



Healthy Workplaces Towards Quality and Innovation

Working Together for a Social and
Competitive Europe

Models of Good Practice

**for Workplace Health Promotion
in the Public Administration Sector**





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Edited by Dr. Reinhold Sochert



Preface

The European Network for Workplace Health Promotion (ENWHP) comprises organisations such as national occupational health and safety institutes, public health institutions and Ministries of Health and Labour from all Member States of the European Community, the countries in the European Economic Area and a number of candidate countries. The network is being supported by the European Commission within the framework for action in the field of Public Health (No 645/96/EC).

With the passing of the 'Luxembourg Declaration on Workplace Health Promotion' at the end of 1997, the Network agreed on a common understanding of workplace health promotion (WHP). According to this Declaration, WHP is viewed as a comprehensive approach which necessitates a common strategy for all players inside and outside the enterprise.

In two projects carried out by the ENWHP between 1997 and 2000, models of good practice in workplace health promotion in (mainly) larger enterprises and in small and medium sized enterprises (SMEs) were identified and publicised on the basis of jointly developed good practice criteria for WHP throughout Europe. In 2001 the Network's third joint initiative on WHP in public administrations was launched with the participation of 23 countries. (You may also refer to the brochure: "Report on the Current Status of Workplace Health Promotion in Public Administrations").

This brochure contains 34 models of good practice in workplace health promotion from a total of 19 countries. At this point special thanks should be extended to all those who participated. Particular thanks should go to those responsible for the projects at the public administrations themselves for their productive and successful co-operation.

Essen, May 2002



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Why the public administration sector?

Since the 90ies at the latest there is a consensus within the European countries concerning the need to modernize the public administration sector, in particular to reduce the “bureaucracy” and “lack of touch” with the public in public administrations. However, there are different views as to the direction of the necessary reforms and their speed.

There are two main issues within the public sector reform debate:

- Scope of public activities
- Effectiveness and efficiency of public administrations

The discussion on the first issue has led to a re-definition of public responsibilities. Over the last three decades a range of different approaches have been used to re-arrange the task profile of public organisations. These have included measures to contain and reduce public expenditure, the privatization of public enterprises, different forms of outsourcing, the introduction of contracting out and open tendering systems as well as the introduction of forms of competition into public administration organisations.

The second issue concerns the way public activities can be organized more effectively and efficiently. This will include discussing the very structure of public organisations including topics such as the level of complexity and hierarchy, possibilities to integrate tasks and team-work, the introduction of decentralized accountabilities of public organisations as well as new forms of relationships with external stakeholders (customization of internal processes).

At the core of public sector reform debate the role of new management models can be identified. This includes the introduction of management by objectives and results systems and forms of programme budgeting. Human resource management and work organisation are strongly linked with the general debate on how to improve the impact of public investments.

In view of the number of employees, the public administration sector is large as well as being badly arranged and heterogeneous in the way it is organised and provides services¹. For all the differences in the organisation details, the main product is in most cases a service related to people. More depends in this sector on each and every employee than in the more intensive technical production of material

An ordinance of the EU Commission dating from 1993 on the “Statistical Classification of Economic Activity in the European Union” (NACE Rev. 1) created a uniform basis for delineating public administration from other economic sectors in Europe. According to this ordinance, public administration embraces all administrative activities of the executive and legislative organs at central, regional and local level. A difference is made between three groups of administrative activities:

- Administration of the State and the economic and social policy of the community
- Provision of services to the community as a whole
- Compulsory social security activities

This definition is also used as a basis in the present project.

Please note: According to the NACE-classification the transport and communication, education and health and social work sectors form separate business classes and thus are excluded.

goods. Whereas the proportion of personnel contributing to value production is between 20% and 50% the proportion in the public administration sector is even higher at 60% to 90%. The employees are the most important resource in increasing competitiveness, creating better contact with the public, providing better service to the customer and implementing change and new ideas. The manner in which employees are managed, motivated and qualified has a considerable influence on their feeling of well-being and their health and consequently on their efficiency and on the quality of the services they provide. This is the field where workplace health promotion strategies and action can provide added value to the public administration reform process.

However, workplace health promotion projects and programmes have been implemented within public administration organisations only to a small extent. There is a need to adapt the successful strategies of workplace health promotion which were mainly developed in the private sector to the specific requirements of public administrations.

With the adoption of the Luxembourg Declaration on Workplace Health Promotion in Europe in 1997 the ENWHP identified core priorities for workplace health policies and future action. As a first step these were implemented for larger enterprises. The results were then adapted to the specific requirements of working with small and medium sized enterprises. Due to the significant economic and social role of the public administration sector this initiative will now complete the main larger settings of workplace health in Europe.

Development stages of the project

One of the aims of the project was to analyse and document the level of workplace health promotion in public administrations in participating countries. For this purpose a questionnaire was prepared prior to selected experts completing and writing up analysis reports. Experts from Denmark, Germany and Sweden helped to produce the questionnaire.

In addition to preparing these analysis reports, another major task was to find and document two to three models of good practice in each participating country on the basis of criteria developed in the previous ENWHP projects. The aim was to obtain presentation material showing how exemplary workplace health promotion activities can be achieved.

The country reports and models of good practice were then discussed in detail on a workshop attended by a variety of experts in order to assure the quality.

ENWHP's joint project on workplace health promotion in public administrations ended with the "ENWHP Third European Conference" in Barcelona (17 -18 June 2002). Under the heading "Healthy Workplaces Towards Quality and Innovation – Working Together for a Social and Competitive Europe", the project and the results were presented for the first time to a broad international audience.

Models of good practice – applications and functions

Good practice criteria were developed to provide those reporting on public administrations with a uniform and consistent orientation framework. The reporters applied these criteria when selecting and documenting the models of good practice. A checklist facilitated the collation of relevant information. Different weightings were made according to levels of national development of occupational health and safety and workplace health promotion and depending on the subjective standpoint of the reporter.

This documentation does not claim to be a collection of verifiable (in the sense of measurable) models of good practice. The differences that exist between various European regions and the different levels of understanding of good practice preclude such a claim.

However, this documentation does provide valuable practical information which can encourage others to emulate the results or support improvements in activities already under way. Owing to their undoubted “feasibility” the models of good practice provide a sound argument for all those who want to advocate workplace health promotion at an organisational or political/strategic level.

Contents

■ Austria

Health Promotion in Local Government Services	10
Health Venture at Schwarzau Prison.....	13

■ Belgium

La Louvière: Combating Stress and Mobbing at Work – a Practical Approach	15
The Belgian Federal Police: An Integrated and Multi-Disciplinary Organisation of Prevention.....	18

■ Czech Republic

Municipal Authority of the Town of Sokolov	20
--	----

■ Denmark

Organisational and Skills Development at the Danish National Library for the Blind	23
Employee Influence, Personnel Policy and Quality at the Social Appeals Board	27

■ Finland

Ilmarinen Mutual Pension Insurance Company.....	31
“Echo project” in the Regional Tax Office of Uusimaa.....	33

■ Germany

Health Management in the City of Berlin.....	35
Workplace health promotion at the Federal Insurance Institute for Salaried Employees	39
Workplace Health Promotion in the Municipal Administration of Dortmund	42

■ Greece

Workplace Health Promotion at the Hellenic Post.....	46
Ethel Bus Company	49

■ Hungary

Workplace Health Promotion at the Heves County Court....	52
Workplace Health Promotion at the National Institute of Occupational Health	55

■ Iceland

The Capital District Fire and Rescue Service	58
The Directorate of Customs – Reykjavík.....	61

■ Ireland

Workplace Health Promotion in Donegal County Council	64
---	----

■ Italy

Healthy Municipality for a Healthy Community: The Municipality of Martignacco	67
--	----

■ Liechtenstein/Switzerland

Community Offices, Munchenbuchsee	69
Military and Civil Defence Office, St. Gall	72

■ Netherlands

The Municipality of The Hague’s Facility Department and its WHP Policy	76
The Ministry of Finance and its WHP Policy	80

■ Norway

The “GET WELL PROJECT” in Nedre Eiker Local Authority	83
Development of Healthy Workplaces by Processes and Employee Participation	86

■ Portugal

Promoting Workplace Health and Well-Being on Almada City Council	89
Workplace Health Promotion at the City Council of Oeiras	93

■ Romania

National Agency of Public Servants	96
--	----

■ Spain

The Spanish Society of Occupational Health in Public Administration (SESLAP): Networking Health in the Public Sector	99
Health Promotion Campaign for Post Office Employees.....	102

■ Sweden

The Ministry of Finance – Workplace Health Promotion is an Important Part of Occupational Safety and Health Work.....	105
Workplace Health Promotion at Systembolaget AB	108

■ United Kingdom

The Northern Ireland Court Service.....	111
Members of the European Network for Workplace Health Promotion.....	115

Project Partners

The Sickness and Accident Fund for Upper Austrian Communities approached the OÖGKK with a concrete proposal for a health promotion model for their employees. As there is a good platform for co-operation through the regional organisation of the Union, which has contact persons in the different communities, the Freistadt district group offered itself as a further project partner.

Concern of the project

The project applies to the district of Freistadt and is intended to serve as a model. There are about 620 people employed by the local government in the 27 district communities. There are about 10-15 people employed in each community, with the exception of the town of Freistadt and the community of Perg. The following were identified as fields of employment and are the concern of this project:

- Administration
- Construction, cleaning, drivers
- Kindergarten

Objectives and measures

The aim of this project is to improve the health potential of all the persons concerned using methods of health promotion. At the same time, new practical experience is to be gathered in an innovative field, which can then be transferred to other communities.

Steps agreed up to present

Based on an analysis of the present situation, the intention is to build up a project group within the organisation for a certain length of time. Health circles will be set up in order to involve the employees, who are also mainly the experts able to identify the problems as well as suggest their practical solutions. The project will be accompanied by internal and external communication measures.

The aim is not only to solve the problems identified, but also to set up a structure in the organisation that will ensure a continuous improvement of health standards at the end of the project.

Up to now the following steps have been realised:

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Project plan

Establishment of a steering group	<ul style="list-style-type: none"> • Representative for the employer • Representative for the employees • Representative for the KFG • Interested department heads • Representative for the OÖGKK • Community doctor • Representative for male workers • Representative for female workers
Analysis of the situation	<ul style="list-style-type: none"> • Health survey (June - July 2001) • Interpretation of results (summer 2001)
Completion of health report	<ul style="list-style-type: none"> • Interpretation of the analysis (autumn 2001) • Preparation for media
Training of presenters for work in health circles	<ul style="list-style-type: none"> • Training of 8-10 presenters for work in the health circles
Health circles set up and implemented at community level	<ul style="list-style-type: none"> • Health circles set-up (about 5 meetings per circle)
Concrete measures and drawn up proposals	<ul style="list-style-type: none"> • Preparation of a catalogue of measures
Range of offers	<ul style="list-style-type: none"> • Development and implementation of seminars, talks, programmes
Evaluation and final report	<ul style="list-style-type: none"> • Evaluation of the project (autumn 2002) • Assessment of its effect

- quantitatively overdemanding work
- work that is not demanding enough from the qualitative point of view
- behaviour of superiors towards staff

The first two areas are concerned with the organisation of work; the third point is concerned with management understanding. The quantitative excess work is also to be seen against the background of time pressure.

Work that is qualitatively undemanding suggests unchanging tasks on the one hand and over-qualification of staff on the other.

The behaviour of superiors is also affected according to whether arising problems may be discussed or not. Solidarity amongst colleagues seems to be considerably higher than the trust shown to superiors.

‘Support from superiors’ is possibly an important project area.

Further results indicate points in the field of overwork and the setting up of social resources.

Survey by questionnaire

The questionnaire on “Salutogenetic subjective work analysis” (SALSA) is an innovative instrument to identify work situations affecting health. The questionnaire not only tries to discover any relevant stress, but also asks about conditions and protection for the maintenance of health and workplace satisfaction.

On the whole the results are close to the comparable values from previous surveys in the service sector. Positive differences can be seen in the social

atmosphere between colleagues, which is significantly more positively assessed.

Below average values are seen in the following fields:

The following proposals for improvements were referred to during this survey:

Topic	Number of responses
Change of working conditions (flexible working hours, flexitime, organisation of work, appraisal interviews, problems with superiors, mobbing, holiday planning, more participation)	35
Provide information, seminars (nutrition, exercise, ergonomics)	27
Encourage leisure activities (walks, trips)	26
Offer medical check-ups for employees	26
Improve work equipment (cleaning materials, machines, tools)	23
Improve office workplaces (chairs, desks, new monitors)	20
Facilitate recuperation breaks	20
Introduce stress reduction measures	14
Introduce exercise breaks	11

First Training of health circle 'presenters'

Eight health circle 'presenters' were trained during a two-day intensive course. The trainees were all staff from the local government service in the district. 7 health circles were agreed on for different areas (kindergarden, administrative, maintenance, cleaning personnel). This also included one for the management. They will have finished their work by April 2002. The project team will try to implement the proposals and finish the final report by the end of the year.

Austria

Health Venture at Schwarzau Prison

Background

During the annual WHO conference the member countries were invited to carry out a health promotion project in a prison. The Ministry of Justice in Austria took this opportunity to initiate a project in Schwarzau Prison together with the management of the prison and the Health Forum Lower Austria. This project was also submitted to the Healthy Austria Fund, where it was greeted with great interest, although no decision has yet been taken. At present there are 172 prisoners in the prison who are cared for by 90 employees.

Objectives and measures

The aim of the project is to reduce the mental and physiological stress of both the employees and the inmates by carrying out 'health-promoting' activities. Additionally, both the employees and the inmates should be encouraged to take responsibility for their own health by participating in the work and organisation. To implement workplace health promotion in an enterprise it is necessary for there to be an awareness that health promotion is the responsibility of the management and also for it to be integrated into the existing system of management.

A steering group was set up to plan the project and decide on its framework. This was made up of the prison management, representatives of the officers, the prison doctor – who was also project leader – and a member of the Health Forum of Lower Austria.

Health circles

Health circles were set up in order to identify the weak points and the potential improvements concerning health. Because of the special internal structure of the prison and certain legal requirements, the steering group decided to subdivide the project into three, according to the respective target group. Division 1 included the prison officers, division 2 the 'outgoers' (prisoners who work at external companies during the day and come back to the prison in the evening) and division 3 the 'permanent residents'. This meant that there were separate health circles. 5 - 8 voluntary representatives of each target group worked in these groups, which met regularly, with an external presenter to produce a catalogue of proposals. These proposals for improvement were presented to the steering group and consequently implemented in the prison. The health circle participants have an important additional function. Not only do they pass on the results and information from the health circles to their colleagues but also, as their representatives, they bring their wishes and suggestions to the attention of the group.

Survey of the present situation

The concrete project design was based on an evaluation of the present situation according to the results of a questionnaire given to the employees and inmates. This questionnaire was developed by a market research and opinion poll institute together with the Health Forum Lower Austria. The results were

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presented to the prison officers and the inmates. The main aim of the project in Schwarzaeu is to establish an awareness of health in thinking and in the consequent measures. The surveys carried out before and after the project are intended to give statistical support to the resulting advantages.

Planning the health circles

Based on the results of the survey and the special structural conditions in prisons, it was decided to give the health circles three fields to work on – nutrition, exercise and the psychosocial field, each of which would be dealt with by the health circles in three meetings. Within the fields mentioned, the idea was to work out preventative measures dealing with conditions and with behaviour.

Health Day – information for the prison officers and for the inmates

The prison officers and the inmates were informed about the project during a 'health day', when it was possible to have a medical check-up performed by the prison doctor, and also to have an assessment of body fat and information about nutrition from a dietician.

Health Circle meetings

A short talk is given by an expert on one of the three defined topic areas in order to arouse interest and increase the motivation to become active in one of the health circles which will meet

afterwards. After 1-2 weeks, during which the 5-8 volunteers for these health circles are found, the first of the three health circle meetings on this topic takes place. Concrete measures on the relevant topic are worked out during these 3 meetings.

After this the next talk is given on the next of the three topics. A new health circle is formed and works out proposals for improvements concerning the new topic. In this way prison officers, 'outgoers' and permanent residents work separately until concrete suggestions are worked out for each topic and for each target group.

Presentation of the results

The proposed list of measures is presented to the steering group at the end of the health circle meetings. The steering group decides on the implementation of the measures suggested or explains why it is not possible to implement a proposal.

Implementation of the proposed measures

How to implement the proposals should be worked out as concretely as possible in the health circle. The consequent implementation of the proposal is organised by the project leader with the agreement of the steering group. When necessary, an external expert can be consulted to give advice and support.

Evaluation and quality control

In order to evaluate how successful the project was and as an instrument of quality control a new survey of the prison officers and the inmates will be carried out after a year. In order to do this the same questionnaires will be used as at the beginning of the project. The results will be compared with those from the initial survey. As a further quality control, the participants in the health circles will be asked to give written feedback.

Time schedule

Preliminary talks	since April 2001
Survey of the prison officers and inmates	June, July 2001
Presentation of questionnaire results	September 2001
"Impulse" talk	November 2001
Health circles start	December 2001

Belgium

La Louvière: Combating Stress and Mobbing at Work – a Practical Approach

Background

The City of La Louvière in Belgium was formed in 1976 through the merging of 10 districts. However, practical realities have restricted a genuine centralisation of local services. With 1150 employees, the Local Authority is one of the major employers in the area.

When the 10 districts merged, the 10 Chief Executives filled the new senior management posts. However, they all retired in the 1980's at a time of budgetary difficulty, and they were not replaced. Subsequently, supervisory responsibilities were given to inexperienced staff.

Local Authority OSH situation	% of employees exposed
Posture and movement exposures	44
Physical exposures	0
Chemical exposures	17
Biological exposures	28
Psychosocial working conditions:	
• Social pressure	25
• Physical violence	19
• General harassment	30

This absence of supervisors aggravated a working atmosphere already conducive to relational conflicts.

A campaign against alcoholism was launched in 1996. The conclusions of this campaign led the Local Authority to look at well-being in general.

One of the several measures undertaken was an initiative to devise an instrument for dealing with mobbing.

Focus on mobbing

In January 2000, the Council passed a decision to cooperate with the ULG (University of Liege), with a view to creating a general instrument for dealing with mobbing. The ULG would lead a working group from February to October 2000, and contribute expertise, advice and coordination. Invitations to participate were made to motivated municipal employees from all levels and sectors.

When he joined in 1997, the Chief Executive began receiving odd transfer requests. Many originated in relational difficulties between the employee and his supervisor/colleagues. A number of such cases could be dealt with through mediation alone.

Discussing his findings with medical staff, several incidences of mobbing were identified by the Chief Executive. He decided that a procedure for the diagnosis and verification of complaints was needed.

The activities of the working group led to the establishment of a "regulation concerning the prevention and handling of relational conflicts in the workplace, including mobbing and sexual harassment", adopted in June 2001.

The adopted text was written by a small group of experts including a specialist in social law.

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Bringing in new standards on relational conflicts and mobbing

The working group led by the ULG met about every two to three weeks. It concluded that it was important for the implementation of such a measure dealing with relational conflicts to be preceded by a good information campaign targeted at the staff. Individual communication could help in this respect. The important point was to demonstrate to the staff that the Local Authority was introducing new standards on relational conflicts and mobbing.

The information campaign had to deal with several issues, for example the well-being of staff and human relations. It also had to lead to a social recognition of mobbing. Because “failing to protect a person in danger” is a criminal offence in Belgium, the campaign also stressed that by addressing the issue of mobbing it was fulfilling its legal obligations. The staff also needed general information about welfare at work. For example, slogans and other tools are currently under development and will be disseminated widely.

A two-phased approach

The regulation adopted as a result of the ULG working group activities contains notably a definition of mobbing and a procedure that centres around two phases: a mediation phase and an arbitration phase:

Mediation phase

- Anyone who feels he is a victim of mobbing can approach the Listening Unit (Cellule d'écoute). The Listening Unit comprises an Occupational Physician and a Psychologist. Its role is to listen to the employee who claims to be a victim of mobbing, and give support and guidance. It is independent of the local authority and is connected to it by contract alone.
- Should this fail, the alleged victim can request the intervention of the Relational Conflicts Manager, who can suggest any action to the various involved parties. However, he has no power to enforce his decision and his role is mainly advisory.

Arbitration phase

- If the intervention of the Relational Conflicts Manager fails, the victim can refer the matter to the Chief Executive. The latter then appoints an investigator whose job is to explore and report on the allegations. Specifically the investigator carries out an inquiry, does some research and asks all questions necessary to all those with a major or minor involvement in the affair. Having listened to the involved parties, as well as any witnesses, he submits a report on the situation to the Council.
- If it is established that a case of mobbing has occurred then the disciplinary process can begin.

Implementing a wider strategy

This particular project was only part of the Local Authority's wider strategy to improve the welfare of its employees. Other measures were also devised, including an Occupational Welfare Task Force and a Supervisory Staff Training Action.

Occupational welfare task force

The Occupational Welfare Task Force was set up in 2000. It has three main objectives:

- To propose actions to improve the well-being of employees at work, with an emphasis on psychological health;
- To identify the human resources management needs of the organisation;
- To develop and carry out preventative actions with regard to all forms of addiction: drugs, medication, alcohol, tobacco etc.

To accompany the shift in focus from 'alcoholism' to a more generic approach dealing the general well-being of employees, three working groups were set up within the task force:

- Stress
- Mobbing
- Addiction

Supervisory staff training action

Following a call for tender, the CFIP (Centre for Training and Counselling) was hired as external consultant to implement a project leading to a staff training action. The objectives of this project were:

- To improve staff motivation;
- To foster a culture of professionalism within the Local Authority;
- To strengthen internal communication;
- To implement an effective human resources management policy;
- To stimulate a sense of ‘public service’ and by so doing, improve the public's image of the Local Authority.

In this context, five two-day training modules were organised on the following themes:

- Leadership
- Staff evaluation
- Staff motivation
- Conflict resolution
- Inter-personnel communication
- Management

Follow-up of this training action is carried out by the Committee Chairs (politicians) and the Heads of Department (officers) of the local Authority. A ‘follow-up committee’ has the responsibility of looking at ways of improving internal organisation, accompanying the training process, and implementing a new procedure for the evaluation of staff.

These training modules make a definite contribution to preventative action against mobbing.

Creating an effective human resources management system

In October 2000, the newly elected Council declared: “An authentic human resources management policy will encourage behaviour that reflects the value of municipal employees in a con-

stant and consistent search for quality”.

The ultimate eradication of stress and mobbing is entirely dependent on the establishment of an effective human resources management system.

With this in mind, the Human Resources Management Steering Committee was created. Its role is to structure initiatives relating to human resources management and to advise the Local Authority on the correct actions to implement.

This includes the following projects:

- Setting up a Working Group on Human Resources to assist the work of the Department of Human Resources;
- Implementing a system of management coaching at the level of the individual, the team and the organisation;
- Organisation of “management refresher courses” for supervisory staff;
- Doing a study on the maximising of human resources: defining long-term principles for the recruitment, selection and promotion of staff that favour skills and ability (according to a predefined profile and according to the needs of the organisation).

Drawing conclusions

The City of La Louvière has carried out a qualitative rather than a quantitative evaluation of its actions.

The various staff involved in the implementation of the procedure must submit a report to the Council every six

months. Based on these reports, three factors that tend to lead to mobbing within the Local Authority can be identified:

- Behaviour of the individual: poor communication skills, lack of training in supervision, apathy among senior staff;
- Institution: distribution of work, human resources management;
- Environment: rivalry between grades, lack of consideration for the individual.

The Local Authority claims that having such an instrument in place acts as a deterrent, and a perceptible albeit unquantified reduction in the cases of mobbing has occurred since its adoption.

Factors affecting the success of the project are:

- Quality of the counselling;
- Readiness to allocate time resources to assisting the victim;
- Assistance from senior staff and politicians within the Local Authority;
- Capacity of the Local Authority to carry out a critical self-analysis;
- Creation of places, where alleged victims can talk about their problems and be heard;
- Support from external sources;
- Integrating the issues into staff human resources management training;
- Consideration of the perpetrators as well as the victims of mobbing;
- Confidentiality;
- Clear dissemination of information.

The Belgian Federal Police: An Integrated and Multi-Disciplinary Organisation of Prevention

Background

Following a recent reform, the Police Force in Belgium now operate at two levels: "Federal" (or national) and "local". The Federal Police employ around 12 000 police officers and roughly 2 500 other workers.

As required by law, the Federal Police set up an internal service for prevention and protection at work. The service that has been created, the DPP, comprises prevention specialists and is entrusted with accompanying the Dynamic System on Risk Prevention every Belgian employer must implement. The system covers the seven legally-determined fields of OSH:

- Occupational safety;
- Health protection;
- Psychosocial factors;
- Ergonomics;
- Occupational hygiene;
- Embellishment of the workplace;
- Environment.

Establishment of co-operation structures

The Federal Police were legally required to set up a global and multi-disciplinary OSH promotion system, based on risk assessment, and compatible with existing initiatives.

The law specifically required risk assessments concerning the workplace. However, given the very nature of police work, an officer's workplace is rarely limited to the police station alone.

A "platform" was consequently created to coordinate cooperation between the services dealing with health and safety:

- Internal Service for Prevention and Protection at Work (DPP);
- Directorate for Internal Relations (DPI);
- Occupational Medicine Service (DPMS).

This platform monitors the multi-disciplinary and systematic nature of the actions of these services and is made up of:

- The Global Integrated Prevention and Protection System Council
- The Thematic Platform
- Basic Platforms

How the project works

■ The Global Integrated Prevention and Protection System Council

The Global Integrated Prevention and Protection System Council is the first level of the platform and is a "think-tank" operating at Federal level. It brings together the Heads of the DPP, the DPI, and the DPMS, and is also responsible for taking global decisions related to issues of occupational safety and health. The platform enables the Heads of the DPP, the DPI, and the DPMS to come together and coordinate and integrate the work of their different services.

Recommendations concerning policy are made within the framework of the Council. These recommendations are then presented to the Senior Department for Human Resources within the Federal Police, as well as to the Commissioner General, who is the Head of the Federal Police. Five-year "global prevention plans" and one-year "action plans" are then drawn up as frameworks for the implementation of policy. In turn, these proposed plans are submitted to "Prevention Committees" for

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approval. The Prevention Committees are joint committees bringing together staff members and their representatives.

■ **The Thematic Platform**

The Thematic Platform also operates at Federal level. Its primary tasks are to carry out analyses on specific themes and to take more precise and detailed OSH decisions (c.f. The Global Integrated Prevention and Protection System Council). The platform brings together the following individuals or their representatives:

- The Head of the Expertise Department within the DPP;
- The Coordinator of the Stress Team within the DPI;
- The Chief Physician of the Occupational Medicine Service within the DPMS.

The platform can deal with the following general topics or themes:

- Conflict management;
- Use of violence in interventions;
- Asbestos programmes;
- Vaccination programmes;
- Actions to combat illegal immigration;
- Different forms of mobbing.

■ **Basic Platforms**

These platforms are established with the objective of carrying out analyses and taking decisions, primarily in the front-line. Unlike the Global Integrated Prevention and Protection System Council and the Thematic Platform, the Basic Platforms operate at local level. They consist therefore of individuals who work mainly in the frontline when it comes to health and safety. This means specifically:

- The "Prevention Advisors" of the DPP;
- Social Workers and Psychologists working within the framework of the DPI;
- Occupational physicians working for the DPMS.

These experts deal with specific topics and develop limited-duration action programmes that have a restricted geographic focus.

Information exchange

The exchange of information between the partners at different platform levels ensures that quality work is carried out within the structures that have been established. It is made clear that at each level it is the duty of the all those partners involved to transmit information in their possession to the various representatives of the other directorates or services. This either takes place on their own initiative or on the basis of simple procedures that are laid down in the Global Integrated Prevention and Protection System.

Meetings must allow the partners:

- To assess the situation regarding health and safety, as far as persons or services are concerned;
 - To take urgent measures;
 - To adapt wherever and whenever necessary the objectives of the Global Integrated Prevention and Protection System and the action plans.
- This priority is less urgent than the other two.

Depending on the level of urgency, it is assumed that, when a partner receives information, he will quickly transmit it to the other partners at the appropriate level and will do this using any suitable means.

After an initial analysis of the transmitted information, the specific member of the department that receives it is obliged to bring the corresponding platform level into action. He does this through any means that he may have at his disposal and can, for example, carry out an assessment of the problem, formulate his own recommendations or propositions relating to the issue, or take any specific decisions he deems to be necessary.

Following this, the platform appoints a case manager who is responsible for the coordination of activities, and in particular those concerning the transmission of information to the relevant members of staff.

Drawing conclusions

An instrument has been put in place to enable the performance and activity of the platform to be assessed every year. It is too early to have a full evaluation at the moment, but initial indications are positive. Should the annual assessments decide the platform is not operating according to requirements, corrective measures may then be taken.

Among the initial positive results, it appears that thanks to the creation of the platform it has been possible to establish an overall strategic objective for the Federal Police. According to the wording of the strategic objective, the Federal Police must endeavour as far as possible:

- To promote, within the Federal Police, the most favourable social climate and working environment that respects the statutory provisions in the domains of occupational safety and health.

Czech Republic

Municipal Authority of the Town of Sokolov

About the town

The town of Sokolov is the seat of administration of a district in the Carlsbad region. The town has 26,000 inhabitants (average age 36 years). The municipal office has 93 employees, 3 of them are elected officials. The city council has 27 members – representatives of 5 political parties. The executive board of the city council has 9 members.

The town of Sokolov fully or partly owns or controls the following areas through its companies: Council houses and an indoor swimming pool, maintenance and lighting of communications, maintenance of public parks, waste disposal. The sport agency operates an ice hockey stadium and other places for leisure sports. The municipal cultural agency maintains the town theatre, cinemas, and organises various educational activities. The town hall supports 9 primary schools, 1 primary art school, 2 nursery schools (with 6 nursery schools in the reserve capacity). There is also the town police department.

Social services are provided for elderly citizens in homes for elderly with day care centres, also for mothers with children in need in the asylum home and in the home for homeless people. The town also supports several sheltered workplaces for the handicapped and one house with twelve specially built flats for their needs.

The town hall also supports several non-profit organisations, sports clubs and cultural societies through its grant

agency (6 million Czech Crowns yearly). The town hospital provides health services for the district, and other outpatient services are provided by private specialists.

Project background

The pilot worksite health promotion study, performed in research and development personnel between 1973 and 1998, based on a comprehensive screening and intervention system encompassing life-style deficiencies, somatic risk factors, perceived factors of social and socio-economic environment, risky personality traits and behaviour types in addition to job pressures. Computer processing of primary items converged the information into complex health risk factors requiring specific advice and suggestions. Health state development of study respondents and their adherence to health recommendations was assessed repeatedly. In the course of the study, the screening procedure, consisting of basic questionnaire, medical and psychological interview, was standardised and validated and employed in several WHP projects.

Respondents in two of the five organisations incorporated in our recent ENWHP project as Models of Good Practice are civil servants in public administration authorities, included because they can directly or indirectly influence dissemination of WHP programmes and because the occupational health problems in the work of civil servants are similar to occupations our team studied in preceding projects.

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Up till now, the screening and intervention programme in the Central Bohemia Regional Office included the managerial staff and is planned to be extended to other employee groups; the next phase of WHP procedure standardisation – as described below – is to be tested based on the overall sample:

A scientific approach

The project in the town of Sokolov has been conducted by Jana Kociánová, M.D., who completed a two-year course in health promotion and behaviour modification, organised by the National Institute of Public Health, Prague.

The programme was attended by 25 employees (average age 45.3 years, 19 females) of the municipal office – heads of departments and persons with material responsibility. The participants were screened using questionnaires:

- a) health state, lifestyle and work conditions, screening examination and standard questionnaire
- b) somatic examination including body fat (bioimpedance),
- c) biochemical examination of blood serum (lipids, fasting glycaemia) and urine (presence of proteins and glucose).

The questionnaire data were computed with the use of the PC programme for evaluation of health risks in work and lifestyle. Results of the examination were discussed individually with the participants in the intervention interview focused on possible preventive activities and changes in faulty lifestyle. Strategies were proposed for suitable

diet, physical activity, coping with stress and relaxation, as well as smoking cessation for smokers. The participants' motivation for change of lifestyle (diet, physical activity, smoking) was assessed.

Screening results

Smoking – 4 smokers (3 women), 1 occasional smoker, 5 ceased smoking, 15 non-smokers.

Weight (BMI) – normal BMI 8 participants (32%), 2 with BMI at the lower limit of norm; 10 participants overweight (40%), 8 of them of abdominal type with a higher health risk (waist: men 94 - 102 cm, women 80-88cm); 5 participants (20%) are of abdominal obesity (I.level), 4 of them with a high health risk (waist: men > 102 cm, women > 88 cm); central obesity II. and III. level with a high health risk was found in 2 persons.

Blood pressure – higher blood pressure was reported for 7 people, unstable blood pressure for 1 person, diagnosed and treated hypertension for 3 people; ischaemic heart disease or angina pectoris – diagnosed and treated for 2 people, atherosclerotic carotids found for 1 person.

Laboratory findings

Blood lipids – higher blood cholesterol reported by 8 persons, 4 of them treated, higher glycaemia reported by 3 persons; TC > 5.2 mmol/l was found in 16 persons (64%), TC > 6 mmol in 3 persons; TAG > 1.9 mmol/l was found in 9 persons (36%), in 3 persons TAG > 3.0

mmol/l; HDL < 1.0 mmol/l was found in 3 persons, 1 of them < 0.9 mmol/l.

Fasting glycaemia – in 8 persons was found > 5.6 mmol/l, 3 of them > 6 mmol/l. Only 6 (24%) persons had all blood values in normal ranges.

Urine (qualitatively) – glucose present in 1 and proteins in 2 persons; 23 (92%) persons had normal findings.

Allergies – 10 persons suffer from some form of allergy (40%).

Health state, lifestyle and working conditions

The risk was rated on the scale 0 - 100%, risk in average population being 40%. Shortcomings in lifestyle – nobody was without a risk; 4 persons had 1 risk factor, 12 persons had 2-4 risk factors, 9 persons displayed 5 and more risk factors;

Job pressures – 9 persons reported no feelings of job stress, 14 persons reported 1-4 job stress factors, 2 persons complained of 5 job stress factors; Bodily health state – 2 participants displayed no risk factor, in 19 persons 1-3 risk factors were found, in 4 persons there were more than 6 risk factors, 1 of them displayed 14 risk factors.

Psychological condition – in 10 persons no risk was found, 12 individuals had 1-3 risk factors, 2 persons displayed 4 psychological risk factors.

On the whole, the health intervention, especially in unhealthy lifestyle, was fully justified in this group, and has been applied to all participants.

Present state

Profile of deviation scores is derived from the items of the basic questionnaire verified – if possible – by the medical and psychological interview. The table of secondary dimensions indicates weak points in life and work style, health and condition, and personality and behaviour of the individual respondent. This information is given to the respondent in a written form. Additionally, a verbal estimate of the ensuing health risk and advice and recommendations for behavioral change is given during the interview. All individual data are treated as confidential; the group characteristics are available to the human resources department of the organisation together with recommendations for support of the WHP programme.

The experience gathered now permits standardisation and formalisation of the next phases of the WHP procedure.

Aim

Standardisation and formalisation of both the attachment of intervention to screening and the subsequent evaluation of the intervention success.

Project for further development

An expert system will be developed that is compatible with the Manual of Prevention issued in Prague by the National Institute of Public Health. (The Manual was inspired by the semi-programmed “Clinician Health Promotion Handbook” (1986) by R.A. Fried, D.C. Iverson and J.P. Nagle.) The expert system will take full health state information and health determinants into account and will have two interrelated but separate issues:

- As part of the intervention, characteristics of individual health risk and appropriate advice for behavioural change, and suggested preventive examinations will be prepared for the respondent in written form, in order to provide maximum support for the active attitude of respondents to their health.
- As guidance for the follow-up, a set of individual specific indicators of health impact of the intervention will be drawn up, namely in the following areas: further health state development, changes in somatic and psychological risk factors identified by the screening procedure, adherence to the suggested changes in life and work style, and compliance with the recommendations for further preventive examinations.

Conclusions

Together with the use of the standard screening procedure in small and medium enterprises – of private and public administration sectors – partial standardisation of individually tailored intervention and follow-up procedures would permit consistent assessment of the impact of worksite health promotion projects using the same method, in spite of diversity of local conditions and involvement of many preventive health care providers.

Denmark

Organisational and Skills Development at the Danish National Library for the Blind

Background

The Danish National Library for the Blind (DBB) is a government institution, operated under contract with the Ministry of Culture. It has approximately 90 permanent employees, in addition to a number of readers working on a freelance basis.

DBB was founded as an independent institution in 1952 and it produces and distributes information to the blind, the visually impaired, and those with reading problems in Denmark. The material is distributed in audio, braille and electronic form. It is being produced and distributed more frequently in electronic and digital formats. Users include public libraries, business customers and individuals who are blind or visually impaired.

The institution is divided into four divisions: production, distribution, IT, and administration and management, with the majority of the employees in production and distribution. One third of the employees are unskilled workers.

Heavy manual handling is common in the production and distribution divisions. DBB is located in a renovated building which, until the late 1990's, was an industrial plant and the physical facilities are not up to date. For many years, the absentee rate due to illness has been high.

Why introduce workplace health promotion?

Technological development and digitalisation brought new possibilities for DBB users. That situation raised demands for new skills among employees and

created a need for new ways of working and thinking. Consequently in 1998, when a new director was hired, DBB initiated an extensive reorganisation and development process involving all the employees at the institution. To the extent possible, DBB wanted to implement change retaining the staff already employed.

How the process is organized

The development process have been organized in three projects which, with regard to time and content, have been continuations of one another:

- Reduction of sickness absenteeism and personnel turnover
- Development of skills
- Improvement of working capacity and the quality of life

The starting point for the project to reduce absenteeism and personnel turnover was a survey of job satisfaction among all employees and the establishment of self-managed working groups in the department with the highest absenteeism. The project was carried out in 1998 and 1999, with a total budget of 36,000 euros.

The skills development project, called "Building on Values", included all employees and was implemented in 2000-2001. It had a total budget (excluding wages) of 200,000 euros.

The project, aimed at increasing working capacity and the quality of life, called "Women: Take Care of Yourselves and Your Bodies", includes 24 women with a risk of exclusion from the workplace and the labour market. The project has

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The Danish National Library for the Blind

a budget of 36,000 euros and is being carried out from the autumn of 2001 to the summer of 2002.

The projects were initiated by management and the works council comprising five staff representatives and four members of management and has had the function as steering group.

While these projects have been under way, there have also been organisational changes: Both the management staff and the number of departments have been reduced; a new profit-and-loss contract has been signed with the Ministry of Culture; a social profile has been developed for the institution; and management has participated in a management training course.

These projects are being carried out with financial assistance from various development funds, established as part of the collective agreements between the Government and the unions for the public employees. The majority of the expenditures, including all wage expenditures, falls under DBB's profit-and-loss contract.

Participation and information

Management has emphasised on a high level of information and employee involvement. Focus has been on the risk for uncertainty and insecurity among employees due to the rapid implementation of organisational changes. Activities have been discussed at company-wide conferences, joint personnel meetings and department meetings. Working

groups have been appointed with the task of preparing the specific changes. Articles have been written in the biweekly personnel newsletter on the various development activities and their results.

Over time, the works council has developed as an important strategic partner for the management. It has been very conscious on which decisions to take in the management and which ones to open for discussion with the employees. Employees have always been informed and the opportunity to make comments has been organized. They have, however, only been included in decisions in which they have had the possibility of real influence.

Job satisfaction survey

When the job satisfaction survey was initiated in 1998, the specific goal was to obtain a comprehensive picture of the employees' job satisfaction and the link with absenteeism. The overall goal was to identify possible improvements, to create a dialogue within the organisation as a part of the process of dynamic change and to create the foundation for the development of a common, comprehensive set of values.

The questionnaire survey was conducted by an external consultant. The results were discussed at staff meetings in all departments, and the departments developed action plans for conditions under their own control. The action plans have been followed up consistently.

The survey revealed significant dissatisfaction with a number of physical con-

ditions at the workplace. The Safety Committee was responsible for improving these conditions, which were identified by the workplace assessment and have been given high priority financially.

Independent teams

As a result of the job satisfaction survey and on the basis of a pilot project, three were set up in 1999 in the distribution department which had the greatest absenteeism and the lowest degree of job satisfaction. The goal was to give individual employees more responsibility and influence with regard to their own jobs. A process consultant was hired to help set up the groups and to supervise management in its new role.

Development of skills

In order to retain DBB employees in a time with heavy pressure for technological and organisational change, a comprehensive skills development project was commenced in 2000.

The goal of the project was to develop the employees' professional skills, in order to deal with the change in technology and the new work tasks. Another goal was development of the personal skills for all managers and employees with the aim of working in a holistic, comprehensive project culture. The fact that the development project was entitled "Building On Values" reflects a desire for the organisation's new set of values to be an integrated part of the project.

Three working groups, appointed by the works council, developed proposals for professional skills development for the production and the distribution departments and for personal skills development, including content, timetable, budget, and evaluation. The proposals were discussed and adjusted by the WC.

Before participating in skills development, all employees had a performance review with their manager, in which a plan for personal development was worked out.

The professional skills development was implemented in the form of six training courses for the employees concerned.

Focus on three modules

The personal skills development course was conducted in three modules totalling five days for all managers and permanent employees. A total of 72 have participated. The content of the three modules was:

- Team organisation, communications, and co-operation
- Basic values for DBB
- The demands for tomorrow? (with tools for conflict resolution and coaching).

The participants for six course teams were selected based on the desire to create the greatest possible diversity and range within the organisation and management participated on an equal footing with the other staff.

The course modules have been held as day courses with organisational psychologists as instructors. The training

approach has emphasised involvement and orientation towards practical experience.

At the second module, which focussed on anchoring the new basic values of the organisation, all employees had to tell a "life-giving story" from the workplace. The life-giving stories were written down and now serve as examples of the basic values.

In addition to the three modules, half the employees have participated in a two-day module on project work and project management.

There was some concern and anxiety among employees with regard to participation in the first module. But the evaluation following each course module and at the end showed widespread satisfaction with both the instructors, the contents, and the results.

Working capacity and quality of life

In 2000 a high rate of absenteeism was still found among some employees, 12 employees had more than 30 sick days a year. Absenteeism was concentrated in a group of unskilled women over the age of 40 with a long career of heavy manual labour behind them. Some of these women were in risk of being fired and, thus, being excluded from the labour market. This situation created both anxiety and despondency among them.

In order to retain the women at risk and to prevent other women from ending up in a similar situation, a number of activities were organized during the second half of 2001 in order to increase job satisfaction and reduce absenteeism

among the women. The expectation was that a better quality of life, both physically and psychologically, would have a positive influence on their conception of their daily work and on their working capacity. The activities were aimed at the content and organisation of their work and their lifestyle.

The activities were part of the project: "Women: Take Care of Yourselves and Your Bodies: A Project for Increasing Women's Working Capacity and Quality of Life" with 24 women participating.

Twelve physically worn-out women under direct threat of exclusion are examined by a physician and a physical therapist. An individual plan of action is developed, based on the study and the wishes of the individual woman. The plan may contain recommendations with regard to working postures and functions, as well as proposals for fitness, exercise, relaxation, and advice regarding diet, courses to quit smoking and others.

As part of the project, the distribution of work is changed in the self-managed groups in which the women work, in order to make it possible for the individual woman to avoid the work functions she believes take the greatest toll on her.

The participating women are also informed of the possibilities available for gradually withdrawing from the labour market.

Also participating in the project are 12 other women who, due to physical wear or lifestyle-related problems, are moving towards an exclusion risk. They are participating in a two day seminar, in which they are learning how to improve their working conditions and lifestyle through their own effort. At the end of the seminar they are asked to develop a personal action plan.

The participants receive 400 euros in support to their action plan. An occupational psychologist is involved in the project as a co-ordinator and process consultant.

The personal action plans are followed up and the project will be evaluated in the summer of 2002.

Evaluation and results

Evaluation has been an integral part of all projects undertaken at DBB. In addition to ongoing internal evaluation and follow-up, external consultants have been involved in evaluating the larger projects.

Such an external evaluation is being conducted in early 2002, as a follow-up to the job satisfaction survey of 1998 and as an evaluation of the skills development project.

In the project designed to increase women's working capacity and quality of life, the Danish Institute of Occupational Health undertook examinations of the participants' health before the project and similar examinations will be carried out when the project concludes in the summer of 2002.

Willingness to meet the challenges

The main result of the whole development process is a willingness within the organisation to meet the challenges of tomorrow.

Greater knowledge

According to the employees' own statements, they have gained a greater knowledge of the areas in which DBB operates, learned more about what is going on at DBB and become more committed to DBB's future. Management believes employees are more committed to their work and their colleagues and that they are co-operating in new ways and have a greater understanding of unity of the institution.

Social profile improved

The social profile of the institution has been improved: The employees include six blind and visually impaired individuals, eight who belong to ethnic minorities and five people in jobs with special social contracts.

Sick leave rates decreased

Absenteeism rates, which were the focus of several projects, have dropped over the duration of the projects. The drop has not been as great as hoped. However, considering the extensive organisational changes and the strong social profile, any drop is noteworthy. An extensive training effort (approximately 900 course days) was implemented without financial compensation.

Increase in productivity

Production of taped and printed books as well as the number of loans also increased during the transition period which, in relation to the many work days used on training courses, indicates a dramatic increase in productivity.

Customer satisfaction

In general, users have expressed satisfaction with DBB. In late 2001 the institution received a prize from the library employees' office workers' union. The justification was the library's unique products and the "Building on Values" project for organisational change from which other libraries had much to learn, as it was expressed.

Handbook for inspiration

Activities at DBB have been used as examples in a handbook on improvement of the psychosocial working environment for inspiration of other government workplaces in Denmark

In the near future the technical changes at DBB will be accelerated. The new follow-up of the job satisfaction survey will show what other issues should be dealt with in order to continue the positive trend at the workplace.

Denmark

Employee Influence, Personnel Policy and Quality at the Social Appeals Board

About the authority

The Social Appeals Board (DSA), operating under the Ministry of Social Affairs, was established in 1973; since 1993 it has operated under a profit-and-loss contract with the Ministry of Social Affairs.

The Board has over 200 employees, most of them women. Slightly over half are university-trained case managers (mainly attorneys), and approximately one-third are office workers. There are 10 specialised offices and 4 staff offices.

DSA is the highest administrative level of appeals in the area of social affairs, and its tasks are stipulated by law. Its main task is to make concrete decisions on social appeals and occupational injury cases, approximately 17,000 each year. DSA must also co-ordinate national-level implementation and, in recent years, it has been given new tasks in the areas of education, counselling, analysis and elaboration of statistics.

High level of stress and absenteeism

In the past, DSA was a very traditional government bureaucracy that took a great deal of time to process cases. Working under considerable pressure, employees experienced high levels of stress and the rate of medical absenteeism was high.

Since 1993, DSA has been working with a broad range of initiatives and activities to assure continued development of quality in solving problems. Making DSA an enjoyable workplace by devel-

oping appropriate personnel policies and increasing employee influence, has been both a means of achieving this goal and an objective in itself.

How the project was set in motion

From 1993 to 2001, DSA implemented a number of concrete projects involving a wide variety of problems. To varying degrees, the projects involved all the Board's managers and employees.

Three important and interrelated objectives of the projects have focused on employee involvement, personnel policy and quality.

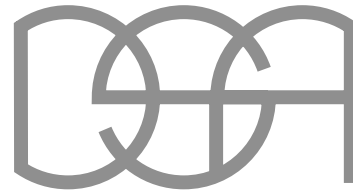
Establishment of a new co-operative structure called NWC [New Work Council] has formalised employee participation. The NWC was established at the DSA on a trial basis in 1995 and became permanent in 2000.

DSA has an extensive personnel policy which, among other things, focuses on the "whole employee". The policy is reviewed regularly, most recently following a job satisfaction survey conducted in 1999.

Since 1997, when the Public Sector Quality Prize was instituted in Denmark, the Excellence Model on which the Quality Prize is based has been at the centre of DSA's quality-related work.

Several government funds have contributed to some concrete projects, while other initiatives and activities are included under the integrated operating expenses and are financed through the operating budget.

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Providing information

Information is a high priority at DSA. A personnel newsletter is sent out each week. Morning meetings are held several times a year for all personnel, and office-wide meetings are held at all offices every one or two weeks. There is an extensive intranet, where all policies, contracts (including the director's and executives' profit-and-loss contracts), evaluations, etc., are available. All employees can subscribe to any reports that interest them.

Since 1995 an annual personnel conference has been held for all Board employees. At these conferences, participants exchange information, discussing current topics and projects and presenting proposals for new initiatives; they also follow-up on proposals made at the previous year's conference. The conferences always end with an evaluation.

Involving employees

In 1995 DSA and other boards and institutions of the Danish government initiated an effort to increase employee influence, called NWC. In 2000, after a test period, DSA became the first institution to enter into a permanent NWC agreement.

The purpose of the agreement is as follows: "to develop co-operation between management and employees to achieve greater employee involvement in determining and implementing objectives at

the workplace. Other goals are to develop personnel policy to facilitate employee development that will create the desire and motivation to meet the Board's goals, and to create agreeable working conditions and guarantee a good physical and psychological working environment."

The NWC committee is composed of the chair of the Board, a representative of the management group, and a representative of each of the three personnel groups. The committee meets every 14 days. All Board employees can place items on the committee's agenda.

The NWC has several permanent committees or working groups. When a committee or group is established under the NWC, interested employees are sought to participate. One of the permanent groups is the Working Environment Committee, made up of the regular safety director and 7 other employees. The Working Environment Committee is responsible for undertaking workplace assessment and job satisfaction surveys, among other things.

Organisationally, employee influence is based on the greatest possible delegation of authority. While in 1996 only the appeals chiefs could meet and make final decisions, half the AC case managers now have that authority, and the goal is to give this authority to all of them. This has required a change in the legislation.

Self-managing working groups were set up in 1997-98 on a trial basis. This trial

was not the success it was expected to be and it was dropped. Experience from this experiment is part of the Board's continuing work on development of the organisation.

Evaluating the managers

All employees are involved in evaluating their managers. Management evaluation occurs once a year for all managers on the Board and it serves as a basis for contract negotiations and wage determination. Personnel management is one of the four parameters on which managers are evaluated. The relative weight of this parameter has been increased from 20 to 30%.

Personnel policy

DSA has an extensive personnel policy, which may be categorised under the headings:

- Attractive workplace
- Recruitment, employment, and wages
- Career and skills development
- Leadership
- Employee influence
- The whole employee
- Resignation/retirement

Policy is evaluated and revised on an ongoing basis. Areas of concentration are selected, in part, based on the job satisfaction surveys. Job satisfaction surveys were made in 1994, 1999, and 2001.

“The Whole Employee”

“The Whole Employee” has been an area of concentration in recent years. In personnel policy, this topic includes family life, seniors policy, social chapter, absenteeism and retaining workers.

At the request of employees, their personal concerns are now part of the annual personnel development discussions between individual employees and their manager. This topic is voluntary.

DSA stresses the importance of being a family-friendly workplace, offering flexible time arrangements, generous leave regulations and the possibility of reduced working hours.

With regard to social chapter, employing workers with special needs is part of the Board’s profit-and-loss contract. This includes both workers from the outside and Board employees who are no longer able to work under normal conditions.

Personnel policy has concentrated on absenteeism and retention of workers for a number of years. In 1997-98, the Board initiated a project to reduce the high rate of absenteeism. Several of the measures that were taken then are still in effect:

- Absenteeism and employee retention discussions are held when an employee exceeds a certain number of sick days.
- An arrangement has been implemented whereby, for a nominal fee,

employees can get a massage during work time.

- Flu vaccinations are available to all employees and one-third take advantage of them.
- A “network of colleagues” has been set up, wherein 1-2 employees in each office have been trained to support colleagues who are in need of help. Their conversations are confidential and no record is made of these sessions.
- A contract has also been signed with a private counselling firm that provides anonymous professional help to employees who are dealing with personal crises.

Due to a sharper focus on absenteeism due to life-threatening disease, several of the colleague networks have been trained to assist employees in this situation. A plan of action has also been drawn up that sets out the rights and procedures relating to any employee faced with a life-threatening disease.

Excellence model of public administration

Since 1997 DSA has been working with quality in accordance with the European model called the EFQM Excellence Model. This model is based on a self-evaluation using 9 criteria: 5 deal with effort (leadership, employees, policy & strategy, partnerships & resources, and processes) and 4 deal with results (employee results, customer results, society results, and performance results).

Use of the model makes possible a comprehensive evaluation of all impor-

tant relationships internally, within the company, and externally, in the company’s interaction with users, partners, and society.

A quality evaluation group under NWC, consisting of the deputy chair of the Board, 3 other managers, and 7 employees, is in charge of work with the model at DSA. All employees in the group have been trained to assess the use of the model. The group has been in charge of quality evaluation for a number of projects and efforts carried out by DSA, including several personnel policy initiatives. A self-evaluation developed by the group was discussed at the Board’s personnel conference in 2000.

This group has been the driving force behind an application for the Quality Prize for the public sector in 2001. At a 2-day seminar, based on employee proposals, the group examined organisation from the standpoint of the Excellence Model. Self-evaluation was discussed at the management group and at the NWC. DSA was recognised for its work when the Quality Prize was awarded.

At a morning meeting, all employees were informed of the upcoming application and afterward all employees celebrated the recognition.

Results

A consistent feature of the present DSA culture is that policies are developed and experiments initiated that are test-

ed in practice, evaluated, and followed up in new areas of interest.

DSA's management sees the Excellence Model as an effective – albeit time-consuming – method of guaranteeing a comprehensive understanding and evaluation of the Board, the numerous initiatives, and their results.

Employee satisfaction

Job satisfaction studies show that there is great satisfaction with NWC and, thus, with the formalised aspect of employee influence. Evaluation of NWC is part of the job satisfaction surveys.

Since 1997 at least 6 people have been employed under special conditions. In 2001 the number was 14.

Absenteeism

Absenteeism due to illness dropped by one-third from 1996 to 1999, and overall absenteeism has remained at approximately that level ever since. A large portion of the absenteeism is due to long-term illness. Due to DSA's employee retention policy and social responsibility, overall absenteeism due to illness is not expected to drop further.

A job satisfaction survey in 2001 showed that, in general, there is a high level of satisfaction among employees, even though many still believe job-related pressure is too high.

Family-friendly organisation

DSA is seen as an attractive and family-friendly organisation to work for, as indicated by the fact that it, unlike many other state sectors, has no problems recruiting and retaining new university-trained employees. The fact that women, in particular, are attracted can probably be attributed to the family-friendly atmosphere.

Customer satisfaction

Satisfaction surveys among users and other interested parties show that in most areas there is reasonably high satisfaction with the Board's work and that user satisfaction is rising in areas where special efforts have been made, based on previous surveys.

On average, the time required to process cases dropped from 10 months to just over 3 from 1993 to 2000 and has remained at that level since then. Due to legal requirements and citizens' legal rights, DSA does not believe it will be possible to reduce the processing time further.

Productivity

Productivity, measured as the number of completed cases per case manager per year, rose slightly between 1997 and 2001, allowance being made for the greater complexity and gravity of the cases.

DSA is continuing its work in employee involvement, personnel policy, and quality. As part of its work with the Excellence Model, the Board is part of a network of public enterprises and institutions in Denmark, all of which have experience with the method. The network offers concrete inspiration and requires its members to continue their efforts in this area.

DSA's experience from its numerous activities and projects is often requested by others – particularly government institutions. Many students want to use DSA as a case study for their assignments. DSA's willingness to share its experiences, even on its less successful projects, has placed the chair of the Board in great demand for making presentations. The Board's experiences have also appeared in numerous publications, including several Finance Ministry handbooks.



About the company

Ilmarinen Mutual Insurance Company specialises in underwriting statutory earnings-related pension insurance. Ilmarinen have been responsible for employee pensions for 40 years, ever since 1961 when the Finnish employment pension system was created. Ilmarinen have an extensive service network throughout Finland. The Main Office is situated in Helsinki. Ilmarinen Company is responsible for the pensions of the employees and self-employed people who are unable to work because of illness, who become unemployed, or who retire due to old age. Ilmarinen collaborate with the social partners and other stakeholders to improve the earning-related pension insurance system and its long-term financing.

The staff numbered 603 at the end of 2000. The growth in the number of employees is due to the legislative reforms implemented in recent years, expanded operations, modernised services and provisions for an increasing number of employees going into retirement. For three successive years the average age of an Ilmarinen employee has been 42. Almost throughout the 1990s, the annual personnel turnover has been 2-3%. In the last few years, the staff loss has risen to some 5%. Half of the personnel have secondary school training, 30% have academic degrees, and 20% basic training. 71% of the staff are women, 12 % of who are in supervisory or managerial posts. The corresponding percentage for men is 19%.

Developing the work community

One of Ilmarinen's values is to develop the work community. In Ilmarinen's opinion work ability of an employee consists of professional competence, the work and the work environment, social relations, team function, good health, and a vision of the organisation, values and the personnel planning. In order to reach the goals, Ilmarinen carry out a survey every two years called questionnaire on Company Management and Policies. The personnel development and improvement of management are projects that are partly based on the results of this survey. The biennial survey is a part of Ilmarinen's management strategy.

Giving employees a voice

The improvement projects are based on the Company Management and Policies questionnaire. The survey questions shed light on the staff opinions on the management system, actions of directors and supervisors, information systems, well-being at work, work satisfaction, work community, customer orientation, stress, equality, and the implementation of Ilmarinen's values. This survey has provided a lot of information about current trends. The results are analysed both at whole company level and at the level of each department. Dissatisfying results lead to development and improvement projects and interventions. The improvements can concern the whole company as well as a smaller unit. The effects of the actions may be perceived rapidly or

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they may take a long time. After an intervention, the results of a new Company Management and Policies questionnaire reveal the effects of the actions. The timing of the survey is such that the results can be used in next year's action plan.

Making company's strategy and vision understandable

The development projects based on the questionnaire in 1999 (response rate 80%) rose in two main areas above others: the readability of the Company's strategy and vision, and the quality of supervisor-employee discussions. The third improvement area seemed to be the charting of the professional skills of the employees.

Firstly, making strategy and vision more understandable was important. It was motivating for the staff to understand the company's strategy and vision. The 1999 questionnaire indicated that scores in understanding the strategy and vision were 3.52 (on scale 1-5). The strategy and vision were perceived as complicated wordmongering, and there was no connection between the stated objectiveness and practice. It was felt that this result was not good enough.

During the year 2000, the improvement actions to help the employees understand and clarify Ilmarinen's strategy and vision were: training, issuing information at different meetings, information on Intranet, recording goals on the result cards i.e. balanced scored card of the departments and of every employ-

ee, and improving the supervisor-employee discussions.

The result of the 2001 survey on company management and policies showed favourable development. The scores of understanding the strategy and vision were 3.93.

Creating continuous personnel development

Secondly, regular development discussions (performance appraisal discussions) between supervisors and employees are important for supporting continuous personnel development and for helping employees to act according to the principles taught. According to the 1999 questionnaire the score on questions about these areas was 3.12 (on scale 1-5).

For improving the content, regularity and quality of these discussions, following actions were planned: a new procedure for the discussions, basic form for the discussions, and a training programme for all personnel on supervisor-employee development discussions. In the discussions it is essential to assess Ilmarinen's values and vision and the employees' own attitudes. It is also important to promote good relations between the employees, to discuss the pressure and the independence of the work, and the company targets.

In 2001 this area improved from 3.12 to 3.43 (on scale 1-5). The development of these discussions is still going on, however. As a result of the dual-workplace health promotion projects, the survey on company Management and Policies 2001 shows improved scores in the project areas.

Looking for further improvements

The first human resource accounts describing the structures, background and the contributions of the staff and the employer were published in 2000. In 2001, the emphasis in these accounts will be on the development of occupational skills.

Knowledge management at Ilmarinen and development of the employees' professional skills and know-how in accordance with competence strategy is a part of continuously improving business operations. Ilmarinen have fixed core areas of competence and started a survey of know-how needs and initiated certain development programmes. The business units are responsible for basic, advanced and updating training, the personnel development team is in charge of training that paves the way for future development, and the Service Department focuses on workstation training.

Company health care endeavours to prevent the employees' work capacity from diminishing through rehabilitation and provide other means that best suit the individual and work organisation. The project to maintain working capacity is making progress in a couple of departments. The examples mentioned above demonstrate that the improvement of one part of the WHP areas also has an effect on the others. At the moment, there is a training programme on WHP projects for managers and supervisors at Ilmarinen. But the previously described projects also contribute positively to this ongoing Workplace Health Promotion project.

Finland

“Echo Project” in the Regional Tax Office of Uusimaa



THE STATE TREASURY

Ten years ago...

The State Treasury is a multiple service bureau that consists of three profit centres: Finance, Insurance and Administrative Management. The bureau handles the State's internal finance and treasury administration, pension security and compensation, as well as military injuries and veterans' affairs. Besides, it works on the renewal of administrative control systems, produces personnel administrative support services, and contributes to workplace health promotion of the State's personnel. Ten years ago a workplace health promotion (WHP) model was put into use. The WHP model aimed to integrate occupational health and safety and rehabilitation more efficiently into the daily routines by developing network processes.

Ten years later...

To test the WHP model of the company an “echo project” was started in 1999 at the Uusimaa regional tax office. The Finnish Tax Administration comprises of the National Board of Taxes and 9 regional tax offices. The Uusimaa regional tax office has centralised tasks. The staff consists of 1600 tax professionals. According to a questionnaire, the supervisors had difficulties, e.g. in reacting to unduly long working days for the employees, increased sick leave and decreased work competence. The echo project was part of the State government platform that emphasises WHP aiming to decrease the risks for early retirement.

Bringing up the threats of workability

The objective of the preventive “echo project” was to bring up the threats of worsened work ability at an early stage and to launch supportive action or rehabilitation when needed. The participants were the personnel of one regional tax office consisting of 14 local offices. The implementation took place according to the project plan. The echo project lasted for 2 years and it was reported in May 2001.

Why the Uusimaa regional tax office?

The Uusimaa regional tax office was chosen as the pilot office, because it already had good staff policy models regarding education, rehabilitation and improvement of professional skills. All state workplaces have educated coordinators for health and safety as well as for rehabilitation. The echo project was executed in co-operation (and with the purpose of improving co-operation) between the regional tax office of Uusimaa, the State Treasury and the occupational health care units.

Four persons formed the project team: one representative each from the State Treasury and occupational health care unit, one worker representative from the regional tax office as well as one personnel administration representative. Tax administration experts and problem-solving oriented experts were consulted.

The project features

The State Treasury provided more financial resources for work ability

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FINNISH TAX ADMINISTRATION



assessments that were performed with “speed-up” time schedule in the rehabilitation unit of the Central Hospital. The personnel of the regional tax office were informed widely about the echo project to lower the threshold to bring up problems. Information was given once for all regional tax offices and in eight local briefings. It was emphasised that the aim of the project was to support the employees’ work ability, not to dig out problems. Also leaflets were distributed. During the project, its progress was reported to the executive group to increase commitment to the project. As WHP action a common follow-up model was developed for the occupational health care units (including sick leave, reasons for the problem-solving meeting, and participation in the echo project as well as early-stage rehabilitation). A model of bringing up problems was developed as a tool for the supervisors.

Looking at the positive results

Co-operation, confidence and discussions between employer, employee and occupational health care increased. Rehabilitation was focused on measures to improve work ability, while a model of active, early-stage rehabilitation was developed in order to learn from each case. It turned out to be possible to prevent situations from worsening. Simply knowledge of a support option was helpful. Even if the employee did not need it, it increased the experience of work ability. The results were reported to the executive group.

Learning lessons for the future

Management training regarding the recognition of the needs for support and the ability to discuss problems with employees is needed. Problem-solving meetings and follow-up measurements need to be developed. In the near future the “echo-model” will be implemented in the entire Tax Administration.

Germany

Health Management in the City of Berlin

About the administration

As one of Germany's largest public administrations, the administration of the city and federal state of Berlin provides services to a population of approximately 3.4 million. The scope of duties is characterised by activities of a widely varying nature and includes such different areas as administrative services, teaching and youth work of all kinds, tax administration, the police department, the fire department, the penitentiary system, horticulture, construction, surveying, and the cultural sphere.

These duties are the responsibility of around 150,000 civil servants and blue- and white-collar workers. Around 17% work part-time and approximately 6.1% of the staff are disabled. Women make up approximately 60% of the workforce. In recent years, the average age of the staff has risen to 45.

Budget consolidation and cuts in personnel

The 1990s were characterised by the pressures of budget consolidation, the consequence of which was huge cuts in personnel. For the staff, this process was accompanied by a consolidation of responsibilities and an increase in the daily workload. As a result, both job dissatisfaction and absence due to illness (9% in 2000) increased continually. Those in charge at Berlin's administration, the unions, and the professional associations of the civil service faced up to this personnel policy challenge - the growing employee dissatisfaction

and the high rates of absence due to illness, combined with a problematic demographic development - and, in 1999, decided to implement a health management project. Health management in Berlin is an integrated component of the administrative reform process and applies to all blue- and white-collar workers and civil servants (including all those in training) in all of the various parts of Berlin's administration.

Two levels of project organisation

The implementation of the project "Health Management in Berlin's Administration" is carried out on two levels that are linked organisationally with one another.

■ The centralised level includes a "Central Office for Health Management," which was established specifically for this purpose at the Senate Department for the Interior. Under its leadership, a steering committee comprised of members from various departments and organisations (representatives of the Senate Departments and the borough offices, staff representatives, unions, and professional associations) meets regularly and coordinates, evaluates, and directs the overall process. In addition to organisational tasks, such as holding an annual meeting for the exchange of information between specialists in the various departments, the Central Office for Health Management is also responsible for content-related tasks, such as developing an advisory and framework plan for Workplace Health Promotion, planning qualification measures, public relations work,

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coordinating and directing decentralised activities, and drawing up uniform statistics on days lost due to illness.

■ On the decentralised level, i.e., in each of the departments of Berlin's administration, there is a "health management" working group that plans, coordinates, and directs activities that promote health on site and on departmental level. The tasks of the health management working group include: analysing work areas that have a particularly heavy workload with the aid of a health report for the department in question; supporting the establishment of health circles (quality circles with a focus on health); evaluating the success of the measures introduced and doing public relations work related to the department in question.

Health managers

The health management working groups are given professional assistance by specialists in carrying out their tasks. These include, on the one hand, personnel from the department in question who have been trained as "health managers" in in-house training facilities and are now functioning as such in more than 70 departments. By the end of 2002, there will be "health managers" in more than 100 departments. Additional support is provided in the form of outside expertise from, in particular, BKK Berlin (the health insurance fund of the city and federal state of Berlin). As a rule, BKK Berlin accompanies the

implementation of measures intended to promote health and advises the working groups.

The goals of health management in Berlin, which have been formulated jointly, are to be implemented based on this organizational work. The primary task is to identify the various causes of days lost due to illness – also, for instance, using the health circles – and to introduce measures appropriate to improving health. Health should be promoted in the interest of the entire staff and of the departments.

Management plays a key role

Management staff play a key role in this process, since it is assumed that absence due to illness is also influenced by factors such as management behaviour and its effect on the staff at work. With this in mind, Berlin's health management considers a cooperative leadership style that invites participation very important.

Health management in Berlin is financed by re-distributing and prioritising previously allocated and existing budgetary funds and by BKK Berlin. Staff members are exempted from their normal duties with pay in order to take part in health measures and in the health management working groups.

How the system works

Berlin's health management takes as its premise the idea that it is neither possible nor economically reasonable, due to limited resources, to implement health-promoting measures across the board.

For this reason, it is very important that suitable areas are chosen.

Therefore, areas with particular health problems were identified first, using a citywide health report that includes data from BKK on sick leave rates and from the personnel department on days lost due to illness. The implementation of health-related activities in these areas promised to be of the greatest benefit to both the staff and the department. Since the agreement on health management went into effect in 1999, the Senate Chancellery, two borough offices, four Senate Departments (Finance, Health, Justice and Urban Development), the Berlin Residency Office, and the State Office of Administration, with a total of approximately 12,000 employees, have in this way been included one after another in measures to promote health. With the support of BKK Berlin, more than 50 projects and individual workplace health promotion measures have been initiated here.

Despite the differences in the details, each of the projects is characterised by the following procedure:

Public relations work and information

Promoting health must be a transparent process. Its success is dependent on its being accepted by all parties. The first step of a project is therefore to provide comprehensive information to the staff on all levels of the hierarchy about what is being planned. As a rule, staff are informed in writing and in meetings.

Analyses

The primary instrument for analysis is the workplace health report. It is the basis for the modification and development of additional appropriate measures in the department in question. As a rule, the health report is based on three sources of information:

■ 1. Data from BKK on the sick leave rates. The basic idea of this stage of analysis is an epidemiological comparison. An examination is made in order to determine whether there is something unusual about individual departments with respect to the figures on absence due to illness. Here days lost due to illness are compared both within the administration and with the corresponding national and sector data, and illnesses associated with unusual features and high incidence are identified.

■ 2. Health surveys. With the aid of standardised questionnaires or interviews, all of the staff members of a particular department or of an area that has been selected for intervention are asked about their workload, their health problems, and their job satisfaction. The data collected here complements the analysis of the figures on sick leave rates in providing information on possible connections between working conditions and illness. Staff participation in responding to the anonymous questionnaires or in being interviewed is voluntary.

■ 3. Risk assessment and workplace programmes. Documented assessments of risks associated with working conditions in a given department, which are

required by health and safety legislation, provide an additional basis for evaluating the health situation. Further, in four projects “workplace programmes” have also been conducted, which include, in addition to the evaluation of working conditions, the assessment of and advice on health-appropriate behaviour at work of individual staff members, such as exercises to compensate for a workday that consists primarily of sitting at the computer.

Developing measures

Only rarely, however, do recommendations on practical measures to promote health result from the findings of the analyses. Berlin’s health management assigns this responsibility to the “health circles.” These are small groups composed of members of an organisational unit. They discuss the workload and health problems found in their own work areas and draw up recommendations for reducing or eliminating these with an eye to creating a healthy workplace.

As do other quality circles, health circles are formed to address a specific topic, include management staff at as early a stage as possible, are of limited duration, and are chaired by outside experts, often from BKK.

Providing qualification, particularly for management staff

In order to do justice to the special role played by superiors in the health promotion process, corresponding seminars are conducted for management

staff on setting up teams, talking to staff members, conflict management, and health management. Superiors are also given individual coaching. So far approximately 300 members of middle management staff have been included in these training and support measures, again with the assistance of BKK.

Looking at the results

As a rule, data and information from three sources are incorporated into the evaluation of projects:

- Surveys of the staff members directly involved in the measures
- Surveys of the staff members in the intervention areas who were indirectly involved
- Routine data, such as the statistics on days lost due to illness and data from BKK on the sick leave rates.

Recommendations for better health

Evaluations show that an average of 40 to 50 recommendations for health-appropriate improvement in the structuring of work were developed in each of the 30 health circles that have been conducted so far. Discussions clearly tended to focus on psychosocial and organisational pressures that result, for instance, from inadequate communication and information, relationships between superiors and co-workers, and adverse work flows or organisation of work. Not all of the recommendations for improvement were able to be implemented, which, to a large extent, was due to the costs that would have been

incurred. However, six months after each health circle had been conducted, approximately 50% of the suggested measures had been put into practice.

Job satisfaction and productivity

Implementing the recommendations proved to be positive both for individuals and for their departments as a whole. Fifty to seventy-five percent of those surveyed in the intervention area and the vast majority of those who were directly involved felt that their working situation had changed for the better. Job satisfaction also increased. It is probable that staff performance and productivity have also been affected.

Absenteeism

Absence due to illness did not increase in 2000 in Berlin's administration and even declined slightly in 2001. Eliminating the taboo against discussing the topic has probably also contributed to this development: days lost due to illness in Berlin's administration are no longer ignored or passively accepted as unalterable; rather, discussion takes place and the root of the problem is actively sought. The introduction of workplace health promotion – as a measure that initiates, supports, and accompanies this process – has made a decisive contribution to promoting this development.

Looking to the future

Management staff members also have a significant role to play in this process. Their actions influence the performance of their staff both directly and indirectly and therefore also have an indirect effect on the level of absence due to illness. In order to make this clear, starting in 2002 – in accordance with the express wish of Berlin's parliament – providing personal support to staff and promoting the health of staff at work, using modern personnel management, will be a component of agreements on targets. Management staff will be judged by its adherence to these agreements.

Germany

Workplace Health Promotion at the Federal Insurance Institute for Salaried Employees

About the authority

As the biggest German pension office, the Federal Insurance Institute for Salaried Employees (BfA) administers the accounts of roughly 31.6 million insured persons and pensioners plus 1.5 million employers. BfA tasks include settling legal claims efficiently and giving competent advice on all questions of old-age provision and rehabilitation. These tasks are carried out by approximately 27,000 members of staff, 75% of whom are women, 15 % part-timers and about 550 in part-retirement.

There are 11 different BfA office buildings in Berlin alone. Departments have been set up in Gera (Thuringia) and Stralsund (Mecklenburg-West Pomerania) implementing the resolutions of the Commission on Federalism. There are 427 local advisory offices nationwide employing more than 1,600 members of staff, a further 1,700 employed in company inspection and approximately 3,500 working in 27 BfA-owned rehabilitation centres nationwide. A further department is being set up in the town of Brandenburg.

Background

The project "Workplace health promotion" is the outcome of the working group on absenteeism set up on the initiative of the staff committee of the supervisory board in 1996. The initial task of establishing the causes of sick absences and working out proposals on how to reduce such absences has, over time, been transformed into the specific

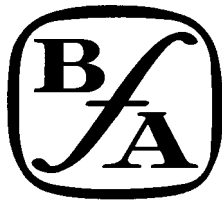
task of promoting workplace health. In addition to drawing up guidelines on how to deal with talks on sick absences, attention was focussed on developing a plan for workplace health promotion at the BfA. In 1999 a resolution was passed establishing workplace health promotion as a holistic, continuous and long-term instrument for leadership and management at the BfA. In June 2000 a project leader's position was set up and occupied.

Project infrastructure

Implementing the project "Workplace health promotion" is a strategic departmental goal in the field of personnel; content and organisation are part of the company medical service.

The project is under the control of a committee, the project control group, consisting of the managing directors, the head of personnel, a representative of the internal organisation development office, the company chief medical officer, a representative for industrial safety, the company social service and the women's representative (now the representative for gender equality), the staff representative, the representative for the handicapped and the project manager. The working group on "Workplace health promotion" is the central motor and decision-making instance. Its members do this work voluntarily in addition to their regular tasks. The criteria for membership were commitment and interest in active contribution, knowledge of the organisation, expertise (e.g. industrial medicine or psychosocial expertise), also experience in

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workplace health promotion, of course. Besides this there is no doubt that the project relies on many other active supporters, working in particular in the mostly temporary and topic-oriented (sub) working groups.

Clear objectives

The goals of workplace health promotion are reducing strain on health at the workplace, improving personal health competence among staff, raising job satisfaction and thereby improving the health status of staff. To achieve these goals the project is granted a budget that is adjusted annually according to its requirements. Health promotion is currently one field of action in personnel management in the modernisation process at the BfA and it will be located within a new project management in the future.

Putting WHP into practice

Information is distributed at different levels. Members of staff can refer to the Intranet project page and/or the monthly staff magazine "BfA-intern". Besides this, there are information sessions or kick-off events – for instance when setting up health circles – not only to inform but also to motivate and illustrate the participatory approach. Furthermore, the BfA publication "Health at work", regularly received by all members of staff, is intended to be used for special publications with in-depth background information.

For the managers in the personnel department there are the monthly meetings of the (middle) managers and the daily briefings of the head of department. The first internal managers' congress in this department took place a few months ago; staff health promotion (as a leadership task) is to be integrated into such congresses in future.

The current status of the project and its results are also presented to all heads of department at meetings (once so far). In addition, all measures to promote staff health have been presented to the leading committees of the BfA, its supervisory board (the personnel committee) and the delegates' assembly (consisting of equal numbers of representatives of employers and employees). The reports were received with great interest and the hope that such action will reduce the sick leave rates.

Staff survey

With respect to instruments and results of analyses available the BfA has a wide-ranging staff survey, workplace analyses and sick absence analyses at its disposal. Almost 43 % of staff responded to the survey carried out in 1998. The aim of the survey was to establish the objective causes for and factors influencing sick absences in order to obtain a factual basis for measures to promote workplace health. Data evaluation was carried out with the support of an external consultant. The findings, passed on to all members of staff, revealed considerable need for change and indicated many necessary starting points.

Dealing with working conditions

Workplace inspections take place in cooperation with representatives for industrial safety, with the company medical service, with the personnel representative and with a representative of the particular sub-department; inspection of an individual workplace by company doctors is also carried out as a matter of course if staff request this. The conditions at the workplace are always evaluated.

Company health report

Regular analyses of absence due to illness are carried out in the personnel department. The rates of absenteeism are submitted to the managing directors and the personnel committee of the supervisory board.

In the meantime three medical insurance companies with the most members among BfA employees have drawn up health reports which will be included in a company health report.

So far it has been the staff survey that has formed the basis for translating analyses findings into action. The findings of the staff survey indicated the degree of satisfaction with working conditions, the strain at work, health complaints and also points for improving working conditions and job satisfaction.

Health campaigns and lifestyle issues

At the level of campaign and prevention there have been health and campaign days (world day of diabetes; the heart

week; respiratory complaints/smoking) and a workplace programme for the addressee group “data programmers”; courses in relaxation and exercise have been set up and run by BfA staff in one office. Currently health promotion courses (such as back exercises) are being run in co-operation with the medical insurance companies (TK, GTK) in another big office building. The women's representative's office has also organised a session on the Asian practice of “Qigong” and another programme on “the Menopause – Health in the prime of life”.

WHP as a leadership task

At prevention level pilot courses for young managers (lawyers) on “Stress management” and “Health-promoting managerial behaviour” are planned in co-operation with a health insurance company (BKK VBU). At this level workplace health promotion is intended to be understood and taken on board as a leadership task in the medium run.

Work-life balance

In the framework of work-life balance a course is planned for staff on family leave and returners to work, reintegration also being a central field of the programme for women's career advancement. Other measures, which could be seen at the level of prevention, include the “Family Service”, the “parent-child workplaces” in office buildings, part-timing or different patterns of work (such as teleworking). In view of the many members of staff involved, linking such measures to workplace

health promotion offers further development potential.

Proposals for further measures are expected in the near future from a newly set up working group on “Healthy nutrition at work” and from the working group on “Involving the rehabilitation centres and local offices in workplace health promotion”.

Health circles

Setting up and running health circles is a significant point of intersection of analysis and intervention. In a first pilot project three health circles are being set up with the support of a health insurance company (DAK), one in the BfA post office, one in a domestic claims department and one in a foreign claims department. These circles are now almost ready. Since the number of employees involved runs to approximately 180, implementing these health circles has entailed a considerable amount of communication to provide the necessary information for both managers and employees.

Looking at the results

As described, experience has been gained in the course of the project in the form of pilot projects, which have yet to be evaluated. Instruments for this and the corresponding evaluation design are still being developed.

The feedback from members of staff with regard to the outcome so far has been really positive. Workplace health promotion has become something real

for many, acceptance and interest in further action is growing. Knowledge and communication of workplace health promotion has spread within the organisation. Staff at all levels (managers included) are expressing interest and asking questions.

Results of a completed workplace programme point out the proposals for quality assurance made by members of staff. These proposals will be taken into account in future programmes.

Sustained impact of these measures on staff satisfaction will not be apparent, however, until a further staff survey is carried out at the end of the project in 2003. Experience shows that impact on sick absence rates will also only be apparent in the long run.

Workplace Health Promotion in the Municipal Administration of Dortmund

About the city

With 585,000 inhabitants Dortmund is the ninth largest city in Germany. The municipal administration is divided into seven units and apart from general administration responsibilities assumes such varied tasks as financial administration, safety and public affairs, schooling and culture, social affairs, youth and health, civil engineering, trade and industry as well as traffic and transport.

Approx. 8,500 civil servants, employees and blue-collar workers are responsible for these tasks. 53% of Dortmund's municipal administration employees are women; 25% work part-time and approx. 8.4% of the employees are severely disabled. Compared to the average age of the work force in Germany, the average age of 42 years is actually above average.

Changing from an industrial to a high-tech region

Undergoing the change from what was a classically influenced industrial region to become one of the leading locations in Germany for information and communications technologies, an efficient and citizen-friendly administration has a particularly demanding role to play. The region underwent a major structural change and the challenges attached to such a development can only be effectively addressed with motivated, satisfied and efficient personnel. In times of increased reform and modernisation efforts the staff and work organisation become central resources to increase efficiency and quality.

A human resources challenge

All responsible persons in Dortmund's municipal administration have accepted this human resources challenge and view workplace health promotion as a suitable instrument to make a positive impact on the ever changing administrative structures in close coordination between employees and senior management. Workplace health promotion is an integral part of the administrative reform process and governed by a formal declaration of commitment duly signed by the Lord Mayor and the central works council.

Setting up a health management system

In order to implement workplace health promotion projects, a workplace health management system has been set up in the municipal administration of the city of Dortmund, which is equipped with its own personnel and budget. As far as the organisation and structure of the project are concerned, health management is approached on two levels. On central level – and at the heart of the undertaking – is a project team that regards itself as being central service provider of workplace health promotion measures. The main operational task of this team is to support and advise the individual units of the municipal authority in their efforts to implement workplace health promotion activities and assess the results thereof; the team also assists the different departments in developing tailor-made problem-solving potential. The various components of internal health strategy



like occupational medicine, occupational safety, personnel development, the work of the personnel committee and the internal consulting service – which have to some extent stood alone in the past – have now been reunited by means of the team’s co-ordinating and consultancy skills. They regard themselves as partners of an internal network and constitute the advisory body and clearing authority of workplace health promotion within the committee for occupational safety and workplace health promotion on central level. The second level is made up of decentralised measures, which are executed in and by the individual units. These tailor-made courses of action, developed jointly by employees and senior staff in the respective units, are seen to be the key to the success of workplace health promotion. The initiative to take action comes from the units themselves. The departmental employees have the right to demand workplace health promotion activities, as defined by regulations governing employee participation. Decentralised problems, on the other hand, are dealt with by calling in the expert knowledge of the internal partners of the health promotion network. They get together in the unit’s working groups for health and are responsible for planning, steering and controlling the total process of the entire department. They define the emphasis and the priorities and develop appropriate health promoting measures to reduce work strain, based on the unit’s health report, in which sick leave is analysed and the results of staff opinion surveys are related. In order to achieve their objectives the working groups for

health can consult external experts, i.e. representatives of health insurance funds or employment injury insurance funds or a representative of severely handicapped persons.

Clear objectives

The intent and purpose of this organisational infrastructure, is to effectively contribute towards

- increasing job satisfaction and motivation
- promoting a positive working climate and increasing productivity
- reducing medical costs by reducing absenteeism, which can be influenced internally

and concurrently yielding advantages not only to the employees and the administrative office itself but also to Dortmund’s citizens.

Workplace health promotion comprises all combined efforts to improve work organisation and the working environment, promoting active participation and encouraging personal development. (Luxembourg Declaration on Workplace Health Promotion).

Own budget for WHP

Financial resources for the adoption of central workplace health promotion activities and for the management of decentralised projects, i.e. for multidisciplinary measures instigated by the project team, are available within the framework of the project team’s own budget for workplace health promotion. Decentralised measures, which are a result of the adoption of suggestions made by the individual units, are, in

principle, financed by the departments themselves.

A step-by-step approach

Despite differing details, each health promotion project is characterised by the step-by-step approach: “Analysis, Action Plan, Adoption, Quality Assurance”. This concept, agreed upon with the individual units and governed by a formal agreement, was first put to test in the civil engineering unit; the knowledge gained there was then transferred to five further departments with high absenteeism rates. For the municipal administration of Dortmund absenteeism is just an indicator and necessitates more concise research as to the real grounds and reasons for its existence. Departmental proceedings ensure an accurate response to the varying job demands and problems of the particular department and help bring about a timely adoption of the suggestions for improvement.

So far a total of 3.957 employees from 6 departments have been involved in work-place health promotion activities. The following example outlines the procedure; this was a project that was carried out in the former Department of Public Parks and Open Spaces.

Cooperation and exchange of experience

The remarkable thing about this project is that the focus of the two external partners (health insurance funds and

accident insurance funds), who co-operated with the internal actors, was on the adoption of measures. According to a joint resolution of the partners, the co-ordination of the combined efforts will be effected by an independent institute for health preventive action.

In addition, an exchange of experience between communities will be organised - in this case with the municipal administration of the city of Stuttgart, whose workplace health promotion focus is also currently its Department of Public Parks and Open Spaces.

Dissemination of information

Before commencement of workplace health promotion activities in all three involved sub-divisions of the Department of Public Parks and Open Spaces, informative events on the project are held for employees and senior staff. The objectives, the subject matter and the project plan are publicised in the employees' magazine and/or made available online as an electronic report.

Systematic needs analyses

A painstaking analysis of work strain in each individual department is carried out before any measures of workplace health promotion are implemented. In order to initially assess the existing problems, available data and findings from internal administration services such as occupational medicine and occupational safety, personnel development and the internal consulting ser-

vice are evaluated – i.e. absenteeism statistics, exposure to danger assessments and accident statistics are appraised. In this way, the work strains and job demands causing the most problems can be initially identified. Consequently the following instruments of analysis are put into action:

- analysis of sick leave records of both involved health insurance funds. The epidemiological comparison is the fundamental idea of this analytical step. First of all, the occurrence of sickness absence in the different units is checked to see if there are any peculiarities. To this purpose the sickness absence numbers are first compared to internal administrative figures and then to corresponding federal and/or industrial statistics and it is then determined which types of diseases are conspicuous and/or occur frequently.
- staff opinion surveys: all employees from all 3 subdivisions are requested to surrender information on their work strains, job demands, health complaints and job satisfaction by means of a questionnaire.
- these analytical steps are complemented and accompanied by systematic site visits and motional-ergonomic analyses

Employee participation in health circles

Only seldom can recommendations for practical health promotion activities be deduced directly from the findings of these analyses. The health management of the municipal administration of the city of Dortmund foresees health

circles for this task. Health circles are small temporary working groups from the respective units, who make use of the experience, knowledge and creative and innovative potential of their employees. According to the situation or task to be tackled, they meet up either as a multi-disciplinary group (i.e. hierarchy-overlap or departmental-overlap) or in a homogeneous format (i.e. employee-circle and senior staff-circle). They discuss work strains, job demands und health complaints in their own department and work at suggestions to reduce or eliminate these in the context of a healthy work organisation.

All the results of these analyses and suggested courses of action are compiled in a report and used as the basis for the adoption of measures in the respective working groups for health. The health circles give the employees the opportunity to define and deal with their problems as "experts in their own right".

Particular attention is paid to a swift adoption of the suggestions for improvement made by the employees from the health circles. The objective is to execute as many suggestions for improvement as possible during the duration of the project. The employees are continually informed as to the status of implementation within their respective unit.

Lifestyle issues

Parallel to the work with health circles, whose focus is on the improvement of health-relevant working conditions,

interdepartmental training courses on behaviour-oriented preventive health activities are continually available i.e. courses on stress management, back exercises, leadership and health or diet.

Integration into quality management

In order to guarantee sustained workplace health promotion activities, following the intensive nurturing phase by health insurance funds and accident insurance funds, the process is subsequently integrated into quality management of the respective unit. In this way workplace health promotion is firmly anchored not only in the minds of employees and senior staff alike, but also in organisational structures.

Quality assurance by learning loops

The fundamental concept of quality assurance is the development of learning loops for self-observation i.e. receiving feedback from employees and respective unit supervisors, who in turn enable a target-directed adaptation of the range of benefits. For that reason appraisal interviews are conducted in the respective units following workplace health promotion projects and courses and seminars are assessed by the participants. In the context of a feedback-loop the results overflow into the next planning stage. Hence health promotion is organised as a continuous learning process.

The following quality assurance procedures are applied:

- Appraisal interviews with employees of the respective unit
- Interviews with health circle participants
- Feedback from management-level employees
- Interviews with seminar and training course participants
- Analysis of absenteeism – before and after health promotion projects
- Strengths – Weaknesses: Analysis of the involved partners

WHP as organisational and personnel development

Our experience so far shows – and this is particularly evident in the assessments of employees and senior staff – that organisational and personnel development from bottom to top i.e. utilizing the knowledge of the work force within the framework of the applied holistic concept of workplace health promotion, is a necessity in times of administrative reform. On that account those departments who have enjoyed particular workplace health promotion coaching, have succeeded in exploiting health promoting potential and minimizing health risks by improved levels of ability (advanced qualifications) and revised work sequences.

Future objectives

Proceeding unit by unit, all departments of the municipal administration will eventually be included in the processes of workplace health promotion. Moreover, in the context of intermunicipal benchmarking, workplace health promotion is

anxious to exchange experiences with other communities and to learn from one another. Hence, cooperation with the city of Stuttgart, involving its corresponding department for the first time, is planned in the project involving the Department of Public Parks and Open Spaces.

About the company

The Hellenic Post company (EL.TA) is a company of the wider public sector and legally an Entity of the Private Sector regulated legislatively by Law 2414/96 that stipulates the functioning of companies of the public sector.

EL.TA is the only postal company in Greece also offering certain other financial services. There are 18 central sorting points and 1,014 post offices across the country. Approximately 10,900 employees work at the Hellenic Post. EL.TA employ approximately 400 people with special needs.

Importance of OHS

Occupational Health and Safety is of central importance to EL.TA, which over the last years have proceeded to implement and establish a number of measures for the improvement of both working conditions and the health and safety of their employees. These activities are part of a wider modernisation process that also includes the introduction of new technology, improving personnel standards etc. The modernisation of EL.TA has been an ongoing process, which will continue in view of the 2004 Olympic games.

The project features

The projects and activities described in this report have been initiated by the higher administrative segments of EL.TA but are coordinated by the newly established OHS department.

In cooperation with the Hellenic Institute for Health and Safety at Work the department began an intervention programme aimed at the improvement of both working conditions in EL.TA and ensuring the health and safety of the company's employees.

The scope of the programme is wide and it anticipates covering the total number of EL.TA employees. The pilot phase of the programme began in an Athens based post office in the suburb of Kaisariyani. The programme will expand and cover the 4 central sorting points of Athens and gradually, based on ongoing evaluation of results, cover the rest of the country.

Overall, the intervention programme aims as outlined in the action plan are:

- To provide training to those responsible in EL.TA for OHS on how to plan and manage programmes for the identification and prevention of occupational hazards.
- To support the department in charge of OHS with implementing OHS legislation.
- To write an OHS code for EL.TA employees

Planning the project

Analysis of the existing working conditions at EL.TA indicated the need for improvement of both working conditions and the health and safety of employees. Although the only fatal accident reported during 2000 was due to a heart attack a total of 78 other occupational accidents occurred at

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EL.TA across the country. The majority of these were caused by traffic accidents (23/29.4%), followed by falls (15/19.2%), falls from motorbikes (15/19.2%), injuries or fractures during loading/unloading (17, 21.7%), robberies (2/2.5%), dog attacks (3/3.8%) and finally fainting/other heart conditions (3/3.8%).

EL.TA (as the majority of the wider public administration sector) does not have a system of diagnosing or reporting occupational diseases. Nevertheless, unofficial estimations indicate that the most serious health problems EL.TA employees are exposed to are musculoskeletal and cardiovascular disorders. The majority of occupational accidents (58/45.1%) occurred among those delivering the post (postmen).

This unofficial evaluation led EL.TA authorities to adopting an intervention plan for the improvement of working conditions and the health and safety of their employees. The major activities, which have been implemented to date, are:

Kaisariani post office: Healthy environment and employees

The pilot phase of this intervention programme was implemented among 332 employees at the post office in the Athenian suburb of Kaisariani. The programme comprised of two stages. The objectives of the first stage were:

- The quantitative and qualitative identification and description of the factors, which could endanger the health and safety of employees

- The improvement of working areas (based on the previous identification of dangerous factors) firstly by suggestions and secondly by specific implementation plans ensuring a friendly, safe and healthy working environment.

The objectives of the second stage were:

- Planning and implementing a medical programme aimed at monitoring employee health by conducting specific medical examinations and tests and associating findings with the dangerous factors of the working environment that were identified during the first stage of the intervention.
- Writing an action plan with specific activities and interventions for improving health and safety for employees with workplace health promotion playing a central role.

Only the first stage of the study has been completed and the findings and conclusions have been published in a first report. Using questionnaires employees indicated that they mostly suffered from musculoskeletal disorders and their complaints concerned stress, repetitive and monotonous movements and visual fatigue. According to the study the factors identified as harmful for the health and safety of the employees were noise (exceeding 55 dB(A)), low artificial and physical lighting and poor ventilation. The programme continues into the second phase and a final report with final recommendations will soon be available.

OSH and WHP training

As it is stated in the Greek legislation, all companies including the public administration sector need to have employee committees responsible for OSH. In EL.TA there is a central committee responsible for OSH and there are regional OSH committees in every prefecture. The company's OSH department in association with the Hellenic Institute of Health and Safety at Work organised seminars and training sessions with all committee members regarding:

- Greek OSH legislation
- The rights and obligations deriving from the legislation
- OSH issues, particularly those in connection with EL.TA
- Workplace health promotion

The central OSH committee has also received information from the occupational physicians concerning the ergonomic planning of working areas and their rights and obligations concerning OSH matters.

Furthermore, because of the unfortunate events of 11th September and the events that followed it was termed necessary to inform employees of the central Athens post office about the dangers of anthrax and train them in preventive and protective measures.

Employee health

The company's OSH department closely monitors employee health and is in the process of establishing a personal

medical file system. Special attention is given to requests for changing working positions. Employees who express such requests are examined by the company's occupational physician, their medical history is recorded and each case is monitored closely. During the last year the company's occupational physicians have conducted approximately 60 visits to the two largest cities Athens and Thessalonica.

A promising future

As the activities mentioned in this report have been recently introduced at EL.TA there are no evaluation results yet. The company's immediate plans are to introduce a system for monitoring and reporting occupational diseases, accidents and employee satisfaction in order to evaluate the effect of the OSH and WHP programmes, which are being implemented at present. Future plans also include:

- Restructuring working areas based on the assessment conducted during the Intervention Programme
- Publishing and distributing pamphlets concerning first aid and alcohol and drug addiction.
- Establishing a medical file system for all employees
- Obtaining medical and laboratory equipment to conduct the necessary medical and laboratory tests

Greece

Ethel Bus Company

About the company

ETHEL Bus Company was created by O.A.S.A. (Athens Urban Transportation System). It is a company of the wider public sector and legally an Entity of the Private Sector regulated legislatively by Law 2414/96 that stipulates the functioning of companies of the public sector.

ETHEL is in charge of public transportation through the use of thermal buses in the areas of jurisdiction of OASA (wider Athens). It owns 1,800 buses and 6 coach houses. The buses are maintained and repaired by ETHEL, which owns the technical infrastructure for these tasks. The company has 5,977 employees and serves approximately 300 bus routes conducting 13,500 itineraries on a daily basis. ETHEL annually covers the needs of Athens' public for 350 million transportations covering approximately 100 million kilometres. The company is financially supported by the tickets paid for by the public and by governmental subsidies.

Importance of OHS

Occupational Health and Safety is of central importance to ETHEL given the number of citizens it serves on a daily basis, whose safety is directly related to the level of safety and health of the ETHEL drivers. ETHEL authorities have implemented safety and health promotion activities which go beyond compulsory legislative activities.

ETHEL has a very strong union and active union representation. Besides the OHS services (occupational physician

and safety engineer), there is a very active health and safety committee. This factor is considered as the main reason for the innovative OHS and health promotion activities, which are implemented in the company. The health and safety of employees is considered a serious issue and appropriate actions are undertaken to ensure the wellbeing of employees.

A supportive structure

The projects and activities described in this report are initiated and coordinated by the department of Occupational Medicine, Protection and Prevention of Occupational health risks, which is staffed by 3 occupational physicians and 2 nurses. The department is a primary level substructure, legislatively based on the framework of Law 1568/85 and Presidential Decree 17/96. According to legislation it has an advisory role and offers counseling services to ETHEL employees. The service has the responsibility of planning and implementing the OHS and health promotion activities while the overall supervision, management and control of the programme is with the administrative board and the general advisory director.

Clear objectives

The main aims of the programme, which are jointly set and agreed upon by the service and company's authorities, are the following:

- Surveillance (based on employee completed questionnaires, and known occupational hazards)



ΕΤΑΙΡΕΙΑ ΘΕΡΜΙΚΩΝ ΛΕΩΦΟΡΕΙΩΝ

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- Locating and appraising occupational and environmental hazards
- Contributing to the ergonomic design of work stations, rosters etc
- Providing information and training to employees and employers on OHS matters
- Planning and implementing health education and health promotion activities
- Contributing to the company's efforts to reduce environmental pollution.

Statutory OHS measures

Many precautions are taken to secure employees' health and safety. ETHEL authorities have placed notices in areas, which could be potentially harmful for the safety of employees for example in workshops and garages. Furthermore, all precautions are taken against fires with a fire extinguishing system being established.

The Labour Inspectorate has conducted on site inspections at ETHEL. No violations of the OHS law were reported and only suggestions were made to the company's management for improvement of certain areas.

Voluntary OHS measures

ETHEL's OHS service conducts various medical examinations and tests to evaluate and monitor the health of its employees.

- Personal medical file: The OHS service is responsible for the completion of personal medical files of

employees that include medical and occupational history.

- Clinical examination: Clinical examinations include the systematic monitoring and evaluation of employee health through physical, neurological, cardiological and respiratory examinations.
- Laboratory examinations: Employees undergo periodic laboratory examinations to monitor their hearing and optic acuity and cardiac and respiratory functioning.
- Tetanus vaccinations: ETHEL employees undergo tetanus vaccinations conducted by the company's occupational physicians.
- Supplementary monitoring and sleep-apnoea syndrome checkup: This especially dangerous syndrome for both ETHEL drivers and clients is examined using certain drivers in close coordination with the laboratory for the research of sleep disorders of the University of Athens.
- Supplementary laboratory examinations for newly hired personnel: According to legislation all newly hired personnel have to undergo specific health checkups.
- Psychometric examinations: These tests are done as part of a larger study conducted among a number of different occupational sectors in Greece. Through the use of automated electronic equipment (VIENNA TEST SYSTEM) psychometric measurements are taken in order to evaluate the driving ability of ETHEL employees.
- Mental health: Attempts are being made to expand mental health services, which are offered at ETHEL. In

cooperation with the Centre of Aviation Medicine special cases are examined in order to determine possible psychopathology among a number of drivers.

- Chemical exposure: In cooperation with the Hellenic Institute of Health and Safety at Work plans are being made to conduct tests for measuring CO exposure and other chemical exposures among ETHEL employees.

Employees undergo a full health check-up after being absent because of illness and their medical files and records are examined after requests for change of work positions. Requests for changing work positions are primarily due to health complaints and in particular cardiovascular diseases (30%), musculoskeletal problems (20%) followed by gastroenteric, respiratory disorders and metabolic disorders.

Participating in the European LIFE programme

ETHEL participates in the European LIFE programme in cooperation with the Medical School of the University of Athens. A random sample of ETHEL drivers (non-smokers) underwent medical tests in order to measure exposure to healthendangering physical, chemical, biological and ergonomic factors. The first results indicate that employees of public transport companies show higher morbidity levels compared to other occupations. Research has indicated that the factors to which bus drivers are exposed are responsible for high morbidity levels:

- Physical: noise, dust, repetitive movements, fluctuations in temperature
- Chemical: Environmental pollution
- Biological: Viruses, microbes
- Ergonomic: Rosters, elevated stress, disturbance of biorhythms

Dealing with WHP

- ETHEL takes part in a European longitudinal study, coordinated by the National School of Public Health and the Medical School of Athens University, which investigates the role of diet and other lifestyle factors in the development of diseases such as cardiovascular diseases, diabetes, hypertension, osteoporosis. All ETHEL employees participate in the study by completing questionnaires and undergoing specific medical tests.
- Because musculoskeletal disorders are a major concern for ETHEL employees, the OHS service has planned and implemented information campaigns about this issue and has published and distributed relevant brochures.
- Information brochures have been written and distributed concerning alcohol and drug addiction.
- The OHS service of ETHEL is widely recognised for the quality of services offered. For example, students from the Health Visitor's Department of the Technological Institute of Athens and the Nursing Department of the University of Athens chose to conduct their practical training in the company.

- ETHEL is represented in many OHS and health promotion international conferences and participates in European associations and networks involved in OHS and WHP.
- ETHEL employees have been trained in the use of first aid

Creating a better environment

ETHEL contributes to the protection of the environment in Athens by the following activities:

- The company has stopped buying equipment and materials for repairing buses that contain asbestos.
- The company has stopped repairing and then reusing lead batteries in its vehicles.
- Over the past few years, the company has replaced old buses with new environmentally friendly vehicles.

Drawing conclusions

All OHS and health promotion activities which have been initiated and conducted by the OHS service of ETHEL have been evaluated as satisfactory by both the company directors and the employees although no official evaluation has been conducted. Frequent medical examinations and monitoring have resulted in changing work positions when, according to the occupational physician, this is harmful for the employee's health. Consequently there are fewer complaints and fewer requests for change of working positions. Furthermore, working conditions for bus drivers have improved as the new vehicles are equipped with air conditioning

facilities. In addition, from an ecological point of view the buses emit less exhaust fumes to the air. This means that they are friendlier to the environment.

Looking to the future

According to the information provided by one of the occupational physicians, ETHEL'S OSH plans are to expand its activities in the areas of workplace health promotion and in particular in areas of smoking cessation and nutrition, as cardiovascular diseases have been identified as a major area problem for ETHEL employees. Furthermore, personal medical files will be developed for all employees and periodic medical examinations will gradually become compulsory for employees of all ages. Furthermore, existing manpower and equipment, which at the present cover approximately 45.5% of the service's needs, will be expanded. Plans are in the process of employing more personnel, i.e. 4 more nurses, technical and administrative personnel.

Workplace Health Promotion at the Heves County Court

Details on the authority

The Heves County Court has 269 members of staff, 76 % of whom are women. The distribution of the employees by age is as follows:

■ under 25:	4 %
■ 25-29:	26 %
■ 30-39:	26 %
■ 40-49:	28 %
■ 50-61:	23 %
■ over 61:	3 %

Background

In Hungary every employer must provide occupational health care service for all the employees in compliance with the Labour Safety Act and the sectorial decrees. One service (consisting of one physician and one nurse) may cover 1000-2000 workers depending on the health risks. Occupational health examination serving as basis of risk assessment makes 50 % of the work of the occupational health care service, while the other 50 % is made of the pre-employment, periodic, extraordinary and final fitness for work examinations. Employees without the fitness for work examination may not be employed in Hungary. The occupational health care service knows and maintains a good relationship with the management of the institution or enterprise served. The benefit of the project is the prevention of diseases and preservation of working ability. As a new requirement, judges have to undergo an aptitude test, regulated in a separate decree, in addition to the fitness for job examinations. For the evaluation of the suitability of

judges' carrier, the presence of health, physical and psychical abilities, necessary to the judges' work must be examined. The aptitude test for judges consists of the general medical examination, including psychiatric examination and psychologic examination. The health promotion programme of the occupational health care service is an important tool to assist judges to cope with the aptitude test. At present, the courts of justice are undergoing a reorganisation process, the courts of appeal are planned to organise in addition to the present courts.

Current state of health at work

■ Taking responsibility for OHS

The Court provides occupational health care service for the employees. Participation in a preemployment medical examination is compulsory for everybody and the examinations must be repeated annually. Performing of the examinations is controlled. OHS participates in the tasks related to labour protection. Prior to employment the labour protection officer provides training and its accomplishment is documented.

■ Creating a happy working atmosphere

Within the 8 hour work shift the employees are entitled to a half hour paid lunch time in a civilised canteen at the workplace where they can meet the provision of subsidised food. The choice of menu is developed on a scientific base (OÉTI) and the buffet is regularly controlled by the public health authority. Smoking is prohibited at the workplaces. It is allowed only in desig-

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nated areas. Alcohol is banned during working hours and intoxicated employees may not resume work. In the institute satisfaction of both the employees and that of the customers is examined and found to be good.

How the project was set in motion

The project is under the control of a team consisting of two occupational health and work hygiene specialist physicians and a Ph. D doctor, all familiar with workplace health promotion. The practice of workplace health promotion was studied by the following stepwise procedure:

■ Step 1

Controllers of the project approach the management to obtain approval for the project.

■ Step 2

Personal interview with the employees and preparation of the checklist in the form of a questionnaire.

■ Step 3

Recording of workplace data. Performing of risk assessment during onsite workplace inspection, determination of the workplace stress and strain.

■ Step 4

Recording the results of the examination of the employees. The OHS provide data on the health status of the employees.

■ Step 5

Demonstration of the health promotion programme of the Heves County Court

and the Heves County Chief Attorney General's Office.

■ Step 6

Results of the programme.

Systematic needs analyses

■ Risk factors on working environment

Noise exposure of the typists:	20%
Workplaces with computer monitor equipment:	40%
Increased psychic stress: during the work of judges and prosecutors	20%
Chemical pathogenic factor (ozone exposure: copy machines)	10%

■ Health status of the employees

The health status of the employees is evaluated by the occupational health physician on the basis of a detailed medical examination. The following relevant items of the occupational health evaluation can be stressed.

Smoking habits

■ Smoker:	38%
■ Non-smoker:	62%

Drinking habits

■ Regular drinker:	0%
■ Occasional drinker:	12%
■ Abstinent:	87%
■ Ex-drinker:	1%

Sport

■ Sporting:	38%
■ Non-sporting:	62%

Eating habits

■ Up-to-date:	71%
■ Obsolete:	29%

Morbidity data

■ Not classified complaints, symptoms and pathologic clinical and laboratory findings:	6%
■ Diseases of the circulatory system:	13%
■ Endocrine, nutritional and metabolic diseases:	5%
■ Diseases of the bone, muscle and connective tissues:	8%
■ Diseases of the digestive system:	6%
■ Diseases of the blood and hemopoietic system and certain disorders of the immune system:	1%
■ Diseases of the respiratory system:	8%

Implementing WHP

At the courts the greatest source of stress comes from dealing with the clients as increased psychic stress and biological pathogenic factor. This causes the increased number of upper respiratory diseases, especially in the winter months. The management supported the occupational health care service in the organisation of the health promotion programme from the beginning. It was obvious for them that health promotion has a beneficial effect on the work time basis and on the quality of the professional work. This was the objective and, at the same time, the importance of the health promotion programme. The employees were informed on this by circulars and the management allowed the employees to participate in the health promotion programmes during working time. In 2001 three health promotion programmes were announced.

Workplace Health Promotion at the Heves County Court

- Provision of free vaccination of the employees against flu on a voluntary basis. (50 % of the expenses was covered by the health insurance scheme, the other 50 % was paid by the employer.)
- Screening examinations, serving health promotion (e.g. allergy screening).
- First aid courses, initiated and asked for by the employer.
- 106 persons participated at the allergy screening, 22 persons proved to be positive. The detected persons were informed about the possible ways of prevention and they received pulmonology or dermatology recommendation for medicines with high insurance support. In the case of these employees the decrease or disappearance of the symptoms, and in this way, the improvement of their work output are expected.
- 40 employees participated at the first aid courses and all of them passed the examination successfully.

The programmes were also publicised by the occupational health care service at the consulting room by convincing individual employees.

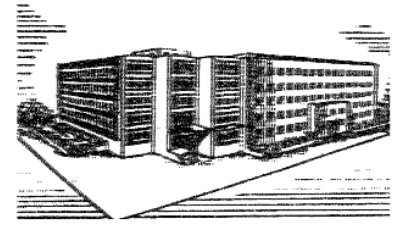
Has health improved?

The occupational health care service measures the success of the health promotion programme by the number of participants and the number of those detected during the screening programmes.

- 65% of the employees were vaccinated against flu, no complication was observed. The number of flu cases decreased compared to the years when no vaccination was available.

Hungary

Workplace Health Promotion at the National Institute of Occupational Health



National Institute of Occupational Health

Details on the authority

The National Institute of Occupational Health of the Fodor József National Center for Public Health (NCPH-NIOH) is the professional basis institute of occupational health (occupational hygiene and occupational health care), which supports occupational health by professional, methodological guidance, training and education activity, scientific research, in addition to the development of the health policy in the field, and its implementation in practice (e. g. by drafting legal orders). NCPH-NIOH has important and widespread international relations. Its professional guidance tasks are related to the occupational hygiene activity of the National Public Health and Medical Officers Service and the work of the occupational health services.

These tasks are carried out by 118 employees, 81% of whom are women and the average age of the staff is approximately 48.

Background

In Hungary every employer must provide occupational health care service for all the employees, in compliance with the Labour Safety Act and the sectorial decrees. One service (consisting of one physician and one nurse) may cover 1000-2000 workers, depending on the health risks. Occupational health examination serving as basis of risk assessment makes 50 % of the work of the occupational health care service, while the other 50 % is made of the pre-employment, periodic, extraordinary and final fitness for work examinations.

Employees without fitness for work examination may not be employed in Hungary. The occupational health care service knows and maintains good relationship with the management of the institution or enterprise served. This institute has been selected as a good model, because great modernisation has been carried out recently (reorganisation: NCPH, with economic, technical units, central chemical department, division of the departments involved in chemical safety, etc.).

Features of health related measures

■ Taking responsibility for OHS

The Institute provides full scale occupational health care service for the employees. Participation in a pre-employment medical examination is compulsory for everybody, the examinations must be repeated annually. Performing of the examinations is controlled. OHS participates in the tasks related to labour protection. Prior to employment the labour protection officer provides training and its accomplishment is documented.

■ Creating a happy working atmosphere

Within the 8 hour work shift the employees are entitled to a half hour paid lunch time in a civilised canteen at the workplace where they can meet the provision of subsidised food. The choice of menu is developed on a scientific base (OÉTI) and the buffet is regularly controlled by the public health authority. Smoking is prohibited at the workplaces. It is allowed only in designated areas. Alcohol is banned during

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working hours and intoxicated employees may not resume work. In the institute satisfaction of both the employees and that of the customers is examined and found to be good.

Putting the project into practice

The project is under the control of a team consisting of two occupational health and work hygiene specialist physicians and a Ph. D doctor, all familiar with workplace health promotion. The practice of workplace health promotion was studied during the following stepwise procedure:

■ Step 1

Controllers of the project approach the management to obtain approval for the project.

■ Step 2

Personal interview with the employees and preparation of the checklist in the form of a questionnaire.

■ Step 3

Recording of workplace data, performing of risk assessment during onsite workplace inspection, determination of the workplace stress and strain.

■ Step 4

Recording the results of the examination of the employees. The OHS provide data on the health status of the employees. Evaluation of the satisfaction questionnaires.

■ Step 5

Demonstration of the health promotion programme of the NCPH-NIOH.

■ Step 6

Results of the programme.

Systematic needs analyses

■ Risk factors on working environment

Workplaces with computer monitor equipment (ergonomic pathogenic factors):	20 %
Biological pathogenic factors:	25 %
Chemical pathogenic factors:	15 %
Physical pathogenic factors (ionising radiation):	25 %
Increased psychic stress:	15 %

■ Health status of the employees

The health status of the employees was evaluated by the occupational health physician on the basis of a detailed medical examination. The following relevant items of the occupational health evaluation can be stressed.

Smoking habits

■ Smoker:	34 %
■ Non-smoker:	66 %
■ Among these ex-smokers in the last 5 years:	12 %

Drinking habits

■ Regular drinker:	4 %
■ Occasional drinker:	27 %
■ Abstinent:	68 %
■ Ex-drinker:	1 %

Sport

■ Sporting:	21 %
■ Non-sporting:	79 %

Eating habits

■ Up-to-date:	53 %
■ Obsolete:	47 %

Morbidity data

■ Non-classified complaints, symptoms and pathologic clinical and laboratory findings:	6 %
■ Diseases of the circulatory system:	9 %
■ Endocrine, nutritional and metabolic diseases:	4 %
■ Diseases of the bone, muscle and connective tissues:	5 %
■ Diseases of the digestive system:	10 %
■ Diseases of the blood and hemopoietic system and certain disorders of the immune system:	3 %
■ Diseases of the respiratory system:	1 %

Drawing conclusions

Informing, advising and anti-smoking programmes of the occupational health service were conducted. In order to improve the attitude of the employees to sports and exercise, the employer built a tennis court.

Promotion of healthy eating habits – this is assisted by the organisation of action sales of seasonal fruits for the employees at their workplace.

Free vaccination of the employees against flu was provided on a voluntary basis. (50 % of the expenses covered by the health insurance scheme, the other 50 % paid by the employer.)

The following quantitative results are expected if the above programmes are successful:

- the number of overweight employees will decrease
- the number of employees with hypertension will decrease
- the quality of life of the employees will improve
- the work output will increase

The employees were won over to the cause in the following ways:

- The results of the examinations were made known to the management and the employees during workshops.
- The sport facilities were publicised among the management and the employees during workshops (e. g. using the tennis court).
- The results of the examinations were discussed individually with the employees and advice was given on how to improve their state of health.
- Individual employee advice on healthy eating habits.
- Individual employee advice on sport possibilities in their work and dwelling environment.
- Those not involved in sports were convinced that it was better to get to work riding a bicycle or walking rather than driving a car and that it was better to use the stairs than the lift.
- Examples of healthy menus were prepared and suggested for lunch.
- It was recommended that the employees participate in 5 minute mutual physical exercise every hour.

Advice was offered on a continuous basis and not just on one occasion.

Improvement in health and well-being

■ **Employees' satisfaction**
 Employees' satisfaction was evaluated using the questionnaire method. First of all, the ranking by the employees of listed values was studied, i.e. such as money, health, carrier, family, healthy lifestyle, well paid job, friends, good colleagues. Health was ranked first by the employees, followed by family, money, well paid job, healthy lifestyle, carrier, with friends and good colleagues coming at the bottom of the list.

It is worth mentioning how the employees evaluated the health promotion activity of the employers on a questionnaire. The question was: What degree of importance do the employees attach to the efforts of their employers to keep the workers healthy? The answers were: very important (20%), important (15%), slightly important (45%), not important (20%).

Answers to the question: Is there anything in your workplace that need improvement?

The working conditions to be improved	Frequency mentioned
Poor lighting	18,0%
Lack of ventilation, bad air	36,7%
Extreme temperature	35,5%
Bad quality of used material and equipment	26,3%
The state of changing rooms and bathing facilities	21,6%
Presence of material harmful to health	24,4%
Noise	34,0%
Poor or lacking occupational health care	10,3%
Arrangement of working places, little space	26,4%
Permanent risk of accident	11,6%

Details on the authority

The Capital District Fire and Rescue Service (CDFARS) was formed on the 1st of June 2000, when Reykjavik FARS and Hafnarfjordur FARS merged. Upon the merger, the CDFARS took over the duties of the Reykjavik Airport Fire department. All towns and local governments in the metropolitan area now take part in the operation of this powerful rescue team. The management of SHS consists of the mayor, who is also the chairman as well as being director of the management and the chairmen in the town councils.

The CDFARS are fire fighters, deal with fire prevention techniques and handle all emergency medical transport in the metropolitan area, which includes 170,000 residents, The CDFARS also assists the members of the National Civil Defence of Iceland.

The staff includes 154 members (144 (93%) male and 10 (6,5%) female) of which 108 are available on call and rescue missions. The majority of the employees are between 30-49 years old or approx. 57%. The average age is 41 year, around 20% of the employees are younger than 29 years old and 23% are older than 50 years old.

Safety and well-being is everything

Occupational safety and the well-being of the employees in CDFARS is extremely important. The employees are under a lot of both physical and mental stress, especially those who are on call for the establishment. Therefore, the

importance of occupational safety at these jobs is great as they can often involve taking great risks. That makes it even more important to emphasise the occupational safety issues. The quality of the work is, to a large extent, dependent on the physical and mental state of the staff – this is more so in this work than in most other places that come under public administration.

No specific project

CDFARS has not concentrated its efforts around any one specific project regarding health promotion among the employees in the work place, rather there are many different projects going on that unitedly are moving towards the goals of WHP (work place health promotion).

As there is not one specific project in question regarding health promotion for the staff, who becomes involved with or is aware of the ongoing projects differs. In general, however it is safe to say that it becomes known to the entire staff in the CDFARS what projects are going on – both those who are on call duty and those employees who do regular office work. The establishment's managers are responsible for these projects. The vice president of the fire department, the staff manager in charge of finances and the field manager are responsible for projects pertaining to the health and well being of the employees.

As there is not one specific project in question it is difficult to establish the exact cost related to this health promotion involving the staff directly and what is related more to the work envi-

ronment factor. A brief estimate of the direct and indirect cost related to the health and well-being of the staff and the improvement of the work environment runs to millions of Icelandic crowns per year.

Focus on physical and mental health

It is obvious that the activities in an establishment like CDFARS are largely dependent on the physical and mental health of the employees. Those individuals who apply for jobs there have to undergo tests of strength and endurance. Since CDFARS started up in 2000 the chiefs have cooperated with representatives from the staff and reviewed the endurance tests that are being used in the establishment – both the endurance tests required for applicants before they are allowed into the team, as well as the standard tests that the team members have to pass on an annual basis.

CDFARS has an agreement with a confidential physician who will be responsible for the endurance tests that the establishment uses as well as all registration of the employees' sick leave.

Action areas

- The cornerstone in the CDFARS health promotion is the annual physical examination and endurance test. It is designated in the health promotion effort that the work that goes into it should be of the best quality compared to what is being done abroad and that comparison should preferably be made to the other Nordic countries. In the health promotion plan of CDFARS it is also stated that a definition is needed of the crisis therapy that the employees receive when they need it after working under especially stressful conditions.
- All the employees in CDFARS get a one year membership card for a gym. A physical exercise programme is part of the daily routine in the training of all the employees that are on call duty – however, other employees at CDFARS working normal shifts are also encouraged to do physical training. A physical therapist assists the employees at the gym.
- The employees are offered psychological assistance and crisis therapy related to their jobs.
- Smoking is not allowed at work. The employees are offered a refund for half the price it costs to take a course to stop smoking and if they are still nonsmokers in one years time, they will get a full refund.
- It is emphasised to the employees that they follow strict safety measures at work – especially for those who are on call.
- The employees who are on call take courses on a regular basis that are related to the job. These courses are more often than not held abroad. Most of them are held in Sweden or The United States (ambulance transport). Occupational health and safety measures are in the forefront during these courses.
- In the CDFARS employment planning it is especially stated that the establishment should strive to encourage women to work in the team, while not slackening the requirements that the employees need to fulfil and that the same expectations apply to all the team members. It is worth mentioning that when FARS of Reykjavik was working as a separate fire department, the employees had to compose a work plan with a special view to equal rights of the sexes. In preparing the work plan the chiefs of the fire department sought collaboration with the equal rights representative in the city council and the outcome, among other things, was an evaluation of the admittance rules into the fire department. No women were then at work amongst those who were on call and the chiefs of the department wished to amend the situation. The actions that were taken led to the participation of the equal rights representative in the admittance procedure. Since then two women have joined the CDFARS team in spite of the fact that there have been no changes made to the admittance rules.
- In the CDFARS work plan there is special consideration for family people. The department is supposed to strive as much as possible to coordinate the demands and special wishes of their employees regarding their work on the one hand and their responsibilities to their families on the other. It has been made possible for both women and men to tem-

porarily lessen their workload when special situations in the family demands.

Establishment of co-operation and communication structures

Information is distributed to the employees through an efficient inner net system. In that way the chiefs as well as other staff can send announcements in a quick and secure manner via e-mail. The employees elect their special representatives who have meetings with the chiefs once a month and important messages are conveyed there from both sides.

A CDFARS confidential physician is in charge of the registration of the employees' sick leave and accesses the information if needed. The confidential physician is also in charge of the physical examinations and the endurance tests that the on call team has to pass on an annual basis

Special surveys have not been conducted among the employees, but the employees have special representatives that meet regularly with the chiefs of the department, where messages can be conveyed.

As a result of the merging of the fire departments in the Reykjavik area there is an ongoing and extensive reevaluation of the activities of the CDFARS. This also concerns the health care and well-being of the employees. In that field the chiefs of the CDFARS have worked in close co-operation with the fire brigade in Gautaborg. There are plans to reorganise and increase the demands made in the endurance test. In this respect the chiefs of CDFARS are looking towards Gautaborg as a model, since their level of activities is similar.

Maintaining health and positive image

CDFARS has not made a survey to explore the public's/customers' opinion of the department. Generally it is safe to say though, that the chiefs along with the other staff have been successful in maintaining a positive department image. This is reflected, among other things, in how visible the team is externally in the community

As mentioned above, a survey has not been made on the total outcome of the projects that the CDFARS has been working on. It is clear that both physical and mental health is very important for the employees and that these considerations are well taken care of. It was clear from interviewing the chiefs in the department, that factors relating to health promotion in the workplace are an integral part of the working environment. In the interview with the chiefs of the department it also became clear that as a result of the merging of FARS in the metropolitan area there is more attention paid to evaluation of the general

activities including those that relate to the healthcare policy of the establishment.

The CDFARS will continue along the same line and there are plans to strengthen the health promotion effort still more. Coordinating the health promotion into the regular activities is being emphasised.

Details on the authority

The Directorate of Customs – Reykjavík (DOC) was established in 1929. From the beginning, the main service functions have remained the same. Firstly, to control import, transit and export, and secondly the collection of duties, taxes and various state revenue. DOC's main objectives are to increase control, prevent the importation of illegal goods, ensure correct levy of import charges and to improve collection results.

The administration of customs and internal revenue falls within the jurisdiction of the Minister of Finance, who is the head of customs affairs in the country. According to law, DOC is required to co-ordinate various work processes in the customs districts with regard to collection of duties, custom control and decision-making

The DOC has 195 full time employees working in several departments, 103 (53%) female and 92 (47%) male. The majority of the employees are between 25-55 years old (approx. 66%), around 6% of the employees are younger than 25 years old and 28% are older than 55 years old.

Most of the employees are office workers, but around 50 customs officers also work for the Directorate both during the usual office hours as well as on 24 hour shifts.

Several WHP programmes

The office is not concentrating on one health promotion programme in partic-

ular. Through interviews conducted within the institution the objectives behind the various health promotion programmes have become clear, and they are, first and foremost, to create better and more positive employees. Therefore the projects are all aimed at improving the working conditions in a wider context.

Responsibility by quality – and service manager

In April 1999 a quality and service manager was employed at the DOC. Prior to that the customs manager (the director of the department) had been responsible for these projects.

Since then the quality and service manager has been responsible for all the projects that aim at improving the employees' health and wellbeing at the Directorate. The quality and service manager has, on occasions, called on private enterprises to make evaluations of the workplace environment. Also the quality and service manager has worked in co-operation with a representative of the Administration of Occupational Safety and Health.

As there is not one particular project in question, there does not exist a whole financial budget, but it was clear that the actions taken, have been costly, the total expenditure totalling tens of millions, in Icelandic crowns. These expenditures have mainly been used to improve the working conditions and equipment.

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WHP becomes more visible

The employees are gradually becoming more aware of health promotion/health care issues in the workplace. According to the quality and service manager there is a noticeable change in the employees' perspectives. The new position of quality and service manager for example, as well as the intervention of an occupational therapist (private firm) have made these efforts a lot more visible and thus have supported the integration process. As an example of how the integration of health promotion into the establishment has been achieved, the DOC focuses internally on the issues brought up during the "Annual Occupational Healthcare Week", organised each year by the Administration of Occupational Safety and Health. The health care issues are reflected in the daily routine of the employees at work e.g. by offering healthy food in the cafeteria and providing experts from outside the institution to give lectures concerning health promotion and health care in the work environment.

As there is not a matter of one large project under consideration, the main projects that the DOS has been working on, within the field of health promotion for the staff and occupational health care, will be mentioned.

Putting WHP into practice

- Three years ago the office hired a private firm to make an evaluation of the work environment of the employees. An occupational therapist and

an architect made an evaluation of the entire establishments' work environment in co-operation with the managers and the employees. As a result of the evaluation the entire working conditions have been renewed with the employees' health in mind.

- Employees at the Directorate of customs can get a refund for part of the cost (2000 kr. per month) they pay for a physical exercise programme, physical therapy or any similar service function.
- The DOC, like all other public work sites in Iceland is smoke-free and the office offers to pay for employees who wish to take courses that may help them to break the habit of smoking.
- All the employees at DOC have the opportunity to attend one course per year outside of office hours, which the office will pay for (within a reasonable limit).
- The DOC took part in the project "Striking the Balance" which was a co-operative project between the city of Reykjavik, Gallup in Iceland and foreign participants, but the project was funded by the European Union. The purpose behind the project on the part of DOC was to hasten the implementation of flexible work hours, increase work satisfaction and decrease the staff turn-over. The alternative of a flexible working hours system was considered in the project. It became clear that many of

the aspects under discussion had already been implemented in DOC and others could easily be adopted. The aspects that had already been implemented were for example: special opportunities for a flexible working hours system, leave of absence due to illness of child/children, leave of absence due to illness of another (e.g. elderly parents) and leave due to childbirth, for both the mother and father. The DOC has also been experimenting with aspects such as flexibility in work, part-time jobs, self-imposed decrease of working hours and home-based or out-of-the-office work, to state a few examples.

A supportive communication structure

Introductions and meetings concerning the ongoing projects and changes that are being implemented are attended to promptly and the information is first and foremost distributed to the employees by electronic means (e-mail), the office newsletter is also utilised as are posters with advertisements.

As the activities of DOC are scattered all over the Reykjavik area, the managers have chosen these methods rather than to rely on large staff meetings. In projects where the work has been done in particular departments within DOC (e.g. Striking the balance), the employees have been invited to special introductory meetings where the plans and procedures regarding the projects have been discussed. Special surveys have not been conducted in order to establish

the total results from the projects within the establishment. Staff surveys concerning health promotion projects have not been conducted either, but interviews with the staff have taken place where the employees have been able to discuss matters concerning both their physical and mental wellbeing in the workplace.

Emphasis on working conditions

As mentioned above, an occupational therapist is working in close co-operation with the managers and other staff members of the office. In 1998 the following factors were examined in the main offices, and in 2001 at the other sites belonging to the DOC.

- Environment: Lighting, air-conditioning, noise, floor, doors and thresholds, floor materials, elevators, accessibility for the handicapped.
- Equipment and furniture: Computers, screens and keyboards, reflection off the computer screen, desks, footrests and chairs.
- Conditions provided for the switchboard.
- Conditions provided for the front line staff.
- Conditions provided for meetings.
- Conditions provided for refreshments.
- Work environment.

The resulting reports have since been used as a foundation for improvements of the allround conditions at the DOC.

Giving employees a voice

Registration of leave of absence and sickness days is done at the office, but the information has not been used statistically, e.g. in comparisons between the sexes, type of work or between different years. But this type of information is available and is reviewed for each individual employee. In relation to interviews with the employees, which have been conducted twice in the past three years, the current situation has been discussed focusing on individual cases according to need.

Change towards healthy attitudes

There has not been a summary evaluation of the results of the projects that the DOC has worked with. According to the Director of DOC and the quality and service manager it was revealed that a definite change in attitudes among the staff had occurred. The most important factor in this regard is the accessibility to the specific projects and their evaluations. Following the work that has already been done, plans have been made to have significant evaluations done relating to the health promotion among the employees.

In recent years the DOC has concentrated its efforts in order to improve its service to its customers significantly. An agreement has been made with the Ministry of Finance with the focus on management by objectives and the main emphasis on quality and employee matters.

Improvement in customer satisfaction

Although there are no existing evaluations concerning the level of customer satisfaction with the service they have received from DOC, there is a general consensus that customers views are generally much more positive now than they were a few years ago.

A promising future

The service enterprise will continue along the same line and there are plans to strengthen the health promotion effort still more. Co-ordinating the health promotion into the regular activities in the offices is being emphasised. Supporting this goal is the fact that the Directorate of Customs is the first public office in the country to adopt a co-ordinated management by objectives policy, which means that all the processes within the establishment will be reviewed together. The employee matters are therefore of great importance and thus the policy of DOC in health promotion. The co-ordinated management by objectives policy also demands ways in which to evaluate the different aspects of the work. Therefore a foundation and a need has been created to establish goal-oriented evaluations, statistic conclusions and continuous efforts along these lines.

Workplace Health Promotion in Donegal County Council

About the authority

The Donegal County Council is a local authority located in the north west of Ireland. It is ultimately concerned with improving the quality of services to citizens. It employs approximately 1,000 staff. Roughly, 400 staff work in Lifford (the headquarters) and all other staff are located around the County.

Why engage in WHP?

The beginnings of workplace health promotion (WHP) can be traced to 1994 when the County Manager began to look at the people issues of staff in general. Outdoor staff whose working conditions needed improvement were the first group to be targeted. Along with personnel the County Manager endeavoured to make senior managers aware of the working conditions of outdoor staff where the provision of basic facilities such as shelter and tea-making were lacking.

This project, which is aimed at progressing people issues, has gradually widened its scope to incorporate not just issues mandated by legislation, but to include a number of voluntary measures ahead of many other County Councils. For example, the County Council was innovative in allocating 3% of investment to staff development six years ahead of its counterparts. Initially, this investment was used to improve the working conditions of outdoor staff, whereas nowadays initiatives are broader and target the needs of all staff and citizens incorporating a cross border health promotion project.

Main driver for WHP

Since 1994, the County Manager and the Training Manager have been the driving forces behind the County Council's desire to build a better workplace for all. The project has worked through cross-level working groups that work on specific workplace health issues and through the local partnership approach to develop interest amongst different internal players.

The management of the project rests mainly with the Training Manager and Personnel Department, however it is the philosophy of the Training Manager to empower staff to become the owners and drivers of WHP issues. To some extent, this has already started through the various working groups that exist (as part of the growing partnership approach evident in the Council) on issues such as work and family, and health and safety. The management of WHP activities co-operates with a number of expert organisations in the delivery of its programme, such as the Irish Heart Foundation (IHF) and the North Western Health Board.

Establishment of co-operation and participation structures

Integrating WHP initiatives into the authority structure and procedures is an ongoing task and many policies already exist in draft form, such as policies on smoking cessation, anti-bullying, and harassment. The impetus for these policies stems directly from the findings of evaluation exercises on WHP. Policies are normally developed through the partnership approach at local level,



which is representative of both staff and management. The Personnel Department then brings policy documents to completion and disseminates them to Area Managers who in turn implement these policies. The working groups are helping to embed WHP issues at senior, middle, and front line levels. The approach has been to enable participation in the working groups to all staffing levels and then to offer programmes to all staff. The Lifestyle Challenge is an example of a voluntary programme, which has the full support of senior management.

Clear objectives

The topics covered by the County Council's WHP programme include:

- Improving working conditions of outdoor staff
- Health Awareness Days
- Lifestyle Challenge – Fitness and Healthy Eating Programme
- Health issues for men and women
- Staff welfare issues
- Managing your stress.

Internal promotion and dissemination of information

Internal promotion of WHP issues is carried out in a very systematic and comprehensive way. The working groups and the local partnership approach have been a means of getting WHP issues on the agenda of the Council and have been responsible for promoting these issues on a formal and informal basis. Indeed, many of the early sceptics of WHP are now its most ardent supporters.

The Council's information campaign used a combination of media. For example, it has an Intranet with a section on "Health Promotion" and provides information on programmes such as the Happy Heart, Lifestyle Challenge, Eating for Health, Cervical Cancer Awareness, etc. It also provides information through the staff magazine "Grapevine" and hosts periodic health awareness days on site in Lifford. It has poster and information campaigns in headquarters. As well as working with the IHF, the Council has collaborated with the local Leisure Centre in Letterkenny to provide fitness programmes for all staff who wish to improve their health. The Staff Social Club, which is actively supported by the Personnel Department, has negotiated discounts for staff in gyms and fitness centres throughout the County.

The strategy is that health promotion should be visible and accessible and by combining electronic, paper-based and on-site demonstrations, the County Council feels that it is delivering a very positive message to staff. In addition, staff feel that the general perception of the County Council has improved and investments in staff and WHP have paid off.

How WHP was set in motion

In 1998, the County Council launched a Staff Health Programme during Happy Heart Week. Topics covered during a series of workshops included physical activity, diet and addiction. Instructors from the Letterkenny Leisure Centre gave individual advice on physical activity and fitness checks. The programme was well received by staff and

it is intended to continue with further health checks by IHF nurses. Staff were also encouraged to take part in the Lifestyle Challenge Programme. At the workshops, staff were asked to fill out evaluation forms. Feedback from these forms suggested that the workshops were excellent and the majority of respondents felt that it was very important to commence a staff health programme. Topics which staff saw as important and would like to see included in a staff health programme were wide-ranging and included, for example:

- Stress handling
- Women's health
- Men's health
- Mental health
- Emotional health
- Getting active/exercise
- Health issues
- Personal development/assertiveness/body image
- Bereavement
- Alcohol/drug addiction
- Effects of computers
- Bone density checks, etc.

In addition to the above, the Council organised a workshop on "Men's Health Days" in 2000, in order to raise discussion on health issues, assess staff needs, carry out basic medical tests and provide an opportunity for discussion, information, and advice on health and lifestyle. The discussions revealed that staff appreciated the efforts made to highlight WHP issues and many commented on the positive effects of their work in social and physical terms. However, stress, working conditions,

and information on pensions and entitlements, health and safety were issues needing attention.

Follow-up programmes

Following the above exercise, the first Lifestyle Challenge programme commenced in 1999 followed by a second in 2001-2002. The 2001 programme was offered in seven areas throughout the county. At the end of the current programme, each participant will evaluate it and determine the benefits of it to him/herself. Participants who successfully complete the challenge will receive certificates in March 2002.

Since 1998, a stress management training programme has been in operation and favourable reports have been received from more than 100 participants. Other initiatives, which responded to staff needs, include distribution of information on women's health issues, health awareness days, access to a nutrition expert, formulation of a draft smoking cessation policy, management training in how to listen to and respond to staff needs particularly in relation to health, safety, and wellbeing, etc.

Evaluation process

Evaluation routinely follows specific health promotion initiatives using a combination of methods, such as "happy sheets", survey, or focus group discussions. Results are subsequently presented to middle management. A major result from WHP initiatives is that the number of employer liability claims has

decreased by 50% in the last five years. In addition, the high take-up and completion rates of IHF programmes are a positive indication of the general health of staff.

Staff satisfaction

The County Council conducts bi-annual satisfaction surveys and indications are that staff satisfaction has greatly improved. Morale is higher amongst staff and there is evidence of greater organisational commitment. Of the men who participated in the "Men's Health Days", there were reports of improved job satisfaction, fulfilment, job security, variety and enjoyment of work. In addition, there was a general feeling that the men were happy to be able to get up and go to work and work was considered important for mental health.

Citizen/Customer satisfaction

Customers appear to be more satisfied and the number of complaints has decreased.

Has health improved?

Since 1994, working conditions of outdoor staff have greatly improved.

There are fewer sick days overall and since 1995, there is a marked decrease in the number of smokers.

Making plans for the future

Over the last number of years, WHP initiatives have been pursued on an ad hoc basis and based on attendance at recent events there is a huge appetite

for health promotion. However, the time is now ripe for the development of a more formal County Council policy on WHP in order to ensure sustained action and development. Plans for the future include the appointment of a Staff Welfare Officer and the development of a strategy with specific, medium-term targets for WHP.

Healthy Municipality for a Healthy Community: The Municipality of Martignacco

Background

The role of public administrations in the promotion of healthy occupational settings can be of outmost importance in the implementation of healthy policies.

The Municipality of Martignacco, a small city in the north-east of Italy, is currently working to spread health promotion within its community and to other nearby cities. Health promotion here is viewed as a possible different approach to health since it can be an added value to the health services, currently working for the prevention, diagnosis and treatment of illnesses. Working together to build a partnership for socio-economic development can start from healthy workplaces. New ways of co-operation among public administrations can also be envisaged.

The interest in health issues started in 1979 when a cardiovascular disease prevention project was proposed to the general population and, up until now, many other community projects have been implemented. Since then, a new mentality has been born, the mayor has realised that health can be utilised as a tool to promote social and economic development of the community and a strategy for health also has to include workers and the employees of the administration itself.

Hardly taking notice of OHS in public administration ...

Even if a national law (D.L. 626/94) for the protection of the workers within the occupational settings was recently

approved by the national government, very few public administration offices adhere to the prescriptions, as no real surveillance is performed. Small town administration offices rarely pay attention to the development of a health protection and promotion mentality so that workers, too, do not pay much attention to health issues.

... with the exception of Martignacco

In this respect, the municipality of Martignacco has recently approved a plan of study, evaluation and reporting of health risks related to the working hours.

Periodical visits of workplaces

Also following the European legislation, a medical doctor, specialist in occupational medicine, periodically visits all the employees within the municipality. After having estimated the noise levels of the exposed workers, lung and hearing functions are evaluated annually or bi-annually. If required, vision tests are also performed on the administrative personnel utilising a video terminal for more than twenty hours per week.

Working places are checked with respect to the possibility of having adaptable backs of chairs, thus enabling employees to sit in the right position without stressing the spine. Special adapters are added to the keyboards so that the wrist is relaxed, thus preventing carpal syndromes. Latest generation monitors are placed in such a way that window reflection does not prove to be a danger for the eyes. If more than two hours are worked at the computer, employ-

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ees are allowed to take a ten minute break. During the physical examinations weight is measured and questions on lifestyle, such as alcohol and tobacco consumption, are also put to the employees.

Bringing in WHP

Within these visits, public administration's employees also have the opportunity to submit questions of any kind, thus allowing a much more comprehensive approach to their health problems. Training on security and health issues is also one of the key elements for maintaining staff health.

In training sessions, employees learn how to utilise protection devices like earplugs for street workers and other issues like stress, safety measures etc. What we are trying to promote is health promotion against law adherence mentality.

Creating a non-smoking environment

One important action performed by the municipality is to ban smoking within the municipal building both for personnel and for visitors. Even if this decision has raised some discussions among the employees, it was also highly appreciated by the smokers themselves, who took the opportunity to try to stop smoking.

A non-smoking centre was created in partnership with the general practitioners and non-smoking sessions are also organised periodically for the employees willing to quit.

In accordance with the decisions of a newly established Community Research Centre, communication will be forwarded to a group of public administrations asking the mayors to ban smoking within municipal buildings. Participating towns will confirm their commitment and a database of participating cities will be created.

Drawing conclusions

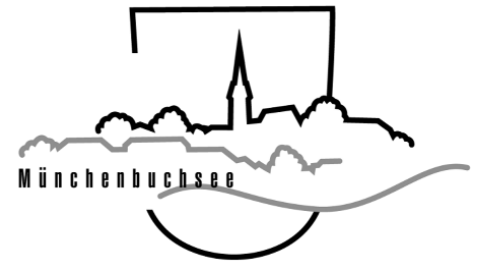
We think that public administrations can be natural health promotion settings and have a leading role in creating healthy working places and healthy employees.

If small initiatives, like the one presented here, are implemented and disseminated at local level, a movement of small towns, working for a better environment, could lead to the development of a new mentality within public administrations.

A better collaboration among safety and occupational sectors, public health and public administration could have an important added value for the development of new public health strategies.

Liechtenstein/Switzerland

Community Offices, Munchenbuchsee



Background

Munchenbuchsee is a community on the outskirts of Berne. Most of its 9,600 residents work in Berne or in the agglomeration. The day-to-day running of the community is handled by the community council. It is presided over by the chairman of the community council. As well as the executive department, the community offices consist of a financial department, a construction department and a public security department. 45 members of staff, roughly four of whom are always trainees, work in two separate buildings. The community offices are not responsible for the social services and the public works department. The latter is responsible for maintaining the local road network and the community's outdoor public facilities. The social services are an independent section responsible for different communities in the area. As is the case with the public works department, it is not directly liable to the community and, therefore, is not answerable to the community offices. The majority of decisions, particularly those taken in the construction department and the department for public security, are also determined by the community council. A motion proposed by the community offices is often amended by the community council. This has frequently resulted in an increase in the employees' workload in the community offices. As a result, the current chairman of the community council decided to adopt a holistic approach in order to integrate workplace health promotion into the community office's strategy.

Project infrastructure

Control of the project was placed in the hands of the community council. The council's task was to select the instruments to be used for an analysis, to weight the results of the latter and to determine the measures to be taken. In addition, the steering committee was also responsible for nominating the project leader as well as those persons responsible for implementing the health-promotion measures together with the monitoring and the optimisation of the project procedures. The chairman of the community council assumed the task of project management and was responsible for the project budget and other means required. He set up a working group consisting of the community recorder and four co-workers from different departments in the community offices and coordinated the tasks that arose.

Clear objectives

- The health of all co-workers is the responsibility of senior staff
- An improvement in the general welfare of all co-workers at the community offices
- A reduction in lost working hours
- The integration of workplace health promotion into the management system of the community offices in line with the principles of new public management
- The development of a modern management culture that would promote health.

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External support

A Suva (Swiss National Accident Insurance Fund) expert was consulted for the implementation of the analysis of resources and problems. This expert carried out an analysis of the problems, evaluated this analysis and presented the results to the steering group, the project leader and the project group. He also chaired all meetings that were important for the project group and assisted the group when planning the initial measures. Suva also assumed responsibility for monitoring the goals as well as for solving any problems that arose in the course of the project. External consultants recommended by Suva were also consulted for the actual implementation of the health-promotion measures.

Subjective needs analysis

The preparatory and analysis phases chaired by Suva took place as follows: First of all, the employees at the community offices were informed verbally about the course of the project. This was followed by the internal formation of a working group (q.v. above) and the designation of an internal manager as a multiplicator. This multiplicator was given training in advance by Suva experts. In a third step, a salutogenetically oriented, subjective working analysis was carried out among all co-workers using the SALSA questionnaire developed by Professor Ivars Udris. The SALSA tool is a well-known instrument used in

working psychology to identify the following factors of influence:

- General well-being: among other things rooms for breaks, exercise at the workplace
- Social resources and workloads: among other things staff-oriented behaviour by senior staff, the social support of staff by their superiors, the social support given by co-workers
- Organisational resources, or workloads: among other things wages, working hours, opportunities for training, internal information, rooms used for breaks, the holistic aspects of duties, the variety of duties
- Resources and workloads by environmental factors: among other things noise, lighting, room temperatures, waiting times, the quality of computer screens and other pieces of technical equipment

The questionnaires were evaluated by Suva experts and the results were weighted. In order to extend the depth of the analysis, twelve co-workers were also interviewed verbally on the same topics. The members of the steering organ as well as the chairman of the community council oriented the staff on the results obtained and the measures for action derived from them. Internal figures on lost working hours were also used to arrive at the measures required.

Implementing WHP

The following health-promotion measures were implemented:

- Team formation: all co-workers were trained by an outside expert in order to promote their social skills and ability to work in a team
- Development of an in-house communication system: a new structure was introduced for internal communication; in future, internal information is also to be electronically coordinated both temporally and in line with hierarchy
- Restructuring and regulation of trainee training: the attention given to the trainees themselves as well as the trainees' training schedule were set forth in the form of regulations together with all lines of responsibility involved from the first moment of contact through to their passing their final examination; the trainees' tasks, duties and possibilities were set out in a list
- Integration of the information and trainee training system in the social services: trainee training at the community offices and in the social services was coordinated and/or harmonised
- Introduction of discussions in accordance with the principle of management by objectives: target agreements were introduced for all members of staff in order to promote dis-

cussions and thus relations between superiors and their staff

- Promotion of staff participation in decision-making processes: staff commitment was promoted by their involvement in the community offices' decision-making processes

Improvement areas

The return rate for the questionnaires amounted to 92%; given this high degree of compliance, the evaluation was representative of Munchenbuchsee's community offices. The positive aspects of staff satisfaction were in the majority and were better than the Swiss average. The majority of the staff enjoyed the work they did. The scope as well as the variety of demands made by their duties at the community offices proved to be wide in general.

Potential improvements were largely identified in the following areas:

- Cooperation between the departments
- General internal information policies and information media
- Trainee training
- Social climate
- Senior staff managerial practices
- Working procedures
- Ongoing staff training and further training
- Introduction of new members of staff
- Promotion practices
- Customer loyalty as well as contact with the general public

In summary, the most important factors were the practices of senior staff as well as internal communication. The primary goal was to implement measures for improvement in these areas.

Learning lessons for the future

The example of the community offices in Munchenbuchsee shows that health-promotion measures can only be implemented if the philosophy of workplace health promotion can be integrated into the management system. The community offices succeeded in achieving this goal. The trainees are now trained and promoted on the basis of written guidelines not only in the community offices in Munchenbuchsee but also in the social services of the surrounding communities. A range of further training opportunities is now available to the staff, particularly in the field of team formation as well as the promotion of social skills. New members of staff are introduced to their duties in accordance with a check-list. All these measures have had a positive effect on staff and thus also on customer satisfaction. In this way, the community has also assumed the function of a poster child for the population.

In order to guarantee that this will continue, workplace health promotion must, however, not be seen as a one-off project but must be integrated into all business processes. This was introduced and implemented thanks to the commitment of the chairman of the council.

About the authority

The Military and Civil Defence Office, St. Gall is one of the 43 establishments of the Federal Department for Army Establishments in Switzerland. With a staff of over 100, it is a modern, civilian service enterprise with a wide range of duties on behalf of the population. Among other things, the office is responsible for:

- Supporting the army during training
- Managing and maintaining real estate as well as army material
- Looking after the neighbouring communities' barracks
- Managing Federal shooting ranges and military exercise areas in the St. Gall region
- Looking after servicemen from recruitment through to their release from military duties
- Advising and supporting communities and civil defence organisations in the region in fulfilling their civil defence duties

Among other things, the office cooperates closely with other regional administrations, the armaments industry, military and civil associations, political communities as well as civil defence organisations.

About the project

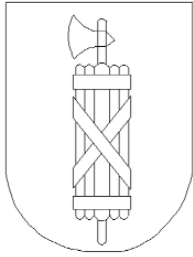
Within the framework of a reorganisation process, a new strategy was introduced on the basis of a balanced scorecard concept. It also included the intention to increase staff satisfaction by introducing measures designed to promote health.

The steering committee was put together by delegates from the Federal Office for Army Establishments as well as the Department for Internal Affairs and the Military of the canton of St. Gall. An internal working group was set up consisting of a project leader from the Military and Civil Defence Office as well as a co-worker from the Federal Department for Army Establishments and seven co-workers from different service areas of the Department. A Suva (Swiss National Accident Insurance Fund) expert for in-company health promotion and quality management was also included in the working group as well as an expert from the cantonal labour inspectorate to clarify safety in the workplace. Suva's duties consisted of accompanying and advising the working group in the analysis of health resources and health risks, in the monitoring of the overall project and in the provision of external experts for special implementation programmes.

A reduction in the number of jobs at the Office was imminent and one consequence of this would be a major reorganisation. The strategy had to be revised. Staff satisfaction deteriorated sharply, the number of days missed increased and concern was widespread

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amongst the staff. As a result of this situation, those responsible decided to increase their staff's feeling of well-being with the appropriate measures. Their hope was that staff could adapt better to the new working organisation with health-promoting campaigns.

How the project was set in motion

The health promotion project of the Military and Civil Defence Office St. Gall was planned as a pilot study for additional comprehensive campaigns designed to improve the health of its co-workers in all 43 individual enterprises in the Federal Department for Army Enterprises. In an initial phase, the entire staff including the office's senior staff members were interviewed in writing (as well as verbally in the case of selected co-workers) on the topic of social, mental, physical and material health. The evaluations of the questionnaires and the interviews were carried out by an expert from Suva's workplace health-promotion section. The expert presented the results of the actual analysis to the members of the steering and project group and offered recommendations for health-promoting programmes to those responsible.

At the start of the implementation of health-promoting programmes in the workplace, clarifications were also conducted regarding the new strategic orientation of the office. Before the new quality management based on a balanced scorecard system was introduced, those in charge of the office also had a SWOT analysis carried out by an external consultant.

Results of the strategic analysis

Criteria	Goals	Measures
Management	Optimise the use and application of existing methods	Improve interaction with co-workers: <ul style="list-style-type: none"> • Conflict management (factual/emotional) • Apply management rhythm consistently • Extend balanced scorecard to the entire office and train senior management
Information	Optimise the transfer of information	Inform on a more lasting basis: <ul style="list-style-type: none"> • Pass on information appropriate to the level and specific to the department • Check the quality of the provision of information on the basis of random samples • Pass on information regularly and simultaneously to all the members of a department • Introduce the new information concept as a supplement to the instructions of the office
Customer relations	Communicate the office strategy to the customers	Communicate the corporate image with all available means, e.g. Internet, newsletter <ul style="list-style-type: none"> • Communicate environmental projects • Optimise management reports • Optimise deputisations
Human resources	Further expand the high standard	<ul style="list-style-type: none"> • Promote the co-workers' social skills • Provide assistance for co-workers with social, financial or addiction problems • Systematically record and check absences due to accidents or sickness • Introduce re-entry discussions after absences due to accidents or sickness • Equal wages • Furnish workplaces ergonomically in the best-possible way • Promote social contacts at the office
Processes	Promote process orientation among co-workers	<ul style="list-style-type: none"> • Revise working procedures and adapt to new structures • Promote individual responsibility and/or participation among co-workers • When obtaining new material for workplaces, take health-relevant aspects into consideration • Take more stress out of working procedures, e.g. clothing, recruitment or dismissal of recruits • Develop synergies between arsenal, regional command centres

Results of the operating analysis

Criteria	Goals	Measures
Ergonomics	Check office workplaces in terms of optimum ergonomics	<ul style="list-style-type: none"> • Arrange for all co-workers who work at computer screens to have their eyes tested • Train multipliers in ergonomics for computer screen work • Check infrastructure such as furniture, lighting, technical equipment, effect of sunlight • Promote exercise at the workplace
Room temperature and humidity	Increase co-workers' feeling of well-being, particularly on the sites	<ul style="list-style-type: none"> • Improve temperature and draughts by means of suitable adjustments to the building • Fit ceiling insulation in the basement • Also optimise lighting in workrooms that are not used regularly • Protection for non-smokers
Room cleaning	Clean offices, toilets according to the latest hygiene regulations	<ul style="list-style-type: none"> • Arrange for room-cleaning service
Customer-supplier waiting times	Adhere to agreed times	<ul style="list-style-type: none"> • Set out binding terms for the communication of agreed deadlines • Introduce complaints handling in customer service
Understanding of management	Enable senior staff to handle their responsibility for leadership	<ul style="list-style-type: none"> • Practice common values • Set out and communicate company structures transparently • Orient company goals appropriate to level • Improve negative working atmosphere • Expand information policies • Enable all co-workers to participate in company decision-making processes • Increase staff willingness and flexibility regarding change processes • Introduce systematic holiday planning
Personnel politics	Develop modern personnel policies that meet new requirements	<ul style="list-style-type: none"> • Recruit management staff according to certain criteria • Recruit staff according to certain criteria • Train staff with regard to multiple activities (polyvalence) • Introduce senior staff to management by objective techniques • Adjust salaries
Pressure of time	Introduce lean processes	<ul style="list-style-type: none"> • Regularly sort out unnecessary activities • Make sure that the sorting out of unnecessary activities is lasting in nature

The following goals and measures were derived from the results of these investigations:

The measures recommended by Suva and other experts for an improvement in workplace security and health were implemented in several steps.

Difficulties in evaluation

A more detailed evaluation of the pilot project described above was planned prior to the implementation of the health-promotion programmes in the other 42 establishments of the Federal Department for Army Establishments. An external specialist for evaluation studies in the field of health promotion and occupational safety was asked to participate in this project. An initial discussion with the evaluator indicated that the evaluation project involved a lot of difficulties. In particular, however, the data situation was inadequate for a representative analysis. The quality of the initial staff survey failed to meet demands for a meaningful analysis of the implementation programmes. While the questionnaire as well as the structured interviews that were carried out at the start of the pilot project to identify resources and problems in the administration concerned achieved a satisfactorily high return rate of 62%, they had not been designed for repeat co-worker interviews. Additionally, too many part-projects or health promotion measures had been carried out at the same time. Often, only four co-workers took part in the specific programmes. And, ultimately, the financing of a sub-

sequent evaluation of this type had not been secured.

Drawing conclusions

In the end, those responsible for the pilot run dispensed with an objective evaluation for the reasons given. However, they were pleased to note an improvement in staff satisfaction. Despite the lack of any objective proof of success, the same occupational-psychological analysis took place in two other companies of the Federal Department for Army Establishments. Since June 1, 2001, a project leader designated by the government of the canton of St. Gall for the implementation of health promotion in the entire civic administration in St. Gall has been employed to institutionalise the measure successfully carried out in the pilot project. Within this framework, an exhibition was also held on the topics of workplace health promotion.

The greatest success

Towards the end of 2001, the balanced scorecard system and executive training were introduced. The greatest success of the pilot phase consisted of the integration of workplace health promotion into the guidelines. Staff health awareness will continue to be promoted by the management of the enterprise and attention will be paid to the lasting nature of health promotion. The pilot project was even presented to interested experts from Austria in the autumn of 2001.

The Municipality of The Hague's Facility Department and its WHP Policy

Background

The Municipality of The Hague's Facility Department (FAD) focuses on the provision of support services. The FAD has a policy of Workplace Health Promotion (WHP policy) appropriate to its good working climate and its low rate of employee turnover. Its workload can be effectively distributed due to the great amount of leeway granted to the assignment of tasks and to an effective employee training and development plan. In recent years, the operation of the department has become more systematized. While production has increased, social cohesion has not only been retained but increased as well: management and colleagues are attentive to one another's needs.

The FAD is responsible for the support processes carried on among its 17 divisions: Purchasing, Financial Management, Management of Other Buildings, Security & Surveillance (RBT), Personnel Systems, City Hall Management, Construction & Project Development, Multimedia, Logistics, Implementation & Maintenance, Catering Facilities, Policy and Management Affairs, and Personnel Training and Development (TOCO).

The department employs 400 persons, almost one-third of them being women. About 60% of all employees is older than 45.

Working conditions policy

The working conditions services are supplied by the Arbo Unie. The Work-

ing Conditions Committee is responsible for advising and supporting the management in regard to matters involving working conditions. The FAD's memorandum for managing working conditions lists three focal points for working conditions management:

- absenteeism
- the role of supervisors
- informing employees about the safe, proper use of computers

The Working Conditions Committee has drawn up a Workplace Health Promotion Plan that provides yet more information, especially in regard to the importance of exercise.

Special characteristics

In recent years, the municipality has become increasingly business-oriented while devoting decidedly more attention to personnel matters. In general, the FAD is contributing much to a positive working climate. Certain divisions quite obviously enjoy a pleasant working atmosphere.

Project infrastructure

The department has various consultative structures with regard to occupational health policy: the Working Conditions Committee, the central and decentralized social medical teams, and the SamenWerken Project Group that focuses on improving the cooperation between colleagues and divisions, including the optimizing of internal communications. Represented in the Working Conditions Committee are delegates from the working conditions ser-

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vice/industrial medical officer, the working conditions policy official/company social worker, the working conditions coordinator, the environmental management coordinator, the employees' council, and Human Resources Management.

Although the Management Team has approved a memorandum for managing working conditions as this pertains to the Facility Department, the attention devoted to these matters actually goes further than the requirements stated in this document. A plan related to smoking, stress and exercise has been formulated in regard to WHP; although the total plan was considered somewhat overly ambitious to implement all at once, its section on exercise has actually been expanded upon. A special policy concerning aggression has also been drawn up.

There is a generous budget for a working conditions policy that includes a package for dealing with absenteeism (EUR 90,000 for 400 employees) plus enough funding for extras, e.g. EUR 30,000 extra for WHP activities. There has never been an occasion in which something has not been carried out because there was no funding, but the time it takes to participate in WHP activities is sometimes a problem.

The organization of workloads

The work is largely organized in such a way that employees have enough work but not too much. Certain divisions (e.g. logistics and the restaurant) have to contend with heavy work pressures but

this is carefully monitored and has already been reduced as shown by the reduction in overtime expenses in recent years. Personnel turnover is generally low; this is closely related to the working climate and the roles played by Human Resources and management.

The department offers a special arrangement for teleworking and working from home, possibilities for working part-time, and both special and social leave. Attempts are also made to be flexible in regard to providing customized solutions.

Integration of WHP into management policy

WHP is an integrated part of management's tasks although it is clear that some persons are more interested in this aspect than others. When supervisors also bear this responsibility, good employee management results. Progress discussions often devote attention to working conditions policy, absenteeism and aggression, but this is not yet done on a regular basis.

Related topics and their objectives

In addition to such themes as exercise, work pressure, workstation organization and aggression, there are 32 competencies being worked on throughout the municipal organization. These include dedication, planning and organizing, identifying potential managers, initiative, decision-making skills, self-control, problem analysis, networking skills, empathy, personal presentation, client orientation, listening skills, persuasive-

ness, adaptability, motivation, self-insight, delegating skills, awareness of one's surroundings, and resistance to pressure. For each of these competencies, a postcard with a description and illustration has been created for free distribution to employees.

Workstation organization is being given constant attention, and supervisors are attempting to remind employees of its importance on a regular basis. Clear goals have been formulated, particularly in regard to absenteeism and aggression policy. The use of such facilities as company fitness facilities is being monitored systematically but qualitative testing and measurable objectives are still lacking.

Establishment of information structures

WHP activities are being announced in the staff magazine, "Facilifeiten", and communicated in the employees' council's newsletter. A lot of information is being distributed over the intranet and by means of the spoken word. News on the intranet is also printed out for the 40% of the workforce that has no PC. Because some employees have difficulty with reading written information, these topics (e.g. aggression, addressed in a folder) are also covered during progress discussions.

Analysis of instruments and results

Used for ongoing analysis of health-related information are the verification

of the industrial medical officer and the strategy being applied to absenteeism. There is also sufficient flexibility for finding solutions to problems as they develop.

In regard to RSI, information has been gathered systematically and an inventory of points for improvement has been generated allowing for the creation of an implementation plan.

In 2001, the Facility Department carried out a study on work pressure. The conclusion was that although this existed at certain divisions within the FAD, either the necessary attention was being devoted to this issue within those divisions or this pressure was not being experienced as a problem. As a result of this study, work pressure has become an established point on the agenda for progress discussions.

Of all the cases of absenteeism, only 10% (relatively few) are the result of psychological problems, more than 20% are due to musculoskeletal problems, and almost 25% are the result of respiratory complaints (e.g. flu). The number of illness reports resulting from work activities is low; the number of illness reports related to labour relations is relatively small. Nevertheless, there is a clear increase in absenteeism among employees older than 45. Based on figures from the Arbo Unie in regard to the FAD employees' age structure and their absenteeism, it appears that 62% of the employees is older than 45 and that this group is responsible for about 66% of the absenteeism.

Based on an analysis of absenteeism figures, it was decided to have immediate supervisors participate in the social medical team; to organize more systematic communications about absenteeism; to conduct further research into the causes of the high absenteeism in certain parts of the organization; to develop a special policy for older employees with special attention being paid to career development, physical stress, work pressure and fitness; and to devote extra attention to reintegration.

In 1999, tests conducted within the framework of the Back Problems Prevention Programme showed that the back condition of the average FAD employee was poor, even for people without back problems. As a result, certain employees participated in an appropriate training activity.

Implementation

As mentioned previously, a special strategy was developed to deal with absenteeism.

Reintegration is also receiving a great deal of attention in the form of individual programmes that attempt to find suitable work as quickly as possible.

For older employees, arrangements are often made in regard to assisting them to keep working until the age of early retirement. Attempts are being made to retain everyone within the organization.

As part of the Lease Fit Plan, the FAD has been purchasing hours at Samenwerkingsverband Bedrijfsfitness, a net-

work of fitness facilities specializing in employee fitness, since 2001. These hours are released for FAD employees so that they can engage in physical fitness activities under supervision twice a week. Lease Fit was originally set up for older employees but has since been expanded to include a larger group.

By participating in the Interbeweegplan, a special exercise programme, employees engage in a customized exercise programme in the Bedrijfsfitness conditioning facility under the supervision of a physiotherapist. This programme is especially for employees who are in dire need of such a programme. It is engaged in upon the almost compulsory recommendation of the industrial medical officer.

The FAD engaged in a special Back Problems Prevention Programme in which a group of 44 employees participated in a study into the effect of training exercises to improve the condition of their backs.

Toward the end of 2001, members of upper-level management participated in a stress management training activity. Since then, middle-level management has also participated in a similar course.

A procedure to deal with aggressive clients has been established in the form of an aggression plan. In addition, every newly appointed employee is trained in handling aggression and informed about the possible consequences of aggression on the behaviour of the involved employee.

Supervisors are trained in coaching their employees in dealing with aggression. All employees who could be exposed to aggression receive an annual refresher course. Time and facilities are also available should follow-up care be necessary.

There are sufficient possibilities for development and a number of employees have also received another job as a result of career discussions. Increasing attention is being devoted to the individual in the form of Personal Development Plans and annual performance reviews. When employees request training or education, their requests are almost always granted.

Evaluation and results

■ Employee satisfaction

Employees are generally satisfied with the WHP activities. In 2000, the director was nominated for best facility manager in the Netherlands. Participants in the Lease Fit programme are very satisfied with this facility.

■ Client satisfaction

Client satisfaction studies and benchmarking in regard to the catering and events show that clients are also satisfied with the Facility Department.

■ Improvement in health and well-being

The special attention devoted to work pressures has led to the prevention of such problems as the development of backlogs, the provision of lower quality

services, absenteeism and a lot of overtime. Although work pressure sometimes exists, it is not leading to stress symptoms.

Unlike almost all other municipal departments, absenteeism dropped in 2001 from 9.95% (2000) to 9.27%. Efforts are also being devoted to continue this downward trend. Frequency has also dropped to below the average for the Municipality of The Hague.

Among employees having participated in the 10-week training to improve their back condition, their back condition has definitely improved.

Benefits

In general, the FAD has become more business-oriented as well as devoting more attention to the needs of employees. Its policies in these regards have been more focused, and higher objectives are being reached.

All employees enjoy a great deal of freedom in structuring their work; there are many possibilities. Much has changed in recent years: care devoted to the needs of employees has received much more attention. There is now much more of a focus on the individual, the organization is more oriented to results, and there is much attention devoted to social matters. Within the FAD, all employees are receiving opportunities for further development.

Looking to the future

Work pressure and absenteeism are being closely monitored as a matter of course. The foundations for a WHP policy are clearly evident, and many activities in this regard are being organized. There are plans for arriving at a better integration of activities and to keep a better eye on trends and needs by means of qualitative research. In most cases, management is definitely committed to the WHP policy, but this could still be improved upon.

The Dutch Centre for WHP would be very pleased to present the Facility Department of the Municipality of The Hague as a "Model of Good Practice" in the public sector within the framework of the third European Conference on Workplace Health Promotion to be held in Barcelona in June.

Background

The Ministry of Finance is an example of an effective and adequate health policy that is systematic, programmed and focused on all employees. The responsibility for Workplace Health Promotion (WHP) policy is taken very seriously among line managers and is being provided for by professional external suppliers. The monitoring of programmes, employee satisfaction studies, and the following of developments related to occupational health are leading to new initiatives being generated by a group of enthusiastic employees. They are definitely contributing to the organization's "feel good – be fit" culture that the WHP policy has proclaimed as being one of its main thrusts.

About the authority

Every ministry needs money to implement its tasks. The Tax Department within the Ministry of Finance collects taxes and ensures that the money is transferred to the national treasury. The Ministry of Finance not only makes sure that sufficient money comes in but also keeps track of government spending.

The ministry's key location at Korte Voorhout 7 in The Hague accommodates many policymakers who deal with a wide array of topics. These include fiscal and non-fiscal legislation, drawing up the Budget Memorandum, and the introduction of the joint European currency in 2002. The Ministry of Finance is composed not only of the Tax Department but also the State Property Department that manages state property.

There are about 1500 employees working at the Ministry of Finance in The Hague, 36% of whom are women. When we compare the age distribution in this ministry with that of financial institutions and the national government, this ministry occupies an average position. This means that the Ministry of Finance has a high percentage of young (ages 25-34) university graduates.

Working conditions policy and WHP

The working conditions service for the Ministry of Finance are supplied by the Arbo Management Groep (AMG). The ministry has developed a wide range of activities related to working conditions management, absenteeism policy, the promotion of occupational health, and reintegration.

The working conditions agreement for national government employees is a major factor in the fact that more attention is being devoted to WHP than was done some years ago. Currently, preventive medical testing of employees is being paid for as well as (medically supervised) fitness programmes. There has been a definite switch from predominantly curative efforts alone to a good combination of curative and preventive measures. The Ministry of Finance is also providing additional resources for this purpose.

The fact that a "healthy" company culture is simply taken for granted within this ministry is very noticeable: it is considered quite normal to go running or engage in other sports with your colleagues either before working hours,

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during the lunch hour or after work and to use the bicycle for commuting whenever possible. (There is even a competition among the ministries in which this ministry usually winds up in the lead.) In addition, employees can make use of the various sports facilities offered in the ministry's fitness room.

A supportive structure

The working conditions coordinators, the industrial medical officer and Human Resources (both the decentralized operations offices and the central management for Personnel and Organization) play an important role and have joint working conditions consultative meetings. The employees' council is not involved in these consultative meetings but receives feedback through the working conditions coordinators. The Ministry of Finance is served by two WHP suppliers (Fitform and Active Living) that focus on implementing an exercise policy. The arrangements for this are coordinated by the ministry's Fitness Support Committee.

There is a great deal of attention within the ministry devoted to working conditions policy and to the reduction of absenteeism. This is also established in writing. The Personnel and Organization Department has drawn up a WHP policy document (i.e. an intended policy) for application throughout the ministry which has been approved by the board of governors.

Integration of WHP into management policy

There is attention being devoted to WHP policy at all levels within the organization: within the Social Medical Team (SMT), at the directorate-general level, at the department level and at the division level. WHP policy is thus effectively integrated.

Related topics and their objectives

The ministry is devoting much attention to RSI prevention and to stimulating exercise. Objectives have been formulated for such topics as RSI, burnout, smoking, pregnancy, the occupationally disabled, short and long-term absence, and reintegration. In cases of burnout, for example, the first step in the reintegration process often involves participating in medically supervised fitness. A proposal has also been developed especially for "extremely inactive" employees that involves easily accepted initial fitness courses, walking programmes, massage and relaxation. Also being investigated is how the theme of good nutrition can be brought to everyone's attention.

Establishment of co-operation and communication structures

During the introductory morning for new employees, the working conditions service provides information about workstation organization, and each new employee is later visited at his/her workstation. Health is also discussed during the working conditions interview.

All supervisors have participated in a "supervising as a coach" training activity. This activity devotes a lot of attention to communication and spends a great deal of time discussing what happens at the emotional level. Supervisors are also important role models in this regard.

Communication about WHP activities is effectively organized. They are frequently mentioned on the intranet and in the staff magazine, "Wij van Financiën", and the operating offices are easily accessible and well informed.

Systematic needs analysis

Attention is devoted to health during performance reviews, assessment interviews and career interviews. This means that work pressure can easily be discussed during progress discussions and performance reviews.

Matters such as RSI problems and being bothered by cigarette smoke that get mentioned during these personal interviews are then investigated on a larger scale. Employee satisfaction studies are conducted on a frequent basis. In addition to formal studies, signals indicating such problems as unbalances within a department are picked up on so that measures can be taken before a situation worsens.

All employees in the Ministry of Finance are offered a preventive medical examination (PMO).

Implementing WHP

There are various training activities being offered (both within a certain division or for all employees) and people can participate not only in training activities that apply to their own professional area but also in training activities devoted to developing personal skills. The ministry offers enough possibilities for training and development that take into consideration the wishes of employees.

There are many possibilities for coordinating the time spent at work and at home: parental leave, part-time work, flexible work hours, childcare, and working from home. In addition to these official regulations, individual agreements and customized solutions are also arrived at with employees. The ministry has ongoing WHP activities related to RSI, exercise incentives, work pressure and burnout, pregnancy, the occupationally disabled, and short and long-term absence.

Evaluation of instruments and design

The effect of the extra efforts being devoted to WHP is being assessed by monitoring RSI activities, conducting surveys among key figures, and investigations conducted during the Periodic Occupational Health Surveys (PAGO).

Employee satisfaction

Employees are very much satisfied with the WHP policy, especially in regard to the company fitness facilities. Of the ministry's 1500 employees, about a third

make use of the company fitness facilities on the average of more than once a week.

Has health improved?

Absenteeism percentages and the frequency of illness reports during 2001 show that the employees of the Ministry of Finance were less often ill and ill for shorter periods than in previous years (a decrease from 5.1% to 4.9%). This makes Finance one of the departments with the lowest absenteeism rates. When comparing employees in private industry with employees of the national government, Finance is the only organization that has displayed such a dramatic drop. Improvements in the communication skills of supervisors has also played a role in this.

Looking for further improvements

Climate control within the building is a problem. The air is very dry, and smoke fumes can penetrate the ceilings. It is for these reasons that the building will soon be renovated. A project known as "Eigentijds Werken" has been launched for the purpose of making an inventory of what it is possible (and not possible) to do with this building in order to make it a workplace that meets all the requirements. Aspects relating to working conditions are playing an important role in the organization of the future workplace. In spite of the fact that a smoking policy has already been started, smoking is still being done in many workspaces. For cleaner air, one would think it necessary to get at this problem at its source, and smoking is one of the sources of air pollution in the building.

This is clearly a point requiring improvement.

There are plans for "extremely inactive" employees that involve easily accessible initial fitness courses, walking programmes, massage and relaxation. In addition to an effective smoking policy, healthy nutrition is another theme soon to be addressed.

Drawing conclusions

There is a consistent line, continuous attention and good communication in regard to WHP as well as a good partnership with the external WHP suppliers (company fitness facility, lifestyle study, working conditions service). What is questionable, however, is whether the Ministry of Finance actually devotes more money and attention to WHP than other ministries. People directly involved would deny this, but it is clear that there is a "feel good - be fit" culture at this ministry. Devoting attention to WHP has its rewards, and there is an enthusiastic network that is willing to share a lot of information. In this regard, the price-quality ratio is very good and experts know how to tap into this. In addition, policy has not been subjected from above but has emerged much more from a grass-roots level. The Dutch Centre for WHP would be very pleased to present the Ministry of Finance as "Model of Good Practice" in the public sector within the framework of the third European Conference on Workplace Health Promotion to be held in Barcelona in June.

Norway

The “GET WELL PROJECT” in Nedre Eiker Local Authority

Facts about Nedre Eiker Local Authority

Nedre Eiker Local Authority is located in Buskerud County and is populated by some 20,000 people. Approximately 1,400 people are employed in Nedre Eiker’s four departments.

Nedre Eiker Local Authority is in a poor financial state. It stands in the shadow of more prosperous local authorities in south-east Norway. The absenteeism rate in Nedre Eiker has exceeded the national average by more than 10 per cent. In recent years, absenteeism in Nedre Eiker has been on the increase and become a liability in an already pressured local government budget.

Establishment and foundation of the “GET WELL PROJECT”

Establishment of the “GET WELL PROJECT” was suggested after gaining good experiences from a small pilot project that tried out extended self-certified sick leave arrangements as well as training and exercises during working hours on a selected group of employees. The Working Environment Committee adopted the “GET WELL PROJECT” with support from all parties within the organisation. The Committee wanted the project to: “Create health-promoting workplaces by initiating a process which results in development and lasting changes of attitude in the entire organisation”. Concrete goals were to be realised: “Develop a healthy and active work environment in NELA (Nedre Eiker Local Authority), where personnel management and colleague

responsibility were key issues in order to create a good work environment characterised by job satisfaction. A reduction of absenteeism by 25 per cent over a three year period.”

The management favoured the project strongly and hoped for a reduction in the large absenteeism rates. The politicians also responded positively and signalled a green light for a project period of one year.

Meeting challenges

In order to succeed with such a project, the senior management must give the project a firm foundation and approve and lay down guidelines throughout the system. Deciding on priorities and giving support must be demonstrated in practical actions and adaptation. “The “Get Well work” must be integrated into daily operations. There must always be a common understanding of how NELA as an organisation, the management as a responsible unit and the staff as individuals, are to meet everyday challenges in the work environment. This must be demonstrated by practical actions and improvements in the employees’ workday.

The current challenges and challenges to come, will be how the organisation can take care of human resources in the best way possible, whether it comes to buoyant persons or less resourceful individuals. Each and everyone must feel significant and that they have a meaningful job, with their separate background and qualifications taken into consideration.

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Project idea

The main intention of the “Get Well Project” was to initiate a process, which would lead to progressive developments and lasting changes of attitude in the entire organisation over time.

The main focus is always the positive aspect of:

- WHAT WORKS instead of what does not work
- PRESENCE instead of absence
- OPPORTUNITIES instead of limitations
- THE FUTURE instead of the past
- RESOURCES instead of problems
- SUCCESS instead of failure

The demands further down in the organisation will be defined by those who “own” them, in order for these people to individually take control and work constructively with positive changes, the so-called “bottom-up” – not the traditional hierarchic “top-down” method. The intention is to create a better work environment where job satisfaction and productivity are long-term rewards.

This philosophy is partly taken from the “empowerment ideology” – acknowledged by international public health work - where participation and mastering, from each person’s own starting point, are the main principles along with the principles described in the Luxembourg declaration.

Purpose-built activities

The main focus of the “Get Well Project” is, as already mentioned, a process to achieve lasting changes of attitude.

Two directions stand out for the practical work and for the purpose-built activities:

Health promotion

- promote co-operation and well-being as well as taking care of each individual in a good and active work environment
- give priority to work environment work with a focus on job satisfaction
- social initiatives and focus on well-being
- stimulation and co-ordination of physical activities and desired lifestyle changes

Absenteeism

- care and adjustments in order to get sick people back to work and in an appropriate position at the work place
- take people seriously and help people who have a hard time
- improve follow-up routines for people on sick leave
- revise and determine the authority’s occupational rehabilitation work co-ordinated with support and new steps from the employment services and the social security office
- systematic training of management that creates a stance
- a network that offers information and activities to people on sick leave.

The resource teams: how the idea was translated into practice

The so-called “resource team model” is a working method where participation, exchange of experience and network principals are used. The model is the fundamental element and the “Get Well Project” in practice.

The resource team model has been used in the starting process in order to commit, improve and increase qualifications of a selection of staff from all service departments in a given period of time. Local conditions and internal wishes and requirements must form the basis for the choice of content, members and function. The function of these teams will be to be push for health promoting attitudes, pass on knowledge, stimulate to activities and be motivators, resource persons and supervisors within certain areas in the entire organisation. Each team draws up a “menu” in the form of a product brochure where they market their resources and offer assistance of different kinds.

The model consists of four teams with about eight persons in each. The teams are as follows:

- “Sick/Well Team” – working with traditional absenteeism work, occupational rehabilitation and care of the people on sick leave. New ideas and alternative organising may be tried out.
- “Job Satisfaction/Re-teaming” – working to promote job satisfaction and the feeling of workplace community. The work is based on committing

The “GET WELL PROJECT” in Nedre Eiker Local Authority

training, and a simple form of re-teaming methodology will be put into practice. Several ideas and initiatives promoting well-being will be of interest with respect to local conditions and internal wishes.

- “Guidance/Supervising Team” (co-worker guidance) – working with experience exchange from one area to another on the basis of different needs and guidance methodologies.
- “Physical Activities/Lifestyle Team” – encouraging people to form initiatives that involves physical activities of all types, as well as healthy lifestyles. The intention is to suggest and initiate activities for mutual experience and a strengthening of team spirit.

Looking at the results

A large number of employees have been involved in the “Get Well Project” and many activities have been initiated. More than 50 people have been directly involved in different groups, teams and committees that have been established as a result of the project. A number of employees as well as line managers have received training with “Get Well” content on several courses and seminars.

Future perspective and commitment

The project group has been closed down, however, the work will continue:

- A coordinator group will coordinate the work in the future.
- The coordinators from the four “resource teams” have the responsibility to make a “resource brochure” of who they are and what resources

the team has and what type of assistance they can offer. This will be a toolbox that can help management at all levels in the entire organisation. It will be a part of the training manual for line managers.

A total of NOK 200,000 (2500 euros) has been allocated from the budget to continue this work. The plan is to divide this pool into three of which one part

- (1) finances the continuation of initiatives in the project; foundation/information, training, theme days, individual activities and guidance.

The second part

- (2) is proposed for the teams that gradually have become self-managed and are operating with costs for different activities for other users/ departments/target groups.

The third part

- (3) suggests an annual set sum for a “Get Well Fund” where everyone can apply for financial aid for different local activities.

Last but not least ...

A big hand goes to the number of employees in the authority who have been of invaluable support with regards to the “Get Well Project”. Without them, this project would not have been possible.

The project supervisor has a large network and has assessed the exchange of experience with different specialist environments and people of resource as very important factors with regard to the improvement in competence, required specialist weight and the focused work with the “Get Well Pro-

ject”. Marketing and co-operation provide important contacts and will open doors to future opportunities.

Development of Healthy Workplaces by Processes and Employee Participation

About the authority

Bærum is one of the largest local authorities in Norway with approximately 105,000 inhabitants with about 7,000 man-labour years. Bærum is a service organisation based on customer needs. The main sectors are schools and health services with approximately 5,000 man-labour years.

“Keep and recruit employees” is one of the issues in the document of future main activities in Bærum. The health promoting work supports this effort by:

- Giving guidance to managers with a focus on work environment development, inter-personnel relations, communication, handling of conflicts, stress and mastering rapid changes due to organisational alterations.
- Health scheme for occupational groups that are specially disposed to strains and injuries by offering health-promoting measures such as relaxation exercises, training and similar activities during working hours.

WHP by traffic lights

Bærum Local Authority practises the method of using the colours of the traffic lights to describe the status concerning health, environment and safety (HES). This particular way of using the colours has become quite common within certain fields in Norway.

- Green is used for describing a well-functioning work environment and health-promoting initiatives.

- Red symbolises a working place that is in trouble for various reasons. Red initiatives imply “fire fighting”.
- Yellow describes workplaces at risk level somewhere in between red and green.

Depending on the situation, we work according to the entire colour range. However, we try to make ourselves aware that it is important to set aside enough time for “green” work in order to gradually decrease “yellow” and “red” work. Whatever the level, the effort may be directed towards management, inter-personnel relations, work organisation, physical problems or individual health.

Fundamental principles for development of work environment

- The development must be desired, implemented and supervised by the manager.
- Thorough planning, together with employee representatives, is required. Some workplaces have established HES groups.
- The group needs to discuss the objective concerning the process.
- A method which stimulates openness and broad participation from all employees must be employed.
- An action plan must be designed, containing deadlines, responsible people, cost calculations etc.
- The action plan must be followed closely and adjusted at regular intervals.
- Documentation of the process should be filed to facilitate evaluation and audit.

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- Evaluation must be at a set time. Has the process led to the desired development of the work environment?
- Incorporation of the process in systematic HES work, in order for it to be a natural part of everyday life.
- Good information to all employees; both verbally and in writing.

Reports on employees' health and work environment

The Chief Administrative Officer in Bærum will make agreements with leaders. The intention is that leaders are to report activities and results concerning the work environment making the same effort as when reporting on economy and services/production. We believe it is essential in order for the employees to experience their workplaces as health promoting and developing.

“A good work environment can always be improved!” – an example from primary schools

The example describes work environment development at six schools. None of the processes have been initiated as a result of problems or conflicts. All the processes have been somewhat different, however, they have generally followed the above-mentioned template of “Fundamental principles when the aim is development of the work environment”

Important elements for implementing WHP

- Broad participation: the entire personnel has been included in the process: teachers, employees working at

the “after school programme”, mercantile personnel, janitor, health visitor etc.

- Open/non-anonymous survey: everyone has written down and spoken frankly about what is on their mind. The groups have been of different sizes according to what has been practical and functional

The staff was asked to comment on the following:

- what makes me look forward to going to work/what do I appreciate at my school
- what are the areas of improvement/ what would I like to change

For practical reasons, posted notes were used to collect the suggestions. Each person said aloud what was written on the paper. Only a single wish/demand was written on each note. In this way, the notes could be shifted around and placed into appropriate groups. This facilitated the discussions that followed. In some cases, small interest groups assembled to form proposals based on some of the more complex problems that were up for discussion.

Improvement areas

- Professional requirements
- Better organisation of training and in-service training
- Better communication between colleagues and between the management and the employees
- Concrete physical improvements of workplaces

Evaluation process

Four schools and representatives from the education office and the senior safety representative, attended an evaluation meeting where a number of issues were discussed. All schools had a verbal, qualitative evaluation. Some of the issues that were stressed:

- It had been an educational process, positive that everyone participated; resulting in commitment and responsibility.
- A focus on the positive aspects, needs and requirements, instead of focus on problems.
- The action plan is working and followed up in HES meetings.
- Progress and follow-up made visible by notices or through an internal newspaper.
- Nice to have routines in the work environment work.

“An appealing workplace – How to keep and recruit good competent staff ?” – an example from a nursing home

This example is from a nursing home with approximately 50 employees. Most staff enjoy their work and are quite happy with their working conditions. However, the days at work are generally dominated by an increasing work load. Combined with lack of professionally educated personnel, this increases the risk of illness and absenteeism due to working conditions. The project described

in this example was initiated and is supervised by the nursing home manager. The project group consists of managers, employee representatives and HES-personnel.

Systematic needs analyses

All employees were invited to attend a seminar. The aim was to find out: "What is important for the workplace in order for it to be a good place to stay for both residents and staff?" Group-based methods allowing openness and broad participation were used. The result was a list of "house rules". Employees, who for several reasons did not attend the seminar, were divided into groups. Their task was to continue the seminar-work and give more concrete answers to the following questions:

- What is good at our workplace – and why?
- What can be improved – and how?

In addition a representative panel of employees participated in group interviews. An interview guide was used. The method makes it possible to look more deeply into certain issues. HES personnel carried out the interviews. The aim was to experience the employees' own ideas about the most important issues in order to keep and recruit good staff, as well as prevent absenteeism due to work.

The way from analysis to action

The results from the survey formed the basis for an improvement plan. This plan is part of the local strategic activity plan. Examples of implemented activities are:

- Individual organisation of work and working hours arranged to fit phases of life e.g. for elderly workers and parents with small children.
- A review and update of the HES-system and manual.
- In-company training and education.
- Physical activities together with colleagues during working hours.

Looking ahead

This project will be evaluated in the autumn of 2002. Qualitative evaluation methods will be used. The experiences so far are evaluated as positive by both management and employees. Verbal comments: This has been an educational process. Broad participation results in more commitment and responsibility. Focus on solutions and needs increases the motivation for doing a good job, which will benefit the residents.

We hope our description of these methods, principles and examples have been an inspiration to the reader. Our experience is that this work is enjoyable and creates good results for the customer. In order to tell each other of our experiences and for further information, please contact us.

(Recommended literature: Richard A. Krueger: "Focus groups – A practical guide for applied research").

Portugal

Promoting Workplace Health and Well-Being on Almada City Council



About the city and authority

Almada is a city of Arabian origin, located on the southern edge of the Tagus River, towards Lisbon. The middle-sized council is composed of 11 freguesias, with a total area of 70 km² and a resident population of around 160.000 inhabitants. The council occupies the 8th national place in concerns of social and economic development indicators (global development, income, comfort, education).

Almada City Council integrates the structures of Almada City Council (CM) and the Municipal Waterworks and Sanitation Services (SMAS) and currently employs about 2.100 workers, most of them with civil servant status. Around 1.600 employees work at CM, the majority of whom are male (60%), blue collar (63%), with an average age of 41 and average employment duration of 13.2 years. At SMAS, the staff majority is also male and blue collar (70%), the average age is 44 with an average employment duration of 16 years.

Innovative principles

In 1988, Almada City Council decided to set up a Health, Safety and Quality of Working Life Project, aimed to promote the health and well-being of the workforce, to improve the work environment and quality of products and services, to increase equity in health and health care, and ensure equal opportunities for all employees, integrating these objectives in Almada City Council mission ("to build up a city for its citizens"). The Occupational Health Team currently car-

ries out more than forty activities and programmes, based on innovative principles, such as:

- Integrated approach to health at work and health care
- Written policy for Health, Well-Being and Quality of Working Life Promotion, as part of the Corporate Social Welfare plan (including health insurance plans: health, life, personal and work accidents)
- Adoption of workplace health promotion concept and methodology (using a project management approach: marketing, needs, expectations and preferences assessment, planning, implementation, evaluation, monitoring and follow-up)
- Multi-disciplinary health team (involving occupational medicine, ergonomics, occupational and clinical psychology, industrial hygiene and safety, family medicine, occupational health nursing, social service support, marketing & communication)
- Involvement of management and employees representatives (including Workers Council and Occupational Health and Well-Being Joint Commission)
- Management of the activities by projects or health programmes
- Specific information and training system and definition of a marketing and communication strategy
- Specific health budget.

The project is a part of the Corporate Social Welfare plan, guaranteeing other benefits such as: Health insurance plan; refectory; milk distribution to the blue-collar workers; scholarships for working

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students; pre-retirement support for workers; structures and support for workers' children: day nursery, kindergarten, spare time occupation, holiday colonies and Christmas party, with gift distribution; commemorative lunch on City Day (24th June); commemorative lunch for female workers on Women's Day (8th March), with distribution of flowers and gifts; integration of new workers, involving the Occupational Health Service, the staff department and the destiny service.

Project infrastructure

This is based on the Occupational Health and Well-Being Joint Commission, constituted by management and employees representatives, including administration leadership and technical support from the Occupational Health Service. The work of the Commission is oriented towards workplace health promotion, based on the negotiation by consent of the aims and measures included in the Health Promotion Plan, articulated with a "Health at Work Mediators' Net", constituted by employees with additional training. The Commission approves and applies the health promotion intervention, considering needs, expectations, the involvement, participation and the main problems, as well as the purpose of workers empowerment, giving them the tools to choose the best way, preventing damages, with measures oriented towards individuals and the work environment. The Occupational Health Service provides technical support by means of a

multi-disciplinary health team, distributed over 2 main areas:

- Health at work, which involves occupational medicine, ergonomics, occupational psychology, industrial hygiene and safety, marketing & communication
- Clinical services, an autonomous unit, that guarantees the personalised health care and assistance following sudden and long-term illness of employees, their families and retired employees

The "Health at Work Mediators' Net", is constituted by workers who are voluntary and/or invited by their superiors, and who are provided with training in first-aid and given specific training by the Occupational Health Service.

Action areas

■ Health, safety and industrial hygiene at work

Almada City Council provides human and finance resources to fulfil their obligations in this domain, creating an internal and private service and supporting its activities.

■ Prevention of alcohol-related problems at the workplace

The programme is aimed at premature identification of employees with alcohol-related problems; provision of individual support to employees, management and organisation; treatment and professional (re)habilitation; management and employees' training; information on the impact and consequences of alcohol consumption at workplace. We began in 1990 with information and education measures oriented towards

the whole organisation and to specific groups; stimulating voluntary self-control with proper equipment; organised working meeting with management and began the clinical screen and individual and group training. The diagnosis led us to find excessive consumption by 2 in 3 workers of the professional groups evaluated. Since then, we have trained managers to enable them to deal with alcohol problems in their workplace; training was also given to union representatives and workers representatives at the Joint Commission; the Commission worked upon principles, rules, recommendations and circuits to enable the organisation to deal with the problem. We have been meeting with several management levels since 1999 in order to stimulate premature identification and report situations in need of support.

■ AIDS at workplace

In 1993 we characterised attitudes and behaviour towards AIDS in a group of 208 blue and white-collar employees using information and training sessions at the workplace and by distributing information material and using audiovisual equipment. The prejudice, doubts and fears originated by the illness were supported by several measures, of which we distinguish the ones taken by the Joint Commission: protection of individual rights and support measures for infected employees; information/training regarding the ways to avoid the infection; support from the management and colleagues when needed; definition of a policy on the subject implying the organisation, essentially supported on the principle that the AIDS

infection is no reason to consider people incapable to work or to make hidden screen tests during health examinations.

■ **Relaxing postural exercises at workplace**

We provided individual support at the workplace to employees who wanted to obtain training and information on relaxing exercises so that they could practice autonomously for 10 to 15 minutes every day at their regular workplace, in order to improve individual well-being and promote autonomous practice of relaxing postural exercises suited to their function and physical activities. Currently, the programme involves about 90 workers, mostly female and white-collar, to whom we provide a first session to present the programme and its objectives, perceive and gather experience on people's habits, needs and expectations, which are monitored and evaluated regularly giving consideration to assent, motivation, perception of the obtained benefit, individual and organisational facilities and constraints.

■ **Female workforce health promotion**

We have provided regular screenings since 1991 in order to detect and prevent the risk of cancer of the uterus and the breast. This has been supported by information and training sessions oriented towards the premature diagnosis; in 1992 (before the law was passed) we began "Pregnancy Support at Workplace", aimed at increasing the awareness of pregnant women on subjects related to pregnancy, birth and puerperium; promote physical and mental

preparation during this period; ensure professional re-integration, contributing to health and well-being at work.

■ **"Heart on Wheels"**

Initiated in 1995 and repeated in May each year as this is the "Month of the Heart" in Portugal, we join employees and their families on a cycling trip between Almada and Costa da Caparica, a convivial opportunity that is part of an initiative that aims at drawing attention to the importance of physical activity in order to prevent coronary diseases. Furthermore, the bicycle is promoted as a pleasant form of alternative transport, helping maintain physical health and individual well-being. The "cycle tourists" take advantage of the convivial opportunity to take a walk, wearing a T-shirt and cap with the initiative logo, receive participation medals, and have the chance of winning a bike. After this colleagues and families sit down to a communal lunch.

■ **Social support for problem cases**

The precariousness of the employees development indicators and the prevalence of grave social problem cases, impact on absenteeism and the organisational climate, these are the foundations for providing social support and family therapy to problem cases in the context of sudden and long-term illness and health surveillance; the support given to families, management and organisation, mediating and acting with the available resources at the City Council and public and private resources; support to interned workers and creation of a supportive climate at the workplace. The cases are identified

by the Health Mediators' Net, by the management, personal initiative or in the context of the technical and clinical activities of the Occupational Health Service (e.g. alcohol and drugs consumption, ...)

■ **Information, communication and image system for health promotion**

The geographic dispersion of the City Council workplaces and the employees' mobility, the need to improve communication, participation, training and information and the implementation of the entire organisation for health and well-being promotion aims were the foundations for the specific information concept, communication and image system, constituted by our support and materials (leaflets, placards at strategic places at the workplace, ...) bearing logos and key-phrases for different programmes.

A supportive structure

Almada City Council develops and/or supports several activities and programmes in partnership with local institutions, in order to stimulate health promotion at workplace, such as: elementary schools, social solidarity private institutions, University of Science and Technology, Almada Environmental Agency, Hospital Garcia de Orta Friends League, Preventive Cardiology Institute of Almada, Lions' Club Almada (Almada Health Fair), ..., who often use the City Council premises to organise events on health promotion and in particular on workplace health promotion. The city

offers extensive sports facilities for physical activity, thus enabling people to promote and maintain their physical condition, in particular for the active population and also for vulnerable groups (disabled, pregnant, elder people, children, ...)

Awards and merit certificates

Between 1992 and 2000 the Almada City Council Occupational Health Service received a total of seven awards and merit certificates for its successful performance, such as

1994 – distinguished by the European Foundation for the intervention on the psychosocial aspects affecting absenteeism

1999 – distinguished with a Merit Certificate from the European Commission/European Network AIDS and Enterprises, in Brussels, for the support given to workers infected with the HIV virus

2000 – received the Quality Award on the Public Administration of Setúbal District from the Municipalities Association and Portuguese Quality Institute for the purposes and results of its global action.

Portugal

Workplace Health Promotion at the City Council of Oeiras

CÂMARA MUNICIPAL DE OEIRAS
FACULDADE DE MOTRICIDADE HUMANA

The Municipality of Oeiras is near Lisbon. The City Council employs 1600 workers. Around 1000 are male and 600 female, 11% are older than 55 and 7% younger than 24.

How the WHP is organised

The Workplace Health Promotion (WHP) is organised by the initiative and political decision of the Mayor. For functional reasons, it was decided to place the Occupational Health and Safety (OHS) and WHP under the responsibility of the Human Resources Unit (incorporated in the Municipal Directorate of Administration and Finances). This unit is also responsible for training and social activities. The workers' health surveillance, part of OHS, is connected to this unit. The confirmation of interest is shown by the following statement: the health of workers "... in the global context of the Local Administration ... should be accepted as a dynamic management philosophy, as result of the continuous turnover of workers and by the multiple relations between the different services".

The strategic thinking of the Human Resources Unit is oriented towards the recognition of an individual responsibility/autonomy binomial vision and the fact that everyone should feel healthy and safe in the development of his individual and collective activities.

The working conditions study is developed simultaneously with the promotion of information, education and training on prevention and on health.

The health experts recognise how important the holistic health approach is and they are interested in more gen-

eralised participation in health circles to identify priorities and define programmes and strategies as well as in the reinforcement of the evaluation and the involvement of everyone.

Taking responsibility for OHS

The safety activities and the health surveillance are developed in agreement with the legal requirements. OHS is provided by a combined system of internal and external services.

As employer, the City Council ensures medical curative care for all workers and retired personnel as well as their families (in total about 10.000 people).

Increasing awareness

The "Ponto de Encontro" (Meeting Point) is a bulletin distributed every month to all workers, together with the salary slip, with a view to disseminate occupational health and safety initiatives and concepts for education in order to achieve a healthier life.

The first forum of national municipal medical doctors, an innovative initiative, took place in 1999 from 21st to 23rd October and showed the City Council's interest in the interchange of knowledge, policies and experiences of different health and safety teams and players at local administration level. One hundred participants at this event helped to initiate the process conducive to the promotion of new activities related with today's challenges on health.

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Bringing in WHP

Different key experts, responsible for developing policies, programmes and activities oriented towards workers' health, have attended training courses directed towards prevention and health promotion. Matters, such as health and nutrition, nutrition and obesity, self-medication, active life, stress management, stress prevention, reception and how to make contact with the public and management of health units, are among the subjects of studies and training activities attended by the Town Hall staff whose main areas of responsibility are involved with workers' health.

These training activities have facilitated training trainers and improving their capacity and responsibility as well as developing the interest and involvement of chiefs and leaders. They also promote the creation of groups of interest on health, which could result in health circles.

Action areas

In City Council professional annual training programmes workers' well-being is a relevant subject. In addition, specific prevention and health promotion information and training activities are developed in an adequate way to achieve better performance in different activities.

Among the specific health promotion activities the following must be distinguished:

■ "Move Yourself More" programme

Together with the School of Human Motricity (from the Technical University) the Town Hall developed the "Move Yourself More" project.

The Town Hall personnel have received specific training and this in-house programme became an outdoor project. Nowadays, people of Oeiras are invited to participate and area residents are involved in a municipal programme that has the following objectives:

"Move yourself daily with your family and friends", "Challenge your colleagues at work" and "Challenge your Club". To implement this project and to induce "physical activity is for everybody, anywhere" the Town Hall counts on the collaboration of the School of Human Motricity. Jointly, Town Hall employees and citizens are involved in promoting "Better exercise ... more health". Actually, this became the town's charismatic programme. Several pamphlets contributed towards publicising the programme and its activities (for example, see the "20 questions, 20 answers" pamphlet).

■ "Healthy Nutrition" programme

In 1998, training was offered oriented towards the cooks, kitchen maids and other Town Hall refectory and cafeteria personnel. "Rational and healthy nourishment" and "Nourishment Hygiene and Safety" were the main subjects. This project has been expanded.

Nowadays, the Town Hall organises annual activities, in which house personnel and other citizens of Oeiras participate. The courses related to the different aspects of nutrition are relevant to these activities. They are financed

by the Town Hall and take place at a hotel. Many relevant brochures were issued following these activities.

■ Preparing for retirement

Activities oriented towards pre-retirement staff are organised especially to prepare the workers for the changes in life and to help them live a different and healthy life.

Building up a positive future

- since the basic areas of occupational health and safety are assured
- since the need and importance of WHP are recognised
- since the basic conditions are created and some WHP projects are already in place
- since the Mayor expressed the decision

WHP's future holds important challenges at the Oeiras City Council.

The enlargement and strengthening of WHP require conceptual and structural revision and revitalisation as well as innovation and creativity.

Revision and revitalisation oriented towards the following goals:

- The political decision should give consideration to the potential impact of new strategies to promote health and the capacity of work.
- Managers not only have to understand but also valorise their WHP responsibility as an important technical area of the global management capacities.

- The workers' generalised and informed participation should be considered as a priority and a permanent objective.
- Based on concrete results and values recognised by the evaluation system the impact of the investments on WHP should be disseminated.
- Administration should ensure human and financial resources as well as training and expertise in order to promote healthy and safe behaviour, whilst giving consideration to the identified needs and the results showed by a permanent evaluation system.
- The implemented projects should be optimised or reinforced wherever necessary.
- Skin health promotion and sun protection.
- Travelling health promotion, oriented towards workers who travel (namely to African cities twinned with Oeiras) and to train staff members to contribute to the health promotion of tourists and visitors.

Final appraisal

The existence of the interest, know-how, resources and appropriate conditions for the development of WHP require a continuous process of evaluation and optimisation.

Efforts have to be made to show the added value and the need for the individual and collective participation to develop safe and healthy styles of life and work conditions.

Innovation and creativity to allow and promote:

- Involvement of all staff members on WHP.
- Development of WHP evaluation methods.
- Motivation and reinforcement of health circle participation as the best way to get new input.
- Research on WHP, especially to identify new forms to promote health and safety in areas related to problems identified as local or specific working population needs.
- Implementation of new prepared and discussed projects. Two areas of health promotion have been considered giving thought to the fact that Oeiras is a municipality near the Atlantic coast:

Romania

National Agency of Public Servants

Details on the authority

The National Agency of Public Servants (NAPS) was established in 1999 and is active within the Ministry of Public Administration. It is a specialised body of central public administration, being able to ensure the achievement of the strategy in the public administration field and to monitor the elaboration and the implementation of the reform programmes by the ministries and other central authorities.

The services provided by the NAPS are focused on the counseling in the field of organisation and functioning of local and central Public Administration and on the counseling in the field of management of the projects carried out by the local and central Public Administration.

Exercising its tasks, NAPS carries out the strategy, regulation and representation functions and authority in state. Specific activities, as they are foreseen in the status, cover a number of areas with specificity for this body. NAPS is responsible for the elaboration of politics, strategies and proposals for specific normative documents, for the organisation of the professional training system for public servants. It establishes the criteria for public servants activities evaluation, it creates and organises its own data base, which comprises the registration of public functions and public servants. It provides professional care to local and central public administration institutions and collaborates with international organisations in the field of the management of human resources.

As organisational structure, NAPS comprises four directorates (Registration of Functions and Public Servants Directorate General, Politics, Strategies and International Relations Directorate-General, Budget-Financing and Human Resources Directorate, Juridical Regulation Directorate), one service (Public Relations Service) and a control structure.

The internal structure of leadership is represented by The Managerial College, which has chosen a paritary commission to participate in the establishment of the measures regarding the conditions at work, health and security at the workplace of the public servants during the exercising of their tasks and also the appropriate development of the activities within this institution.

NAPS is active within The Ministry of Public Administration together with The National Office of Cadastre, Geodesy and Cartography, The National Inspectorate for Emergency Cases, The National Inspectorate for Public Registration.

Presently, there are 77 employees within the National Agency of Public Servants. 80% of them are under 30, the majority being women (65%).

Recently, according to an initiative of the Managerial College, the location of the National Agency of Public Servants moved out of a building, which had become inadequate for the developing of its activities, into a building situated in the central area of Bucharest. During the structuring activities for the new location, the indicators of noise, light-

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ing, ergonomics and colours were given special attention, but the employees' proposals were also taken in consideration, these being actively involved in the planning and policy-making processes

WHP and policy of the institution

The measures of the WHP are perceived as a managerial responsibility and, through this project, have been included in the already existing managerial systems. That is why some WHP measures are specified in the regulation of organisation and functionality of the National Agency of Public Servants. The paritary commission, mentioned above, as a part of leadership structures, is the one that takes care of the implementation of these measures.

The National Agency of Public Servants carried out the PHARE Project RO 9707.01 - Public Administration Development in Romania component by which it emphasised the activities for the improvement of the workplace conditions by introducing WHP measures. This approach appeared as a necessity, because WHP involved new activities, which were not previously taken into consideration when the public administration unities were sketched and established.

WHP projects directed at the workplaces in public administration have not been carried out yet in Romania. Yet among the objectives of some projects carried out in public administration, there are component parts for WHP, too. The activities carried out at Public Administration level are mainly for financing the budget funds; only a small

part of the funds are financed by an international organisation, obtained as a result of carrying out certain projects.

About the project

All the employees of the institution have participated in this project and they applied a questionnaire for the analysis of work conditions (filled in during the initial period of the project) and which was one of the methods of needs assessment. The team, which executed this project in practice, was made up of volunteers, whose selection was made by the management group formed by the members of paritary commission.

Meeting objectives

The main objective of the project was the design of the workplaces, giving consideration to the physical-chemical factors, administrative factors, psychosocial factors of work, the design of the work place referring to sex, age, human relationships at work, satisfaction at work. Each of these categories was presented in detail in the questionnaire given to the employees.

Another objective taken in consideration within this project is the component part regarding the endorsement of certain WHP measures, which are to be introduced in the functioning regulation of the National Agency of Public Health, keeping its features in mind. Some of these measures have been used by other public administration institutions as an instrument for the development of its own functioning regulation.

Putting the project into practice

A general employee report was issued before beginning this project. Some activities have been developed in order to involve the employees in the preparatory activities of the project. In this respect, some working groups divided into departments proposed the ways of involving the employees in making decisions: the questionnaire was the common result. For a better result, different working groups have been organised and worked at the elements comprised in the questionnaire. At the end of these preliminary activities a common meeting of all working groups was arranged and the final design of the questionnaire elaborated. In the following stage the questionnaire was applied and after that another common meeting of all working groups was organised.

Workplace analysis

Each one of the four NAPS departments named a presenter, who analysed and documented each of the working positions present in his department. These reports together with job description and analysis-type occupational health, formed the basis for the reorganisation of jobs in each department.

Analysis of absenteeism

The elaboration of the work-presence indicators of the last year was made possible with the help of the Human Resources Department and the leaders

of other departments. Together with an analysis of the workload of each position these formed the premises for building a classification of all the work positions.

The way from analysis to action

The WHP activities comprised in the project wanted the implementation of some WHP specific measures within the NAPS functioning in the regulation and in the modalities of work. These included changes of the regulation by introducing specific WHP provisions, thus becoming statutory, and changes in the work conditions using the results of the questionnaire to identify the needs assessment. This final objective involved investment in furniture (ergonomic chairs), IT equipment, air-conditioning systems etc, made to improve the workplace conditions.

Looking at the results

This was one of the most important stages of the project. One of the expected results was the increase of the level of representation of NAPS in public administration institutions within the ministry, using the functioning regulation as a model for other institutions subordinated to the Ministry.

Increase of job satisfaction

The evaluation of the project's results showed that there has been an increase in staff satisfaction. This satisfaction was

measured through the increase of addressability, which was possible by diminishing the necessary time per work.

Decrease of absenteeism

The decrease of the absenteeism indicator in the year consecutive to the termination of the project is proof of raised compatibility between the staff and the new positions, as they resulted from the alterations made by the project. The physical spaces where the activity is carried out (microclimate, lighting, colouring etc) were re-designed, each of the departments being reorganised from the point of view of the availability of the IT equipment.

Reorganising tasks

The functional circuits among different departments were also reorganised, emphasising the regular activities which are NAPS tasks with the fluidity of these activities being ensured in this way. A new measure was the possibility to change the positions occupied at NAPS so that the individual level might be increased by the enlargement of the type of problems, which any of the employees was confronted with. In addition, this measure was accompanied by a new provision, according to which civil servants can obtain approval for changing their department, authority or public institution due to health problems still keeping their rank and position.

Certification

One of the project's most important results was the certification of the position of NAPS as main supplier of counseling services in the public administration field by suggesting high standards of organisation, functionality and financial administration, which are used as models by other institutions.

Transfer of WHP

The first step towards the reproducibility of introducing some measures by WHP in functioning regulation of public administration unities has been taken by the institutions activating within Ministry of Public Administration, using the model of NAPS, which have suggested the change of their own functioning regulation.

Unfortunately, there are obstacles in the financial field because support for these kinds of measures is low. One of the solution was the counseling provided by NAPS in favour of these public institutions to bid some projects which want to achieve, among other measures, the implementation of WHP in Public Administration institutions.

Spain

The Spanish Society of Occupational Health in Public Administration (SESLAP): Networking Health in the Public Sector

The association of occupational health experts

This model belongs neither to a particular institution nor to a type of public administration. It consists of an association of occupational health experts from the public sector, based on a statute dating back to 1993, and this responds to the needs of these experts by exchanging information and expertise as well as by promoting and facilitating the assessment and training of all members.

Background

Before the Framework Directive 89/391/CEE became a part of Spanish legislation according to Law 31/1995 pertaining to occupational risks prevention, the juridical framework for occupational health services was basically the regulation of 1959 for In-Company Medical Services, which developed the ILO Recommendation n° 112 of the same year establishing implantation and functions of Occupational Health Services at the workplace.

Nevertheless, this regulation was not mandatory for public administration, as public bodies were not really viewed as companies. The obvious and unavoidable consequence of this exclusion was that a lot of workers developing their professional activity in the public sector were not covered by the occupational health and safety regulations.

However, some public administrations had company doctors and other mainly health professionals on their staff, who, under different labels and among other tasks, were in charge of workers' health

matters, taking into account the peculiarities of this field.

Continuous training

With a great personal effort, these highly motivated professionals began to organise working meetings for dealing with occupational health matters in the field of public administration fifteen years ago. These meetings took place with the support of some institutions in cities such as Córdoba, Valencia, Sevilla, Málaga, Alicante, Santa Cruz de Tenerife and Valladolid and served as meeting points for sharing problems and worries, as a means of providing continuous training and as a prompting factor for occupational health in public sector. Moreover, they constituted the seed of the present association.

The idea of creating a scientific society to agglutinate the different professionals developing tasks in occupational health and safety and health promotion in the field of Public Administration was born in these periodical meetings. With these premises and history, the "Sociedad Española de Salud Laboral en la Administración Pública (SESLAP)" was born at the end of 1993.

Aims of SESLAP

The main aims of SESLAP are to promote, praise and dignify occupational health, especially in the public sector, to assess all members in OHS and HP-related topics – from technical to deontological ones – to exchange information and expertise and to disseminate them; all with the intention of doing a service to humankind.

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This association is widespread in all Spanish territory and is managed by a Board consisting of the President, the Vice-President, the Secretary, the Treasurer and a County member for each autonomous community. Its members should be occupational health experts developing their activities in the field of public administration.

The Spanish occupational health panorama

From its foundation the society has given continuity to the encounters it has inherited and has organised national conferences more or less annually that are acquiring an increasing interest and relevance within the Spanish occupational health panorama. Conferences have been held in Madrid, El Puerto de Santa María, San Sebastián, La Coruña and Bilbao y Zaragoza. At the moment SESLAP is organising the XIII Congress of Occupational Health in Public Administration in collaboration with the “Consejería de Presidencia de la Junta de Extremadura”. Topics discussed at these conferences included the traditional subject areas, both for OSH (i.e. emergency planning, injuries and risk evaluation) and for health promotion (i.e. healthy lifestyles and vaccinations), but also emergent topics or new challenges, such as stress, violence at work or voice disturbance, for example.

The current Spanish OSH legislation, the aforementioned occupational risk prevention law from 1995, includes a deep and far-reaching change in the

conception of worker’s rights in the field of OSH, namely its universality. Thus, in its third article the scope of application is extended to public employees, and in its fourteenth article the OSH protection is configured as a worker’s right and employer’s and public administration’s duty with regard to the personnel at their service.

Guaranteed best working conditions This could not be done differently, as it was a question of giving an appropriate framework to guarantee the development of work under the best working conditions and to prevent work-related injury or disease. This guarantee should on no account be conditioned to the type of contractual relationship between the employee and the employer.

On the other hand, from the point of view of experts in charge of identifying occupational risks and planning and implementing preventive measures, public administration are simply big “companies” which provide public services; as such they are collectives of quantitatively great importance for occupational health.

Moreover, the various occupational activities that take place in public administrations make them a genuine compendium of occupational risks, namely physical, chemical, biological and psychosocial risks etc. that also highlight the qualitative importance of public service in the prevention panorama.

Interesting contributions

This qualitative and quantitative importance of the public sector in the occupational field, the peculiarities of different administrations, the lack of health and safety programmes at work in recent times and the need to introduce efficient management for these occupational health strategies in the context of new human resource management strategies make an association such as the SESLAP useful and necessary today. Its deep knowledge of the current reality of the public sector and its permanent devotion to it allow it to make interesting contributions to people in this wide and diverse occupational sector.

Final appraisal

The society currently has around three hundred members distributed all over the country. It holds a national conference every year, which is attended by around 300 members on average and which serves as a meeting point for main stakeholders in occupational health in the sector. It edits a biannual scientific journal with a circulation of 500 copies that is distributed among its members and to different institutions. Finally, this association facilitates and promotes the prize awarded annually by the prestigious “Fundación Mapfre Medicina” for the best research on occupational risk prevention in public administration. As an example, the last prizes were awarded for the following research:

The Spanish Society of Occupational Health in Public Administration (SESLAP): Networking Health in the Public Sector

Year	Title	Authors
1999	Evaluation of socio-economic factors for occupational stress in a group of high occupational risk (National Police Body)	Sánchez Milla J Sanz Bou M A Apellániz A
2000	Design of an informative decalogue about ergonomics in office work	Mateos Rodríguez J
2001	Study of psychosocial factors in an administrative department preparing quotation dossiers from the Dirección Provincial of INSS in Guipúzcoa	Gomollón García A

Another communication tool of SESLAP is an Internet website (www.seslap.com/), which was visited last year 30,000 times and which has received 500 enquiries. The society's webmaster (the current secretary) maintains and updates the website daily and its content is structured according to the following headings:

- ¿What is SESLAP?
- Continuous training
- Continuous information
- Public employment offer
- Contact us
- Courses and conferences
- Publications and bibliography
- Interesting links

About the authority

Correos y Telégrafos S.A. (<http://www.correos.es>), is a state society attached to the "Ministerio de Fomento". As a provider of postal services, telegraphical and financial services, it delivers to 17 million addresses and 2 million companies in the country daily. It has 10,158 points for public attention. Correos y Telégrafos is now immersed in a process of change to consolidate its leadership in the sector. Around 64,000 professionals work to offer a better and better quality service, bringing in new technologies without losing the human aspect of communication. Internally, Correos y Telégrafos promotes participation and innovation through a programme for suggestions and best practices and by supporting the training of teams for improvement. Postal Institute of High Studies (Instituto Postal de Estudios Superiores) and the extension of a corporative Intranet will allow diffusion and dissemination of knowledge through the organisation.

Necessity of partnership

Correos y Telégrafos has adopted EFQM for Excellence as a tool for improvement. This quick transformation will not be possible without workers partnership. Employee-related projects include INNOVA: employees' partnership and creativity, Teams for Improvement and Team for Quality News. All of this integrated in a project of knowledge management.

Moreover, since 1999 Correos is present in the Spanish society, not only through

the links of daily work and service, but also as an organisation which feels and knows the problems and demands of society and supports its progress and well-being.

Post supplies smiling

In this context programmes such as school material gathering, reforestation for a green planet or development of leisure activities in 23 hospitals are inserted to bring happiness to hospitalised children throughout the programme "Correos reparte sonrisas". From 1999 to 2001 5,000 children benefited from this programme.

The OSH system in Correos

Correos has organised its OSH system in a centralised way. There is one OSH Service in Madrid with doctors and OSH experts, which is responsible for risk assessment and is supported by UBS (Basic Health Units) at regional level. At the moment some doctors and experts are being trained at regional level and it is planned to add eleven territorial services to this central service.

Barcelona UBS (4 occupational doctors and 5 occupational nurses) has extensive expertise in the field of health protection and promotion. Among its projects and interventions, we can underline the redesign of the trolley used for transporting letters, which originated from complains by female employees; it has satisfied firstly their needs, but also increased the quality of working

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life for male employees. Last year interventions focussed on health monitoring, workload risk prevention and health promotion.

Safe and healthy behaviour at work

Health campaigns at the workplace are intended to create good lifestyles and safe and healthy behaviour at work. Health education campaigns will be meticulously planned like all other protective and preventive measures. Based on our expertise, we can guarantee that these types of interventions presuppose a high level of co-ordination and partnership of all members of the OSH Service, mainly health professionals, and above all a high protagonism of nursing personnel. From our point of view health education campaigns at the workplace should be developed in five steps: design, increasing awareness of all stakeholders, identification and selection of target groups, development of specific programmes and evaluation. Barcelona UBS is organising a campaign for promoting safety and health in a population of 7,541 employees, distributed in 300 worksites (100 in the city of Barcelona and the rest in the province). This target population could be classified by working areas (table 1) and by occupations (table 2). Different worksites are mainly small and medium-sized and only 10 could be considered big.

Burocrático+Redes varias	7 %
Distribución	49 %
Atención al Público	26 %
Logística	18 %

Assistant	3 %
Auxilliary	70 %
Excecutive	12 %
Managers	1 %
Postmen	11 %
Other	3 %

Planning and measures

Before designing and defining aims, team work contacted and informed those responsible at national level about the OSH Service and argued with them the convenience of this initiative and the need for upper management to reach a compromise. Then they selected diseases and risk factors (obesity, hypertension, diabetes, dyslipemia, alcohol, tobacco, headache, ulcus, bronchitis and venous insufficiency, and selected occupational risks factors in specific occupations, such as postal assistants, PVD operators, hand sorter, motorists and rural postmen). At the first meeting nursing professionals were asked to prepare a questionnaire including personal data, health and occupational history. Then this questionnaire was tested in a sample of the target population looking for problems of comprehension or inconvenient questions and observations from the employees. At this stage upper management was totally convinced and compromised.

The next aim was to raise awareness of the target population and middle management. The chosen strategy was to present the project to the Safety and Health Committee, explaining the framework of the campaign and giving the questionnaire to get feedback from management and employees' representatives. Problems linked to confidentiality and privacy arose from them and our response was to take into account their observations, giving them sufficient time to mature their ideas, underlining the voluntary nature of participation and bargaining with social agents point by point. This phase put the bargaining skills of our unit to the test.

At least we have obtained approval for our campaign from the Committee, having to erase at maximum personal data, to include new risks and to split the campaign in three phases: a pilot one in the central worksite; the second one in the remaining big worksites and then to the rest.

For the first phase we have drawn up a working commission in the working centre, including one nursing professional, the director and two union representatives. Then we are going to design some posters and decide the content and structure of an information chat to push employees to collaborate and participate in the campaign.

Following actions will depend on the results of the questionnaire that will gather needs and worries of employees and make outcrop target population's

health problems. During and after the implementation of the intervention we have prepared surveys to estimate employees' satisfaction.

Conclusions

In public administration, health promotion campaigns and other important health interventions usually come neither from the top nor from employees. Health professionals, if they are available, have to take the initiative and involve both actors. Their leadership is of high importance and they don't have to wait for instructions from the upper management. They have to add to their technical skills and knowledge the ability to exercise leadership skills and cope with change, deliver it, setting direction and developing the vision for action, aligning people and be motivating and inspiring. Moreover a competent leader in Public Administration (as in other fields) must be able to work across organisational boundaries, having a good understanding of an organisation's structure and its culture, key players to be influenced and financial position, persevering in the task through to implementation and evaluation and must demonstrate professional integrity.

Some barriers encountered in the first phase were resistance arising from key stakeholders' fear of loss of role or power, or even privacy, misinterpretation of motives for action and insufficient skills of health experts.

Examples of success factors were good quality and cohesion of UBS members and supportive management, previous successful interventions, clear aims and good knowledge of organisation's structure.

Sweden

The Ministry of Finance – Workplace Health Promotion is an Important Part of Occupational Safety and Health Work

The Government Offices (G.O.'s) are a central government authority that works for the Swedish government. The Ministry of Finance is one of ten departments.

The mandate of the Ministry of Finance is to strive for the fulfilment of the economic policy objectives established by the government and the Swedish Parliament. In working to improve the ministry as a workplace, the focus is on internal policy issues.

The Ministry of Finance as a workplace

Some 400 people work at the Ministry of Finance, of which only 3 are employed part-time. 55% of the employees are women. The average age is about 40.

Work at the Ministry of Finance is characterised by short-termism and often handled in an ad hoc manner with narrow time margins. The demands for flexibility are great, the take-out of work hours is high in certain units and stress is commonplace.

A change programme has been initiated at the Ministry of Finance to improve the ministry as a workplace.

The four goals for the ministry as a workplace are:

- A common culture – a common value system
- A suited-to-purpose organisation and effective work forms
- Well functioning communication
- Plan for promoting competence

Developing the Ministry of Finance as a health-promoting workplace

In developing the Ministry of Finance as a health-promoting workplace, work with the work environment (occupational safety and health, OSH) and work with workplace health promotion (WHP) are integrated.

The goal of occupational safety and health (OSH) work is for the Ministry of Finance to be an attractive workplace where great importance is attached to the health and well-being of staff members. To this end, the ministry should work on a long-term basis to create a work environment where the main focus is on co-workers.

There are several documents and tools in the OSH work such as, the work environment policy, guidelines and action programme for OSH, a plan for promoting competence, the attitude survey and personal development discussions.

The organisation of and key persons in the OSH work includes the work environment committee, the administrative directors, the personnel unit, an external occupational health service, and an active sport association (RIF).

The Ministry of Finance chose, as the first ministry at the G.O.'s, to employ a WHP consultant in 1999. The WHP consultant comes under the supervision of the personnel unit.

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WHP at the Ministry of Finance

WHP at the Ministry of Finance began in 1998 in the form of a WHP project. The WHP consultant was, at that time, employed in the budget unit and worked with WHP as 30% of her ordinary assistant position. The choice of WHP activities was based on a questionnaire that all co-workers were asked to respond to. The findings of the evaluation formed the basis for establishing a position for a WHP consultant on a full-time basis for the entire ministry in April 1999.

The goal of the WHP work

The goal of the WHP work is 'the desire of the employer to inspire co-workers to learn good health habits and increased health awareness by offering WHP. This ambition is to be encouraged by administrative directors and involve other co-workers as well.'

Guidelines and action programme for WHP

The G.O.'s working environment policy stipulates, among other things, that WHP is to be regarded as an important part of the work environment of the G.O.'s.

The 'Guidelines for WHP at the G.O.'s' are complementary to the working environment policy. The WHP work at the Ministry of Finance is based on the G.O.'s common guidelines for WHP. Furthermore, each ministry is responsible for discussing and calling attention

to health issues within its organisation. WHP should also be included in the action programmes of work environment issues.

In the action plan for 2001 and 2002, the aims are for the WHP programme to continue to work towards counteracting the effects of harmful stress and the ergonomic design of the workplace.

The job of the WHP consultant

The job of the health promotion consultant is to spur co-workers to take active responsibility in maintaining their health and to ensure that health issues permeate the work of the ministry. It is important to point out the individual responsibility and the important role of each co-worker in creating a health-promoting work environment.

WHP assumes that it is when co-workers get along well and enjoy their work that there are profits to be made for the ministry on both financial and human levels. The WHP consultant works on organisational, group and individual level.

Prerequisites for WHP

- A well trained WHP consultant
- Facilities: There are joint exercise facilities available to all at the G.O.'s, with a wide choice of activities. The WHP consultant has a separate room at the personnel unit for certain kinds of care, like massage and individual relaxation.
- Budget: The budget allowance for WHP for the year 2002 is 15,000 EURO.
- Information: An important task of the administrative directors is to distribute information to employees. Information

to newly recruited personnel is made available continuously. WHP has its own page on Intranet, where the latest information on the choice of activities, etc is available.

The WHP programme

The WHP programme at the Ministry of Finance is primarily aimed at counteracting the effects of harmful stress, which is done through activities like courses in stress management and relaxation/mental training but also through an intensified ergonomics plan.

Furthermore employees are offered the opportunity to get a health profile or fitness test and follow-up, instructions in weight training, join a weight watchers group or take organised walks, have massage, join a quit-smoking support group, work to strengthen their backs or take exercise breaks.

There is also a selection of joint WHP activities for the G.O.'s, including exercise classes (14 sessions/week), weight training, squash, floorball, basketball, volleyball, meditation, running, jazz dance and salsa, yoga, qigong, water exercising, a dance section and 'boxercising.'

A workplace health promotion week is arranged every year by the joint G.O.'s WHP- consultants and other parties who work with WHP at the ministries.

Number of participants

In 2001 RIF had a total of 1,300 members. At the Ministry of Finance 195 of the co-workers are members and the number of members is increasing steadily.

Fees for activities

An annual membership fee of 7 euros must be paid to use the facilities and to take part in the activities offered by RIF. The fee includes free access to squash, weight training, floorball, volleyball and basketball. For an additional 15 euros/term exercise classes are included and for 35 euros/term all other activities are included.

A small fee has recently been charged for the course in relaxation and mental training at the Ministry of Finance.

Development of the WHP programme

Unit meetings on stress management:
The WHP consultant has introduced a new work method for dealing with stress at the ministry. The subject of stress is discussed at the meetings with the unit, attended by the administrative director and including a discussion of the conditions that lead to well-being among co-workers and how to keep healthy. This work will be expanded in 2002.

Ergonomic exercise break programme:
An interactive computer programme for ergonomic work breaks will be available for everyone at the ministry. The implementation is planned for the spring of 2002.

Documentation and evaluation: All work on WHP has been documented and is evaluated continuously so as to improve and revise the courses. These evaluations will form the basis of future work.

Results and conclusions

The goal for the year 2000 was to reach 40% of the employees with various WHP activities, which was achieved by a good margin.

The latest study, made in November 2001, showed that there is less stress at the Ministry of Finance. It cannot be conclusively proven, however, that it was the courses in stress, relaxation or mental training that were the direct reason behind the decrease.

Learning lessons for the future

Commitment, leadership and organisational culture: Success of the WHP programmes and how prominent a role it has depends to a great extent on the commitment of the administrative directors and their co-workers. It is a question of leadership, both in terms of needing a committed leader to succeed in WHP, to lead the way and in needing a group of staff members that works well together. In planning and implementing WHP activities, it is therefore important to take organisational culture into consideration.

Goal-consciousness, systematics and long-term planning: To carry out successful WHP, one needs to work in a goal-conscious and systematic manner. Long-term planning is also required, since change processes take time.

Charge a fee: Participation in the WHP activities increased when a symbolic sum was imposed on the activities.

“Efficient work is promoted in the long-term by Systembolaget offering its employees a good working environment, stimulating work tasks and good opportunities for development”.

About the company

The formation of Systembolaget in 1955 was a step in the development of Swedish alcohol policy. Up to then there was alcohol rationing in Sweden. Systembolaget is a wholly owned government company and the Ministry of Health and Social Affairs is the responsible authority. Systembolaget has a monopoly on the sales to the public of liquors, wines and strong beers in Sweden. The monopoly is intended to constitute a safeguard aimed at ensuring that social interests will always be the primary consideration. Systembolaget was established to protect public health. Systembolaget has 416 shops in 310 districts and is located in 283 of Sweden's 289 municipalities. In addition to this, there are 575 agents for the distribution of the range. The subsidiary Lagena distribution AB co-ordinates goods transport for the various suppliers to Systembolaget.

Systembolagets' shops are divided into 28 districts, with a District Manager at each of them. There are approximately 4,700 employees, of which approximately 300 are at the head office in Stockholm. About 75% of the employees are women and about 75% of the employees work part-time with scheduled working hours. The average age is 39. In the year 2000, Systembolaget had a turnover of SEK 17,175m (excluding VAT) (approx. 1.717,5 million euros).

A supportive structure

Within Systembolaget, work with the working environment has always assumed a prominent role. The work with working environment is supervised by the Working Environment Section, which is a section within the Personnel Department. Systembolaget's own Occupational Health Service, Systemhälsan, has been included in the Working Environment Section as of year 2002. The section includes the Occupational Health Physician, Ergonomist/ Occupational Health Physiotherapist, Personnel Counsellor and four Working Environment Counsellors. The central officers will primarily work with preventive working environment issues and rehabilitation and also be resource people for the Working Environment Counsellors who work locally in the shops.

At the Sales Department, there is a Development Engineer, who, among other things, is responsible for the development of new aids and various projects that affect the working environment in conjunction with the Working Environment Section. The Development Engineer and the Ergonomist/Physiotherapist are included in the group working with new shop fittings.

The Working Environment Counsellors

There are four Working Environment Counsellors employed, who in the new organisation, will each work in 7 districts per Counsellor. They provide advice, assistance and support to promote a good working environment in all respects in the district's shops.



The District Managers will take over some work tasks from the Working Environment Counsellors, which means more overall work for the Counsellors. Today, the Working Environment Counsellors' tasks include:

- Regular visits to shops and telephone contact with Shop Managers and Health and Safety Representatives to provide advice and support in the local working environment work in the shops.
- Participate with information and introduction in conjunction with new building and refurbishment and in connection with the introduction of new aids, and also the follow-up of this work.
- Participate in and implement working environment courses in the shops and district.
- Implement measures in the working environment that have been decided by the Working Environment Committee.
- Implement new recruitment health examinations and supplement the working environment introduction provided in the shops.
- Participate in the follow-up of trial activities that affect the working environment.
- Assist and provide information concerning contacts with authorities together with legislation and regulations.
- Help individual employees with advice and support.
- Support shops with information about available resources, among other things medical skills, health care, special skills and working environment techniques.

Rehabilitation

The rehabilitation work at Systembolaget is successful. It is a duty of the Shop Managers to have early and regular contact with any person who is on sick leave and conduct rehabilitation evaluations. The Working Environment Counsellors, Personnel Counsellors and Occupational Health Physician check on the basis of the lists that the evaluations have been conducted, and then subsequently attend the rehabilitation work together with the person on sick leave and the Shop Manager.

Employee relocation

There are limited opportunities for relocation to lighter work within the company. In order to deal with this issue in the best possible manner, there is close collaboration with Vocational Rehabilitation Services. In Stockholm, the company participates in three employer circles in order to facilitate opportunities for employees to try other work.

Alcohol – and drug programme

The object is that the employee should remain in the company but that misuse should be eradicated. Alcohol problems are identified early in the company, thanks to the great confidence enjoyed by the Working Environment Counsellors. The Counsellors assist in arranging support and rehabilitation. Systembolaget has been a member of ALNA, whose primary task is to disseminate information about alcohol and work, since 1980.

Health promotion activities

Systembolaget offers reimbursement of 1 000 kronor per annum for exercise activities. Systembolaget has an active athletics and recreational association which, among other things, arranges various theme weeks during the year, including national championships in various sports. Work devoted to other health promotion activities will be investigated during 2002. A discussion is also being conducted about employing a full-time Health Promotion Specialist.

Training

Systembolaget has an extensive training programme for all personnel including work environment training.

Research

There is a research fund, from which it is possible to apply for funds for research concerning alcohol issues. An alcohol questionnaire "Health or risk factor in working for Systembolaget?", has been conducted by Systembolaget. Two alcohol researchers participated in the project. There was a 60 % response frequency and the material is currently being processed.

Social responsibility

Systembolaget's social assignment and ambition to work for good alcohol consumption culture means that the Company:

- Only sell to people who are over 20 and who are not under the influence or can be suspected of peddling
- Reinforce and safeguard quality assurance of age control
- Emphasise good taste and quality instead of volume and strength
- Work goal-orientated with information about the risks of alcohol
- Never try to get anyone to buy more than planned.

Information

An important task is the responsibility for information concerning the dark sides of alcohol, for example, that alcohol is harmful for pregnant women, for those who drive vehicles or at sea. This is done through campaigns and through producing documents with various themes.

Collaboration

Over the years, Systembolaget has collaborated with various organisations, for example, the National Athletics Association, the National Society for Road Safety (NTF) and the Asthma and Allergy Federation.

Systembolaget's environmental work

The principle for Systembolaget's environmental work is that all decisions should be reviewed taking their impact on the environment into account. In 1995, Systembolaget adopted an Environmental Programme where the fundamental concept is the eco-cycle approach for sustainable development.

Improvement in health and well-being

An annual attitude survey is conducted in the shops in order to measure the results of the work with the working environment. At the same time the existence of musculo-skeletal disorders is investigated. The survey measures the opportunities for influence, work supervision climate, work stimulation, community of work, job strains, job satisfaction, working situation and development opportunities.

A group is appointed at every shop, which does not include the manager, in order to work with the shop's own material using the survey as a base. Proposals for measures are subsequently discussed with the Shop Managers and should then be implemented.

From the results of the survey, a group of ten Shop Managers are selected from each region. The majority of these ten people are Shop Managers with a low result in work supervision climate and the others are Shop Managers with good corresponding results. The intention is that the latter should function as mentors and provide the former with additional assistance in order to improve their work supervision.

The shops of tomorrow

In a major project to design the shop of tomorrow, the goal was creating optimum customer satisfaction, optimum working environment and efficient goods management.

This has resulted in changes in the

design of shops and improved personnel areas. A major change is that there has been a transformation from counter sales to self-service, and as a result of that, the working environment is considered to be better with less tiredness and musculo-skeletal disorders. The new shop design has increased productivity, reduced personnel costs and increased customer satisfaction.

The shop of the year

Every year a Shop of the Year is appointed, which is to represent a model for the other shops.

Summary of rehabilitation and adaptation

A summary of rehabilitation and adaptation work in Systembolaget is compiled annually.

Personnel financial final account

In order to also see the financial consequences, a personnel financial final account shall be introduced.

Satisfied customer and co-worker index

As of this year, a Satisfied Customer Survey and Satisfied Co-worker Survey are conducted annually. The intention is that it should be possible to link the results of the two surveys with each other.

United Kingdom

The Northern Ireland Court Service

About the authority

The Northern Ireland Court Service (NICtS) is a distinct civil service department. The role of NICtS is to facilitate the business of the courts of Northern Ireland, which falls under the authority of the Lord Chancellor's Department in the United Kingdom. NICtS employs approximately 680 staff, 70% of whom are based in Belfast, with the remainder dispersed throughout other court offices in Northern Ireland.

Significance of WHP

The significance of workplace health promotion (WHP) is enshrined in one of the Court Service's corporate objectives, i.e. "to create an environment in which our staff and their contribution to our business are valued". Before the establishment of a dedicated Workplace Health Unit (WHU) in early 2000, health and safety, and staff support services existed separately. However, it was decided that a major contribution could be made to the development of staff health and well being by joining the two services together under one discrete unit within Human Resources (HR) and look at health, safety, and welfare holistically. Although each function would retain its specific responsibilities, it was felt that a combined approach would reflect positively on the Court Service as an employer. Special aspects of this case study include Management Board support from the outset, a dedicated WHU, and the development of a Programme Action Plan and Corporate Health Plan based on a comprehensive, organisation wide assessment of health needs.

Project infrastructure

Led by the WHU, a Workplace Health Committee (WHC) was established to co-ordinate and lead a sustained, planned programme aimed at improving the health of NICtS' staff. The Committee is made up of senior representatives from each operational division, management including HR, WHU, and the trade union.

The project is managed by the WHU, which has overall responsibility for WHP within NICtS and it operates within an agreed programme of action approved by the Management Board (MB).

This project goes beyond statutory measures of WHP and incorporates health and safety, and staff welfare under one unit. In financial terms, initial interventions required staff time (approximately 50%) rather than direct financial aid, however a budget figure of £27,000 was suggested for the implementation of programmes and publicity materials for year one of the project.

Establishment of co-operation and communication structures

MB approval was granted for a WHU and its phased programme of work in January 2000. The WHU has to regularly update and inform the MB of its progress through a series of interim reports. Following approval from MB and consultation with trade unions, a new Workplace Health Committee was established. The new WHC is an extension of the former Health and Safety Committee. In addition to its existing



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mandate, the new WHC incorporates the promotion of employment wellbeing and co-ordinates this through the Department's Health and Wellbeing Strategy and Health Promotion initiatives. All staff were subsequently informed of its creation and functions. The WHC, which meets quarterly, is a forum to discuss and exchange information, and to promote, monitor and evaluate progress on the three strands of NICtS' Health and wellbeing strategy. The minutes of these meetings are for general circulation.

At an operational level, WHP forms part of the employee induction programme and health and safety.

Meeting objectives and topics

The overall aim of the WHU is to promote, maintain and improve the physical and mental well being of all staff in the NICtS and the aim of the WHC is to promote, influence, implement and evaluate the effectiveness of policy initiatives and to facilitate communication between WHU, the Committee and staff.

The topics covered by NICtS' WHP programme range from health and fitness to relaxation and stress management programmes, in-house confidential Staff Support Services and Employee Care-First Assist Service. Since the establishment of the WHU, the following activities have taken place:

- Cancer awareness seminars
- Health checks by the Chest, Heart & Stroke Association

- Health promotion campaigns
- Development of an anti-bullying policy named "Dignity and Harmony at Work"
- Stress in the workplace initiative

A three-phased approach

NICtS adopted a three-phased approach to the implementation of WHP.

- Phase 1 dealt with the establishment and internal promotion of the newly established unit through Open Court magazine and HR for U newsletter.
- Phase 2, dealt with setting up the structures through which actions could be progressed, assessing employee needs and developing a profile of workplace health.
- The last phase dealt with devising a Corporate Health Plan, developing an Action Plan, establishing reporting schedules with the MB, and reviewing and evaluating the overall process.

Bringing in WHP

After the formation of the WHU, the aims and objectives of the new Unit were publicised using internal PR links - magazine, newsletter and Intranet. The "Discovering the Needs" survey was the first major promotional activity for the WHU. In addition to a letter explaining the survey signed by the Director General, pre and post publicity campaigns in the form of an email and poster campaign were organised around the survey. Managers were also encouraged to promote the survey and allow employees time to complete the questionnaire. Routinely, WHU contin-

ues to promote its work through the "Open Court" magazine.

The WHU also hosted a health promotion road show for all staff in the Service and as well as highlighting the aims and services of the WHU it introduced the Service's policy on attendance.

"Discovering the Needs"

The primary analysis tool was the "Discovering the Needs" or Health Needs Assessment survey based on a Canadian Workplace Health System model. The results of the survey were used to determine the nature of future health and well being initiatives as set out in the 1999-2002 Corporate Plan, and to assist in the development of a Corporate Health Plan before March 2002. The higher than average response rate i.e. 73% reflected staff interest in the topic of health and wellbeing. The WHU administered the paper-based survey to all staff including staff on sick leave and the findings of the report were quality assured via focus groups and through the WHC. The findings revealed that staff would like to see the following included in an action plan on health:

- Training for managers/supervisors in how to deal with staff concerns
- Health and safety training
- Fitness (73.5% felt that they could exercise more; 58.1% felt that they could lose weight)
- Communication – desire for more open communication with employees
- Stress (For example, 42.7% of respondents felt that they could learn to cope better with worry, nerves or

stress and 25.3% of respondents felt that they would like to remove a major source of worry, nerves or stress from their lives)

- Childcare provision
- Healthcare (39.7% of respondents felt that they could eat better)

Following the survey and the road shows, the first health and well being initiative, i.e. cancer awareness was launched in June 2000. It involved a series of health education talks and presentations by health experts. Feedback following the talks indicated that employees found them very useful and beneficial in raising awareness of cancer.

Translating WHP-needs into action

Response rates from the organisation wide survey were excellent, i.e. greater than 70% and the findings, which were distributed to all staff, formed the basis for a corporate action plan. This action plan focused on the following areas: improving health, the social environment, i.e. stress, health and safety management, nutrition, smoking, medication use, drinking and health practices.

Workplace health assessments

WHU in conjunction with the NI Chest Heart and Stroke Association (NICHSA) ran a series of Workplace Health Assessments for all staff. Qualified nurses undertook a detailed confidential assessment and provided a computer-generated profile directly to the staff member summarising test results and giving a lifestyle evaluation. The assessment looked at cholesterol and glucose mea-

surement, blood pressure, carbon monoxide measurement, height and weight, body fat, grip strength, flexibility and suppleness and stamina. Staff responded in numbers to this WHP initiative, with a 71% uptake reported in Belfast and 81% in court offices around the Province. A number of mobile units served peripheral locations. WHU will receive an overview of the results from NICHSA so they can continue to identify trends and specific workplace health issues.

Relax and de-stress workshops

In response to stress, the WHU arranged for an expert to run a series of "Relax and De-stress" workshops aimed at examining the effect of stress in the working environment and learning how to cope better with everyday stresses. Workshops were organised through the Learning Advisors in each area and 28 group sessions catered for staff in and around Belfast.

Other action areas

A number of other action areas, such as nutrition, Employee Assistance Programmes, smoking, health and safety monitoring are receiving ongoing attention through the provision of information via newsletters, posters, and the Intranet.

Some of the findings from the Health Needs Assessment, such as the childcare provision and stress overlap with other areas of HR strategy. The former is being addressed as part of a strategy on reward and recognition, and the latter is receiving attention through an

upcoming organisational stress analysis exercise using sick leave records.

In response to staff concerns relating to communication issues and industrial relations the MB has recently endorsed the development of an in-house mediation service incorporating middle managers who will be trained as mediators.

Evaluation tools

Monitoring and evaluating progress in health, safety and well being is the responsibility of the WHC and evaluation has been done following the completion of WHP activities, such as the Health & Fitness Assessments.

Improvement in health and well-being

Health and Fitness Assessments conducted during 2001 were evaluated using a sample of questionnaires returned by 50 respondents and results show that staff had made significant changes to their diet and increased the duration and frequency of physical exercise.

There are reports of increasing numbers of staff participating in health and fitness activities (i.e. 35% - 40%) and improved diet, i.e. a 40% increase in fruit and vegetable intake, and greater awareness of health in general. The uptake of the health and fitness subsidy provided by NICtS has increased by 25% and represents a positive contributor to improvements in general health and fitness.

Increase in staff satisfaction

From the staff satisfaction survey, staff reported a high awareness of health and wellbeing and appreciated the efforts made by the WHU.

A promising future

Future plans include a planned programme of activities for year 2, incorporating a stress management programme for senior and middle managers, vaccinations, diet/nutrition seminars and continuation of staff support services and health and fitness programmes. In addition, policy development is underway in the following areas: mental wellbeing, and a revised policy on the management of short and long term absenteeism.

European Network for Workplace Health Promotion

Network members



Healthy Employees in
Healthy Organisations

Germany Network Chairman	Dr. Karl Kuhn	Federal Institute for Occupational Safety & Health – Dortmund
Austria	Elfriede Kieseewetter	Oberösterreichische Gebietskrankenkasse – Linz
Belgium	Marc De Greef	PREVENT – Brüssel
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Working Together for a Social and
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