



6th European Conference on Promoting Workplace Health

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Perugia, 27 -28 April 2009

www.eni.it

Promoting Workplace Health

IT HAS BEEN PROVEN THAT A PERSON WHO IS WELL PHYSICALLY AND PSYCHOLOGICALLY WORKS BETTER, WITH MORE ATTENTION AND MORE COMMITMENT.



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Since the 80s important legislation developed by **European directives, National legislation and Best Practices** (WHO, NIOSH, ILO, CONCAWE, etc.) has created a strong system to reduce work accidents and occupational diseases

The occupational Medicine and Industrial Hygiene have contributed to reduce the number of the victims of occupational diseases and working accidents and to insure healthy work places



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Promoting Workplace Health

If it is true that the workers fall ill less frequently as a consequence of diseases related to their job, they still continue to fall ill due to diseases that strike the normal population in our countries: cardiovascular diseases, metabolic diseases, tumors, mainly cause by wrong life styles.

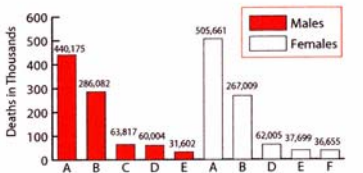
Consequently they introduce these diseases into the work environment and this could also make them worst.



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Leading Causes of Death for All Males and Females
United States: 2000



- A Total CVD
- B Cancer
- C Accidents
- D Chronic Lower Respiratory Diseases
- E Diabetes Mellitus
- F Influenza and Pneumonia

Source: CDC/NCHS.



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"...more than 70% of stroke, colon cancer, coronary heart disease, and type II diabetes is potentially preventable by life-style modifications."

THE PUZZLE OF COMPLEX DISEASES
INTRODUCTION

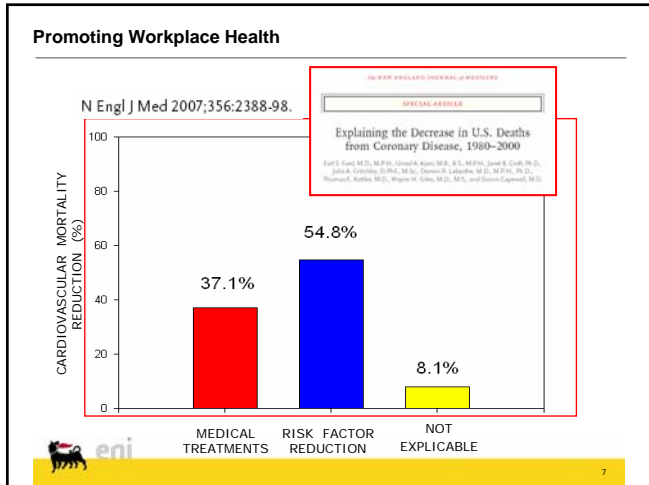
It's Not Just the Genes

The most common diseases are the toughest to crack. Heart disease, cancer, diabetes, psychiatric illness. All of these are "complex" or "multifactorial" diseases, meaning that they cannot be ascribed to mutations in a single gene or to a single environmental factor. Rather they arise from the combined action of many genes, environmental factors, and risk-conferring behaviors. One of the greatest challenges facing biomedical researchers today is to sort out how these contributing factors interact in a way that mandates more effective strategies for disease diagnosis, prevention, and therapy.

The genes that contribute to complex disease are notoriously difficult to identify, because they typically exert small effects on disease risk, in addition, the magnitude of their effects is likely to be modified by other unrelated genes as well as environmental factors. Perhaps reflecting these difficulties, susceptibility loci for complex diseases identified in one study population often cannot be replicated in other populations (see the Report by Levinson et al., p. 739).



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THE LANCET

Lancet 2009; 373: 929-40

"To salvage the acutely ischaemic myocardium without addressing the underlying causes of the disease is futile; we need to invest in prevention."

Cardiovascular prevention guidelines in daily practice: a comparison of EUROASPIRE I, II, and III surveys in eight European countries
Kamlesh Khurana, David Wood, Guy De Backer, Dirk De Baeque, Katerina Jankovic, Ulrich Klotz, for the EUROASPIRE Study Group

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The work place stress conditions may cause a worsening of these bad habits and therefore of these diseases. But the work place might also create a good opportunity to correct wrong lifestyles in order to provide a better health.

Health protection and promotion in the work places, beyond being a civilian and moral commitment for every employer, becomes for him an area of interest.

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Hence the necessity to activate programs for health promotion with the scope to inform and teach the workers how to prevent these pathologies (primary prevention) and/or how to recognize them in a precocious phase (secondary prevention or precocious diagnosis) and provide them with some simple tools really useful for this purpose.

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- ### Promoting Workplace Health
- It has been proved how an efficient health promotion policy in a Company contribute to:
- ❖ improve the conditions and the way in which the work is carried out
 - ❖ improve the company performances related to employees health
 - ❖ generate an improvement of the Company's image
 - ❖ improve the management of the human resources
 - ❖ increase the productivity
 - ❖ create more attention towards individual health and more motivation
 - ❖ have healthier employees
 - ❖ generate more job satisfaction.
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- ### Promoting Workplace Health
- Health Promotion Programs in eni**
- Primary Prevention (*Eni in Forma*): aimed at promoting correct life styles to prevent the onset of cardiovascular diseases, metabolic diseases, some tumors.
 - Secondary Prevention (or Precocious Diagnosis Program): to detect in an initial phase some tumors (colon-rectal, breast, cervix, skin) for which it has been demonstrated that a precocious diagnosis is very useful to treat them successfully, and to define the individual risk to develop myocardial ischemic pathologies.
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Health Promotion Program

- **1st step: HEALTH PROMOTION.**
Intranet website: My Eni - section *Eni in forma*
- **2nd step: HEALTH ASSESSMENT**
Eni in forma questionnaire: anonymous questionnaire related to cardiovascular and metabolic risk factors
 - individual risk profile for the employee
 - statistical evaluation of group data for definition of global risk profile and to point out the main field of possible intervention
- **3rd step: HEALTH MANAGEMENT.**
Corporate programs for risk factors control and management
- **4th step: EVALUATION OF FINAL RESULTS**



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Promozione Salute – Banner pubblicazioni

MyEni Team

- 1ª Uscita – Data di pubblicazione: 18/01/2007
- 2ª Uscita – Data di pubblicazione: 15/02/2008
- 3ª Uscita – Data di pubblicazione: 13/03/2008
- 4ª Uscita – Data di pubblicazione: 16/04/2008
- 5ª Uscita – Data di pubblicazione: 14/05/2008
- 6ª Uscita – Data di pubblicazione: 13/06/2008
- 7ª Uscita – Data di pubblicazione: 24/07/2008
- 8ª Uscita – Data di pubblicazione: 16/09/2008
- 9ª Uscita – Data di pubblicazione: 28/11/2008
- 10ª Uscita – Data di pubblicazione: 22/01/2009



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MyEni Team

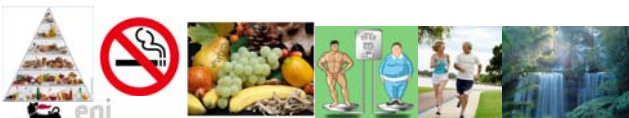


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- ❖ Personal Data
- ❖ Basic Lab Tests
- ❖ Basic Clinical Parameters
- ❖ Subjective Stress Perception
- ❖ Life Style
- ❖ Health Knowledge
- ❖ Reported Absenteeism



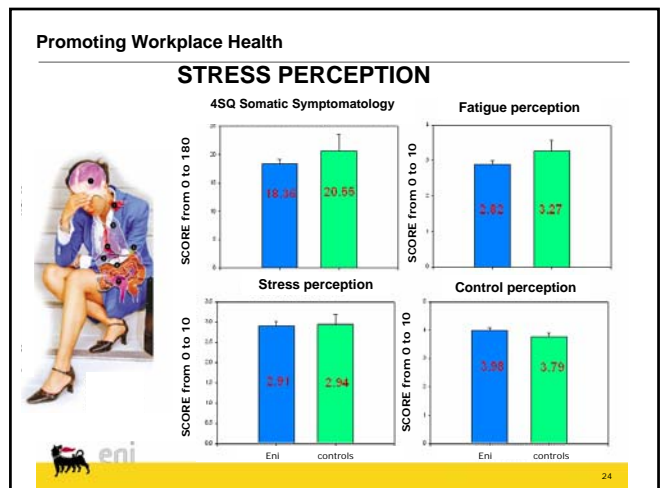
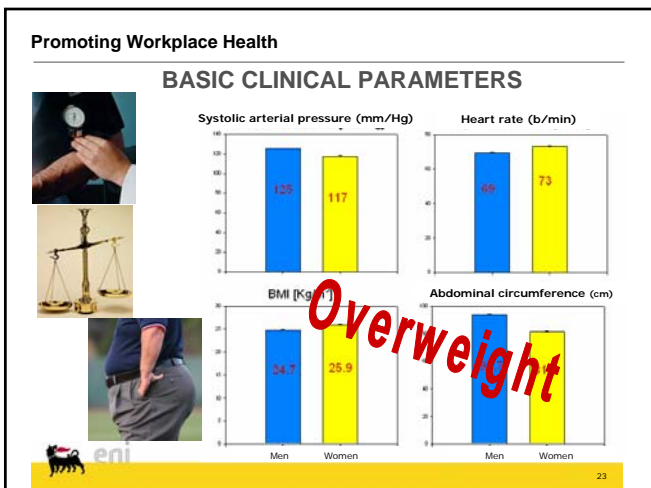
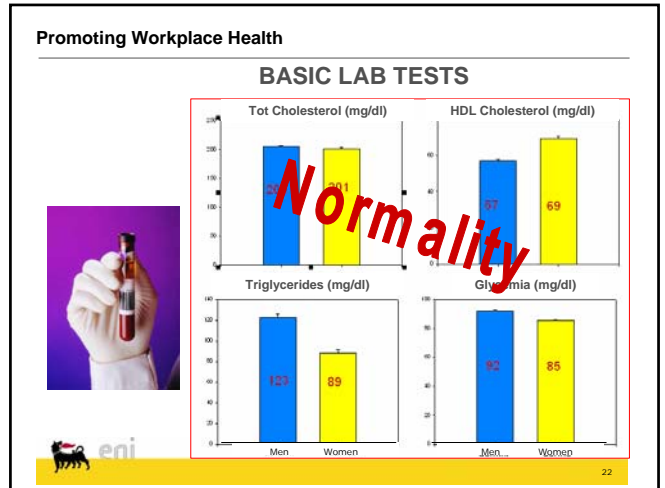
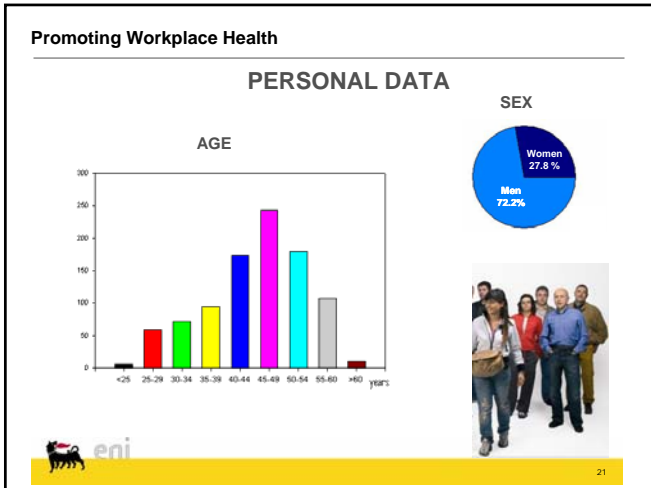
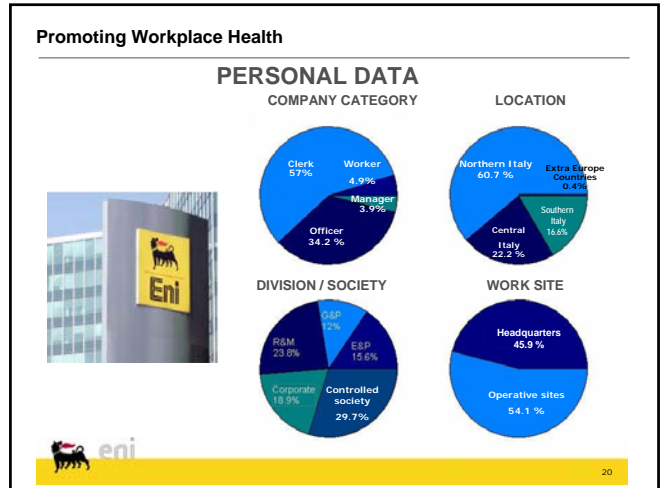
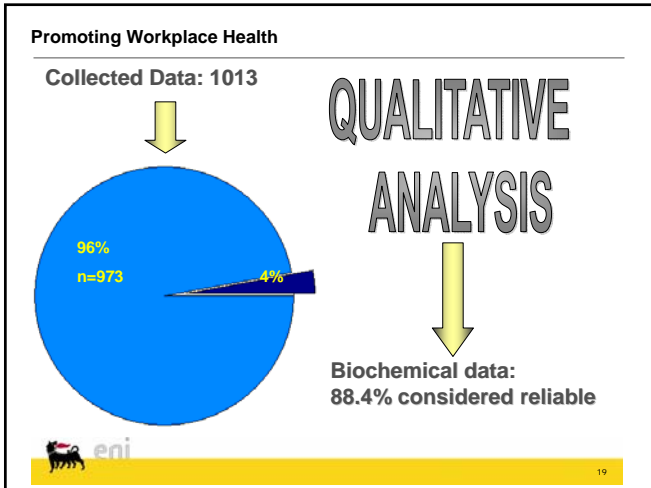
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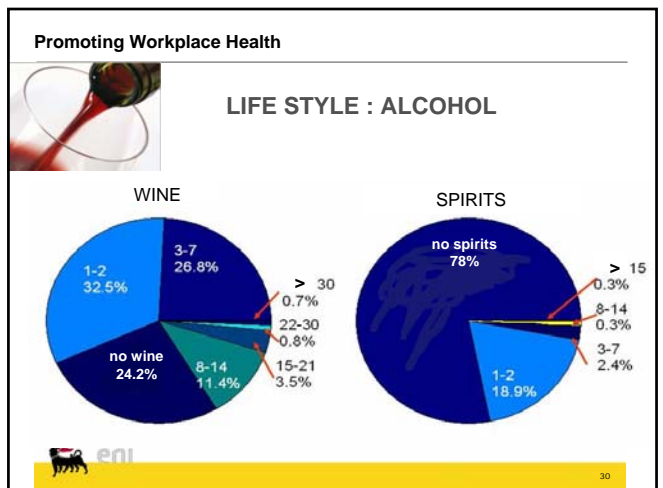
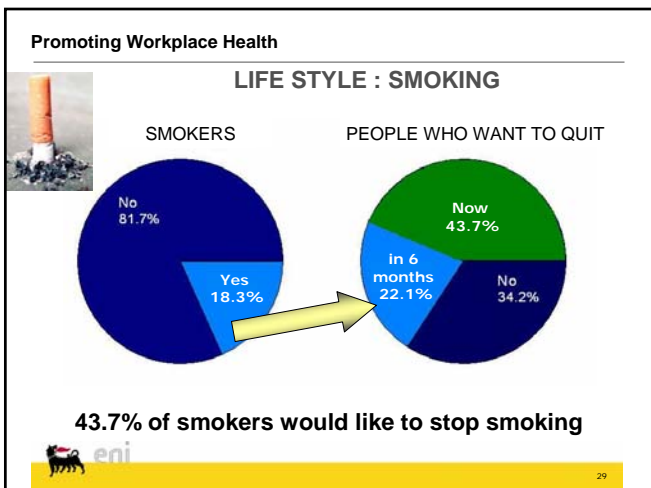
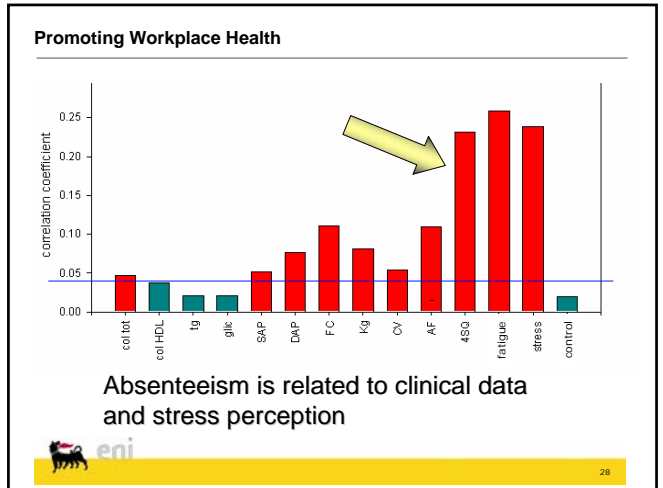
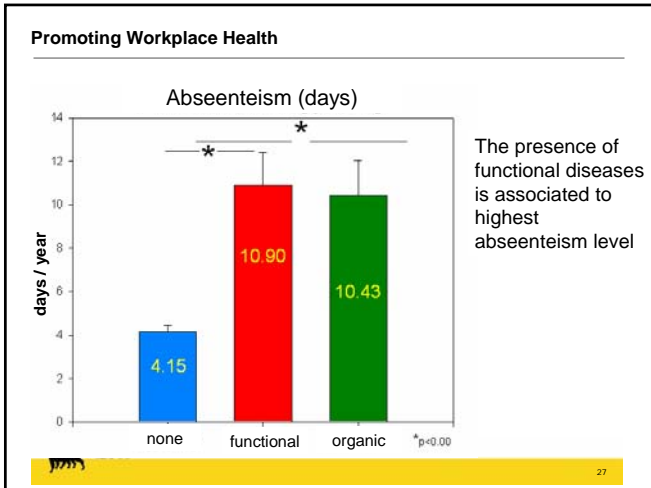
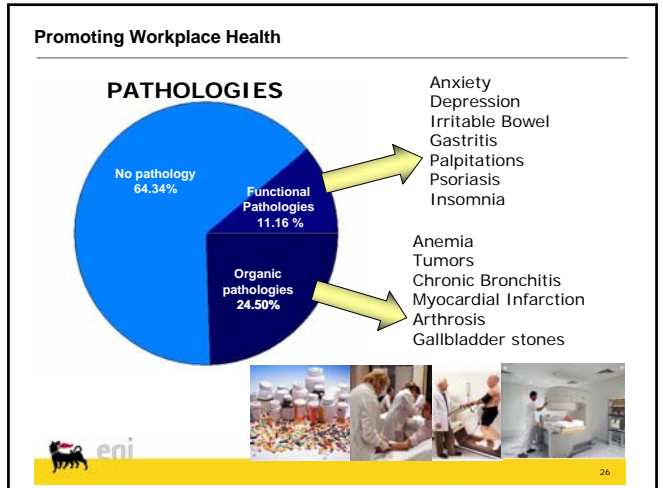
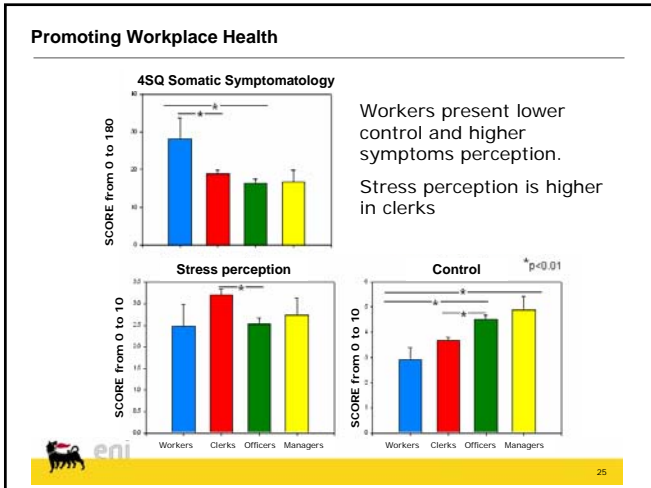
At the end of the compilation it is immediately possible to visualize, print and save a table that shows the cardiovascular risk profile by analyzing every risk factor separately.

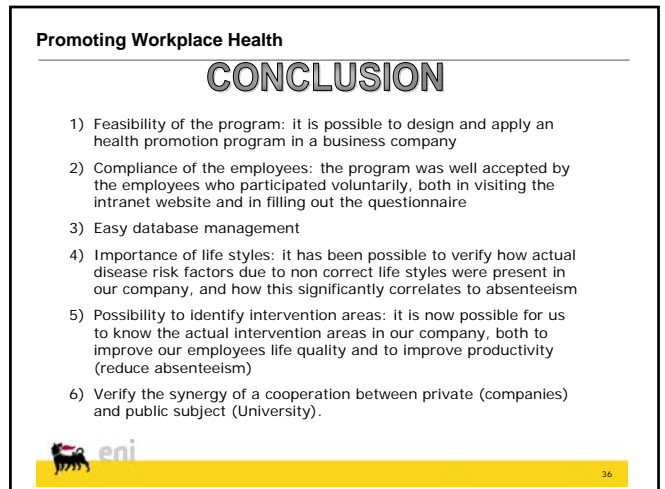
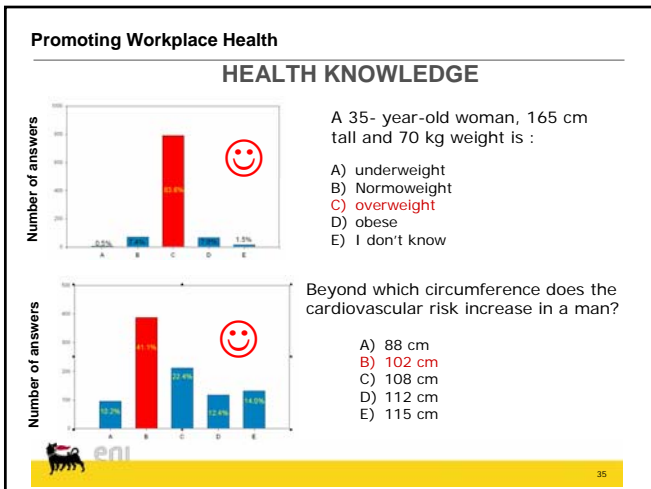
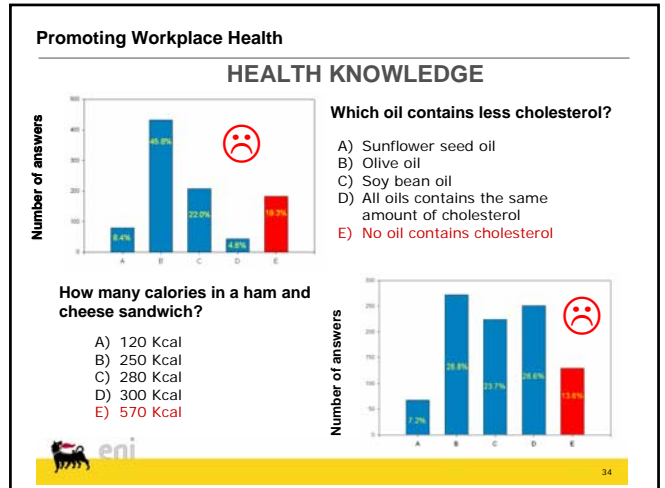
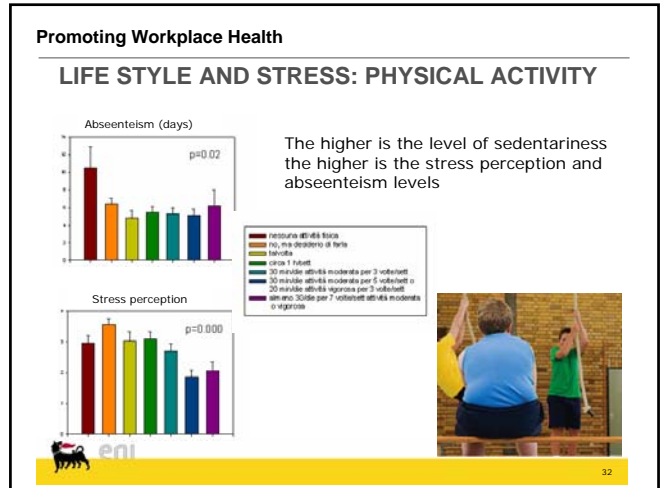
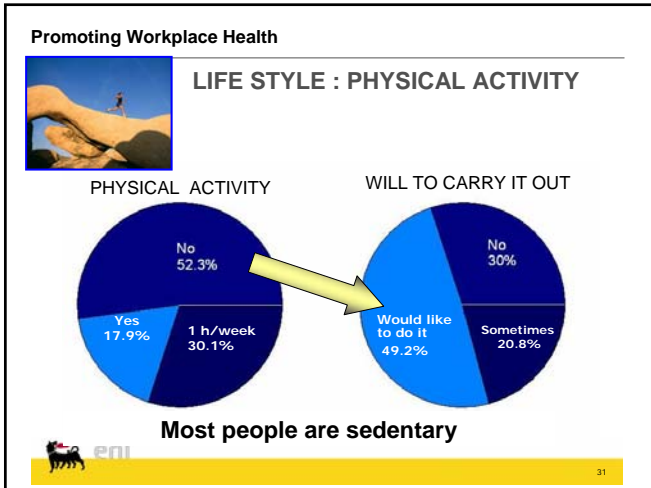
It is shown the level of normality, the actual level inserted by the subject and whether there is necessity to intervene (red or yellow light) or not (green light).

FATTORE DI RISCHIO	LIVELLI DI NORMALITA'	LEVELLO PERSONALE	HELLA NORMA?	
FUMO DI SIGARETTA	Non aver mai fumato o aver smesso da almeno 12 mesi	no smesso da meno di 1 anno	SI / NO	●
ATTIVITA' FISICA	30 minuti al giorno di attività fisica aerobica moderata almeno 5 volte alla settimana, oppure 20 minuti al giorno di attività fisica aerobica vigorosa almeno 3 volte alla settimana o una combinazione delle due (450-750 MET x min / settimana) (3)	66 MET x min/settimana	NO	●
COLESTEROLO TOTALE	Inferiore a 200 mg/dl (2)	300	NO	●
COLESTEROLO HDL	- Uomo: Superiore a 40 mg/dl - Donna: superiore a 50 mg/dl (2)	50	SI / NO	●
TRIGLICERIDI	Inferiore a 150 mg/dl (2)	150	SI / NO	●
GLUCEMIA	Inferiore a 100 mg/dl (2)	70	SI	●
PRESSIONE ARTERIOSA	- inferiore a 120/80 mmHg: ottimale - 120-129/80-84 mmHg: normale - superiore a 130/85 mmHg: normale alta - superiore o uguale a 160/95 mmHg: alta	120/80	Normale	●
CIRCONFERENZA VITA	- Uomo: inferiore a 102 cm - Donna: inferiore a 88 cm (2)	87	SI / NO	●









FUTURE

To begin risk factors management programs related to improve correct life styles :

- STOP SMOKING
- PHYSICAL ACTIVITY PROMOTION
- INDIVIDUAL STRESS MANAGEMENT
- CORRECT EATING



The NEW ENGLAND JOURNAL of MEDICINE

THANKS FOR YOUR

KIND ATTENTION

Perspective
OCTOBER 11, 2007

The Employer as Health Coach

Susan Olie, M.D.

A couple of years ago, Jennifer Gardiner and Pamela Matovich, who work in the Information Systems Division at the Minneapolis headquarters of General Mills, were at risk for various medical

by weeks of tobacco withdrawal. She has lost 27 lb to date and has run two half-marathons during the past year; Matovich has dropped 72 lb so far. Both have

