

Strategy for a Healthy Police Service

Health Promotion and Maintenance of Individuals Own Health

This document is a reference tool designed to raise the awareness of Health Promotion in line with the Strategy for a Healthy Police Service, paragraph 21f. It is aimed at Senior Managers, Human Resource Managers/Officers and Occupational HSW practitioners and suggests a process to help emphasis the importance of Health Promotion at an organisational level as well as with individuals.

There is some documented evidence of the benefit to organisations from successful Health Promotion Programmes. Some examples are sited in 'Guidelines on Improving the Physical Fitness of Employees' (World Health Organisation 2000):

- *Canada Life Assurance Company in Toronto showed a drop in absenteeism by 22%, i.e. 1.3 days per participant meaning a saving of about \$100 per employee*
- *By its second year, Du Pont's programme made a return of US \$2.05 for each dollar spent.*

Putting in place an appropriate Health Promotion Programme is one way of reducing sickness absence. The Faculty of Occupational Medicine (2000) indicates that illnesses like back pain have a major effect on organisations through absenteeism and avoidable costs.

The Confederation of British Industry (CBI) estimates:

- *Back pain costs £208 for every employee each year and that at any one time 430, 000 people in the UK are receiving various social security benefits primarily for back pain.*
- *The cost of these 430,000 reported instances of back pain was estimated as £315 - £335 million (1996 prices)*

There seems to be a lack of published research specific to Policing and Health Issues and this may be an area for Police Occupational Health & Welfare Departments to look at.

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Guidance on developing a Health Promotion programme

AIMS

To proactively promote HEALTH, raising awareness throughout police forces
To empower individuals to take responsibility for their own health.

Common health issues specific to Policing (Alphabetical order)

- ALCOHOL/DRUG ABUSE.
- CARE OF THE BACK.
- CARE OF KNEES.
- EXERCISE PROGRAMMES.
- HEALTHY EATING.
- HEALTHY LIVING.
- SMOKING.
- STRESS MANAGEMENT.
- WEIGHT MANAGEMENT.
- WORK / LIFE BALANCE.

Carryout needs analysis to target health promotion issues.
(Target specific problem)

Determine type of programme to be initiated

| Levels of intervention (alphabetical order) | Examples of programme content | Cost |
|---|--|-------------------|
| Communication and awareness programmes | <ul style="list-style-type: none"> • Local physical activity events/clubs/facilities. • Articles in Force newspaper e.g. The Job, Police Review. • Posters or Leaflets. | Low cost |
| Education and lifestyle programmes | <ul style="list-style-type: none"> • Seminars • Exercise prescription • Healthy back classes • Aerobic classes • Fitness contest | Mid-cost approach |
| Organisational, cultural and behavioural change support systems | <ul style="list-style-type: none"> • On-site fitness centres • Company sports teams | High cost |
| Screening and assessment programmes | <ul style="list-style-type: none"> • Cardiovascular risk appraisal • Fitness testing • Cholesterol testing • Blood pressure screening | Mid-cost approach |

WHO 2000

Identify human and financial

Appoint appropriate staff and secure funding

Organise facilities and resources

Useful Health Promotion Information Sources

- Primary Care Trusts
- WHO (2000) Guidelines on Improving the Physical Fitness of Employees
- WHO (1999) Guidelines on Quality Management in Multidisciplinary Occupational health Services
- www.acoem.org
- www.facocmed.ac.uk
- www.hse.gov.uk
- www.signup.net DOH/HSE initiative
- www.who.org

REVIEW

EVALUATE

PROMOTE

IMPLEMENT