

## Public health and the workplace: a new era dawns



The relationship between work and health is complex. It is one that has changed substantially over past centuries and it is permanently evolving as societies themselves evolve. While unemployment is now generally recognised as linked to poor health outcomes (especially for mental health), employment can be both good and bad for health, depending on the nature and quality of work. Conversely, poor health has been shown to be associated with risk of job loss, a potentially devastating predicament for individuals and their families. Poor health has also been associated with increased sickness absence from work, a serious issue for a country's economy. Health and work are therefore intrinsically intertwined. What can a public health perspective offer?

For too long, under an occupational health umbrella, most research on health and the workplace has focused on work-related diseases or risk factors. However, public health research has much more to offer to workers and the society in which they live, as this issue of *The Lancet Public Health* amply illustrates.

Marianna Virtanen and colleagues looked at the relative contribution of lifestyle factors to sickness absence from work. Using data from four cohort studies in the UK, France, and Finland, they analysed the relationship between smoking, alcohol use, overweight, and low physical activity and diagnosis-specific sickness absence. Most studies thus far have focused on single lifestyle factors or one specific disease, and they were usually quite small—providing evidence that unhealthy lifestyles could decrease an individual's productivity, but nevertheless leaving the overall picture blurred, as Alex Burdof notes in a linked Comment. Virtanen and colleagues' large multi-cohort study and thorough dissection of the associations between four risk factors and sickness absence for six common conditions provides compelling evidence that "lifestyle matters for sickness absence". But how to reduce sickness absence and improve workers' health is not easy.

Workplace health promotion programmes are being implemented in several countries. These programmes are usually offered by employers to encourage their employees to adopt healthier lifestyles (eg, through screening, access to weight-loss programmes or gyms). Targeting unhealthy behaviours—such as smoking, poor diet, and low physical activity—has recently received more

attention and innovative approaches are burgeoning in many companies. But do these interventions work and are they cost-effective?

Two randomised trials published in this issue investigate interventions in the workplace targeting unhealthy behaviours. Floor van den Brand and colleagues' trial found that financial incentives (relatively modest, totalling €350), in addition to a smoking cessation group training programme, increased smoking abstinence at 12 months compared with training alone.

By contrast, Frida Bergman and colleagues' trial, investigating whether treadmill workstations in offices could increase daily walking time in overweight workers, did not meet its primary endpoint of a 30-min increase in physical activity. Still, implementation of treadmill workstations increased workers' daily walking time (22 min at 13 months) compared with sit-stand desks. Increasing physical activity during productive work among sedentary workers is certainly a promising avenue for future research. Sustainability and cost-effectiveness will be important to assess.

Health and wellbeing in the workplace is getting increasing attention in most high-income countries. But, as Banerjee and Gavaravarapu write in their Correspondence, middle-income nations, such as India, which are going through rapid economic development, are now also witnessing changes in the challenges faced by their workforce. While the workplace offers an ideal setting for health promotion, Banerjee and Gavaravarapu lament that this is not yet widely accepted in India.

Finally, there is a need for an equity lens. Approaches need to be carefully designed to avoid the dangers of widening health inequalities. Some interventions might be well designed for high-income, well-educated, health literate, workers, while those in lower socioeconomic groups may be more prone to unhealthy behaviours and have poorer health literacy. The good news is that public health research into workplace-related health has now entered a new era. Establishing reliable evidence about what works to advance health, and perhaps more importantly what does not, offers the prospect for transformational change. The aim now will be to persuade employers that the health of their employees is an investment not a cost. ■ *The Lancet Public Health*

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