Prevention is an essential component of an effective health system. Whether targeted at individuals or populations, interventions aim to enhance health status and maintain a state of low risk for diseases, disorders or conditions, that is, to prevent their occurrence through programs of information, immunization, screening or monitoring.

Over recent decades, there have been a number of public health success stories with increasing coverage of populations in terms of immunization and screening as well as achievements in reducing accidents and lowering smoking and drinking rates through specific policy measures. Public health challenges remain as obesity rates both among adults and children risk an explosion of related illnesses and conditions if left unchecked.

Health reporting provides information to politicians and the public about the health, illnesses, health risks and mortality of a spatially and temporally defined population. One of its main tasks is interpreting data from different data sources. As a steering instrument in health policy, health reporting acts as an empirical basis with which to make rationally justifiable policy decisions. Furthermore, it accompanies health policy processes and enables public
participation. As such, it is embedded within a particular political discourse. Reporting systems at the local, state and national levels are subject to the respective legal and political frameworks. This means that health reporting:

Provides a description of the health of the population. It takes into account the unequal social and regional distribution of health risks and potentials for disease prevention and demonstrates areas at the national, state and local level where action needs to be taken accounts for gender, migration and any other living conditions that influence the health of the population or selected population groups acts as a foundation for the cross-departmental planning of disease prevention, health promotion, and care provision, and can be used to evaluate health policy measures involves the continuous collection of data about the health of a population and identifying possible changes in health at an early stage. Therefore, it can be used to make timely health policy decisions

is not only aimed at experts and decision-makers from politics and administration but also at the general public promotes the process of forming a public opinion by providing information and enabling people to participate in drawing up health policy objectives

supports the civil society concern of participation.

The boards of the German Society for Social Medicine and Prevention and the German Society for Epidemiology have approved this second edition of Good Practice in Health Reporting. Good Practice in Health Reporting complements Guidelines and Recommendations for Ensuring Good Epidemiological Practice and Good Practice in Secondary Data Analysis by providing additional, albeit central, recommendations for health reporting.

Get the report!

Nudging: a tool for workplace health promotion

Nudges are subtle hints for people to make a desired choice over alternative, less desirable choices – without violating a person’s right to make an autonomous decision. A nudge, like a reminder, is an aid or signal that provides information to help people make good decisions. To stay efficient, our brains rely on these mental shortcuts to help us make fast decisions with little information.

Employers can use different nudges in its management to change the choice architecture in the organization. The management has to decide what nudges to use and how subtle they should be. The model by James O. Prochaska is called the Transtheoretical Model of Health Behavior Change (TTM) and it explains the stages, processes, and levels of change that people go through in order to change health-related behaviors such as e.g. diet, exercise and weight control, sex, and alcohol abuse (Prochaska & Velicer, 1997). The different
stages in the model can directly be related to what an employee goes through before deciding to make a health behavior change. Therefore, knowing these stages, the model can be used in business administration to motivate employees to make health changes by using wellness incentives.

According to Prochaska's TTM of health behavior change, there are six stages a person goes through in order to reach a committed and maintained change in health behavior. Each stage needs motivation, or a nudge, to transfer to the next stage. Through nudge management, organizations can use wellness incentives to nudge and motivate their employees through these stages.

Rather than constantly nagging workers to accomplish tasks, employers can apply nudges in the workplace. They can redesign the way alternatives are presented so that employees make choices that are in line with their professional goals.

For example, offices that are seeking to improve the physical health of their employees can nudge a healthier lifestyle by offering healthy cafeteria food or making the staircases more accessible than the lift.

When there is a plan to change the culture or workflow of the organization, companies often struggle. However, managers can nudge employees to go with the change by priming them with visualization cues and offering them new approaches to their work that are in line with the desired outcome.

Upcoming OSH and WHP events

The purpose of this Directive is to improve working conditions by promoting more transparent and predictable employment while ensuring labor market adaptability. The proposal set out to create new minimum standards to ensure that all workers, including those on atypical contracts, benefit from more predictability and clarity as regards to their working conditions. It will also look to put measures in place to avoid administrative burden on employers by giving them the opportunity to provide requested information electronically.

Health is everyone’s business. Proposals to reduce ill-health related job loss
This paper analyses what is needed to support people to remain at work, proposes a legal framework to set clear expectations of employers' responsibilities and how to improve access to high quality, cost-effective occupational health services and employers' advice and support.

Secretary of State for Work and Pensions on behalf of the Department for Work and Pensions and the Department of Health and Social Care, UK. (July 2019)
psychological health and psychosocial risks

Using qualitative methods, the current paper reviews relevant regulatory and non-regulatory policy documents and conducts a gap analysis according to criteria identified in models of good psychosocial risk management practice. The paper extends upon European research by Leka et al. (2015) and examines 39 policies (6 regulatory and 33 non-regulatory) in Australia.


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