Worksite Health Promotion: How to go about it

Hildegard Demmer
Worksite Health Promotion
How to go about it

With the assistance of
Karin Kunkel and Barbara Orfeld
Target 25 – Health of people at work

By the year 2000, the health of workers in all Member States should be improved by making work environment more healthy, reducing work-related disease and injury, and promoting the wellbeing of people at work.

Keywords
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- Occupational Health
- Organization and Administration

Demmer, Hildegard
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European Information Centre
“Company Health Promotion”
- WHO Collaborating Centre –
at the Bundesverband der Betriebskrankenkassen (BKK BV)
Health Department
Kronprinzenstr. 6
D- 45128 Essen
Bundesrepublik Deutschland
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Workplace Health Promotion: How to go about it

Health promotion is the process of enabling people to increase control over, and to improve, their health. This perspective is derived from a conception of “health” as the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasising social and personal resources, as well as physical capacities. (WHO Europe, 1984)

Foreword

While efforts to improve the health and safety of workers in traditional work environments began virtually simultaneously with the Industrial Revolution, it has been only in recent years that organized programmes have been sponsored by industry and labour unions to promote health, both psycho-social as well as physical, beyond the removal of safety hazards.

This monograph provides a wider accounting of health promotion programmes in the workplace, focusing on creating better working conditions and supporting healthy lifestyles of both workers and management. A review of evaluative studies in several European countries reveals remarkable benefits defined in changes in health status, work productivity and lower insurance risk (costs). Despite the evidence of benefits, however, the monograph stresses the need to enhance dissemination of these programmes and to stimulate additional innovative initiatives. Larger companies are more likely to have undertaken a health promotion effort leaving the vast majority of workers employed in small operations. Inequitable access to a health promoting workplace is of special concern. There is no simple solution or strategy to promote wider access or to improve the quality, particularly sustainability of workplace health programmes. Lessons can be drawn, however, from the examples set forth here, including legal and fiscal options, incentive and labour union involvement.

In concert, these lessons form the basis of general recommendations regarding essential elements for the success of a workplace health programme. Wisely, the monograph draws our attention to underlying values, principles, helpful techniques and instruments which enhance a flexible adaptation to the often unique circumstances of a given workplace. This is indeed valuable guidance as European
companies and governments consider the value of workplace health promotion as both a human enterprise and solid business practice.

This book would not have been possible without the support of practitioners committed to health promotion who reported their experience to us: in the case of most projects or enterprises several individuals compiled relevant information for our readers – our special debt of gratitude is owed to them. Furthermore we express special thanks to all our colleagues from the BKK BV Health Promotion Department, from the Department of Lifestyles and Health of the World Health Organization and from other WHO Collaborating Centres – the final version benefited to a great extent from their valuable ideas and comments, last not least from the editorial work of Sarah Harvey, Office for Public Management (London), contributed to the English edition.

Erio Ziglio, Ph.D.

World Health Organization
Regional Office for Europe
Regional Adviser for
Health Promotion and Investment
PART I

Workplace health promotion: An overview

The bulk of this chapter deals with the principal strategies for successful company health promotion: from the idea to documentation and assessment of the results. Finally, a general overview is given of the principal foundations and elements of company health promotion. The aims and components of workplace or company health promotion are derived from the 1986 Ottawa Charter of the World Health Organization (WHO). The reasons for which this concept is of great interest to specialists, managers and representatives of the employees’ interests in the company and in the health institutions are outlined below.

1.1 The Ottawa Charter as a guide to workplace health promotion

Health promotion is a process by which working and living conditions are changed and each individual is empowered to enhance or actively sustain his or her own health. Figure 1 illustrates the various determinants of individual health. It shows that whilst individual behaviour and attitudes are important, they are influenced by structural variables such as the economy, living conditions and the working environment.

The key questions of health promotion therefore are:

- What keeps people healthy?
- What aspects of their working and living environment can support good health or prevent illness?
- What experiences enable people to preserve or to promote their own health?
Figure 1: The determinants of health
Introduction

Workplace health promotion is designed to contribute to the promotion of a healthier working environment and patterns of behaviour that make the healthier way easier for all concerned. People at all levels, office and shopfloor workers, industrial health experts, management personnel and works councils have a corporate responsibility to design working conditions and situations so that they promote health, while also empowering and motivating employees to adopt forms of behaviour which are beneficial to their health and that of others. That means the targets of health promotion reach far beyond illness- or risk-specific primary prevention, early detection of diseases (secondary prevention) and rehabilitative tertiary prevention despite these strategies make essential contributions to the preservation of health (see figure 2).

Figure 2: The targets of health promotion
According to the Ottawa Charter and all experience gained so far the central features and underlying elements of a comprehensive company health policy are:

- **A corporate culture and philosophy** that recognises the contribution of health promotion to the financial health of the company as well as the health of the employees.

- **An effective approach to health and safety** with a distinctly preventive focus, including **forward-looking, health-conscious work design**. This means that technology and organization within the company must be designed in such a way as to give employees the greatest possible control over their own working conditions, broad freedom of action and possibilities for mutual support, e.g. through group work. Company agreements on the ergonomic aspects of hardware and software and on job rotation for people working at visual display units are another example.

- **Strategies of employee recruitment and development** that enable full practical use to be made of the technical and organizational health potentials at the workplace. Ergonomic improvements and wider freedom of action can only make for greater well-being if the employees themselves are empowered, qualified and motivated to make use of this freedom. Recruitment of personnel that really fit the job requirements, plus the provision of appropriate training, retraining and personnel development all play a part in the promotion of health.

- **Recognition of the company’s social responsibilities** can be an important motivator for starting or for continuing health promotion investment.

- **Working time regulations** which enable family and job requirements to be reconciled in the light of individual needs and obligations. This is important in addressing socially conditioned differences between men and women to be reduced, and the tensions that exist between home and work life to be tackled. In this connection, the **humane organization of shift work** and regulations for the reintegration of shift workers, and in particular night workers, into normal service must not be overlooked.

- **Environmentally and health-conscious design of production techniques, products and services** forms part of the comprehensive health policy of such companies. This ensures that the benefits of health promotion investment extend beyond the immediate employees.

- Last but not least, a company that seeks to promote health will play an active role as partner in **local and regional health promotion activities**, e.g. as a consultant; it may give practical assistance by making premises and tools available or act as a sponsor for local social and sports facilities.

So, health promotion as described in the WHO Ottawa Charter implies changes in the company structures and processes and in the relationship between the organization and its environment. Some of these changes may be far-reaching. They will also
require managers, professionals and all employees to review and adopt their working practices and behaviour with an eye to practical health awareness.

Initially these messages may conflict with intrenched organizational practices and individual behaviour. However, these barriers can be overcome. The questions that need to be addressed in securing company health promotion are:

- What are the company’s motives for changes and investments in health?
- Which actors, inside and outside the organization need to be engaged in health promotion activities? What are the interests and capabilities of these actors?

These questions are addressed in the following sections of the report.
1.2 Forces and drivers for workplace health promotion

The primary purpose of companies is to produce goods or services, at a profit for the private owners, or in the case of public sector organizations for the whole population (i.e. social result). So why should companies be interested in health promotion? This sector discusses the main forces and drivers that will encourage health promotion including the legislative context, economic situation, state of knowledge and technology. Since the early days of industrialization, laws on health protection have undergone far-reaching change. The principal European regulatory provisions are therefore discussed in some detail below. It is beyond the scope of this report to cover the situation in individual countries. However, this section outlines the effect of European regulation provisions and – in the case of Germany – the effects of a national health reform act. In addition the motives and interests of the key actors are outlined.

1.2.1 European and national statutory provisions

With the attainment of the single European market, particular importance attaches to the European framework directive (89/391/EEC) on the introduction of measures to encourage improvements in the safety and health of workers at work, when decisions on health are taken within the company. The transposition of this directive into national legislation is required in all the Member States of the European Union (EU). Working on the basis of the International Labour Organization (ILO) Convention No. 161 of 1985, the EU directive lays down the principles for action by public and private employers in companies of every size as follows:

1. Work must be designed in such a way that risks to life and health are eliminated as far as possible;
2. Residual risks must be carefully assessed and reduced as far as possible;
3. Risks must be countered at their source;
4. When action is taken, allowance must be made for the state of technology, industrial medicine and hygiene and for other proven scientific knowledge in the area of employment, in particular with a view to measures to alleviate monotonous work and facilitate the rhythm of work determined by machinery and also to lessen the consequences which are detrimental to health;
5. Measures must be planned with a view to the proper association of technology, work organization, other working conditions, social relations and influence of the environment on the workplace;
6. Individual protective measures will only be considered in cases where other measures do not guarantee adequate protection;
7. Special risks to particular groups of employees who require particular protection and the special interests of the handicapped as a function of the nature and severity of that handicap must be taken into account;
8. Suitable instructions must be given to employees.
These principles require medical and safety engineering experts to take on comprehensive advisory and welfare tasks, and adequate information to be given to employees and their representative bodies to enable them to play their appropriate part. Employees themselves are not only given clear rights to protection through the directive, they are also obliged to “take care as far as possible of his own safety and health and that of other persons who are affected by his act or commissions at work.”

In Germany, the future framework law on health and safety at the worksite will also define the responsibilities of the accident insurance bodies and of the State health and safety institutions. Other social laws already require the statutory health insurance funds (Art. 20 SGB V since 1989) and the pension insurance organizations (Art. 31 SGB VI since 1992) to take part in company health promotion or in the prevention of work-related illnesses; especially a number of health insurance funds have become active and competent partners in this area. An outline of the code of social legislation is given in boxes 1 and 2.

Box 1: German Code of Social Legislation (SGB) V Art. 20

Statutory health insurance funds in the area of health promotion and illness prevention are charged with a number of tasks:

- Providing information and advice to the insured on health risks and on the prevention of illnesses.
- Investigating the causes of risks and health damage and to work towards their elimination.
- Playing their part in the prevention of work-related health risks.
- Cooperating with the accident insurance agencies and supply information to them.
- Notifying any suspicion of occupational health risks and occupational illnesses to the responsible health and safety agencies.
- Providing discretionary benefits to maintain and promote health and prevent illness.
- Promoting self-help groups and contact agencies.
- Cooperating in the area of health promotion with medical associations affiliated to the funds, experienced doctors, health offices, the Federal Agency for Health Education (BZgA) and other specialized institutions and organizations.
Box 2: German Code of Social Legislation (SGB) VI Art. 31

Tasks of the statutory pension insurance agencies in the area of rehabilitation:

Other benefits for rehabilitation may be also provided ... if this is likely to help to eliminate a serious risk to health or to substantially improve or restore health which has already been damaged.

In the other EU Member States, the framework directive has had different effects on national legislation on health and safety protection. Framework laws which transfer main responsibility for health and safety to the employer predominate. In some cases, as a function of the size of company and the sector concerned, the legislation includes industrial prevention and care services. Information and participation of employees is required to varying degrees. The variations in these framework provisions are dealt with elsewhere (see Wynne/Clarkin 1993; Vogel 1991).

The most far reaching concept of health protection is embodied in the health and safety law of the Netherlands according to a study carried out by the European Foundation for the Improvement of Living and Working Conditions (see Wynne/Clarkin 1993). The law on working conditions assigns to the employers and employees joint responsibility for safety, health and well-being at the workplace. In the Netherlands health and safety are given the widest interpretation to be found anywhere in Europe at this stage and includes adaptation of the work situation and work requirements to the abilities of the employee; employees are to be given the fullest possible information on the purpose and results of their work and should be allowed to communicate with each other during working hours. In general, the employer is required to integrate these provisions into the work process. Industrial companies with over 500 employees are further required to set up their own occupational health services. In addition, safety officers may be appointed and safety committees convened.

The EU framework directive provides a clear incentive for a comprehensive and proactive approach to workplace health promotion which reaches beyond most national legislation. As far as health promotion measures are concerned, these are not explicitly mentioned within the European directive. However, the spirit of the directive acknowledges the importance of health promotion. There is a clear need for national health and safety authorities, who are required to provide practical support to companies, to ensure that health promotion is reflected in the implementation of the framework directive.
1.2.2 Motives for and interests in workplace health promotion

Legislation is a relatively blunt instrument for encouraging health promotion if employers themselves are not interested. For them economic factors are one of the most important motivators for health promotion. Since figures for individual companies are due to confidentiality almost not available the enormous costs of – at least partly avoidable – work-related illness are outlined below on national level.

Box 3: Estimates by the Nordic Council of the percentage of work-related causes of illness patterns in general

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Disease Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>45%</td>
<td>skin diseases</td>
</tr>
<tr>
<td>33%</td>
<td>muscular skeletal diseases</td>
</tr>
<tr>
<td>25%</td>
<td>diseases of the respiratory tract</td>
</tr>
<tr>
<td>20%</td>
<td>cardio-vascular diseases</td>
</tr>
<tr>
<td>20%</td>
<td>nervous diseases and disorders of the sensory organs</td>
</tr>
<tr>
<td>5%</td>
<td>mental illness</td>
</tr>
<tr>
<td>4%</td>
<td>cancerous diseases</td>
</tr>
</tbody>
</table>

Source: Hansen, 1993

There is some evidence of the cost of ill-health to business. The Federal Institute for Health and Safety (BAU) estimates that companies in Germany lost some 628 million working days in 1990 as a result of illness and accidents. With an average annual gross income from gainful employment of 51,565 Marks this means a loss of the production factor “labour” in an amount of 88,782 billion Marks. Here 164.65 million days of unfitness for work were accounted for by muscular and skeletal disorders, equivalent to 23,26 billion Marks in terms of lost production – which according to the figures shown in box 3 could have been influenced to the extent of 33% by measures taken at company level (see Kuhn 1994).
Besides the employers the principal actors in company health promotion are employees and their representative bodies, experts in State agencies for health and safety and industrial health protection services, together with representatives of the health, accident and pension insurance funds. Each have an interest in health promotion at company level although their interests differ. These are described below.

For **employer and managers** in the company, health and health promotion may not be a high priority. However, corporate economic aims are compatible in many respects with the objectives of health promotion. These include:
- high productivity and quality
- positive image in the employment market
- containing the costs of sickness absence
- low incidence of interrupted production due to illness.

However, as far as the employer is concerned, there are also some interests which mitigate against health promotion which include:
- concern about restrictions of their freedom to make corporate decisions
- concern about the cost of health promotion schemes
- the potential for health promotion to impede running and competitiveness of the company.

In general, the primary interest of **employees and their representative bodies** at company level, and also of the trade unions, is
- to secure their standard of living together with human working conditions, personal well-being and good social relations.
- This is closely bound up with an interest in opportunities to have a say at company level and also in freedom of action in the context of an organization of work which permits the practical use of knowledge and abilities.

Employees and their representative bodies would often like to see the employer placed under a more stringent obligation to adopt structural measures of health protection; interests which work against health promotion from the employees perspective include
- scepticism about behaviourally oriented measures without equivalent structural adjustments: they do not consider that back training programmes can be permanently convincing unless the workplaces are optimized from the ergonomic angle.
- Wage agreements which provide earnings supplements where health strains are encountered may trigger a goal conflict on the part of employees between health promotion and income interests which will then have to be solved first.

In their capacity as skilled people and persons enjoying a right of co-determination in most European countries, employees and their representative bodies have an extensive work-related and company experience which they can and should apply to health promotion processes.
The **company experts in health and safety**, in particular company doctors, safety specialists and engineers, have a professional interest in

- securing compliance with imposed standards. In this context,
- they also wish to be recognized as advisers enjoying special health know-how and they would like this recognition both by the employer and by the employees and their representative bodies in the light of demonstrable successes.

As a result of their training, and on the basis of the provisions of research and accident prevention regulations, company doctors, safety experts and engineers primarily focus on the prevention of specific risks. Here the attention of industrial doctors is directed primarily towards human beings and their health behaviour in the company, while industrial safety experts focus on the technical possibilities for preventive job design.

In the context of company health promotion projects, medical and technical safety and health protection experts have the role of initiator, intermediary and expert consultant with medical and/or technical professional expertise.

The interest of **State health and safety protection authorities or public social insurance agencies** – health insurance, accident (in Germany funder and regulator) and pension insurance funds – in workplace health promotion is focussed on

- optimum health protection for the active population with a view to the long-term limitation of social insurance expenditure.
- They also wish to be recognized as qualified partners by the employers and employees or by their representative bodies.

However, the interests within and between the different social branches are not identical; here competitive influences and conflicts of responsibility (primarily from the financial angle) may stimulate creative solutions but they can also be counter-productive, for example if the employees of a single company belong to competing health insurance funds or if the allocation of costs between the illness and accident insurance agencies is not clear.

The tasks of State health and safety authorities and of social insurance bodies in the areas of employment and health extend

- from cost cover for treatment and pensions
- through the adoption of protection regulations
- to practical prevention and health promotion programmes.

Here the accident insurance organizations tend to share the technical views of safety experts while the health insurance funds and health agencies prefer to take account of the health behaviour of the individual. Institutions such as the German Federal Centre for Health Education or the Professional Associations are also responsible for the initial, further and advanced training of key people in the health promotion sector. Their professional expertise focusses in particular on the provision of information, advice and chairing of the debate between different interest groups.
### Actors, Interests and Competences

<table>
<thead>
<tr>
<th>Actors/Interest Groups</th>
<th>Interest</th>
<th>Professional Competence</th>
</tr>
</thead>
</table>
| Employers                               | - Freedom of Decision  
- Undisturbed Working Hours  
- Low Absenteeism Rate  
- High Productivity  
- Low Turnover  
- Positive Image | - Economical Technical Knowledge                                         |
| Employees and Employees Representatives | - Right to Co-Decision at Workplace/Company Level  
- To Earn One's Living  
- Well-Being  
- Meaningful Work  
- Freedom of Work performance | - Vocational Skills and Experience Based Knowledge                  |
| Health and Safety Experts               | - Acceptance as Consultant  
- To Meet the legal Health and Safety Standards | - Economical-Technical Knowledge                               |
| Public Health Services and Social Insurances | - Acceptance as Consultant  
- Long-term Cost-Containment via Prevention  
- Regulation | - Social Law  
- Prevention and Health Promotion Know How (varying)                  |
This brief characterization of the main actors and interest groups in industrial health promotion is of course simplified and generalized emphasizing the principal features. In practice the health promotion interests of the actors may vary widely within these groups as is shown by the examples set out in Part 2.

Conclusion: The strongest economic interests rest with the employers, while the employees have the most fundamental health needs. If health projects within the company are to prove successful, the initiators will need to understand the various interests, specialized know-how and decision-making expertise of all the major players within the company and from relevant agencies and use this to establish cooperation.

1.3 Critical success factors, instruments and procedures for workplace health promotion

The WHO Collaborating Centre for Company Health Promotion has analysed health promotion practices in several hundred companies in Europe. This analysis suggests that a number of factors are critical to the introduction of successful schemes. These are as follows:

• creating interest and establishing partners;
• analysis of the status quo - the company health report;
• identifying priorities and goals;
• involving employees;
• health-related communication;
• monitoring and evaluating health promotion;
• identifying and removing obstacles.

1.3.1 Creating interest and establishing partners

The initiative for company health promotion may come from managers, the works council, the company doctor, the safety engineer or from other internal or external actors. At all events, the first step will be an endeavour to acquire the most competent and influential partners possible for a joint project because this is the decisive factor if health promotion is to be comprehensively integrated into operational routines within the company.

The individual interests of potential cooperation partners should first be clarified in bilateral discussions before all the major players are invited to an initial joint discussion. Where a health and safety committee or a works safety committee exists, the employers, works council and health and safety experts will already regularly discuss matters of accident prevention and avoidance of work-related illnesses. They can easily broaden their agenda to include comprehensive health promotion.
So as to plan and implement a concrete programme of health promotion which meets the existing needs, it may be desirable, however, to involve additional partners with specialized knowledge and influence at least from time to time, e.g. social advisors, caterers, company sports associations and company health insurance funds (BKK\(^1\) ) or other external experts. Figure 4 below illustrates the potential membership for a health promotion working group or steering committee.

![The working group health at worksite](image)

**Figure 4: Working group health at the worksite**

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\(^1\) In Germany, there are in 1995 some 700 BKKs which constitute a branch of statutory health insurance. From the angle of company health promotion, it is particularly important to note that this health insurance fund has close organizational links with the company and is also physically close to it: the employees are the insured parties, while the personnel department and health and safety experts are their contact persons within the company.
If close cooperation is to be established, the working group must be chaired by a neutral person. When there is a BKK it can take over this task, alternatively an external consultant can be used. In practice, the working group is a cooperation body similar to a health and safety committee but covering a wider range of topics and with a larger number of members.

The task of the cooperation body responsible for company health is to obtain an interdisciplinary and cross-sectoral overview of the health situation in the company. On the basis of that analysis, goals and priorities must then be set and programmes and individual health promotional actions planned and controlled. Finally, the results which have been achieved must be assessed and utilized for further development of company health promotion according to the needs.

In small and medium-sized companies health promotion may need to be organized on a regional or branch-related basis or on the basis of a particular craft or trade. In Germany, this may be arranged through the health centres of the health insurance funds, while in other countries with the aid of regional or local Health Education Authorities or voluntary organizations.

For example, the BKKs in different regions in Germany have set up service centres which plan customized health promotion offers for the individual companies and employee groups and implement them efficiently at company level or close to the company site. In addition, in Germany small companies are aided in matters of health protection by the relevant professional bodies (accident insurance, the Federal Institute for Health and Safety and the Federal Institute for Occupational Medicine).

### 1.3.2 Analysis of the status quo – the company health report

Like other corporate activities, company health promotion should be based on a thorough analysis of the current strengths and weaknesses of the company. Small trades can do this on a regional basis. The more accurately weak points in the health area and the resources and opportunities for health investment are assessed, the more successfully and efficiently will it be possible to organize health promotion within the company.

A number of sources of data can be used for this analysis:

- corporate data on absenteeism and unfitness for work, staff turnover, productivity and performance quality and on health-relevant decision-making structures, personnel resources and budgets;
- information on conceptual, practical support and financial possibilities;
- data drawn up by safety engineers on industrial accidents and job-related risks, e.g. surveys of hazardous substances or noise levels;
- anonymous results of industrial medical preventive examinations;
- results of screening actions, e.g. to reveal high blood pressure;
- routine health insurance data on unfitness for work and the underlying types of illness;
• questionnaires addressed to employees on the work strain experienced, their own health and well being, presumed job-related health risks, proposals for improvements and demands for health promotion programmes.

The purpose of the company health report is to identify the state of health of employees, the nature of the main strains, the distribution of work-related health risks and the consequential costs together with the wishes, ideas and resources that can be utilized for health promotional purposes. In reaching a decision on the sources that are to be used for the analysis of the status quo, it must be borne in mind that available routine data can be directly evaluated to prepare an “objective” description without any need for additional survey work. On the other hand, questionnaires addressed to employees are the only instrument that can be used to determine the “subjective” perspective in the analysis of the existing situation and hence to enable employees to participate from the outset (see 1.3.4). The way in which data from the health insurance funds, employee surveys and screenings can be used as instruments for company health reporting is explained briefly below.

In Germany, the statutory health insurance funds collect routine data on unfitness for work (numbers of cases and duration) and the underlying type of illness (according to the international classification of diseases, ICD). The company health insurance funds (BKK) with which the bulk of the employees in the company concerned are generally insured, have developed on this basis a service for company health reporting. The BKK data on unfitness for work is rendered anonymous and linked with data from the company on the nature of the workplaces (type of
business/working area/cost centre) so that analyses of specific sectors are possible. As the probability of chronic illness is greater for elderly employees than for younger ones, the influences of the age structure are compensated in advance in the statistics. For reasons of data protection which is a vital prerequisite for confident cooperation in the area of company health promotion, the BKK health report only shows statistical results for groups of not less than 50 persons.

With the aid of this information, initial conclusions on the nature and extent of sickness phenomena in the company and in its different sectors, or in respect of the small businesses which are joined together in the health project, can be formulated. Comparisons of the duration of unfitness for work and the most frequent types of illness in the company with average values for the sector and at internal company level between different service or production areas can detect problem health areas (see figures 5.1 and 5.2).

Completed by statistical evaluations of routine data of the company and the occupational health service, e.g. a particular need for action is apparent in plant XYZ, Department A: here an above-average number of working days are lost by reason of muscular and skeletal disorders, high staff turnover and early retirement rates and below-average productivity. To the extent that the company data so permits, this information may also be evaluated for management purposes with a view to the short, medium and long term economic development of the company concerned.

![Types of illnesses in department A](image)

Figure 5.2: Workdays lost due to incapacity for work in department A
The analysis of the status quo for company health promotion is supplemented by an assessment of potential resources: These might include company medical and safety services with qualified personnel, good premises and technical equipment, healthy meals served in an attractive company restaurant and health-oriented sports facilities. Information on internal decision-making channels and company agreements with an influence on health matters will also be relevant.

It is also useful to carry out surveys among employees on their perceptions of the health situation in a company and how it can be improved. Questionnaires or interviews might therefore be combined with other instruments and might be the best means when routine data on the health situation in the company is not available or only available on a limited scale.

Standardized questionnaires are the simplest technique here; they are completed in writing by the employees who answer multiple choice questions. Questionnaires which (in part) do not include multiple choices allow the employee more freedom for individual replies but may be too complex for some people to fill in and are always more difficult to evaluate. An example of an employee questionnaire is given in Part 3 (see page 83).

Questionnaires also serve as a useful communication tool. If the results of the questionnaires are notified to all the staff within a brief period and are incorporated into the first phases of a health promotion programme, this can improve the climate in the company and the well being of its employees. However, surveys that are not followed up by action, create scepticism and make subsequent health promotion programmes harder to accept.

The formulation of the questions and multiple choice answers and the selection of the survey sample have a decisive bearing on the validity and reliability of the results. Previously validated questionnaires can help here. It also goes without saying that anonymity, confidentiality and data protection must be stringently respected.

A company health report may also draw on aggregate data from health screenings, e.g. for high blood pressure. Screening is often associated with brief questionnaires on age, sex, occupation and healthy behaviour so that it is then possible to evaluate any statistically significant variables. When screenings are carried out as onsite or close to the individual company they also provide an opportunity to keep all groups of employees informed of healthy patterns of behaviour and of company health measures. This aspect is systematically used e.g. in the context of the “Have a Heart for your Heart” programme in Germany (see page 41). For the analysis of the status quo, screenings can provide rapid information which does, however, remain confined to risk factors.

The result of a careful analysis of the status quo provides objective information for experts and management personnel in the working group health promotion. It forms the basis for establishing consensus about the key priorities in the company and the measures of health promotion which deserve to be taken first. In addition, a company health report can be useful for subsequent monitoring.
### Company health report – Advantages and disadvantages of different sources and instruments

<table>
<thead>
<tr>
<th>Sources and instruments</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistical analysis of company data on staff turnover, absenteeism, productivity and</td>
<td>Routine data require no additional expenditure on data gathering, i.e. cost</td>
<td>Suitable to describe the situation in question without, however, explaining causes and relationships; the direct reference to health varies.</td>
</tr>
<tr>
<td>quality etc.</td>
<td>effective</td>
<td></td>
</tr>
<tr>
<td>Statistical analysis of health insurance data on incapacity for work, absenteeism</td>
<td>Readily available and cost effective</td>
<td>The reliability of the diagnoses and duration of the unfitness for work are somewhat inadequate and not always available for a substantial, representative cross-section of the workforce. Meaningful evaluations require disaggregation with regard to indicators of identical activities/strains etc.</td>
</tr>
<tr>
<td>and types of illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis of data supplied by safety engineers on industrial accidents and workplace-related risks (risk register)</td>
<td>Partly also available as routine data</td>
<td>Gathered with varying degrees of accuracy; describe risks but not causal relationships.</td>
</tr>
<tr>
<td>Analysis of data from industrial medical preventive examinations</td>
<td>Sometimes gathered on a routine basis as obligatory documentation</td>
<td></td>
</tr>
<tr>
<td>Evaluation of screening campaigns</td>
<td>Provides information on individual risk factors which can be measured with</td>
<td>Compulsory data relates solely to suitability for assignment to the particular workplace and only to the groups of employees who have to be examined regularly by reason of their particular activity; this is generally also applicable to examinations which are in part documented in greater detail on a voluntary basis; these describe individual health status but not causal relationships of good or ill health.</td>
</tr>
<tr>
<td>Evaluation of questionnaires addressed to employees</td>
<td>Many facets of the subjective sensation of well-being in its entirety can be</td>
<td>Additional survey requirements unlike routine data</td>
</tr>
<tr>
<td></td>
<td>covered; at the same time possible work-related causes and proposals for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>changes can be investigated.</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Company health report – Advantages and disadvantages of different sources and instruments
1.3.3 Identifying priorities and goals

Priorities for health promotion can be identified from the analysis of the current situation. For example, if muscular and skeletal disorders account for the highest number of days off work in the company and are accompanied by an above-average staff turnover rate, it can be inferred that workplace requires ergonomic redesign through the combined energies of the employees, company doctors and safety service, together with the Planning Department. Furthermore, employees could be encouraged to adopt healthy working postures in back training courses. If a questionnaire reveals that stress due to pressure of time limits and inadequate support from superiors contributes to below-average productivity and quality, management seminars, organizational and personnel development will be obvious priority strategies for health promotion.

Goals need to be described as specifically as possible. For example in Department A they might include ergonomic workplace optimization and participation of all staff of the department in a back training course within a year (intervention process), reduction of staff turnover to an average level within two years and reduction of the incidence of absences from work attributable to muscular and skeletal disorders to a figure below the company average within the space of six years (outcome). For Department B the goals might be as follows: participation of all management personnel in staff management seminars within a year (intervention process). Increase in productivity and quality to the company average of comparable departments within two years and reduction of subjective stress caused by pressure of time limits by 10% within the same period (outcome).

To prevent frustration and enable initial successes to be gained as soon as possible simple but realistic milestones are better than ambitious plans. In addition, the planning of workplace health promotion in small steps enables the company to determine on the basis of interim results whether the chosen measures are in fact adequate to the problem and suitably effective, or whether they may need to be supplemented or replaced by others.

1.3.4 Involving employees

Experience gathered from many projects of workplace health promotion shows that the participation of employees themselves - from the planning to implementation stage - makes a decisive contribution to success. Firstly they have knowledge derived from experience which is valuable both for the analysis of the status quo and the planning and implementation of special measures. Secondly, jointly planned measures best reflect the need of the employees themselves, and promote a high level of acceptance.

Possible methods of participation range from questionnaires (see page 83) to health circles or models of group work within the company. New management concepts can provide a good basis for this if deliberate account is taken of health aspects in the implementation of lean management\(^1\), total quality circles\(^2\) and group work.
Special participation procedures for health promotion are always recommended in order to ensure productive combination of the knowledge of employees with that of health and safety experts. They enable subjectively experienced stresses to be handled on a joint basis and are essentially solution-oriented. The direct participation of employees is particularly useful where the causes of ill-health are not yet sufficiently understood. Health circles are a suitable technique; these have been tested in recent years with great success in companies of different sizes and in varying sectors.

Health circle

![Health circle diagram]

In Germany there are two types of health circle: the “Berlin” and the “Düsseldorf” model. While the “Berlin” circle only includes employees at the same hierarchical level with identical activities and the results of the circle are presented to the company executives and specialists through a coordination group, the “Düsseldorf” model brings a number of employees with identical functions into direct contact with decision-makers and experts (see figure 6). It is therefore easier with the “Berlin” model to highlight communication problems between and within the

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1 It is the aim of lean management or lean production to eliminate all buffers and non-productive activities to reduce work and costs per unit. A key strategy to achieve this is total quality management (TQM).

2 Total quality circles are problem solving groups of workers/employees within companies normally chaired by the immediate superior; the aim of the establishment of circles is improved productivity by increased employees’ involvement.
hierarchical levels, while the rapid implementation of proposed improvements is harder to achieve. The advantage of the “Düsseldorf” model is that the knowledge gained by personnel from their own experience and the health-related knowledge of experts are directly combined with the know-how of decision-making executives so that the rapid implementation of proposals is promoted in practice. This model needs to be supplemented or modified in cases where conflicts which create stress between staff and executive personnel have to be clarified and resolved.

The purpose of all health circles is to work together in order to:

- clarify in greater detail health strains and impairments of the well-being of employees in a particular working sector than is possible by using questionnaires and statistical analyses;
- develop proposed solutions for job design in a manner which promotes health and to increase the individual’s responsibility and competences for his own health.

The BKKs have meanwhile organized many circles of the “Düsseldorf” model and the following procedure has proved particularly effective (see figure 7):

- the company management and works council decide to set up one or more health circles in the selected working area or areas;
- in agreement with the company health experts in the working group health at worksite, a neutral facilitator is appointed for the circle;
- the personnel in the particular working area is informed that the health circles are to be set up so as to develop jointly feasible health promotion actions;
- all the employees of the working area concerned will be asked to fill in a questionnaire about health strains and complaints and related proposals for improvements;
- the facilitator will familiarize himself with the conditions in the company through workplace observations;
- five or six volunteer employees will become members of the circle; they may for instance be elected at a departmental meeting;
- the circles will meet regularly, e.g. for a total of 6 to 8 meetings each fortnight for between 1 and 1.5 hours during normal working time; variations specific to the individual company, e.g. fewer but longer circle meetings are also feasible;
- in the first meetings the primary aim will be to identify the causes of health complaints at the workplace more accurately, after which the emphasis will be placed on technical, organizational or person-related proposals for solutions;
- the objective and concentrated discussion will be guided by the neutral facilitator and clear rules of fair discussion;
- all the important results of each meeting of a circle will be set down in a record;
- the solutions on which a consensus is reached in the circle will be taken through to the stage of decisions and implementation within the company at the earliest possible opportunity, and in some cases premiums may be given in the framework of the company’s suggestion book system;
- all the staff of the particular working area will be kept informed of important interim results achieved by the circle (for example by notices on the blackboard);
The process of establishing a health circle and how it works

*Main characteristics:*
- 6 to 8 circle meetings
- every 2 or 3 weeks
- during paid working time (1 to 1.5 hours)
- chaired by the facilitator
- rules of fair discussion
- results set down in a record

*Figure 7*: The process of establishing a health circle and how it works
Introduction

• approximately six months after the last meeting of the circle, a balance sheet will be prepared showing which proposals have been implemented in the meantime and what results the work of the circle has brought for all the parties involved.

So far all circles of this kind have brought a profusion of proposals for improvements, most of which were capable of rapid implementation at low financial cost. Solutions involving medium capital investment can then be put into effect relatively smoothly if a budget or clear budgetary directives for health promotion exist within the company. If that is not the case, or if major investments are required for buildings or production facilities, the definition of clear objectives with the responsible executives will help to ensure that the necessary resources are made available as soon as possible.

Health circles are so successful because they stimulate relevant and impartial communication between the different groups in the company for which there is often little time in the normal course of company routine. Health circles therefore do not merely develop concrete proposals for improvements which help to enhance the working conditions, the well being and productivity while reducing the frequency of illness and staff turnover. The long term benefit of the health circle resides in particular in improved communication between management, staff and health and safety experts.

1.3.5 Health related communication

All considerations and steps must be made known and explained within the company both in the preparatory phase and when implementing health promotion measures. It is important to keep all parties regularly informed in good time so as to hold their interest and motivate them to participate. Working on the principle “Do good and talk about it”, one task of the health promotion working group is to keep all these groups continuously informed of the current steps of health promotion. This will help limit any uncertainty about the intentions of the programme.

Box 4: Tips for effective communication

• present the information in a logical way;
• use clear language and a direct approach;
• concentrate on the most important information;
• present the information from the angle of the parties concerned and from that of the company;
• set realistic and positive goals;
• indicate the short and medium-term benefits to the individual and any special target groups;
• address people in a motivating way to take part;
• emphasise the links between health and enjoyment of life;
• identify the sources of information and people who have been involved.
The media which are used for this purpose will depend on the specific information goals and on the company’s normal communication channels. These will vary from use of public relations specialists to external communication consultants to reliance with in-house communication mechanisms.

An effective communication strategy targets information at opinion leaders who will cascade information down the organization. For example, foremen, managers or shop stewards can keep large groups of staff informed of planned health promotion measures and motivate them to take part.

In some cases, health communication within the company may target opinion leaders. In other cases, it will be appropriate to send a personal letter to each individual member of staff inviting them to attend a screening. Other communication channels which might be used include the house journal or newsletter, noticeboards and electronic mail.

For individual modules of company health promotion posters, flysheets or brochures can be used. These are often available free of charge by state health information services, health insurance funds or private initiatives. Exhibitions can also be a useful way of presenting a large amount of information. For example, display panels and walls can also be hired free of charge or at low cost from the competent agencies.

To ensure the success of information on company health promotion, it is vital for suitable and available communication channels and media to be combined in order to reach all the target groups within the company. A humorous approach and a distinctive symbol which is easily recognizable may be used as “door openers” and to arouse attention. Finally, messages which associate health in a positive manner with sociability, enjoyment of life and good performance and in particular with success, promote and maintain the motivation to participate.

1.3.6 Monitoring and evaluating health promotion
Like other company activities, health promotion needs to demonstrate cost-benefits and effectiveness with regard to corporate goals. Measurable goals need to be set at the planning stage (see page 26). There are four elements to evaluating health promotion

- assessing benefits
- measuring costs
- determining the balance sheet of costs and benefits
**Assessing benefits**

Boxes 5 and 6 show suggested indicators for measuring the benefits of health promotion in terms of benefits to the organization and health gain.

**Box 5: Organizational benefits**

- sickness/periods of unfitness for work
- absenteeism
- staff turnover
- industrial accidents
- proportion of undisturbed working hours
- productivity
- quality/rejects
- image
- corporate identity
- proposed improvements

**Box 6: Indicators of benefits to personal health**

- an improved working climate and a better communication
- proportion of jobs with greater freedom of action
- proportion of jobs with improved ergonomics (chairs, machines, software)
- proportion of jobs with minimized environmental strains
- proportion of employees or specific target groups which make use of health courses and programmes to acquire new qualifications
- change in individual attitudes to health, behaviour patterns (e.g. eating habits in a company restaurant)
- reduction of individual risk factors

These indicators can be assessed partly on the basis of

- routine data of the company and health insurance fund
- repeated questionnaires addressed to employees and experts
- company medical examinations
- preliminary/subsequent screenings.

As it is the case of the status quo analysis, the combination of objective and subjective data brings the most meaningful results.

**Measuring costs**

These indicators of benefits and effectiveness are then to be compared with the costs of the investments in terms of personnel and material resources used for health promotion efforts.
Determining the balance sheet of evaluation results of workplace health promotion schemes

The balance sheet of expenditure and benefits reveals the net effect workplace health promotion. It can be expressed partly in monetary terms and partly in qualitative elements such as a perceived health gain. Unexpected positive or negative effects may be identified here. Unfortunately, many companies are still reluctant to publish the results and interim results of their health promotion measures but box 7 shows three examples that prove success (see also Chapter 2).

Box 7: Selected evaluation results of workplace health promotion

**Example 1:** Modular health promotion programme “Have a heart for your heart” in four companies (Cologne, Germany)
- 86.7% participation rate in screenings
- significant reduction in risk factors among course participants
- high blood pressure previously 29% reduced to 17% of participants after 2 years
- hypercholesterol previously 26% reduced to 19% of participants

**Example 2:** Wellness Programme for 1,500 married employees with children at Waste Management Inc. (USA)
- previously an average of 7.2% of the annual salary lost as performance reduction because of private stress situations as against 1.1% for single employees
- after one year of systematic stress management training, losses reduced to 3.4%, i.e. 2,700 $ saving per participant per year

**Example 3:** Wellness Programme at DuPont (USA)
- 47.5% decline in absences of participants within six years
- yield per dollar invested in the Wellness Programme: 2.05 $

Source: Malich/Malich 1994.

Only regular monitoring and annual balances enable the responsible working group to determine whether and to what extent the individually set goals are attained and whether different goal-oriented measures bring different results and cost-effectiveness.

**Interpreting the results**

However, before conclusions can be drawn from an annual balance sheet of company health promotion as to how the programme can be optimized in the following year, the results must be interpreted. Here, the decisive factor is not merely whether the individual goals have been achieved, but also whether the period
for which an action might take effect was sufficiently long and whether external influences such as the labour market situation and public health actions have reinforced or weakened the company measures.

Monitoring, documentation and evaluation of the results of company health promotion measures are worthwhile for five reasons:
- they promote a systematic approach from the outset
- they make health and management successes visible
- they provide the most convincing arguments for a lasting company health policy
- in the areas where weaknesses are still perceptible in the balance, they help to develop more effective health strategies
- they provide a substantial part of the information which forms part of a company social balance sheet.

Box 8 summarizes the main steps of a thorough evaluation of workplace health promotion.

Box 8: Steps towards documentation and evaluation

1. Determine the goals and time frame of the overall evaluation.
2. Identify planned actions, measurable intermediate and final goals.
3. Choose quantitative and qualitative indicators to gather the basic data and measure goal attainment.
4. List influencing factors outside the framework of the health programme, e.g. the external labour market situation.
5. Determine target groups and sub-groups for special evaluations.
6. Appoint a qualified person with responsibility for evaluation.

Since systematic and thoroughful evaluation requires sound knowledge of methods it is worthwhile to ask or contract experienced consultants or agencies for support. This may range from a full service evaluation study to advice at different stages while data collection and analysis can be carried out by inhouse staff.

1.3.7 Identifying and removing obstacles

Implementation of workplace health promotion will not be all smooth sailing. Inevitably some obstacles will be encountered due either to company circumstances or individual behaviour. Most of these can be overcome. Some helpful ways of overcoming typical stumbling blocks are shown in table 3.
<table>
<thead>
<tr>
<th>Typical barriers</th>
<th>Arguments and Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A key expert or decision-maker opposes the scheme</td>
<td>Refer to relevant arguments and to impartial experts; gain agreement to a first step, i.e. a company health report</td>
</tr>
<tr>
<td>Doubt about confidentiality (data protection)</td>
<td>Explain the precautions taken and guarantee data protection in writing</td>
</tr>
<tr>
<td>Fear of future costs</td>
<td>Quote examples showing good results at small investment</td>
</tr>
<tr>
<td>Fear of organizational disturbances</td>
<td>Agree on step-by-step changes, e.g. arranged as projects. Build safeguards</td>
</tr>
<tr>
<td>Worry about job security</td>
<td>Confirm the rights on co-decision of the works council</td>
</tr>
<tr>
<td>Fear of failures</td>
<td>Start with limited but in the short-term promising actions, i.e. milestones that demonstrate success</td>
</tr>
<tr>
<td>No defined budget or (too) limited financial resources</td>
<td>Utilization of free health promotion materials and services, e.g. supplied by state agencies or health insurance funds</td>
</tr>
<tr>
<td>Insufficiently qualified personnel for health promotion projects</td>
<td>Further training of existing personnel (by the personnel department or industrial health and safety service) or utilization of qualified services, e.g. trainers or project manager, or focus on areas where there is existing expertise</td>
</tr>
<tr>
<td>Inadequate formal and informal communication and cooperation</td>
<td>Start with a consensual and clearly visible project</td>
</tr>
<tr>
<td>Lack of interest by the management and industrial associations</td>
<td>Organize a workplace health promotion award scheme and include a high-ranking representative in the selection board to choose the prizewinners</td>
</tr>
</tbody>
</table>

Table 3: Tips for overcoming typical barriers of workplace health promotion
1.4 Bases for successful workplace health promotion

It is difficult to generalize about the elements of successful workplace health promotion schemes. What is “successful” will depend on local circumstances and expectations. However, based on analyses conducted by the WHO EURO collaborating centre for company health promotion, the following features seem to be common to some of the best established programmes

- health promotion is organized in such a way as to bring higher yields for all participants within the company;
- health promotion in the company associates strategies of structural and behaviour prevention, organizational and personnel development, health promoting job design and the strengthening of personal health competences;
- health promotion in the company seeks to reduce and eliminate health-related discrimination of individual groups of employees on a sustained basis;
- humane corporate goals and a participative style of management create a favourable climate for health promotion;
- clear responsibilities and interdisciplinary structures of cooperation facilitate cooperation in the area of health;
- analysis of existing weak points and needs and resources are a prerequisite for the rational setting of priorities;
- health promotion goals must be formulated in an action-orienting manner, i.e. they must be concrete in their content, target-group-related and formulated on the basis of a comprehensive concept of health;
- health promotion in the company acquires goal relevance and acceptance through active participation of employees at every phase;
- health promotion in the company can be implemented smoothly with clear budgetary provisions and agreed goals;
- health promotion in the company will be supported by early and comprehensive information of all participants and attractive public relations work;
- permanent monitoring and regular balance sheets of the cost and yield of health promotion supply arguments for a sustained company health policy and efficient adaptation of individual measures to satisfy the existing needs.

The better these requirements are developed in the individual company, the higher will be the quality of the practical health promotion within it and the more effective the progress towards a health promoting company within the meaning of the WHO Ottawa Charter.
PART II

Specific routes to company health promotion

2.1 Introduction

This section presents fourteen examples of workplace health promotion schemes which demonstrate that health promotion has already become a routine corporate practice in some areas. Not all the companies presented totally satisfy all the criteria of comprehensive health promotion as yet. However, the examples do show that corporate initiatives for health are possible everywhere: in large and small, private and public companies in every sector, within individual businesses and at regional branch association level. A variety of actors may take over the role of initiator. Analysis of the status quo, priorities and goals are generally performed and set in a cooperative manner. The examples also show the spectrum of possible areas and forms of action for structural and behavioural prevention; different levels of expenditure and yield, costs and benefits can be observed and assessed with different degrees of accuracy. Most of the examples are taken from Germany because the collaborating centre has the most detailed information on that country. A specific German feature is the active role of health insurances due to Social Law but this part can be played by other partners as well. Other examples from European sources described here and elsewhere, demonstrate the fact that company health promotion is in principle feasible and successful everywhere.

2.2 Learning from good practice

Lessons from the following examples are in principle capable of being widely applied. However, it can be difficult to translate these experiences to local circumstances. It may help to read the examples with the following questions in mind:

- What is the context in which health promotion is being introduced, e.g. which statutory and quasi-statutory provisions set conditions and formulate requirements for health protection and health care of the active population?
- What institutions are available to provide expertise and practical assistance on health protection and promotion at company level?
- Who are the main actors inside and outside the company and what are their interests?

1 All examples described below (including the quotations in 2.3.5) are quoted from the collaborating centre’s database – based on company publications and statements – with the permission of the individual company. For further European examples see Wynne/Clarkin 1993.
• What personnel, material and financial resources are already available? What resources are required for the initial phase of the health promotion scheme?

These questions can be applied both to the examples and to local circumstances to enable any similarities or differences as to be highlighted.

2.3 Practical examples demonstrate the wide range of corporate routes to health

2.3.1 Work strain not taken too lightly – health promotion in the plasterers’ trade

Health promotion is also in small and medium-sized enterprises feasible and successful as the example from 9 companies of the plasterers’ trade in southern Germany shows. Action was systematically planned and directed by a project group that supervised target group orientation, involvement of the masters’ wives and good marketing. All the participating masters and journeymen developed a broader consciousness of their own health. Furthermore suppliers could be convinced to think healthy and to reduce the weight of the mortar bags. Finally, the project group became a regular steering committee permanently taking care of the plasterers’ health in the region.

The starting point

In 1991 the IKK Heilbronn participated in a pilot study run by the Ministry of Social Affairs of Baden-Württemberg with the project “Health in the Plasterers’ Trade”. Within this project a health report was worked out to provide a status quo analysis.

88 plasterers’ businesses were invited to take part and 9 (with altogether 75 employees) accepted. It was a multi-agency project involving the IKK Heilbronn and the IKK Regional Federation of Baden-Württemberg, cooperation partners were the Institute of Sports and Sports Science (Heidelberg University) and the professional accident insurance association in the construction business. The project was scientifically accompanied by the Institute of Prevention and Health Research (IPG), Heidelberg.

On the basis of visits paid to the factories and an analysis of the IKK sickness data in the Heilbronn region – drawn up by the Institute of Health and Social Research (IGES) – a health promotion framework was worked out.

1 The guild health insurance funds (IKK) are health insurance institutions for employees in the crafts trade.
Gesundheit im Stukkateur-Handwerk

...bewusst ernähren
...richtig bewegen
...sicher arbeiten

Innungskrankenkasse
Die Krankenkasse für das Handwerk

Figure 8: Advertisement for the plasterers' health promotion project
The aims and targets

The aims of the project “Health in the Plasterers’ Trade” were:
- strengthening the employees’ health
- decreasing the illness rates in the long run
- improving the working climate (employees’ motivation).

Besides employees and employers also the wives were included in the programme.

The project group

Planning and coordination was the task of a project group, consisting of the project responsibles IKK Heilbronn and IKK Regional Federation of Baden-Württemberg as well as representatives of the above mentioned cooperation partners and of the plasterers’ guild.

Organisation and Marketing

In order to avoid long journeys to reach the courses the participating companies were subdivided in regional units. Advertising for the 42 events was done not only by means of leaflets and posters in the companies but also professionally by radio spots, ads and press releases in regional newspapers. Most of the employers either released the plasterers from work or granted a special pay for participation. This measure was able to increase the motivation to take part in the courses.

The programme

Based on the sickness data analysis three main areas of intervention were chosen. Events aiming at information and courses concerning nutrition were particularly made suitable for the plasterers’ working conditions, as there are eating at the building site, rare possibility to have a hot meal during the day. The wives were included in this part of the programme. In the setting of a lecture about “healthy nutrition in the plasterers’ trade” the participants were given the opportunity to have their blood pressure and cholesterol level taken. Additionally there were talks with the IKK-nutritionist who offered a wholesome meal at the working sites and a course where the participants were taught in practice how to prepare wholesome menues.

Concerning exercise two lectures were held in order to inform the plasterers about the special strain problems of the spine (characteristic for this profession), the cause of backache and how to avoid it. Sports experts taught in 6 exercise units how to move properly to protect the spine during working hours as well as exercises for relaxation, stretching and strengthening different groups of muscles. As the sports experts had first dealt with the particular professional strain and were therefore able to make the exercises suitable for the plasterers’ daily working conditions these offers were appreciated very much.

Furthermore two lectures (of 45 minutes each) were held about the safe handling of substances with emphasis on: health risks by working with various materials, by
repair and renovation works, improvement of tools and procedures, investigation in occupational health and safety and the results.

After conclusion of each section the participants were given material for their personal file (recipes, description of the exercise, etc.).

The costs
The total costs of the programme were 142,000 Marks which divide in: scientific supervision (70,000 Marks), development of media (41,000 Marks), ads/radio spots (23,000 Marks), other like screening, rent for a room, etc. (7,500 Marks).

The results
Although the project aimed at long-term modification of behaviour one year after the project activities had ended there was already short-term success:

- The number of participants who took care of their health had doubled (up to 83%). The participants eat less meat products but more vegetables, salads and whole cereal products.
- Two third of the participants regularly practice the back strengthening exercises.
- In addition exercises are reminded and brushed up in meetings two times a year.
- As positive side effects less tobacco and alcohol consumption have been reported.
- The working conditions improved since mortar suppliers agreed to reduce the weight of the bags and to facilitate the handle of the buckets (ergonomic remodelling). Another suggestion partly realized was to print ideograms on the bags, showing how to lift and carry weights.
- A regular working group consisting of the former project group members was established to take care of health problems and health promotion in the plasterers’ trade.
- The company owners said that they would participate again in a similar action and recommend the participation to their colleagues.
- One of the key lessons was the value of concentrating health initiatives during the slackest time of the year, for plasterers in the winter months.

2.3.2 Have a heart for your heart – step by step towards better health (BKK Carlswerk)

The project “Have a heart for your heart” is a multi-factoral, company-oriented programme to prevent cardio-vascular diseases, developed by the Institute of Documentation and Information, Social Medicine and Public Health (IDIS). In cooperation with BKKs of North Rhine-Westphalia it was tested in several companies between 1989 and 1991. In the course of the project health promotion was integrated into company routines in many places. Subsequently the Federal Association of Company Health Insurances (BKK BV) has offered the programme to all companies having a BKK (about 700) throughout Germany.
The companies
Among others, three companies in Cologne, the Philips Communications Ltd., Felten & Guilleaume Ltd. and the Trefil-ARBED Ltd. which have 4,000 employees altogether participated in the pilot phase. They are companies of the metal-processing industry (e.g. electrical appliances) having in total about 18,000 employees (among 61% industrial workers) in different factories who work in shifts, at least to some extent. For historic reasons they have a company health insurance fund in common: the BKK Carlswerk.

The actors
An interdisciplinary project-group of internal and external health specialists and decision makers was responsible for the project-coordination, as the BKK Carlswerk was for the organization and consultation.

The programme
In order to promote healthy ways of living and a healthy working environment the step-by-step program included:

1. blood pressure, cholesterol, weight screenings during working hours to raise health consciousness among staff;
2. information and advice to stimulate changes towards healthy behaviour;
3. courses including practice on healthy diets, how to stop smoking, stress management, weight reduction and exercises to strengthen the individual health competences;
4. structural measures as smoke-free workplaces, healthy food in the canteens, work specific relaxation and exercise trainings to facilitate and enable healthy behaviour at work.

The marketing
Continuous public relations work using the attractive heart symbol, competitions and other actions were used to motivate people to take part. By offering screenings during working hours or courses starting right after the end of work employees could participate quite easily.

The results
By the means of a personal check-card guaranteeing anonymity the participation was well documented. After the project had been concluded evaluation showed that people were very interested in the health courses and participated, e.g. in the blood pressure screenings to a great extent (85.7%).

Notable results are
• a comparatively high percentage of blue collar workers among the course participants;
• comparatively many male employees aged 45 to 54 took the chance of screening;
• hypertonic blood pressure levels were discovered for the first time with almost 30% of all screening participants;
• in the control screening after two years risk levels of cholesterol were significantly reduced (from 26 to 19%) and the same is true for hypertonia (from 29 to 17%).

The costs
The three companies and the BKK shared the costs of 15,000 Marks (25% each) and IDIS financed the accompanying research. In addition, the companies’ resources were profited by, e.g. own printing.

The continuation
In the meantime this primarily individual-oriented project has been concluded. Due to its success and by establishing the interdisciplinary steering group health at work on a permanent basis – also in other company locations – it has laid down the basis for continuous health promotion practice. Indicators are the personnel and space capacities for health promotion which by now have been broadened, the permanent establishment of individual consultation and courses in the field of nutrition and exercise. Programmes addressing trainees and the BKK offer of a healthy activities’ week complete the health promotion in all companies involved.

Stop-smoking campaign pays off
Only recently a stop-smoking campaign supported by acupuncture showed remarkable success: one year after acupuncture treatment 36.9% of the participants were smoke-free. In total 447 of about 4,000 employees had participated in the
Specific routes to company health promotion “More fun in life – no longer smoking”, among them 255 men and 57.5% blue collar workers. Comparison of results from different sites indicates that success is positively influenced by social support at the workplace. Compared to project expenses of 22,400 Marks the estimated savings of production loss and costs of illness amount to 64,800 Marks.

2.3.3 Health promotion at work and at leisure (REWE)

Since 1990, health promotion programmes initiated by the BKK have been developed which meet very well the conditions of a company with decentralized structures. In addition to company and worksite measures the BKK currently attaches particular importance to measures which involve also the families of employees.

The company

REWE is a wholesale and retail trade corporation with some 85,000 employees who work in a number of production plants, in the management, vehicle fleet and branches. Some 72% of all the employees are women and the proportion of part-time employees is particularly high at about 65%.

The starting point

The continuing increase in incapacity for work attributable to back pain, diet-related disorders and the high cost of dental restoration work were the reasons why the BKK introduced a range of health promotion measures in 1990. The working group on Corporate Health Promotion was founded on the initiative of the BKK in 1991. This working group plans and controls what has now become a particularly wide range of measures. The emphasis in these measures is determined by a company health report which is compiled on the basis of the BKK data on unfitness for work.

The programme modules

- **Workplace programme for female cash till operators**
  The aim of the workplace programme is teaching the female cash till operators a healthy sitting and ergonomic work routines. The cashier trainers are put through the training first. Theory and practice are then integrated by these trainers into the training programme which is followed by each newly recruited cashier. Brochures and video films support the training course. In conjunction with the aspect of occupational safety, regular workplace visits take place during which the workplaces are verified from the ergonomic angle. Health and safety experts are also trained to act as trainers and consultants/advisors.

- **Back training courses and spinal column exercises**
  Back training courses have been set up in the different branches and lead on to permanent spinal column gymnastics courses. These are conducted immediately after normal working hours.
• **Individual dietary advice**
The BKK has developed a long term advice programme which is specially designed for the retail trade. Working hours prevent employees from taking part in the current range of courses; consultancy is therefore given essentially by telephone and in writing. The purpose of this advice is to bring about a lasting dietary change, preferably including the whole family. This dietary advice is well received. In 1993 for example, contacts were established with more than 800 insured persons of whom 48% took advantage of the consultancy offer.

• **Health weeks**
Since 1992, health weeks have been organized at regular intervals in the branches which express an interest in them. They comprise a range of screening campaigns, back training test courses and information on a healthy diet.

• **Canteen actions**
Since 1990, one to two week canteen actions have been regularly arranged, partly as modules for health weeks. During these actions, the personnel is given information on a healthy diet and also offered wholemeal food, with a low meat content, as an alternative. In many cases this has resulted in a wholefood option being permanently available in the canteen – based on agreements of the works council, the personnel department and the kitchen.

• **“Vascular screening vehicle”**
With a view to the prevention of the vascular diseases which frequently occur in the retail trade professions, free examinations of the leg veins have been offered to employees since 1990. The aim is to detect pathological changes at the earliest possible stage and to take the necessary remedial measures. The screening is accompanied by information on the prevention of vascular disorders.

• **Health module in occupational training**
The seminars for trainees which have been organized already for many years by the BKK in cooperation with the training and further training departments on the subject of “social insurance” have undergone a fundamental revision and are now supplemented by prevention and health-promotion contents. Care has been taken to make sure that the contents are presented in an attractive manner for young people.

• **Health circles**
In 1994 the first health circles have taken place in three areas (warehousing, meat production, sales) in order to develop solutions for work-related health problems under the employees’ direct participation.

• **Prevention of addiction and remedial care**
In 1989, the REWE BKK organized the first expert consultancy on addiction at company level. Three social trainers provide confidential, personal advice on addiction to persons insured with the BKK and to company staff; they organize seminars and information events for executives, works council members, trainers and trainees and also for the participants in further training campaigns. In addition, they advise managers, supervisors and the works council and assist in drafting of company agreements on corporate coping with addiction problems.
• **Transition to retirement**

Employees who have retired from their professional life (between 6 months and 1.5 years ago) are offered the possibility by the BKK of attending three week active courses in an Italian spa. The programme consists of information events on the topics of diet, movement and relaxation, together with practical and creative exercises. The purpose of these courses is to encourage pensioners to pursue an active retirement with a lifestyle which is conducive to good health. A two-week refresher course with a similar content is offered two years later.

• **Health promotion for the whole family**

The REWE BKK offers three-week health care leave to families with children aged between 3 and 14, provided that at least one member of the family concerned is insured with the REWE BKK. Games and exercises, information on healthy eating habits and creative programmes enable parents and children to familiarize themselves with a healthy lifestyle and acquire the necessary aptitudes. The employees concerned have to take leave to attend the course and pay their own hotel and subsistence costs. Child care and the programme itself, together with the practical exercises, are financed by the BKK. Another service for families consists of “active weekends”. At a sports hotel, insured persons and their dependents are able to familiarize themselves with traditional and more unusual types of sport and methods of relaxation in a four day course.

**Prospects for the future**

The REWE BKK views health promotion as an ongoing task. Behaviour-related actions in the company are being supplemented with increasing success by structural measures. The inclusion of the whole family in the behavioural training programme is an investment for the future, since it is a well known fact that the option for healthy behaviour or behaviour involving a high health risk is taken at an early age.

**2.3.4 From health circle to children’s office – multiple action towards comprehensive health promotion (B. Braun Melsungen)**

The health promotion activities of the B. Braun Melsungen AG are characterized by a holistic approach, which combines measures of behaviour prevention with participation measures for a health-promoting work organization. The qualitative evaluation of the health circles should be emphasized in this context. The priorities are derived from the analysis of data on incapacity for work and from surveys among the staff. All measures are deliberately planned and managed by a working group of company experts and decision-makers, which meets four times a year and of which the full-time health promotion expert of the BKK is also a member.

**The company**

The B. Braun Melsungen AG is a multinational enterprise belonging to the chemical industry (products for medicine and research) with its head office and about 4,400
employees in the Federal Republic of Germany. About 1,100 employees work in the two-shift-system, about 400 in the three-shift-system, partly also in rotating shift.

The starting point

The company health promotion activities were initiated in 1980 by the BKK by means of health check-ups, blood pressure screenings and a serial examination of the eyes as well as courses in yoga and autogenous training. The activities are based on the company guidelines, which emphasize the social responsibility towards the employees and the regional environment. Health promotion is also seen as an integral part of company personnel policy.

Central aims of health promotion are the creation of healthy working conditions – concerning technical, organizational and personnel aspects – on the basis of interdisciplinary cooperation and active participation of the staff as well as the promotion of the employees’ personal health competences.

The health report

The setting up of priorities for company health promotion activities is based on the analysis of the BKK-data on unfitness for work in a company health report that reveals over average incidences of diseases, e.g. for specific working areas. In addition annual surveys among the staff and in some areas health circles are the means to identify weak points and proposals for improvement.

Enabling and facilitating: healthy lifestyle at work and at home

Apart from courses and counselling offered in the areas of nutrition, exercise, smoking, stress, also schemes for cancer prevention, assistance to the addicted and prevention of addictions, the transition to retirement and the early diagnosis of vein diseases are available to the employees. The BKK-activities’ week – to become acquainted with a healthy lifestyle – completes this as well as lectures and the provision of BKK-rooms for self-help groups.

The canteen’s meals and drinks selection helps to ensure a healthy nutrition, and trainings for the back at the workplace – including particular ones for trainees – support the prevention of diseases of the loco motor system.

To prevent or at least to moderate stress due to family responsibilities in 1994 the BKK opened a so-called “children’s office” to mediate short- or long-term care to the parents working for the company.

The health circles

Till 1994 seven health circles had been carried out with an active participation of the staff, developing mainly technical and organizational suggestions for a health-promoting work organization. These suggestions as well as the measures proposed for a supplementary behaviour prevention (training for the back, coping with stress) have been largely implemented. They include: height adjustable tables and new
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chairs, vacuum installations, introduction and development of job rotation, involvement of personnel in planning and putting into operation of new machines, discussion circles to improve information flow and corporate climate as well as supervisors' training how to cope with the issue of unfitness for work and absenteeism.

**The costs**

All in all the enterprise raised its investments into health promotion from 257,000 Marks in 1989 to 477,000 Marks in 1992 (92 Marks per employee), about 40% of which are paid by the employer, 55% by the BKK and 5% by the (course) participants themselves.

**Success for the employees and the company**

Considering the about 325 employees taking part in exercises at the workplace and the 245 course participants as well as the successes of the health circles, the experts qualify the following facts as indicators for the favourable effect on the employees’ health:

- a decreasing number of sick employees
- a decreasing number of accidents
- an improved communication and a better working atmosphere
- more personal initiative of the employees.

The successes of the health circles are proved by

- an improved communication between different hierarchical and technical levels
- an increased motivation to work (morale) and
- more personal initiative regarding one’s own health
- the fact that as a result of all circles multiple suggestions for improvements were put into practice
- an improved image mentioned as being the favourable effect for the company.

**Prospects for the future**

Health promotion is being considered as permanent challenge and will be continued systematically at the B. Braun Melsungen A.G. Additional health circles will be carried out in the future, concrete plans have been made for two areas, further production managers expressed their interest – but the priorities are to be determined on the basis of a relevant BKK health report. Moreover it is planned to adjust the lifestyle courses according to demand, e.g. to extend behaviour-oriented trainings for executives and young persons and to include environmental factors to a larger extent.
2.3.5 From model project to corporate strategy – health promotion by participation (Hoesch)

Against the background of recruitment, promotion and above all to prevent the fast turnover of qualified personnel, any failure to take account of “workplace health promotion” is a serious omission on the part of the employer, to say nothing of his human obligations and duties of corporate social management. (Heese 1991)

Health promotion in the recently merged company Fried. Krupp AG Hoesch-Krupp is embodied in a corporate philosophy which regards the working individual as the central “factor” in the value creation chain. With a view to enhancing the sense of well being and economic success, full use is made by the company of both internal and external resources and cooperation. Priorities are set here on the basis of systematic analyses of the existing situation. Health circles are a central strategy for the development and implementation of controlled measures of all-round health promotion; they enable employees, the management and industrial health and safety experts to seek a joint solution.

The company
Fried. Krupp AG Hoesch-Krupp which was formed in 1991 following the merger of two long-standing companies is the holding company of a group with some 90,000 employees and an annual turnover in the order of 23 billion Marks operating in the following areas: mechanical engineering, plant construction, automotive industry, processing, steel and trade.

The starting point
Against the background of a high sickness rate and high staff turnover, the management and works council of Hoesch AG (as it then was) decided in 1987 to take part in a pilot project for the humanization of work financed from public funds. The dialogue which developed through joint co-determination between the company management and the works council, and also the long-standing tradition of patriarchal social welfare, constituted a favourable point of departure.

The health report
The first step in the project consisted in the analysis of the BKK data on unfitness for work in a company health report and surveys of experts and employees whose results were presented to the “health” working party or safety and health committee and discussed with the company management, works council, company doctor and industrial safety experts.

The health circle
The health report had identified special health problems in the foundry division of the W works. The first health circle was therefore set up here with employees.
collar and production workers played an equal part as participants in the health circle: 4 employees from the two shifts, the local works council, the safety expert, the company doctor, the foreman and the works manager. Neutral chairmanship was provided by a member of the BKK Federal Association who had first acquired more detailed information on the working conditions by personal observation of a complete shift.

The health circle met at 14 day intervals on a total of eight occasions for one hour during working time. The following questions were discussed:

- Which types of work present the most severe strain?
- At which machines and facilities do they occur and with which health complaints are they associated?
- What creates stress at work? Pressure of production, relations with colleagues or superiors, or else the constant occurrence of small disturbances and adjustments which interfere with the routine pattern of work and get on people's nerves?
- What technical and/or organizational measures at the workplace would be likely to facilitate the working tasks which create particularly severe stress?

Some 40 aspects which, in the opinion of the participating employees and experts, create special stress were named and discussed in the health circles. They included stress factors caused by environmental influences and strains and stress caused by strenuous physical work and by shortcomings in work organization. All the stresses and the accompanying proposals for improvements were assessed in terms of their urgency and the cost of putting them into effect.

**Successes**

Of the proposals worked out in the health circles, over 20 improvements in the working conditions were put into effect rapidly; in cases where high implementation costs and investments were necessary, cost/benefit comparisons were first made between different solutions. The reduction in staff turnover in the foundry shop at works W is viewed as a particular success of the project by Hoesch AG, the works council and the BKK. At other circles organized in different works, staff, experts and management personnel jointly put forward an average of between 60 and 80 proposals.

**Prospects**

Health reporting and health circles have now been introduced in all the divisions of the new Group. The necessary staffing requirements have been progressively satisfied by the company and the BKK. At the end of 1993, twelve health circles were in progress or had completed their work and another six were in preparation. The intention is to compile company health reports at annual intervals in future for each Group member company; if necessary, reports on special aspects of health protection will provide more detailed information.

The decision to adopt this systematic approach to company health promotion and
to pursue it continuously is embodied in a concept of “Industrial health and safety and health promotion through an allround approach to technology, organization and staff conditions” which was laid down in the context of the health promotion policy in 1989 at Group level as an integral part of corporate policy (see Heese 1991). This concept starts out from the consideration that, given the demographic and industrial organization trends, preventive health and safety and health promotion at the workplace must be central features of all industrial action. Secondly, the guidelines are based on the assumption that this policy can only be put into effect with the direct participation of employees who take an increasing interest in the quality of their work. The aim is to cut the sickness costs which amounted to 105 million Marks against a balance sheet profit of 71 million Marks (1991) in 1992 for the Hoesch AG as it then was; another aim is to make sure that employees are healthy, motivated and creative.

Staff orientation and the creation of a health culture are becoming increasingly important cornerstones of a strong position on the market. These strategic factors for success represent an essential extension of the old paradigms of company management which used to focus primarily on monetary parameters. (Heese 1991)

2.3.6 Discussions to prevent a “bad atmosphere” – From measures to prevent addiction to improvement of the working climate (Voith)

The foundations for company health promotion were already laid at Voith twenty years ago with a programme of assistance in the case of addictions. Consideration of the topic of alcohol at the workplace gradually led to an extension of the aims and health-promoting measures. The creation of a good working climate is now seen as the basis for job satisfaction and health and is a focal point of the approach to health promotion at Voith.

The company

Voith is a company with worldwide business activities in the mechanical engineering and plant construction sectors. The parent works at Heidenheim employ a workforce of 4,160, some of whom work alternating shifts.

The starting point

In 1975, the then director of personnel set up an interdisciplinary working party with the task of analyzing alcohol abuse in the company and putting forward remedial proposals. As in the early days, the members of the working party still include representatives of the employer, dedicated works councillors, a social assistant and an external consultant. Apart from social and humanitarian concern, a company addiction control programme also has important economic aspects. Calculations by the Stanford
Research Institute show that a member of staff who consumes excessive quantities of alcohol has only 75% of normal working capacity (see Stanford Research Institute 1975). If just 5% of the staff of a particular company have become dependent on alcohol and if it has a total workforce of 10,000, annual alcohol-related costs already amount to between 1.5 and 1.8 million Marks. However, estimates made by experts suggest that the number of personnel concerned is even higher (up to 7%). Then there are another 10% or so of staff with abnormally high alcohol consumption whose work performance must also be assumed to be diminished. What is more, the colleagues of alcoholic employees are also affected in that they have to put in additional work when the employees concerned are absent.

**Assistance for addicts**

The goals of the programme are to

- offer adequate assistance to sick and endangered individuals;
- create a good working climate;
- keep staff in a generally good state of health.

To achieve these goals, a complex programme was drawn up. It covers the development of assistance infrastructures and binding directives for dealing with affected persons, together with measures to limit the consumption of alcohol at the workplace. The individual measures are listed below:

- **Formation of a group of helpers as a social network**
  This idea originated from a member of the working party who was himself an alcoholic. The assistants play a supportive role as intermediaries and advisers for the persons affected and for their superiors. The group of assistants is made up of former alcoholics, works councillors and colleagues participating on a voluntary basis. All the assistants were given special training in preparation for their new task. The group was chaired initially by the social assistant and later by the company doctor in cooperation with the BKK.

- **Training of superiors**
  Hierarchical superiors are to be made aware of the addiction problem and enabled to identify such problems suffered by staff members at an early stage. With that end in view, they are trained in the conduct of discussions and in suitable management attitudes.

- **Company agreement**
  This provides for a phased plan to deal with alcoholic colleagues who are not to be dismissed until they have declined at least two offers of assistance by the company (see model company agreement, page 78).

- **Accompanying measures**
  The consumption of beer in the company was to be reduced by an internal information campaign and a substantial increase in beer prices in the works canteens and cafeterias.
The results part one

The training measures made it easier for hierarchical superiors to recognize alcohol-related problems and their causes and to proceed on the lines set out in the company agreement. A substantial reduction was achieved in alcohol-related dismissals; sales of alcoholic beverages in the works fell. The addiction aid programme also brought valuable experience of necessary fundamental principles and rational approaches to health promotion at Voith which is undergoing constant development.

Extension of the goals: health in the company

The comprehensive health promotion programme on the theme of job satisfaction/working climate which was developed at Voith in subsequent years began with a project on “health at work”. The working party which was formed in 1982 and made up of representatives of the personnel service, health and social departments, turned its attention first to the question as to which internal influencing factors may result in absences due to sickness.

Participation of staff

Taking up the proposal of an external psychologist, a staff-oriented approach was chosen for the purpose of analysing causes. Employees suffering from sickness were to be given an opportunity to exchange views on their own illness and its root causes in confidential group discussions. The social assistant and an external specialist went on to conduct six discussion groups in the next five years covering many different areas (from the workshop to the office). Each group involved between 10 and 12 participants. In each case, 12 two-hour meetings were held during working hours spread over a period of three months.

Important insights

The following information was acquired with the assistance of this group work. Illness and absences not only involve strains for the employees directly concerned, but also for their hierarchical superiors and colleagues. In other words, the hierarchical superiors should also be given an opportunity to take part in group discussions to enable them to describe the situation from their particular standpoint. The decision taken by members of staff as to whether they are still healthy or already ill will tend to come down in favour of illness if their relations with colleagues and/or hierarchical superiors are poor. External working conditions which are a source of strain are seen to be far less problematic and conducive to illness than inter-human conflicts. Some 80% of the references to factors which tend to aggravate illness named by group members concerned relational problems and only about 20% objective difficulties. The latter, e.g. technical shortcomings, problems of an organizational nature, working time questions etc. were discussed in the working group and solutions were found relatively easily. However, the approach which consisted in concentrating primarily on staff who
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were already ill led to uncertainty, mistrust and anxiety (“am I on the list of rejects?”) and work with the group was therefore made more difficult instead of being facilitated. New ways of dealing with the subject of the working climate were therefore sought.

The survey

In 1989, an external institute was commissioned to conduct a survey of employees at Voith and to clarify the conditions at the workplace which have a decisive bearing on employee satisfaction/dissatisfaction, and also to identify relevant strengths and weaknesses within the company. Some 30% of the total workforce were chosen as a random sample for the survey and the participation rate within this group reached 91%.

Overall, the survey showed a good working climate at Voith but the necessity of improvements was clearly identified especially in the area of inter-human relations. There were many pointers to the fact that the quality of communication and cooperation is conditioned to a decisive extent by the attitude of hierarchical superiors.

The “work and climate” project

Based on the results of the survey published in the company and practical experience gained to date, the working circle again decided to work in small groups to permit participation of the persons directly concerned.

Starting out from the principle that it is better to talk to one another than over one another’s heads, staff members and the direct superior from an organizational unit were to be given an opportunity to discuss topics pertaining to daily cooperation which tend easily to be overlooked or relegated to the sidelines in routine business activities. Particular attention was to be given here to the “nature” of cooperation, extending beyond the boundaries of individual organizational units.

The groups

To permit effective work, the group size was limited to 7-8 persons. The groups meet under the leadership of a chairman (external or member of the staff development/further training department) on a total of 4-6 occasions in each case for two hours during the normal working day.

The purpose of group work was to enable the participants to learn for themselves in concrete terms which particular factors are an obstacle, or on the contrary conducive, to productive cooperation, how relations can be further improved, the fact that the feelings of each individual are a subjective reality, how the individual’s own behaviour is perceived by others and the realization that the working climate can be no better than the contribution made by each employee to it.

Each group compiles a final report on the results of its work which is then made available to the immediate hierarchical superior. That is essential if the latter is to be given an opportunity to assist or put in hand changes requested by the group.
The results part two

The formation of the working groups and study of the topic of the “working climate” called for a great deal of sensitivity in handling mistrust, resistance and fears. Staff members and superiors were concerned that
- statements might end up in personal files;
- they might be used as guinea pigs for an unusual and unknown measure;
- they might be criticized for having done everything wrong in the past;
- the group work might be regarded as a punitive measure.

From the standpoint of the chairmen, this entailed a great deal of work to create confidence and provide explanations during the group meetings. Theoretical inputs on topics such as communication, cooperation and perception were therefore taken as the points of departure for the group work. These topics proved to be a successful opener to the discussion on the “nature” of daily cooperation.

Successes

Apart from positive feedback by the participants, the fact that the group discussions could be integrated into long-term company structures must also be regarded as a success. For example, the chaired discussion on the working climate on the theme “Let’s talk to one another” became an integral part of internal company training in the second year of every traineeship. In addition, the groups were incorporated into the Voith management concept as an official management tool and written guidelines were set out in the corporate management directives.

Prospects

Group activities have not yet been developed throughout the whole company; however, the responsible working circle has already started to create more and more small groups and to promote long-term cooperation within the company.

2.3.7 Protecting non-smokers, respecting smokers – company agreement settles delicate issue
(German Centre for Cancer Research)

Considering the own scientific research on possible causes and prevention of cancer the German Centre for Cancer Research Heidelberg (DKFZ) started to promote cancer prevention within the organization itself. Respecting the different interests of smokers and non-smokers in 1988 a company agreement was concluded.

The company

The DKFZ is a public foundation of the Land Baden-Württemberg (FRG) with the purpose of carrying out cancer research. In 1994 it had 1484 employees over 600 of which are scientific workers. The working hours are adjusted to the demands of the research work and include both day and night shift work.
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The starting point
Following extensive preparation in 1988 a company agreement for the Protection of Nonsmokers in the enterprise was signed. This was triggered by persistent conflicts between the smokers and nonsmokers among the employees, in the light of the findings from research on “Passive smoking and the risk from lung cancer”, as well as from the special responsibilities of a Cancer Research Centre. The agreement clearly defines the priority of the interests of the nonsmokers. In the DKFZ smoking is not allowed on the premises. Smokers have an opportunity to participate in a programme for stopping smoking. In addition to the protection of nonsmokers and the support given to smokers giving up the habit, the DKFZ provides, by means of the agreement an example to the public sector.

The barriers
The company agreement in this form could be only achieved after protracted negotiations with the staff council. According to the State Personnel Representation Law the staff council has the unlimited right to participate in decision making on such issues. Initially the staff council was against the decision of the foundation board to introduce a general non-smoking policy. In fact most of the members of the staff council were personally in agreement with a non-smoking policy, and yet they felt it was important to consider the interests of all the employees. Only when the aim of the agreement concerning the protection of non-smokers was enlarged by the inclusion of the interests of the smokers, a compromise could be reached, which allowed for the general acceptance of the broadened company agreement (see page 81). This allowed individual departments to make separate agreements where and when smoking might be tolerated and that smokers were given opportunities and support to join stop-smoking courses.

The results
The Federal Centre for Health Education has financed the evaluation of the implementation of the company agreement, which has been carried out by the Institute for Prevention and Health Studies. A telephone survey of a random sample of 300 employees showed that 73% agreed with the company agreement, 21% were against and 6% were indifferent. The qualitative evaluation showed that the high level of agreement is associated with the reduction of the conflict between smokers and non-smokers.

One year after the introduction of the agreement, 50% of the smokers reported they had made attempts to reduce their smoking. The DKFZ assessment on the basis of the data is that a 10-15% reduction in the proportion of smoking has taken place as the result of the company agreement.

Conclusions
There are three aspects of this example which are of interest.
• First, at the outset the board of the foundation had a clear policy aimed at
“nonsmoking and the protection of nonsmokers”. This gave the process of development of a company agreement sufficient power for it to be carried out.

• Secondly, it was shown that an early participation of the representatives of the employees and their involvement in the development of the contents of the measures was indispensable. The necessary process of developing an internal consensus, produced not only a reduction of existing conflicts between health promotion and employees’ interests, but also activated numerous groups of employees in developing a realistic and workable solution within the enterprise’s health promotion.

• Thirdly, the example clearly shows how one can utilize the existing enterprise’s organizational mechanisms for health promotion (support of the existing potential for change, improvement of subjective work satisfaction, as well as of the general work climate).

Further activities
The company agreement concerning non-smoking and the protection of non-smokers illustrates only one part of the DKFZ’s health promotion. Also included are the measures for help with drinking problems, allergies and a wide health educational programme for the staff, partly in cooperation with external providers.

2.3.8 Training for health and environment – the cleaner’s project of the Hanse town of Lübeck
Effective protection of health and environment in the cleaning business can only be achieved if all relevant decision-makers get involved. In 1984 the cleaning business became the first common project of the environment office and the occupational health and safety department of the Lübeck municipality. From the occupational health point of view the working conditions of the cleaners were unsatisfactory. The cleaning substances used formed a second problem area from the viewpoint of the ecological policy – jointly and systematically solutions were developed.

The municipality
The municipal authority with a staff of 6,000 people is the largest employer in the Hanse town of Lübeck. They work in a great variety of public services for the 220,000 inhabitants of the town.

The starting point
Altogether 560 women are employed to clean the municipal buildings, most of them for about 20 hours per week. The costs are about 2 to 3% of the whole administration budget or 20% of the regular costs for the managment of the buildings. This shows that the cleaning business is important also in economic terms.
A report on the results of the occupational health examinations of the cleaners and their workplaces revealed four problem areas:

- The cleaners suffered from a number of ailments such as: problems of the skin for example allergies, low back pain, pain in the shoulders, elbows and forearm as well as accidents, e.g., injuries of the eyes caused by corrosive cleaning substances.
- Problems in relation to the work situation especially because of frequent replacements combined with the ambition of the cleaners to do one’s best in spite of the additional work.
- Problems caused by insufficient technical aids as there are: gloves, missing, old and unsuitable tools as well as too large containers of cleaning substances without any equipment for filling up or measuring out.
- Finally the consequences of inadequate or missing training turned out to be a problem.

The project and the actors

On the basis of this situation a project was decided on in order to improve the working conditions in the field of the cleaning business under consideration of preventive, ecological and economic aspects.

To reach this multiple aim it was necessary to find out about the organizational prerequisites and proceedings. The following aspects turned out to be of importance to reach effectful changes:

- the fact that the office dealing with purchase of goods plays a central role
- the fact that all executives and the staff council for civil servants have to be integrated into the project from the very beginning on
- the fact that the different interests of all groups who will be touched by the changes have to be taken into account.

In a next step the status quo had to be clarified: the state of health of the cleaners, the analysis of the work situation, the result of the examination of the equipment and the necessity for training. Aims and demands in order to optimize the organizational and technical conditions in the municipal cleaners’ business were discussed among representatives from occupational health and safety, environment office, office for purchase and staff council for civil servants.

The measures and the results

Because of the cooperation of different parts of the administration a bunch of measures was planned and realized:

- A commission was established to select cleaning substances which were less harmful for health and environment as well as good value for money. The commission consists of representatives from occupational health and safety, environment office, office for purchase.
- A cleaning master was employed to set up a relevant register for the calculation
of working hours and the allocation of jobs. It takes into account the number of square meters, the position of hot water taps, steps and the quality of the floor.

- The training of all cleaners is essential for the concept’s translation into action. Seminars are organized by the Hanse town of Lübeck and prepared by the purchasing department and, as regards content, with the support of occupational health and safety: two times 4 hours the cleaners learn how to use the new tools and cleaning substances in a proper way to protect the environment and their own health.

The results which have been reached up to now are promising. Environmental and protection of health could be realized in this area by way of systematic and cooperative proceeding and at the same time proving profitable to the cleaners, to the ecological and economic administration.

2.3.9 Commitment to health promotion – company agreement of the Mannesmannröhren-Werke

Since December 1992 a company agreement determines the framework of worksite health promotion for the whole trust of the Mannesmannröhren-Werke. Herewith both management and works council express their commitment to develop the company’s health policy and to carry out health promotion programmes at the worksite under the direct participation of staff. The following example describes the practice of health promotion in one subsidiary of the trust.

The company

The Hütte Krupp Mannesmann GmbH is an enterprise belonging to the steel industry, which produces steel tubes and steel plates. At the beginning of 1993 the Hütte (metallurgical plant) had about 4,000 employees; about 800 of them were salaried employees. About 70% of the staff work rotating shift.

The company agreement

In September 1991 management and works council concluded a company agreement, which contains the following regulations:

- A working group for the promotion of health is responsible for fostering measures, “which help to improve the health of the staff. In order to achieve this aim, it analyzes potential risk factors and presents suggestions as to how work-related strain can be reduced” (see page 76). It consists of the heads of the departments work organization, occupational safety, personnel as well as the head of the BKK, company doctors, an ergonomist and three members of the works council. The senior company doctor is the chairman of the working group.

- The analyses of the working group are based on the health report compiled using data on incapacity for work supplied by the Company Health Insurance Fund (BKK), on workplace analyses and on medical data collected by the company doctors. The occupational medical examinations are equally carried out on every
Specific routes to company health promotion

member of the staff and go beyond the requirements laid down in legal regulations. They also contain screenings after metabolic diseases and high blood pressure. Thus specific diagnoses for selected groups of employees can be evaluated and compared with the data on unfitness for work. The company agreement also regulates the need for data protection arising in this context.

- When required, health circles are established and health promotion measures are offered in cooperation with the BKK.

The actors and partners

The company agreement was a result of an initiative of the company’s medical department and was prepared by a project group composed of the senior company doctor but also of representatives of the IG Metall (German Metal Workers’ Trade Union) and experts of the Federal Institute for Occupational Safety (Bundesanstalt für Arbeitsschutz, BAU), of IDIS (Public Health Institute of the Government of the Federal State of North Rhine-Westphalia) and of the company Hoesch.

The starting point

The reason was on the one hand an increasing number of staff members being unfit for work and on the other hand the result of an opinion poll among the employees during medical examinations carried out by the company doctors, which indicated a clear connection between the degree of satisfaction with work and the number of sick employees.

The company agreement led to an integration of the different relevant company departments, which already today take extensive action effecting a holistic workplace health promotion:

- In two areas (metalworkers and smelters) health circles were established and resulted in ergonomic improvements against the impacts of strain through heat and in a reduction of strain through fine dust. In order to reduce the strain for crane drivers (heat, stress) a crane driver-relief-pool was created, which permits a prolongation and an individual organization of breaks.
- The BKK offers exercise for the spine and relaxation courses, which take place in the vicinity of the establishment after the (office) working hours. In the near future the offer is to be extended to include a nutrition advice service. The courses are open to family members of the employees and can also be attended by persons insured in other health insurance funds.
- Training for the back courses were conducted during working hours in different departments by the company’s medical department, moreover they are a permanent part of vocational training.
- The company’s vocational and further training and medical departments cooperate in carrying out campaign days for trainees dealing with information on AIDS and prevention of addictions and health days for formen on nutrition, exercise, addiction.
- Three persons, who in addition to their regular duties work as addiction
counsellors, do very effective work in this field. Regular expert-meetings with the company doctor help them to do their work.

• In the beginning of May 1993 a nutrition week was carried out in cooperation with the caterer, the BKK and the medical department. During that week comprehensive information is to be published in the company’s newspaper and additionally also alternative canteen-offers are to be tested.

The results

The staff’s response to the various offers is altogether positive. Results, however, like for example a reduced number of sick employees, are only expected on a long-term basis. Satisfaction with work and health protection will be important parts of the corporate philosophy, which is worked out at the moment. The aim of all joint efforts is to give the enterprise a long-term advantage over its European competitors in the steel branch by means of a healthy, satisfied and efficient workforce.

2.3.10 Priority for participative and anticipatory health promotion (VOLKSWAGEN AG)

Prevention and health promotion are perceived by VOLKSWAGEN both as an ethical and social commitment and as an economic necessity: healthy, qualified and motivated personnel hold the key to the success of the company. Health promotion forming an integral part of company processes is also the response to changed production concepts and working requirements, increasingly stringent demands by the employees for meaningful work and good working conditions as well as to a changing panorama of illness and an increased health consciousness.

Goals

Health promotion at VOLKSWAGEN is designed within the meaning of the Ottawa Charter of the WHO to create appropriate working conditions for sound health and to facilitate and promote healthy behaviour by employees. Over and above the health and safety provisions, the company health system includes the prevention of general, not only work-related illnesses and aspects of health and personality development (“salutogenesis”) in its activity. The aim is to

• protect staff comprehensively against the impairment of their health;
• promote physical, psychological and social well-being
• as well as the capabilities of all members of staff
• and so making a contribution to the success of the company.

Cooperation and expertise

The basic requirements for the attainment of these goals are satisfied at VOLKSWAGEN by

• qualified industrial doctors, social scientists and psychologists who cooperate on an interdisciplinary basis in the company health services;
• a written concept "occupational health and health protection", jointly agreed on by management and works council;
• an adequate organizational and hierarchical integration, e.g. the fact that the director of the company health service reports directly to the Board Member with responsibility for personnel matters;
• regular cooperation between all the agencies which influence either directly or indirectly health within the company, in particular medical and technical health and safety experts, members of the works council and the VOLKSWAGEN BKK within the health and safety committee, project groups or in steering groups health at the worksite;
• cooperation with outside experts, specialized institutions and universities.

Health promotion through job design and participation

Health promotion through job design takes fundamental priority at VOLKSWAGEN over behaviour-oriented measures and already begins at the stage of product development and the planning of new production facilities and machines. This goal is e.g. served by projective job design in which the doctor and ergonomist optimize the future workplaces from the health angle in ten specifically defined phases with the planners and works council from the outset till routine production.

In parallel with cooperation at the expert level, staff participation is promoted in many ways. Staff is enabled to play the most active possible part in the general work process and also in the framework of health promotional measures of organizational development at VOLKSWAGEN. Firstly, the analysis of the existing situation must be defined in regard to psycho-social stresses and subjective health potentials and secondly it must be based on the knowledge gained by experience by employees to bring about improvements in their working and health situation; thirdly younger employees in particular must be given more satisfaction and motivation through opportunities for participation and co-decision.

Health circles are the participative technique which has the most direct bearing on health (see page 26 following). They are used in a number of different variants in order to detect and eliminate health problems in the work process. VOLKSWAGEN circles (quality circles) are more closely integrated into the company routine than health circles. In their case technical problems are in the forefront but improvements in working conditions and health and safety also count among their goals and results. Similarly, corporate procedures for making suggestions and the result of continuous improvement processes (KVP) contribute to healthy work design. Finally, group work and questionnaires addressed to personnel are further forms of participation with a relevance to health. A common feature of all the procedures ist that they contribute to the empowerment of staff.

Promotional background conditions and development of personal health competences

As a flanking measure for forward-looking job design and health-oriented participation by personnel, the company and the VOLKSWAGEN BKK contribute
on the basis of a division of tasks and in a mutually complementary manner through a variety of measures to preserving, restoring and enhancing the health of personnel. More specifically, this is done through

- extended preventive examinations for the early detection of factors presenting a risk to health;
- systematic and progressive reintegration and adjustment of the workplace when personnel return to the company after absence for long periods through sickness;
- job-related and general back training models and gymnastic during breaks at work, e.g. for sewing machine operatives in the upholstery shop;
- stress management seminars;
- health education in the context of company training and further training, e.g. cause-oriented prevention of dependence for trainees and trainers;
- comprehensive information, advice and course programmes on all health matters for staff and their families;
- healthy menus, snacks and beverages in all the company restaurants and regular special campaigns to promote a balanced diet, e.g. dealing with vitamins and mineral substances;
- a three week intensive course for employees who have retired from professional activity some twelve months ago and are able to familiarize themselves with, and try out healthy patterns of behaviour for an active retirement in the BKK centre in the Harz-Wald, in company with their partners.

In addition, the VOLKSWAGEN BKK plays the role of a partner in local health promotion at the company headquarters in Wolfsburg.

**Health and corporate benefits**

Systematic and comprehensive health promotion at VOLKSWAGEN brings measurable results. The health benefit for employees can be judged by fewer health problems and enhanced psycho-social well-being. The corporate benefit resides in an improved corporate image, higher productivity and better utilization of staff know-how. Economic success is not the prime factor at VOLKSWAGEN when it comes to health but can be shown, e.g. if optimized noise protection in a workshop area results in savings of 257,000 Marks or if as a result of the KVP improved working conditions for vehicle window fitting are accompanied by 23% higher productivity. Health promotion at VOLKSWAGEN is being understood as permanent process and key investment in the human capital. Job design, cooperation and participation form the stable foundation for a sustainable company health policy.
2.3.11 Touring exhibitions for health – health counselling at warehouses (Marks & Spencer)

The following example from Great Britain shows how informing and health education is carried out successfully since years in the Marks & Spencer warehouse stores. This is done mainly by the means of systematic use of exhibitions and counselling.

The company

Marks & Spencer is a major English textile, food and furniture retailing chain with 52,000 employees of which 83% are women. They work for the company in regular working hours and shiftwork.

The starting point

Marks & Spencer has a long history on activities to improve or maintain the physical, mental and social health of its employees. Since 1968 they have offered a cervical cytology programme and since 1976 a breast screening programme. Both programmes were regularly updated and are now supported by special videos to inform and advise staff about the value of these tests. Meanwhile information on preventive examinations on prostate gland and skin cancer as well as oral cancer, the latter with support from the dental hygiene sales departments, complete the prevention offers at Marks & Spencer.

The programme

Since 1985 the company has a formal health promotion programme under the logo “Better Health Its Your Choice”. The programme aims to emphasise the individual’s responsibility and to promote the importance of self help in preventing disease and improving the quality of life. It provides information about the issues of nutrition, smoking, alcohol and drugs, exercise and relaxation respectively how to manage stress and coronary heart disease. Further subjects are HIV/AIDS, depression, organ donation, menopause, osteoporosis and health of the elderly.

In addition the company provides counselling on a healthy transition to retirement (5 years before) and a mid-career counselling to all employees older than 40 years.

Exhibitions travelling to each warehouse

To start the programme each store is sent an exhibition which is manned by a health promotional officer to give personal advice. The exhibitions are set up in the staff dining or coffee lounge of each store. The exhibitions consist of colourful displays on each topic, basic tests such as the carbon monoxide equaliser as well as leaflets, quizzes and booklets, giving employees further information on the benefits of a healthy lifestyle. Each exhibition stays in the store for one week and then moves to the next assigned store. In this way the exhibition is circulated to all 274 stores in the United Kingdom which vary in size from units of 50 - 1,200 people.
**Heart disease prevention**

Marks & Spencer has also a coronary heart disease screening programme that goes to each store. In the first step it gives a risk factor assessment on heart disease to individuals over the age of 30 on the basis of family history, age, body mass index, high blood pressure, smoking, alcohol consumption and exercise and measures cholesterol levels, haemoglobin and urine. The second step following this screening six months later is a “Targeted Health Promotion Exhibition” which arrives at the store covering one subject in more depth, depending on the major abnormalities highlighted by the coronary screening programme (e.g. smoking, nutrition, diet, exercise, alcohol and drugs).

These exhibitions are also manned by a health educator who runs 20 minutes seminars for staff which could involve stress management, recognition of stress, methods of giving up smoking, passive smoking and how to control the intake of saturated fats.

Finally, in all their 20 larger stores having full-time nurses they run a computerised fitness assessment programme which measures strength, suppleness and stamina in the individual following an anthropometric analysis and measurement and a personalised fitness assessment profile is then given to the individual. After 2 years the fitness programme re-visits the store to assess any change and to run seminars according to the needs identified.

**PR and evaluation**

Continuously all the health topics are highlighted in the Marks & Spencer in-house newspaper, looking as well at different health areas such as back pain, diabetes, asthma, lifting and handling heavy loads.

Evaluation was done initially by questionnaire but is now done through store communication groups. These groups meet once a month and comprise representatives of the various stratas of staff (warehousemen, sales assistants, supervisors, commercial and personnel management). They draw conclusions from the results and discuss how to improve the programme organization.

**The results**

As a result of their manifold health promotional activities, the company reports a reduction of staff turnover, an increased demand for high fibre foods in the canteen and less demand for high fat and sugar foods as well as an increasing request for non-smoking areas, exercise classes and Weight Watchers groups – altogether indicating that the health consciousness and a healthy lifestyle are positively influenced by the programme. Good value for a total of 34,000 English Pounds per annum.
2.3.12 Health promotion changes the organization (Pinneberger Verkehrsgesellschaft)

The example of Pinneberger Transport Plc shows how it is possible to reduce absenteeism and improve the general working atmosphere by means of varied health promotion measures carried out in different working areas: management, organization, environment, workplace, working atmosphere and training of the employees. The cost-benefits-analysis for the first five years emphasizes the success.

The company

Pinneberger Transport Plc is a local public transport enterprise in the area of Hamburg with about 530 employees in total. 80 per cent of the employees are working in alternating shifts and night shifts.

The starting point

The reason for the health promotional initiative was a relatively high rate of absenteeism of 13.5%, as well as a “tense” atmosphere at work which both management and staff urgently wanted to change.

The actors

This resulted in the creation in 1988 of an interdisciplinary working group “Transport Service 90”, with the aim of recording all problems and their causes relating to the transport service and producing appropriate solutions and recommendations for treatment. For more than a year the group has held meetings, first weekly and then monthly.

The status quo analysis

As the first step, the working group “Transport Service 90” carried out a survey of employees which identified the following work-related problems:

- strain from alternating shifts and weekend work
- the opening time in the workers canteen not oriented on shift-work
- lack of information and participation of workers in the transport service in management decisions that concern them
- differences in the educational level of drivers and lack of training for stress management
- one-sided physical strain and anxiety because of the possibility of losing their licence as public transport drivers
- unsatisfactory cooperation of bus drivers and repair workshop staff
- insufficient care and social support, e.g. finding accommodation and dealing with personal problems.

The programme

A great variety of direct and indirect health promotional measures were developed on the basis of the findings of this survey, as well as from the additional use of
creativity and problem-solving techniques, surveys of experts, and reports of the company health insurance fund. These included:

**Organizational measures**
- the introduction of a people-oriented style of leadership, open information policy, “flattening” of the top hierarchy
- regular meetings of employees
- the forming of transport workers groups autonomous with regard to change shifts, as well as responsibility for allocation of holiday time
- extension of participation chances, e.g. with regard to the design of work uniforms
- the introduction of a new shift schedule with a free weekend every two weeks
- the introduction of a performance orientated reward system and the reduction of conflicts by the adjustment of the pay policy for white and blue-collar employees
- the establishment of a social counselling post
- publication of an employee newsheet “About Ourselves”,

**Ergonomic measures**
- improvement of the bus drivers’ workplace and the choice of seating by the drivers themselves
- inclusion of dust filters and additional heating.

**Diverse measures**
- the introduction of a health topic into every enterprise further education seminar
- trainings such as “Never argue with passengers again” and “Fitness in the transport service”
- regular examinations by the occupational doctor
- provision of services of a masseur for all employees
- promotion of company sport groups emphasising fitness
- special seminars on health topics, e.g. on nutrition
- campaigns to promote healthy nutrition and against smoking in collaboration with company health insurance funds
- a number of small inducements like a 50 Marks bonus for high attendance or a TV lottery on Easter
- participants of the health courses get little gifts for regular attendance.

Health became the main topic of regular educational courses in the enterprise and at present all drivers participate in a two-day training seminar where they acquire competence in the areas of “fitness in the transport service”, “communication” and “avoidance and control of stress”. Via integration into the company’s regular further education the target group is almost completely reached. Following the expressed wish of the seminar participants, Pinneberger is now offering free courses in meditation, back exercises, coronary heart exercises etc. These take place outside working hours but nevertheless about 30 % of the employees participate.
The success

As a result of this package of health promotional measures it was possible to reduce the sickness rate in the transport service within five years from 13.5 % (1989) to under 8.5 % (1993) with positive results on absenteeism in the whole company. This is 4 - 5 % better than comparable companies. Even cautiously calculated that only 3 of the 5% reduction may be due to the health promotion activities and changes - and even without counting the benefits with regard to morale, higher participation in the suggestion book system and customer orientation - the cost-benefits-calculation amounts to 1,4 millions Marks net savings per year: improved employees' participation and promotion of a healthy lifestyle pay off in economic and health terms. Box 9 presents the cost-benefit balance sheet for the company.

Box 9: Cost-benefit balance sheet of health promotion of the Pinneberger Verkehrs-gesellschaft

<table>
<thead>
<tr>
<th>measures/investments</th>
<th>thousand marks</th>
</tr>
</thead>
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<td>organizational</td>
<td>160</td>
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<tr>
<td>ergonomic</td>
<td>20</td>
</tr>
<tr>
<td>individual health competences</td>
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</tr>
<tr>
<td>sum</td>
<td>350</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>benefits/effects</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>less continued payment due to absenteeism</td>
<td>360</td>
</tr>
<tr>
<td>less premiums to social insurances</td>
<td>70</td>
</tr>
<tr>
<td>reduction of 12 people of reserve staff</td>
<td>1000</td>
</tr>
<tr>
<td>less personnel costs due to less hierarchy</td>
<td>300</td>
</tr>
<tr>
<td>other benefits, e.g. less turnover</td>
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</tr>
<tr>
<td>sum</td>
<td>1750</td>
</tr>
<tr>
<td>net yearly benefit</td>
<td>1400</td>
</tr>
</tbody>
</table>

2.3.13 A short way from dialogue to action – the health task force (Kraft Jacobs Suchard)

Within only two years time a comprehensive set of health promotion activities was integrated in the working routines at Kraft Jacobs Suchard. This was in the first step due to the personal commitment of the BKK director whose initiative was actively supported by the company's management and works council. Basis were the practiced principles of cooperative management style emphasizing the employees' participation at work. Favoured by innovative marketing health promotion achieved broad acceptance among both management and staff.
The company
Kraft Jacobs Suchard is a subsidiary company of the multinational Philip Morris belonging to the food and luxury food industry. The Lörrach plant produces chocolates and has about 870 employees, about 75% of which work different kinds of shifts, the majority work in the three-shift-system.

The starting point
Since 1991 measures for company health promotion – on the initiative of the Company Health Insurance Fund (BKK), the personnel management and the works council – have been carried out in the Lörrach plant. Since then they have permanently been extended. The measures are based on a health report compiled using data on incapacity for work supplied by the BKK and on regular surveys among the staff every 2 years.

The aims
The aims of all health promotion activities are
• the detection and elimination of work-related causes for diseases,
• the promotion of satisfaction with work
• the reduction of behaviour-related risk factors and
• the preservation and improvement of productivity.

The actors
All health promotion activities are planned and managed by a monthly meeting of a working group named health task force with reference to the US parent company, partly by enlarged committees on health and safety. Health promotion is in various ways integrated in the company structures and is supported by all relevant company authorities: personnel and production department, works council, vocational and further training department, caterer.

The marketing
In the first step the BKK director investigated problems and interest in health within the company and developed convincing arguments winning all the key actors addressed very soon. These arguments were deliberately tied in with the corporate culture and language, e.g. when TQM -workshops (Total Quality Management) with focus on health issues were introduced. Furthermore all health promotion activities were accompanied by continuous PR work via all corporate communication channels addressing the target groups in a direct and appealing way. In addition, to meet the employees’ needs to the greatest possible extent all courses are announced without fixed times in advance but after clarifying the participants preferences.
Specific routes to company health promotion

The programme

The measures are aimed at all staff members but particularly at shift workers and risk groups; sometimes family members and pensioners are incorporated. The measures include:

- **Total Quality Management-workshops “Health”** - these are very similar to the health circle concept (see page 26 following) - for production departments. These workshops are conducted by the director of the BKK. Up to now three of these workshops have led to suggestions for improvements concerning ergonomics, organization and style of leadership, which have partly already been put into practice, e.g. with ergonomic and economic improvements for piecework.

- **Transfer training for executives** on subjects like
  - working atmosphere and absenteeism
  - coping with stress
  - abuse of alcohol, medicine and drugs.

- **Transfer training** organized as interactive discussion and dialogue meetings for half an hour weekly, especially for blue collar workers and their supervisors.

- **Health information and dialogue sessions** for all employees in the framework of the training concept 93. A total of nine programmes - each with a duration of half a shift - were carried out (during working hours) with the aim to have an open dialogue, to create sensitivity for health issues like exercise, nutrition and stress and to increase the acceptance of the health seminars offered by the BKK.

- Since 1991 the BKK has twice a year carried out health weeks in the company restaurant. In addition to campaigns on healthy nutrition, which are realized in cooperation with the BKK nutrition advisor and the caterer, information material on different subjects is offered and screening campaigns are carried out.

- **Change of canteen-offers** with the aims to promote food containing a large amount of roughage, to reduce the share of fat in the meals and to extend - considering health aspects - the range of healthy snacks available for the night shift.

- **Courses and counselling** by the BKK complete these offers: courses for weight reduction are offered in cooperation with the company doctor and a nutrition assistant. In addition to the usual nutrition advice the participants have the possibility to receive meals in the company restaurant, which are especially adapted to their needs, and to take part in a training programme in a nearby fitness studio.

- Moreover there are courses called healthy cooking for shift workers and other courses, e.g. a training for the back for shift workers.

- **Targeted information on health issues** is given to the trainees by the BKK.

The results

First indicators of success could be identified very soon:

- The first result was a reduced number of sick employees in 1992.
- Altogether 309 employees participated in the programmes, which mostly met with a very positive response.
Meanwhile health promotion is regarded as a high priority by the management and the BKK is expected to play a decisive role with regard to well-being and good performance of staff.

Via participation in the research project “Company Health Promotion” carried out by the regional BKK association in the Federal State of Baden-Württemberg a more detailed evaluation is ensured for the future.

2.3.14 Company health promotion via systematic organizational development (Pohjola)

In the mid eighties the Finnish insurance company Pohjola developed an innovative approach to worksite health promotion. By this they wanted to address the problem of high staff turnover.

The company

The Pohjola Group is an insurance company with 3,000 employees. They work within a network of 90 subsidiaries throughout the country.

The starting point

The high staff turnover causing high recruitment expenses for the Pohjola Group was the starting point for the company’s health promotion approach. The core question for the management was, “Why do some employees become unable to work continuously and with full strength?” In a pilot study, several factors were found to be relevant. These were, in addition to the health status:

- doing the same work for a very long time
- little changes in work routine
- little further training
- not a very positive atmosphere
- little opportunities to develop own work
- authoritarian leadership style.

These results showed that the main problems do not lie primarily in the qualifications, attitudes etc. of the employees, but rather in the whole organisation respectively the working conditions.

So the aim was to change the way of working within the company

- especially with regard to the understanding of the roles of the employees and the vocational and personal possibilities for development
- integration of the employees’ interests to create commitment, quality and responsibility in the office as well as in relation to the customers.

It became clear, that the occupational health and the personnel department could not solve the problem alone. Many more, if not all the people of the company have
Specific routes to company health promotion

to be involved including the general management. Therefore principles of participation were developed such as

- the superior is an expert among his co-working experts
- innovation instead of control
- start from the working team and their own developmental options and gradually growing outwards and creating a network of project coordinators.

The programme

This was done through the development of "Innovation teams" consisting of no more than 50 people (optimal size 30), which started analysing their daily working routines and internal communications (e.g. strong and weak points and what they wished to do better) identified one particular problem, they thought should be solved (e.g. better telephone counselling at the occupational health service).

Each group then was divided into four groups (method of "doubleteam") and elected one person to be responsible to start, motivate, monitor and coordinate the solution of this specific problem ("Project-Coordinator"). The groups got together every three months, and once the problem is solved, another one will be chosen to be tackled and so the procedure goes on.

In addition to that, three specific groups with problems more difficult to handle were set up (chief executives, elderly salesmen and people with the same work for years). In this way a great number of projects was developed sometimes involving more than 1000 people from all departments.

In this way the innovation teams worked till 1989. Even today project groups are a vital power of organizational development at Pohjola, but in a more efficient and quicker way. They meet every two or three months for half a working day and the group composition always changes with a new problem tackled.

The results

The results of a survey based evaluation of the project prove successful. Compared to a control group not involved in the project groups participants expressed positive views with regard to

- feeling well informed
- feeling that they have a say and actually can influence their working conditions
- teamwork, projectgroups and the relationship to supervisors
- knowing the work results of their own team
- continuing teamwork in future.

Moreover the company has solved its specific high turnover problem. Further evaluation results will be published in the near future.
PART III

Support for practice
3.1 Helpful contacts

In your country
Ministries for Health and/or Labour
Organizations/Agencies for Health Education and/or Health Promotion
Accident Insurance and/or Health Insurance

In the UK
Health Education Authority
Mabledon Place
London WC1 9 TX (Great Britain)
Tel.: 0171 413 1906
Fax: 0171 413 2632

Health Promotion Authority Wales
Brunel House, 8th floor 2, Fitzalan Road
Cardiff CF2 1EB Wales (Great Britain)
Tel.: 01222 752 222
Fax: 01222 756 000

London Hazards Centre
Interchange Studios
Dalby Street
London NW5 3NQ
Tel.: 0171 267 3387

Health Education Board for Scotland
Woodburn House, Canaan Lane
Edinburgh EH10 4SG
Tel.: 044 31 447 8044
Fax: 044 31 452 8140

Health and Safety Executive
1 Long Lane
London SE1 4 PG
Tel.: 171 407 8911
In Europe
European Foundation for the Improvement of Living and Working Conditions
Loughlingstown House
Shankill, Co. Dublin
Tel.: + 01 826888
Fax: + 01 826456

European Information Centre
“Company Health Promotion”
at the BKK BV
- WHO Collaborating Centre -
Kronprinzenstr. 6
45128 Essen (Germany)
Tel.: +201 179-1209
Fax: +0201 179-1014

European Trade Union
Technical Bureau for Health and Safety
BTS.TUTB.TGB
27, rue Léopold
B-1000 Bruxelles
Tel. +3222185298
Fax +3222176689

FIET (Fédération Internationale des Employées Techniques et Cadres)
15, avenue de Balexert
1219 Chatelaine-Geneve
Switzerland
Tel. +22 9790311
Fax +22 7965321

World Health Organization
Regional Office for Europe
Health Promotion and Investment Unit
8, Scherfigsvej
2100 Copenhagen (Denmark)
Fax: +39 171860

In Canada
Health and Welfare Canada
4th Floor, Jeanne Mance Building
Ottawa, Ontario K1A 1B4
Tel. +613 954-8856
3.2 Sample company agreements

3.2.1 Framework company agreement on company health promotion

between
The Board of Mannesmannröhren-Werke
and
The General Works Council of Mannesmannröhren-Werke

Düsseldorf, 20.11.1992

1. Purpose

The purpose of this agreement is to improve the state of health of company personnel and to enhance the satisfaction and motivation of employees at their workplace.

To attain that aim, the causes of risks and damage to health within the company are to be investigated and remedial measures are to be taken.

This will be done in close cooperation with the Works Councils, the BKK (Company Health Insurance Fund) and the personnel directly concerned in each case. The duration of the proposed measures is initially limited to three years at the end of which a documentation will be compiled.

2. Health and Safety Committee

The scope of activities of the Health and Safety Committee will be extended to include comprehensive health promotion.

For this purpose, the Health and Safety Committee may, at the request of one of its members, set up a specialized working group on health promotion whose tasks and composition will be determined by local works agreements.

3. Health reporting

On the basis of existing data or knowledge of workplace stresses derived from the results of industrial medical examinations and from company-related analyses of the general state of health, plants will be selected by the Health and Safety Committee for the implementation of health promotion programmes focusing on specific sectors. In agreement with the BKK, the Federal Association of Company Health Insurance Funds (BdB) may be entrusted with the task of health reporting (see Annex).

4. Health discussion circles

In order to take account from the direct experience of employees for health promotion purposes, health circles are to be set up in the plants selected by the Health and Safety Committee. The health discussion circles will meet under the direction of a coordinator who may be the company physician.
The participants in the health circles will consist of e.g.

- at least 3 selected members of personnel (on a voluntary basis)
- 1 to 2 representatives of the works (works manager, foremen)
- 1 representative of the personnel department
- the responsible member of the Works Council
- the company physician
- a safety expert
- the designated person responsible for the severely handicapped
- an ergonomist

The industrial health circle will hold its meetings during normal working hours.

The task of the industrial health circles will be to take into account the subjective assessments of the employees concerned and their ideas when determining the action to be taken, while also making reference to working conditions which can be defined in objective terms. In particular, attention must be paid to strains at the workplace as a result of which employees are under stress or experience problems, together with strains associated with health problems.

The aim is to improve the working conditions having regard to the wishes and experience of the employees who are directly concerned.

The results of the work of the circle and the proposals drawn up by it on health promotion will be presented by the coordinator of the health circle to the specialized working group on health promotion if such a group exists, and either by the latter or directly to the Health and Safety Committee.

5. Health Promotion Programmes

As a further measure to restore and safeguard health, MRW offers specially planned health promotion programmes in close cooperation with the BKK.

Examples:
- programmes of sports activities;
- programmes for the voluntary monitoring of health-related factors;
- lectures, seminars and courses on giving up smoking, stress management etc.;
- influence on dietary habits etc.

The purpose of these programmes is to increase the health-consciousness of personnel.

Participation in these programmes will be voluntary.

6. Participation of the Works Council

Beyond the statutory provisions, the works council will play an active role from the very start in health promotion measures which it will help to shape; it will also support the programmes by encouraging personnel to adopt healthy behaviour patterns and play an active part in health promotion programmes.
7. Involvement of the BKK

Art. 20 of the Health Reform Act has imposed a requirement on the health insurance funds to promote health in cooperation with appropriate representatives of the companies concerned; the BKK for the Mannesmannröhren-Werke will therefore be invited to take part in discussions on health promotion programmes and to participate in a suitable manner in the implementation of the programmes.

The Board

The General Works Council

3.2.2 Sample of a company agreement on addiction

The IG Metall (metal workers’ union) as employer represented by its chairman and the works council conclude the following agreement:

1. Subject

This agreement defines the principles explained below how to prevent addiction (alcohol, drug misuse etc.) and the provision of help to employees suffering from addiction.

2. Aims

The aims of the agreement are

- to protect or to restore the health of the IG Metall employees
- to prevent any misuse of alcohol, drugs etc.
- to provide help and advice to the addicted as early as possible
- to guarantee equal treatment and a guidance for anybody involved.

3. Area of reference

This agreement applies to all employees of the IG Metall working at headquarters or at subsidiaries and schools throughout the country.

4. Drinking Alcohol

According to the general rules of accident prevention nobody is allowed to drink alcohol if this could cause risks for their own health or the health of others. Furthermore alcohol misuse should be prevented to ensure a good working climate.

5. Supply of alcohol and drugs

Taking into account the IG Metall’s role in society board and works council recognize the special responsibility with regard to the issue of alcohol. Therefore the aim is to change corporate drinking habits by regulating the supply of alcohol in the organization’s premises.
Spirits are not served and alcohol-free drinks are always cheaper than beer or cider. Nobody is allowed to bring alcohol to the workplace and beer is no longer offered at meetings. Pharmaceutical drugs are only available at the prescription of the occupational doctor or his deputy in charge.

6. Informing
All employees of the IG Metall are continuously informed in a systematic and comprehensive manner that
- psychoactive substances like alcohol, pharmaceutical and illegal drugs impair the human capabilities of thinking and (re-)acting
- such substances constitute a danger for the consumers own health but also for the safety and well being of others
- there are types of addiction not linked to substances like games of chance, bulimia or workoholism destroying the individual's personality and his or her social relationships.

7. Trainings
All employees being in the position to direct or teach others are trained with regard to the issue, especially since it is their task to cope with and talk to addicted.

8. Remove the underlying causes
When addiction is identified being a problem in specific areas of the organization all people involved meet to clarify the underlying causes (e.g. working climate, drinking culture) and to remove them.

9. Advice to the addicted
Consultation aims at helping people at risk or already addicted to abandon the habit. Consultation is enforced step by step.

9.1 Advice on demand
Anybody suffering from addiction may contact the addiction representative at any time during working hours.

9.2 Advice on the initiative of colleagues or supervisors
Since denying is a symptom of addiction, constructive pressure often might be necessary. This is normally the job of the supervisor but in case he or she shows problems him-/herself colleagues or a member of the works council may refer to the addiction representative for the first consultation.
If the colleague at risk or the addicted does not show any changes (after a period no longer than 8 weeks) he or she is referred to a second consultation without any personal consequences.
If there is no change after another 8 weeks a third consultation joint by the supervisor and a works council member is compulsory.
9.3 Advice to the family
Addiction often constitutes a danger to family life and family members who often do not know how to react in a helpful but effective manner. Therefore the addiction representative provides family support as well.

10. Contracts with and consequences for the addicted
The aim of counselling is
• to clarify which would be the best suitable action to be taken (self help group, outpatient or inpatient treatment) on a voluntary basis
• if the addicted does not agree treatment is to be made compulsory
• if the addicted does not cooperate at all gradually personal consequences will follow. If a dismissal is unavoidable but the addicted finds his or her way to a life of abstinence afterwards the IG Metall is willing to employ him or her again.

11. Return to the job
Especially employees returning from longtime inpatient treatment will be given the chance either to return to their former or to an equivalent job.

12. Position and tasks of the addiction representatives
• The addiction representative works according to these guidelines and act independently as regards their counselling.
• They have to keep the pledge of secrecy and so must their secretaries.
• They report directly to the deputy chairman of the IG Metall who also is to approach in the case of dis-consent with the supervisor of an addicted employee.
• They have to cooperate with all parties involved, especially with the works council, the representative of the handicapped and the voluntary assistants.

13. Voluntary assistants
• Voluntary assistants should be trained and support the work of the addiction representative.
• They should be released from work for their voluntary help without any discrimination as regards to their personal career.

14. Recommendation to all subsidiaries
The addiction representative can be approached directly from all levels of the organization which are encouraged to do so.

15. Period of validity
The agreement comes into force as soon as signed. It can be terminated by notice from one party at least 3 months in advance.

Slightly revised and translated agreement of the IG Metall, source: “Sucht-Dokumentation über Betriebs- und Dienstvereinbarungen”, Rita Rußland, WSI Arbeitspapier Nr. 32.
3.2.3 Sample company agreement on “Protection of Non-Smokers at the Workplace”

With regard to the creation of a healthier working environment through the protection of employees against injury and damage to health caused by tobacco smoking, the Management and shop/workers Council of ...... hereby conclude the following agreement.

1. Smokers and non-smokers shall not be accommodated in the same working areas. If the necessary criteria relating to premises and personnel are not satisfied for this purpose, smoking shall not be allowed in the same rooms in which non-smokers are accommodated, even if the latter agree to others smoking.

2. On the occasion of meetings and other service gatherings, protection of non-smokers shall be a matter of priority. Smoking shall therefore be prohibited in meeting rooms and also in rooms used for teaching and tuition. If necessary, breaks shall be allowed for persons to smoke outside these rooms. The management of the meeting shall be responsible for striking a balance between the different interests by arranging suitable breaks.

3. When meals are served in canteens and cafeterias, smoking shall be prohibited. Suitable measures – e.g. separate areas for smokers and non-smokers – are to be taken in lounge and rest areas to protect non-smokers against exposure to tobacco smoke. If that is not possible, smoking shall be prohibited in these rooms.

4. Smoking shall be prohibited in lifts, corridors with waiting areas for visitors, rooms in which visitors may be present, company telephone booths, toilets and official vehicles. The interests of smokers shall be taken into account as far as possible (e.g. by setting up smoking areas and smoking rooms).

5. In areas where smoking is prohibited, suitable attention must be drawn to the ban on smoking.

6. This company agreement enters into force on ...

Place, Date

Company Management/Works Council/Staff Committee
General Management

source: BKK Manual on Health Promotion
3.2.4 Sample of a company agreement on nutrition

1. Principles

Both parties, management and works council agree that a healthy, tasting and attractively presented food at the company are crucial for the well being of the employees and an substantial element of corporate culture. Furthermore the staff restaurant is an important place where people meet, talk together, relax and may learn to adopt a healthy lifestyle. The furnishing of the staff restaurant, the kind of meals and drinks and their presentation should take into account these needs and objectives.

2. Supply of meals and drinks

2.1 Main meals

The daily menu has to include a vegetarian choice, wholemeal and low fat products. Cooked vegetables and a variety of salads should be offered according to the seasonal market. A soup has to be available too, preferably vegetarian soups.

2.2 Snacks

A snack has to be available in cafeterias or at selling machines during the working hours. The variety of snacks and drinks must include milk and sour milk products, fresh fruit, sandwiches and cereals, cold and hot drinks, including sugarfree and lowfat products. In the case alcoholic drinks are sold alcohol-free drinks must be available at lower prizes.

3. Food selection and preparation

The just-in-time preparation of fresh vegetables etc. has high priority, prefabricated products are allowed when they meet the quality standards of nutritionists. Absolute hygiene is a must and meals must no be kept warm longer than three hours, if so at least 65°C.

4. Design of canteens and cafeterias

The canteen should provide a restaurant-like atmosphere by furnishings which allow groups of different size to join during lunch time. Plants, warm lightning and noise protection as well as renovation every 5 years guarantee a relaxing atmosphere.

5. Agreements and co-decision making

To control that the staff restaurant is managed according to these standards a committee is built in which especially the works council has a say, e.g. with regard to menus and prizes.

Place, Date

Company Management/ General Management

Works Council/Staff Committee

source: BKK Manual on Health Promotion
3.3 Sample questionnaire

“Strains – Pains – Proposed improvements”

1. What is the title of your job?
___________________________________________________________

2. How old are you? ___________________________________________

3. For how long have you already been working
   - in the company? ____________________________________________
   - in your present job? _________________________________________

4. Which particular strains do you experience in your present job?
   We would like you to tell us which demands placed on you by your job create strains according to your own personal view. Please mark whether you never, seldom, sometimes, often or very often feel strain for each of the reasons indicated below:

<table>
<thead>
<tr>
<th>Strain</th>
<th>never</th>
<th>seldom</th>
<th>sometimes</th>
<th>often</th>
<th>very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Holding heavy objects</td>
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<td>2. Carrying heavy objects</td>
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<td>3. Lifting heavy objects</td>
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<td>4. Work in a bent posture/bending down</td>
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<td>5. Standing</td>
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<td>6. Sitting</td>
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<td>7. Unnatural posture</td>
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<td>8. Concentration/attention</td>
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<td>9. Reflecting</td>
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<td>10. Boring work/monotony</td>
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<tr>
<td>11. Several requirements at the same time</td>
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<tr>
<td>12. Lack of any opportunity to organize your own work</td>
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<tr>
<td>13. Dependence on the working rate of other colleagues</td>
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<tr>
<td>14. Dependence on industrial work sequences</td>
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<td>15. Overtime</td>
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<td>16. Weekend work</td>
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<td>17. Work under time and performance pressure</td>
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<tr>
<td>18. Checking up by superiors</td>
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<td></td>
<td>Support for practice</td>
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<tr>
<td>19.</td>
<td>Need to take your own decisions</td>
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<tr>
<td>20.</td>
<td>Individual work organization</td>
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<tr>
<td>21.</td>
<td>Responsibility for machines and materials</td>
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<tr>
<td>22.</td>
<td>Responsibility for the safety and health of others</td>
<td></td>
<td></td>
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<tr>
<td>23.</td>
<td>Responsibility for quality</td>
<td></td>
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<tr>
<td>24.</td>
<td>Noise</td>
<td></td>
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<tr>
<td>25.</td>
<td>Poor lighting/dazzling light/lack of light</td>
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<tr>
<td>26.</td>
<td>Heat</td>
<td></td>
<td></td>
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<tr>
<td>27.</td>
<td>Cold</td>
<td></td>
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<tr>
<td>28.</td>
<td>Risk of stumbling, uneven floors</td>
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<tr>
<td>29.</td>
<td>Working materials</td>
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<tr>
<td>30.</td>
<td>Dust/dirt</td>
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<tr>
<td>31.</td>
<td>Draughts</td>
<td></td>
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<tr>
<td>32.</td>
<td>Odours/vapours</td>
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<tr>
<td>33.</td>
<td>Accident risk</td>
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<tr>
<td>34.</td>
<td>Shift work</td>
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<tr>
<td>35.</td>
<td>Problems with colleagues</td>
<td></td>
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<tr>
<td>36.</td>
<td>Problems with superiors</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>37.</td>
<td>Lack of tools/defective tools</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>38.</td>
<td>Lack of protective clothing/ inadequate protective clothing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>39.</td>
<td>Work at great heights</td>
<td></td>
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<tr>
<td>40.</td>
<td>Frequent assignment to other jobs</td>
<td></td>
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<tr>
<td>41.</td>
<td>Interruptions caused by machine breakdowns</td>
<td></td>
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<tr>
<td>42.</td>
<td>Interruptions by colleagues</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>43.</td>
<td>Vibrations/shocks</td>
<td></td>
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<tr>
<td>44.</td>
<td>Wearing personal protective equipment</td>
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</tr>
</tbody>
</table>
Are there any other factors not listed above which you perceive as a source of stress? If so, what are they?

-------------------------------------------------------------------------------------------------------------------------

What rational possibilities for improvements do you personally see at your workplace?

-------------------------------------------------------------------------------------------------------------------------

5. Are you required to/or should you wear protective clothing at your workplace?

**If not, go to question 6**

If so, please give the following information:

<table>
<thead>
<tr>
<th>Type of protective clothing</th>
<th>Protection</th>
<th>Wear comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>good</td>
<td>average</td>
</tr>
<tr>
<td></td>
<td>good</td>
<td>average</td>
</tr>
<tr>
<td>Ear protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arm protectors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective shoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goggles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other protective clothing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Which tools and aids are necessary and supplied for your work?

<table>
<thead>
<tr>
<th>Tools and aids</th>
<th>Necessary</th>
<th>Supplied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yes partly no</td>
<td>yes partly no</td>
</tr>
<tr>
<td>Tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Means of transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loading devices and aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot rests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Display devices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. **What is the condition of these tools and aids?**

<table>
<thead>
<tr>
<th></th>
<th>good</th>
<th>usable</th>
<th>poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Means of transport</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Loading devices and aids</td>
<td></td>
<td></td>
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<tr>
<td>Chairs</td>
<td></td>
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<tr>
<td>Foot rests</td>
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<td></td>
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<tr>
<td>Display devices</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **Which other aids could make your work easier?**

______________________________________________________________________
______________________________________________________________________

9. **What is the state of the rest rooms, toilets etc.?**

<table>
<thead>
<tr>
<th></th>
<th>very good</th>
<th>good</th>
<th>satisfactory</th>
<th>poor</th>
<th>very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilets etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **How do you perceive the background conditions for your work?**

1. Do the working time rules meet your wishes?
   - yes
   - largely
   - partly
   - hardly
   - no

2. Is your work appreciated and recognized by your superiors?
   - yes
   - largely
   - partly
   - hardly
   - no

3. Are you satisfied with your colleagues at work?
   - yes
   - largely
   - partly
   - hardly
   - no

4. Are you paid properly for your work?
   - yes
   - largely
   - partly
   - hardly
   - no

5. Do you have promotion prospects?
   - yes
   - largely
   - partly
   - hardly
   - no

6. Are you satisfied with your superiors?
   - yes
   - largely
   - partly
   - hardly
   - no

7. Are you worried about your job at this point in time?
   - yes
   - largely
   - partly
   - hardly
   - no

8. Are you satisfied with the company social benefits?
   - yes
   - largely
   - partly
   - hardly
   - no
11. **If you are working as a hierarchical superior:**

<table>
<thead>
<tr>
<th>How do you feel about this job?</th>
<th>yes</th>
<th>largely</th>
<th>partly</th>
<th>hardly</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under heavy strain</td>
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<tr>
<td>Overworked</td>
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<tr>
<td>Underworked</td>
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<tr>
<td>Accepted by your superior</td>
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<tr>
<td>Accepted by your staff</td>
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</table>

12. **From which health complaints are you suffering?**

<table>
<thead>
<tr>
<th>Health Complaints</th>
<th>never</th>
<th>seldom</th>
<th>sometimes</th>
<th>often</th>
<th>very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Neck pains</td>
<td></td>
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<tr>
<td>2. Shoulder pains</td>
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<tr>
<td>3. Pain in the lower part of the back</td>
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<td>4. Pain in the arms or hands</td>
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<td>5. Pain in the legs or feet</td>
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<td>6. Swollen, stiff or painful joints</td>
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<td>7. Sensation of numbness in the hands or feet</td>
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<td>8. Flickering or blackness in the eyes</td>
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<td>9. Short of breath</td>
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<td>10. Abnormal heartbeats, tachycardia, missed beats</td>
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<tr>
<td>11. Chest pains, shooting pains or constriction</td>
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<td>12. Kidney or bladder complaints</td>
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<td>13. Stomach or intestinal pains</td>
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<td>14. Constipation</td>
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<tr>
<td>15. Headaches</td>
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<td>16. Burning eyes</td>
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<td>17. Sudden outbreaks of perspiration</td>
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<td>18. Fatigue and depression</td>
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<td>19. Irritability, nervousness</td>
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<td>20. Feeling of being persecuted</td>
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<td>21. Dizziness, disturbed balance</td>
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<td>22. Difficulty in concentrating</td>
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<td>23. Trembling hands</td>
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<td>24. Loss of appetite</td>
<td></td>
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<td>25. Sense of disquiet, nervousness</td>
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<tr>
<td>26. Disturbed sleep</td>
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</table>
13. **What facilities would you like your employer to provide to improve your general state of health and fitness?**

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Thank you very much for your assistance.
The results of this survey will be published by.... (in the house journal).
Ottawa Charter

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma Ata, the World Health Organization’s Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for health

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.
Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion Action Means:

Building healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Creating supportive environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitute the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.
Systematic assessment of the health impact of a rapidly changing environment – particularly in areas of technology, work, energy production and urbanization – is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

**Strengthening community action**

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

**Developing personal skills**

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

**Reorienting health services**

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.
Moving into the Future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances, and by ensuring the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Commitment to health promotion

The participants in this conference pledge:

• to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
• to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition, and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
• to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
• to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
• to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with people themselves;
• to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The conference urges all concerned to join them in their commitment to a strong public health alliance.

Call for international action

The conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion. The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this Charter, Health for All by the year 2000 will become a reality.
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