

## **Workplace Health Promotion**

### **Editorial**

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The workplace is increasingly recognized as an appropriate setting for the promotion of health and wellbeing. The World Health Organization's (WHO) Bangkok Charter defines health promotion as 'the process of enabling people to increase control over their health and its determinants, and thereby improve their health'. (Milestones in health promotion: statements from global conferences. Geneva: WHO, 2009.) Time was when general health promotion was considered the domain of other health practitioners, with OH professionals focusing on workplace hazards. Most OH professionals, however, have always considered health promotion to be part of their remit with the topic having a prominent place on OH nurse training courses.

In developed societies, health promotion means supporting people to live healthily and influencing individuals to change their behavior to achieve this. So health promotion challenges are not in relation to extreme hunger and poverty, or the hazards of day-to-day existence in a war zone; but rather the personal and societal burden resulting from junk food, lack of exercise, smoking and alcohol-related morbidity. Health promotion targets in these areas are largely un-contentious in developed societies but there is disagreement on strategy with some arguing for a regulatory approach and others preferring the voluntary route.

So what are the drivers for worksite-based health promotion initiatives, aside from wishing to have a healthier, happier, more engaged and productive workforce? And, crucially, where is the evidence for the effectiveness of workplace health promotion interventions? Sharing best practice and case studies around the world will help to establish what works in a range of settings and with different groups of people, but this is no substitute for a high quality evidence base. There is some evidence for the success of smoking cessation programs (Workplace interventions for smoking cessation. Cochrane database of systematic reviews. CD003440.2014). But robust evidence is lacking in other areas.

*\*This editorial is based on Katie Oakley's in-depth articles in Occupational Health (at Work):*

*Workplace Health Promotion Part 1: the theoretical basis for workplace health promotion strategies. Occupational Health (at Work). 9(1)(2012):22-25.*

*Workplace Health Promotion Part 2: public policy, evidence and incentives. Occupational Health (at Work). 9(2)(2012): 24-29.*

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