geodemographic segmentation. Association of Public Health Observatories, York
[80] Department of Health (2008). Healthy Foundations: A segmentation model. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090348



motivational segments. So for example, a population with large numbers of people with low health motivation is likely to need more structured support than a population with high motivation.

The Healthy Foundations profiling tool[81] is a robust and reliable tool that can be used to segment respondents to a high degree of accuracy (c. 88%) using just 19 'golden questions' on a local health survey. Respondents are asked to rate, or agree or disagree with statements on a range of topics, from the control they have over their own health, the extent to which they enjoy a healthy lifestyle, or feel that it is important.

The Healthy Foundations 19 'golden questions' are included in the Question Bank, and it is recommended that they might be particularly suitable for organisations that have already undertaken basic HNA work and now wish to plan services and interventions in more detail.

Recommended questions

Table: Summary of recommended questions – workplace interventions – priorities and motivation

Topic	Health Needs Assessment Core questionnaire	Optional questions
Knowledge of current initiatives and benefits		Single question with 20 response items (Health and well-being at work: A survey of employees)
Stress management		3 questions (Health and well-being at work: A survey of employees)
Programme demand	11 item grid – to be adjusted to local circumstances (British Heart Foundation Think Well questionnaire)	
Priority health issues		Single question – multiple response categories (NE Region HEA)
Lifestyle changes	Single question – 6 response items (BHF Well @ Work evaluation)	
Health improvement	Open ended question (NE Region HNA)	
Preferred methods of delivery		Single question – multiple response categories (NE Region HEA)
Motivation (social marketing segmentation)		19 'golden questions' (Healthy Foundations)

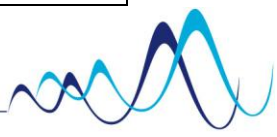
For question details see the Question Bank (Appendix B) and the model Health Needs Assessment core questionnaire (Appendix C).

[81] Available online http://dh.publiczone-dev.com/

Appendix A Summary table of recommended questions

Section	Topic	Health Needs Assessment Core questionnaire	Optional questions
Demography and employment details	Age	Age group (decile)	
	Sex	Sex (Source: 2011 Census)	
	Ethnicity		Ethnic group question (Source: 2011 Census)
	Job role and hours		Two questions (Source: Labour Force Survey)
	Length of employment		Single question (Source: Labour Force Survey)
	Supervisory/ management responsibilities		Two questions (Source: Labour Force Survey)
General health and well-being	Global limiting long term illness	Single Census question	
	Specific types of ill health		Combination of Outdoor Health and Healthy Foundations questions
	General health	Single Census question	
	General wellbeing	Four questions (2011 Integrated Household Survey)	
	Mental wellbeing – detailed		WEMWBS (14 item) or SWEMWBS (7 item) or GHQ-12
Smoking	Smoking prevalence	Two questions on current and previous smoking (Integrated Household Survey/Health Survey for England)	
	Frequency/quantity smoked		Single question (Healthy Foundations) or Health Survey for England categories
	Smoking after waking		Single question (General Lifestyle Survey)
	Age started smoking		Single question (Healthy Foundations)
	Quit intentions (current		4 questions (General

	smokers)		Lifestyle Survey)
	Type of support		Single question (BHF Well @ Work)
Alcohol	Frequency of drinking	Single question (Health Survey for England)	
	Types of drinks consumed	Standard list of drinks (Health Survey for England)	
	Typical drinking		Single question (Health Survey for England)
	Binge drinking		Description of standard units plus separate questions for males and females (Modified AUDIT screening questionnaire used in BHF Well @ Work evaluation)
Healthy eating and healthy weight	Fruit and vegetable consumption	2-item food frequency questionnaire (Cappuccio)	
	Dietary quality (fruit and vegetables)		Half page food frequency grid (FACET)
	Dietary quality		Assessment of nutritional risk factors - two pages (DQS)
	Health impact of healthier eating		Five item grid (FACET)
	Use of staff canteen		Five item question (BHF Well @ Work evaluation)
	Healthy weight (obesity)		Height and weight
Physical activity	Physical activity	Single item (Outdoor Health Questionnaire)	
	Walking/cycling to/from work		Four questions (BHF Well @ Work evaluation)
Impact of work on health and well-being	General attitudes to health and work	2 questions (Attitudes to health and work among the working age population survey)	
	Satisfaction with job and work environment	Three questions (van Saane (2003) review and British Heart Foundation Well @ Work evaluation)	
	Perceptions of risks to health and well-being at work		23 item grid (Health Education Authority Workplace HNA guidance, 1999)
	Experience of working life		24 item + 5 item grids (Health Education



			Authority Workplace HNA guidance, 1999)
	Illness at work	Screening question (Labour Force Survey Self-Reported work-related illness module)	Detailed questions (Labour Force Survey Self-Reported work-related illness module)
	Injury at work		Screening question (Labour Force Survey Workplace injury module)
	Stress at work	3 Core questions (Psychosocial Working Conditions in Britain survey)	23 + 12 item grids (Psychosocial Working Conditions in Britain survey)
	Sickness management		Screening question + 7 item follow-up (Health and well-being at work: A survey of employees)
	Sickness scenarios		3 questions (Attitudes to health and work among the working age population survey)
Workplace inter-ventions – priorities and motivation	Knowledge of current initiatives and benefits		Single question with 20 response items (Health and well-being at work: A survey of employees)
	Stress management		3 questions (Health and well-being at work: A survey of employees)
	Programme demand	11 item grid – to be adjusted to local circumstances (British Heart Foundation Think Well questionnaire)	
	Priority health issues		Single question – multiple response categories (NE Region HEA)
	Lifestyle changes	Single question – 6 response items (BHF Well @ Work evaluation)	
	Health improvement	Open ended question (NE Region HNA)	
	Preferred methods of delivery		Single question – multiple response categories (NE Region HEA)
	Motivation (social marketing segmentation)		19 ‘golden questions’ (Healthy Foundations)

Appendix B Question Bank

Recommended questions on demography and employment details

Age and sex

What is your age?

☐	Under 25	☐35-44	☐55-64
☐	25-34	☐45-54	☐65 and over

What is your sex?

☐Male ☐Female

Ethnicity

Source: 2011 Census

What is your ethnic group?

Choose **one** section from A to E then tick **one** box to best describe your ethnic group or background

A. White

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background, write in

B. Mixed / multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / multiple ethnic background, write in

C. Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, write in

D. Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background, write in

E. Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group, write in

Job role and hours
Source: Labour Force Survey

Please state your job title or describe your job _____

In your (main) job were you working ☐full-time ☐part-time?

Supervisory/management responsibilities
Source: Labour Force Survey

In your job, do you have formal responsibility for supervising the work of other employees?
☐Yes ☐No

Do you have any managerial duties?
☐Yes (manager) ☐Yes (foreman/supervisor) ☐No

Length of employment
Source: Labour Force Survey

In which year did you start working continuously for your current employer? _____

Recommended questions on general health and well-being

Limiting long term ilness
Source: 2011 Census

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Include problems related to old age)

- ☐ Yes limited a lot
- ☐ Yes, limited a little
- ☐ No

Specific types of ill health

Source: Outdoor Health Questionnaire / Healthy Foundations

Have you been diagnosed by your doctor or health professional with any of the following medical conditions? PLEASE TICK ALL THAT APPLY

- ☐ Heart disease
- ☐ High blood pressure
- ☐ COPD (Emphysema and chronic bronchitis)
- ☐ Diabetes
- ☐ Asthma

Do you have any of the health problems listed below? PLEASE TICK ALL THAT APPLY

- ☐ Cancer
- ☐ Stomach, liver, kidney or digestive problems
- ☐ Heart disease/stroke
- ☐ High blood pressure
- ☐ Diabetes
- ☐ Asthma/other breathing difficulty
- ☐ Stress or depression that you are receiving treatment for
- ☐ Other conditions (Please specify)
- ☐ None of these
- ☐ Don't know

General Health

Source: 2011 Census

How is your health in general?

Very good	Good	Fair	Bad	Very bad
☐	☐	☐	☐	☐

General well-being

Source: 2011 Integrated Household Survey

Overall, how satisfied are you with life nowadays? (on a scale of 0-10, where 0 is not at all satisfied and 10 is completely satisfied)	Not at all satisfied	0	1	2	3	4	5	6	7	8	9	10	Completely satisfied
Overall, how happy did you feel yesterday? (on a scale of 0-10, where 0 is not at all happy and 10 is completely happy)	Not at all happy	0	1	2	3	4	5	6	7	8	9	10	Completely Happy
Overall, how anxious did you feel yesterday? (on a scale of 0-10, where 0 is not at all anxious and 10 is completely anxious)	Not at all anxious	0	1	2	3	4	5	6	7	8	9	10	Completely anxious
Overall, to what extent do you feel the things you do in you life are worthwhile (on a scale 0-10 where 0 is not at all worthwhile and 10 is completely worthwhile)	Not at all worthwhile	0	1	2	3	4	5	6	7	8	9	10	Completely worthwhile

Mental well-being - detailed

FULL Warwick-Edinburgh Mental Wellbeing Scale (WEBWMS)

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the Time	Often	All of the time
I've been feeling optimistic about the future	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been feeling interested in other people	☐	☐	☐	☐	☐
I've had energy to spare	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling good about myself	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been feeling confident	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐
I've been feeling loved	☐	☐	☐	☐	☐
I've been interested in new things	☐	☐	☐	☐	☐
I've been feeling cheerful	☐	☐	☐	☐	☐

SHORT Warwick-Edinburgh Mental Wellbeing Scale (WEBWMS-7)

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	None of the Time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐

GHQ - 12

We would like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below which you think most applies to you.
(please tick one box in each row)
Overall have you recently:

	More than usual	Same as usual	Less than usual	Much less than usual
a. been able to concentrate on whatever you're doing?	☐	☐	☐	☐
b. lost much sleep over worry	☐	☐	☐	☐
c. felt you were playing a useful part in things?	☐	☐	☐	☐
d. felt capable of making decisions about things?	☐	☐	☐	☐
e. felt constantly under strain?	☐	☐	☐	☐
f. felt you couldn't overcome your difficulties?	☐	☐	☐	☐
g. been able to enjoy your normal daily activities?	☐	☐	☐	☐
h. been able to face up to your problems?	☐	☐	☐	☐
i. been feeling unhappy and depressed?	☐	☐	☐	☐
j. been losing confidence in yourself?	☐	☐	☐	☐
k. been thinking of yourself as a worthless person?	☐	☐	☐	☐
l. been feeling reasonably happy, all things considered?	☐	☐	☐	☐

Recommended questions on Smoking

Smoking Prevalence

Source: Integrated Household Survey

Have you ever smoked a cigarette, a cigar, or a pipe? ☐Yes ☐ No

If yes, do you smoke cigarettes at all nowadays? ☐Yes ☐ No

Frequency/quantity smoked

Sources: Healthy Foundations/Health Survey for England

On average, how many cigarettes or hand rolled cigarettes do you usually smoke a day?

Please enter number _____

Which best describes you?

- ☐I smoke daily
- ☐I smoke occasionally but not every day
- ☐I used to smoke daily but do not smoke at all now
- ☐I used to smoke occasionally but do not smoke at all now

Smoking after waking

Source: General Lifestyle Survey

How soon after waking do you USUALLY smoke your first cigarette of the day?

- ☐ Less than 5 minutes
- ☐ 5-14 minutes
- ☐ 15-29 minutes
- ☐ 30 minutes but less than 1 hour
- ☐ 1 hour but less than 2 hours
- ☐ 2 hours or more

Age started smoking

Source: Healthy Foundations

At what age did you start to smoke regularly?

- ☐Before age 11
- ☐11-12
- ☐13-15
- ☐16-18
- ☐19-21
- ☐After age 21
- ☐Don't know/can't remember

Quit intentions (current smokers)

Source: General Lifestyle Survey

How easy or difficult would you find it to go without smoking for a whole day? Would you find it...

- ☐ Very easy
- ☐ Fairly easy
- ☐ Fairly difficult
- ☐ Very difficult

Would you like to give up smoking altogether? ☐Yes ☐No ☐Don't know

Which of the following statements best describes you?

- ☐ I intend to give up smoking within the next month
- ☐ I intend to give up smoking within the next 6 months
- ☐ I intend to give up smoking within the next year
- ☐ I intend to give up smoking but not in the next year
- ☐ I intend to give up smoking, but I'm not sure when
- ☐ I don't intend to give up smoking

What are your main reasons for wanting to give up?

- ☐ Because of a health problem I have at present
- ☐ Better for my health in general
- ☐ To reduce the risk of getting smoking-related illnesses
- ☐ Because of the smoking ban in enclosed public places
- ☐ Family/friends want me to stop
- ☐ Financial reasons (I can't afford it)
- ☐ Worried about the effect on my children
- ☐ Worried about the effect on other family members
- ☐ Something else

Type of support

Source: BHS Well @ Work surveys

If you want to stop smoking in the next month, would you like any of the following types of support? (please tick all that apply)

- ☐ A pamphlet about smoking cessation
- ☐ Information about NHS stop smoking service
- ☐ An appointment with an occupational health nurse
- ☐ A stop smoking group session held in my workplace
- ☐ I do not want any support

Recommended questions on Alcohol

Frequency of drinking

Source: Health Survey for England

Thinking about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
PLEASE CHOOSE ONE

- ☐ Almost every day
- ☐ 5 or 6 days a week
- ☐ 3 or 4 days a week
- ☐ Once or twice a week
- ☐ Once or twice a month
- ☐ Once every couple of months
- ☐ Once or twice a year
- ☐ Not at all in the past 12 months

Types of drinks consumed

Source: Health Survey for England

Have you had an alcoholic drink in the seven days ending yesterday? ☐ Yes ☐ No

If yes, how many of each of these types of drink have you had during the last seven days? Please include drinks that are drunk in or out of the home.

	Number of drinks in last 7 days
Pints or bottles of normal strength beer, bitter, lager or cider	
Pints or bottles of extra strong beer, bitter, lager or cider	
Single measures of spirits or liqueur such as whisky, gin, vodka, etc.	
Standard glasses of wine (175ml)	
Single glasses of martini, sherry or port (not wine)	
Bottles of Alcopops/designer drinks or alcoholic lemonade such as Red, Reef, Hooch, Bacardi Breezer, Smirnoff Ice, etc.	
Other alcoholic drinks	
Low/non alcohol drinks	

Typical drinking

Source: Health Survey for England

Was last week a typical week?

- ☐ Yes, I usually drink this much
- ☐ No, I usually drink less
- ☐ No, I usually drink more

Binge drinking

Source: Modified AUDIT screening questionnaire/BHF Well @ Work evaluation

One standard drink means one unit of alcohol. There is one unit of alcohol in each of these drinks:

- half a pint of normal strength beer; A pint of beer would therefore count as 2 standard drinks.
- half a standard (175ml) glass of wine; A large 250ml pub glass of wine about 3 standard drinks.
- a small single measure of spirits;
- a 50ml pub measure of fortified wine (such as sherry or port).

In the past month, have you consumed: (please tick YES or NO for one of the following questions)

For Males:	More than 8 standard drinks in one session	☐ Yes	☐ No
For Females:	More than 6 standard drinks in one session	☐ Yes	☐ No

Recommended questions on healthy eating and healthy weight

Two-item food frequency questionnaire

A portion of vegetables approximately equals one handful or 3 serving spoons of vegetables or salad vegetables. A portion of fruit equals approximately a tablespoon of dried fruit, 1 medium sized piece of fruit (e.g. apples), 2 small pieces of fruit (e.g. kiwi fruit, apricot) or a 125ml glass of pure fruit juice.

1. How many pieces of fruit, of any sort, do you eat on a typical day? _____

2. How many portions of vegetables, excluding potatoes, do you eat on a typical day? _____

FACET

Have you eaten any of the following foods in the last 24 hours?
PLEASE TICK THE NUMBER OF PORTIONS FOR EVERY ROW

	NUMBER OF PORTIONS				
	0	**1**	**2**	**3**	**4+**
Breakfast Cereal	☐	☐	☐	☐	☐
Fruit for breakfast e.g. on cereal	☐	☐	☐	☐	☐
Crisps	☐	☐	☐	☐	☐
Fruit as a between meal snack	☐	☐	☐	☐	☐
A glass of pure, unsweetened fruit juice (not squashes or fruit drink)	☐	☐	☐	☐	☐
Fruit as a starter to a meal	☐	☐	☐	☐	☐
A baked potato	☐	☐	☐	☐	☐
A bowlful of home-made style vegetable soup	☐	☐	☐	☐	☐
Portions of vegetables with main meals (include baked beans and pulses as vegetables but not potatoes)	☐	☐	☐	☐	☐
Any type of meat	☐	☐	☐	☐	☐
A vegetable based meal	☐	☐	☐	☐	☐
Any type of fish	☐	☐	☐	☐	☐
A bowlful of salad	☐	☐	☐	☐	☐
Fruit as a dessert	☐	☐	☐	☐	☐

Dietary Quality (DQS)

How many meals do you usually consume each day?
Fruit, cake, bread etc. are considered as meals, whereas beverages and candy are not considered as meals.
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐more than 6 meals

What type of bread do you usually choose? Put one or more marks.
☐ light or dark ryebread
☐ wholemeal ryebread
☐ white bread
☐ white bread, coarse grain
☐ white bread, Italian
☐ other

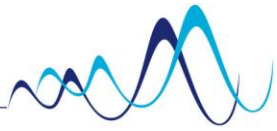
What type of fats do you use on your bread? Put one or more marks.
☐ none
☐ minarine
☐ vegetable margarine
☐ butter
☐ blended spread
☐ lard

How often have you been eating the following foods with bread the past week?

0	1-2	3-4	5-7 times/week	
☐	☐	☐	☐	cheese 0%-17% fat
☐	☐	☐	☐	cheese 27%-38% fat
☐	☐	☐	☐	meat
☐	☐	☐	☐	fish
☐	☐	☐	☐	egg
☐	☐	☐	☐	mayonnaises salads
☐	☐	☐	☐	vegetables
☐	☐	☐	☐	marmalade/honey

How often have you been eating the following kinds of hot meals the past week?

0	1-2	3-4	5-7 times/week	
☐	☐	☐	☐	beef/veal
☐	☐	☐	☐	pork
☐	☐	☐	☐	poultry
☐	☐	☐	☐	fish
☐	☐	☐	☐	offal
☐	☐	☐	☐	egg-dishes
☐	☐	☐	☐	vegetable-/vegetarian dishes



☐	☐	☐	☐	porridge
☐	☐	☐	☐	ready-made meals
☐	☐	☐	☐	pizza/burgers
☐	☐	☐	☐	sausages etc.

What kind of fats do you use for cooking? Put one or more marks.

☐ none
☐ margarine
☐ vegetable margarine
☐ butter
☐ blended spread
☐ lard
☐ food-/salad oil (rape seed oil)
☐ olive oil
☐ corn-/,sunflower-/grape seed oil
☐ other

How often have you been eating potatoes/pasta/rice etc. for your hot meals the past week?

0	1-2	3-4	5-7 times/week	
☐	☐	☐	☐	potatoes
☐	☐	☐	☐	pasta
☐	☐	☐	☐	rice/bulgur etc.
☐	☐	☐	☐	bread
☐	☐	☐	☐	other

How often have you been eating vegetables as accompaniments to the hot meals the past week?

0	1-2	3-4	5-7 times/week	
☐	☐	☐	☐	salad or raw vegetables
☐	☐	☐	☐	boiled vegetables
☐	☐	☐	☐	vegetables in hot dishes
☐	☐	☐	☐	other

How much fruit do you usually eat during a day/week?

☐ none
☐ 1-2 pieces/portions per week
☐ 3-4 pieces/portions per week
☐ 5-6 pieces/portions per week
☐ 1-2 pieces/portions per day
☐ 3-4 pieces/portions per day
☐ 5-6 pieces/portions per day
☐ more than 6 per day

Health impact of healthier eating

Source: FACET

By eating more fruit and vegetables, I think that people can reduce their chances of getting...
PLEASE TICK ONE BOX ONLY IN EACH ROW

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree Strongly	Don't know
Stroke	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐
Back Pain	☐	☐	☐	☐	☐	☐
Hearing Problems	☐	☐	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐	☐

Use of staff canteen

Source: British Heart Foundation Well @ Work evaluation

What would encourage you to make healthier eating choices in the staff canteen?
(please tick all that apply)

☐Improved signage
☐Information on nutritional guidelines
☐Better labelling of nutritional information
☐Healthier food options
☐Other (please specify) _____

Healthy weight

What is your approximate weight? ____ kg or ____ stones ____ lbs

What is your height without shoes? ____ cm or ____ feet ____ inches

Recommended questions on physical activity

Physical activity

Source: Outdoor Health Questionnaire

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?

This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job. Please tick one box:

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Walking/cycling to/from work

Source: British Heart Foundation Well @ Work evaluation

Would you be interested in walking to and from work?

☐Yes ☐No

What would encourage you to walk to and from work more often?

☐More information on routes

☐Showers and changing facilities at work

☐Other (please specify) _____

Would you be interested in cycling to and from work?

☐Yes ☐No

What would encourage you to cycle to and from work more often?

☐Cycling training

☐More information on routes

☐Safe and secure storage at work

☐Bicycle maintenance workshops

☐Cheaper bicycles

☐Showers and changing facilities at work

☐Other (please specify) _____

Recommended questions on impact of work on health and well-being

General attitudes to health and work

Source: Attitudes to health and work among the working age population survey

	Very good	Good	Bad	Very bad
Taking everything into account, do you think paid work is generally good or bad for physical health	☐	☐	☐	☐
Taking everything into account, do you think paid work is generally good or bad for mental health	☐	☐	☐	☐

Satisfacion with job and work environment

Source: van Saane (2003) and British Heart Foundation Well @ Work evaluation

In general, how satisfied are you with: (***please tick one box in each row***)

	Very dissatisfied	Quite dissatisfied	Neither satisfied nor dissatisfied	Quite satisfied	Very satisfied
a. your job	☐	☐	☐	☐	☐
b. the social environment at work	☐	☐	☐	☐	☐
c. the physical environment at work	☐	☐	☐	☐	☐

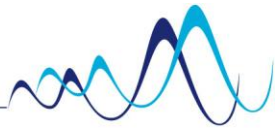
Perceptions of risks to health and well-being at work

Source: Health Education Authority *Health at Work in the NHS. Building Blocks for a Healthier Workplace, Health Needs Assessment*

The following questions ask for your views about *possible* effects of work upon your health.
If you feel any questions do not apply to you please tick "does not apply to my job"

During the last 12 months to what extent have you felt that your physical and/or mental health *might be at risk* from the following aspects of your work environment?

	Not at all	A little	To some extent	Consider able extent	Does not apply to my job
1. Temperature inside your working area (too hot or too cold)	☐	☐	☐	☐	☐
2. Air quality inside your working area (e.g. too stuffy, not enough fresh air)	☐	☐	☐	☐	☐
3. Noise or vibration levels *inside* the workplace	☐	☐	☐	☐	☐
4. Noise or vibration levels *outside* the workplace	☐	☐	☐	☐	☐
5. Lighting problems (e.g. too dim, too bright)	☐	☐	☐	☐	☐
6. Poor workspace/not enough workspace	☐	☐	☐	☐	☐
7. Hazards caused by litter or general clutter in the workplace	☐	☐	☐	☐	☐
8. Unsafe equipment or machinery	☐	☐	☐	☐	☐
9. Fire or explosion hazards	☐	☐	☐	☐	☐
10. Electrical hazards	☐	☐	☐	☐	☐
11. Dangerous chemicals	☐	☐	☐	☐	☐
12. Eyestrain (e.g. from use of visual display terminals)	☐	☐	☐	☐	☐
13. Sharps or needle-stick injury	☐	☐	☐	☐	☐
14. Cross-infection (e.g. hepatitis B, HIV/AIDS)	☐	☐	☐	☐	☐
15. X-rays or other radiation	☐	☐	☐	☐	☐
16. Repetitive strain injury from use of keyboards	☐	☐	☐	☐	☐
17. Lifting or moving patients and/or heavy loads/equipment	☐	☐	☐	☐	☐
18. Violence from patients and/or members of the public	☐	☐	☐	☐	☐
19. Shift patterns	☐	☐	☐	☐	☐
20. Requests to undertake additional hours/shifts	☐	☐	☐	☐	☐
21. Hours on duty which, in your opinion, have been excessive	☐	☐	☐	☐	☐
22. The pressures and demands of your job	☐	☐	☐	☐	☐
23. Overall, how much do you think your physical or mental health is adversely affected by your work?	☐	☐	☐	☐	☐



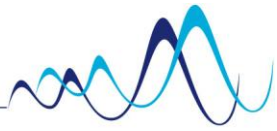
Have you ticked the box 'Considerable extent' for any of the items numbered 1–23 above? If so, and if you have any suggestions for changes needed to improve these aspects of workplace health, please briefly list them below.

Experience of working life

Source: Health Education Authority *Health at Work in the NHS. Building Blocks for a Healthier Workplace, Health Needs Assessment*

The following statements seek your views about the way in which staff and work are managed within the organisation. Tick the box which best describes how much you agree or disagree with the statement. *[The phrase 'immediate manager' refers to the person in charge of your department, your supervisor, or the person to whom you report on a day-to-day basis.]*

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
1. The physical surroundings where I work are reasonably good.	☐	☐	☐	☐	☐
2. I feel safe with the security arrangements inside the organisation's buildings.	☐	☐	☐	☐	☐
3. I feel safe with the security arrangements outside the organisation's buildings (e.g. grounds, car park).	☐	☐	☐	☐	☐
4. My job usually makes good use of my skills and abilities.	☐	☐	☐	☐	☐
5. I know what my job responsibilities are.	☐	☐	☐	☐	☐
6. I have sufficient control over my work.	☐	☐	☐	☐	☐
7. I have sufficient authority to do my job well	☐	☐	☐	☐	☐
8. My work is valued by my immediate manager	☐	☐	☐	☐	☐
9. I am given useful feedback by my immediate manager on how I am performing in my job.	☐	☐	☐	☐	☐
10. I am encouraged to gain new skills.	☐	☐	☐	☐	☐
11. My immediate manager is approachable and friendly.	☐	☐	☐	☐	☐
12. My immediate manager is often too busy to give me the support I need.	☐	☐	☐	☐	☐
13. My immediate manager appears not to understand the difficulties/problems of my job.	☐	☐	☐	☐	☐
14 My immediate manager is not interested in my personal development.	☐	☐	☐	☐	☐
15. There are adequate training opportunities to ensure I am able to work safely.	☐	☐	☐	☐	☐
16. All health and safety issues are addressed promptly in my department.	☐	☐	☐	☐	☐
17. My job allows me to balance my working life with my domestic responsibilities.	☐	☐	☐	☐	☐
18. My immediate manager is willing to discuss the possibility of changing my hours/shifts to help me cope with domestic commitments (e.g.	☐	☐	☐	☐	☐



child care, caring for elderly parents).					
19. The organisation provides equal opportunity for all members of staff (e.g. promotion, training).	☐	☐	☐	☐	☐
[The phrase 'senior managers' refers to the chief executive, board directors and consultants.] 20. Senior managers are generally polite and courteous to employees.	☐	☐	☐	☐	☐
21. Management expectations of the workload for my department are not realistic.	☐	☐	☐	☐	☐
22. Senior managers are not interested in staff concerns.	☐	☐	☐	☐	☐
23. Senior managers appear not to understand the difficulties faced in my department.	☐	☐	☐	☐	☐
24. Senior managers provide a clear sense of direction for this organisation	☐	☐	☐	☐	☐

Source: Attitudes to health and work among the working age population survey

During the last four weeks, on how many occasions have you had each of the following problems which you think are *primarily a result of your working life*?

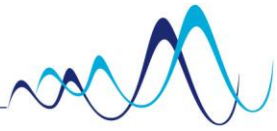
	Never	Once or twice	3-10 times	More than 10 times
Headaches	☐	☐	☐	☐
Backache	☐	☐	☐	☐
Difficulty in sleeping	☐	☐	☐	☐
Feeling very tired or exhausted	☐	☐	☐	☐
Tendency to eat, drink or smoke more than usual	☐	☐	☐	☐

Illness at work – screening question

Source: Labour Force Survey Self-Reported work-related illness module

Within the last 12 months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or by work you have done in the past?

☐ Yes ☐ No



Illness at work – detailed questions

Source: Labour Force Survey Self-Reported work-related illness module

How many illnesses have you had (in the last twelve months) that have been caused or been made worse by your work? State the number of illnesses _____

How would you describe this illness?
1 bone, joint or muscle problems which mainly affect (or is mainly connected with) arms, hands, neck or shoulder,
2 …hips, legs or feet,
3 …back,
4 breathing or lung problems
5 skin problems,
6 hearing problems,
7 stress, depression or anxiety,
8 headache and/or eyestrain,
9 heart disease / attack, other circulatory system,
10 infectious disease (virus, bacteria)
11 other

When were you first aware of this illness?
1 within the last 12 months (i.e. since [date one year ago])
2 more than one year ago (i.e. before [date one year ago])

In the last twelve months, how much time off work have you had because of this Illness?
1 no time off work,
2 less than one day,
3 1 to 3 days, (Work days)
4 4 to 6 days, (Work days)
5 at least 1 week but less than 2 weeks,
6 at least 2 weeks but less than 1 month
7 at least 1 month but less than 3 months
8 at least 3 months but less than 6 months
9 at least 6 months but less than 9 months
10 at least 9 months but less than one year

In the week ending last Sunday the [date], were you off sick because of your work-related illness?
1 Yes 2 No

(Thinking about your most serious illness) Can you describe how work caused your illness or made it worse?
1 Manual handling (lifting/carrying/pushing/pulling)
2 Keyboard work or repetitive action (repeating a series of movements e.g. assembly work)
3 Awkward/tiring positions
4 Workload (tight deadlines, too much work/pressure/responsibility)
5 Role uncertainty (lack of clarity about job/uncertain what meant to do)

6 Lack of control (no say over what/how to do job)
7 Lack of support (from management)
8 Changes at work (management/organisation/work content/use of new technology)
9 Breathing fumes, dusts, smokes and gases
10 Handling or touching harmful substances or materials
11 Work environment (uncomfortable - hot/cold/damp/wet/dry/draught/enclosed space)
12 Noise
13 Vibration (use of power tools, vibrating machines/vehicles)
14 Relationships at work (poor relationships with colleagues: bullying; violence, threats etc)
15 Violence or the threat of violence (by member of the public e.g. client, customer, patient, pupil, student)
16 Workplace accident (at work or in course of work) - road traffic
17 Workplace accident (at work or in course of work) - non-road traffic
18 Other cause

Injury at work – screening question
Source: Labour Force Survey Workplace injury module

Thinking of the 12 months since [full date], have you had any accident resulting in injury at work or in the course of your work? ☐ Yes ☐ No

Stress at work – core questions
Source: Psychosocial Working Conditions in Britain survey

1. In general, how do you find your job?
   - ☐ not at all stressful
   - ☐ mildly stressful
   - ☐ moderately stressful
   - ☐ very stressful
   - ☐ extremely stressful

2. As far as you are aware, has (your employer) in your main job undertaken any initiative in the last 12 months to reduce stress at work?
   ☐ Yes ☐ No ☐ Don't know

3. In the last 12 months, has your line manager discussed with you the stresses in your job?
   ☐ Yes ☐ No ☐ Don't know

Stress at work – detailed questions

Source: Psychosocial Working Conditions in Britain survey

Please tick the most relevant response to the listed statements.

	Never	Seldom	Sometimes	Often	Always
I am clear what is expected of me at work	☐	☐	☐	☐	☐
I am clear about the goals and objectives for my department at work	☐	☐	☐	☐	☐
I know how to go about getting my job done at work	☐	☐	☐	☐	☐
There is friction or anger between colleagues at work	☐	☐	☐	☐	☐
I am clear what my duties and responsibilities are at work	☐	☐	☐	☐	☐
I understand how my work fits into the overall aim of the organisation	☐	☐	☐	☐	☐
I am subject to personal harassment in the form of unkind words or behaviour at work	☐	☐	☐	☐	☐
I am subject to bullying at work	☐	☐	☐	☐	☐
I have unrealistic time pressures at work	☐	☐	☐	☐	☐
I have a choice in deciding how I do my work	☐	☐	☐	☐	☐
I can decide when to take a break at work	☐	☐	☐	☐	☐
I am pressured to work long hours	☐	☐	☐	☐	☐
I have unachievable deadlines at work	☐	☐	☐	☐	☐
I have to work very fast at work	☐	☐	☐	☐	☐
I am given supportive feedback on the work I do	☐	☐	☐	☐	☐
I have to work very intensively at work	☐	☐	☐	☐	☐
I have a say in my own work speed	☐	☐	☐	☐	☐
I have a choice in deciding what I do at work	☐	☐	☐	☐	☐
I have to neglect some tasks because I have too much to do at work	☐	☐	☐	☐	☐
Different groups at work demand things from me that are hard to combine	☐	☐	☐	☐	☐
I am unable to take sufficient breaks at work	☐	☐	☐	☐	☐
If the work gets difficult, my colleagues will help me	☐	☐	☐	☐	☐
I can rely on my line manager to help me out with a work problem	☐	☐	☐	☐	☐

Please tick the most relevant response to the listed statements.

	Strongly disagree	Tend to disagree	Neutral	Tend to agree	Strongly agree
Staff are consulted about change at work	☐	☐	☐	☐	☐
Relationships at work are strained	☐	☐	☐	☐	☐
I have sufficient opportunities to question managers about change at work	☐	☐	☐	☐	☐
When changes are made at work, I am clear how they will work out in practice	☐	☐	☐	☐	☐
My line manager encourages me at work	☐	☐	☐	☐	☐
I have some say over the way I work	☐	☐	☐	☐	☐
I get the help and support I need from colleagues at work	☐	☐	☐	☐	☐
I receive the respect I deserve from my colleagues at work	☐	☐	☐	☐	☐
I can talk to my line manager about something that has upset or annoyed me about work	☐	☐	☐	☐	☐
I am supported through emotionally demanding work	☐	☐	☐	☐	☐
My working time can be flexible	☐	☐	☐	☐	☐
My colleagues at work are willing to listen to my work-related problems	☐	☐	☐	☐	☐

Sickness management

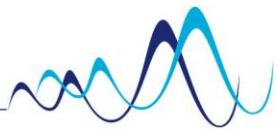
Source: Health and well-being at work: A survey of employees

In the last 12 months, have you had a period of 5 or more days continuous sickness absence?

☐ Yes ☐No ☐Don't know

If yes, did your employer take any of the following steps to help you back to work?

- ☐ Employer did not take any steps
- ☐ Working reduced hours or days
- ☐ Providing access to occupational health services
- ☐ Reducing workload
- ☐ A meeting at home or work to discuss extra support
- ☐ Independent counselling, advice or information
- ☐ Reduced responsibilities



Sickness scenarios

Source: Attitudes to health and work amongst the working age population

	Very likely to go to work	Quite likely to go to work	Not very likely to go to work	Very unlikely to go to work
Imagine you are in paid work and currently have a cold, would you be…	☐	☐	☐	☐
Imagine you are in paid work, have long-term back pain and your back is particularly sore would you be…	☐	☐	☐	☐
Imagine you are in paid work, have long-term depression and are feeling particularly down, would you be…	☐	☐	☐	☐

Recommended questions on workplace interventions – priorities and motivation

Knowledge of current initiatives and benefits

Source: Health and well-being at work: A survey of employees

Which of the following has your organisation provided in the last 12 months (regardless of whether they were provided to all staff or just some or whether you have used them)?

	Yes	No	Don't know
More than 20 days of holiday (excluding bank holidays)	☐	☐	☐
Training in injury prevention	☐	☐	☐
Work area assessment and adjustments	☐	☐	☐
Health screening or health checks	☐	☐	☐
Access to occupational health services	☐	☐	☐
Stress management support or advice	☐	☐	☐
Counselling/other employee assistance programme	☐	☐	☐
Free or subsidised gym membership	☐	☐	☐
Loan towards or discounts on bicycle purchases	☐	☐	☐
Measures to encourage running, cycling, walking etc	☐	☐	☐
Fitness classes at work	☐	☐	☐
Weight loss/management advice or programmes	☐	☐	☐
Programmes, advice or support to help give up smoking	☐	☐	☐
Free health advice/events about healthy lifestyles	☐	☐	☐
Dedicated healthy and well-being intranet site	☐	☐	☐
Subsidised canteen or restaurant	☐	☐	☐
Healthy food choices in vending machines/staff canteen	☐	☐	☐
Schemes to undertake voluntary work in work time	☐	☐	☐
Pension scheme	☐	☐	☐
Private medical insurance	☐	☐	☐

Stress management

Source: Health and well-being at work: A survey of employees

Is stress management support or advice for employees and/or managers available in your organisation?

☐Yes ☐No ☐Don't know

Do you line manage other employees within your organisation? ☐Yes ☐No

If yes, have you received information, help or advice on how to manage stress amongst the employees you manage?

☐Yes ☐No ☐Don't know

To what extent do you agree or disagree that your line manager has talked to you about avoiding stress at work?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
☐	☐	☐	☐	☐

Programme demand

Source: British Heart Foundation Think Well questionnaire

How likely are you to take part in each of the following programmes if they were offered to you at work?

	Extremely likely	Fairly likely	Undecided/ don't know	Fairly unlikely	Extremely unlikely
a) Physical activity sessions	☐	☐	☐	☐	☐
b) Stress-buster sessions e.g. massage or yoga	☐	☐	☐	☐	☐
c) Social events, eg, staff outings	☐	☐	☐	☐	☐
Workshops or talks on:					
d) mental health awareness	☐	☐	☐	☐	☐
e) debt and finance	☐	☐	☐	☐	☐
f) relationship problems	☐	☐	☐	☐	☐
g) time management	☐	☐	☐	☐	☐
h) A stop smoking group	☐	☐	☐	☐	☐
i) A healthy eating programme	☐	☐	☐	☐	☐
j) A weight management programme	☐	☐	☐	☐	☐
Other: *(Please state.)* _____	☐	☐	☐	☐	☐

Priority health issues

Source: North East Region Workplace HNA questionnaire

On which of the following health issues would you like information? Please tick all that you are interested in:

☐Back Pain	☐Sexual Health	☐Alcohol
☐Heart Health	☐Healthy Eating	☐Exercise
☐Cancer Prevention	☐Men's Health	☐Stress
☐Drugs Awareness	☐Women's Health	☐Giving up Smoking
☐Work-Life Balance	☐Parenting Issues	☐Carers Issues
☐Diabetes	☐Arthritis	☐Asthma
☐Weight Management	☐Other Issues: _____	

Lifestyle changes

Source: British Heart Foundation Well @ Work evaluation

Which of the following changes (if any) are you interested in making over the next 12 months? (please tick all that apply)

- ☐Stop smoking
- ☐Increase physical activity levels
- ☐Eat a more balanced diet
- ☐Drink less alcohol
- ☐Reduce stress
- ☐Other (please specify) _____

Health improvement

Source: North East Region Workplace HNA questionnaire

If there was one thing in your workplace that would improve your health, what would it be? (free text question)

Preferred methods of delivery

Source: North East Region Workplace HNA questionnaire

How would you like to receive information?

- ☐Leaflets that you can pick up when you need them
- ☐Display on notice board
- ☐Staff email/Intranet
- ☐Events (e.g. blood pressure checks)
- ☐Events linked to campaigns (e.g. Men's health week)
- ☐ Mixture of all the above
- ☐Other (please specify) _____

Motivation (social marketing segmentation)

Source: Healthy Foundations 'golden questions'

The following statements are things that other people have said about the way they think about things. How much do you agree or disagree with each one?

	Disagree strongly	Disagree	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
I feel good about myself							
I get a lot of pleasure from taking risks							
I generally focus on the here and now rather than worry about the future							
I learn from my mistakes							

The following statements are things that other people have said they would like to have or do over the course of their lives. How important is each one is to you personally?

	7 Very important	6	5	4	3	2	1 Not at all important
To have money, wealth and possessions							
To have an image that others find appealing							

The following statements are things that other people have said about health in general. How much do you agree or disagree with each one?

	Disagree strongly	Disagree	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
Following a healthy lifestyle over the coming year is an effective way to reduce my chances of becoming ill							
If you don't have your health you don't have anything							
There is nothing more important than good health							
I'm very involved in my health							

I am in control of my own health							
The main thing which affects my health is what I personally do							
If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway							
I **intend to** lead a healthy lifestyle over the next 12 months							

	7 Extremely easy	6	5	4	3	2	1 Extremely difficult
For me, leading a healthy lifestyle would be….							

	7 Enjoyable	6	5	4	3	2	1 Not enjoyable
For me, leading a healthy lifestyle would be….							

	7 Complete control	6	5	4	3	2	1 No control
How much control do you believe you have over whether or not you lead a healthy lifestyle over the following year?							

Thinking about your own lifestyle at the moment, which of these statements best describes your view? IF I DON'T LEAD A HEALTHY LIFESTYLE MY HEALTH COULD BE AT RISK …..

- ☐ In the next 12 months
- ☐ In the next few years
- ☐ In the next 10-20 years
- ☐ Much later in my life
- ☐ Not at all

Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years?

- ☐ I am much MORE likely to get seriously ill than other people of my age
- ☐ I am a little more likely
- ☐ No more or less likely
- ☐ I am a little less likely
- ☐ I am much LESS likely to get seriously ill than other people of my age

Appendix C Model Core Health Needs Assessment Questionnaire

Note: this questionnaire is provided to give an example of recommended content for a brief workplace HNA. Further work on design and layout is required needed before fieldwork is undertaken.

About you

What is your age?

☐ Under 25 ☐ 35-44 ☐ 55-64
☐ 25-34 ☐ 45-54 ☐ 65 and over

What is your sex? ☐ Male ☐ Female

General health

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Include problems related to old age)

☐Yes limited a lot ☐Yes, limited a little ☐No

How is your health in general?

Very good	Good	Fair	Bad	Very bad
☐	☐	☐	☐	☐

Overall, how satisfied are you with life nowadays? (on a scale of 0-10, where 0 is not at all satisfied and 10 is completely satisfied)	Not at all satisfied	0	1	2	3	4	5	6	7	8	9	10	Completely satisfied
Overall, how happy did you feel yesterday? (on a scale of 0-10, where 0 is not at all happy and 10 is completely happy)	Not at all happy	0	1	2	3	4	5	6	7	8	9	10	Completely Happy
Overall, how anxious did you feel yesterday? (on a scale of 0-10, where 0 is not at all anxious and 10 is completely anxious)	Not at all anxious	0	1	2	3	4	5	6	7	8	9	10	Completely anxious
Overall, to what extent do you feel the things you do in you life are worthwhile (on a scale 0-10 where 0 is not at all worthwhile and 10 is completely worthwhile)	Not at all worthwhile	0	1	2	3	4	5	6	7	8	9	10	Completely worthwhile

Smoking

Have you ever smoked a cigarette, a cigar, or a pipe? ☐Yes ☐ No

If yes, do you smoke cigarettes at all nowadays? ☐Yes ☐ No

Alcohol

Thinking about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
PLEASE CHOOSE ONE

- ☐ Almost every day
- ☐ 5 or 6 days a week
- ☐ 3 or 4 days a week
- ☐ Once or twice a week
- ☐ Once or twice a month
- ☐ Once every couple of months
- ☐ Once or twice a year
- ☐ Not at all in the past 12 months

Have you had an alcoholic drink in the seven days ending yesterday? ☐ Yes ☐ No

If yes, how many of each of these types of drink have you had during the last seven days? Please include drinks that are drunk in or out of the home.

	No. of drinks in last 7 days
Pints or bottles of normal strength beer, bitter, lager or cider	
Pints or bottles of extra strong beer, bitter, lager or cider	
Single measures of spirits or liqueur such as whisky, gin, vodka, etc.	
Standard glasses of wine (175ml)	
Single glasses of martini, sherry or port (not wine)	
Bottles of Alcopops/designer drinks or alcoholic lemonade such as Red, Reef, Hooch, Bacardi Breezer, Smirnoff Ice, etc.	
Other alcoholic drinks	
Low/non alcohol drinks	

Healthy eating

A portion of vegetables approximately equals one handful or 3 serving spoons of vegetables or salad vegetables. A portion of fruit equals approximately a tablespoon of dried fruit, 1 medium sized piece of fruit (e.g. apples), 2 small pieces of fruit (e.g. kiwi fruit, apricot) or a 125ml glass of pure fruit juice.

How many pieces of fruit, of any sort, do you eat on a typical day? _____

How many portions of vegetables, excluding potatoes, do you eat on a typical day? _____

Physical activity

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?
This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job. Please tick one box:

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Work and health

	Very good	Good	Bad	Very bad
Taking everything into account, do you think paid work is generally good or bad for physical health	☐	☐	☐	☐
Taking everything into account, do you think paid work is generally good or bad for mental health	☐	☐	☐	☐

In general, how satisfied are you with: (*please tick one box in each row*)

	Very dissatisfied	Quite dissatisfied	Neither satisfied nor dissatisfied	Quite satisfied	Very satisfied
a. your job	☐	☐	☐	☐	☐
b. the social environment at work	☐	☐	☐	☐	☐
c. the physical environment at work	☐	☐	☐	☐	☐

Within the last 12 months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or by work you have done in the past?

☐ Yes ☐No

In general, how do you find your job?

☐ not at all stressful
☐ mildly stressful
☐ moderately stressful
☐ very stressful
☐ extremely stressful

As far as you are aware, has (your employer) in your main job undertaken any initiative in the last 12 months to reduce stress at work?

☐ Yes ☐No ☐Don't know

In the last 12 months, has your line manager discussed with you the stresses in your job?

☐ Yes ☐No ☐Don't know

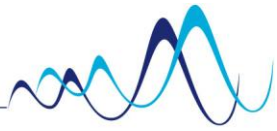
How likely are you to take part in each of the following programmes if they were offered to you at work? **(NB this question should be locally customised)**

	Extremely likely	Fairly likely	Undecided/ don't know	Fairly unlikely	Extremely unlikely
a) Physical activity sessions	☐	☐	☐	☐	☐
b) Stress-buster sessions e.g. massage or yoga	☐	☐	☐	☐	☐
c) Social events, eg, staff outings	☐	☐	☐	☐	☐
Workshops or talks on:					
d) mental health awareness	☐	☐	☐	☐	☐
e) debt and finance	☐	☐	☐	☐	☐
f) relationship problems	☐	☐	☐	☐	☐
g) time management	☐	☐	☐	☐	☐
h) A stop smoking group	☐	☐	☐	☐	☐
i) A healthy eating programme	☐	☐	☐	☐	☐
j) A weight management programme	☐	☐	☐	☐	☐
Other: *(Please state.)* _____	☐	☐	☐	☐	☐

Which of the following changes (if any) are you interested in making over the next 12 months?
(please tick <u>all</u> that apply)

- ☐ Stop smoking
- ☐ Increase physical activity levels
- ☐ Eat a more balanced diet
- ☐ Drink less alcohol
- ☐ Reduce stress
- ☐ Other (please specify) _____

If there was one thing in your workplace that would improve your health, what would it be?



Appendix D Main Surveys

Integrated Household Survey (IHS)

In 2008, ONS launched the Integrated Household Survey (IHS).[82] In the IHS a questionnaire comprises of two sections: a suite of core IHS questions followed by individual survey modules.

The IHS is the largest regular government household survey carried out in Britain: the sample size will eventually be 200,000 households (approximately 370,000 individuals) annually across Britain.

General Lifestyle Survey (GLF)

The GLF[83] (a module within IHS and delivered only to a sub section of the sample) is a multi-purpose continuous survey collecting information on a range of topics from people living in private households in Great Britain. The survey started as the General Household Survey (GHS) in 1971 and has been carried out continuously since then, except for breaks to review it in 1997/1998 and to redevelop it in 1999/2000.

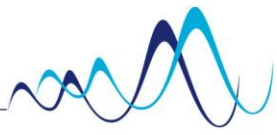
The survey presents a picture of households, families and people living in Great Britain. This information is used by government departments and other organisations, such as educational establishments, businesses and charities, to contribute to policy decisions and for planning and monitoring purposes. The interview consists of questions relating to the household, answered by the household reference person or spouse, and an individual questionnaire, asked of all resident adults aged 16 and over. Demographic and health information is also collected about children in the household. The GLF collects data on a wide range of core topics which are included on the survey every year. These include questions on smoking and drinking.

The response rate for the 2008 GLF survey was 74 per cent, giving an achieved sample size of 8,729 households and 16,407 adults aged 16 and over.

ONS Opinions (previously Omnibus) Survey

The Opinions Survey[84], previously known as The Omnibus Survey, is run by the Office for National Statistics (ONS). It is a multipurpose social survey which can provide quick and reliable information about topics of immediate interest. Government organisations, academic institutions and charities can commission a module on the Opinions survey. The survey has a monthly cycle and topics covered have included public attitudes to road congestion, smoking, drinking, human rights and contraception. Interviews are conducted with approximately 1,200 adults (aged 16 or over) in private households in Great Britain each month.

[82] Available at http://www.statistics.gov.uk/cci/nugget.asp?id=936
[83] Available at http://www.statistics.gov.uk/statbase/product.asp?vlnk=5756
[84] Available at http://www.ons.gov.uk/about/who-we-are/our-services/omnibus-survey



Annual Psychosocial Working Conditions Survey (PWC)

PWC surveys[85] were set up to monitor changes in the psychosocial working conditions of Demand, Control, Managerial Support, Peer Support, Role, Relationships and Change in British workplaces. The surveys are commissioned by the Health and Safety Executive and data are collected via modules on the ONS Opinions survey.

The most recent report provides analysis of the 2009 data and tracks the changes from the corresponding surveys in 2004, 2005, 2006, 2007 and 2008. It aims to assess changes across the 6 key areas above.

Labour Force Survey (LFS)

The LFS[86] is a large nationally representative survey of about 50 000 responding households that provides a wealth of information about the labour force. It asks individuals about their current or most recent job, as well as enquiring about related topics such as training, qualifications and income. The survey is managed by the Office for National Statistics in Great Britain and by the Department of Finance and Personnel in Northern Ireland on behalf of the Department of Enterprise, Trade and Investment (DETINI). The HSE commissions questions in the LFS, taking advantage of existing arrangements for sampling and interviewing a large nationally representative sample, to gain a view of work- related illness and workplace injury based on individual's perceptions. The HSE questions are included in two survey modules - 'The Workplace Injury survey' module and the 'Self-reported Work-related Illness (SWI) survey' module.

The 'Workplace Injury survey' module has been included annually since 1992/93, whilst the 'SWI survey' module were included on an ad hoc basis until 2003/04, since when questions have appeared annually.

Health Survey for England (HSE)

The HSE[87] is an annual survey designed to measure health and health related behaviours in adults and children living in private households in England. It has been undertaken since 1991. In recent years sample sizes have typically been around 16,000 adults and 4,000 children. The survey consists of an interview for all participants, with an additional nurse visit for a sub-sample of the survey population.

The HSE is modular but has a number of core elements which are included each year.
The 2007 HSE[88] had a focus on healthy lifestyles and collected data on knowledge, attitudes and behaviour. The total sample size for the 2007 survey was 14,386 of which 7,504 were children aged 0-15 (due to a boosted sample of children). The Health Survey for England has recently undergone review and has become the Health and Social Care Survey (HSCS) in 2011.

[85] Available at http://www.hse.gov.uk/statistics/pdf/pwc2009.pdf
[86] Available at http://www.hse.gov.uk/statistics/lfs/lfs0809.pdf
[87] Available at http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england
[88] Available at http://www.ic.nhs.uk/pubs/hse07healthylifestyles

Health, Work and Well-being (HWWB) Baseline indicators report

The HWWB baseline indicators report (published in December 2010)[89] sets out the baseline data on a set of health, work and well-being key indicators against which future progress will be monitored. These indicators are being measured through a combination of existing datasets and new research.

Health and well-being at work: A survey of employees

This survey was jointly commissioned by HWWB and the Health and Safety Executive (HSE) and was carried out by GfK NOP between October and December 2009. The survey used a clustered two-stage probability sample design, sampled addresses were screened for eligibility and where there was more than one adult eligible for interview, one person was selected at random. The interviews, averaging 35 minutes in length, were carried out in employees' homes. In total 2,019 interviews were achieved and the survey data are representative of paid employees in GB aged 16+.

Attitudes to health and work amongst working age adults

To gather data on attitudes to health and work amongst the working age population, HWWB funded the inclusion of a module of questions on the ONS Opinions survey. Questions were drafted and cognitively tested to ensure they were covering the attitudes of interest and were included in the survey from November 2009 to February 2010 to provide a sample of 2,409.

Healthy Foundations

Healthy Foundations[90] is a holistic segmentation model which was designed around some of the drivers of behaviour across the public health priority areas: smoking, obesity, alcohol, substance abuse, sexual health, mental health and physical activity. It sets out to ensure that all public health interventions are informed by our understanding of what motivates people to adopt healthy behaviours. The Segmentation Model allows local segments to be identified and targeted, and is aimed at those involved in planning, designing and developing social marketing and behaviour change programmes. It can be used as a strategic tool that can help planners, managers and commissioners to identify the Healthy Foundations segments to understand their needs, develop policies and allocate resources.

The core of the segmentation is the "*motivation*" dimension of the work. Using cluster analysis methods, a range of psychosocial attitudes and constructs – such as self esteem, locus of control, fatalism, short termism, goal setting and self efficacy – five core motivational segments have been created.

Nationally, the five core motivational segments are:

- Health Conscious Realists (HCR)
- Balanced Compensators (BC)
- Live for Todays (LFT)
- Hedonistic Immortals (HI)
- Unconfident Fatalists (UF)

[89] Available at http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf
[90] Available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090348

The Healthy Foundations profiling tool is intended to provide health practitioners with a means to develop a deeper understanding of their local population. It is a robust and reliable tool that can be used to segment respondents to a high degree of accuracy (c. 88%) using just 19 'golden questions' on a local health survey.

It is intended that interventions should be tailored to the motivational segments. So for example, a population with large numbers of people with low health motivation is likely to need more structured support than a population with high motivation (see table below for some examples).

Intervention options by segment (**Note:** A longer version of the interventions options grid, is available via the social marketing portal.)

Intervention Type	Health Conscious Realists	Balanced Compensators	Hedonistic Immortals	Live For Todays	Unconfident Fatalists
Context Health Motivations	In control of their health, this group feel they are healthy, with high levels of resilience and independence. They perceive no need to compensate for risks, as they do not take them often enough. Low intensity intervention needed.	Enhancing health and wellness is important to this group, who are aware of multiple health issues and responsive to messages highlighting risky behaviour they sometimes engage in. This group engages in 'compensatory' health behaviours. Medium/low intensity intervention needed.	Reducing negative risk behaviour must be associated with enjoyable aspects of healthy behaviour, through medium intensity intervention. Anything enjoyable is perceived as healthy regardless of the risk or outcome.	This group live in the present with a fatalistic, short-term outlook. Unhealthy behaviours are a response to stress, escapism or lack of planning. This group lack self reliance and do not recognise a need for change. Need a high intensity intervention.	This group recognise the need for change. Need to address low levels of self-esteem, fatalism, lack of control and motivation, and low mood through a high intensity intervention. This group do aspire to lead a healthy lifestyle.
Approach	Non-prescriptive approach. 'Maintain wellness' rather than prevent illness. Primary Care setting preferred.	Encouragement to maintain positive behaviour and awareness that the risky behaviour may not be compensated by compensatory behaviours.	Tailored information reflecting their priorities. 'Sell' positive links between health and their lifestyle.	Ongoing monitoring, mentoring, evaluation Hands-on or practical approaches are best.	Present change as worthwhile. Support/hand-hold, take small steps and tackle mental health issues.
Personal Interventions	Wellness health check (outside of medical/ill health context). Personal and clear advice. Supported self management materials.	Health check available across gyms, primary or secondary care. Mentoring rejected by this group, however welcome advisory roles for behaviour change with their own friends. Supported self Management materials.	External trigger/wake up call. Personal and clear advice related to specific need. Incentives e.g free gym pass for completion of health diary.	Health Check – explicit personalised 'real status' away from a health setting to increase personal knowledge. Peer led interventions such as Health Trainers.	Behaviour change support in a private 1-1 environment. Packaged support sensitive to needs: psychological interventions e.g. IAPT Programme, then introduced to lifestyle. Structured single issue programmes. Free health checks.
Engagement	Already engaged with health/ services, so prefer facilitation based approaches.	Already engaged with health, so prefer facilitation through a range of sources. In control of own health, prefer to search for own information via internet, friends and family. Family viewed as the most positive influencers of health.	Prefer to be engaged through multiple channels/ influencers.	Won't 'shop around' for information/advice, so need to go to them. Friends are viewed as positive influencers.	Face to face engagement through known/trusted channels.
Service Utilisation and Satisfaction	Already engaged with health/ services, so prefer facilitation based approaches.	Very low levels of service use (but they are the healthiest). Average levels of satisfaction.	Average levels of service use and satisfaction.	Low level of service use (despite some health issues), including screening attendance. Average levels of satisfaction.	Low level of service use (despite some health issues), including screening attendance. Average levels of satisfaction.

Appendix E Bibliography/other useful sources of information

NHS Health and Wellbeing (Boorman review). The Final Report of the independent NHS Health & Well-being Review published in November 2009. The report reiterates the business case for change laid out in the Interim Report, and provides a comprehensive set of recommendations for improvement in provision of health and well-being across the NHS. http://www.nhshealthandwellbeing.org/index.html

Boots Q score programme - an individual health risk assessment tool representing relative risk of experiencing heart disease and illness compared to others of a similar age, gender and race, by placing each respondent in an imaginary queue of 100 people. Includes suggestions about interventions etc. http://www.boots.com/en/Pharmacy-Health/Health-assessments-services/Health-Assessment/

Health and Work: Local and National Sources of Help (East Midlands Platform on Food, Physical Activity and Health). A resource designed to help develop and implement a workplace wellbeing programme with regard to obesity. It includes advice and information and a range of tools from national and local sources. This guide will be updated on a regular basis and new information added.
http://www.emphasisnetwork.org.uk/platform/documents.htm

CHEW (Checklist of health promotion environments at worksites) - an audit tool for assessing the workplace environment in relation to promoting health. To download a copy, see
http://www.drjamessallis.sdsu.edu/chew82595.pdf

The Standard Evaluation Framework (SEF) supports high quality, consistent evaluation of weight management interventions in order to increase the evidence base. Web site for more info and to download the SEF:
http://www.noo.org.uk/SEF

Q-active, Nottingham University Hospitals NHS Trust in Nottingham, is one of the first healthcare providers to have a dedicated project devoted to improving the health and wellbeing of staff.
Q-active is a large-scale health promotion intervention designed to promote internal 'cultural' change and improve staff activity and health behaviours and to promote external 'cultural' change through advocacy and pioneer work.
Q-active is the first and largest initiative of its kind in the UK.
For more information see: http://www.qactive.co.uk

Business in the Community are a business-led charity with a growing membership of 850 companies, from large multinational household names to small local businesses and public sector organisations.
They advise, support and challenge members to create a sustainable future and to improve business performance.
http://www.bitc.org.uk/

HealthyWeight Healthy Lives (2008) recognised that workplaces can have a significant impact on employee health and are sites for promoting healthy lifestyles. It also explores how employers can best promote wellness at work and make healthy workplaces part of their core business model. The strategy is supported by the first ever national social

marketing campaign - Change4Life - launched in 2009 to promote healthy weight. Further details of the campaign can be found at: www.dh.gov.uk/en/News/Currentcampaigns/Change4Life/index.htm

Change4Life Employer's Toolkit at http://www.nhs.uk/change4life/Pages/partner-supporter-tools.aspx

Promoting Physical Activity in theWorkplace (2008), **Workplace Interventions to Promote Smoking Cessation** (2007) and **Obesity** (2006) are all guidance issued by NICE. Further details about each piece of guidance can be found at: http://guidance.nice.org.uk

DWP website dedicated Health Work Wellbeing section with extensive documentation, case studies, research evidence base, etc. http://www.dwp.gov.uk/health-work-and-well-being/

Information for businesses and employees is available via **Business Link** including a guide for employers and businesses
http://www.businesslink.gov.uk/bdotg/action/layer?r.l1=1073858787&r.lc=en&r.l2=1074429816&topicId=1084699219&furlname=workingforhealth&furlparam=workingforhealth&ref=http://www.dwp.gov.uk/health-work-and-well-being/news/&domain=www.businesslink.gov.uk

Workplace Well-Being Tool – Designed to help employers improve the health and well-being of people in their organisation. By using the tool employers can get support on a variety of health and well-being measures, including:

- estimating the cost of employee ill-health
- compare organisation results with benchmarks
- get practice advice on health and well-being initiatives
- measuring return on investment – work out the costs and benefits of investing in a health and well-being programme

http://www.businesslink.gov.uk/bdotg/action/detail?itemId=1084516235&type=PIP&furlname=wwt&furlparam=wwt&ref=http://www.dwp.gov.uk/health-work-and-well-being/news/&domain=www.businesslink.gov.uk

ONS Spotlight on subjective well being

http://www.statistics.gov.uk/articles/social_trends/spotlight-on-subjective-wellbeing.pdf

The **British Heart Foundation** has a range of information and tools available on Wellbeing at work.
This includes advice on how the workplace can promote and support wellbeing and individuals can take their own responsibility, how to build the business case, challenges, competitions and resources.
http://www.bhf.org.uk/HealthAtWork/wellbeing-at-work.aspx

The legacies of the **British Heart Foundation's Well@Work programme** (2004-2007) include a collection of tools for needs assessment and evaluation of workplace health programmes
http://www.bhf.org.uk/publications/publications_search_results.aspx?m=simple&q=well%40work
http://www.bhf.org.uk/publications/view-publication.aspx?ps=1000929

The PriceWaterhouseCoopers report, '**Building the case for wellness**' analysed the results of UK workplace initiatives aimed at improving the wellbeing of staff and identified substantial benefits. It also found that the cost of running wellbeing programmes was quickly translated into financial benefits for the organisations involved.
http://www.dwp.gov.uk/docs/hwwb-dwp-wellness-report-public.pdf

Survey question bank. Tobacco and Alcohol: Knowledge, Beliefs and Attitudes identifies and describes the main sources of survey data in England on knowledge and beliefs of, and attitudes to, tobacco and alcohol. Descriptions are provided for the available sources of data, the methods used for their collection and their limitations. The focus is on data that are systematically and regularly collected from the national population and are in the public domain. http://www.empho.org.uk/viewResource.aspx?id=12215

Measuring diet and physical activity in weight management interventions – published by the National Obesity Observatory and intended to be an accessible and practical guide to the measurement of physical activity and diet. Provides a shortlist of practical, validated tools.
http://www.noo.org.uk/uploads/doc/vid_10414_Assessment%20Tools%20160311%20FINAL%20MG.pdf

On behalf of the Merseyside PCTs, **Liverpool Public Health Observatory** has produced the first two titles of a **cost effectiveness review series**. The series aims to provide a comprehensive review of the literature on evidence of the cost effectiveness and potential cost savings of preventive programmes and projects by topic area. The first two topics are Physical Activity and Alcohol. The reports can be accessed at:
http://www.liv.ac.uk/PublicHealth/obs/publications/report/obs_report.htm

NWPHO review of the **cost-effectiveness of individual level behaviour change interventions**

http://www.nwph.net/nwpho/Publications/HEALTH%20CHOICES%20.pdf

NWPHO Creating Healthier Workplaces report
http://www.nwph.info/nwpho/Publications/synthesis8b2010.pdf

NWPHO Health Lifestyle and Wellbeing Survey Toolkit
http://www.nwph.net/lifestylesurvey/

Wellbeing South East Organisational level survey http://www.healthworkwellbeingsurvey.org.uk/

North West Mental Wellbeing Survey 2009
http://www.nwph.net/nwpho/Publications/NorthWestMentalWellbeing%20SurveySummary.pdf