

# European Network for Workplace Health Promotion

## Good Practice in Organisational Lifestyle Improvement



**“Hearts and Minds at Work in Europe”  
Brussels, 21. March 2007**

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# What is the future role of lifestyle-related interventions for promoting workplace health?

- ↑ Third Biggest Health Insurer
- ↑ more than 14 mil. Insured Persons
- ↑ appr. 200 BKK's
- ↑ Headquarters in Essen/Germany / [www.bkk.de](http://www.bkk.de)



fine, but...

- Lifestyles are more than lifestyles.
- Working life: a core social context for collective lifestyles.
- Behaviour or environment? Both.

# What are Lifestyles?



## What are Lifestyles?



collective values, attitudes, beliefs, emotions, habits,  
patterns of behaviour, sense of coherence

## Lifestyle (lifestyles conducive to health)

Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental *living conditions*.

Reference: modified definition

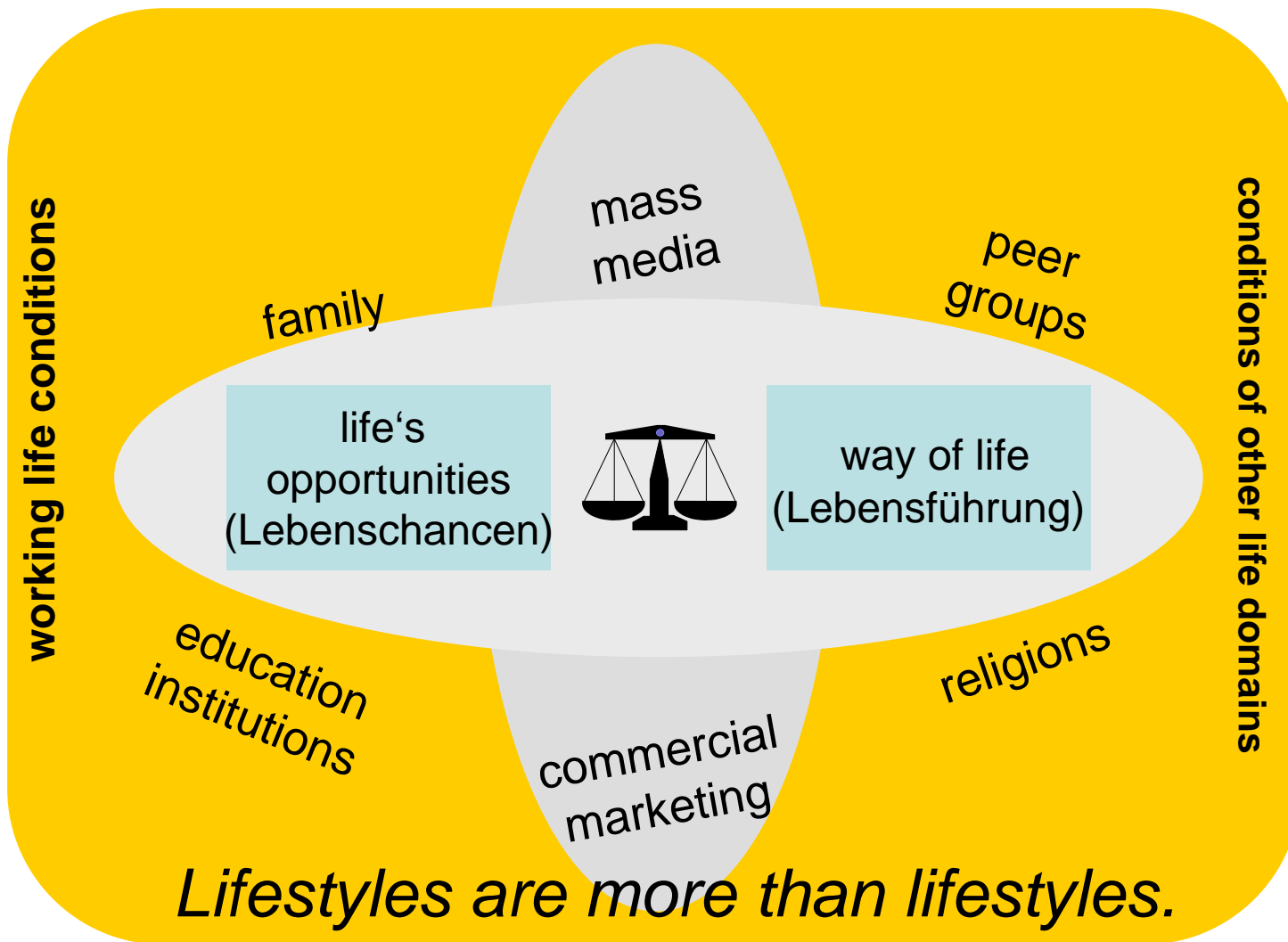
These patterns of behaviour are continually interpreted and tested out in different social situations and are therefore not fixed, but subject to change. Individual lifestyles, characterized by identifiable patterns of behaviour, can have a profound effect on an individual's health and on the health of others. If *health* is to be improved by enabling individuals to change their lifestyles, action must be directed not only at the individual but also at the social and *living conditions* which interact to produce and maintain these patterns of behaviour.

It is important to recognize, however, that there is no "optimal" lifestyle to be prescribed for all people. Culture, income, family structure, age, physical ability, home and work environment will make certain ways and conditions of living more attractive, feasible and appropriate.

WHO Health Promotion Glossary, 1998

# Lifestyle and Health – Health as a Part of Lifestyles

nutrition	physical activity ergonomic behaviour	tobacco & Illegal drugs
stress coping behaviour	health relevant behaviour	alcohol
check-ups compliance	self-confidence conflict-related behaviour social contacts	risk taking behaviour (sexuality)





**fine, but...**

- Lifestyles are more than lifestyles.
- **Working life: a core social context for collective lifestyles**
- Behaviour or environment? Both.

## **Working Life and Lifestyles**

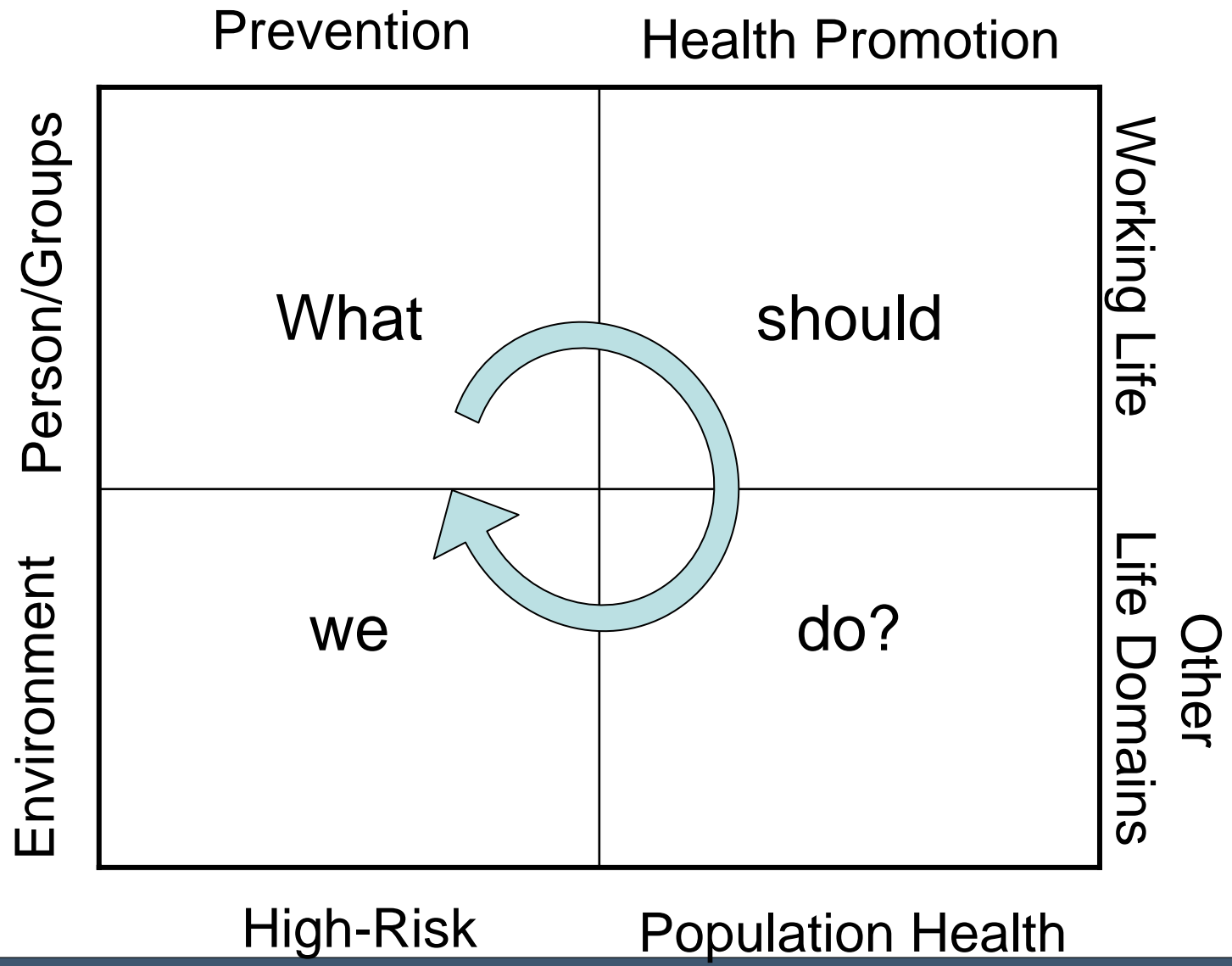


- products & services  
commercial marketing  
major role within socialisation
- organisation of work
  - quality of leadership
  - life's opportunities  
for families



**fine, but...**

- Lifestyles are more than lifestyles.
- Working life sets standards for lifestyles.
- **Behaviour or environment? Both.**



## driver: high quality of work



combined approaches to collective  
lifestyle improvement

training & fair pay

participative leadership practices &  
work organisation

people & health friendly cultures

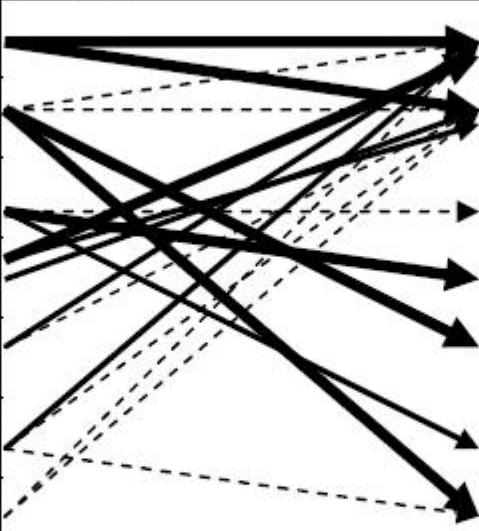
# the future role of healthy lifestyles



- market-driven societies
- individualisation (Ulrich Beck)
- flexible work – flexible man?  
(Richard Sennett)
- collective borderline syndromes?
- emergency exit: social market economy??



**Fig. 3. Share of seven leading risk factors and seven leading conditions in the disease burden in the WHO European Region, 2000, with population attributable fraction<sup>a</sup>**

Risk factor	DALYs (%)	Population attributable fraction	Condition	DALYs (%)
High blood pressure	12.8		Ischaemic heart disease	10.5
Tobacco	12.3		Cerebrovascular disease	7.2
Alcohol	10.1		Unipolar depressive disorders	6.2
High blood cholesterol	8.7		Alcohol-use disorders	3.1
Overweight	7.8		Chronic pulmonary disease	2.3
Low fruit and vegetable intake	4.4		Road traffic injury	2.4
Physical inactivity	3.5		Lung cancer	2.2

<sup>a</sup> The population attributable fraction is the percentage of a condition attributable to a risk factor: 1–24% (broken-line arrow); 25–49% (thin-line arrow); 50%+ (thick-line arrow).

Source: Adapted from *The world health report 2004. Changing history*. Geneva, World Health Organization, 2004 (<http://www.who.int/whr/2004/en/>, accessed 31 August 2006); *The European health report 2005. Public health action for healthier children and populations*. Copenhagen, WHO Regional Office for Europe, 2005 (<http://www.euro.who.int/eprise/main/who/progs/ehr05/home>, accessed 31 August 2006).

Table 1. Burden of disease and deaths from NCD in the WHO European Region, by cause (2005 estimates)

Group of causes (selected leading NCD)	Disease burden (DALYs <sup>a</sup> )(000s)	All causes (%)	Deaths (000s)	All causes (%)
Cardiovascular diseases	34421	23	5067	52
Neuropsychiatric conditions	29370	20	264	3
Cancer (malignant neoplasms)	17025	11	1855	19
Digestive diseases	7117	5	391	4
Respiratory diseases	6835	5	420	4
Sense organ disorders	6339	4	0	0
Musculoskeletal diseases	5745	4	26	0
Diabetes mellitus	2319	2	153	2
Oral conditions	1018	1	0	2
<b>All NCD</b>	<b>115339</b>	<b>77</b>	<b>8210</b>	<b>86</b>
<b>All causes</b>	<b>150322</b>		<b>9564</b>	

<sup>a</sup>DALYs: disability-adjusted life years.

Source: *Preventing chronic diseases: a vital investment*. Geneva, World Health Organization, 2005 ([http://www.who.int/chp/chronic\\_disease\\_report/full\\_report.pdf](http://www.who.int/chp/chronic_disease_report/full_report.pdf), accessed 30 August 2006).



## physical activity, nutrition and health



- leading causes of avoidable illnesses and premature death in Europe
- rising prevalence of obesity across Europe
- 6 out of 7 most important risk factors for premature death relate to physical activity and diet
- 80% of coronary heart diseases, 90% type 2 diabetes and 1/3 of cancers can be avoided

ref: Green Paper, European Commission 2005  
[http://ec.europa.eu/health/ph\\_determinants/life\\_style/nutrition/keydocs\\_nutrition\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/nutrition/keydocs_nutrition_en.htm)