European Network for Workplace Health Promotion

www.enwhp.org
Healthy Employees in Healthy Organisations

Since it was established in 1996, this has been the vision of the European Network for Workplace Health Promotion (ENWHP). The Network was founded when the European Union adopted the Programme of Action on “Health Promotion, Education, Information and Training” to improve public health standards in Europe in which workplaces were accorded a special role. Health promotion for employees has after all verifiable effects and serves the common interest as well as promoting social and economic prosperity.

Since it was established, the ENWHP has grown steadily with a current 31 members from national safety and health and public health organisations from the EU Member States, Switzerland and countries of the European Economic Area.

Over these years the network has made quite an impact: successfully formulating a general definition for workplace health promotion (WHP) in Europe; developing standardised criteria for good quality WHP and publishing reports with models of good practice from a wide range of industrial sectors. The ENWHP has also developed a European toolbox of successful practices and identified strategies to help keep workers longer in employment. In addition, national networks were established by the Network in recent years on national level to disseminate information on WHP to a wider audience.

However, to turn our vision into reality there still remains much to be done. A large number of companies and organisations still need to be convinced that WHP is a worthwhile investment. We are confident that by working together on our new initiatives, including our campaign to promote healthier lifestyles at work, we will continue to be successful over the coming years.

Dr. Maria Dolores Solé, Dr. Karl Kuhn
Chairpersons of the ENWHP
Promoting Health at Work
Workplace Health Promotion

Workplace Health Promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work.

This can be achieved through a combination of:

- improving the work organisation and the working environment
- promoting active participation
- encouraging personal development.

Luxembourg Declaration, 1997*

The ENWHP projects carried out up to now were all based on the Luxembourg Declaration.

WHP aims to prevent work related diseases, encourage health potential and improve well-being at the workplace. Strong consensus between organisational and personnel development departments in the company is necessary to run voluntary activities that lie outside the legal requirements of traditional safety and health laws.

Workplace health promotion (WHP) is not just theoretical. It is taking place in enterprises and organisations with practical programmes running on-site. But, if the WHP measures are to bring real and long term improvements for the employees and to become a model for success, their quality must be guaranteed.

Companies need examples of good practice they can use as guidelines. In response, the Network has developed and is continually monitoring quality criteria against which “good practice” can be measured.

* This Declaration was updated by the Network in 2005.
The European Approach

The work of ENWHP is based on a broad and comprehensive approach to promoting workplace health:

- **Healthy work is a social process** and is therefore the result of action by various stakeholders in and outside enterprises. The main drivers are leadership and management practices based on a participative workplace culture.

- **Healthy work is the result of an interplay of various determinants**, which include the overall strategies and policies of decision makers, the quality of work environment and work organisation, as well as personal health practices. These determinants can be influenced by a number of processes, which follow the management circle, e.g. building infrastructures, good communication to ensure transparency and participation, implementation and continuous improvement.

- **Healthy work has an impact on the quality of working and nonworking life** and contributes to the level of health protection of communities and populations (public health). The result is not only better workplace health but also the improvement of enterprise performance which in turn contributes to improved social and economic development at local, regional, national and European level.
**Effectiveness and Benefits**

Research has shown that workplace health promotion (WHP) should not be regarded as a “fringe benefit” but is economically worthwhile for companies, employees and for the social insurance systems. For the company, long term reductions in sickness rates bring increased flexibility and their healthy, well-qualified and motivated employees increase productivity and build the capacity for innovation.

Meanwhile a number of studies have shown that every Euro spent on WHP leads to a return in investment (ROI) of between 2.5 € and 4.8 € due to a reduction in absenteeism costs. WHP is also a prestige factor which helps to improve the public image of a company and makes it more attractive as an employer.

There are positive effects for the employees as well when they are under less pressure and they suffer from fewer health problems. In a pleasant working environment the feeling of well-being and enthusiasm for work is naturally far greater. A general feeling of health consciousness is created which spreads beyond the confines of work. The social security systems also benefit from WHP with less demand for medical and rehabilitative care and employees who stay at work longer. Cross national analyses indicates that social insurance systems can save 1/3 of their costs for work-related diseases through health prevention measures.

WHP provides a win-win situation for both employers and employees!
The European Network for Workplace Health Promotion
Aims and Tasks

ENWHP has set out to achieve these targets:

▶ Creating supportive national infrastructures in all the ENWHP member countries to involve the relevant institutional and non-institutional stakeholders in identifying and disseminating good WHP practice according to national priorities and to take an active role in sharing experience and knowledge at European level.

▶ To significantly increase the number of European employees who work in enterprises that are committed to practices and policies for promoting health.

Tasks

To increase awareness of WHP and promote responsibility for health with regard to all stakeholders

Identify and disseminate models of good practice

Develop guidelines for effective WHP

Provide successful methods for the implementation and

Gather arguments for investing in WHP

Address the specific challenges of working together with small and medium-sized enterprises (SME)
The ENWHP

… organises the exchange of experience throughout the whole of Europe
By holding conferences and meetings, producing publications and creating and linking national infrastructures (national networks for WHP) – not only among the network members but with all professional groups involved in WHP and keen to play a part in its dissemination.

… identifies “Good Practice” necessary to provide enterprises with a uniform and consistent orientation framework. The Network has therefore developed and is continuing to monitor the quality criteria for assessing “good practice”.

… collects, analyses and disseminates information about WHP and related issues and shares knowledge with interest groups and decision-makers from politics, industry and society.
Learning from Others – Joint
ENWHP Initiatives
Quality Criteria – Success Factors for Workplace Health Promotion Programmes

1st Initiative 1997–1998

Successful WHP depends on good quality practical implementation. The first ENWHP project therefore began by identifying companies in the Member States which set an outstanding example in the field of WHP.

To start this process an extensive catalogue of quality criteria for WHP was produced and a questionnaire was drawn up for companies to assess their own activities.

Quality Criteria for a good WHP practice

1. WHP should be a management responsibility with:
   – support and integration of management and executive staff
   – integration in company policy
   – provision of sufficient financial and material resources

2. Employee participation in planning and implementation of the WHP measures.

3. WHP should be based on a comprehensive understanding of health

4. WHP should be based on accurate analysis and continually improved.

5. WHP should be professionally coordinated and information should be made available regularly to all the staff.

6. The benefits of Workplace Health Promotion are evaluated and quantified on the basis of specific indicators.

Establishment of the Network  Luxembourg Declaration  1st European Conference in Bonn

1996  1997  1999
Not a Question of Size: Health Promotion in Small and Medium-Sized Enterprises

2nd Initiative 1999–2000

Workplace health promotion (WHP) activities take place mainly in large enterprises where the necessary infrastructures are usually in place. The experiences made in this setting cannot simply be transferred to small and medium-sized enterprises (SME), because the organisational and structural differences between these types of companies are simply too great.

In Europe, the large majority of employees work in SME which employ less than 250 staff, and the tendency is rising. This is why the ENWHP has laid special emphasis on employees’ health in SME. Between 1999 and 2000, during the 2nd joint initiative, the Network developed criteria for good WHP practice in small and medium-sized enterprises and collected and documented relevant models of good practice.

Beyond the scope of this initiative, specific needs and challenges of SME are still being addressed by the network in topic related projects and by the work of national networks.

2nd European Conference in Lisbon:
passing of the Lisbon Declaration

2000
Health Promotion: A Success Factor in Public Sector Reform

3rd Initiative 2001–2002

Since the nineties there has been growing consensus across Europe for modernising the public administration sector. Plans were made to make cuts in public services and to increase efficiency in public administration. The question of how to improve the effect of public investment also has an influence on human resource management and work organisation.

Particularly in the public sector, which exists mainly to provide services, the employees are a crucial resource in increasing competitiveness against their rivals in the private sector and for being able to understand customer requirements and providing new services. The manner in which staff are managed, motivated and qualified has an enormous influence on their well-being and consequently on their efficiency and the quality of their work.

Against this background, workplace health promotion (WHP) strategies can create a significant added value in the public sector reform process. For this reason, the ENWHP examined the situation regarding WHP in public administrations in Europe in its 3rd joint initiative and documenting models of good practice.

3rd European Conference in Barcelona: passing of the Barcelona Declaration
A Network of Networks: European-wide Networking of Workplace Health Promotion

4th Initiative 2002–2004

To publicise the role of workplace health promotion (WHP), closer co-operation is necessary between governmental organisations, professionals and other stakeholders in every country. National infrastructures should be created to provide platforms for the exchange of information and for concerted action, involving all relevant interest groups including social partners, governmental bodies, social insurance organisations and companies.

Since October 2002 the ENWHP has been setting up WHP infrastructures – consisting of national networks – in each European country:

- Österreichisches Netzwerk Betriebliche Gesundheitsförderung, Austria
- Netwerk voor gezondheidsbevordering op het werk Réseau pour la promotion de la santé sur le lieu de travail, Belgium
- Bulgarian Forum “Healthy and Safe Workplaces”, Bulgaria
- Deutsches Netzwerk für Betriebliche Gesundheitsförderung, Deutschland
- Suomen Työkyverkosto, Finland
- Agence Nationale pour l’Amélioration des Conditions de Travail, France
- Hellenic Workplace Health Promotion Forum, Greece
- Landsnet um heilsueflingu á vinnustöðum (LHV), Iceland
- National Network for Workplace Health Promotion, Ireland
- Network Italiano per la Promozione della Salute nei Luoghi di Lavoro, Italy
- Comité permanent du travail et de l’emploi, Luxembourg
- TNO Quality of Life / Work & Employment, Netherlands
- The Group of Co-ordination for a More Inclusive Working Life, Norway
- Ogólnopolska Siec Promocji Zdrowia w Miejscu Pracy, Poland
- Reteaua Romana de Promovarea Sanatatii la Locul de Munca, Romania
- A virtual forum for WHP, Spain
- National Employment and Health Innovations Network, United Kingdom

As part of the dissemination strategy, the ENWHP also developed a pool of arguments, the Case for WHP documenting evidence to assist the players involved in convincing social insurance bodies and companies of the economic benefits of WHP. During the project the network also produced a collection of methods and tools (Toolbox) to facilitate the introduction of WHP into companies and organisations.
Demographic Change: Healthy Work in an Ageing Europe

5th Initiative 2004–2006

Demographic developments are posing new challenges for enterprises and the social security systems in Europe. The total working age population in the European Union is due to fall by 20.8 million between 2005 and 2030. Over the next few decades there will be a marked increase in the proportion of elderly people in employment and the proportion of younger employees will decrease significantly due to continuing low birth rates.

At present, employees over 45 years of age are often perceived as being too old for a job, but this age group will very soon represent the major part of the workforce. In future, enterprises in Europe will depend more than ever on having qualified, motivated and in particular healthy employees. And if the social security systems are to continue functioning economically, employees will have to continue working longer in gainful employment.

During the 5th Initiative, the ENWHP therefore focussed on strategies that enable employees to remain longer in gainful employment. They were categorised and published according to countries and instruments.
Promoting Workplace Health in an Enlarging Europe

6th Initiative 2005–2007

Low wages are making the new Member States of the European Union attractive places to invest and to set up production. However not only are the wages lower in the new and future EU States than in the “old” Member States, but so are the standards of the working conditions particularly regarding health at the workplace.

A survey carried out by the European Foundation of the Improvement of Living and Working Conditions found that in comparison with their colleagues in the existing countries, employees in the new member states:

- consider that their health and safety is more jeopardised by their work (40%)
- are exposed more frequently to risk factors such as hazardous substances
- are faced with longer and more anti-social working hours such as night-shifts
- are less satisfied with their working conditions.
During this initiative the ENWHP carried out three separate network projects to identify the specific requirements and challenges regarding WHP in Eastern European Countries and to pave the way for improved dissemination of WHP in this region.

**Dragon Fly**

Under the leadership of the Nofer Institute in Poland, the “Dragon Fly” project developed infrastructures for the dissemination of “Good Practice” in the field of WHP in the Eastern European Member States.

**Workhealth II**

Another project, led by the BKK Federal Association in Germany, was to produce a European work-related health report and to continue establishing infrastructures for WHP in Eastern Europe.

**Workplace Health Promotion in an enlarging Europe**

The third project, “WHP in an enlarging Europe” sought to develop best-practice methodologies for the promotion and maintenance of work ability. This project was led by the Finnish National Institute of Occupational Health.
The Campaigns
Move Europe – Healthy Lifestyles in the Working Environment

7th Initiative 2006 – 2009

Chronic diseases are the leading cause of premature death and disability worldwide. Only a small number of chronic diseases account for the bulk of the disease burden in Europe (cardio-vascular diseases, mental health problems and cancer).

A few largely preventable risk factors are associated with chronic diseases: high blood pressure, tobacco and alcohol, high cholesterol levels, obesity, poor diet, lack of exercise and stress.

Health problems associated with an employee’s personal lifestyle present a growing problem in all the European countries.

At the same time, the workplace itself is an ideal setting for positively influencing lifestyle and daily behaviour. A large number of people can be approached directly at the workplace and provided with relevant information to encourage them to change their own health behaviour and that of their families – and the community.

To help promote healthy lifestyles, the ENWHP initiated a European campaign focussing on four topics:

- Physical activity
- Smoking Prevention
- Healthy Diet
- Mental Health

Joining the campaign as a Move Europe partner more than 3,000 small, medium and large enterprises, public administrations, schools and hospitals took part, companies beginning and companies with more experience in WHP.
Mental Health – Work in Tune with Life

8th Initiative 2009–2010

Mental health disorders are becoming a major problem in European countries:

- Almost one in four people in the EU are affected by a mental disorder at some point in his or her lifetime and
- the medical care is inadequate.

Using the slogan “work. in tune with life. move europe” the ENWHP will address the growing problem of mental illness and continue the campaign “Move Europe” by focussing on this issue. This 8th ENWHP-Initiative aims to sensitise employers and employees to strategies and programmes to help

- promote mental health at the workplace
- recognise their own and colleagues mental and emotional disorders at an early stage.

As in the previous campaign, this will be carried out by identifying and publicising good practice in companies and administrations and producing guidelines for management and other participants.
Network Structure
Network Structure

Business Meetings

... are where decisions are taken relating to the procedures, strategies and Network activities and where members of the Advisory Committee are elected. The business meetings take place twice yearly.

Steering Committee

... consists of the chairpersons, the co-ordinator of the ENWHP initiatives and representatives from the National Contact Offices.

Chairpersons

... chair the business meetings and represent the Network in public. The chairmanship is an honorary position currently held by Dr. Maria Dolores Solé, Head of the Occupational Health Department of the National Centre for Working Conditions at INSHT in Barcelona and Dr. Karl Kuhn, Director and Professor at the Federal Institute for Occupational Safety and Health in Dortmund.

Secretariat

... coordinates the Network and carries out the administrative work. It is responsible for developing the Network and the initiatives, organising regular meetings and conferences, public relations and representing the chairs. The secretariat is currently based at the European Information Centre at the Federal Association of Company Health Insurance Funds (BKK) in Essen.
ENWHP Members

National Contact Offices (NCO)

Austria Upper Austrian Health Insurance
Belgium PREVENT
Bulgaria National Centre of Public Health Protection
Cyprus Ministry of Labour and Social Insurance
Czech Rep. National Institute of Public Health
Denmark Vejen Municipality
Estonia National Institute for Health Development
Finland Finnish Institute of Occupational Health
France French National Agency for the Improvement of Working Conditions
Germany BKK Federal Association
Greece Ministry of Labour and Social Affairs
Hungary National Institute for Health Development
Iceland Administration of Occupational Safety and Health
Ireland Department of Health and Children
Italy National Institute for Occupational Safety and Prevention
Luxembourg Labour and Mines Inspectorate
Malta Ministry of Health
Netherlands TNO Quality of Life/Work and Employment
Norway National Institute of Occupational Health
Poland Nofer Institute of Occupational Medicine
Portugal Ministry of Health
Romania The Romtens Foundation
Slovakia Institute of Normal and Pathological Physiology
Slovenia Clinical Institute of Occupational, Traffic and Sports Medicine
Spain National Institute of Occupational Safety and Health at Work
Switzerland Health Promotion Switzerland
United Kingdom Scottish Centre for Healthy Working Lives