# The Global Occupational Health Network

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Dear GOHNET members and future members,

The 6th GOHNET Newsletter treats the topic of workplace health promotion (WHP). WHP has a history of a few decades. In the 1970s the concept focused on changing a single lifestyle habit or behaviour of the individual. The 1980s were dominated by more comprehensive wellness programmes at work, but still focused on the individual. The 1990s brought an interdisciplinary approach involving for the first time workers and management collectively trying to create a health-promoting workplace. The scope of work issues addressed cover environmental, social, ergonomic, and organisational work issues, as well as individual, family and community health issues. The trend is to view the worker in a holistic manner and not in a purely medical way as is the case in most occupational health services today.

WHP can be effective when the programme is well designed. WHP has been shown to have number of beneficial outcomes for workers and companies which include the improvement of productivity, a decrease in sickness absence, improvements in working relationships and employee morale, and a better public image of organisations that implement WHP programmes. To make the case for WHP programmes stronger, we need to consolidate existing data on WHP with the aim to raise awareness on the importance of prevention and intervention methods in this area among the various stakeholders.

This newsletter includes a variety of interesting articles on WHP and reports on conferences and workshops held on this topic. The topic of the next Newsletter will be child labour - adolescent workers - teens. Should you like to contribute an article or information about a conference on that topic, please consult our website for guidelines on contributions and/or write to the editor.

Please note that all references for the articles can be found on our website at the following location:
www.who.int/oeh/OCHweb/OCHweb/OSHpages/Gohnet/gohnete.htm

Enjoy your reading.


Evelyn Kortum-Margot (kortummargote@who.int), Editor
World Health Organization
Occupational & Environmental Health Programme
Department of Protection of the Human Environment
20 Avenue Appia; CH - 1211 Geneva 27
Fax: +41.22.791 13 83
www.who.int/oeh


*Errandum for GOHNET no. 5 - only English version: The author of the article entitled: An example of a successful pilot training course in Arusha on Pesticides - A Report on the Pesticides Training Course in Arusha, 24-29 March 2003, is Prof Leslie London and not as indicated Dr Mohamed F. Jeebhay.*

## From Workplace Health Promotion to Integrative Workplace Health Management:

## Trends and Development


*Cordia Chu (c.chu@griffith.edu.au), School of Public Health, Griffith University, Australia*


In the last two decades, despite some very important advances by international agencies, governments, industries, unions and academics, workplace fatalities, injuries and illnesses remain at unacceptably high levels. Developing nations are facing increasing health risks imposed by rapid industrialization and globalization while developed nations are encountering problems associated with increasing work stress and the aging of the population. There is little doubt that without appropriate preventive measures to promote and protect the health of the working populations the work related health costs and human suffering will increase in the new millennium. One strategy employers can utilise to deal with the multifaceted workplace pressures and health impacts on employees is to implement an integrative holistic model of workplace health management.[1]

This paper will explain the 'integrative workplace health management' model and discuss its international development and successes. First, it will explain regional trends and developments in workplace health promotion in the context of global challenges. Second, it will provide a brief overview of

[1] Workplace health management is an approach to workplace health that includes health promotion, disease prevention, safety management and organisational development.

## IN THIS ISSUE:

international network development and successful examples of integrative workplace health management from various regions.

## Introduction: Trends and development in workplace health promotion (WHP)

As workplace pressures and new health risks increase there is a need for well designed, properly implemented health programs addressing the multiple determinants of workplace health, including work stressors [(9)(23)(30)]. An integrative model addressing workplace health has emerged in the 1990s encompassing health promotion and disease prevention, occupational safety and hazard reduction, and organisational development and human resource management. It is concerned with both identifying the causes of ill-health and creating better health. It aims to prevent and manage physical and mental health problems, reduce risk factors and health and safety hazards, and improve health and rehabilitation. As well as its health outcomes, the model has the potential to promote better work satisfaction and morale, improve quality and productivity of work, and create a supportive social climate and workplace culture. Thus, we call it integrative "WHM" to reflect its holistic nature, integrating the management of all facet of workplace health.

This integrative WHM model, owes its original conception and development to workplace health promotion (WHP). WHP has evolved over time: in the early stages in the 1970s, health promotion activities in the workplace tended to either focus on a single illness or risk factor, or on changing a particularly risky practice of individual workers, thus overlooking the environmental, social and organisational factors. By the early 1980s, WHP activities were dominated by the "wellness" programs [(27)(8)], the majority of which still focused on individual behaviour but were more comprehensive in nature, offering a wider range of interventions that targeted identified risk factors, such as health screening, stress management courses, nutritional foodstuffs in canteens, exercise and back care programs and health information seminars (10). This wellness approach remains a dominant feature of current WHP programs in many large companies in the USA [(29)(26)].

In the early 1990s, a more interdisciplinary approach to promoting health developed out of an increased understanding of the multi-causal nature of, and the importance of organisational measures to, employee health. Countries like Canada (29) and Australia [(10)(1)(13)] began to develop comprehensive models of WHP incorporating health promotion and organisational development. WHP has thus become more holistic and integrative in nature, addressing both individual risk factors and the broader organisational and environmental issues. WHP programs have become an integral part of corporate policy and culture that values, supports and reinforces health. Instead of using the workplace as a convenient location for health professionals to conduct programs aimed at changing individuals, it involves both workers and management collectively endeavouring to change the workplace into a health-promoting setting (13). This is the essence of the settings approach to workplace health promotion initiated by WHO [(36)(19)].

## Strategies, methods and principles of WHM

This integrative settings approach to WHM involves the combined efforts of employers and employees to prevent disease and improve the health and well-being of people at work. This is achieved through a participatory needs based problem-solving cycle with the following steps [(34)(1)]:

(1) Ensure management support,
(2) Establish a coordinating body,
(3) Conduct a needs assessment,
(4) Prioritise needs,
(5) Develop an action plan,
(6) Implement the plan,
(7) Evaluate the process and outcome, and
(8) Revise and update the programme

While specific program goals and objectives vary with the identified needs of individual enterprises, key WHM principles are to:

- improve work organization and the working environment,
- develop healthy company policy and culture,
- encourage active participation by all involved,
- foster personal development, work styles and lifestyles conducive to health, and to
- ensure health promotion and disease prevention strategies become an integral part of management practices

For the success and sustainability of WHM, it must be integrated into corporate policy and regular management practice and should be coordinated by members within the work organization rather than by costly external consultants (13). WHM strategies should include not only individual-directed measures, but measures to address environmental, organizational, ergonomic, and social factors (1). This requires team work, and, most importantly, employer leadership.

WHM programs should be affordable and budgeted to accommodate workplace capacity and the prioritised needs. Many successful programs begin with a modest budget, a committed and caring employer and a few enthusiastic staff who take time and effort to generate interest and genuine participation. One such low cost but successful example is a WHP project of a computing company in Singapore with around 100 staff.[2] Through needs assessment conducted via email, informal conversation, and group discussions, common staff concerns identified including eye strain, backache, cramped work spaces, lack of physical activities, low morale, and a feeling of isolation and being caged in work cubicles. Drawing from staff suggestions, a working party planned and implemented workplace health improvement strategies including redesigning work station and space use, eye and back care programs, improved organizational communication, and a "stair affair" program, encouraging staff to walk the stairs to and from tea and coffee breaks in order to meet other employees and increase physical activity. As a result, workplace culture changed, many informal network groups formed. Through a participatory process, by the program's second year, a full year health and social activities calendar was developed to coincide with the company business plan, and since its third year, WHP has become an integral part of company plan with long-term and short-term goals.

## International WHP network development, and successful examples

Countries and regions, facilitated by WHO [(34(36)(35)] and through the international settings network development in the 1990s, began to exchange information and share experience, fostering a common understanding of concepts, principles and strategies that protect and promote employee health. The development of health-promoting workplaces has become an international movement (12). However, while sharing similar approaches, different countries use different terminology for their programs in different context: as part of the settings movement, it has been referred to as 'health-promoting workplaces' (35), 'healthy workplaces' (34), and 'healthy companies' (33); its processes have been referred to as 'workplace health promotion'

[2] The author obtained this information from an oral and written report by a participant in a WHO sponsored WHP workshop which she conducted as a WHO consultant. This workshop was the follow-up workshop in Singapore in which participants were invited to report their progress of WHP implementation a year after they learned the WHP model from the first workshop, also conducted by Chu

(Europe & Australia), 'health promotion in the workplace' (WHO-Europe [18]), 'worker's health promotion' (PAHO [28]) and 'worksite health promotion' (USA [8]); its system management approach has been referred to as a 'workplace health system' (Canada [20]), and 'workplace health management' (Queensland, Australia [11]); its program goals have been referred to as 'healthy employees in healthy organisations' (EU [6]), and 'healthy workers in healthy environments' (28); and the integrative nature of health promotion has been referred to as 'disease prevention', and 'human resource management and organisational improvement', while we call it 'integrative WHM'.

It is worth mentioning that even in the USA where behavioural focus wellness programs still dominate, a new integrative model called 'health and productivity management' (HPM) has emerged in recent years. This new model is similar to the WHM in its attempt to incorporate health promotion into the improvement of the total value of human resource investments (17). Currently, multidisciplinary teams from organisations such as the Health Enhancement Research Organisation, the Institute for Health and Productivity Management, and the American Productivity and Quality Centre and Medstat Group are conducting studies in relation to the promotion of HPM [(22)(16)].

Three regional networks have been developed to support the development of health-promoting workplaces: 1) the European Network for Workplace Health Promotion, (ENWHP), 2) the Western Pacific Regional Network for the Development of Healthy Workplaces, and 3) the Pan American Health Organisation Regional Network in Worker's Health Promotion [(12)(28)]. Although the networks cover very different geographical areas, culture background and economic realities, their approaches to WHM are remarkably similar, in part because of the facilitation and guidelines provided by WHO [(25)(36)(35)].

Of the three regional networks, the ENWHP, coordinated by the Federal Institute for Occupational Safety and Health is the strongest, most productive and best coordinated. Established in 1996 with the support of the European Commission, WHO, the European Agency for Health and Safety at Work and the European Foundation for the Improvement of Living and Working Conditions in Dublin, ENWHP has fifteen EU Member States and six country members of the European Economic Area (21). Facilitated by the Federal Association of Company Health Insurance Funds (BKK) and the Department health/European Information Centre, the ENWHP announced the Luxembourg Declaration for WHP in 1997 to set out a Europe-wide, uniformly agreed position and definition for WHP [(5)(6)]. Since then, the network has developed a good practice framework for larger enterprises (2); tools for self-assessment (3), and a collection of sixty-six European models of good practice (4) and publications on WHP successful factors (7), strategies and European experience (6). Projects on WHP in small and medium enterprises, unemployment and mental health are currently underway (21).

There are the many successful examples from the European region documented in publications [(12)(6)(4)]. In particular, the Bonus Project from Germany, affecting over 15,000 employees, was selected as one of the show-case examples at the 5th Global Health Promotion Conference in Mexico in 2000. The project involved the collaboration of WHO, government and university project partners, and AOK, a German health insurer which granted financial incentives equivalent to one month of sickness fund contribution to encourage 44 companies of different sizes and branches to develop and implement integrative quality-oriented workplace health management. The result was impressive with significant outcomes ranging from reduction of health care costs, sick leave and accident rates, to the improvement of environment, productivity, manager-staff relationship, employee morale and motivation. It has also shown that all aspects of health can be integrated very well into this model, which has led this model to gain high acceptance by company management sectors. Furthermore, AOK has shown a leadership role in health, demonstrating how a health insurer can move from financing health care to promoting health (33) (15).

The Pan American Regional Network for Worker's Health Promotion is the youngest of the three networks. With the collaboration of the Pan-American Health Organization, WHO, Division of Health and Environment, and the Workers' Health Regional Program, a comprehensive regional plan was developed for worker's health promotion 1999-2003. The plan adopted a healthy workplace approach incorporating the principles of occupational health and safety, sustainable human development, health promotion, human resources management, and environmental protection and conservation (28). Based on experience form Central America and in Brazil, a comprehensive Tool Kit adopting an integrative approach for both formal and informal sectors has been developed. The Kit is designed to guide "facilitator team" of managers (or enterprise owners) workplace health and safety committees and workers to develop, implement and evaluate WHP programs and a three-year project is underway to validate it in four Central American Worksites before expanding it to other countries in the region (24).

In the Western Pacific Region, healthy workplace networks developed largely because of the active facilitation of WHO beginning in the mid-90s. However, important ground work from Australia, China and Singapore existed before the regional network was formed. There have been vigorous exchange activities in WHP between Queensland, Australia and Shanghai, China and the individuals involved in these activities were instrumental in the formation of the Regional network in 1996. Since then, WHO has published and disseminated a regional guideline for the integrative model, and has since supported many countries' development of healthy workplaces (12).

To review countries' experiences in implementing the Regional Guidelines and to obtain feedback on how to improve them, WHO-WPRO sponsored a workshop on "The Expansion of Healthy Workplaces" in Kuala Lumpur, Malaysia in September 2002. . There were 18 workshop participants from 11 countries: China, Fiji, Korea, Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Singapore, Tonga and Vietnam. Their reports revealed that there were different levels of development of healthy workplace initiatives among the countries in the region, and that issues dealt with by the workplace program were given different priority in various countries (32).

One of the early shining examples documented on a WHO-WPRO video is the Shanghai WHP project involving four enterprises and a total of 44,000 employees from 1993-1995. The so-called "Shanghai Model" has achieved significant measurable improvement: reduced prevalence of target diseases (e.g. ulcers, laryngitis, and reproductive tract infection), health care costs, absenteeism and occupational injuries, and improved the work environment, company image, quality of production, workplace policies and lifestyle habits of employees (34). One of the project enterprises, the Baoshan Steel Factory has been showcased as being the cleanest steel mill in the country in the Far Eastern Economic Review (31).

Singapore is by far the most successful country in terms of program reach and participation from industries. With strong commitment from government and facilitation by the National Health Promotion Board, 43% of Singaporean industries have undertaken some form of WHP. In their first International Conference on Workplace Health in October 2003, 500 participants from 18 countries attended and over 200 companies received an award for excellence in WHP[3].

[3] The author obtained this information first-hand when she attended the conference as one of the keynote speakers.

Perhaps the most ambitious project with the greatest potential to make a long-lasting improvement for a huge population is the healthy workplace program for small and medium scale enterprises in Vietnam. Coordinated by the Ministry of Health and the National Institute of Environmental and Occupational Health, and with support from WHO, the project began in 1999 with a trial of 30 enterprises and 15 foundry households by training their managers to implement a comprehensive action plan in the workplaces in Haiphong city and Hue city. A rigorous evaluation found the many benefits from the project: a change in workplace culture among participating enterprises, including a more relaxed work environment, improved working condition, health information and lifestyle, and increased productivity (34)(14). Based on the success of the trial, by 2001, the Ministry of Health had developed a national plan, passed relevant legislation, formed a national steering committee, and had begun a nationwide workforce development process to facilitate development of healthy workplaces in small, medium, and future large enterprises. By May 2001, three training course modules were developed and taught to health practitioners, managers, and workers of a further sixty enterprises committed to implement healthy workplace programs.[4] Based on their report in the 2002 WHO workshop, Vietnam has since made an impressive progress in the national implementation of healthy workplace program.

### Conclusion

As globalization of the world economy and rapid technological changes continue to change the nature of work and employment practices, exposing employees to new work pressures and serious health risks, it is more important than ever for workplaces to develop a healthy organisation supportive of employee health. As demonstrated by international examples, a successful WHP program can ensure a flexible and dynamic balance between fulfilling organisational targets on the one hand, and employees' skills and health needs on the other. This is a desirable and essential ingredient for competing successfully in the modern world, not only for companies, but for nations, for whom sustainable social and economic development will depend on the development of HPW.

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## Workplace Health Promotion in Poland

*Elzbieta Korzeniowska , Krzysztof Puchalski, Jacek Pyzalski, Patrycja Wojtaszczyk (whpp@imp.lodz.pl), Nofer Institute for Occupational Medicine, Lódz, Poland - A WHO Collaborating Centre in Occupational Health*

### Introduction

Until the end of 1980s employees' health in Poland was associated with protection understood as simply obeying safety regulations and preventing occupational diseases. First formal workplace health promotion activities in Poland began in 1989. That year, workplace health promotion (WHP) was introduced to the curriculum of courses for physicians in the field of occupational medicine conducted at The Nofer Institute of Occupational Medicine in Lodz. In 1993, the first courses for Occupational Health and Safety (OHS) specialists on WHP issues were conducted accompanied by the development of a national structure disseminating and supporting WHP. At about the same time, the role of health promotion and disease prevention was highlighted in The Maastricht Treaty concerning the development of national organisational structures for WHP enabling exchange of information and co-operation among health promoting enterprises

In 1994, the Health Promotion Department was set up in the Institute. It was later transformed into The National Centre for Workplace Health Promotion. The year 1997 was a real landmark in the development of the Polish strategy of WHP. The members of European Union and European Economic Area (EEA) signed the Luxembourg Declaration on WHP (1). This document shows WHP as an important element of public health initiatives. It also outlines the main goals and objectives of The European Network for Workplace Health Promotion (ENWHP) (2). Furthermore, the National Health Programme was developed in 1997. Its operational goal, nr 6 concerning the effectiveness of health education and health promotion, was introduced. The document stated that initiatives based on the setting approach towards health promotion would be disseminated, in particular project such as: healthy cities, healthy communities, workplaces and health promoting hospitals.

As far as legislation is concerned, another important document was passed in the Polish Parliament in 1997: the act on occupational health services (3). The document indicates that the sole responsibility of this sector is prevention and one of the main tasks is to initiate and implement health promotion programmes based on the analysis of employees' health needs. Health promotion became a part of the work in primary occupational health care units, as well as in regional occupational health stations. Those state institutions are, according to the OSH Act, responsible for planning and supporting health promotion activities. Based on this infrastructure, the National Network of Workplace Health Promoting Centres was established with the financial help of World Bank. In 2000, the ENWHP appreciated the Centre's efforts. This year, Poland became a member of the Network and the Centre was establish as the national contact office.

### National Network of Workplace Health Promoting Centres - structure and strategy

The national structure was designed to correspond to the needs of all stakeholders involved in the process, especially those relevant to dissemination and development of the WHP concept. The National Network of Workplace Health Promoting Centres comprises four organisational levels:

1. The National Centre for Workplace Health Promotion - co-ordinator
2. Local centres and local WHP leaders
3. Supporting centres
4. Companies implementing WHP and company leaders

The Centre co-ordinates and supports the Network by fulfilling the following tasks:

- disseminating the WHP concept among stakeholders
- carrying out the research and developing the concept
- gathering the know-how on WHP
- developing the strategy of the Network
- educating and instructing the leaders, preparing and publishing educational materials
- coordinating the work of the Network - experience exchange, information flow
- preparing marketing materials
- monitoring the development and implementation of the concept in Polish organisations and disseminating the relevant data

[4] The author gained first-hand knowledge on this development from working as the WHO consultant to the Vietnam Ministry of Health on this national project.

- creating a link with European WHP structures
- recruiting Network partners on the national level
- supporting all the institutional stakeholders implementing WHP

The local Network centres are usually based at the Regional Occupational Medicine Stations. The centres keep in touch with enterprises involved in WHP. Simultaneuosly they develop the local strategy and in four cases regional networks. The most succesful ones formed regional coalitions with Labour and Safety Inspections, local authorities, media, employers and companies, and even with social insurance offices or private insurance companies. They also co-ordinate the activities of the leaders, who at every stage of their work with companies, have the possibility to consult with the Centre specialist and obtain support. The leaders are trained to work with companies as experts on WHP programme implementation. Their aim is to convince the management of the benefits of WHP and then to set up a team within the company to plan, implement and evaluate a WHP project. Being a leader is not a formal position, but rather a career oportunity and a set of practical skills for occupational medicine doctors, nurses or safety inspectors. It is also an important part of the work of the managers, especially those responsible for human resources. Therefore, most of the training sessions are open to a variety of professionals. The leaders are active in the field of WHP and stay in touch with the Centre and other leaders. They participate in conferences and training sessions organised by Regional Stations (local WHP centres) and the National Centre for Workplace Health Promotion.

### Workplace health promotion in Polish enterprises - recent research

The National Centre for Workplace Health Promotion continuously monitors the development and quality of WHP in Polish enterprises. The Centre carries out scientific work concerning the attitude of stakeholders towards the concept and its implementation. It is worth pointing out that about one third of Polish employers (according to the Centre's research, 2000; N=755, and 2001; N=215) introduce WHP mainly for the sake of employees (5). However, they usually take into account the medical aspect of employees' health, but rarely their well-being. Around 30% of employers also took into account the benefits for the company, as well as the benefits for the employees. One in four employers implements WHP only for the company's sake, which is to decrease absenteeism and to increase productivity. It seems that economical motivation (60%) is a better predictor of stable WHP initiatives than altruistic motivation presented by 30% of employers. Employers asked for particular reasons of implementing WHP name the following:

- the company tradition in the field of WHP (about 50%)
- company's image (about 40%)
- quality of company's products and services (about 30%)
- reduction of absenteeism and increased productivity (about 18%)
- employees' initiative (20%)

Interestingly, 92% of Polish companies managers were initiators of various WHP activities. Their support and involvement is one of the key elements in successful WHP programmes. The most popular issues covered by those activities in Polish enterprises are: creating a smoke-free workplace, co-funding of treatment and rehabilitation, and improvement of the work environment. Unfortunately, most of those interventions are aimed at safety issues or have a medical profile. There are few initiatives compliant with the modern approach of promoting health. Not many enterprises help their employees to change health-related behaviours and implement necessary improvements to develop health-promoting work environments.

This specific approach is determined historically, since in the communist system, many large companies had their own medical services and occupational doctors and/or nurses in place. It created a notion that health at work is mainly the responsibility of a doctor and not of an employer as such. This is one of the reasons why WHP projects are usually limited to screening, traditional prophylactics, and health education on individual basis instead of comprehensive programmes. It comes as no surprise, since the majority of the Polish occupational doctors (53%) say that health promotion is just a new label for traditional health education (data from the survey conducted in 2002, N=325). The research shows also that the group considered by managers to be responsible for health is not well-prepared to do anything beyond obligatory check-ups. Though legislation states that occupational health and safety are to perform health promotion programmes in co-operation with employers, it does not oblige them to do so. In other words, doctors are supposed to be health promotion leaders, but they are usually show little interest in this kind of activity (6).

### Future prospects

To progress in the area of WHP, the National Centre for Workplace Health Promotion plans to fulfil the following tasks:

- creating a market of WHP services among managers
- developing regional strategies for WHP
- advocating WHP at the national level
- staying involved in the initiatives conducted by ENWHP (7)
- further developing of Centre's website as a useful tool to support the stakeholders

## WORKPLACE HEALTH PROMOTION AT NOTTINGHAM: A SYSTEMS APPROACH

*Stavroula Leka (Stavroula.Leka@nottingham.ac.uk), Tom Cox. & Amanda Griffiths, Institute of Work, Health & Organisations, University of Nottingham, UK - A WHO Collaborating Centre in Occupational Health*

The Institute of Work, Health & Organisations at the University of Nottingham is an independent postgraduate research institute in the Faculty of Law & Social Sciences. It is concerned with the application of psychology to occupational and public health and safety and to the provision of related health services. In 1994, it was designated a WHO Collaborating Centre in occupational health and since then has played an active role in the Network of Collaborating Centres in Occupational Health.

Among other things, the Institute provides postgraduate education in health promotion closely related to its research programmes in that area. It offers both Diploma and Masters level courses, full and part time, and is developing a distance learning option exploiting developments in e-learning. One of the course main topics is workplace health promotion (WHP). The Institute's research in WHP spans two of its four research groups involving the long-standing Occupational Health Psychology group and the more recently established Health Psychology group. This article briefly discusses the Institute's approach to WHP and presents a summary of its main WHP-related research programmes.

### The Nottingham Approach to WHP

*Defining WHP* - The health promotion movement originally developed largely to enable individuals to achieve greater responsibility for their own health. Indeed, it has been defined as "the process of enabling people to increase control over, and to improve, their health" (14). One of the contexts in which

health promotion activities are being offered is that of the workplace, and WHP is now an important part of many countries' strategies for the protection and promotion of their citizens' quality of life and health.

Health promotion in the workplace is, like all health promotion, primarily concerned with the general health of the individual. However, the workplace offers particular challenges to health, and it is important for those involved in health promotion in that environment to be aware of those challenges and address them. On the basis of the available evidence, there are grounds for concern that WHP in practice is too narrowly focused on changing individual behaviour, and largely ignores the context in which that behaviour occurs (9). The 'workplace' is often treated simply as a neutral stage on which health promotion activities are played out. Due consideration does not seem to be given to the work and organisational factors that influence both health and the effectiveness of health promotion in the workplace.

Work and organisational factors are known to play an important role not only in determining occupational health, but also health beyond the bounds of the workplace. This is obvious from even a cursory reading of any text on ergonomics (12), occupational medicine (13), (10) or occupational health psychology (3), (7). Furthermore, such factors may determine whether or not an organisation allows or supports health promotion in its workplace, and how effectively managed such programmes might be. Work and organisational factors might, therefore, be the subject of planned change not only to promote individual health but also to promote health promotion itself.

An adequate definition of WHP should take account of and evaluate the wider impact of its activities, in terms not only of occupational health outcomes but also its impact on the organisation and its function and performance (organisational health) in its wider environments. Accommodating these outcomes raises an interesting set of questions about the differences between occupational and organisational health (5). It is suggested that an adequate definition of WHP might be:

*"Workplace health promotion is concerned with improving the health of the individual by actions taken in the workplace which enhance positive health factors and reduce risk factors for ill-health. It is concerned not only with general health and life style, but also with occupational health issues and related behaviour at work. It operates through the overlapping strategies of health education, the prevention of ill-health, and health protection. While it involves enabling people to increase control over, and to improve, their health, it is also concerned with organisational-level actions which improve the effectiveness of health promotion in the workplace or, more directly, improve individual health through the actions people take to help themselves or others".*

(Cox and Griffiths, 1998(6))

## A Systems Framework for WHP

Understanding work and organisations, and the factors that are relevant to health promotion in the workplace, would be made easier if an adequate conceptual framework was available. Here, a systems framework is presented as a guide to thinking about both the context dependency and the complexity of health promotion in the workplace. The long standing approach of the Institute in relation to WHP (and other health-related issues) has focused on a systems model and organisational interventions. The framework is summarised in Figure 1 and builds upon the well-established concept in work and organisational psychology of a Person x Environment (P x E) interaction (8). Such an approach has been found to be useful in a number of other domains not unrelated to health promotion such as safety management (2).

Such a systems approach dictates that questions are asked about the impact of WHP not only in terms of the health-related

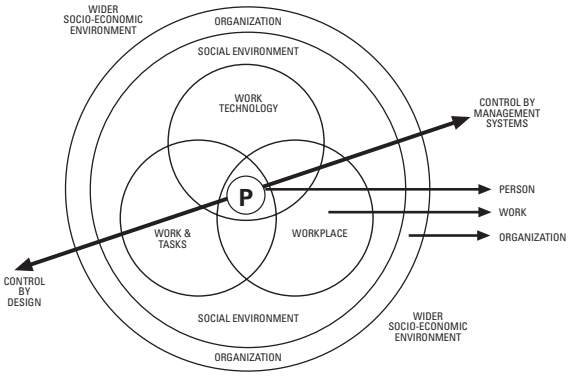


Figure 1: Systems Model of the Person and their Work in their Organization

Cox and Cox (1996)

behaviour and associated health of the individuals involved but also in terms of their organisational behaviour, the healthiness and performance of their organisations, and the impact of these on the wider socio-economic environment.

Figure 1 attempts to set the 'workplace' in its proper and full organisational context, and, at the same time, represent the P x E interaction as (a) occurring at the interface between work tasks, work technology and workplace, and (b) being set in the context of a nested set of wider environments, social (work group), organisational and socio-economic. Control over these different components of the organisational system is exercised in two different ways: (a) through the design of work and organisations, and (b) through management systems and their on-going actions.

Cox and Griffiths (1998) have argued that this approach to WHP can provide several sets of objectives for its evaluation. The Institute's approach has always emphasised three levels of effect: those on community or public health, those on the healthiness and performance of work organisations, and those on the wider socio-economic system. These different levels of effect are interconnected conceptually through the relationships between public and occupational health, and between individual and organisational health. The approach presented can increase awareness and acceptance among workers of the importance of health-related issues both at work and outside work; it can improve individual health, including general and occupational health, as well as the health of the organization, and may positively change the wider socio-economic context for WHP.

## WHP Research at Nottingham

WHP research at Nottingham has addressed both individual and organisational issues in promoting health at and through work. This research is conducted by the Institute's occupational health psychology and health psychology research groups and through collaboration between them. The research conducted by the Occupational Health Psychology group focuses on the nature of work systems and its effect on work-related health and organisational healthiness. This approach has in recent years been supplemented through the establishment of the Health Psychology group, and focus on the individual. This latter group is in large part concerned with the utility of theories of health behaviour in understanding and managing health-related change at work.

## Occupational Health Psychology Research

The prime objective of the occupational health psychology group is healthy workers in healthy work in healthy work organisations. The focus of occupational health psychology as a discipline is on the psychological, social and organisational issues relevant to the promotion of individual safety and health and organisational healthiness (4). As such it represents the interface between work and organisational psychology and occupational health and safety. It is concerned, in part, with the business side of organisations:

how individual well-being can promote productivity and organisational healthiness, and how the organisation can design healthy workplaces and nurture satisfied and productive workers. Much attention has been paid to the issue of work-related stress as a key linking mechanism between work and health. The occupational health psychology group has made a major contribution to the intellectual development of this area (1).

Work-related stress The Institute's research programme on work-related stress is its longest standing. Over the last ten years, the Institute has undertaken a series of case studies in a wide variety of organisations and with various groups of workers; for example, chemical manufacturing process operators, railway station supervisors, call centre staff, nurses, doctors, senior managers, engineers, researchers, teachers, utility company field staff, and supermarket, catering and warehouse staff. These have focused on the development and validation of a risk management paradigm for work-related stress. This approach was driven by the requirements of the UK Health and Safety Executive (HSE) and the WHO in the early 1990s and was initially published by the WHO (5), (11). The research undertaken has been funded by a number of bodies including the European Commission, the International Labour Organisation, the UK HSE, the British Medical Association and a wide range of private sector organisations.

Promoting individual and organisational health in small and medium-sized enterprises The Institute supports an ongoing research programme in relation to small and medium-sized enterprises (SMEs). A number of projects have been conducted as part of this programme that have been collaborative in nature with Collaborating Centres of the WHO Network and with the Hellenic Institute of Occupational Health and Safety. The main aim of the projects undertaken has been the exploration of knowledge and practice in relation to occupational health and safety in SMEs. Issues of concern included the exploration of legal and cultural issues in relation to health and safety, the exploration of the SME psychosocial environment, the effect of SME management style on health and safety practices within them, the exploration of organisational healthiness of SMEs and its relation with employee health and well-being, and work-related stress in SMEs of the engineering sector.

Managing chronic health conditions at work: exploring effective strategies for employees and organisations This project, funded by the European Social Fund, and building on pilot work undertaken over the last two years, seeks to identify and map how chronic health conditions are currently managed within the workplace. The research specifically addresses the needs of this group and aims to provide information that will support awareness and intervention strategies for employers, and self-management strategies for employees. Its main aims are to develop a model of organisational support for employers, to produce guidelines of good practice for employers and managers and to provide information on effective self-management strategies at work for employees.

### Health Psychology Research

The theme of the Health Psychology Group's research is health promotion in community and workplace settings. It is largely concerned with public rather than occupational health issues, and has recognised strengths in smoking cessation, reproductive health, chronic illness and mental health at work. Research topics include: maternal health behaviour, mental health at work, health and safety, sexual and reproductive health, chronic illness and disability.

The effects of medication on performance and safety at work This research, funded by the UK HSE, investigated how the symptoms and the medication impact on performance and safety among workers. Drawing on the evidence collected, the study made recommendations for the prevention and management of anxiety and depression in the workplace and outlined areas for improvement in the health care provision for people suffering with these disorders.

A staged approach to improving health and safety in the work place A new study has been launched to explore the application and value of the stages of change model to improve health and safety at work. The study aims at developing more effective interventions tailored to organisations' and employees' motivations and intentions. It is adapting health psychology methods that have proved successful in changing health-related behaviours such as smoking, for use in the organisational context, taking into account the individual readiness to change but also consider that of their organisations.

Managing inflammatory bowel disease (IBD) at working life: employee needs This study investigates the specific work-related needs and concerns of IBD sufferers. It investigates their antecedents, correlates and consequences, including the degree to which they perceive it to impact negatively on their employment opportunities and career progression. This includes an assessment of the degree to which those perceptions are associated with general well-being. The study is building a working model of the work-related concerns of IBD sufferers, their antecedents, correlates and consequences, and aims to explore that model in relation to the provision of advice and guidance, and to future research needs. In addition to the project, a patient leaflet and a guidance note for employers will be drafted for discussion with the National Association of Colitis and Crohn's Disease, who are funding the project.

### Concluding comments

A comprehensive systems approach to WHP offers promise in that it targets one of the major challenges to public health today - that of health inequalities. In an integrated system, all activities can work in synergy to promote employee health. This represents a step-change from conceptualisations of WHP as aiming to encourage individuals to take more responsibility for their own health. The new approach locates responsibility for promoting individual health with employees, with their managers and with the wider community.

Part of the Institute's WHO programme is the production of guidance on practice and evaluation of WHP, due to be finalised by the end of 2003. The Institute remains committed to its international perspective. In the spirit of its participation in the WHO Network of Collaborating Centres in Occupational Health, it welcomes collaboration and invites visiting researchers for the development of international research programmes in WHP.

## Promoting health among the small- and medium-sized enterprises.

## A pilot study in North-Eastern Italy

*Ermanno Moscatelli (moscatelli@adriacom.it) and Fabio Gonano, Institute of Clinical Analysis, Department of Pathology, Experimental and Clinical Medicine, University of Udine, Italy*

A pilot study on the challenge of promoting health among small- and medium-sized enterprises is ongoing in the area of Udine, Italy. This study is founded by the European Social Fund (EU) with a grant for the researchers. The aim of this study is to demonstrate mainly to managers that promoting health of the workers is worthwhile not just in ethical but also in economical

terms. The issues of this pilot study are the same ones covered by public health policies in developed countries: nutrition, tobacco, and alcohol.

The rationale of the intervention is that investing in therapeutic or preventive activities (such as supportive groups to quit smoking (1) or nutritional counselling (3,4) could possibly be less expensive than the illness of the worker in terms of lost working days.

An innovative aspect of this study is to apply such interventions also in small- or medium-sized enterprises with few workers (sometimes less than 10). Primarily, the approach will be mediated by the University, and secondarily the municipalities or the employer associations.

The road map is as follows:

1. within the annual medical visit, the workers of the participating enterprises will be asked about their habits as concerns alcohol consumption, nutrition and smoking;
2. once the workers with risk behaviours have been identified, we calculate how much their habits could cost the enterprise (days of lost working days) in comparison with workers who do not display risk behaviours;
3. we monitor the participating workers and support them in their efforts to change their behaviours. In September 2004, we will calculate how much employer saved due to the intervention.

An example will help to describe the rationale of this intervention. One lost working day for the employer would cost approximately 100 Euros. One male worker who drinks 5-8 units of alcohol per day usually loses five working days more than his non-at-risk co-workers (2). The risk behaviour (even if he is not an alcoholic) costs the employer 500 Euros per year. A group therapy (five patients) to reduce alcohol consumption to non-risky levels costs 1000 Euros (100 Euros for 10 sessions). If we have five workers in the same situation and we assume that just two of them will reduce drinking, the employer will have to pay 1000 Euros and will save 1000 Euros per year.

Nowadays, most medical visits performed in the workplace are undertaken solely to satisfy the legal aspects of accident prevention. The health of the workers is evaluated on the outcome of the medical visit regardless of any holistic vision of the person (5,6) and the cost to the community. We aim at demonstrating that approaching health issues in the workplace in a holistic manner is a beneficial approach.

What is required at present is (a) evidence-based data, (b) refinement of existing counselling techniques and the (c) instruments for early detection of risk behaviours. The need for evidence-based data will be met by our own research (but any form of contribution is welcome). We must keep in mind how difficult it can be to interact with enterprises and to introduce them to a scientific instead of a strictly pragmatic approach. Nowadays, evidence is available, but to involve small-sized enterprise managers, we need field-based evidence. The need for the refinement of existing counselling techniques is, in our opinion, a real challenge for community-based interventions. An even larger number of professionals will need to be educated in counselling techniques. However, these techniques and the counselling training strategies need to be further studied, evaluated and refined to guarantee efficiency of workplace interventions. Lastly, the need for the refinement of early detection instruments of risk behaviours could be met through our research in which we are using a set of pre-existing tests. These may need to be validated for this new setting. If the existing tests are adequate for the study, we will develop more suitable tests for the medical work setting.

The role of municipalities and associations will be promoted during the year of the pilot study and we hope to involve them to ensure the evidence-based follow-up of the intervention on the community.

If anyone is interested in collaboration, please mail moscatelli@adriacom.it or call (+39)0432559638

## Meeting and Workshop Reports

### WHO Workshop 'Promoting health and well-being through the workplace: mirage or reality?'

WHO Geneva, 9 October 2003

This workshop was organized jointly by the Departments of Health Promotion and Occupational and Environmental Health, WHO Geneva. It considered the questions, why workplace health promotion (WHP) should be an important element of employment practice, and how we can achieve progress in WHP.

The workplace has long been considered a suitable setting in which to promote health. There are several reasons for this, not least of which is that more than a third of the population spends at least a third of its waking hours at work. The size of the target audience is therefore considerable. Associated with this is that many people who make up the workforce belong to groups who are traditionally hard to reach with messages about health, well-being and lifestyle.

Larger organisations usually have systems and procedures in place which can be utilised to promote health and well-being, such as health and safety, occupational health and human resource management. Even if they do not always possess these distinct functions in-house, many smaller organisations will have access to them either as part of the core functions of the organisation or on a 'bought-in' basis. Employing organisations will often have policies and procedures that lend themselves to health promotion. Examples of such policies include workplace smoking policies, alcohol and drug policies, policies on work life balance and flexible working practices. More recently they include policies addressing the issues associated with stress at work.

However, against this positive backdrop exists the fact that the process of WHP varies in both quality and frequency within and between countries. The purpose of this workshop was, therefore, to consider and reflect on the issues facing WHO and ILO as each organisation considers how it might increase its activity in terms of promoting health and well-being through the workplace, and secondly to determine whether there is any possibility for tackling some of the issues around the promotion of health and well-being through the workplace in a more co-operative and collaborative manner.

An overview of WHP was provided, as it currently occurs (predominantly) in the developed world. The fact was highlighted that the workplace as a setting provides a unique opportunity to reach a very large target audience, which contains people who are often difficult to reach with positive messages about health via other means. Many larger workplaces also have systems and procedures in place, which lend themselves to the promotion of health and well-being such as human resource, health and safety and occupational health functions.

A second major basis for WHP is that it can contribute to a reduction in sickness absence (of benefit to the organisation); improve health and well-being (of benefit to the employee) and reduce health care and social costs (of benefit to society as a whole).

Two definitions of WHP were examined. The first, from Wynne (1989) states that *"WHP is directed at the underlying causes of ill health; combines diverse methods of approach; aims at effective worker participation; and is not primarily a medical activity, but should be part of work organization and working conditions"*.

The second definition highlighted was developed by the European Network for Workplace Health Promotion (ENWHP) in 1997. It states that *"WHP is the combined efforts of employers, employees and society to improve the health and well-being of people at work. This is achieved through a combination of improving the work organisation and the working environment, promoting the active participation of employees in health activities, and encouraging personal development."*

The ENWHP statement goes on to note that WHP involves an organisational commitment to improving the health of the workforce; to providing employees with appropriate information; to having policies and practices which help employees to make healthy choices; and to recognising that organisations have an impact on people.

Using the WHO Ottawa Charter as a basis, a template for WHP activity can be developed. This shows that WHP is based on the building of healthy corporate policy, the creation of a supportive working environment, the development of employee skills which are conducive to health, the strengthening of workforce action towards health, and the re-orienting of occupational health services.

The major challenge that remains is *"... to make employers understand that making a healthy choice is a wise business decision... In unhealthy working environments, many employees smoke, some are hypertensive, overweight and sedentary, some have mental and substance abuse problems, many more are prone to lower back pain and a large proportion experience burnout on the job."* (WHO Health for All.)

## Dilemmas

It was recognised that there are differing needs of large organisations and small and medium sized enterprises. A breakdown of small, medium and large organisations for the UK (although the figures are similar across Europe) was presented by numbers of businesses, proportion of total employment and turnover. It was noted that while large organisations (employing >250 people) constitute only 0.2% of the total number of organisations, they employ almost 44% of the workforce. There is clearly merit therefore in continuing to work with larger employers. Small enterprises (<50 employees) make up more than 99% of the total number of businesses. Due to their huge number, they present a challenging group to work with; yet they employ 45% of the workforce. Therefore, to disregard this group of businesses ignores the needs of almost half of the national workforce. Notable points made in the discussion included the need to obtain evidence of the success, or otherwise, of WHP in SMEs, together with a noticeable lack of strategic thinking among the stakeholders on how this group of businesses could be targeted and encouraged to adopt health promoting practice.

Major stakeholders suggested include employers organisations, trade unions, labour ministries and labour inspectorates, health ministries, finance ministries, occupational health professionals, banks and insurance companies, and trade associations and guilds. It was suggested that the following be added to the list: health care workers, universities and institutes of higher education, and health promotion foundations and institutions.

An important point raised in the discussion was that any approach that is adopted needs not only to involve the major national and international players, but also people at the 'grassroots', that is employees themselves and that training has an important role to play here. The importance of community links were highlighted and along with that the notion of community involvement, which would lead to a greater degree of sustainability.

Globalisation was recognised as being both a threat and an opportunity, although it was noted that in practice it has caused a lot of hardship. However a major positive point to arise from globalisation has been the way in which knowledge has been far more easily shared. A further facet of modern day labour market and social trends is that of economic migration and how best to meet the needs of migrant workers.

On the topic of WHP as an element of corporate social responsibility (CSR) it was concluded that WHP can be considered to be an element of CSR and that it can increase in significance when CSR is being promoted. The use of accreditation/reward and recognition schemes was noted due to concerns about the outcomes of CSR actions and the (potentially powerful) role of consumer opinion in influencing decision makers. The question linked to this is how the health and well-being of workers can become a factor in the minds of consumers as they choose an organisation from which to purchase supplies and services.

Key elements of discussion in the final session were the role of the international stakeholders, the development of an overall aim for WHP and the identification of 'next steps' for the group.

Within the context of the role of the international stakeholders, four tasks were identified, namely to act as advocates for WHP, to highlight the importance of a comprehensive approach to WHP in their strategies, plans and publications, to identify and promote good practice in WHP wherever possible, and to provide a scientific/social science basis for WHP.

As part of an overall aim it was recognised that there is a need to encourage organisations to establish partnerships with other key agencies in the fields of economic, labour, social and health development to ensure that the impact of public policy development, corporate policy development and organisational change, promote rather than threaten health. Workshop participants agreed upon the following action points:

- raise the status of the workplace as a setting in which to promote health and well-being within WHO;
- add WHP on the 2005 meeting agenda of the WHO Collaborating Centre task forces in occupational health;
- produce a briefing on WHP which could be presented to a meeting for senior figures within WHO and ILO;
- establish an evidence base for WHP, use existing and establish links with academia;
- ensure that all appropriate links are made between the WHO and ILO websites to improve information sharing;
- aim at setting up a task group/joint working group on WHP at the ILO/WHO Joint Committee meeting in December 2003 to develop a list of priority actions, issue a joint funding proposal and develop a coordinated approach;
- identify donors acceptable to the joint proposals;
- develop models of good practice and identify ways of supporting colleagues in the field;
- develop a WHP project to serve the UN community;
- make links between WHP and issues of concern and interest such as work-related stress.

## The First International Conference of WHO Eastern European Network on Integrated Management of Health Determinants at the Workplace, Ufa, Russia, 21-25 September 2003

*By Akhat B. Bakirov (bakirov@anrb.ru), Ufa Institute of Occupational Health and Human Ecology, Russia*

*The Ufa Institute of Occupational Health and Human Ecology is a WHO Collaborating Centre in Occupational Health*

The Conference was attended by the President of the Republic of Bashkortostan, the WHO Special Representative of the Director-General in Russia, Regional Adviser of the WHO Regional Office for Europe, the Senior Occupational Health and Safety Specialist of the International Labour Office, Heads of the Russian Federation Health Ministry, the Russian Federation State Duma Deputies, Heads of the Russian Academy of Medical Sciences, Bashkortostan Republic Academy of Sciences, Heads of Ministries and Departments of the Republic of Bashkortostan, Heads of the largest industrial enterprises, state and public organizations, and representatives of 20 Russian Federation regions and the Commonwealth of Independent States. Overall, more than one thousand experts took part in the Conference, which was dedicated to the discussion of an integrated approach to workplace health determinants, using European model-based examples of the Russian Federation and Republic of Bashkortostan.

The Conference drew the conclusion that working and health conditions of the Russian Federation workforce were precarious related to reducing the enterprise human resources, the rising health-care costs and economic revival possibility of the country. Conference participants paid special attention to a very low level of life quality and health conditions of working people in various economic sectors including health care workers. It was emphasized that workplace health is an essential element of the national security system. At present, health promotion challenges can be faced using new approaches involving employers and employees, insurance companies, state, public, scientific and other structures concerned in maintaining work ability and employability throughout working life, reducing health care costs caused by occupational accidents and diseases.

The health of the working people should be considered as the most important criterion of public development. It is necessary to recommend local authorities, all concerned external organizations and institutions, as well as executive bodies, to develop and empower regional and sectoral health, economic, environmental, and social policy programmes.

The priority of social objectives of national policy is to increase efficiency of preventive measures at work. Prevention of workers' ill health as compared to its compensation costs is not only the most humane but the most economical approach to social development.

All these issues focus on the development and implementation of the Russian Federation President's Programme entitled "Health of the Russian Working Population for 2004-2015" aimed at considering workplace health promotion as sum total of political, legislative, social, scientific, health and sanitation measures for promoting mental and physical health of every worker, maintaining his or her employability throughout working life, providing health care services and social safety in case of disability.

## Report on the International Congress on Empowerment, Naples, October 13-15, 2003

*By Alberto Zucconi (azucconi@iacp.it), Istituto dell'Approccio Centrato sulla Persona (IACP), Italy*

*IACP is a WHO Collaborating Centre in Occupational Health*

IACP held its first International Congress on Empowerment, which was attended by over 400 professionals. Contributions ranged from paper presentations to poster sessions and experiential workshops, underlining the need for effective strategies of empowerment to promotion of health and well-being in individuals, families, groups, workplaces, schools, hospitals and hospices across the lifespan. Programs at the community and state level where also illustrated. The topics covered included: strategies of empowerment for young children and adolescents, training programs for parents, school teachers, principals, child psychologists, paediatricians and other professionals, private and public workplaces, special community projects for victims of domestic violence and forced prostitution, and minorities.

Of particular interest were illustrations by Senator John Vasconcellos' project in California for the promotion of self-esteem of the state residents, Prof. Dale Larson's work on the empowerment of the terminally ill and of their families and his public campaign published in several U.S. newspapers with a coverage of 7 millions readers, Prof. Barbara Williams' Kids' Workshop for the enhancement of self-respect and self-efficacy of young children, and Prof. Alberto Zucconi's illustration of the use of empowerment in all the different health promotion training programs offered by IACP.

### Last but not least

## The Editor's book tip

Alberto Zucconi and Patty Howell co-authored a book on Health Promotion entitled "Promoting Health and Well-being with a Person Centered Approach". It has recently been printed and distributed in Italy and is part of the teaching material, along with a trainer's guide and participant workbook used by the recently qualified 150 Health Promotion trainers in the 4-day programs taught throughout the Italian peninsula under the aegis of Istituto dell'Approccio Centrato sulla Persona (IACP). The English version will be published in due course.

The book contains 400 pages and an introduction by Dr Francis La Ferla (formerly WHO-Europe). It offers a general overview of the theory and practice of health promotion. It illustrates successful interventions spanning across the individual to the workplaces to the community and to society at large. It draws on the profile of an effective health promoter and shows how promoting health at any level of society means being able to facilitate change by actions of empowerment and the relevance of being able to be people-centered, emphatic and non-judgmental. The common denominators of successful interventions are illustrated, as well as a large number of studies on various health promotion topics and heath promotion programs.

## GOHNET Newsletter - Contributors' Information

### General

- GOHNET is a vehicle for information distribution and communication for all who are involved, active and interested in the subject areas of occupational health.
- The Editor reserves the right to edit all copy published.
- Contributors of all material offered for publication are requested to provide full names, titles, Programmes or Departments, Institute names, and e-mail addresses.

### Why write for GOHNET?

All experts have a professional responsibility to disseminate their views and knowledge. The Network of occupational health experts is constantly growing, and the Newsletter can therefore help you to reach a large audience in the occupational health community. This can help you to make new contacts, exchange views and expertise.

### What kinds of article do we publish in GOHNET?

Our diverse audience means that articles should be not only informative but also engaging and accessible for the non-specialist. We do not accept articles based on data that has not been accepted for publication following peer review. Such articles are more appropriate for submission to a journal.

Articles may provide a broad overview of a particular area; discuss theory; add a critical commentary on recent articles within a GOHNET Newsletter; or debate applied, practical and professional issues.

You can view examples of issued Newsletters, which are available at http://www.who.int/oeh/OCHweb/OCHweb/OSHpages/Gohnet/Gohnet.htm

### How should I go about writing my article?

Articles should be written as for an intelligent, educated but non-specialist audience, as the majority of readers will not necessarily be familiar with the topic of any individual article. Articles need to be written in clear, non-technical language, and aim to engage the interest of the membership at large.

Sexist, racist and other discriminatory or devaluing language should be avoided.

Articles can be of any length from 800 up to a maximum of 2000 words (excluding references), double spaced, with complete references and a precise wordcount (excluding references). Relevant high- quality scanned image materials is also welcome.

### How do I submit my work?

Send your article as an attachment to kortummargote@who.int, or post one copy to:
Evelyn Kortum – Editor of GOHNET
World Health Organization
C/o SDE/PHE/OEH, office L.125
20 Avenue Appia – 1211 Geneva 27 – Switzerland

### Counterpoint articles

If you have a view on an article we have published, your best route is an e-mail or a letter to the Editor. If you wish to add a substantial amount of evidence on a significantly different angle, we welcome commentary pieces of up to 1000 words, submitted within two months of the original piece.

### Conference or workshop reports

Brief reports on conferences or workshops of interest to a wider audience (any length up to 700 words) should be sent, within a month of the event, to the Editor. Focus on what is new and of general interest, rather than including a lot of background information about the conference.

### Reference style

Below is an example of the reference style to be used:

1. Herbert R, Gerr F, Dropkin J. Clinical Evaluation and Management of Work-Related Carpal Tunnel Syndrome. Am J Ind Med 2000 37:62.
2. Pelmear PL. Hand-Arm Vibration Syndrome. An Overview. In: Hand Arm Vibration Syndrome. HHSC Handbook No. 24. 1999. P 2.
3. Piligian G, Herbert R, Hearns M, Dropkin J, Lansbergis P, Cherniak M. Evaluation and Management of Chronic Work-Related Musculoskeletal Disorders of the Distal Upper Extremity. Am J Ind Med 2000 37:75.

## CONTACTS


### WHO headquarters

(www.who.int/oeh/)
Department of Protection of the Human Environment
Occupational and Environmental Health Programme
Geneva, Switzerland
Fax: (41) 22 791 1383
e-mail: kortummargote@who.int

### WHO Regional Advisers in Occupational Health:

Regional Office for Africa (AFRO) (www.whoafr.org/)
Brazzaville, Congo
Fax: (242) 81 14 09 or 81 19 39
e-mail: pulet@afro.who.int

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Pan American Health Organization (PAHO)
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Fax: (202) 974 36 63
e-mail: tennassm@paho.org

Regional Office for the Eastern Mediterranean (EMRO)
(www.who.sci.eg)
Cairo, Egypt
Fax: (202) 670 24 92 or 670 24 94
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Regional Office for Europe (EURO)
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(www.wpro.who.int/)
Manila, Philippines
Fax: (63) 2 521 10 36 or 2 526 02 79
e-mail: ogawah@wpro.who.int



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