

The worksite as an asset for promoting health in Europe. Final results of the MoveEurope Campaign

Giuseppe Masanotti

Department of Medical and Surgery Specialities and Public Health, CSES, University of Perugia, Italy

Key words *Worksite Health Promotion, quality criteria, Europe*

Summary Non-communicable diseases are a leading cause of morbidity worldwide and are predicted to increase in the next years. In 2008, 36.1 million people died from conditions such as heart disease, strokes, chronic lung diseases, cancers and diabetes (1). According to the WHO, 63% of the deaths, 77% of the loss of Healthy Life Years and 75% of health expenses in Europe are caused by cardiovascular diseases, cancer, chronic respiratory illnesses and mental health problems. All of these diseases have in common is the presence of modifiable risk factors (such as tobacco smoke, low consumption of fruit and vegetables, excessive intake of fats). Acting on these factors would lead to a reduction in the incidence of the aforementioned diseases. According to several studies conducted in the USA, Canada and Europe, the workplace seems an ideal place for implementing successful preventive strategies for the improvement of lifestyles.

In 2006, the European Network for Workplace Health Promotion launched the Move Europe campaign to promote a healthy lifestyle at work, with the financial support of the European Commission. This campaign set new quality standards in behaviour-related workplace health promotion (WHP) and identified and documented good practices. Another aim of the campaign was to promote the benefits of implementing WHP, particularly focusing on four fields of life-style related WHP: physical activity, smoking prevention, nutrition and mental health. In two years, 65,215 contacts have been recorded in dedicated websites, of which 9,761 in Italy. A total of 2,548 enterprises in Europe asked to be certified and 125 events (such as seminars, workshops, conferences) were held.

Il luogo di lavoro sede ideale per la promozione della salute; risultati di una campagna europea

Parole Chiave *Worksite Health Promotion, quality criteria, Europe*

Riassunto Le malattie non trasmissibili sono una delle principali cause di morbosità in tutto il mondo e si prevede il loro aumento nei prossimi anni. Nel 2008, 36,1 milioni di persone sono morte per patologie quali malattie cardiache, ictus, malattie polmonari croniche, cancro e diabete (1). Secondo l'OMS, il 63% dei decessi, il 77% della perdita di anni di vita sani e il 75% delle spese sanitarie in Europa sono causati da malattie cardiovascolari, cancro, malattie respiratorie croniche e problemi di salute mentale. Tutte queste malattie hanno in comune la presenza di fattori di rischio modificabili (come il fumo di tabacco, basso consumo di frutta e verdura, l'eccessiva assunzione di grassi). Agendo su questi fattori porterebbe ad una riduzione dell'incidenza di tali malattie. Secondo diversi studi condotti negli Stati Uniti, Canada ed Europa, il luogo di lavoro sembra un luogo ideale per l'implementazione di successo strategie preventive per il miglioramento degli stili di vita.

Nel 2006, la rete europea per la Promozione della salute nei luoghi di lavoro ha lanciato una campagna europea per promuovere uno stile di vita sano sul posto di lavoro, con il sostegno finanziario della Commissione Europea. Questa campagna ha stabilito nuovi standard di qualità nella promozione della salute sul posto di lavoro e ha individuato e documentato le buone pratiche. Un altro obiettivo della campagna era quello di promuovere i benefici di attuazione, concentrandosi in particolare su quattro stili di vita correlata WHP: attività fisica, prevenzione del tabagismo, nutrizionali e sulla salute mentale. In due anni, 65.215 contatti sono stati registrati in siti web dedicati, di cui 9.761 in Italia. Un totale di 2.548 imprese in Europa hanno chiesto di essere certificato e si sono svolte 125 manifestazioni.

Introduction

The WHO estimates that without specially aimed measures, the number of deaths related to chronic diseases will increase worldwide by 17% between 2005-2015. The estimated disease burden in DALYs (disability adjusted life years), as well as the estimated number of deaths due to the main chronic diseases for the WHO Europe Region for the year 2005 will cause 86% of all deaths and 77% of the disease burden (2). If one assumes that in 2005 about 35 million deaths worldwide were due to chronic diseases, more than 45% of all cases are under 70 at the time of death (3). Consequently, the point of time for the planned interventions has to be set in significantly earlier phases of life. Nowadays, the causes for most of the chronic diseases are well-known: “The most important modifiable risk factors are: unhealthy diet and excessive energy intake; physical inactivity and tobacco use.” (2).

The urgency as well as the relevance of the broad-ranged initiation of measures to control the central risk factors for chronic diseases can be recognized in the current developmental tendencies in Europe (4, 5, 6, 7). “The workplace can provide a healthy culture and environment that is psychologically supportive to the workforce.” (8). Furthermore, the majority of persons in the stage of life in which health promoting and lifestyle-related interventions can be made in sufficient time so that their positive effects can still fully unfold.

Accordingly, the campaign lies on the identified, basically preventable risk factors of chronic diseases: smoking prevention, nutrition, physical activity, and combating work-related stress mental health. Even if these have a only a partially negative influence on the working life/working ability of employees, the workplace is a central setting for promoting health.

Objectives and methods

The main objective of the campaign was to contribute towards improving the

health status of the citizens in the EU by disseminating quality and evidence-based lifestyle-related health promotion at the workplace. This general goal included convincing European companies and other organisations to invest in programmes which help to improve lifestyle-oriented behaviour in Europe.

Twenty six countries participated: Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovenia, Slovakia, Spain, and the United Kingdom. Moreover, the execution of the campaign was the following:

1. Based on solid research on lifestyle-related WHP and quality models in the public health field, as well as in the area of occupational safety and health, a high-level quality standard was developed in cooperation with external experts. Based on this, two tools have been created: a questionnaire for self-assessment (Company Health Check) and a tool for “auditing”, called the “Best Practice Questionnaire”.
2. The second phase, was focused on the construction and expansion of networks and contacts. On the basis of a gradual partnership model relevant stakeholders and experts were convinced to actively take part in the project and to let their experiences and competences flow into it.
3. Marketing and public relations instruments were developed to give an added value for the companies and increase the awareness level of the campaign.
4. After the online activation of the Company Health Check, the companies were invited to conduct a self-assessment and to take part in the survey. According to the campaign concept a step-by-step framework to identify MOGP was agreed:
 - a) MoveEurope Community. Every company/organisation which filled in the Company Health Check (CHC) enters the “Community”. These organisations join the campaign and are informed about the progress of the campaign.
 - b) MoveEurope Partner. Move Europe partners are appointed at the national level. There were different ways in place to do so. Several countries (e.g. Italy) count those companies that have achieved at least a certain score (>70 points) in the CHC and validated by a phone call or similar. Other countries (e.g., Germany) on having the companies sign the Luxembourg Declaration and a description of the measures.

- c) MoveEurope Partner of Excellence. This was supported by the “Best Practice Questionnaire”. Based on the information gathered an expert or a jury conducted the evaluation.
5. A closing conference was organised in order to present the overall results. Giving companies the possibility to network with other companies to exchange information and knowledge, as well as to extend contacts to stakeholders and experts on European level.

Quality criteria

The definition of quality criteria for lifestyle-related WHP was the main pillar. This was based international publications, as well as on the evidence and experiences of the successfully completed WHP programmes. In order to provide a correct assessment of the WHP status of an organisation, it was important to determine the success factors of existing programmes. These factors, together with the quality criteria of the ENWHP formed the standard.

When an organisation decides to invest in WHP, it is important that the initiatives full fill certain conditions for success. According to the existing studies, the most effective WHP is comprehensive. It is the first and most important factor that has to be unconditionally filled. This concept of a “comprehensive WHP” approach has been described repeatedly over time, sometimes in a slightly different manner, but always resulting in the same. The comprehensive approach arose when WHP no longer only focused on individual behaviours and lifestyle change, but also included organisational health (9). Shain and Kramer (10) put this evolution in a broader context and phrase it as follows: “...it needs to be acknowledged that health, as we experience and observe it in workplace, is produced or manufactured by two major forces: What employees bring with them to the workplace in terms of personal resources, health practices, beliefs, attitudes, values, and hereditary endowment. What the workplace does to employees once they are there in terms of organisation of work in both the physical and psychosocial sense.” Thus, a comprehensive approach to health promotion in the workplace is one in which both individual and organisational influences on health are simultaneously targeted. These two forces – personal health practices and organisation of work – do not act independently; they interact and influence not only one another, but also the health status of the employees and the productivity of the company (10).

Personal health practices can affect company performance in a direct and an indi-

rect way: directly, by “lost time” due to smoking breaks, etc., indirectly, by affecting health leading to absenteeism. The working environment can also affect company performance in two ways: directly, through the design of physical and psychosocial work systems, and indirectly, through management practices that cause anxiety, depression and other negative emotional states that are antagonistic to company performance (10). For an organisation, this means that direct and indirect influences have to be considered when implementing a WHP program. On one hand, they should promote a healthy lifestyle of their employees, and, on the other hand, they should create a health-promoting working environment. Based on these statements, comprehensive WHP can be seen as the combination of health promotion, focusing on personal health practices, and organisational change, which ensures that the working environment enables health. Several studies concerning the effectiveness of WHP define conditions under which WHP programs are most likely to succeed. These identified conditions are: the support and involvement of the top management; a supportive environment; based on outcomes from needs and risks assessments; the participation and involvement of employees; the optimal use of on-site resources; the accessibility of the programs; the integration in organisational processes and procedures; evaluation and monitoring; and an open and ongoing communication. This list of conditions, which will now be explained in more detail, does not claim to be exhaustive.

The first condition is the support and involvement of the top management (11). The support for and the involvement in WHP interventions should be visible and enthusiastic (12), so that employees actually feel the commitment of their employers to the protection and promotion of their well-being (10). This commitment can consist of the continuing allocation of necessary resources (13), the endorsement of goals and objectives concerning health promotion, the displaying of exemplary behaviour (14), and providing an encouraging and physically safe working environment (10). Apart from the support of the top management, several studies agree on the importance of a supportive environment in general (9). According to these papers, company climate or culture is a crucial determinant in employee health. Therefore, Pelletier (15) emphasises the importance of an encouraging corporate culture towards health promotion efforts, while Makrides (9) underlines the positive effect of organisational development to foster a more supportive environment for WHP and the central role of long-term sustainability. Thesenvitz (16) as well as Shain-Kramer (10) stress the fact that individuals have variable needs for social support. WHP programs should pay attention to these different

needs and further focus on a definable and changeable risk factor which constitutes a priority for the specific group. In that way, an intervention will be more acceptable to employees and increase their participation (12). Therefore, these programs should be designed to meet the preferences, aptitudes and requirements of a wide variety of participants to be really successful (11). According to Demmer (17), organisations should also analyse existing weak points concerning health at work and determine needs and resources of an organisation. This analysis realises the implementation of priorities in the development of WHP programs. Thus, WHP programs should be based on outcomes from needs and risks assessments concerning WHP executed at the workplace. Attention to preferences and needs of program participants is more likely to be achieved when employees are directly involved in the identification of health issues, in the design of the program, and in decisions about how, when and by whom they are delivered (17). As a consequence, the participation and involvement of employees into the WHP process constitute a further very important condition. On one hand, employees should receive the opportunity to have a say in the whole process of developing and maintaining a WHP program, and, on the other hand, they should be stimulated to really participate in these programs. Crucial is the involvement of employees at all organisational levels containing the strategy, the implementation, as well as the evaluation of interventions (14). To achieve employee participation, an organisation should not only involve them in the whole process, but also provide a mechanism for feedback from participants and non-participants, incentives for participation (15) and communication of program plans across divisions and departments to mid-level managers and employees (13). Involvement of employees highly correlates with the optimal use of on-site resources. This condition consists of the allocation of (available) human, physical and organisational in-company resources (12). The support of the top management, which was the first condition, is indispensable to the allocation of these resources (10). To enhance employees' participation, programs and facilities should be well accessible (15). Following Shain and Suurvali (18), people are increasingly pressed for time and essentially need programs and services to come to them, rather than the other way around. The condition integration manifests itself at different levels of the corporate policy. WHP programs should be characterised by a clear statement of goals and objectives which align with the corporate mission and are integrated in organisational processes and procedures (19). The programs should further be tailored to special features of the workplace environment (16). Determining goals and objectives facilitates the evaluation and monitoring of the program and thus

significantly contributes to the success of WHP programs by keeping track of the activities, participation, as well as outcomes. Evaluation and monitoring outcomes form the basis of potential changes of the program and allow constant improvement (20). Based on program evaluation, a periodic report prepared for top management should justify the continuation of resource allocation. To keep WHP in the picture, there should be an open and ongoing communication among the project members, employees and management (14). Every member of the organisation and all other stakeholders should be informed about the WHP program in each phase of the project. To conclude, WHP has to be a comprehensive approach in a multidisciplinary setting in which all members of the organisation are actively engaged. It has to be integrated into existing structures and should align with the corporate mission and the fundamental company values. WHP programs should be characterised by a long-term commitment and have to be monitored/evaluated frequently.

Based on the Luxemburg Declaration the ENWHP set up quality criteria for WHP (21, 22). These criteria are based on the European Foundation for Quality Management model, encompassing six different areas. The criteria are twenty-seven that produce a comprehensive picture of the quality of WHP activities. (23). Emphasis is placed on the extent to which the activities are systematically pursued and on the degree to which they are integrated into the organisation (24).

While the quality criteria from the ENWHP focus more on the structure and content of such a program, the aspects emerging from literature and good practices are rather contextual criteria. Both criteria can be put beside one another to compare them and look for similarities and differences. The outcome is given in Table 1.

These conditions comprise all but one criterion from the ENWHP and literature. Social responsibility as a quality criterion is not fully included, since the purpose of the CHC was to give organisations an idea of how effective their WHP programs and policies are concerning the four chosen topics. Also regarded as a further major quality criterion is the transferability of the implemented measures to other companies, organisations (25).

Results

From the standpoint of the conceptual approach the project embarked on a single strategy of intervention pursuit and the chosen one was the Health Communication strategy, whose characteristics were clearly defined by two of the project objectives, of which one was aiming to raise awareness among stakeholders and

Table 1 - Quality criteria for promoting health in the workplace

1. support by and involvement of management
2. support by and active involvement/participation of employees
3. ongoing communication between and towards all stakeholders
4. support by the corporate policy
5. integration in the corporate strategy, systems and processes
6. based on a structured approach
7. based on a needs analysis and/or risk assessment
8. support with the necessary material resources
9. providing information and training on WHP
10. program evaluation and monitoring
11. based on effective measures and scientific knowledge
12. characterised by continuous improvements
13. comprehensive

companies while the second one was to foster exchange of practices. The other two objectives, much more oriented towards changing behaviours, relied a lot on the existence of companies already implementing WHP programs, fostering therefore actions aimed towards the four topics of the project. In this sense the aim of these two objectives were rather to reinforce and conserve the existing good behaviours of the management of companies which were/are already investing in the health of their employees.

Because of the specificity of the project, encompassing activities developed both at national and European level, indicators, instruments and procedures have been built accordingly. The most significant outputs MoveEurope are listed in table 2.

Results of the campaign questionnaire

All participating companies which registered to the campaign compiled an online questionnaire structured in five sections which were Policy & Culture (a common section), and Smoking prevention, Nutrition, Physical Exercise and Mental health, each one of them being tackled through a series of other 3 sub-sections which were Organization & structures, Strategy & implementation and Evaluation & results. Based on the answers provided a scoring system was developed and at the completion of the questionnaire each company received a score reflecting the current overall achievement of the company in terms of the workplace health promotion programs developed.

Tabella 2 - Move Europe in numbers

Project	1 st of April 2006 - 30 th of June 2009
Campaign (first phase)	1 st of April 2007 – 1 st of May 2009
Countries unfolding the campaign	22
Promotion materials distributed (brochures, leaflets, gadgets etc)	Over 100.000
National events devoted to Move Europe and unfolded at national, regional or local level	47
European events devoted to Move Europe (including other events not devoted to Move Europe but where the campaign was presented)	2 Move Europe dedicated events, 4 other events where Move Europe was presented
Articles published in national media, either specific or general (newsletters, bulletins-of own institution or others, professional magazines, general magazines, newspapers, TV, Radio)	Over 300
Presentations of the campaign during other national events (workshop, conference, roundtable meeting etc)	Over 200

At European level 1,721 companies fully compiled the CHC (2,554 only parts). Most of the companies came from Germany (21.5%), followed by Belgium (14.99%) and the Netherlands (11.56%). In terms of sectors covered by the campaign, most of them came from sectors like Manufacturing/Industry sector (20.74% of the total), Education (12.78%), Health and Social Work (15.78%), but also Public Administrations (11.91%) and the Banking sector (10.75%). In terms of the workforce employed most of the companies were small and medium sized enterprises (SMEs) namely 58.5 % of them. A special note needs to be addressed to micro enterprises (less than 10 staff) of which only 3 were part of the campaign.

In terms of the overall scores achieved at European level the results showed that only eight countries scored more than the average (above 52). Overall average for the WHP programs dedicated to the smoking prevention (54) and combating stress (54) scored less than those for healthy eating (56) and physical exercise (56). In terms of assessing the actual WHP programs developed by companies across Europe through the scoring system incorporated in the questionnaire few trends were detected. With regards to the size of the company, large enterprises with overall WHP programs scored better than smaller ones. On the other hand large enterprises scored better for Physical Exercise (62.4) and Smoking Prevention (59.8) programs, while SMEs with overall WHP pro-

grams scored better for Healthy Eating (54) and Smoking Prevention (50) programs.

Assessing the perceptions of the participants at the final conference

The Final Conference was organized in Perugia, Italy. To the total number of participants (420) a questionnaire was distributed (feedback 108). In terms of the importance of the conference a total of 81% of the participants considered that it was either very important or important. The same type of result was achieved also in terms of the relevance of the conference, with 82% of them considering the conference as either very important or important. In terms of the quality of the speakers and presentations the general feedback was almost identical. The conclusions were that 12% of them were excellent while 53% considered them as very good while another 28% said good. Assessing the information received by the participants 85% of them rated it as excellent, very good and good, while 14% considered it fair and 1% said poor. 72% of the participants rated the presented information as either very likely or likely to be implemented at their workplaces with the view of development of WHP programs. 97% of the participants considered the event as one to be recommended to other colleagues.

Conclusions

This campaign set new quality standards for Good Practice in behaviour-related WHP and identified models, and is disseminating these results throughout Europe. Moreover, the campaign had the aim of promoting awareness of the benefits of implementing WHP in the workplaces. The essence of the results gained in the course of the three-year project working with companies and other institutions indicated that the change of principal procedures in the companies and the provision of adequate structures, as well as the education of the staff and awareness and attitude towards healthy behaviour in the organization, are far more vital to the success of WHP than appointing dedicated resources.

Although resources and the creation of awareness and responsibility towards healthy behaviour among the employees are real crucial points, it is clear that to guarantee sustainability and a lifelong concept integration of WHP into the company policy and culture creating a healthy and supportive working environment is also very important. Improvement of the overall health of employees, prevention, well-being and work-life balance should be the key objectives of the program. According to the MOGPs, a successful integration of WHP into the organization also includes the establishment

of working groups which include representatives from all levels of the staff. Last key element is a proper evaluation of the single and general program and the presentation of the impact, results and effects of the WHP to the entire staff and in some extension to the surrounding community.

Taken together, this experience seems to reveal that the efficacy of WHP does not primarily depend on the appointed resources, but much more on an active participation, the provision of a supportive environment in the company, as well as the education of employees on health topics and the creation of awareness towards health-promoting behaviour. Another point that continues to come out through the years and is confirmed in this experience is the lack of interest in monitoring/evaluation of the WHP program that in most cases is not implemented or when implemented definitely not scientifically.

The campaign's main concern was to create awareness of the importance of the workplace as an asset for promoting health and in particular "healthy lifestyles" have on the maintenance of a state of psycho-physical equilibrium of each individual. The numbers of this campaign confirm that there is a market for this kind of approach to health and safety management in Europe.

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Corresponding Author

Giuseppe Masanotti, MD, PhD

Department of Medical and Surgery Specialities and Public Health, CSES

University of Perugia, Italy

Via del Giochetto n. 6

06126 Perugia, Italy

Tel. +39 0755857315 - Fax +39 0755857317

giuseppe.masanotti@unipg.it

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