

# Occupational Health Award 2009



## Health Promotion and Wellbeing

## THE 2009 NATIONAL AWARD FOR EXCELLENCE GOES TO BANGOR UNIVERSITY!

The increasing importance of 'health at work' is recognised through a national award scheme that highlights examples of best practice in the following categories:

- Health promotion and well-being,
- innovation,
- stress management,
- team work,
- absence management, and
- risk management.



To help measure our efforts to support and enhance the health of staff the University's 'Agenda for Health' was submitted for peer review as a part of this Award scheme. The Submission outlined health activities delivered and evaluated during 2009 and had as a primary objective the benchmarking of our programme for staff health; primarily to evaluate whether our standards for 'health at work' were considered fit for purpose or indeed were "any good".

170 organisations made submissions in various categories, including major employers like the Department for Work and Pensions, Strathclyde University, several NHS Trusts, several Police Constabularies and numerous private sector employers, such as Lotus cars and Premier foods.

Initially it was pleasing to hear that the submission from Bangor University was shortlisted in the 'Health Promotion and Well-being' category, alongside the cash-rich and highly resourced organisations of British Telecom and E.on.

At the Awards Ceremony on 8<sup>th</sup> December Bangor University was declared the best example of good practice in the Health Promotion and Well-being category.

*"Bangor's quality of presentation far exceeded the other entries. The argument developed logically, identifying World Health Organisation justifications for health and explaining why it should be promoted at work. Excellent leadership was demonstrated. Health assessments included smoking, alcohol, diet, exercise, back pain and psychological health. Benefits were demonstrated in reduced sickness absence and lower levels than comparable organisations. The enthusiasm for the project leapt out"*

A different set of judges then compared the submission from Bangor University alongside other category winners. These were: Grimsby Institute for Further and Higher education (absence management), Nestle (team work), NHS Plus, Clinical Effectiveness Unit (innovation) Metropolitan Police (mental health) and Lisheen Mine (risk management). Bangor University was judged to be the 'Overall Winner'.

*"This entry demonstrates how an OH nurse can take the lead in championing health and well-being in the workplace. It shows effective teamworking and consultation as well as excellent use of available resources. The programme was adapted to suit the circumstances at Bangor – and was well thought out in response to people's needs. It was underpinned by good evidence and supports the top public health issues currently impacting on health and well-being. Results show significant short-term improvements including a reduction in absences and indicators of long-term improvements to health"*

The health agenda for Bangor University **continues** in the knowledge that it is fit for purpose and recognised as an example of excellence.

## INTRODUCTION

Research commissioned by the 'World Health Organization' identifies that smoking (direct or passive), raised cholesterol, raised body mass, lack of exercise, high or sustained levels of stress, excess alcohol consumption and raised blood pressure are the principle health risk factors linked to cancers, heart disease, strokes, liver disease, musculoskeletal conditions, diabetes and psychological illness<sup>1</sup>.

Solutions to helping people maintain health are not just down to the NHS and not just down to the individual. We spend most of our time and our lives at work, so the workplace has a significant influence on health and well being<sup>2</sup>.

## LEADERSHIP

'Pathways to Health' is a journey that began by researching the severity of health risk factors (see supporting information) and using that information as a basis for interpreting the assessment of 300 people who work at Bangor University (Chart 1).

The design, delivery and success of this initiative has been led by the Occupational Health Practitioner (OHP), who is based within Health and Safety Services, and involves close working relationships with colleagues and contacts external to the University.

Support from senior managers was secured through consultation and presentations by the OHP during meetings held in different academic and support departments. Support of staff representatives was secured through individual discussions, meetings and feedback given to them by their members.

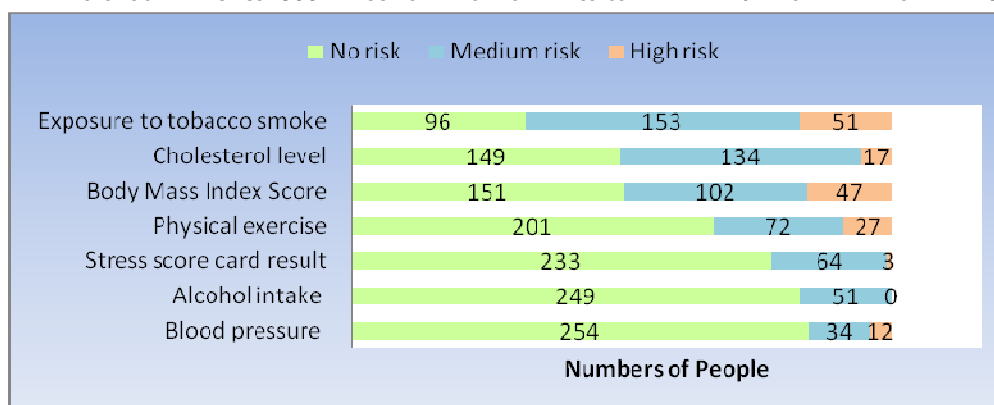
The most important working relationship was built with those whose health was at risk. They were helped to develop different habits and supported through stages of change, lead by the OHP who applied the Prochaska & DiClemente<sup>3</sup> health promotion stages of change model. Details are given in the supporting information document.

## Health Assessments

Each Health Assessment involved a 45 minute confidential interview with staff. Anomilysed data from those interviews formed the basis of a 'Health Profile' that provided the evidence base for 'Pathways to Health'.

### • CHART 1

HEALTH RISKS FOUND AMONGST 300 BANGOR UNIVERSITY STAFF ASSESSED BETWEEN JANAUARY AND DECEMBER 2008



<sup>1</sup> World Health Organization (2005) *Comparative quantification of health risks* [www.who.int/publications](http://www.who.int/publications)

<sup>2</sup> Black, C (2008) 'A review of the health of Britain's working age population' [www.workingforhealth.gov.uk](http://www.workingforhealth.gov.uk)

<sup>3</sup> Prochaska, J, Di Clementi, C (1982) 'Transtheoretical model: stages and processes of change' [www.en.wikipedia.org/wiki/TranstheoreticalModel](http://www.en.wikipedia.org/wiki/TranstheoreticalModel)

When health risk factors were found, the individual was invited to follow a '*Pathway for Health*'. There is a choice of 10 different pathways and each provides an opportunity for individuals to take action by joining activities at work that will reduce their level of risk (Table 1)

- TABLE 1

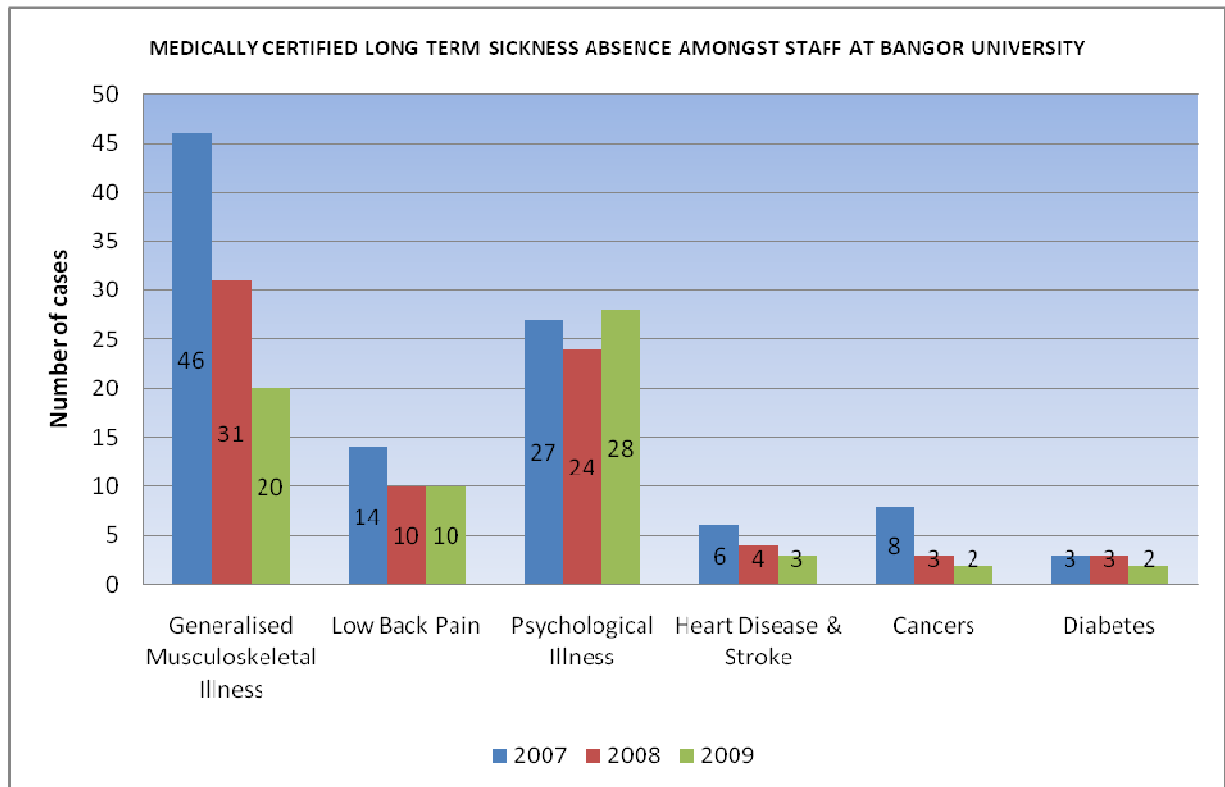
ACTIONS TAKEN TO IMPROVE FUTURE HEALTH

PATHWAY	PURPOSE	IMPACT ON EMPLOYEES
'BREATH OF FRESH AIR CAMPAIGN'	To protect non-smokers from exposure to second hand tobacco smoke and support smokers that want to stop	A survey about smoking habits supported a University policy to distance smokers 5 meters from buildings
'ALCOHOL AWARENESS'	Raising awareness of guideline daily limits and the prevention of alcohol fueled behaviours	The percentage of staff that exceeded the guideline daily limits has reduced from 31% to 19%
'FOOD FOR LIFE'	To improve healthy eating options in the City of Bangor	A joint working group led by the OHP has been established with environmental health and public health nutritionists to improve the quality of food sold in Bangor
WEIGHT LOSS CHALLENGE'	To boost motivation & sustain weight loss, this pathways also raises money for the local children's hospice	52 people joined the challenge. 578Lbs in weight was lost and £1,671 raised for the Childrens Hospice
'THE BACK CLUB'	Showing people what to do is better than giving advice. The back club shows people how to strengthen core muscles that support the spine	17 people with a history of sickness absence due to back pain attended classes twice a week for 4 weeks. After attending the club they had stronger core muscles and have not lost time from work in the past 6 months, compared to a sickness absence recurrence rate of 1:6 for other sufferers
'THE FLIPPER CLUB'	A swimming club for the back club and weight loss challenge members	12 people attended after work, twice a week for a month; 4 still attend. All of them report greater energy and fitness levels
'SUMMERTIME, LUNCHTIME WALKS'	To encourage people to take a lunch-break and join a walking group to places of local interest	Walks and talks to Bangor Pier, Debenhams, Penrhyn Castle and the University botanical gardens supported the habit of taking lunch breaks
'GYM-TIME'	Department funded gym sessions to enhance physical and mental health as well as team spirit	This initiative persuades departments to spend money on their own staff, enhancing both health and team spirit
YOGA	Held on Friday lunchtimes to help people relax for their weekend away from work	Inventories of positive psychological attitudes confirms an improvement in psychological well-being
MINDFULNESS	A specialist programme of meditation to develop a positive outlook on life	People are more aware of their emotions and more capable of turning them into a positive force for the' present and future'

The supporting information document attached to this summary describes how the impact of each '*Pathway to Health*' has successfully decreased health risk factors.

To measure the benefits of a decrease in health risk factors to the organisation as a whole, medically certified sickness absence rates are measured for 2007,2008 and 2009 (Chart 2).

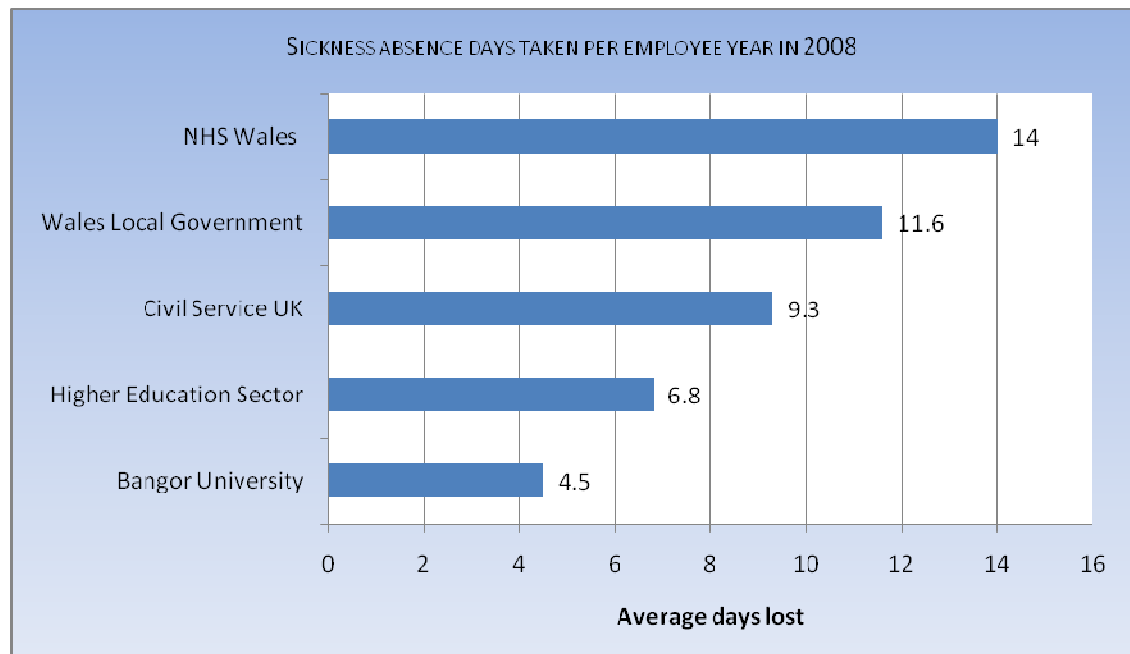
- Chart 2



The number of long term sickness absence cases reduced from 104 in 2007 to 65 in 2009. These findings show that the decrease in health risk factors achieved by '*Pathways to Health*' has corresponded with a 37% reduction in long term medically certified sickness absence.

Further evidence of the benefits from improved health for both employees and the University is demonstrated by benchmarking sickness absence at Bangor University with other public sectors (Chart3).

- Chart 3



4.5 days per year is a 2.03% annual sickness absence level

These findings show the decrease in health risk factors achieved by '*Pathways to Health*' corresponds with sickness absence levels being lower at Bangor University compared to other public sectors <sup>4</sup>

In conclusion, this paper demonstrates that '*Pathways to Health*' is a pro-active approach that has found success in encouraging people to take responsibility for their own health by making the workplace a platform for health promotion and wellbeing.

Our staff are happier, healthier and here. The programme continues!

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<sup>4</sup> [www.hss.bangor.ac.uk/annualreports](http://www.hss.bangor.ac.uk/annualreports)

## SUPPORTING INFORMATION

'Pathways to Health' is a journey that began by researching the criteria of health risk factors. This provided the evidence base to interpret the staff health assessment programme (Table 1).

TABLE 1

### EVIDENCE: UNDERSTANDING THE SEVERITY OF HEALTH RISK FACTORS

<i>Risk Factor</i>	<i>No Risk</i>	<i>Medium Risk</i>	<i>High Risk</i>
Exposure to tobacco smoke <sup>5</sup>	Non-smokers that are not exposed to the risk of inhaling second hand tobacco smoke at work	Non smokers who are exposed to second hand smoke when entering the workplace from people smoking by doorways	Non-smokers who are exposed on a daily basis to second hand smoke drifting into work areas from doorways and/or windows; all smokers are classed as high risk
Cholesterol level <sup>6</sup>	Under 5 m.mol/l	Between 5 – 6.5 mmol/l	Over 6.5mmol/l
Body Mass Index Score <sup>7</sup>	Score between 18.5 -24.9	Score between 25-29.9	Score above 30
Physical exercise <sup>8</sup>	30 mins 5 times a week	30 mins 3 times a week	No exercise
Stress score card result <sup>9</sup>	Stress score 30-44	Stress score 45-59	Stress score over 60
Alcohol intake <sup>10</sup>	Non drinkers or those that rarely drinks alcohol or those that drink within the alcohol intake guideline limits	Exceeds the alcohol intake guideline limits when not working the following day	Regularly exceeds the alcohol intake guideline limits when working the following day
Blood Pressure <sup>11</sup>	100/60 – 139/89	140/90 – 159/99	Above 160/100

<sup>5</sup> Report of the Scientific Committee on Tobacco & Health (1998) [www.archive.officialdocuments.co.uk/documentation/doh/tobacco](http://www.archive.officialdocuments.co.uk/documentation/doh/tobacco)

<sup>6</sup> National Institute for Clinical Excellence (2008) *Clinical guidance* [www.nice.org.uk/guidance/67](http://www.nice.org.uk/guidance/67)

<sup>7</sup> National Institute for Clinical Excellence (2006) *Clinical Guidance No 43* [www.nice.org.uk/guidance/43](http://www.nice.org.uk/guidance/43)

<sup>8</sup> National Institute for Clinical Excellence (2006) *Public Health Guidance No 2* [www.nice.org.uk/guidance/PH002](http://www.nice.org.uk/guidance/PH002)

<sup>9</sup> Bangor University Health and Safety Services (2008) *Stress score card* [www.hss/bangor.ac.uk/healthandwellbeing](http://www.hss/bangor.ac.uk/healthandwellbeing)

<sup>10</sup> Department of Health (2009) *Alcohol advice* [www.dh.gov.uk/publichealth/healthimprovement/alcoholadvice](http://www.dh.gov.uk/publichealth/healthimprovement/alcoholadvice)

<sup>11</sup> National Institute for Clinical Excellence (2005) *Clinical guidance 34* [www.nice.org.uk/guidance/34](http://www.nice.org.uk/guidance/34)

The outcome of Health Assessments generated a 'Pathway to Health' in response to each Risk Factor. The stage of change model (Table 2.) was applied to assist individuals who wished to reduce their health risk factor. When a number of individuals had similar health support needs they were invited to participate in group activities.

The 'Prochaska and DiClemente's Stages of Change Model'<sup>12</sup> was applied to motivate people to join and stay with each 'Pathway to Health' and sustain then their healthier behaviour. This process involved six stages.

TABLE 2

IMPLEMENTING PROCHASKA AND DICLEMENTE'S STAGES OF CHANGE MODEL

Stage of Change	Characteristics	Techniques
1. Pre-contemplation	Not currently considering change:  "Ignorance is bliss"	Promoting the health assessment an opportunity for people to know more about their own health - encouraging natural curiosity
2. Contemplation	Ambivalent about change:  "Sitting on the fence"  Manifested by not considering change within the next month	Using the health assessment interview to: <ul style="list-style-type: none"> <li>• encourage people to evaluate the advantages and disadvantages of behavioural change</li> <li>• Identify and promote new, positive outcome goals</li> </ul>
3. Preparation	Planning to act within 1 month:  "Testing the waters"	Using 'SMART' objectives i.e. specific, measurable, achievable, realistic & time-scaled
4. Action	Practicing new behaviour for 3-6 months	Using the workplace to make healthier choices an easier step along the 'Pathway to Health'
5. Maintenance	Continued commitment to sustaining new behaviour  Post 6 months to 5 years	Ensuring follow up support re-enforcing the persons sense of achievement
6. Relapse	Resumption of old behaviours:  "Fall from grace"	Evaluating the trigger for relapse to modify the SMART objectives

<sup>12</sup> Prochaska, J, Di C lementi,C ( 1982) ' Transtheoretical model: stages and processes of change' [www.en.wikipedia.org/wiki/TranstheoreticalModel](http://www.en.wikipedia.org/wiki/TranstheoreticalModel)



## The Health and Well Being Launch Day

Health and Well Being at Bangor University was launched to staff in 2009 at a well being day, organized by a working party chaired by the OHP, communicated to staff by the Vice-Chancellor and opened by



The day hosted an array of events and initiatives to promote staff health and well being from nutrition to relaxation, sporting activities to the environment, personal development to pension rights.

The day was also supported by alcohol awareness agencies, NHS professionals for men's and women's health, '*Stop Smoking Wales*' and volunteers who gave a relaxing Tai massage. 88% of those who attended completed an evaluation report stating their intention to make healthier lifestyle changes.

## The Breath of Fresh Air Campaign

Legislation to stop smoking in the workplace was introduced to protect non-smokers from health risks caused by second hand smoke. Second hand smoke comes from the tip of a cigarette, cigar or pipe and from smoke that is breathed out by a smoker. This is sometimes referred to as passive smoking.

This '*Pathway to Health*' began in January 2008 with an on-line survey at Bangor University. It was conducted by the OHP who wished to research the impact of smoking restrictions at Bangor University. The findings showed the smoking ban had reduced but not eliminated the effects of second hand smoke and was published in the '*Occupational Health*'<sup>13</sup> magazine. The impact of this survey resulted in the University making a policy to distance smokers 5 meters from buildings.

In March 2009 the 'Breath of Fresh Air' campaign aimed to monitor the effect of the new University policy. It lasted for a week leading up to 'National No Smoking Day' and aimed to heighten awareness amongst smokers of the risks that second hand smoke is having on the health of non-smokers. The objectives were to gain their support for the University policy and help people to stop smoking if they wanted to give up.

The campaign was not designed to 'police' the smoking ban; it involved constructive discussions with smokers. The wearing of a cigarette costume drew attention to the campaign in a non-confrontational way. This 'direct approach' proved to be the campaign's main strength. It enabled smokers to appreciate the damaging effect that their smoke was having on people working nearby offices. Smokers did not fully appreciate the health risks they were exposing these people to on a daily basis.

People were invited to join a quiz that would raise their awareness of smoking issues. The quiz consisted of 10 multiple-choice questions about the history of smoking, the harmful chemicals inhaled and common serious illnesses caused by smoking and second hand smoke. The local health spa was contacted supported the event by offering 3 months free membership to the quiz winners (worth £300)



Over the course of the week it was evident that less people were smoking within the protected 5m zone from day to day. It was also interesting to note that apart from a few repeat offenders, the numbers of smokers in general was quite low.

Feedback from staff working in offices that had been affected by second hand smoke continue to benefit from a significant reduction in their previous exposure to second hand tobacco smoke.

A number of smokers have received support to stop smoking, all of whom continue to be free from the habit, suggesting the impact of distancing smoking from buildings helps smokers to decide to stop.

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<sup>13</sup> Patton, J (2008) '*The smoking ban: Has it eliminated the health risks from passive smoking?*' *Occupational Health* May 2008

## Alcohol Awareness

For most people who drink, alcohol is a source of pleasure and enjoyment. It can aid relaxation, but also mask stress. In some situations this leads to fights and arguments, ill considered sexual contact, law breaking and accidents. Acting 'silly' may be soon forgotten, but the more serious consequences of inappropriate behaviour and actions on others may last a lifetime. The purpose of this '*Pathway to Health*' is to raise awareness of guideline daily limits.

The staff health assessment programme revealed that a significant number of people regularly drank in excess of the health guideline limits for alcohol. Those individuals were given information about what constitutes a unit of alcohol and how to calculate their own intake, with advice not to drink if driving the next day, planning a pregnancy (advice to women) and not to drink if any medication being taken warns against doing so. The outcome of advice was measured by a follow-up audit 6 months after the initial health check. The percentage of staff that exceeded the guideline daily limits reduced from 31% to 19%.

The alcohol awareness campaign began in early October 2008 with an invitation to a nursing colleague working in a local hospital to write a short account of the effect alcohol fueled behaviour has in the A&E department that formed part of a presentation from the OHP to the local licensees, asking for their support to ensure the festive celebrations of their customers do not cause problems for other people. To support this message our 'true story' of the impact that alcohol fueled behaviour has on people in the A&E department was narrated and was available as a podcast to all.



Figure 1

Building on this message, sponsorship was obtained by the OHP from Gwynedd Council's community safety unit, who funded the bi-lingual postcards (Figure 1.) that were posted to our staff and the Universities student population.

In collaboration with the Students Union a local radio interview, headlined by the narrated A&E story reminded people with examples of the sadness alcohol causes, asking people to look after themselves and friends.



This initiative has delivered three outcomes. The immediate impact on the effect of alcohol fueled behaviour over the festive season reduced anti-social behaviour. Secondly the percentage of staff that regularly exceeded the alcohol guideline limits reduced from 31% to 19%. Thirdly greater efforts are being made to improve alcohol awareness health education.

## 'Food for Life' and the 'Weight Loss Challenge'

To improve healthy eating options in the City of Bangor, a joint working group led by the OHP has been established. This working group includes the environmental officer for North Wales and a public health nutritionist. The aim is to improve healthy food options sold by food outlets to staff, students and the local community. Our strategy for the next three years involves networking with food outlet proprietors to define 'healthy options' and support the business case for them to raise awareness of the '5-a-day' choices through their menus. In return they will receive Bangor University endorsement – promoting their establishment to the buying power of our 10,000 students.

### OUTCOME OF THE 2008 - 2009 WEIGHT LOSS CHALLENGE

Being overweight is a major risk factor for a number of chronic conditions such as cardiovascular disease (mainly heart disease and stroke) type 2 diabetes, musculoskeletal disorders like osteoarthritis and some cancers (endometrial, breast and colon). These conditions cause substantial disability and risk premature death<sup>14</sup>.

Findings from the 2008 health check programme (Figure 2.) revealed 34% of staff (number of staff =102) were overweight and 15% obese (number of staff = 46).

Membership of the weight loss depends on three factors; the need to lose weight, sensible eating and physical activity. Losing weight is difficult at the best of times. This weight loss challenge has the added incentive of losing weight for the benefit of children at the Ty Gobaith Hospice.

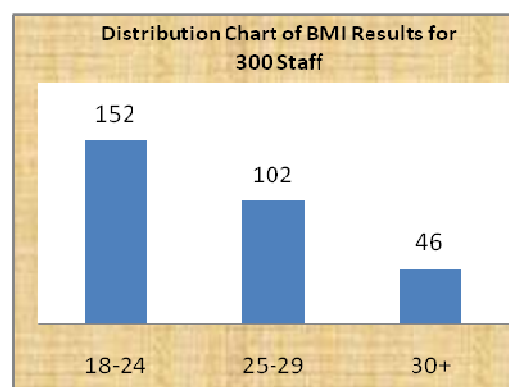


Figure 2



Figure 3

The OHP asked those who joined the challenge to seek sponsors willing give a minimum of 10p for every pound or Kg that they lose, with the money raised donated to the Ty Gobaith Children's Hospice. The OHP then arranged a talk from a clinical dietician who explained the meaning of 'Daily Guideline Nutritional Information' to support weight loss. In addition to weekly weight-ins, members of the challenge received further encouragement through health promotion newsletters with details of weight loss recipes and invitations to join swimming and other exercise groups.

A total of 52 people have joined the weight loss challenge, 578lbs in weight has been lost and £1,671 of sponsorship money raised for the Ty Gobaith children's hospice. This photograph (Figure 3.) was taken to show those who lost most weight, handing over a cheque for their sponsorship money on June 9<sup>th</sup> 2009.

<sup>14</sup> World Health Organization (2009) 'What are the consequences of being overweight?' [www.who.int/overweight](http://www.who.int/overweight)



## ‘The Back Care Club’

This initiative aimed to improve the future health of people that had experienced acute low back pain resulting in sickness absence from work during the 12 months before the back club commenced. Low back pain is pain, muscle tension or stiffness, with or without leg pain (Sciatica) and is defined as acute when the pain lasts for less than 12 weeks<sup>15</sup>. Acute low back pain has a high recurrence rate with symptoms recurring in 50 – 75% of people within a year<sup>16 17</sup>. Physical risk factors for the development of low back pain include sitting all day or heavy physical work, frequent bending, twisting, lifting, cold drafts and a general lack of fitness. Psychological risk factors include anxiety, depression and mental stress at work<sup>18</sup>.

Between July 2007 and August 2008, a total of 76 people had required sick leave from work at Bangor University due to back pain, 17 of whom had a recurrent episode within six months of returning to work from the initial episode (22%). The OHP sent a copy of the *‘The Back Book’*<sup>19</sup> to all those who had required sick leave due to low back pain to help with the management of their condition. The high occurrence and recurrence rate of sickness absence with low back pain suggested that more action was needed rather than the sole reliance of a book to read.

The OHP elicited the supported of the University sports centre where the health and fitness agreed to lead the club. The aim was to reduce the risk of future back problems by strengthening core muscles that support the spine.



Because the club was initiated to reduce sickness absence due to low back pain, this outcome measure evaluated the effect of this intervention on attendance at work.

The back club started at the beginning of ‘National Back Care Week’ in October 2008, was free to attend, and continued for 8 weeks. An evaluation was undertaken by the OHP 6 months later in May 2009.

Of those members who had joined the club with a history of sickness absence within the previous year, no-one over the past 6 months has since suffered a relapse requiring further time off. In this same time-frame 9 of the 58 people that declined the invitation to attend, went on to suffer a further episode of sickness absence with low back pain – an incidence recurrence rate of 1 in 6 people.

<sup>15</sup> McIntosh, G. Hall, H. (2008) ‘Acute low back pain’ [www.clinicalevidence.bmj.com](http://www.clinicalevidence.bmj.com)

<sup>16</sup> Frymoyer, JW (1988) ‘Back pain and Sciatica’ *New England Journal of Medicine* Vol 318 p 291-300

<sup>17</sup> Bielanski, T. Nashelsky, J (2009) ‘What is the prognosis for low back pain?’ *The Journal of Family Practice* [www.jfponline.com](http://www.jfponline.com)

<sup>18</sup> Andersson, G. (1997) *The Epidemiology of Spinal Disorders* Raven Press P33-141

<sup>19</sup> ‘The Back Book’ (2008) TSO ISBN 978 0 11 702950 7 [www.tsoshop.co.uk](http://www.tsoshop.co.uk)

## Gym Time, Summertime Lunchtime Walks & 'The Flipper Club'

Evidence from the staff health assessment programme established that 1 in 10 people exercised for less than 30 minutes 5 times a week. The effect increases the lifestyle risk for cardiovascular disease and illnesses associated with raised blood pressure, raised cholesterol, raised body mass and functional weakness<sup>20, 21</sup>

Reviews of scientific studies offers a consensus that 30 minutes exercise of moderate intensity will significantly reduce the risks of health problems associated with inactivity<sup>22</sup> Exercise of moderate intensity is defined to be between 55-69% of a persons' maximum heart rate<sup>23</sup>. A calculation for a male in his mid-50 would be a pulse rate of 222 beats per minute (bpm) minus 55 = 165bpm, 55-69% of that heart rate equals 90-113bpm. This is achievable by brisk walking. Younger people who do not exercise will achieve this level by more strenuous exercise

When health assessments were conducted in the School of Chemistry, a preference existed to join a fitness group. In November 2008 members of the departmental staff visited the University Sports Centre for 4 weeks. The outcome was extremely positive – staff learnt how to use the facilities of the sports centre, team spirit flourished, fitness improved and the habit of exercise continued after the initial 4 weeks. The group is continuing to attend the sports centre six months later.



When the health assessments were conducted in the 'Information Technology' department, interested was expressed to form a lunchtime walking group. In response, the team was supplied with local maps<sup>24</sup> that assessed the timing of walks, places of interest to see, the distance involved and difficulty of the walk. Their initial 'venture-out' was a lunchtime treasure hunt to find a prize concealed in bushes roughly a mile from their base.

The popularity of lunchtime walks has increased with improved weather conditions. The 'Summertime Lunchtime Walks' is a '*Pathway to Health*' for a number of staff whose stress scorecard result revealed they often worked through their lunch break. The reason for doing so was often less to do with the pressure of high workloads and more to do with the development of a bad habit.

In May 2009 a programme of lunchtime walks were organised by the OHP to last an hour and visit places of local interest.

<sup>20</sup> World Health Organization (2002) '*Global strategy on diet, physical activity and health*'  
[www.who.int/dietphysicalactivity/publications](http://www.who.int/dietphysicalactivity/publications)

<sup>21</sup> Department of Health (2004) '*Evidence on the impact of physical activity and its relationship to health*'  
[www.dh.gov.uk/en/publicationsandstatistics](http://www.dh.gov.uk/en/publicationsandstatistics)

<sup>22</sup> BUMGARDNER, W (2008) '*What is moderate intensity exercise?*' [www.walkingabout.com](http://www.walkingabout.com)

<sup>23</sup> POTTEIGER, J (2003) '*How much exercise is enough?*'

<sup>24</sup> See [www.hss.bangor.ac.uk/wellness/pathwaystohealth](http://www.hss.bangor.ac.uk/wellness/pathwaystohealth)

The photograph (Figure 4) was taken during our walk to Bangor Pier where the information officer spoke about the history of the pier and why humans, animals and fish like to visit.

People are more inclined to join walks if the places being visited are worthwhile and interesting. The OHP arranged a walk to the Debenhams department store in Bangor City. The sales manager spoke about the building the store operates from, explained where in the world clothing, household goods and toiletries are sourced from and staff had the opportunity for some retail therapy.



Figure 4

Our other walks included a visit and talk by the visitor information officer at Penrhyn Castle in Bangor and a walk to the Universities botanical garden for a talk by the head gardener on the species of plants, trees and pond life.



Many people wish to take exercise in ways other than walking. A number of staff expressed a wish to join the 'Flipper club' and during the month of May 2009 the OHP organized a total of 8 swimming sessions at a local outdoor sports centre.

Those who attended included people who had been members of the back club. Others wanted to swim as part of their on-going weight management plan. At a discounted price the sessions were good value for money.

The outcome of 'Pathways to Health' for gym work, summertime lunchtime walks and swimming have introduced a social, fun element to working lives. Fitness has improved and new, healthier habits have been sustained.

On June 19<sup>th</sup> 2009 the University Cycling Group<sup>25</sup> was launched with a leisurely ride through the natural beauty of the area. This initiative will enhance both physical and psychological well being and its launch witnessed over 20 cyclists taking part. Further 'rides' are planned throughout the year.

The commitment of Bangor University in the well being of staff and students has culminated in the production of a new Sports & Recreation Strategy. This Strategy is now nearing completion and the provision of tailored and subsidized activities for staff will feature highly; this initiative will help integrate Sport & Recreation into the wider psyche of staff health and well being.

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<sup>25</sup> <http://cycling.bangor.ac.uk/>

## ‘Yoga Groups’

Between 2008 and June 2009, three, 8 week programmes of yoga have been attended by 92 staff as part of an initiative organized by the OHP to support physical and psychological well-being; particularly through the organizing of Friday lunchtime sessions. These aimed to ensure people took a lunch break and of equal importance, relaxed at the end of the working week so they could enjoy a home life to the full at weekends. Those that completed the course were invited complete a questionnaire<sup>26</sup> (Table 3) and make additional comments about the programme.

TABLE 3

INVENTORY OF ATTITUDES THAT BUFFER STRESS REACTIONS: PERCENTAGE OF RESPONSES					
	Not at all	A little	A fair amount	Quite a bit	A lot
Improved concentration		18%	71%	11%	
Improved sleep quality			89%	8%	3%
improved energy levels		5%	36%	54%	5%
Improved happiness			36%	36%	28%
Less stressed			28%	54%	18%
Less back pain			76%	18%	6%
Less headaches	17%	36%	25%	21%	1%

Additional comments about the Yoga ‘*Pathway to Health*’ included:

“It helped me to relax- no mean feat”  
 “The yoga has been particularly helpful with my back problems”  
 “The programme caters for all abilities very well and helped to improve my posture and flexibility”  
 “I found the opportunity to relax with friends very beneficial”  
 “I signed up for this because I needed ‘me-time’. I left feeling refreshed and motivated and carried that over the weekend which helped me enormously”  
 “I feel more relaxed, and physically (suffering to some extent with arthritis), I feel more supple, and also not so bloated as I often am”

The success of the Yoga Programme and appeal that it holds for staff has generated interest in further sessions and these shall be arranged throughout the year.

<sup>26</sup> Kass, J. (1998). *The Inventory of Positive Psychological Attitudes: Measuring Attitudes that Buffer Stress and Facilitate Primary Prevention*. In C. Zalaquett and R. Wood (Eds). *Evaluating Stress: A Book of Resources*, Volume 2. Lanham, MD: Scarecrow Press/University Press of America.



## ‘Mindfulness’

Many workplaces provide a staff a counselling service and Bangor University is no exception to this. The limitation of counselling is that it is reactive, not preventative.

Bangor University is an internationally respected centre for ‘Mindfulness Research & Practice’<sup>27</sup>. ‘Mindfulness’ is a specialist programme of meditation to develop a positive outlook on life with the aim of supporting rather than treating mental health

This ‘*Pathway to Health*’ included an opportunity for staff to join the January-April 2009 ‘Mindfulness Course’. The OHP arranged funding for this course and feedback from the staff who attended was positive (Table 4)



TABLE 4

### FEEDBACK FROM THE ‘MINDFULNESS PATHWAY TO HEALTH’

“I have gone home feeling like a different person – happier, content and relaxed”

“I am more relaxed and cope with situations differently – letting things go that used to annoy me”

“I have now made some fairly positive and life changing decisions”

“The course has helped me to control my moods in a way I never thought possible”

“I am infinitely more positive in me personal and professional life”

“The course has enabled me to step away from the situation I found myself in and I am better able to cope with resisting the impact of future situations on my ‘self’

“I am more positive about my inner strength and realize that negative views or judgments’ by others are of little consequence”

The ‘Mindfulness’ initiative has the potential to revolutionise traditional approaches to mental health in the workplace. This ‘*Pathway to Health*’ – like the other 10 - is based on preventative interventions.

Joe Patton  
Occupational Health Practitioner  
2009

<sup>27</sup> [www.bangor.ac.uk/mindfulness](http://www.bangor.ac.uk/mindfulness)

## United Kingdom Occupational Health Awards 2009

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Shortlisted Entrants	Category Winner	Overall winner
<b>Absence Management</b>	<b>Absence Management</b>	
Department for Works and Pensions		
Durham Constabulary		
Grimsby Institute of Further and Higher Education	<i>Grimsby Institute of Further and Higher Education</i>	
Isle of Wight Primary Care Trust		
<b>Best Occupational Health Team</b>	<b>Best Occupational Health Team</b>	
Morgan Est		
Nestlé	<i>Nestlé</i>	
University of Strathclyde		
West Yorkshire Police		
<b>Health Promotion and Wellbeing</b>	<b>Health Promotion and Wellbeing</b>	
Bangor University	<i>BANGOR UNIVERSITY</i>	<b><i>BANGOR UNIVERSITY</i></b>
British Telecom		
E.ON		
New Charter Housing		

<b>Innovation in Occupational Health</b>	<b>Innovation in Occupational Health</b>	
Eggborough Power		
NHS Plus & Occupational Health Clinical Effectiveness Unit	<i>NHS Plus &amp; Occupational Health Clinical Effectiveness Unit</i>	
Stockport NHS Foundation Trust		
Tameside Hospital NHS Foundation Trust		
<b>Mental Health and Stress Management</b>	<b>Mental Health and Stress Management</b>	
Merseyside Fire and Rescue Service		
Metropolitan Police	<i>Metropolitan Police</i>	
NHS Highlands Occupational Health Service		
Selex Galileo		
<b>Risk Management and ILL-Health Prevention</b>	<b>Risk Management and ILL-Health Prevention</b>	
Gateshead PCT		
Lotus Cars		
Premier Foods		
The Lisheen Mine	<i>The Lisheen Mine</i>	