

2003-2004



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[European Network for Workplace Health Promotion]

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Editorial

Dear Readers,



This edition of the ENWHP Newsletter has a wide variety of articles and news items that we hope you will find both interesting and useful and which contain a number of 'firsts' for example:

This issue's country profile will focus on the development of

National InfoGate WHP

- Austria
- Belgium
- Bulgaria
- Canada
- Czech Republic
- Denmark
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Liechtenstein
- Luxembourg
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Spain
- Sweden
- Switzerland
- United Kingdom

Tell us your News

You have information on recent developments in WHP, details of forthcoming events or reports of meetings that have already taken place?

[Click here...](#)

Your opinion counts

This newsletter is...

- [very useful](#)
- [somehow useful](#)
- [of no use](#)

Newsletter archive

- [Newsletter #1 - 2003](#)
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Forward newsletter

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WHP in an accession country - the first time that this has happened.

The Business case is central to ENWHP's fourth initiative, and so is the creation of WHP infrastructures in the European countries. In the News section you will read reports describing the establishment of national forums in Switzerland, Bulgaria and Germany with the first meetings of the forums either having taken place or being planned. Many other forums, like in Romania, are up and running as well. They all will be presented at the Network's European conference in Dublin in June 2004, which will conclude the Network's 4th initiative.

Several of our news and feature articles deal with issues associated with the economic benefits of WHP. An interview with Uwe Lenhardt provides detail about the Business Case, EU Commissioner David Byrne develops the proposition that health is a fundamental component in the creation of wealth; and Wolf Kirsten asks whether the productivity approach adopted in American health management can be a successful model for Europe.

This issue also provides a model of good practice from France, where automotive supplier Faurecia takes a holistic approach to health management actions in the field of musculoskeletal disorders. And finally - with the upcoming holiday season in sight - we show to you why Charles Dickens was one of the first advocates of workplace health promotion.

May the year 2004 see a continued development of good whp practice across Europe, a successful event in Dublin and a greater recognition by all stakeholders of the enormous potential which workplace health promotion offers.

May we also take this opportunity of wishing all our readers a very happy Christmas and a healthy and prosperous New Year.

The Editors

John Griffiths
Thomas Theuringer

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News from ENWHP

Business Case: Commissioner Byrne makes the connection between health and economic competitiveness

November 4 --- Commissioner David Byrne has signalled the opening of a new front in his battle to put health at the centre of the EU's agenda. Addressing the European Health Forum in Bad Gastein on 3 October, he stated his determination to address the economic case for EU action on health. The collection of economic arguments is also a major priority of the ENWHP and part of its 4th initiative.

"For Finance Ministers, the words "health", "spending" and "bottomless pit" tend to go together. Therefore, if we are to win the argument for greater European co-operation on the protection and promotion of health, we must speak to Finance Ministers on their terms and in their own language. They must be convinced that intelligent investment in health increases financial choice and feeds economic productivity. To do this, the argument about health needs to be turned on its head - we must begin to ask not simply what economists can do for health, but what health can do for the economy."

Commissioner Byrne cited the "health gap" between the existing EU Member States and the 10 countries due to join the EU in May 2004 as an immediate and pressing challenge to the EU's economic and social agenda. He urged the EU to acknowledge the wider policy implications of this and to make health status one of the convergence indicators measured by the EU in its spring economic summits: "We cannot seriously discuss economic convergence, without looking at the gap in life expectancy of between 5 and 10 years, between those at the top and those at the bottom of the scale. We need new indicators for a new Europe."

Commissioner Byrne pledged that a Commission Communication on the future of health policy, due to be presented later this year, will set out a "health economics framework" for the EU. This will aim to give health a central place in the EU's economic and social agenda and ensure coherence between the EU's policies in these areas. For example, the use of the EU's structural funds would be reviewed to ensure they address health needs in the most productive way.

"There are many areas of European co-operation on health which could have significant economic benefits. Practical co-operation between regions, centres of excellence and providers could lower some costs. Making better information available to patients and professionals will improve decision-making. More progress on rational prescribing and more efficient pharmaceutical policy will have a critical effect on supply and demand costs. We also need more effective public health decisions. The public health programme has a general goal to strengthen our capacity to assess and evaluate health strategies and interventions. We need to use economic analysis to anchor health concerns in other European policies. "

A first step in this process will be the funding of a series of high profile case studies by the Commission to highlight its new approach to health economics.

Source: Consumer Voice, October 2003

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EU Report on equality, diversity and enlargement

November 1 --- In October 2003, the European Commission published an independent report on the progress made in putting into place anti-discrimination legislation in the countries due to join the European Union in the coming years, in response to the EU Directives on the issue. The study finds signs of progress with regard to the drafting and adoption of anti-discrimination legislation in many countries, but notes that all of the countries must do more before accession. For more background and findings of the report visit European industrial relations observatory online

<http://www.eiro.eurofound.eu.int/2003/10/feature/eu0310207f.html>

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Stress at Work: ILO experts discuss over draft Code of Practice

October 9 --- Experts gathered in Geneva from October 8th until October 15th to develop a Code of Practice which will provide guidance to stakeholders responsible for addressing the issues of violence and stress in service industries. The Code of Practice will be based on a draft which identifies the roles and responsibilities of national governments, employers' and workers' organizations, as well as of the general public, customers and clients. In the appendix of the draft text references are made to relevant national legislation, violence and stress risk factors and short studies of sector- specific information on violence and stress.

Mental health at work has also been the subject of a special ENWHP project lead by BauA in Germany, its results being published in the beginning of 2004. For more information on the ILO meeting and the draft for download are available on the following website:

<http://www.ilo.org/public/english/dialogue/sector/techmeet/mevsws03/index.htm>

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EuroHealthNet's new project on tackling health inequalities and social exclusion in Europe

October 8 --- EuroHealthNet has presented the results of a project on the issue of health inequalities and social exclusion, which was coordinated together with the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), which also acts as National Contact Office of ENWHP, and financed by DG Social Affairs -under its Action Programme to combat social exclusion. The objectives of the project, in which 11 countries participated, were:

- to analyse the complex interrelation between poverty, social exclusion

and health inequalities. Part of this analysis addresses inequalities in access to health services in Europe.

- to contribute to the Open Co-ordination Process by analysing health issues in several National Action Plans and by formulating recommendations for policy review.
- To develop an approach for cross-national exchange and comparison of effective policies and practices in Europe to tackle health inequalities, poverty and social exclusion.
- to build and maintain relationships within and between National health promotion agencies and the EU institutions working in the area of health inequalities and social exclusion, as well as relevant EU networks and national and international organisations working on social exclusion and poverty. The aim was to provide information to professionals and policy makers regarding health inequalities, social exclusion and poverty and to facilitate communication.

As results of this project EuroHealthNet presents

- a health audit - or a comparative analysis of health in the National Action Plans by public health experts of the national public health or health promotion agency.
- A literature review to explore the existing information on this topic Both can be found on the Networks' website www.eurohealthnet.org. Furthermore, EuroHealthNet staged an expert meeting to formulate recommendations on national level for future National Action Plans and to extrapolate recommendations on EU level.
- A subsequent project that will focus on exchanging best practices and on effective policy development and implementation in this area is in planning.

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News from Members & Partners

Switzerland

Swiss WHP association established

December 1 --- The Swiss Association for Workplace Health Promotion is now operating. On November 20th, a variety of Swiss companies met in Bern to establish the national association under the patronage of the State Secretariat for Economic Affairs. The companies, including SBB AG, Swisscom, F. Hoffmann-La Roche, Manor, Migros Genossenschafts-Bund, Zürich Versicherungen express their voluntary and public commitment to promote the health, performance and motivation of their employees.

The foundation of the "Swiss Association for WHP" (SVBGF) should be seen as a response to the ongoing changes in the world of work, which are having a substantial impact on Swiss companies and the health of their employees. These changes include - an increasing orientation to the service sector, an ageing workforce, the rising importance of work-life-balance particularly for women, technological innovation, ongoing re-organisation and greater flexibility of working time. All of these impose new risks to health which can only be addressed through the development of appropriate strategies at the corporate level. The integration of WHP into company quality management systems combines behavioral and environmental prevention in the company.

The Swiss Association for WHP will serve as a platform for the exchange of experiences and ideas between its members. It also seeks to develop common activities in the field of WHP at a corporate strategy level and as part of corporate culture. The Association's statutes stipulate that members must accept the quality criteria defined by the ENWHP which is pursuing the goal of establishing infrastructures in all member states.

For more information please contact the NCO for Switzerland, Dr. Joseph A. Weiss

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United Kingdom

Stress enhances violence in the workplace

December 1 --- Recent research conducted in the UK indicates that raised levels of stress might be at least partly responsible for the increase in violence in the workplace in the UK. The findings of the London Chambers of Commerce (LCC) survey reveals that 1.3 million workers in the UK suffer from violence in the workplace each year, with 4.3 per cent of London employees experiencing "unprecedented" levels of threat and intimidation. The LCC claims that some of this violence is caused by stress.

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Austria

Doctoral Thesis shows WHP limits in Austrian public administration

November 30 --- A new doctoral thesis recently published by Manfred Elmecker shows the scope but also the limiting factors of WHP in the Austrian public service. The study, based on the project "GFZ - gesund-aktiv in Finanz & Zoll" (Healthy and Active in Finance & Customs) for the Upper Austrian Financial Department, aimed to research sustainable effects of WHP.

The defined objective of this doctoral thesis was to provide an insight into the topic of workplace health promotion by looking at workforce and organizational matters from a theoretical as well as a practical viewpoint. The study showed that WHP could stimulate a process of problem solving if its implementation follows a holistic approach.

The thesis was developed through three stages:

- In the first stage, general conditions of business and economics as well as the theo-retical background of workplace health promotion were analysed. Both internal and external factors were examined carefully and total societal effects were discussed.
- The second stage produced an analysis of previous workplace health promotion measures in private industry as well as in the public sector. While in the third stage conclusions were drawn and recommendations made.
- Finally, the outcomes of the implementation of workplace health promotion in the Financial Department of Upper Austria were examined empirically in order to demonstrate if and how the implementation of measures for WHP were successful and, importantly, the lessons that can be learned which will inform future action. Corresponding conclusions and a summary with suggestions for further possibilities constitute make the final part of the doctoral thesis, which can be ordered at manfred.elmecker@utanet.at

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Bulgaria

Bulgarian National WHP Forum kicks off

November 20 --- The creation of a national Forum for workplace health promotion becomes reality. On November 14th, ten stakeholder organisations including the Ministry of Health, the Confederation of Independent Trade Unions in Bulgaria and the Union for Private Economic Enterprise, established the Bulgarian Forum under the title "Healthy and Safe Workplaces". At the meeting held at the Bulgarian Industrial Association, a permanent working committee was created to steer the forum's conceptual and operational activities. It will also prepare the forum's next meeting on December 12th. The establishment of national WHP forums in all ENWHP member countries is part of the European Network's 4th initiative, which pursues the goal to create and link WHP infrastructures all over Europe. So far, national forums have been established in ten countries. Ten additional countries plan to install similar networks in the near future.

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Germany

Fair review: A+A reflects growing role of healthy workplaces

10% increase in visitors at the safety & health fair in Düsseldorf / German Network for Workplace Health Promotion holds inaugurational conference

November 1 --- The world's largest exhibition and congress on safety & health at work, A+A in Düsseldorf, closed on October 30th after 4 days, posting an increase in visitors of more than 10% over previous years. Over 53,000 trade visitors came to gather information on the latest trends in the field of corporate health and security management and the Congress itself had around 6,000 participants. A clear and positive message was sent out from the Congress, summarised in his keynote address by Bruno Zwingmann, Managing Director of the Federal Working Group for Security and Health at Work, who said that: "Prevention is part of the output chain, the success of the measures deployed in corporate health and security management can be gauged and safeguarding and improving the quality of work and the workplace play an increasingly essential role in companies."

Among the participants was Federal Minister for Labour and Economics, Wolfgang Clement, who welcomed the motto of the A+A Congress saying the title "New Quality of Work - people-friendly and efficient" highlighted the effect of good conditions at the workplace on the capacity and output of staff. At the same time, Clement invited all national and international supporters of the "New Quality of Work" initiative to further intensify their efforts in the interest of all employees and the economy as a whole.

The "Initiative for New Quality of Working Life" (INQA), an association of the federal and state governments, social insurance partners, social partners and companies is cooperation partner of the German Network for Workplace Health Promotion, which held its inaugurational conference at the A+A. DNBGF was created as a result of an initiative of the European Network of Workplace Health Promotion ENWHP which aims to establish informal infrastructures and national networks in each of the Member States.

The next A+A event will be held in Düsseldorf from 24 - 27 October 2005

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European Foundation for the Improvement of Living and Working Conditions

First report on working conditions in the acceding and candidate countries

November 13 --- For the first time, a new report published by the European Foundation for the Improvement of Living and Working Conditions, analyses the Working conditions in the 13 accession and candidate countries in a comprehensive manner. Gauging the status of issues ranging from stress in the workplace to types of employment or working hours, the report attempts to portray a realistic picture of the working environment of these countries as they take this critical step towards an enlarged Europe. Website for download of the report: <http://www.eurofound.ie/publications/files/EF0306EN.pdf>

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Netherlands

Dutch campaign "Commuter Cycling to Work" is a success in it's first year

The Dutch campaign "Commuter Cycling to Work" is within sight of its goals for 2003. The main targets were to stimulate employees to exercise at least half an hour a day and to involve at least 5000 extra active participants in the campaign in the year 2003.

COS (a development organisation for sustainable energy), the Dutch Centre WHP (now NIGZ/GBW) and the Dutch Cyclists' Union have initiated this campaign. At the end of the first campaign period (yearly from 1 April till 1 October) an evaluation was undertaken and the first results obtained. The conclusion from this evaluation is that most of the targets were met. More than

22000 employees took part in the campaign, an increase of 7000 people over the COS campaign of 2002. 8000 employees were first time participants who had not taken part previously and 45% of the new participants (nearly 4000 people) didn't cycle to work before this campaign.

The co-operating organisations are pleased with this result because they know that it is very difficult for such a campaign to prove itself within one year. One of the main reasons being that it takes a great deal of time for the management of larger companies to decide to participate. A lot of companies have declared an interest to participate in the year 2004 but for many of them participation in 2003 was too early.

The new, supporting, website www.fietsnaarjewerk.nl had received 44000 visitors by mid-October, two times more hits than were received in 2002 by the then two individual websites of COS and NIGZ/GBW on which this new website is based.

For evaluation 300 questionnaires were sent to participants, more than half of which were returned. Outcomes include: people have become physically more active, from the inactive ones 35% began cycling to work. More than half of all the respondents cycle 4 or 5 days a week between 10 and 15 kilometres to work. The main arguments for participation in this campaign are better health, love to cycle, the environment and the fact that this campaign raises money for developing countries. The participating organisations give money for each kilometre their employees cycle to work.

For more information about this campaign you can contact [Pieter Ledema](#), the project co-ordinator.

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United Kingdom

HDA presents new compendium on health inequalities

November 10 --- The Health Development Agency presents a new compendium featuring local and community projects from across England. The projects have submitted examples of their work in response to nine regional consultation events organised by the Department of Health on tackling health inequalities. Overall, the compendium demonstrates that tackling health inequalities is not just an issue for the health sector but covers other areas such as education, housing and transport. The 180-page compendium can be downloaded from [HDA's website](#).

United Kingdom

It's Good To Talk

November 3 --- All around Wales, in public organisations and in many private firms, there are staff who take professional and personal pride in helping to make things better, safer and healthier for their fellow employees.

It's a tough challenge - striving to maintain a fit and happy workforce, able to cope with the pressures of modern business and home demands and persuading employees to change unhealthy lifestyles. The value of talking was demonstrated at The Corporate Standard Networking Conference and workshops in Cardiff which took place on 22nd October, when more than 80 delegates from the public and private sectors in Wales met to share information and ideas.

Delegates were particularly struck by the range of activities and level of resources devoted to workplace health in Scotland and the value of the European Network for WHP. Conference organisers A2, who work extensively with both NHS Scotland and the European Network, brought in Miriam O'Connor and Thomas Theuringer respectively to encourage delegates to make use of others' experiences.

Within the workshop sessions delegates questioned panels consisting of people who have achieved a high level of workplace health promotion. As a result much useful information was exchanged. As one delegate commented "We want to improve but we have limited resources. The great value of networking like this is that we don't have to keep reinventing the wheel."

that we don't have to keep reinventing the wheel.

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☰ Netherlands

A new health campaign for people with asthma or COPD: Healthy Air Works Better!

November 3 --- The Netherlands Asthma Foundation, together with NIGZ/GBW initiated a new health campaign on the subject of asthma and COPD at work, called Healthy Air Works Better. This campaign wants to make sure that people with asthma or COPD complaints will continue working or will find a job that fits them. Unfortunately too many people with asthma or COPD stay at home because of their disease.

10 to 15% of the Dutch employees have asthma or COPD (chronic Obstructive Pulmonary Disease). The amount of people with airway complaints is still rising. Estimations are that within a couple of years 20% of the employees will suffer with airway complaints. Reason for this estimation is that children start smoking at an earlier age and young children are more allergic then in the past. Also the pollution in indoor- and outdoor environment plays its part in this, together with ones lifestyle.

Possible measures

Employers can do a lot to keep the workplace clean, healthy and safe for employees with asthma and COPD. Some possibilities are:

- No-smoking policy
- Plants at work (they clean the air)
- Clean ventilation systems and good air circulation
- Regularly cleaning of the workspaces, without any strong smelling cleansers
- Replacing of dangerous substances for less dangerous substances
- Make sure that people with asthma or COPD have flexible work hours and an healthy workplace
- Give colleagues information about the nature of the disease and ask for their consideration.

The campaign will provide for the necessary information material, e.g. a seven step plan Healthy Air Works Better! on how to implement a healthy Air policy and a brochure for employees with background information on the disease. People from the Asthma Foundation will be trained to give information on the subject of asthma and COPD at work, to employers and employees. In addition there will be training for WHP professionals and for employees with asthma and COPD itself in order to improve personal effectiveness at work. It is also planned to develop a website to support the project. For more information please contact [Lenneke Vaandrager](#).

More news can be found on www.enwhp.org

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News Flash

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|---|--|
|  Irish Times
25.11.2003 •  [~ 0.03 mb] | Life expectancy is state among lowest in Europe |
|  Herald
21.11.2003 •  [~ 0.08 mb] | Stress is work's biggest health hazard |
|  Czech News Agency
12.11.2003 •  [~ 0.11 mb] | Prevention to lead to higher labour security |
|  El Pais
28.10.2003 •  [~ 0.02 mb] | High rate of accidents and disabled people over the age of 60 |
|  El Pais
23.10.2003 •  [~ 0.02 mb] | 200 Spanish firms join pact to respect labour and Human rights |
|  Agence France Press | Irish unions back plan for workplace |

- 15.10.2003 • [~ 0.06 mb] [smoking plan](#)
-  **European Report**
08.10.2003 • [~ 0.02 mb] [Enlargement: social discrimination must end in old and new member states](#)
-  **Stuttgarter Zeitung**
05.10.2003 • [~ 0.03 mb] [Fit at the workplace - With good example \(in German\)](#)

Upcoming events

Find about forthcoming meetings and conferences on WHP in Europe:

	Shanghai	17th-19th December 2003	International Occupational Safety + Health Conference
	Gothenburg	19th-21st January 2004	Workplace Health promotion - Practice and Evaluation: Part III
	Lugano	29th-30th January 2004	6th National Conference on Health Promotion
	Brussels	30th-31st January 2004	Work life and EU enlargement
	Brussels	30th-31st January 2004	Joint OSH strategy for the enlarged Europe
	Düsseldorf	4th-5th March 2004	New Quality of Work - 3rd Northern German Forum for Occupational Health

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Background

Country Profile:

The Promotion of Health at Work in Poland

By *Patrycja Wojtaszczyk, Elzbieta Korzeniowska, Krzysztof Puchalski and Jacek Pyzalski. Nofer Institute of Occupational Medicine, National Centre of WHP / ENWHP National Contact Office for Poland*



Up till the end of 1980's the traditional approach towards employees' health was limited to avoiding breaches of safety regulations and preventing occupational diseases. Workplace health promotion (WHP) activities in Poland began in 1989 when, for the first time, WHP was included in the curriculum of courses for occupational medicine physicians conducted at the Nofer Institute of Occupational Medicine (NIOM) in Lodz and in 1996 The National Centre for Workplace Health Promotion (NCWHP) was established. A group of sociologists had been working at NIOM since 1986 and in 1994 the Institute underwent a structural reorganisation which led to the Health Promotion Department being set up and which in turn became The National Centre two years later.

At the same time the idea to develop a national structure for the dissemination and support of workplace health promotion programmes emerged. This process was to a great extent encouraged by international activity such as the way in which the role of health promotion and disease prevention was highlighted in The Maastricht Treaty together with the World Health Organisation documents concerning the process of building national structures to stimulate workplace health promotion activities and to educate and strengthen co-operation of enterprises promoting workers' health.

Also the official view on health promotion in Poland changed and the concept was finally incorporated into law in 1997. In the Polish National Health Programme (6th goal) it was stated that there was a need to increase effectiveness of health education and health promotion in society. The document indicated the following settings appropriate for health promotion: city, school, enterprise and hospital. Workplace health promotion appeared also in Polish legislation concerning OHS. One of the basic activities of this sector is implementing health promotion, especially comprehensive workplace health

promotion programmes.

According to the official state statistics (GUS) the unemployment rate in Poland among people aged 18 - 65 during the last two years was approximately 17 - 19%. It creates a situation in which investing in human resources and personal development is not seen as an important issue for employers and employees. This is one of the reasons why whp promulgation has not been yet very successful. Other reasons are: crisis and stagnation in the economy, problems with the state budget deficit and the general lack of investment in academic research.

First steps of the NCWHP

In 1996, The NCWHP was established within the structure of The Nofer Institute of Occupational Medicine, Łódź, Poland. The main objective of the Centre's activities is to support implementation of comprehensive health promotion programmes in Polish companies. According to the concept developed at NCWHP, a health promotion programme is a process which is carried out (within the general policy of company management) to support a company's economic development. It comprises specific activities intended to ensure the well being of the company's staff. WHP are all those health related activities which go beyond health and safety regulations. It is much more than occupational disease prevention rather it is the recognition that employee health is an asset of the company.



Dr. Elzbieta Korzeniowska,
head of the Centre, with
Dr. Krzysztof Puchalski,
one of the founding fathers

Health promotion programmes as defined above are still a novel concept in Poland. Thus, it is necessary to ensure that there are appropriate conditions in place at company and infrastructure level which enhance the practical implementation of this approach. Much effort has been undertaken at NCWHP to create such conditions. The expertise in the field has been greatly appreciated by international experts and therefore in 2001 NCWHP became a member and National Contact Office for European Network for Workplace Health Promotion.

The National Workplace Health Promotion Network

The key element in developing the strategy of whp dissemination was the fact that health promotion is in reality an optional activity, not required by law, except for safety regulations. It highlights the issue of creating an effective way of communicating with employers, employees as well as with occupational health specialists and safety inspectors in order to gain their interest and win the support of those stakeholders to disseminate the concept of whp and to create conditions under which whp implementation becomes an attractive innovation. The strategy had to be aimed at motivating and teaching those groups to promote health and make it a part of business.

The National Network of Workplace Health Promotion has been considered an answer to that need. The strategy of implementation and development of a National Network has been prepared in 1997 under the World Bank project TOR 1.1.1.7. The National Network consists of:

1. Coordinator - The NCWHP
2. Local centres and local whp leaders
3. Supporting centres
4. Health promoting companies and company leaders

The local leaders are people trained to work with companies as experts on whp programmes. The leaders are people who are active in the field of whp and stay in touch with the Centre and other leaders. Their work is mainly to reason the management of a company into whp intervention and then to build in the company a team of people that are willing and capable to plan, implement and evaluate a whp project. Being a leader is not yet a profession but it becomes an opportunity for occupational medicine doctors, nurses or safety inspectors to enhance their position within an organisation they work for or with. It is also an important part of managers' work, especially those responsible for HR. Therefore, most of the courses are open to people of different professions.

The first set of courses was held at the end of 1990s and was prepared for

safety inspectors and sanitary and hygiene professionals, followed by occupational physicians. Due to several reforms in the system of health care and administration many of those trained people were not able to work as whp leaders. To prevent the migration of trained leaders to schools or other organisations NCWHP took a novel approach to the selection process. Special courses have been run for the most active local Centres. The outstanding leaders have been offered a chance to build teams within their organisations. Thanks to this change some of the Centres developed their own local networks. At the end of 2002 the most successful Centres formed regional coalitions with Labour Inspection, Safety Inspection, local authorities, media, employers and companies, and sometimes with Social Insurance offices or private insurance companies. These coalitions develop more comprehensive and very effective programmes for organisations in the region and discuss plans and activities with the National Centre in Łódź.

Education

The NCWHP has organised courses in whp attended by around 200 local leaders and more than 400 representatives of companies. The courses covered basic whp issues, topic oriented project (especially smoking) or were designed for specific companies as a part of programme building. The specialists from the Centre cooperate with several universities where whp is in the curriculum, especially for marketing and management students. Materials published by NIOM on health promotion have been sent to all Polish universities and colleges that conduct health promotion related courses for students. Health promotion became also an integral part of courses for doctors organised at the Nofer Institute School of Public Health.

Marketing the concept

The leaders cooperating with the Centre participated in whp programmes organised in roughly 240 companies (up till 2000). Four of the Regional Stations organised local whp fora and strategies of working with organisations in the voivodships that include several tens enterprises (in each region). The Centre publishes marketing materials and distributes them among companies and stakeholders. A series of guidebooks, leaflets, posters and gadgets has been prepared for leaders and company managers. In the year 2000 the 1st National Conference on Workplace Health Promotion took place in Szczyrk. It was organised for OSH specialists, Network members and company representatives. The key issue was the presentation of models of good practice. The participants signed also a declaration on whp (the document is available in the marketing materials for employers and on the web). Since 2002 the Centre has developed a website with all the relevant information concerning whp. Some of the tools and papers are available online. Next year the website will become a platform linking all the active leaders and coalitions.



"Health can do more".
This mascot boosts
the centres message.

The Nofer Institute supports the dissemination of the concept by including it into the consulting work carried out for the Ministry of Health. The implementation of whp into legislation concerning OSH was to a great extent encouraged by NIOM. Usually conferences on occupational medicine organised annually by NIOM include a session on whp.

Implementation of whp programmes

The leaders educated at the Centre so far reported developing whp programmes in ca. 250 companies. The Centre itself works closely with some major enterprises and usually supervises the work undertaken by local leaders. Four regional coalitions (local whp fora) developed strategies and implemented whp activities in several tens organisations. The Centre started also a sub-net of around 30 smoke - free enterprises.

Research

The Centre monitors systematically the situation in Polish enterprises and the development of whp programmes, concentrating on the quality and also looking for success factors. It researches also sociological aspects of health - especially health beliefs, behaviours and attitudes towards health promotion among employees, employers, OSH specialists etc. The latest comprehensive research concerning ageing workforce has been conducted in 2002. The results of that research are still under analysis. The Centre prepares also methodology of whp programmes implementation and publishes guidelines, assessment and evaluation tools.

Evaluation tools:

Evaluation and monitoring

Several projects aimed at monitoring of whp programmes dissemination have been conducted:

- 1999, ongoing - evaluation of whp leaders activity
- 1999, 2002 - evaluation of Regional Occupational Medicine Stations' activity in the field of whp
- 1998, 2000, 2001 - evaluation of companies' activity in the field of whp
- 2002 - research on the attitudes and activity of occupational medicine doctors in the field of whp

The results of those projects have been published in Polish occupational medicine journals and presented at national and international conferences. They were also a key element in planning the strategy for the dissemination of whp.

Future prospects

For further development of workplace health promotion the following tasks have to be undertaken:

- creating the market of whp services among managers
- developing regional strategies for whp
- advocating whp at the national level
- active participating in the initiatives conducted by European Network for Workplace Health Promotion

Those tasks can only be realised by co-operating on a larger scale with institutional stakeholders. The 4th initiative of ENWHP laid grounds for such a collaboration. It is still an on-going process that has to be continued in the future.

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