

# Workplace Health Promotion in Enlarging Europe

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NOFER INSTITUTE OF OCCUPATIONAL MEDICINE

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## Preface

Health is a central preoccupation of the Europeans which will become even more important in the unified and enlarged Union. Work is a central area of life with many impacts on our personal and family life as well as the quality of life of our communities. A high level of health protection is not possible without good workplace health practices. Therefore, a group of committed organisations from all EU Member States and the countries of the European Economic Area have taken up in 1996 the initiative welcomed by the Commission's service to build up a network (European Network for Workplace Health Promotion: ENWHP) for joint learning and action in the field of workplace health promotion (WHP).

Since that time ENWHP has been at the edge of developments in European workplace health promotion. By means of various joint initiatives, it developed WHP good practice criteria for a variety of types of organisations and established infrastructures for WHP among its members, mainly national forums and networks facilitating the cross-border exchange of information and the dissemination of good workplace practice.

Healthy employees in healthy organizations is the vision of ENWHP which is a platform for all stakeholders interested in the improvement of workplace health. It aims through the joint efforts of all its members and partners at contributing to improving workplace health and well-being and reducing the impact of work related ill health on the European workforce.

In 1997 ENWHP had 18 members, 15 EU Member States and 3 from European Economic Area. Since then ENWHP has grown from 18 members to 24 in 2002 integrating Bulgaria, Czech Republic, Hungary, Poland and Romania and to the current 31 including Cyprus, Estonia, Latvia, Lithuania, Malta, Slovak Republic and Slovenia, as the result of the ENWHP enlargement process initiated in 2004 with the Dragon Fly project.

ENWHP has recently celebrated its 10<sup>th</sup> anniversary having carried out a number of important Europe-wide initiatives which established workplace health promotion as a field of action for public health at European and national level. Now and in the future this enlarged and reinforced ENWHP will continue its

efforts providing knowledge base for action, promoting partnership for health and mobilising different stakeholders and sectors; in brief, enabling good health for all and achieving the highest social quality in Europe.

In this context, even though now the ENWHP management has increased in difficulties, all the members celebrate this enlargement that has and will have mainly positive implications on growth and sustainability of ENWHP: increased opportunities of sharing and recording knowledge and expertise, greater and more innovative WHP development and enhanced mutual learning.

ENWHP members welcome this publication which describes the state-of-the-art and the views about the main challenges and opportunities that the Accession and Applicant Countries are likely to face on their way to fostering WHP at national level and contributes to a better understanding process among all ENWHP members.

Chairpersons of the European Network  
for Workplace Health Promotion:

*Maria Dolores Solé*  
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# 1. Healthy employees in healthy enterprises – the European Network for Workplace Health Promotion

*Gregor Breucker, Reinhold Sochert*

**European Information Centre, BKK Federal Association in Essen, Germany**

The European Network for Workplace Health Promotion (ENWHP) was initiated jointly in 1996 by the Federal Institute of Occupational Safety and Health in Germany and the responsible Commission's services<sup>1</sup>. The network has committed itself to supporting the dissemination and implementation of good workplace health practices in Europe. The network is comprised of national occupational health and safety institutes, public health institutions and ministries of health and labour from all the Member States of the European Community, the countries in the European Economic Area, Candidate countries and Switzerland. They share the belief that Europe cannot be successful without health, and there is health without workplace health.

The network's activities contribute to the implementation of the European Union goal set in Lisbon to develop a competitive and dynamic knowledge-based economy, which is able to combine economic growth with a better quality of working life and greater social cohesion<sup>2</sup>. This includes a strong Europe of Health, which is capable of understanding and overseeing developments and trends affecting the health of the European communities, and responding to new challenges for health arising from ongoing economic and social changes.

## Workplace Health Promotion from Concept to Practice

The meaning of workplace health promotion has changed over time. Today a broad range of different strategies, policies and practical approaches are subsumed under this heading. ENWHP provides a European harbour for these differences. It is now well accepted that health at work goes beyond the prevention of occupational diseases and accidents, and is influenced by a broad range of factors inclu-

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<sup>1</sup> Federal Institute for Occupational Safety and Health (BAuA), Integrated plan of action for Workplace health promotion in the European Union, 2000.

<sup>2</sup> European Council, 2000, Presidency Conclusions, Lisbon European Council, 23–24 March, 2000 ([http://www.consilium.europa.eu/ueDocs/cms\\_Data/docs/pressData/en/ec/00100-r1.en0.htm](http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/ec/00100-r1.en0.htm)).

ding organisational values, management policies and leadership practices, rules for employee participation and involvement in decision-making, lifestyle habits and practices. Daily work organisation and task management routines, together with the quality of supporting relationships are central to the way in which health at work is being “created”. Furthermore, due to the consequences of the mainly global market economy and far-reaching demographic changes we are facing enormous changes to working life and life in general. Ageing populations including ageing workforces, changes to employment patterns and career expectations of women, different environments for families, increasing introduction of flexible work practices — to name a few trends — are changing our communities and leading in some respects to new risks which challenge the traditional provisions and systems of social security. Investing in people — including their health — and developing an active welfare state will be crucial to Europe’s place in the knowledge economy and for ensuring that this new economy does not increase the existing problems of unequal health, poverty, unemployment and social exclusion.

Over the past decade, the ENWHP has succeeded in integrating the different understandings and perspectives on workplace health promotion into a commonly understood framework.

WHP is a modern corporate strategy, which aims to prevent ill health at work, to enhance health potential and to improve well-being at work. It is based on voluntary action and consensus building among all stakeholders. It complements occupational safety and health by promoting the employees’ health, and involving human resource development as well as overall organisational development. The Luxembourg Declaration presented by the European Network for Workplace Health Promotion in 1997 for the first time defined this common framework<sup>3</sup>. According to the Declaration, WHP comprises “all joint actions of employers, employees and society to improve health and well-being at the workplace. This may be achieved through a combination of approaches: improving the work organisation and work environment, promoting active employee participation, strengthening personal development.”

This is the wider context for the activities and initiatives of the ENWHP, which belongs to a family of European networks and groups interested in improving health across various settings and health topics.

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<sup>3</sup> European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK), Luxembourg Declaration on Workplace Health Promotion in the European Union, 1997.

## Vision, Mission, Targets and Strategy of the ENWHP

The vision of ENWHP is: “Healthy Employees in Healthy Organisations”.

This vision is based on a broad and comprehensive perspective on health and includes a number of convictions, values and judgements shared by the ENWHP members:

- Healthy work is the result of an interplay of various factors. The most important factors or workplace health determinants include:
  - the values and policies of decision-makers within organisations and outside at social security and policy-making level,
  - the specific form of the culture of participation within and outside organisations,
  - leadership and management practices,
  - the production concepts and principles for daily work organisation,
  - the provisions for job security,
  - the quality of the working environment,
  - personal health practices & lifestyle habits.
- Healthy work is a social process and therefore the result of action by various stakeholders in and outside enterprises.
- Healthy work is being developed and influenced at various levels which are linked to each other:
  - Personal level.
  - Enterprise/Organisation level.
  - Local — regional community level.
  - National level (social security provisions / national health policy, labour and social affairs policy).
  - European policy level.
- Healthy work influences the quality of working life and non-working life and contributes to the level of health protection of communities and populations. It also has an impact on microeconomic performance (productivity and innovation) and macroeconomic performance (efficiency of the health care, welfare and education sector, competitiveness of economies at national and European level). Healthy work finally also contributes to social cohesion.
- Healthy organisations combine:
  - Individual and organisation health.
  - Physical, mental, environmental, social and economic health at all levels.

These various perspectives held by the ENWHP on workplace health form the basis for an action model for promoting workplace health in Europe (Fig. 1.1.). This action model includes the different levels of activity (enterprise, local, regional,

national and European level) and embeds workplace health in the broader context of social and economic development in Europe. It also illustrates the different areas of impact of WHP.

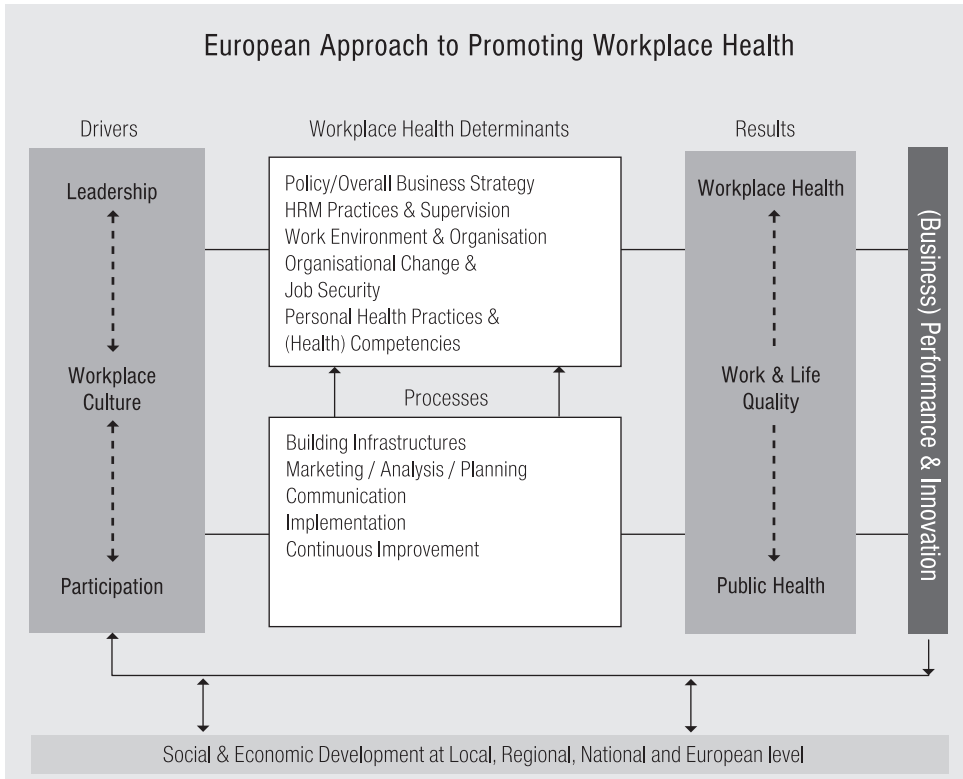


Fig. 1.1. The European Approach to Promoting Workplace Health.

This action model focuses on the level of organisations. Its basic principles however also apply to action at supra-organisational level and include the local, regional, national and European levels.

The main driver for workplace health promotion is a participatory value-based organisational culture, which integrates participatory values into leadership and daily management practices, and provides continuous and organisation-wide opportunities for active involvement and participation of all members of an organisation. This culture is the base for addressing and influencing important workplace health determinants. Workplace health is a continuous result of an interplay of numerous organisational, environmental and personal factors. The most important determinants include:

- The overall strategies and policies, which provide the framework for human resource management and leadership practices.
- The quality of the work environment and the work organisation which include all aspects of occupational safety and environmental health and the general production concepts which set the framework for the way how human resources and technology are interlinked. The quality of work organisation impacts on the level and distribution of job control, and influences the level and quality of job demands.
- Further important determinants include methods on how organisational change is managed and the provisions with regards to job security.
- Finally, personal health practices including the level of health awareness and the range of personal competencies including health-related competencies influence workplace health.

In influencing these determinants a number of processes can be identified:

- Building infrastructures establishes the necessary structures such as project groups, consultative committees including the definition of clear rules for internal communication.
- Marketing; analysis and planning.
- Communication includes a broad range of tools and approaches to ensure transparency and effective participation within a change process.
- Implementation and continuous improvement.

Driving the promotion of workplace health by tackling important workplace health determinants integrated in well-structured processes leads to positive results in several areas:

Effective workplace health promotion impacts on the wider quality of working and non-working life including an improved individual and organisational health status (workplace health), which contributes to an improved level of health protection generally (public health). Improvements in the quality of working and non-working life then impact on performance and innovation by reducing costs and maximizing efficiency (productivity).

Continuous workplace health improvement processes in enterprises contribute to social and economic development at local, regional, national and European level, which at the same time form the fundament for promoting workplace health in Europe.

The distinctive and unique European ingredient in this approach is the value — proposition to combine social solidarity principles with economic efficiency objectives, with a view to adapting this balance in a continuously changing social and economic environment.

The ENWHP action model is the basis of 3 evaluation models which were used to assess the quality of good practice within 3 network initiatives between 1997

and 2002 (larger private sector enterprises / small and medium-sized enterprises/ public administrations. (For more information please refer to the ENWHP web-site <http://www.enwhp.org><sup>4</sup>).

The vision “healthy employees in healthy organisations” is part of two broader visions at European policy level.

The EU Lisbon Agenda specifies the goal for this decade which is to develop the EU region into the most competitive and dynamic knowledge-based economy in the world, capable of sustainable economic growth with more and better jobs and greater social cohesion<sup>5</sup>. In this context the EU established concrete goals with regards to 3 areas:

- Quality in work and productivity.
- Full employment.
- Social cohesion.

Workplace health promotion is part of the concept of quality in work with an impact on productivity, employment and social cohesion.

The second vision, although not on the same level on the EU agenda, is to develop a Europe of Health<sup>6</sup>. European health policy supports the development of the national health care systems in the frame of established rules of subsidiarity, with a view to meeting the expectations of European citizens. This includes:

- To combat communicable diseases.
- To ensure safety of sensitive products.
- To support the functioning of health systems within the single market.
- To reduce inequalities in health, particularly with regards to the unified Europe.
- To establish a European health information system and appropriate mechanisms for responses to new health threats.
- To influence important health determinants across a wide range of settings and health issues.

With this vision and mission, the ENWHP contributes particularly to the reduction in health inequalities, to the development of a European health information system and to improving important health determinants with impacts on all relevant settings in working and non-working life.

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<sup>4</sup> <http://www.enwhp.org/enwhp/joint-initiatives.php>.

<sup>5</sup> European Council, 2000, Presidency Conclusions, Lisbon European Council, 23–24 March, 2000 ([http://www.consilium.europa.eu/ueDocs/cms\\_Data/docs/pressData/en/ec/00100-r1.en0.htm](http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/ec/00100-r1.en0.htm)).

<sup>6</sup> European Health Strategy, Communication from the Commission of 16 May 2000 to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the health strategy of the European Community [COM(2000) 285 final — not published in the Official Journal]. (<http://europa.eu/scadplus/leg/en/cha/c11563.htm>).

## Mission and targets of the ENWHP

According to the ENWHP vision — and linked to both EU policy visions — the mission of ENWHP is to develop and promote good workplace health practice (Fig. 1.2.).

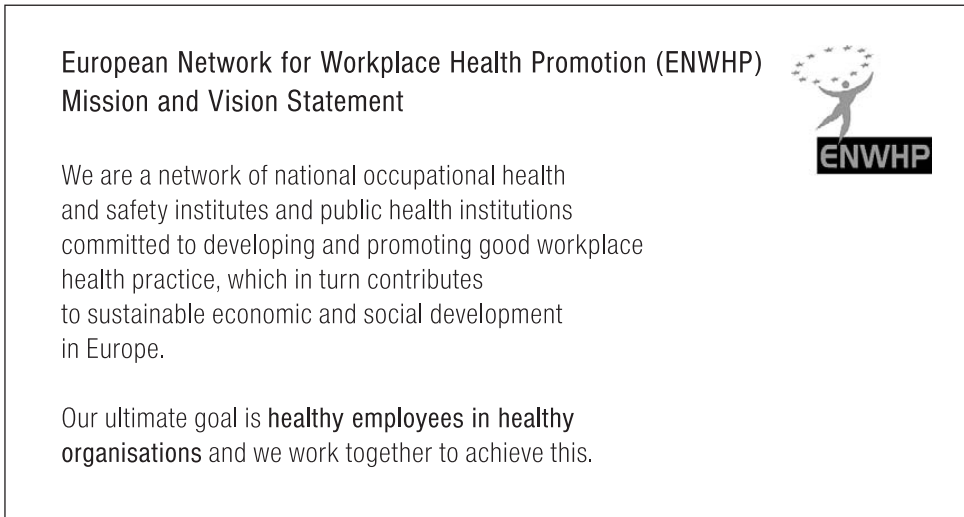


Fig. 1.2. The ENWHP Mission and Vision Statement.

The ENWHP is a European platform for all stakeholders interested in the improvement of workplace health and is committed to working towards the vision 'healthy employees in healthy organisations'.

Based on its vision and mission, ENWHP has identified two major long-term targets.

The ENWHP aims to achieve the following 2 targets by 2010:

1. All 31 member countries of ENWHP (25 Member States, 3 EEA countries, 2 candidate countries and Switzerland) should have access to a supportive infrastructure at national level which:
  - involves both relevant institutional and non-institutional stakeholders,
  - identifies and disseminates good workplace health promotion practice according to national priorities in workplace health promotion,
  - actively participates in knowledge sharing at European and international level.
2. A significant increase in the number of the European Workforce, which are employed in enterprises who commit themselves to practices and policies which promote health.

ENWHP member organisations may set national targets, which contribute to the target at European level. These national targets may be defined:

- as a qualitative target (a significant increase in the number of the national workforce),
- as a minimum percentage target (at least x % of the national workforce),
- as a relative quantitative target (in relation to a baseline measure).

### The Strategy of the ENWHP

According to its general mission — to develop and promote good workplace health practice — the ENWHP pursues the goal of convincing potential institutional and non-institutional stakeholders in the member countries to integrate workplace health promotion into their agendas and practices. ENWHP regards itself as a group of committed advocates for workplace health who support each other and work together to broaden the group of committed users (e.g. companies, public administrations, hospitals, schools, social security institutions, trade unions, employer associations, governmental bodies etc.).

The ENWHP strategy is to build on an analysis of the current situation in Europe with regards to the opportunities and barriers to an effective dissemination of good workplace health promotion practice:

- The number of “end-users” (companies and other organisations) is still very low, and small enterprises especially are under-represented.
- Only a very few representatives of key decision-maker and decision-influencing groups promote the general message that good workplace health practice brings improvement to health and to social and economic success.
- Current social security systems provide only weak incentives for decision-makers and funders for investing in workplace health promotion.
- Some current trends in working life are in favour of a stronger recognition of the role of good workplace health practices, while others add new risks for workplace health.
- The knowledge available on relevant workplace health determinants and on strategies to influence them is in principle sufficient for action, however the vast majority of end-users find it difficult to get access to good and best practice.

The ENWHP has therefore from the beginning concentrated its efforts and resources on two main areas:

1. Disseminating existing knowledge on good practice across all workplace health stakeholder communities and to improve the current knowledge-base.



2. Marketing the general values and benefits of investing in good workplace health practice with a view of convincing and involving key decision-makers and those with influence.

The general approach taken by the ENWHP needs to be translated into the specific national context and modified according to national requirements as the conditions in each of the member countries vary considerably and mandates and institutional roles of the member organisations differ.

The ENWHP strategy is formed as a framework with 3 strands and can be illustrated as a strategy triangle (see Fig. 1.3.).

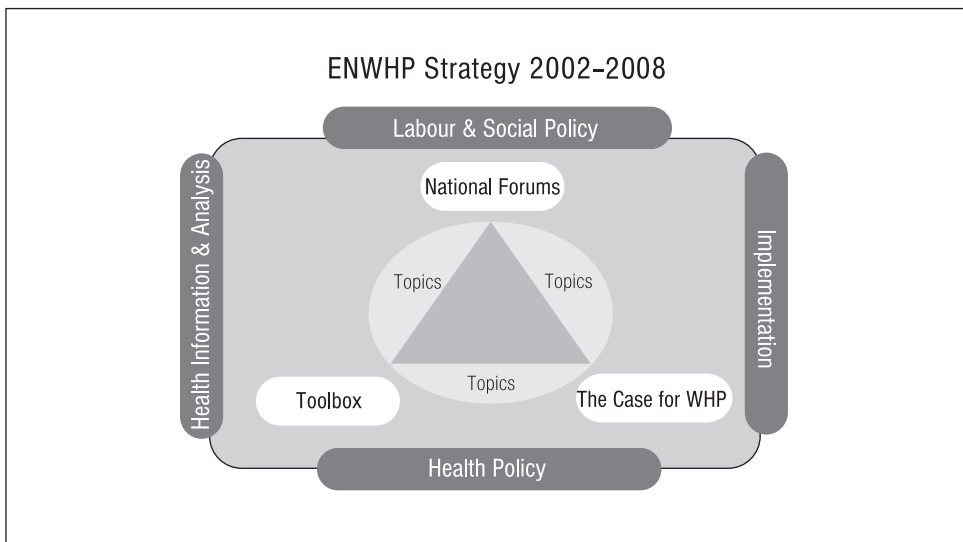


Fig. 1.3. The Strategy Triangle of ENWHP.

### Strand 1: National Forums for WHP

Strand 1 focuses on the development of supportive infrastructures for the dissemination and implementation of the knowledge-base by facilitating the establishment of national platforms for WHP open to all interested stakeholders, both institutional and non-institutional (end-users)<sup>7</sup>. These national forums can be developed as new initiatives or make use of existing structures.

<sup>7</sup> European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK); National Forums for Workplace Health Promotion, 2004 ([http://www.enwhp.org/download/report\\_nationalforums.pdf](http://www.enwhp.org/download/report_nationalforums.pdf)).

Through the national forums, the ENWHP is widening the group of stakeholders and is keen to become the facilitating body of a group of national forums for WHP in Europe. ENWHP member organisations will facilitate the access to our European knowledge-base and provide national knowledge to the European knowledge-base. In this way, ENWHP will help reduce the gap between action at European and national level, improve the access to good practice knowledge across Europe and shift workplace health higher on the various political agendas.

With strand 2 and 3, the ENWHP is developing the knowledge-base for WHP by specifying responses to a set of 2 questions:

- How can WHP be organised in practice? (Toolbox).
- Why should decision-makers and potential funders invest in WHP? (The Case for WHP).

### Strand 2: The ENWHP Toolbox

The ENWHP toolbox is a European collection of practice aids to promote and improve workplace health. The toolbox contains programmes, projects and instruments across a wider range of workplace health issues and settings. It can be accessed as a database on the website of the network and will be developed in stages following the ENWHP agenda<sup>8</sup>.

All 3 strands were established as part of the 4<sup>th</sup> ENWHP initiative and developed continuously following the ENWHP agenda. The strategy triangle will therefore be filled with a set of priority topics and target groups which both reflect the policy agendas at European and Member State level.

Within this process it is envisaged that ENWHP member organisations link the ENWHP knowledge base with the knowledge base in their countries. For example, the ENWHP toolbox should be linked with national toolboxes which contain key knowledge on good practice based on the specific national experiences. The European toolbox will provide those tools which were identified as transferable to other countries and proved to be successful in a specific national context. The European toolbox will also contain the results of action under strand 2 (e.g. in the form of standard lists of key arguments and their evidence focussing on specific and core target audiences such as employers, trade union representatives, social insurance representatives).

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<sup>8</sup> European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK), ENWHP Toolbox — A European collection of methods and practices for promoting health at the workplace, 2004 ([http://www.enwhp.org/download/report\\_toolbox.pdf](http://www.enwhp.org/download/report_toolbox.pdf)).

With regards to the current European public health programme, the ENWHP strategy combines action to support the development of a European health information system with action to influence important health determinants in various settings (private sector, public sector — public administrations / schools, universities/hospitals and other health care and welfare institutions / unemployment institutions).

In terms of the responsible policy domains, ENWHP especially integrates labour and social policy with health policy.

### Strand 3: The Case for WHP

This strand focuses on the arguments which demonstrate how investments in WHP contribute to the core targets<sup>9</sup>. The principal benefits of WHP investments include health-related, social and economic benefits. Each target group in a specific setting requires a specific set of arguments which is why there are numerous “cases” for WHP depending on the target group, the specific setting and the specific workplace health problem or issue.

Of particular importance is the case for WHP investments in the field of private sector companies because this setting challenges the contribution of health and social investments to economic performance. Since economic performance (economic growth and productivity) are central pillars of the core policies, the ‘business case’ can be seen as a leading argument for WHP investments generally.

Again, ENWHP will develop various cases for WHP investments in stages.

### Driving Workplace Health in Europe: ENWHP initiatives

From the beginning, ENWHP has worked in close partnership with the responsible services of the European Commission. So far, the network has co-ordinated 6 major initiatives since 1996, and the Kraków conference will now conclude the 6<sup>th</sup> European initiative.

With its 4<sup>th</sup> initiative ENWHP introduced its strategy with a view to responding to the EU Lisbon goal and the vision of a Europe of Health in the context of the new European Health Strategy. The network also broadened its scope

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<sup>9</sup> European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK), Making the Case for Workplace Health Promotion — Analysis of the effects of WHP, 2004 ([http://www.enwhp.org/download/report\\_business\\_case.pdf](http://www.enwhp.org/download/report_business_case.pdf)).

### ENWHP Initiatives (1997–2008)

- 1<sup>st</sup> initiative: “Quality Criteria and Success Factors of Workplace Health Promotion” (July 1997 – June 1999)
- 2<sup>nd</sup> initiative: “Workplace Health Promotion in Small and Medium-Sized Enterprises” (January 1999 – January 2001)
- 3<sup>rd</sup> initiative: “Workplace Health Promotion in Public Administration” (June 2001 – September 2002)
- 4<sup>th</sup> initiative: “Implementing infrastructures to promote workplace health“ (October 2002 – March 2004)
- 5<sup>th</sup> initiative: “Workplace Health Promotion in the Ageing Workforce“ (May 2004 – April 2006)
- 6<sup>th</sup> initiative projects “Dragon Fly”, “Workhealth II” and the Finnish Initiative “Workplace Health Promotion in an Enlarging Europe” (February 2005 – December 2006)
- 7<sup>th</sup> joint initiative: „Move Europe” (April 2006 – April 2009)

of action integrating the 3 ENWHP models of good practice initiatives (1997–1999: Models of Good Practice in Larger Sized Enterprises / 1999–2001: Models of Good Practice in Small and Medium Sized Enterprises / 2001–2002: Models of Good Practice in Public Administrations)<sup>10</sup>. Furthermore, ENWHP took the first steps to support the Enlargement of the European Union in its field of action by involving a number of acceding and candidate countries and establishing national contact offices in Poland, the Czech Republic, Hungary, Romania and Bulgaria.

<sup>10</sup> Quality Criteria and Success Factors of Workplace Health Promotion (ENWHP 1 Initiative) European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK):

- Quality criteria of Workplace Health Promotion, 1999 ([http://www.enwhp.org/download/quality\\_criteria.pdf](http://www.enwhp.org/download/quality_criteria.pdf)).
- Questionnaire for self-assessment, 1999 (<http://www.enwhp.org/download/questionnaire.pdf>).
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- Criteria and Models of good Practice, 2001 (<http://www.enwhp.org/download/criteria.pdf>).
- Conclusions and recommendations ([http://www.enwhp.org/download/recommendations\\_for\\_promoting\\_wha.pdf](http://www.enwhp.org/download/recommendations_for_promoting_wha.pdf)).

Workplace Health Promotion in Public Administration (ENWHP 3 Initiative):

- [http://ec.europa.eu/health/ph\\_projects/2001/promotion/fp\\_promotion\\_2001\\_frep\\_08\\_en.pdf](http://ec.europa.eu/health/ph_projects/2001/promotion/fp_promotion_2001_frep_08_en.pdf) (Final Report).

The 4<sup>th</sup> initiative started in October 2002 and was concluded with the 4<sup>th</sup> European Conference, hosted by the Irish Ministry of Health and Children during the Irish EU Presidency and organised jointly with the European Commission / DG Sanco (June 2004).

The 5<sup>th</sup> initiative was organised by the Austrian member organisation (Upper Austrian Sickness Funds) and focussed on the identification and dissemination of good practice in the context of the demographic changes in the labour markets and working life<sup>11</sup>.

The 6<sup>th</sup> initiative ENWHP comprised 3 parallel actions of which 2 actions specifically contributed to the integration of the new member countries into the network. Under the name of 'Dragon-fly', the Polish member organisation (Nofer Institute) led an important process, which facilitated the integration of new member organisations. This project was concluded by the Kraków-Symposiums to which stakeholders from the new countries were invited to participate in a joint learning process at European level. A third action was co-ordinated by the Finnish member organisation (Finnish Institute for Occupational Health) and focussed on the concept of workplace health promotion in the context of the need to prolong working life.

The 7<sup>th</sup> initiative of ENWHP started in April 2006 and is led by the Italian member organisation (University of Perugia / ISPESEL). This initiative focuses on the promotion of healthy lifestyles at work and shall run for 3 years.

### Achievements of the ENWHP

The first initiative set the ground for the subsequent initiatives by firstly developing a common understanding of WHP (laid down in the Luxembourg Declaration on WHP in Europe) and by developing instruments for assessing good practice (quality criteria and respective assessment instruments). On this base, the ENWHP established a database of models of good practices across various sectors (larger private sector companies, small and medium sized private sector companies and public administrations). The 4<sup>th</sup> initiative initiated an infrastructure building

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— [http://ec.europa.eu/health/ph\\_projects/2001/promotion/fp\\_promotion\\_2001\\_annex\\_08\\_en.pdf](http://ec.europa.eu/health/ph_projects/2001/promotion/fp_promotion_2001_annex_08_en.pdf) (Final Report).

European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK):

— Report on the Current Status of Workplace Health Promotion in the Public Administration Sector, 2002 (<http://www.enwhp.org/download/Report%202002.pdf>).

— Models of Good Practice for Workplace Health Promotion in the Public Administration Sector (<http://www.enwhp.org/download/MOGP.pdf>).

<sup>11</sup> Oskar Meggeneder, Christian Boukal, Healthy Work in an Ageing Europe — A European Collection of Measures for Promoting the Health of Ageing Employees at the Workplace, 2005.

process across Europe by developing national forums for WHP in many participating countries of the network. Furthermore a European toolbox for WHP was set up and a collection of arguments for investing in WHP was established.

The 5<sup>th</sup> initiative compared the national approaches to improving workplace health in the context of the demographic changes and also identified models of good practice and respective practical tools. The 6<sup>th</sup> initiative facilitated the integration of the new Member States into the network by means of a series of roundtable meetings and seminars in the new member countries and a European symposium held in Krakow in October 2006. ENWHP also supported the efforts made by the Finnish government and the Finnish Institute for Occupational Health to shift WHP higher on the political agenda at EU level.

The 7<sup>th</sup> initiative will further promote the dissemination of WHP by organising a campaign on healthy lifestyle at work.

The most important achievement of the ENWHP work however has been the initiation of a joint learning process across Europe. The network developed an open platform for the exchange of information and thus created an infrastructure for the improvement of knowledge and practices with a view to contribute to developing a healthier Europe.

## 2. The issue and main activities of the Project “Development of Structures for the Dissemination of Good Practice in the Field of Workplace Health Promotion in the Acceding and the Applicant Countries” – Dragon-fly

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### Background information regarding the Project

The European Network for Workplace Health Promotion (EN WHP) was established in 1996 as one of several initiatives created under the European Union (EU) programme of action “Health Promotion, Information, Education and Training” aiming at raising the health level of the population in the Community. Up until 2005 only 5 acceding and applicant countries (AACs) (Czech Republic, Bulgaria, Hungary, Poland and Romania) had National Contact Offices (NCOs) of the EN WHP and participated in its initiatives as observers, whereas other AACs were not involved in the Network’s activities at all. With the enlargement of the EU, the simultaneous growth of EN WHP seemed necessary. Therefore, the initiative was undertaken to build a platform for 12 AACs that would allow them to fully participate in the European initiatives in the field of workplace health promotion (WHP). The countries in question were as follows: Bulgaria, the Czech Republic, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, the Slovak Republic & Slovenia<sup>1</sup>. Accordingly to the Decision No. 1786/2002/EC adopting a programme of Community action in the field of public health (2003–2008), the Project was designed to contribute to the exchange of information on quality standards identified in the field of WHP. The project was also designed to contribute to analysis of the status-quo and understanding of WHP concept in the above mentioned countries.

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<sup>1</sup> The choice of these countries at the stage of the Project preparation as well as the term “acceding and applicant countries” (AACs) stemmed from the fact that that 10 of them were going to become New Members States (MS) of the EU (acceding countries), whereas 2 other (namely Bulgaria and Romania) were (and still are) applying to become MS of the EU and have been taking active part in EN WHP initiatives for several years.

The Dragon-fly Project was coordinated and mostly conducted by the National Centre for Workplace Health Promotion located in the Nofer Institute of Occupational Medicine (NIOM) in Łódź (Poland) — the Polish NCO of the EN WHP. However, it should be outlined that the first idea of developing such an enlargement project came from Gregor Breucker from BKK Budersverband — the EN WHP secretariat. To achieve the Project's aims, described below, the Polish NCO closely cooperated with two Associated Beneficiaries — namely BKK Budersverband (the German NCO) and Romtens Foundation (the Romanian NCO).

According to the Project contract (EC 2004316) signed by the European Commission and the Polish NCO, the initiative was launched on 1<sup>st</sup> May 2005 and the duration of all actions was designated for 18 months.

### Objectives and development of the Project

The overall aim of the Project was the integration of the AACs into the co-operation mechanism in the field of WHP. This was supposed to significantly support all the efforts to reduce the gaps in access to good workplace health policies between the old MSs of the EU and the AACs.

To achieve this aim three courses of action were undertaken:

1. Development of a framework for co-operation in the field of WHP between relevant stakeholders of the AACs and the old MSs by establishing NCOs of the EN WHP in 7 AACs: Cyprus, Estonia, Latvia, Lithuania, Malta, the Slovak Republic and Slovenia<sup>2</sup>.
2. Analysis of the current situation with regard to strategies, policies & practices of promoting workplace health in 12 AACs: Bulgaria, the Czech Republic, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, the Slovak Republic & Slovenia.
3. Improvement of the dissemination of good workplace health practices and policies in 12 AACs by using and adapting the results of the previous initiatives of the EN WHP and developing supportive infrastructures for such dissemination.

Development of the Project in the three outlined actions required both scientific and organisational/PR/marketing/lobbying activities.

On the scientific side development of a guideline for the analysis of the status-quo at the national level with regard to WHP policies and practises (legal, organi-

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<sup>2</sup> These were those 7 countries of all AACs, which had not cooperated with the EN WHP before the Dragon-fly Project started in May 2005.



sational circumstances and models of good practice) in 12 AACs, implementation of the analysis and compilation of a status-quo report, adaptation of the results of the previous EN WHP initiatives to the needs of all AACs as well as publication and dissemination of the results of the Project took place.

As far as the social marketing/PR and organisational activities are concerned, identification of relevant stakeholders for promoting workplace health and establishment of NCOs in 7 AACs, organization of national round-table meetings involving relevant stakeholders in those countries, preparation for the set-up of supportive infrastructures for the dissemination of good workplace health practices and policies at national level together with marketing of the results as well as organisation of an international symposium to discuss the results of the analysis in co-operation with the EN WHP secretariat were planned.

### Implementation of the activities

The process of identifying suitable institutions for fulfilling the function of NCOs was the first step in preparing the enlargement process within the EN WHP. From the beginning, the EN WHP secretariat used already existing contacts with institutions and agencies in AACs to map the national communities of institutional stakeholders for WHP. In all cases the secretariat established informal contacts with the relevant governmental authorities at the ministries of health or ministries of labour and social affairs. Here, it was necessary to outline the political relevance of WHP policies and strategies within the health and labour policy frameworks in the old MSs of the EU

During the identification process, the EN WHP secretariat sought the advice of selected old NCOs which had already well established contacts with institutions in some AACs, such as the Finnish Institute for Occupational Health in relation to the Baltic countries, namely Estonia, Latvia and Lithuania / the Czech Ministry of Health in relation to institutions in the Slovak Republic / the Romtens Foundation in Romania in relation to Malta and Cyprus. The process was also supported by the European Network of Enterprise for Health and the European Network of Social Insurance for Health. Especially in Estonia and Slovenia, social insurance institutions are already involved in the financing of WHP activities. The European Network of Enterprise for Health also provided valuable support to identify interested companies and their representatives.

Table 2.1. The identified new NCOs of the EN WHP in 7 AACs

Country	National Contact Office	Address	Main area of activity of the organisation	Contact person
Cyprus	Ministry of Labour and Social Insurance – Department of Labour Inspection	Apelli 12, 1493 Nicosia, Cyprus	Health and Safety at work	Athanasiou Athanasios, aathanasiou@dli.mlsi.dli.gov.cy
Estonia <sup>3</sup>	The Health Care Board – a government agency operating within the structures of the Ministry of Social Affairs	29, Gonsiori Str Tallinn, 15157 Estonia	Registration of health care professionals; issue of activity licenses; exercise of state supervision and application of the enforcement powers of the state on the basis, to the extent and pursuant to the procedure prescribed by the Health Services Organization Act and other Acts; organization of the activities of emergency medical care and emergency preparedness within the scope of its authority; and making of proposals for the legal regulation of its areas of activity.	Uno Kiplok uno.kiplok@tervishoiuamet.ee
Latvia	Institute of Occupational and Environmental Health at the Riga Stradins University	Dzirciema 16, LV 1007, Riga, Latvia	Training of various specialists working in the field of occupational and environmental health, gathering and dissemination of information on occupational and environmental health, research, expert services, national and international collaboration in the above mentioned fields.	Ivars Vanadzins Ivars.Vanadzins@pilula.rsu.lv
Lithuania	National Centre for Health Promotion and Education	153 Kalvariju Street, LT-08221 Vilnius, Lithuania	Health education at the national level. Providing methodical guidance for regional and local public health organisations, helping a wide range of organisations and individuals to acquire the attitudes and expertise necessary to fulfil their health promotion potentials.	Zenonas Javtokas zenonas.javtokas@wspt.lt

<sup>3</sup> During the Project's duration, the location of the Estonian NCO changed from the mentioned Health Care Board to the National Institute for Health Development (Ms Anu Harjo become the head of the NCO). However, it should be emphasised that all responsibilities within the framework of the Dragonfly Project (namely filling in the questionnaire, organising a kick-off and a round-table meeting) were fulfilled by the first NCO — the Health Care Board.

Table 2.1. The identified new NCOs of the EN WHP in 7 AACs – cont.

Country	National Contact Office	Address	Main area of activity of the organisation	Contact person
Malta	Health Promotion Department of the Ministry of Health, Malta Care	5A The Emporium St Louis Street Msida MSD 02 Malta	The Health Promotion Department strives to enable the people of Malta and Gozo to increase control over the determinants of health, lead healthier lifestyles and improve their health. It works within various settings such as schools, workplaces, communities and cities, which creates practical opportunities for the implementation of comprehensive strategies.	Maryanne Massa So'ton maryanne.mass@gov.mt
Slovak Republic	Slovak Medical University Faculty of Public Health	12 Limbová Street 833 03 Bratislava Slovak Republic	Education— both undergraduate and postgraduate (including trainings in the field of WHP), research.	Margareta Šulcová dekan.fvz@szu.sk
Slovenia	University Medical Centre Ljubljana Clinical Institute of Occupational, Traffic and Sports Medicine	Poljanski nasip 58 1000 Ljubljana Slovenia	Occupational diseases, work ability assessment, ergonomics, work physiology, traffic safety and health, industrial toxicology and hygiene, occupational epidemiology, psychology and humanisation of the workplace, WHP and sports medicine.	Eva Stergar Eva.stergar@guest.arnes.si

Simultaneously with the process of identifying institutions willing and capable of engaging into WHP activities and in consequence establishing new NCOs of the EN WHP, the Project team undertook activities leading to the analysis of the status-quo in the field of WHP in 12 AACs. A draft questionnaire on WHP policies and practises was developed by the Project team and consulted on firstly with BKK and Romtens Foundation and then with all EN WHP members via a website. Its final version was sent out to all 12 AACs in June 2005. It also included a small extra-obligatory questionnaire for relevant national stakeholders (the abbreviated versions of both questionnaires can be found in the annex). Both questionnaires were designed to diagnose the following problems/ issues in the field of WHP in 12 AACs: a) the employers' duties concerning taking care of employees' health; b) the understanding of the WHP concept in the national legislation as well as by the organisation disseminating this concept (namely

the NCO); c) activities undertaken in order to prepare WHP organisers/providers; d) carrying out scientific research with regard to WHP, including determinants of WHP dissemination; e) implementation activities in the field of WHP, especially models of good practice; f) the development of WHP strategy as well as organisational and personnel structures aiming at WHP dissemination; g) the perspectives of the development of activities in favour of the working population in the context of conducive and constraining factors; h) the AACs expectations from the EN WHP.

Data collected on the basis of the filled-in questionnaires were enriched by additional information gathered during the so called kick-off meetings of the representatives of the Project team and the respective NCOs from the AACs. Results of the analysis and debates are the basis for this publication.

The kick-off meetings took place in the following AACs:

- Slovak Republic (30<sup>th</sup> June 2005),
- Lithuania (15<sup>th</sup> July 2005),
- Slovenia (29<sup>th</sup> August 2005),
- Estonia (30<sup>th</sup> September 2005).

The representatives of the remaining 3 NCOs did not take advantage of the opportunity to organise the kick-off meetings in their countries presuming that it was not necessary.

The above listed kick-off meetings, apart from collecting additional data with regard to WHP in the above listed countries, had a second aim: the discussion with the new NCOs' representatives about the conceptual and organisational details of future round-table meetings. These meetings were the final step allowing for the establishment of new NCOs in 7 AACs as well as preparation of the supportive infrastructures for the dissemination of good practices and policies in WHP at the national level. The round-table meetings were the national meetings of stakeholders responsible for workplace health in the respective countries. All of them were arranged on the basis of a common agenda that was adjusted to the specific needs and problems of the respective countries. During the meetings, the participants (national stakeholders identified and invited by the NCO) were presented with a general concept of WHP and the activities of the EN WHP as well as with the objectives and a structure of the 'Dragon-fly' Project. Additionally, the representatives of the German and Polish or Romanian NCOs shared with other participants their experience in collaborating with the EN WHP and establishing national forums for WHP in their own countries. Moreover, the existing Models of Good Practice in the field of WHP in the host AACs were introduced. These presentations were followed by a lecture and SWOT analysis

concerning the establishment and/or enhancement of WHP structures and policies in the host AACs.

The round-table meetings took place in the following countries:

- Malta (2<sup>nd</sup> November 2005),
- Lithuania (25<sup>th</sup> November 2005),
- Cyprus (2<sup>nd</sup> December 2005),
- Slovenia (9<sup>th</sup> December 2005),
- Estonia (19<sup>th</sup> December 2005),
- Latvia (13<sup>th</sup> January 2006).

During the Project's duration in some countries the location of the NCOs shifted from one institution to another. In spite of these turbulences all 12 AACs have their representation within the European Network and are committed to developing national WHP forums.

The Project team devoted the next stage of activities within the Project's framework to the analysis of the status-quo with regard to WHP in all 12 AACs. It was mostly done on the basis of the filled-in questionnaires as well as data collected during the kick-off and round-table meetings. Such an analysis is presented in this book. It has to be outlined that, before the book's publication, each of the NCOs from the 12 AACs were given the opportunity to approve the chapters devoted to the description of WHP in their respective countries. Experts from four NCOs (namely from Cyprus, Hungary, Lithuania and Slovak Republic) did not take this opportunity to check and approve their countries' profiles.

Undoubtedly, the most crucial part of the lobbying/marketing/PR activities was the distribution of this book, compiled in cooperation of all engaged beneficiaries as well as the Network's chairpersons, to all EN WHP members. Thanks to this, the publication can be widely used in the dissemination of WHP.

Furthermore, to make the process of the EN WHP enlargement as smooth as possible, the identification of the AACs' needs with regard to support from the EN WHP was carried out. This process was realised through the questionnaires and the discussion during the round — table meetings. The list of the main needs was gathered as a basis for further work on an EN WHP communication kit.

The materials regarding previous EN WHP initiatives and their results as well as the standardised information kit were distributed among stakeholders in the AACs. The results of the Project were published on the EN WHP and the NIOM websites.

The concluding activity of the "Dragon-fly" Project was an international symposium in Kraków, Poland (13<sup>th</sup>–14<sup>th</sup> October 2006) where presentation of the

Project's results and discussion on the future strategy and activities of the enlarged EN WHP took place. It should be emphasised that the Project coordinator invited representatives of all NCOs of the EN WHP for the symposium and gave each NCO from the AACs the opportunity to invite a national stakeholder, which was aimed at strengthening dissemination of the WHP concept and raising awareness concerning the EN WHP.

Lastly, it ought to be clearly stated that the Project finished successfully since all its aims were achieved. Undoubtedly, all beneficiaries engaged in the Dragon-fly Project had their own great contribution to such a success. It was achieved due to hard work and continual cooperation of all engaged experts who consulted on their actions via the Internet as well as during the EN WHP Business Meetings (BM)<sup>4</sup>.

### Acknowledgements

The Project is a combination of a political action and scientific work. Therefore, a number of various methods have been used to secure the achievement of the designated objectives. Effectiveness of the project would have not been possible without multi-stakeholder networking and social marketing.

The Project coordinator — Elżbieta Korzeniowska from the Nofer Institute of Occupational Medicine in Łódź and her team would like to warmly thank all the experts that contributed in many ways to the realization of the project. The activities of the Dragon-fly project would not have been possible without the support of several individuals and organizations, including: Gregor Breucker, Reinhold Sochert, Thomas Theuringer and Vivien Peters from BKK Budersverband — the EN WHP secretariat, Theodor Haratau, and his colleagues from Romtens Foundation in Romania, national experts in all of the AACs as well as all of the NCOs of the EN WHP. The combined efforts of all these individuals and organizations they represent allowed for the successful introduction of all AACs into the European family of workplace health promoters.

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<sup>4</sup> The EN WHP BMs, where usually representatives of most of NCOs are present, gave the Project Beneficiaries opportunity to face to face discuss concept, aims, progress and future actions of the Dragon-fly Project. These BMs were as follows: Budapest/ Hungary (4<sup>th</sup>–6<sup>th</sup> November 2004), Bratislava/ Slovak Republic (1<sup>st</sup>–2<sup>nd</sup> July 2005), Prague/ Czech Republic (18<sup>th</sup>–19<sup>th</sup> November 2005) and Linz/Austria (16<sup>th</sup>–17<sup>th</sup> June 2006).

### 3. The issue of workplace health promotion identity

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The area of theory and practice associated with aspirations to ensure the best possible health for employees is being populated with a growing number of terms and concepts, institutions and organizations, regulations and actions. Traditional areas of activity — aimed directly at the health status of employees and health-related parameters of work and the environment where the work is being performed — are described as workplace safety, occupational hygiene, occupational health care, occupational medicine, accident and disease prevention at workplace etc. Beside them new concepts and activities emerge, which, although not directly targeted at the health of employees, cover issues related to their health while striving for other objectives. These are the various aspects of the management of organisations and their public image, human resources, quality, business etc. At the meeting point of these two types of concepts and activities “workplace health promotion” is developing, along with other domains described as prolonging work capability, occupational risk management, management of workplace health. The domain existing under the general name of “workplace (or occupational) health” attempts to integrate all these areas. This is the case because some of the concepts and terms mentioned above aspire to be of key importance within the discussed field.

These sorts of aspirations are undoubtedly a feature of health promotion referred to above. As a concept it is attractive enough to have not only gathered around itself people who are dealing with the health of workers professionally, but also to support a broad social movement that binds the public health policy with spontaneous efforts and actions of “ordinary people”. Thus, it is not limited to the field of work only, but also addresses all social communities with their inherent health needs and problems. This concept could have developed only in societies organized in a democratic and market-based manner, since the fall of the “iron curtain” it has been quickly finding its place in the developing democracies

of Eastern and Central Europe, which has been largely contributed to by international projects supported by the WHO and health promotion networks related to it. But even before the victory of “Solidarity” and the demolition of the Berlin Wall a lot of actions that are currently being taken under the name of “workplace health promotion” have been implemented in the East of Europe under the influence of totally different ideas associated with the Marxist ideology of socialism.

All the concepts referred to above as examples that are applicable at the meeting point of health and work (and many others that have been omitted for the clarity of reasoning) describe their characteristic, partially different and partially common values, assessment and preference criteria, concepts of practical actions, social and professional roles, organisational systems, legal regulations, language categories. However, the unclear, blurred and mutually overlapping meanings of these concepts not only complicate the communication in the discussed field, but also have a negative effect on the quality of implemented projects and performed professional roles. This gains particular importance in the context of the processes of European integration because there is an additional problem of different understanding of these concepts and variability of practical solutions among individual EU Member States.

This chapter aims at discussing the key problems related to the interpretation of the concept of “workplace health promotion”, which should contribute to improving the communication among entities involved in this domain and, consequently, improve the quality of implemented actions and projects. It is not about contrasting health promotion with other domains mentioned above, but about trying to induce debates in professional communities focused on the following problem: is it worth (and if so, why?) to concentrate and develop actions aimed at improving occupational health behind the facade of health promotion, or is the selection of the concept essentially insignificant?

### Occupational health or health promotion?

“Workplace health promotion” — is, which seems obvious, a concatenation of two specific terms. The problem is, however, that in practice both of its components happen to be isolated in two different ways (Fig. 3.1.).

When the first meaning referred to above is considered, the attention is focused on “occupational/workplace health”<sup>1</sup> because “promotion” seems to be

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<sup>1</sup> In this chapter both terms “occupational health” and “workplace health” are used interchangeably.



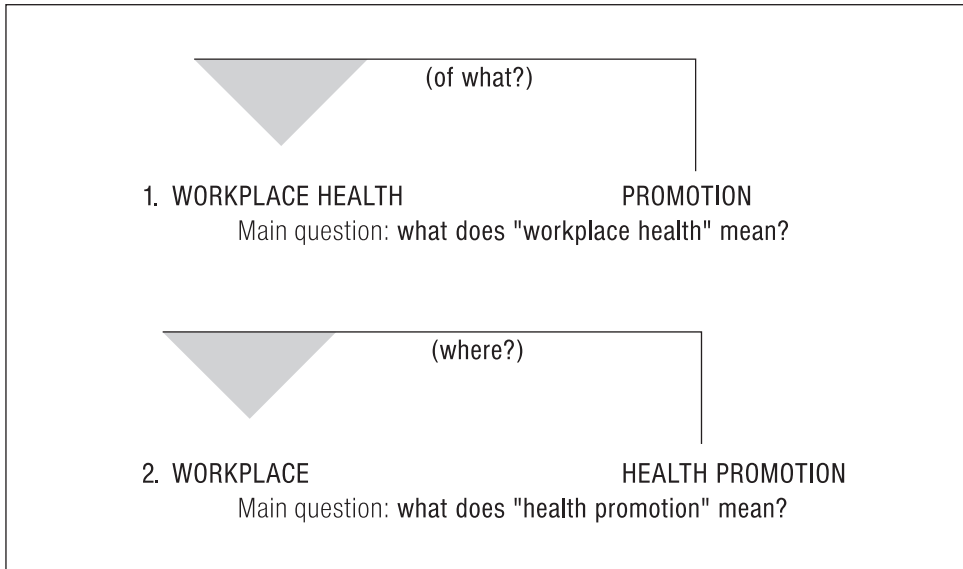


Fig. 3.1. Workplace health promotion (two ways of understanding).

an obvious concept. It is usually understood intuitively as a category of marketing activity typical to “the consumption-based society”. Promotion is making “customers” aware of the existence of a certain “product” (“occupational health” in this case), prioritizing it, popularizing information about it, providing various aids for making it easier to “consume” (implementing specific solutions in this case), intensifying activities etc. In other words “promotion” describes only what is going on with occupational health — it is being promoted (similarly, instead of occupational health one can talk about “occupational safety culture promotion”, “healthy nutrition promotion”, “vaccination promotion” etc.). Therefore, if we want to explain the concept of “workplace health promotion”, we must *de facto* say what we are making the object (subject) of the promotional activities, i.e. what is “workplace/occupational health”?

In the second of the identified meanings (Fig. 3.1.) we are referring primarily to what we call “health promotion”. We are putting it, however, in the occupational context (environment, population, area, institution) — similarly as when other talk about e.g. “health promotion at school”. Now, this occupational context (just as “promotion” in the former case) is treated as something obvious that does not require extensive explanations. The meaning of “workplace health promotion” in this context is primarily determined by the answer to the following question: what is “health promotion”? (but not “promotion” itself as in the previous case).

To conclude, „workplace health promotion” carries two meanings at the same time which are usually not distinguished by people who use this concept. It means promoting (in a marketing sense) ideas described by the name “occupational health” and at the same time applying the general concept of “health promotion” to the occupational context.

### Health promotion

“Health promotion” — understood as the specific concept of actions in favour of health, not as a category of marketing operations — was born at the end of the 70s of the last century. To simplify this, one may point to its double origin. On one hand it was an attempted answer of modern medicine to the changing health problems of developed societies and an idea to improve the effectiveness of traditional health care activities (mainly disease prevention and health education). On the other it was meant to counter the phenomena of “medicalization” of the society and the incapacitation of “ordinary people” in relation to medical activities and recommendations. This was to be achieved by (1) redefining the concept of health (mainly exhibiting its “positive” and “negative” aspects and its environmental, social and cultural conditions) and (2) making individuals and social communities active subjects in health-related issues and providing comprehensive support to their healthy activities (that is why the “Ottawa” definition of health promotion mentions allowing ordinary people to take more control over their own health). Subsequent international conferences on health promotion expanded its rhetoric by indicating desired pathways for the improvement of concepts, structures and actions.

In practice, the idea of health promotion has been differentiated into four major aspects. Firstly, with respect to the specificity of groups that it has been addressed to (e.g. promotion of the health of women, children, youth, the sick and disabled, medical personnel, the unemployed). Secondly, with respect to the specificity of communities where it was found applicable (e.g. promotion of health in the media, health care centres, local communities, schools and other educational centres, military units, workplaces). Thirdly, with respect to the specificity of health problems that it was meant to tackle (e.g. promotion of mental health, oral cavity health, healthy nutrition, health relating to the circulatory system, occupational safety). Fourthly, with respect to what is emphasized most often in the literature, namely the distinctness of the subject (and the primary objective) of interventions and interactions (e.g. shaping individual behaviours, complex lifestyles, material and social infrastructures, social and organizational

mechanisms). Regardless of the above, it has been changing as a result of developments in the methodology of exerting influence on the behaviour of individuals (e.g. new education techniques, lobbying, social marketing) and the methodology of transforming social structures (organisations, communities).

One can risk to pose a thesis that in its principles health promotion is essentially a philosophy of change — a change of the position of health in the systems of social values (as opposed to considering this value absolute), a change of the way medics, social politicians and other professionals perceive health that allows them to see its complexity, humanistic aspect, numerous circumstances and interdependencies among phenomena, a change of the identity of individuals and societies towards subjective thinking about their own lives and health, a change of social and environmental conditions that would make them facilitate and support these subjective aspirations and favour equal access to health, a change of lifestyles chosen by people to more health-friendly ones, a change of the methods of interaction in favour of turning away from the “technical” attitude towards man, and the mutual isolation of actions taken in individual sectors that have an influence on health circumstances. This types of changes postulated in health promotion may of course be multiplied by presenting them at subsequently lowered levels of generality.

Although in scientific papers we may come across attempts to present this general idea in a comprehensive and cohesive manner, the same idea is interpreted rather freely in practice. It is most often understood as carrying one of the four following meanings:

- the process of exerting influence on people in order to make them act in a way recognized as the most friendly to their health,
- all efforts aimed at preventing a disease perceived from a biomedical point of view,
- the process towards strengthening and improving health, life quality, comfort or wellness, extending beyond actions aimed at disease prevention,
- all social efforts that protect and improve health, including actions for counteracting poverty and educational lacks<sup>2</sup>.

### Occupational health

While health promotion tried to stand apart from the traditional philosophy of health care by joining new trends (mainly the “new public health”) or fighting for its own identity (e.g. opposing medical disease prevention or health education),

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<sup>2</sup> Breslow L. Why Health Promotion Lags Knowledge About Healthful Behavior. *Am J Health Prom* 2001;15(5):388–90.

workplace health develops towards assimilating diverse and emerging ideas and solutions.

The official definition of occupational health, adopted by both the WHO and the ILO, attempts to encompass the entirety of actions (both traditional and newly developed) aimed at solving the health-related problems and fulfilling the health-related needs of working populations. Health is understood very broadly and often appears in connection with other concepts, mainly “occupational health and safety”, “occupational health and medicine”, “workplace and environmental health”, “work health and wellness”. The official definition referred to represents a philosophy of actions which aims at introducing health into the logic of functioning of individual enterprises (organizations) and embedding health in their work culture. This type of philosophy, outlined only very generally by this definition, is compatible with the “habitat concept of health promotion”, presented in detail — as a strategy for organizational development — by Grossman and Scala<sup>3</sup>. A similar and also detailed idea serves as a basis for the actions of ENWHP (see chapter by Breucker and Sochert in this volume). “Occupational health” therefore encompasses the ideas contained in general “health promotion”, but also includes other, much more traditional solutions.

### Workplace health promotion and other domains

The meanings of “workplace health promotion” are shaped under the influence of and between the concepts of general “health promotion” and the concepts of “occupational health”.

The problem, however, is even more complicated because there are two other domains that affect “workplace health promotion” (Fig. 3.2.). One of them is the general social and health policy of the state (or the public health policy — without regard to differences between the former two, which undoubtedly extends beyond the scope of this publication). The other is the concepts of management in business and work organizations. In other words, health promotion within the aspect being discussed is located (1) between the policy of the state and the policy of the organization (where health promotion actions or projects are carried out) and, from a slightly different perspective, (2) between the (public) health policy and the business policy.

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<sup>3</sup> Grossmann R, Scala R. Health Promoting and Organizational Development. Developing Settings for Health. WHO/EURO, IFF, Vienna 1993.

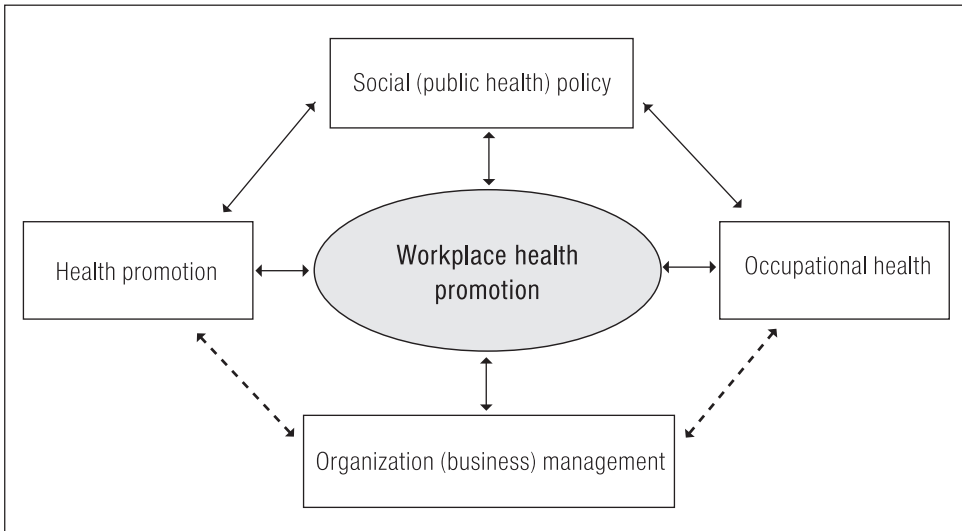


Fig. 3.2. Workplace health promotion among other domains.

Detailed concepts of management (of organizations and business) are undoubtedly becoming increasingly uniform in all societies existing in the globalized economy, which is evidenced by standards that are increasingly applied in workplaces and concern, without limitation, quality, safety and environment management. Differences that are present between the organizational cultures of specific enterprises have only a minor influence on the concept of workplace health promotion itself, but at the same time they have a greater effect on the carrying out of implementation projects in each company.

The health policies of individual states — that also shape local systems and organizations of “occupational health” and “health promotion” — are undoubtedly the factor that most diversifies the meaning of “workplace health promotion” among different countries of the unified Europe.

#### Between “the new” and “the old”

In all the domains that take part in shaping workplace health promotion (Fig. 3.2.) a trend of reflections appears that may be referred to as “developmental” and contrasts “traditional” concepts and solutions with “new” ones. For example, in general health promotion this is shown by contrasting the “behavioural” strategy (shaping behaviours and lifestyles) with the “setting approach” one (stimulation and support for pro-health development of social communities and structures). In the public health policy a “new” concept is, for example,

the “new public health” based on Lalonde’s paradigm and the strategy for health promotion. In occupational health the “new” side includes, but is not limited to, ideas concerning actions in the field of the culture of work organisation and equal treatment of the values of work and health. In the sphere of business organisation management there are e.g. ideas of “corporate social responsibility”.

In the processes of development of modern concepts concerning occupational health, “workplace health promotion” has a mediatory function between these traditional concepts and the new concepts (Fig. 3.3.). This function has two basic aspects.

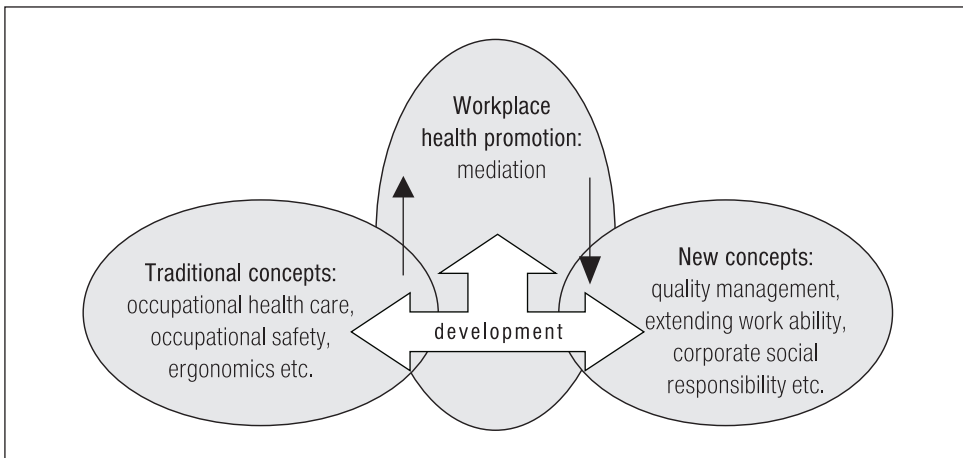


Fig. 3.3. Mediatory function of workplace health promotion.

First of all, workplace health promotion transforms the ways of thinking and patterns of activity typical to the traditional solutions existing in health care in a direction compatible not only with the knowledge of health, but also with the knowledge of social interactions, the functioning of social organizations, business management. In other words, it brings the view on health from the perspective of the social context of work into the domains that look at work from the perspective of health.

Secondly, health promotion attempts to bring the interest in health-related issues into the social communities and into theories related to work that so far have not had much in common with health. To put it in other way — it opens the domains dealing strictly with work to new perspectives typical to domains dealing with health (thus contributing indirectly — as it not always happens with its involvement — to the creation of modern concepts of occupational health management).

The performance of this mediatory role generates various developmental processes within workplace health promotion itself. On one hand it is freeing itself

from those “traditional” views on occupational health by building its own identity that is independent of them. On the other it adapts on its own base the new ideas that are being developed within the aforementioned “modern” concepts.

### Among concepts, institutions and problems

In the literature, authors indicate the vast gap between the dynamically developing rhetoric of health promotion, contained mainly in various political documents and scientific publications, and the reflection of this rhetoric in practical applications referred to as health promotion. The same applies to workplace health and thus to “workplace health promotion”. The identity of health promotion at workplace is therefore being shaped not only in the area of (1) ideas, terms, theories and concepts, but also in the area of (2) real actions. In many situations these two identities are not compatible with each other.

Professional actions being actually carried out, referred to as “health promotion”, “occupational health” and “workplace health promotion” (as well as using other similar terms) depend on at least three factors interacting with one another:

- more or less formalized structures and regulations under which actions of this type are being carried out,
- ways of thinking about the domain, presented by professionals working in these structures,
- needs and problems to be solved by “health promotion” or “occupational health”
- described by the professionals who take the mentioned actions (Fig. 3.4.).

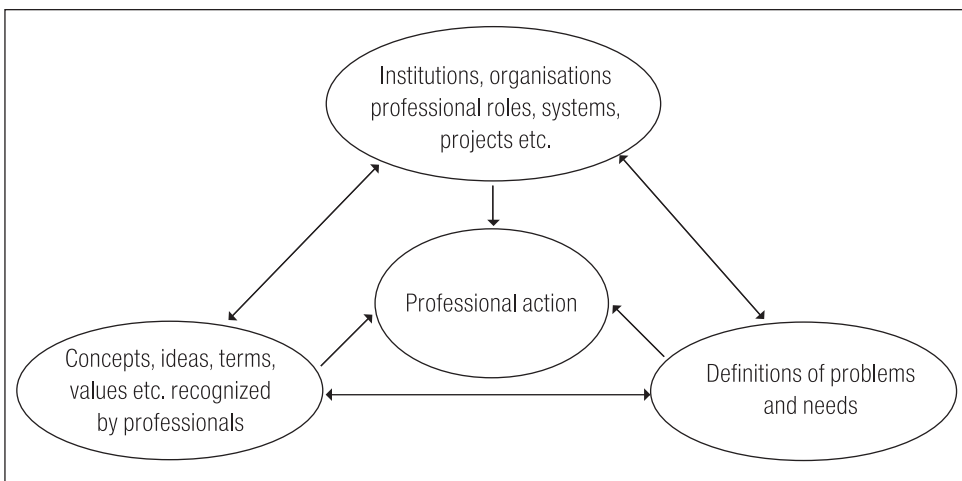


Fig. 3.4. Conditions of professional actions in workplace health promotion.

Each social institution that functions in the discussed area assigns its own sense to the ideas referred to above and uses them in a specific, inherent manner. They set their own priorities, objectives and success indexes. They compose workplace health promotion into the subjective (technical) context of their operations<sup>4</sup> — they either expand or reduce the understanding of this concept adequately to the context. But they also adjust the meaning of the discussed term to their internal organizational culture, competence areas and aspirations of the staff etc. Therefore the diversity of practical actions in health promotion at workplace results not only from the multiplicity of concepts forming it, but also from the differences among individual institutions that operate within the discussed range. It also results from the different way that this concept is interpreted by individual professionals who comprehend it according to their professional background and individual preferences<sup>5</sup>. It is finally associated with needs and problems that are not only currently present in the discussed areas, but that are recognized by the aforementioned institutions and professionals as having the priority at the meeting point of health and work<sup>6</sup>.

### Three views on health promotion at workplace

The development of workplace health promotion may be presented as a process yielding three different concepts (Fig. 3.5.). It must be noted, however, that this linear order concerns — as mentioned before — mainly the rhetoric, the theoretical thinking about health promotion in workplace context. In practice we will usually find a mix of all the concepts identified at different stages that will not always be dominated by the last one.

The first of the analyzed concepts will be referred to as “health promotion of working population”. Within general health promotion it is associated with the

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<sup>4</sup> In Poland, for example, this area is dominated by institutions associated either with traditional occupational medicine or occupational safety. Organizations operating under the facade of health promotion are virtually non-existent.

<sup>5</sup> For example, the only professional group in Poland that received by an act of law the competence area associated with workplace health promotion is the personnel of the occupational medicine service. Studies have shown that every second physician identifies occupational health promotion with the traditional health education or disease prevention (see: Puchalski K, Korzeniowska E, Pyżalski J, Wojtaszczyk P. Opinions of Polish Occupational Medicine Physicians on Workplace Health Promotion. *Int J Occ Med Environ Health* 2005;18(3):241–9.

<sup>6</sup> For example, in certain states the main problem at the meeting point between health and work may be the arrangement of any occupational health support system or the reduction of basic physical and chemical hazards to the health status of workers, therefore the philosophy being developed in the mentioned modern concept may turn out inadequate to reality.





Fig. 3.5. Development stages of workplace health promotion.

“population-oriented” strategy. It is addressed not really to workplaces, but rather to individual employees — if considered, workplaces are essentially treated as the area where health promoters (usually from outside of the company) have better access to the employees. The employees are treated more as typical representatives of the society rather than people with specific health problems associated with the work they perform. The employees of companies are subjected mainly to interventions related to disease prevention (diagnostics, vaccinations, consultations) and the traditionally understood health education (fliers, chatty lectures). The criteria for assessing the effects of these actions are usually the number of interventions, the number of diagnosed cases, the changes in behaviours that affect health or health status parameters of people subjected to interventions and the extent to which they acquire the presented information. In principle, this concept lacks reflection on the specific relations between the health status of employees and the work they perform, as well as between the initiated actions and the functioning of the company. All that counts is health and acting in support of it, which from the point of view of a typical enterprise is a rather insignificant or even strange objective.

The other concept, described here as “health promotion in work environment”, refers to the actions performed under the strategy described in general health promotion as “environmental”. Here the object of these actions is not the individual employee, but the entire workplace. To be more specific: the employees (or rather groups of employees exposed to certain hazards) and their material occupational environment (infrastructure, physical and chemical factors). What is omitted (or marginalized) are the cultural, socio-organizational and socio-psychical aspects of the environment. The main criteria for assessing the effects

of the actions promoting health is the compliance of the achieved environmental parameters and behaviours of employees with the standard requirements applicable in this field. This is why the actions are not usually aimed at factors that were not precisely described in regulations concerning occupational health and safety (e.g. the problem of stress which is hard to measure). The main value from this point of view is no longer health itself, but rather the compliance with certain requirements. From the perspective of a typical enterprise health promotion understood in the way described above is important mainly to the extent to which it solves the problem of the employer's legal responsibility for the health of the personnel. The health promoter plays mainly the role of an "engineer" who implements the required solutions.

The third concept, which has been developed in the recent years, is "health promoting workplace". It describes actions that are in line with the "setting approach" strategy under general health promotion. Here interventions are about stimulating the organizational development of enterprises towards "healthy environments" (mainly in psycho-socio-cultural meaning) or rather "healthy communities". The subjects of the actions promoting health are thus entire workplaces (including employees and various groups and organizations of employees, management, families of employees, customers). According to this concept the ultimate criterion for assessing the effects is not (or not only) the health status of employees or the status of health conditions or health care actions, but the effect of these phenomena on the basic area of the company's functioning (its profit, market position, public image) and the functioning of its employees (their comfort, personal development, identification with their workplace). This is achieved mainly by extending the involvement of the personnel in various health-promoting actions within the company (that is why it is important to support and empower their capabilities) and the degree to which health-related issues are accounted for in different, harmonically associated internal organizational policies (e.g. concerning remuneration, employment, promotions, training, occupational health and safety, environment protection, information circulation, social fund utilization). Only through this are efforts made to make pro-health changes in the infrastructure and material environment, the behaviour and health status of the employees (which was important in the first two concepts).

This last concept is the closest to the mission of the European Network of Workplace Health Promotion (ENWHP). It is also the closest to the current pathways of the development of occupational health concepts and rhetoric.

## Summary

The diversity of meanings embedded in the discussed concept and described from many angles results in the creation of two (partially overlapping) areas of real or potential practice that may be referred to as workplace health promotion. On one hand they are actions that can be described as “health promotion at workplace” by different entities implementing them who comprehend this term in a diversified manner. On the other they represent the activity that may be called “health promotion” as it complies with the definition thereof — although entities performing it may also refer to it using other terms (e.g. “corporate health management”, “occupational accidents prevention”).

At the same time a third area emerges that may be called workplace health promotion (because it describes the activity postulated in the theoretical concepts), but it is not filled with real (implemented) actions (Fig. 3.6).

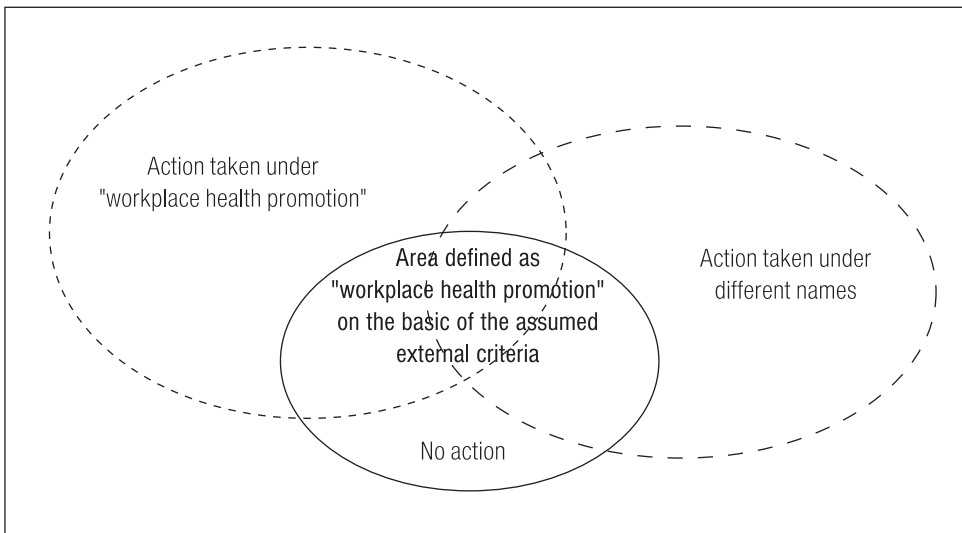


Fig. 3.6. Complexity of health promotion scope.

Studies performed on a representative sample of medium and large workplaces in Poland<sup>7</sup> show that the actions that are not implemented (or implemented only rarely) in practice, though postulated in the theory of health promotion, are primarily the ones that extend beyond the legal obligations concerning occupational health that are binding for employers, as well as the ones that are

<sup>7</sup> Puchalski K, Korzeniowska E, Involvement of Polish Enterprises in Workplace Health Promotion. Trends Observed in 1998–2001 [in Polish]. *Med Pr* 2002;53(5):355–60.

not part of the traditions cultivated in the functioning systems of health care and work. The key barrier obstructing the practical development of workplace health promotion seems to be traditional thinking of the employers in Poland and their reluctance in seeing the link between business development and the health of their personnel. In other words, the question “how to run a business without harming the health of the staff (meaning: in accordance with legal requirements)?” lacks the reflection associated with another question “how to develop a business through supporting the health of the staff?”

A theoretical answer to the latter question is provided by both the concept of health promotion (within the meaning referred to above and described as “health promoting workplace”) and the “modern” ideas of occupational health. The answer is theoretical, because as long as other forms of business development are available, ones that are either more easily available (e.g. based on the possibility to exchange personnel) or receive wider social acceptance (do not require any effort from employers and employees in relation to excessively radical breaking of the traditional ways of thinking), the practical development of actions stimulated by the latter question on a larger scale (except for sparse “examples of good practice”) will surely remain yet another utopia.

At the end one more problem remains to be solved: is it worth to argue which name the postulated actions will be implemented under, since they are included both in the concept of “health promotion” and in the concept of “occupational health”? It seems that health promotion may be better for the following reasons:

- it is a relatively new concept (and institution), therefore in order to implement its ideas it has to struggle less with traditional, routine ways of thinking and acting that are usually a significant obstacle for all innovation in practical applications;
- it attracts — being also a dynamic social movement — a lot of spontaneous energy and motivation, which may be an important supplement to standard procedures followed within formalized systems of health and work protection (upon which the practice of occupational health is based);
- it is a concept that is narrower than the extremely broad occupational health and develops its own specificity, which undoubtedly makes it easier to transpose its general ideas into the operational objectives of implementation projects.

Health promotion is a domain (of both theory and practice) that undergoes fast transformations and due to its young age is still at a stage of searching and building its own theoretical and institutional identity. What form it will

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take depends largely on what people who identify themselves with health promotion in their professional roles think about it and how they define it. It depends on whether they will reflect at all on what the essence of their operation is and whether they want to knowingly participate in shaping the pathways of its development. These were the purposes of the studies presented in this chapter.



## 4. Status-quo analysis of workplace health promotion in the new Member States of the European Union and Candidate Countries

*Elżbieta Korzeniowska, Krzysztof Puchalski, Eliza Iwanowicz*

*Jacek Pyżalski, Patrycja Wojtaszczyk*

**The National Centre for Workplace Health Promotion**

**The Nofer Institute of Occupational Medicine in Łódź, Poland**

One way of achieving the overall Project's aim — the integration of AACs into the co-operation mechanism in the field of WHP — was the analysis of the current situation with regard to strategies, policies & practices of promoting workplace health in 12 AACs: Bulgaria, the Czech Republic, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, the Slovak Republic and Slovenia. Such an analysis, presented below, was mostly carried out on the basis of data gathered in questionnaires prepared by the Project team and then filled in by the experts from the NCOs of the 12 AACs (the abbreviated version of the question-naire is available in the annex, whereas the table below contains the main reporters and co-reporters' names).

Table 4.1. The names of the main reporters and co-reporters' who filled in the questionnaires

Country	The main reporters		Co-reporters' names
	name	e-mail	
Bulgaria	Zaprian Kolev Zapryanov	hlthprom@infotel.bg	Tzvetanka Mollova
Czech Republic	Jarmila Vavrinova	vavrinova@szu.cz	Ludmila Kozena Anezka Sixtova Alena Steflava
Cyprus	Athanasiou Athansasios	aathanasiou@dli.mlsi.dli.gov.cy	—
Estonia	Uno Kiplok Kadri Ress Ive Vikström-Kruusala	uno.kiplok@tervishoiuamet.ee kadri.ress@tervishoiuamet.ee ive.vikstrom-kruusala@tervishoiuamet.ee	—
Hungary	Galgóczy Gábor	galgoczy@fjokk.hu	Kudász Ferenc
Latvia	Ivars Vanadzins	ivars.vanadzins@rsu.lv	Madara Kapeniece
Lithuania	Zenonas Javtokas	zenonas.javtokas@vvspt.lt	Danguole Suliene Ieva Novogreckaite
Malta	Maryanne Massa	maryanne.massa@gov.mt	—

Table 4.1. The main reporters and co-reporters' names – cont.

Country	The main reporters		Co-reporters' names
	name	e-mail	
Poland	Elżbieta Korzeniewska	whpp@imp.lodz.pl	Krzysztof Puchalski
Romania	Theodor Haratau	theodor.haratau@romtens.ro	Silvia Florescu Adriana Todea Daniela Olar
Slovak Republic	Margareta Šulcová	dekan.fvz@szu.sk	Ivan Rovný Daniela Krizanova
Slovenia	Eva Stergar	eva.stergar@guest.arnes.si	Metoda Dodič Fikfak Tanja Urdih-Lazar

Additionally, the countries' profiles were prepared on the basis of information gathered:

- during interviews based on the filled-out questionnaires, carried out by the representatives of the Project team with experts from the respective NCOs (such interviews took place within the framework of kick-off meetings);
- during round-table meetings (mostly presentations by new NCOs on their status-quo with regard to WHP, including their models of good practice as well as the most crucial outcomes of the SWOT analysis concerning the establishment/enhancement of the national forums for WHP);
- from other sources of information identified by the experts from the NCOs (such as various publications, the NCOs' websites).

Descriptions of the status-quo with regard to WHP in AACs are presented below. 12 AACs were divided into 2 groups:

- 5 countries belong to the first one: Bulgaria, the Czech Republic, Hungary, Poland and Romania, all of which had been taking part in the EN WHP initiatives before the Dragon-fly Project was launched on 1<sup>st</sup> May 2005;
- the second group consists of those 7 AACs where the NCOs of the EN WHP were established within the framework of the Dragon-fly Project: Cyprus, Estonia, Latvia, Lithuania, Malta, the Slovak Republic and Slovenia.

Experts from these 12 NCOs were given the opportunity to check their countries' profiles compiled by the Polish and Romanian NCOs. Representatives of only 3 NCOs (Hungarian, Lithuanian and Slovak) did not make use of this opportunity. The remaining descriptions were approved by the heads of their respective NCOs.

The countries' profiles are followed by text analysing and summarising the various levels of the AACs' engagement in the development of national forums for WHP.



## 4.1. Bulgaria

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### Duties of the employer concerning employees' health

Employers' duties concerning their employees' health are mostly outlined in the Bulgarian "Act on healthy and safe working conditions", issued in 1997 with later amendments. According to this document employers are obliged to provide healthy and safe working conditions for their employees by undertaking various defined activities. These are, for example, assessing the risk to workers' safety and health and on this basis planning appropriate measures for risk elimination; creating a necessary organisation for regular supervision and control of the execution of the planned measures; providing effective control on work performance according to the safety requirements and without health risks; and taking appropriate steps to ensure that only people who received adequate instructions, training and equipment can have access to areas where there is a serious or specific danger.

What is more, employers in Bulgaria are obliged to provide occupational health services for their employees. According to the act in question these services are units with mainly preventive functions. The units consult and support employers, working conditions committees or groups<sup>1</sup> in the planning, organisation and execution of their responsibilities for:

- the provision and maintenance of healthy and safe working conditions,
- the promotion of health and the working capabilities of employees with regard to their work.

All measures related to the provision of healthy and safe working conditions for the employees have to be entirely at the expense of the employer.

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<sup>1</sup> According to the Bulgarian "Law for Healthy and Safe Labor Conditions" (December 1997 with later amendments) Bulgarian companies employing up to 50 workers are obliged to establish working conditions groups, whereas enterprises with more than 50 workers have to set up working conditions committees. They are comprised of representatives of the employees as well as of the employers. Their general responsibility is to support an employer in ensuring/providing a healthy and safe workplace.

## Understanding of WHP concept

According to the Bulgarian NCO, the most vital element of the WHP concept is a cohesive, coherent and comprehensive internal strategy on the health of employees implemented into a company's everyday management practice. Furthermore, it reckons that good practice in the field of WHP can be established by the employees' empowerment and by improvements in work safety and in the work environment as well as by developing safe behaviour patterns within the work environment. What is more, thinking holistically, in the NCO's mind, it is necessary to ensure and stimulate a basic personal and group healthy lifestyle. This can be achieved by providing knowledge as well as supporting and facilitating the implementation of employees' healthy lifestyles (by, for instance, co-financing physical activities).

As far as the Bulgarian legislation is concerned, firstly it should be outlined that there is one act called "Health Law", issued in 2004, which contains the definition of health promotion. It regulates public relations and state activities in the area of citizens' health protection and promotion. According to this document "health promotion is a process ensuring social, economic, ecological and other conditions in addition to adequate health education to create opportunities for individuals to ameliorate their personal health and to enhance a personal and group responsibility".

Secondly, the already mentioned "Act on healthy and safe working conditions" refers to WHP. Although it does not contain its definition, it identifies bodies responsible for "promotion of health at work". These are the Minister of Health<sup>2</sup> (by guidelines, quality control, national programmes, monitoring of health parameters) and Occupational Health Services. However, in reality these regulations in the Bulgarian legislation on health and safety at work treat WHP as an optional (not basic) activity of Occupational Health Services (paid by the employer) and of the Ministry of Health (through national health programmes funded by the state). This situation is perceived by the NCO as one of obstacles to WHP development in the country.

So if promotion of health at work occurs in legislation as the pointing out of institutions responsible for it, are there any firm sources in Bulgaria for financing WHP projects? According to the NCO, although there are some sources that potentially could and should allocate money for these purposes, in reality financing WHP is neglected. For instance, there is the Ministry of Labour and Social Policy's

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<sup>2</sup> The provision of "promotion of health at work" is an obligation of the Ministry of Health and National Centres supervised by this institution. This is for instance the National Centre of Public Health Protection — the Bulgarian NCO.

“Working Conditions” fund, which could be a potential source, but currently its priorities are safety and risk at work assessment (in 2004 and 2005 two WHP projects were not accepted for funding). The second source could be the National Health Programmes postulated by the “Health Act”. However, the existing programmes are in reality devoted to prevention of e.g. cardiovascular diseases, suicides, iodine deficiency, HIV. Furthermore, although the income of a non-governmental organisation called the Association of “Workplace Health and Safety Promotion” and National Network of Health and Safety Promoting Companies (A “WHSP” & NNHSPC, see below) ought to be devoted to WHP projects, currently it is only sufficient to cover limited expenses for its organisational, technical and editorial purposes.

### Monitoring of conditions and professional training for WHP

The Bulgarian NCO is in possession of data from several surveys mainly monitoring attitudes towards occupational health and safety (OSH) and WHP as well as the overall climate for undertaking activities, which improve employees’ health. Generally, it seems that this climate is still considerably influenced by the previous socialistic system, which constrains the implementation and enhancement of WHP. For example, “The First Survey on Working Conditions in Candidate Countries”, carried out in 2002, identified in these countries (including Bulgaria), as compared to the Member States, the following exemplary disturbing factors at workplaces: fewer training or learning opportunities provided; despite better information on occupational risks, more exposure to physical risk factors; less consultations on organisational change and contacts with staff representatives and outside experts; authoritarian work organisation with less employees’ autonomy and responsibilities, more monotonous jobs and less task-rotation; higher levels of health problems and overall fatigue; less satisfaction with working conditions<sup>3</sup>.

Furthermore, a comparative analysis between Bulgarian and German executives showed a marked difference in their motivation and attitudes towards OSH. Although OSH is appreciated to some degree in both countries, Bulgarian executives appeared to be less convinced that they could impact their worksites with regard to the OSH — situation<sup>4</sup>.

<sup>3</sup> Persson OJ. Hurley: First survey on working conditions in candidate countries (2001). European Foundation for the improvement of living and working conditions, 14 March 2002, <http://www.eurofound.eu.int>.

<sup>4</sup> Elsler D. Innovative Ansätze zur internationalen Förderung des Arbeits — und Gesundheitsschutzes. Eine Analyse am Beispiel Bulgariens und Deutschlands, BAUA, Dortmund: 2003. p. 12–14.

Finally, another survey, carried out by the NCO in 2004, diagnosed one of the most difficult to overcome factors impeding WHP implementation. According to Bulgarian WHP experts, it is the resistance of both employers and employees to change their behaviours and attitudes from those rooted in egalitarian socialistic relations to market-driven ones. Since the WHP issue assumes an introduction of a new workplace culture and cooperation amongst various partners, common WHP implementation is impossible without a change in the current unfavourable approach<sup>5</sup>.

One basic way of forcing positive changes in such an unfavourable situation was the introduction of various forms of training in the field of WHP. In Bulgaria the only organisation responsible for WHP education is the National Centre of Public Health Protection, where the NCO is located. Due to its efforts, a WHP education module was created and then introduced to the post-graduate training of physicians' specialising in "Occupational Medicine". In addition, the centre runs a five-day course on WHP twice a year (in March and October) addressed to various professional groups (e.g. Occupational Health Services' staff). Moreover, the NCO is engaged in a project "Education and training on rights and obligations according to the Act on healthy and safe working conditions for members of Company Working Conditions Committees". This project provides extensive training devoted to new legislation and modern approaches including WHP, addressed to both employees and employers.

Apart from the special training, people in Bulgaria can broaden their minds in the field of WHP through individual education supported by a few books on WHP (there is for instance a three-volume handbook on WHP). Additionally, the A "WHSP" & NNHSPC runs a website "Occupational Health. Workplace Health Promotion. Healthy and Safe Workplaces" (<http://www.infotel.bg/~hlthprom>) as well as edits the Bulletin for Express Information "Occupational Health. Workplace Health Promotion".

#### Activities, Models of Good Practice in the field of WHP / the development of structures and policies for WHP

Since the outset of the practical implementation of WHP in Bulgaria dates back to 1999, when the Specialised Department of "Health Promotion" at the National Centre of Hygiene, Medical Ecology and Nutrition became the NCO

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<sup>5</sup> Zapryanov Z, Mollova Tzv. Results of the anonymous inquiry amongst participants at the First National Conference of Bulgarian Forum "Healthy and Safe Workplaces" (12.02.2004, NCHMEN, Sofia). Bulletin for Express Information "OH. WHP" 2004;6(1):35-50.

of EN WHP<sup>6</sup> and the National Network of Health and Safety Promoting Companies – NNHSPC was established (see below), it is impossible to outline in detail all of the activities undertaken in Bulgaria in the field of WHP through the seven-year period in such a short description. Hence, below one can find a characterisation of those achievements which the NCO perceives as models of good practice in the field of WHP. Two of them (I and III) are undoubtedly the milestones in developing Bulgarian structures for WHP.

I. The establishment and development of the National Network of Health and Safety Promoting Companies — NNHSPC

It was a four-year project (1998–2001), financed from the “Health Promotion” fund of the Ministry of Health and the “Working Conditions” fund of the Ministry of Labour and Social Policy, designed with a view to creating conducive organisational and material circumstances for the establishment and development of NNHSPC (with a perspective to join the EN WHP, which took place on 1<sup>st</sup> June 1999). This Bulgarian network was supposed to be a supplementary non-administrative body facilitating the realisation of the “General guidelines of the national policy towards the provision of healthy and safe working conditions” (1996) and it assumed cooperation with member companies leading to compliance with the “Act on healthy and safe working conditions”. The project team consisted of 31 people including managers of participating companies and representatives of the Ministry of Health, the Ministry of Labour and Social Policy, the Bulgarian Industrial Association and the National Centre of Hygiene, Medical Ecology and Nutrition (the last one playing the role of the coordinator). To achieve the above mentioned goals the following activities were undertaken: establishment of the coordination Committee; dissemination of the network’s concept (by, among others, materials production and a PR programme); a constituent meeting of the NNHSPC; visits of the national coordinator to 22 of 23 member companies and assessment of their needs to ensure the creation of healthy and safe worksites; working meetings mostly devoted to summarizing the undertaken activities, decision making on organisational issues as well as company representatives’ education on, among other things, WHP. As a consequence, all these efforts led to the establishment of NNHSPC — a voluntary social network of 23 companies, all together employing more than 50000 workers, sharing a similar understanding of the importance of and having similar criteria of health and safety at work being

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<sup>6</sup> In 2005 the National Centre of Hygiene, Medical Ecology and Nutrition underwent reorganisation and on its basis the National Centre for Public Health Protection was established; now it plays the role of the Bulgarian NCO.

in accordance with the new legislation as well as with the Luxembourg Declaration and other statements of the EN WHP. To ensure NNHSPC operation, an Action Plan assuming future joint projects was developed<sup>7</sup>.

In 2001 members of the NNHSPC decided to establish a juridical non-profit organisation aiming at undertaking activities in favour of public interest. Therefore, on 2<sup>nd</sup> August 2001 the Association of “Workplace Health and Safety Promotion” (A “WHSP”) was registered in the Central Register of the Ministry of Justice. At the end of 2002 this Association and the National Network combined their activities on the basis of identical goals and one NGO was established. It is supervised by the management bodies of the A “WHSP”. An important role in A “WHSP” & NNHSPC is played by the National Centre of Public Health Protection which, apart from being the Bulgarian NCO of the EN WHP, is an Operative Office of the A “WHSP” & NNHSPC and participates in its Management Board.

## II. Participatory workplace and risk at work assessment and management

In this project, carried out from 2000 until 2002, the NCO (then the Specialised Department of “Health Promotion” at the National Centre of Hygiene, Medical Ecology and Nutrition) undertook cooperation with the following four companies-members of the NNHSPC: “Kotlostroene” SA, Sofia; “Alucom” SA, Pleven; “Centromet” SA, Vratza and “Energia” SA, Targovishte (all together they employed approximately 1250 workers). Every participating partner made its own financial contribution to the project. Its first purpose was to compile methodology from literature sources and then publish the outcomes of this work. As a result, two books were published: “Basic methodology for workplace and occupational risk assessment and management”<sup>8</sup> and “Workplace health and safety promotion”<sup>9</sup>. The project’s second goal was to create in the NNHSPC a group of trained experts, which was achieved by practical implementation of selected versions of a basic participatory method in the above mentioned enterprises.

## III. The establishment of the Bulgarian Forum “Healthy and Safe Workplaces” (BF “HSW”)

The project leading to the establishment and reinforcement of the Bulgarian Forum “Healthy and Safe Workplaces” (BF “HSW”) was carried out from 2002 until 2004. It should be outlined that the establishment of a Bulgarian national WHP forum was part of the ENWHP’s 4<sup>th</sup> initiative which pursued

<sup>7</sup> Full report on all these activities is available on the website <http://www.infotel.bg/~hlthprom>.

<sup>8</sup> Zaprianov Z, et al. Basic methodology for workplace and occupational risk assessment and management. Sofia: National Centre of Hygiene, Medical Ecology and Nutrition; 2000. p. 143.

<sup>9</sup> Association “Workplace health and safety promotion”, Procedure for workplace assessment, risk at work assessment and management. Pleven-Sofia: Publ. House “Galik”; 2002. p. 82.

the goal of creating and linking WHP infrastructures all over Europe. The BF “HSW”’s main objective is to create a supportive environment for the development, dissemination and implementation of models of good practice in OHS and WHP in all sectors of the national economy. Being an informal national platform, BF “HSW” operates as a “catalyst” for the implementation of models of good practice in Bulgaria.

This informal forum was initiated by the representatives of the following organisations/institutions: the National Centre of Public Health Protection (the NCO of the EN WHP and BF “HSW” Secretariat), the Ministry of Health, the Bulgarian Industrial Association, the Union for Private Economic Enterprise, the Bulgarian Branch Chamber of “Machine building”, the Association of Occupational Health Services, A”WHSP” & NNHSPC, the “Podkrepa” Confederation of Labour, the Confederation of Independent Trade Unions in Bulgaria, the Association of Engineers on Safety and Health at Work, the Ministry of Labour and Social Policy — “General Labour Inspectorate” Executive Agency and the Bulgarian Union of Private Entrepreneurs.

As far as BF “HSW”’s structure is concerned, it consists of two sections:

- Section 1 — “National Platform” — It was founded on 14<sup>th</sup> November 2003 and announced in public at its First National Conference (12<sup>th</sup> February 2004, Sofia); This is the Permanent Working Committee comprising the representatives of the organisations/institutions which initiated the forum. It is responsible for steering the forum’s conceptual and operational activities.
- Section 2 — “National network for the implementation of models of good practice in OHS and WHP”. It has been functioning since 16<sup>th</sup> November 1999 and consists of the companies’ coordinators.

The process of setting up the BF “HSW” was financed by five governmental and non-governmental organisations from the list of the forum’s initiators. Whereas, according to the assumptions, its further activities should rely on the social marketing<sup>10, 11, 12, 13, 14, 15, 16</sup> of its proved benefits in both business and social areas. In addition, the BF “HSW” is supposed to be financed from resources of the Bulgarian Government (“Working Conditions” Fund and the National Program-

<sup>10</sup> A brochure Health Strategy. Healthy workers in healthy organizations, 2004.

<sup>11</sup> A brochure Guidelines for implementation of health promotion at your workplace, 2004.

<sup>12</sup> Zapryanov Z. Bulgarian forum „Healthy and safe workplaces”. *Saf Occup Med* 2004;2:6–10.

<sup>13</sup> *Idem*. Country profile. The promotion of workplace health in Bulgaria, ENWHP — Newsletter 6, June 2004, <http://www.enwhp.org>.

<sup>14</sup> *Idem*. BF “HSW” in National Forums for WHP. Essen: BKK Bundesverband; 2004. p. 30–2.

<sup>15</sup> Bulletin for Express Information Occupational Health. *Workplace Health Promotion* 2004;6(1):56.

<sup>16</sup> A website “OH.WHP.HSW” — <http://www.infotel.bg/~hlthprom>.

me) and the European Union (the Framework Programme, Pre-accession Funds) and by voluntary contributions of each participating organisation.

To achieve the above mentioned purposes, there is free access to the forum with participation, on a voluntary basis, of all stakeholders of the National System for Provision of Health and Safety at Workplace (institutional and non-institutional partners, both of equal importance). Much emphasis is placed on education (for example through the already mentioned Bulletin for Express Information “Occupational Health. Workplace Health Promotion”) and various supportive and marketing activities aiming at common approval and implementation of European and Bulgarian models of good practice at the companies’ level. The other working method is the provision of feedback on the current situation of healthy and safe workplaces at the companies’ level and assessment of real needs from different points of view. Moreover, the BF “HSW” stays in contact with the EN WHP. Finally, to facilitate the process of decision making, appropriate information flow as well as dissemination of strategy on OHS and WHP, the annual conferences of the BF “HSW” and business meetings for the company coordinators of Section 2 are organised.

As one can see above, the process of the development of national structures and policies for WHP is highly advanced in Bulgaria. According to the NCO, although at the national level there are no major problems with setting priorities and collaboration among stakeholders, with the exception of funds raising, many obstacles at the company level were identified. These are as follows: predominant old managerial practices still firmly rooted in the previous socialistic period (e.g. authoritarian style of management, low personal autonomy and responsibility); insufficient people preparedness for a modern market — oriented economy (the WHP concept and its economic merits for enterprises are still not appreciated enough; the high unemployment rate and low family income in Bulgaria are the common excuses for disobeying detailed instructions and not taking initiative and responsibility at the workplace); and Bulgarian legislation on health and safety at work considering WHP an optional activity. To sum up, the ample achievements at the national level do not always correspond with actions at the company level.

### Future perspectives for WHP

To overcome the above mentioned problems, in 2005 the Permanent Working Committee of the BF “HSW” identified the following four priorities for the next years:



- WHP implementation at the company level,
- assessment of the effectiveness of activities at the company level to ensure healthy and safe workplaces (a national information database for surveillance on general trends of parameters indicative of the status of health and safety at work),
- workplace assessment, risk at work assessment and management,
- quality control and support of Occupational Health Services' activities.

On the basis of these priorities the project “National Programme for health and productivity maintenance through workplace health promotion. Status and effectiveness assessment — National report on health at work” was compiled and presented to the Ministry of Health. Although the programme has not yet been approved the Bulgarian NCO associates it with the acceleration of WHP implementation.

## 4.2. Czech Republic

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**The Nofer Institute of Occupational Medicine in Łódź, Poland**

### Duties of the employer concerning employees' health

In the Czech Republic the employers are responsible for a variety of measures concerning employees' health. The present system of occupational Health is based on the Labour Code and on the Public Health Protection Act. It makes it obligatory for employers to ensure the safety and to protect the health of employees at work, especially in relation to risks which may pose a danger to life and health. Employers are responsible for identifying the risk factors and monitoring their level, as well as minimizing or preventing job risks. In case when risk at work cannot be eliminated or sufficiently limited by technical means or by the reorganization of work, the employer is required to provide his/her employees with personal working protection aids. Employers shall also, according to the legislation, categorize all jobs according to the degree of work load and the possible effects on health; ensure health check-ups for all workers contingent on the job category and special health risks; disallow employees to perform work which is beyond their ability and which is inappropriate to their state of health;

ensure that first aid is available to employees; inform employees about the classification of the work which they are doing, of the health care facility which will provide them with occupational preventive care and preventive medical health checks; provide employees with training on the statutory and other regulations related to the preservation of safety and the maintenance of health at work; investigate the causes and circumstances of any injury at the workplace and keep records relating to all injuries at work which result in an employee's death or incapacity to work for more than three calendar days, and keep records on all employees suffering from an occupational disease and compensate them for it.

### Understanding of WHP concept

The concept of workplace health promotion is understood by the stakeholders in this field firstly as a mixture of traditional occupational health and safety activities enriched by the implementation of programmes supporting and facilitating healthy lifestyles of employees, and secondly as the development of cohesive, coherent and comprehensive internal strategies on the health of employees in enterprises/organisations. The emphasis put on the traditional approach is caused by the fact that working conditions are still not at a sufficiently high level in many enterprises, SMEs in particular. Education on healthy lifestyles is perceived as a tool that helps change risky behaviours. It should follow an improvement in working condition. And at the final stage there is room for the planning, co-ordinating and evaluating of all health related measures as necessary.

Czech legislation gives a definition of health promotion and workplace health promotion in several acts.

First of them is Act no. 258/2000 on public health protection that regulates the rights and obligations of natural and legal persons in the fields of public health protection and promotion, the system of public health protection authorities, and their competence and power. Public health protection and promotion are defined in this act as the sum of activities and measures towards the creation and protection of healthy living and working conditions and the prevention of the spread of infectious and high-prevalence diseases, occupational health risks, occupational diseases and other relevant health disorders, and surveillance of the maintenance of such conditions.

Another piece of legislation concerning health promotion issues is Government resolution no. 1046/2002 on the Long-term programme for the improvement of the population's health in the Czech Republic — Health for All in the 21<sup>st</sup> Century.

It is in fact a national adaptation of the WHO Programme Health for All in the 21<sup>st</sup> Century. Disease prevention and health promotion are relevant parts of the entire Programme and are integrated into strategies for most goals. Workplace health promotion broadens health protection in enterprises with a new concept of health education; nevertheless, unlike health protection and work safety, workplace health promotion is not based on legal regulations and is therefore a sort of voluntary, beyond-standard activity.

Health protection and promotion is also described as a common concern and responsibility of all citizens, organizations, institutions, interest associations and state administration in Government resolution no. 810: Environmental health action plan that tackles the issue of environmental health generally.

Apart from the term health promotion and workplace health promotion other terms relating to the topic of health at work are used in Czech legislation. In Government resolution no. 273/1992 related to the national plan of health promotion and restoration and the draft project of mid-term strategies for health promotion and restoration the expression “Healthy enterprise” is used. According to that act healthy enterprise usually focuses on encouraging behavioural change towards a healthy lifestyle and workforce regeneration combined with occupational health and work safety. In Act no. 20/1966 on Public Health Care that concerns health care provided by the society to the public there is a description of “Occupational health care facilities” that, according to legislation, provide counselling on the issues of health protection and health promotion and social wellness of employees, assess the effects of work and workplace conditions on human health, carry out preventive medical check-ups of employees, ensure workplace first aid, cooperate with the competent public health authority and are involved in the training and education in the fields of health protection and health promotion.

On the practical level, mainly three topics are currently considered important elements of workplace health promotion. The first one is the issue of motivation of employers — that is, how to convince management that the benefits of workplace health promotion could be higher than the costs; the second is the motivation of health insurance companies — to support health promotion activities at workplaces, and the third area of interest is proper education of specialists and other workers in the field of health care. Research in this field causes no significant problems, participants in the studies are usually well motivated. The key challenge is the implementation of workplace health promotion on a large scale due to low interest among companies, especially small and medium size ones.

## Monitoring of conditions and professional training for WHP

There have been several very interesting research projects, mainly epidemiological studies, carried out in the Czech Republic that can be applied to workplace health promotion development.

One of them is a longitudinal study on the state of health and life, and work habits of intellectual workers, conducted by a group of researchers: E. Frantík, M. Horváth, L. Kožená from the Centre for Occupational Medicine, National Institute of Health in Prague. Its aims were to find predictors of health and performance deterioration and to design a screening procedure for health risk factors. For 20 years (1973–1993) researchers have been following the examined group of 675 middle-aged workers (39 women) in 7 technical applied — research institutes performing clinical, biochemical, and psychological examinations. As a result of the research, a PC program screening questionnaire for the complex evaluation of health risks — a method since used in many subsequent studies and health programs — has been developed<sup>1</sup>.

Other important research concerned the state of health and cardiovascular response to work stress among Prague ambulance workers. It was conducted in 2000–2001 by L. Kožená and E. Frantík from the Centre for Occupational Medicine, National Institute of Public Health in Prague and consisted of a screening questionnaire and 24 hour monitoring of heart rate and blood pressure. It was performed on the group of 80 emergency ambulance service workers (driver-paramedics, nurses, control-room dispatchers, doctors). It clearly showed that there is a significant rise in blood pressure in situations described as stressful, and that there is a lower blood pressure response to stress in driver-paramedics qualified as nurses when compared to drivers without this qualification.

As far as the training in the workplace health promotion is concerned there are professional groups obliged to undergo preparation for these sorts of activities (occupational health physicians, occupational health nurses, public health physicians, psychologists working in public health, public health assistants).

There are also additional possibilities of acquiring know — how and education in WHP through courses at the National Institute of Public Health. Courses are certificated in the Czech Republic's system of medical education and any person interested in WHP can participate.

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<sup>1</sup> Horváth M, Frantík E, Kožená L. Work stress and health in research and development personnel. *Homeost Health Dis* 1997;38(2):73–82.

## Activities and Models of Good Practice in the field of WHP

The Czech Republic is very active in the field of dissemination of workplace health promotion. Since 2000 several major events popularizing this idea took place in the country. One of the most important was a series of annual conferences on Workplace Health Promotion that took place from 2001 till 2003. The 3<sup>rd</sup> National Conference on WHP in Brno was at the same time the 1<sup>st</sup> general assembly of the National Forum of Health Promoting Organizations. In 2004 the Workshop on the Methodology and Assessment of Worksite Health Promotion took place.

There were also successful projects propagating workplace health promotion such as the introduction of the section Workplace Health Promotion on the pages of the National Institute of Public Health in 2005. It included *Kriteria kvality podpory zdraví na pracovišti* — translated as Quality Criteria for Workplace Health Promotion. A seminar for public health physicians and occupational health physicians was organised and a WHP competition for the title of Health Promoting Enterprise of the year was organised in 2005 for the 1<sup>st</sup> time. As of 2006 — courses in Workplace Health Promotion have started and the competition for the title of Health Promoting Enterprise of the year will be held.

All those activities and developments were brought to life thanks to the financial support of the Ministry of Health provided via initiatives such as the National Program of Health Promotion — Projects of Health Promotion. Every Czech legal entity can apply for this grant. There are 14 thematic sections in this project that include: nutrition improvement; smoking cessation; stress reduction; reproductive health improvement; reduction of alcohol consumption; physical activity optimization; disease prevention; prevention of injuries, poisonings and violence. There are also forthcoming projects funded within this framework that include: health promotion in the village, town, region, and action plans for health and the environment; health promotion in schools and, of course, health promoting enterprises.

There are many stakeholders active in the field of WHP in the Czech Republic besides the Ministry of Health. These include:

- The Centre of Occupational Health, National Institute of Public Health, designated as WHO Collaborating Centre for Occupational Medicine. Its main area of competence is applied research and development of new methods, reference activities for regional public health authorities and their supervision, participation in the legislation process concerning health in the workplace issues, harmonization with EU requirements, international collaboration with institutions as WHO, ILO, OECD, UNEP, US NIOSH etc. This Institute works in the field of workplace health serving advisory and educational functions

such as: research concerning workload, state of health and health risks associated with particular work conditions and suitable preventive and compensating measures, recently focusing on the professions with a high psychological load; the organisation of courses, seminars and workshops on planning and implementing health promotion programs; implementation of WHP projects in enterprises; counselling for organisers of workplace health promotion.

- The NIPH conducted many projects concerned with WHP. Since the year 2000, it has carried out many initiatives, especially health promoting programs within particular organisations, namely: the Power and Ecological Engineering Company in Brno in 2002; the Office of the Regional Authority of Central Bohemia in Prague in 2003; three enterprises in West Bohemia — in cooperation with the General Health Insurance Company in 2004; schools participating in the project Healthy School — in cooperation with the Centre of Health and the Environment, NIPH in 2005. Currently they are working on developing health promotion programmes in the Opera House — designed for singers in the Opera chorus and players in the orchestra — 2005–2006; Siemens Elektromotory Mohelnice (1800 employees); the building company SMO Otrokovice (200 employees).
- The Institute of Public Health based in Prague<sup>2</sup>; a contributory organisation of the Ministry of Health of the Czech Republic. It is a health care facility providing extensive activity in the areas of laboratory analyses, public health services and counselling in health promotion. It includes public health centres (occupational health department, travel vaccination), public health laboratories, microbiological laboratories including parasitology and virology, toxicological laboratories and laboratories for outdoor and indoor air quality assessment. The Institute focuses on health education and health promotion. It has been involved in the creation, launch, organization, coordination and implementation of health protection and health promotion programmes not only for the economically active adult population but also for children, adolescents and seniors. It provides counselling in healthy lifestyles, drug use prevention and the prevention of infectious diseases, in particular HIV/AIDS. It ensures primary and in part secondary disease prevention. Special attention is paid to the monitoring of population health, trends in the incidence of diseases, health effects of environmental factors, healthy living and workplace conditions and causes of work disability. In cooperation with enterprises and

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<sup>2</sup> Assoc. Prof. Vladimír Kodat, M.D., Ph.D.; Květa Švábová, M.D., Ph.D; Sylva Gilbertová, M.D., Ph.D.

organisations the Institute focuses on health promotion programmes targeting prevention of diseases leading either to early death or work disability such as heart and vascular diseases, tumors, diabetes, osteoporosis, locomotory system diseases, obesity, etc. Special attention is paid to prevention of excessive prolonged stress, stress control and stress management programmes. All of these are intervention programmes. Apart from laboratory and clinical examination, disease risk factors and effective intervention measures are determined and risk level assessment is carried out. Each participant is given information on why and how risk factors develop and what to do to limit or eliminate their effects. In this field, counselling, lectures, workshops and discussions are organised. Health education also includes distribution of health education materials and teaching aids. Within particular programmes the Institute carries out specific and highly specialised examinations such as e.g.: for the prevention of heart and vascular diseases: internal examination, nutrition status assessment, anthropometric examination, bicycle ergometry testing, psychological examination and biochemical analyses. For comprehensive intervention targeting major risk factors or for cancer prevention: oncological examination, biochemical and hematological analyses and screening for selected markers of malignancy depending on the participant's condition. Intervention targeting major risk factors.

- The Institute of Public Health based in Jihlava<sup>3</sup> specialises in preventive medicine; it also performs comprehensive occupational health services such as measurement and assessment of physical and chemical factors in the community and in the occupational environment; laboratory services in public health protection; occupational health care; counselling and consulting services for both employees and employers, counselling for healthy workplace conditions, preventive check-ups, organisation and training in workplace first aid, implementation of health promotion programmes in enterprises. They participate annually in the health promotion project: Highland Healthy Enterprise.
- The Regional Institute of Public Health located in Brno<sup>4</sup>, with its Department of Promotion of Health, provides a variety of services aiming at the improvement of healthy lifestyle knowledge (health education activities for schools, companies, and the public); prevention of obesity; nutritional consulting service, prophylactic check-ups (blood pressure, cholesterol level,

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<sup>3</sup> Petr Svačina, M.D.; Alena Poláková, M.D.

<sup>4</sup> Eliska Bartlova, M.D.; Zdenka Zidkova, Ph.D.

body mass index, Bodystat, lung capacity, prevention of cancer etc.) and expert services in these areas; support in the implementation of healthy lifestyles among employees; co-operation with companies — therapeutic or rehabilitation services offered by employers to employees; professional experience in improvement of work safety and working conditions and expert services in work-related stress factors. The most important task of the Health Promotion Department is health status check-ups of individuals and the improvement of health in the general public, with emphasis on all activities promoting the adoption of healthy lifestyles (programmes for schools, for companies, community programmes etc.). The Institute recently started co-operation with organizations with the objective of implementing a strategy for the promotion of employee health. These new alliances resulted in the realisation of many projects:

- The Non-smoking Organisation — a movement headed by RIPH from the year 2002. It associates 43 organisations in Brno that are committed to the implementation of a non-smoking workplace policy — expert services supporting employees that want to quit smoking.
- The Healthy Company as a Bonus for Life — expert services in health promotion. This project, developed by Bartlova in 2003, consisted of: application of the Non-smoking Organisation programme; nutrition consulting services; prophylactic check ups (blood pressure, cholesterol level, body mass index, prevention of cancer etc.) and expert services; programme for management — stress coping, communicative techniques, leadership, personality tests. A Company that cooperates in these activities is: ŽS Brno, a.s., — Railway Buildings Plant.
- Noise the Killer — special community health promotion project by the Ministry of Health — developed by Zidková in 2005 — consisted of activities for public edification in noise reduction. Cooperating organisations selected were restaurants in Brno City, activities were aimed at the reduction of loud or annoying music.
- The Workplace Health Organisation — expert services in the project proposed by NIPH (National Institute of Public Health) — in the year 2005 — a cooperating organization was PENAM a.s., Brno.

The Institute in Brno carries out many health promoting activities for employees, such as the educational programme ‘Days for Health’ aimed at the prevention of obesity, abuse of substances (tobacco, alcohol and other addictions); ‘Stop the Noise!’; prevention of musculoskeletal disorders — an educational programme aimed at ergonomic aspects of the workplace and the



prevention of work-related stress. It also participates in research projects, e.g.: Ergonomics in monotonous work — analysis of jobs with repetitive work, arrangement of workplaces, optimal work regime, psychosocial factors of workload; Subjective evaluation of the impact of monotony on mental health and somatic disorders among workers with repetitive work<sup>5</sup>.

- PREMEDIŠ, s.r.o., Liberec, Limited Liability Company<sup>6</sup> deals with disease prevention, work related especially; ergonomics; physiology of work; health promotion and workplace health promotion. It takes part in implementation projects, specialises in services for medium-sized enterprises and consulting, and carries out training — for groups and individuals. Since 2000, PREMEDIŠ undertook various activities in the field of work health risk prevention; active self-care with respect to health; and the prevention of obesity and stress at work.

Many companies and organizations in the Czech Republic develop their own health promoting policies that can be considered models of good practice in this field. Some of them have been identified and characterized for the purpose of this publication.

GLAVERBEL CZECH a.s. Plant Kryry (<http://www.glaverbel-czech.com/en/index.cfm>) is the leading manufacturer of float glass and its applications in Central and Eastern Europe. The sole owner of all shares of the company is the world's second largest manufacturer of float glass in Europe — Glaverbel group. The latter is part of Asahi Glass Co. Ltd., which is the world's dominant glass manufacturer.

The company constantly strives to be open and helpful towards the public. It is a successful and financially strong company that wants to participate in the economic, social and ecological development of the town and region where it is located. The company employs a staff of 1241 at its 6 plants. It has 28 daughter and distribution companies.

The health promotion project within the company was carried out by Lázně Teplice a.s. (Spa Teplice) (<http://www.lazneteplice.cz/en/>); Klinika CLT Teplice (CLT Clinic, Ltd.) ([http://www.lazneteplice.cz/en/index\\_clt.htm](http://www.lazneteplice.cz/en/index_clt.htm)) and Premedis s.r.o. Liberec. The main objective of the project was to: evaluate and check the current state of the health-care plan and take necessary measures to strengthen it; to suggest a blueprint for health care for staff members; to back health care for staff members, reduce fatigue and help each member of staff find contentment in their work; to minimize the undesirable effects of work on health and reduce the

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<sup>5</sup> Results were published in: Zidkova Z. Monotony at Work. *Čes Prac Lék* 2005;6(4):193–7.

<sup>6</sup> Soltysova Tatjana, M.D.

number of employees on sick leave; to comply with the relevant legislation in the EC and the Czech Republic; to prepare the implementation of the health-improving measures and put them into practice, monitoring their effectiveness continuously; to make use of the input documents and the results of the pilot project for further cooperation with the company Glaverbel a.s. and the 'Klinika CLT' clinic and, finally, to form a team of internal and external partners who have a role in securing health care for staff members.

In February and March 2005 a broad analysis of factors affecting health of staff members was carried out. The results included data on health care for staff members and recommendations for possible improvement. These results also formed the basis for future monitoring and evaluating of the effects of these particular measures. Based on a survey, a proposal was initially submitted in order to change the categorization of jobs. It involved a reduction in the number of employees within high-risk groups (i.e. performing jobs involving some kind of risk) by 53 persons, within those with a high physical strain factor by 16 persons and, finally, within those with a local muscular strain factor. All this meant a considerable contribution to health care and welfare of the plant. In June, the "Health promotion" training was carried out. The participants appreciated the significance of this seminar and are now determined to carry on in health promotion. On the basis of an agreement with the plant management and in cooperation with the project team, the ergonomics of workplaces was improved and the measures approved were gradually put into practice.

In the course of the second half of the year, the so-called Catalogue Sheets were drawn up. Their main purpose is to describe the operations in individual workplaces, detect the high-risk factors and define the necessary health-improving measures. The Catalogue Sheets will form the main part of the 'Health Care Manual', which will be drawn up by the end of March 2006. While the Catalogue Sheets were being drawn up, staff training was realized in the form of on-the-job training. Individual working activities were monitored, bad habits were pinpointed, and possible improvements were demonstrated. Thanks to these schemes, staff members acquired better knowledge of ergonomics, working operations were optimized and negative impact on health was reduced. So, the key outcome is an improvement in dealing with the workload, better conditions for good performance and, last but not least, matters settled to the staff's satisfaction.

Based on the results of the certified measurements, suggestions for health-improving measures in several selected workplaces were prepared (high physical strain and local muscular strain reduction, noise level reduction, etc.). These measures will also form a part of the Catalogue Sheets.

In October, staff training called ‘Active participation in health’ was organized. Practically all the participants continue to be interested in the improvement of health care. In cooperation with the ‘Klinika CLT’ clinic, screening was prepared for white-collar employees, followed by focused counseling based on the results of the examination.

The key outcome of the project is not only better awareness and motivation of all employees for health care and promoting health, but also the staff’s cooperation on putting the health-improving measures into practice. Among the main results are documents (i.e. the Catalogue Sheets) meant to be a basis for creating a system of health care for staff members. Another important outcome is the gradual process of meeting the requirements of EU and Czech Republic legislation and the consequent recommendations for reducing health risks.

There already exists a detailed timetable of activities to be conducted in 2006. These activities include training, ergonomic changes on the production lines, guidelines and standards for workers, management and health professionals working with the company.

ČESKÁ RAFINÉRSKÁ a.s., Litvínov, Kralupy nad Vltavou is a company employing 700 people. It is a chemical industry company. The health promoting project in the company was coordinated by dip.eng. Ivo Hamacek, Petr Bucek M.D.

The main objectives of the workplace health promotion programme in this organization included the following: minimizing risk factors of work and lifestyle, and reduction of the number of employees on sick leave; improved health status and an increase in job and life satisfaction of employees.

The programme was carried out in several stages and included such activities as: permanent supervision over working condition and safety; permanent improvement of working conditions and safety; evaluation and monitoring of the current state of health — above-standard preventive check ups; informational campaigns on special health topics and risk factors; support of sport and physical activities — swimming, skating, squash, tennis, exercise, games, sport competitions, tournaments; implementation of better ergonomics at the workplace — project Health and safety in the office; smoking reduction — project PROBETA: competition Stop and Win (cooperation with Czech coalition against tobacco); obesity reduction — project NEVA: informational campaign, weight reduction under medical supervision, competition; stress reduction, training in stress management; osteoporosis screening; screening of cardiovascular risk factors; flu vaccination and immunization; massage.

As a result of the activities implemented in the company there was a significant decrease in number of employees on sick leave in the period of 1998–2004. The com-

pany introduced a tobacco policy that resulted in establishment of a smoke-free company. Employees actively participated in all programs. In 2005 the company won 1st place in the competition "Health Promoting Enterprise of the year 2005".

#### Development of structures and policies for WHP

Stakeholders are cooperating with each other and there are several alliances in the Czech Republic for the development of WHP.

One of the key player in this field is the Ministry of Health. It participates in the organisation of the competition "Health Promoting Enterprise of the Year" and is responsible for workplace health promotion management at the national level. It also supports the activities and projects of the National Contact Office for European Network for Workplace Health Promotion in the Czech Republic.

Another important ministry in that respect is the Ministry of Labour and Social Affairs, which also participates in many joint activities with the NCO and with the Occupational Safety Research Institute. The cooperation between these bodies allows for the exchange of information and experiences.

The regional Institutes of Public Health form a strong coalition that are jointly engaged in dissemination of information; WHP project realization and support of the competition "Health Promoting Enterprise of the Year".

There exists a national Forum of Health Promoting Organisations in the Czech Republic that is mainly a platform for exchange of experiences.

#### Future perspectives for workplace health

The development of workplace health promotion activities in the Czech Republic in the nearest few years will require taking better advantage of the existing potential. The challenge is to build up an operational network of regional cooperating centres — partners: regional Institutes of Public Health. The factor that would contribute greatly to the improvement of quality of WHP would be the incorporation of the concept in the educational system of the Czech Republic. This would allow training of new specialists on WHP at universities and secondary schools.

In the nearest future the competition "Health Promoting Enterprise of the Year" will be organised with the support from the Ministry of Health and Institutes of Public Health. The National Institute of Public Health has a plan to concentrate on the dissemination of WHP especially in SMEs. This activity will be performed with the cooperation of the Ministry of Health, Institutes of Public Health and the Forum of Health Promoting Organisations. NIPH in the next few years will also:

extend the number of health promoting enterprises — partners: Ministry of Health, Institutes of Public Health, Forum of Health Promoting Organizations, improve cooperation with the Forum of Health Promoting Organizations, and publish new materials on WHP in the Czech language.

Other stakeholders plan to continue the existing programmes with emphasis being put on the education of employees and employers in order to enhance their willingness to implement health promotion programmes. They have a concrete design and sources of financing which look very promising.

WHP may become more attractive for employers in the future as the new act on sickness insurance obliges employers to pay sickness benefits for the first 14 days of employee illness. All sickness benefits were paid by the state up to the present time. Changes that are proposed by the stakeholders to boost the implementation of WHP programmes include the introduction of benefits for employers implementing health promotion projects e.g. from the accident insurance system, legislative support of such services. The activities that would facilitate development of WHP programmes are the preparation of trained specialists and consultation or guidance by highly experienced health promotion practitioners at specialised centres of education. The staff implementing WHP in companies needs the methodical advice of NIPH. For the public interest, governmental support and official media campaigns would make considerable difference.

The issues that influence development of WHP in a negative way include instability of the economic system — frequent changes in ownership, bankruptcies and indebtedness of enterprises, frequent changes in legislation and delays in implementation of new law on occupational health care and prophylactic check ups, and on the institution for insurance of work accidents and professional diseases. Another hindering factor is a lack of benefits for workplace health promoting organisations. There is a lack of interest among employees, motivation related problems, lack of interest among managers of small and medium Czech enterprises, inadequate legislative support for WHP activities, difficulty in cost justification, and a shortage of adequately skilled and trained staff interested in these activities. As of now, official support from the economic institutions (Ministry of Health, Ministry of Industry etc.) and the media is still insufficient. Health supporting efforts are not publicized by official recommendations of the economic subjects — Economic Chamber, Business Papers, internet presentation and no auxiliary recommendation or norms are created for organisations for easy implementation of health promotion activities.

### 4.3. Hungary

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**The National Centre for Workplace Health Promotion**

**The Nofer Institute of Occupational Medicine in Łódź, Poland**

#### Duties of the employer concerning employees' health

According to Hungarian legislation on Labour Safety (Act No. XCIII (1993) with its several amendments and currently completely harmonised with EU legislation), the provision of the healthy working conditions is the responsibility of the employer. Any bonuses such as WHP programmes or the payment of premiums for voluntary insurance funds are optional.

#### Understanding of WHP concept

Workplace health promotion is usually perceived as traditional occupational health and safety activities aimed mainly at the improvement of work safety and conditions in the workplace. These include developing safe behaviour patterns in the work environment, prophylactic check-ups of employees and additional education regarding healthy lifestyles accompanied by means of supporting and facilitating the implementation of healthy lifestyles by employees. This approach results from the belief that obligatory presentation of a good example is the most important issue. Assessment of needs is carried out followed by proper communication and results in useful help.

In the legislation [Act on Health Policy Act No. CLIV (1997)], health promotion is described as activity aimed at the improvement of health status and quality of life, and health protection. The primary tools for health protection are prevention of accidents and illnesses together with health education.

The Act on the National Public Health and Medical Officers Service (Act on NPHMOS) stipulates that health promoting activities are: health protection, health education and health preservation.

Workplace health promotion is defined in the Decree on the occupational health service; (Decree No. 27/1995 of the Minister of Welfare), where in paragraph 4 the basic duties of the occupational health services are outlined (fitness-for-job examinations, examination of occupational diseases and cases of increased exposure, examination of adverse health effects of work; advising on personal protective equipment; information on working conditions of the employees, fitness-for-job examinations of category 1 drivers). The services should as well

participate in the identification of workplace hazard sources; providing solutions to existing risks regarding occupational health, and physiological, ergonomic, and hygienic tasks; in the organisation of first aid and emergency medical aid, and in the professional training of first aid personnel; in the development of the employer's plans for prevention, aversion, and elimination of accidents and for rehabilitation of the resulting injuries. WHP also appears in the Decree on the National Programme of the Decade of Health 'Johan Béla'; Decree No. 46/2003 of the Parliament, stipulating the means of an extensive public health project to improve the very poor current health status of the Hungarian population (e.g. life expectancy at birth 76 years for females 68 for males).

### Monitoring of conditions and professional training

No particular research regarding WHP issues has been carried out in Hungary thus far.

Some professional groups are prepared for health promoting activities during their vocational training. This includes occupational health doctors, as the main scope of their activity is in the area of preventive medicine. Occupational health doctors are obligated undertake two years in "resident" status at the university. For the following two years they must be employed at a certified training company. In the case of a primary health care professional degree, two years at the university are covered by the state budget and the following two are financed by the employer. Occupational health nurses are trained not only to assist occupational health doctors in a practical and administrative capacity but also to be able to carry out individual activities. Their training is financed by the employer.

It is possible to acquire additional qualifications in health promotion through courses at the University of Debrecen (Debreceni Tudományegyetem), School of Public Health which runs an M.Sc. course on Health Promotion and at the University of Szeged (Szegedi Tudományegyetem), the Faculty of Teacher Training 'Juhász Gyula', Department of Applied Health Science (Juhász Gyula Tanárképző Főiskola, Alkalmazott Egészségtudományi Tanszék). Focusing on sociology and psychology, they advocate health promotion training in the field of mental hygiene.

### Activities and Models of Good Practice in the field of WHP

The National Centre for Health Promotion (Országos Egészségfejlesztési Intézet OEFI) was founded in 2001 and was designated to be the head-office of national health promotion. Its duties include professional, methodological, scientific,

training, and research activities, HP communication with the population, maintenance and harmonisation of programmes of different institutions (NGO and governmental) in the field of health promotion and public health.

In 2001 the Public Health Programme for a Healthy Nation was launched. After governmental changes an overview of the programme resulted in the preparation of the National Programme of a Decade of Health 'Johan Béla' starting in 2002. As one of the sub-objectives of this Programme, health promotion is also to be introduced in workplaces.

#### The Nationwide Programme for Work Safety (A Munkavédelem Országos Programja MOP)

The Decree of the Parliament No. 20/2001 on MOP lays down the fundamental long-term strategic principles of workplace health improvement. Among its long term tasks the MOP has set the objective to provide an efficient work protection system for individual enterprises, as well as independent accident insurance which — according to the international (EU) and national experiences — can serve as a base for workplace health promotion.

The Healthy Workplace Program was launched in November 2002 and influenced the spread of Hungarian WHP by taking advantage of the good international experience of The American Chamber of Commerce in Hungary. AmCham also established the "Healthy Workplace AmCham Award" in January 2003.

The most promising action was the kick-off meeting of the Hungarian Forum for WHP (Munkahelyi Egészségfejlesztés Magyarországi Fóruma) which was held on the 17<sup>th</sup> of February in 2004 with over 200 participants. In September 2004 — after the completion of regional analysis — a nationwide strategy has been developed with the guidance of the National Centre for Health Promotion and the Association for Healthier Workplaces. After the preceding workshops on the 8–9<sup>th</sup> of November, the second assembly — having legally founded the Hungarian Forum for WHP — has outlined the Nationwide Strategy for WHP that is derived from (1) the National Programme of the Decade of Health 'Johan Béla' and (2) the Nationwide Programme of Work Safety (A Munkavédelem Országos Programja MOP).

Budapest hosted the ENWHP meeting in November 2005.

There is no state budget for WHP research and there is no possibility of applying to the government for funding to in this field. Implementation of WHP activities is supported financially by the National Programme of the Decade of Health 'Johan Béla'. Fifteen companies and eighteen companies, in the years 2003 and 2004 respectively, won financial support and the title 'Healthy



workplace'. Some of the WHP projects are financed by the EU project EQUAL. Another source of funds is awards by the AmCham. The member companies/corporations that fulfil the requirements can display the "Healthy Workplace Certificate" founded and granted by AmCham. AmCham also established the "Healthy Workplace AmCham Award" as of January 2003. This Award is given to AmCham members annually in three categories: corporations, medium-sized companies, and small businesses.

Support is given also by the Hungarian Forum for WHP (Munkahelyi Egészségfejlesztés Magyarországi Fóruma). A task force has been formed by the delegates of the National Institute of Occupational Health, the National Centre for Health Promotion, the Ministry of Health, the Association for Healthier Workplaces, Hungarian Federation of Mutual Funds, the Occupational Health and Safety Section of the Hungarian Medical Chamber and the Hungarian Chamber of Engineers. During the kick-off meeting held on the 17<sup>th</sup> of February in 2004 19 enterprises were awarded with the label 'Health-friendly workplace'. On 8–9<sup>th</sup> of November the second assembly legally founded the Hungarian Forum for WHP and continued the awarding tradition of 'Health-friendly workplace' together with the award 'Health-friendly NGO workplace'.

In governmental circles the importance of WHP is slowly starting to be recognised but the entire Hungarian health sector has to address serious problems. For example, the preventive field of medicine has always been neglected. In addition, a lot depends nowadays on NGO enthusiasm and international relations to put health promotion and WHP forward.

Though the sources of financing are limited and WHP still needs a lot of publicity in Hungary there are some identified models of good practice in this field.

Among the organizations that introduced interesting and effective programmes there are:

THE HEVES COUNTY COURT, which employs 269 workers, 76% of them are women.

Its workplace health promotion project was organized by the occupational health services of the court. Its objective was to let the employees know that health promotion has a beneficial effect on the work time-basis and on the quality of the professional work. This philosophy was also declared by the management of the company.

The stages and activities of the implementation of health promotion in the organisation included: the introduction of a healthy menu offered in the canteen during the half hour paid lunch time, a ban of smoking at the workplaces, risk analyses highlighting noise exposure of typists, video display unit hazards,

increased psychic stress, and ozone exposure at the copy machines. Complete medical examinations recorded lifestyle habits influencing health state (smoking, drinking, physical activity, diet, morbidity data). Three activities were launched:

1. Free provision of vaccination against flu as it proved to be a major risk factor at public institutions.
2. Allergy screening.
3. First aid courses.

As a result of the programme, 65% of employees were vaccinated (without complication) and there were fewer flu cases in comparison to previous years without vaccination. 22 persons out of 106 tested positive for allergies during the allergy screenings and were subsequently informed and referred to specialists. An improvement of their work output is expected as symptoms are relieved. 40 employers took part in the first aid course and all of them completed the exam with success.

#### HUNILUX Ltd. producing lighting equipment

The workplace health promotion project's management, co-ordination and result evaluation were conducted by the NIOH. Other stakeholders participated in the project as well:

1. The Occupational Health Care Unit, called PANMED Ltd.
2. A civil organization called the Society for Healthier Workplaces.
3. Private Health Insurance Cash, MATAV.

Throughout the implementation of the health promotion activities, data on workplace environment, working conditions, and the state of health of the employees was registered. The results were introduced to the management and the employees at production meetings. Free examinations of cholesterol and blood sugar, blood pressure and body weight were conducted at the workplace. Individual consultation on the results took place and advice on a healthy lifestyle was given (nutrition, sport or everyday physical exercises, model diet).

During the programme 92% of employees were advised, 61% of them implemented the guidelines given to them. Those who adopted the advice of OHC felt fitter, and could lose weight.

Three areas of examination were repeated a month later (physical exercise, weight, blood pressure). The outcomes of the check-up showed that 90% of the 30 employees did physical exercises regularly and that 15 of the employees lost weight — at 1.5 kg on average.

Those patients with high blood pressure who lost at least 3 kg had lower blood pressure, on average 10 mm Hg systolic and 5 mm Hg diastolic.

## The National Institute Of Occupational Health

At the time of the project the National Institute of Occupational Health of the 'Fodor József' National Centre for Public Health had 118 employees 81% were women.

The project was organised by the institution itself.

Objectives: as a national institute involved in WHP we have to be a good guide as well.

Stages and activities: A scientific based menu was introduced in the canteen at the half hour paid lunch time. Smoking is prohibited at the workplaces. Risk analyses highlighted video display unit hazards, biological pathogenic factors, chemical factors, ionising radiation, increased psychic stress. A complete medical examination recorded lifestyle habits influencing health state (smoking, drinking, physical activity, diet, morbidity data). Individual consultation and advice on healthy lifestyle, anti-smoke programmes were available on a continuous basis. A tennis court was built to facilitate sport activity. Seasonal sale of fruits at the workplace was introduced for a healthy diet. Free vaccination against flu is provided.

Results: the number of overweight employees and of those with hypertension is expected to decrease, the quality of life and work output is expected to increase

## Development of structures and policies for WHP

The Healthy Workplace Program was launched in November 2002 with the American Chamber of Commerce in Hungary. It is to prompt the spread of Hungarian WHP by capitalising on good international experience.

There are 14 recommendations that need to be fulfilled; some of which are obligatory, and some of which are optional. The key areas are: the Development of a healthy working environment; the 'Live healthily!' lifestyle package; mental health; a screening program; an immunization program for adults. Upon fulfilling the requirements, the member companies/corporations can display the "Healthy Workplace Certificate" founded and granted by AmCham.

AmCham also established the "Healthy Workplace AmCham Award" in January 2003. This Award is given to AmCham members yearly in three categories: corporations, medium-sized companies, small businesses.

The Hungarian NCO is a member of the review board of the AmCham award.

As far as the structures supporting WHP dissemination are concerned there are some alliances and networks in place that actively work towards this goal. The key stakeholder in this area is the Association for Healthier Workplaces

(Egészségesebb Munkahelyekért Egyesület). It is a public benefit organisation founded in 1997, working with 25 volunteers to promote workplace health promotion. Its main objective is to popularize WHP, help to use MOGP. The Association is a member of the advisory council for WHP at the ministry level, a founding member of the Hungarian Forum for WHP (Munkahelyi Egészségfejlesztés Magyarországi Fóruma) and cooperates with the National Centre for Health Promotion. The president of the association took part in the evaluation of the tender 'Healthy Workplace' by the Ministry of Welfare.

The Hungarian Forum for WHP (Munkahelyi Egészségfejlesztés Magyarországi Fóruma) is a task force formed by the delegates of the National Institute of Occupational Health, the National Centre for Health Promotion, the Ministry of Health, the Association for Healthier Workplaces, the Hungarian Federation of Mutual Funds, the Occupational Health and Safety Section of the Hungarian Medical Chamber and the Hungarian Chamber of Engineers. The statutory meeting was held on the 17<sup>th</sup> of February in 2004.

#### Future perspectives for workplace health

The National Institute of Occupational Health plans to expand the successful cooperation with the AmCham and the Association for Healthier Workplaces for the development of the Hungarian National Forum on WHP. The concept of WHP will be further disseminated during seminars and conferences in the country.

One of the positive factors for the development of WHP in Hungary is the exchange of experience and know-how of the European partners and members of the EN WHP.

The challenge that NIOH needs to face in the nearest future to ensure smooth growth of human resources and providers of WHP activities is the modernisation of occupational health doctors' curricula.

A positive sign is the introduction of WHP into the current governmental plan. This sort of activity finally found its recognition on the political level. WHP is present in the National Programme of the Decade of Health 'Johan Béla'. The primary preventive role of WHP is also acknowledged by the public health supervision organisation National Public Health and the Medical Officers Service.

The hindering factor that prevent development of WHP is a lack of financial and professional resources. In relation to the decision of the EN WHP on financing the operational budget, the 40 percent input in the projects causes a huge challenge and obstacle for the NCO to perform its tasks in the future.

## 4.4. Poland

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### Duties of employer concerning the health of employees

Polish legal regulations concerning the health of employees are addressed solely to those who are legally hired pursuant to a work contract or agreements deemed equivalent. Thus these regulations are applicable only in a situation where the employer organizes the workplace and employs workers, which makes him/her responsible for securing safe and hygienic work conditions for the employee. This means that all the norms and rules aimed at preventing accidents are observed and conditions which limit the adverse impact of the work environment on the employee's health are created (which entails the necessary safety certification of machines and equipment, determining the level of hazard of the different materials and technological processes, performing measurements of the hazardous and burdensome elements present in the workplace, equipping employees with certified means of personal protection, as well as work clothes and shoes). The employer is furthermore responsible for ensuring the cooperation of employees in organizing safe and hygienic work conditions by such measures as systematic training on the subject<sup>1</sup>. Pursuant to the Polish Labour Code the employer must also determine the occupational health hazard related to the work performed and inform employees of the fact, as well as cover the costs and make it possible for the employees to undergo preventive medical check-ups (pre-employment, periodical, as well as control ones). The employer in Poland cannot allow an employee to work (regardless, without exception, of the work position) without a medical statement declaring there to be no health contraindications for the person to work in a given position (selective model, Art. 229 para 4 of the Labour Code), which is a stipulation often criticized from the point of view of individual rights (the conflict of values of "health" and "labour" and the right to work)<sup>2</sup>. Moreover, employers must also observe regulations on work time, rest time, protection of the health of minors and women (in particular during pregnancy and maternity). There are also specific preventive regulations when carcinogenic substances, agents or processes are applied (as above).

<sup>1</sup> Dawydzik LT. Occupational Health System [in Polish]. Warszawa: PZWL; 2003.

<sup>2</sup> Kopias JA. Introduction to the translation of the edition WHO Regional Office for Europe, Nursing in occupational healthcare [in Polish]. Warszawa: Ministry of Health; 2006.

### Understanding of the WHP concept

The model concept of workplace health promotion according to the National Centre for Workplace Health Promotion (NCWHP) and the Polish National Network for Workplace Health Promotion (PNNWHP) is one which is a “process of creating and executing, on as many levels of the social organisation of the company (and in its environment) as it is possible, a harmonised policy of material, organisational, cultural and mental transformations which would assist individuals, groups, and formalised structures in diagnosing and assessing the health situation, agreeing on and making decisions, establishing initiatives and actions which would have a positive impact on health and which would stimulate and support their activities aimed at preventing, strengthening, and developing health and, at the same time, which would support the achievement of the basic values and objectives of the enterprise<sup>3</sup>.”

The measures which are seen as particularly important are:

- the implementation in enterprises/organisations of cohesive, coherent, and comprehensive internal strategies on the health of employees,
- empowerment of employees, increasing their influence on the decisions of enterprises/organisations concerning employees’ health,
- supporting and facilitating the implementation of a healthy lifestyle by employees (e.g. co-financing physical activities),
- providing knowledge on a healthy lifestyle (health education activities),
- assessing the influence of health related activities of firms/organisations on their business and position on the market.

Such understanding of workplace health promotion serves as the basis for training of the PNNWHP leaders, as well as for its action strategy. This does not mean, of course, that it is characteristic of the practical activities. These are usually different from the model formulation. In most cases (a topic developed further on in the elaboration) the pro-health undertakings in enterprises are not in the form of a complex programme (policy) but rather as loosely interrelated educational efforts which help increase the aesthetics and comfort of the workplace or the rest areas, and which facilitate access to medical services. The rule of participation is not commonly observed either. Employees have little influence on the issues and means of their enforcement in relation to supporting the topic of health in the company. Evaluations, which would help assess the financial and public relations benefits resulting from the programme, are infrequent.

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<sup>3</sup> Puchalski K. Health promotion in large enterprises in Poland. Present state and selected prerequisites [in Polish]. *Prom Zdr Nauki Społ Med* 2000;VII(19):66–87.

The notion of “health promotion” is present in Polish legal provisions. There are presently 10 different acts of law applicable, which mention health promotion (two of these touch upon the issue of mental health promotion and one talks about the promotion of a healthy lifestyle). These are:

- The Act of August 30<sup>th</sup>, 1991 on health care units (DzU<sup>4</sup> of 1991, No. 91, item 408 with subsequent amendments). This is the only legal act in Poland, which includes a definition of health promotion. Pursuant to this law, health promotion means activities which make it possible for different persons and communities to increase control over the factors influencing the state of health, hence its improvement, and promote a healthy lifestyle, as well as over environmental and individual health-friendly factors. Art. 1 of the law stipulates that the objective of a health care unit (in Poland this is one of the basic organisational forms offering medical services) is to provide health services. Other objectives can also include scientific research and R & D, as well as research and educational tasks in connection with the provision of health services and health promotion.
- The Act of August 27<sup>th</sup>, 2004 on health care services financed with public funds (DzU of 2004, No. 210, item 2135, with subsequent amendments). Pursuant to Art. 6 therein, the tasks of public authorities in the area of providing equal access to healthcare services include health promotion and preventive measures which are aimed at health-friendly conditions. Health promotion is also mentioned as one of the services provided for the maintenance of health, prevention of illnesses and early detection of illnesses (Art. 27). Art. 8 stipulates that the county (powiat) is responsible, inter alia, for initiating, supporting and monitoring the actions of the local self-government community in the scope of health promotion and health education. Promotion is also included on the task list of the National Health Fund (this is an institution which manages the funds coming from the public health insurance contributions) (Art. 97). Elsewhere, the law also talks about health programmes.
- The Act of June 5<sup>th</sup>, 1998 on provincial (voivodeship) local government (consolidated version, DzU of 2001, No. 142, item 1590, with subsequent amendments). According to the provisions of the law, the list of tasks of the provincial authorities include health promotion and protection (Art. 14.1).
- The Act of June 5<sup>th</sup>, 1998 on county authorities (consolidated version, DzU of 2001, No. 142, item 1592 with subsequent amendments). The law stipulates that the county performs public tasks beyond the level of the commune in the area of health promotion and protection, provided for by legal acts.

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<sup>4</sup> DzU (in Polish: Dziennik Ustaw) stands for the Polish Journal of Laws.

- The Act of December 5<sup>th</sup>, 1996 on the professions of physician and dentist (DzU of 1997 No. 28, item 152 with subsequent amendments). The law stipulates that practicing the profession of a physician includes the performance of research in the area of medical sciences and health promotion.
- The Act of July 5<sup>th</sup>, 1996 on the professions of nurse and midwife (DzU of 1996, No. 91, item 410 with subsequent amendments). It indicates that practicing the profession of nurse or midwife is based on, inter alia, providing services in the scope of health promotion (Art. 4 and 5). Moreover, in other parts therein, it is stipulated that a nurse provides services by means of health education.
- The Act of November 9<sup>th</sup>, 1995 on the protection of health against the effects of tobacco and tobacco products (DzU of 1996, No. 10, item 55 with subsequent amendments). The document stipulates that health protection, including the scope provided for by the act of law, is executed by means of formulating health, social and financial policies which include promotion of health by propagating a life free of cigarette addiction and the use of tobacco products.
- The Act of July 29<sup>th</sup>, 2005 on counteracting drug addiction (DzU of 2005, No. 179, item 1485 with subsequent amendments). In Chapter 3, devoted to educational, informational and preventive activities, it is stipulated that such activities include the promotion of mental health and a healthy lifestyle. These two types of promotion also lie in the realm of competences of the minister responsible for education insofar that these topics must be included in the curriculum of comprehensive schools and, in agreement with the minister for health issues, in vocational syllabi for teachers and persons involved in educating and teaching children and youth in schools and other institutions of education.
- The Act of August 19<sup>th</sup>, 1994 on the protection of mental health (DzU of 1994, No. 111, item 535 with subsequent amendments). This act of law underlines the role of mental health promotion and indicates that the Council of Ministers is responsible for determining the method of the organisation and performance of this protection by means of an ordinance.

As far as work health promotion is concerned, the issue is the subject of the Act of June 27<sup>th</sup>, 1997 on the occupational medicine service (DzU of 1997, No. 96, item 593 with subsequent amendments). The service was created in Poland with the aim of protecting the health of workers against the adverse impact of conditions within the work environment, the method of performing work, as well as to the preventive healthcare measures dedicated to the population of employees. The service is organized into the so-called basic units, as well as ROMCs (ROMC).



Pursuant to the provisions of the act, the service is to initiate and perform health promotion, and in particular health promoting programmes, being a follow-up to the assessment of the state of health of employees. Furthermore, it is to implement health promotion programmes (Art. 6). The service's cooperation with employers and their organisations, as well as with employees and their organisations aims to encourage participation in health promoting initiatives for employees, and in particular in those which are related to health promotion programmes (Art. 7). The tasks of ROMC's include the programming and performance of tasks in the scope of health prevention and promotion (Art. 17). This particular exercise, carried out by the ROMC's, is financed from the budget of regional authorities (the self-government of the Voivodeship) (Art. 21). The occupational medicine services act uses the general term of "health promotion" (without any definitions), however it is obvious that it is related to the health of employees.

The Polish response to the WHO strategy "Health for All in 2000" has been such that as of 1990 there have been continuously updated versions of the so-called National Health Programmes. These documents are prepared in an effort to unite the activities of the different ministries, central government institutions, NGO's, as well as local communities in the area of the protection, maintenance, and improvement of the health of the society. Currently, the fourth version for the years 2005–2015 is in preparation. In the previous and current versions it is underlined that the basis for the National Health Programme is the concept of health promotion, as it is understood in the Ottawa Charter but also as an art of intervening in social systems, encouraging these to develop in the direction of healthy environments. The most recent version focuses in particular on the production-age population, stressing the fact that the state of health of this group is extremely important, taking into consideration the current demographic tendencies (<http://www.mz.gov.pl>).

### Monitoring of conditions and professional training for WHP

Research related to workplace health promotion is being carried out in Poland since the second half of the 1990's. Initially, specialists from the Health Promotion Department of the Nofer Institute of Occupational Medicine in Łódź focused on issues pertaining to the state of health-related behaviour of the working population, as well as the awareness-related conditions. Later on, the NCWHP, established in the Institute in 1996, continued these analyses, supplementing them with the monitoring of the process of propagating the concept of health

promotion of employees, and in particular the functioning of the PNNWHP. Initial studies of this type were related to the health promoting activities of enterprises employing at least 100 people, as well as the field activities of the Network's leaders (1997, 1998, 2000, 2001). Subsequent nationwide studies were based on analyses of the modes of thinking and behaviour in the area of health, involving groups of younger employees (25–35 years of age) and older workers (aged 45–55), employed in small and medium size enterprises. These studies were performed in 2002. Other research involved an analysis of the attitudes towards health promotion of: occupational physicians (2002), future managers (2005), and occupational nurses (2006 — in progress). In the years 2002–2006, periodic monitoring was conducted of the activities related to health promotion in the ROMC, the tasks of which include, pursuant to Polish legal regulations, workplace health promotion.

In terms of most important results of the above research, it has been observed that more and more companies undertake active health promotion measures, which go beyond what is mandatory. The awareness of the profitability of these measures, however, is still low among management. An analysis of the types of activities has revealed that most often they are in the form of medical services or changes in the material work environment. Attitudes revealing an interest in undertakings shaping health habits of staff were much less frequently observed and decreasing. Moreover, it has turned out that the health promoting endeavours of companies in Poland were rarely in the form of complex programmes. The rule of cooperation with the staff was often ignored and a common resistance to any evaluation exercises was noticed. Therefore, the quality of these exercises is far from perfect and requires improvement<sup>5, 6</sup>.

As far as the state of health habits among employees of the two age groups goes, it has been established that only 19.5% from among the 1138 persons studied (picked at random) could be considered as leading a healthy lifestyle. The health awareness research has revealed that a great number of subjects in the study gave no thought to the possible influence they might have on their own state of health, manifested a low level of responsibility for health, as well as employed various mechanisms of rationalizing a passive attitude or actions leading to adverse health results. The justifications given for such passivity included declarations of a lack of strong will or problems related to everyday

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<sup>5</sup> Puchalski K, Korzeniowska E. Involvement of Polish enterprises in workplace health promotion. Trends observed in 1998–2001 [in Polish]. *Med Pr* 2002;53(5):355–60.

<sup>6</sup> Puchalski K, Korzeniowska E. An effort to evaluate the implementation quality of health promotion in enterprises in light of the existing conditions [in Polish]. *Med Pr* 2003;54(1):1–7.

hardships or the ambiguity of educational information provided. It was also frequently stated that such unhealthy behaviour is pleasant, reduces stress and is a manifestation of the freedom of choice. Moreover, it has been observed among the older population of employees that they more often believed that health is something inherited and that it is only natural for health to deteriorate with age. Thus, caring for one's state of health should be limited to occasional check-ups and visits to a doctor<sup>7</sup>.

As it has already been mentioned, the occupational medicine services play a key role in propagating health promotion among employees in Poland, which is the reason why the attitudes of physicians towards the issue were the subject of an analysis performed in 2002, while the attitudes of nurses are analysed this year and the state of health promoting activities of ROMC's is a subject of systematic monitoring. A survey of 325 physicians picked at random revealed that approximately 90% of them believed that their professional group should be engaged in workplace health promotion and expressed the conviction that this was an effective and economical method. At the same time, barely every tenth physician was ready to take on the role of leader in such a programme and over half of the respondents wanted to examine the state of health and to educate according to traditional methods. Profound gaps have been diagnosed in the understanding of the concept of workplace health promotion; it is often identified with prevention and health education. On the positive side, physicians wanted to develop their knowledge and skills necessary to implement health promotion programmes<sup>8</sup>. On the other hand, the studies on the Regional Occupational Medicine Centres proved that all such institutions in the country have the appropriate personnel to perform tasks related to health promotion and are relatively commonly carrying out health promoting projects, however, only in the most active regions are these projects conducted according to the rules of the setting approach. The most popular solutions provide by ROMC for enterprises are educational projects and preventive medical check-ups. However, these check-ups (or rehabilitation services) are implemented not only when the standards of hazards are exceeded<sup>9</sup>.

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<sup>7</sup> Korzeniowska E. Health beliefs and health behaviour in older employees of medium-size and large enterprises [in Polish]. *Med Pr* 2004;55(2):129–38.

<sup>8</sup> Korzeniowska E.: Understanding of workplace health promotion by occupational medicine physicians and perception of their roles in the implementation of relevant programs [in Polish]. *Med Pr* 2003;54(6):495–501.

<sup>9</sup> Report from the Project MP/2005/312/2681 — Development of a common action strategy for partners in the Network for Workplace Health Promotion for the years 2006–2008 [in Polish]. Łódź: Nofer Institute; 2005.

A study on future managers (random sample of 300 students graduating from such types of departments in selected universities and college in Łódź) has indicated that 75% of respondents planned to carry out beyond mandatory health promoting activities for their employees. The majority of respondents see many tangible and intangible benefits stemming from such endeavours. Most of the potential managers expressed their wish to get involved in providing additional examinations and other services of specialist physicians, as well as vaccinations. In terms of the methodology of carrying out health promoting projects, the directive-type solutions were preferred which did not provide for the participation of employees<sup>10</sup>.

The results of the studies quoted here, as well as other ones performed in Poland, related to the area of workplace health promotion, have been presented in about 70 different scientific publications, as well as in many speeches given at numerous conferences.

In terms of preparing personnel regarding the needs related to health promotion, the following professional groups can be indicated as being educated in health promotion, since the subject constitutes a part of their curriculum: holders of B.A. and M.A. degrees in public health, nursing and midwifery. In the case of some universities, the subject is also taught as a part of courses in sociology, psychology, pedagogy, and physical education. Physicians attend health promotion lectures during their studies, as well as during the residency period with an obligatory course in public health. Nurses attend health promotion classes during their studies, as well as during their residency period. Furthermore, nurses can obtain the title of “specialist in health promotion and education”. A new specialty in health promotion and education has also been introduced in Poland. It is awarded to professionals in such fields as psychology, sociology, pedagogy. The issues related to health promotion are, therefore, present both at the graduate and post-graduate level. Problems pertaining to workplace health promotion are included in the curricula of the above mentioned professions, however in different proportions, depending on the institutions carrying out the courses. In some of the universities or colleges health promotion of employees is also part of the curriculum for future managers. This is, for example, the case at Łódź University in the Department of Management, as part of the Management and Marketing course, as well as at several technical universities where such issues are present in the context of different syllabi, e.g. as part of the course in health and safety or ergonomics.

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<sup>10</sup> Report from the Project Nofer Institute 8.3. — Attitudes of final year graduate students of courses in management related to the support of the health of employees [in Polish]. Łódź: Nofer Institute; 2005.

There are also work health promotion courses organised in Poland, addressed to different groups which are important in the context of the PNWHP. It is most often attended by occupational medicine physicians and nurses, employers, specialists in occupational health and safety.

### Activities, Models of Good Practice in the field of WHP

The concept of promoting the health of employees has reached the Institute of Occupational Medicine in Łódź during the second half of the 1980's. This information was first of all propagated among occupational physicians as part of special courses addressed to these professionals. In 1995 a team of health sociologists launched efforts aimed at creating a personnel structure — PNNWHP, whose task was to popularise this new approach to occupational health, as well as to support employers who were interested in implementing health promoting programmes. The key element in the network then was a group of so-called regional leaders, who were most often employees of the industry healthcare system or sanitary and epidemiological stations. This particular period witnessed the first ever efforts related to getting these persons prepared to serve this function (series of training courses). The NCWHP, established in 1996, intensified the educational efforts and began to publish manuals for workplace health promotion project organizers, including the series entitled “How to Promote Workplace Health?” which thus far consists of 5 items which include detailed instructions as to the planning, implementation, and evaluation of company programmes: a health-friendly workplace environment<sup>11</sup>, anti-nicotine programme<sup>12</sup> dealing with stress<sup>13</sup> healthy nutrition<sup>14</sup>, as well as health promoting medical interventions<sup>15</sup>. Following the above, a new series, called “Sociology in Health Promotion”, was started<sup>16,17,18</sup>. (So far 12 books have been published as part

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<sup>11</sup> Korzeniowska E. How to promote health in the workplace. A programme of a health-friendly work environment [in Polish]. Łódź: Nofer Institute; 1996.

<sup>12</sup> Puchalski K. How to promote health in the workplace. A programme of tobacco smoke cessation [in Polish]. Łódź: Nofer Institute; 1996.

<sup>13</sup> Marczyńska A. How to promote health in the workplace. A programme of coping with stress [in Polish]. Łódź: Nofer Institute; 1998.

<sup>14</sup> Puchalski K, Korzeniowska E. How to promote health in the workplace. A programme of healthy nutrition [in Polish]. Łódź: Nofer Institute; 1999.

<sup>15</sup> Korzeniowska E. How to promote health in the workplace. Medical intervention programmes [in Polish]. Łódź: Nofer Institute; 1999.

<sup>16</sup> Korzeniowska E. Occupational health habits and awareness [in Polish]. Łódź: Nofer Institute; 1997.

<sup>17</sup> Puchalski K. Health in the public awareness [in Polish]. Łódź: Nofer Institute; 1997.

<sup>18</sup> Puchalski K, Korzeniowska E, Piwowarska-Pościk L. Healthy activeness vs. common awareness [in Polish]. Łódź: Nofer Institute; 1999.

of this series devoted to workplace health promotion). In 1997, as part of the World Bank project, the NCWHP developed the first strategy of popularising health promotion as part of the Polish National Network for the period up to 2001. Its main objectives were to propagate the concept of health promotion in the workplace and in environments which are key to its implementation, as well as to train the personnel necessary to conduct such types of programmes and consult company health promoting projects, and to develop know-how. The World Bank funds were also used to develop a set of informational materials devoted to the topic of workplace health promotion. The publication was disseminated among 900 companies. In 2000 the 1<sup>st</sup> National Health Promotion Conference was organized which served as a forum for the exchange of experience and the development of a common position (appeal) to politicians, representatives of the media and other circles important from the point of view of employee health. The message called for the need to support health promoting programmes in companies. Another strategy was adopted in the years 2002–2005. It was then decided that the main institution of the Polish National Network responsible for the propagation (i.e. popularization and support for implementation) of health promotion would be the Regional Occupational Medicine Centres. The new main tasks of the Network were now the identification of models of good practice, as well as the creation of local coalitions, stimulating and supporting employers in undertaking health promoting endeavours. Such coalitions have been established and now function in the following provinces (Voivodeships): Świętokrzyskie, Kujawsko-Pomorskie, Podkarpackie and Zielonogórskie. Good cooperation among social partners is also seen in the provinces of Dolnośląskie and Małopolskie. In the most active provinces, a series of training courses (in such cities as Gorzów Wlkp., Kraków, Bydgoszcz, Łódź) and conferences (including: 2002 — in Kielce "Development of Regional Network of Companies Promoting Health", in Toruń — "A Healthy Company in a Healthy Province", in Rzeszów — "We're Promoting Health in Regional Companies in Podkarpacie", in 2004 — in Kielce "Partnership and Cooperation for Health in the Environment", in Zielona Góra — "Promotion of Workplace Health — Our Common Goal and Present Challenges") were conducted in 2002–2006.

In 2002 the NCWHP launched an active website aimed at the dissemination and exchange of information in the area of employee health promotion. Moreover, it organized a conference for the PNNWHP entitled "Supporting Local Communities in Promoting the Health of Employees". In 2005 the 2<sup>nd</sup> National Health Promotion Conference was organized which was aimed at presenting current achievements, assessing obstacles, and developing a strategy for the

activities of the National Network for the years 2006–2008. The issues related to promoting the health of employees has been regularly presented by members of the Network at numerous national and international conferences, such as those organized by the Polish Association of Occupational Medicine, the Polish Sociological Association, or by the community of occupational physicians or nurses.

In terms of the projects carried out by the NCWHP in 2000–2006 in the sphere of promoting health of employees in Poland, it is worthwhile to mention the following:

- PT/94/2000 — "Training 40 Leaders of the National Network for Workplace Health Promotion in organising intervention programmes for tobacco smoke liberation", as well as a "Diagnosis of anti-tobacco activities in medium and large size enterprises in Poland at the starting point of the implementation of the strategy <Smoke-Free Workplace>" (2000).
- Nofer Institute 8.5 — "Developing criteria, tools and methodology for assessment of health promotion programmes in enterprises" (2000).
- Nofer Institute 8.7 — "Adaptation of the WHO <European Partnership Project on Tobacco Dependence> project procedure of implementing workplace health promotion programmes to Polish conditions (2001).
- Nofer Institute 8.5 — "Assessment and analysis of the implementation of health promotion in companies in Poland" (2001).
- Nofer Institute 8.5 — "The attitudes of occupational physicians to health promotion activities" (2002).
- Ministry of Health/2002/8 — "Strengthening of the structures of the National Workplace Health Promotion Network" (2002).
- Nofer Institute 8.4 — "Analysis of solutions in the sphere of workplace health promotion in the European Union and selected member states" (2003).
- Nofer Institute 8.13 — "Diagnosis of barriers in the development of health promotion present in the health awareness of employees" (2003).
- Nofer Institute 8.4 — "Analysis of good practice models in implementing an anti-tobacco policy in the workplace" (2004).
- PCZ 21-21/I.VI.13 — "Development of rules and methods stimulating pro-health behaviour among older persons in the workplace" (2001–2004).
- Ministry of Health/ 2004 — "Monitoring and improvement of implementing regional employee health promotion in line with ENWHP good practice models" (2004).
- 8/MP/2005/312/2681 — "Developing a common action strategy for partners in the Network of Workplace Health Promotion for the years 2006–2008" (2005).

- Nofer Institute 8.3 — "Attitudes of final year graduate students of management courses regarding the issue of supporting the health of employees" (2005).
- Nofer Institute 8.4 — "Developing and popularising the evaluation sheet of the anti-nicotine programmes in workplaces" (2005).
- Nofer Institute 8.4 — "Attitudes of occupational medicine nurses *vis a vis* the promotion of the health of employees" (2006).
- Nofer Institute 8.3 — "Selected psychological and social burdens of teachers as a reason for constructing programmes of health promotion for this professional group" (2006).

Among the projects carried out in Poland, which can be described as "examples of good practice" there is, for example the project entitled "Smoke-Free Workplace", as well as the strategy of improving the effectiveness of the PNNWHP by creating local coalitions for promoting occupational health.

The "Smoke-Free Workplace" project was carried out in 1999–2001 (originally, it was to last until 2005, however, the project could not be continued due to changes in the rules of financing such endeavours). The main contractor was the NCWHP at the Institute of Occupational Medicine in Łódź along with selected ROMC's. The project was implemented as part of the programme of health, social and economic policy aimed at reduction of tobacco consumption coordinated by the Epidemiological Department Comprehensive Cancer Centre of the Maria Skłodowska-Curie Memorial Institute in Warsaw.

The following actions were performed during the course of the project: a) a long-term strategy (with a defined methodology) of smoking cessation in workplaces has been established, b) information materials about the consequences of smoking in the workplace and benefits stemming from a positive solution to this problem, as well as the possibilities related to the topic were disseminated among the management boards of the 9000 largest companies in Poland, c) a study of the state and conditions of anti-tobacco efforts has been performed in companies nationwide (a group of 800 companies), c) approximately 60 persons have been trained to play the role of local and company leaders of smoking cessation in the workplace, e) implementation programmes promoting smoke-free workplaces have been initiated in 30 companies nationwide, f) in cooperation with Regional Occupational Medicine Centres the construction of local coalitions against smoking in the workplace has been initiated in 4 provinces<sup>19</sup>.

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<sup>19</sup> Korzeniowska E, Puchalski K. The strategy for supporting anti-tobacco activities in Poland. Project on Tobacco-free Workplaces" Project [in Polish]. *Med Pr* 2002;53(6):485–8.



Local coalitions have become the strategy for the functioning of PNNWHP in cases where experience and results of health promoting activities of firms (in particular the smaller companies with a worse financial standing) have expressly shown that there was a need for external support of the health promoting efforts undertaken. As part of the projects financed by the Ministry of Health (in 2002, 2004 and 2006), the NCWHP at the Institute of Occupational Medicine in Łódź first developed the concept, objectives, and procedure of establishing such coalitions, and then supported and monitored the establishment processes in line with the slogan “think globally, act locally”. The process was started by a seminar for the PNNWHP leaders. Next, it was popularized on an interactive website. After that, support was provided to selected regions in designating coalition partners and in the functioning of the coalitions established. As it has already been mentioned, the main role of initiating and coordinating the process is played by the occupational medicine units at the regional level (ROMC’s). It has been agreed that the fundamental objectives of such coalitions are: increasing the strength and scope of influence on employers, assigning a high level of importance to health promotion in the health and social policies of provinces and companies, introducing the topic to institutions and organisations which function on the border between the spheres of labour and health in the region, popularizing these endeavours in the media, offering employers and other partners a forum assisting in the implementation of health promotion programme(s) developed for the province, placing a higher significance to workplace health promotion in the public perception, and developing the needs in this respect.

The process of establishing a coalition involved the following: a) development of appropriate criteria by the NCWHP and selection of the ROMC which was best prepared to set up a local forum, b) an audit of the policy followed in creating local cooperation for the health of employees and for developing methods of its improvement, c) cooperation with selected ROMC’s in preparing the structures and rules of functioning for such a coalition so that it suited the local circumstances, and d) substantive preparation and organisation of conferences launching the coalition. All in all, owing to the active participation of management and employees of the health promotion units in the selected ROMC’s, four such local coalitions have been set up in Poland so far. The ones in Świętokrzyskie and Kujawsko-Pomorskie provinces are particularly interesting.

The main project carried out as part of the coalition in the Świętokrzyskie province is the hearing protection programme. Its coordinating unit —

the ROMC in the town of Kielce — upon an epidemiological diagnosis came to the conclusion that the situation in the region was worse than in other parts of the country in terms of health consequences stemming from working in a noisy environment. Hence a decision was made to change the status quo by carrying out a special dedicated regional programme, which was promoted under the heading of health promotion. Among the partners invited to cooperate were the Regional Marshall's Office, the Regional Parliament, field departments of State Labour Inspection and State Sanitary Inspection, the Sick Fund (later transformed into the National Health Fund), employer organisations, as well as the NCWHP. The programme was carried out in the years 2000–2005 (currently its new edition is just at the launch stage). It involved 25 companies. The activities encompassed 1204 employees. The most important undertakings were related to the implementation of organisational changes, as well as equipping work stations with devices reducing noise level, equipping employees with the best available hearing protection devices, educating workers (each person employed participated in three one-hour training sessions on the negative consequences of excessive noise on health and about the possible means of noise reduction), and improving the level of medical services provided by the occupational medicine services in the sphere of protecting the organs of hearing (by means of training provided for physicians, procurement of new diagnostic equipment, as well as provision of active counselling for persons suffering from hearing impairments).

The most important efforts related to the organisation of the project involved the following: periodic training sessions for leaders [i.e. representatives of companies, as well as occupational physicians and nurses responsible for the organisation of specific activities in the programme (of which there were 13)], evaluations (including three surveys among employees), as well as information dissemination exercises which were to popularize the project and its achievements (mainly conferences with the participation of the media). The main results of the project boiled down to decreasing the number of employees exposed to noise and to reducing the number of newly diagnosed cases of the occupational illness of hearing impairment. Moreover, more employees are now aware of the maximum allowable noise level (an increase from 48% to 86%), as well as of the negative consequences of noise on the organs of hearing and on the digestive, nervous, and circulatory systems. The percentage of employees knowing about the possibility to prevent negative noise consequences has also gone up (from 93% to 97%), as has the percentage of those who claimed to know the methods of such prevention (from 84% to 95%). It has also been established

that more employees now systematically use hearing aids and protection devices (93% at the beginning and 99% at the end of the programme). The most important social consequences are the successful launch of a cooperation with employers, convincing them to get involved in health promoting undertakings, as well as the intensification of the cooperation among institutions functioning between the spheres of health and labour. The above has born fruit in, *inter alia*, the project's continuation in years to come, as well as in new joint projects. Other initiatives included an anti-nicotine exercise, which was carried out 2004–2005 (in 4 vocational schools and 6 companies), and in 2004–2006 a programme of voice organ protection among teachers was conducted (so far the exercise was introduced in 49 out of 63 schools that have declared their participation — encompassing a group of about 1600 teachers). The project entailed workshops, laryngological examinations, and logopaedic, psychological and phoniatic consultations. Furthermore, a project on the topic of alcohol addiction is to be launched<sup>20</sup>.

The coalition in Kujawsko-Pomorskie province was set up at the end of 2002. Its founding conference was organized under the heading “Healthy Enterprises in a Healthy Province”. The main partners in the coalition are: ROMCs in the towns of Toruń, Bydgoszcz, Włocławek, the NCWHP, the Marshall's Office, field branches of PIS (State Sanitary Inspection), PIP (State Labour Inspection), the National Health Fund, the local Oncology Centre, pharmaceutical firms, associations of physicians and nurses, vocational schools and, of course, companies. The most important tasks of the coalition include:

- developing workplace health promotion activities appropriately to the occupational hazards and needs of the companies in the region,
- developing local structures at different organisational tiers so as to support occupational health,
- popularizing the concept of workplace health promotion, in particular among employers,
- creating a platform for the exchange of know-how and examples of good practice in the sphere of occupational health promotion,
- consulting and assessing local workplace health promotion projects,
- supporting companies in implementing health promotion programmes.

The ROMC's in Toruń and Bydgoszcz performed needs analyses of companies in terms of health promotion. Most companies were interested in measures related to noise in the workplace, counteracting excessive stress levels and skeletal

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<sup>20</sup> Elaborated on the basis of data provided by the ROMC in Kielce.

system ailments. As far as the area of activities of the ROMC in Toruń is concerned, programmes on the following topics have been carried out: limitation of exposure to noise in 6 companies, anti-stress in 4 companies, muscle and skeletal ailments prevention in 7 companies, circulatory system disorders in 24 companies, prostate disorders in 22, breast cancer in 13, anti-nicotine in 14, voice organ protection for personnel in 49 schools and kindergartens, and first aid skills in 19 companies. Moreover, in 39 companies educational programmes were carried out on the topic of a healthy lifestyle. In 89 companies anti-flu and in 17 companies anti-hepatitis vaccinations were given to employees. In terms of the content, the project devoted to cardiovascular diseases, for example, conducted in 2005 for a groups of 2500 participants, was composed of the following measures:

- survey study among employees regarding their lifestyle and occurrence of cardiovascular diseases (among the employees themselves or among their next of kin),
- a screening study (examining the levels of cholesterol and glucose in blood), blood pressure, and body weight according to BMI,
- a physician's evaluation of the diagnostic results (medical and survey-based) of which the employees were informed during individual consultations,
- three two-hour training sessions for each employee on the topic of cardiovascular diseases prevention and popularization of healthy habits,
- selection of individuals particularly vulnerable to cardiovascular diseases, who were later referred to either an internal diseases physician or a cardiologist for the purpose of further health monitoring and therapy.

It has been established that upon the completion of the programme 30% of employees enjoyed a reduced level of cholesterol and 55% a reduction in blood pressure. Moreover, 18% quit smoking 30% lost weight, and 35% modified their diets<sup>21</sup>.

#### Development of structures and policies for WHP

Health promotion in Poland is treated as the basis of the National Health Programme. Its latest versions (and so far there have been four: in the years 1990, 1993, 1996, 2006) stresses the importance of incorporating health in the different social systems and their organisations. The fundamental prerequisite for achieving the objectives of the Programme is seen in the broad participation of numerous

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<sup>21</sup> Elaborated on the basis of data provided by the ROMC in Toruń.

departments of public administration, NGO's and, most importantly, local authorities and communities.

As far as workplace health promotion is concerned, it has already been mentioned that the concept of such actions reached Poland in the late 1980's, while systematic efforts aimed at popularizing the issue date back to the late 1990's. The key centres animating the processes in this area are: the NCWHP, the Nofer Institute of Occupational Medicine in Łódź and the National Network of Workplace Health Promotion, with the ROMC in the leading role.

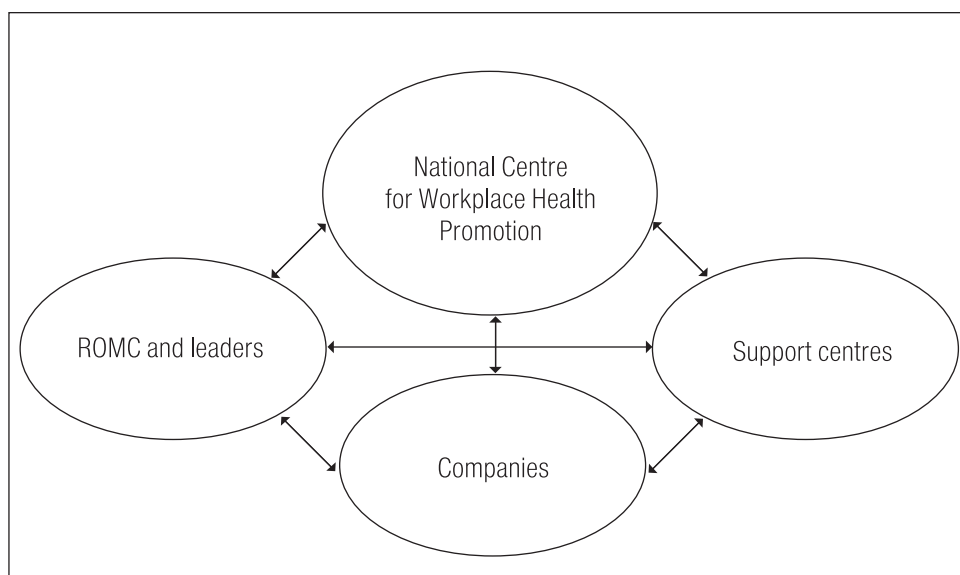


Fig. 4.4.1. Structure of the National Network of Workplace Health Promotion.

Thus, occupational health promotion in Poland lies, apart from companies of course, mostly in the domain of medical professionals who specialise in occupational medicine (Polish occupational medicine services are not yet commonly interdisciplinary). At the central level the main partner of the National Centre and the PNNWHP is the Ministry of Health which founded the centre, recommended it at the National ENWHP Focal Point and which, funds permitting, supports the activities of the PNNWHP. In recent years (2002, 2004, 2006), the Ministry financed projects related to the creation of local coalitions of occupational health promotion, as well as those pertaining to the development of strategies for the Network's activities in the coming years. Another institution which has been functioning in the area of employee health is State Sanitary

Inspection (SSI). Many of the first PNNWHP leaders were staff members of this organisation. In subsequent years the institution focused more on the promotion of health in educational facilities, however a whole number of its field branches is still actively cooperating with ROMC's, engaging in efforts aimed at promoting occupational health, including those undertaken in the framework of local initiatives. Moreover, Chief Sanitary Inspection (CSI) has since 2004 been carrying out a nationwide programme of type A Hepatitis prevention in food production and marketing plants. As far as the State Labour Inspection (SLI) is concerned, a number of its field branches cooperate with ROMC's in promoting occupational health in companies (e.g. the active role of the Regional Labour Inspection in Kielce in the hearing protection programme). On top of that, recently the Nofer Institute in Łódź and the Chief Labour Inspection (CLI) have undertaken efforts facilitating further cooperation in the field of health promotion at the national level, resulting in plans for improving the training and consulting functions of SLI. Post-graduate training for inspectors and senior inspectors of SLI includes a course in health and safety management in the workplace. There are also plans to have a joint information campaign for employers on the topic of muscle and skeletal ailments prevention. SLI is also willing to get involved in informing about the means of counteracting the consequences of stress in the workplace. The NCWHP has also been carrying out projects on occupational health promotion which were coordinated by the Central Institute for Labour Protection — National Research Institute (CILP — NRI). This institution, as it's clear from its title, whilst it has been set up for slightly different tasks, is open to the issue of health promotion. It has recently been included in a project dedicated to seeking new solutions concerning the aging labour force. A series of endeavours on the part of CILP — NRI (information campaigns, publishing, training, organisation of competitions), whilst directly connected with the traditionally understood protection and work safety and hygiene, are of valuable support to the initiatives in the sphere of occupational health promotion.

#### Future perspectives for workplace health

It seems that in the case of Poland it can be said that the process of popularising workplace health promotion has been initiated. An information and education materials pack devoted to the topic has been published and disseminated among the strategic stakeholders with a goal of implementing this idea (employers, occupational physicians, health and safety specialists). Manuals for health promoting project promoters in companies have been published. An interactive

website is in place, and numerous conferences on the subject are systematically organised. A large group of leaders of such initiatives has been established in the region (approximately 200 persons) and in companies (approx. 500 persons). In over 100 companies promotional or practical efforts have been undertaken in the sphere of health promotion. An undeniable achievement is the setting up and functioning of the National Network for Workplace Health Promotion, and the support it provides to employers as part of the strategy of creating local coalitions organising the cooperation of social partners in order to promote the health of employees. The topic has also been met with scientific interest, starting from deliberations on the philosophy and concept of supporting the health of employees on to efforts focusing on developing tools for evaluating health promoting projects, as well as monitoring the process of propagating occupational health in Poland. A source of important experience is the cooperation with the WHO and ENWHP. The most valuable achievement, however, is undoubtedly the relatively large group of people convinced about the cause of promoting health actions among employees. These enthusiasts have the appropriate qualifications to organise projects of this type and reveal a large will to participate in their execution. Furthermore, it is a common expectation among Polish employers to have their firms engage in such projects.

However, there are still many barriers hindering the health promotion programmes in satisfying quality standards. Additionally, these programmes are not yet carried out on a scale, which would be publicly desired. Despite the fact that health promotion and workplace health promotion are treated as important in improving the state of health of Poles, it does not expressly translate into strategies, which are equipped with the appropriate means necessary for the achievement of their objectives. Whilst there is a National Health Programme, it has not yet played the role of one. It is more of a declaration of will than an operational programme. When it comes to occupational health promotion, the approach lacks a cohesive concept of supporting the process of propagation, not to mention adequate funds for that purpose. In terms of organisational solutions at the central level, there is practically no inter-departmental cooperation. There is a great attachment to the traditional mode of action. The Polish Ministry of Health, struggling with the great problems related to the reforms of the healthcare system, can manage — despite the very positive attitude — to support the projects of the PNNWHP only on an ad hoc basis. Furthermore, it does not cooperate in this area with, to name one, the Ministry of Economy and Labour. Among the consequences of such a state of affairs are the “anchoring” of health promotion in the realm of occupational health and the lack of solutions

which would support health promotion financially or which would allow for such support to be provided by other institutions of the system of occupational health protection (e.g. supervision and control), which do not have the promotion of health of employees among their tasks.

And so, for example, SLI does “promote” but the topic of its promotion is occupational safety, SSI deals with hygiene of the workplace and, fragmentarily, with health education, and Social Insurance Institution (SII), in the sphere under discussion, is limited to occupational rehabilitation. As far as the National Health Fund is concerned, it rarely finances classic prevention programmes and if it does, they are for selected persons at the most. Such a situation has thus far made it impossible to set up a “national forum of workplace health promotion”, an organisation which would lobby for the development of extra-mandatory actions in the interest of employees (although, as it has been mentioned, the cooperation of partners from the above mentioned institutions in specific projects or at the local level is very good). The situation is reflected also at the company level. There is commonly very little or no cooperation among the different services (units) active in the sphere of health, such as those responsible for safety and hygiene, human resources management, or occupational medicine services. The reason for the above is the fact that these institutions function in a directive-type mode, following the solutions imposed by superior authorities. This is not very stimulating for employers either, as they do not receive a cohesive message from either the supervisory institutions or the state about the need to undertake health promoting initiatives in the interest of their workers. It has even so happened that 2004 saw an introduction of amendments to the corporate income tax law (and personal income tax law — encompassing the self-employed and small entrepreneurs), a result of which being that health insurance contributions made for employees (except the ones provided for in the Labour Code — i.e. mandatory) cannot be accounted for as costs of generating income, which could be perceived as a sign of disinterest on the part of the state in such endeavours as health promoting initiatives. These types of circumstances, in light of the common lack of knowledge about the benefits (including financial ones) stemming from occupational health promotion are definitely not beneficial in the process of transforming the perception of the subject. Similar is the case with the ideological and patronizing attitude of employers towards the health of their employees — an attitude that was shaped in the past socialist reality. It manifests itself in undertaking health promoting efforts for reasons of ideology and tradition, treating the outlays as expenses or losses and not as investment. Another grave consequence of such an approach is that the personnel are treated like objects, i.e. they are devoid of having an influence on what will be carried out and how,



in terms of health issues within the company. In other words, workers are limited to the role of passive participants or recipients of services. Such threats to the process of popularizing workplace health promotion and new models of healthcare for employees (the model of “continuous development”) in Poland cannot be underestimated. We are now dealing with a specific attitude of employees towards health and health promoting initiatives (in everyday life and at work) where a large number of employees does not feel responsible for their health — hence the weak interest in changing the lifestyle. On the other hand, a significantly high level of expectation is observed (without any tendencies to participate in their realization) related to the employer sponsoring different medical services or introducing different means of making the workplace more comfortable and easy to operate in (including organisational measures and measures related to the reduction of stress)<sup>22</sup>. This phenomenon is also reflected in the attitude of trade unions to health promotion initiatives. Another main dilemma related to the process of propagating the process of workplace health promotion in Poland is the overly medical approach to any practical actions in this respect. The fact that the strategy of implementing the promotion of health of employees was mainly carried out by specialists in occupational medicine (mainly physicians and nurses) has brought about many positive results but it has simultaneously led to a noticeable limitation in the social and organisational initiatives within the carried out projects (at the local or company level). Such a situation is not in line with the modern tendencies in the sphere of occupational health, where one of the three priorities is the development of work organisation and culture so as to support health. This is to lead to a positive social climate and increase productivity of enterprises<sup>23</sup>. Moreover, the dominating participation of health professionals in the health promotion projects carried out in Poland has led to an excessive concentration on illness prevention and workplace conditions at the cost of other perspectives, e.g. those dedicated to well-being or the shaping of classical pro-health habits.

The analysis of these and other determinants in the process of popularising the concept of workplace health promotion has become the basis for formulating the following tasks within the development strategy of the PNNWHP for the years 2006–2008:

1. Establishment of a National Forum of Workplace Health Promotion as a structure supporting the activities of the PNNWHP.

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<sup>22</sup> Korzeniowska E. Health beliefs and health behaviour in older employees of medium-size and large enterprises [in Polish]. *Med Pr* 2004;55(2):129–38.

<sup>23</sup> Report of the Joint ILO/WHO Committee on Occupational Health, Twelfth Session. Geneva: International Labour Organisation; 1995.

2. Intensification of the marketing efforts about the concept of occupational health promotion among stakeholders who are strategic to its development.
3. Training and development of human resources needed for workplace health promotion.
4. Improvement of the existing and newly founded provincial coalitions for the promotion of the health of employees.
5. Development of cooperation and information exchange within the Network.
6. Improvement of the quality of implementation efforts so that they are in line with the settlement concept of workplace health promotion.
7. Activation of the Network in the area of activities related to the creation of healthy lifestyles among employees.
8. Propagating the application of evaluation procedures within workplace health promotion projects.
9. Development of cooperation with other network structures functioning in the area of health promotion in Poland.
10. Active participation of the Polish National Network in the activities of the European Network for Workplace Health Promotion.

Some of these are a continuation of earlier solutions as they refer to issues which require permanent activity, e.g. motivating employers, training promoters of projects, cooperating with other networks functioning in the area of health promotion so as to improve the modes of action. Other points have been treated as priority from the point of view of the need to broaden the scale of implementation efforts and to improve their quality. As far as the external support for companies is concerned, the main problems are: the setting up of a national forum for the promotion of health of the working population, as well as the founding of new local coalitions and maintaining the development dynamics of the ones already in existence. In terms of quality, the most important aspect is the popularization of the settlement approach (including the rule of employee participation), as well as efforts aimed at creating a healthy lifestyle. On top of that, there is the development of evaluations, which would also take into consideration the economic dimension of work promotion programmes.

## 4.5. Romania

*Theodor Haratau*

### **The Romtens Foundation in Bucharest, Romania**

#### Duties of the employer concerning employees' health

Even though WHP continues to be a young concept both at the European and national level, Romania has made considerable progress in revealing it to the main beneficiaries and social partners, as well as in fulfilling it by the development of projects.

Romania has a tradition in asking the employers to provide a safe and healthy working environment but, as practice revealed, in order to provide Health & Safety it is not only necessary to issue legislation but also to enforce it, to monitor it and to promote and reward its implementation.

However, the pre-requisite is legislation and Romania has just passed through Parliament a new Law for Health & Safety at Work, the Law No. 319/2006 which stipulates clear compulsory measures to be implemented by the employers:

- to ensure a healthy & safe environment for the employees,
- to assess and prevent occupational risks,
- to inform and train its employees as to be able to act in a healthy & safe manner,
- to provide the organizational framework, the financial means and the manpower so as to be able to ensure the above mentioned measures.

While ensuring the enforcement of the legislation the following principles have to be accounted for:

- avoiding all risks at all costs,
- evaluating risks which cannot be avoided,
- mitigating risks at the place of occurrence,
- adapting work to manpower and not vice versa,
- adapting to technical evolution,
- developing coherent and comprehensive risk avoidance policies for all sites,
- adopting collective protective measures instead of individual ones, but without neglecting individual personal protection means.

Among the pinpointed duties of the employers there is also the one concerning the health status, and having said that it is important to emphasize that in Romania it is still compulsory, by the aforementioned law, for the employers to organize and finance the pre-employment, adaptation to work, periodical and cease of work medical check-ups.

As a consequence, the legal framework is a powerful tool for agencies regulating the OHS domain, mostly with respect to their inspection responsibilities, but what they lack is a system of incentives so as to promote the legal framework among employers.

### Understanding of WHP concept

Installing the culture of prevention in the field of OHS wasn't an easy process for any of the European countries and Romania is no exception to that. Regarding the concept of WHP within this country, a very distinctive element in its particular meaning has to do with the fact that Occupational Medicine in Romania (as it is also the case for other previous communist countries) enjoys a long and highly respected tradition. As a consequence, what could have been a rather positive circumstance, turned out to be a somewhat too strong "occupational medicine flavor" for WHP. Accordingly, among the initiatives considered to be WHP, the medical check-ups continue to prevail as the most significant mean of prevention. Nevertheless considering the fact that new companies and employers' associations have already started to demand entirely different services (with emphasis placed on education, information, rehabilitation, training and communication), WHP will be soon adjusted to the way it is understood by the most of the European countries.

However there are another two particular elements which favored the implementation of the WHP in Romania and that is the active National Network of Health Promotion which already benefits from 10 years of experience and the strong Public Health community. Health Promotion continues to be high on the political agenda and that is in itself a driver for WHP because more and more of these experts are looking at the workplace as a setting for future projects. The key in success is to promote and foster sound partnerships between these parties and the OHS experts at the local level.

The entire process was started by embedding the concept into Health & Safety related Policies and Strategies, and this was a joint effort of both involved ministries (Health on one hand and Labor and Social Security on the other hand), and has continued by supporting national and regional activities developed by public and private entities. While the results achieved in the beginning were relatively easy to get, the second part of the process, which entails the unfolding of WHP programs and projects at national and regional levels, proves to be much more difficult because of the higher level of funding required.

The most important strategy document, the "Romanian OSH Policy and Strategy for the period 2004–2007", was jointly produced by the Ministry of Health and the

Ministry of Labor, Social Security and Family, in May 2004, with the declared scope of giving these two ministries general and specific objectives in the field of Occupational Health and Safety for the determined period of time. It was not by accident that the meaning given to WHP within this important document (namely “Workplace health promotion should represent the combined effort of employees, employers and of the entire society so as to improve the health status of the workforce in relation to professional determinants”) partly overlaps the Luxembourg Declaration on Workplace Health Promotion.

The second important strategy document, the National Public Health Strategy issued by the Minister of Health in 2005, also tackles WHP by stating that “Promotion of health at work is a process to be done by developing health education campaigns among the workforce”.

#### Monitoring of conditions and professional training for WHP

Romania has recently passed through Parliament a new Law for Health & Safety at Work, and according to it the process of monitoring working conditions continues to be under the authority of Labor Inspection (besides this, Labor Inspection is also in charge of monitoring working relations). In light of this and having in mind that only the Public Health Institutes (5 in Romania, in Bucharest, Iasi, Timisoara, Cluj and Tg Mures plus one additional Public Health Centre in Sibiu) and the Public Health Authorities (42 — one for each of the counties) have the real expertise, the personnel and the equipment to perform field measurements, it is obvious that in fact this is a joint effort among various public institutions.

Therefore it is quite clear that without a homogenous approach on the part of the public institutions/agencies, having the above mentioned responsibilities and placed under the two involved ministries (Health and Labor), the entire system for monitoring working conditions (including not only monitoring the health of the employees but also the notification and the reporting of occupational diseases) cannot function. A quite challenging demand of the past few years was to try to unify the already issued OHS legislation with other pieces of legislation and make it more coherent while implementing the European Directives in the same time. It proved to be a challenging task and employers were often caught unprepared for the process of changing legislation, resulting in undesired effects.

Before actually describing the position, or more accurately the scarcity, of WHP training in the syllabus of various training courses, it is worthwhile to list a few of the characteristics of the educational system in what pertains to the Romanian OHS system.

There are several categories of professionals involved in the OHS system & work environment and each one has benefited from different training as follows:

- Occupational Health/Medicine Physicians (4 years residency program — a modular program organized in hospitals, Public Health Institutes, Public Health Authorities, etc. in 10 university centers and producing a number of approx. 100 specialists per year);
- Enterprise physicians (the system provides various training courses but it is in the process of being reorganized, starting with the year 2006, requiring them to complete a regular residency program as any other occupational medicine physician);
- Occupational Nurses (not defined as such but as nurses with special skills) — having graduated with a training course organized by the National Center for Medical Continuous Education;
- Chemists, physicists, toxicologists — with training courses organized by their respective faculties (Chemistry, Physics, Engineering etc.) and continuous education provided by their Professional Associations;
- Psychologists — with the important note that there is a very small minority of them dealing with Organizational Psychology which is offered as a Masters Program, while the rest have faculty modules of Psychology of Work;
- Employers' representatives — various training courses on WHP.

A thorough the process of scanning the respective curricula of these professions, with an obvious emphasis on the Occupational Health/Medicine Physicians, showed no distinct module/course dealing with WHP.

It is however true that several of these courses do include brief descriptions of tools and methods to be used in Health Promotion but there isn't a structured module/course on WHP available.

As a matter of consequence, WHP training continues to remain organized by NGOs (such as the Romtens Foundation) as part of various limited scale projects.

A recent initiative that needs to be mentioned is a Training of Trainers Program, organized as part of a bigger national project ("Improvement of the efficiency of the Romanian system of occupational health surveillance and control of occupational diseases, work related diseases and injuries due to occupational risk"). This is a PHARE project run by a consortium of 5 companies of which a local NGO (the Romtens Foundation) is also a member. It is organized as a 5 day training course (with International lecturers from various European universities), with a target group of 32 occupational health physicians (future trainers to-be), and containing a module on WHP (emphasis on communication, education, information).

## Activities and Models of Good Practice in the field of WHP

Rosu S.R.L.

S.C. Rosu S.R.L. — Sibiu is a private company, employing 500 workers, having 2 production sites, with ten years experience in the field of footwear manufacturing, morocco leather goods manufacturing and steel erecting.

The high quality of the products is guaranteed by the international quality certifications achieved, in accordance with ISO 9002 standards. S.C. Rosu S.R.L. Sibiu is a company with a modern management system, oriented to increase the work productivity, and providing an optimum atmosphere for the employees during production processes and phases. In March 2003, “PUMA Social Accountability & Fundamental Environmental Standards”, a German audit, which evaluated the activities of the company, deemed that Rosu S.R.L. respects the safety standards and has a sound policy regarding a healthy working environment. These were the reasons for the company being allowed to continue to work as a subcontractor for companies like Puma and Reebok.

Therefore we could say that the Workplace Health Promotion initiatives launched by Rosu S.R.L. were determined by 3 main categories of reasons:

- complying with its own Health, Safety & Environment Policy as well as with the standards of the clients,
- the need for improvement of some economic indicators affected by the health status of the workforce,
- the need for better positioning in the local community in regards to social aspects at the workplace.

Since 2003, S.C. Rosu S.R.L. is an active member of the Romanian Network for Workplace Health Promotion.

### *Aim of the initiative*

The company has its own policy regarding the promotion of a healthy working environment and achieving and maintaining a healthy workforce. In order to sustain this policy the company had a lot of initiatives for keeping its employees, most of whom are women, in good health. Therefore the initiatives unfolded, targeting mainly the female portion of the workforce and, they were designed to emphasize the importance of preventive measures. In 2002, most of the lost days due to medical issues were resultant of gynaecological diseases of all sorts; accordingly, the management thought of a solution for both improving the health of the workforce and increasing productivity.

### *Objectives*

- Investing in the workforce using preventive methods and Health Education courses as part of a campaign.
- Partnership with Medical Centres and local Public Health authorities for a better health status of the workforce.
- Medical services provided when/where needed and free of charge for the workforce during shifts for reducing lost time.

### *Activities*

- Screening campaign

In 2002 the company organized a screening campaign for cervical cancer. Almost 250 women took part in this campaign organized with the support of a medical centre, which provided the expertise and the required health services. As partners a Centre for Diagnose and Treatment, a Family Planning Centre (from the “Sibiu County Hospital”) and the Department of Health Promotion from the District Public Health Authority — Sibiu were involved.

- Informative campaign for reproductive health

In 2003, 250 women participated in an informative campaign organized by the Family Planning Centre from the Sibiu County Hospital. The theme of the campaign was “Contraceptive methods”. The Family Planning Centre organized these courses by providing experts who established a schedule for the entire workforce for a period of two months. As part of a much broader campaign at the end of these courses the participants received free condoms. The results of this initiative were seen during 2003 when the absenteeism rate dropped to almost 6% (a decrease of 25% compared with 2002). It was mainly this indicator that proved that investing in health education courses and in health promotion can give benefits on both long and short term.

- Medical office

Besides the occupational health aspects (the pre employment, periodical and cease of work medical exams etc), managed by subcontracting to a local provider, the company considered it very useful to organize, at its own expense, a medical office for the entire workforce. The benefits of this office were seen during the last 2 years when the total number of lost days started to decrease.

- Better working conditions for the employees

The management has as a permanent concern the improvement of the working conditions of the employees. In the last year, the company built a new production unit, which was designed taking into account the ergonomic characteristics of each workplace. The lightning, the ventilation and the



sanitation were other important elements also considered in the design process. As a new facility for the employees, a store only for the use of the employees was built; it provides goods free of added value. A canteen has been built and provides all the facilities the employees need.

The company wants to create a good working environment through communication and team work. Smoking and alcohol drinking is strictly forbidden and the company discourages any unhealthy behaviours.

### Selgros Cash & Carry Romania

Selgros Cash & Carry Romania is a Romanian private company, a branch of the German based FEGRO–SELGROS, active in Germany, Poland and Romania, employing 1900 persons at its 9 sites and active in the cash & carry economic sector.

Selgros places a high emphasis on internal collaboration among various departments and this was how workplace health promotion got started; by a strong relationship between the Human Resources Department and the Medical Department. Combining this approach with very good practice in leadership, sustained to similar standards in the various locations where it operates, Selgros managed to be among the top Romanian companies in what regards workplace health promotion.

Since 2003, Selgros Cash & Carry Romania is also an active member of the Romanian Network for Workplace Health Promotion.

#### *Aim of the initiative*

Selgros started this initiative so as to create a healthy and attractive working environment for its young workforce in an attempt to better positioning itself on the local labour market and to involve in the local communities at its various sites.

#### *Objectives*

- To increase the level of health related knowledge among the workforce.
- To decrease the level of absenteeism.
- To encourage and foster personal development.

#### *Activities*

Selgros managed to build one of the most comprehensive health education programs, which is being unfolded every year for the entire workforce at its various locations.

The program consists of:

- cardio-vascular risk factors and healthy lifestyles education sessions,
- smoking and healthy lifestyles education sessions,
- in 2003 for one year Selgros also organized Reproductive Health & Contraceptive Options education sessions for all its working sites.

Regarding active lifestyle and its promotion among the workforce, Selgros encouraged sports by:

- renting sport premises (gym, soccer pitch, and handball courts) and offered them free of charge to the employees,
- organized running competitions and soccer competitions between departments with various prizes offered.

#### Development of structures and policies for WHP

For the past 5 years in Romania the main driver of WHP has been a local NGO (the Romtens Foundation) which, given the specificity of its projects — mainly dealing with Health Promotion and Occupational Health and research, attracted funds (both European and national) towards this domain, and helped to position it high on the political agenda of the Romanian politicians. As a result, this domain, considered for a long period by the OHS community as a remote target, generated its own structures (The Romanian Network for Workplace Health Promotion — a network of companies, with institutes as associated partners) and started to have its own agenda. A considerable amount of expertise was gathered and this culminated in a recent national WHP campaign, to be organized by Romtens under the auspices of a PHARE project, through a series of 5 regional conferences. These conferences are going to be held by 5 joint partnerships of public institutions (Public Health Institutes, Public Health Authorities and Occupational Health Clinics), under a common slogan “Partnership for the health of the employees” and having the employers’ representatives and associations as the main audience.

Another achievement is the 2003 — established Romanian Forum of Workplace Health Promotion, and it is worthwhile to present its structure because of the Romanian peculiarities. The main distinction between the Forum and the Romanian Network for Workplace Health Promotion has to do with its membership, and here various options were considered before actually starting the Forum. The Forum, holding a yearly meeting, is to be regarded as an organic structure allowing free exchange of information among various specialists who otherwise sometimes stand on opposite sides, especially when negotiating the interests of those they are representing in various bodies. Therefore its

membership was decided to be more like one resembling an umbrella-organization, under which not only organizations coming from the occupational health domain are members but also those active in safety, other national networks (like the Romanian Network for Workplace Health Promotion, the National Health Promotion Network etc.), as well as various social partners and employers' associations.

The Forum's aim for the future is to be also considered as the main advisor on WHP matters for public and private entities, but this could only happen if a clearer distinction of roles among the various institutions regulating or dealing with the OHS domain is established in the future.

### Future perspectives for workplace health

Future trends could be noticed in the dynamics of the WHP field and they are as follows:

- A noticeable development of a closer partnership between the occupational medicine and health promotion domains. It has to do with a movement initiated at the level of specialists (occupational health physicians and health promotion specialists involved as professionals in joint initiatives) in conjunction with the relative ease of setting up partnerships between Public institutions. In this regard a clear example is the already mentioned 5 joint partnerships of public institutions (Public Health Institutes, Public Health Authorities and Occupational Health Clinics in Bucharest, Iasi, Timisoara, Cluj, Sibiu and Tg. Mures), under a common slogan "Partnership for the health of the employees".
- The relative increase of "appetite" of the OHS professionals, employed in public institutions (agencies, institutes etc), for developing information & education activities targeting the workplace. It is a rather new trend noticed both among the occupational medicine community (usually not attracted to Information & Education activities because of the lack of financial rewards) and the health promotion community (usually discouraged from tackling the "workplace" as a setting for their activities because of the attitude of the first group). In some local/regional small projects, it looks like the joint approach (occupational medicine physician & health promotion specialist) worked both ways and resulted in changing of attitude of both groups. The first group gained visibility and authority in a domain slightly disregarded before while the second one added a different category of activities to their agenda. It is to be considered as the classic "win-win" situation but needs to be confirmed in the future.

Therefore one could notice the movement of projects from local, small scale projects, involving usually 1–2 companies and local authorities in a limited fashion, to regional and national projects involving a multitude of companies and promoting partnerships with institutions. It is a trend that is likely to continue.

The Romtens Foundation plans the following activities for the next three years.

Establishing new partnerships with other relevant players in the workplace field of action not tackled so far, mainly focusing on:

- the social health insurance companies (which haven't yet been active players in this field) and which could assume an important role in financing activities for their insured, to be regarded as clients in the future, whom they could influence in choosing healthy behaviors for their own benefit;
- the employers' associations which will have to get involved in a more direct fashion, which means assuming active roles and financial involvement in WHP projects.

Organising research at the national level (2007) and aiming to identify the best ways to promote WHP in SMEs are next years' targets but this is also to be confirmed by the interest of the actual Ministries of Health and Labor, Social Solidarity and Family that could possibly shift the WHP topic to lower priority.

## 4.6. Cyprus

*Theodor Haratau*

### **The Romtens Foundation in Bucharest, Romania**

#### Duties of the employer concerning employees' health

Before getting into details regarding the OHS legal framework in Cyprus, a brief description of Cyprus' economic system would be useful.

Cyprus enjoys a strong economic sector whose orientation is towards services and which is mostly made up of SMEs; micro-enterprises active in this sector.

The economy of the Republic of Cyprus excluding the northern part which is occupied by Turkey is showing a strong orientation towards services as evident in the following structure: agriculture 4.4%, industry 22.4% and services 73.2%. As a consequence of this dominance, 76% of its GDP (gross domestic product) is accounted for by the services sector and 62% of the labor force is employed in this sector (out of a total labor force of around 299,700 — 62% is accounted for

by services, 25% by industry, and 13% by agriculture). During the economic development of Cyprus there was never an emphasis placed on industrial development and all related regulatory bodies have developed accordingly.

Due to the relative lack of industry, Occupational Medicine was never a priority, a situation reflected also by the small number of occupational health physicians available in the country (4) and their relative youth in the field (the first occupational health physician in Cyprus was available only 4 years ago). Given the facts that the University of Cyprus does not have a Medical Faculty and formal medical education can only be undertaken abroad, and that an Engineering Faculty exists, the emphasis of the entire OHS system was placed on safety.

Having said this it is relatively easy to understand what the Cypriot OHS environment looks like, the major role being played by the Ministry of Labour and Social Insurance through its Department of Labor Inspection, which is organized according to the already presented economic structure.

The legal framework is under construction, with the Health and Safety Law undergoing major transformation under the coordination of the above said ministry. Under the existing legislation every employer must take all the necessary measures to protect the health of its employees (at the workplace) from the risks arising from their work activities, and also to protect the health of other persons at work who may be affected by the employees' activities. Health surveillance (mainly to be understood as medical examinations) also falls under the employers' obligations since Cyprus has neither a Public Health system in charge of monitoring occupational diseases nor a National Health System.

Therefore it is up to employers to decide on the level/extent of medical services which its workforce is entitled to, but by law they must ensure that the workforce receives medical services to the extent of their necessity and which are appropriate to the assessed risks (employers should assess these risks as per law).

### Understanding of the WHP concept

The general context of the Cyprus Workers Health Surveillance System, as briefly presented above, allows only for a limited diffusion of the WHP concept with the Ministry of Labour and Social Insurance, through its Department of Labor Inspection, being the main driver at national level.

At national level there are various other entities active in the Public Health and OHS domains:

- the Department of Medical and Public Health Services within the Ministry of Health through its Health Promotion Section;

- the Cyprus International Institute for the Environment and Public Health in partnership with the Harvard School of Public Health (HSPH) — the Initiative will provide top quality education and training in environmental (outdoors smoking, electromagnetic fields etc.), occupational, and public health to students, scholars, and mid-career professionals;
- the Cyprus Safety & Health Association (member of the European Network of Safety and Health Professional Organizations).

However, the level of interest in WHP and WHP related topics varies considerably among them, mostly because of a lack of a common understanding of the concept given its newness.

Because WHP and Health Promotion are concepts missing from the legal framework of the OHS system they are not present in Policy or Strategy documents, their impact at the level of potential beneficiaries (employers, employers' associations, social partners etc) is limited, and knowledge and interest is only present at the level of a few professionals. Dealing with Health & Safety on a daily basis, according to the nature of the work, is the main contributor to the spread of some WHP related concepts among the HSE community in Cyprus, mainly consisting of Safety Officers and Labor Inspectors.

### Monitoring of conditions and professional training for WHP

As in any other country which does not have its own medical university, Cypriot medical doctors are being trained abroad, with residency programs and other post graduate continuous medical education courses completed in other countries (particularly in Greece). Accordingly, the very few Occupational Health physicians in Cyprus' medical community have been exposed to various curricula during their training and education, resulting in a relative heterogeneity of views when it comes to the prevention side of occupational medicine. Consequently, they are susceptible to consider WHP as, for example, either pre-employment medical examinations or health promotion oriented programs consistent with the training they underwent.

However it is worthwhile to mention the recently established Occupational Health and Safety Training Centre at the Department of Labour Inspection which could contribute to developing qualifications in the field of workplace health promotion. Its current main activities (education on workplace health promotion could be included in the future) cover the following:

- Organisation of training and vocational programmes, seminars and lectures delivered by Officers of the Department of Labour Inspection,

- Organisation of the Annual Safety Week on the Prevention of Work Accidents and Occupational Diseases,
- Development, printing and distribution of informative material aiming at the awareness of interested parties.

In the above programmes, Safety Officers, Members of Safety Committees (in collaboration with Trade Unions), officers/employees of organisations, officers of the employers and workers organisations, and Apprentices of the Cyprus Productivity Centre participate according to their needs and on a non-compulsory basis.

#### Activities and Models of Good Practice in the field of WHP

Unfortunately, there were no MOGP's identified for the time being but several national campaigns organised in cooperation with the European Agency in Bilbao could be mentioned as activities of the Department of Labour Inspection.

For the past 5 years the Cypriot Department of Labour Inspection has been organising annual campaigns on the prevention of work accidents and occupational diseases (2000 — Musculoskeletal disorders, 2001 — Accident prevention in small and medium sized enterprises, 2002 — Stress at work, 2003 — Dangerous substances, 2004 — Construction sector, 2005 — Noise, and 2006 — Young workers).

The annual safety week included the following:

- organisation of a “health and safety at work” week (inaugural ceremony with presentations and granting of safety awards to some industry sectors);
- visits by the Minister of Labour and Social Insurance to some workplaces;
- implementation of a special program by Labour Inspectors, which includes visits at workplaces, participation in meetings of Safety committees, discussions with employees and distribution of informative material;
- transmission of radio and TV messages, short-duration films;
- interviews and the participation of Labour Inspectors in awareness programmes and mass media events.

#### Development of structures and policies for WHP

The recent efforts made by the Department of Labor Inspection within the ENWHP, which resulted in the first ever local WHP events organised in 2005 and 2006, are the first steps towards creating a National Forum on WHP.

As with other countries that it resembles in terms of population, economy and development of the OHS system, Cyprus should consider the following as favorable circumstances:

- the Cypriot organisations' relative good exposure to European and international information; with the Department of Labor Inspection being a member of the ENWHP and the European Health and Safety Organisation, the Cyprus Safety & Health Association being a member of the European Network of Safety and Health Professional Organisations, and finally, the Cyprus International Institute for the Environment and Public Health being in partnership with the Harvard School of Public Health (HSPH);
- a good degree of tripartite cooperation between the relevant stakeholders;
- ease of disseminating information and assigning responsibilities among various players due to the country's small size;
- high proportion of unionisation;
- employees and employers are members of well organized and quite active organizations;
- good labour inspection services.

#### Future perspectives for workplace health

The Department of Labour Inspection at the Ministry of Labour and Social Insurance is now preparing a Health Surveillance System for employed persons in Cyprus. Within the framework of this plan, protection and promotion activities in various industrial sectors can be implemented and monitored so that appropriate suggestions can be made and measures can be taken to improve the quality of the services provided.

This plan will encompass, among others, the following:

- proposed legislative documents needed for the protection and promotion of workers health in accordance with EU directives,
- methods to increase the awareness of the various players, including field-seminars, meetings and other consultations,
- proposed ways for the implementation and organization of medical services needed for the operation of workers health surveillance in accordance with Cyprus reality,
- proposals on training programmes for medical and other related personnel so that quality multidisciplinary services can be provided.

In the establishment and operation of a system using the described legal framework, the partners in the forthcoming years will be the Ministry of Health,



the Pancyprian Medical Association and other social partners like Unions and Employer's Organizations.

The Department of Labour Inspection is also planning the upcoming annual campaign of the European Safety and Health Organization. Apart from the above, annual campaigns will also be organized within the framework of the Senior Labour Inspectors Committee activities, covering asbestos for the year 2006 and manual handling of loads for the year 2007.

As for the future, if WHP in Cyprus becomes a dominant trend within the OHS community, these further gaps and inconveniences will have to be tackled:

- the inadequacy of the legal infrastructure on Workplace Health Promotion with respect to the new requirements in Cyprus;
- the lack of specialists in the field of Workplace Health Promotion e.g. occupational physicians, nurses, psychologist, ergonomists and others;
- the lack of information and knowledge on Workplace Health Promotion among various partners in this field;
- the lack of training programmes to develop qualifications in the field of Workplace Health Promotion;
- the need of very specific and tailored initiatives in Cyprus because of the economic sector's characteristics, i.e. most of its companies being micro scale enterprises dispersed all over the country;
- the lack of a National Health System;
- inadequate financial support obstructing further development of WHP activities;
- insufficient support at the early stages from the key stakeholders delaying the development of WHP in Cyprus;
- the health policy at the enterprises not being considered as a matter of priority;
- emphasis continually being placed mainly on safety issues;
- health policy not being mainstreamed with other policies;
- the lack of research and tradition in occupational health and the lack of an occupational health and safety culture.



The round-table meeting in Nicosia, Cyprus  
2<sup>nd</sup> December 2005



The round-table meeting in Tallinn, Estonia  
19<sup>th</sup> December 2005

## 4.7. Estonia

*Patrycja Wojtaszczyk, Eliza Iwanowicz*

**The National Centre for Workplace Health Promotion**

**The Nofer Institute of Occupational Medicine in Łódź, Poland**

### Duties of the employer concerning employees' health

The employers are responsible for providing safe working conditions. In the Estonian taxation system the conditions are unsupportive for the development of workplace health promotion activities. The employers bear no responsibility for the employees' health, excluding accidents and occupational diseases. According to current legislation an employee's first day on sick leave is unpaid, and the financial provisions for the sick are carried out by the state (health insurance and social insurance) starting from the second day. Another obstacle is the fact that investment in human resources in form of health promoting activity financed by the employer is considered a bonus and as such is taxed at an average of 73%.

### Understanding of WHP concept

The definition of health promotion as the creation of behaviour and lifestyles that enrich and enhance health, as well as the continual development of a physical and social environment which is beneficial to health was introduced to the Estonian legislation by the Public Health Act, passed 14<sup>th</sup> June 1995, (RT1 I 1995, 57, 978) that entered into force 21<sup>st</sup> July 1995. The general purpose of this Act is to define the duties of the state, local governments, legal persons in public law, legal persons in private law and natural persons as well as national and local measures that would protect human health, prevent disease and promote health.

Health promotion is also mentioned in the Estonian Health Insurance Fund Act passed 14<sup>th</sup> June 2000 (entered into force 1<sup>st</sup> January 2001). This Act depicts the objectives, functions, competence, legal status and bases for activities of the Estonian Health Insurance Fund. Among the Fund's duties is the provision of health promotion services.

Workplace health promotion is attributed to the occupational health services in the Occupational Health and Safety Act passed 16<sup>th</sup> June 1999, that entered into force 26<sup>th</sup> July, 1999. According to the Act occupational health is the application of work-related organisational and medical measures to prevent damage to the health of workers, adaptation of work to the abilities of workers,

and promotion of the physical, mental and social well-being of workers. There are no particular acts on workplace health promotion or other terms that would be used in legislation instead of WHP.

In the everyday work of the institutions responsible for dissemination of health promotion at the workplace the term is understood mostly as the creation and support for a healthy lifestyle, both during and after work. To explain the concept and objectives of this approach the Health Care Board, that is the key player in the field of workplace health in Estonia, translated the Quality Criteria of Workplace Health Promotion and Questionnaire, prepared by the European Network for Workplace Health Promotion, for companies' self-assessment. This document is widely distributed and contributes to strengthening the awareness concerning workplace health among professionals in occupational health and employers as well as employees.

#### Monitoring of conditions and professional training for WHP

There are no professional groups in Estonia obliged to be trained in WHP. This situation results in a lack of properly prepared human resources for this sort of activity. There are however specialists that work with particular companies under projects carried out by the Health Care Board in cooperation National Institute for Health Development.

The Health Care Board is a part of the Ministry of Social Affairs established on 1<sup>st</sup> January 2002; its Occupational Health Department started on 1<sup>st</sup> November 2004. The Ministry is generally responsible for the drafting and implementation of plans to resolve social issues such as: management of public health protection and medical care, employment, the labour market and working environment, social security, social insurance and social welfare, promotion of equal opportunities for men and women and coordination of activities in this field, and the preparation of corresponding draft legislation. The Ministry's long list of objectives also includes the provision of a balanced system of social services and benefits that stimulate work and support individuals' ability to cope; the provision of a stable and reliable social security system that takes into consideration social risks and ensures adequate income; the development of long-term work capacity and employment of people; the promotion of culture that values health along with physical and social environment supporting health; fair availability of health services and medicinal products; environment sustaining intergenerational consideration and balancing working and family life, and a tolerant and considerate society. This means that workplace health promotion is a part of MoSA's agenda.

The Health Care Board has a directing function within the scope of its authority, exercises state supervision and applies enforcement powers of the state on that basis, to the extent of the procedure decided upon in the Health Services Organization Act, Occupational Health and Safety Act and other adequate Acts. The Board operates in the following areas of activity: registration of health care professionals; issue of activity licenses; exercise of state supervision and application of the enforcement powers of the state on that basis, to the extent and pursuant to the procedure prescribed by the Health Services Organization Act and other Acts; organization of the activities of emergency medical care and emergency preparedness within the scope of its authority; and preparation of proposals for the legal regulation of its areas of activity. The Health Care Board, Occupational Health Department actively coordinates projects regarding workplace health promotion in Estonia. The Board is the leading Estonian body for OHS practitioners. The Board is the guardian of Health and Safety professional competence in Estonia and the institution that regulates and steers the profession, maintaining standards and providing impartial authoritative guidance on OHS issues.

#### Activities and Models of Good Practice in the field of WHP

Health promotion projects are financed by the National Health Insurance Fund as a part of its functions arising from the Health Insurance Act and other legislation.

On the basis of that funding the Estonian Healthy Workplaces Project was carried out in 2005. The aim of the project was to increase the employers' and employees' awareness about workplace health promotion through information dissemination and the exchange of experience between participants of the project during regular workshops and trainings. The institutions and companies participating in the project were obliged to prepare their own plan of development of a workplace health promotion policy at the end of the venture. The project covered 20 enterprises from various sectors of economy. There is a lot of potential in this group for models of good practice in the future, when the programmes are implemented and operational.

Although the activity of the Health Care Board started comparatively not long ago there already exist organisations with well developed programmes regarding WHP.

One of them is East-Tallinn Central Hospital.

East-Tallinn Hospital is a member of the Estonian Health Promoting Hospitals Network since the year 2000 and belongs to the World Health Organisation international network of Health Promoting Hospitals and has the HPH

certificate. WHO has established the Health Promoting Workplaces Network and Health Promoting Hospitals Network and collaboration between these is highly appreciated.

The Estonian HPH Network is an associated partner to the European HPH Network since 10 April 2005 and is lead by Ludwig Boltzmanni-nimeline Medistsiini ja Tervise Instituut Viinis. The Estonian HPH Network is also associated partner of the European Network of Smoke-free Hospitals. These projects have been launched in order to set equal standards and regulations in European hospitals.

In the East-Tallinn Hospital health promotion is mostly project-based, but the administration is supportive in every way. The ideas and activities concerning health promotion are integrated into the hospital daily life. So far the hospital has implemented the following initiatives:

- “Järve Hospital — health promoting hospital” 1999–2001 (The pilot project of the Estonian HPH Network),
- “Health Promotion in the modern hospital is a requirement of time” 2002–2003,
- “Moving towards the hospital of harmony” 2004–2006. The project includes sub-activities: “Patient in the centre of attention 2004”, “Health promotion at the workplace 2005” and “Hospital as a central institution in the community 2006”.

The goal of HPH is health promotion for patients and their families or close ones, the hospital employees and the community population, as well as the creation of a health supportive environment. The organisation promotes the development of the hospital as a healthy work environment.

The smoke-free consulting room is active since 1999 in Järve Hospital, it is a project based activity. The hospital participates in the National Strategy for Cardiovascular Diseases 2005–2020. It is also one of the participants of the HCB’s project regarding Workplace Health Promotion.

The hospital has upcoming activities concerning workplace health promotion planned for the next 3 years. They will include: 1. Implementation of a smoke-free policy; 2. Risk assessment and promotion of a healthy workplace; 3. Stress-free environment and burn-out prevention in the hospital, and 4. Healthy hospital food for patients an employees programme. All of the mentioned acivities require teamwork and depend a lot on the administration’s opinion and point of view.

Another good example of a health promoting organisation is the joint-stock company Art Link Production. They specialise in the production of linear profiles (ligneous, plastic, metal) — milling, smoothing, sanding, spraying, patina processing, gilding, foiling, cutting of corners; glass cutting; making of passé-par

touts and back-boards, gluing; assembling picture frames; making dispatch cases for packing; packing and storing.

The company goes beyond the legal requirement in their care for the employees' health. So far the organization managed to provide the workers with: properly built and furnished modern social rooms (cloak-rooms, washing and shower-bath rooms, WC and rest rooms). Smoking in all the buildings and rooms of Art Link Production is banned. There are new facilities for drinking water supply. Additionally the main department has been supplied with air — conditioning. The services of a nurse and of a masseuse for the workers working in compulsory poses have been organised by the company. The nurse has taken under her supervision the health of all workers in-between the occupational doctor's periodic check-ups.

For the future, in relation to development and dissemination of workplace health promotion, the company is planning regular educational activity concerning a healthy lifestyle. There already exists a group of workers that want to give up smoking and the nurse acts as their consultant. Stretching exercises will be carried out during breaks. The company is also planning to provide workers with the possibility to do sports and with better conditions for rest and relaxation.

#### Development of structures and policies for WHP

There already exists a strong infrastructure for development of health promotion in Estonia. There are two national networks that deal with workplace health in organisations.

The Network of Health Promoting Workplaces in Estonia was the first health promotion action undertaken by the Health Care Board. In all likelihood it will be continued and expanded by the National Institute for Health Development. Apart from that there also exists the very well developed Health Promoting Hospitals Network that was established on January 25<sup>th</sup>, 2000 under the auspices of the Estonian Centre for Health Education and Promotion. Since 2003 the HPH Network in Estonia is coordinated by the National Institute for Health Development. Hospitals have used health education and other health promotion activities to improve the health of individuals and the community. Since the launch five years ago, the activities of the network have expanded from just couple of hospitals to almost all hospitals. All of these hospitals also belong to the World Health Organisation (WHO) Health Promoting Hospitals international network and have the HPH certificate.



The Health Care Board prepared and distributed a set of materials on workplace health promotion amongst the companies participating in the Network. The materials included a translated version of EN WHP quality criteria of WHP and a questionnaire for self – assessment.

Estonian occupational health is also developing and has its own principles of development. The structure of occupational health in Estonia enables ideal cooperation. Several projects in occupational health are based on cooperation: the project of the Health Care Board and the National Institute for Health Development “Development of workplace health promotion in small and medium size enterprises”, a planned project of the National Institute for Health Development and the Social Ministry about the control of asbestos risks. Partnership and cooperation have become essential principles of action in the occupational health of Estonia.

#### Future perspectives for workplace health

The responsibility for maintaining the National Contact Office will shift from the Health Care Board (Ministry of Social Affairs) to the National Institute for Health Development, which acts as health promoting agency in the country. Several projects in occupational health are based on cooperation between the two, e.g. “Development of workplace health promotion in small and medium size enterprises” (creation of the network).

There are plans to maintain and develop the Network of Health Promoting Workplaces (TET). In all likelihood the Health Insurance Fund will continue to cover the costs for trainings and seminars for representatives of companies participating in the project.

Another positive factor could be change in the state policy on taxation that would make health promotion investments in the companies more economical. There is a growing number of companies that want the legislation to be changed. This notion is supported also by the trade unions and may become one of the main goals on the political agenda in near future.

## 4.8. Latvia

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### Duties of the employer concerning employees' health

Employers' duties concerning employees' health are regulated in Latvia by Labour Protection Law. According to this legislation an employer has to ensure a safe and healthy workplace. Moreover, he/she has some financial obligations, e.g. a Latvian employer covers the costs of vaccinations for those workers whose safety at work is put at risk as well as the costs of obligatory check-ups for those employees whose health is affected or can be affected by harmful occupational hazards or those who work in special conditions. What is more, he/she is obliged to provide health examinations for those employees whose health can have an influence on the quality and safety of their services.

It is worth mentioning, that employers are made by law to introduce a smoking ban in worksites.

### Understanding of WHP concept

As far as Latvian legislation is concerned, although it mentions health promotion several times, it does not explain this term. However, it should be emphasized that the term health promotion is mentioned on a webpage of the Ministry of Health where its explanation is provided: "Health promotion is a whole array of measures (activities) to stimulate individuals as well as a society to increase control over health determinants and to improve health. It is closely linked with public health".

Latvian legislation does not include the term WHP or its definition. However, the document entitled "Mental health improvement of inhabitants 2006–2016" contains the term "health improvement" which, according to the Latvian NCO, is similar in meaning to health promotion and is used in relation to WHP. This paper states that it is vital to undertake appropriate activities aiming at improving employees' mental health as well as limiting usage of alcohol and psychotropic substances in workplaces.

As far as the understanding of the WHP concept by the Latvian NCO is concerned, the development of safe behaviour patterns in the work environment

is the most crucial and basic element of WHP. It stems from the fact that currently 65% of all accidents at workplaces are caused by workers' unsafe behaviours. According to the NCO, the second important issue is to support and facilitate implementation of healthy lifestyles of employees since it can lead to the enhancement of their overall health with relatively small investments. The last three factors considered by the Latvian NCO as essential elements of WHP are (in the order of their importance): the assessment of the influence of health related activities of firms/organisations on their business/condition on the market; prophylactic health examinations of employees; and the empowerment of employees, increasing their influence on the decisions of enterprises/organisations concerning employees' health.

Generally, the term WHP is rarely used in Latvia even among occupational health and safety professionals and is mostly understood as basic health promotion activities undertaken in workplaces such as vaccination, recreation or sport.

With regard to financing WHP in Latvia it should be outlined that there are no budget allocations for specific WHP activities. However, an insurance system creates conducive circumstances to the implementation of health promotion (including WHP) through its system of compensation for some health promotion activities (such as vaccinations and fitness training).

### Monitoring of conditions and professional training for WHP

Training devoted to general health promotion issues is quite well developed in Latvia. However, the situation with regard to acquiring knowledge in the field of WHP is less favourable. It is because a specific course on WHP for those professional groups that are perceived as potential WHP players in Latvia (including managers) has yet to be organised.

However, it ought to be emphasised that WHP is included in the curricula of several professional groups (perceived as potential WHP providers), which gives them the opportunity to learn some basic WHP concepts. These groups and their training are as follows:

- occupational medicine doctors — a postgraduate 300 — hour course on industrial hygiene and organisation of occupational health and safety as well as health care and occupational medicine;
- occupational health and safety specialists — a postgraduate 600 — hour course devoted to various aspects of occupational health and safety, including training in occupational medicine with WHP elements;

- public health specialists — a 4 — year university study programme (bachelor degree) containing a portion devoted to occupational and environmental health with WHP issues;
- occupational health nurses — a 120 — hour course for nurses which is aimed at providing information on the organisation of occupational health and safety, basic knowledge on occupational hazards and preventive measures.

### Activities and Models of Good Practice in the field of WHP

As one can see above, in Latvia there are several courses for some professional groups giving them the opportunity to learn about basic WHP issues. Such courses are provided by various educational centres including the Latvian NCO — the Institute of Occupational and Environmental Health at Riga Stradins University. Till now this seems to be the NCO's basic activity in the field of WHP. It has not yet succeeded in gathering information and describing any models of good practice in the field of WHP. As far as dissemination of WHP concepts by the NCO is concerned, there has yet to be in Latvia any special campaigns, implementation or information projects, or research in the field of WHP.

### Development of structures and policies for WHP

Till now in Latvia there were no strong forms of cooperation between the NCO and other stakeholders in the field of WHP. However, the NCO succeeded in identifying a whole range of various professional groups and institutions that potentially may become its partners in WHP dissemination in the country. As far as professions are concerned, these are as follows: occupational medicine doctors, occupational health specialists, occupational health and safety specialists (company specialists), occupational health nurses, public health specialists and human resources managers. Unfortunately, their role was very limited as a consequence of a lack of WHP concept understanding and a shortage of information provision.

As far as institutions/organisations are concerned, the NCO perceives the Ministry of Health as a future possible partner in establishing a Latvian forum for WHP. It stems from the fact that the Ministry's Division of Health Promotion and Environmental Health in the Department of Public Health is responsible for the realisation of a work health care plan including some health promotion aspects (e.g. quitting smoking, ensuring a healthy environment). The next vital WHP player might be the State Agency for Health Promotion organising and implementing various general health promotion activities (e.g. antismoking

programmes, HIV/AIDS prevention). Potentially, the Public Health Agency can also make a contribution to the development of WHP in Latvia. It is because, among other activities, it collects data for public health indicators (including some concerning WHP). Furthermore, the NCO perceives the Ministry of Welfare with its Department of Labour as a key future partner in WHP dissemination in the country. It is because the odds are that it will implement some WHP issues into a new strategy on occupational health and safety (see below). The remaining potential Latvian WHP players are as follows: several non-governmental organisations working in the field of health promotion, employers' organisations and trade unions.

Representatives of the majority of the above mentioned professions/institutions/organisations took part in the round-table meeting held in Riga on 13<sup>th</sup> January 2006 within the framework of the Dragon-fly Project. Among the Latvian attendees were representatives of Stradins University, the Department of Public Health in the Ministry of Health, the Department of Labour in the Ministry of Welfare, the State Public Health Agency, the Labour Inspection, Health and Social Care Workers' Trade Union, the Builders' Trade Union, the Forestry and Woodworking Trade Union, several external occupational health service companies (IBNA, FN Serviss, Darba Medicina) as well as representatives of major employers — Latvian Mobile Phone, Latvenergo and several others.

One of the key elements of the round-table meeting was the discussion concerning strengths, weaknesses, opportunities and threats to the development of structures and policies for WHP in Latvia. Participants perceived the following strengths: the involvement of various institutions; legislation establishing basic principles with regard to health promotion; the existence of the strategy for general health care mentioning health promotion activities; a quite large number of enterprises providing basic WHP activities for their employees (such as vaccinations, sport and recreation); well established occupational and general health care systems with their professionals and infrastructure; a new (dating back to 2006) system of external occupational health services; and the insurance system with its system of compensation for some health promotion activities.

As far as weaknesses are concerned, the participants complained about: problems with co-ordination of communication among involved partners; a lack of references to WHP in Latvian legislation as well as lack of WHP policy; a lack of budgetary allocations for WHP; a lack of special courses devoted to WHP; unfavourable attitudes of a number of Latvian companies towards healthy life and work style.

Talking about opportunities, attendees stated that there was a sufficient infrastructure in Latvia, and if financial resources were provided, it would be

possible to widen access to WHP training and accelerate the process of WHP dissemination. Furthermore, among various stakeholders there is great willingness to collaborate in the field of WHP. The last but not least opportunity is the future inclusion of WHP issues in the strategy and action plan on occupational health and safety (see below).

Undoubtedly, all plans with regard to the development of structures and policies for WHP may be endangered by various threats. Firstly, there is a continued lack of financial support and no mention of WHP in the occupational health and safety policy and action plan (see below). Secondly, in the participants' minds, the process of WHP implementation at the company level might be constrained by a further lack of control mechanisms and sanctions encouraging employers to invest in WHP. Additionally, the number of illegal Latvian workers who are not subject to occupational health and safety requirements and WHP was perceived as a serious threat.

#### Future perspectives for WHP

Future plans concerning the development and reinforcement of WHP in Latvia are quite promising. Firstly, it stems from the fact that the Institute of Occupational and Environmental Health of Riga Stradins University (the Latvian NCO) will have expanded its functions and funding by 2007. A new work plan will include WHP as one of target areas. In the beginning the NCO plans to carry out a survey on employers' understanding of WHP as well as launch a campaign (with seminars and information materials describing models of good practice) aiming at disseminating the WHP concept and raising awareness in the field of WHP. Furthermore, the NCO wants to include data on the economic benefits of WHP into an information campaign on economic benefits of occupational health and safety.

Secondly, it seems that the Phare Transition Facility 2004 Twinning Project "Development of an occupational health and safety system", launched by the Ministry of Welfare, may create a conducive atmosphere to the further development of WHP in Latvia. It is because one of its aims is to create a National action plan on occupational health and safety where WHP will be one of topics. Furthermore, one of its beneficiaries in 2006 is the National Institute of Occupational Health and Safety. The Project assumes the Institute's restructuring and development. According to plans it will be given several new functions including WHP.

Unfortunately, there are several obstacles which may constrain implementation of the above mentioned plans. According to the NCO this is a lack of specific

legislation concerning WHP in Latvia. The second pitfall is insufficient financing (3.68% of Latvian GDP is allocated to the general health care system, whereas only 0.147% of this money is given to general health promotion, without specific allocation to WHP). The third factor that could undermine the achievement of future plans is the unclear mechanism which links undertaking WHP activities with insurance premiums for employers.

## 4.9. Lithuania

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### Duties of the employer concerning employees' health

Generally all employers are responsible to ensure safety and health at work. According to the size of an enterprise and the level of risks and hazards, employers should either establish or hire a certified occupational safety and health service, or shall perform these functions themselves. Additionally a list of employees who must undergo medical examination and the medical examination schedule agreed upon with a health care institution must be prepared.

Additionally, the employer must inform and consult employees about all the issues related to occupational safety and health issues. Those may have a form of consultations and discussions between employees and their representatives. Before beginning work employers must undergo training or instruction concerning safety issues. Employers must also provide employees with first aid and other health care services based on the collective agreement.

When medical reasons occur employers must allow an employee to switch to another job suitable to his health condition.

### Understanding of the WHP concept

Legislation in Lithuania does not provide a legal definition of health promotion and does not even mention the term. The NCO, while defining WHP, underlines first health education activities, then the implementation of cohesive, coherent

and comprehensive internal strategies on health of employees at the level of organisations. According to the NCO, it is also important to include into the WHP concept the empowerment of employees, in a way that they can influence decisions of the enterprises/organisations concerning health. Additionally, the NCO thinks it is important to assess the influence of health related activities of firms/organisations on their business and conditions of the market, and to support the healthy lifestyles of employees e.g. through co-financing such activities. Such order of the most important issues was chosen on the basis of the fact that WHP activities are at the beginning stage in Lithuania.

The four legal documents that the NCO associates with WHP are: Law on occupational health care, Law on safety and health at work, Law on social insurance of occupational accidents and occupational diseases, and General regulations on the arrangement of working places.

On the whole those acts define a wide range of issues concerning employees' rights and the organisation of the occupational medicine and safety sector. They also outline the employers' obligation concerning these duties. However, they do not address any need for or definition of WHP.

### Monitoring of conditions and professional training for WHP

In Lithuania there are no occupational groups that must undergo courses in WHP. There is also a lack of possibilities of acquiring and developing qualifications in the field of workplace health promotion.

A better situation exists concerning the monitoring and research sphere in that field.

In the years 2000–2002 research led by Charles Woolfson (University of Glasgow); Remigijus Jankauskas and Birutė Pajarskienė (Occupational Medicine Centre of the Institute of Hygiene), Audrius Ščeponavičius (Kaunas Public Health Centre), Matthias Beck (Glasgow Caledonian University) was conducted.

The study was divided into two separate surveys exploring various attitudes to occupational health and safety issues among national level stakeholders (168 personal interviews were performed in the “Stakeholders study”) and among employees (a sample of 3,132 employees in 29 enterprises within 5 regions of Lithuania was surveyed in the “Workplace study”).

The results of those studies prove that occupational health and safety remains an important but still unresolved issue in the future public health policy of Lithuania. High levels of workforce insecurity based on rapid and sweeping changes in the structure of society, and the fear of unemployment are clearly seen.



This causes employees to give occupational health and safety issues lower priority. On the other hand, such a situation provides a wide field for implementing the new WHP concept.

There is also some general data on health related behaviour of the Lithuanian adult population. An example could be a study conducted by Zenonas Javtokas (National Centre for Health Promotion and Education), Antanas Goštautas (Kaunas Vytautas Magnus University) and Kęstutis Žagminas (Vilnius University) in 2001 (n = 3390, 52.6% of the respondents were employed). In this study detailed data on employment status (e.g. branch) was also collected.

To summarize the situation, Lithuania has some level of monitoring research concerning the issues relevant to WHP but little practical experience in that field.

#### Activities and Models of Good Practice in the field of WHP

There were no particular activities conducted by the NCO directly concerning WHP in the last years. However, NCO names the following as the most important issues for WHP:

- A changeable work environment affecting employees' health, depending upon work character, experience and worker's age.
- The functions of occupational health services and the professional competence (especially the awareness of health promotion at work) of physicians, nurses, and hygiene specialists needs to be improved.
- The problem of alcohol at the workplace. This is an important issue due to the fact that more than 30% of fatal accidents at work (50% in the construction industry) are reported as being alcohol related. Potential problems associated with alcohol in the workplace, which may not necessarily be the direct result of drinking at the workplace itself but may arise from coming to work intoxicated or hung over, are more hazardous and include absenteeism, poor performance, tardiness, or lost productivity. In most industries, formal or informal policies on alcohol in the workplace do not exist.

Other national stakeholders conducted activities in recent years that may be associated with WHP. For example, the State Labour Inspectorate of the Republic of Lithuania under the Ministry of Social Security and Labour conducted safety at work campaigns concerning asbestos and biocides<sup>1</sup>. Also, some tools that may be useful for WHP are available. A questionnaire assessing working conditions

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<sup>1</sup> The data provided by Ms Kristina Kaveckaitė, the Head of the Department of the Occupational Hygiene of the State Labour Inspectorate.



The round-table meeting in Riga, Latvia  
13<sup>th</sup> January 2006



The round-table meeting in Vilnius, Lithuania  
25<sup>th</sup> November 2005

(heavy loading) can be stated as an example. It was conducted in institutions employing nurses and the results obtained are to be used as the basis for programs improving employees health.

#### Development of structures and policies for WHP

The development of structures that can be a framework for WHP activities in Lithuania is at the very beginning stage. However, the round-table meeting held on 25<sup>th</sup> November 2005 in Vilnius proved that a wide range of organisations are interested in learning and becoming involved in WHP activities. During the meeting, organised and led by Zenonas Javtokas, Director of the National Centre for Health Promotion and Education, the representatives of many various stakeholders discussed the status of activities relating to WHP in Lithuania. It is worth outlining that in addition to official bodies (the Ministry of Social Security and Labour, the Ministry of Economy, the Ministry of Health, the State Social Insurance Fund Board) the representatives of employers (the Lithuanian Business Employers' Confederation, the Association of Lithuanian Melioration Companies, the Lithuanian Confederation of Industrialists) and employee organisations (Trade Unions of Civil Servants, Trade Unions of Energetic Sector, Trade Union of workers in Service Sector) were involved as well. What is more, representatives of a few companies and scientific institutions were also present. The multi-disciplinary discussions touched on many issues. One of the most important was the level of economical development that may influence the employers' willingness to undertake WHP activities. Also the methodology to encourage stakeholders to take up WHP activities was discussed. Generally, the round-table meeting should be considered as a good first step for multi-institutional cooperation in the field of WHP.

#### Future perspectives for workplace health

Although WHP activities in Lithuania are at the starting-point there are good chances that the process of WHP network building in Lithuania will continue.

The NCO, which has great experience in health promotion and education in general is strongly committed to the WHP concept. The NCO has plans to strengthen inter-institutional collaboration in WHP by promoting and disseminating the concept. At the same time the centre plans to take advantage of the experiences of the European Network for Workplace Health Promotion and disseminate them in Public Health Centers all over the country. Also, educational

activities (for various stakeholders) and research activities (mostly regarding health behaviors) are planned. Good occupational health and safety legislation and a network of public health professionals, which can provide training, seem too be supporting factors for WHP implementation.

Simultaneously, there are a few major problems that WHP stakeholders in Lithuania have to face. The most important are lack of WHP terminology in legislation and the domination of the occupational health medicine paradigm. Also the knowledge and acceptance of WHP ideas among key WHP stakeholders is insufficient. Some of the stakeholders perceive WHP as a concept that may be suitable for the future, when it is more sophisticated.

#### 4.10. Malta

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##### Duties of the employer concerning employees' health

Despite benefiting from young legislation concerning Health & Safety at Work (Occupational Health And Safety Authority Act — Chapter 424, issued on the 29<sup>th</sup> of January, 2002), Malta's experience is rather a positive exception due to several factors which had an impact on its Occupational Health & Safety area of work. Among them it is worthwhile to quote at least two: the Maltese inclination to making use of the exceptional ties/bonds with English organizations (involved in education, training, economic environment etc.) and its exceptionally active economic life involving mostly SMEs but also major European and international players.

Regarding the above mentioned legislation is worthwhile to point out several characteristics:

- There is an OSH Authority, under the Ministry of Education, Youth and Employment, assuming the roles that are usually undertaken by the Labor Inspectorates in other European countries.
- Its roles mainly consist of Risk Assessment such as the: a) avoidance of risk, b) the identification of hazards associated with work, c) the evaluation of those risks which cannot be avoided, d) control at the source of those risks which cannot be avoided, e) the taking of all necessary measures to reduce risk as

much as reasonably practicable, including replacement of the hazardous by the non-hazardous or by the less hazardous.

- Provision of personal protective equipment is compulsory but there is an emphasis on collective protective measures versus personal ones.
- The Law is being enforced by the OHS Authority which should inspect its enforcement and this is done through private companies which are authorized by the OSH Authority.
- Pre-employment check-ups are not compulsory according to the law.
- According to the Law, OHS training for employees is compulsory and besides this there is a strong tradition in organizing such courses.

As a conclusion there is still room for much to be done as regards employees' health especially by trying to involve other players in the field besides just the Health Promotion Department and the Public Health Department both under the Ministry of Health. Such entities have extensive experience in organizing Health Education courses (but not only) that other OHS entities could make use of.

#### Understanding of WHP concept

When it comes to unveiling the real meaning of WHP, a necessary process to be done by various Maltese stakeholders, some issues need to be explained beforehand.

The first of these is the rather unusual distinction between the Public Health Department and the Health Promotion Departments (both part of the Ministry of Health), which regardless of the working level relationships established between various experts do not have big joint projects for themes/areas that are considered to be mutual interests. The Public Health Department is only concerned with:

- Infectious diseases (Disease Surveillance Unit),
- Water, drug and foodstuffs control & Environmental health management (Health Inspectorates — with various branches and Public Health Laboratories),

and does not regard the Health Promotion Department as “its own right hand” as several other European countries do.

Therefore some of the initiatives that normally would have been the result of a combined effort (PH & HP) are being set forth separately by these departments.

In this regard the Health Promotion Dept. assumed the leading role in promoting Workplace Health Promotion in Malta, and one might say that it was the right choice to be made given the extensive experience this rather young department gathered throughout the years.

Accordingly, the meaning of WHP has a very strong Health Promotion “flavor” which helps a lot within the community of Maltese enterprises, given the broad recognition, due to numerous past activities, from which this department benefits. Therefore we could say that WHP consistently means:

- Health Education for employees — a very familiar area because of the background of the organization.
- Counseling the top management for implementation of Health Policies within various companies — with a special interest in Tobacco Control Policies and a few projects developed in this area.
- Social Marketing of health determinants — nutrition, physical exercise, tobacco control etc.
- Improving the working environment together with other involved Public Organizations (OHS Authority).
- Local and National campaigns targeted at the workforce — of particular interest due to the ease of organizing them given the relatively small dimensions of the island and of the effective networking process initiated by the Health Promotion Department.

#### Monitoring of conditions and professional training for WHP

When it comes to monitoring the working conditions of the Maltese workforce there is still much to be done due to the fact that the legal framework is young and the required expertise and necessary human resources do not yet match (at least for the time being) the expectations which the Public Health & OHS communities both have. In this regard it must be emphasized that:

- Monitoring of the working conditions is only being done by the employer and under the surveillance of the OHS Authority.
- It is a process that has become structured and organized rather recently and is definitely in its beginning stages (accordingly, it is only recently that it has started with level of noise determinations, vibration level determinations, etc.). Future equipment purchasing and training need to be provided so as to be able to proceed with more elaborate testing (gas and liquid chromatographs for determinations of bio markers in occupational exposure etc.).
- The notification and reporting of occupational diseases has strides to make in order to become an unified system.

Description of the education system:

Within the Maltese University there is a faculty of medicine, but for medical doctors the only option to specialize in various fields is to attend universities

abroad, and here English Universities play a major role. There are only 2 exceptions to this pattern, and they concern the Family Doctors (GPs) for whom training can be provided locally and Public Health physicians who are also being trained locally (through a Masters' course - also containing a Health Promotion module). Among the example we will also find the Occupational Health physicians.

At a glance, within this kind of situation there are advantages and disadvantages.

Disadvantages:

- A very small number of OH physicians — Precisely this year Malta will start with implementing the Directive (Directive 93/16 EEC) because there were no formal requirements of training for OH specialists.
- A small though reasonable number of PH specialists (around 20).

Advantages:

- There isn't a "preferential relationship" between Occupational Health specialists and companies meaning that also the Health Promotion Dept. representatives could enter and establish working relationships with various companies.
- There isn't any "leading role" in the Occupational Health system in regards to the PH/HP System; this is the case mainly because the personnel of the OHS Authority number only 4–5 persons. Also they are a regulatory body enforcing the law which (similarly to other countries) is not regarded as an encouraging factor for working with companies.

Conclusions:

- Within the OHS community of experts there still isn't a division of roles.
- Some professions are still underrepresented (OH physicians, PH specialists etc.).
- No interest by the Public Health Sector for the OH system and generally speaking for the workplace.
- Old fashioned PH domain with its territory not well connected with HP.

## Activities and Models of Good Practice in the field of WHP

### Water Services Corporation

The company provides national services related to the acquisition, transformation, manufacture, distribution and sale of potable and non-potable water, and to the treatment and disposal or re-use of sewage and waste water, and re-use of storm water run-off. It is a public company that has approximately 1600 employees.

The Tobacco initiative within the corporation was started on the request of the management of the corporation which asked the Health Promotion Department to



support the company in the process of the adoption of a No Smoking at the Workplace policy. The management was particularly concerned with employees in the Customer Care department, coming face to face with the clients and promoting a bad image if smoking.

#### *Aim of the initiative*

The aim of the Corporation was to create a smoke-free working environment for all the employees of the Corporation and a cleaner, more welcoming environment for their clients.

#### *Objectives*

- To create a forum of discussion between all levels of employees with regards to smoking at their place of work.
- To carry out a study of the number of employees who smoke, and of the employees' perception with regards the adoption of a No Smoking Policy.
- To draw and implement a No-Smoking Policy for the corporation.
- To offer smoking cessation clinics to those employees wanting to stop smoking. The clinics were to be offered during working hours and carried out at the place of work.

#### *Activities*

- Setting up a working group (including an officer from the Health Promotion Department).
- Carrying out a needs assessment among all the employees (short questionnaire given to the employees with their pay cheques).
- Analysis of the data (was carried out by the Health Promotion Department).
- Drafting of the policy (Health Promotion Department was also consulted).
- Communication of the Policy to the employees.
- Information and education sessions — held at the training institute of the Water Services Corporation (the so-called The Smoking Cessation Clinics). The sessions consisted of six sessions of two hours each, where participants are taken through all the steps to actually stop smoking, behaviour change mechanisms and the maintenance of the lifestyle change. The lecturers were Health Promotion specialists from the Health Promotion Department.

#### ST Microelectronics

ST Microelectronics, considered as a world leader in the manufacture of electronic components, opened its Malta plant in April 1981. The mission

of ST Microelectronics in Malta is focused on the assembly and testing of high-end complex devices, achieving higher quality standards and guaranteeing customers top class and world-wide service. The facility is located in Kirkop and covers an area of 38,000 square meters, out of which 29,700 square meters are dedicated to production.

ST Microelectronics employs 2400 employees, with around 25% of its workforce having advanced technical and engineering qualifications. ST Malta invests heavily in staff training and education activities including the TQM culture, an integral part in its success in developing its people, which is necessary for a high-tech company aiming to achieve the highest standards and to compete with the world's leading semiconductor companies. The company has a state of the art facility for training of employees.

The local plant is also engaged in numerous activities relating to environmental problems; establishing clear, well-planned objectives regarding energy saving, water conservation and the use of recycled material, which have surpassed the company's global objectives.

As part of its training, and in line with the principles of the parent company, the local management wished to offer training in health for its employees. The human resources management consulted with the Health Promotion Department with regards to the possibility of organizing such training.

#### *Aim of the initiative*

The initiative was meant to empower employees to adopt healthy lifestyles.

#### *Objectives*

- To organise a program of talks for the employees.
- To support employees having problems through one to one counseling.
- To make resources available to management and staff so as to enable them to adopt healthy lifestyles.

#### *Activities*

A series of information and education sessions was organized for the entire workforce and the program of sessions consisted of:

- Breast Care for the female workforce.
- Smoking and Sexual & Reproductive Health for the entire workforce.
- Cancer Education.

### *Results*

- Health services offered to the workforce — discussions with private hospitals were held and they resulted in arrangements being made for female employees to be offered the opportunity of having a mammogram at a lower cost and during their working hours.
- Evaluation — The management evaluated the sessions immediately after they were held as evaluation was a requisite for the parent company. The general outcome of the evaluation was excellent. The employees felt that most sessions were informative, were conducted in a professional manner, and were relevant to their lives.
- Facilities offered by the company — these included:
  - sport teams made up of company employees,
  - a canteen that offered mostly healthy options,
  - an extremely clean and hygienic environment as demanded by the manufacture of the product,
  - a non smoking environment.

### Development of structures and policies for WHP

For a considerable number of years the main driver for WHP activities in Malta has been, and continues to be, the Health Promotion Department under the Ministry of Health. This department enjoys a good image within the community of employers and other professional associations, and has also gained the respect of the overall medical community over the years.

Despite not having controlling & inspection authority as an institution, the Health Promotion Department managed to find ways to get into companies and to unfold activities in partnership with them. This shows communication and institutional partnership skills and is to be regarded as essential for the process of establishing a WHP Forum.

Initiatives to group all the interested parties in the field of WHP have only been recently organized due to the relative newness of this domain in Malta.

There are several institutions which hold an interest in this domain and they are the following:

- The OHS Authority — the process of building the relationship is an ongoing one since this authority is very young itself (Occupational Health and Safety Authority Act — Chapter 424, issued on the 29<sup>th</sup> January, 2002).
- The Public Health Dept – as in many other countries the main issue is to attract it to WHP activities because, for the time being, they are not very involved in workplace related activities.

- The Health Information Dept — the main issues to be considered for the relationship with this dept. are the exchange of information and possible collaboration for surveys/research.

The main event which is going to be organized in January 2007 is a Conference organized by the Health Promotion Department, in partnership with the above mentioned authorities/departments, to which around 120 companies will be invited. They are to be regarded as the future members of the Maltese Forum of WHP and all the necessary steps for achieving an even higher degree of organization will be made during the conference.

#### Future perspectives for workplace health

There are several characteristics of the Maltese situation which suggest it to be one with high potential for development. They are:

- Health Promotion being well established and well respected, and recognized by the medical community.
- Strong background in Health Education, TC policy counselling, and stress management counselling. Limited initiatives in dietary changes as a result of working with caterers.
- WHP could be a new “area of interest” for Safety Engineers, Occupational Health Physicians, HR Experts.
- A relative ease in building informal networks (and later to establish formal ones) due to the small dimensions of the country.

Nevertheless, the following shortcomings also need to be accounted for:

- Lack of WHP acknowledgment within the existing legislation (there is something pertaining to smoking).
- WHP being a new concept in Malta, not revealed to employers and yet to be defined to them.
- Though they are very few in number, Occupational Health Physicians see the workplace as a setting in which they are the only ones in charge.



The round-table meeting in Malta  
2<sup>nd</sup> November 2005

## 4.11. Slovak Republic

*Jacek Pyżalski, Patrycja Wojtaszczyk*

**The National Centre for Workplace Health Promotion**

**The Nofer Institute of Occupational Medicine in Łódź, Poland**

### Duties of the employer concerning employees' health

Generally all employers are responsible for ensuring safety and health at work. Those include providing occupational medicine services (regular preventive medical examinations and medical examinations) and ensuring that the working conditions are safe. The latter should be organised by adjusting working conditions to conform the capabilities (including health status) of employees and by taking into account scientific and technological data. Employers are also responsible for providing protecting aids for employees.

It is also obligatory for the employer to constantly revise and improve health and safety policies and practice within the enterprise.

### Understanding of the WHP concept

The term “health promotion” is defined in the National Health Promoting Programme (NHPP) as activities that ensure protection and strengthening as well as sustainable improvement of the Slovak population’s health status with the participation of all stakeholders. The NCO, while defining WHP, underlines the following issues:

- providing knowledge on healthy lifestyles (health education activities),
- supporting and facilitating implementation of healthy lifestyles of employees (e.g. co-financing physical activities),
- the implementation in enterprises/organisations of cohesive, coherent and comprehensive internal strategies on the health of employees),
- the empowerment of employees, increasing their influence on the enterprises’/organisations’ decisions concerning employees’ health,
- assessing the influence of health related activities of firms/organisations on their business and condition on the market.

However all the above listed activities are at the planning stage and are not yet implemented. It is also worth mentioning that all WHP activities are financed through the budgets of the organisations that conduct them.

At the same time, there is a lack of legal acts concerning the issue of WHP. Legislation concerning workplace health is based on the traditional paradigm and focused on primary prevention. It consists of the following measures:

- the reduction of the impact of work-related factors that are dangerous to health and factors of the working environment on employees,
- a ban on the use of substances, products, instruments, machines, equipment, and technological processes that are dangerous to health,
- the identification of occupations with increased health risks caused by working conditions,
- the performance of preventative medical examinations,
- a ban on smoking at workplaces, where smoking may increase the risk of health impairment due to working environmental factors,
- providing beverages to persons where this is necessary in order to protect the lives and health of such persons.

Such obligations are outlined and specified in the following acts: Act on the Protection of Human Health, Occupational Health and Safety Act, Labour Code.

#### Monitoring of conditions and professional training for WHP

There is some professional training related to WHP. At the Slovak Medical University in Bratislava and in Trnava University students can achieve Bachelor or Master degrees at the Faculty of Public Health with a specialisation in occupational health. It is also possible to extend qualifications in the field of WHP through postgraduate studies at the Slovak Medical University in Bratislava.

The NCO presents two significant pieces of research relating to WHP in Slovakia in recent years. The first is a big project under the title: “Assessment of health risks from working and environment points of view in selected professions”. In that study (years 2004–2006) such factors as health risk, health status, carcinogenic hazards and working and living conditions are being assessed. The sample consists of employees from the chemical industry, shoemaking industry, agriculture and health care. The results of the study are planned to be used in the workplaces.

The second study conducted by Slovak Medical University in the years 2004–2005 sought relations between working conditions as a presumption of employment equity of both genders. The study is aimed at planning and implementing health promotion programs through change in working conditions.

#### Activities and Models of Good Practice in the field of WHP

Generally speaking some degree of the importance of WHP is underlined in the Slovak Republic through its organisation of international and national conferences (five in the years 1995–2004) and through several publications concern-

ing WHP as chapters in health promotion handbooks. As to practical projects, the Slovak NCO mentions Healthy Workplaces.

That project was set up and implemented in 1994 with the involvement of 29 enterprises from many various sectors: industry, energetics, construction, research, public administration, health care and culture (a total of 10 000 employees).

The aim of the project was to define practical priorities based on analysis of the health status and life style of selected professions at enterprises, along with monitoring of work factors and working environment factors.

The practical part was aimed to develop and control the implementation of intervention programmes in order to improve working conditions and to eliminate unhealthy lifestyle habits, which have negative impact on work performance, work health and well-being. The programmes concerned mostly the following areas: health education, injury prevention, nutrition, smoking policy. The project also involved some appraisal of health status, absence rates and morbidity.

As to the NCO's activities, they are restricted to the following general activities:

- undergraduate and postgraduate education of professional and non-professional staff in the field of occupational health including employee health promotion,
- participation in research,
- expertise,
- consultations.

It is worth saying that the activities mentioned above are only a small part of the general activity of the Slovak Medical University. That means that WHP is not fully separate or recognised as an individual concept clearly distinguished from other fields, namely the traditional occupational medicine sector.

At the same time NCO experts name a few of the most important issues for Slovak WHP in recent years. Among them are:

- legislation,
- economical transformation, that seems to diminish employers interest in WHP,
- lack of financial resources appointed to WHP,
- lack of experts capable of managing their health promotion teams.

It is worth noting that those main areas of interest are also serious obstacles that can be perceived as barriers to WHP development in Slovakia.

#### Development of structures and policies for WHP

At this stage the structures and policies in the Slovak Republic are undeveloped. The NCO names only two stakeholders, the Public Health Authority and the Centre for Work and Family Studies, that are interested in setting up WHP



structures in Slovakia. The traditional stakeholders e.g. employers' and employees' organisations are not involved. This situation is the greatest challenge for the progress of WHP development in the Slovak Republic. However there is the possibility that the framework of the Public Health Authorities, which are occupational medicine oriented, can be the basis for WHP structures in the Slovak Republic.

#### Future perspectives for workplace health

Although the NCO recognises some important obstacles that can prevent the development of WHP in Slovakia (the reorganization of branches and the Public Health Authorities network, financial) it has some plans for WHP activities that will be implemented in the following years.

The most important seems to be Project Healthy Workplaces that will be implemented within 10 organizations.

Activities planned in those organisations are mostly aimed at intervention and reduction of risk factors in lifestyle and in the work environment. They also involve health education for both employees and employers.

Also some dissemination activities are planned. The NCO wants to publish information related to workplace health promotion on the 'Public Health' university internet bulletin board and conduct some not specified workshops and training for the main stakeholders. All the activities, although very important to WHP development, are not organised or committed to the comprehensive plan involving all the important stakeholders in the country (at both national and local level).

## 4.12. Slovenia

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#### Duties of the employer concerning employees' health

Being fully criminally and materially responsible for work related health, employers have to provide safe and healthy work environments and work conditions. They are obliged to organise work in such a way which does not harm employees' health. What is more, each employer has to prepare a safety statement with risks assessment

in which all the measures of safety and health at work are provided. They are liable to payment of compensation if they neglect to obey these obligations.

One of the legal Slovenian documents dealing with general employers' and employees' rights and duties concerning safe and healthy work and providing measures for ensuring it is the "Occupational Health and Safety Act".

### Understanding of WHP concept

There is no official definition of workplace health promotion in Slovenia. As far as the NCO is concerned, it based its understanding of the WHP concept mostly on the Ottawa Charter. Hence the NCO believes that creation and implementation of healthy public policy is of the utmost importance. Secondly, people should be empowered to take control over the determinants of health. Thirdly, supportive environments ought to be created. Furthermore, the efforts should be focused on developing healthy and safe behaviour patterns in the work environment. Last but not least is the employers' appreciation of the influence of employees' health on the economic results of their companies. To achieve this, workers should be viewed as social capital.

With regard to Slovenian legal documents it is worth outlining that five of them contain the term health promotion (these are as follows: the "Resolution on National Program on Safety and Health at Work", the "Occupational Health and Safety Act", the "Act on Health Care and Health Insurance", the "Resolution on the National Program of Nutrition Policy 2005–2010", the "Resolution on the National Program in the Field of Drugs 2004–2009"). However, they do not explain the term health promotion. The only act revolving around workplace health promotion is the "Resolution on the National Program on Safety and Health at Work" (issued in November 2005). Although it does not define workplace health promotion, it enumerates its aims. These are as follows:

- to enable workers to work in a healthy and safe work environment,
- to preserve the ability to work and to reduce premature retirement,
- to limit exaggerated absenteeism due to illnesses,
- to prevent injuries at work, occupational diseases or diseases which are caused by work, environment, lifestyle or social determinants,
- to enable an optimal balance between economic profits of the company on one side and working ability of all employees on the other side,
- to preserve the environment,
- to enable the production of healthy and environmentally-friendly goods for people.

The resolution mentions workplace health promotion as an informal measure for assuring safety and health at work at a national level. Within it the goals of WHP are listed and a proposal for a Fit for Work project is mentioned as a joint project of the Ministry of Health and the Clinical Institute of Occupational, Traffic and Sports Medicine.

As far as financing of WHP is concerned, it should be outlined that activities of the NCO in relation to participation in EN WHP are financed partly by the Ministry of Health. Grants obtained from various sources are used for other activities. For instance “Phare Lifelong Learning for Healthy Work and Life”, coordinated by the NCO, was co-financed by the Slovenian Ministry of Education and Sports and the EU. Moreover, financial support of the development of WHP comes from The Slovenian Insurance Office.

#### Monitoring of conditions and professional training for WHP

Generally, in Slovenia before July 2006 there was a lack of special undergraduate or postgraduate courses/training in the fields of both health promotion and WHP. The only professional group, which had had the opportunity to acquire, to any degree, such knowledge were doctors — within the framework of the specialisations of occupational, traffic and sports medicine or public health.

Nonetheless, in Slovenia there was and still is a considerable demand for WHP professionals since many enterprises undertake such activities or are willing to do so. These are the outcomes of the survey carried out by the NCO from March till May 2005 as part of the “Fit for Work” Programme (see below). It was a questionnaire-based survey conducted on a representative sample of 5500 managers of all public institutions, all big and medium enterprises and a sample of 2500 small enterprises (there were 1637 responses). Its purpose was to gather data on:

- managers’ attitudes towards their own health,
- managers’ attitudes towards workers’ health,
- managers’ attitudes towards workplace health promotion.

The analysis showed that WHP activities are undertaken in one quarter of Slovenian worksites (these are mainly educational, health and social work institutions as well as hotels and restaurants). Furthermore, two third of managers declared that they are ready for WHP (significantly more often among those who are convinced that health could be improved, those who have previous experience in WHP, those who work in middle and big enterprises and those from worksites of the following profiles: education, manufacturing, health and social work, services, wholesale, and retail). It is also worth emphasising that, apart

from equipment, experts or venues (which were pointed out by close one half of respondents), one in three managers is ready to invest money and time in WHP.

Undoubtedly, such managers' attitudes are conducive to establishing and developing a strong national forum for WHP. However, it would be impossible without people who are trained to implement WHP in enterprises. Being aware of this, the NCO launched "Phare Lifelong Learning for Healthy Work and Life" (from May 2005 till July 2006). One of its aims was to develop a manual and training for WHP professionals. This publication contains the concept of a WHP network and seven modules devoted to the following topics:

- the qualitative and quantitative analysis of health of the employees,
- ergonomics,
- work environment,
- coping with stress,
- prevention of the use of psychoactive substances,
- work organisation,
- accident prevention.

Each of these was developed by a different multidisciplinary group.

Apart from compiling the manual, the Phare Project was designed to identify those kinds of professionals that could make use of information gathered in the manual and put it into practice in enterprises. These were supposed to be for example: occupational physicians, representatives of public health institutions and safety engineers. These groups took part in a pilot WHP training which had been prepared within the framework of the Phare Project. There were 21 participants who completed 100 hours of training and prepared the first two steps in their enterprises: health analysis and proposal for measures undertaken. The piloting was done in one of Slovenia's regions. Its aim was to identify the strong and weak elements of the manual and training and in consequence point out those elements which required improvements.

### Activities and Models of Good Practice in the field of WHP

The Slovenian occupational health and safety system, of which one of the elements is workplace health promotion, does not have a long tradition, since its development dates back to 1999–2001. Therefore, before the establishment of a WHP unit at the Clinical Institute of Occupational, Traffic and Sports Medicine in Ljubljana (presently the NCO) in 2004, there were no organised separate, special events related to dissemination of WHP in Slovenia. A few activities contributing to this process were undertaken within the framework of other

events mostly devoted to increasing people's awareness with regard to safety and health at work (such as a big mass media campaign in 2000 aimed at informing workers/managers and farmers about the new Act on Safety and Health at work, or annual conferences and competitions for companies during the European Week on Safety and Health at Work). What is more, in 2002 the Office for Safety and Health at Work issued a publication entitled "Stress at Workplace". It defines stress, shows various aspects and reactions to stress at the workplace and gives useful tips on ways of combating stress.

As far as the NCO's achievements are concerned, it was successful in preparing and implementing the already mentioned "Fit for Work" Programme. Taking into account the relatively short existence of the WHP unit at the Clinical Institute of Occupational, Traffic and Sports Medicine in Ljubljana, one must admit that its engagement into developing WHP in Slovenia is tremendous.

The Programme in question was divided into three following steps:

- I. A survey of a representative sample of Slovenian managers — March–May 2005 (see above).
- II. "Phare Lifelong Learning for Healthy Work and Life" — May 2005 – July 2006. Apart from the already mentioned development of a WHP manual, identification of those professionals that potentially might become WHP experts and organisation of WHP courses for them, this phase of the "Fit for Work" Programme assumed the following activities:
  - discussion about the concept of a WHP network in Slovenia,
  - publication of materials on WHP (booklet, leaflet, poster),
  - dissemination of the Phare Project's outcomes through the website <http://www.cilizadelo.si>, containing useful data on WHP and health promotion in general (it was designed for both WHP professionals and ordinary employees).
- III. Implementation of all these outcomes — 2007 on.

All of these activities in the field of WHP were undertaken in a hope of overcoming the following identified problems constraining the development of a strong WHP network in Slovenia:

- lack of the data on the status-quo regarding WHP,
- lack of research in the field of WHP and, as a result of this, a marked lack of planning, implementation and evaluation methodology of WHP programmes,
- lack of WHP experts/counsellors.

Despite all these pitfalls faced by both the NCO and WHP professionals, several companies developed and implemented complex WHP programmes that can be considered models of good practice. The NCO succeeded in gathering a few descriptions of WHP programmes:

### I. Health promotion at primary school Kanal

This WHP programme was organised to overcome such identified problems as: high rates of absenteeism and not enough physical activities undertaken by the staff which had its bearing on an increase in the body mass index. The programme was prepared and implemented thanks to the strong cooperation between the school and various organisations and institutions from the school's district. One of the key elements of the programme was a series of workshops addressed to the school's staff. They covered the following topics: measurement of body mass, pulse and blood pressure; exercises for the back, improvement of physical health and mental well-being; controlling of negative emotions; healthy diet; and included of a two kilometre walking test. This WHP programme appeared to be a success since it increased the staff's awareness with regard to the importance of their own health and the ways of taking care of it. The main problem within the framework of the programme was an unsatisfactory attendance rate.

### II. "To Lead a Healthy Life" — the WHP programme in the Krka company

Krka is a pharmaceutical company from Novo mesto employing 5000 workers. Its mission combines three elements such as health, quality and life. Hence, taking care of employees is the company's key strategy. All activities were introduced as a result of fruitful cooperation between the technical service dealing with human resource management, the workers' council, trade unions and the employees. Firstly, the company implemented extra-obligatory interventions with regard to health and safety at work (it resulted in a slow but constant drop in the number of accidents and in a reduction of their severity). Secondly, to lower the illness-related absenteeism rates, it launched a project aimed at resolving this problem by influencing the following factors in the company: employees' attitudes towards co-workers, relationships at work, methods of management and working conditions. That is why, the following exemplary interventions were introduced: a series of workshops (with the following target groups and topics: for managers about styles of management and relationships at worksite; for people working in a forced posture about relaxing strained muscles; and for all employees about a healthy lifestyle), healthy diet in the company's canteens, a club for ex-alcoholics and their families, counselling for employees and many other forms of facilitation aiming at decreasing stress at the workplace (such as for instance: employees' development, their permanent education and training, security of employment and satisfactory remuneration packages). Furthermore, Krka takes care of its employees' health outside of working hours (for example in a recreational

company club called “Trim klub”). What is more, Krka is going to introduce a total ban on smoking in all its working, auxiliary and open spaces on 1<sup>st</sup> January 2007, which will be the first such approach in Slovenia. The company prepared a programme introducing the ban step by step in different buildings and giving the smokers the opportunity to quit this addiction.

### III. Alcan Tomos Project: Zero Accidents at Work

Alcan Tomos d.o.o., located in Koper and employing 200 workers, is concerned with metal processing activities (it manufactures components and modules from aluminium and magnesium). The company’s ultimate goal with respect to its WHP programme was to reduce the number of accidents to zero. The programme was designed according to the company’s vision focusing on its employees as being the most important element in its structure. Therefore, firstly, constant and systematic care was devoted to protection within the work environment. Secondly, the project was focused on employees’ well-being and quality of life. What is more, implementation of systematic tools, continual improvements, transformation of the company’s culture and behaviour of its employees became the key elements in the pursuit of the WHP programme aims. All these activities led to the achievement of the programme’s ultimate goal in 2005 — the number of accidents at work declined steeply between 2001 and 2005, where no accidents were recorded during the first half of the year.

### IV. WHP Programme in Kolektor Pro Ltd.

Kolektor Pro, located in Idrija, is the largest supplier of commutators in the world and employs close to 1000 workers. The WHP programme was designed on the basis of the data gathered within the enterprise. Firstly, there was the analysis of employees’ sick leaves within a five-year period (from 1998 till 2002). It showed that work-related injuries were the most significant cause of workers’ absence. Other important reasons were: diseases of the respiratory and skeletal systems, and pregnancy. Secondly, a questionnaire-based survey was carried out among all employees (the response rate was 77%). Its purpose was to assess workers’ health status and lifestyle as well as their attitude towards the enterprise. The analysis showed that there was a high level of workers’ loyalty towards the company and a relatively high level of the employees’ health status. This data helped the WHP programme’s organisers to define its aims. These were as follows: to decrease the number of work-related injuries; the number of work-related muscular-skeletal disorders; sick-leave rates among pregnant workers; and tobacco and alcohol use; as well as to prevent cardiovascular diseases; stress-related disorders and communicable respiratory diseases. To achieve these aims Kolektor Pro’s WHP

programme included: improving workers' safety culture leading to a drop in the number of cases of work-related injuries, strengthening the employees' immunity, preventing infectious diseases, improving health status of the skeletal system, physical activity, healthy nutrition promotion and a complex policy on nicotine, drug and alcohol addiction prevention.

### Development of structures and policies for WHP

As already mentioned, all outcomes of the "Fit for Work" Programme (especially the manual, training, identification of possible WHP professionals and the developed concept of a WHP forum) created a sound basis for establishing a strong WHP network in Slovenia. Undoubtedly, a key step in creating such a network was the round-table meeting held in Ljubljana on 9<sup>th</sup> December 2005 within the framework of the "Dragon-fly" Project. It was the first time that the majority of possible WHP players have met. These were the representatives of the following institutions/organisations: the Ministry of Health, the Ministry of Education and Sports, the Ministry of Labour, Family and Social Affairs, the Labour Inspectorate, Public Health Institutes, Insurance Companies, the Preventive Medicine Sector, the Family Medicine Society, various associations and chambers (namely: the Chamber of Commerce, the Chamber of Craft, the Employers Association), the representatives of two big Slovenian enterprises (namely: Istrabenz plini d.o.o. and Krka d.d.) and a journalist from the major Slovenian daily "Delo".

The round-table meeting gave all participants the opportunity to recognise and discuss the strengths, weaknesses, opportunities and threats concerning the establishment and reinforcement of the Slovenian network for WHP. As far as strengths are concerned, attendees pointed to the "Fit for Work" Programme (with its aim to discuss the concept of the Slovenian network for WHP), the NCO's collaboration with the EN WHP (mostly taking part in its initiatives) as well as relatively high engagement and interest in WHP activities among Slovenian managers. Discussing the weaknesses, participants agreed that the most disturbing factors are as follows: lack of a national strategy on public health/health promotion and a deficiency of training and legal obligations in the field of WHP. Fortunately they perceived many opportunities concerning development of a strong national WHP network such as: managers' willingness to implement health promotion activities in enterprises, future EN WHP initiatives and cooperation with other Slovenian networks functioning in the fields of health promotion and/or health and safety at work (like the network of Public Health Institutes, teams of occupational health specialists as well as safety engineers



organised in their chamber and association). As far as threats are concerned, participants pointed to the following factors that may impede the development of the Slovenian WHP network: undefined network financing, unclear competencies of some key stakeholders due to expected reforms and difficulties in identifying professionals who may play the role of WHP specialist and in encouraging them to implement WHP activities in workplaces.

The round-table meeting in Ljubljana was a great success since:

- attendees expressed the need to create a national forum for WHP at two levels: the first should consist of representatives of scientific institutions, Slovenian authorities, and other central organisations; whereas the second one ought to gather professionals implementing WHP activities in enterprises and representatives of companies active in this field;
- all the attendees agreed to meet with each other at least once a year to exchange their experience and share the outcomes of their achievements;
- the Slovenian NCO expressed the desire to stimulate, consult and supervise all these activities leading to the development of a strong Slovenian forum for WHP.

#### Future perspectives for workplace health

There is a fair chance that the process of WHP network building in Slovenia will be continued. This assumption stems from the fact that the NCO created the sound basis for this process in “Fit for Work” Programme and clearly defined long-term goals in the field of WHP. These, apart from network building, are as follows:

- development of WHP tools,
- training of WHP counsellors,
- dissemination of WHP tools to various enterprises and institutions,
- finding the best ways of reaching enterprises,
- involvement of insurance companies,
- becoming a strong NCO.

The NCO realises that achieving these aims can be undermined by various menaces such as:

- deficiency of resources (human especially),
- unfavourable national socio-economic situation,
- high levels of unemployment in Slovenia,
- non-participation of partners.

However, the existence of the above mentioned legal documents concerning health promotion and WHP creates an atmosphere conducive to the achievement of these goals, including the creation of a strong national WHP network.



The round-table meeting in Ljubljana, Slovenia  
9<sup>th</sup> December 2005

## 5. Development of workplace health promotion in the new Member States of the European Union and Candidate Countries

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This chapter is an attempt to wrap-up the information received from the NCOs of 12 countries (Bulgaria, Cyprus, the Czech Republic, Estonia, Hungary, Lithuania, Latvia, Malta, Poland, Romania, Slovenia, Slovakia) in reply to the questionnaire — sent by the Dragon-Fly Coordinator — on WHP in the above mentioned states<sup>1</sup>.

This summary is not an evaluation, in accordance with the ENWHP presumption that there is neither any single right-and-only model of occupational health services nor a single correct understanding of the WHP concept or strategy of its promotion. Instead, the differentiation is highly valued and only certain model tendencies and solutions are identified. Thus, this chapter is rather aimed at informing all the partners — including those who have been with ENWHP longer — about the general situation (major conditions) in which WHP is developing in the aforementioned countries participating in the Project, as well as about the efforts to build national partnerships (networks) for workplace health promotion. In this context this report fails to present the complex circumstances related to health promotion at the level of workplaces in those countries (the general situation does not always directly relate to the activities of individual companies). Moreover, this text does not pretend to be an exhaustive description of the discussed issues (this is much better done by the texts presenting individual countries). This report is rather a bird's eye view, with all the necessary simplifications, and it draws more general conclusions from the various cultural, social and economic circumstances of the analysed countries.

We have taken into consideration the following determinants of WHP development in individual countries: the formal scope of occupational healthcare, in particular the duties of the employers, legislation on WHP and HP, financing

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<sup>1</sup> This report is based on the data delivered by the NCO experts (see list in chapter 4). The data describes the situation until mid 2005, in case of Malta until mid 2006.

of WHP, the meaning of the WHP concept (mainly according to the NCOs), staff training for the implementation of these kinds of projects, and research necessary for the concept development and its promotion. The next part of the chapter presents information on the development of structures for the cooperation between the WHP stakeholders. The final part is aimed at showing a certain specificity of the post-communist countries in their process of assimilating the concept of health promotion and adapting its principles to the local conditions.

WHP has been founded and developed as a response to the major challenges of the contemporary world (e.g. globalisation, unemployment, aging, increase of employment in services and SMEs, changes in the structure of typical occupational health hazards and principles of employment), but also as a continuation of the earlier activities mainly intended as occupational health protection against adverse effects of work and the working environment. Workplace health protection has become a principle throughout Europe and in most countries of the world, and consequently its scope, procedures and sources of funding have been regulated by law. Most of the obligations have been imposed on employers, and their profile constitutes an important background for WHP, as one of the strategies of human resources management. The basic duties of employers in relation to the health of their employees are relatively similar in the studied countries (with certain obvious variations in individual solutions). In general, employers have to ensure healthy and safe working conditions and sometimes they should also assess and manage the risks. Moreover, they have to inform employees about the risks and train them in work safety and hygiene. Bigger differences are observed in relation to periodical examinations. In certain countries these are obligatory for all employees covered by the healthcare system (e.g. in Poland). In other countries there exist some selection criteria, for example periodical examinations are obligatory only for people working in hazardous conditions or whose work may influence the safety or health of others. Similarly, the consequences of such examinations may vary. In countries such as Poland or the Czech Republic there is a discriminating model, i.e. the doctor's decision is final and a person cannot be employed in case of medical contraindication. Elsewhere, there is no such principle. Employers in various countries also have different obligations regarding compensation for sickness absenteeism (e.g. in Estonia they do not pay at all, while in Poland they pay for the first 33 days).

Within the analysed group of countries, WHP is not legally regulated in Cyprus, Lithuania, Latvia, Malta and Slovakia. In the remaining countries, although there are respective provisions, generally WHP is not regulated by a separate legal act. Moreover, in the majority of countries there is no tradition

of defining WHP by legislators. The only exceptions in this respect are Estonia and Slovenia. In Estonia's Occupational Health and Safety Act — WHP is defined as the application of work-related organizational and medical measures to prevent damage to the health of employees as well as promotion of their physical, mental and social well-being. In Slovenia, in the Resolution on the National Program on Safety and Health at Work, WHP has been defined by its goals: to enable workers to work in a healthy and safe work environment; to preserve work ability and to reduce premature retirement; to reduce excessive sickness absenteeism; to prevent injuries at work, as well as occupational diseases or diseases which are caused by work, environment, lifestyle or social determinants; to enable an optimum balance between the company's economic profits on one side and work ability of all employees on the other; to enable production of healthy and environmentally-friendly goods for people.

Legal acts which mention WHP usually refer to occupational health and safety (Bulgaria, Estonia, Slovenia), tasks of occupational medicine (Poland, Hungary) or address specific health problems (e.g. drugs in Slovenia).

General health promotion more frequently appears in legal acts of the analysed countries, but — similarly to WHP — no country has a separate act exclusively devoted to HP. It is mainly present in the provisions concerning public health (Bulgaria, the Czech Republic, Estonia), or its health care subsystem, including occupational health care (e.g. Poland, Slovenia, Hungary). Likewise, it appears in documents (of various legal status) called National Health Programmes (e.g. Poland, Slovakia) or versions thereof related to selected issues such as mental health, nutrition, drugs (Poland, Slovenia). In most cases HP has been defined (the exceptions being Latvia and Slovenia). Below are some examples of the meaning of the notion: in Bulgaria (the act called "Health Law", 2004), "health promotion is a process ensuring social, economic, ecological and other conditions in addition to adequate health education to create opportunities for individuals to ameliorate their personal health and to enhance personal and group responsibility"; in Estonia it is understood as the creation of behaviour and lifestyles that enrich and enhance health, as well as the continuous development of a physical and social environment which is beneficial to health (Public Health Act, passed June 14<sup>th</sup>, 1995, (RT1 I 1995, 57, 978); in Poland, as the activities enabling individuals and the society to increase control over health status factors and leading to health improvement, promotion of a healthy lifestyle, as well as environmental and individual health factors (Act of August 30<sup>th</sup>, 1991 on health care units (Journal of Laws 1991, No. 91, item 408, with subsequent amendments); in Romania (e.g. Law No. 100/26.05.1998 — regarding the pro-

vision of Public Health) as “helping people to improve their health by changing lifestyles and environments” and finally in Hungary as “the activity aimed at the improvement of health status and quality of life and health protection” (Act on Health Policy Act no. CLIV (1997). Lithuania remains the only country where the notion of health promotion has not appeared in any legal act.

We may thus deem that health promotion is gradually becoming a subject of legal regulations in the analysed countries, and in some of them there are regulations concerning the working population. Assuming that the regulation of an activity by law facilitates its development, this trend may only be positive.

However, the aforementioned legal acts are generally not accompanied by any financial solutions. And the commonly noticed shortage or lack of funds should not be treated as mere complaint. In the analysed countries health promotion is in general financed ad hoc, on a case-to-case basis (in some countries mainly from external sources), which allows for the occasional carry-out of interesting projects but does not give foundations for planning and implementation of a HP strategy.

In certain countries the concept of “workplace health promotion” has been developed in detail by the NCO, in others its meaning is not precisely defined, and the parameters refer for example to the general concept of health promotion from the Ottawa Charter or the ENWHP documents and tools. Poland is an example of a country that has developed a model concept of this kind, a template methodology for implementation and the necessary tools for the assessment of the activities’ consistency. Slovenia and Estonia are countries which have selected the second solution, based on the definitions available in legal acts.

The analysis of activities recognised by the twelve NCOs as the most important for WHP indicates that most frequently WHP is understood as occupational health and safety and/or developing safe behaviour in the work environment plus health education activities (or possibly supporting and facilitating implementation of healthy lifestyles of employees) or non-obligatory improvement of a workplace and employee premises and/or medical examinations. The implementation in enterprises/organisations of cohesive, coherent and comprehensive internal strategies on the health of employees has been assessed as the most important by NCOs from: Bulgaria, Poland and Slovenia. NCOs from the Czech Republic and Lithuania rated it the second most important, and Slovakia — the third. Empowerment of employees was the second most important according to the NCOs from Bulgaria, Lithuania, Poland and Slovenia, while it was positioned fourth in Slovakia and fifth in Latvia.

Another complex issue is the consistency of the above mentioned concepts with the actual WHP activities in individual countries. Generally speaking, a number

of conceptual issues highly valued by NCOs turned out to be a target model rather than the reality. In real life, these are ad hoc activities such as additional examinations, vaccinations or organisation of recreation and sports events for employees.

In respect of staff training for WHP, the situation varies from country to country. In Cyprus, Estonia and Lithuania no professional group has health promotion or WHP issues within their vocational training. There are no special WHP courses (such as, for example, in Romania). This hampers the development of WHP. The situation in Slovenia is slightly better as health promotion is taught, but still only at the post graduate level. In other countries, many professions (doctors, nurses, public health specialists, educators, psychologists, sociologists) have health promotion in their curricula, and even WHP at the undergraduate and postgraduate levels. They also organise open courses for volunteers. Most often — in the analysed countries — health promotion is in the curricula for medical staff and public health specialists. In six countries (Bulgaria, the Czech Republic, Hungary, Latvia, Poland, Slovenia) health promotion is an element of vocational training for occupational physicians, and in the Czech Republic, Hungary, Latvia and Poland — for occupational nurses. Thus, in the majority of the analysed countries there are some formal grounds for presenting the health promotion concept to the society within various forms of vocational training. There is obviously the question whether the obligation to acquire knowledge on the topic is present in the case of all the professions important to health promotion. In other words, is it the best solution to teach HP particularly to medical professionals, not focusing as much on managers, health and hygiene specialists or educators (such an assessment is, of course, conditioned by the priority objectives and the WHP implementation strategies adopted in a given country). Another point for discussion is whether the time spent on teaching the subject and the quality of this education are sufficient. It should also be noted that no mention has been made by any of the countries that HP constituted a separate course of studies ending with a degree of Master of Health Promotion.

The state of scientific research which could support WHP development looks promising in all the countries under discussion (moreover, in many countries it is a practice among many of the supervisory and control institutions to collect different data which is useful for the development of WHP). Interesting information of this sort has been collected in a definite majority of the states participating in the project. The studies involved such issues as the health behaviours of employees (e.g. Poland, Lithuania), their attitudes towards occupational health and safety (Poland, Lithuania), as well as the state of health and life, and work habits of intellectual workers (Czech Republic). Another type

of analysis focused on work conditions and measures aimed at workplace health protection (Bulgaria) or the motives and attitudes of the management towards OSH (Bulgaria). Furthermore, efforts were also carried out in relation to risk assessment (e.g. Czech Republic, Slovakia). There have also been studies performed regarding the very process of propagating WHP in the different countries. And so, for example, the attitudes of employers towards such activities were diagnosed in Poland and Slovenia, that of experts — in Bulgaria, and finally that of occupational physicians and nurses — in Poland. Poles also monitored the state of the activity of enterprises in promoting health. The state of academic research creates hope for possible future inter-cultural comparative projects and creative cooperation of research teams specializing in this area.

A number of countries presented actions which, in their opinion, could serve as examples of good practice as far as WHP implementation is concerned. Apart from programmes carried out in specific companies (e.g. Czech Republic, Romania, Slovenia), there were also examples given of broader projects, starting with those which encompassed a few or several companies (e.g. Estonia, Slovakia), and ending with ones encompassing whole regions, industries or even whole countries (e.g. Bulgaria, Poland).

The analysis conducted also proved that there is a visible development of structures and cooperation among social partners for workplace health promotion in the countries participating in the project. Obviously, the solutions and levels of progress vary from country to country.

The situation in those states accepted to the ENWHP at an earlier date is the following.

In Bulgaria, as of 1999, there has been in existence the National Network of Health and Safety Promoting Companies (associating 23 companies) which, upon a merger with the Association for Workplace Health and Safety Promotion is now functioning under the name of the “WHSP & NNHSPC” Association. The range of this organisation’s tasks also includes WHP. Furthermore, as of 2002 there is the Bulgarian “Healthy and Safe Workplace” Forum, with the objectives of OHS and WHP.

In the Czech Republic there is the National Forum of Health Promoting Organisations, as well as the National Program of Health Promotion. Many institutions (including academic centres) and organisations play an active role in the field of WHP with the support of the Ministry of Health and/or the Ministry of Labour and Social Affairs. There are also smaller structures in place which cooperate in the area of occupational health, such as the Non-Smoking Organisations or the Healthy Company as a Bonus for Life.



In Hungary there is the Hungarian Forum for WHP, formed by the delegates of the National Institute of Occupational Health, the National Centre for Health Promotion, the Ministry of Health, the Association for Healthier Workplaces, the Hungarian Federation of Mutual Funds, the Occupational Health and Safety Section of the Hungarian Medical Chamber and the Hungarian Chamber of Engineers. The statutory meeting was held on the 17<sup>th</sup> of February in 2004.

In Poland, 1995 saw the founding of the Polish National Network for Workplace Health Promotion which functions with an important contribution from local coalitions of companies, institutions and organisations active at the meeting point of health and labour.

In Romania, as of 2003 there has been the Romanian Network for WHP and since 2004 — the Romanian Forum for WHP.

The above countries have also presented plans for numerous initiatives in the nearest future, including those which are to improve the already existing structures and establish new ones.

In terms of countries in which ENWHP NCOs have been established as a result of this project, it is only in Estonia that a network-type cooperation had already been in place as part of the Network of Health Promoting Workplaces (associating enterprises) and in Slovenia, where a similar process had been launched as part of the “Fit for Work” project. In the remaining states, i.e. Lithuania, Latvia, Slovakia, Malta and Cyprus the Dragon-Fly Project helped identify potential social partners who would be interested in propagating the concept of WHP. Furthermore, a social dialogue on the existing conditions, objectives and means of carrying out this process was initiated. The selection of institutions (in agreement with health ministries) to play the role of NCO, which is to initiate discussions with stakeholders (e.g. in round-table talks), as well as the definition of the initial steps as to further actions aimed at establishing and developing network organisations, supported by the dissemination of information materials on ENWHP, serve as a solid basis for creating more formalised national WHP structures in these countries in the nearest future, also allowing for cooperation with other member states of the ENWHP.

It should also be noted that in the group of the 12 countries analysed there is the practice, or even the tradition (e.g. Bulgaria, Czech Republic, Hungary, Poland, Slovakia), of organising WHP conferences and seminars. There are also media campaigns organised and WHP websites. Other valuable initiatives helping to create a positive public climate around WHP include competitions for employers who are involved in promoting the health of employees (e.g. the Czech Republic, Hungary).

The general impression is that in most of the analysed countries their socialist past has a big influence on the development of WHP. The impact is twofold — positive and, at the same time, negative. On the positive side, health promoting activities are present in ideological declarations and as part of the measures (care) undertaken by the state. Such declarations have often been reflected in practice. At the central level there have been institutions set up, which were dedicated to research occupational health and inspect the execution of tasks in this respect. In companies, on the other hand, there were positions and even whole departments devoted to, in particular, the diligent observation of safety and hygiene regulations, providing employees with medical services (even ones which were not necessarily related to work conditions), as well as organising different forms of rest and recreation for workers. In effect the staff, especially of larger enterprises (which were important for executing the planned tasks of the socialist economy) was sometimes offered a rather broad range of health protecting and strengthening possibilities. Irrespective of all the other controversial characteristics of that era, the above can be treated as a certain achievement of that time (a peculiar type of health promotion at the workplace).

On the other hand, however, such an approach to occupational health, based on treating it predominantly as an ideological value, led to the paternalistic (and sometimes even authoritarian) attitude towards workers in issues of health. They have become passive recipients, devoid of the power to influence the scope and form of the services provided and sometimes even obliged to use them. Secondly, the health of the labour force was not seen as company capital nor were the expenses seen as an investment. This was simply not a criterion taken into consideration in the management of the company (as an economic value), even when we talk about economic value in the socialist understanding of the word.

The mechanisms here presented tend to manifest themselves in countries of the same past. On the one hand, there is a decent level of legislation and measures related to the classic protection of the employees' health (i.e. ensuring safe and hygienic work conditions, providing preventive medical examinations adequate to the health hazards present), as well as a tradition of undertaking additional actions for the benefit of the health of workers. This holds true particularly in case of the older and larger enterprises (the situation in the smaller ones is much worse). One other positive legacy of the past is that employees often associate their companies with organisations that have been and should be interested in health issues. This, should a certain number of other aspects be present, can help develop health promotion (when the expectations become an element of the social discourse). On the other hand, the habits acquired

in the times past make employers anticipate a stimulation from the outside, including state financial support for promoting the health of their employees. Thus, they are rather unwilling to undertake their own initiatives and spend money on the cause. Even when they do take action, they do not analyse the effects (health-related, economic, or pertaining to building a good company image), treating such ideas as simply a gesture of tradition in satisfying the habits of employees. Hence, only the best prospering companies act this way; seeing health promotion as a luxury offered to workers and not as a method of the company's development. Another consequence of such a position is the fact that employees do not participate in either selecting these activities or executing them, not to mention the issue of evaluation. As it has been expressly revealed by research carried out in Poland, as a consequence, employees do not feel responsible for their health, including the aspect related to habits in the workplace. They rather assign this responsibility to physicians or their employers.

The propagation of HP in companies in the analysed countries is obviously also very much determined by the current social and economic situation of the given state and — in some of them — by the problems related to the process of transformation. First of all, there is a certain lack of economic stability and a shortage of public funds, an instability of legal systems (frequent changes in the law), and problems with creating new systems of social values — which serve as the bases for any strategies in this field. Moreover, these countries struggle with high levels of unemployment, the bad financial standing of many companies, particularly the smaller ones, in which case the reaction is to save at the expense of the health of workers (even breaking the law sometimes). Furthermore, the different countries have to cope with their own specific problems, such as illegal employment or fiscal solutions which are not employer-friendly when it comes to instituting health promoting programmes in companies. Politicians and central institutions (hence also the mass media) are absorbed by current, more urgent, sometimes also health-related problems (such as methods of financing or functioning of healthcare systems for citizens). Naturally HP, including WHP, is often shoved aside leading to lofty declarations which are not translated into practical solutions, not to mention funding. Employers, particularly in the smaller and not as prosperous companies, often resort to the most simple methods (with sometimes adverse effects to the health of employees) of generating income or they limit their endeavours in the area of the health of employees to the minimum level required by law.

The analysis of general determinants lets us state that all the analysed countries hold a potential for the development of modern forms of initiative for the

benefit of the health of the working populations. Obviously there are still many problems (sometimes even regarding the classic protection of health against hazards present in the work environment and in relation to accidents at the workplace) and financial and organizational limitations, however the awareness of the political elite or representatives of NGOs and other stakeholders in reference to WHP is growing. This also holds true in terms of cooperation which is a very important factor in the implementation of health promoting projects. This cooperation is possible due to the highly active institutions and persons who have taken on the role of NCOs of ENWHP. The great challenge still ahead is the development of awareness and a positive attitude towards WHP among employers, as well as the organization of even more effective systems of supporting employers in their efforts in the field of HP.

## 6. Towards a joint and healthy Europe: the future role of the European Network for Workplace Health Promotion

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ENWHP started its work almost 10 years ago in 1996 on the initiative of the German Federal Institute for Occupational Safety and Health (BAuA) and supported by the European Commission's services responsible for public health<sup>1</sup>. The intention of both parties was to contribute to the implementation of the health promotion programme as part of the public health framework by establishing an informal infrastructure for the exchange of information in the field of workplace health promotion.

Over these years, the ENWHP first developed a framework of common understanding and established a joint policy laid down in the Luxembourg Declaration in 1997<sup>2</sup>. This declaration later became the identity-building framework for a much larger stakeholder community in Europe and acted as the fundament of the "European WHP house". The next step then was a series of models of good practice initiatives (1997–2002) which explored and developed a joint understanding of good practice, and also reflected European diversity and national uniqueness<sup>3</sup>. Through European conferences and dissemination activities

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<sup>1</sup> Federal Institute for Occupational Safety and Health (BAuA), Integrated plan of action for Workplace health promotion in the European Union, 1995.

<sup>2</sup> European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK), Luxembourg Declaration on Workplace Health Promotion in the European Union, 1997.

<sup>3</sup> Quality Criteria and Success Factors of Workplace Health Promotion (ENWHP 1 Initiative) European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK), — Quality criteria of Workplace Health Promotion, 1999 ([http://www.enwhp.org/download/quality\\_criteria.pdf](http://www.enwhp.org/download/quality_criteria.pdf)), — Questionnaire for self-assessment, 1999 (<http://www.enwhp.org/download/questionnaire.pdf>), — Description of the models of good practice, 1999 (<http://www.enwhp.org/download/models.pdf>), — Workplace Health Promotion in Small and Medium-Sized Enterprises (ENWHP 2 Initiative), European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK), — Report on the current Status of Workplace Health Promotion in Small and Medium Sized Enterprises, 2001 ([http://www.enwhp.org/download/report\\_on\\_the\\_current\\_status.pdf](http://www.enwhp.org/download/report_on_the_current_status.pdf)), — Criteria and Models of good Practice, 2001 (<http://www.enwhp.org/download/criteria.pdf>), — Conclusions and recommendations ([http://www.enwhp.org/download/recommendations\\_for\\_promoting\\_wha.pdf](http://www.enwhp.org/download/recommendations_for_promoting_wha.pdf)).

in the member countries organised by committed national contact offices, the ENWHP gradually enlarged the interested stakeholder communities.

In 2002, ENWHP started with the implementation of a new strategy framework which integrated the previous developments and also laid the ground for the subsequent ENWHP initiatives. This strategy is grounded in the belief that workplace health needs to be implemented locally by the users themselves throughout the member countries and integrated in daily practices and routines. Europe can facilitate this daily challenge and provide support which can not be organised at country level alone. This is due to the endless diversity of cultures, experiences and practices, an endless reservoir of knowledge and innovation. ENWHP is keen to support WHP learning and growth in all European countries also involving partnerships with non-European regions in the world.

The future ENWHP agenda will contribute to the EU Lisbon goal and the vision of a Europe of Health and apply the strategy framework to a list of core priorities shared by the national WHP forums and in line with the European priorities which can be derived from the EU Lisbon goal and the goals of the European health policy. The future role of ENWHP can be illustrated with the Fig. 6.1.

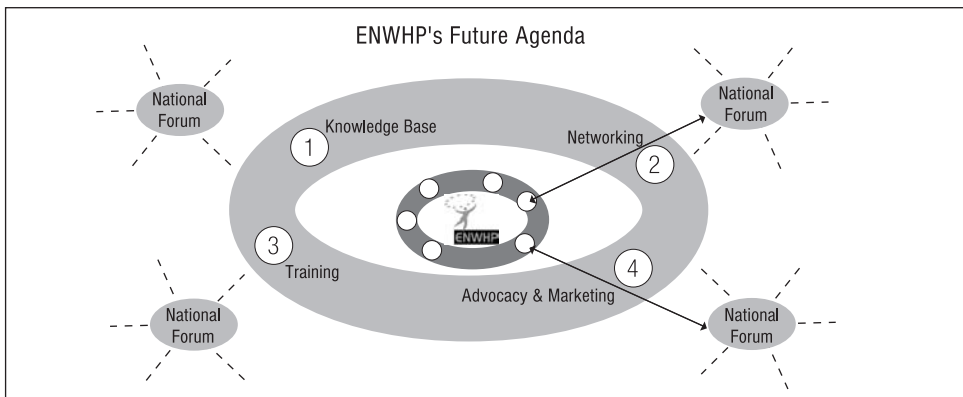


Fig. 6.1. The future ENWHP agenda.

Workplace Health Promotion in Public Administration (ENWHP 3 Initiative):

- [http://ec.europa.eu/health/ph\\_projects/2001/promotion/fp\\_promotion\\_2001\\_frep\\_08\\_en.pdf](http://ec.europa.eu/health/ph_projects/2001/promotion/fp_promotion_2001_frep_08_en.pdf) (Final Report),
- [http://ec.europa.eu/health/ph\\_projects/2001/promotion/fp\\_promotion\\_2001\\_annex\\_08\\_en.pdf](http://ec.europa.eu/health/ph_projects/2001/promotion/fp_promotion_2001_annex_08_en.pdf) (Final Report),
- European Network for Workplace Health Promotion, Federal Association of Company Health Insurance (BKK),
- Report on the Current Status of Workplace Health Promotion in the Public Administration Sector, 2002 (<http://www.enwhp.org/download/Report%202002.pdf>).

Models of Good Practice for Workplace Health Promotion in the Public Administration Sector (<http://www.enwhp.org/download/MOGP.pdf>).

As a European platform for national WHP forums, the ENWHP will facilitate a wider dissemination of good workplace health promotion practice. In this facilitating role, ENWHP will focus on 4 tasks. Together they form the future agenda of ENWHP.

### Knowledge Base and Research

ENWHP will apply the toolbox concept including the identification and development of arguments which justify investments to specific workplace health topics. These topics will reflect those priorities which have been identified through national WHP forums and those priorities which can be derived from the European agendas both in the field of public health and in the field of the quality of working life. ENWHP plans to connect its own European knowledge base with developing national knowledge bases and thereby reducing the barriers to accessing relevant information to improve workplace health practice across Europe. Based on an analysis of the national development processes and the relevant current European agendas, it is possible to identify broader content and topic areas which will organise the topic agenda for ENWHP agenda. These topic areas will focus on lifestyle issues, all issues related to the introduction of new forms of work, inequalities in workplace health and demographic and social change.

Finally, the knowledge base can be used to develop a health information system at European level on which base workplace-related health determinants can be influenced.

### Networking

A key priority over the next years will be to continue with the development of the national WHP forums. The 4<sup>th</sup> ENWHP initiative established a common framework for this process in a first step and also provides a general model for the working procedures of the forums. National WHP forums will identify main priorities for general workplace health improvement, both setting-specific and cross-cutting priorities. The main tasks of the forum approach is the collection of good practice related to specific priorities, a critical review of the current situation in terms implementation levels, the strategies and policies used and possibly the joint development of innovative approaches to improving workplace health in specific settings and/or addressing specific workplace health issues. The national contact offices of ENWHP act as facilitators for connecting the national development and learning process with experiences from other European countries.

A key challenge will be to identify efficient and effective mechanisms to combine learning at national, regional and local level, since practical implementation needs to be organised at local level. One exemplary model may be derived from the setting of small and micro enterprises. Here, best practices include voluntary local networks supported by a public infrastructure which provides support in terms of network management. Regional and or national level forums should ensure the widest possible access to the transferable results and experiences of local practice.

In this networking process, ENWHP will identify the most effective strategies to support the work of the national WHP forums. ENWHP will continue to improve the European WHP toolbox and specifically aiming at identifying innovative strategies, programmes, projects and instruments and those which can respond to the most important needs identified through the national WHP forums.

ENWHP will also strengthen its efforts to involve other key target groups both at European level and across the member countries. Based on their key role in supporting a wider dissemination, ENWHP will focus on 3 groups: social partner representatives at national and European level, larger and medium sized private sector enterprises and social security institutions at national level.

Private sector enterprises are already organised in national, regional networks and company forums and represent pioneering end-user organisations. The business case for investing in workplace health promotion in the private sector takes a leading position in demonstrating how health can enhance social and economic performance of European economies. Without this pioneering leadership, the other important stakeholder groups can not be convinced to shift workplace health promotion higher on their agenda.

Social security institutions also play an important role with regards to the quality of the infrastructure for the dissemination of workplace health promotion and are often funders for WHP initiatives and programmes. So far, only a limited number of social security institutions are convinced that investments in WHP and preventative policies in a wider context can meaningfully contribute to the core targets of social protection. The ENWHP will therefore establish a partnership with interested social security institutions across Europe to help building the social security case for investing in WHP.

Finally, social partner organisations (employer organisations and trade unions) need to be involved, since they set the political framework of the social dialogue and could in principle include workplace health issues on their agendas.



## Training

A number of member countries have already identified a strong need for developing training courses to establish a professional infrastructure in their countries. In many European countries specifically, the traditional professional groups have only begun to identify workplace health promotion as a new field of action, obviously attractive to improving the service profile which is being challenged by companies. ENWHP will explore possible strategies to support the development of training infrastructures both at national and European level.

## Advocacy and Marketing

This task area includes a number of communication tasks which provide an overall support to all other tasks and priorities such as conferences and events, publications, the development of the ENWHP website towards a website portal for the developing national WHP forums and other PR-related activities.

## Driving the promotion of workplace health in an enlarged Europe: the ENWHP

With the launching of the European health promotion programme in 1996, ENWHP entered a new and challenging field of action which is the promotion of workplace health. Over the past decade its members have grown together and built a vision which invites all stakeholders to join a common development programme to improve workplace health in Europe. With its 4<sup>th</sup> initiative, ENWHP has widened the WHP community by supporting national WHP forums and developing mechanisms for learning and exchange of experience. The vision is simple and compelling: good practice experiences in a local community in southern Italy should be accessible in Northern Finland, our goal is to reduce the many barriers to an effective and efficient transfer and adaptation of innovation thus exploiting in a positive sense the uniqueness of Europe: its diversity. ENWHP looks forward to developing healthier workplaces for Europeans.

## Leadership

Recent developments brought to the attention of the workplace health promotion community by various Conferences/Symposia/Workshops are showing that leadership started to play a very significant role in the workplace health.

Therefore ENWHP started to consider leadership as one of the themes to be used when designing a WHP intervention and further one placed it as one of the

main topics to be tackled at the Barcelona Conference in 2002 Promoting Workplace Health, where a breakout session was assigned to it.

Leadership is considered by ENWHP of extreme importance because of several reasons among of which the following seem to be among the most important:

- Mergers & acquisitions are happening at the strongest pace ever and they are accordingly generating possibilities/compulsiveness for building merged HSE Systems as well as merged Policies (workplace health included).
- Corporate HSE units tend to relocate and to operate differently therefore to orientate towards remote control or hands-on locally. By supporting local structures to include whp among their priority agendas it is possible to mainstream it among the culture of the company.
- Ethical performances are asked more and more from not only corporation but also from SMEs and this leads to a demand for higher standards also for their managers/leaders.
- It could align Health & Safety Executives around an evolving leadership purpose.

Several initiatives organised by ENWHP members, especially Scandinavian countries, targeted the topic and achieved successful results in terms of training courses for managers and support groups developed by large companies for the benefit of smaller ones.

### Corporate responsibility

This is a field of action where ENWHP benefits a lot because of the more and more spread community of companies assuming the tasks deriving from corporate responsibility and eager to share practices.

It is worth while to consider that workplace health promotion it's an important component of the corporate responsibility concept and various conferences and events already dedicate sessions to the topic. On the other hand large companies benefiting of sustained and well financed workplace health promotion initiatives have approached this concept.

Accordingly, for workplace health promotion, this is a domain where it could play a significant role so as for the company to be able to actively perform social marketing of health determinants among its workforce/neighbouring community. By assuming an active role, involving social responsibilities as well, companies could become themselves "health promoters" within the local community, thus able to generate initiatives among local partners (public administration, clients, beneficiaries, partners, local communities etc.).

### New demands at corporate level

Several issues are to be considered by ENWHP members when tackling big companies and proposing whp initiatives:

- Clarify the requirements for business leadership to meet business objectives but strongly considering Health, Safety and Environment as key elements in future strategies.
- Identify the executive leadership resources (that embed health related issues) necessary to achieve business objectives.
- What Management / Line Authority should have the OSH Departments.
- Quality, Safety and Health could be approached purely as advising bodies or as a Center of Excellence.
- To integrate Health & Safety Management Systems with Quality and Environment.

### Workplace as a setting for Health Promotion

This is an approach likely to suit ENWHP members in proposing and becoming themselves leaders of whp in their own national Health & Safety communities.

For this area the main threat identified is the rather low level of partnership in joint projects with the Health & Safety community. It is for the Public Health specialists to take the leading role and act as catalysts in generating such initiatives where this community should be involved in.

For ENWHP members currently developing Health Promotion projects it will be of great importance to be able to shift from the individual approach to one which places the workplace in the center and builds tools and instruments for it.

Public Health community should persuade the workplace community (work councils, health & safety experts, employers, employees, quality experts etc) that topics like stress, for instance, are “a problem for the organization and not for the individual”. Therefore repetitive tasks, lack of autonomy and pressure to meet deadlines should not generate a “case per case approach” but initiatives like the following ones:

- Stress management courses.
- Counseling services.
- Employee assistance programmes.

Given the lately decrease of fatal accidents and injuries, due to the effective promotion of safe practices and related campaigns, the real challenge for health promoters it's likely to become the increasing number of personnel adopting unhealthy behaviors reason for the growth of chronic diseases and accordingly

increasing number of absenteeism rates. Addressing these problems within the working environment, and using specific designed programs is going to produce changes able to boost both workplace health and the economic success of those enterprises supporting such initiatives.

### Changing world of work and new Employment Policies

Recent changes noticed on the employment market (fragmentation of large organization, moving from indefinite contracts to “project based contracts”, re-location of enterprises/parts of them etc.) could be well served by specific, targeted and well designed workplace health promotion projects.

For traditional occupational health it's becoming more and more difficult to harmonize and balance National with European legislation, services offered for large/SME companies, quality of services throughout the country etc and it is here where ENWHP should take advantage of its well regulated structure and Local/Regional/National Networks already developed.

The already gathered expertise could become a powerful argument for ENWHP members in being able to propose whp as a complementary alternative to traditional occupational health and to generate such initiatives.

## The Dragon-fly questionnaires

### Development of Structures for Dissemination of Good Practice in the Field of Workplace Health Promotion in the Acceding and the Applicant Countries DRAGON-FLY PROJECT

financed by the European Commission  
coordinated by: Elżbieta Korzeniowska, Ph.D.  
The National Centre for Workplace Health Promotion  
The Nofer Institute of Occupational Medicine in Łódź, Poland

#### Questionnaire for the National Contact Office

**Country:**

**Institution** (full name, address, telephone and fax number, e-mail, legal status):

**Main area of activity:**

**Name and affiliation of the main Reporter (e-mail address):**

**Names of Co-reporters (e-mail address):**

**List of co-operating institutions (to which the questionnaire has been sent by your Institution)**

**Dear Reporters,**

we do not wish to limit your responses to our questions in any way, therefore we encourage you to use all the space you need to give answers and comments. Please use an extra sheet of paper, if necessary.

- 1. Which items from the ones listed below does your institution recognize as the most significant in the area of health promotion in enterprises/organisations?**
- a) therapeutic or rehabilitation services offered by employer to employees
  - b) vaccination campaigns organized by employer for employees (concerning e.g. influenza, hepatitis)
  - c) prophylactic check ups of employees
  - d) improvement of work safety and environment
  - e) developing safe behaviour patterns in the work environment
  - f) providing knowledge on healthy lifestyles (health education activities)
  - g) supporting and facilitating implementation of healthy lifestyles of employees (e.g. co-financing physical activities)
  - h) implementation in enterprises/organisations cohesive, coherent and comprehensive internal strategies on health of employees)
  - i) empowerment of employees, increasing their influence on decisions of enterprises/organisations concerning employees' health
  - j) assessing influence of health related activities of firms/organisations on their business and condition on the market

Please, indicate the 5 essential items and list them from the most (1) to the least (5) important:

1.
2.
3.
4.
5.

Please give reason for the order you proposed:

--

- 2. Does the term 'health promotion' occur in any kind of documents in your country, no matter what category of legislation it is (constitution, acts on safety, health, insurance etc., statutes or bills, regulations, orders on national or regional level)?**
- No → pass over to question no. 5
- Yes
- 3. Has the term 'health promotion' been defined in any way in this legislation?**
- No

Yes

- a) what is / what are the exact definition/s of this term, please give exact references of the legal act/s?  
 b) describe shortly the legislation in question, its general content

Act No. ...

Name/Reference:

Description/definition of the term

General content:

**Please use the above format for all the documents on health promotion (as many as you find). You can use an extra sheet if necessary.**

**4. Are there any legal acts on workplace health promotion (or health promotion at workplace) in particular?**

- No  
 Yes

- a) please give exact references of the legal act/s  
 b) describe shortly the legislation in question, its general content

Act No. ...

Name/Reference:

Description/definition of the term

General content:

**5. What other expression/s or term/s is/are used in relation to workplace health promotion in your country? Please give an English translation of it/them.**

- a) what is/are its/their definition, please give exact references of the legal act/s?  
 b) describe shortly the legislation in question, its general content

Act No. ...

Name/Reference:

Description/definition of the term

General content:

Please use the above format for all the documents related to health promotion (as many as you find). You can use an extra sheet if necessary.

**6. Please describe (characterize) three best projects in the field of workplace health promotion (models of good practice) ongoing or realized in your country. These could include a particular company or a group of enterprises.**

The description of each project should contain (if available):

- the name of the company/organisation in question (we recommend to ask for company's permission on publication of this data in the European Report — if the company does not wish a public recognition we shall respect that and not publish its name)
- branch of industry and size (number of sites and/or employees)
- the name/s of organizers of the health promotion project (people or institution responsible) — (we recommend to ask for institution's permission on publication of this data in the European Report — if the institution or people in question do not wish a public recognition we shall respect that and not publish the names)
- main objectives
- stages and activities
- results (if possible with an explanation of evaluation method)

**Please use an extra sheet of paper for each description.**

**7. Are there in your country any professional groups for which workplace health promotion occurs in the curriculum?**

- No  
 Yes

Please list these groups and indicate the level of education.

**8. Are there any additional possibilities of acquiring and developing qualifications in the field of workplace health promotion?**

- No  
 Yes



What organizations are responsible for such trainings/courses; what are their forms and who can participate in them and on what conditions?

Please use extra space if necessary.

9. Has there been any kind of research conducted in your country in the field of workplace health promotion (e.g. health behaviour of employees, health beliefs of employees, monitoring of companies' activities, health promotion programmes' analysis, employers' attitudes analysis) for the last few years?

Please characterize:

- a) the authors/institution conducting the research
- b) the scope and method of the research
- c) the researched population
- d) the main outcomes/results
- e) date of the research
- f) references to English version if available

Research no. 1 (a, b, c, d, e, f)

Please use the above format as many times as necessary.

10. What issues/problems have been considered as the most important in the field of workplace health promotion in the research, implementation and information projects and programmes in your country for the last few years?

Please give your comments on this issue:

Please use extra space if necessary.

11. Please describe the most important activities and events related to dissemination of workplace health promotion in your country that have been implemented for the last 5 years? (E.g. conferences, seminars, publications on workplace health promotion, media campaigns, websites, competitions for employers (companies) or employees).

What were the target groups, scope, what was their particular content?

Please use extra space if necessary.

**12. Is there any kind of support for financing workplace health promotion activities in your country? If yes, please describe it in short.**

**13. Please describe what the duties of employer concerning employees' health are according to the law.**

Please use extra space if necessary.

**14. Please describe the activities of your organisation:**

a) explain the main/general area of work of your organisation

b) describe the nature of work of your organisation concerning workplace health promotion

c) describe particular workplace health promotion projects undertaken by your organisation since 2000

**15. Are there any forms of cooperation between your organisation and other stakeholders/institutions in the field of workplace health promotion in your country (these include e.g. networks, forums, joint research projects, cooperative implementation projects, platforms for exchange of experiences etc.)? Please describe shortly their structures, main objectives and activities. Cooperation no. 1 (structures, objectives, activities)**

Please use an extra sheet of paper if necessary.

**16. What activities in relation to development and dissemination of workplace health promotion in your country are planned by your organisation for the next 3 years? Name also the main partners and their role in your plans.**

Please use extra space if necessary.

**17. What are the supporting factors in your country which may help to execute your/your organisation's plans in the area of workplace health promotion?**

Please use extra space if necessary.

18. What obstacles and pitfalls could undermine the implementation of your plans?

Please use extra space if necessary.

19. What kind of support would you expect from ENWHP to help you with implementation of the planned strategy?

Please use extra space if necessary.

Dear Reporters,

we hope that this questionnaire covers all the important issues concerning workplace health promotion in your country. However, if you think that there are some topics not included into this questionnaire that you find significant for the situation in your country please give your comments on that in the space below.

**THANK YOU!**

**Development of Structures for Dissemination of Good Practice in the Field  
of Workplace Health Promotion in the Acceding and the Applicant Countries  
DRAGON-FLY PROJECT**

financed by the European Commission  
coordinated by: Elżbieta Korzeniowska, Ph.D.  
The National Centre for Workplace Health Promotion  
The Nofer Institute of Occupational Medicine in Łódź, Poland

**Questionnaire for the Cooperating Institutions**

**Country:**

**Institution** (full name, address, telephone and fax number, e-mail, legal status):

**Main area of activity:**

**Name and affiliation of the main Reporter (e-mail address):**

**Names of Co-reporters (e-mail address):**

**List of co-operating institutions (to which the questionnaire has been sent by your Institution)**





**Dear Reporters,**

**we do not wish to limit your responses to our questions in any way, therefore we encourage you to use all the space you need to give answers and comments. Please use an extra sheet of paper if necessary.**

**1. Please describe the activities of your organisation:**

a) explain the main/general area of work of your organisation

b) describe the nature of work of your organisation concerning workplace health promotion

- c) describe particular workplace health promotion projects undertaken by your organisation since 2000

2. What activities in relation to development and/or dissemination of workplace health promotion in your country are planned by your organisation for the next 3 years? (These include e.g. research and implementation projects, social marketing, media campaigns etc.). Give also the names of the main partners and their role in your plans.

3. What are the supporting factors in your country which may help to execute your/your organisation's plans in the area of workplace health promotion?

4. What obstacles and pitfalls could undermine the implementation of your plans?

**THANK YOU!**



## Annex 2

### **National Contact Offices of the European Network for Workplace Health Promotion from the New Member States of the European Union and the Applicant Countries, which took part in the Dragon-fly Project**

Country	National Contact Office	Address	Contact person
Bulgaria	National Centre of Public Health Protection	15, "Acad. Ivan Geshov" bul., 1431 Sofia Bulgaria	Zaprian Kolev Zapryanov hlthprom@infotel.bg
Cyprus	Department of Labour Inspection of the Ministry of Labour and Social Insurance	Apelli 12, 1493 Nicosia Cyprus	Athanasiou Athansasios aathanasiou@dli.mlsi.dli.gov.cy  Jarmila Vavrinova vavrinova@szu.cz
Czech Republic <sup>1</sup>	National Institute of Public Health – Centre of Occupational Health	48 Srobarova Street 100 42 Prague 10 Czech Republic	
Estonia <sup>2</sup>	The Health Care Board – a government agency operating within the structures of the Ministry of Social Affairs	29, Gonsiori Str Tallinn, 15157 Estonia	Uno Kiplok uno.kiplok@tervishoiuamet.ee

<sup>1</sup> At the beginning of the Dragon-fly Project, Milan Horvath was in charge of the Czech NCO.

<sup>2</sup> During the Project's duration, the Estonian NCO's location changed from the mentioned Health Care Board to the National Institute for Health Development (Ms Anu Harjo became the head of the NCO; her e-mail: anu.harjo@tai.ee). However, all of the responsibilities within the framework of the Dragon-fly Project (namely filling in the questionnaire, organising a kick-off and a round-table meeting) were fulfilled by the first NCO- the Health Care Board.

Country	National Contact Office	Address	Contact person
Hungary <sup>3</sup>	Fodor József National Institute of Occupational Health – National Centre for Public Health	Nagyvárad tér 2. H-1096 Budapest, IX.	Galgóczy Gábor galgoczy@fjokk.hu
Latvia	Institute of Occupational and Environmental Health at Riga Stradins University	Dzirčiema 16, LV 1007, Riga Latvia	Ivars Vanadzins Ivars.Vanadzins@pilula.rsu.lv
Lithuania	National Centre for Health Promotion and Education	153 Kalvariju Street, LT-08221 Vilnius Lithuania	Zenonas Javtokas zenonas.javtokas@vwspt.lt
Malta	Health Promotion Department of the Ministry of Health, Malta	5A The Emporium St Louis Street Msida MSD 02 Malta	Maryanne Massa So'ton maryanne.mass@gov.mt
Poland	National Centre for Workplace Health Promotion at the Nofer Institute of Occupational Medicine	Św. Teresy 8 91-348 Łódź Poland	Elżbieta Korzeniowska whpp@imp.lodz.pl
Romania	Romtens Foundation	Aleea Stanila No. 3, Bloc H 9, Scara 3, Apt 48, Sector 3, Bucharest – 032707, Romania	Theodor Haratau theodor.haratau@romtens.ro
Slovak Republic	Slovak Medical University – Faculty of Public Health	12 Limbová Street 833 03 Bratislava Slovak Republic	Margareta Šulcová dekan.fvz@szu.sk
Slovenia	University Medical Centre Ljubljana Clinical Institute of Occupational, Traffic and Sports Medicine	Poljanski nasip 58 1000 Ljubljana Slovenia	Eva Stergar Eva.stergar@guest.arnes.si

<sup>3</sup> The other AAC that changed its NCO of the EN WHP during the Project's duration was Hungary. Currently, this role is played by the National Institute of Occupational Health and Chemical Safety (Mr Antal Tettinger is the head of the NCO, his e-mail address: tettinger@fjokk.hu). However, the Dragon-fly questionnaire was filled in by Mr Galgóczy Gábor (the head of the previous NCO) and his team.