Development and Process Evaluation of the Participatory and Action-Oriented Empowerment Model Facilitated by Occupational Health Nurses for Workplace Health Promotion in Small and Medium-Sized Enterprises

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Abstract: The objective of this study is to develop an available empowerment model for workplace health promotion (WHP) in small and medium-sized enterprises (SMEs) and to evaluate its applicability and feasibility. Semi-structured interviews with employers and workers in SMEs were conducted to assess their actual requirements for support. The structure of our new empowerment model was discussed and established through several rounds of focus group meetings with occupational safety and health researchers and practitioners on the basis of results of our interviews. We developed a new participatory and action-oriented empowerment model based on needs for support of employers and workers in SMEs. This new model consists of three originally developed tools: an action checklist, an information guidebook, and a book of good practices. As the facilitators, occupational health nurses (OHNs) from health insurance associations were trained to empower employers and workers using these tools. Approximately 80 SMEs (with less than 300 employees) were invited to participate in the model project. With these tools and continued empowerment by OHNs, employers and workers were able to smoothly work on WHP. This newly developed

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participatory and action-oriented empowerment model that was facilitated by trained OHNs appears to be both applicable and feasible for WHP in SMEs in Japan.

Key words: Workplace health promotion, Small and medium-sized enterprises, Participatory and action-oriented empowerment model, Information-focused tools, Occupational health nurses

Introduction and Objectives

Recently, how to implement workplace health promotion (WHP) in small and medium-sized enterprises (SMEs) has become a common problem worldwide. In many countries, workers and employers in SMEs rarely utilize resources for WHP. For instance, in Korea, Park et al. reported that SMEs utilized fewer resources for occupational health services than larger enterprises. Kari et al. mentioned that in Finland knowledge and skills within SMEs, as well as financial resources, are limited for performance of health promotion interventions. In the United States, Beti et al. showed that it was more difficult for workers to have access to health promotion programs in SMEs than in large-scale enterprises. Balsat et al. noted that in Belgium external occupational health and safety service facilities and staff are seldom utilized, especially by SMEs.

In Japan, there are considerable resources for occupational safety and health (OSH). For example, regional occupational health (OH) centers in 347 districts were established by the government from 1993 to 1997 to support small companies with fewer than 50 employees. For companies with 50 employees or more, OH promotion centers have been established in every prefecture. In addition, several subsidies for SMEs have been offered to promote OSH activities. However, these resources have not been greatly utilized. The reasons for this under-utilization should be investigated in order to develop new promotional measures.

Action checklists have been shown to be effective in implementing easily understood and concrete action plans for improving ergonomic work conditions or the workplace environment. Recent changes in work life have resulted in health care needs, including mental health promotion, especially in modernized societies. New action checklists that cover a wide-range of OSH activities are needed to meet a variety of health needs and to address risks in the workplace. We have attempted to develop a new action checklist to meet these needs and have reported on its first version.

As for the utilization of OH professionals, the OSH law only requires the employment of occupational physicians and occupational administrators. Consequently, other professionals are rarely hired in the public facilities that were established for SMEs, such as regional OH centers, whereas in larger private companies multidisciplinary OSH professionals, such as occupational health nurses (OHNs), are hired and contribute greatly to WHP.

To identify new approaches for promoting WHP in SMEs, the reason for under-utilization of regional facilities or subsidies and the actual support needed for WHP activities should be investigated. New approaches should be customer-oriented and widely disseminated to achieve full utilization.

The objectives of this study are to develop a readily available model for a new approach to WHP in SMEs in Japan based on supporting the actual needs of SMEs and to evaluate its applicability and feasibility.

Subjects and Methods

Interviews with employers and workers in SMEs

Semi-structured interviews with employers and workers who were responsible for OSH activities in SMEs with less than 300 employees were conducted to determine the workplace climate and present activities for WHP and needs to support promotion of those activities. Interviewers used an interview guide to conduct interviews that took less than 1 h. These were tape recorded with the consent of the interviewee. Transcripts of the interviews were made and key phrases for the research questions were extracted. Those key phrases were categorized and core concepts were elicited.

Development of the customer-oriented support model and appropriate support tools

The entire structure of our new empowerment model was discussed and established through several rounds of focus group meetings with OSH researchers and practitioners on the basis of interview results. Tools required for this new model were originally developed by our research team in cooperation with employers and workers as well as OSH practitioners.

Model project and evaluation

Approximately 80 companies with fewer than 300 employees were invited to participate in this model project. Eighteen OHNs from the Social Insurance Health Project Foundation, Japan, supported the companies as facilitators.
for one year based on the newly developed model (October 2004–September 2005). Basically the OHNs visited companies two or three times a year and sometimes communicated by telephone. They introduced the support tools to companies and provided information and advice on their use. They had received three days of training prior to the start of the model project and one day of training in the middle of the intervention period. Records of support provided by the OHNs and responses by the companies were reported by the OHNs and were analyzed to evaluate the processes. Opinions and remarks on the tools were also collected from company members and OHNs to use in revising the tools.

**Results**

**Support needed for promoting WHP in SMEs**

Interviews with employers and OSH personnel in SMEs revealed several major problems and needs regarding support for promoting WHP among SMEs.

First, employers and workers in SMEs had little knowledge of what to do for WHP except for health checkups. Even health guidance following health examinations was rarely provided. They could not conceive of concrete plans for WHP because they had never seen good models of WHP.

Secondly, they were not aware of available services and resources for WHP. They wanted simple and accessible information on what kinds of services were available for various situations.

Thirdly, they thought that implementing WHP required great cost and effort and that they did not have sufficient human resources and funds. As a result, motivation and self-efficacy for promoting WHP were quite low.

Fourthly, they did not know whom to consult when support was needed for WHP. They expected sociable and continuous support to empower them.

**Participatory and action-oriented empowerment model**

We developed a new participatory and action-oriented empowerment model based on support needs of employers and workers in SMEs that were extracted from our interviews.

This new model consisted of four support concepts. The first concept was to show easily understood and available action plans. The second was to systematically and comprehensively provide concrete knowledge and information on available resources. The third was to identify and disseminate good practices. The fourth was to supply sociable support specialists for facilitating WHP in SMEs, such as OHNs from health assurance associations.

These concepts were embodied in specially developed tools, which were an action checklist, information guidebook and book of good practices.

The new action checklist was multi-dimensional and was expected to bring about a company’s voluntary initiative into various areas of WHP. The multi-dimensional action checklist consisted of 6 core areas, 9 technical areas, and 61 essential items. In addition to technical areas previously described, several new areas had been suggested for WHP activities in SMEs, such as mental health promotion and a healthy workplace climate.
As an intelligible information-focused tool for empowering workers and employers to utilize external facilities and to activate WHP in SMEs, the information guidebook was developed. The information guidebook, as the new action checklist, consists of 6 core areas with simple titles that were extracted from the interviews. Forty-two questions and answers are included that provide basic knowledge, as well as a list of available regional facilities at the end of the book. We produced 6 versions of the guidebook for 6 prefectures in Japan.

The action checklist and information guidebook were linked. Page numbers were given beside the selected actions in the action checklist so that users could easily consult the information guidebook for needed information.

The good practices book was prepared to motivate employers and workers in SMEs and to increase their self-efficacy by providing examples of good practices that did not require much cost or effort.

Through group discussions, OHNs from health insurance associations were selected as eligible to be facilitators because of their abilities for empowerment. They usually visited SMEs to provide health consultations after health examinations. Their selection was supported by the fact that opportunities for onsite visits were available not only to provide individual support but also for organizational support of WHP. However, through the group discussion, several days of training were recommended for the OHNs to standardize their skills for facilitating WHP at an organizational level using our developed tools.

**Progress of model project and process evaluation**

1) Implementation of the model project

Approximately 70% of companies used the tools, such as the action checklist. With these tools and the support of the trained OHNs, 60% of companies declared that they would initiate WHP activities, and 55% actually started such activities (Fig. 2). Figure 3 shows the adopted rates of the actions in each technical area. Action areas of “Improvement of work procedures”, “Improvement of workplace environment” and “Coordinating system and climate of WHP” were adopted by more than 40% of the SMEs.

2) Process evaluation of the model project

We analyzed records that the OHNs submitted at the end of this intervention and summarized opinions from employers, employees, health care providers, and researchers (Table 1). Consequently, 5 categories were extracted as good points for the model project. There were “Led to implementing health promotion in workplace”, “Led to enlightenment of health awareness in workplace”, “Led to changed behavior”, “Led to utilization of services”, and “Led to reinforcement of teamwork between company and OHNs”.

3) Revision of the support tools

1) Revision of the action checklist

We revised the first edition based on the process evaluation of the model project in which the first edition of the action checklist was used. We gathered opinions of employers, employees, OHNs and researchers, then divided those responses into good points or weak points that needed improvement. For example, some of the good points mentioned were “I became aware of my present health issues by using the action checklist”, “It motivated employers and employees to cope with problems by recognizing the present situation”, “It could be used for improving not only worker’s...”
health but also the climate of the workplace”, and “I could use it to start to work on problems”. Weak points included “There were too many items” and “It should contain more information for establishing workplace climate rather than health checkups.” Based on these opinions, we revised the action checklist.

At first, we shortened and simplified the title in response to opinions of OHNs, other OSH specialists, and workers who indicated that the title was too long and that they could not tell what the content of the checklist was from the title.

Secondly, in response to the opinion that there were too many items, we reduced the number of items from 61 to 50. The tool consisted of 5 core areas and 7 technical areas (Appendix 1).

Thirdly, we changed the position of the core areas. For example, “WHP utilizing health examination” was moved to the bottom of the checklist.

Lastly, we illustrated the action checklist. Furthermore, we developed a simplified action checklist that consisted of 25 items and contained the same core and technical areas as the detailed one (Appendix 1).

(2) Revision of the information guidebook
We revised the first edition based on evaluation of the model project for which that edition was used. We solicited opinions of employers, employees, health care providers, and researchers, and divided opinions in terms of good points and points needing improvement. For example, some good points were “It covered needed information on OHS” and

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**Table 1. Good points of the model project evaluated by OHNs and employees**

<table>
<thead>
<tr>
<th>Good points of the model project evaluated by OHNs and employees</th>
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<tbody>
<tr>
<td>Led to implementing health promotion in workplace</td>
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<tr>
<td>• Implemented health promotion and measures</td>
</tr>
<tr>
<td>• Improved working environment, working conditions</td>
</tr>
<tr>
<td>• Gathered or offered information</td>
</tr>
<tr>
<td>Led to enlightenment of health awareness in workplace</td>
</tr>
<tr>
<td>• Improved health awareness of companies</td>
</tr>
<tr>
<td>• Shared information on health issues</td>
</tr>
<tr>
<td>• Initiated thinking of health</td>
</tr>
<tr>
<td>• Improved workplace climate</td>
</tr>
<tr>
<td>Led to changed behavior</td>
</tr>
<tr>
<td>• Improved health behavior of workers</td>
</tr>
<tr>
<td>Led to utilization of services</td>
</tr>
<tr>
<td>• Implemented health consultations, medical checkups</td>
</tr>
<tr>
<td>Led to reinforcement of teamwork between company and OHNs</td>
</tr>
<tr>
<td>• Established reliable relations with entrepreneur or health management staff</td>
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<tr>
<td>• Chance to understand viewpoints of entrepreneur or health management staff</td>
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**Fig. 3. Distribution of adopted rates of technical action areas by SMEs.**
“It is easy to understand and utilize.” One point made regarding the need for improvement was “It should cover more information of health resources on mental health”.

Basically, the revision of the information guidebook was along lines similar to that of the action checklist. The order of the content of the information guidebook was changed after modifying the action checklist. The 42 questions in the revised version were shown in Appendix 2. After the two tools were revised, linkages between them were rebuilt (Table 2).

**Discussion**

The present study demonstrated a new participatory and action-oriented empowerment model for promoting WHP activities in SMEs. It was developed on the basis of actual needs for support of SMEs for WHP, which were clarified by interviews with employers and workers in SMEs.

Lack of information concerning WHP and available resources is a common problem among SMEs all over the world\(^\text{1-11}\), which has resulted in a lack of motivation by employers and workers\(^\text{19}\). The combined use of the new action checklist and the information guidebook, as well as the book of good practices, provides concrete and practical knowledge for WHP and guidance on available resources outside the company\(^\text{18, 20}\). These easy-to-understand, information-focused empowerment tools will help people get integrated knowledge and motivation for WHP and will encourage utilization of external occupational health services\(^\text{18, 20}\).

Trained and sociable facilitators seemed to increase the applicability of these support tools. In the present model project OHNs from the health insurance association supported companies to initiate and to promote WHP activities. OHNs empowered the key persons of the companies to start WHP activities and gave needed support depending on the competence of the key persons\(^\text{22}\). Good relationships with OHNs promoted companies’ voluntary initiative\(^\text{22}\). Small steps were sufficient at the beginning and successful experiences in good practices increased their self-efficacy\(^\text{22}\). Moreover, this model project indicated that health insurance associations could play an important role of supporting WHP in SMEs. A future report will provide more detailed evaluation of the support processes by OHNs from the health insurance association and the responses by companies involved. Outcome evaluation by a randomized controlled trial has been conducted, and results are being prepared for publication.

The applicability and feasibility of these easily-understood, information-focused tools and the use of sociable facilitators were demonstrated in this study for empowering employers and workers in SMEs to promote voluntary initiatives in WHP. For further utilization of these tools and dissemination of WHP in SMEs, closer collaboration and networking among health care facilities and professionals are needed.

**Conclusion**

This newly developed participatory and action-oriented empowerment model facilitated by trained OHNs from health insurance associations for SMEs is presented in this study.
insurance associations seemed to be applicable and feasible for WHP in SMEs in Japan.

Acknowledgement

This research is funded by the Ministry of Health, Labour and Welfare, Japan.

References

## Appendix 1. Revised version of the action checklist

<table>
<thead>
<tr>
<th>Core areas</th>
<th>Technical areas</th>
<th>Number of essential items</th>
<th>Action items</th>
<th>Referred by the simplified action checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Healthy workplace climate</td>
<td>A Coordinating system and climate of workplace for health promotion</td>
<td>8</td>
<td>1. [Declaration of employer] Declare health promotion activities to implement measures that lead to changing attitude of employees toward health. *</td>
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<td></td>
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<td>2. [Assignment of OSH personnel] Promote health and safety activities by appointing someone as OHS personnel and to be the person who contacts and brings news from available service organizations. *</td>
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<td>3. [Having a periodical meeting] Create an opportunity for exchange of opinions about health promotion in the workplace. *</td>
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<td>4. [Making workplace lively] Collaborate with each other by accepting both weak and strong points in order to make a cheerful and rewarding workplace environment. *</td>
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<td></td>
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<td>5. [Finding a specialist] Find specialists and OSH service organizations relating workplace health promotion. If necessary, contract with them and utilize their services.</td>
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<td></td>
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<td>6. [Taking a rest and consulting a doctor when feeling ill] Encourage employees to take a rest and consult a doctor with superior’s permission when feeling ill.</td>
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<td>7. [System of returning to workplace] Create a system whereby employees with long-term sick leave can return by working in conjunction with the industrial physician, family physicians, and occupational health nurses and others.</td>
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<td>8. [Considering surrounding] Make a healthy workplace climate whereby workers care for each other by not compelling any employees to drink or by not smoking in prohibited areas.</td>
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<td></td>
<td>B Planning and practicing workplace health promotion at the organizational level</td>
<td>9</td>
<td>9. [Discussing health problems in the workplace] Discuss health problems in the workplace reviewing working style and health condition.</td>
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<td></td>
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<td>10. [Goal, Plan, Do] Decide the goal for health promotion activities based on health problems in workplaces, plan the activity, then implement and evaluate it in the workplace. *</td>
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<td></td>
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<td>11. [Slogan for health promotion] Ask employees to submit slogans and post them where everyone can easily see them. *</td>
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<td>12. [Making use of occupational health week] Plan and practice an event for health promotion during nationwide labor hygiene week (Occupational Health Week from October 1st to 7th) as a period for reinforcing health promotion.</td>
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<td></td>
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<td>13. [Gathering information on health promotion] Find the regional OSH service organizations that are available for health promotion through the Information Guidebook, homepage, etc. And, find useful information about health promotion activities in the workplace health promotion. *</td>
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<tr>
<td>Core areas</td>
<td>Technical areas</td>
<td>Number of essential items</td>
<td>Action items</td>
<td>Referred by the simplified action checklist</td>
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</table>
| I Healthy workplace climate | Planning and practicing workplace health promotion at the organizational level | 9                         | 14. **Arrange better surrounding to supply canteens’ menu**  
Offer employees a well-balanced diet, which means to vary the menu, to limit high-calorie foods, and to arrange better surroundings and amenities such as improvement of canteen’s menu, offering a catered box lunch, improving vending machine selections, etc. | *                                           |
|                          |                                                      |                           | 15. **Arranging better surrounding for exercise**  
Inform employees of opportunities to exercise and arrange better surroundings to prevent disease and to promote health |                                             |
|                          |                                                      |                           | 16. **Administering first aid**  
Offer employees a first-aid training course so that they will have the ability to administer first aid in the workplace. |                                             |
|                          |                                                      |                           | 17. **First-aid kit**  
Prepare and maintain a first-aid kit with sanitary materials such as adhesive plasters, antiseptics, absorbent cotton, and other materials thought to be necessary. |                                             |
| II Improvement of work procedures and workplace environment | Improvement of work procedures | 9                         | 18. **Checking in employees’ posture at work**  
Improve work posture to minimize physical burden and maintain optimal posture when working. Take advice from experts when needed. | *                                           |
|                          |                                                      |                           | 19. **Carrying heavy goods**  
Prevent lumbago and accidents by having more than one person carry or lift heavy goods or by use of a wagon and pulley to reduce weight load per individual. |                                             |
|                          |                                                      |                           | 20. **Use of appropriate protectors**  
Use protectors properly to prevent health problems. For example, masks for protecting from dust, protection glasses and earplugs. | *                                           |
|                          |                                                      |                           | 21. **Exercise at workplace**  
Exercise in the workplace for refreshment and prevention of injury, before starting work or at an interval during working hours. | *                                           |
|                          |                                                      |                           | 22. **Adjustment of task**  
Arrange adequate manpower for each task so that an individual or team is not overburdened. |                                             |
|                          |                                                      |                           | 23. **Break time**  
Recover from fatigue through resting the body and mind. Thus, keep break time for maintenance of health and safety. | *                                           |
|                          |                                                      |                           | 24. **Prohibition against constant overtime work**  
Don’t make habit of having employees work overtime and setting targets for output in working hours per day, per week, or per month. | *                                           |
|                          |                                                      |                           | 25. **Holidays and days off**  
Take the allowed days off regularly, and use holidays for refreshment. Annual paid holidays should be taken on a planned schedule or as needed. |                                             |
|                          |                                                      |                           | 26. **Balance of work and family life**  
Working hours and systems should not be out of balance between work and family life. |                                             |
|                          |                                                      |                           | 27. **Adjustment in air-conditioning**  
Make comfortable work environment by adjusting air-conditioning for employees. | *                                           |

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**Note:** This list includes action items for improving workplace health and safety, categorized by core areas and technical areas. Each action item is marked with or without a star (*) to indicate its importance or recommendation level.
<table>
<thead>
<tr>
<th>Core areas</th>
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<th>Number of essential items</th>
<th>Action items</th>
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</table>
| II | Improvement of work procedures and workplace environment | D | Improvement of workplace environment | 7 | 28. **Adjustment environment of lighting**
Light the workplace so the individual work space is safe and comfortable. |
| | | | | 29. **Protect from hazardous environment**
Keep employees away from hazardous conditions such as dust, chemical materials and harmful noise in the workplace; otherwise establish appropriate methods to protect employees from such environmental agents. |
| | | | | 30. **Maintaining appropriate environment for working**
Change present conditions such as workplace layout, work posture and operation manuals, for any employees including elderly, female and handicapped, if necessary. |
| | | | | 31. **Cleaning and clearing**
Clean and clear workplaces periodically (every day or once a week) for safety and productivity. |
| | | | | 32. **Prohibition of passive smoking**
Discuss health problems and stress responses caused by passive smoking in the workplace and consider how to cope with passive smoking. |
| | | | | 33. **Providing relaxation facilities and sanitary accommodations**
Provide comfortable sanitary lavatories, changing rooms, resting places with sufficient space, water supplies, eating places and welfare provisions. |
| | | | | 34. **Assessing employee’s mental health conditions**
Assess employee’s mental health conditions by health interviews and questionnaires. |
| | | | | 35. **Improving excessive stress**
Examine working conditions and workplace climate to prevent excessive stress. If necessary, take measures to improve such conditions. |
| | | | | 36. **Dissemination information on mental health**
Disseminate information on mental health to employees through lectures or distribution of pamphlets. |
| | | | | 37. **Being a good listener**
Give a lecture on being a good listener and establishing communication between superior and staff or among colleagues. |
| | | | | 38. **Establishing good climate for consultation**
Establish a good workplace climate for employees to easily consult with somebody in the company when they have a problem. |
| | | | | 39. **Making available nearby OSH service organizations related to mental health**
Identify and make available service organizations outside the company for employees to easily consult with about problems related to their mental health, stress and human relations, and then disseminate those information to all employees. |
| | | | | 40. **Establishing mental health care system**
Establish a mental health care system in workplaces in connection with health care specialists outside the company so that employees with mental health problems can find appropriate mental health care service. |
<table>
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<th>Number of essential items</th>
<th>Action items</th>
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<tr>
<td>Health counseling and</td>
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<td>5</td>
<td>41. 【Talking about health】 Provide the opportunity for all employees to talk about health and</td>
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<td>education</td>
<td>Fully utilizing an opportunity to counsel</td>
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<td>get information on health topics regularly. For example, make use of the morning meeting.</td>
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<td></td>
<td>and educate about health</td>
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<td>42. 【Lecture on health】 Give employees the opportunity to attend lectures by health care</td>
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<td>specialists on work-related health topics (For example, lumbago, organic solvent toxicosis and</td>
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<td>pneumoconiosis) and general health topics (For example, life-style related disease such as</td>
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<td>obesity and high blood pressure).</td>
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<td>43. 【Encouraging employee’s health promotion】 Support employee’s to form objectives for their</td>
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<td></td>
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<td>individual health promotion and encourage them to plan and evaluate it.</td>
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<td>44. 【Offering information on improve the life style for health promotion】 Gather information on</td>
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<td>improvement of the life style (diet, alcohol, cigarette and so on) for health promotion, and</td>
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<td>offer them in a file to employees to make use of them.</td>
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<td>45. 【Introducing service organizations for child care or elder care】 Make wide use of external</td>
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<td>service organizations or resources in case of needing support for work-family balance such as</td>
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<td>pregnancy, child care, or elderly care.</td>
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<td>46. 【Giving results of health examination】 Inform employees of results of health examination and</td>
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<td>advices but fully consider confidentiality when communicating such information.</td>
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<td>47. 【Utilization of the health examination results】 Consult health care specialist and check</td>
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<td>health examination results so that employees can understand the meaning of them by comparing</td>
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<td>previous results.</td>
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<td>48. 【Ensuring needed health examinations】 Ensuring implementation of health examination required</td>
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<td>by law according to employee’s age and working conditions. (For example, annual health examination, special health examination for employees exposed to harmful working conditions, health examination for newly hired employees, etc.)</td>
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<td>49. 【Select an appropriate organization for health examination】 Select and contract with service</td>
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<td>organizations that are suitable to your company’s location, budget, and that can provide</td>
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<td>high-quality follow-up services.</td>
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<td>50. 【Ensuring that employees take health examination】 Arrange employee’s working hours so that a</td>
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<td>health examination can be administered, considering holiday schedule. Then, Be sure that employees</td>
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<td>take the health examination. Advise those who did not to take it as soon as possible.</td>
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<td>Sum</td>
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**Note:** The table includes a total of 50 action items referred to the simplified action checklist.
### Appendix 2. Revised version of the information guide book

<table>
<thead>
<tr>
<th>Core Areas</th>
<th>Question items</th>
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</table>
| **I. How to start organizational workplace health promotion** | Q1. How can we make healthy and motivated organizational climate in the workplace?  
Q2. How can we form the occupational health and safety management organization?  
Q3. How can we perform health management effectively?  
Q4. How can we perform health events and campaigns with low cost?  
Q5. How should we receive employees who return to work?  
Q6. How should we deal with employees who are late, leave early and are absent without permission after returning to work?  
Q7. What should we do in order to prevent health problems, with so many employees working overtime? |
| **II. How to improve work situation and workplace environment** | Q8. How should we improve the work situation and workplace environment?  
Q9. How should we deal with visual display terminal problems?  
Q10. How can we encourage people to stop smoking on the workplace?  
Q11. How should we prevent lower back pain?  
Q12. How should we deal with chemicals when we start to use it?  
Q13. Where should we go for advice about working environment?  
Q14. Where is the support institution for working environment measurement?  
Q15. How should we deal with the results of working environment measurement?  
Q16. How should we perform health and safety checks by walking through survey in the workplace?  
Q17. What kind of protection instruments are there?  
Q18. How should we take a rest during working hours to prevent health problems? |
| **III. How to activate workplace mental health promotion** | Q19. What should we do when you have some mental problems?  
Q20. How should we keep our mental health when we suffer from stresses and high anxiety?  
Q21. How should employers and superiors manage employees with mental health problems?  
Q22. How should we deal with mental health care for employees? |
| **IV. How to set health counseling** | Q23. What should we do when we want to ask for advice about health examination results?  
Q24. Which institution do we ask for advice when we have health problems?  
Q25. What should we do when we would like to consult about planning out the health work shop?  
Q26. Are there any support institutions for people who want to quit smoking?  
Q27. Where are the counseling institutions for people who want to quit alcohol?  
Q28. Where are the counseling institutions for people who want to continue working during pregnancy?  
Q29. Where are the counseling institutions for working people with children?  
Q30. Where are the counseling institutions for people with menopausal disorders who need help?  
Q31. Where are counseling institutions for people taking care of elderly parents?  
Q32. Where are counseling institutions to help us deal with family problems? |
| **V. How to set health examination** | Q33. What kind of health examinations do we have at the workplace?  
Q34. Is it necessary to take the health examination every year?  
Q35. How should we plan the health examination?  
Q36. How should we deal with employees who could not take the periodical health examination?  
Q37. How should we keep and return the results of the health examination?  
Q38. What should we do after the health examination?  
Q39. In what cases should we do if we are requested to do an additional examination?  
Q40. Is it necessary to take the special health examination?  
Q41. Where should we take the special health examination?  
Q42. What should we do when we want to take the health examination for shift workers? |
| **VI. List of occupational health service facilities** | There are some information (address, telephone number and URL) about Japanese occupational health and safety support institutions.  
*Examples*:  
- Social insurance offices  
- Occupational health promotion centers  
- Regional occupational health centers  
- Labor standard inspection offices  
- Employee’s accident compensation hospitals |