

# SPAIN



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## Model of Good Practice

### A. General information about the company

Company/organisation:	<b>Badalona Serveis Assistencials</b>
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Function of contact person:	Head of Occupational and Public Health
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Sector:	Health
Number of employees:	1200

Age	Sex		total
	male	female	
up to 35	157	590	747
35 to 50	145	431	576
50+	60	108	168
<b>total</b>	362	1129	1491

## B. Integration of WHP in the company policy and culture

With about 1,200 employees, BSA provides health care in the region of Badalona for 200,000 inhabitants. Workplace health is a fundamental part of the organisational policy. Workplace health is seen as a combination of an inviting and stimulating working environment and individual positive lifestyle habits. BSA policy on WHP was established in the organisational Strategic Plan 2004-2007, and structuralised for future plans into the BSA-Occupational Health Service. There is a Work Health Promoting Committee composed of volunteers from all services and all categories (doctors, nurses, administrative...).

This Committee and BSA WHP policy are supported by the Human Resources Director and Medical Director, who follow our meetings and activities, and give us the space and time necessary to reach our plans.

In 2003, BSA conducted a survey among its workers to get their opinions. Corporative intranet is the main channel for communication and information to and from workers about WHP actions. A journalist of the OF communication department has been assigned to place more emphasis on communication with other parts of the organisation. Since 2007 we have become a stable group who has free access to all employees, and is permanently looking for new ideas in WHP. We have chosen four ways to promote workplace health and we continue to promote them: food and weight information; physical activity; psychosocial factors; tobacco smoke. Currently, the group is gathering information on employees' habits and is learning to change them or promote the healthy ones to the detriment of the unhealthy ones.

## C. Described health topics

X	Smoking-prevention
X	Healthy eating
X	Physical activity
X	Stress

## **D. Smoking prevention**

### **D.1. Organisation & structures**

BSA is member of the Catalan Network of Smoke-Free Hospitals ([http://www.xchsf.com/index\\_eng.htm](http://www.xchsf.com/index_eng.htm)) and follows the Smoke-Free Hospital model ([http://www.xchsf.com/angles/hospital\\_fum.htm](http://www.xchsf.com/angles/hospital_fum.htm)) based on the measures of the European Network of Smoke-Free Hospitals (ENSH) and its standards ([http://www.xchsf.com/angles/pdf/ensh\\_standards\\_audit\\_complete.pdf](http://www.xchsf.com/angles/pdf/ensh_standards_audit_complete.pdf)). BSA developed this programme mainly by elaborating a policy; putting in place a Tobacco Committee; promoting employees' participation; completing the ENSH self-audit annually ([http://www.xchsf.com/angles/pdf/codi\\_questionari20\\_audit.pdf](http://www.xchsf.com/angles/pdf/codi_questionari20_audit.pdf)); monitoring smoking habits through workers questionnaires; doing nicotine measures and developing a smoking cessation and prevention project. BSA celebrates the World No Tobacco Day every year. BSA offers all employees the smoking cessation program. This programme is 100% subsidised for employees who want to stop smoking. The results of the first edition of workers' questionnaires showed that 44% of BSA employees were smokers; among them 53% agreed to not smoke in the work area and 30% asked for information. The higher prevalence of smokers was among nurses.

### **D.2. Strategy & implementation**

BSA used the tools furnished by ENSH, and the programme was conducted by own BSA professionals. The WHP Committee was in charge of employees' surveys, nicotine measurements at the workplace and of the celebration of the World No Tobacco Day. This was the collective part. On the individual level, a BSA pneumologist counsels smokers who want to give up smoking according to the program. It is a mentoring programme to help the employees quit smoking through a six-month training course. This programme is still free for employees today.

### **D.3. Evaluation & results**

Our organisation has taken measures at the workplaces, like reinforcing the no-smoking policy with new signs and following the Catalan law. Now there are only minimal concentrations of nicotine, especially in emergency waiting rooms, the restaurant and the hall. The organisation also spoke to the unions to reach the maximum success. We are waiting for a second questionnaire to find out about the success of the program. The results of the aforementioned self-audit questionnaire suggest that we should improve OHS experts' knowledge related to helping smokers quit.

## **E. / F. Healthy eating and Physical activity**

### **E. / F.1. Organisation & structures**

Healthy eating and physical activity are treated together in a unique project. In 2006, BSA created a nutrition and physical activity group whose main aims were (and are) to promote and fully integrate healthy habits into employees' daily life. The group is made up of 11 professionals and coordinated by one occupational health (OH) physician. One of us is the "call-mail-center" to receive the reservations and questions; the rest of the group prepares the activities and helps with the materials. So, we got together to think about ways to continue, and the result was:

- Food information and education
- Weight information and treatment
- Physical activity

The group constantly offers advice on subjects of nutrition and physical activity to all employees and gives general tips to attain a well-being status, as for example, which type of foods to combine, to deny false myths about some foods or what one has to do to walk more during work time.

### **E. / F.2. Strategy and implementation**

The committee worked in the restaurant, creating a healthful daily menu and making recommendations on what is the healthiest combination of dishes. In 2007 we created a new circuit of weight information and treatment, with an internist doctor, a nurse and a nutritionist. Around 25% of employees are overweight (CMI > 25) and among them, 25% asked for help. Occupational health doctors invite the employees who take care of their well-being to this new circuit. The group also created some food guide posters to show the properties of some food or how to cook them in a healthy way (not only with less cholesterol). In 2008 the group and the organisation changed some products in the vending machines, introducing new low-fat products. During 2008 we spoke with the kitchen service (an external catering service) to promote a nutritional balance and offer more fruits than mass-produced pastries.

### **E. / F.3. Evaluation and results**

BSA asked us to achieve two goals:

- employees must know about the existence of the group
- they must provide us with ideas and initiatives

Since the creation of the group, 100% of the BSA employees know about the existence of the group and share and join in WHP initiatives through intranet, mail and advertisements.

The healthy menu is posted in the main entrance of the restaurant. Food guide posters are placed in the restaurant and in the break rooms for staff, close to the microwaves. All employees are briefed during their visit to the occupational health service of the new project on overweight and obesity. The employees have appraised all initiatives as very positive and they write mails to submit suggestions or to ask for information about nutrition or physical activity (more than 80 mails per year). In the physical activity area, two jogging activities and cultural trips were organised, as was one Pilates course.

## **G. Stress**

### **G.1. Organisation & structures**

BSA created two committees:

- Psychosocial Risk Committee
- Personal Security Committee

Both of them are comprised of expert workers in different areas of the organisation, such as Occupational Health, Direction, Legal Department, Employee Relations.

### **G.2. Strategy & implementation**

BSA participated in the questionnaire of the Instituto Nacional de Seguridad e Higiene en el Trabajo on working conditions and satisfaction conducted in 2006, with 75 questions concerning mental strain, tasks, autonomy, staff interest, personal relations and supervision. The first survey was done in 2006, in order to bring BSA up to the state-of-the-art. A new survey is planned for 2009. Based on the results of risk assessment, BSA has organised several courses on stress management. An aggression prevention guide and protocol for the employees has been put in place. This protocol allows us to know the amount of aggression suffered by BSA personnel and treat them in the same way. This protocol has also been made to support employees with stress, aggression, burn-out ... BSA annually analyses all the cases one-by-one. Moreover, the committee permanently offers support to managers in complex situations.

### **G.3. Evaluation & results**

The results of the questionnaire done in 2006 showed that there were some "hot spots" in our organisation, mainly related to leadership/management, tasks, colleague problems. These issues were prioritised and analysed one-by-one by problem-solving teams. Managers expressed a high interest in the results of the questionnaire, not feeling personally blamed, and seeing them as an opportunity for improving and promoting better leadership. The first stress management course was well-accepted and evaluated. Since then this course has been held twice a year. A psychologist and a psychiatrist support the employee during his or her healing process and until his or her work reintegration. Both Committees are still working on decreasing psychological risks.





## Model of Good Practice

### A. General information about the company

Company/organisation:	<b>CIGNA</b>
Address:	Parque Empresarial La Finca Paseo Club Deportivo, 1 Edificio 14 Pozuelo de Alarcón 28223 Madrid (Spain)
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Function of contact person:	Innovation Manager
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Sector:	Health Insurance
Number of employees:	123 (CIGNA Salud-Spanish)

Age	Sex		total
	male	female	
up to 35	22	51	73
35 to 50	18	25	43
50+	5	2	7
<b>total</b>	45	78	123

**B. Integration of WHP in the company policy and culture**

As a health insurance company, CIGNA’s vision has always been not only to provide the best health care to their policy holders but also to their most important asset, the employees. In December 2006, CIGNA acquired a health promotion consultancy firm and since then, CIGNA Spain has proactively included a health promotion approach to the culture of the organisation. CIGNA’s philosophy goes far beyond that regulated by the Government and committed to a long-term integrated health promotion approach in accordance to the principles stated in the Luxemburg Charter.

From the management of the company, CIGNA believes that healthy and happy employees contribute to a better work environment and better company results. Hence, in November 2007, CIGNA launched an internal long-term programme, “CIGNA Plusvita”, to provide individuals the information and the tools to take control over their health and improve it.

By encouraging the participation of all employees, CIGNA has decided to introduce an annual health risk assessment (based on the SF36) to identify the main areas of concern in terms of health and wellbeing for the target population. Based on the results, CIGNA defines an annual strategy at two levels: 1) short term intensive programmes and 2) sustainable ongoing initiatives. After 12 months, CIGNA conducts an evaluation to measure impact and results.

The engagement and commitment of the management team has been agreed for the years to come and included into the social benefits policy of the company.

**C. Described health topics**

X	Smoking-prevention
X	Healthy eating
X	Physical activity
	Stress

## **D. Smoking prevention**

### **D.1. Organisation & structures**

In 2006 the Spanish Health Department forbade smoking in all workplaces across the country. In CIGNA, there were approximately 25% smokers. CIGNA premises were non-smoking prior to the enforcement of the law. However, CIGNA decided to offer all smokers the possibility to take part in a smoking cessation programme.

Human resources selected a service provider, Pretabac, to deliver the smoking cessation courses in-house. One person was appointed responsible to encourage smokers and manage the implementation of the programme. The programme was 50% subsidized by the company and should the participant succeed in quitting smoking 6 months after the programme, CIGNA refunded the 50% the employees paid. To support the initiative, family members of CIGNA employees were also invited to benefit from the special conditions.

### **D.2. Strategy & implementation**

The implementation of the programme was externalised to the selected service provider: Pretabac.

The method is personalised to each of the participants and it includes regular medical and psychological support, as well as the required pharmacological drugs to help quitting the addiction. The duration of the programme was 8 weeks.

CIGNA offered a discounted price to employees and relatives. Furthermore, CIGNA will subsidize 50% of the cost to employees and should they remain not smoking 6 months after the programme, CIGNA will refund the 50% paid by the employee.

### **D.3. Evaluation & results**

CIGNA monitored participation and success rates of the programme.

Nearly half of smokers decided to take part in the programme and nearly a 20% of them succeeded.

Success was measured as those who were not smoking 6 months after completion of the programme. Furthermore, as of today 20% have remained non-smokers.

The CIGNA HR department is considering if and when to repeat the programme.

## **E. Healthy eating**

### **E.1. Organisation & structures**

Based on the results of the baseline analysis of the health and wellbeing status of the overall organisation, CIGNA identified two main areas of concern: nutritional balance and lack of physical activity of employees. Two-thirds of CIGNA employees reported a poor nutritional balance. Only 5% of participants consumed the recommended 5 fruit and vegetables per day and over half of employees reported that high-fat products were a significant part on their everyday diet. Furthermore, it was identified that male employees had significantly worse nutritional habits than their female counterparts. Also, data analyses indicated a statistically significant correlation between nutritional balance and STD (short-term sickness absence): Those individuals who reported poor nutritional balance had reported nearly double STD than those with good nutritional balance.

The general management and the executive committee in Spain decided to act on this issue and agreed on a long-term, sustainable commitment to improve the situation.

Human Resources devoted a specific budget to tackle this issue and a person within the company was appointed to develop the strategy, implementation and evaluation of the initiatives to come. Furthermore, the executive team committed to support the initiatives from each of their areas of responsibility.

A calendar for all interventions was signed off by HR and other relevant departments to ensure all CIGNA employees were able to participate. Given the identified differences, the agreed intervention included a gender approach.

## E.2. Strategy and implementation

The strategy was divided in two different parts based on the needs identified by the HRA and several discussion groups and in-depth interviews:

- 1.) Intensive 8-week nutrition programme
- 2.) Ongoing changes within the organisation

The intensive programme included the following components:

- Online programme: All employees received weekly emails with information and tools to empower them to make informed decisions about their eating habits and to help them to include changes in their everyday life.
- In-house social marketing campaign to promote programme engagement and health and wellbeing awareness.
- Offline materials: Every week employees received written information and tools at their desks to assist them with the adoption of new nutritional habits. A paper guide for healthy eating (A Plan for Life), how to read labels cards, handouts, healthy recipes, etc.
- Workshops: CIGNA carried out 2 workshops delivered in-house and during working hours by a nutritionist doctor: “Healthy eating” and “Losing weight in a healthy way”.

Ongoing initiatives include:

- Free fruit in the office
- Hydration plan: provision of more and more visible water coolers in the premises with posters indicating the importance of drinking enough water. Distribution of water bottles to all employees.
- Revision of vending machines: more healthy items were included and positioned at eye-level. Healthy options are now cheaper than non-healthy options.
- Restaurant vouchers for all employees
- Collaboration agreement with the local restaurant: they offer a healthy menu with a loyalty card. By choosing the healthy option, employees get a stamp and the 10<sup>th</sup> menu is free.
- Discounts with associated nutritionists

### E.3. Evaluation and results

Process / Interim evaluation: While the intensive programme was being implemented, CIGNA conducted a qualitative evaluation to identify if corrective measures were needed.

CIGNA evaluated the following items:

Perception of the programme and initiatives by employees: the great majority of them were happy or very happy with the programme. Employees perceived that the organisation cared for them.

Participation rates:

Presentation of the baseline analysis and launch of the nutrition and physical activity programme: 90% of the workforce attended.

Workshops: average of 30% (workshops were conducted in summer and many people were on holidays).

Healthy menus: very positive feedback and large participation in the initiative.

Fruit in the office: extremely good feedback. All fruit is consumed within the day.

The evaluation of long-term impact and results is scheduled for November-December 2008.

All employees will be invited to re-take the HRA, and a data analysis will be conducted to evaluate the results, understand current status and set-up future initiatives.

CIGNA will collate information on the same items as per the baseline analysis to compare results.

Results of this evaluation will be available on the 21<sup>st</sup> of December 2008. These results will be presented and disseminated to CIGNA employees.

## **F. Physical activity**

### **F.1. Organisation & structures**

Based on the baseline analysis of the health and wellbeing status of CIGNA employees, physical activity was an area of concern. Over a third of the workforce led a sedentary life and a further 28% did not do enough physical activity to benefit their health. The analysis identified a significant correlation between physical activity and bodily pain. Also, those individuals leading a sedentary life reported being 20% less satisfied at their jobs and nearly double STD.

The general management and the executive committee also decided to act on this issue and agreed on a long-term, sustainable commitment to improve the situation.

Human Resources devoted a specific budget to tackle this issue and a person within the company was appointed to develop the strategy, implementation and evaluation of the initiatives to come related to health promotion within the organisation.

As CIGNA doesn't count with sport facilities on its premises, collaboration with the external local sport centre was agreed and all employees were encouraged by their managers to take part.

A calendar for all interventions was signed off by HR and other relevant departments to ensure all CIGNA employees were able to participate.

## F.2. Strategy & implementation

The strategy was divided in two different parts based on the needs identified by the HRA and several discussion groups and in-depth interviews:

- 1.) Intensive 8-week physical activity programme
- 2.) Ongoing initiative within the organisation

The intensive programme included the following components (duration 8 weeks):

- Online programme: All employees received weekly emails with information and tools to help them to understand the importance of physical activity and how to include it into their everyday life.
- In-house social marketing campaign to promote the programme engagement.
- Offline materials: Pedometer and step card to understand the personal level of activity and track improvements.
- Workshop: "Benefits of physical activity on health". This workshop was delivered by a famous personal trainer of an Olympic athlete. The workshop was conducted during working hours.
- Two days a week free classes in the local sport centre. Classes were conducted during working hours. One of the classes was low-impact (i.e. yoga, pilates) and one high-impact (spinning, kick-boxing, etc.).

Ongoing initiatives include:

- Discounts on the local gyms
- Set-up of a CIGNA running club
- Physiotherapy massages in the company premises (50% subsidized by the company), given the relationship between physical activity and bodily pain.

Discounts with personal trainers



### F.3. Evaluation and results

The evaluation of the physical activity programme was conducted simultaneously with the nutrition programme.

Process / Interim evaluation: While the intensive programme was being implemented, CIGNA conducted a qualitative evaluation to identify if corrective measures were needed. CIGNA evaluated the following items:

Perception of the programme and initiatives by employees: The great majority of them were happy or very happy with the programme. Employees perceived that the organisation cared for them.

Participation rates:

Workshops: Average of 25% (workshops were conducted in summer and many people were on holidays).

Physical activity classes: Participation was lower than expected and an interim evaluation was conducted. It was identified that: class times were not suitable for some people, not all employees enjoyed the same activities, workload was too high to spare 1 hour. After interim evaluation, CIGNA changed the timetable and introduced a rotating scheme of activities to cater for different tastes.

Adherence to local gym: Since the discounts in the local gyms were introduced, approximately 20% of the workforce has joined them (only counting goers to associated gyms).

Long-term evaluation will be conducted 12 months after launch (December 2008). All employees will re-take the HRA and CIGNA will measure improvements in the items collated at launch (BMI, level of physical activity, job satisfaction, energy levels, etc).

Results of this evaluation will be available on the 21<sup>st</sup> of December 2008. These results will be presented and disseminated to CIGNA employees in a company meeting and will serve to set-up future actions based on the results.



## Model of Good Practice

### A. General information about the company

Company/organisation:	<b>Transportes Metropolitanos de Barcelona</b>
Address:	Calle 60, núm 21-23 Sector A Pol. Ind Zona Franca, 08040 Barcelona (SPAIN)
Name of contact person:	Marta Espinós Aritzi
Function of contact person:	Responsible for the Health Unit
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Email:	<a href="mailto:mepinos@tmb.cat">mepinos@tmb.cat</a>
Sector:	Public Transportation
Number of employees:	7755

Age	Sex		total
	male	female	
up to 35	1362	452	1814
35 to 50	3202	729	3931
50+	1837	173	2010
<b>total</b>	6401	1354	7755

## B. Integration of WHP in the company policy and culture

Transports Metropolitans de Barcelona (TMB) is a service company with a workforce of 7755 workers actively engaged in the transport of urban and suburban passengers (bus, subway and cable car) in the city of Barcelona.

TMB is socially committed to its workers, community and environment.

To carry out these actions, TMB has a joint prevention service whose mission is to develop a business plan that ensures the protection of workers' health, medical care and health promotion in a framework of efficiency and resource optimisation.

## C. Described health topics

X	Smoking-prevention
X	Healthy eating
X	Physical activity
X	Stress

## **D. Smoking prevention**

### **D.1. Organisation & structures**

Since the enforcement of the smoke-free regulation, adopted in 2006 by the Spanish Ministry, smoking has been banned in all TMB premises. At that time, 39% of the workforce was smokers.

Even before the enactment of this regulation, TMB already carried out a series of actions designed to increase workers' awareness of the damage of smoking on health and well-being. These interventions took place from two different perspectives: one from the Health Unit and the other one at organisational level.

The action was outsourced to EASYWAY and physicians and nurses of the TMB Health Unit offer several courses to employees.

The coordinator of the TMB smoking prevention programme is an occupational physician.

### **D.2. Strategy & implementation**

The TMB Health Unit conducted the "Healthy People: TMB People" campaign from January to December 2004.

This campaign included two-hour training modules, given by the staff of the Health Unit to raise awareness among workers for the need to quit smoking, as well as the smoking cessation programme "OXIGENATE", therapy consisting of EASYWAY therapy; interviews and professional support with the aim of helping workers to quit.

The EASYWAY method consisted of a single six-hour session partially subsidised by TMB. If the worker is still non-smoking after a year, TMB pays the amount contributed by the worker.

In April 2005, an organisational-level campaign called "TMB: a smoke-free company" which consisted of distributing posters in all TMB premises, articles in TMB corporate journals, and information in the Intranet, was launched. Moreover, each worker received a personalised letter.

### **D.3. Evaluation & results**

The Health Unit monitors the rate of participation and success of the programme. It is noteworthy that few workers have applied for registration in the individual smoking cessation program: only 27 have initiated the programme in the last 3 years; regarding the target (still non-smoking after a year), 82% of them succeeded.

The proportion of smokers in the company has declined in recent years, probably related to the implementation of the Tobacco Prevention Act (37% in 2003, 36% in 2007 and 27% in 2008).

## E. Healthy eating

### E.1. Organisation & structures

TMB fosters healthy eating habits. Therefore, all TMB outbuildings have spaces dedicated exclusively to eating (dining room) with features of comfort and hygiene. The TMB Prevention Service visits the premises regularly to ensure they meet these requirements.

In the training courses taught at TMB, pastries have been removed and replaced by sandwiches and water.

Articles on healthy eating are regularly published using internal communication channels (Intranet, magazines, information kiosks ...)

As 16% of the workforce had a BMI above 30 and patterns of poor nutritional health, TMB decided to undertake a programme of prevention of diseases caused by obesity.

This programme consists of *educational activities*, in which doctors and nurses of TMB Health Unit give a 3-hour training session on healthy eating (Mediterranean diet, healthy habits ...) and *health care activities*, in which the worker is referred to a nutrition and dietetics department, coordinated by a specialist in endocrinology who tailors a nutrition plan to the patient's food preferences, type of job, work schedule and pre-existing diseases. Checks are carried out monthly for reviewing weight and the nutrition plan.

The programme is partially subsidised by the company. If after a year of starting the programme the worker achieves the goal of losing 10% of initial weight, the company pays the worker's contribution.

An occupational physician is the programme coordinator. The possibility of registering in this plan is offered by both occupational physicians and the nursing team during the periodical health check.

Since its inception in November 1999, this programme, along with an immunisation programme, has been very successful and well-accepted by workers.

## E.2. Strategy and implementation

Interventions took place at the individual and collective levels.

At the collective level, articles on healthy eating and healthy living appeared in the different magazines published monthly in TMB. These items were developed by the health personnel of the Health Unit. Intranet and information kiosks located throughout the infrastructure of the company are also used to achieve the maximum diffusion among workers. This programme consists of *educational activities*, in which the staff of the Health Unit give a three-hour seminar on basic healthy eating where the worker is taught about the Mediterranean diet, the food guide pyramid and how to build a healthy menu, among other topics, as well as *health care activities* consisting of the referral of the worker to an external Cabinet on Nutrition and Dietetics.

At the individual level and according to data obtained during the periodical medical examination (anthropometric and analytical), the employee receives tips on healthy eating included in the individual health report by mail. When the BMI is above 30 or above 27 with another condition in addition to obesity (diabetes, ischemic heart disease, musculoskeletal disorders ...), the worker is given the opportunity to register in a weight-loss programme. The workers included in the programme receive regular information useful for changing eating habits and healthy and easy-to-prepare recipes.

Both the visit to Nutrition and Dietetics Cabinet and drug treatment (Orlistat) are partially subsidised by TMB. Initially, the employee assumes part of the cost of the programme. Nevertheless, if the employee succeeds in losing 10% or more of the initial weight, he or she recovers his/her contribution.

The TMB Health Unit periodically checks the worker during the duration of the program.

### **E.3. Evaluation and results**

The objective of this programme was to support and promote healthy eating habits and to facilitate and maintain employees' good health.

The NEW LINE programme was and is very well accepted by the workers.

581 employees have been involved the programme since November 1999 until today and 48% has achieved the programme goal.

40 employees signed up in 2008, but are not counted because they have not yet completed the programme period.

80% of all workers who achieved the goal of the programme required pharmacological treatment \* Orlistat.

A worker can join the programme a total of three times or more if the TMB Health Unit considers that there is a medical indication.



## **F. Physical activity**

### **F.1. Organisation & structures**

TMB has a new project to promote the physical exercise of its employees.

This is an agreement with the various municipal sports centres in Barcelona (IBE).

Among 4000 workers belonging to the bus company (3000 of them bus drivers, 95% male, and with a mean age of 43 years), 60% of them do not perform any exercise during their leisure time.

The agreement of TMB-IBE will provide reduced fee access for workers to 37 municipal sports centres in Barcelona (7 more are planned) in the 10 districts of the city. TMB will assume the discounts during the first year.

### **F.2. Strategy & implementation**

During the periodical health examination, all workers fill in a health questionnaire that includes questions on physical activity at work and during their leisure time.

If the individual doesn't perform any physical activity during his or her leisure time, he or she will receive individual advice through the health report.

At the collective level, articles and information on the benefits of regular physical activity to prevent the most prevalent diseases (obesity, diabetes, hypertension, cardiovascular disease ...) are regularly published in the internal channels of communication (magazine, intranet, posters...)

This programme will soon be implemented, applying upon the agreement with the Institut Barcelona Esports, providing workers' access to sports facilities with special conditions. This programme is partially subsidised by the TMB and sports centres.

### **F.3. Evaluation and results**

Not yet evaluated because it has not been initiated yet.

## **G. Stress**

### **G.1. Organisation & structures**

Stress and mental health illness (anxiety and depression) are diseases of increasing prevalence in society and in our company. That's why TMB has implemented several strategies to prevent them since 2000.

Collective:

4-hour training modules offered by members of the Health Unit to all employees who voluntarily enrol:

- "How to Prevent Stress"
- "Relaxation Techniques"

An 8-hour training module on prevention of occupational hazards, aimed at bus drivers and control and information aides:

- Techniques for Conflict Resolution
- Managing Emotions

Individual:

Employee assistance programme for treatment of mental health diseases, led by a consultant psychiatrist and a team of 4 psychologists.

The coordinator of the programme is an occupational physician.

## **G.2. Strategy & implementation**

Since 2000, TMB has been evaluating psychosocial risks among different target groups and using different methodologies: JCQ 48 (Job Content Questionnaire): based on the model of demand-control-social support by Robert Karasek; CoPsoQ Method (ISTAS 21). These evaluations have identified high-risk situations and facilitate the establishment of preventive measures: organisational, social support, training and health promotion for stress prevention.

Workers who are diagnosed after the periodical medical exam of a minor mental health disorder (anxiety, depression, stress), are offered to participate in the mental health programme consisting of a first visit by a psychiatrist, who will consider drug treatment, and his or her inclusion in periodical (monthly or fortnightly) psychotherapy sessions with a psychologist.

The programme lasts 6 months and is partially subsidised by the company and by the contribution of the worker.

Workers who participate in the programme can either remain at work or in temporary disability.

Articles relating to the prevention of stress are regularly published in the internal channels of communication (corporate magazine, intranet, posters...)

## **G.3. Evaluation & results**

Psychosocial risks assessments are conducted periodically in the groups that previously were evaluated in order to establish whether the measures implemented have been effective.

The TMB Health Unit and the team of psychiatrists and psychologists meet monthly to monitoring the progress of the workers included in the program.

Since 2000, a total of 340 workers have participated in the program; 64% were on sick leave status. So far, no criteria have been defined for health results evaluation due to the difficulty of establishing a common approach to the situation of workers in temporary disability versus workers remaining at work. We have suggested for 2009 to use a questionnaire (reduced Godberg or Hamilton) at the beginning of the programme and 6 months later to evaluate the effectiveness of the programme.



## Model of Good Practice

### A. General information about the company

Company/organisation:	<b>Badalona Serveis Assistencials</b>
Address:	c/ Gaietà Soler 6-8 08911 Badalona Barcelona
Name of contact person:	Xavier Orpella
Function of contact person:	Head of Occupational and Public Health
Telephone number:	0034680480099
Email:	<a href="mailto:xorpella@bsa.cat">xorpella@bsa.cat</a>
Sector:	Health
Number of employees:	1200

Age	Sex		total
	male	female	
up to 35	157	590	747
35 to 50	145	431	576
50+	60	108	168
<b>total</b>	362	1129	1491

## B. Integration of WHP in the company policy and culture

With about 1,200 employees, BSA provides health care in the region of Badalona for 200,000 inhabitants. Workplace health is a fundamental part of the organisational policy. Workplace health is seen as a combination of an inviting and stimulating working environment and individual positive lifestyle habits. BSA policy on WHP was established in the organisational Strategic Plan 2004-2007, and structuralised for future plans into the BSA-Occupational Health Service. There is a Work Health Promoting Committee composed of volunteers from all services and all categories (doctors, nurses, administrative...).

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## C. Described health topics

X	Smoking-prevention
X	Healthy eating
X	Physical activity
X	Stress

## **D. Smoking prevention**

### **D.1. Organisation & structures**

BSA is member of the Catalan Network of Smoke-Free Hospitals ([http://www.xchsf.com/index\\_eng.htm](http://www.xchsf.com/index_eng.htm)) and follows the Smoke-Free Hospital model ([http://www.xchsf.com/angles/hospital\\_fum.htm](http://www.xchsf.com/angles/hospital_fum.htm)) based on the measures of the European Network of Smoke-Free Hospitals (ENSH) and its standards ([http://www.xchsf.com/angles/pdf/ensh\\_standards\\_audit\\_complete.pdf](http://www.xchsf.com/angles/pdf/ensh_standards_audit_complete.pdf)). BSA developed this programme mainly by elaborating a policy; putting in place a Tobacco Committee; promoting employees' participation; completing the ENSH self-audit annually ([http://www.xchsf.com/angles/pdf/codi\\_questionari20\\_audit.pdf](http://www.xchsf.com/angles/pdf/codi_questionari20_audit.pdf)); monitoring smoking habits through workers questionnaires; doing nicotine measures and developing a smoking cessation and prevention project. BSA celebrates the World No Tobacco Day every year. BSA offers all employees the smoking cessation program. This programme is 100% subsidised for employees who want to stop smoking. The results of the first edition of workers' questionnaires showed that 44% of BSA employees were smokers; among them 53% agreed to not smoke in the work area and 30% asked for information. The higher prevalence of smokers was among nurses.

### **D.2. Strategy & implementation**

BSA used the tools furnished by ENSH, and the programme was conducted by own BSA professionals. The WHP Committee was in charge of employees' surveys, nicotine measurements at the workplace and of the celebration of the World No Tobacco Day. This was the collective part. On the individual level, a BSA pneumologist counsels smokers who want to give up smoking according to the program. It is a mentoring programme to help the employees quit smoking through a six-month training course. This programme is still free for employees today.

### **D.3. Evaluation & results**

Our organisation has taken measures at the workplaces, like reinforcing the no-smoking policy with new signs and following the Catalan law. Now there are only minimal concentrations of nicotine, especially in emergency waiting rooms, the restaurant and the hall. The organisation also spoke to the unions to reach the maximum success. We are waiting for a second questionnaire to find out about the success of the program. The results of the aforementioned self-audit questionnaire suggest that we should improve OHS experts' knowledge related to helping smokers quit.



## Model of Good Practice

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Name of contact person:	Belén H. Sánchez
Function of contact person:	Innovation Manager
Telephone number:	+34 686 013430
Email:	Belen.hsanchez@cigna.com
Sector:	Health Insurance
Number of employees:	123 (CIGNA Salud-Spanish)

Age	Sex		total
	male	female	
up to 35	22	51	73
35 to 50	18	25	43
50+	5	2	7
<b>total</b>	45	78	123



## B. Integration of WHP in the company policy and culture

As a health insurance company, CIGNA's vision has always been not only to provide the best health care to their policy holders but also to their most important asset, the employees. In December 2006, CIGNA acquired a health promotion consultancy firm and since then, CIGNA Spain has proactively included a health promotion approach to the culture of the organisation. CIGNA's philosophy goes far beyond that regulated by the Government and committed to a long-term integrated health promotion approach in accordance to the principles stated in the Luxemburg Charter.

From the management of the company, CIGNA believes that healthy and happy employees contribute to a better work environment and better company results. Hence, in November 2007, CIGNA launched an internal long-term programme, "CIGNA Plusvita", to provide individuals the information and the tools to take control over their health and improve it.

By encouraging the participation of all employees, CIGNA has decided to introduce an annual health risk assessment (based on the SF36) to identify the main areas of concern in terms of health and wellbeing for the target population. Based on the results, CIGNA defines an annual strategy at two levels: 1) short term intensive programmes and 2) sustainable ongoing initiatives. After 12 months, CIGNA conducts an evaluation to measure impact and results.

The engagement and commitment of the management team has been agreed for the years to come and included into the social benefits policy of the company.

## C. Described health topics

X	Smoking-prevention
X	Healthy eating
X	Physical activity
	Stress

## **D. Smoking prevention**

### **D.1. Organisation & structures**

In 2006 the Spanish Health Department forbade smoking in all workplaces across the country. In CIGNA, there were approximately 25% smokers. CIGNA premises were non-smoking prior to the enforcement of the law. However, CIGNA decided to offer all smokers the possibility to take part in a smoking cessation programme.

Human resources selected a service provider, Pretabac, to deliver the smoking cessation courses in-house. One person was appointed responsible to encourage smokers and manage the implementation of the programme. The programme was 50% subsidized by the company and should the participant succeed in quitting smoking 6 months after the programme, CIGNA refunded the 50% the employees paid. To support the initiative, family members of CIGNA employees were also invited to benefit from the special conditions.

### **D.2. Strategy & implementation**

The implementation of the programme was externalised to the selected service provider: Pretabac.

The method is personalised to each of the participants and it includes regular medical and psychological support, as well as the required pharmacological drugs to help quitting the addiction. The duration of the programme was 8 weeks.

CIGNA offered a discounted price to employees and relatives. Furthermore, CIGNA will subsidize 50% of the cost to employees and should they remain not smoking 6 months after the programme, CIGNA will refund the 50% paid by the employee.

### **D.3. Evaluation & results**

CIGNA monitored participation and success rates of the programme.

Nearly half of smokers decided to take part in the programme and nearly a 20% of them succeeded.

Success was measured as those who were not smoking 6 months after completion of the programme. Furthermore, as of today 20% have remained non-smokers.

The CIGNA HR department is considering if and when to repeat the programme.



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Name of contact person:	Marta Espinós Aritzi
Function of contact person:	Responsible for the Health Unit
Telephone number:	93.214.81.78
Email:	<a href="mailto:mepinos@tmb.cat">mepinos@tmb.cat</a>
Sector:	Public Transportation
Number of employees:	7755

Age	Sex		total
	male	female	
up to 35	1362	452	1814
35 to 50	3202	729	3931
50+	1837	173	2010
<b>total</b>	6401	1354	7755

## B. Integration of WHP in the company policy and culture

Transports Metropolitans de Barcelona (TMB) is a service company with a workforce of 7755 workers actively engaged in the transport of urban and suburban passengers (bus, subway and cable car) in the city of Barcelona.

TMB is socially committed to its workers, community and environment.

To carry out these actions, TMB has a joint prevention service whose mission is to develop a business plan that ensures the protection of workers' health, medical care and health promotion in a framework of efficiency and resource optimisation.

## C. Described health topics

X	Smoking-prevention
X	Healthy eating
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## **D. Smoking prevention**

### **D.1. Organisation & structures**

Since the enforcement of the smoke-free regulation, adopted in 2006 by the Spanish Ministry, smoking has been banned in all TMB premises. At that time, 39% of the workforce was smokers.

Even before the enactment of this regulation, TMB already carried out a series of actions designed to increase workers' awareness of the damage of smoking on health and well-being. These interventions took place from two different perspectives: one from the Health Unit and the other one at organisational level.

The action was outsourced to EASYWAY and physicians and nurses of the TMB Health Unit offer several courses to employees.

The coordinator of the TMB smoking prevention programme is an occupational physician.

### **D.2. Strategy & implementation**

The TMB Health Unit conducted the "Healthy People: TMB People" campaign from January to December 2004.

This campaign included two-hour training modules, given by the staff of the Health Unit to raise awareness among workers for the need to quit smoking, as well as the smoking cessation programme "OXIGENATE", therapy consisting of EASYWAY therapy; interviews and professional support with the aim of helping workers to quit.

The EASYWAY method consisted of a single six-hour session partially subsidised by TMB. If the worker is still non-smoking after a year, TMB pays the amount contributed by the worker.

In April 2005, an organisational-level campaign called "TMB: a smoke-free company" which consisted of distributing posters in all TMB premises, articles in TMB corporate journals, and information in the Intranet, was launched. Moreover, each worker received a personalised letter.

### **D.3. Evaluation & results**

The Health Unit monitors the rate of participation and success of the programme. It is noteworthy that few workers have applied for registration in the individual smoking cessation program: only 27 have initiated the programme in the last 3 years; regarding the target (still non-smoking after a year), 82% of them succeeded.

The proportion of smokers in the company has declined in recent years, probably related to the implementation of the Tobacco Prevention Act (37% in 2003, 36% in 2007 and 27% in 2008).



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## C. Described health topics

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## **E. / F. Healthy eating and Physical activity**

### **E. / F.1. Organisation & structures**

Healthy eating and physical activity are treated together in a unique project. In 2006, BSA created a nutrition and physical activity group whose main aims were (and are) to promote and fully integrate healthy habits into employees' daily life. The group is made up of 11 professionals and coordinated by one occupational health (OH) physician. One of us is the "call-mail-center" to receive the reservations and questions; the rest of the group prepares the activities and helps with the materials. So, we got together to think about ways to continue, and the result was:

- Food information and education
- Weight information and treatment
- Physical activity

The group constantly offers advice on subjects of nutrition and physical activity to all employees and gives general tips to attain a well-being status, as for example, which type of foods to combine, to deny false myths about some foods or what one has to do to walk more during work time.

### **E. / F.2. Strategy and implementation**

The committee worked in the restaurant, creating a healthful daily menu and making recommendations on what is the healthiest combination of dishes. In 2007 we created a new circuit of weight information and treatment, with an internist doctor, a nurse and a nutritionist. Around 25% of employees are overweight (CMI > 25) and among them, 25% asked for help. Occupational health doctors invite the employees who take care of their well-being to this new circuit. The group also created some food guide posters to show the properties of some food or how to cook them in a healthy way (not only with less cholesterol). In 2008 the group and the organisation changed some products in the vending machines, introducing new low-fat products. During 2008 we spoke with the kitchen service (an external catering service) to promote a nutritional balance and offer more fruits than mass-produced pastries.

### **E. / F.3. Evaluation and results**

BSA asked us to achieve two goals:

- employees must know about the existence of the group
- they must provide us with ideas and initiatives

Since the creation of the group, 100% of the BSA employees know about the existence of the group and share and join in WHP initiatives through intranet, mail and advertisements.

The healthy menu is posted in the main entrance of the restaurant. Food guide posters are placed in the restaurant and in the break rooms for staff, close to the microwaves. All employees are briefed during their visit to the occupational health service of the new project on overweight and obesity. The employees have appraised all initiatives as very positive and they write mails to submit suggestions or to ask for information about nutrition or physical activity (more than 80 mails per year). In the physical activity area, two jogging activities and cultural trips were organised, as was one Pilates course.



## Model of Good Practice

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Name of contact person:	Belén H. Sánchez
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Telephone number:	+34 686 013430
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**C. Described health topics**

X	Smoking-prevention
X	Healthy eating
X	Physical activity
	Stress

## **E. Healthy eating**

### **E.1. Organisation & structures**

Based on the results of the baseline analysis of the health and wellbeing status of the overall organisation, CIGNA identified two main areas of concern: nutritional balance and lack of physical activity of employees. Two-thirds of CIGNA employees reported a poor nutritional balance. Only 5% of participants consumed the recommended 5 fruit and vegetables per day and over half of employees reported that high-fat products were a significant part on their everyday diet. Furthermore, it was identified that male employees had significantly worse nutritional habits than their female counterparts. Also, data analyses indicated a statistically significant correlation between nutritional balance and STD (short-term sickness absence): Those individuals who reported poor nutritional balance had reported nearly double STD than those with good nutritional balance.

The general management and the executive committee in Spain decided to act on this issue and agreed on a long-term, sustainable commitment to improve the situation.

Human Resources devoted a specific budget to tackle this issue and a person within the company was appointed to develop the strategy, implementation and evaluation of the initiatives to come. Furthermore, the executive team committed to support the initiatives from each of their areas of responsibility.

A calendar for all interventions was signed off by HR and other relevant departments to ensure all CIGNA employees were able to participate. Given the identified differences, the agreed intervention included a gender approach.

## E.2. Strategy and implementation

The strategy was divided in two different parts based on the needs identified by the HRA and several discussion groups and in-depth interviews:

- 1.) Intensive 8-week nutrition programme
- 2.) Ongoing changes within the organisation

The intensive programme included the following components:

- Online programme: All employees received weekly emails with information and tools to empower them to make informed decisions about their eating habits and to help them to include changes in their everyday life.
- In-house social marketing campaign to promote programme engagement and health and wellbeing awareness.
- Offline materials: Every week employees received written information and tools at their desks to assist them with the adoption of new nutritional habits. A paper guide for healthy eating (A Plan for Life), how to read labels cards, handouts, healthy recipes, etc.
- Workshops: CIGNA carried out 2 workshops delivered in-house and during working hours by a nutritionist doctor: “Healthy eating” and “Losing weight in a healthy way”.

Ongoing initiatives include:

- Free fruit in the office
- Hydration plan: provision of more and more visible water coolers in the premises with posters indicating the importance of drinking enough water. Distribution of water bottles to all employees.
- Revision of vending machines: more healthy items were included and positioned at eye-level. Healthy options are now cheaper than non-healthy options.
- Restaurant vouchers for all employees
- Collaboration agreement with the local restaurant: they offer a healthy menu with a loyalty card. By choosing the healthy option, employees get a stamp and the 10<sup>th</sup> menu is free.
- Discounts with associated nutritionists

### E.3. Evaluation and results

Process / Interim evaluation: While the intensive programme was being implemented, CIGNA conducted a qualitative evaluation to identify if corrective measures were needed.

CIGNA evaluated the following items:

Perception of the programme and initiatives by employees: the great majority of them were happy or very happy with the programme. Employees perceived that the organisation cared for them.

Participation rates:

Presentation of the baseline analysis and launch of the nutrition and physical activity programme: 90% of the workforce attended.

Workshops: average of 30% (workshops were conducted in summer and many people were on holidays).

Healthy menus: very positive feedback and large participation in the initiative.

Fruit in the office: extremely good feedback. All fruit is consumed within the day.

The evaluation of long-term impact and results is scheduled for November-December 2008.

All employees will be invited to re-take the HRA, and a data analysis will be conducted to evaluate the results, understand current status and set-up future initiatives.

CIGNA will collate information on the same items as per the baseline analysis to compare results.

Results of this evaluation will be available on the 21<sup>st</sup> of December 2008. These results will be presented and disseminated to CIGNA employees.



## Model of Good Practice

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## C. Described health topics

X	Smoking-prevention
X	Healthy eating
X	Physical activity
X	Stress

## E. Healthy eating

### E.1. Organisation & structures

TMB fosters healthy eating habits. Therefore, all TMB outbuildings have spaces dedicated exclusively to eating (dining room) with features of comfort and hygiene. The TMB Prevention Service visits the premises regularly to ensure they meet these requirements.

In the training courses taught at TMB, pastries have been removed and replaced by sandwiches and water.

Articles on healthy eating are regularly published using internal communication channels (Intranet, magazines, information kiosks ...)

As 16% of the workforce had a BMI above 30 and patterns of poor nutritional health, TMB decided to undertake a programme of prevention of diseases caused by obesity.

This programme consists of *educational activities*, in which doctors and nurses of TMB Health Unit give a 3-hour training session on healthy eating (Mediterranean diet, healthy habits ...) and *health care activities*, in which the worker is referred to a nutrition and dietetics department, coordinated by a specialist in endocrinology who tailors a nutrition plan to the patient's food preferences, type of job, work schedule and pre-existing diseases. Checks are carried out monthly for reviewing weight and the nutrition plan.

The programme is partially subsidised by the company. If after a year of starting the programme the worker achieves the goal of losing 10% of initial weight, the company pays the worker's contribution.

An occupational physician is the programme coordinator. The possibility of registering in this plan is offered by both occupational physicians and the nursing team during the periodical health check.

Since its inception in November 1999, this programme, along with an immunisation programme, has been very successful and well-accepted by workers.

## E.2. Strategy and implementation

Interventions took place at the individual and collective levels.

At the collective level, articles on healthy eating and healthy living appeared in the different magazines published monthly in TMB. These items were developed by the health personnel of the Health Unit. Intranet and information kiosks located throughout the infrastructure of the company are also used to achieve the maximum diffusion among workers. This programme consists of *educational activities*, in which the staff of the Health Unit give a three-hour seminar on basic healthy eating where the worker is taught about the Mediterranean diet, the food guide pyramid and how to build a healthy menu, among other topics, as well as *health care activities* consisting of the referral of the worker to an external Cabinet on Nutrition and Dietetics.

At the individual level and according to data obtained during the periodical medical examination (anthropometric and analytical), the employee receives tips on healthy eating included in the individual health report by mail. When the BMI is above 30 or above 27 with another condition in addition to obesity (diabetes, ischemic heart disease, musculoskeletal disorders ...), the worker is given the opportunity to register in a weight-loss programme. The workers included in the programme receive regular information useful for changing eating habits and healthy and easy-to-prepare recipes.

Both the visit to Nutrition and Dietetics Cabinet and drug treatment (Orlistat) are partially subsidised by TMB. Initially, the employee assumes part of the cost of the programme. Nevertheless, if the employee succeeds in losing 10% or more of the initial weight, he or she recovers his/her contribution.

The TMB Health Unit periodically checks the worker during the duration of the program.

### **E.3. Evaluation and results**

The objective of this programme was to support and promote healthy eating habits and to facilitate and maintain employees' good health.

The NEW LINE programme was and is very well accepted by the workers.

581 employees have been involved the programme since November 1999 until today and 48% has achieved the programme goal.

40 employees signed up in 2008, but are not counted because they have not yet completed the programme period.

80% of all workers who achieved the goal of the programme required pharmacological treatment \* Orlistat.

A worker can join the programme a total of three times or more if the TMB Health Unit considers that there is a medical indication.



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- employees must know about the existence of the group
- they must provide us with ideas and initiatives

Since the creation of the group, 100% of the BSA employees know about the existence of the group and share and join in WHP initiatives through intranet, mail and advertisements.

The healthy menu is posted in the main entrance of the restaurant. Food guide posters are placed in the restaurant and in the break rooms for staff, close to the microwaves. All employees are briefed during their visit to the occupational health service of the new project on overweight and obesity. The employees have appraised all initiatives as very positive and they write mails to submit suggestions or to ask for information about nutrition or physical activity (more than 80 mails per year). In the physical activity area, two jogging activities and cultural trips were organised, as was one Pilates course.





## Model of Good Practice

### A. General information about the company

Company/organisation:	<b>CIGNA</b>
Address:	Parque Empresarial La Finca Paseo Club Deportivo, 1 Edificio 14 Pozuelo de Alarcón 28223 Madrid (Spain)
Name of contact person:	Belén H. Sánchez
Function of contact person:	Innovation Manager
Telephone number:	+34 686 013430
Email:	Belen.hsanchez@cigna.com
Sector:	Health Insurance
Number of employees:	123 (CIGNA Salud-Spanish)

Age	Sex		total
	male	female	
up to 35	22	51	73
35 to 50	18	25	43
50+	5	2	7
<b>total</b>	45	78	123

**B. Integration of WHP in the company policy and culture**

As a health insurance company, CIGNA’s vision has always been not only to provide the best health care to their policy holders but also to their most important asset, the employees. In December 2006, CIGNA acquired a health promotion consultancy firm and since then, CIGNA Spain has proactively included a health promotion approach to the culture of the organisation. CIGNA’s philosophy goes far beyond that regulated by the Government and committed to a long-term integrated health promotion approach in accordance to the principles stated in the Luxemburg Charter.

From the management of the company, CIGNA believes that healthy and happy employees contribute to a better work environment and better company results. Hence, in November 2007, CIGNA launched an internal long-term programme, “CIGNA Plusvita”, to provide individuals the information and the tools to take control over their health and improve it.

By encouraging the participation of all employees, CIGNA has decided to introduce an annual health risk assessment (based on the SF36) to identify the main areas of concern in terms of health and wellbeing for the target population. Based on the results, CIGNA defines an annual strategy at two levels: 1) short term intensive programmes and 2) sustainable ongoing initiatives. After 12 months, CIGNA conducts an evaluation to measure impact and results.

The engagement and commitment of the management team has been agreed for the years to come and included into the social benefits policy of the company.

**C. Described health topics**

X	Smoking-prevention
X	Healthy eating
X	Physical activity
	Stress

## **F. Physical activity**

### **F.1. Organisation & structures**

Based on the baseline analysis of the health and wellbeing status of CIGNA employees, physical activity was an area of concern. Over a third of the workforce led a sedentary life and a further 28% did not do enough physical activity to benefit their health. The analysis identified a significant correlation between physical activity and bodily pain. Also, those individuals leading a sedentary life reported being 20% less satisfied at their jobs and nearly double STD.

The general management and the executive committee also decided to act on this issue and agreed on a long-term, sustainable commitment to improve the situation.

Human Resources devoted a specific budget to tackle this issue and a person within the company was appointed to develop the strategy, implementation and evaluation of the initiatives to come related to health promotion within the organisation.

As CIGNA doesn't count with sport facilities on its premises, collaboration with the external local sport centre was agreed and all employees were encouraged by their managers to take part.

A calendar for all interventions was signed off by HR and other relevant departments to ensure all CIGNA employees were able to participate.

## F.2. Strategy & implementation

The strategy was divided in two different parts based on the needs identified by the HRA and several discussion groups and in-depth interviews:

- 1.) Intensive 8-week physical activity programme
- 2.) Ongoing initiative within the organisation

The intensive programme included the following components (duration 8 weeks):

- Online programme: All employees received weekly emails with information and tools to help them to understand the importance of physical activity and how to include it into their everyday life.
- In-house social marketing campaign to promote the programme engagement.
- Offline materials: Pedometer and step card to understand the personal level of activity and track improvements.
- Workshop: "Benefits of physical activity on health". This workshop was delivered by a famous personal trainer of an Olympic athlete. The workshop was conducted during working hours.
- Two days a week free classes in the local sport centre. Classes were conducted during working hours. One of the classes was low-impact (i.e. yoga, pilates) and one high-impact (spinning, kick-boxing, etc.).

Ongoing initiatives include:

- Discounts on the local gyms
- Set-up of a CIGNA running club
- Physiotherapy massages in the company premises (50% subsidized by the company), given the relationship between physical activity and bodily pain.
- Discounts with personal trainers

### F.3. Evaluation and results

The evaluation of the physical activity programme was conducted simultaneously with the nutrition programme.

Process / Interim evaluation: While the intensive programme was being implemented, CIGNA conducted a qualitative evaluation to identify if corrective measures were needed. CIGNA evaluated the following items:

Perception of the programme and initiatives by employees: The great majority of them were happy or very happy with the programme. Employees perceived that the organisation cared for them.

Participation rates:

Workshops: Average of 25% (workshops were conducted in summer and many people were on holidays).

Physical activity classes: Participation was lower than expected and an interim evaluation was conducted. It was identified that: class times were not suitable for some people, not all employees enjoyed the same activities, workload was too high to spare 1 hour. After interim evaluation, CIGNA changed the timetable and introduced a rotating scheme of activities to cater for different tastes.

Adherence to local gym: Since the discounts in the local gyms were introduced, approximately 20% of the workforce has joined them (only counting goers to associated gyms).

Long-term evaluation will be conducted 12 months after launch (December 2008). All employees will re-take the HRA and CIGNA will measure improvements in the items collated at launch (BMI, level of physical activity, job satisfaction, energy levels, etc).

Results of this evaluation will be available on the 21<sup>st</sup> of December 2008. These results will be presented and disseminated to CIGNA employees in a company meeting and will serve to set-up future actions based on the results.



## Model of Good Practice

### A. General information about the company

Company/organisation:	<b>Transportes Metropolitanos de Barcelona</b>
Address:	Calle 60, núm 21-23 Sector A Pol. Ind Zona Franca, 08040 Barcelona (SPAIN)
Name of contact person:	Marta Espinós Aritzi
Function of contact person:	Responsible for the Health Unit
Telephone number:	93.214.81.78
Email:	<a href="mailto:mespinos@tmb.cat">mespinos@tmb.cat</a>
Sector:	Public Transportation
Number of employees:	7755

Age	Sex		total
	male	female	
up to 35	1362	452	1814
35 to 50	3202	729	3931
50+	1837	173	2010
<b>total</b>	6401	1354	7755

## B. Integration of WHP in the company policy and culture

Transports Metropolitans de Barcelona (TMB) is a service company with a workforce of 7755 workers actively engaged in the transport of urban and suburban passengers (bus, subway and cable car) in the city of Barcelona.

TMB is socially committed to its workers, community and environment.

To carry out these actions, TMB has a joint prevention service whose mission is to develop a business plan that ensures the protection of workers' health, medical care and health promotion in a framework of efficiency and resource optimisation.

## C. Described health topics

X	Smoking-prevention
X	Healthy eating
X	Physical activity
X	Stress

## **F. Physical activity**

### **F.1. Organisation & structures**

TMB has a new project to promote the physical exercise of its employees.

This is an agreement with the various municipal sports centres in Barcelona (IBE).

Among 4000 workers belonging to the bus company (3000 of them bus drivers, 95% male, and with a mean age of 43 years), 60% of them do not perform any exercise during their leisure time.

The agreement of TMB-IBE will provide reduced fee access for workers to 37 municipal sports centres in Barcelona (7 more are planned) in the 10 districts of the city. TMB will assume the discounts during the first year.

### **F.2. Strategy & implementation**

During the periodical health examination, all workers fill in a health questionnaire that includes questions on physical activity at work and during their leisure time.

If the individual doesn't perform any physical activity during his or her leisure time, he or she will receive individual advice through the health report.

At the collective level, articles and information on the benefits of regular physical activity to prevent the most prevalent diseases (obesity, diabetes, hypertension, cardiovascular disease ...) are regularly published in the internal channels of communication (magazine, intranet, posters...)

This programme will soon be implemented, applying upon the agreement with the Institut Barcelona Esports, providing workers' access to sports facilities with special conditions. This programme is partially subsidised by the TMB and sports centres.

### **F.3. Evaluation and results**

Not yet evaluated because it has not been initiated yet.





## Model of Good Practice

### A. General information about the company

Company/organisation:	<b>Badalona Serveis Assistencials</b>
Address:	c/ Gaietà Soler 6-8 08911 Badalona Barcelona
Name of contact person:	Xavier Orpella
Function of contact person:	Head of Occupational and Public Health
Telephone number:	0034680480099
Email:	<a href="mailto:xorpella@bsa.cat">xorpella@bsa.cat</a>
Sector:	Health
Number of employees:	1200

Age	Sex		total
	male	female	
up to 35	157	590	747
35 to 50	145	431	576
50+	60	108	168
<b>total</b>	362	1129	1491

## B. Integration of WHP in the company policy and culture

With about 1,200 employees, BSA provides health care in the region of Badalona for 200,000 inhabitants. Workplace health is a fundamental part of the organisational policy. Workplace health is seen as a combination of an inviting and stimulating working environment and individual positive lifestyle habits. BSA policy on WHP was established in the organisational Strategic Plan 2004-2007, and structuralised for future plans into the BSA-Occupational Health Service. There is a Work Health Promoting Committee composed of volunteers from all services and all categories (doctors, nurses, administrative...).

This Committee and BSA WHP policy are supported by the Human Resources Director and Medical Director, who follow our meetings and activities, and give us the space and time necessary to reach our plans.

In 2003, BSA conducted a survey among its workers to get their opinions. Corporative intranet is the main channel for communication and information to and from workers about WHP actions. A journalist of the OF communication department has been assigned to place more emphasis on communication with other parts of the organisation. Since 2007 we have become a stable group who has free access to all employees, and is permanently looking for new ideas in WHP. We have chosen four ways to promote workplace health and we continue to promote them: food and weight information; physical activity; psychosocial factors; tobacco smoke. Currently, the group is gathering information on employees' habits and is learning to change them or promote the healthy ones to the detriment of the unhealthy ones.

## C. Described health topics

X	Smoking-prevention
X	Healthy eating
X	Physical activity
X	Stress

## **G. Stress**

### **G.1. Organisation & structures**

BSA created two committees:

- Psychosocial Risk Committee
- Personal Security Committee

Both of them are comprised of expert workers in different areas of the organisation, such as Occupational Health, Direction, Legal Department, Employee Relations.

### **G.2. Strategy & implementation**

BSA participated in the questionnaire of the Instituto Nacional de Seguridad e Higiene en el Trabajo on working conditions and satisfaction conducted in 2006, with 75 questions concerning mental strain, tasks, autonomy, staff interest, personal relations and supervision. The first survey was done in 2006, in order to bring BSA up to the state-of-the-art. A new survey is planned for 2009. Based on the results of risk assessment, BSA has organised several courses on stress management. An aggression prevention guide and protocol for the employees has been put in place. This protocol allows us to know the amount of aggression suffered by BSA personnel and treat them in the same way. This protocol has also been made to support employees with stress, aggression, burn-out ... BSA annually analyses all the cases one-by-one. Moreover, the committee permanently offers support to managers in complex situations.

### **G.3. Evaluation & results**

The results of the questionnaire done in 2006 showed that there were some "hot spots" in our organisation, mainly related to leadership/management, tasks, colleague problems. These issues were prioritised and analysed one-by-one by problem-solving teams. Managers expressed a high interest in the results of the questionnaire, not feeling personally blamed, and seeing them as an opportunity for improving and promoting better leadership. The first stress management course was well-accepted and evaluated. Since then this course has been held twice a year. A psychologist and a psychiatrist support the employee during his or her healing process and until his or her work reintegration. Both Committees are still working on decreasing psychological risks.



## Model of Good Practice

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## C. Described health topics

X	Smoking-prevention
X	Healthy eating
X	Physical activity
X	Stress

## **G. Stress**

### **G.1. Organisation & structures**

Stress and mental health illness (anxiety and depression) are diseases of increasing prevalence in society and in our company. That's why TMB has implemented several strategies to prevent them since 2000.

Collective:

4-hour training modules offered by members of the Health Unit to all employees who voluntarily enrol:

- "How to Prevent Stress"
- "Relaxation Techniques"

An 8-hour training module on prevention of occupational hazards, aimed at bus drivers and control and information aides:

- Techniques for Conflict Resolution
- Managing Emotions

Individual:

Employee assistance programme for treatment of mental health diseases, led by a consultant psychiatrist and a team of 4 psychologists.

The coordinator of the programme is an occupational physician.

## **G.2. Strategy & implementation**

Since 2000, TMB has been evaluating psychosocial risks among different target groups and using different methodologies: JCQ 48 (Job Content Questionnaire): based on the model of demand-control-social support by Robert Karasek; CoPsoQ Method (ISTAS 21). These evaluations have identified high-risk situations and facilitate the establishment of preventive measures: organisational, social support, training and health promotion for stress prevention.

Workers who are diagnosed after the periodical medical exam of a minor mental health disorder (anxiety, depression, stress), are offered to participate in the mental health programme consisting of a first visit by a psychiatrist, who will consider drug treatment, and his or her inclusion in periodical (monthly or fortnightly) psychotherapy sessions with a psychologist.

The programme lasts 6 months and is partially subsidised by the company and by the contribution of the worker.

Workers who participate in the programme can either remain at work or in temporary disability.

Articles relating to the prevention of stress are regularly published in the internal channels of communication (corporate magazine, intranet, posters...)

## **G.3. Evaluation & results**

Psychosocial risks assessments are conducted periodically in the groups that previously were evaluated in order to establish whether the measures implemented have been effective.

The TMB Health Unit and the team of psychiatrists and psychologists meet monthly to monitoring the progress of the workers included in the program.

Since 2000, a total of 340 workers have participated in the program; 64% were on sick leave status. So far, no criteria have been defined for health results evaluation due to the difficulty of establishing a common approach to the situation of workers in temporary disability versus workers remaining at work. We have suggested for 2009 to use a questionnaire (reduced Godberg or Hamilton) at the beginning of the programme and 6 months later to evaluate the effectiveness of the programme.