



Barbados Hotel and Tourism Association

A Toolkit for Workplace HIV Health & Wellness Programming in the Tourism Sector

**A Collection of Guidelines, Checklists and Examples
for Workplace HIV Focal Points, Health and Safety Officers
and other HIV Workplace Programme Planners in the Tourism Sector**





The Tourism United Logo commemorates the health and wellness pledge made by Hotel CEOs, Government Tourism officials, tourism sector Patrons and international donors in Barbados on September 8th, 2006. It was designed from ideas collected from hotel and tourism workers across 26 hotels on the island. The logo depicts Barbados' precious sunshine, sea and sand, while the HIV ribbon highlights that the health wellness of the workers is vital for ensuring the tourism experience remains an HIV free one for both tourist and locals alike.

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Sarah Adomakoh
Author
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Acronyms

| | |
|---------|-----------------------------------------------|
| AIDInc. | Associates for International Development Inc. |
| AIDS | Acquired Immune Deficiency Syndrome |
| ARV | Antiretrovirals |
| BCC | Behaviour Change Communication |
| BEC | Barbados Employers Confederation |
| BHTA | Barbados Hotel & Tourism Association |
| BTA | Barbados Tourism Association |
| CARE | Comfort Assist Reach out & Educate |
| CAST | Caribbean Association for Sustainable Tourism |
| CEO | Chief Executive Officer |
| CHAA | Caribbean HIV/AIDS Alliance |
| CHAT | Community Health Action and Transformation |
| CIDA | Canadian International Development Agency |
| CBO | Community Based Organisation |
| CBP | Community Based Programmes |
| CSW | Commercial Sex Worker |
| CTO | Caribbean Tourism Association |
| DFID | Department for International Development UK |
| EAP | Employee Assistance Programmes |
| FG | Focus Groups |
| GBC | Global Business Council |
| HAART | Highly Active Antiretroviral Therapy |
| HIV | Human Immunodeficiency Virus |
| HR | Human Resources |
| HT | Hotel & Tourism Sector |
| IDU | Intravenous Drug Use |
| IHAA | International HIV/AIDS Alliance |
| IEC | Information Education and Communication |
| ILO | International Labour Organisation |
| JHTA | Jamaica Hotel & Tourism Association |
| LRU | Ladymeade Reference Unit |
| LTI | Life Threatening Illnesses |
| M&E | Monitoring & Evaluation |
| MSM | Men who have sex with men |
| MoH/MH | Ministry of Health |
| MoL | Ministry of Labour |
| NCD | Non-Communicable Disease |
| NCSA | National Council on Substance Abuse |
| NGO | Non-Governmental Organisation |
| NHAC | National HIV/AIDS Commission |
| OI | Opportunistic Infections |
| PID | Pelvic Inflammatory Disease |

Acronyms continued

| | |
|--------|-------------------------------------------------|
| PLHIV | Person/People Living with HIV |
| PLWA | People Living with AIDS |
| PMTCT | Prevention of Mother to Child Transmission |
| PSP | Private Sector Project |
| STI | Sexually Transmitted Infections |
| UGLAAB | United Gays and Lesbians Against AIDS Barbados |
| UWI | University of the West Indies |
| UNGASS | United Nations General Assembly Special Session |
| UP | Universal Precaution |
| UA | Universal Access |
| THE | Theatre in Health Education |
| VCT | Voluntary Counselling and Testing |
| WEP | Workplace Education Programme |
| WS | Workers Survey |

Introduction

Welcome to the HIV & Health and Wellness toolkit!

Whether you are a **Human Resources Professional** who is concerned about rising chronic ill health, staff absences, the arising impact of the HIV epidemic on the workforce, **or** the CEO of a company who is looking to retain employees rather than retrain too often **or** a newly assigned Health and Safety Officer **or** Wellness Coordinator of a hotel who is unsure of the procedures for starting an HIV, Health and Wellness programme and scaling it up within your existing Health & Safety mandates and infrastructure, this toolkit can help you! It will walk you through key steps and provide you with templates you can adapt in order to:

- Gain support from management and staff for the HIV and Wellness programme
- Locate resources and funding to support the programme
- Find out what employees of your worksite would like to gain from in a Wellness programme
- Develop the mission, goals and objectives of what you wish to do with the programme
- Locate and recruit both inside and outside help for your programme
- Design and implement programme activities
- Make environmental and policy changes
- Evaluate the programme to determine its effectiveness
- Motivate your employees

TOOLKIT OUTLINE

Section 1: Getting Started With Health and Wellness

- This section highlights why it is important for workers to be empowered to care for their health and why workplaces should introduce active health interventions into the work environment. This section explains the concept and basic structure of the Health and Wellness programme within the framework of occupational and health and safety mandates and introduces the reader to the core components of a workplace Wellness model.

Section 2: Taking Action – Designing your Health and Wellness Programme

- This section takes the reader through key principals for laying the foundation that will ensure that the workplace Health and Wellness programme is sustained and that there is buy in and commitment to the activities at all employee levels. The section covers the key steps in planning your programme from selecting the target groups to defining their needs to identifying and costing your activities. Key points to remember are also emphasised.

Section 3: Taking Action–Building a Foundation for Mainstreaming HIV

- Having gained an understanding of how to develop a framework of a Wellness programme in an organisation, this section takes the reader through a series of steps, keynotes and examples

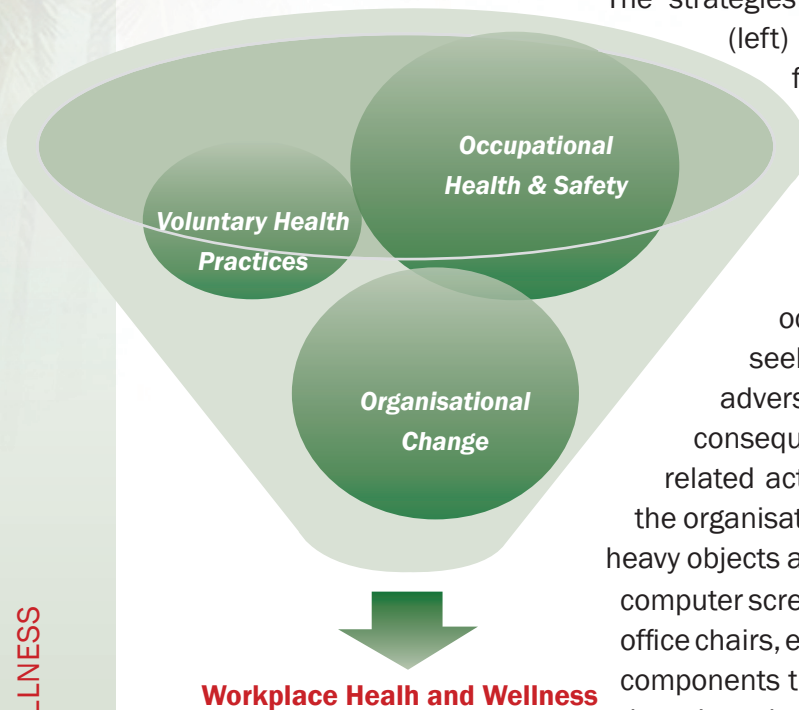
Section 1:

Getting Started with Health and Wellness

What you need to know before taking action

FRAMEWORK FOR HEALTH AND WELLNESS

The strategies for a Health and Wellness approach (left) in the workplace usually fall within the framework of your company's health and safety mandate or policies. Your organisation should have an existing framework like the diagram shown, within which you should integrate your Health and Wellness programme. The occupational health and safety component seeks to reduce the risk of, or prevent adverse negative physical and mental health consequences from occurring as a result of work related activities undertaken by employees within the organisation. For instance, back strain from lifting heavy objects and climbing, headaches/migraines from computer screen glares, neck strain from inappropriate office chairs, etc. Occupational Health and Safety (OHS) components that are preventative measures aimed at deterring adverse effects of occupational exposure are usually mandatory.

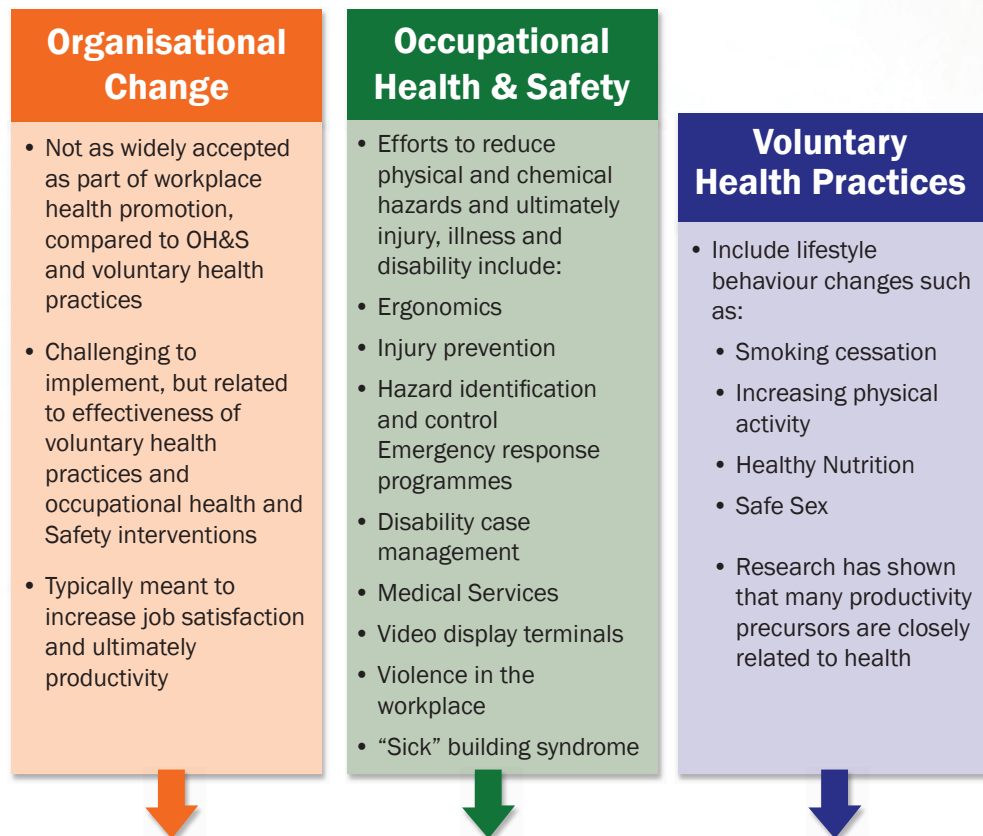


CORE COMPONENTS OF THE HEALTH AND WELLNESS STRATEGIES WITHIN THE FRAMEWORK

The Health and Wellness programme will usually fall *within the voluntary health practices* and *organisational change* components of the workplace health and safety framework shown above.

WITHIN THE SPECIFIED H&S FRAMEWORK: THERE ARE 4 TYPES OF HEALTH PROMOTION STRATEGIES

1. Awareness Building: Tell them there is risk of X.
2. Education/Skills Building: Tell them / teach them ways to deal with X.
3. Environmental Support: Create an environment that makes it easier for them to deal with X.
4. Policy Development: Develop policies that reduce the risk or make it easier to deal with X.



| | Organisational Change | Occupational Health & Safety | Voluntary Health Practices |
|---------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Awareness Building | e.g. raise awareness about importance of providing input to management about job stress | e.g. raise awareness about risks for repetitive strain injuries | e.g. raise awareness via newsletter about the benefits of being physically active and healthy eating |
| Education/Skill Building | e.g. provide information on best ways to give feedback to management, | e.g. training on how to handle heavy machinery | e.g. assist employees set small, realistic Physical Activity (PA) goals. Hold healthy cooking info sessions |
| Environmental Support | e.g. providing child care facilities | e.g. provide necessary safety equipment | e.g. provide fitness facilities or sessions in the workplace or organise staff discounts with local gyms |
| Policy Development | e.g. policies that allow employees a certain amount of work-time each year to pursue PD | e.g. mandate rigorous assessment of equipment before use by employees | e.g. allow employees to flex time to exercise at lunch hour. |

These components can be brought together to form a Health and Wellness programme for your workplace as in the example below:

A model Wellness Programme for Employees - Types of activities that can be placed within these 4 strategies¹



WHY HEALTH AND WELLNESS FOR THE TOURISM SECTOR?

The job requirements of most tourism workers, in particular hotel-based workers, involve large amounts of physical work and long shifts. Employees also encounter a great amount of job-related stress, related to the constant demand for positive and high-quality practices and service actions despite their personal struggles. The sector recruits a high proportion of young single females in particular in the food and beverage and housekeeping areas. Many of these women also juggle households and children. Unsociable working hours experienced by shift workers who are single parents also create burdens for them in terms of affording pay for adequate day or night care for their young, in particular during evening shifts.

¹ HIV mitigation and prevention efforts that be easily integrated within these components are discussed in the next section.



The physical and mental stresses endured on the job and left untreated can lead to:

- Chronic, non-specific debilitating conditions, including back and neck strains, headaches and migraines, high blood pressure (leading to other chronic diseases such as stroke),
- Cancers
- The practice of unsafe and behaviours executed as stress relievers; such as smoking, increased alcohol intake and unprotected sex, which in turn can lead to other chronic illnesses such as alcoholism, HIV, lung disease and cancers.

Overall, these illnesses and risk behaviours can result in lowered productivity and increased absenteeism, leading in the longer term to premature death or poor quality of the work delivered by the affected workers.

It is possible to change individual behaviors and work environments that affect the health and well-being of workers as indicated by international best practices²;

- A 14-year programme of health and fitness of firefighters showed a 16% increase in physical work capacity. This same programme showed that promoting the health fitness of firefighters is linked with a decrease in injury.
- A 6.5 week exercise programme for police (including individual fitness evaluation, daily exercise supervision and counseling) showed a 14% decrease in total cholesterol, a 22% decrease in LDL cholesterol and a 17% decrease in the ratio of total cholesterol to HDL cholesterol.
- A study involving firefighters to examine the effects of 6 months of flexibility training on the incidence and severity of joint injuries showed that the group of participants used less than half as many health care dollars as non-participants.
- An intervention programme involving a police force showed that weekly participation in supervised exercise reduced the number of sick days by an average of 4.8 days per person in a year following the start of the programme.

² No regional information is currently available

WHY DEVELOP OR SCALE UP A WORKPLACE WELLNESS PROGRAMME?

Your CEO, Board or other employees may want to know why you think it is important to go through the extra effort of setting up workplace programmes for staff. So here are some facts:

Local evidence supporting the development of a Wellness Programme in your workplace:

- Tourism is a labour intensive industry
- The economy in Barbados is reliant on Tourism
- Realisation of a need to help workers to maintain good service quality
- A recent absenteeism study carried out by UWI in January 2008 with 24 companies over 3 months and 4,500 employees showed the total absenteeism days to be 10,480, and absenteeism rate % = 3.6% (USA rate 2%)
- This was estimated to cost the firms US\$472,605 (based on average wage data)
- Translating into an annual cost approx. US\$2M. (Not including real/indirect costs – lack of productivity, goodwill etc.)
- Translating this absenteeism rate across the approximate labour force (= 145,000 pax) of Barbados suggests approx. 15.2 millions dollars per year.
- Lowering absenteeism should be a priority
- A sustainable approach to absenteeism management is urgently required

Further afield:

- In the USA Johnson and Johnson's results from a new Worksite Wellness Programme showed that 80% of participants said they could better handle stress and 81% stated that they increased their productivity at work as a result of the programme.
- A US based study showed that employees with no risk factors paid about \$190 a year on medical expenses. Those who had one risk factor paid \$360 a year. Persons with 2-3 risk factors paid about \$542 a year and those with 4-5 risk factors paid \$718 a year in medical expenses.
- Another US based study showed that not being physically active costs an employer \$1900 annually. Employers must pay for a decrease in productivity as well as higher costs for health insurance disability and being absent from work.

Possible root causes of absenteeism

- Low commitment
- Low job satisfaction
- Bad weather
- Personal errands
- Causes of certified absenteeism – physical health
- Work-family/family-work conflicts including inability to afford costly child care
- Need for improvement in management practices
- Rapid changes in the industry generating stress

Causes of poor physical health

- Chronic diseases most common
- Heart & blood disease, cancer, diabetes, HIV/AIDS & lung diseases
- Often occur in middle to later years
- May not manifest themselves for many years
- Present for many years
- High cost of provision for health care
- Equals considerable absenteeism, loss of earning capacity & reduced productivity.
- Barbados spends millions of our health care dollars, on diagnosing and treating many diseases. However, half of all deaths in Barbados can be prevented.
- People with many health risks (e.g., obesity, cigarette smoking, and high blood pressure) tend to be less productive than those who are in better health.

Proven behavioural risk factor routes of onset of Chronic Diseases:

- More likely to occur in the following settings:
- Tobacco use & exposure
- Unhealthy diet
- Physical inactivity
- Harmful use of alcohol
- Unprotected sexual activity

Proven Socio-economic routes of onset of Chronic Diseases:

- Poverty performing dangerous stressful work
- Function in polluted work environments
- Low political economic power
- Discrimination and marginalization – work & life related conditions that lead to “mental stress & sustained angst” of one kind or another.

Structural/Environmental routes of onset of Chronic Diseases:

- Inadequate expenditure or access to much needed health and wellbeing services by key low salaried or seasonal workers
- A bias on health expenditure towards urgently needed treatment as opposed to prevention of disease
- International promotion of soft drinks & alcohol especially in the tourism sector
- Unhealthy eating practices due to working patterns and lifestyle demands amid increased availability of local fast food restaurants or eating and rushing between shifts

HOW WILL YOUR WORKPLACE MANAGE THE HEALTH AND WELLNESS PROGRAMME?

An effective and operational organisational structure is key in managing a workplace Health and Wellness Programme. The structure reflects the participation levels of the organisation that is envisaged and will help to generate commitment to the programme at all levels indicated. It can be adapted in several ways to suit your organisational programme requirements:

Organisational Structure of an ideal Health and Wellness Programme



Roles and Responsibilities

Chairman:

- ⦿ This is likely to be the General Manager, Human Resources Manager or another influential person who is well informed and concerned about the issue
- ⦿ This person provides direction, motivates, acts as guidance counsellor and watchdog to ensure programme remains vibrant & active
- ⦿ Liaises with HIV/AIDS agencies

Focal Point

This should be a key person in health and safety - usually the health and safety officer or resident nurse.

Their responsibilities include:

- ⦿ Mobilising staff commitment and involvement on an ongoing basis.
- ⦿ Working with department heads to convene regular health presentations and meetings
- ⦿ Identifying and working with partners in the community to set up activities within the workplaces and local community
- ⦿ Monitoring the outputs and outcomes of activities

Peer Educators and Counsellors

Ideally, each department should have at least one Peer Educator who is also trained as a Counsellor and who is a staff volunteer.

Their responsibilities include:

- ⦿ Commitment to assisting in making the programme work
- ⦿ Acting as messengers and trainers while providing support for infected or affected team members
- ⦿ Peer Educators and Counsellors are Certified by a reputable organisation specialising in the design of workplace programmes or in training peer educators and counsellors

HOW WILL YOUR WORKPLACE ESTABLISH A WELLNESS COMMITTEE?

Most tourism based organisations in Barbados, in particular the hotels, possess an operationalised health and safety officer and a committee. However, if your organisation does not, then seek advice from your HR department, the Union, BEC and BHTA.

A wellness committee usually falls under the remit of the health and safety officer/committee and its formation is usually the first step in organizing your organisation's comprehensive Health and Wellness Programme.

WHAT WILL BE THE PURPOSE OF THE COMMITTEE?

The purpose of the wellness committee is to plan, operate, and promote the programme. Their responsibilities of the members should include:

- ⦿ Supervise the programme on a daily basis

- Convene regular Executive Committee meetings to discuss strategies and events
- Convene General Committee Meetings which include the Peer Counsellors and representatives from departmental committees where a wider discussion can take place

WHO SHOULD SIT ON THE COMMITTEE? - MEMBERSHIP

When you set out to discuss and decide who should be on the wellness committee, think about what groups of individuals will be helpful to the programme and what groups of individuals the programme will affect. These are the Advisors and co-planners. Consider appointing the following people/departments to your committee:

- Top management within your organisation (department reps)
- Union Representatives
- Human Resources Department Representatives
- Employee Assistance Programme Officer
- Health and Safety Officer
- Departmental heads/managers
- Employees interested in health and wellness

Key Note!!

1

Take ownership & leadership & get support from the “top”

Find other department leaders

Get support from everyone!

- Union

- Management

- HR professionals

- External health units and organisations

- Other similar companies (e.g. other hotels)

Section 2: Taking Action

DESIGNING YOUR HEALTH & WELLNESS PROGRAMME

There are some key steps that should be taken before you set out to present the staff, CEO and Board with the proposed set of interventions or activities that will inform your programme.

10 Steps to Designing General Health and Wellness Activities

- 1 Identify your Target Group**
(employees, local workers e.g water sports, lifeguards, managers)
- 2 Determine Responsible persons**
(They should also be in your wellness committee)
- 3 Identify target group needs**
(health problems, risks and concerns)
- 4 Determine your partners**
(e.g. BHTA, BWU, BEC, Ministry of Health, Tourism, etc)
- 5 Develop Objectives of your programme**
(what will the Wellness Programme achieve for the workers and the employers)
- 6 Determine the types of Activities**
you need to achieve your objectives (based on the identified needs of the workers)
- 7 Determine Steps to Implementation of these activities**
(what information needs to be given out, which partners will supply materials, training info etc)
- 8 Determine Timelines**
- 9 Determine Costs (Resourcing and Budgeting)**
- 10 Develop a feedback and reporting schedule**

Refer to the staff needs survey in the annex of tools and instruments

Key Note!

2

- Use Existing Structures to Educate and Train!
- Link up with community Cost saving Keynote!
- Identify partners and other workplaces to share resources

This will reduce your direct spending on health and wellness

The following information will help to guide you as you carry out the 10 steps described above:

STRENGTHENING PARTNERSHIPS AND LINKAGES

1. Possible implementing partners include those that are specialists in delivery of health and social programmes;

- Medical or occupational health staff
- Health & safety professionals
- Local gyms
- Child care services
- Local groups e.g.,
 - Public Health Organisation
 - Cancer Society
 - Heart & Stroke Foundation
 - Diabetes etc.
 - HIV Response Organisations (CARE Barbados)

2. Partners may also include those that will help mobilize employers and employees into action;

- Umbrella organisations e.g. BHTA
- Your Union
- Employers confederation
- Chamber of commerce
- Government partners – Ministry of Tourism, Ministry of Health
- National commissions – Drug abuse, HIV, etc

3. Most importantly, partner if possible, with other workplaces

- i.e. hotels in one location can share health and wellness approaches and resources. E.g. train their staff educators together, train the department leaders together. Share the same visiting nutrition nurse, fitness consultant, etc.

IDENTIFYING TARGET GROUP NEEDS - OBTAINING INPUT FOR DEVELOPING THE OVERALL WELLNESS PLAN FROM TARGET GROUPS

Obtaining input from Employers/Managers

Support from management is essential to building a successful Wellness Programme! This can come in many different ways:

- Involvement in the planning process
- Support for the budget and for time given to the Wellness Programme
- Distribution of funding for the Wellness Programme
- Participation in wellness events
- Leadership by management such as the distribution of a letter of support for the programme
- Flexibility in employees' schedules to accommodate wellness activities

Obtaining Input from Employees

Asking employees about their needs and interests increases the chances that they will participate in wellness activities. You may gather input through informal conversations or by conducting a formal needs assessment among employees.

Using Anonymous Staff Health Surveys

The following approaches can be used to gather information on staff health and support needs;

- Schedules for hotel workers can be challenging to carry out research so all shifts must be covered
- Design a survey to obtain needs, attitudes & preferences re the programme
 - Full-length (confidential and anonymous external interviewee)
 - An open one-to-one interview
 - A mini-survey
 - Suggestion boxes

Surveys can be conducted by:

- Hosting a luncheon round table
- Sending out an informal email questionnaire
- Sending a survey with the pay slip
- Conducting a survey available on the hotels intranet site if available

Key questions to ask employees when designing your Wellness Programmes:

- What wellness topics and activities interest you?
- What types of activities would you like to put into place?
- What days and times would you like to see activities scheduled?
- Would healthy competition within your departments be an incentive for you?
- What is preventing you from starting a physical activity and healthy nutrition programme currently?
- Questions on risk behaviours'/habits - smoking, alcohol intake, healthy eating, sleep patterns, sexual practices
- Health status - diagnoses of chronic diseases, current ailments

Benefits of a needs assessment provides employees with:

- Initial information necessary for the design of the Wellness Programme
- A sense of ownership for the Wellness Programme
- Excitement for the Wellness Programme
- Developing a programme that will fit all of their needs and in return be more successful
- Getting them to think more about their own personal health
- Providing the information on how important it is to be healthy

Key Note!!!**3**

Questions on risk behaviours and health status should be asked by an interviewer external to and independent of the company.

All questions should be preceded by a signed confidentiality agreement by the interviewer.

Informed consent by the interviewee should be obtained by the interviewer.

Other issues and information on staff needs will undoubtedly emerge as you implement your programmes and you will need to be responsive to revising existing programmes by adding to or removing parts of programmes. This is one of the ways in which the inputs and involvement of the wellness committee members will be very useful.

DECIDING ON WHICH ACTIVITIES WILL FORM YOUR HEALTH AND WELLNESS PROGRAMME



Identifying the types of activities to implement in your workplace programme can present a dilemma if this is your first time. However, don't despair or give up before you start- there are organisations that can support you as you launch out!

Key Note!!

4

BHTA and its partner research and technical organisations can assist you in analysing the information to determine the needs of your target groups.

- BHTA FIRST
- IMPLEMENTATION PARTNERS - AID INC, AIDS FOUNDATION
- COORDINATING BODIES - MINISTRY OF TOURISM & NATIONAL HIV/AIDS COMMISSION

Section 1 highlighted the types of activities that can be implemented in your workplace. Design your programme within the 4 strategic areas that you were introduced to in section 1;

- 1 Awareness Building: Tell them there is risk of acquiring diseases**
- 2 Education/Skill Building: Tell them / teach them ways to deal with ailments or social difficulties that they may already have e.g. obesity, back ache, diabetes, high blood pressure, child care difficulties, etc, e.g. nutrition sessions, fitness sessions, parenting ideas**
- 3 Environment Support: Create an environment through organisational changes that makes it easier for them to deal with X**
- 4 Policy Development: Develop institutional policies that reduce the risk or make it easier to deal with existing diseases.**

Be careful in designing your activities, to follow these key points:

- Identify what needs to be done from the evidence you have collected
- Prioritise the needs – what causes the most problems, how much is available to implement these activities compared with what is required

- Consider the partnerships you have made and their available resources/offers of support
- Decide on what types of programmes activities you will implement based on the need you have identified through your research. What tone will the programme have? Informative? Fun? Fearful? A mixture?
- Set realistic targets & timelines
- Have short-term & long-term goals
- Plan how & when the programme will be initiated
- Plan how to maintain interest
- Know what resources you need for each step

****REFER TO THE PLANNING CHECKLIST IN THE ANNEX OF TOOLS AND INSTRUMENTS**

COSTING - IDENTIFYING RESOURCES AND BUDGETING FOR YOUR ACTIVITIES

Defining your resources is important in your ability to carry out the proposed programme. After you figure out what resources are available to you, you will be able to develop a budget that is suitable for your employer. This will allow you to make the most out of what you have. Resources needs will depend on your department's specific needs and criteria and activities you have identified. Consider the following Key note and example of a list of resource requirements;



Key Note!!

5

As you start to establish your programmes remember the following principals;

- *Your programme must be apart of overall company strategy*
- *Health & Safety legislation & work place policies or programmes should be in place to provide a basis for a Wellness Programme*
- *It is impossible to deal with wellness in isolation from health & safety*
- *Training of core Wellness Programme staff focal points and peer educators is essential to any programme set up*
- *Inclusion of all levels and departments to varied extents is mandatory*
- *Joint labour/management committee set up such as the wellness committee*

Sample list of resource required for a workplace programme

Facilities: Space for a gym, equipment, or a training room. It would also include an area for a staff office. Identify places within the department or around the building for physical activities. If not then community.

Equipment: This includes fitness testing and physical activity equipment, as well as safety equipment for your employees.

Materials and Supplies: These are all the items needed for the success of the programme. This includes first aid supplies, medical equipment and disposables, printed materials, DVDs and office supplies.

Wellness Committee: This acts as a motivating and supportive body of diverse people who can offer leadership and advice.

Fitness Apparatus: This Includes cardiovascular equipment, weights, exercise mats, elastic resistant tubes, medicine balls and resistance balls.

Involving Families: Programmes are offered to employees' families in order to promote a healthy lifestyle in the home and with family members.

Fitness Instructors: These people should hold regular meetings and classes to promote ongoing fitness.

Communication Material: These include videos/DVDs, posters, books, guest speakers and trainers.

Health Fairs: These are to introduce employees to the resources available, both within and outside of the department.

Local Gyms: Trained staff are available to assist in developing workout routines for employees as well as offering corporate discounted membership.

Health Educators: These professionals can come to your location and offer classes and workshops on various health topics. They can also provide individual counselling.

Section 3:

Taking Action: Building a foundation for mainstreaming HIV

On Friday September 8, 2006, over 50 leaders from the local and regional tourism industry came together to pledge their commitment to addressing HIV/AIDS and Health & Wellness as part of this DFID Project. The culmination of this event was the development of a pledge and the commitment of 3 additional hotels (approximate 400 employees) to participate in the sub-project design workshops.

From Pledge to Action



As a result of their pledge and the sustained commitment of the CEOs, management and nursing staff of the hotels and restaurants; several focal point persons have been identified and currently operate and staff volunteers in 17 hotels across 9 hotel groups throughout Barbados.

In addition, support from influential project Ambassadors and active community partners have enabled these hotels, restaurants and informal tourism sector operators to actively participate in pushing back HIV within their tourism and community-based spheres of influence!

So Focal points and health and safety officers (or any staff member who is intending to develop a HIV workplace programme) should remember as they start out that building commitment through initial marketing and mobilisation of decision makers is possible - simply start with you and your hotel CEOs and management. Good Luck! As you go through the next section and tools. If



you follow the key notes and steps described, with your commitment and your partners you will succeed in pushing back HIV and its impact within your sphere of influence!!

THE NATIONAL HIV /AIDS SITUATION

- The national prevalence of HIV in Barbados is estimated to be 1.6 %.
- The first AIDS cases was reported in 1984
- At the start of the epidemic men who have sex with men were predominately affected. Today, there has been an increase in the number of women and self-reported heterosexual men infected with HIV.
- Reports from the Ministry of Health indicated that in 2000, there was an equal number of men and women infected with HIV (UNGASS, 2008). At the end of 2007, of the 3408 cumulative HIV cases in Barbados, 2056 were male (1221 female and 131 unknown).
- Most of the new HIV cases are acquired through heterosexual contact.
- Men who have sex with men, sex workers and youth remain at high risk of acquiring HIV due to their sexual practices.
- Younger persons are disproportionately affected, with 89% of infections occurring in the 15 - 49 age group.
- The highest number of deaths occur in the 14 -29 age group.
- The median age of persons living with HIV is 39 years old.
- Although the number of persons infected with HIV has increased, there has been a significant fall in AIDS cases (and HIV related deaths) due to the introduction of antiretroviral treatment in 2001.
- A 2003/4 assessment of HIV positive patients in Barbados receiving care showed that
 - o 21% of the employed were from the tourism sector;
 - o 15% from the agriculture sector;
 - o 10% from the construction;
 - o 8% from the finance sector;
 - o 4 % from the civil services
 - o 8% from the Manufacturing sector
 - o 34% from the informal sector.

The Impact of HIV and AIDS on Society

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Low morale, vitality & mental health • Poor physical health rating • Self-stigma • Decreased economic & social productivity • Increased poverty & unmet needs | <ul style="list-style-type: none"> • loss of labor/ assets • loss of savings/ income • ↓ investment in kids • ↑ number of orphans • ↓ social capital • ↓ social participation and role models | <ul style="list-style-type: none"> • ↑↑ health spending • ↓ human capacity • ↓ fiscal capacity | <ul style="list-style-type: none"> • ↑ costs and benefits • ↑ absenteeism • ↓ productivity • ↑ worker stress • ↓ mental health • ↓↓ average service quality & customer experience | <ul style="list-style-type: none"> • ↓ investment • ↓ return on investment • ↓ growth • ↑ poverty & inequity |
| INDIVIDUAL | COMMUNITY | PUBLIC SECTOR | PRIVATE SECTOR | MACRO ECONOMY |

THE IMPACT

HIV and AIDS negatively impacts on all levels of society and across all employment sectors. It destabilizes the development gains and current development investments and initiatives of a country by hitting the most productive and reproductive age groups hardest. Affected families and households experience substantial economic losses and as a result relative poverty ensues. Community and institutional stigma and discrimination compounds the debilitating mental and physical health impacts of HIV and AIDS.

Further reading is encouraged on this area so that you can advocate for workplace action on HIV and AIDS. HIV Peer education manuals and stigma booklets for the tourism private sector are available at all focal points and other planners in the workplace. (see suggested reading).

STIGMA AND DISCRIMINATION

Stigma & Discrimination are slowing down the pace of progress in tackling the epidemic through

INDIVIDUAL IMPACT

Total isolation and hence withdrawal from and socially & economically productive activities

COMMUNITY IMPACT

- Reduction in education and social activities of children of PLWHA – undermining potential value in society

WORKPLACE IMPACT

Prohibited access to welfare and psychosocial support
- fueling the poverty cycle

Premature withdrawal of PLWHAs from the workplace

Reluctance and an avoidance of young PLWHAs to begin a working life
-or train for a career despite feelings of longevity and success of HAART in prolonging AIDS survival

MACRO LEVEL IMPACT

Subsequent reduction in the cost-benefit (economic gains) of HAART
- at the macroeconomic level by reducing the productivity of otherwise healthy HIV positive individuals and increasing welfare outlay

Subsequent reduction in cost effectiveness of HAART treatment, by reducing the projected HAART-induced survival of patients.

Where to Now? – Strengthening Policies

- Advocacy at the highest level
- Accounting for actions
- Tackle confidentiality laws: health services, insurers; workplace
- Strengthen Anti-Discrimination Policies
- Strengthen Employment acts to support HIV positive workers and accommodate their health related needs at work

Source: S. Adomakoh et al, 2003

KEY STEPS IN FOUNDATION BUILDING FOR A BETTER RESPONSE

Step 1. Establish HIV/AIDS focal point

This is a first demonstration of commitment of employers to the HIV prevention fight in their workplace. Allocate other point persons from each department if possible



Step 2: Build capacity in focal point and point-persons

Enable them to assess their HIV risk situation and to take action by training them as Peer educators, Peer counsellors and in designing their own BCC materials tailored to their staff needs



Step 3: Create awareness and “market” or “sell” the “vision”

Sell the idea of the workplace programme, to gain, buy and sustain commitment in all around



Step 4. Policy First

Ensure a receptive environment by identifying urgent gaps in policies needed to enable a better uptake of the HIV programmes



Step 5. Incorporate HIV/AIDS policies, and guidelines

Integrate these into your health & safety operational manual if your workplace has one



Step 6. Implement and sensitize the workers to the workers to the policy

This should be conducted throughout all departments (through department heads) and through lunchtime sessions, posters and pamphlets so that all workers are aware of its content and implications

* For detailed support, refer to the Policy and Programming Checklist in the Annex of tools and Instruments

GUIDELINES FOR WORKPLACE POLICY DEVELOPMENT

Before you or your staff counterparts can effectively implement your workplace programme to prevent HIV or to mitigate its impact in your workplace and local environment, you will need to ensure that your plans include the ongoing development and assurance of a supportive and enabling work place environment. This should be an environment within which the employees believe that their employer or their line manager will support the rights of workers with HIV and AIDS and also recognise and address the concerns of HIV negative workers and clients in ways that best suit the workplace. Therefore, any HIV/AIDS workplace programme must always contain underpinning and cross-cutting components that addresses the implementation of Policies to guide your institutions actions in response to support and prevention of HIV in their environment.

Investing in Workers' Health and Well Being



HOW CAN YOU ESTABLISH AN ENVIRONMENT OF TRUST?

The BHTA have produced a set of institutional policy guidelines that subscribe to the National HIV/AIDS Policy mandated by the Ministry of Labour and follows the International Labour Organisation (ILO) guidelines. It also builds upon experiences of the Jamaica Hotel and Tourism Association (JHTA) policy development.

HOW DO POLICY GUIDELINES HELP?

These HIV/AIDS institutional policies and guidelines help to ensure that there is an environment of trust built between employers and employees, that employers openly articulate and demonstrate that:

- They are aware of the risks of HIV and recognize the need to ensure that they act to help employers remain HIV free
- They recognise that there will be HIV positive workers in their workplace and that these workers have the same rights to employment, non-discrimination and access to promotion and information as other workers
- The treatment needs and schedule of positive workers should be taken into consideration and every effort made to ensure that workers can maintain effective treatment schedules amid their work schedules
- All workers including HIV positive workers and their families have the right to confidential and tailored support services.

WHAT DO THESE GUIDELINES SAY?

Essentially, there are 10 Core components, which include;

1.1 Workplace Issue

We recognise that HIV/AIDS is a workplace issue and should be treated like any other serious illness/condition in the workplace.

1.2 Non-discrimination

No worker who is known or perceived to be HIV infected or affected is stigmatised or discriminated against.

1.3 Gender Equality

Both women who are more likely to become infected and men who are usually the sexual decision makers need to understand how these issues impact the spread of HIV.

1.4 Safe and Healthy Work Environment

To ensure that the work environment is healthy and safe in order to help prevent the transmission of HIV, universal precautions should be observed irrespective of the person's presumed infection status.

1.5 Social Dialogue

The successful implementation of this HIV/AIDS programme requires cooperation and trust among all parties – employees, employers, and other partners.

1.6 Non-screening for Purposes of Exclusion from Employment or Work Purposes

HIV/AIDS screening should not be required of job applicants, nor should staff members be required to be tested for the purposes of continued employment. Any staff member suspected of being infected should be encouraged to discuss the matter with a peer counsellor or medical professional.

1.7 Confidentiality

No employee or job applicant is obligated to disclose HIV-related personal information or reveal such information about a co-worker.

1.8 Continuation of Employment Relationship

HIV/AIDS is not a cause for termination of employment. As with many other conditions, employees with HIV and HIV/AIDS-related illnesses are able to work for as long as they are medically fit in the available appropriate work. Indeed, with recent development of affordable drugs the disease is no longer a terminal illness but a chronic one.

1.9 Prevention

HIV is preventable. Through the implementation of the various strategies outlined staff members will acquire the knowledge, attitude and behaviour change that should lead to PREVENTION and a reduction in the levels of infection.

1.10 Care and Support

Staff members infected or affected by HIV/AIDS must be provided with psychosocial, financial, spiritual and emotional assistance.

PLANNING YOUR HIV/AIDS WORKPLACE PROGRAMME ACTIONS

WHAT IS YOUR HIV/AIDS WORKPLACE PROGRAMME?

This is a planned outline of organisational structures and activities that can help you and your partners turn your stated intentions and mandates (your policy) into effective action and desired results

WHY DO YOU URGENTLY NEED AN HIV/AIDS WORKPLACE PROGRAMME?

This is a key question you will need to answer comprehensively in order to convince your CEOs and potential partners to come on board with your HIV programme actions, to contribute resources or even to advocate for your programme to your board and potential external funders. Review the reasons given below by Board CEOs from 203 firms in 14 different countries (source GBC).

WHY DO BUSINESSES ACT ON HIV AND AIDS?

- Welfare of employees living with HIV which can impact on the quality of their service – 46%
- Safety/Prevention – 34%
- Legal Implications (compliance) – 12%
- Health care costs – 16%
- Concern about world-wide epidemic – 12%
- Community problems with HIV/AIDS – 8%
- Absenteeism due to illness – 8%
- Public image – 4%
- Turnover – 2%
- Fear – 2%
- “Others doing it” – 1%

GUIDELINES FOR PLANNING

REMEMBER THE 10 KEY STEPS IN DEVELOPING A WORKPLACE PROGRAMMES?



Follow these same steps for identifying HIV related activities that you will mainstream into your wellness programme

HIV workplace Programme Design

1. Who is your target group? Who will benefit from your programme?
2. Who will be responsible for implementing the activities and managing them on a daily basis? Health & Safety? HR? Identified local person(s)
3. What are the needs of your target group? Where is the greatest need? What are the behaviours you want to change?
4. Who will you partner with to share/provide resources/tap into needed skills/services?
5. What is the specific objective of your programme? What will be the overall effect of the programme on the workers and workplace?
6. What are the types of activities you need to offer through your programme to change the negative health behaviours, practices and misconceptions?
7. What are the steps in implementation?
8. What are the timelines for programme implementation?
9. What are the resources (human/financial) you will need to implement your programme?
10. How will you ensure that your programme is working?

Simply refer to the planning checklist in the tools & reference section

Refer to the annex of tools and instruments for more detailed help on following steps 1 to 10.

- Planning Checklist
- Needs identification survey
- Practical presentation on steps 1 to 10.

Key Note!!

6

When identifying and implementing the activities needed for your target group it will be important to think of controlling HIV spread from 2 perspectives;

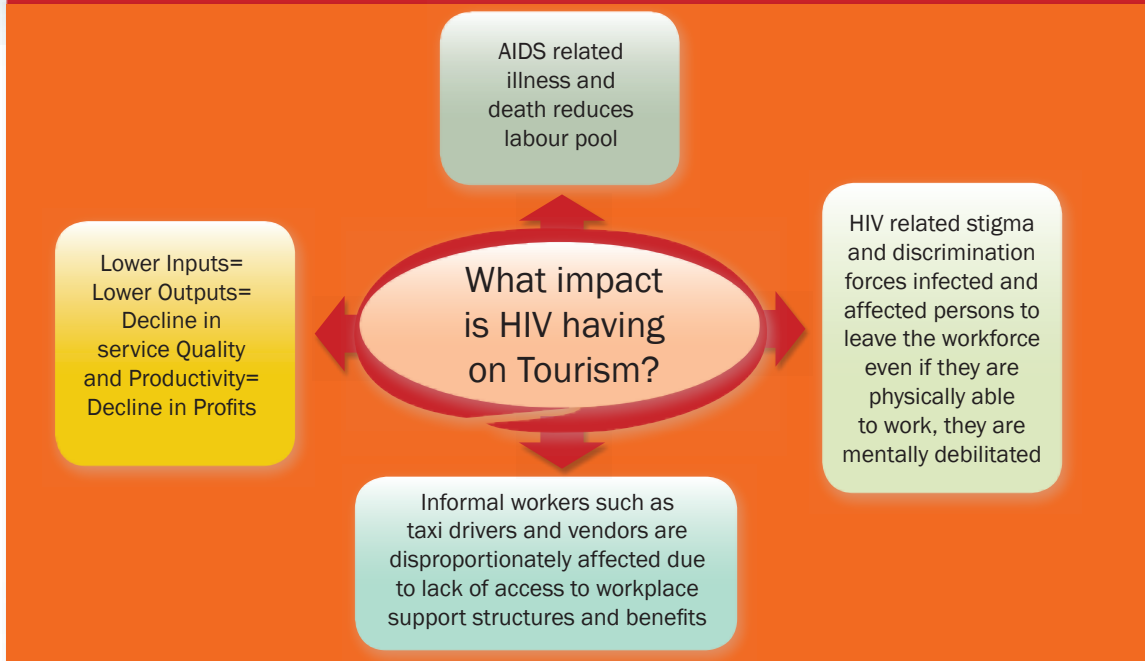
1. *Activities to prevent negative impact of HIV on your target groups and by extension on your workplace. These include activities to prevent new cases of HIV in staff and activities to support those infected and affected.*
2. *Activities to prevent your workplace tourism operations from negatively impacting on the spread of HIV in workers, clients and the local community. (i.e. you will need to implement activities that reduces the risk of HIV spread that occurs through patterns of service delivery or in service settings such as nightclubs or massage parlours)*

Below are some examples.....

Perspective 1: Preventing Negative Impact of HIV on staff and operations

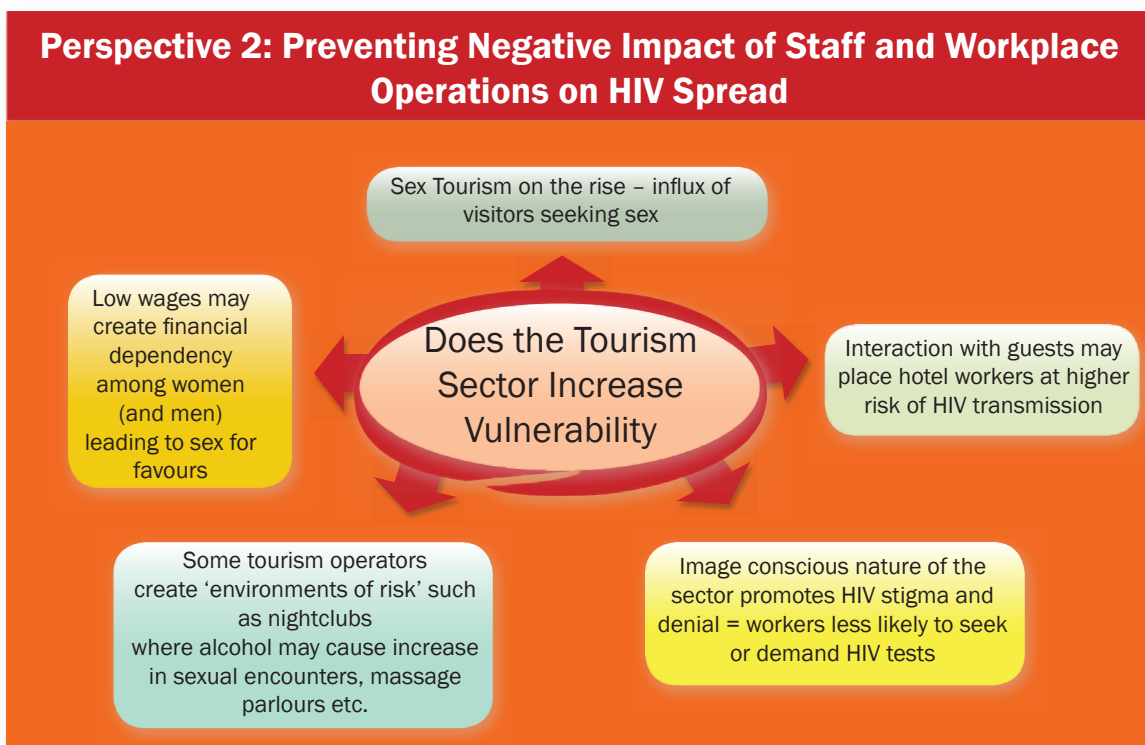
The following diagram depicts how increasing HIV and AIDS in your workplace can affect the Tourism sector and your workplace

Perspective 1: Preventing Negative Impact of HIV on Tourism Staff and Operations



Perspective 2: Preventing Negative Impact of Staff and Workplace Operations on HIV Spread

The following diagram shows examples of how workplace operations in the tourism sector may promote HIV risk behaviours and attitudes in your staff and clients, thereby promoting the spread of HIV



COMPONENTS OF GOOD WORKPLACE HIV POLICIES AND PROGRAMMES

Ideally once you have undertaken and completed your 10 steps in planning you will have identified activities to implement from the 2 perspectives described above, which will fall into one of more of the 10 core areas described below and recommended by the **Global Business Coalition (GBC)**:

Components of Good HIV/AIDS Workplace Programmes

According to the Global Business Coalition there are ten primary components :

1. Non Discrimination
2. Prevention, Education and Behavior Change
3. Testing and Counseling
4. Care, Support and Treatment
5. Product and Service Donation
6. Corporate Philanthropy
7. Community and Government Partnerships
8. Business Associates and Supply Chain Engagement
9. Advocacy and Leadership
10. Monitoring, Evaluation, Reporting, Feedback to all Stakeholders at Workplace & Community Levels

**Cross Cutting:
Supportive
Workplace
Environment**

CROSS CUTTING

Owners, CEOs, Managers and Supervisors must strive to create environments in which workers feel valued

In the absence of this employees will always suspect the motivation for employee support programmes ultimately leading to low uptake

1. Non Discrimination

- Zero tolerance policy for workplace stigma and discrimination
- Supported by workplace policies which specifically address S&D and explicitly outline consequences for S&D
- Most importantly policies must be disseminated and enforced
- Demonstrated commitment to non-discrimination by management
- Seminars and workshops which use BCC strategies to move workers from a place of fear to one of openness and acceptance
- Integration of PLWHA community and other marginalised communities such as MSM as paid resource persons to support anti S&D workplace initiatives

**How do you create
an environment
which is non-
discriminating?**

2. Prevention, Education and Behaviour Change

- General and tailored activities aimed at changing risky behaviours and reducing stigma and discrimination
- Informed by KAPB surveys and institutional audits
- Behaviour Change Communication (BCC) interventions which recognize that behaviours are influenced by environmental factors and only change when environments support behaviour change
 - BCC material development
 - Peer Education
 - Seminars
 - Workplace Policy Development for the creation of supportive, enabling environments

What types of Educational programmes occur in your workplace?

3. Testing and Counseling

- Provision of anonymous voluntary counselling and testing (VCT) either:
 - On-site through a company nurse or...
 - Off-site through a referral system which anonymously links employees to convenient and confidential testing centres
- In both cases employees must be assured of the confidentiality of the test results - this must be integrated into a workplace policy which clearly outlines consequences for breach of confidentiality
- Uptake of workplace VCT will be poor in the absence of the above

Has your workplace ever offered VCT? What are challenges to offering VCT through the workplace? How do we overcome these?

4. Care, Support and Treatment

- Confidential, high quality Care, Support & Treatment (CST) services can be provided directly by the workplace or through a referral system
 - On-site CST is more cost-effective for the employer in high-prevalence settings
 - Off-site referral for CST is more common in low prevalence settings
 - In Barbados, CST is fully covered by the GOB, therefore employers may opt for a referral system in which public and private providers partner with private sector companies, providing confidential out of hours services to day shift workers
- Insurance companies can play their role by developing medical benefits packages for PLWHA
 - Important in highly stigmatising environments where PLWHA often seek costly private care

How far should employers go in providing CST?

5. Product and Service Donation

- Assisting employees and communities in the fight against HIV/AIDS through the donation of private sector resources which are often limited in the public sector
 - Financial support - donation of funds
 - Technical support - sharing of specialised services which may be unavailable in NGOs/CBOs such as accountants, financial mgrs etc.
 - Product donation, ie. Food, venues for activities etc.

Can you think of any local examples?

6. Corporate Philanthropy

- Businesses must demonstrate to their employees and surrounding communities that they are willing to share their resources in kind

Can you think of any local examples?

7. Community and Government Partnerships

- Developing links with the surrounding communities (Responsible or 'community tourism' principles)
- Recognizing that businesses operate within communities and improving local communities has positive impact on employees and the local environment ultimately maintaining or improving the quality of the incoming labour force, ie. Adopting local schools, supporting local NGOs or communities at risk, providing services such as financial mgmt for NGOs, supporting skills building workshops
- Developing public-private partnerships allows for sharing of resources and HIV/AIDS programming strategies/approaches

Can you think of any local examples?

8. Business Associates and Supply Chain Engagement

- Engaging the participation of those in the business community including those who supply goods and services
- Supporting local products and services builds local economies and reduces poverty which is linked to HIV transmission
 - Investing in local skills builds sustainable livelihoods and reduces behaviours which lead to HIV and other health risks
 - Linking local artisans with consumers

Can you think of any local examples?

9. Advocacy and Leadership

- Businesses often play leadership roles in the community; advocacy at this level sets standards and encourages other businesses to follow
- Within the workplace, management, senior staff, and respected colleagues need to demonstrate commitment to HIV/AIDS through:
 - The development of workplace policies which are disseminated and enforced
 - Verbal and acted commitment to combating stigma in the workplace
- Workers are more likely to reduce stigma and discrimination when management and respected staff members are setting the example

Has this happened in your workplace? What are the obstacles/challenges here?

10. Monitoring & Evaluation

- Ongoing monitoring of programmes is critical in order to measure success
 - This allows for the adjustment of ongoing activities
 - Cost-effective because it allows those managing the programmes to correct problems early on rather than later
 - Simple tailored monitoring forms can be easily created and fed into software for the creation of monthly progress reports
 - Monitoring can be undertaken by focal points within the organisation
- Evaluation of the programme allows employers to determine how successful their workplace interventions were and assess weaknesses and strengths, challenges and successes
 - Programme evaluations can be done by external consultants as they may involve surveys and more technical analyses

What do you currently monitor in your workplace? Similar principles apply for M&E of health programmes

11. Reporting, Feedback to all stakeholders at workplace & community levels

- In order to sustain employee commitment and buy-in, employers should continuously feedback programme results (both positive & negative)
 - This fosters a sense of ownership and encourages continued positive behaviour change
- Companies should also share the results of their workplace and community based activities with the surrounding communities
 - This creates a sense of ownership at the community level and develops community pride
 - This also builds relationships between the community and locally operating businesses
 - This is in line with the community tourism agenda

Does management feed back to staff when performance is evaluated? Why do you think this is important?

Key Note!!

7

*Remember keynote2 - use existing workplace structures to implement your programme!
See some examples below...*

A. Staff Orientation

The programme can be included in new staff members' orientation, and presented by the Resident Nurse or the Environmental Health & Safety Manager. Topics would include:

- Definitions of HIV
- Modes of Transmission
- Methods of Prevention
- VCT
- Stigma and Discrimination

Resources: Trainers from reputable organisations, trained staff peer educators, use of training videos, toolkits, manuals, edu -drama sessions, and information brochures and pamphlets and posters.

Staff peer educators and counsellors should be trained and certified by a reputable organisation specializing in private sector HIV workplace programming (BHTA, MoT, MH, AID Inc, CHAT, AIDS Foundation, BEC, BWU, etc.

B. Employee Briefings

- Many properties already conduct regular briefings where issues of HIV/AIDS can be incorporated at least once per week.
- This should be extended to all departments.

Resources: Trained Peer educators can deliver the relevant messages.

C. Heads of department meeting (or health and safety committee meeting with department heads)

- HIV/AIDS matters should be discussed at your regular Management/Heads of Department meetings. Reports should be provided on recent activities and accomplishments and upcoming events discussed.

Resources: Heads of Departments who are part of your wellness committee

D. Monthly Staff meetings

- HIV/AIDS issues should be discussed at your staff meetings.
- Health maintenance, nutrition, fitness, condom use sessions and other HIV and health-related presentations and practical sessions can be incorporated into your monthly meetings

Resources: Best delivered by your institutions' nurse and/or Peer educators and visiting specialists

- Whenever possible your presentations should include implementation and dissemination of the workplace policies to amount and trusting environment between employers and employees.

Resources: Best delivered by Human Resources Managers or Employee Assistance Personnel as a means of increasing increase trust levels

E. Periodic Medical Clinics

- Your property or a neighbouring property may run medical clinics for staff through a visiting nurse or physician.
- Alternatively you may have periodic health fairs for the workers, their families, tourists and local communities
- Arrangements with satellite clinics may be established for staff to visit health workers after hours
- HIV/AIDS testing and information dissemination, and BCC interventions

Key Note!!

8

Implementing Creative Ideas from staff will make a great difference to staff attendance to sessions and their commitment to sustaining their behaviour change

EXAMPLES OF SUCCESSFUL ACTIVITIES CO-DESIGNED BY STAFF AND COMMUNITY



Partnerships with lifeguards for peer education and stigma reduction, in and around hotels.



Edu-drama /Edutainment incorporated within staff talents shows and health fairs



Staff coproduced and acted in BCC videos (e.g. stigma reduction with hotel workers)

VCT at hotel health fairs in partnership with Ministry of Health counsellors and other community-based partners



Ministry of Health participating in informal sector BCC

...Is not Gold
Did you know ... that many STIs including HIV show **NO SYMPTOMS...** You can't tell by how a person looks or smells if they have an **STI** (Sexually Transmitted Infection).

If you had sex without using a condom...
Condoms provide protection from HIV and STIs. **USE A CONDOM CORRECTLY EVERYTIME!!**
or had too much to drink and forgot about safer sex...

Peer education training; sessions of tourism staff led by staff trained as master trainers



Youth (19-25yrs) formal and informal tourism
Sector Staff codesigned posters for
awareness raising or increased condom use.

Panel 1: "Man hurry up! I ent want nuhbody tuh see me buying dese CONDOMS."

Panel 2: "Don't watch nuh face, it is either dese, nuh sex, or risk HIV ef yuh gine do it, just buy it!"

Panel 3: "Man just soil I was here long, cause I ent want nuhbody tuh see me buying nuh CONDOMS."

**YOUTH EMPOWERING YOUTH:
GIVING THEM THE FACTS TO MAKE POSITIVE CHOICES.**

FOR MORE INFORMATION, CONTACT:

C.A.R.E Barbados
Tel: (246) 436-7770
Email: carebarbados@hotmail.com

CHAT
Tel: (246) 429-6859
Email: admin@chat.org.bb

UGLAAB
Tel: (246) 426-3323
Email: ugliaab@yahoo.com

DFID Department for Development

Alliance

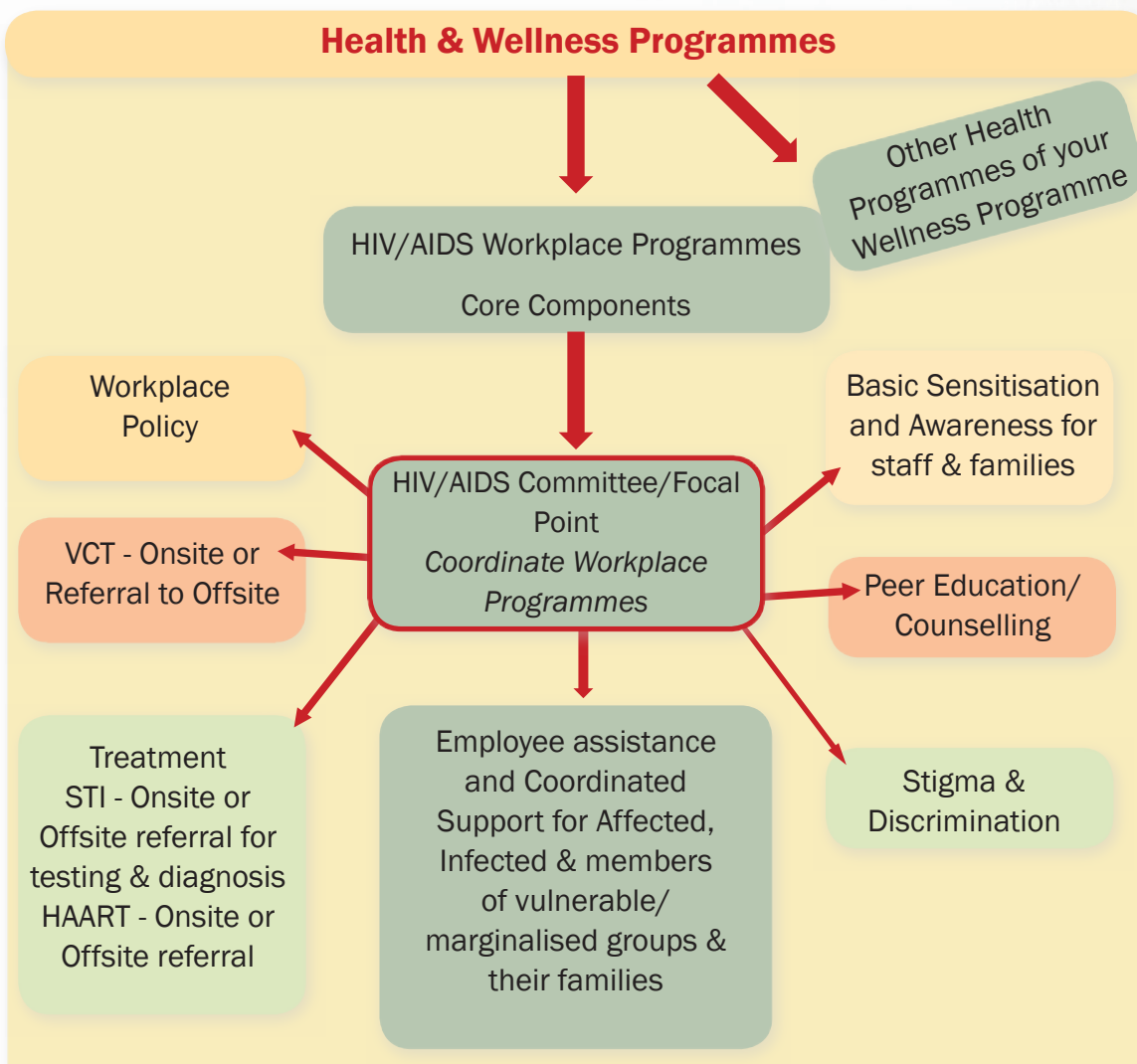
AID Inc.

CHAT

A typical example of the main components of an actual BHTA hotel-based programmes shown in part D in the Annex of Tools and Instruments.

Minimum components of a model HIV Workplace Programme

PRIVATE SECTOR WORKPLACE PROGRAMME AREAS



Can you identify potential linkages between your HIV and wellness workplace programme and community - based non-governmental and government services?

Your workplace HIV and Wellness Programme should not be viewed as a sole vehicle for providing health care to employees and health information to their community-based friends and families. Instead it is best viewed as an extension of the community-based health programmes, ensuring that private public linkages between the health services, the local communities and the tourism private sector is established and the strengths of each partnering unit is taken advantage of.

In other words the workplace programme should not be at one physical workplace location, but should be a virtual unit that is essentially part of a health service system that promotes comprehensiveness of care to the working population in ways that:

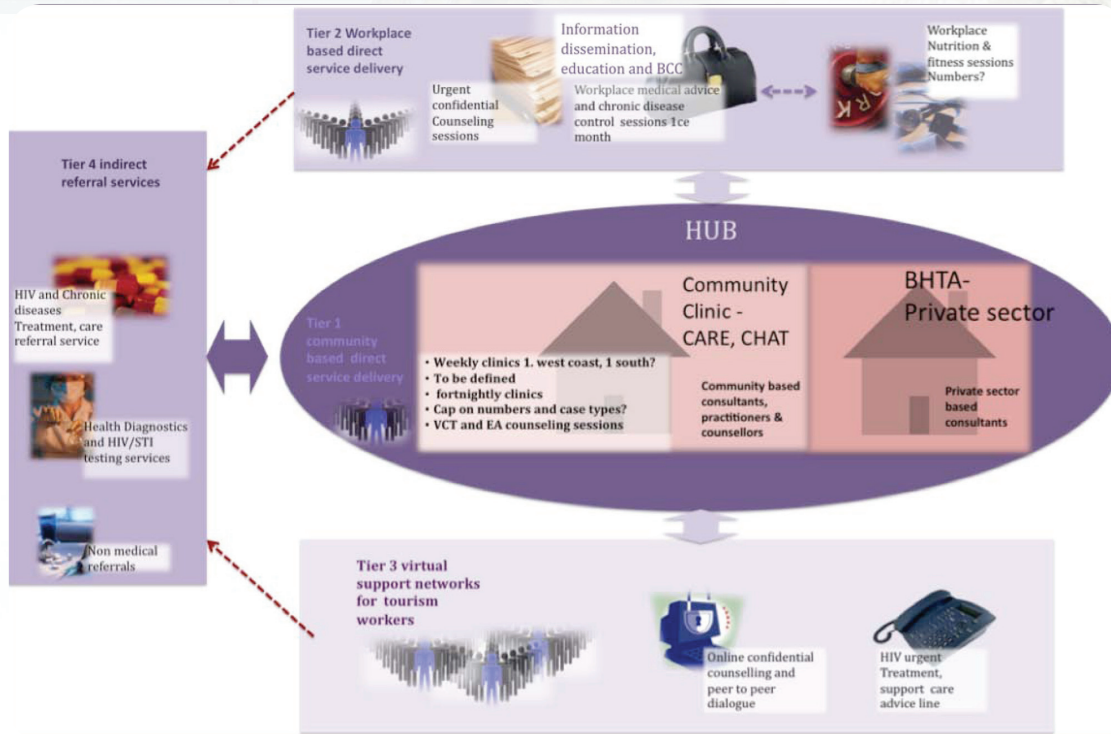
1. Promote access to needed services during working hours while avoiding negative consequences on productivity that would otherwise result from time lost due to health seeking
2. Create greater awareness of the risk of chronic ill health and HIV due to work-related factors and empower to reduce their vulnerabilities and avoid adverse effects of work in the tourism sector through behaviour change

Such linkages /extension into the community and health sector include:

- Service provision by existing community nurses
- VCT
- Clinic sessions and general health checks and referral services
- Health promotion services: fitness, nutrition and exercise
- Counselling

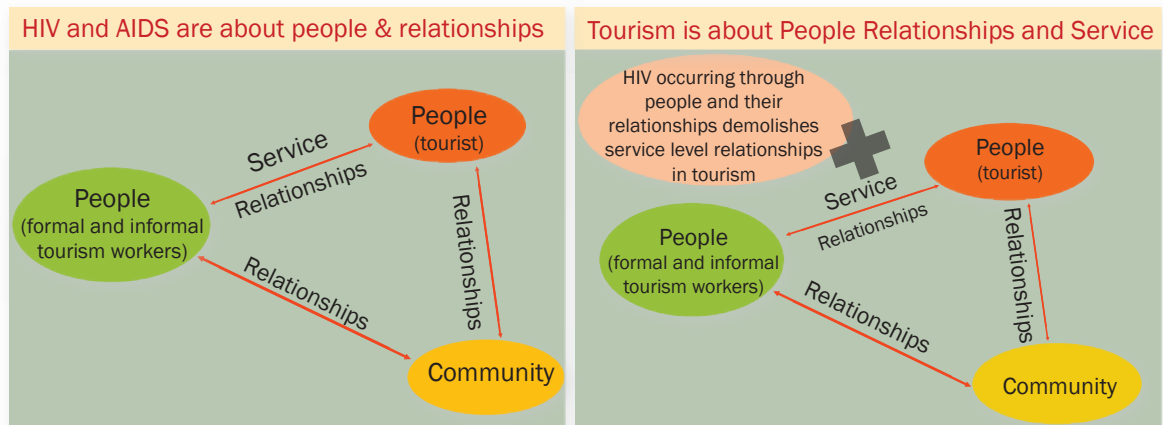
Below is a schematic representation of the possible private, community and government linkages between the components of a HIV and wellness model driven by the tourism sector and community based organisations.

Schematic of the Government and Community-based linkages within a workplace HIV and wellness model



SOCIAL RESPONSIBILITIES AND WORKING WITH LOCAL COMMUNITIES

HIV is about people and relationships. In the same way, tourism is also about people, their personal and professional relationships and the services they deliver and receive. The interrelationship between tourism and HIV is self-evident with both the impact and vulnerabilities occurring through the social and service networks and relationships (as described previously).



Given the interplay between tourism and HIV/AIDS, it is clear that tackling the HIV epidemic and creating awareness of ensuing issues is everyone's responsibility (community, tourists, and tourism operators). As tourism operators we have a social responsibility to our visitors and ourselves to prevent the transmission of HIV/AIDS.

Therefore, your workplace programmes should extend beyond the workplace to the local communities. This will:

1. Empower the local sub-sectors that may interact with tourists, to protect themselves from contracting HIV by developing safe behaviours – these include vendors, lifeguards, fishermen, taxi drivers, residents
2. Raise awareness in at risk youth (future workers) of the activities within the tourism sector and the role they play in preserving tourism development, whether directly or indirectly

How should you extend your programme from workplace to community?

Answer: Practice Corporate Social Responsibility (CSR)

i.e. You should consider extending partnerships and your programme reach to:

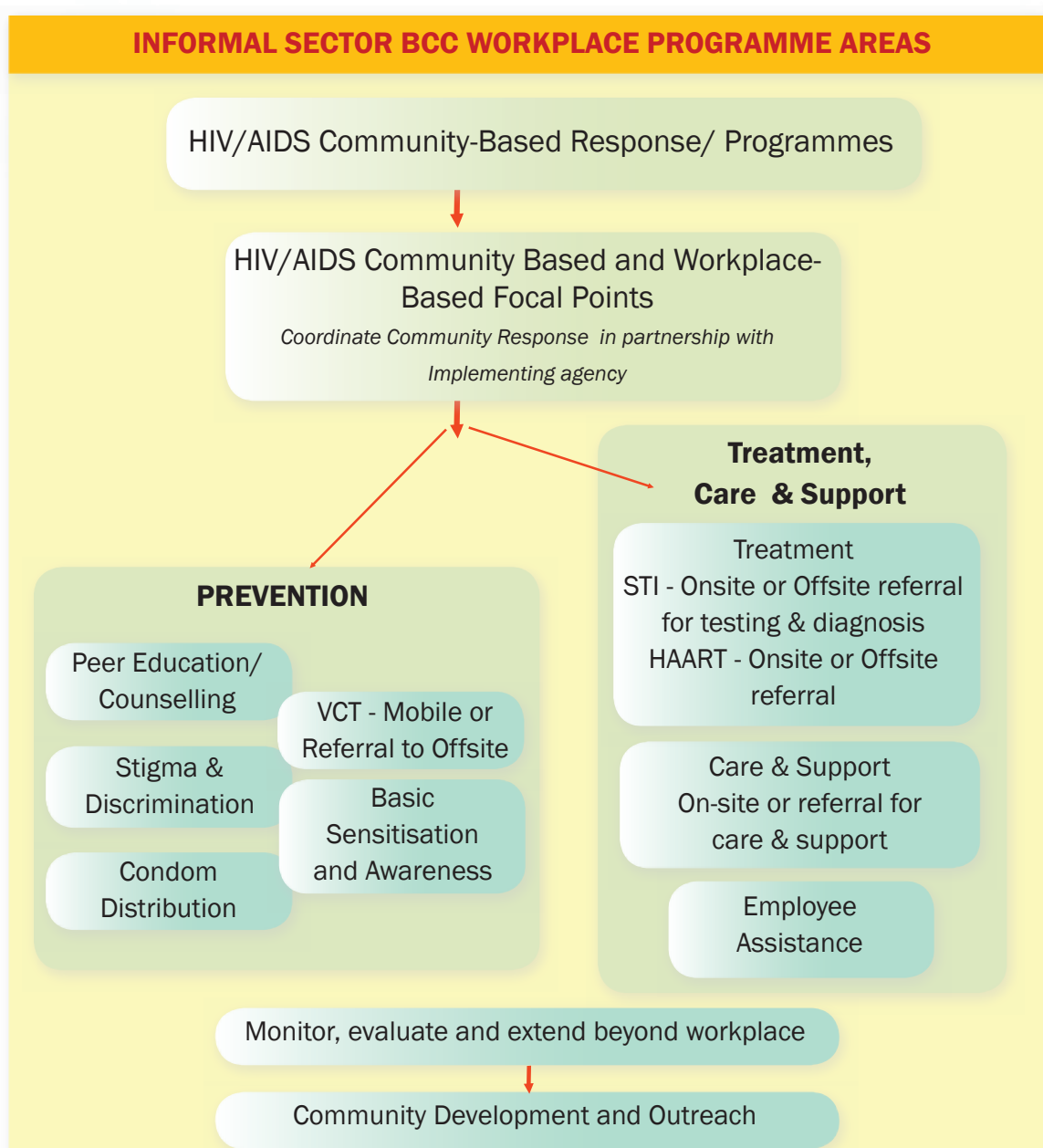
- The neighbouring communities
- Informal tourism workers - taxi drivers, lifeguards, beach messieurs, massage parlours, beach boys
- Nightclubs, restaurants and bars
- Sub-sectors - construction, retail
- Schools
- Community centres
- Children's Homes
- Churches in and around your community

(see further reading in CSR and responsible tourism)

Taking it to the streets

It will be possible to expand seamlessly and at no extra cost, your HIV programme to informal tourism workers in your local environment. The most effective way of doing this is by working with your local volunteer partners such as lifeguards, vendors and watersports operators in the following ways;

1. Identify focal point persons within the informal community
2. Include them in your focal point capacity building activities e.g. peer education and peer counselling workshops, BCC material design workshop
3. Enable the focal points with information that they will distribute to their peers on HIV/AIDS each occasion you distribute to your own staff



SUGGESTED READING AND WEBSITES

Barbados HIV situation

- 2008 UNGASS Country Progress report, Barbados
http://data.unaids.org/pub/Report/2008/barbados_2008_country_progress_report_en.pdf

Policy Development

- The ILO Code of Practice on HIV/AIDS and the world of work.
- SMARTWork's Lessons of Engagement with Business, Labor and Government in 6 Countries . May 25, 2005 De Beers, London. Academy for Educational Development, Center on AIDS & Community
- Also by SMARTWork:
 - o Workplace Guide for Managers and Labor Leaders: HIV/AIDS Policies and Programmes (revised 2005)

Peer education

- Empowering Workers and Communities in the Response to HIV, A Manual for Workplace & Community-Based Peer Educators. Barbados 2006 (adapted by Community Health Action and transformation, 2008)
- Teaching Manual
- Activities Manual

HIV Workplace programme designs & implementation

- A Healthy Workforce. A Toolkit for HIV and AIDS Advocacy and Behaviour Change Communication in the Workplace.

Social Responsibility for the Tourism Sector

- Responsible Tourism Manual for South Africa July 2002 - online report;
http://www.capetown.gov.za/en/tourism/Documents/Responsible%20Tourism/Tourism_RT_Responsible_Tourism_Manual.pdf

More information from Website of key partners

- Barbados Ministry of Tourism - www.barmot.gov.bb
- Barbados Hotel & Tourism Association - www.bhta.org
- International Labour Organisation - www.ilo.org
- Caribbean Tourism Organisation – www.onecaribbean.org
- Associated for International Development - www.aidincorporated.org
- Caribbean HIV/AIDS Alliance - www.aidsalliance.org
- Community Health Action and Transformation - www.chatcaribbean.org
- UNAIDS - www.unaids.org
- Global Business Council - www.gbcimpact.org
- Barbados Employers Confederation - www.barbadosemployers.com
- International Centre for Responsible Tourism - www.icrtourism.org

GLOSSARY OF TERMS YOU NEED TO KNOW

AIDS:

Acquired Immune Deficiency Syndrome. A collection of illnesses which signal that one's immune system has been damaged or suppressed as a result of HIV

Beneficiaries

The individuals, groups or organisations, whether targeted or not, that ultimately benefit directly or indirectly from a programme/project (target group).

Concentrated epidemic

Low Prevalence in the general population. Certain population with risk behaviour, e.g. sex-workers or intravenous drug users, show a prevalence of more than 5%.

Generalised epidemic

Prevalence both in susceptible and vulnerable groups and in the general population is more than 5%

HIV

Human Immunodeficiency Virus. A virus that over time weakens the body's immune system leading to life-threatening opportunistic infections.

Mainstreaming

Mainstreaming stands for the process of integrating in a meaningful way, transversal issues into programmes, projects and our ways of working. Mainstreaming can happen through two approaches: In a direct and explicit way, through a guided process linked to a management decision and indirectly and not explicit through discussion about lessons learned and approaches and tools such as guidelines and good practice. In reality the two approaches are often used in combination.

STI

Sexually Transmitted Infections. These are infections that are spread primarily through person-to-person sexual contact. The most common conditions they cause are gonorrhoea, syphilis, genital herpes, genital warts, human immunodeficiency virus (HIV) and hepatitis B infection

Transversal

A transversal theme (or cross-cutting issue) is one central to development and humanitarian cooperation that cannot be addressed by one sector alone and that should be addressed appropriately in all projects/programmes and in ways we work. Examples include gender issues, natural resource management and HIV.



Universal Precautions

Essentially, universal precautions are good hygiene habits, such as hand washing and the use of gloves and other barriers, correct sharp handling, and infection prevention techniques.

Vulnerability

Vulnerability stands for an individual's or a community's/organisation's inability to control their risk of infection due to factors that are beyond the individual's immediate control. Such factors could be poverty an unmet need, illiteracy, gender, living in rural areas, being a refugee or highly mobile, etc.



