



Influence of Workplace Health on Awareness of Non-Communicable Diseases (NCDs) and Its Cascading Effects on the Well-being of Families and Communities

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Abstract

This study explores the nexus between workplace health interventions and awareness of Non-Communicable Diseases (NCDs), investigating their cascading effects on the well-being of families and communities. The research undertakes a multifaceted analysis. Initially, the research scrutinizes the impact of workplace health programs on individual NCD awareness, utilizing surveys, interviews, and longitudinal assessments, to examine the efficacy of diverse health initiatives in fostering heightened health knowledge and preventive behaviours among employees. Subsequently, the study extends its focus to the familial domain, probing how increased NCD awareness within the workforce influences health-related behaviours and discussions within families. This phase discerns the potential for knowledge transfer and the family unit's role in disseminating health education. Moreover, the research investigates community-level repercussions, analysing the broader impact of informed individuals on public health awareness and practices. By scrutinizing workplace-initiated community engagement programs, this project aims to uncover mechanisms through which heightened NCD awareness at the individual and familial levels contributes to the overall well-being of communities. The study contributes valuable insights to the evolving landscape of workplace health initiatives, emphasizing their broader socio-ecological impact.

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The study's findings seek to contribute to the enhancement of workplace health initiatives, advocating for a more holistic strategy in the prevention of non-communicable diseases and the promotion of community health.

Keywords: Workplace health; Non-Communicable Diseases (NCDs); health awareness; preventive behaviours; family well-being; community health promotion; workplace interventions; knowledge transfer; socio-ecological impact.

1. Introduction

Global health agencies, acknowledging the escalating threat of non-communicable diseases (NCDs) in low and middle-income countries, highlight their significant contribution to preventable diseases and premature mortality. This recognition underscores the imperative to address NCDs within the framework of the Millennium Development Goals (MDG) in order to achieve the broader objectives of the MDG [1]. In the African context, a dual burden of diseases, encompassing both communicable and non-communicable diseases, poses substantial obstacles to realizing the aspirations of Agenda 2063. This agenda envisions the establishment of an integrated, prosperous, and peaceful Africa driven by its own citizens. The prevalence of NCDs in Africa, as reported by the African Union, results in millions of premature deaths annually, contributing to a substantial economic loss amounting to multiple billions of US Dollars. The impact of NCDs, both in terms of disease morbidity/mortality and socio-economic ramifications, is on the rise [1,2].

Amid and post the recent pandemic, the World Health Organization (WHO) has undertaken various initiatives to mitigate the COVID-19 pandemic and enhance preparedness for future challenges. A pivotal component of these efforts is the NCD/WIN Working Group on COVID-19 and Non-communicable Diseases (NCDs) [3]. This program aims to strengthen the formulation and execution of policies, particularly focusing on building resilient health systems, enhancing health services, and infrastructure [4]. Its overarching objectives include providing comprehensive care for individuals with NCDs, as well as preventing and managing their risk factors throughout and beyond the COVID-19 outbreak. Significantly, the program directs attention to African countries most susceptible to the repercussions of COVID-19 in terms of transmission, severity, and deaths[5]. South Africa grapples with a quadruple burden of disease, characterized by the intersection of an AIDS pandemic, heightened rates of injury, infectious diseases, and a rising prevalence of non-communicable diseases (NCDs). This health challenge significantly impacts both individual and national healthcare expenditures, thereby influencing the quality of life and productivity of the working-age population [6]. Consequently, it is imperative to consider the commercial and social determinants of health, particularly poverty, and elevate their significance by explicitly acknowledging that these are non-communicable diseases associated with poverty [7].

Prominent NCDs include cardiovascular diseases, diabetes, cancers, chronic respiratory diseases, and mental illness. National surveillance indicates early indications of unhealthy lifestyle patterns within the population [8]. Ajaero and colleagues argue that the trend of NCDs is propelled by rapid, unplanned urbanization, globalization of unhealthy and sedentary lifestyles such as tobacco use, physical inactivity, unhealthy diet, harmful alcohol consumption, and population ageing [9]. This results in a protracted epidemiological transition, featuring an emerging epidemic of obesity, diabetes, cancers, and other NCDs alongside persistent infectious disease

epidemics. According to Statistics South Africa (Stats SA), in South Africa, deaths attributed to major non-communicable diseases (NCDs), which encompass cardiovascular diseases, cancer, diabetes, and chronic lower respiratory diseases, experienced a notable increase of 58.7% over a span of 20 years, ascending from 103,428 in 1997 to 164,205 in 2018. The median age at death was 65 for males and 69 for females. The data suggests that males exhibited a higher Age-Standardized Mortality Rate (ASMR) than females across all non-communicable diseases [6].

NCDs exert a detrimental impact on the global working-age population, subjecting them to a heightened risk of enduring chronic conditions. The risk mentioned is primarily attributed to the increasing prevalence of obesity, diabetes, and cancer [10]. Despite the preventable nature of non-communicable diseases (NCDs), the implementation of effective public health initiatives is constrained [11]. Additionally, public healthcare systems in African settings frequently encounter challenges stemming from being under-resourced and in crisis. Consequently, workers within the South African workforce become particularly susceptible to comorbidities, reduced productivity, and increased absenteeism. These challenges are rooted in historical socioeconomic disparities and restricted access to available health systems [12].

Non-Communicable Diseases (NCDs) have become an escalating concern for both societies and national governments, as well as globally, owing to their elevated mortality rates. Consequently, NCDs hold significance for businesses due to the imperative requirement for a productive workforce, essential for sustaining enterprises, fostering employment opportunities, and contributing to economic growth [13]. Although the four primary types of NCDs are deemed preventable, given the modifiable nature of their risk factors, workplaces, schools, and other institutions play a crucial role as sources of information and education[14]. Consequently, certain businesses are recognized for offering solutions for the prevention or alleviation of NCDs, encompassing initiatives such as sports activities, promotion of healthy behaviours, and establishment of robust healthcare structures, thereby presenting business opportunities addressing NCD-related concerns. The burden of non-communicable diseases (NCDs) in sub-Saharan Africa is on the rise. There have been persistent calls for the integration of selected NCD management with primary healthcare (PHC)[15]. It is crucial that preventive measures, health promotions, and accurate information regarding NCDs reach all layers of the population, spanning from the workplace to our homes. Recognizing their paramount significance, this review underscores that disseminating information about NCDs to workers can extend its impact to their families and communities.

2. Section 1: The Nexus Between Workplace Health and Non-Communicable Diseases

The escalating prevalence of non-communicable diseases (NCDs) among the working-age population in Africa, along with the associated implications at individual and societal levels, underscores the imperative for policy guidelines and recommendations aimed at the effective inclusion or reintegration of individuals with NCDs in the South African workplace. The interconnection between workplace health and NCDs in this context is a critical relationship with profound implications for both employers and employees. NCDs, characterized as long-term conditions that generally progress gradually, necessitate strategic interventions to address the emerging challenges[16].

The workplace is a crucial setting for preventing non-communicable diseases (NCDs). Policies aimed at transforming the workplace environment for occupational health and safety in South Africa have primarily emphasised what rather than the how. Currently, there is a lack of guidelines and insufficient evidence on workplace-based interventions for NCDs [17]. Unhealthy workplace practices significantly contribute to the emergence of NCDs. The work environment plays a pivotal role in influencing employees' health, and specific practices may elevate the risk of developing chronic conditions [18].

In accordance with the World Health Organization (WHO), inadequate dietary patterns, insufficient physical activity, and additional elements, such as sedentary lifestyles and stress, may manifest physiologically as heightened blood pressure, elevated blood glucose levels, increased blood lipids, and obesity[19]. These phenomena collectively represent metabolic risk factors that significantly contribute to the incidence of cardiovascular disease—the primary non-communicable disease (NCD) associated with premature mortality. Lifestyle-related determinants assume a pivotal role in the aetiology of various chronic conditions, including cardiovascular diseases, diabetes, respiratory disorders, and specific categories of malignancies.

Non-communicable diseases (NCDs) stand out as a primary catalyst for the escalating global disease burden, demonstrating a noteworthy surge in prevalence within Sub-Saharan Africa (SSA) and constituting a pronounced public health challenge. Statistical data underscores the pervasive impact of NCDs, revealing that approximately 41 million individuals succumb to these conditions globally, representing over 75% of total worldwide fatalities[20]. Significantly, within the age range of 30 to 69 years, 15 million deaths are attributable to NCDs, with 85% of these occurrences concentrated in low- and middle-income countries[21]. Moreover, NCDs, including cardiovascular diseases, cancers, respiratory ailments, and diabetes, collectively contribute to 80% of the global mortality rate. Fundamental risk factors associated with NCDs encompass obesity, elevated blood glucose, hypertension, heightened cholesterol levels, physical inactivity, sedentary behaviour, alcohol consumption, and smoking. These conditions exert a substantial impact on the working-age demographic, influencing productivity, absenteeism, and overall workforce well-being in advanced economies [22].

Surveys, approached from diverse angles, aim to address Non-Communicable Diseases (NCDs) among the working population. Typically, children attentively observe their parents' habits and lifestyle choices in a domestic setting. The effective transmission of positive role modelling to children is contingent upon teaching them to avoid risk factors [23]. The aim is to perpetuate this behaviour from our home to the community for the sake of health promotion and community well-being.

3. Section 2: Information Flow in the Workplace

The World Health Organization (WHO) underscores the paramount importance of effective, integrated, and coordinated communication to realise its overarching objective of advancing a superior and healthier future for individuals globally. In response to the escalating demand for information, advice, and guidance, WHO has undertaken substantial investments [24]. These initiatives encompass bolstered capacity, improved integration of existing communication channels such as media relations, social and online communications, branding, visual communications, and health and emergency risk communications. It is imperative that all WHO employees

comprehend and adeptly employ communication strategies to achieve programmatic objectives, thereby preventing the recurrence of miscommunication experienced during the recent COVID-19 pandemic [25]. To successfully achieve these objectives, specific elements must synergise, commencing with Safety and Emergency Preparedness, followed by Health Promotion and Disease Prevention and Control, particularly concerning vaccines and other chronic diseases[26].

Furthermore, meticulous attention to safety, health, and environmental considerations is indispensable for safeguarding the well-being of workers within their respective workplaces. Information dissemination should substantially contribute to employee well-being, Policy Implementation, and Compliance with Regulations. It is imperative to keep employees well-informed about industry-specific health and safety regulations, ensuring adherence to legal standards and preventing potential legal issues related to workplace health and safety[27].

Hence, risk mitigation and employee engagement derive considerable benefit from open and transparent communication, fostering trust between employees and management. Employers and leaders should prioritise effective communication strategies to ensure the timely and comprehensible delivery of health-related information to all members of the workforce. Health communication is crucial to the health ecosystem, particularly in managing public health crises and promoting healthy living [28]. Establishing effective communication channels to disseminate information about healthy practices is vital for the well-being of people in the community. The success of these channels depends on accessibility, clarity, and the ability to engage and educate diverse audiences. These challenges can be addressed by implementing robust strategies and tools, such as the multi-platform approach, targeted messaging, collaboration with healthcare professionals, community engagement, cultural sensitivity, and empowerment through education [29].

Studies in South Africa demonstrate the positive impact of social media on public health communication. [30], reported that social media use in South Africa's health promotion programs leveraged cell phones and technology to reach and engage the younger generation. This practice is also evident in South Africa, particularly among private health stakeholders. The mobile health messaging service, MomConnect, utilises platforms such as WhatsApp, SMS, and Mxit to provide information and support to pregnant women and vulnerable individuals.

Moola and colleagues [31], emphasised that well-resourced national health ministries, like the South African health department, incorporate advertising in their health communication campaigns, utilising a social marketing strategy that combines various media channels, ICT, and below-the-line advertising materials such as T-shirts and pamphlets to create awareness and education around public health crises. By combining these strategies, a comprehensive and effective communication plan can be developed to disseminate information about healthy practices in workplaces and homes. It is important to continually assess the impact of these channels and adjust the approach based on feedback and changing community needs

Workplaces offer opportunities to customise programs and health communications to address the specific needs of various company segments and demographic groups. Therefore, establishing a health-conscious work environment necessitates a collaborative effort among employers, managers, and colleagues. Each participant

plays a distinctive role in cultivating a workplace culture that prioritises employee well-being. These efforts typically focus on enhancing workforce health through initiatives such as health risk assessments, vaccinations, and wellness activities. These activities aim to improve various aspects of health, including healthy eating, physical activity, cigarette use, alcohol consumption, and mental health outcomes [32].

Creating healthy work environments for health professionals depends on clear delineation of responsibilities within the organisational hierarchy. Employers are tasked with formulating policies, allocating resources, and implementing educational programs. Simultaneously, managers play a pivotal role by exemplifying desired behaviour, offering flexible scheduling, and establishing effective communication platforms for addressing health concerns, fostering an approachable environment where employees feel at ease discussing their well-being[33].

Peers contribute to this supportive culture by engaging in team-building activities, fostering breaks to enhance overall well-being and productivity. Collaborative efforts are emphasised through wellness committees and feedback mechanisms. Consequently, a holistic approach involving employers, managers, and peers is essential for promoting a health-conscious work environment. Aligning policies, behaviours, and cultural norms enables organisations to prioritise employee well-being, leading to heightened mental health, increased productivity, and overall job satisfaction[34].

4. Section 3: Impact on Employee Well-being

Employee well-being significantly influences the overall health, happiness, and satisfaction of individuals in the workplace. This multifaceted concept incorporates physical, mental, and emotional aspects. Numerous factors can impact employee well-being, and addressing them positively can enhance workforce productivity and engagement. Furthermore, contributors to employee dissatisfaction and burnout in the healthcare workplace have become prevalent concerns across various industries. This highlights the pressing need for increased focus on defining and implementing innovative, holistic approaches to support employee well-being [35].

Statistics indicate that office workers spend 80% of their working hours in a sedentary state. Workplace health initiatives can exert a direct and substantial influence on employee well-being. Physical health interventions, such as promoting activity, providing exercise facilities, or facilitating fitness classes, contribute to reducing illness and absenteeism, enhancing overall fitness, and mitigating the risk of chronic diseases. Simultaneously, addressing mental health issues can alleviate stress and improve work-life balance [36].

Social leaders play an indispensable role in fostering team effectiveness and organisational success, with social well-being promoting team cohesion, effective communication, and support networks, diminishing feelings of isolation [37]. Given extensive documentation of detrimental employment aspects like stress, burnout, and job satisfaction, organizations are increasingly encouraged to demonstrate concern for employees' health and well-being. Factors like financial well-being, health awareness, and engagement contribute to overall well-being, crucial aspects valued by organizations, fostering a positive work environment [38].

Considerations such as retention, recruitment, and organizational culture play a constructive role in positively

influencing the overall work atmosphere and employee satisfaction. The efficacy of workplace health initiatives hinges on multifaceted factors, including implementation strategies, communication approaches, and sustained organizational commitment. Regular assessments and feedback mechanisms are imperative to tailor initiatives to specific workforce needs and preferences, optimizing their impact on employee well-being [39]. A healthy work environment offers numerous benefits, including increased productivity, reduced absenteeism, and improved job satisfaction. Positive workplace conditions foster employee engagement, enhance mental well-being, and contribute to a culture of innovation. This holistic approach not only strengthens the organization's performance but also attracts and retains top talent, creating a positive and successful workplace [40].

In real-life, numerous companies have successfully implemented workplace health programs. A notable example is the Live for Life wellness program initiated by CEO James Burke in the 1970s. This program yielded tangible benefits, as stated, "Our comprehensive wellness program has not only enhanced the overall health of our workforce but has also led to a significant decrease in healthcare expenditures. Employees value the emphasis on well-being, and this initiative has had a positive influence on our workplace culture." [41]

Before the COVID-19 pandemic, Google had an impressive employee well-being plan in place, covering the entire employee lifecycle from hiring to customer retention. Google's commitment to well-being goes beyond traditional health benefits and includes on-site fitness centers and healthy meal options. These initiatives contribute to higher employee satisfaction and productivity, resulting in reduced absenteeism and increased engagement [42]. According to Mdegela [43], a healthy workforce is crucial for the effective functioning of workers and the improvement of the productive chain. Testimonials from MTN Group in various African countries emphasise the importance of a healthy workforce through comprehensive health initiatives. Regular fitness challenges, vaccination drives, and accessible healthcare facilities have positively impacted employees' overall health and work-life balance.

In Kenya, Safaricom's employees enjoy benefits such as medical coverage, pension plans, and leaves. Some have testified that Safaricom's commitment to employee well-being is commendable, with a workplace health program that includes regular health check-ups and a focus on mental health. The introduction of wellness seminars and counseling services has significantly boosted employee morale and productivity.

Numerous studies in Nigeria focus on job satisfaction and employee performance. According to Bello and his colleagues. [44], Nestlé's workplace health programs surpass traditional offerings, incorporating nutritional education campaigns and on-site gyms. These initiatives have improved employees' physical health and fostered a sense of community. The company's emphasis on preventive healthcare has resulted in fewer sick days and increased employee satisfaction. Standard Bank Group, in South Africa and other African countries, champions the BeWell program, asserting well-being as a fundamental human right [45]. They emphasize affordable access to primary healthcare as essential for unlocking human potential, productivity, and prosperity. Employee testimonials highlight the organization's commitment to health through proactive strategies. Implementation of stress management workshops, ergonomic workstations, and routine health screenings has fostered a healthier and more resilient workforce, with positive impacts evident in both employee well-being and overall organisational performance [46].

Therefore, these testimonials underscore the positive influence of workplace health programs on employee well-being, job satisfaction, and overall organisational success. It is crucial to note that the efficacy of these programs often hinges on a combination of factors, encompassing leadership support, program design, and employee engagement.

5. Section 4: Community Well-being Beyond the Office Walls

Families, workplaces, schools, social services, institutions, and communities are potential resources for supporting health. Community members and businesses worked to ensure their most vulnerable members were cared for and protected. However, as life returns to normal, the question arises: will employers continue to exhibit such community-mindedness [47]?

The World Health Organization (WHO) defines community engagement as a “process of cultivating relationships that empower stakeholders to collaborate in addressing health-related issues and advancing well-being for positive health impacts and outcomes.” Extending the promotion of community well-being beyond organisational confines involves diverse initiatives, including community service, education programs, environmental sustainability, health and wellness efforts, infrastructure development, cultural exchange programs, economic support, community health and safety, and the creation of accessible and inclusive spaces. Maintaining open communication with the community and demonstrating a steadfast commitment to positive contributions enables businesses to broaden their influence beyond the workplace [48].

According to the World Health Organization (WHO), nearly 60% of the global population is employed, entitling workers to a safe and healthy work environment. Workplace health programs positively impact employee well-being, productivity, and job satisfaction, extending beyond the immediate workforce. These initiatives contribute to reduced healthcare expenses, heightened community awareness of health determinants, and decreased absenteeism. Companies investing in employee health demonstrate corporate responsibility, influencing their reputation and attracting socially conscious stakeholders [49]. Moreover, such programs foster social networks within and beyond the workplace, cultivating a sense of community [50]. In essence, these initiatives benefit the local economy, potentially yielding positive effects on businesses and resources available for community development.

According to the Centres for Disease Control and Prevention, healthier employees positively contribute to their families and communities. They set examples for their families by adopting healthy habits, reducing healthcare costs, and fostering a supportive home environment. Increased productivity and community engagement also contribute to a vibrant local community. Healthier individuals often share their knowledge, reducing the burden on social services and promoting long-term economic benefits [51]. Overall, prioritizing employee well-being extends beyond the individual, creating a positive impact on families and local communities. However, societies can promote health through various means, such as sanitation, pollution control, food and drug safety, health education, disease surveillance, urban planning, and occupational health. Greater attention should be paid to strategies for promoting health beyond access to healthcare, encompassing environmental and public health, as well as health research [52].

Despite various health challenges in society and the involvement of internal and external stakeholders in the health and well-being of the population, corporate social responsibility (CSR) aims to promote and protect lives not only in the workplace but also in the community. Companies like Coca-Cola, MTN Group, Safaricom, Dangote Group, Standard Bank, and Old Mutual adhere to this idea and have established social programs such as Ubuntu-Botho, focusing on community development. This program includes projects in education, healthcare, and economic empowerment in South Africa [53]. These examples illustrate how African companies actively participate in CSR initiatives that extend beyond the workplace to address critical issues and improve community well-being.

6. Section 5: Strategies for Promoting Workplace Health to improve Families and Communities

Globally, various stakeholders, including employers, government regulators, NGOs, public health agencies, trade unions, and professional associations, grapple with the challenge of sustaining economic activity while ensuring the safety and well-being of workers. The objective of workplace well-being is to cultivate a healthy and supportive environment, promoting employee flourishing and facilitating a harmonious work-life balance, thereby positively influencing lives within the community [54]. By pursuing these goals, a safer and more benevolent world is created. Promoting workplace health yields positive effects not only for employees but also extends to their families and the broader community. Vital strategies include implementing comprehensive wellness programs, flexible work arrangements, health screenings, preventive care, advocacy for healthy lifestyle choices, employee assistance programs, support for work-life balance, financial wellness programs, encouragement of community engagement, prioritisation of health and safety training, and fostering communication and awareness [55]. These initiatives contribute to a healthier, more engaged workforce, with benefits extending beyond the workplace to positively impact families and communities.

Søvold and his colleagues. [56] assert that implementing workplace health programs is crucial for fostering a healthy and productive workforce, leading to contented families. Neglecting to support employees' health can result in mounting insurance claims, sick pay, compensation costs, and similar outcomes, significantly affecting both the family and the community. Health assessments gather information on employees' needs, while physical activity initiatives promote regular exercise through on-site facilities or fitness classes. This is complemented by a focus on healthy eating, offering nutritious food options and providing education on maintaining a balanced diet. Mental health support is crucial, involving the implementation of stress management programs and the provision of mental health resources.

Efforts to enhance work-life balance involve advocating for flexible schedules, supporting breaks and vacations, and facilitating preventive health screenings. Regular check-ups and screenings for prevalent health issues are imperative, alongside initiatives and provisions for tobacco cessation. Health education workshops addressing nutrition, stress management, and ergonomics play a pivotal role, complemented by wellness challenges with incentives to promote healthy behaviours [57]. Flexible healthcare benefits, covering mental health and preventive care, contribute to the comprehensive approach.

Creating a supportive environment is paramount, fostering a workplace culture that prioritizes both health and

work-life balance. Additionally, monitoring and evaluation processes should be in place to regularly assess program effectiveness through employee feedback and data analysis [58]. In cultivating a more salubrious work environment and enhancing family outcomes, employee engagement, wellness programs, and health education play pivotal roles. According to De-la-Calle-Durán and Rodríguez-Sánchez[59], employee engagement contributes to fostering a positive work culture, heightened productivity, and diminished turnover. Wellness programs champion physical and mental health, encourage team building, and foster overall well-being. Health education imparts information on preventive care, disease management, and family health. Collectively, these components establish a holistic approach, bolstering work-life balance, family-friendly policies, and positive role modelling, ultimately fostering a healthier and more fulfilling lifestyle for employees and their families [60]. The successful case studies of companies effectively integrating health initiatives into their corporate culture, as elucidated in section three, underscore the pivotal role that health education and promotion play in the lives of employees. This impact extends beyond the individual employee to encompass their families and communities. The demonstrated efficacy of these initiatives illustrates the potential for corporate-driven health programs to act as catalysts for positive health outcomes in broader societal contexts. These case studies provide compelling evidence of the transformative influence that a proactive corporate commitment to health can exert on both individual well-being and community health at large. Non-communicable diseases (NCDs) pose significant challenges in workplaces globally, including within the context of Business Process Outsourcing (BPO) companies. While many companies have adopted strategies to address NCDs among their employees, there are limitations that can be improved [61]. Specifically, these limitations include a restricted emphasis on prevention, inadequacies in comprehensive program design, insufficient employee engagement, deficiencies in workplace wellness programs, technology integration, and leadership commitment, as well as a culture of health that necessitates continuous improvement, adaptation, collaboration, and tailored interventions. By addressing these limitations and implementing evidence-based strategies, companies can proactively promote the health and well-being of their employees and mitigate the impact of NCDs in the workplace.

7. Conclusion

In conclusion, the intricate interplay between workplace health and the awareness of non-communicable diseases (NCDs) reveals a profound ripple effect that extends beyond the individual employee, impacting the well-being of their families and communities. The workplace, functioning as a microcosm of society, assumes a pivotal role in shaping health consciousness and fostering preventive measures against NCDs. Prioritizing and promoting a health-conscious environment empowers employers to catalyze a positive cascade, wherein healthier employees not only contribute to a more productive workforce but also serve as ambassadors for health within their familial and communal spheres. This holistic approach underscores the significance of corporate wellness initiatives, emphasizing their role not only in enhancing the health of individual employees but as catalysts for broader societal well-being. Recognizing the workplace's potential to influence health behaviors resonates as a critical component in the overarching mission to combat the burgeoning challenge of non-communicable diseases.

8. Recommendations

Integrated Workplace Health Programs: Organizations should invest in comprehensive workplace health programs that go beyond traditional wellness initiatives. These programs should include not only physical health components but also mental health support, stress management, and education on non-communicable diseases. A holistic approach to employee well-being is more likely to have a lasting impact on both individual awareness and community health.

Community Engagement Initiatives: Companies should extend their health initiatives beyond the workplace by engaging in community outreach programs. This could involve partnerships with local health organizations, hosting health awareness events, and offering resources to community members. By actively participating in the broader community, organizations can contribute to the overall well-being of the population.

Family-Centric Health Programs: Recognizing the interconnectedness of individual health and family well-being, companies should consider designing health programs that involve and benefit employees' families. This could include family health workshops, access to family counselling services, and educational resources for promoting healthy lifestyles at home. By addressing the health of the entire family unit, companies can amplify the positive effects of their workplace health initiatives.

Measuring and Reporting Impact: Organizations should establish metrics to measure the impact of their workplace health programs not only on individual employees but also on their families and the community at large. Regular reporting on key health indicators, awareness levels, and community engagement can help companies refine their strategies and demonstrate the broader societal benefits of their initiatives.

Policy Advocacy and Collaboration: To create a more extensive and sustained impact, companies should actively engage in policy advocacy related to public health. Collaborating with government agencies, non-profit organizations, and other businesses can lead to the development of supportive policies and initiatives that promote health awareness and well-being on a larger scale.

References

- [1]. Noncommunicable diseases: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases> Access on the 3.12.2023
- [2]Africa CDC Non-Communicable Diseases, Injuries Prevention and Control and Mental Health Promotion Strategy (2022-26):<https://africacdc.org/download/africa-cdc-non-communicable-diseases-injuries-prevention-and-control-and-mental-health-promotion-strategy-2022-26/> Access on the 3.12.2023
- [3]. Non-communicable diseases and COVID-19: <https://www.who.int/teams/noncommunicable-diseases/covid-19>, accessed on the 05.12.2023

- [4]. D., Steyn, K., Levitt, N., & Nojilana, B. Non-Communicable Diseases. *Age*, 11(13), 29-31.
- [5]. Formenti, B., Gregori, N., Crosato, V., Marchese, V., Tomasoni, L. R., & Castelli, F. (2022). The impact of COVID-19 on communicable and non-communicable diseases in Africa: a narrative review. *Le Infezioni in Medicina*, 30(1), 30.
- [6]. Rising Non-Communicable Diseases: A Looming Health Crisis: <https://www.statssa.gov.za/?p=16729> , accessed on the 05.12.2023
- [7]. Manderson, L., & Jewett, S. (2023). Risk, lifestyle and non-communicable diseases of poverty. *Globalization and Health*, 19(1), 1-9.
- [8]. Spires, M., Sanders, D., & Hoelzel, P. (2022). Multimorbidity patterns in a national HIV survey of South African youth and adults.
- [9]. Ajaero, C. K., Wet-Billings, N. D., Atama, C., Agwu, P., & Eze, E. J. (2021). The prevalence and contextual correlates of non-communicable diseases among inter-provincial migrants and non-migrants in South Africa. *BMC Public Health*, 21(1), 1-13.
- [10]. Gradidge, P. J. L., Casteleijn, D., Palmeira, A., Maddison, R., & Draper, C. E. (2022). Employee perceptions of non-communicable diseases, health risks, absenteeism and the role of organisational support in a South African pharmaceutical manufacturing company. *Plos one*, 17(12), e0279008.
- [11]. Malakoane, B., Heunis, J. C., Chikobvu, P., Kigozi, N. G., & Kruger, W. H. (2020). Public health system challenges in the Free State, South Africa: A situation appraisal to inform health system strengthening. *BMC Health Services Research*, 20, 1-14.
- [12]. Mendenhall, E., Kohrt, B. A., Norris, S. A., Ndeti, D., & Prabhakaran, D. (2017). Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations. *The Lancet*, 389(10072), 951-963.
- [13]. Budreviciute, A., Damati, S., Sabir, D. K., Onder, K., Schuller-Goetzburg, P., Plakys, G., ... & Kodzius, R. (2020). Management and prevention strategies for non-communicable diseases (NCDs) and their risk factors. *Frontiers in public health*, 8, 788.
- [14]. Singh, A., Bassi, S., Nazar, G. P., Saluja, K., Park, M., Kinra, S., & Arora, M. (2017). Impact of school policies on non-communicable disease risk factors—a systematic review. *BMC public health*, 17, 1-19.
- [15]. Ndumwa, H. P., Amani, D. E., Ngowi, J. E., Njiro, B. J., Munishi, C., Mboya, E. A., ... & Sunguya, B. F. (2023). Mitigating the rising burden of non-communicable diseases through locally generated evidence-lessons from Tanzania. *Annals of Global Health*, 89(1).

- [16]. Leonardi, M., & Scaratti, C. (2018). Employment and people with non communicable chronic diseases: PATHWAYS recommendations and suggested actions for implementing an inclusive labour market for all and health in all sectors. *International Journal of Environmental Research and Public Health*, 15(8), 1674.
- [17]. Noncommunicable diseases: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases> Access December 12.2023
- [18]. Schouw, D., Mash, R., & Kolbe-Alexander, T. (2018). Transforming the workplace environment to prevent non-communicable chronic diseases: participatory action research in a South African power plant. *Global health action*, 11(1), 1544336.
- [19]. Park, J. H., Moon, J. H., Kim, H. J., Kong, M. H., & Oh, Y. H. (2020). Sedentary lifestyle: overview of updated evidence of potential health risks. *Korean journal of family medicine*, 41(6), 365.
- [20]. Mudie, K., Jin, M. M., Kendall, L., Addo, J., dos-Santos-Silva, I., Quint, J., ... & Perel, P. (2019). Non-communicable diseases in sub-Saharan Africa: a scoping review of large cohort studies. *Journal of global health*, 9(2).
- [21]. Odunyemi, A., Rahman, T., & Alam, K. (2023). Economic burden of non-communicable diseases on households in Nigeria: evidence from the Nigeria living standard survey 2018-19. *BMC Public Health*, 23(1), 1563.
- [22]. Isham, A., Mair, S., & Jackson, T. (2021). Worker wellbeing and productivity in advanced economies: Re-examining the link. *Ecological Economics*, 184, 106989.
- [23]. Kuruvilla, A., Mishra, S., & Ghosh, K. (2023). Prevalence and risk factors associated with non-communicable diseases among employees in a university setting: A cross-sectional study. *Clinical Epidemiology and Global Health*, 21, 101282.
- [24]. Abernethy, A., Adams, L., Barrett, M., Bechtel, C., Brennan, P., Butte, A., ... & Valdes, K. (2022). The promise of digital health: then, now, and the future. *NAM perspectives*, 2022.
- [25]. Reddy, B. V., & Gupta, A. (2020). Importance of effective communication during COVID-19 infodemic. *Journal of family medicine and primary care*, 9(8), 3793-3796.
- [26]. Ergashevich, P. M. (2023). WHAT YOU NEED TO KNOW ABOUT INFECTIOUS DISEASE. *International Multidisciplinary Journal for Research & Development*, 10(09), 95-102.
- [27]. Shamsuddin, K. A., Ani, M. N. C., Ismail, A. K., & Ibrahim, M. R. (2015). Investigation the Safety, Health and Environment (SHE) protection in construction area. *International Research Journal of Engineering and Technology*, 2(6), 624-636.

- [28]. Men, L. R., Qin, Y. S., & Jin, J. (2022). Fostering employee trust via effective supervisory communication during the COVID-19 pandemic: Through the lens of motivating language theory. *International Journal of Business Communication*, 59(2), 193-218.
- [29]. Olaoye, A., & Onyenankaya, K. (2023). A systematic review of health communication strategies in Sub-Saharan Africa-2015-2022. *Health Promotion Perspectives*, 13(1), 10.
- [30]. Kubheka BZ, Carter V, Mwaura J. Social media health promotion in South Africa: opportunities and challenges. *Afr J Prim Health Care Fam Med*. 2020;12(1):e1–e7. doi: 10.4102/phcfm.v12i1.2389.
- [31]. Moola S, Cilliers CP. A multimodal semiotic analysis of social factors in tuberculosis campaigns in South Africa, the United Kingdom and India. *Communicatio: South African Journal of Communication Theory and Research*. 2019;45(2):81–98. doi: 10.1080/02500167.2019.1639784.
- [32]. Pescud, M., Teal, R., Shilton, T., Slevin, T., Ledger, M., Waterworth, P., & Rosenberg, M. (2015). Employers' views on the promotion of workplace health and wellbeing: a qualitative study. *BMC public health*, 15(1), 1-10.
- [33]. Mabona, J. F., van Rooyen, D. R., & ten Ham-Baloyi, W. (2022). Best practice recommendations for healthy work environments for nurses: An integrative literature review. *Health SA Gesondheid*, 27(1).
- [34]. Cleary, M., Schafer, C., McLean, L., & Visentin, D. C. (2020). Mental health and well-being in the health workplace. *Issues in Mental Health Nursing*, 41(2), 172-175.
- [35]. Wieneke, K. C., Egginton, J. S., Jenkins, S. M., Kruse, G. C., Lopez-Jimenez, F., Mungo, M. M., ... & Limburg, P. J. (2019). Well-being champion impact on employee engagement, staff satisfaction, and employee well-being. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, 3(2), 106-115.
- [36]. Halling Ullberg, O., Toivanen, S., Tillander, A., & Bälter, K. (2023). Workplace health promotion to facilitate physical activity among office workers in Sweden. *Frontiers in Public Health*, 11, 1175977.
- [37]. Riisla, K., Wendt, H., Babalola, M. T., & Euwema, M. (2021). Building cohesive teams—the role of leaders' bottom-line mentality and behavior. *Sustainability*, 13(14), 8047.
- [38]. Koinig, I., & Diehl, S. (2021). Healthy leadership and workplace health promotion as a pre-requisite for organizational health. *International Journal of Environmental Research and Public Health*, 18(17), 9260.
- [39]. Wu, A., Roemer, E. C., Kent, K. B., Ballard, D. W., & Goetzl, R. Z. (2021). Organizational best practices supporting mental health in the workplace. *Journal of occupational and environmental medicine*, 63(12), e925.
- [40]. Chakraborty, T., & Ganguly, M. (2019). Crafting engaged employees through positive work

environment: Perspectives of employee engagement. In *Management techniques for employee engagement in contemporary organizations* (pp. 180-198). IGI Global.

- [41]. Johnson & Johnson is marching toward a lofty goal: help 100,000+ employees be at their personal best when it comes to their health and well-being by 2020. Here's how it's getting the job done: <https://www.jnj.com/innovation/how-johnson-johnson-is-improving-workplace-wellness-for-healthiest-employees>: Accessed 01.01.2024
- [42]. Google and its employee wellbeing focused approach during COVID-19: <https://blog.grovehr.com/google-employee-wellbeing> : Accessed January .01.2024
- [43]. Mdegela, M. H. (2020). *Factors Affecting Health Workforce Retention Following an In-service Training Programme in Malawi and Tanzania* (Doctoral dissertation, The University of Liverpool (United Kingdom)).
- [44]. BELLO, B. A., ADEYEMI, F. F., OLOGBENLA, P., & LAWAL, T. O. (2020). QUALITY OF WORK LIFE AND EMPLOYEE PERFORMANCE IN NESTLE NIGERIA PLC AGBARA, OTA-OGUN STATE NIGERIA. *Journal of Academic Research in Economics*, 12(3).
- [45]. Why Caring for the Community Is Everyone's Business: <https://insights-north-america.aon.com/enhancing-wellbeing/why-caring-for-the-community-is-everyone-s-business>: Accessed January .01.2024
- [46]. Community engagement: a health promotion guide for universal health coverage in the hands of the people : <https://www.who.int/publications/i/item/9789240010529>: Accessed January .01.2024
- [47]. Castillo, E. G., Ijadi-Maghsoodi, R., Shadravan, S., Moore, E., Mensah III, M. O., Docherty, M., ... & Wells, K. B. (2020). Community interventions to promote mental health and social equity. *Focus*, 18(1), 60-70.
- [48]. WHO strategic communications framework for effective communications: <https://www.who.int/docs/default-source/documents/communicating-for-health/communication-framework.pdf>. Accessed on 19 Dec 2023
- [49]. Mental health at work: https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work/?gclid=CjwKCAiA4smsBhAEEiwAO6DEjQUHgpgj_7qheKKMDJWOVb1YzX3S6_ajX74mzol8MS8KYEK0ItCuOxoC-1sQAvD_BwE: Accessed January 01.2024
- [50]. Basińska-Zych, A., & Springer, A. (2021). Organizational and individual outcomes of health promotion strategies—a review of empirical research. *International journal of environmental research and public health*, 18(2), 383.

- [51]. Engaging Employees in Their Health and Wellness: <https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/case-studies/engage-employees-health-wellness.html> Accessed January 06 2024
- [52]. Rubinelli, S., & Diviani, N. (2020). The bases of targeting behavior in health promotion and disease prevention. *Patient education and counseling*, 103(12), 2395-2399.
- [53]. Hiswåls, A. S., Hamrin, C. W., Vidman, Å., & Macassa, G. (2020). Corporate social responsibility and external stakeholders' health and wellbeing: A viewpoint. *Journal of public health research*, 9(1), jphr-2020.
- [54]. Peters, S. E., Dennerlein, J. T., Wagner, G. R., & Sorensen, G. (2022). Work and worker health in the post-pandemic world: a public health perspective. *The Lancet Public Health*, 7(2), e188-e194.
- [55]. Gorgenyi-Hegyes, E., Nathan, R. J., & Fekete-Farkas, M. (2021). Workplace health promotion, employee wellbeing and loyalty during COVID-19 Pandemic—Large scale empirical evidence from Hungary. *Economies*, 9(2), 55.
- [56]. Søvold, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2021). Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. *Frontiers in public health*, 9, 679397.
- [57]. Omotoso, O., Teibo, J. O., Atiba, F. A., Oladimeji, T., Paimo, O. K., Ataya, F. S., ... & Alexiou, A. (2023). Addressing cancer care inequities in sub-Saharan Africa: current challenges and proposed solutions. *International Journal for Equity in Health*, 22(1), 189.
- [58]. Markey, K., Prosen, M., Martin, E., & Repo Jamal, H. (2021). Fostering an ethos of cultural humility development in nurturing inclusiveness and effective intercultural team working. *Journal of Nursing Management*, 29(8), 2724-2728.
- [59]. De-la-Calle-Durán, M. C., & Rodríguez-Sánchez, J. L. (2021). Employee engagement and wellbeing in times of COVID-19: A proposal of the 5Cs model. *International Journal of Environmental Research and Public Health*, 18(10), 5470.
- [60]. Ruiz-Ramírez, J. A., Olarte-Arias, Y. A., & Glasserman-Morales, L. D. (2021). Educational Processes for Health and Disease Self-Management in Public Health: A Systematic Review. *International Journal of Environmental Research and Public Health*, 18(12), 6448.
- [61]. Hadian, M., Mozafari, M. R., Mazaheri, E., & Jabbari, A. (2021). Challenges of the health system in preventing non-communicable diseases; systematized review. *International Journal of Preventive Medicine*, 12.