



**30-40-50 plus**



**5<sup>th</sup> european conference  
on promoting workplace health**

**HEALTHY  
WORK  
IN AN AGEING  
EUROPE**

## **Conference Report**

organised jointly by

**Upper Austrian Health Insurance (OÖGKK)**

**European Network for Workplace**

**Health Promotion (ENWHP)**

**Linz, Austria**

**19<sup>th</sup> and 20<sup>th</sup> June 2006**



## 5<sup>th</sup> european conference on promoting workplace health Linz, Austria 19<sup>th</sup> and 20<sup>th</sup> June 2006

The 5<sup>th</sup> European Conference of European Network for Workplace Health Promotion (ENWHP) discussed strategies for dealing with the challenges arising from the demographic changes in Europe: The population of the European Union is rapidly ageing because of low birth rates and increasing life expectancy, yet the number of older people in employment is comparatively low.

Conference participants discussed “Healthy work in an ageing Europe” from three different points of view:

- Lifestyle management to support “active ageing” focussing on single risk factor approaches and comprehensive approaches of lifestyle-management as well as on methods for changing unhealthy behaviour.
- Lifelong learning as a strategy to improve the level of education, to implement learning concepts for ageing workers and personnel management systems which take the demographic developments into account.
- Work organisation and design, where different models, such as flexible working hours, age leadership and the improvement of work organisation and design, showed ways to accommodate the needs of ageing workers.

The reporters and authors of this conference report summarised the plenary presentations and breakout sessions in order to give an overview on the main issues concerning “healthy work in an ageing Europe”.



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## TEN YEARS ENWHP – Ten Years of Success:

### WHP on the Agendas of Businesses and Politics

#### Congress in Linz Draws a Positive Balance of WHP Development

For two days, visitors from all over Europe came to experience Linz at its best. However, it was not predominantly the bright blue sky over the Danube that was responsible for a warm and friendly atmosphere among the 300 participants of the 5th conference of the European Network for Workplace Health Promotion (ENWHP): Even though the focus of the conference was on work and not on leisure, the topic of the conference was wisely and well picked: "Healthy work in an ageing Europe", and about 50 presentations and projects were presented and discussed. However, besides this the 10<sup>th</sup> anniversary of ENWHP also had to be celebrated. For its time being, the network has not only ensured an upgrading for workplace health promotion in Europe. Likewise, it has developed into a source of motivation, information and new ideas for people participating in it – and therewith has given moral support to the frequently troublesome daily business.

This point was stressed by those five net workers, who were invited to the podium by John Griffiths of the British work2health during a little ceremony. Mark De Greef of PREVENT in Belgium said he was personally impressed by the networker's atmosphere; just like Elfriede Kiesewetter from the Upper Austrian health insurance (OÖGKK), whose preliminary work was the basis for the conference's success. She underlined that the backing and support by the network has considerably facilitated work in Austria. "Times after 1997 have been hard for us, but thanks to the support of the network, in the recent five or six years it has become a lot easier to bring up WHP as a topic."

During the little ceremony both of them also stressed that the ENWHP has operatively forwarded the work of health promoters in the now 31 ENWHP-members states especially by creating a common European framework of definitions and terms in the field of workplace health promotion. Speakers of the Spanish, Polish and Icelandic networks sang from the same hymn sheet.





This was in compliance with the overall tenor of the conference, from the inaugural plenum, lead by Dr. Gregor Breucker of the BKK federal association, where the ENWHP secretary's office is located, to the final discussion. Words of welcome by the Austrian Health Secretary Maria Rauch-Kallat, by Rudolf Anzinger, State Secretary of the German Federal Ministry of Labour and Social Affairs, and by DDr. Hans Popper, director of the OÖGKK, proved that WHP now indeed has been integrated into the (social) policy agenda. Furthermore, Horst Kloppenburg of the EU Commission, who was referred to be the "Captain" of the network by Dr. Karl Kuhn, with Dr. Maria Dolores Solé ENWHP executive, once again declared the EU's support for the network, which is of great importance for the European economic, social and health policy, as he says.

As the further course of the conference documented, these positive appraisals are affirmed by concrete work results. Firstly, analysis convincingly showed how well chosen the topic of the congress is for all stakeholders in the member states. Secondly, several projects demonstrated how challenges of an ageing society can be met by strategically set up projects.

Likewise, the topic of the conference somehow was a rounding off of the first ten years of ENWHP-work. Project presentations made clear that it is not sufficient to react on the demographic development by introducing single activities for older employees. In fact, the point is that companies and institutions have to work on establishing healthy and health promoting processes for all employees in all scopes of duties – and that they thereby should fall back on the tools developed and evaluated by ENWHP partners. By such a "great solution", all WHP relevant topics – such as workplace design, special terms of certain company types or the prevention of addiction – would quasi automatically be taken into account.

To achieve that ENWHP has defined its permanent focus for future activities in a consequential distribution of information and utilisation of tools in all relevant regions. How successful this is going to work – as well as the targeted integration with common public health tasks – will be analysed by network partner during the next conference in Rome 2009.



# Celebration of 10 Years ENWHP

**Chair: Hans Popper, Upper Austrian Health Insurance, Austria**  
**Reporter: Sarah Sebinger**

**Karl Kuhn**  
**Federal Institute for Occupational Safety and Health, Germany**

## ENWHP - 10 years of Networking

ENWHP was formally established in 1996. At that time, it was one of several initiatives created under the former EU programme of action "Health Promotion, Information, Education and Training", aimed at raising the health level of the population in the Community. Over the past decade, and with the support of the European Commission, DG Health and Consumer Protection, ENWHP can proudly claim to have achieved a lot.

It managed for the first time to develop a common European understanding of WHP which was defined in the 'Luxembourg Declaration' (1997). In the following years, the network developed good practice criteria and documented exemplary models from a variety of types of organisations, i.e. successful individual projects for large companies, small and medium-sized enterprises and organisations in the public administration sector. In addition, the ENWHP worked out, published and disseminated joint political recommendations for the design of good workplace health.

In 2002, ENWHP began to develop national networks and forums for workplace health promotion (WHP) in the Member States, together with a truly European inventory of useful methods and tools as well as a collection of arguments which justify investments in WHP. Through these national infrastructures, in which companies and other organisations actively participate, ENWHP facilitates the exemplary workplace practice on "ground level", helping to create a lasting basis for the integration of WHP across all sectors, industries and company sizes.

For all European companies, the demographic change is generating a significant increase in the proportion of elderly people in employment in the years to come.

Therefore ENWHP devoted its subsequent project to the development and the dissemination of strategies and activities which enable employees to remain longer at work. As a result of the project "Healthy Work in an Ageing Europe", which was carried out 2004/05 under the lead of the Upper Austrian Health Insurance in Austria, an European health report was produced on the ageing population and employment groups as well as national status reports on methods for WHP for older workers.

Another development which the ENWHP responded to at an early stage was the enlargement process. Membership in the network grew steadily over the past 10 years, and even before Eastern European countries acceded, the European Union the Network began to pay attention to workplace health situation in the regions where the work-related sickness levels were higher than in the EU-15. In the course of the 6th joint initiative two separate network projects are being carried out in 2006 under the leadership of the BKK Federal Association in Germany and the Polish Nofer Institute. They both aim to identify specific requirements and challenges concerning WHP in the Eastern European and Candidate Countries and to help build up the same national infrastructures which already have been put in place in "old" Europe. A third current project, which is entitled "Workplace Health Promotion in an Enlarging Europe" and which will be concluded in 2007 under the lead of the Finnish Institute of Occupation Health, complements these activities.

Ten years later, looking back on our still relatively short history, we feel like a close-knit community, a family of partners who are still aware of their differences, but who also now strongly believe in the added-value of our European dimension. This diversity of experiences, of knowledge and practices, provides us – and through us our national communities – with an invaluable pool of practical tools and lessons learned.



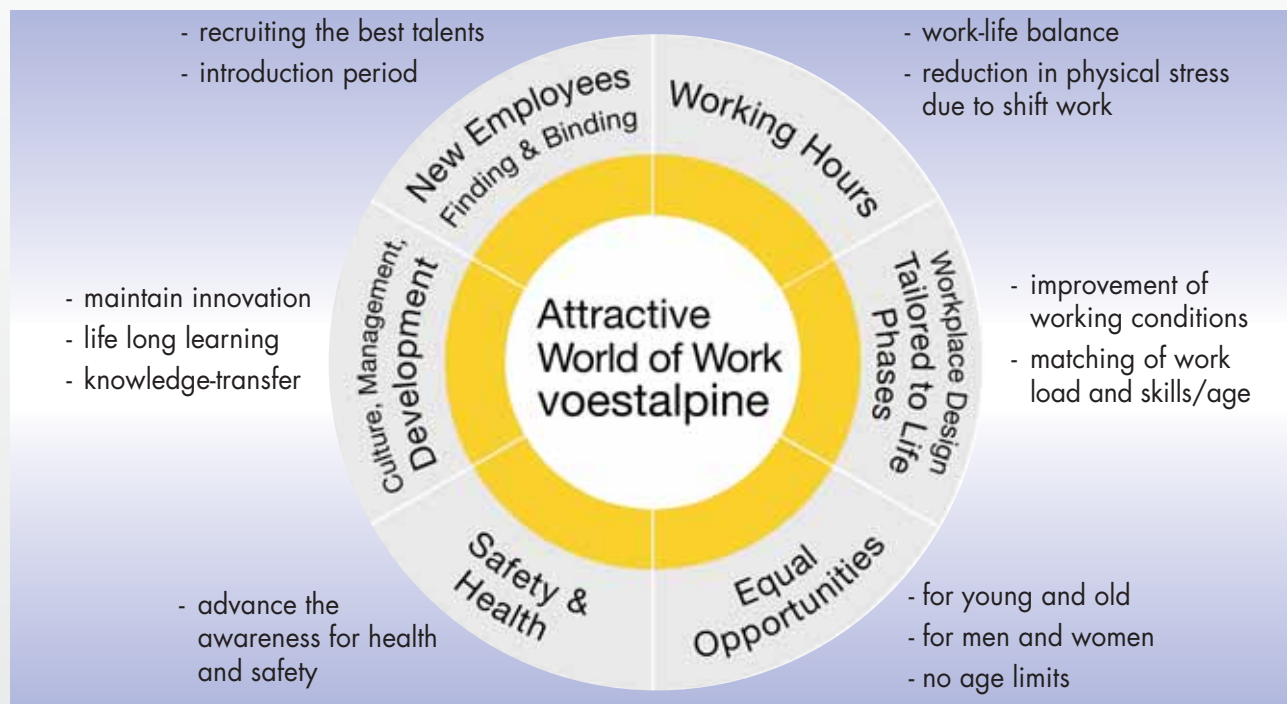


**Alfred Düsing**  
**Member of Board, voest-alpine, Austria**

## Workplace Health Promotion as Corporate Strategy

LIFE is a corporate wide program to create an attractive world of work for all employees, taking into consideration age, gender and changing demographics and values in today's society and workplace. LIFE increases and sustains long term value and productivity in the organisation.

### Central Points of LIFE



The objective of the health promotion program in the voest-alpine is to achieve a process by which employees can become more aware of internal and environmental influences on their own personal health and to reach a higher level of self-determination in dealing with these areas.

Important pre conditions are the following:

- Pro active support for health awareness initiatives
  - voest-alpine admits to this responsibility: through creating the conditions for health improvement and shaping of opinions
  - Each employee has a personal responsibility

- Integration of family members
  - The family members of employees can participate in a number of activities at voest-alpine

LIFE stands for a whole range of health promotion activities and measures (both behaviour-oriented and settings oriented): SUN ("Sicher, Unfallfrei, Nüchtern" – "Safe, accident free and sober"), – activities concerning alcohol, nicotine, nutrition and exercises and also stress monitoring or special programs for apprentices and shift workers.



Düsing emphasised management attention as a pivotal factor and focused on the following:

- Embedding in the organisational structure
  - Interdisciplinary team is responsible for implementation (co-operation with works council)
  - Steering group with managers, members of the board and works council
  - Annual budget for the activities
- Permanent engagement of the management is a critical factor for success
  - Continuous monitoring of the results (quantitative)
  - Evaluation of the measures (qualitative)
- Identify figures to show the effects
  - Health quota, employee contentment etc.

A strategic preview, Düsing points out, is to:

- Increase commitment to LIFE and health promotion across the voest-alpine Group,
- Support companies in analysing individual necessities and planning roll out and implementation,
- Continue communication of benefits to employees corporate wide under LIFE brand and increase individual participation in program and
- Initiate cross divisional learning opportunities on LIFE and health promotion issues in order to foster integration and subsequent benchmarking.





# Lifestyle Management: Supporting 'Active Ageing'

Chair: Josef Probst, Main Association of Austrian Social Insurance Institutions, Austria  
Reporter: Thomas Prinz

## Michael Kastner University of Dortmund, Germany

Michael Kastner referred to his book 'The future of work-life balance: how can family and job, work and leisure be combined?' The topic of active ageing can be seen from the different viewpoints of medicine, psychology, social sciences, and economic policy. There is anti ageing medicine, psychology considers the salutogenetic aspect amongst others, and social sciences and economic policy focuses on active ageing, the labour market, family and financial policy.

Mr Kastner divided his talk into 4 phases:

- 1) Future forecast
- 2) Specific problems
- 3) Medicine
- 4) Access from scientology

In phase one, the term dynaxity was explained, which is a combination of high complexity and high dynamic (change of state). The speed of dynaxity is higher than the speed of man's development. Professor Kastner stresses that active ageing is an economic necessity.

In the second step he dealt with the following topics:

- Illness behaviour: in 2005, a third of illnesses were seen as treatable and soon, it is said, this will increase to two-thirds
- Problems and possibilities of older workers
- Statistical data on the health of the elderly

In the third and fourth step he dealt with what medicine can offer (antioxidants, neurogenesis, pills, etc.) and psychology (regeneration, coherence, anger, safety, trust, learning from mistakes, etc).

In answer to the question 'what does active ageing mean now?' Professor Kastner says

- Benefiting from serious anti ageing programmes
- Self control in the physical domain
- Long term build up of a capacity for physical performance and regeneration
- Self control in the spiritual domain
- Self control in the life domain
- Self control in the interaction between these three domains

Finally he gave some practical recommendations on active ageing at an individual and collective level.



## Breakout Session:

**A1) Single Risk Factor Approaches**  
**Chair: Giuseppe Masanotti, Italy**  
**Reporter: Margit Bauer**

**Laurent Vogel**  
**European Trade Union Institute for Research,  
Education and Health and Safety, Belgium**

Dr. Vogel began by stating 'The workplace is not a place of freedom'. He is sceptical about the effectiveness of workplace health promotion if the programmes focus on behavioural and individual factors. Afterwards, Dr. Vogel showed data on the health impact of working conditions based on the Dublin Foundation Survey on Working Conditions (2000). For example, 42% of workers thought that they would be unable or unwilling to keep doing the same job until the age of 60.

Dr. Vogel created a "virtuous circle":



Dr. Vogel believes we should think more about strategy than behaviour. A policy of prevention should result in the promotion of autonomous worker interventions. Such an orientation can increase self-esteem and social support among the workers and can be the starting point of a new dynamic in prevention, including active ageing.

## 50+ Sleepiness and Work

**Maria Dolores Solé** presented a study done by the Nation Centre for Working Conditions in Spain, which found that sleep disturbances are far more common than previously thought. These sleep disturbances (breathing disorder characterised by brief interruptions of breathing during sleep) cause problems in concentration and greatly increase the danger of accidents at work. 2-4 % of adults suffer from sleep apnoea (about 10% of these are actually diagnosed), and people aged from 50-60 are mostly affected.

Early recognition and treatment is most important, and behavioural therapy has been found very effective. It is also important to inform workers about sleep apnoea, not only the works doctor or health personnel. Primary prevention measures are weight reduction, ensuring that the upper airways function well (adenoids and functional deformities cause problems) and providing early treatment for dental occlusion or jaw deformities. Additionally, tobacco, alcohol and medication should be avoided. Secondary prevention measures are early recognition, encouragement to seek personal treatment and recommendations for specific situations (shift work, driving, domestic work, sleep hygiene).



## Physical Inactivity as Risk Factor in Occupational Health – Good Practices in Exercise Guidance

**Harri Lindholm** spoke about the dangers of physical inactivity for people at work. The Ministry of Social Affairs and Health and the Ministry of Education conducted a national study for the promotion of physical exercise in which action plans were developed for various workplaces and also a handbook with good practice for the promotion of exercise.

The aims of the project were “to collect evidence based data concerning physical activity and health, the collection of the experiences from successful campaigns and projects, and the mapping of good practices developed by the professionals in their daily work”. 40-50% of the population of working age do not take enough physical exercise to maintain their health and the low physical activity causes 2-3 extra days of absence (sick leave) annually. Additionally, low physical fitness is a strong risk factor for early retirement in both sexes.

Taking more exercise does not mean competitive sport, as just being physically fit is enough and is a decisive factor for regeneration. It's never too late to start taking physical exercise, but it's always too early to stop.

## Smoking Cessation in a Group of Foundry Workers Aged 40+

**Elena-Ana Pauncu** from the University of Medicine and Pharmacy Timisoara dealt with the topic of smoking cessation in Rumanian foundry workers aged over 40. She said that each of us wants to live a healthy life, so why should it be so difficult to stop smoking?

Several unhealthy factors are encountered in foundry workers, such as smoking habits (high prevalence, around 65%) nutrition (high cholesterol values), occupational exposure, and an unhealthy lifestyle. In an one-year project, steps were taken to form a working group (including the safety officer, occupational health physician, and human resource manager) to tackle the problems. With the support of the management they reviewed the existing regulations and initiatives, developed processes with the agreement of the workforce (a continuous process) and announced and implemented their policy. Of the 73 persons in the group 40+, 12 stopped smoking within the year; in the younger group (under 40) 6 of the 48 stopped smoking.





## A2) Combined Approaches

Chair: Rob Gründemann, Gerard Zwetsloot, The Netherlands

Reporter: Helmut Hirtenlehner

### Lifestyle Management by Company Policy: Integrated Health Management

#### Rob Gründemann and Gerard Zwetsloot

introduced a model of integrated health management, developed and tested in the Netherlands, which targets the company level.

Integrated Health Management is the systematic management of business activities with the aim of improving and developing the health of both the people and the organisation. In this model, the interrelationship of business activities and economic success with workplace health promotion is more strongly emphasised than is usually the case. The health of the employees and the organisation is considered to be a strategic interest of the company and the business perspective is dependent on this. This kind of approach implies early consideration of the issues of employability and work ability of the ageing workforce.

**Henri Rouilleault** from France considered the question of ageing from the point of view of diversity management. He showed key figures of the demographic change in France and described their effect on various business sectors.

He showed that different branches are affected to a different extent by the demographic change and that some sectors (information technology, for example) will have a longer period of time before being affected by the problem of ageing. The ever decreasing birth rate will lead to a lack of workers and this will help to overcome discrimination on the labour market. Disadvantage caused by age, sex or ethnic background will fade into the background and be absorbed into discrimination-free diversity management.

### Supporting Active Lifestyle throughout Working Life in Icelandic Workplaces

**Ása G Ásgeirsdóttir** drew on her experiences in Iceland. She underlined the high rate of employment of older people in Iceland, where 60% of the population between 55 and 74 are still in employment. This appears to be a high success rate at first, but must be seen in connection with the high rate of employment in general. Early retirement is not an option for many owing to the low pensions. The standard of living often cannot be maintained by the pension rights earned before early retirement.

Additionally, Ms Ásgeirsdóttir dealt with the special abilities of older workers. She showed that older workers bring specific skills into a company and that these skills are essential for the company.

### Development and Experiences of Methods to Evaluate the Quality of WHP in Security Organisations

**Lusa Sirpa** and **Louhevaara Veikko** – Finnish Institute of Occupational Health – ended the breakout session by introducing an instrument for the evaluation of workplace health promotion. In a pilot project, in which the customs service and the army took part, a questionnaire on self-evaluation was developed. The aim was to develop and evaluate a method for assessing the quality of health promotion and work ability in security organisations.

The questionnaire for self-assessment is based on the EFQM Excellence model. It comprises 6 sectors: – human resources and organisation of work, corporate policy, planning, social responsibility, implementation and results. The current version of the questionnaire appears to be valid, feasible and can be reproduced, at least for security organisations.



### A3) National Initiatives for Ageing Workforces I

**Chair: Elfriede Kiesewetter, Austria**  
**Reporter: Andreas Eckschlager**

#### The National Initiative for Older Workers in Norway (2001-2005)

**Aasmund Lunde** - Management Director of Centre for Senior Policy in Norway – introduced the Centre for Senior Policy and the history behind it. He explained that Norway recognised the need to retain older workers in the year 1990. Nowadays the Centre employs eight people and has an important coordinating function. The success of the Norwegian Initiatives is a result of the flexibility of the methods used.

The Norwegian employment rate in older age groups is very high compared to the European average, but there is still room for improvement. The National Initiative for Senior Workers wants to raise awareness for the resources and qualities older workers have, stimulate the enterprise-environment and also establish better conditions for senior policy. Mr Lunde is aware of the fact that the Initiative is a part of a wider range of activities for older workers, which complicates the evaluation and measurement of outcomes.

The Centre projects are backed by participatory evaluation research and qualitative study data. The aims for the near future are competence development for the advisors in the 19 workplace centres, initiating "National Initiatives" to improve digital skills for older workers, and collecting and providing information concerning age management.

#### Occupational Health and Ageing Workers in Luxembourg

**Robert Goerens** - Medical Inspector of work, Direction of Health/Ministry of Health in Luxembourg – showed that Luxembourg is a small country (~ 450 000 inhabitants) with a very high percentage of foreign workers, which causes problems for older workers from Luxembourg.

The activity rate for the 50 - 64 age group is among the lowest in Europe. The problem was caused by a policy that supported early retirement from 1980 on. There is only a slow change of opinion in society towards staying in employment longer. There are measures to promote employability of older workers and improve their working conditions.

Occupational health in Luxembourg has had a legal basis since 1994 and provides for a first examination for all employees and a periodic examination for workers exposed to risk at work. The documentation is computer based which allows easy research. Since 1996 there has been legal support for the employment of older workers. This includes measures ranging from restrictive access to disability pensions to refunding social security costs. In 2002 a law was passed dealing with the incapacity of workers and their occupational reintegration. This law puts the decision for an internal and/or external reclassification in the hands of a joint Commission.



## Health Promotion for Ageing Employees in the Czech Republic

**Alena Steflava** - WHO Liaison Office, Miroslav Cikrt and Jarmila Vavrinova – National Institute of Public Health in the Czech Republic – introduced, that the Czech Republic is facing dramatic demographic changes: forecasts predict the country will have one of the world's oldest populations. An effective solution to problems arising is to keep ageing workers in employment.

A gradual increase of the retirement age began in 2004, where there is a difference between men and women concerning the months of increase, though this will be phased out.

There is a long-term programme for improvement of the health status of the Czech population is planned, named "Health for all in the 21<sup>st</sup> Century", and which has several specific targets. Unfortunately there is too little support for non-government projects and there could be more measures for training adults.

## Benchmarking and New Initiatives to help the Elderly to Remain in or Re-enter Working Life

**Roland Kadefors** - Senior Researcher of the National Institute for Working Life in Sweden – pointed out that extending working life for the elderly is a chief political concern in the EU. He provided statistics on the average exit age within the EU, and especially in the Nordic countries. These figures show that workers in these countries retire later than the rest of Europe. Sweden started the project "Life Competence 50+" in order to create better working conditions for older people in working life. The project works on three levels, the individual, the organisational and the societal.

Much effort was put into researching and analysing the needs of the target-groups and enhancing their employability. Next year a major event will take place in Göteborg – "Competence 50+ 2007" – from 18 - 20 June 2007. The aim of this conference is to create better conditions for older people either to remain in or to re-enter working life.

Demographic change is particular challenging for public service enterprises. Not only are they affected by phenomena such as the sinking birth rate and rising life expectancy, these organisations generally also have a workforce with a higher average age. According to the experts, this situation is unlikely to change – in fact, it will be exacerbated as no younger workers are being taken on. The speakers in this workshop have examined the problems arising from this and presented practical ways and means of dealing with them.





## A4) Health promotion and demographic change – Practical Examples from Public Services

Chair: Roland Kutschenko, Germany  
Reporter: Sarah Sebinger

### Ageing in Employment

**Egmont Baumann** - Human Resources, City of Dortmund, Germany – posed the following question ‘What will happen if we don’t do anything?’ and the answers explained the motive for intervening in this field, and are also applicable to other kinds of enterprise.

- Distinct increase in the number of older employees by 2013 with possible increase in the sick leave of older workers (and higher costs because of this).
- Many employees will retire at the same time, causing loss of know-how and problems in hiring new staff.

### “Zirkel 50+” Experienced and Healthy

**Kerstin Kiefer** - co-ordinator for WHP/ personnel development, Local Administration Recklinghausen in Germany – initiates a constructive process of change in good time and set up the working group ‘Zirkel 50+’ in co-operation with the AOK Westfalen-Lippe and agreed on three fields of action together with the corresponding targets.

- Ageing-friendly jobs ⇔ **Aim** – implementing standards of ergonomics
- Teaching values, competencies and knowledge ⇔ **Aim** – teamwork, marketing, modular transfer of values and knowledge
- Support for employees ⇔ **Aim** – analysis of age structure, special health promotion for older people, learning and age, working time and lifetime, recognising and reducing age-related strain at work.

### Holistic Approach of Health Promotion for Teacher in Rheinland-Pfalz

**Helmut Heyse** and **Elisabeth Gläßer** dealt with the setting of targets for retaining, promoting and, if necessary, recovering the health, job satisfaction and performance of teachers and heads of schools. The project ‘Teacher Health’ was set up in 2001 by the ministry responsible for schools in the School Supervisory Board of Rheinland-Pfalz. Co-operation between school officials and experts together with the results of research in various disciplines led to the ‘Landauer Recommendations for Teacher Health – healthy teachers promote quality in schools’ ([www.lehrergesundheit.bildung-rp.de](http://www.lehrergesundheit.bildung-rp.de)).

### Ageing Workforce: Health Management - Project in Berlin

The final speaker in this workshop was **Jens Wohlfeil** – AOK Berlin, Die Gesundheitskasse, Germany – who gave a report on the theoretical background and the experience gained from a health management project in a public administration organisation in Berlin. Together with the ‘Gesellschaft für Betriebliche Gesundheitsförderung’ (Society for WHP), the prevention programme ‘50+’, which is based on a comprehensive analysis of sick leave statistics, was developed for companies. The health of older employees can be targeted and improved by the age related evaluation of a health indicator system (GIS 50). This data can be used to develop a best practice procedure for older workers which can be integrated into workplace health measures.





# Impressions of evening reception

Dinner at Lentos - Museum of Modern Art Linz  
on Monday, June 19<sup>th</sup>, 2006









## Improving Lifelong Learning and Employability

**Chair: Reinhold Sochert,  
BKK Federal Association of Company Health Insurance Funds, Germany**  
**Reporter: Elisabeth Mayr-Frank**

### **Juhani Ilmarinen Finnish Institute of Occupational Health, Finland**

Mr Ilmarinen presented the theory that older employees would retire later if they took advantage of further training courses. Ageing should not only be seen as a problem, as so much effort has been spent on prolonging life in the last few decades. The real problem is early retirement and the difficulty of coping with family and job for older people. This is why we should rethink our management and leadership strategies. The model of integrated age groups in working life should show the connection between lifelong learning and the compatibility of job and family. Health, knowledge, ability, values and motivation are resources which should be connected with work and employability. The dimensions of these factors change with age, and also family and friends have an effect on employability.

The employability of workers is also affected by education policy, the exit policy of the employer and from the personal well-being (mental, physical and economic) of the employee.

The implementation of age-related service conditions should contain both of the following factors:

- Promotion of work ability through life-long learning and
- greater productivity and high quality work for the employer.

This produces a win-win situation for both: the retirement age will therefore increase (as the employees feel better) and this creates a third winner – the state.

Finally, Mr Ilmarinen presented EU statistics which show that an above average number of older workers in the EU (55-64) take part in training activities and are prepared to learn something new. Unfortunately, in some countries, including Austria, this trend is decreasing. Employees are more prepared to pay for training for young people, and well-educated employees are more likely to have more days of training paid for than less well-educated. There is a need for change here.

Reasons given in an analysis of this lack of interest in further training were: too little time, not enough offered, lack of interest, and also doubts to whether there was any sense in studying at this time of life. Knowledge of computers, information management, languages and knowing how to learn were important components for lifelong learning. Older people need different strategies and conditions for learning; they use pictures more often and need additional relaxation techniques. Additionally, the different types of learners must be taken into consideration (the active participant, the observer, the logical thinker and the experimental type). The ability to learn must be preserved in any case, and the attitude of the management must be oriented towards this.

Conclusion and recommendation: ageing employees must be given the opportunity for lifelong learning.



## **Daniel Atlan** **Arcelor, Luxembourg**

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In the steel industry, safety is generally the main topic of workplace health promotion, as it is extremely important and demonstrates the quality of the company. Although the total number of accidents has gone down in recent years, the number of fatal accidents at work has remained constant. This also includes accidents during work done outside the company. Mr Atlan conducted a project in which he wanted to find out whether older workers had more knowledge, gained through experience. The results showed that this was not necessarily so, as the persons with the most expert knowledge of furnaces were among the 40-50 year olds. He does not believe that everyone needs lifelong learning: some do not want it. It is more important to ensure they have the opportunity to improve their professional skills. In one project, the company Arcor offered better pay to those workers who could prove they had attended further training courses, but did not pay for the courses themselves. This meant that adequate opportunity was available to improve professional skills.

The speaker suggested that further training opportunities should not just be available for older workers, but for all employees. Arcor's productivity has increased in spite of the rise in the average age in the company. Part time work has also been increasingly offered to older workers, although with a reduction of payment. In spite of this reduction, acceptance of this measure was high, the time lost through sickness decreased and at the same time, there were more job opportunities for younger people.



## Breakout Session:

### B1) Hindering and Promoting Factors of Working into Old Age

Chair: **Bo Hagström, Sweden**

Reporter: **Helmut Hirtenlehner**

#### **To Work or Not to Work – That is the question. A study of Employees Aged 55+ in the Swedish Health and Medical Care Services**

**Elisabet Cedersund** and **Kerstin Nilsson** - the Arbetslivsinstitutet, Sweden – outlined the development of demographic change in Sweden. The main part of their talk dealt with a study of employees aged 55+ in the Swedish Medical Care Services. The aim of the questionnaire-based study (with approximately 2.000 respondents) was to explore the senior employees' attitudes to extended working life and to find out how to improve the situation for these employees. Results showed that 4 out of 10 employees in the Swedish health sector were willing and able to work over and beyond the standard retirement age. The willingness to extend working life is especially due to motivating factors as well as general working conditions. Meaningful work, recognition, and a feeling of being valued, as well as continuing opportunities for personal development are important motivators for not taking the first possible chance to retire.

#### **Older Employees' Expectations from Workplace Health Promotion Programmes**

**Patrycja Wojtaszyk** presented a study on what older workers expect from workplace health promotion, done together with colleagues from the National Centre for Workplace Health Promotion in Lodz. She stressed that it is especially important for Poland that older workers retain their employability as many young Poles are emigrating, especially to Great Britain. The question then posed was whether the group of Polish employees aged 45+ require health promotion programmes to be prepared and implemented particularly for them. The answer to this question is based on a survey conducted on 1.138 employees from 250 large and medium-sized enterprises. The findings of this study are clear. Special programmes for older employees are not required, but slight shifts in issues emphasised in WHP projects would be welcomed. This conclusion fits in well with information gained from other presentations in the conference. The majority of speakers show preference for workplace health promotion which includes the whole company workforce, regardless of age, rather than special measures for older employees.





**B2) Ageing-Learning-Personnel Management  
Chair: Theodor Haratau, Romania  
Reporter: Thomas Prinz**

**Transition, Ageing and Workers' Well-being**

**Marija Molan** - Slovenian Institute for Occupational Health – spoke about the difficulties the Slovenian workforce have with adapting to the changes in working life, also caused by the entry into the European Union. Particularly older workers, who started work and whose job socialisation took place 20-30 years ago, have problems adapting to the current fast changing social and economic situation. They suffer from the break-up of traditional forms of social security and biographical certainty and have difficulty in dealing with the ubiquitous demand for flexibility. It is particularly difficult for workers around the age of 50, who are too young to retire and are almost too old for the labour market.

The problem was illustrated by examples from the banking sector. From a survey of more than 500 bank employees, seven ways of coping with the change in working conditions were identified by the authors (Marija and Gregor Molan). They presented an Employee Assistant Programme which would help employees to adapt to the modern working world on different levels.

**Change and Ageing Workers**

**Margarita Oncins de Frutos** - INSHT, National Centre for Working Conditions, Spain – gave details about the population pyramid in Spain and various legal requirements there (e.g. payment for enterprises to employ people of 45 or more, replacement contract; advance retirement). According to Ms Oncins there are advantages for both sides: for individuals, who gain greater autonomy, access to new skills etc. and for organizations, which gain enhanced flexibility as well as a multi-skilled and motivated workforce. It is necessary to create situations where older workers can both demonstrate and transfer their experience to others. They will feel more involved and encouraged to participate in training-for-change activities. One of these training activities is 'earning networks' (at home or away).



## Knowledge Sharing on the Shop Floor – A Critical Success Factor for Vital Companies

**Angelika Mittelmann** has directed a project over 3 years at Voestalpine Stahl GmbH and is now integrating the 'knowledge sharing' into the organization and management process. On the shop floor it is of essential importance that experienced co-workers share their knowledge with each other and as well as with newcomers. The advantages are: reduced periods of vocational adjustment, higher quality of work, increased job satisfaction resulting in a better health rate and encouragement for lifelong learning.

In the context of implicit and explicit knowledge 'knowledge sharing' is a process of socialisation - articulation - combination - internalisation.

At Voestalpine Stahl the project was started because in 2010 more than one-third of their experienced workers will retire; there is a lack of young professionals in Europe; and because of the 'tacit knowledge'. Tools and techniques for knowledge sharing which are used on the shop floor at Voestalpine Stahl include – a mentoring system, knowledge transfer dialogues, lesson-learned workshops, process description, story telling, checklists, FAQs, manuals. The main lessons learned are that ongoing management attention is a key success factor; tools and techniques are very important and you have to 'keep it alive'.

## Health Perceptions of Older Employees as the Basis for Focusing on their Education

**Elzbieta Korzeniowska** - National Centre for Workplace Health Promotion, Nofer, Institute of Occupational Medicine in Poland – reported on extensive research in 2003, which aimed to find answers to the questions of how to recognize the health perceptions of the ageing workforce and examine if and how they differ from the way young employees perceive health.

The research was conducted in a group of 1138 employees aged 45-55 in 250 medium-sized Polish companies, and the control group for the study were employees aged 25-35. The analysis showed that the ways of health-related thinking of the older employees did not differ significantly from those of younger ones. Both groups were also similar in the locus of control model, focusing on health in their value system, giving motives for undertaking healthy and unhealthy behaviour and being passive in the field of enhancing health. Dr. Korzeniowska calls the feature that distinguished the older group from the younger one 'medically oriented fatalism': employees approaching retirement age very often regarded sustaining health as a basic condition for achieving their life goals while simultaneously they were narrow-minded in seeing any opportunity to influence its state.

Conclusions:

- It is worthwhile assessing the needs of the particular population before designing the WHP intervention in a company
- Almost 90 % of Polish employees expect workplace health promotion measures from their company
- It is probable that in some cases people will not want to participate no matter how attractive the programme is
- WHP is needed at all ages.



### B3) National Initiatives for Ageing Workforces II

Chair: Maria Dolores Solé, Spain  
Reporter: Margit Bauer

#### Personnel Age Balance - Evaluation of Traditional Practice in Human Resource Management in Energia Ltd.

**Zaprian Zapryanov** - Department 'Occupational Medicine', National Centre for Public Health Protection in Bulgaria – presented a study which started in Bulgaria in 2005, aiming to clarify the practical approaches used by successfully developing companies to solve the problems in context with the negative demographic trends in most European states: general ageing of personnel, increased expenditures for qualification, critical decrease of local qualified personnel, increased tension and expenditures in production.

The study revealed that the intensity of problem analysis varies between regions and branches (status of work trade). The company Energia has developed successfully in the last 15 years. This is not only a result of the beneficial situation on the work market in the region, but a result of policy oriented and systematic efforts combined in five long term programmes:

- Technical and technological innovations for competitive production and workplace safety and health
- Health, safety and qualification
- Complex social programme "Health"
- Healthy life style
- Events and campaigns to celebrate company or personal anniversaries and international memorial days.

Additionally, the environment and details of the health programme of the company Energia were shown.

#### Health and Health Promotion as an Important Topic of Lifelong Learning – Case of Slovenia

**Eva Stergar** and **Tanja Urdih Lazar** from the Klinicni Center, Ljubljana, presented a Phare project on lifelong learning for healthy work and life in Slovenia. The main steps of the project were, first, a survey of Slovenian company managers (October 2004 - August 2005), then, the realisation of the project (May 2005- July 2006) and, finally, the future implementation of the results (from January 2007 on). The managers interviewed have a relatively high level of awareness of the importance of health and the impact of work on health. Two thirds of the managers expressed their readiness to implement WHP programmes in their companies; and most of them would like to join the programme personally (93%). The aims of the project are to strengthen lifelong learning and raise awareness about healthy work and lifestyles (through WHP advisors). For this reason, a network concept was developed; followed by a handbook for WHP advisors, promotion material and CDs, and an educational programme for WHP advisors. A group of WHP advisors was trained in one of the regions, and the programme was also implemented in 10 organisations.





## Working into Old Age – The Icelandic Experience

**Margrét Kr. Gunnarsdóttir** from the Directorate for Labour spoke about a study on the situation of older workers in Iceland. The level of labour market participation for the oldest group of workers is the highest in the world. Unemployment has been virtually non-existent for almost half a century. A strong work ethic is a contributing factor, but also low wage levels that force people to work into their old age. The main findings of the study are that for those over the age of 50, continuing education participation drops noticeably and people seek less expensive education. The higher the education, the greater the demand is for continuing education.

In 2007, the ministry will focus on middle aged individuals who face hindrances to re-entering the labour market; and in 2008 they will focus on the rights of those leaving the labour market, and on forms of flexible retirement. They will also start campaigns where emphasis will be placed on the importance of age-balanced workplaces, and establish award programmes for best practices.

## Amendment in 2000 to the Minister of Welfare Decree no. 33/1998 on Fitness-for-Work Examination for Vulnerable Groups

**Ferenc Kudász** described the compulsory annual medical health checks for ageing workers:

- The pre-employment medical examination is obligatory for every employee in every age group
- The periodic medical examination is obligatory for certain employees (e.g. those working with carcinogenic substances)
- The amendment concerned stipulates at least an annual fitness-for-work examination for all ageing workers, with special attention to females.

He then showed how the government's draft would be implemented using several case studies. One case was very impressive – a 68 year old worker has been working since 1957, and after his check-up in March 2006 was still "fit with glasses" for his job as a repairman. The reasons for his continued working are his health, the great value placed on his knowledge, better occupational hygiene and the fact that he moved from on-site work to shop work.



**B4) Workplace Health Promotion and Demographic Change - Experiences with different Settings in the World of Work**  
**Chair: Andreas Horst, Germany**  
**Reporter: Elisabeth Mayr-Frank**

**Human Resource Policies' Perspective of the Demographic Change – Strategies and Measures at Volkswagen**

**Uwe Brandenburg** gave a report on the demographic changes in the world of work and the strategies and measures which Volkswagen has prepared for this change.

Demographic change can be divided into the following dimensions:

- Quantitative (reduced workforce, competition for best workers)
- Qualitative (age structure, know-how, productivity)
- Regional dimensions (regional disparities, particularities of certain sites)
- Time dimensions (short term, medium term and long term effects).

The changes in older workers' abilities are especially important (some diminish, others remain constant or increase with increasing age) as well as the differences in characteristics of the tasks they do (these can be divided into those suitable for older workers and those which are not). Changes in productivity caused by increased sick leave, increasing limitations, decreasing flexibility, gaps in know-how and innovation must also be taken into consideration. Any reduction in productivity must be prevented, delayed or compensated for. This can be done by encouraging particular abilities. According to Mr Brandenburg, the main problem for the working world is not an increase in chronic illnesses in older persons, but disorders in their general condition and age-related changes in their productivity. This can be dealt with on a behavioural or settings related level (preventative and corrective measures together with changes in conditions). It is essential not to have an one-sided approach to the problems. The most important fields of action are organisational development, training, preventative measures and health promotion.

**Models of Age-oriented Work in consideration of small enterprises**

Smaller enterprises have a different kind of work and social order, according to **Arno Georg** in his report on a project which has just been completed. Employees identify strongly with the enterprise in small companies, as they are usually run by a family. There is a lot of close personal contact, personal matters are included in working life, there is a good overview of the company and there is also a high degree of social control. A further characteristic is insecurity caused by the lack of capital, continual re-orientation and adaptation to the wishes of the customers. The advantages include flexible organisation of work, and a healthy dislike of anything which could restrict freedom.

There were various solutions to the problems posed by ageing, such as including customers in the work process (stripping old wallpaper from the walls was done by the customer) or by moving the workplace (from the baking ovens into the shop): or even tandem working (plasterers: one trainee and one old hand).

The motives given were economy, optimising organisation and transfer of experience. The speaker recommended that subsidiary networks should be formed (guilds, organisations, health insurance institutes, Chambers of Crafts).



## Age-Management in Hospitals – Challenges and Solutions

**Christina Dietscher**'s presentation emphasised the importance of raising awareness among the decision-makers to the necessity of implementing measures for older workers in hospitals and care organisations.

In the 'Wiener Krankenanstaltenverbund', 30% of the staff are between 40 and 50 years old. 18% are over 50, especially care assistants and cleaning staff. But only 1% reaches the legal retirement age! For workers over 51, the physical and mental demands are felt extremely strongly (35-40%) which is certainly a result of the setting hospital or care organisation (pressure of work – more and more patients must be cared for in ever less time, medical technology is developing at high speed, patients and relatives are more demanding). Help is needed from outside to balance this development.

It is essential to:

- Raise awareness for this topic,
- increase knowledge and implementation of workplace health promotion and
- develop networks and support for certain measures.

The authors suggested the following solutions:

- Encouraging workers to contribute to their own health (reduce stress, change of lifestyle),
- organisational development (more worker participation and introduction of different working times),
- HRD (encourage training, develop career models,)
- training for managers,
- political support.





# Work Organisation and Design to suit the Needs of Ageing Workers

**Chair: Marc De Greef, PREVENT, Belgium**  
**Reporter: Andreas Eckschlager**

## **Kenneth Abrahamson** **Swedish Council for Working Life** **and Social Research**

Mr Abrahamson's main intention was to provide an overview of current studies and publications in the field of work organisation focusing, naturally, on older workers. He indicated that there were different situations in each of the European countries, particularly concerning the age of retirement. Swedish initiatives aim to provide a good environment, as there are no definitive political activities in this direction.

Additionally, Dr. Abrahamson presented a range of interesting books on this topic).

Dr. Abrahamson pointed out the necessity for new work models and the related term flexicurity (flexibility and security) which is a combination of simplicity in hiring and firing workers, more support for the unemployed, and an active labour market policy. This model was first introduced in Denmark in the 1990's and is used today in Sweden and Finland amongst others. Finally Dr. Abrahamson stressed the necessity of working together and networking throughout Europe.

## **Wolfgang Schröder** **IG Metall, Germany**

As an introduction Wolfgang Schröder presented the employment rate of 55-64 year-olds in Germany. This is 49% for men and 32% for women, which is less than the EU average. The presentation then dealt with the influence factors of the labour market, retirement, health and demographic change. Dr. Schröder referred to an existing model for subsidising companies which employ workers over 50 and the financial support for further training. He also mentioned the project 'good work' which involves job enrichment, job enlargement and job rotation schemes.

The policy concerning pensions was used to demonstrate how a change in values is beginning. The early retirement models of the eighties have given way to the present tendency to work longer. The state pension will no longer be suitable to provide an adequate standard of living, so it will be necessary to encourage a second or third source of pension provision. Dr. Schröder emphasised how important it is for social organisations, social insurance institutes and the government to work together.

The unions have therefore worked out 9 points for the organisation of work.

- 1) analysis of the workplace
- 2) reduction of hard physical work
- 3) development and promotion of worker participation
- 4) job rotation
- 5) improvement of qualifications
- 6) Creation of innovative models for working hours (flex-work)
- 7) Improvement of quality management
- 8) Consideration of the needs of the workers
- 9) Leadership in the creation of age-related working conditions.



## Breakout Session:

### C1) Improving Work Organisation and Age Leadership

Chair: Eleftheria Lehmann, Germany

Reporter: Helmut Hirtenlehner

#### Style of Management and the Relevance for Workplace Health Promotion in Small and Medium Sized Enterprises

**Oskar Meggeneder** started the session with his examination of the management style in small and medium-sized enterprises with respect to the effect on the implementation and success of workplace health promotion projects. He identified six types of management and assessed the chances of realising a workplace health promotion project within the existing social structure of the enterprise. His theory-based typology showed that there are also good chances of introducing WHP in many companies within the SME sector. Factors which are beneficial for the implementation of WHP include the similarity of working conditions for employees and management, ease of transferring information, the frequently good flow of communication, short distances involved in communicating, flat hierarchies and the close social contact between the company management and staff.

#### Organisational Approaches to Improving Worker Health in Ireland

**Richard Wynne** - Work Research Centre in Dublin – outlined some examples of organisation-related approaches in WHP for older workers in Ireland. He first gave an insight into the demographic and economic developments in Ireland and in the next step he presented an overview of national policy in WHP. A special focus was put on the latest health services reform. The second part of Mr Wynne's presentation dealt with a special programme to improve the quality of working life, in which results from an extensive needs analysis are reported, then the most important sources of stress are located, and this is followed by a discussion of selected health problems. His presentation ended with recommendations for the development of an integrated workplace health programme.

#### Management of Occupational Health and Safety for the Employees Aged 45+

**Dorin Bardac**, together with colleagues from Romania, introduced a project dealing with the management of occupational health and safety for employees aged 45 and older. This project was carried out in a company in the textile sector and its aim was to improve health and productivity at work by using work organisation measures and lifestyle management measures, implemented at company level. A detailed description of the results of the comprehensive research accompanying the project was given, together with a description of the measures carried out. The authors found that it is certainly possible to improve the health of older employees. Measures to improve the lifestyle and the level of knowledge concerning health issues, work organisation measures and an occupational hygiene approach have proven to be successful.



## C2) Networks on Ageing at Work

**Chair: Lamberto Briziarelli, Italy**  
**Reporter: Thomas Prinz**

### Smart Region – An EU-Project on Age Management in Innovative Regions

**Birgit Kriener** - Department Workplace Health Promotion, ÖSB, Vienna – introduced the project 'Smart Region', which is a trans-national project aided by ESF and coordinated by the German Pension Insurance. Partners from three countries are trying to develop new solutions to deal with demographic change in specifically selected regions in Germany, Austria and Portugal.

Ms Kriener showed the regions in Germany and in Austria and gave some facts about the two Austrian regions. In Austria she got the data from the Economy Chamber and started local pilot-projects in 8 small and medium enterprises (SME). The project is based on the model to improve work ability (Ilmarinen & Tempel, 2002).

First experiences:

- Simple and specific/individual information is necessary to get attention
- Primary motivation/interest often lies in getting feedback from the workforce
- Daily work comes first – a high level of flexibility from consultants is needed
- Communication about the project needs to be fostered and supported
- Acceptance of tools and processes by employees is high – participative processes are often new and challenging
- Continuing support is needed in the process of intervention – ideally provided through the regional network of actors
- On the regional level: activities need to move from the project- to the program-status and long-term support-structures.

One main experience was: You cannot transfer a good project into another region.

### Design and Development of a National Knowledge Network on Ageing at Work in the Netherlands

**Gerard I.J.M. Zwetsloot** described that a knowledge network for ageing at work is under development in the Netherlands. The 'Ageing at Work' network is one of the knowledge networks developed by the foundation STECR. STECR is an independent foundation for OHS professionals. OHS means "Occupational Health and Safety service".

STECR (a platform for occupational health, reintegration and rehabilitation), founded in 1999, is an ongoing initiative from the Sector organisation of OHS Services, with support from the Ministry of Social Affairs and Employment and from TNO Quality of Life / Work & Employment. STECR is in competition with other institutes on the market. A knowledge network consists of 8-10 professionals. Every knowledge network functions to fulfil an assignment drafted by the knowledge network manager, discussed with the STECR correspondents and approved by the STECR board.

The ageing at work network has produced a first report on 'state of the art'. As ageing is often seen as primarily a HRM issue, the aim is now to identify unique selling points for OHS services. Dilemmas under discussion are the privacy aspects and the feedback to the worker and to the employer. Planned are expert meetings, meetings with professionals and to develop an educational course for OHS professionals.





### C3) National initiatives for Ageing Workforces III

**Chair: James Steatham, United Kingdom**  
**Reporter: Andreas Eckschlager**

#### Creating Regional Networks for Sustainable Small and Medium Sized Enterprises – The Project “Healthy Work and the Demographic Change”

**Andreas Heyer** - Bertelsmann Stiftung, Germany – spoke about the experiences with the Project “Healthy Work and the Demographic Change”.

In this project, concepts for a sustainable propagation of workplace health policies are developed and tested. The goal is to enable small and medium sized enterprises to support healthy ageing for their employees in the context of the demographic change.

Individual consulting is not the solution to reach SME and integrate sustainable health policy. The better way is to qualify representatives of companies and institutions and create multi-company-networks to bring together resources and experiences.

Mr Heyer tries to get companies into the network with awareness training and marketing activities (provide press articles, send them brochures, etc.). He also mixes companies from various sections and they are very interested in each other’s jobs and experiences. Professional institutes are very interested in taking on the coordination function in the network for free. Moreover a toolbox for participating companies has been established. The core strategy is to create regional networks of health providers as well as networks of companies. A regional competence centre will be formed to retain the structures and know-how created by the project in the region on a sustainable basis.

#### Dutch Subsidy Scheme for Age Management at the Workplace

**Rob Gründemann** - Senior Researcher, TNO Quality of Life Work and Employment, The Netherlands – pointed out that Dutch people expect to retire before the age of 65. This has been encouraged by the government offering attractive models of early retirement and is now a problem for the pension systems.

Since 2004, the government has been giving financial support to projects which promote longer employment for older employees. By 2007, 21 million Euros will have been provided. The evaluation and approval of the projects take place in several rounds. In December 2004 and January 2005, 47 of the 197 applications were approved. By summer 2005, 505 companies had applied, but only 120 projects were approved. This led to a slight reduction in the number of applications at the next round.

The advantage of this system is that there are now a large number of ‘best practice’ models on hand, along with a considerable number of tools for age management. The disadvantage of the system is that there is no qualitative selection of the projects and many companies whose projects were rejected have now lost their motivation.

The government now has a more positive attitude to the topic of ageing workers, but for the general public, however, a longer working life still has a negative image and early retirement is preferred.



## The Professional Experience Fund – Encouraging Initiatives and Improving Working Conditions of Elderly Workers

**Anne Himpens** - Coordinator of the Fund, Federal Public Service, Employment, Labour and Social Dialogue; Belgium – explained that the Professional Experience Fund gives support to company projects for the improvement of working conditions of older workers (45+). The fund has both national and regional coordinators.

In an European wide comparison (Lisbon Strategy 2000) Belgium is far below the European average. Since 2001, however, both the legal basis and a number of initiatives to retain older people in the workplace have been created.

It is the task of the fund to give financial support to private companies who are willing to conduct projects for the improvement of working conditions for older workers. A further task is to raise the awareness of the general public.

## INQA.DE – The New Quality of Work Initiative in Germany

**Karl Kuhn** - Chief Scientist, Federal Institute for Occupational Safety and Health, Germany – presented the initiative INQA and its initiators: the government, the social partners, the foundations (Bertelsmann and Hans Böckler) and private industry. The initiative's success lies in crossing borders – between health and safety, for example. The basic idea is 'co-operation with different responsibilities'.

The basis of the initiative is a common platform for the exchange of knowledge between the partners. Strategic knowledge is generated here and prepared for its application and implementation. The platform also serves to give an overview of the projects already conducted. The initiative also offers the participating companies the opportunity to come into contact with politics.

He also pointed out the freely accessible website 'www.demowerkzeuge.de', where there are 20 tools for the analysis of demographic structure. For further information Dr. Kuhn suggested looking at the homepage 'www.inga.de'.



## C4) Age-oriented Work as an Aspect of Workplace Health Promotion – The Austrian Social Partner’s Approach

Chair: Martin Gleitsmann, Renate Czeskleba, Austria  
Reporter: Margit Bauer

### Health Promotion – a Social Partner’s Approach

**Martin Gleitsmann** of the Chamber of Economy Austria described the demographic change in Austria. The employment rate of older people is about 30.1% in Austria at the moment, and is one of the lowest in Europe. It is extremely important for Austrian enterprises to deal with changing age structure in the workforce. Early training schemes, workplace health promotion programmes and goal-oriented exploitation of the experience of older workers can be successful ways of managing this issue.

Workplace health promotion which is both future and age oriented (Morschhäuser 2002) takes into account the variety of abilities, requirements and needs of employees of different ages, and focuses on the adaptation of working conditions to the relevant age of the employees. The social partners are committed to developing awareness, particularly in the field of KMU, ensuring that examples of good practice become known in Austria, and disseminating the advantages and uses of WHP in Austrian companies. Internet pages from the homepages [www.arbeitundgesundheit.at](http://www.arbeitundgesundheit.at) (work and health) and [www.arbeitundalter.at](http://www.arbeitundalter.at) (work and age) were also presented. They give detailed information on WHP and safety at work.

### Age-oriented Work as an Aspect of Workplace Health Promotion

**Heinrich Geißler** of ‘arbeitsleben KEG’ explained the terms age-linked (suited to a particular age group in respect of challenges and strain) and ageing-linked (suited to the changing physical, mental and social skills and abilities over working life). Both fields need age management within the scope of workplace health promotion. The presenter described successful projects which had been carried out in transport companies, in care organisations and in administration. He also explained how important it is to monitor the development of work ability and how work-mastery-coaching (AB-C), at both individual and organisational level, can increase and strengthen the self-monitoring competence of both persons and organisations. By promoting the age/ageing-linked working careers of employees and utilising exchange of experience with workers over 55 who are healthy (or healthy again), the valuable knowledge and experience of these older workers can be kept in the company.

Additionally, different kinds of jobs were presented. These included entry level jobs (after training), transfer or advancement jobs (development jobs), either to provide a respite from work strain (when the length of work must be limited owing to high level of strain), and/or to further the worker’s career (with systematic training and support from an older, more experienced colleague). Long-term jobs are those which can be adapted for ageing workers and which have varied activities, so they can be done till the standard retirement age. Exit jobs involve experience related tasks and have ageing-linked working conditions. The presentation ended with the quotation ‘Work alone does not maintain the ability to work’. (J. Ilmarinen)





## Good Practice – Age-oriented Work at RAG

In the year 2004 the half of the employees in the Production Area West was over 45 years old.

**Kurt Sonnleitner** explained that this is the starting point for RAG (Rohöl-Aufsuchungs-Aktiengesellschaft) to deal with the demographic change by an active personnel development. On the one hand management and works council take measures for the prevention of diseases and injuries within the framework of the companies' health, safety and environmental protection system and on the other hand they take initiatives for the promotion of the individual work ability and the cooperation of the generations.

The protection of health, safety and environment are part of the vision and the objectives of RAG. At the end of the 90<sup>th</sup> RAG started in cooperation with "Versicherungsanstalt des Österreichischen Bergbaus" (social insurance of the mining industry) the occupational health promotion project "PRO FIT" for improving work satisfaction, promoting health consciousness and individual health behaviour.

Further projects:

- "Stress reduction by work design in the dispatching office"
- "Easing the work load for older shift workers"
- "Age(ing)-oriented working careers"

The need for the reduction of physical work load lead to a part-time agreement for the elderly paid by the enterprise – e.g. in the drilling services. The "Agenda 2010" of the HR Management contains guidelines for the recruitment, the generation mix, lifelong learning and future age(ing) careers.



# Final Plenary

**Chair: Elfriede Kiese Wetter; Upper Austrian Health Insurance, Austria**  
**Reporter: Sarah Sebinger**

**Matti Ylikoski**  
**Finnish Institute of Occupational Health, Finland**

## Workplace Health Promotion, National Health Policies and Strategies in an Enlarging Europe

Europe is facing major challenges due to globalization and demographic change. Due to this development, representatives of ministries, expert organizations and social partners from EU Member States and other European countries have formulated and agreed on a set of recommendations as background material for informal ministerial meetings during the Finnish EU Presidency. Social changes in Europe have resulted in a declining supply of labour and a disadvantageous dependency ratio. Therefore, better working conditions and longer careers are needed. Extending work life by earlier entry into the labour market, good health during working years and later retirement are preconditions for increasing the employment rates of all generations. Work and the growth of the national economy, together with the social cohesion of society, greatly influence the health of the entire population, and unemployment is one of the major risk factors to health. Working conditions and technology are constantly changing; giving rise to new hazards, and posing greater demands on work ability. Moreover, because there is a strong association between work and the general health of the working population, the workplace offers an important arena for public health interventions. The Finnish Institute of Occupational Health, under the auspice of the Finnish Ministry of Social Affairs and Health, and in collaboration with the European Network on Workplace Health Promotion has organized a project to create recommendations for health in the world of work. It was financially supported by the Public Health Programme of the European Union, the Finnish Ministry of Social Affairs and Health, and the Finnish Work Environment Fund.

The goal of our recommendations is to advance the Lisbon strategy through extending working life. This requires improving the quality of work, enhancing and maintaining the health, well-being and work ability of all workers, promoting employment, and success in enterprises.

## Recommendations Workers' health in all policies

- We need to take account of, integrate, and create inter-sectoral synergies between all policies which affect worker health. Co-ordination should take place at both EU and national levels, establishing clear targets, priorities and responsibilities
- Relevant policy areas include: health and safety at work through a promotive and preventive work culture; work/life balance; public health; labour and employment; social security; social inclusion; immigration; equality; finance; trade and consumer policies; corporate social responsibility, training and education and life-long learning.
- Policy implementation at national level should involve all stakeholders in social dialogue. The proposed actions should include:
  - Multidisciplinary analysis of the demographic structure of the workforce
  - Implementing strategies through leadership, and the allocation of responsibilities and financial resources
- Strategies at national level should be based on:
  - both sectoral and regional collective and voluntary agreements
  - design of incentives
  - training, education and development
- Strategies should include elements of non-discrimination, gender equality and sustainability, and take vulnerable groups into account.
- Strategies should be monitored and evaluated.



## Healthy enterprise

- Governments, social partners and entrepreneurs should foster the sustainable development of healthy enterprises based on social dialogue and best practices. This can be achieved by:
  - raising the awareness of safety and health at work, and promoting work ability through encouraging healthy lifestyles, and the principle of primary prevention
  - integrating occupational safety and health, workplace health promotion and age management into everyday business practices
  - improving co-operation between employers and employees
  - improving collaboration between enterprises and multidisciplinary specialist advisory services
  - providing flexible solutions while assuring security.
- The scope of actions should be comprehensive, covering enterprises in private, public and informal sectors regardless of the size of the company, the type of work or employment arrangements.

## Accessible services for everyone

- All governments should support the improvement of relevant, effective services to promote the quality of work life, the health of all workers, and to extend their work careers by
  - promoting access to services for all workplaces/workers and employers
  - encouraging systematic co-operation involving all services and enterprise stake-holders
  - ensuring and implementing minimum quality requirements for services and service providers.

## Innovations for a better work life

- Social innovations and proactive interventions should be evidence-based. This requires innovative research and development networks and platforms. They offer:
  - Improved opportunities for the exchange of expertise and best practices,
  - the transfer of knowledge into practice,
  - new innovations in training and education.
- Member States' political long-term commitment, support and resources, and the commitment of European and international organizations are necessary in order to sustain networks and collaboration for the promotion of health at work and prolonging work careers.







30-40-50 plus



# HEALTHY WORK IN AN AGEING EUROPE

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