

ABSTRACT

Increasingly the so-called life-style diseases have emerged as major causes of morbidity and mortality in the Caribbean. The cost of treating these conditions is excessive vis-a-vis the cost of prevention and/or control. Cost is an important factor in the provision/supply of health and in developed countries the trend has been to adopt strategies which promote health and/or prevent ill health. Worksite health promotion is regarded as a useful and cost-effective option. However, a number of concerns have surfaced, not the least of which is the problem of using conventional economic analytical tools in the evaluation of these programmes. Economic evaluation is necessary for informing decisions prior to as well as following programme implementation and programme development must take account of factors which impinge on programme evaluation.

This study was undertaken at a manufacturing company in Kingston. The aim was to determine the need for a health promotion programme which is amenable to cost-effective analysis. The sample consisted of 120 persons, stratified by age, sex and mode of compensation. The questionnaire, which was the data collection

instrument, was distributed to one salary group and administered to the other. The response rate was 98.3%. Health factors at which the population was at risk were identified.

Hypertension and diabetes were the health conditions most prevalent in the study population. Risk factors for hypertensive disorders identified in the population were obesity, high alcohol and salt intake, family history of hypertension and diabetes and tobacco smoking. Knowledge about selected health issues was found to be superior and attitude to health, positive.

No significant difference was found between salary group in terms of expectations for the health service/benefits provided by the company neither was there a significant relationship between salary group in terms of suggestions made for improvement of service/benefits.

Factors identified in the setting considered important to programme development and evaluation included increasing operating cost which could affect the amount of funds available for worksite health services, absence of written corporate occupational health policy and objectives, inefficient system of record keeping and Personnel Manager's positive attitude to health promotion.

The use of two methods during the data-gathering process had implications for validity and reliability. However, the integrity of the data was not felt to be compromised as a result of different methods being used. Hence, it should be possible to make inferences about the study population and similar industries, based on the findings. The defects found in the instrument are minor but should be corrected for future use.

The findings of this study could form the basis for restructuring of the company's health services and implementation of a health promotion programme for risk reduction/control of hypertensive disorders. The redesigned questionnaire could be useful in assessing health risk in any workforce.