Effectiveness of an integrated workplace health promotion program

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The integrated Dutch WHP program is expected to improve lifestyle and health of employees, which benefits both the employee and the employer. Potential benefits of the Dutch WHP program at the employer and societal level include lower sickness...

Ethical reviewApproved WMOStatusRecruitingHealth condition typeOther conditionStudy typeInterventional

Summary

ID

NL-OMON54438

Source

ToetsingOnline

Brief title

Work towards Vitality!

Condition

Other condition

Synonym

Health Behaviour, Lifestyle

Health condition

Het promoten van een gezonde leefstijl ter preventie van diverse chronische ziekten. Onder leefstijl valt in dit onderzoek: bewegen, niet-roken, alcohol, voeding, slaap en herstel (werkprivé balans, stress, en ontspanning).

Research involving

Human

Sponsors and support

Primary sponsor: RIVM

Source(s) of monetary or material Support: ZonMW

Intervention

Keyword: Integrated approach, Lifestyle, Work

Outcome measures

Primary outcome

Overall lifestyle of employees and the process evaluation, to gain insight in

the factors that influence implementation.

Secondary outcome

General health, well-being, physical activity, diet, stress, sleep, work-life

balance and need for recovery of employees

Study description

Background summary

An unhealthy lifestyle is one of the major risk factors for health problems and chronic diseases, such as diabetes, cardiovascular disease and cancer. With the rising number and the substantial public health and economic impact of chronic diseases, the promotion of a healthy lifestyle is of crucial importance.

The workplace offers an ideal setting for health promotion, since a large amount of persons aged 18 to 67 years is reached including many persons whose health and lifestyle needs improvement. Health promoting interventions in general have shown positive effects for lifestyle behaviors, weight-related outcomes, other metabolic risk factors, psychological wellbeing and other mental health outcomes, including depression and burnout.

Studies showed that programs with an additional environmental component are more effective for workers than single component approaches. Within an integrated approach, implementation of interventions is possible on various domains: knowledge and education, identification and support, adjustments in the social and physical environment, and policy. An integrated approach,

including both individual- and work environment interventions, is proven to be effective in improving the lifestyle of employees. Workplaces offer an appropriate setting to implement integrated approaches for health promotion, since the workplace offers opportunities to promote health by means of physical and social environmental changes, such as altering the availability of foods served in the canteen and, providing sit/stand desks, fitness facilities or nudges to promote taking the stairs.

The Lombardy WHP Network, recognized as a European good practice in the occupational setting in the European Joint Action CHRODIS, is an example of an integrated WHP initiative. The Lombardy WHP Network is unique, widespread and offers potential as it involves an integrated approach targeting multiple lifestyle factors, at both the individual and environmental level. Based on a pilot project in 2011 in Bergamo with 94 companies involved and 21,000 workers, a reduction was found in important risk factors for chronic diseases after 12 months of follow-up, particularly for fruit and vegetable intake and smoking cessation. Especially, the implementation of this program was highly successful. Because of its success, the WHP network is currently also being implemented in Andalusia in Spain. The Lombardy WHP Network was translated and tailored to the Dutch context using a bottom up approach, resulting in the Dutch WHP Program. Due to the involvement of the employers and employees during the development of this program, it is based on their needs and preferences.

Study objective

The integrated Dutch WHP program is expected to improve lifestyle and health of employees, which benefits both the employee and the employer. Potential benefits of the Dutch WHP program at the employer and societal level include lower sickness absence and reduced health care costs. Scientific evidence about the effectiveness of integrated workplace health promotion is scarce. In this clustered randomized trial, we will examine whether this program is effective on the lifestyle of employees. Furthermore, the effect on general health, wellbeing, the separate lifestyle themes targeted and work-related outcomes (need for recovery and work engagement) will be estimated. Alongside the effect evaluation a process evaluation will be conducted, to gain insight in the implementation process of the Dutch WHP program. This study will add to the body of evidence of the effectiveness of integrated workplace health promotion.

Study design

The effectiveness of the Dutch WHP program will be evaluated in a two-armed cluster randomized controlled trial (RCT) with a follow up of 12 months. A cluster randomized controlled trial assures that there is no contamination between the control condition and intervention condition. Organizations in the intervention condition will receive a catalogue with core elements of interventions and an implementation plan, following this, these organizations

are required to implement interventions on at least two different lifestyle themes and on the various domains (knowledge and education, identification and support, adjustments in the social and physical environment and policy) which is a prerequisite to fulfill the criterion of an integrated approach. Organizations in the control condition will receive the catalogue and implementation plan of the Dutch WHP program after the trial finished. To evaluate the effect of the Dutch WHP program, i.e. to analyze differences in outcomes between the intervention condition and the control condition, employees will be asked to complete an online questionnaire at baseline, 6 and 12 months follow-up and to wear a triaxial accelerometer at baseline and a subgroup (participants within both the intervention and control condition) at 12 months follow-up. Furthermore, the employers and a subgroup of approximately 10 employees in the intervention condition will be asked to participate in interviews at 12 months, if necessary more interviews will be conducted until data saturation is reached. Both employees that did participate in the implemented interventions as well as employees that did not participate will be asked to participate in these interviews.

Intervention

Organizations in the Dutch WHP program condition will receive a catalogue in which core elements of health promoting interventions for multiple lifestyle themes and various domains are included, enabling an integrated approach. Additionally, they get access to an implementation plan which will assist the organizations in implementing the health promoting interventions. Employers will select interventions that are most relevant and feasible for their organization and employees. During the study, employers are required to implement multiple interventions on the various domains of the integrated approach (knowledge and education, identification and support, adjustments in the social and physical environment and policy) which is a prerequisite to fulfill the criterion of an integrated approach. Employees can voluntarily participate in these health promoting interventions. The control condition will not get initial access to the Dutch WHP catalogue and implementation plan during the 12 month follow-up and receive the catalogue afterwards.

Study burden and risks

Employees will be asked to complete online questionnaires at baseline and 6 and 12 months follow up. Employees will wear a triaxial accelerometer at baseline and a subgroup (participants within both the intervention and control condition) also at 12 months follow-up. A subgroup of approximately 10 participants will be asked to participate in interviews after 12 months, if necessary, more interviews will be conducted until data saturation is reached. Participants in the WHP group can benefit from the WHP program, as their lifestyle and health are expected to improve. No risks are associated with the intervention.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Inclusion criteria

- Of working age (18-67)
- Working at one of the participating organizations for at least 12 hours per week
- In case of self-employed employees, working at the participating organization for at least 12 hours per week

Exclusion criteria

- Contract ends before the end of the study
- Sick leave for more than 4 weeks
- Pregnancy at baseline

Study design

Design

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Primary purpose: Prevention

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 14-01-2022

Enrollment: 330

Type: Actual

Ethics review

Approved WMO

Date: 13-12-2021

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 17-03-2023

Application type: Amendment

Review commission: METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

CCMO NL77727.029.21