


The Caribbean Private Sector Response to Non Communicable Diseases (NCDs)

A Situational Analysis and Framework for Action

HEALTHY CARIBBEAN COALITION

The Caribbean Private Sector Response to Non Communicable Diseases (NCDs): A Situational Analysis and Framework for Action

Healthy Caribbean Coalition

August 2015

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Acknowledgments

The Healthy Caribbean Coalition would like to thank PAHO/WHO for providing funding for this project.

We express our sincere gratitude to the private sector business leaders from across the Caribbean who completed the questionnaire on NCDs and the Private Sector and subsequently attended the 4th June 2015 "Caribbean NCD Private Sector Forum: Measuring and Engaging the Business Sector Response to NCDs".

We also acknowledge and wish to thank the following:

- The NCD Alliance and the Caribbean Public Health Agency (CARPHA) for their ongoing support of the HCC.
- Our member organisations throughout the Caribbean and in particular those health NGOs that contributed in any way to this report.
- The Commonwealth Secretariat for supporting HCC's activities aimed at strengthening the multisectoral approach to NCD prevention and control in the Caribbean through their support of work related to strengthening National NCD Commissions and engaging the private sector.

Special Thanks to: Mr. David Neilands; Dr. Nastassia Rambarran; Mrs. Rachele Proverbs; and Mrs. Deborah Chen for their efforts in recruiting participants.

With thanks,

President, Executive Director, Board of Directors and Staff of the HCC

Glossary of Abbreviations

CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CSO	Civil Society Organisation
CWD	Caribbean Wellness Day
FCTC	Framework Convention on Tobacco Control
GSHS	Global School-based Student Health Survey
GYTS	Global Youth Tobacco Survey
HCC	Healthy Caribbean Coalition
HR	Human Resources
HRM	Human Resources Manager
ICT	Information and Communications Technology
ILO	International Labour Organisation
NCD	Noncommunicable Disease
NCDA	Noncommunicable Disease Alliance
NGO	Non-governmental Organisation
NNCDC	National Noncommunicable Disease Commission
PAHO	Pan American Health Organization
ROI	Return-on-Investment
SIDS	Small Island Developing States
UN	United Nations
UNHLM	United Nations High Level Meeting
UWI	University of the West Indies
WHO	World Health Organisation
YLL	Years of Life Lost

1.0 The Healthy Caribbean Coalition: Who We Are

The Healthy Caribbean Coalition (HCC) is a regional NCD network of civil society organisations engaged in the prevention and control of the global NCD epidemic. The HCC is a registered not-for-profit organisation, founded in 2008 as a response to the 2007 Caribbean Community (CARICOM) Heads of Government's Declaration on NCDs.[1] The Coalition currently consists of over sixty Caribbean-based health NGOs and over sixty-five not-for-profit organizations such as religious organizations, trade unions, women's organizations, workers' rights groups and more. There are currently over three hundred and fifty individual and organizational members within the Caribbean region and internationally. The HCC's Secretariat was established in 2012 and is located in Bridgetown, Barbados.

The mission of the HCC is to harness the power of civil society in collaboration with government, private enterprise, academia and international partners to develop and implement health and wellness promotion and interventions that impact the prevention and control of NCDS among Caribbean people. A 2012 'A Civil Society Strategic Plan of Action for countries of the Caribbean Community 2012-2016' set out the following strategic objectives for the HCC: (1)contribute and participate in all aspects of **health advocacy** as a tool for influencing positive change around NCDs through mobilisation of Caribbean people and the creation of a 'mass-movement' aimed at responding to NCDs (2) develop effective means of **communication** concerning NCDs between coalition members (civil society, government, academia and international partners) and the people of the Region (3) **build capacity** among health NGOs and civil society in the Region (4) **promotion of electronic health (eHealth) and mobile health (mHealth) systems** in NCD public health campaigns and programmes.

Advocacy is one of the most important parts of the HCCs strategic vision as the coalition has been a leading advocate in the prevention and control of NCDs in the region. The HCC has also played a leading role in the development of a multi-sectoral strategy which brings together government, civil society and the private sector in various forums for implementation of effective dialogue and collective action in the fight against NCDs.


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2.0 Executive Summary

Non-communicable diseases (NCDs), including cardiovascular disease, diabetes, cancer, and chronic respiratory illness, are the leading causes of ill health and mortality worldwide and represent a major challenge to development in the 21st century. NCDs affect 250 million persons in the region of the Americas and are responsible for 3.9 million deaths [2]. The Caribbean sub-region has the highest burden of these diseases [3]. Heart disease, stroke and cancer are the three principal causes of death in the Caribbean, and heart disease, diabetes, cancer and stroke are the leading causes of disability [3]. NCDs account for more deaths and disability in the region than infectious diseases and the economic and social impact of disability, complications and premature deaths that result from them, is enormous.

The Caribbean Community (CARICOM) is an economic bloc of 17 million people. It consists of 15 member states and 5 associate members that are mostly islands but include three mainland territories: Belize in Central America and Guyana and Suriname on the Caribbean coast of South America [4]. Traditionally, the private business and industrial sectors in CARICOM countries have not been engaged in the prevention and control of non-communicable diseases at the population level, as this has been considered the realm of government and health practitioners. Although many individual companies or groups of companies have made important contributions to national health through philanthropy and community development, a coordinated response to the NCD epidemic between government, civil society and the private sector does not yet exist in most territories.

This report is an analysis of the findings of a Healthy Caribbean Coalition Private Sector Survey, which was conducted in April-June 2015. The electronic survey of private sector enterprises in CARICOM countries was conducted over five weeks on a small budget. Key representatives of private sector companies, invited to attend a private sector/civil society consultation in Bridgetown, Barbados on June 4th 2015, were also invited to participate in the survey. The companies selected represented major regional private sector employers in their respective territories. Not all CARICOM territories were represented in the sample of companies with no representatives from Haiti or Guyana, the Caribbean's only low and lower middle income economies respectively. Medium to large companies and regional multi-national corporations were over-represented, and the engagement of the small business sector was not included. Despite these limitations, the survey provides an invaluable first look at the current state of engagement of the Caribbean private sector with respect to NCDs through inward facing initiatives (worksite wellness) and outward-facing initiatives (community involvement).

This report, "The Caribbean Private Sector Response to Noncommunicable Diseases (NCDs): A Situational Analysis and Framework for Action" represents, to our knowledge, the first documentation of the knowledge, attitudes and practices of the Caribbean private sector's involvement in the prevention and control of NCDs. It details the experiences of Caribbean business with worksite wellness programmes and the attitudes of businesses towards provision of working environments that prevent NCDs and care for those already affected by them. It also examines engagement of companies on a corporate level with community, national, regional and international NCD prevention and control programmes and it assesses the readiness of the business and industrial sector for future involvement. Finally the report incorporates a framework for action that was discussed at the private sector consultation and refined thereafter. This

framework presents a way forward for the business and industrial sector to engage with government and civil society in the public health arena with respect to NCDs.

Summary of Key Findings of the Private Sector Survey:

- The Caribbean private sector business leaders are, for the most part at the contemplative stage of behavioral change and are weighing the pros and cons with respect to engagement on NCDs while others though engaged are not functioning in coordination with government or civil society.
- Planning for initiation and expansion of worksite wellness programmes is often limited by lack of resources and a need for cost-benefit analysis. Lack of dedicated staff for implementation and evaluation of programmes was a problem for some companies but not for others. Dedicated interdepartmental teams for planning and evaluation of programmes are rare.
- The majority of private sector leaders believe NCD prevention and control among employees and in the community should be addressed largely by individuals and their families but that the private sector and government should also play large roles
- Food and non-alcoholic beverage manufacturers are essential in achieving community targets for NCD prevention through product reformulation, labeling, changes in marketing to children, production of healthy products and compliance with standards but for the most part only small steps towards engagement have been taken.
- The involvement of the Caribbean Private Sector in community initiatives is centred around advocacy and philanthropy with little participation in other local or national initiatives in partnership with government or civil society

Summary of Key Recommendations from the Framework for Action

- Private sector companies whose leadership has not been fully engaged should consider implementing a simple framework for worksite wellness that focuses on two areas: physical activity and healthy nutrition
- Comprehensive wellness policy should follow the best practice lines of action of engaging leadership; creating relevance; creating partnerships for worksite wellness ; ensuring comprehensiveness of wellness programmes; creating an implementation framework; engaging the workforce; creating a communication plan; ensuring programmes are data driven and enhancing the compliance of the programme.
- The private business sector has a major role to play in the multi-sectoral response to the NCD epidemic through partnership with government and civil society. The power of business should be leveraged for advocacy on major public health issues, philanthropy, empowerment of communities and special groups, development of specific revenue streams and mobilization of core competencies.

3.0 Introduction

This report represents the contribution by the Healthy Caribbean Coalition to the engagement of the Caribbean private sector in the multi-sectoral response to NCDs. It was funded by PAHO as a part of a broader objective of assisting the private sector in being an effective contributor to the "whole of society approach" in the prevention and control of NCDs and to mechanisms, such as National NCD Commissions, for implementing this approach in the Caribbean. The findings of the survey were presented at regional stakeholder meetings between civil society and the private sector and between civil society and the National NCD Commissions, held in Bridgetown, Barbados on June 4th and 5th, 2015, respectively. The guidance documents for this report include the 'Responses to NCDs in the Caribbean Community: A Civil Society Status Report' [5], and the GBCHealth/FTI Consulting Joint Report: Confronting a Global Epidemic: Corporate Perceptions & Trends in Non-Communicable Disease Initiatives [6].

4.0 NCDs in the Caribbean

4.1 Situational Analysis

In the last sixty years the Caribbean has undergone an 'epidemiologic transition' in which deaths due to communicable diseases, except HIV; maternal and nutritional illnesses are declining while chronic diseases and violence and unintentional injuries are on the increase [7]. The four major noncommunicable diseases: cardiovascular disease, diabetes, cancer and chronic respiratory disease are responsible for three out of every four deaths in the Americas and 34% of all NCD related deaths in the Americas are premature occurring in persons 30 to 69 years of age [8].

In 2008 the WHO estimated that death rates from all NCDs, adjusted for differences in population age structures between countries, were higher in all CARICOM member states than those seen in either the USA or Canada [9] The highest death rates were observed in Haiti, where there were 797 deaths in men and 594 deaths in women, per 100,000 per year, respectively. Haiti, a low-income country[1], is faced with the double- burden of both communicable and noncommunicable diseases. The only CARICOM country with higher death rates in men was Trinidad and Tobago with 896 deaths in men per 100,000 per year (506 deaths per 100,000 per year in women) [9]. In high-income Trinidad and Tobago[ǂ], 60% of all deaths were estimated to be due to NCDs in 2010 [10]. Compared with other sub regions of the Americas, the Caribbean also has the highest rates of premature deaths due to the major NCDs [11]. Premature mortality due to all NCDs in CARICOM countries (excluding Haiti) range from approximately 1 in 5 NCD deaths in Barbados, Grenada, Antigua and Barbuda to almost 1 in 3 deaths in the Bahamas, Guyana and St. Vincent and the Grenadines. [12]. In the Caribbean, as in many other developing countries, infectious diseases are causing fewer deaths in the young and premature mortality is largely due to the rise in NCDs and unintentional violence [13].

The NCDs are largely preventable and are believed to be driven, in the Caribbean and elsewhere, by four common, modifiable risk factors: unhealthy diet, lack of physical activity, exposure to tobacco smoke, and the harmful use of alcohol. These modifiable risk factors along with biological risk factors (obesity, high blood pressure, elevated blood glucose and cholesterol) are strongly associated with the development of NCDs [6]. In the Caribbean region, consumption of less than five servings of fruit and vegetables per day is as high as 90% in Barbados and 99% in Jamaica, with the lowest consumption of healthy foods seen among youth [14, 15]. Lack of physical activity is also increasing. A national cross sectional study in Barbados showed that nearly 9 out of 10 Barbadian women and 6 out of 10 Barbadian men are physically inactive [15] and in Jamaica a similar study found that 50% of adults were inactive with the highest rates of inactivity among those diagnosed with a chronic disease [14]. Over two-thirds of Caribbean children do not engage in physical activity in their leisure time with girls twice as likely to be inactive compared to boys [16].

Tobacco smoking and harmful alcohol use have been on the decline among adults but the prevalence of the use of these substances is increasing rapidly mainly among the region's youth. Prevalence rates of

[1] according to the World Bank (See http://data.worldbank.org/country)

current smoking among Non-Latin Caribbean youth ages 13-15, range from 3-18% with the highest rates observed in Jamaica, St, Lucia, Trinidad and Tobago, Dominica and Barbados [17]. Nearly seven of every ten 14 to 17 year olds consume alcohol, with boys almost three times more likely to drink alcohol than girls [16, 18].

Prevalence rates for overweight/obesity are between 28%-35% in Caribbean countries and obesity rates in women range from 29.2% in Dominica to 60.5% in The Bahamas [11]. Childhood obesity is a known risk factor for intermediate and long term development of NCDs and the Caribbean has the unenviable distinction of having prevalence rates of childhood obesity that are close to or above the global average of about 7.6% in 2015 with a trend expected to rise to around 9.1% by 2020 [19].

The prevalence of diabetes in the entire region is about 9% [20] which is similar to that of the USA (9.3%), but there is a wide variation between Caribbean countries with nearly 19% of Barbadians, [15]) 17% of Guyanese, 13% of Bahamians, Trinidadians, Belizeans and 9% of Jamaicans [14] living with the disease. Mortality attributable to diabetes in Trinidad and Tobago (47.3/ 100000) is nearly three and a half times higher than that observed in the USA (13.7%) [3] and premature death as Years of Life Lost (YLL) is far more likely to occur in those affected by diabetes and ischemic heart disease in Trinidad [21].

NCDs must also be viewed as a development issue with evidence clearly pointing to NCDs as disproportionately affecting the poor [21] and contributing to poverty [13]. Poorer countries often have a double burden of both infectious diseases and malnutrition, as well as a disproportionate burden of NCDs [8]. Within all societies, the poorest members are often caught in a vicious cycle where unhealthy foods and snacks are more readily available; safe areas for physical activity may be absent; low self-esteem and powerlessness may lead to higher alcohol consumption and tobacco use; and loss of time from work and premature mortality due to NCD-related illness further contribute to the downward spiral into poverty.

4.2 Prevention and control of NCDs

NCDs are largely preventable and a systematic approach to prevention must be based on primary prevention and a reduction of the modifiable risk factors which contribute to these diseases. Prevention and control should follow a life-course approach that recognizes that different opportunities for NCD prevention occurring at different life stages [23]:

- *Childhood and adolescence*: Prevention begins at conception with adequate maternal nutrition, prevention of neonatal infections and encouraging of breast feeding. Prevention at this stage confers maximum lifetime benefit at minimal cost because cumulative effects of disease risk are low;

- *Adult working age*: Employers can play a large role with this group in which risk is already high but intervention may lead to delay of onset of disease, prevention of premature death and reduced costs;

- *Adult retired*: Disease costs rise sharply from middle-age onward, increasing dramatically by retirement. Secondary prevention in this group can reduce health costs due to disability.

4.3 Public Policy and NCDs

CARICOM governments were among the first to recognise that NCDs pose a threat to the region's economic growth and social stability. The need for a multi-sectoral response to NCDs was acknowledged in the Declaration of Port of Spain signed by the CARICOM Heads of Government in September 2007. This declaration stated that regional leaders were "fully convinced that the burdens of NCDs can be reduced by comprehensive and integrated preventive and control strategies at the individual, family, community, national and regional levels and through collaborative programmes, partnerships and policies supported by governments, private sectors". The CARICOM leaders also committed their efforts to establish National NCD Commissions (NNCDCs) or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs [1].

This historic regional declaration was instrumental in contributing to the momentum for the September 2011 United Nations High Level Meeting (UNHLM) on NCDs. The political declaration of this global summit committed all UN member states to a 'whole of government and whole of society' approach to NCDs [24]. A 2014 United Nations NCD review meeting explicitly recommended a multi-sectoral approach and the creation of national NCD commissions in all member states was endorsed [25].

Since the Port-of-Spain declaration and the UNHLM on NCDs, those governments in the Caribbean that had not already done so, established NCD commissions but many of these commissions have been challenged by lack of human and financial resources and the political will to maintain them [26]. In 2012, Caribbean countries joined other PAHO/WHO Member States in endorsing the goal of a relative reduction of premature NCD deaths by 25% by 2025. Since then, Caribbean governments have been implementing measures addressing NCDs, and premature mortality from NCDs has begun to decline, though not fast enough to be on target to reach the 2025 goal [11].

4.4 Rationale for the Engagement of the Caribbean Private Sector

4.4.1 Worksite Wellness

The rights of employees to expect not only a working environment that does no harm to their health but also one that protects and promotes it, was ratified at the ILOs XVIII World Congress on Safety and Health at Work held in Seoul, Korea in 2008. At this summit high level signatories adopted a declaration that asserted that the entitlement to a safe and healthy work environment is a fundamental human right [27]. The traditional understanding of occupational safety and health usually implies reduction of occupational hazards such as exposure to harmful chemicals and radiation, minimizing unintentional injuries and prevention of ergonomic risks. This traditional understanding does not however, address the general state of health of the employee in the light of a growing NCD epidemic. The creation of a healthy workplace should therefore embrace the traditional view of occupational safety and health but at a minimum should also extend to the creation of environments that are: 'non-obesogenic' (where healthy nutritional choices are available and physical activity is encouraged); smoke-free; low in work-related stress; supportive of behavioral change; inclusive of disease prevention and that provide insurance, social and employment protections for those already affected or disabled by NCDs.

NCDs pose a real and a credible threat to future profits of businesses [13]. When a company's employees become increasingly affected by NCDs, net profits may decrease through: increasing levels of

absenteeism and presenteeism (employees at work but with low productivity due to ill health); increased insurance and disability management costs; increased workers compensation for exposure to unhealthy environments and recurring loss of highly trained employees to premature death [13]. The threats posed by NCDs therefore have the potential to be as devastating to the labor force as a major industrial accident and are far more likely to occur.

While potential loss of profit is a major reason for corporate involvement, it should not be the only reason for companies to engage in the prevention and control of NCDs. While organizations often look at the initial costs, it appears that for those companies that choose to implement worksite wellness programmes a positive return-on- investment (ROI) has been shown not typically in the first year but in the long-term [23]. Therefore a broader view of leading employers is moving beyond ROI to the full value of the investment in improving the health of a population [28]. Workplace studies have also shown that there is improved worker satisfaction, performance and productivity in 'people-centered' businesses that have worksite wellness programmes [29].

4.4.2 Local, National and Global Health

The World Economic Forum's Global Risks Project identified NCDs as one of the greatest threats to the global economy, with only risks such as asset price collapse being seen as both more likely and with the potential for greater economic loss [30]. High rates of NCDs in any society slow economic and social development and create greater numbers of persons reliant on social protection systems stretched to meet the needs of the society as a whole. Neither government, constrained by its budgets, nor civil society, with limited resources, can address issues such as poverty that contribute significantly to the NCD epidemic on their own. A multi-sectoral approach, led by government in partnership with the private sector and civil society, is needed.

The UN Millennium Project in the development of Millennium Development Goal 8 called for a 'global partnership for development', incorporating the private sector, notably (but not exclusively) the pharmaceutical industry and new technologies [31]. Subsequently, the political declaration of the UNHLM on the Prevention and Control of NCDs (Paragraph 44, resolution 66/2, September 2011) committed Heads of State and Government to call on the private sector to contribute to the prevention and control of NCDs in five specific areas: (a) reducing the impact of marketing of unhealthy foods and non-alcoholic beverages to children; (b) producing and promoting affordable and accessible foods consistent with a healthy diet; creating safe and enabling environments for healthy behaviours among workers (including worksite wellness,); working towards lowering salt (sodium) consumption; improving accessibility to affordable medicines and technologies in the prevention and control of NCDs [24].

In July 2014, a UNHLM undertook a comprehensive review of the progress made in prevention and control of NCDs. The outcome document of this meeting (resolution 68/300) reaffirmed the "primary role of Governments in responding to the challenge of NCDs, including through engaging non-governmental organizations, the private sector and other sectors of society to generate effective responses for the prevention and control of NCDs at the global, national and local levels" [25]. In February 2015 the WHO Global Coordination Mechanism on NCDs (GCM/NCD) Working Group was convened in Geneva. The discussion paper that came out of this meeting states that "governments also need the contribution and cooperation of private sector entities, which are key players in global health as providers of goods and

services that can have important effects on health". It identified key industries that have the potential to impact health such as the food and beverage industry, advertising, media, sports, entertainment, construction/engineering of the built environment [32].

The private sector is therefore uniquely poised to assist governments, as 'a force for good' to the benefit of the entire society [13] but at the same time governments must engage with the private sector in a way that minimizes any negative impacts on health and avoids any 'real, perceived or potential conflict of interest' [32]. Conflict of interest can be minimized by identifying and avoiding situations where the secondary interest(s) of the private sector influences objectivity or directs a government's actions in relation to the prevention and control of NCDs. Examples of secondary private sector interests include: creating undue competitive advantage through engagement in public health and dumping of medicines under the guise of philanthropic 'donations'. [32, 33]

5.0 The Healthy Caribbean Coalition Private Sector Survey

5.1 Objectives

- To better understand corporate perceptions and practices of the Caribbean Business Sector with respect to NCDs through: (a) inward-facing initiatives- worksite wellness (b) outward-facing initiatives- community, national and international involvement.
- To identify gaps in the current private sector response to NCDs including gaps in coordinated effort between private sector enterprises, civil society and government.
- To review the findings with policy makers and stakeholders
- To create a basis for a framework for action that identifies priorities for implementation
- To communicate this knowledge to appropriate local, national and international audiences

5.2 Methods of Sample Selection, Data Collection and Analysis

The survey was designed and data collected in six weeks, between April 20th and June 1st, 2015. A pragmatic decision was made to select a convenience (non-random) sample of registered CARICOM companies[2] and invite them to attend a stakeholder consultation in Barbados on June 4th, 2015. The sample was selected from those companies or groups of companies that were: listed on the websites of the stock exchanges of Jamaica, Barbados, OECS or Trinidad and Tobago; members of local or regional chamber(s) of commerce; members of private sector associations or listed in regional Yellow Pages®. Fifty-four (54) individual companies or groups of companies were selected. Key representatives of the company were identified and invited (via emailed cover letter) to attend the stakeholder consultation and to complete the survey questionnaire.

The survey instrument was a self-administered confidential, electronic questionnaire of 28 questions hosted by Survey Monkey ®. Instructions for completing the survey were included with each section of

[2] The terms 'company' or 'companies' were used throughout the survey to describe both solo enterprises and corporate groups.

the questionnaire and with individual questions (*See Appendix 2: HCC Private Sector Survey Instrument*). Some questions were adapted from other worksite studies [6] [34,-35] for quantitative questions. A single open-ended qualitative question was included for thematic analysis of the respondent's perception of company involvement in the prevention and control of NCDs. All questions were piloted on three independent business executives, who did not participate in the survey, resulting in minor changes in wording.

The questionnaire was emailed or sent by web-link to the key representatives identified for each of the 54 companies. A follow-up telephone call was made by a research assistant to determine if the potential respondents had received the survey, to ensure that the key representative was the appropriate person to complete the survey and to encourage those who had started the survey to complete it. A maximum of three telephone calls were made. Company representatives who did not respond to telephone calls or email reminders to complete the survey were referred to HCC civil society leaders, within their country of origin, who made an attempt to contact them. All data was collected electronically and results analyzed in an anonymous and confidential manner by the lead researcher. Questionnaires with less than or equal to (≤) 30% of questions unanswered were excluded from the analysis. Survey Monkey® and MS Excel were used for data analyses.

5.3 Findings

5.3.1 Demographic Profile of Private Sector Companies

Table 1 depicts the profile of the respondents to the survey and the companies that they represented. Of the 54 key respondents invited, 39 companies responded positively but only 35 completed (> 30% of) the questionnaire. A response rate of 65% (35/54) was more favorable than that seen in other business surveys [34] [36]. Two (2) companies did not complete all relevant questions on worksite wellness and 6 companies did not complete questions on corporate community involvement. The majority of respondents were Directors of Human Resources/ Human Resource Managers (31%). Most companies were medium-sized (23%) or large companies (23%) with more than one site of operation. Over a third of companies operated in more than 10 locations (37%) and most had a long term presence in the region (49% > 60 years). Wholesale trade, banking/finance/insurance, food and beverage manufacture and retail trade were the industries in which most companies were engaged.

Table 1[3]: Characteristics of Companies[4] Surveyed (N=35)

Characteristic	Number (Percentage %)
Key Respondent	
Chief Executive Officer	4 (11.5)
General Manager	2 (5.7)
Managing Director	1 (2.9)
Dir. Human Resources/ HRM	11 (31.4)
Other	16 (45.7)
Size of Company (# employed)	
1-99	7 (20.0)
100-499	12 (34.3)
500-999	8 (22.9)
1000+	8 (22.9)
Company involved >1 industry	
Yes	17 (48.6)
No	18 (51.4)
# of Locations within Caribbean	
0 (virtual office)	1 (2.9)
1	8 (22.9)
2-9	13 (37.1)
10+	13 (37.1)

[3]See also Appendix 1: Executive Type by Main Industry and Country Completing Private Sector Survey

[4] The terms 'company' or 'companies' were used throughout the survey to describe both solo enterprises and corporate groups

Table 1[3]: Characteristics of Companies[4] Surveyed (N=35) (cont'd)

Characteristic	Number (Percentage %)
Duration of operation in region (years)	
1-20	6 (17.4)
21-40	4 (11.4)
41-60	8 (22.9)
Over 60 years	17(48.6)
Company involved >1 industry	
Yes	17 (48.6)
No	18 (51.4)
Type of industry[5]	
Primary (mining/ fishing/ agriculture/ oil and gas extraction)	2 (5.7)
Electrical generation/retailing	2 (5.7)
Information and Communications Technology	6 (17.1)
Construction	2 (5.7)
Manufacturing: food or beverage	11 (31.4)
Manufacturing: pharmaceuticals	2 (5.7)
Manufacturing: other	4 (11.4)
Wholesale trade/ marketing/distribution	13 (37.1)
Retail trade	10 (28.6)
Banking/financial services/ insurance	12 (34.3)
Tourism/hotel/airlines	6 (17.1)
Media (television, radio, print, electronic)	8 (22.9)
Other (specified	6 (17.1)

[3] See also Appendix 1: Executive Type by Main Industry and Country Completing Private Sector Survey

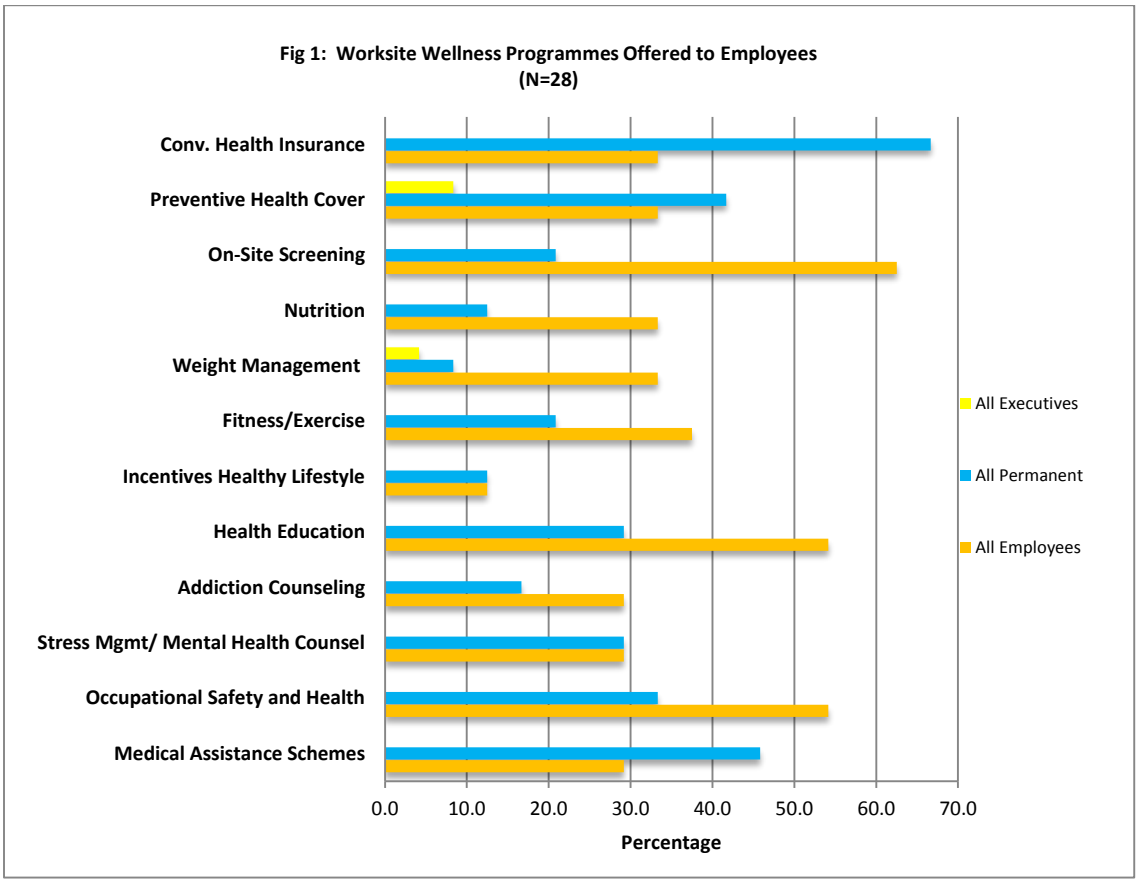
[4] The terms 'company' or 'companies' were used throughout the survey to describe both solo enterprises and corporate groups

[5] Respondents selected all of the industries in which they were involved

5.3.2 Inward-Facing Initiatives: Worksite Wellness Programmes for NCD Prevention and Control

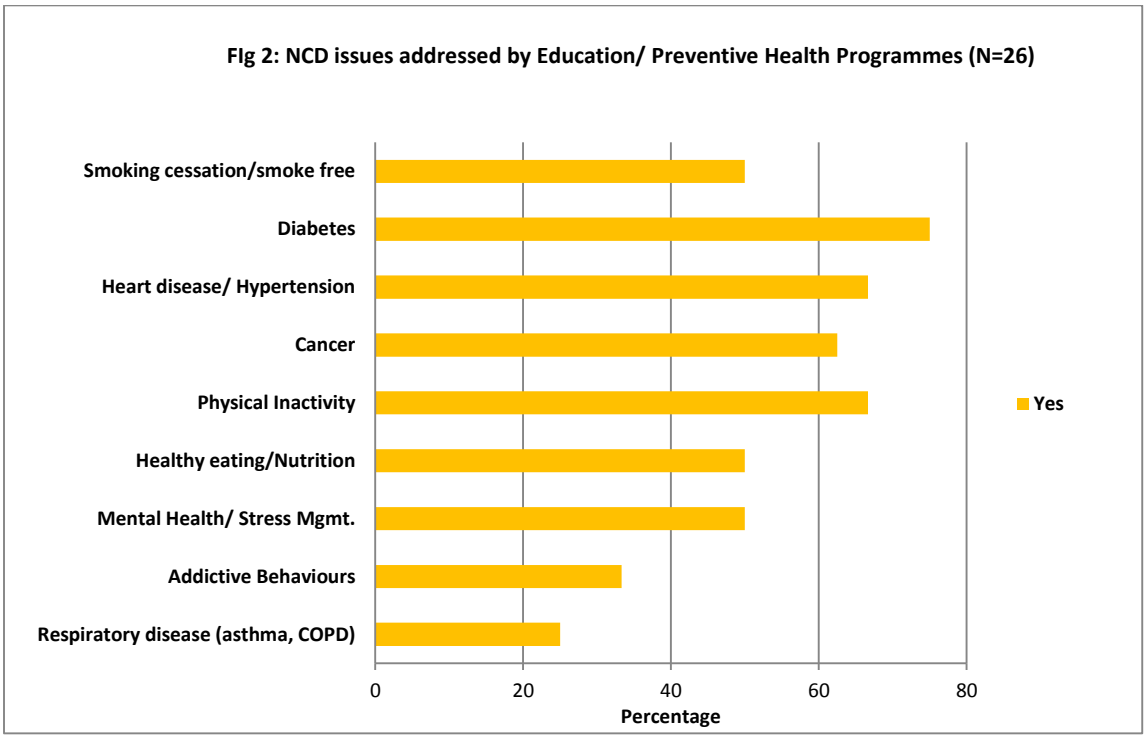
Worksite Wellness programmes are employer initiatives directed at improving the health and well-being of workers and, in some cases, their dependents. They include initiatives designed to avert the occurrence of disease or the progression of disease from its early unrecognized stage to a more severe one [28]. Limited programmes often exist when options are not integrated in a comprehensive corporate wellness policy. Options for worksite wellness programmes include, but are not limited to: health insurance, preventive health examinations, nutritional and exercise programs, incentives for healthy behavior, on-site disease screening, health promotion and education, 'traditional 'occupational safety and health, medical assistance schemes and many more [28].

Of the 35 companies surveyed 28 (80%) offered wellness programmes to employees but only 13 (37%) companies had ever conducted a health risk appraisal of their employees. A health risk appraisal or health needs appraisal is a confidential employee survey with predetermined objectives that may be used for wellness, program planning, and provision of follow-up services, counseling or referral [37, 38]. While some form of worksite wellness programme was offered by most companies the options offered were often not based on any initial research or assessment of the health of the workforce.



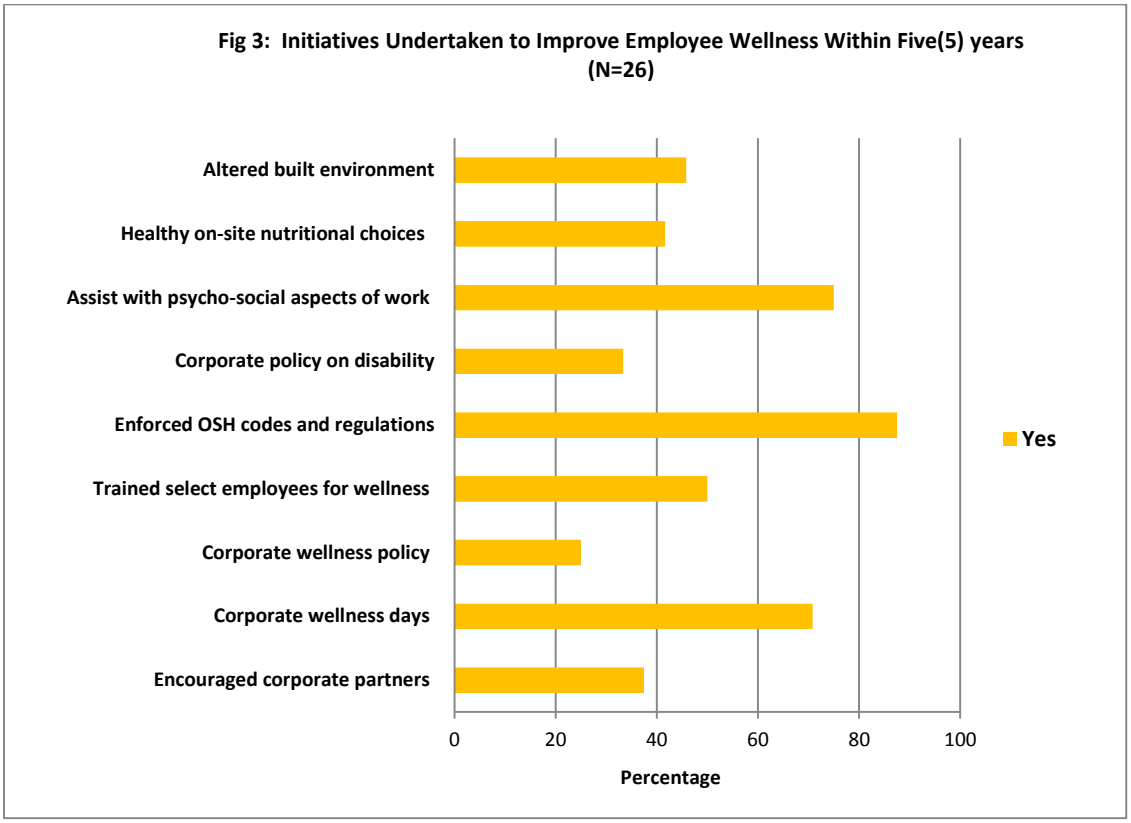
Q: What types of Worksite Wellness Programmes are offered to employees and to who are they offered?

Few companies offered worksite wellness to executives only. The most commonly implemented programme for permanent employees was provision of health insurance coverage (67.8%). Onsite disease screening (61.2%), health education (53.6%) and traditional occupational safety and health (53.6%) were the programme options most commonly offered to all employees (permanent and temporary).



Q: Which of the following noncommunicable diseases/issues has your company addressed via educational or preventive health programmes for your employees?

Those companies that were offering health education and preventive health programmes to employees were asked to identify the health topics on which they focused in the workplace. Diabetes (76.9%) received the most attention followed by heart disease/hypertension (65.4%), physical inactivity (65.4%) and cancer (57.7%). Least attention was paid to the chronic respiratory diseases (COPD/Asthma) (23%).



Q: Within the past five (5) years, what initiatives has your company undertaken to improve employee wellness?

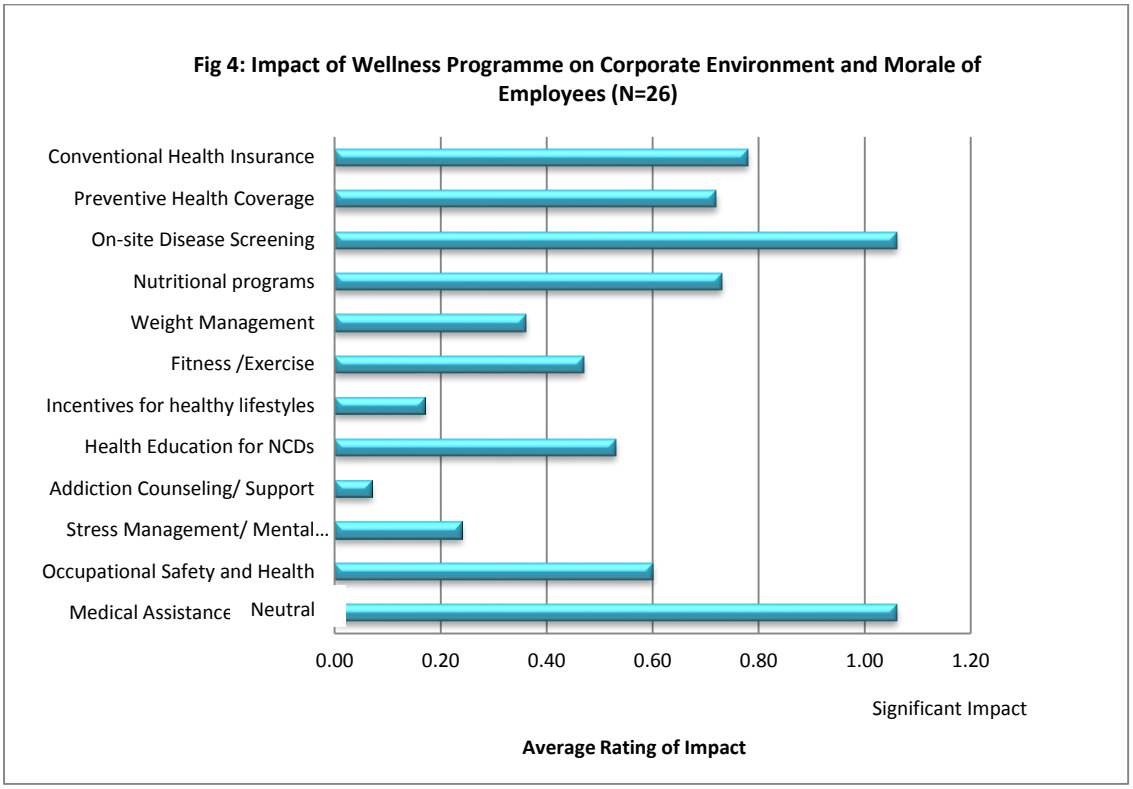
Successful wellness programmes are those which take place in the context of a corporate culture of health and wellness that puts into place policies, programmes, benefits, management and environmental practices that intentionally motivate and sustain health improvement [39]. Few of the companies in our survey indicated that they had instituted a corporate wellness policy with well-defined objectives within the past five years (23.1%). In addition only 30.8% of those surveyed had a corporate policy on disability that allowed for equal recruitment, equal access and accommodation for those who are or who become disabled while working. Enforcing traditional occupational safety and health codes and regulations was a priority for the majority (88.5%) of companies and this may be attributed to the existence of local and international labor legislation. Over to 73.1% of those surveyed said that their company provided assistance with the psycho-social aspect of work such as counselling on work-life balance, managing stress and providing channels for confidential discussions about work stress and the same proportion indicated that the company held 'wellness days' to internally promote good health and wellness. Only 50% of those surveyed said that their company had trained select employees for initiation, implementation and evaluation of wellness programmes.

5.3.3 Implementation and Evaluation of Worksite Wellness Programmes

Best practice for success of wellness programmes depends on a holistic approach in which the importance of worksite wellness is embraced by the executive and senior management and the corporate policy sets out that is directly responsible for the implementation and ongoing evaluation of wellness programmes [40]. It has also been suggested that dedicated interdepartmental teams with clear leadership from the highest levels but with participation from employees at all levels is key to both successful implementation and evaluation [28] [40]. The survey found that one in two respondents indicated that human resource management/ personnel department at their company was responsible for both implementation and evaluation of worksite wellness programmes. Dedicated interdepartmental teams were extremely rare in implementation (7.7%) and evaluation (3.9%) of the success of programmes.

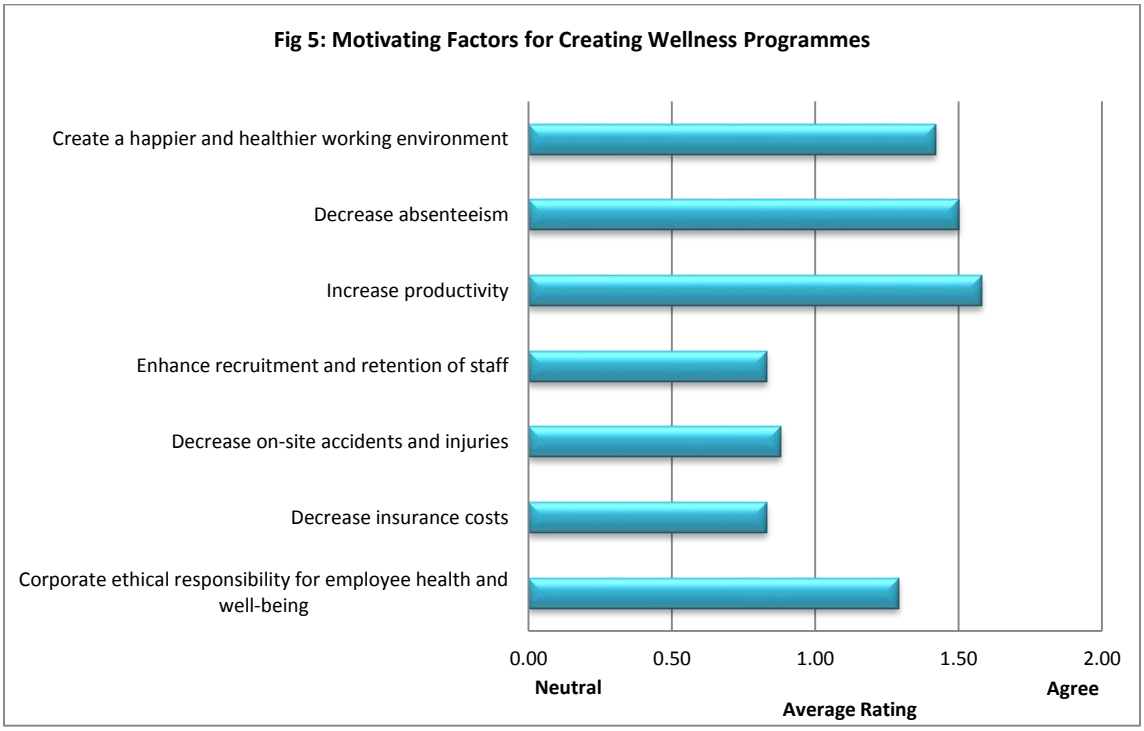
Table 2: Entity Responsible for Implementation and Evaluation of Wellness Programmes

Person (s) primarily responsible for implementation of wellness programme	**Number (%)**
Human Resources/ Personnel Department	13 (50)
Management/Senior Management	6 (23)
Dedicated Interdepartmental Team	2 (8)
External Agency	0 (0)
Personnel not well defined/ varies	1 (4)
Don't Know	0 (0)
Other	4 (15)
Total	**26 (100)**
Person (s) primarily responsible for evaluation of wellness programme	**Number (%)**
Human Resources/ Personnel Department	13 (50)
Management/Senior Management	5 (19)
Dedicated Interdepartmental Team	1 (4)
External Agency	1 (4)
Personnel not well defined/ varies	2 (8)
Don't Know	2(8)
Other	2 (8)
Total	**26 (100)**



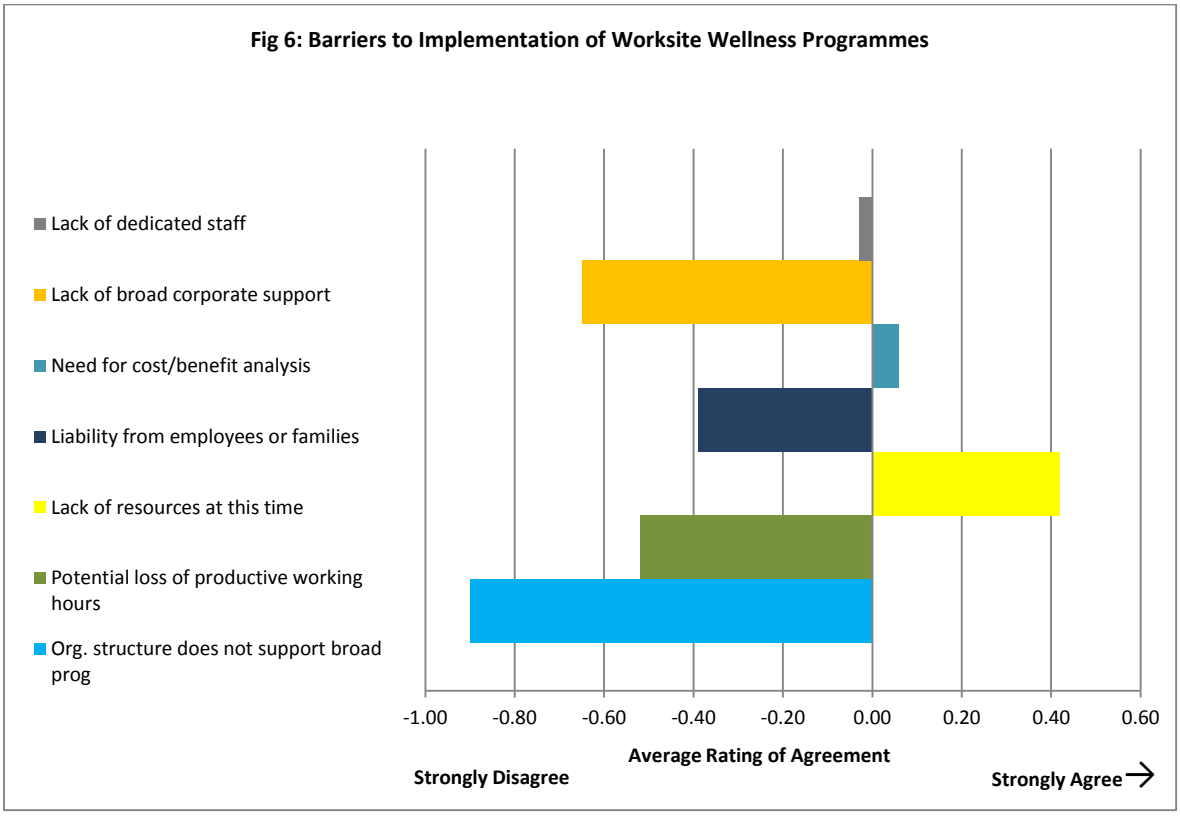
Q: Have the following worksite wellness programmes had an impact on the corporate environment and morale of your employees?

Corporate environment and employee morale was defined as employee job satisfaction, reduced workplace stress and management/employee relations. All wellness programme options were considered to be impactful but the options with the greatest perceived impact were: Medical Assistance Schemes for employees with large out-of-pocket medical expenses and On-site Disease Screening. This represents a static assessment of the perception of impact of wellness programme options. However, actual impact of an implemented programme requires rigorous evaluation including: tracking of programme uptake, surveys of randomly chosen employees and programme-specific metrics.



Q: Which of the following is/was a significant motivating factor for implementation of a worksite wellness programme at your company?

For the companies that had wellness programmes in place (N=26), the top three rated reasons for instituting a wellness programme were to increase productivity, decrease absenteeism and to create a healthier working environment. There was also a strong sense of corporate responsibility to employees and their families, demonstrating that those responding for their companies believed that their company had developed a working environment that was 'people-centered'.



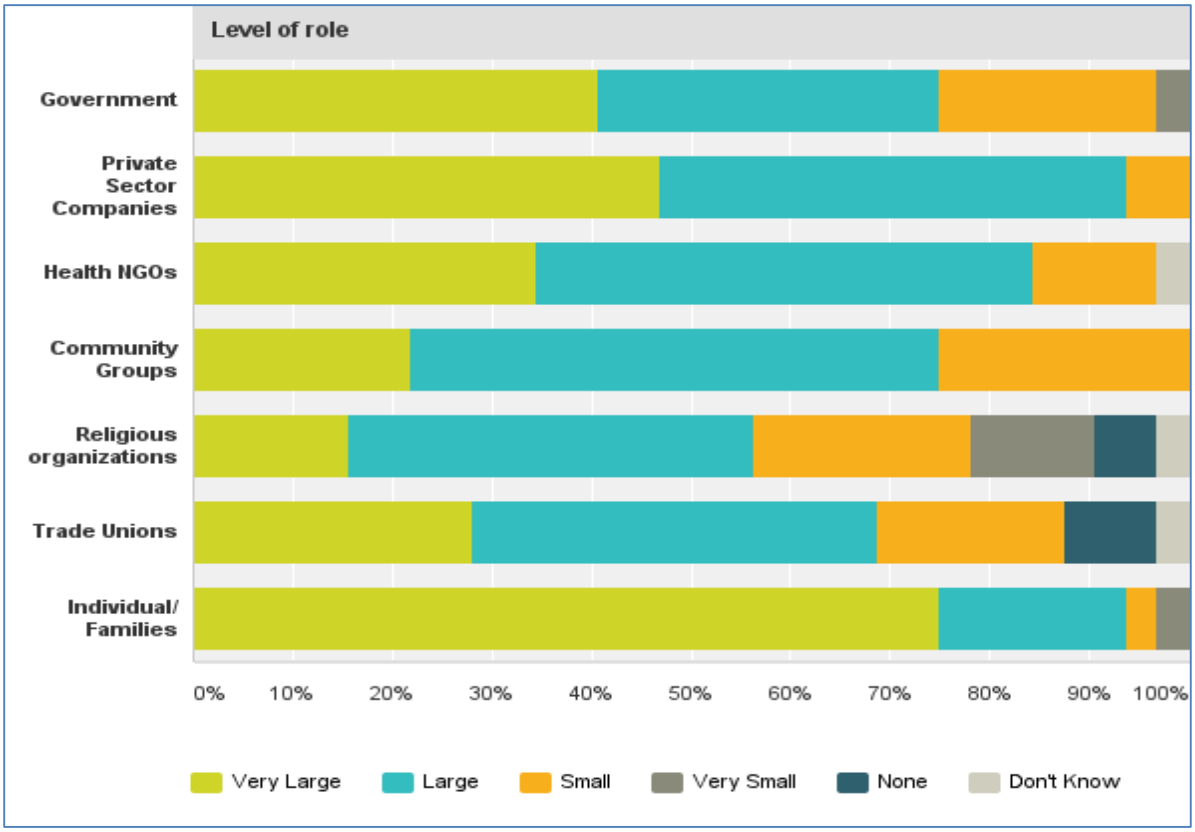
Q: Which of the following was/is a barrier to implementation or expansion of worksite wellness programmes at your company?

Respondents indicated that the most significant barrier to establishing a wellness programme was a lack of resources. Some respondents believed that their company's needed to conduct a formal cost/ benefit analysis before implementing a programme. A lack of dedicated staff for implementation and evaluation of programmes was perceived to be a barrier by some respondents others thought this was not a significant barrier, leading to a neutral (0.0) average rating.

5.3.4 Outward-Facing Initiatives: Community Involvement in NCD Prevention and Control

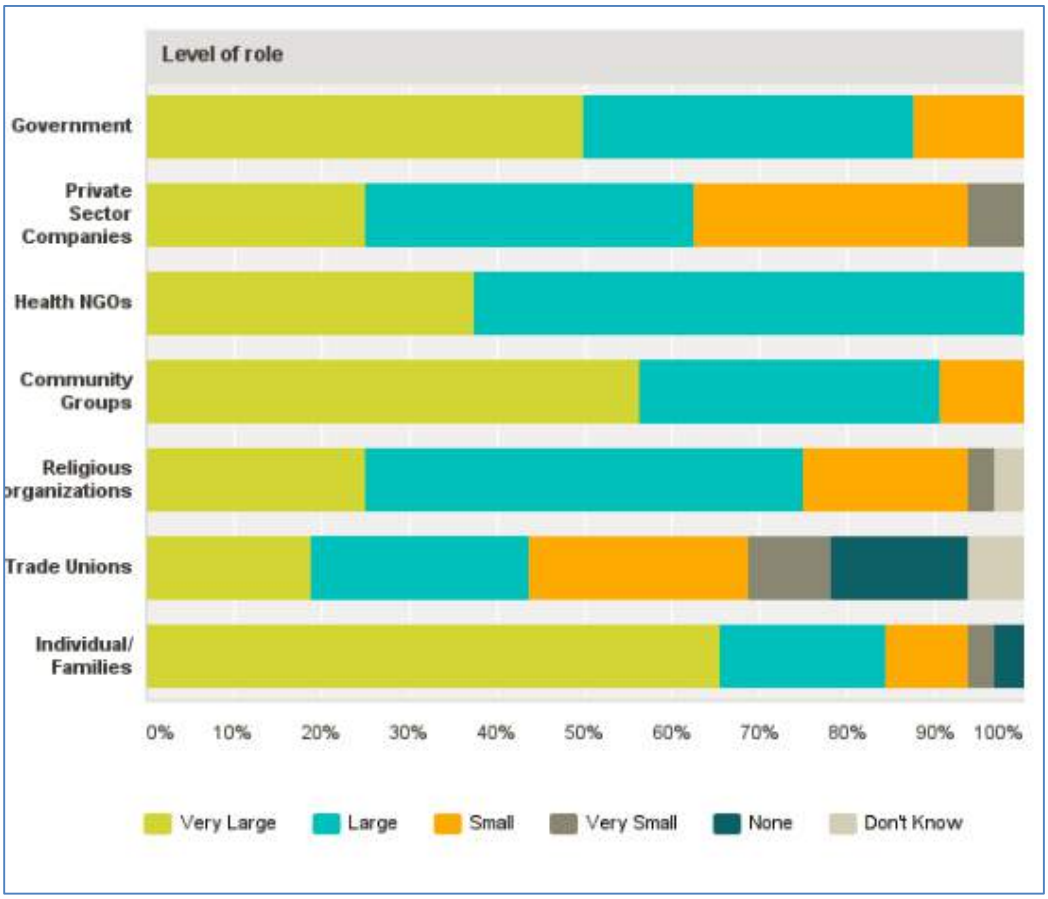
We examined the private sectors corporate involvement in the prevention and control of NCDs at the local (community) and national level. Private sector companies engage the community in many ways on a daily basis. Means of engaging for prevention and control of NCDs may include: provision of safe environments for physical exercise; increasing access to clean water; increasing access to affordable nutritious foods, increasing access to medications, health technologies, disease screening and healthcare; decreasing tobacco and alcohol consumption and distribution to minors; advocacy on public health issues; environmental protection and more.

Figure 7: Perceived role of different groups in NCD prevention among private sector employees (N=29)



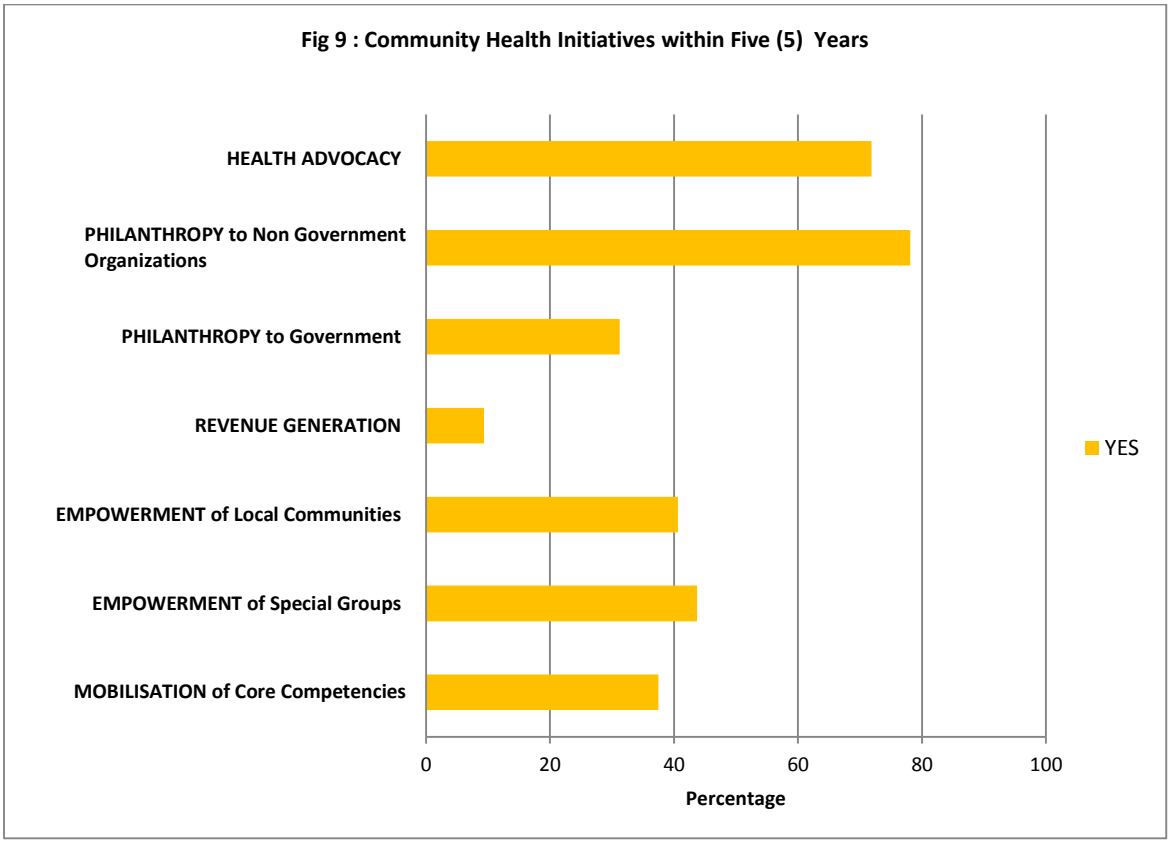
Q: How much of a role should each of the following groups play in prevention and control of NCDs among private sector workers?

Figure 8: Perceived role of different groups of NCD prevention and control in the community (N=29)



Q: How much of a role should each of the following groups play in prevention and control of NCDs in local communities?

The survey found that 75% of key respondents perceived that the individual/ families should play a very large role in the prevention and control of NCDs among employees and 94 % that they should play either a very large or a large role. This trend was also seen for the role of individuals/ families in prevention and control of NCDs in the community where 66% felt that the individual/ families should play a very large role and 85% believed they should play either a very large role or a large role. The private sector was perceived as playing more of a role in the fight against NCDs among employees than in the community and the converse was true for the role of government and community groups. This indicates that there is still a perceived emphasis on the individual being responsible for his/her own health as opposed to individual responsibility in the context of a healthy environment that encourages and promotes healthy choices and supports informed decision-making, supported by social entities that create and encourage such environments. The results suggest a role for re-education of employers with respect to the corporate role in changing the work environment and the community environment to one that promotes, sustains and encourages health.



Q: Within the past five (5) years how has your company engaged in community health initiatives for NCDs?

Seventy two percent of key representatives believed that their company was Involved in health advocacy in the community, such as promoting healthy lifestyles, smoking cessation, cancer screening etc. Philanthropy to Non-Government Organizations (NGOs) e.g. donations to cancer societies, heart foundations, diabetes groups, community initiatives was seen among 78 % of those surveyed. Philanthropy to Government; revenue generation (i.e. the creation or diversion of specific revenue streams for NCD initiatives);empowerment of local communities (financial and social support for NCD initiatives among employee families, community groups and civil society organisations); empowerment of Special Groups (financial and social support for NCD initiatives among women, indigenous people, the disabled, youth etc.); and mobilisation of core competencies (providing technical assistance and expertise in distribution, financial management, networking, communications etc. for public sector and civil society NCD initiatives) were undertaken infrequently by the companies surveyed.

Table 3: Company Participation in Partnerships for General NCD Issues (N=29)

General NCD Issue	Yes # (%)
Access to affordable and quality healthcare	17 (58.6)
Access to affordable medications	9 (31.0)
Access to innovative health technologies *(e.g. for diagnosis, monitoring or treatment)*	16 (55.2)
Access to disease screening *(e.g. for cancers, diabetes, heart disease)*	9 (31.0)
Access to healthy and nutritious foods	7 (24.1)
Worksite wellness	9 (31.0)

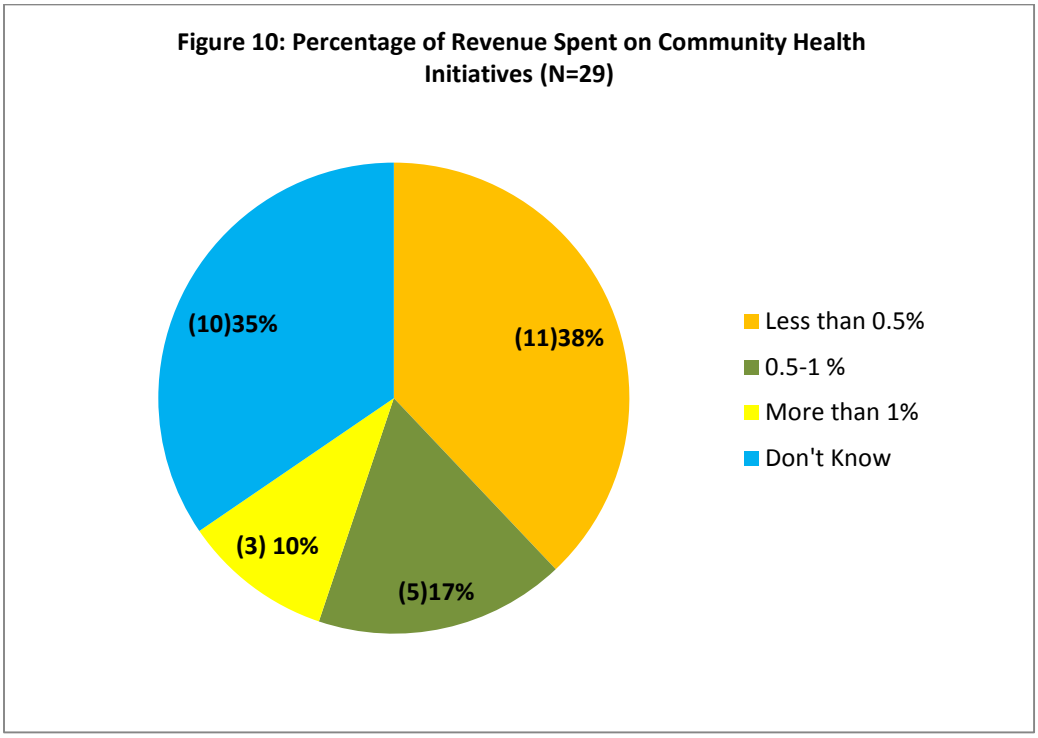
Q: Has your company ever been a part of public/private or private/civil society partnerships to address any general NCD health issues?

Table 4: Company Participation in Partnerships for Specific NCD Issues (N=29)

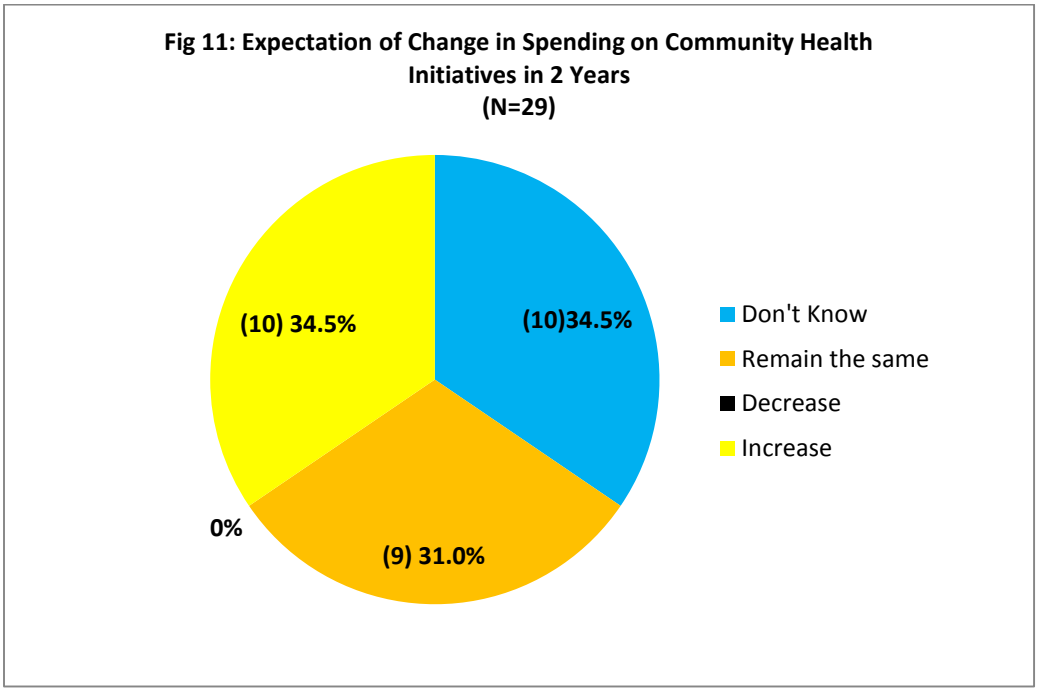
Specific NCD Issue	Yes (#) %
Tobacco control	5 (17.2)
Air and water pollution	8 (27.6)
Marketing of unhealthy foods to children	6 (20.7)
Physical activity	12(41.4)
Innovative use of mobile or electronic technology for health	8 (27.6)
Research on NCDs or NCD risk factors	8 (27.6)

Q: Has your company ever been a part of public/private or private/civil society partnerships to address specific NCD health issues?

Tables 3 and 4 depict the levels of private sector involvement in partnerships, public/ private or private/civil society. Issues such as access to affordable health care and innovative health technologies seemed to attract the most involvement for partnership. Given that most companies felt that philanthropy was a major component of their community involvement, partnership here may have been by contributing financially to community projects in these areas. Companies indicated partnering with others to address physical activity initiatives for the community but important areas such as tobacco control and research did not garner as much attention. Further exploration of what the companies understand about the nature of partnering for health and their role in partnership is needed.



Q: Approximately what percentage of your revenue is currently spent on community health initiatives?



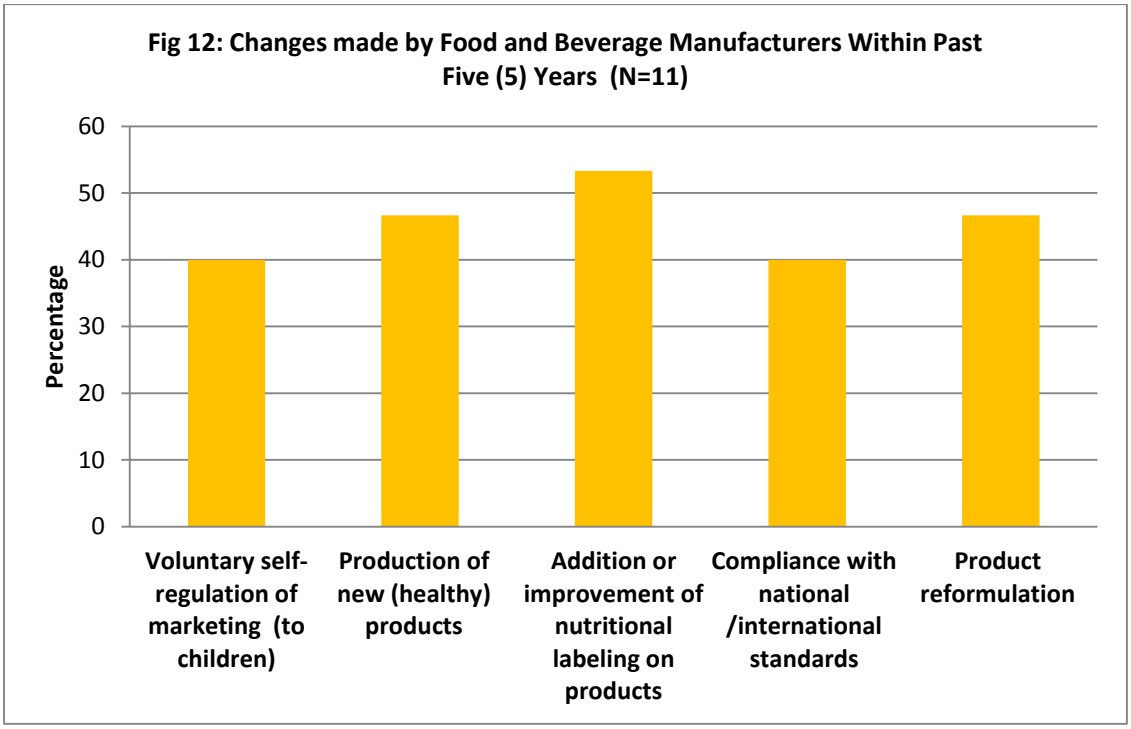
Q: Within the next two (2) years, how do you think the percentage of your expenditure on community health initiatives will change?

30-35% of the key respondents for the companies did not know how much money was spent by the company on community health initiatives or how that amount would increase in the next two years. This may be a reflection on the fact that only a few of the respondents may have had access to information about company financing. Spending of less than 0.5% of revenue on community health was observed most frequently (38%). No company expected their spending on community health to decrease over the next two years.

Table 5: Select summaries of company's present and future engagement in the prevention and control of NCDs

"Provide insurance with preventative component. Encourage employees to lead healthy lifestyles…"
"An interest ….no real initiatives developed apart from healthy practices in the workplace and some support for monitoring in the community when invited."
"Limited mostly to programmes for employees although support (financial & technical) is given to other groups/agencies. Plan to expand employee programmes."
"Highly likely that the company will focus on introducing elements of a wellness programme …."
"Survey has brought awareness and some sense of social responsibility. It is something that we can now keep in focus".
'Committed to supporting initiatives that will improve the health of the communities where we operate….will maintain a safe working environment and provide tangible incentives for employees and their families…"
"Intend to continue to inform and educate staff and the public on issue related to NCDs; we may not have any increase in funds to contribute yet we are committed…."
"Programmes to support employee wellness are localized and not coordinated at Group level across countries …..Challenges to track and measure success of these initiatives….. ……the focus is not adequately entrenched amongst our senior executives."
"Attempt to encourage our employees to live healthy balanced lifestyles. We also provide health insurance so they can get medical help when needed"
"Not yet engaged … benefits of such engagement to the employees quality of life and to the company's productivity would be worth the investment"
"Participate in advocacy and education "
"Interested in this important area and currently considering an audit on wellness program towards the developing appropriate programs"
"Continued Workplace wellness programme. Yearly live better activities highlighting physical activities and nutrition "
"Involvement …really lacking and should be increased, especially as it relates to employees. Healthy employees mean increased productivity and profits…."

Common themes in the summaries demonstrated a focus on worksite wellness initiatives with very few indicating community involvement. Most respondents were in a contemplative phase of behavior change[6], they understood the importance of private sector involvement in the fight against NCDs but they were weighing the pros and cons of investment. Most companies had neither decided on the level of engagement nor committed to policy-guided initiatives. Some respondents indicated their barriers to engagement: the need to involve the executive management; difficulty in coordinating activities across a large group. Others identified their role as simply encouraging employees to live in more healthy ways.



Q: Within the past five (5) years has your company ever undertaken any of the following?

Of the 35 companies surveyed 11 were involved in the manufacture of food and beverages (31%). The majority (53.3%) of these sector leaders had taken steps to improve nutritional labelling of their products. We did not know whether clear regulatory frameworks existed in the territories where the companies were located or if these frameworks varied between countries. The WHO recommends that governments should have regulatory frameworks for advertising and marketing of food products particularly to children and they have suggested that voluntary self-regulation of marketing to children, undertaken by 40% of our respondents, may be insufficient [41]. Product reformulation has an important role to play in control of NCDs. Food manufacturers simply by replacing the 2% of energy that comes from trans-fat with poly-unsaturated fat would reduce cardiovascular diseases (CVD) by 7% to 40% and would also reduce type 2 diabetes. This single intervention could powerfully change the health climate of the nations in which their products are distributed [8]. Just under half of those surveyed (46.7%) said that their company undertook product reformulation in the past five years and this would be a positive trend if generalizable.

[6] (*1997*) The Trans theoretical Model of Health Behavior Change. American Journal of Health Promotion: September/October 1997, Vol. 12, No. 1, pp. 38-48.

5.4 Discussion

This is the first report on the knowledge, attitudes and practices of the Caribbean private sector with respect to the prevention and control of NCDs. This survey was descriptive making no prior assumptions about worksite wellness programmes in the Caribbean private sector or the relationship between this sector and the community. The strength of the survey lay in the interaction with some of the leading employers in CARICOM territories, whose corporate responsibility and collective influence impact not only their employees but also the local and regional communities in which they do business.

Most of the companies surveyed had a long-standing presence in the Caribbean and were large or multi-national corporations, from a regional perspective, with a few medium sized companies. The experience of small businesses with respect to inward and outward facing NCD initiatives may be completely different from that of large companies but this data was not captured. The survey was also limited by the fact that few of the participating companies operated in Guyana or Haiti, CARICOM's only lower middle income and low income countries respectively. Companies in these countries may have a very different experience with workplace wellness and community initiatives may be more focused on poverty alleviation.

In interpreting the findings it is important to bear in mind that the study was electronically administered to a single key respondent who was asked to reply for the entire organization and the findings may be limited by the fact that attitudes and opinions of other company members may differ from the key respondents. Demographic or other information about the companies that declined participation in the survey was unavailable and those who chose not to participate may have been fundamentally different and less likely to be engaged in the prevention and control of NCDs. The study was also limited by the small number of companies that participated and further research is needed to corroborate findings.

With respect to inward-facing initiatives, there has been a shift among public health practitioners from an emphasis on individual responsibility for health to individual responsibility in the context of a healthy environment that encourages and promotes healthy choices and supports informed decision-making [13]. The survey showed that while there is general interest, there were gaps in the knowledge and understanding of some of the key respondents about the benefits of comprehensive worksite wellness programmes and good corporate practices as key components of a life-course approach to prevention and control of NCDs. This is consistent with the findings of similar studies and Jung et al [36] found that among ICT companies willingness to actively engage in worksite health promotion was only present to a moderate extent at the management level.

While many of the companies in this survey had incorporated options for worksite wellness, there were few that had an overarching corporate policy with respect to wellness that engaged the entire organization. Few companies had based programmes on an evaluation of the health risks of employees in the form of a health risk or health-needs appraisal and some saw the need for a cost-benefit analysis and lack of dedicated personnel as barriers to instituting or expanding programmes. Programmes when instituted were often managed entirely by human resources (HR) departments who also were responsible for evaluation of success.

A survey of worksite health promotion among Fortune 500 companies [34] found that only 41 % of the companies with programmes used needs assessments to determine which activities to offer, 35% stated that some sort of evaluation had taken place during the programme and only 16% had done any cost-benefit analysis. The authors concluded that: "the absence of planning/evaluation in most programmes may mean that a good deal of the diffusion of worksite health promotion programmes is due to the non-rational process of copying an innovation identified with successful companies, and not to the processes of organizational development based on rational efforts to adapt to environmental shifts in complexity, uncertainty and resources". Perhaps the same could be true of the Caribbean private sector and the companies most committed to wellness programmes are those who have spent more time in planning, evaluating and analysis of programme weaknesses and successes and have adapted programmes to fit their organizational goals and objective. Further investigation in this area would be needed as an inference such as this is beyond the scope of this study.

The involvement of the Caribbean Private Sector in community initiatives is centred on advocacy and philanthropy. There is room for considerable education of company executives and decision-makers with respect to their role in the health of the wider community as they have an important role to play in population-based multi-sectoral interventions. While it was commonly believed that the individual or their family had the greatest responsibility for health among employees and in the community, those interviewed felt that the private sector had a greater role than government to play in employee health and that government had a greater role to play in the impact of NCDs on community health. This was in keeping with a similar study undertaken by GBCHealth, a similar study, where respondents believed that the private sector holds greater influence than government on workplace health and that 'companies should not be the sole providers of health initiatives for the community and most of those surveyed in that study believed that (private sector) working collaboratively with government agencies provides the best benefit to the community" [6].

Private sector involvement in the Caribbean for prevention and control of NCDs has often been poorly coordinated with few examples of effective partnerships. Many companies may be daunted by the sheer size and complexity of the task. However, it is important to bear in mind that private sector/civil society initiatives for health have been in existence for a long time and, for example, such partnerships helped to create the momentum for reduction in worldwide tobacco consumption, exposure and marketing, and governments then followed their lead [13]. Large companies, in particular but all companies in general, may have influence at the national level, whether through partnering with government, industry-wide alliances or through participating in multi-sectoral action all of which can support systemic change and foster healthier environments [23]. Companies also have a significant role to play in advocacy, decision-making, policy setting, community empowerment and utilization of their core competencies at both the local and regional level. Collaboration with government regional and international bodies can only enhance the private sector's ability to become involved in the prevention and control of NCDs but awareness of potential conflict of interest in partnership must also occur at all times.

5.5 Summary of Key Findings of the HCC Private Sector Survey

- The Caribbean private sector business leaders are, for the most part at the contemplative stage of behavioral change and are weighing the pros and cons with respect to engagement on NCDs while others though engaged are not functioning in coordination with government or civil society.
- Planning for initiation and expansion of worksite wellness programmes is often limited by lack of resources and a need for cost-benefit analysis. Lack of dedicated staff for implementation and evaluation of programmes was a problem for some companies but not for others. Dedicated interdepartmental teams for planning and evaluation of programmes are rare.
- The majority of private sector leaders believe NCD prevention and control among employees and in the community should be addressed largely by individuals and their families but that the private sector and government should also play large roles
- Food and non-alcoholic beverage manufacturers are essential in achieving community targets for NCD prevention through product reformulation, labeling, changes in marketing to children, production of healthy products and compliance to standards but for the most part only small steps towards engagement have been taken.
- The involvement of the Caribbean Private Sector in community initiatives is centred on advocacy and philanthropy with little participation in other local or national initiatives in partnership with government or civil society.

6.0 The Caribbean Private Sector Framework for Action on Noncommunicable Diseases

This framework for action represents a road map for the Caribbean Private Sector to engage in prevention and control of the four main types of noncommunicable disease: cardiovascular disease, diabetes, cancer and chronic respiratory disease and the four modifiable risk factors: physical inactivity, unhealthy diet, exposure to tobacco smoke and harmful use of alcohol, which make a significant contribution to the burden of disease and deaths in the region. It recognizes that the workplace is a significant place for alteration of behavior and for presentation of healthy choices to those who are in their most productive years of life.

The development of a unified and systematic framework for worksite wellness, which takes into account the financial and human resources of a company and the size of the company, can be a helpful tool for any worksite health promotion. The investment made into the program by the company, the engagement of employees and the measurement of the expected outcomes are some of the elements that will determine the programme's success [40].There is no framework for action for business where 'one–size-fits-all' as a wide variety in structure, management styles and business environments exist. The challenges of small businesses vary considerably from that of large businesses with respect to resources, however, the ability to impact a few employees and their families in a small business is of no less value than the ability to impact a thousand people and a community.

The framework was informed by the Caribbean Private Sector Survey which is included in this report as well as by international best practice recommendations[40,41] It must be adapted for the individual business and national context. It is divided into two sections: a framework of simple measures for companies not yet ready for implementation of comprehensive wellness programmes and one for developing, implementing and monitoring comprehensive wellness programmes

.

6.1 Simple Framework for Action on Worksite Wellness

Implementation of a comprehensive wellness programme may not be immediately feasible in some companies because of lack of buy-in from key decision makers. A lone executive may have a vision for corporate wellness that is not yet shared by other executives as a worthwhile investment. In other companies, the leadership may be fully engaged and committed to worksite wellness but the company may lack the capacity and resources to undertake a comprehensive wellness programme. This simple framework is designed for use by individuals or groups that have a concern about corporate wellness but recognize that their company needs to take small initial steps before committing to comprehensive programmes

Objective: To introduce first steps in the development of a corporate wellness programme, through simple but specific changes to increase physical activity and healthy nutrition and tobacco control [42] [43] [5].

Introduce a Culture of Wellness

- Examine the structure of the company and determine the key leaders and stakeholders that need to be engaged to ensure success of worksite wellness programmes
- Review company policies and objectives with appropriate leaders and make recommendations for changes that can support a culture of wellness
- Examine the corporate practices of the company: how the company does business, the built environment and where employees spend most of their time at work
- Research the experiences of other companies locally and internationally that have successfully instituted comprehensive worksite wellness programmes.
- Present a case for physical activity and nutritional programmes that will initially have no/ low initial cost to the company

Have a simple plan for implementation

- Build a team of interested persons within the company ideally with a member from the executive
- Assess the physical activity and nutritional needs of employees through a brief anonymous survey
- Decide how programme success will be measured e.g. weight loss, BMI, body fat percentage, employee satisfaction, number participating over time, feedback surveys etc.
- Partner with voluntary service organisations, community groups, health NGOs, other civil society organisations and government programmes ,where they exist, to develop the specifics of the programme
- Begin with one location where the programme can demonstrate success before expanding to other sites
- Educate the company population on the benefits of healthy exercise and healthy nutrition.
- Create excitement about the programme(s)
- Plan for ongoing communication and sharing results with the executive
- Build momentum for roll-out of programmes at other sites

[5] Physical activity (and nutritional programmes) that target obesity are easily measurable and give excellent return on investment [42]. Smoke-free indoor workplaces and public places are highly effective at reducing exposure to secondhand smoke, and also substantially increase smokers' likelihood of quitting successfully [43]

Introduce Options for Increased Physical Activity

- Encourage active breaks: (~10 minute) indoor or outdoor sessions of walking and stretching
- Designate employee parking farthest away from the building
- Encourage standing and/or walking meetings
- Create walking paths or trails within or around buildings
- Encourage bicycling and or walking to work where feasible
- Place signs besides elevators encouraging use of stairs
- Improve lighting on stairwells where needed
- Plan a sponsored run/ walking race for employees with incentives for participation
- Distribute pedometers and have a 'steps per day' competition
- Create an outdoor/ walking club
- Partner with free/ low cost hiking programmes
- Encourage participation in government and/or community-sponsored physical activity programmes
- Hold on site employee led, aerobic exercise sessions

Introduce Options for Increasing Healthy Nutrition

- Offer nutritional counselling
- Create lactation support (breastfeeding) policy and programmes
- Promote healthy eating among employees by providing nutritious foods in the company cafeteria, in the vending machines, and at worksite functions.
- Encourage intake of water as beverage of choice by increasing access to cool water
- Encourage cafeteria options to report caloric content of foods
- Place signs with reminders of portion sizes in cafeterias and kitchens
- Regularly disseminate information about the effects of salt, cholesterol and simple sugars on health

Introduce Options for Prevention and Control of Exposure to Tobacco Smoke

- Create 100% smoke-free environments in indoor, outdoor or quasi-outdoor spaces where a hazard exists due to tobacco smoke exposure
- Introduce education, communication, and training programs with broad information on the harmful effects of exposure to tobacco smoke and the tobacco industry
- Ban tobacco advertising and sale of (legal or illegal) tobacco products at the worksite
- Provide counselling and assistance with tobacco cessation for employees interested in quitting
- Refuse involvement with tobacco companies in sponsorship of worksite smoking cessation or any other worksite wellness programmes

6.2 Comprehensive Worksite Wellness Programmes[6]

Objective: To develop a comprehensive, relevant, multi-component wellness program that incorporates best practice for health promotion and integrated, sustainable and evidence-based policies for creation of a healthy work environment.

Lines of Action:

6.2.1 Ensure Leadership Involvement

Increase the participation of the decision-makers, with the ability to assign resources, in the creation, implementation and evaluation of worksite wellness programmes.

Actions for companies:

- **Commit to a 'wellness culture' at highest leadership levels**
- **Integrate wellness policy with company mission, vision and business objectives**. The wellness policy should be tailored to the company and the type of industry in which it engages. It should evaluate the business practices and culture, resources and the feasibility of a wellness programme. It should include policy on disease prevention, disease management while at work, breastfeeding and disability
- **Assign program accountability**: Identify an individual from among the company's executive management with overall responsibility for wellness programmes. This individual is responsible for increasing buy-in among management and non-management and acts as the corporate 'wellness champion'
- **Develop a strategic plan** : sets out clear timelines for implementation, evaluation of resources, assignment of responsibilities and measurable objectives
- **Engage leaders at all levels**: the wellness champion should introduce the concepts of corporate wellness to corporate leaders wherever and whenever possible
- **Research the cost-benefit experience:** compare with companies with similar structure that implemented wellness programmes

Actions for NNCDCs and/or leading CSOs

- **Encourage corporate responsibility**: engage business leaders through stakeholder meetings, networking and creating opportunities to influence private sector decision makers
- **Invite private sector representative to sit on National NCD Committee**
- **Invite private sector to partner with leading CSOs**
- **Disseminate updated and relevant information on NCDs** through chambers of commerce and private sector associations to inform and educate business leaders about NCDs and their potential impact on companies and economic growth and development
- **Provide guidance on corporate wellness policy** including best-practices, changes in OSH standards and policies on disability

[6] Adapted from Pronk, NP Best Practice Design Principles of Worksite Health and Wellness Programmes [40]

6.2.2 Create Programme Relevance

Consider the relevance of the worksite wellness programme options to the employees of the company/ group of companies.

Actions for companies

- **Tailor comprehensive programme to individuals**: conduct a health-risk assessment and/or a health-needs assessment by confidential survey of employees
- **Determine effective programme options**: research local and international best-practice, cost-benefit analysis, SWOT analysis, projected ROI
- **Ensure programme is easily accessible:** pilot the programme among select employees
- **Consider inclusion of employee families**

Actions for NNCDs and/or Leading CSOs

- **Encourage partnerships for health risk or health-needs assessments:** provide access to validated instruments, identify human resources to assist companies with implementation and interpretation of surveys
- **Create regulatory and financial incentives:** companies should receive from government encouragement , to create programmes that are in-line with national objectives for NCDs through economic incentives and incentives to achieve minimum regulatory standards

6.2.3 Develop Partnerships at All Levels

Develop internal and external partnerships to ensure success of the wellness programme

Actions for companies

- **Create a wellness committee or interdepartmental team** for developing corporate policy, implementing options, encouraging uptake, providing feedback to executives on impact and evaluating efficacy [42]. Team size would depend on company size. Potential members could include: the wellness champion, HR personnel, company nurse, union representative, facilities representative, executive staff, interested staff, and marketing personnel
- **Encourage employee involvement and representation** at every level of decision making with respect to the creation of wellness policy, implementation and evaluation of worksite wellness programmes
- **Partner with other companies and vendors**: create agreements between companies to share aspects of wellness programmes; partner with health and non-health NGOs, health consultants and academia

Actions for NNCDCs and/or Leading CSOs

- **Encourage private/ private partnerships** where businesses with successful programmes can share their experiences with those in similar industry keen on implementing a wellness programme

- **Develop private/public partnerships** for support of roll-out of targeted government NCD programmes
- **Encourage private/civil society partnership** for health education and promotion, disease screening, physical activity etc.
- **Encourage partnership for monitoring and evaluation of wellness programmes** including monitoring of the impact of the programme on the local community

6.2.4 Develop Comprehensive Programmes

Determine the elements and options of a comprehensive programme that are relevant and necessary to facilitate NCD prevention through healthy lifestyles and prevention of complications and illness.

Actions for Companies

- **Develop supportive psychosocial environment**: create an environment where employees feel cared-for and valued; reduce workplace stress by having established channels for confidential discussion; provide mental health counselling
- **Create a supportive physical environment**: e.g. alter the built environment to encourage employee fitness, appoint active breaks, light stairwells adequately, create indoor and outdoor walking tracks, give access to pedometers to monitor steps per day, designate recreational areas; create physical activity competitions, host wellness days, negotiate corporate reduced rates for gym membership
- **Create a supportive nutritional environment**: provide healthy on-site nutritional choices for food /drink available in cafeterias, vending machines, meetings; provide information on caloric content of foods sold on worksite; promote water as the beverage of choice; provide lactation support for nursing mothers; provide weight management and nutritional counselling programmes
- **Create a smoke-free environment:** create smoke- free indoor, outdoor and quasi-outdoor environments, introduce training, communication and educational programmes on harmful effects of tobacco and tobacco industry, ban sales of tobacco products (legal and illegal) at the worksite; provide counselling on tobacco cessation; refuse assistance from tobacco industry with smoking cessation or any other worksite health initiative
- **Establish health education and promotion programmes** on priority health issues based on initial evaluation of health risks and needs; include promotion of breast-feeding and self-care/self-management for those already affected by NCDs
- **Establish disease screening based on priority issues**: issues must be relevant to the disease profile of the community and country
- **Create general health insurance policy and innovative health insurance:** provide solutions for employees to increase coverage
- **Create behaviour modification programs:** confidential individual or group counselling for alcohol, tobacco or other drug addictions
- **Implement medical assistance for employees +/-families** particularly those with large out-of-pocket healthcare costs for NCDs
- **Integrate programmes and vendors**. Programmes should be complimentary and not competitive. Health vendors may be used to assist in several programmes

Actions for NNCDCs and/or Leading CSOs

- **Establish dialogue and communication** between private sector companies and government and/ or CSOs currently engaged in programme specifics
- **Expose engaged companies to best-practice options** and successfully implemented programmes consistent with national objectives for key areas of NCD prevention and appropriate for the company's employees
- **Foster discussion with private sector organisations:** introduce programme options and benefits to private sector associations and organisations and use these channels to disseminate information about the benefits of comprehensive programmes

6.2.5 Create an Implementation Framework

Develop a framework that outlines the priority of implementation of worksite wellness option over time, the persons responsible for implementation and the time frame in which options will be implemented.

Actions for Companies

- **Establish implementation management system:** create a mechanism that improves coordination and decision-making between departments and in larger companies, between different worksites and regions
- **Develop an operational work plan**
- **Conduct triage and priority segmentation of the population**
- **Create targeted outreach according to health priorities**

Actions for NNCDCs and/or Leading CSOs

- **Consider worksite wellness programmes as a population based strategy for NCD control**
- **Coordinate implementation across companies where possible**: coordinated roll-out strategy across several companies to target a particular NCD or group of NCDs where feasible
- **Assist companies with prioritisation of worksite wellness initiatives:** outline national and regional objectives

6.2.6 Engage the Workforce

Create employee interest in wellness programmes that is sustained and supported by the majority of employees and employee representatives

Actions for Companies

- **Create an employee-centred culture**: Encourage a corporate atmosphere of trust between management and employees
- **Decide on the use of financial and/or social incentives that leverage intrinsic motivations** for achieving individual or group wellness targets. The nature of the incentives needs to be carefully considered and they should be sustainable as well as socially and culturally appropriate. Employees should not be penalized for non-participation in incentive programmes.

- **Consider barriers to programme uptake:** examine barriers that relate to company policy e.g. shift work, restrictive uniforms and employee behavior. Look at existing practices that can be improved
- **Identify and mobilise key employees on the ground that can promote programme uptake**

Actions for NNCDCs and/or Leading CSOs

- **Encourage coordination of wellness programmes** : promote pre programme discussion with government agencies that seeks employee input and public health policy and initiatives

6.2.7 Create a Communications Plan

Develop communications channels for implementation, integration and evaluation of programmes that encourage continuous feedback

Actions for companies

- **Create comprehensive program communications** : design elements that ensure a strategic communications plan that establishes a day-to-day presence in the workplace
- **Assign responsibility for communication:** at the corporate level and at the level of the wellness team
- **Ensure consistent messages:** consider use of a health communications specialist
- **Create strategic and targeted messages** for specific employee sub-groups
- **Use electronic, social and traditional media:** for internal communication
- **Ensure worker representatives engaged** at all phases of programme development of the communications plan
- **Brand wellness programmes**: develop a memorable name and logo and consistently use them in all materials throughout the life of the programme.

Actions for NNCDCs and/or Leading CSOs

- **Build capacity for companies not used to creating targeted health messages** : create access to health promotions materials and resource personnel

6.2.8 Ensure Programmes are Data-Driven

Build in methods of collecting storing and monitoring data from employees and monitoring effectiveness of programmes

Actions for companies

- **Create a continuous measurement and evaluation (M&E) model.** assign responsibility for M&E within interdepartmental teams
- **Maintain data integrity, security and integration:** continuously review methods of data-collection

- **Analyse and report on wellness programme**: measure effects of programmes on corporate environment and employee morale; reports should be presented to the highest levels of management within specific time frames
- **Develop continuous improvements based on analyses**

Actions for NNCDCs and/or Leading CSOs

- **Build capacity for small or medium sized companies with respect to management of data** including storage and handling

6.2.9 Enhance Compliance

Determine methods of maintaining confidentiality and protection of employee data

Actions for companies

- **Maintain data confidentiality**: create mechanisms for preservation of confidentiality; engage employee representatives in discussions about protection of data
- **Establish regulatory compliance for maintenance of data**: comply with local data protection legislation; seek legal, academic and ethical advice; comply with international regulations for data- handling e.g. HIPAA
- **Share anonymized data with other partners** for programme integration, contributing to national statistics, and building local and international wellness networks.

Actions for NNCDCs/ Leading CSOs

- **Advocate for guidelines/ legislation governing data protection and confidentiality** where this does not exist
- **Create partnerships for creating awareness of local and international guidance on data-handling** : establish workshops for dissemination of information on collection and management of employee data

6.3 Framework for Private Sector Community Involvement

Objective: To involve the private business sector in the multi-sectoral response to the NCD epidemic through coordinated activities with civil society, NCD Commissions or lead government agencies.

Line of action	*Specific Objective*	*Actions for Companies in Partnership with Government and CSOs*
Advocacy	Implementation of effective tobacco control:	Reduce tobacco distribution through the legal and illegal tobacco trades; support legislation banning sale of tobacco products to youth; reduce public exposure to second-hand smoke; encourage governments to ratify and/or implement the Framework Convention for Tobacco Control (FCTC). Refuse partnership with the tobacco industry for joint marketing.
	Reduction of harmful alcohol consumption:	Support creation of taxation policies to limit consumption of alcohol; banning of sale of alcohol to youth less than 18 years; creating educational programme on harmful alcohol use.
	Creation of national policy on diet and nutrition:	Legislation and voluntary self-regulation of salt, unhealthy fats and refined sugars in foods by manufacturers; prevention of marketing of unhealthy foods to children; increasing widespread access to affordable healthy fruits, vegetables and fresh produce; adequate nutritional labelling on processed foods; promote breastfeeding.
	Creation of a national policy on physical activity:	Promote urban planning to create safe '' green spaces" that promote physical activity; promote physical activity at work; education on physical activity; create national programmes to encourage children to be more physically active
	Control of water, air and land pollution:	Ensure safe and adequate disposal of industrial wastes; reduction of harmful factory emissions; promotion of recycling of non-biodegradable materials and composting of biodegradable materials within companies and within the wider population;
Philanthropy	Provide part funding for Government and NGO projects;	Coordination of philanthropic efforts between companies at the level of NNCDCs; address poverty alleviation; create funding for health awareness and promotion campaigns

Line of action	*Specific Objective*	*Actions for Companies in Partnership with Government and CSOs*
Empowerment of Local Communities and Special Groups	Increase health education and health literacy, raise awareness of NCD risk factors;	Increase health education and health literacy among youth, women, the disabled, the elderly, indigenous populations and other vulnerable sub-groups within the community
	Increase access to safe green spaces to encourage physical activity,	Assist in government and community efforts to alter the built environment
	Increase access to disease screening and prevention	Create avenues for access among vulnerable population sub-groups
	Increase awareness of the benefits of breastfeeding in NCD prevention	Participate in community lactation programmes,
	Create employment opportunities	Create avenues for employment of women, the physically and mentally challenged, persons past retirement age, minorities and other vulnerable or socially disadvantaged groups;
Development of specific revenue streams	Create revenue streams for health education, promotion, counseling and treatment of NCDs:	Create matching programmes for public donations, creation of new revenue streams through collaboration with government and NGOs
Mobilisation of core competencies	Increase access to mobile (m-Health) and non-mobile (e-health) technologies for health:	Promote use of technology for health diagnostics, health payments, self-monitoring, health evaluation and research
	Increase access to affordable medications and health technologies:	Produce generic pharmaceuticals; import affordable drugs; use established distribution networks for distribution of pharmaceuticals, devices and vaccines; create innovative procedures and organizational systems for health care
	Create best practice designs:	Assist government and CSOs with best practice for financial management, communication, research and networking of NCD programmes

6.4 Summary of Key Recommendations from the Framework for Action

- Private sector companies whose leadership has not been fully engaged should consider implementing a simple framework for worksite wellness that focuses on two areas: physical activity and healthy nutrition

- Comprehensive wellness policy should follow the best practice lines of action of engaging leadership; creating relevance; creating partnerships for worksite wellness; ensuring comprehensiveness of wellness programmes; creating an implementation framework; engaging the workforce; creating a communication plan; ensuring programmes are data driven and enhancing the compliance of the programme.

- The private business sector has a major role to play in the multi-sectoral response to the NCD epidemic through partnership with government and civil society. The power of business should be leveraged for advocacy on major public health issues, philanthropy, empowerment of communities and special groups, development of specific revenue streams, mobilization of core competencies.

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Appendices

Appendix 1: Executive Type by Main Industry and Country Completing Private Sector Survey

No.	Executive Type	Main Industry	Country of Head Office	Regional Company/ Group
1	Industrial nurse	Manufacturing: Other	Dominica	X
2	General Manager	Manufacturing: Food	Barbados	X
3	Group HR Manager	Diverse Conglomerate	Barbados	√
4	Executive Manager	Airline	Antigua & Barbuda	√
5	HR Manager	Financial Services	St. Kitts -Nevis	X
6	Pharmaceutical Director	Diverse Conglomerate	Barbados	√
7	Group Employee Benefits Manager	Diverse Conglomerate	Trinidad & Tobago	√
8	Operations Officer, HR	Financial Services	Grenada	X
9	General Manager	Manufacturing: Food	Barbados	√
10	Daily Operations Manager	Manufacturing: Beverage	Barbados	X
11	Vice President Pensions	Financial Services/ Insurance	Barbados	√
12	Sales and Distribution Manager	Manufacturing: Food	Barbados	X
13	Group CEO	Financial Services/ Insurance	Trinidad & Tobago	√
14	Director	Media	Barbados	√
15	Divisional Manager	Manufacturing: Food & Beverage	Trinidad & Tobago	√
16	Director	Manufacturing: pharmaceutical	Barbados	X
17	Vice President, Group insurance Sales	Financial Services/ Insurance	Trinidad	√
18	Director	Manufacturing: Food & Beverage	Belize	X
19	Director	Manufacturing: Food & Beverage`	Jamaica	X
20	Human Resource Officer	Financial Services/ Insurance	Barbados	√
21	Administrative Manager	Media	St. Vincent & the Grenadines	X

No.	Executive Type	Main Industry	Country of Head Office	Regional Company/ Group
22	Managing Director	Manufacturing: Food & Beverage	Jamaica	X
23	Director	Financial Services	Barbados	X
24	Head of Learning & Development	ICT	Barbados	√
25	Director of Human Resources	ICT/ Media	Barbados	√
26	Director of Human Resources	Banking/ Financial Services	Barbados	√
27	CEO	Other (private sector)	Jamaica	X
28	CEO	ICT/ Media	St. Lucia	X
29	HR Manager	Airline	Trinidad	√
30	HR Manager	Hotel	St. Lucia	X
31	Director Human Resources	Banking/ Financial Services	Barbados	√
32	Group HR Manager	Diverse Conglomerate	Trinidad	√
33	General Manager	Hotel	Barbados	√
32	Director Human Resources	Financial services	Barbados	X
35	Director Human Resources	Manufacturing: Beverage	Barbados	X

Appendix 2 HCC Private Sector Survey Questionnaire

HCC Private Sector Survey 2015

Welcome to the Healthy Caribbean Coalition Private Sector Survey

Thank you for taking the time to participate in this survey. Your responses will provide invaluable information about Caribbean private sector involvement in the fight against non-communicable diseases (NCDs) such asdiabetes, hypertension, heart disease and cancer.

This survey consists of twenty-eight (28) questions and may take about 20 minutes to complete. Please takethe time to read the questions carefully and note any specific instructions or definitions given. Kindly choosethe response that best reflects the activities of your company, as a whole, within the Caribbean region.

The term 'your company' has been used throughout the survey but we recognize that in some cases, you may be responding on behalf of a corporate group.

All data obtained from this survey will be analysed anonymously, the findings will be presented as group datain a report and neither you nor your company /organisation will be identified.

If you have any questions concerning this survey or its content, you may contact us by emailing Dr. Lynda Williams at: lynda.williams@healthycaribbean.org. or alternately, Mrs. Maisha Hutton at: maisha.hutton@healthycaribbean.org

We look forward to hearing from you.

PART A Demographic Profile

Please tell us about yourself and your corporate history

1. What is your position in the company?

- Chief Executive Officer
- General Manager
- Chief Operations Officer
- Managing Director
- Director of Human Resources/ Human Resources
- Manager Other (please specify)

2. What is the approximate number of people employed by your company?

- 1-99
- 100-499
- 500- 999
- 1000 or more

3. Is your company involved in more than one type of industry?

- Yes
- No

4. In what types of industry do your employees work? *(please check all that apply)*

- Primary industry *(mining, quarrying, agriculture/ fishing, oil/gas extraction),*
- Electrical generation/ retailing
- Information and Communications Technology
- Construction
- Manufacturing: Food or beverage
- Manufacturing: Pharmaceuticals
- Manufacturing: Other
- Wholesale trade/Marketing/Distribution
- Retail trade
- Banking/Financial services/Insurance
- Tourism/ Hotels/ Airline industries
- Media *(television, radio, print, electronic)*
- Other (please specify)

5. How many locations does your company currently have within the Caribbean region**?

- 0 *(no physical sites/ virtual office only)*
- 1
- 2 - 9
- 10 or more

6. How long has your company or its subsidiaries operated within the Caribbean region**?

- 1-20 years
- 21-40 years
- 41-60 years
- over 60 years

*** Caribbean region includes all English and non-English speaking Caribbean islands, Belize, Guyana, French Guyana and Suriname*

Part B: Worksite Wellness

The questions below relate to Worksite Wellness programmes. These are employer initiatives directed at improving the health and well-being of workers and, in some cases, their dependents. These include, but are not limited to: health insurance, preventive health examinations, nutritional and exercise programs, incentives for healthy behavior, on-site disease screening, health promotion and education, occupational safety and health, medical assistance schemes.

7. Does your company currently offer worksite wellness programmes to any of its employees?

- Yes
- No
- Don't Know

8. Has your company ever conducted a health risk/ health needs appraisal** of its Employees?

- Yes
- No
- Don't Know

***A health risk appraisal or health needs appraisal is a confidential employee survey with predetermined objectives that may be used for wellnessprogram planning, provision of follow-up services, counseling or referral.*

9. What types of worksite wellness programmes are offered to employees and to whom are they offered?

	All Employees (all grades, contract and permanent)	All Permanent Employees (all grades)	All Executives (management/ senior management)	Not Offered to Any Employees
Conventional Health Insurance Coverage				
Preventive Health Coverage (e.g. annual medical visits, preventive screening)				
On-site Disease Screening (e.g for diabetes, hypertension, cholesterol, cancer, obesity)				
Nutritional programs (e.g access to healthy foods, meal planning)				
Weight Management programs (e.g weight loss and monitoring)				
Fitness /Exercise programs (e.g. group fitness, gym memberships)				
Incentives for healthy lifestyles (e.g financial and social benefits)				
Health Education (e.g. health lectures and seminars, internal email etc.)				
Addiction Counseling (e.g for tobacco, alcohol, illegal drug				

10. Which of the following non-communicable diseases/issues has your company addressed via educational or preventive health programmes for your employees?

	Yes	No	Don't know
Smoking Cessation/ Smoke-Free environments			
Diabetes			
Heart Disease and Hypertension			
Cancer			
Physical Inactivity			
Healthy Eating/ Nutrition			
Mental Health/ Stress management			
Addictive Behaviors (e.g. alcoholism, illegal drug use)			
Chronic Respiratory Disease (e.g asthma, COPD)			
Other (Please Specify)			

11. Within the past five (5) years, what initiatives has your company undertaken to improve employee wellness?

	Yes	No	Don't know
Altered the built environment to encourage employee fitness (e.g lighted stairwells, walking tracks, recreational areas)			
Provided healthy on-site nutritional choices (e.g. for food /drink available in cafeterias, vending machines, meetings)			
Provided assistance with psycho-social aspects of work (e.g. work-life balance, managing stress, channels for confidential discussions about stress etc.)			
Adopted a corporate policy on disability (e.g. including equal recruitment, equal access, accommodation on return to work)			
Enforced adherence to occupational safety health codes and regulations			
Trained select employees for initiation, implementation and evaluation of wellness programmes			
Adopted a corporate wellness policy with defined objectives			
Held corporate wellness days (e.g. to promote health and wellness internally)			
Encouraged corporate affiliates/ partners to adopt wellness programs			
Adopted a corporate wellness policy with defined objectives			

12. Who is/was primarily responsible for <u>implementation</u> of worksite wellness programmes at your company? *(Select one)*

- Human Resources/ Personnel Department
- Management/Senior Management
- Dedicated Interdepartmental Team
- External Agency
- Personnel not well defined/Varies by programme
- Don't Know
- Other (please specify)

13. Who is primarily responsible for evaluation of worksite wellness programmes at your company? *(Selectone)*

- Human Resources/ Personnel Department
- Management/Senior Management
- Dedicated Interdepartmental Team
- External Agency
- Personnel not well defined/Varies by programme
- Don't Know
- Other (please specify)

14. Have the following worksite wellness programmes had an impact on the corporate environment andmorale **of your employees?

	Significant impact	Some impact	Neutral (neither small nor great impact)	Little impact	No impact	Don't know	N/A (not offered)
Conventional Health Insurance							
Preventive Health Coverage							
On-site Disease Screening							
Nutritional programs							
Weight Management							
Fitness/Exercise							
Incentives for healthy lifestyles							
Health Education for NCDs							
Addiction Counseling/Support							
Stress Management/Mental Health Counseling							
Occupational Safety and Health							
Medical Assistance Schemes							

**Corporate environment and morale= employee job-satisfaction, reduced workplace stress and management/ employee relations

15. Which of the following is/was a significant motivating factor for implementation of worksite wellness programmes at your company?

	Strongly agree	Agree	Neutral (neither agree or disagree)	Disagree	Strongly Disagree	Don't know
Create a happier and healthier working environment						
Decrease absenteeism						
Increase productivity						
Enhance recruitment and retention of staff						
Decrease on-site accidents and injuries						
Decrease insurance costs						
Corporate ethical responsibility for employee health and well-being						

16. Which of the following is/was a barrier to implementation or expansion of worksite wellness programmesat your company?

	Strongly agree	Agree	Neutral (neither agree or disagree)	Disagree	Strongly Disagree	Don't know
Lack of dedicated staff						
Lack of broad corporate support						
Need for cost/benefit analysis						
Liability from employees or families						
Lack of resources at this time						
Potential loss of productive working hours						
Organizational structure does not support broad programmes						

PART C: Corporate Involvement

The questions below relate to your corporate involvement in the prevention and control of NCDs atthe local community and national level. Prevention and control of NCDs includes (but is not limitedto): provision of safe environments for physical exercise; access to clean water; access to affordable:nutritious foods, medications, health technologies, disease screening and healthcare; decrease in tobacco consumption; reduction in consumption of alcohol

17. How much of a role should each of the following groups play in prevention and control of non-communicable diseases (NCDs) among private sector workers?

	Level of Role
Government	
Private Sector	
Companies	
Health NGOs	
Community Groups	
Religious organizations	
Trade Unions	
Individual/Families	

18. How much of a role should each of the following groups play in prevention and control of non-communicable diseases (NCDs) in local communities?

	Level of Role
Government	
Private Sector	
Companies	
Health NGOs	
Community Groups	
Religious organizations	
Trade Unions	
Individual/Families	

19. Within the past five (5) years how has your company engaged in community health initiatives for NCDs?

	Yes	No	Don't know
HEALTH ADVOCACY (e.g. promoting healthy lifestyles, smoking cessation, cancer screening etc.)			
PHILANTHROPY to Non Government Organizations (NGOs) (e.g donations to cancer societies, heart foundations, diabetes groups, community initiatives etc.)			
PHILANTHROPY to Government (e.g funding for projects, hospitals, specific NCD programmes)			
REVENUE GENERATION (e.g.creation or diversion of specific revenue streams for NCD initiatives)			
EMPOWERMENT of Local Communities (e.g financial and social support for NCD initiatives among employee families, community groups and civil society			
EMPOWERMENT of Special Groups (e.g. financial and social support for NCD initiatives among women, indigenous people, the disabled, youth etc.)			
MOBILISATION of Core Competencies (e.g providing technical assistance and expertise in distribution, financial management, networking, communications etc. for public sector and civil society NCD initiatives)			
Other (Please specify)			

20. Has your company ever been a part of public/private or private/civil society partnerships to address any<u>general</u> NCD health issues?

	Yes	No	Don't know
Access to affordable and quality healthcare			
Access to affordable medications			
Access to innovative health technologies (e.g. for diagnosis, monitoring or treatment)			
Access to disease screening (e.g for cancers, diabetes, heart disease)			
Access to healthy and nutritious foods			
Worksite wellness			

21. Has your company ever been a part of public/private or private/civil society partnerships to address specific NCD health issues?

	Yes	No	Don't know
Tobacco control (e.g reducing passive smoke, public education, ban on tobacco advertising, decreased marketing to minors)			
Air and water pollution (e.g. improving air quality, reducing greenhouse gas emissions, access to safe water)			
Marketing of unhealthy foods to children (e.g. decreasing marketing of foods high in salt, refined sugars and fats to children)			
Physical activity (e.g targeted initiatives, safe environments for exercise and provision of green-spaces)			
Innovative use of mobile or electronic technology for health (e.g. ICT for health education, advocacy, promotion, payments, communication, diagnosis etc.)			
Research on NCDs or NCD risk factors			

22. Approximately what percentage of your revenue is currently spent on community health initiatives?

- Less than 0.5%
- 0.5-1 %
- More than 1% Don't Know

23. Within the next two (2) years, how do you think the percentage of your expenditure on community health initiatives will change?

- Increase
- Decrease
- Remain the same
- Don't Know

24. Please provide a brief statement that you think sums up your company's engagement in the fight against NCDs and your plans for future involvement

25. Is your company/ organisation a member of the Global Business Coalition on Health?

- Yes
- No
- Don't Know

26. Is your company a member of a national, regional or international private sector association?

- Yes
- No
- Don't Know

If 'Yes' please specify which association (s) your company is a member of

27. Would your company/organisation be willing to take a leadership role in the establishment of a Caribbean Business Coalition on Health/NCDs aimed at supporting workplace wellness programmes and leveraging the resources of the business community for positive impact on NCDs in the region?

- Yes, we would be fully committed to this
- No, not at this time
- Don't Know/Need more information

PART D: Corporate Involvement-Food and Beverages

This section is for manufacturers of food and beverages only If you are NOT a food and beverage manufacturer please immediately click DONE at the end of the page. If you are a food and beverage manufacturer, please answer all of the questions below before.

28. Within the past five (5) years has your company ever undertaken any of the following? (please answer all questions)

	Yes	No	Don't know
Product reformulation to reduce salt, refined sugar, saturated/ trans fat content Compliance with national /international standards for salt, refined sugar, saturated/trans fat content			
Addition or improvement of nutritional labeling on products			
Production of new products with reduced salt, refined sugar and saturated/trans fat content			
Voluntary self-regulation of marketing of foods high in salt, refined sugar or saturated fat or non-alcoholic high sugar beverages in settings where children are in the audience			

HEALTHY CARIBBEAN COALITION
"a civil society alliance for combating chronic diseases"

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The work of HCC would not be possible without core funding from Sagicor Life Inc.

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