



## **Healthy Workplaces Towards Quality and Innovation**

Working Together for a Social and  
Competitive Europe

**European Conference on Promoting Workplace Health**  
17<sup>th</sup>-18<sup>th</sup> June 2002, Barcelona

# **Conference Report**

**This report contains summaries of all plenary speeches,  
includes the programme of all breakout sessions and  
lists an overview of the speakers involved**



## Opening

**Chair:** Karl Kuhn

**Speakers:** Prof. Dr. Rita Süßmuth

Horst Kloppenburg

Excma. Sra. Dona Celia Villalobos

**Karl Kuhn, Chairman of ENWHP**, welcomed participants to the third European conference on workplace health promotion. The earlier conferences raised awareness of workplace health promotion, and concentrated on small enterprises. This conference presents work in public administration in the context of public sector reform. He thanked the sponsors and those involved in organising the conference.

**Prof. Dr. Rita Süßmuth**, Member of German Bundestag, former Minister of Youth, Family and Health, spoke on behalf of the European Network "Enterprise for Health", which deals with the health of employees and their families. In her ministerial career she helped establish the foundations of current policy. Prevention and health promotion have gained in significance, and awareness has been helped by groups concerned with the environment, women, human rights and health. Often only disasters provoke responses. More prevention work is needed, including developing effective arguments based on cost.

Prevention is critical for the creation of a more just and successful Europe, solving conflicts productively and with-

out violence. The world of work is linked to individual private life. Active health policies are needed, as a counterbalance to the "silo" mentality. Interventions are a central issue for health, and cannot be left to labour ministries and other agencies. Networking is the key route to progress, as is illustrated at this conference by the collaborative working of the two Spanish Ministries of Health and Labour, and the work of ENWHP. The same principle applies in Europe, with diversity as a key resource from which to learn, and to achieve improvement. We are undergoing continuous improvement processes.

Innovation is a key term in European politics. The European Council in Lisbon set the target of being the leading innovative environment in the world, with improved productivity and social cohesion, based on the European social model, and giving meaning to European unification. Health and the world of work are key components of social innovation.

"Enterprise for Health" (EfH) has involved a valuable exchange of experience between major companies in Europe, supported by the Bertelsmann



*Excma. Sra. Dona Celia Villalobos,  
Minister of Health and Consumer  
Protection, Spain*

Foundation and BKK. The group addresses corporate culture and workplace health, and their role in innovation and change in the knowledge society. What are the key characteristics? What actions are involved? How is social development facilitated? How can companies respond to new challenges? Costs and productivity need to be seen together, not in isolation. The major fields of action are in values, financial participation, job design and work organisation. Work should be seen as a source of health. Co-operation is required, and brings benefits, as has been shown from the experience of network member companies, with a win-win situation for both sides in industry. There are still quite a small number of participating enterprises, and there is much to be done to convince and motivate more enterprises.

EfH has examined the contribution of corporate culture and health to economic success. The *business case* ("why") is based on employer and employee satisfaction, as well as standard financial measures of costs and profits. There is a European tradition of autonomous working, with healthy outcomes, but this is not widely known or used. In the USA there are similar activities: it is clear that productivity

losses through ill health can be measured and shown as important.

There is now major work on the business case, with exchange of experience between networks. This is a theme of the ENWHP 4th initiative, with co-ordinated efforts. The business case is not just about economic success, but also human resources. There are a series of business cases, different in the private and public sectors. In Europe, the Council of Ministers has discussed the role of corporate culture and workplace health in the development of innovation. Dissemination has been limited, especially with SMEs.

The second EfH theme concerns *methods* ("how"). The exchange of experience has dealt with analysis in the field of human resources, based on a value based management system, with an emphasis on health.

Having considered "why" and "how", there can then be discussion of family and work, and stress at work. Sharing experience is a first but insufficient step. Networking is vital: there is scope for bringing together similar activities and networks with shared objectives. EfH is linked to a German network of WHP, ENWHP and the UK CHAP network of major enterprises. The work is motivating and challenging. She announced a forthcoming international management conference on workplace health promotion.

Health is a vital commodity, high in our scale of values. Enterprises need to take account of health concerns, so that employees see that they are valued as people. Social change is creating new challenges, and social and technical pro-

gress need to be in a productive balance. WHP will increasingly become an economic and social productive factor.

**Horst Kloppenburg** represented the European Commission Directorate General for Health and Consumer Protection. He had important messages to present. He cited the arguments for *the business case* given by the first speaker, and emphasised that the analysis came from a former Minister of Health. We have to argue for the benefits of our work, at a time when welfare systems in EU member countries are under pressure. WHP performs a role in prevention, and can help those who are fit to retain their fitness.

He then considered *innovation*, and referred to the work of Enterprise for Health, part of a theme that is vital for all of us, for stability and maintenance of current economic and social status. There are problems of competition, but there can be win-win situations, as in WHP. This is relevant to the applicant countries and those outside the EU. We want to stay abreast of the situation. *There is no innovation at all without health*. This is a key argument to develop when campaigning for budgets.

**Excma. Sra. Dona Celia Villalobos**, is Minister of Health, Spain. She declared that it was an honour to participate in the conference, and she emphasised the importance of the work of ENWHP. The maintenance of optimum health for the working population is an important issue, because ill health and injury reduces on one hand the effective contribution of the individual to his/her welfare, the family, the community and

the nation; and on the other hand it is an essential condition for sustainable economic, social and environmental development.

Health promotion is a process, giving people control over aspects of their health and organisations. It produces changes in risk factors, both those under individual and social control. Health promotion is vital in the battle against inequality. Much progress has been made in our understanding. This involves the workplace, education and community settings. Health promotion is a vital investment, and promoting workplace health involves collaboration, with support from public administration and health services. Preventive action in the workplace must focus on reducing risks, with appropriate resources to protect workers. The traditional approach to safety and health at work has been valuable, but more is needed to deal with new threats and challenges.

Close co-operation is needed with European Community strategies in public health. This is an entrepreneurial approach to preventing risk and improving the quality of working life. ENWHP has made a great contribution over the past 6 years. WHP is vital for the period ahead, with transnational developments. The Health Council of the European Commission will discuss workplace health promotion at their meeting on 26th June, drawing on the work of ENWHP. She emphasised the importance of commitment by the responsible agencies, and pressed for improved collaboration between health and labour departments in their support of workplace developments.

# Plenary Session I

## Implementation of WHP: Strategies and good practice – lessons learned from European Countries

**Chair:** Dolores Flores Cerdán

**Speakers:** Karl Kuhn  
Lamberto Biziarelli  
Odd Björnstad  
Alena Steflöva

**Dolores Flores Cerdán**, of the Spanish Ministry of Health, chaired and introduced the session. Healthy satisfied workers and healthy companies are a powerful combination. She referred to the new European Community Strategy for Public Health, with a more horizontal approach to policy development and implementation, linking ministries and Directorates-General. Public health is an important area of investment, and appropriate programmes of prevention and promotion will reduce overall costs. The initiative in WHP, launched by Spain, would be taken forward by Denmark and Greece.

**Karl Kuhn**, Chairman of ENWHP, and Chief Scientist of the Federal Institute for Occupational Safety and Health, Germany, gave an overview of WHP, and the work of ENWHP over the past 6 years. The current level of dissemination of workplace health promotion in European countries is characterised by a range of differences, based on:

- Different regions in Europe
- Regions and sectors at national level
- Size of the organisation
- Structure of the respective health care and occupational health and safety systems

- Legislative basis
- Economic incentives

ENWHP has developed a general definition of WHP: “the combined efforts of employers, employees and society to improve the health and well-being of people at work.” This can be achieved through a combination of

- Improving the work organisation and the working environment
- Promoting active participation
- Encouraging personal development (Luxembourg Declaration 1997)

This covers the interdisciplinary nature of WHP, with different approaches and methods in practice. National and regional perspectives can be integrated into a common platform for future action. WHP addresses three levels of action:

- Individual behaviour  
There are many examples in the field of prevention, and programmes have been widely used, based on behavioural learning. Evidence suggests that relevant living and working conditions must be taken into

account. Knowledge and attitudes are short-term outcomes, while behaviour change takes longer.

- Group and organisational level  
This includes work environment and work organisation. Leadership style, recruitment and appraisal are relevant, as are corporate policies, leading to a health-promoting culture.
- Policy and society level  
There is a social context, including social partners and responsible government organisations, service providers, media etc. The healthy organisation is a priority.

In March 2002 the European Commission published the new Strategy for OSH 2002-2006. This has three novel features:

- A global approach to well-being at work, taking into account new risks
- Consolidating a culture of risk prevention, combining political instruments and building partnerships
- Emphasising that a non-policy engenders heavy costs

He discussed the relationship between public health and OSH, with different perspectives around Europe. WHP has

emerged either as complementary or as a new platform.

ENWHP has developed a good WHP practice framework, with models of good practice, and a framework for SMEs. This has drawn on evaluation research and expert consensus on good WHP practice. There has been considerable debate across ENWHP over 6 years.

As an outcome, ENWHP has a general model of workplace health management, which can be regarded as a general action model for the implementation of good workplace health practices at the enterprise level. The development process has 4 elements:

1. Identification and analysis of existing national/regional approaches
2. Development of a draft European model
3. Consensus-building in the ENWHP
4. Field-testing and revision

“Processes” covers:

- Building commitment
- Developing an infrastructure
- Needs assessment
- Planning
- Implementation
- Review

“Outcomes” covers:

- Employee and customer satisfaction
- Health outcomes
- Business outcomes

It integrates national and general approaches, and assumes that a combined approach is important for the future. Much has been learned from



EFQM experience. Improving workplace health is key for competitiveness, innovation and the survival of the security system.

Research has shown common success factors for WHP, as the basis for the work of ENWHP:

- Based on analysis of health requirements and needs of an enterprise
- Involving all stakeholders in enterprises, especially workers and representatives of intermediary organisations
- Improving the quality of working life and conditions as well as the behaviour of individual workers
- WHP as an integral part of management practices and daily working life at all levels of an enterprise

**Responses from:**

**Lamberto Biziarelli**, Department of Hygiene and Public Health, University of Perugia, Italy (for Southern Europe), reported on behalf of ENWHP members in Spain, Portugal and Greece, as well as Italy, presented as the Sicily Decalogue.

In the South, WHP is a common topic, but with differences compared with

other EU countries. There is more surveillance than intervention. He cited the recent 3rd survey of European Working Conditions, showing more focus on work environment than on work organisation. A paternalistic approach continues. The Framework Directive has been very important. More collaboration between stakeholders is needed, together with clear and separate legislation for SMEs. Operational services need to be backed with resources. Responsibilities of public services need to be clarified, with more effective supervision. More information and a changed culture are required, with safety and health promotion included in medical training and training of employers and employees. Finance is vital.

There is cause for optimism, as quality is emphasised. Globalisation can help raise standards. Awareness has increased among employers. The level of education of employees has risen, but immigrants vary in their backgrounds.

He ended with questions. If it is so hard, why talk about WHP? Would it be better to focus on prevention? Why not keep to traditional rules? WHP is the key to

addressing current problems of continuing occupational illness and injuries. It is important in the context of enterprise development and regional policy. He expressed concerns over certification based on outputs, and reforms of health services, cutting resources available. This will threaten WHP and workplace health.

**Odd Bjørnstad**, National Institute of Occupational Health, Norway (for Northern Europe), discussed a healthy, motivated and well-qualified workforce, vital for Norway and Europe. This requires broader perspectives and new strategies. Prevention needs to be accompanied by promotional measures for people at work, WHP. This involves actual employees, asking for their opinions. Dialogue between prevention and promotion is a challenge.

There has long been research on prevention, but in Scandinavia this has not brought health and happiness to all workplaces. Sick leave and disability

benefits are increasing, with increasing costs to enterprises and public authorities. A new way of thinking is needed. In Norway there is a tripartite agreement, concentrating on older and disabled workers, aiming at an inclusive working life. Employees need to assess their own capacity, and, where possible, continue at work part-time, maybe with a changed role. The workplace should be health promoting. The first national conference is now being prepared, leading in effect to a Norwegian version of the Luxembourg Declaration, based on participation. We do not want answers from the experts, but from those involved, based on experience. Professional experts are needed, but complemented by WHP, with a comprehensive understanding of health.

**Alena Steflova**, Ministry of Health of the Czech Republic (for accession countries), spoke of experience in the accession countries. Initiatives have come from OHS experts, rather than from

government departments. ENWHP has been valuable, and the conference is important. The economic situation is improving, with increasing interest in WHP. Many accession countries had strong economies and social systems between the World Wars. She considered changes in tobacco and alcohol consumption. High quality health promotion is needed. She discussed forthcoming conference plans with WHO Europe. Dealing with life style issues takes time and resources. Health promotion in the Czech Republic started in primary medicine, and developed a workplace focus. She presented a summary of research outcomes, to be expanded in the breakout session.

ENWHP is building a forum of health promotion entities, helping provide a structure for WHP, and linking HR professionals to a range of programmes. National conference activities are bringing together stakeholders and health promotion professionals. More will be developed under the ENWHP 4th initiative, in which the accession countries hope to be active.

# Plenary II

## Public sector reform and the impact on workplace health

**Chair:** Reinhold Sochert

**Speakers:** Carlos Canales  
Maria Dolores Solé

**Reinhold Sochert**, Federal Association of Company Health Insurance Funds, Health Department, Germany, welcomed the speakers.

**Carlos Canales**, Directorate General of Public Service, Public Administration Ministry, Spain, introduced the Spanish situation. He concentrated on state administration in Spain.

In Spain there are three levels: state, territorial, and cities or local administration. There is a general law, with specific regulations for public administration. This involved training of those concerned, and the need to fill gaps with contributions from different jobs. This raises problems of job definition for the ministries concerned and the specialist bodies. The basic guidelines date from 1971, and were adapted to the decentralised model. The European Framework Directive and ILO Convention 155 were important, and required adaptation of Spanish law. Many responsibilities were passed to regional and city authorities. There were also issues for emergency and civil defence authorities, whose situation is now being addressed. Risk prevention, civil service responsibilities, and third party activi-

ties were covered, using the concept and practice of outsourcing. There can be problems in providing enough prevention services.

There are in total 2 million civil servants in Spain, of which 250,000 are at state level. Often they work in small units, dependent on central departments in Madrid. Transfer of responsibilities to autonomous institutions is almost finished. This involved some major changes in roles and functions. Safety and health committees are regulated in two ways, covering elected members and social partners. Decentralisation produced structures which did not fit constitutional requirements, such as with prisons. This presented complications, and needs for new forms of regulation. When government establish committees, they want full representation of delegated responsibilities, but this is not always possible. There is, in general, a committee for each province, with a concern not to duplicate provisions. A control system was based on auditing, covering needs of the workplace. Functions of technicians were determined according to the levels of their responsibilities. The ministry works in three groups, concerned to integrate services, deal with man-

agement procedures, and a working group for harmonisation. In a couple of years a more practical system should result.

**Maria Dolores Solé**, National Institute of Safety and Health, Spain, discussed the results of her network activities under the 3<sup>rd</sup> initiative of ENWHP, linked to the 3<sup>rd</sup> survey of European Working Conditions, from the European Foundation. She welcomed participants to Barcelona, and the conference. She thanked colleagues for their support on network activities.

The work has been reported in two volumes of documentation provided for the conference. She outlined the background of the ENWHP network, whose members have come together and now understand each other. This is possible. The goal is the exchange of experience in promoting activity. She reported on the third initiative. The first concerned best practice models, and the second concerned SMEs. The third concentrated on risks and WHP in public administration. A handbook and set of case studies have been produced, reflecting practice set out in the breakout sessions.



The task was not easy, with language and terminology complications. Public administration was defined as with NACE occupational classifications; there has been an increase in such work in recent decades. Some countries have been decreasing expenditure, and trends vary. Human resources are being concentrated at the point of provision. Age is important: workers over 44 have increased much faster in the public sector. Pressure of modernisation, with scepticism about quality, has caused additional problems. Resource procurement has been downplayed compared with outputs, and hierarchies have been reduced. New relations with customers have been established. Often worker involvement has been limited, with an impact on the quality of changes and the related data. There is a need for learning, with increasing use of ICT, and risks related to posture, repeated movement and handling. The problems are greater across the population as a whole, except in the Netherlands. Low temperature, noise and high temperature are less problematic than in the private sector.

Psychosocial factors in public administration are linked to high pressure and violence at work. The survey is limited in scope and consistency. Stress, low back pain and muscle pain were the main problems. Absenteeism was handled in the survey through leave of absence data, with public administration showing less absence due to injuries, but a higher level overall. The problem is highest at local level. Resources show convergence, despite different strategies across the EU. Work organisation and content have to be taken into account, together with advisory and information tasks, but with a lack of overall resources. The position appears in general better in the public sector than in the economy as a whole.

WHP activities in public administration were considered. The Ottawa Charter and Luxembourg Declaration set out an agenda that is broader than occupational health, and call for integration into different policy dimensions. The main requirements are for measures beyond current standards, building a healthy work organisation and environ-

ment. There are issues of employee perceptions, and participation by workers in decisions is required. WHP needs to be integrated into decision-making structures, and evaluated with indicators. Finland, Germany and Netherlands provided the core data.

She outlined the key questions behind the international data collection, on activities, reasons for WHP activities, and the organisations involved, comparing public and private sector levels of activity. Sickness absence was more significant than accidents, and well-being and satisfaction were seen as important. Implementation was often led by social insurance companies, and the detailed research came from Germany, suggesting more interventions in the public sector, but with better quality in the private sector.

Modernising public administration increases psychosocial risks and physical burdens. Higher rates of older workers and absenteeism are found in public administration. Interventions need to be integrated into processes of reform.



## Plenary Session III

### Current and future challenges in working life and their impact on workplace health

**Chair:** Juan Guasch Farrás

**Speaker:** Jorma Rantanen

The chairman, **Juan Guasch Farrás**, Director of the National Centre of Working Conditions, INSHT, Spain recalled his past encounters with Professor Rantanen.

**Jorma Rantanen**, Finnish Institute of Occupational Health, analysed changes in the world of work, and discussed their implications for health promotion. Rapid change is presenting new challenges: globalisation, changing work organisation, new technologies and changing demography. The pace of change is very rapid, by comparison with early stages in industrialisation.

Globalisation is complex, not just involving world trade, but also population change, cultural change, media power and global policies. Global governance has not been agreed, but there are changes in environment and employment arenas. There are new demands on health and safety, and impacts of income distribution.

- Large companies are getting larger, with budgets larger than those of countries. Usually there is a strong social and environmental dimension, but there can be problems.

- There is also a trend at local level for fragmentation into smaller enterprises, changing the balance of enterprise structures. This has implications for occupational health and health promotion, with greater resource requirements.

- The gap between rich and poor has widened.
- Working contracts have fragmented, presenting further complications for occupational health and health promotion.

- Time budgeting has changed: new technologies were intended to save time, but we are busier than ever. This has led to unconventional working hours, breaking physiological time rhythms. Man is a day animal.

- New technologies have been introduced intensively and rapidly: computers and mobile phones have spread rapidly, at home and at work. Work life has normally been the starting point for technology change: with mobile phones homes were involved from an early stage.

- The balance of the workforce has changed, with more white collar work, and less blue collar work, leaving 30% engaged in heavy physical work.

There are major challenges for education and training: knowledge is now renewed at a rate of 7% per year, while the workforce is renewed at 2% per year. Those at work need a lot of training.

Demographic change means an increase in older workers, and a shortage of workers in key areas. The problem will worsen, with major shortages, and a need to mobilise the population for work. This adds to the social requirement for occupational health and health promotion.

Exposures are changing, with old hazards joined by problems of the new economy, and a more complex picture. Problems are multi-causal, with multiple mechanisms and outcomes.

He analysed figures from the European Foundation Survey on Working Conditions, comparing the EU and Finland. Heavy loads remain a problem, with new problems linked to time budgeting, with stress and fatigue, meaning that it is harder to work well. There are also traditional risks, causing accidents. Haste and time pressure is top of the list.

SMEs can be risky, especially if engaged in primary production and manufacturing, where they have high risks but low service levels. Prevention is harder without knowledge and resources, so exposures are high. Middle sized companies have practices, materials and energy, but limited resources to devote to the problem.

He pointed to dichotomies. The Nordic countries have dealt with traditional problems such as lead, but allergies and hyper-sensitivities are increasing. Neck and upper arm complaints are common among ICT users. Accident risks have reduced, for example in Finland. There are strategies to reduce residual risks, but the mechanisms will be complex.

- New problems include violence from clients, in health and other public services, especially against women. We need to learn ways of controlling this.
- There is a new MSD epidemic, and often this arises from light work, with permanent disabilities. This appears to result from a mixture of psychological stress, muscular strain and individual predisposition. We are in a new era of occupational medicine, dealing with sub-clinical symptoms.
- The same applies to stress, which rarely leads to psychological disorders, but is widespread. It is individual and a disease of the organisation. We should find ways of dealing with stress.
- As an example, he presented the serious problem of indoor air, and the need for control.

Overall research continues to be important, and new tools are needed.

Research strategies need to be changed, recognising multi-causal situations, and dealing with new solutions. Applications involve prevention, promotion and the development of new services. The picture is complex, but new knowledge must be linked to practice.

How can we respond? EU policies are based on risk assessment, but the Framework Directive dates from mono-causal approaches in the days of manufacturing. The hardest problem is the assessment of exposures, but this is important. There are many uncertainties: structural, natural, input data, model uncertainty, and evaluation uncertainty. The product is therefore multiply uncertain, and applies to all exposures. Uncertainty in exposure assessment leads to an underestimate of risks. There are numerous new health risks.

We have to look at risks from the past, and also engage in predictive risk assessment, using new methods. As an example, he listed new methods in toxicology, and they need to be used.

Regulation is taking new forms, with a variety of strategies: he considered nuclear safety, and discussed the debate on a new nuclear power station, for which he suggested stringent use of the best available technology. In addition we see voluntary activities through corporate responsibility and the precautionary principle.

In summary, there are obstacles, but no need for depression. Complexity requires new approaches. Mobility and turnover of workers means shorter exposures. Self-employment and home working makes regulation hard, as does data protection. The solutions will be developed by those who deliver services.

He considered a long term lifetime approach, with stable OHS infrastructures. WHP should be part of permanent structures, not on a project basis. We need to be predictive, not post hoc. Complexity must be tackled, using rapid surveys. Multidisciplinary approaches are needed to uncover real causation, developing new methods. New technology can help us, with new approaches based on Bayesian logic, combining a priori expert knowledge, target levels and the precautionary principle, establishing long term trends and developing qualitative and quantitative measures.

The vision is of high quality work life, based on work ability, as undertaken in Finland. It meets old and new problems, and is appreciated by employers and employees. Overall we are moving to a new level of society in the global economy, with a new working life, with new problems which can be met by promotion and development-oriented multi-disciplinary responses.

The chairman, **Juan Guasch Farrás**, pointed out that there are lessons from the past, but we should not return to past mistakes. The lecture helps us approach the present, offering a more hopeful future.

# Plenary Session IV

## Responses to the future challenges for workplace health: from analysis to action

**Chair:** Horst Kloppenburg

**Speakers:** Lennart Levi  
Eberhard Ulich

The chairman, **Horst Kloppenburg**, European Commission, DG Health and Consumer Protection, introduced the session, with two distinguished former professors. He reflected on the changing world, and the challenges presented to all of us. It is important that the key messages should be understood, and passed on by the participants in their daily work.

**Lennart Levi** is Emeritus Professor of Psychosocial Medicine at the Karolinska Institute, Department of Public Health Sciences, Stockholm, Sweden. He regarded the meeting as hopeful, not just talking, but agreeing to act. He wanted to move from analysis to action: analysis is vital, but not enough. This network is aimed at making things happen. He discussed conclusions of the Swedish Presidency, concerning more and better jobs. There is a political mandate at European and national level. He quoted WHO in the recent World Report, on mental health and stress-related disorders, seen as the biggest overall cause of early death in Europe. It is a matter of life and death. The Treaty of Amsterdam Article 152 talks of health protection in all EU policies.

Why is this important? It is a matter of human concern, improvement well-being, of individual autonomy and participation by citizens and economic and social competitiveness. This costs money, but inaction also costs money. The Finnish Presidency, with ILO, calculated the costs, at 3% of GDP, 265 billion euros annually in Europe. Much could be achieved with a fraction of that budget.

Lennart Levi referred to his guidance on work-related stress "Spice of Life or Kiss of Death", published with the Bilbao Agency.

What is to be done? It is easy to be general. What should be the focus? Tony Blair's Green Paper "Our Healthier Nation", and the White Paper "Saving Lives: Our Healthier Nation", is a good starting point. Genes and age are hard to influence, but social and economic factors of inequality and social inclusion can be influenced. They are made by people, and accessible to action and modification. Life styles can be addressed through political and other actions. If there are no services, there are problems: education and health are very important. Knowledge needs to be applied, also in transport and leisure. Action needs to be co-ordinated, not piecemeal.

He suggested generic prevention and mental health promotion, with a focus on problem-solving skills. We need not wait for initiatives from Commissioners or Prime Ministers. We can act, and make a difference. WHO have listed key skills for psychosocial competence.

What is needed is a contract for "good work", with targets for action, as spelt out by Tony Blair. There are many types of players and stake-holders, who need to collaborate. International and local players are important, including ourselves. We can start here and now. Are people passive, exposed and victimised? Are they also active and responsible? Workers can act on their own, and together. There are many approaches, including corporate social responsibility, the subject of a European Green Paper, dealing with restructuring, and considering all the costs. The Commission has called for a triple bottom line, including financial, environmental and social criteria. They need to be combined into one component, sending signals to stakeholders that the organisation means business.

The EU, in Lisbon, set ambitious goals for the future, to be the leading competitive, dynamic and sustainable knowl-

edge-driven economy and society. This requires healthy workplaces and lifestyles. Obstacles can be a lack of commitment. The legislation is there, but lacks teeth and effective monitoring. We must fight territoriality at all levels: the same individuals and population are covered by competing ministries and agencies.

He ended with an account of "The Heart of the Enterprise" in Sweden, with stress linked to heart-lung problems. There is active collaboration on a dissemination and implementation project, narrowing the science-policy gap, and training the trainers at the Karolinska Institute. New curricula are being developed, with an evidence-based website and regional and local conferences, with added media awareness. There need to be state of the art publications, including booklets and guidelines, and networking, such as with ENWHP. Good intentions are not enough, so research is also needed.

His last slide illustrated a foot and a shoe, and the deforming effect of shoes, a metaphor for the deformation of workers in working life. Prevention is necessary. The shoes can be improved, or the owners of feet can be enabled to adjust their shoes, or their working life.

**Horst Kloppenburg** sees simple solutions, which can be implemented, as the key. He worried about the use of jargon, and the separation of different environments for health. He wondered what workplace health means. We need a unified view, not narrow fragmentation.

**Lennart Levi** argued that life can be a salami sausage, narrowly divided. We should see the entire sausage.

**Eberhard Ulich** is Former Director of the Institute for Work Psychology at the ETH Zurich, Switzerland. He reflected that old generals never die: it is a privilege to try to connect the past and the future. He recalled the foundation of the International Council for the Quality of Working Life. This involves socio-technical systems design, action research, health promotion and job design. Work is a means of personality development, and binds individuals to reality. National programmes for enhancing working life, and humanising work, have continued. Sometimes they produced health promotion, sometimes they encountered resistance to change. Corporate culture and work promotion are linked, yet enterprises continue to neglect the issues, declining to value health and knowledge (he quoted Ennals at IUHPE 2001). This neglect leads to the problems explored by Rantanen and Levi.

He illustrated the EU strategy development, with the Communication "Adapting to change in work and society". Every worker has a right to working conditions that respect his health, welfare and dignity. The European Commission approach is based on prevention. There needs to be a further strategy of health promotion.

He compared corporate OSH and WHP. In the former, people are to be protected, with a deficit model, and a focus on illness. WHP is based on autonomous

active subjects, and a focus on health. It is a matter of a development perspective, creating an environment for healthy work. We move from perceiving threats, to perceiving opportunities. Rather than an individual approach, we consider groups and complete tasks, with organisational and social dimensions considered. Competence, coherence, self-effectiveness and health are objectives. Effects need to be long term. Changes in working time and work organisation make WHP all the more important.

The Bilbao Agency report on the changing world of work, often updated, notes the impact on safety and health. The European Commission is committed to adapting legislation on MSD and display screens, taking better account of ergonomics at the workplace. It is addressing issues of stress in the employment guidelines for 2003.

Stress in the workplace has been neglected. Stressors deriving from work organisation have been ignored, in favour of individual solutions. Condition-related corporate interventions can be effective. Back pain is linked to low social support, and inadequate rest and recovery breaks. Taylorist work organisation has health effects.

He dealt with motivating personality and health promoting job design, with complete tasks, social interaction, individual autonomy, and meaningful work. There are considerable savings available from such approaches. 23 billion marks were attributable in Germany to heavy lifting, but 18 billion were attributed to limited autonomy, and further sums to

limited mental demands. Autonomy without rules may lead to self-exploitation. There are also individual differences. Requirements may be too high, too complex, too quantitatively oriented. He discussed complexity and efficiency.

He concluded with projections of the future. Long waves in the economic cycle suggest that it is not technical development that is determining prosperity. The lowest common denominator of the sixth Kondratiev wave, starting now, is based on health. In particular, psycho-social effects of work are seen as important, in the analysis of quality of work. Health promotion is not just about humanity and dignity, but also of economic and social prosperity.



*Audience*

## Closing of Conference

The proceedings of the conference were summarised by the rapporteur, **Richard Ennals**, of the Centre for Working Life Research, Kingston University.

**Ilmo. Sr. Leodegario Fernández Sánchez** is Director of the National Institute of Safety and Hygiene (INSHT), Spain.

**Florentino Alonso Arenal** is Technical Deputy Director of the National Institute of Safety and Hygiene (INSHT), Spain.

# Breakout Sessions

## Monday 17<sup>th</sup> June

### Breakout Session I: 7 parallel sessions



### Presentation of national experiences:

- What are the main drivers of workplace health improvement?
- How can decision-makers and policy-makers be convinced that workplace health deserves high priority awareness and promotion?
- What can we learn from mistakes made? How can we prepare ourselves for future challenges?
- How can innovation be put into practice in a health-conducive way?

### Bulgaria/Hungary

**Chair:**

- *Boguslaw Baranski*, Regional Adviser Healthy Workplaces, WHO Europe

**Speakers:**

- *Zaprian Zapryanov*, National Centre of Hygiene, Medical Ecology and Nutrition, NCO Bulgaria
- *Valeri Apostolov*, Bojidar Pnajotov, Ministry of Labour and Social Policy, Bulgaria
- *Galia Bozhanova*, Bulgarian Industrial Association (employers)
- *Ivan Kokalov*, Confederation of Independent Trade Unions of Bulgaria (KNSB)
- *Gábor Galgóczy*, National Institute of Occupational Health, Hungary
- *Csilla Faragó*, National Federation of Hungarian Trade Unions
- *László Kertész*, MOL Hungarian Oil and Gas Company

### Germany

**Chair:**

- *Alfons Schröer*, BKK; Federal Association of Company Health Insurance Funds, Dept. of Health, Germany

**Speakers:**

- *Annette Gässler*, Association of German Company and Industrial Doctors
- *Elefteria Lehmann*, President of the State Institute for Occupational Safety and Health, North Rhine Westphalia
- *Karl Kuhn*, Federal Institute for Occupational Safety and Health
- *Heidemarie Krug*, Trade Union Secretary, IG BCE
- *Gregor Breucker*, Federal Association of Company Health Insurance Funds, Dept of Health
- *Rosemarie Apitz*, Michael Römer, Federal Ministry of Health

## Ireland/Wales

### Chair:

- *Miriam O'Connor*, Programme Manager Workplace, Health Education Board for Scotland

### Speakers:

- *Richard Wynne*, Work Research Centre, Ireland
- *Fergus Whelan*, Irish Congress of Trade Unions, Dublin (ICTU), Ireland
- *Frances Keegan*, Health Promotion Unit, Department of Health, NCO Ireland
- *Brenda Stephens*, The National Assembly for Wales, Health Promotion Division, NCO UK
- *Betty Phillips*, Welsh TUC
- *Neil Lodwick*, Bridgend County Borough Council Bridgend, Wales

## Liechtenstein/ Switzerland

### Chair:

- *Dr. Ines Rajower*, SUVA, NCO for Liechtenstein and Switzerland

### Speakers:

- *André Frej*, Chief of Arsenal, Military on Civil Defence Office, St. Gall
- *Ines Rajower*, SUVA
- *Volker Schulte*, Member of Director's Board, Health Promotion Switzerland

- *Joe Weiss*, State Secretariat for Economic Affairs, Section Working Conditions

## Netherlands

### Chair:

- *Dr Paul Baart*, Dutch Centre for Workplace Health Promotion, NCO Netherlands

### Speakers:

- *Lenneke Vaandrager*, Dutch Centre of Workplace Health Promotion
- *André van Dongen*, Ministry of Finance, The Hague
- *A. Kalis*, Ministry of Public Health, Welfare and Sports, The Hague
- *Anemone Bögels*, The Netherlands Asthma Foundation
- *Carolien Frenkel*, VON/NCW (Employers Organisation)

## Norway/Belgium

### Chair:

- *Marc de Greef*, General Manager, PREVENT, NCO Belgium

### Speakers:

- *Björn Erikson*, Norwegian Confederation of Trade Unions
- *Magnar Kleiven*, Confederation of Norwegian Business and Industry

- *Thomas Saaheim*, Ministry of Labour and Government Administration, Norway
- *Luc van Hamme*, Ministry of Employment, Labour Inspection Brussels, Belgium
- *Kris de Meester*, Federation of Enterprises in Belgium (FEB)
- *Kris van Eyck*, ACV – Dienst Onderneming, Brussels, Belgium

## Spain

### Chair:

- *Montserrat Garcia Gómez*, Counselor in Occupational Health, Ministry of Health and Consumer Protection

### Speakers:

- *Valentin Esteban Buedo*, Occupational Health, General Directorate for Public Health
- *Pere Plana Almuni*, Spanish Society of Safety and Medicine at Work
- *Germán Milara López*, Occupational Health, UGT - trade union, Catalonia
- *Neus Moreno Sáinz*, Occupational Health, CCOO - trade union, Catalonia
- *Felipe Manzano Sanz*, Spanish Confederation of Managerial Organisations
- *Elies Colomer*, President, Foundation for Human Resource Motivation

# Breakout Session II: 6 parallel sessions Models of good practice of WHP in public administration

Case studies from the public administration sector are documented in the report "Models of Good Practice for Workplace Health Promotion in the Public Administration Sector" presented to the conference.



## Session 1

### Chair:

*Elisabeth Galanopoulou, CHOS, NCO Greece*

### Austria: Prison of Schwarzau

*Dieter Brechtelsbauer*

### Greece: Ethel Bus Company

*Constantina Lomi*

### Sweden: Systembolaget

*Hans Åkerblom*

## Session 2

### Chair:

*Marc de Greef, General Manager, PRE-VENT, NCO Belgium*

### Belgium: La Louviere

*Karla Vandenbroek*

### Ireland: Donegal County Council

*Richard Wynne*

### Portugal: Camara Municipa Oeiras

*Alvao Duro, Ramos Osório, Ana Curto*

## Session 3

### Chair:

*Reinhold Sochert, Federal Association of Health Insurance Funds, Health Department, NCO Germany*

### Germany: City of Dortmund

*Egmont Baumann*

### Norway: Local Authority of Bärum

*Inger Merete Skarpass*

### Spain: SESLAP: A way of Networking in Public Administration

*Jesús Mateos Rodriguez*

## Session 4

### Chair:

*Dagrun Thordadottir, Administration of Occupational Safety and Health, NCO Iceland*

### Denmark: Library for the Blind

*Inge Marie Wiegmann*

### Iceland: Directorate of the Customs

*Gerdur Palmarsdottir*

### Switzerland: Military on Civil Defense Office

*Ines Rajower, André Frei*

## Session 5

### Chair:

*Dr. Giuseppe Masanotti, Department of Hygiene and Public Health, University of Perugia, NCO Italy*

### Finland: Regional Tax Office

*Hillpu Kajaste*

### Italy: Municipality of Martignacco

*Perluigi Struzzo*

### Netherlands: The Facility Service of the Municipality of The Hague

*Corien van Vliet*

## Session 6

### Chair:

*Gábor Galgóczy, National Institute of Occupational Health, NCO Hungary*

### Czech Republic: Municipal Authority of the Town of Sokolov

*Milan Horváth*

### Romania: National Agency of Public Servants

*Theodor Haratau*

### Hungary: National Institute of Occupational Health

*Éva Grónai*



## Breakout Session III

Selected issues of current and future workplace health trends were presented and discussed during this series of parallel sessions.

Selected issues:

### Methods for promoting and implementing workplace health

(prepared by NCO Spain and NCO Norway)

**Chair:**

*Odd Bjørnstad*, National Institute of Occupational Health, NCO Norway

**Speakers:**

*Manuela Sarmiento*, Instituto Superior Técnico, Portugal

*Cathrin Frisemo*, Försäkringkassan, Sweden

*Mariona Portell*, Universidad de Barcelona, Facultad de Psicología, Spain

*Maria Sala*, Ajuntamen de Sabadell, Department de Salut, Spain

*Maria Dolores Solé*, National Institute Safety and Health, Spain

*Gianfranco Mochi*, CEO of Health 2000 Consulting (Madrid-Milan)

*Marco Conti*, Lugano Regional Hospital, Switzerland

### Work life balance

(prepared by NCO Germany)

**Chair:**

*Karin Kunkel*, Federal Association of Company Health Insurance Funds, ENWHP Secretariat, Germany

**Speakers:**

*Elke Langbein*, Fauth-Herkner & Partner, Germany

*Sue Cruse*, GlaxoSmithKline Corporate Headquarters, UK

*Joseba Euraskin Yabar*, Launaro-Mondragon, Spain

*Xabier Goitiandia*, MEIER Group, Spain

### Corporate culture and leadership

(prepared by NCO Romania and NCO Sweden)

**Chair:**

*Ewa Menckel*, National Institute for Working Life, Sweden

*Theodor Haratau*, The Romtens Foundation, NCO Romania

**Speakers:**

*Lars Österblom*, Senior Consultant in Work Organisation, Sweden

*Eva Thagemark*, National Institute of Public Health, Sweden

*Daniela Olar*, Occupational Health Department, SELGROS, Romania

### Psychosocial well-being at work

(prepared by NCO France and ENWHP Chairman)

**Chair:**

*Michel Vallée*, ANACT, France

**Speakers:**

*Antoni Arteman I Jané*, PAIM, Spain

*David Gold*, Safework, International Labour Office, Geneva

*Nathalie Henke*, Federal Institute for Occupational Safety and Health, Germany

*Karl Kuhn*, Federal Institute for Occupational Safety and Health, Germany

*Michel Vallée*, ANACT, France



### Evidence and quality

(prepared by NCO Netherlands)

**Chair:**

*Paul Baart*, Dutch Centre for Workplace Health Promotion, NCO Netherlands

**Speakers:**

*Lenneke Vaandrager*, Dutch Centre for Workplace Health Promotion, Netherlands

*Gerard Zwetsloot*, TNO Work & Employment, Netherlands

*Jano Moravik*, MD Skoda/ *Peter Slacala*, Dipl. Ing/ *Milan Horvath*, National Institute of Public Health, Czech Republic

*Brenda Patterson*, Health Canada, Canada

*Richard Wynne*, Work Research Centre, Ireland

### Networking and partnership

(prepared by NCO Austria)

**Chair:**

*Elfrieda Kiesewetter*, Oberösterreichische Gebietskrankenkasse, NCO Austria

**Speakers:**

*Christian Wittinghofer*, Local Government Office, Lasberg, Austria

*Tommy MacDonald Milner*, Marks and Spencer, London

*Marc de Greef*, General Manager, PREVENT, NCO Belgium

*Uwe Brandenburg*, Volkswagen AG, Wolfsburg, Germany

*Miriam Gröschel*, Bertelsmann Foundation, Germany

# Healthy Workplaces Towards Quality and Innovation

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