

Move Europe

Company Health Check: an instrument to promote health at the workplace

Review Paper and Catalogue of Quality Criteria



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February, 2007

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1 Introduction

Overview of the project

This review paper has been written within the framework of Move Europe, a campaign for the improvement of lifestyle related workplace health promotionⁱ in Europe. The project will focus on the following four fields: physical exercise, smoking prevention, nutrition and mental health. The major objectives of this project are:

- To convince European companies and other organisations to invest in programmes which help to improve lifestyle oriented behaviour in Europe, with a special focus on “physical exercise”, “smoking prevention”, “nutrition” and “mental health”;
- To raise more awareness among stakeholders, companies and general public on the needs and benefits of workplace health promotion in the defined target fields;
- To foster exchange of experiences in the field of lifestyle related WHP and to facilitate the cross-border knowledge-transfer, particularly between states with a further advanced status and those lacking behind;
- To improve the practice and quality of lifestyle related WHP and WHP in general.

To fulfil these objectives, several specific goals are set, among which the development of an online-generated company health check for self-assessment, which will challenge organisations to self-reflect on WHP and lifestyle topics.

The target group for this health check consists of all kinds of companies, small or large, public, non-profit or private, industrial or services, beginners or experienced, etc. The health check will treat the four topics and basic elements of WHP.

The results of the health check will give organisations an indication of the efficiency of their WHP programmes or initiatives. Along with a general view on their WHP status, advice will be given on how to improve or implement a WHP program or policy.

Overview of the paper

The main purpose of this paper is to give a review on the one hand of evidence of successful WHP programs and on the other hand of existing questionnaires or assessment tools including the topics nutrition, smoking, exercise and stress. This review allows defining quality criteria for WHP on which the Company Health Checkⁱⁱ will be based.

The first chapter provides an introduction focusing on the benefits of WHP for both employers and employees. Especially the topics nutrition, exercise, smoking and stress will be emphasized.

ⁱ Workplace Health Promotion = WHP

ⁱⁱ Company Health Check = CHC

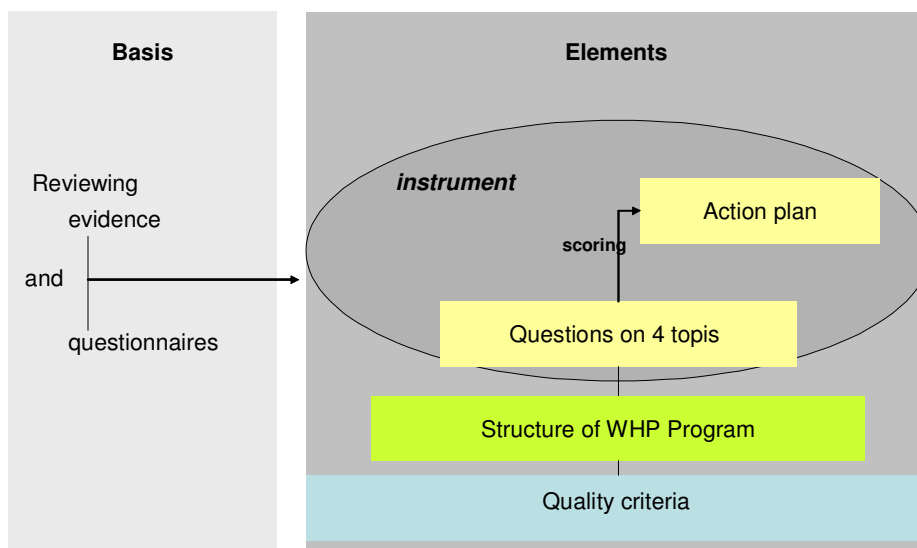
The second chapter presents the quality criteria on which the CHC is based. Both the critical success factors for WHP programs concluded from literature and the quality criteria provided by the ENWHP will be discussed.

In the third chapter, a short description of each of the reviewed assessment tools or questionnaires will be given. This description will contain the usefulness of the tool for developing the CHC.

Based on the reviewed information, a company health check concerning nutrition, exercise, smoking and stress can be made. Quality criteria will be defined based on a combination of the quality criteria of ENWHP and the conditions resulting from the literature review. Apart from the criteria, the structure, the weighting factors and the actual health check will be provided.

To finish this review, a conclusion will be formulated summarizing the essence of this paper.

Figure 1 – From review to Company Health Check



2 Why Health Promotion at work?

Nowadays, the world of work is characterised by major change. Organisations have to take several recent evolutions into account.^{2,4,15,23,37}

- The economic world is characterised by globalization, which has great effects on the position of many companies;
- Unemployment, especially in certain age groups is very common in most European countries;
- Organisations have to adapt to the increasing use of information technology;
- Changes in employment practice (e.g. short-term and part-time employment, tele-work) influence working conditions;
- Many organisations have to provide adapted workplaces, flexible time tables, etc because of ageing;
- The service sector gains importance, which means other risk factors for health become more important;
- A lot of attention goes to quality management and customer service;
- An increasing number of people work in small and medium sized enterprises (SMEs) because organisations are downsizing.

For an organisation, the challenge consists in finding solutions to the problems these changes produce. WHP can play an important role in dealing with these challenges as many of them will affect health or general well-being from the workforce². WHP should aim at making employees healthier, more motivated, mentally stronger and as a consequence able to withstand change.

The content of WHP is defined by the European Network for workplace health promotionⁱⁱⁱ as follows:

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

In the Luxembourg declaration WHP is described as a modern corporate strategy, which aims at preventing ill health at work (including work-related diseases, accidents, injuries, occupational diseases and stress) and enhancing health-promoting potentials and well-being in the workforce.²⁷

According to the network this can be achieved through a combination of:

- Improving the work organisation and the working environment;
- Promoting active participation;
- Encouraging personal development.

The key word in this definition is logically “health”. The meaning of health within the framework of WHP has been discussed in O’Donnell¹⁶: *Health must be seen as a comprehensive concept, which can be defined as “a resource for everyday life ... a positive concept emphasizing social and personal resources as well as physical capabilities.” In this definition health is presented as the combination of physical, social and mental well-being. This means that successful social interactions, positive*

ⁱⁱⁱ www.enwhp.org

attitude, coping and problem solving skills, and every other characteristic that has a positive effect on general well-being is part of "health" in the context of WHP.

According to O'Donnell more and more organisations provide health promotion programs at work to improve the health of all employees. After all, health promotion programs can produce a variety of effects, including disease prevention, increases in health awareness, risk reduction and reduction in demand for marginal health services. The most immediate impact should be seen on morbidity and disability from common problems such as respiratory and musculoskeletal conditions and reduction in demand for medically marginal or unnecessary services.¹⁶

2.1 The positive impact of WHP measures

Introducing and implementing WHP results in benefits for the organisation. These benefits can occur both at individual and at organisational level.

2.1.1 For the organisation

There are several reasons why an organisation should invest in workplace health promotion. The organisation can benefit from it, by improving working conditions and thereby generating organisational benefits linked to health, social, image and economic aspects. The benefits, which an organisation can gain from, might be the following^{2,8,11,16,18,36}:

- Increased productivity which can lead to increased profits;
- Less costs because of reduced absenteeism, less occupational accidents and less occupational diseases;
- Improved human resources management through better recruitment, better job retention and lower employee turnover;
- Improved employee relations;
- Lower level of stress;
- Improved work environment;
- Enhanced corporate image because good health is valued by society, customer satisfaction is higher and the position in the labour market is better.

According to O'Donnell¹⁶ the three most widely cited reasons to invest in WHP are medical cost containment, productivity enhancement and image enhancement.

2.1.2 For the individual

The individual employee will also experience positive effects from workplace health promotion. A WHP program leads to a greater health awareness, higher motivation, higher morale, and commitment which leads to less occupational accidents and diseases, better health, higher quality of life, more job satisfaction, improved working relationships and higher job security.^{2,10,27}

2.1.3 Benefits reinforce one another

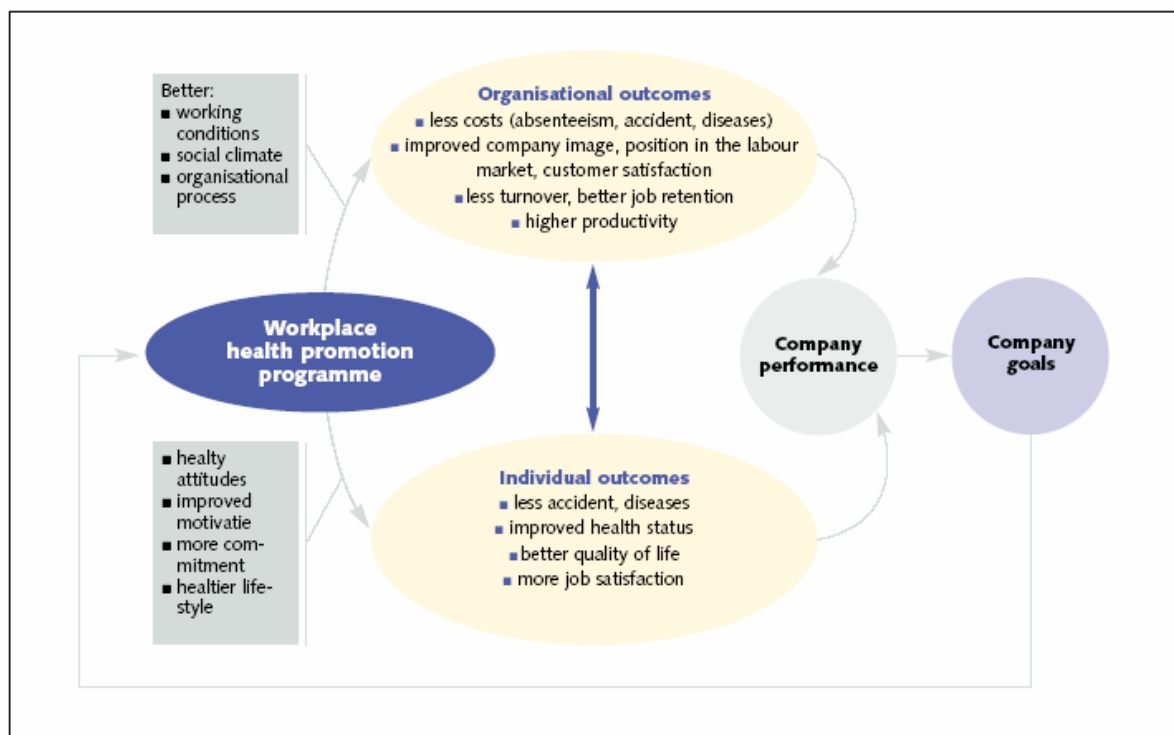
The organisational as well as the individual benefits coming from WHP, make the implementation of WHP in an organisation worth the effort and investment. However, De Greef and Van den Broek² point out the fact that implementing WHP doesn't necessarily generate the above outcomes. WHP programs have to fit the organisation to be really efficient. Only when the program fits the corporate strategy, philosophy and culture, and is aligned with the company's goals, benefits will be achieved with the health activities.

De Greef and Van den Broek presented in "Making the case for WHP" a conceptual framework which offers an insight into the relationship between the WHP process and the outcomes.²

The framework proposes a concept of workplace health promotion, integrated in the business strategy and aligned with the company goals, influencing both the individual and the organisational components. The WHP program generates effects and outcomes that influence company performance positively and which contribute to the company goals.

The framework is presented below:

Figure 2 - Concept of workplace health promotion, De Greef and Van den Broek²



In the framework a link is visualized between the different outcomes and between the organisational and individual level. This link generates important additional effects and outcomes. Individual effects such as an improved job satisfaction will have an additional positive impact on the organisation, leading for instance to lower costs due to less absenteeism or a higher productivity. On organisational level, WHP can lead to better working conditions, e.g. adapting a workstation in order to prevent back pain, resulting in less diseases, an improved image, less staff turnover, etc.

But at the same, this can have a positive impact on the individual worker improving motivation and job satisfaction.

2.2 Four topics that need our attention

The company health check that will result from the project Move will address four important lifestyle issues: nutrition, smoking, exercise and stress.

The choice of those topics is justified by the fact that nowadays lifestyle of many people and thus employees is featured by those issues. Stress, especially distress, is a present-day plague which many companies have to deal with. People don't have and/or take the time to prepare healthy food; they dine more in restaurants, consume more fastfood or take aways and they don't drink enough water. The changes in the work world resulted in more sitting work leading to a more sedentary lifestyle for many of us. Besides that, we neither move enough during and after/before work, nor do we exercises or sports in general to stay fit. Furthermore, still many people smoke and youth begins to smoke at a younger age, which has negative effects on smokers and non-smokers. Each of these issues has a negative outcome on health of our workers, which can lead to negative effects on individuals and therefore also on the organisation.

In the world health report of 2002 several risk factors of diseases are discussed. The leading 10 risk factors as percentage causes of disease burden in the developed countries were presented in the report²⁸. They are given in the table below:

Table 1 - Leading 10 risk factors of disease burden

Risk factor	% cause*
Tobacco	12,2
Blood pressure	10,9
Alcohol	9,2
Cholesterol	7,6
Overweight	7,4
Low fruit and vegetable intake	3,9
Physical inactivity	3,3
Illicit drugs	1,8
Unsafe sex	0,8
Iron deficiency	0,7

Source: The World Health Report 2002

* measured in DALYs

From these 10 risk factors, 8 can be directly or indirectly linked to the four topics that are subject of the Move project. These figures clearly prove the important impact of nutrition, exercise, tobacco use and stress on health.

The importance of each topic and/or the negative effect it might have on health will be discussed in the next four paragraphs.

2.2.1 Nutrition

Our eating behaviour has a substantial impact on our overall well-being. A healthy and balanced diet is vital to our health. Overconsumption of some dietary components might contribute to obesity, malnutrition and certain diseases. Obesity is the result of chronic excess energy intake which occurs when one (over)consumes high-calorie foods mostly combined with a sedentary lifestyle. Overconsumption of certain components frequently goes hand in hand with underconsumption of protective foods (eg. Fruit and vegetables) leading to a deficiency of vital substances. (eg. Vitamins, iron, ...) Poor eating patterns lead also to high risks of chronic diseases as heart disease, cancers and diabetes. The table below shows the negative outcomes of nutrition-related risks. ^{16,26,28}

Table 2 - Nutrition-related risks and their adverse health effects

Risk factor	Adverse health effects
Dietary fat intake	Heart disease, stroke, diabetes, cancer, overweight, digestive diseases, problems with mobility, etc
Dietary fiber intake	Heart disease, colorectal cancer, breast cancer, prostate cancer, digestive diseases, diabetes, constipation, irritable bowel syndrome etc
Overweight	Stroke, ischaemic heart disease, diabetes, osteoarthritis, postmenopausal breast cancer, activity limitation, etc
High Cholesterol	Stroke, ischaemic heart disease, angina pectoris
High blood pressure	Stroke, hypertensive disease, ischaemic heart disease, renal failure, etc
Low fruit and vegetable intake	Stroke, colorectal cancer, gastric cancer, postmenopausal cancer, ischaemic heart disease, lung cancer

Source: O'Donnell 2002 & The World Health Report 2002

The health risks are even higher when considering obesity. Obesity increases risk for coronary heart disease, diabetes, breast and colon cancers, hypertension, elevated total and LDL-cholesterol, stroke, osteoarthritis, gallbladder disease and pregnancy complications. Considering the fact that the percentage of obese children grows every year, obesity will be an important risk factor in future. ¹⁶

It's important to realise that not only the unilateral intake of fat has a negative influence on health. Every overconsumption of a dietary component has to be avoided. One has to strive for a healthy and balanced diet.

These nutritionally-related health effects affect individuals as well as their environment. They reduce quality of life and work productivity and increase health care costs, premature disability and death. The economic consequences from poor dietary practices are substantial. For individuals, these are primarily in lost income and high health care costs. For employers, consequences of poor dietary practices include absenteeism, reduced productivity, disability and high health care utilization. ^{16,26,28}

Poor eating patterns comprise a widespread problem in the European region and have an important influence on our general well-being. As it is important for each company to have healthy, motivated and productive employees, organisations should invest in the promotion of healthy eating.

2.2.2 Smoking

Although tobacco is extremely harmful to our health, it still can be legally purchased. This addictive substance is cultivated in many regions around the world. In industrialised countries, smoking has been common for many decades and accounts for a considerable proportion of mortality. Smoking is estimated to cause over 90% of lung cancer in men and about 70% of lung cancer among women. In the European region tobacco products kill more than 1,2 million people each year.²⁸

The use of tobacco causes besides lung cancers several other diseases and has negative effects on the general well-being of smokers and non-smokers. These negative effects of tobacco use not only affect the individual. Workplaces should be concerned with tobacco control for a variety of reasons. Smoking employees have excess illness costs and smoking is associated with increased absenteeism and reduced productivity.¹⁶ The negative health effects on individuals and the effects on organisations are presented below:

Table 3 - Tobacco-related health effects

Adverse health effects	Effects on the organisation
Heart disease	Lost production
Lung cancer	Lower productivity
Obstructive pulmonary disease	Higher sickness and absenteeism
Stroke	Increased early retirement due to ill health
Chronic respiratory disease	
Other cancers	
Etc	

Source: O'Donnell 2002¹⁶ & Griffiths & Graves 2002⁷

Besides the fact that tobacco use negatively affects health of the smokers, health of non-smokers might also be harmed by breathing other people's tobacco.^{26,31} It's the responsibility of an organisation to protect the health of all her employees and provide a smoking policy that enables the design of activities to stimulate employees to quit smoking.

2.2.3 Exercise

Opportunities for people to be physically active exist in the four major domains of their day-to-day live: at work, for transport, in domestic duties and in leisure time. More and more people are physically inactive which means they are doing very little or no physical activity in any of these domains. Many people start their day with sitting in the train or car, they sit at work, they eat lunch sitting down and they sit to watch television. Far too many people have a sedentary lifestyle. However physical activity has important benefits for our health while the lack of it has negative outcomes.

The table below shows the benefits of physical activity compared to the negative outcomes of inactivity.

Table 4 - Benefits of activity compared to negative effects of inactivity/sedentary lifestyle

Health Benefits	Adverse health effects
Reduced risk of coronary heart disease	Diabetes
Increases cardiac output, blood flow, oxygen uptake, energy levels, metabolic rate, hormone levels	Higher prevalence of disability
Decreases blood pressure, cholesterol, blood glucose levels	Increase of weight
Reduces depression, anxiety	Heart disease
Improves mood	Low back pain
Enhances ability to perform daily tasks	Arthritis
Reduced risk of hypertension	Osteoporosis
Reduced risk of colon cancer	Reduced creativity
Reduced risk at diabetes mellitus	Reduced endurance
Etc	Etc

Source: O'Donnell¹⁶ & US Department of health and human services²⁰

These benefits make that regular physical activity improves quality of life of people of all ages and has a strong protective effect against mortality, morbidity and disability.

Thus, people who are physically active reduce the risk at several diseases, obesity, musculoskeletal problems and show a higher productivity. These benefits justify the implementation of an exercise policy at work. Active people are healthier and healthy people are more productive. When stimulating employees to be active, it's important to emphasize the importance of exercise through the day and not only at work.^{16,20,26}

2.2.4 Stress – mental health

With a contribution of 28%, work-related stress is one of the biggest work-related health problems in the European Union. Only back pain has a higher prevalence at the worksite.¹⁷

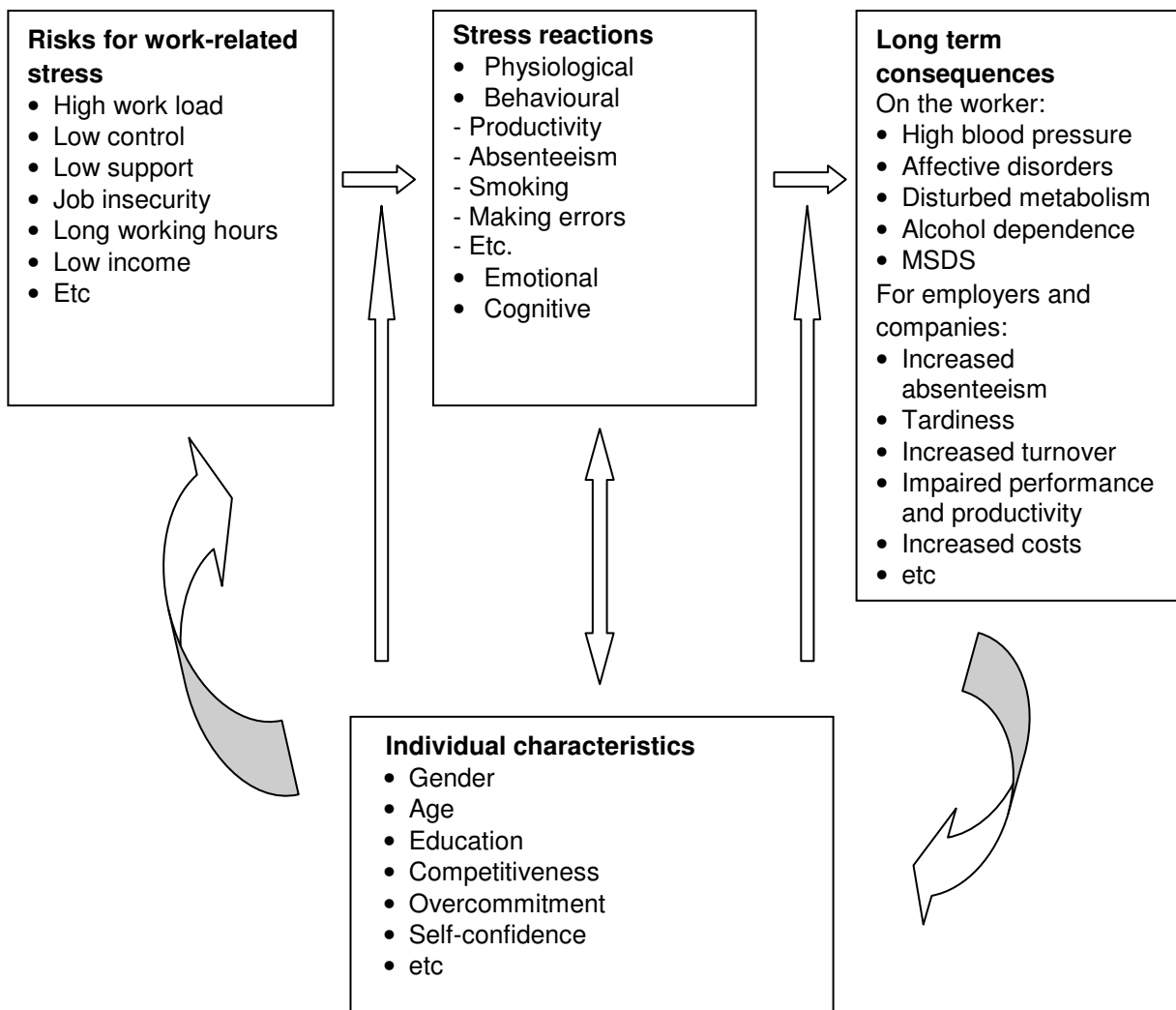
Work-related stress is a pattern of reactions that occurs when workers are presented with work demands that are not matched to their knowledge, skills or abilities, and which challenge their ability to cope. When the worker perceives an imbalance between demands and environmental or personal resources, this can cause stress. The imbalance can mean that the worker no longer feels able to cope with his work or that the worker isn't longer challenged by his often monotonous work.³⁵

The causes of work-related stress can be found by examining both personal attitudes and the working conditions, for example in the work organisation, work equipment, and the work environment (e.g. noise). This differentiation is based on an assumption that stress cannot be attributed to one individual problem. Stress can occur on the one hand as a result of personal characteristics inherent in each individual (physical, psychological and psycho-social factors), and on the other hand can arise from measurable external factors.⁹

Stress can result in a number of reactions, namely, physiological responses, emotional responses, cognitive responses and behavioural reactions. The effects on the physical and psychological health of people with stress differ, ranging from diseases of the heart or the blood circulatory and digestive systems to psychological problems. These psycho-physical risks not only cause physical strains, but are also damaging to enterprises and the economy. Job stress, particularly high demand-low control situations, has been correlated with excess mortality as well as morbidity and lost productivity. The EU estimates that the financial cost of stress at workplaces in the community (EU-15) amounts to 20 billion Euro annually.^{9,35}

In a study from the European Foundation for The Improvement of living and Working Conditions, a model of causes and consequences of work-related stress is provided. This model shows the links between these factors in an orderly manner.³⁵

Figure 3: Model of causes and consequences of work-related stress, Eurofound³⁵



3 Criteria to consider when preparing the company health check

In order to provide a correct assessment of the WHP status of an organisation it is important to determine the success factors of existing programs on WHP (2.1). These success factors together with the quality criteria of the ENWHP (2.2) form the basis of the criteria used for the CHC.

3.1 Critical success factors for WHP programs

Over the years, many organisations have set up all kind of WHP activities and programs. Sometimes with success, sometimes the activities were less successful. Reviewing WHP programs, it is possible to determine the factors that are critical for success. Only programs that meet these criteria contribute to the goal of WHP "healthy employees in healthy organisations". This is why the critical success factors of WHP programs must be at the basis of a questionnaire that assesses the WHP status of an organisation. In the literature, reviews can be found of researchers that already studied the benefits and success factors of WHP programs. Based on these reviews we can describe the conditions for successful programs. We have found that researchers all agree that comprehensiveness (3.1.1) of WHP programs is a key success factor. Comprehensiveness combined with organisational and strategical conditions (3.1.2) are the criteria for successful WHP programs.

3.1.1 Comprehensive health promotion

When an organisation decides to invest in workplace health promotion, it's important that the initiatives fulfill certain conditions to success. Several researchers have already studied these success factors, which have been summarized in multiple reviews over the past decades.

According to these studies, the most effective workplace health promotion is comprehensive⁵. It's the first and most important factor that has to be fulfilled unconditionally. The concept "comprehensive workplace health promotion" has been described repeatedly; sometimes in a slightly different manner but always resulting in the same.

The comprehensive approach arised when WHP no longer only focused on individual behaviours and lifestyle change but also included organisational health.¹⁴

Shain and Kramer put this evolution in a broader context and phrase it as follows: "...it needs to be acknowledged that health, as we experience and observe it in the workplace, is produced or manufactured by two major forces:

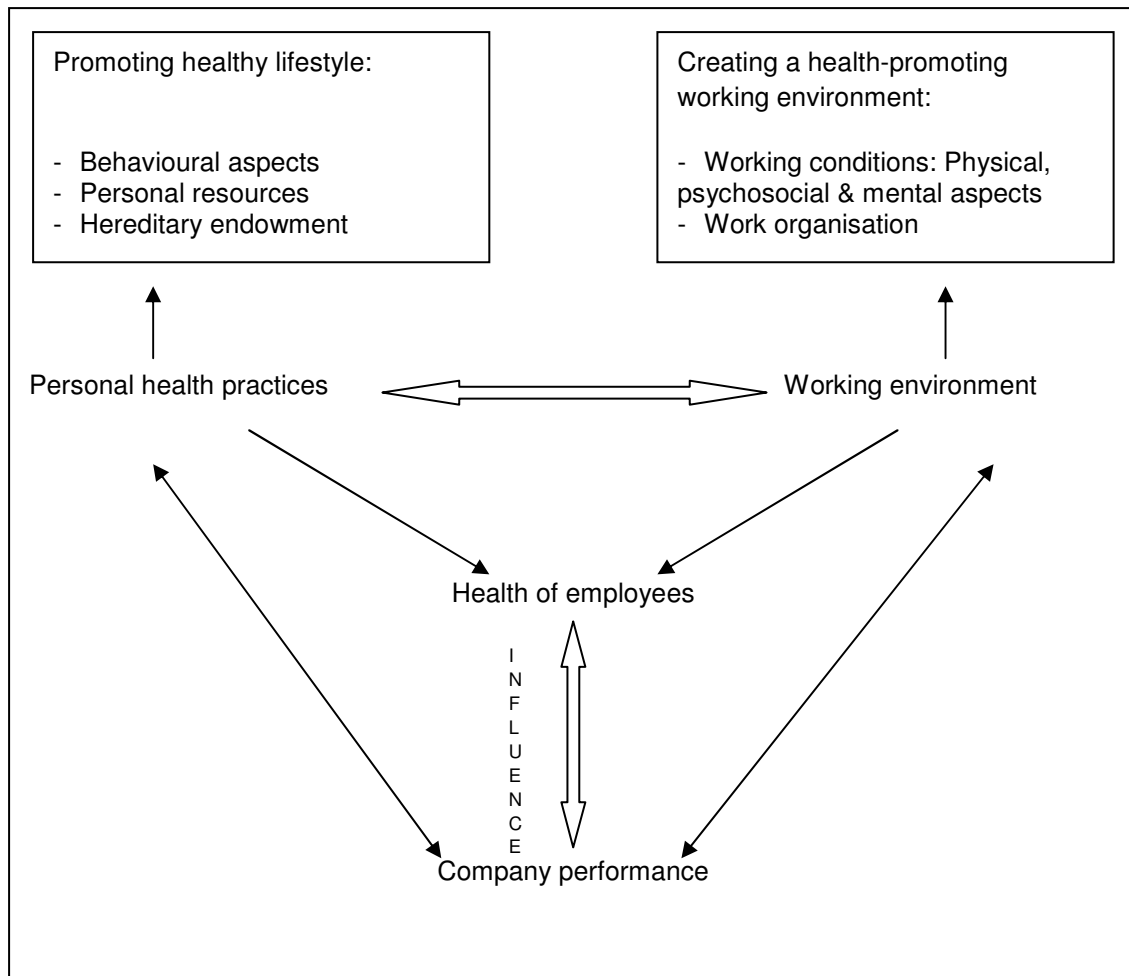
What employees bring with them to the workplace in terms of personal resources, health practices, beliefs, attitudes, values, and hereditary endowment.

*What the workplace does to employees once they are there in terms of organisation of work in both the physical and psychosocial sense."*²⁴

Thus, a comprehensive approach to health promotion in the workplace is one in which both individual and organisational influences on health are targeted simultaneously.

These two forces, personal health practices and organisation of work, do not act independently, they interact and influence not only one another but also the health status of the employees and the productivity of the company.^{24 (figure 4)}

Figure 4 - Comprehensive WHP; adapted model of Shain and Kramer²⁴



Personal health practices can affect company performance in a direct and an indirect way. Directly by “lost time” due to smoking breaks, etc. Indirectly by affecting health (e.g. lung cancer due to smoking) leading to absenteeism. The working environment can also affect company performance in two ways. Directly, through the design of physical and psychosocial work systems; indirectly, through management practices that cause anxiety, depression and other negative emotional states that are antagonistic to company performance.²⁴

For an organisation this means that both the influences have to be considered when implementing a WHP programme. On the one hand they should promote a healthy lifestyle with their employees, and

on the other hand they should create a health-promoting working environment. Promoting a healthy lifestyle can consist in efforts to help people modify their personal lifestyle behaviours, taking personal resources and hereditary endowment into account (e.g. tobacco use, nutrition, etc). The organisational change approach is used to increase corporate productivity, which is generally a consequence of improved physical and/or psychosocial health. For example, job control and workplace stress play a role in job satisfaction and in the development of cardiovascular disease and stroke.^{24,29}

Based on these findings comprehensive health promotion can be seen as the combination of health promotion, focusing only on personal health practices, and organisational change, which makes sure that the working environment enables health.

3.1.2 Conditions for successful workplace health promotion programs

Several studies and reviews concerning the effectiveness of WHP, define the conditions under which WHP programs are most likely to succeed.

The first condition, which is important throughout the whole process of developing, implementing and executing a health promotion program, is **the support and involvement from top management**^{5,12,13,19,24,29,30,32}. The support for and the involvement in WHP interventions should be visible and enthusiastic¹⁸ so that employees actually feel the commitment of their employers to the protection and promotion of their well-being.²⁴ This commitment can consist in the continuing allocation of necessary resources^{13,24,32}, the endorsement of goals and objectives concerning health promotion²⁶, display exemplary behaviour^{13,24}, providing an encouraging and physically safe working environment²⁴, etc.

Apart from the support from top management, several studies^{13,14,19,24} agree on the importance of a **supportive environment** in general. Pelletier, Makrides and Shain & Kramer are all convinced that culture or climate is an important determinant in employee health. Pelletier¹⁹ emphasizes the importance of an encouraging corporate culture towards health promotion efforts. Makrides¹⁴ underlines the positive effect of organisational development to help foster a more supportive environment for WHP and the importance for long-term sustainability. Shain and Kramer²⁴ suggest that a supportive environment can be realized by ensuring management support (discussed above) and a supportive management climate, which means keeping demands on time and energy within reasonable bounds, maximizing the degree to which employees participate in the governance of their own work, and providing adequate recognition and acknowledgement for work well done. Thesenvitz^{29,30} as well as Shain and Kramer²⁴ stress the fact that individuals have variable needs for social support. WHP programs should pay attention to these different needs. One can for example use a buddy system, or enlisting the active collaboration of family members²⁴.

The attention to the needs of employees comprehends far more than just the variable needs for social support. A WHP program should focus on a definable and modifiable risk factor, which constitutes a priority for the specific worker group. In that way an intervention will be more acceptable to employees and increase their participation.¹⁸ So, these programs should be designed to meet the preferences, aptitudes and requirements of a wide variety of participants to be really successful.^{5,24} According to Demmer³, organisations should also analyze existing weak points concerning health at work and determine the needs and resources of an organisation. This analysis makes it possible to set priorities

in the development of WHP programmes. In general this means that WHP programmes should be **based on outcomes from needs and risk assessments** concerning WHP executed at the workplace.

Attention to preferences and needs of programme participants is more likely to be achieved when employees are actively involved in the identification of health issues, in the design of programme, and in decisions about how, when and by whom they are delivered.^{3,24} **Participation and involvement of employees** constitutes the fourth and very important condition. On the one hand, employees should receive the opportunity to have a say in the whole process of developing and maintaining a WHP program and on the other hand they should be stimulated to really participate in these programs. There should be involvement of employees at all organisational levels in the planning, implementation, evaluation and activities of the intervention.^{5,13,18,23} Randolfi²³ not only emphasizes the importance of the active involvement of employees but also the involvement of family members and company retirees. To achieve participation of employees, an organisation should not only involve them in the whole process but might also provide a mechanism for feedback from participants and non-participants³², incentives for participation¹⁹ and communication of programme plans across divisions and departments to mid-level managers and employees.³² Some organisations have found it expedient to create a labour-management committee comprising representatives from all levels for political reasons and to give input.³²

“Involvement of employees” makes up one part of the fifth condition, namely **optimal use of on-site resources**. This condition consists in the allocation of human, physical and organisational local resources.¹⁸ The support from top management, which was the first condition, is indispensable to the allocation of these resources.^{24,32}

To enhance employees’ participation, programs and facilities¹⁹ should be **well accessible**. According to Shain and Suurvali²⁵, people are increasingly strapped for time and energy and need, as much as possible, programs and service to come to them rather than the other way around.

The condition **integration** manifests itself at different levels of the corporate policy. Workplace health promotion programs should be characterised by a clear statement of goals and objectives, which **align with the corporate mission** and are integrated in organisation processes and procedures.^{12,13,32} These programs should also be tailored to special features of workplace environment.^{29,30}

By determining defined goals and objectives, it becomes easier to evaluate and monitor the program afterwards. **Evaluation and monitoring**^{3,13,29,30} as condition to successful WHP programs, means that organisations should keep records to keep track of activities, participation and outcomes.³² The outcomes of the evaluation, form the basis of possible changes in the programme and constant improvement.^{12,32} Based on the evaluation, a periodic report prepared for top management should justify continuation of the resource allocation.³²

Only Randolfi²³ among the consulted sources, claims that a comprehensive health education program must be based on theoretically and scientifically sound principles to ensure effectiveness. WHP programmes should be based on **measures** that already have been **proven to be effective**.

To keep WHP in the picture, there should be **open and ongoing communication**^{6,12,13} among project members, employees and (senior) management. Every member of the organisation and all other stakeholders should be informed about the WHP programme in each phase of the project.

To conclude, WHP has to be a comprehensive approach in a multidisciplinary setting in which all members of the organisation are actively engaged. It has to be integrated in existing structures and should align with corporate mission and values. WHP programs should be characterised by a long-term commitment and have to be evaluated frequently.

3.2 Quality criteria of workplace health promotion – ENWHP

Based on the guidelines for effective WHP²¹ (critical success factors), the ENWHP set up quality criteria for WHP. These criteria are based on the European Foundation for Quality Management model supporting the integration of health promotion into the quality management system of organisations, encompassing 6 different areas which will be discussed below.

The quality criteria provide assistance in the planning and implementation of successful, high-quality health promotion measures for all those who are responsible for health at the workplace. In drawing up the criteria, it was assumed that the statutory provisions on occupational health and safety were already fulfilled.

The criteria offer a comprehensive outline for the creation of a modern corporate health policy and make it easier for organisations to determine where they stand along the route and how far they are from achieving their ultimate goals. The criteria present an ideal health-promoting organisation, which is unlikely to exist. Thus, an organisation might not have satisfied all the criteria, which doesn't mean it cannot be a good practice.

As said before the criteria are divided into six sectors, which produce a comprehensive picture of the quality of WHP activities. Explanation is provided on each of the sectors by ENWHP.

- WHP and corporate policy

The success of WHP depends on its being perceived as a vital managerial responsibility and its being integrated into existing management systems. The criteria for this sector are the existence of a written corporate philosophy on WHP, the integration into existing processes and structures, the provision of resources, the monitoring by the executive team, the integration in training and retraining and the accessibility for employees.

- Human resources and work organisation

The most important task of health-promoting human resources and work organisation is to consider the skills of the staff. The crucial factor for success of workplace health promotion is that all employees are actively involved as much as possible in planning and decision-making.

- Planning of workplace health promotion

WHP is successful when it's based on a clear concept, which is continuously reviewed, improved and communicated to the staff.

- Social responsibility

Another crucial factor for the success of WHP is whether and how the organisation fulfils its responsibility in dealing with natural resources. Social responsibility includes the role of the organisation at local, regional, national and international level regarding its support of health-promoting initiatives.

- Implementation of WHP

WHP comprises measures for health-promoting job design and the support of healthy behaviour. It is successful when these measures are permanently interlinked and systematically implemented.

- Results of WHP

The success of WHP can be measured by a number of short, medium and long-term indicators.

Emphasis is placed on the extent to which the activities are pursued systematically and on the degree to which they are integrated into the organisation.

3.3 Quality criteria for the company health check

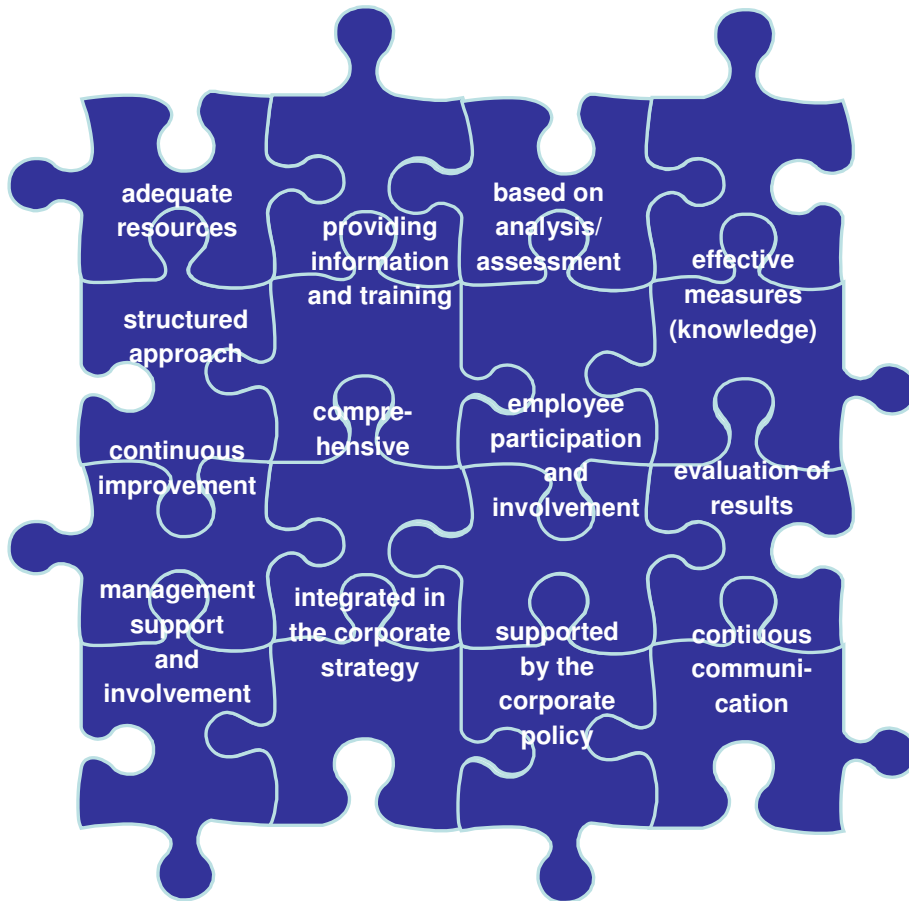
Based on the success factors for WHP programs and the criteria from ENWHP criteria for the CHC were developed.

The quality criteria from the ENWHP focus more on the structure and content of such a program while the conditions emerging from literature and good practices are rather contextual criteria. Both criteria can be put besides one another to compare them and look for similarities and differences. The outcome of such a comparison is given below:

- supported by and involvement from management,
- supported by and active involvement/participation from employees,
- ongoing communication between and towards all stakeholders,
- supported by the corporate policy,
- integrated in the corporate strategy, systems and processes,
- based on a structured approach,
- based on a needs analysis and/or risk assessment,
- supported by the necessary material resources,
- providing information and training on WHP,
- evaluation and monitoring of the program,
- based on effective measures and scientific knowledge,
- characterised by continuous improvement,
- comprehensive.

These conditions comprise all but one criterion from ENWHP and literature. Social responsibility as a quality criteria isn't fully included since the purpose of the company health check is to give organisations an idea of how effective their WHP programs and policies are, concerning the four chosen topics.

Figure 5 – Quality criteria for the Company Health Check



4 Review of existing questionnaires and tools

An important step in preparing the Company Health Check is the review of existing questionnaires. Several questionnaires are already developed and used throughout the world. The purpose of these questionnaires is mainly to support the development of WHP initiatives. Some tools cover health promotion in general, while other tools only cover one lifestyle related topic, for example nutrition.

For the purpose of this questionnaire, the existing questionnaires were compared with the selected quality criteria and also with the information they provided for the topics smoking, nutrition, exercise and stress. Only the questionnaires that fulfill several of the criteria and/or that offered useful information for 1 or more topics were reviewed in more detail. The description of these questionnaires can be found in annex (see 8.2). In the next paragraphs a short description of each of the tools is presented detailing the purpose, to what degree it covers the criteria defined in this review and the usefulness to the development of the CHC.

The first questionnaire that was selected, was the **questionnaire for self-assessment**⁹ from the ENWHP itself. It was developed to help organisations record the quality of their WHP measures and continually improve them. The questionnaire is based on the ENWHP quality criteria set up in the light of the guidelines established in the Luxembourg Declaration. The questionnaire covers WHP in general and doesn't distinguish lifestyle related health topics. The fact that all the questions from this questionnaire reflect the quality criteria from ENWHP is a surplus value to the developing of the CHC. In that way, it's easier to formulate questions that cover certain criteria. When considering the defined criteria from this review, the questionnaire covers all criteria but one. "Based on effective measures" isn't being assessed.

A second questionnaire is the **corporate standard**⁸, which is a national mark of quality for health promotion in the workplace in Wales. The Standard has been developed to recognise good practice, and is awarded on the basis of the quality, not the quantity, of an organisation's health promotion activity. This questionnaire aims to provide a stimulus for future development and encouragement to apply for a higher-level standard. It covers several health-related topics as occupational stress, smoking, exercise, nutrition, alcohol and substance misuse, first aid at work, workplace risks, men's and women's health issues and it has also implemented some questions concerning policy development and implementation of WHP initiatives. This questionnaire offers information, which on the one hand meets the criteria and on the other hand, addresses the topics stress, smoking, exercise and nutrition.

The corporate standard covers most of the criteria, except "integration in the corporate strategy, processes and systems" and "based on effective measures".

The **workplace physical activity framework**³⁴ from the Alberta Centre for Active Living consists of the program standard and the audit tool. The standard is an ideal thus it is most likely that an organisation won't be able to achieve all aspects. But every organisation can use the ideas to evolve towards a program appropriate to them. The audit measures criteria from the workplace physical activity framework. It represents a high standard based on documented best practices. It can help

organisations to develop and maintain a workplace physical activity program by creating a cycle of continuous improvement.

The questions from the audit tool offer information for aspects concerning exercise. Furthermore, this audit tool is very complete and comprehensive, so it also provides a lot of information for every health-related topic. The audit covers all but one criteria. Not one question concerns “based on effective measures”. Three other criteria’s are only partially covered: ‘integrated in corporate strategy, processes and systems’, ‘based on a structured approach and analysis’, and ‘providing information and training about WHP’.

The purpose of the next questionnaire, the indicators **questionnaire from VIG¹⁰**, is quite different from the other questionnaires. VIG has executed a longitudinal collection of figures concerning the tobacco prevention and healthy eating policy in Flemish schools and companies. Purpose was to examine the correspondence with certain indicators. The collection of the information happened through a questionnaire in 2003. This questionnaire has not the intention to serve as self-assessment tool for companies investing in WHP but is used as data collector in research concerning WHP. The questionnaire focuses on healthy eating and tobacco prevention and doesn’t include questions about general WHP. Very few of the defined criteria are covered in this questionnaire. The questions focus mainly on the involvement of employees and on the practical performance of WHP. The surplus value of this questionnaire can thus be found in the practical approach. Some of the questions concern possible strategies and practical implementation of WHP, which are two steps from the developing process.

Work Positive³³ is a step-by-step process that will assist workplaces in taking the necessary action to identify and reduce the potential causes of stress in the organisation. Several tools are provided to complete the process. For example a questionnaire that consists out of eight HSE standards that are being questioned. To meet the standards, the state that has to be achieved is given for each of them. Organisations can describe their own systems and compare them to the standards. This makes it possible to decide whether further action is required. Work positive aims at helping organisations to address a very important health and safety issue – stress at work. It wants to give the steering group an insight into what systems, policies and procedures one may need, to manage stress in the organisation. The purpose of the tool isn’t to give a score at the HSE system. It’s up to the organisations to decide whether action is needed. Although this questionnaire is characterised by a very interesting approach, some important criteria aren’t covered. Not one question asks about the integration in corporate policy, systems and processes and it doesn’t focus enough on the provision of information and training. Yet, this questionnaire approaches stress at work in a very profound way, which makes it interesting when an organisation wants to review their stress policy or programme in particular.

The BGF¹ network has developed the “**Gütesiegels Betriebliche Gesundheitsförderung**”. The “Gütesiegel” shows that a company or organisation is truly committed to WHP. Distinguished organisations receive a certificate and a logo, which they may freely use for marketing purposes. The allocation of the “Gütesiegel” can be requested by an organisation to the BGF. The “Siegel” is granted for a period of three years. The “Gütesiegel” addresses organisations that already integrated WHP in the organisation’s regulation. This might be organisations that already finished a WHP project or organisations that have the intention to implement a WHP project in the day-to-day activities. The “Gütesiegel” can be obtained in two manners: by compliance with five quality criteria concerning WHP or by producing very innovative WHP activities. The questionnaire itself is divided into three parts. The

first part has to be filled in by beginners, the second part by the advanced and the last part by the innovative organisations within the framework of WHP.

Most of the criteria defined in this paper are integrated in this questionnaire. No or little attention is given to the following criteria: “management support”, “ongoing communication”, “based on a needs analysis or risk assessment” and “based on effective measures”.

5 Company Health Check

After the consultation of several questionnaires and the review of health promotion literature, enough information and ideas were gathered to produce a comprehensive CHC on the lifestyle related topics nutrition, exercise, smoking and stress.

The basis for the CHC is the quality criteria. The structure is inspired by the process-cycle for workplace health promotion programs (5.1 and 5.2). For every step of a whp program questions were formulated taken into account the level of progress (weighting) (5.3). To complete the Check (5.4) a basic action plan was developed. This action plan allows providing appropriate advice (5.5). (See also figure 1).

5.1 Quality criteria

The earlier defined criteria will serve as basis for the CHC. Each of these criteria has to be covered by at least one question.

- supported by and involvement from management,
- supported by and active involvement/participation from employees,
- ongoing communication between and towards all stakeholders,
- supported by the corporate policy,
- integrated in the corporate strategy, systems and processes,
- based on a structured approach,
- based on a needs analysis and/or risk assessment,
- supported by the necessary material resources,
- providing information and training on WHP,
- evaluation and monitoring of the program,
- based on effective measures and scientific knowledge,
- characterised by continuous improvement,
- comprehensive

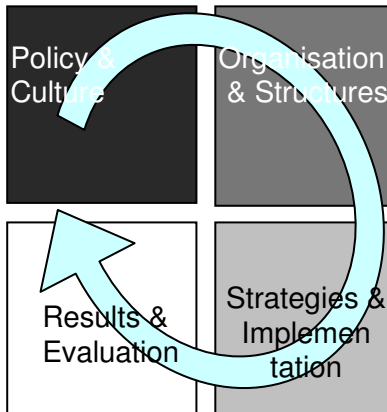
5.2 Structure

A workplace health promotion program has to be approached in a structured way in order to be successful. The process for developing, maintaining and evaluating WHP measures consists of four major steps. These steps can be presented as a problem-solving cycle. An example of such a cycle is presented below. The quality criteria can be placed around this cycle since they are prerequisites for successful WHP.

The major steps in a WHP program are:

- Setting up of policy and culture;
- Organising and setting up of structures;
- Developing and implementing strategies;
- Evaluating results.

Figure 6 - Structure of the CHC

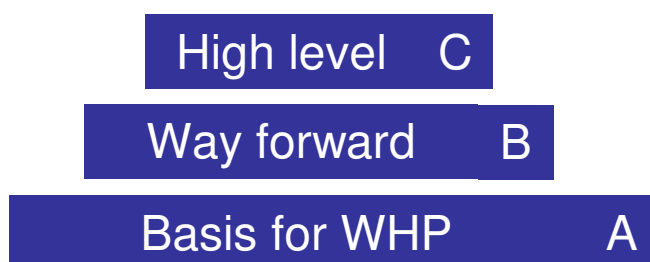


The steps of this problem-solving cycle were used as a structure for the CHC. For each of the four health topics, nutrition, exercise, smoking and stress, questions will be asked covering these four steps in the process of developing, maintaining and evaluating a WHP program. Questions covering the other quality criteria are integrated in these four steps. The first part “policy & culture” covers WHP in general, while the other three parts are repeated for each of the four health-related topics. This structure also allows just to take the CHC on one topic e.g. on smoking. In that case, the questionnaire consists of the 'policy & culture' questions, followed by the questions on smoking (organisation & structures, strategies & implementation, results & evaluation).

5.3 Weighting and scores

In order to take into account the level of progress, a distinction is made between A, B and C questions. A-questions count for 8 points, B-questions for 4 points and C-questions for 2 points. A questions are related to basic issues. These elements must be in place in order to develop WHP initiatives. B questions relate to items that give an indication for the way forward. C questions deal with elements that indicate a high level of commitment and WHP activities.

Figure 7 – Weighting of questions



For each question a no or yes answer is possible. At the beginning of the questionnaire, each organisation will start with 100 points. When the answer is yes, no points will be extracted. When the answer is no, the corresponding points will be extracted. At the end of the questionnaire five scores are given:

- the score on smoking prevention,
- the score on healthy eating,
- the score on active living,
- the score on combating stress,
- and the total score

Each score will vary between zero and hundred, zero meaning that the organisation has answered no to each question of that part and hundred meaning just the opposite.

5.4 The Company Health Check

	<i>Weight</i>
<i>Policy & culture</i>	
Is Workplace Health Promotion (well-being at work, healthy lifestyle/behaviour, occupational health and safety, etc.) part of the organisation mission statement and/or written corporate philosophy?	A
Is there a written policy on Workplace Health Promotion in your company/organisation?	B
Is there an involvement and active support of the management in the Workplace Health Promotion policy and related initiatives?	A
Do the staff/employees have the opportunity to participate in the elaboration of the Workplace Health Promotion policy?	B
Do employees receive information on the Workplace Health Promotion policy?	B
<i>Smoking prevention/ organisation & structures</i>	
Is there an action plan (or as a part of a the Health/OSH plan) for the prevention of smoking/tobacco in your company/organisation?	A
Did the coordinator and/or the members of the working group receive a training and/or adapted information on smoking prevention?	C
Are there sufficient financial (budget) and/or material (infrastructure, etc.) resources available for developing activities on smoking prevention?	B
Are employees involved in developing actions/measures on smoking prevention?	B
<i>Smoking prevention/ strategy & implementation</i>	
Has a needs assessment on smoking prevention been carried out?	B
Is there a total ban of smoking in all working areas and other common areas?	C
If not, is smoking restricted to designated smoking areas?	B
If smoking is only allowed in designated smoking areas, is there sufficient ventilation?	C
Does the company/organisation provide information on prevention of smoking at the workplace? e.g. via magazine, intranet, e-mail, letter, noticeboard, information sessions, interviews, campaigns, events, etc.	A
Is support offered to employees who are trying to stop smoking? e.g. smoking cessation counselling, group sessions, provision of nicotine replacement therapy, incentive for employees who quit smoking, etc.	B
Is training offered to volunteers (employees) who support colleagues who are trying to stop	C

smoking?	
Smoking prevention/results & evaluation	
Are the smoking prevention actions/measures evaluated? by discussion in the working group, by an employee survey, etc.	B
Healthy eating/ organisation & structures	
Is there an action plan on nutrition/healthy eating and drinking in your company/organisation?	A
Is there a coordinator and/or working group on healthy eating?	B
Did the coordinator and/or the members of the working group receive a training and/or adapted information on healthy eating?	C
Are there sufficient financial (budget) and/or material (infrastructure, etc.) resources available for developing activities on healthy eating?	B
Are employees involved in developing actions/measures on healthy eating?	B
Healthy eating/strategy & implementation	
Has a needs assessment on healthy eating been carried out?	B
Is a comfortable, clean eating area (considering food safety) available for employees?	A
Does your company/organisation only offers healthy food and drinks? (no soft drinks, no fast food, no sweets or alcohol)	C
If not, is a healthy food and drinking choice provided and promoted? (by lower prices, free trials, etc.)	B
Is free fruit provided?	C
Is free drinking water provided?	A
Does the company/organisation provide information on healthy eating and drinking at the workplace? e.g. via magazine, intranet, e-mail, letter, noticeboard, information sessions, interviews, campaigns, events, etc.	A
Is support offered to employees on healthy eating? professional counselling of a dietitian	B
Healthy eating/results & evaluation	
Are the actions/measures on healthy eating evaluated? by discussion in the working group, by an employee survey, etc.	B
Active living/organisation & structures	
Is there an action plan on exercise/active living in your company/organisation?	A
Is there a coordinator and/or working group on exercise/active living?	B
Did the coordinator and/or the members of the working group receive a training and/or adapted information on exercise/active living?	C
Are there sufficient financial (budget) and/or material (infrastructure, etc.) resources available for developing activities on exercise/active living?	B
Are employees involved in developing actions/measures on exercise/active living?	B
Active living/strategy & implementation	
Has a needs assessment on exercise/active living been carried out?	B
Are exercise activities organised during working hours? (physical training, breaks for exercises during meetings or for employees with lack of movement (e.g. prolonged VDU work), exercises (warm-up) before starting to work, etc.)	B
Is there an offer of exercise activities before/after working time? (jogging group, football team, ping pong, badminton, etc.)	A
Does your company/organisation support walking/cycling to/from work?	C
Do employees have access to off site and/or on site exercise facilities/infrastructure?	B

(member card of sport club e.g. reduced member fee)	
Can employees use showers after taking exercise?	B
Does the company/organisation offer counselling/testing/professional support for employees who want to take exercise?	C
Does the company/organisation provide information on exercise/active living? e.g. via magazine, intranet, e-mail, letter, noticeboard, information sessions, interviews, campaigns, events, etc.	A
Active living/results & evaluation	
Are the actions/measures on exercise/active living evaluated? by discussion in the working group, by an employee survey, etc.	B
Stress/organisation & structures	
Is there an action plan to deal with stress in your company/organisation?	A
Is there a coordinator and/or working group on stress prevention?	B
Did the coordinator and/or the members of the working group receive a training and/or adapted information on stress prevention?	C
Are there sufficient financial (budget) and/or material (infrastructure, etc.) resources available for developing activities a stress prevention programme?	B
Are employees involved in developing actions/measures on stress?	B
Stress/strategy & implementation	
Has a risk assessment been carried out regarding stress?	A
Are employees involved in identifying possible sources/causes of stress?	B
Are measures taken to adapt the work load? (dead lines, work speed, quantity of work, etc.)	B
Are measures taken to tackle poor job content? (job rotation (increase changing tasks), job enrichment (including more interesting tasks), job enlargement (including more different tasks)	B
Are measures taken to increase job control of employees? (flexible working hours, flexible breaks)	B
Does the company/organisation offer confidential counselling or support to employees who suffer from stress?	B
Does the company/organisation provide information on stress? e.g. via magazine, intranet, e-mail, letter, noticeboard, information sessions, interviews, campaigns, events, etc.	A
Stress/r esults & evaluation	
Are the actions/measures on stress prevention evaluated? by discussion in the working group, by an employee survey, etc.	B

5.5 Action Plan

For each question that has been answered by 'no', a brief advice will be given. This might be what one can do to improve their WHP policy, how this can be achieved practically and sometimes the reason why it's important.

5.6 Selection of good practices

Based on the Company Health Check a procedure and guide is developed. This guide is used to select Good Practices.

6 Conclusion

Workplace Health Promotion produces several benefits at individual and at organisational level. These benefits are the reason why an organisation should invest in WHP.

To be really effective and efficient, a WHP program should comply with certain conditions. WHP should focus on individual behaviours and lifestyle changes as well as on organisational health. After all, health is affected by both individual and organisational influences. In literature this approach is defined as comprehensive WHP. Thus, when an organisation wants to set up a WHP program concerning voluntary health practices, this should be interlinked with occupational health and safety and organisational change in this organisation. The concept of comprehensive WHP is also at the basis of the Company Health Check. This check was developed using evidence and existing questionnaires.

The objective of the Check is to involve companies and organisations and to stimulate the set up of WHP activities. This is why the Check focuses on providing companies/organisations not only with information on how they are dealing at the moment with WHP but also provides some tips to start or further develop WHP activities.

On the other hand the Company Health Check can provide interesting information on WHP in Europe and how companies are dealing with these issues at the moment. Together with expert feedback this information can help to develop strategies and tools that are adapted to the needs.

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8 Annex

8.1 CHC: steps

Reviewing evidence and existing instruments

Determining quality criteria and structure

Elabourating a test version

Testing the assessment

Feedback and adaptation

Compiling the final version

8.2 Index cards questionnaires

Questionnaire for self-assessment

ENWHP – European Network for Workplace Health Promotion

Description

The questionnaire for self-assessment of the ENWHP was developed to help organisations record the quality of their workplace health promotion measures and continually improve them. The questionnaire is based on the quality criteria for WHP, set up in the light of the guidelines established in the Luxembourg Declaration.

Country/region

Europe

Target group

Organisations, both in the private, the public sector and the services sector.

Objective

To help organisations record the quality of their workplace health promotion measures and continually improve them.

Topics being covered

Workplace health promotion in general.

Structure

27 questions spread over six sectors

- Workplace health promotion and corporate policy
- Human resources and work organisation
- Planning of workplace health promotion
- Social responsibility

- Implementation of WHP
- Results of WHP

Evaluation of results

Each question is included in the overall assessment with the same weighting. A distinction is made between A, B, C and D answers. A meaning fully achieved 100%, B meaning “considerable progress” 67%, C meaning “certain progress” 33% and D meaning “not started” 0%.

Advantages

The questionnaire incorporates both scientific expertise on the effects of workplace health promotion and practical experience of a wide variety of organisations that have already been successful in implementing workplace health promotion.

Covers the Q-criteria of ENWHP

Yes. The questionnaire is based on the quality criteria of ENWHP.

Covers the Move criteria

All but one: “based on scientific knowledge”

URL

<http://www.enwhp.org/fileadmin/downloads/questionnaire.pdf>

Health Promotion Wales

Description

The Corporate standard is a national mark of quality for health promotion in the workplace in Wales. Any workplace which has adopted health promoting practices is eligible to apply for the Standard. The Standard has been developed to recognise good practice, and is awarded on the basis of the quality, not the quantity, of an organisation's health promotion activity.

Country/region

Wales (Great-Brittain)

Target group

Any workplace which has adopted health promoting practices

Objectives

To provide a stimulus for future development and encouragement to apply for a higher level standard.

Topics being covered

Policy development and implementation of WHP initiatives.

Health-related topics as occupational stress, smoking, exercise, nutrition, alcohol and substance misuse, first aid at work, workplace risks, men's and women's health issues.

Structure

Two sections

- Core components of corporate health action

- Approach towards health issues

Evaluation of results

An assessment panel, composed of people with relevant health promotion experience and an interest in health promotion in the workplace, will assess the assessment form. A validation visit will be offered to all applicants.

Advantages and/or strong points

Organisations can earn an award as result of their efforts, which is visible proof of the presence of WHP to employees and other stakeholders.

The questionnaire leaves the possibility to give additional comments and to give an explanation with some questions.

They offer a guide to achieving and maintaining the corporate standard.

Covers the ENWHP quality criteria

Partially

Covers the Move criteria

Partially

URL

<http://www.cmo.wales.gov.uk/content/work/workplace/corporate-standard.htm>

Workplace physical activity framework – audit tool

Alberta Centre for Active Living

Description

The workplace physical activity framework consists of the program standard and the audit tool. The audit measures criteria from the workplace physical activity framework. It represents a high standard based on documented best practices. It can help organisations to develop and maintain a workplace physical activity program by creating a cycle of continuous improvement.

Country/region

Canada (Alberta)

Target group/setting

Workplace

Objective:

To provide a baseline so that organisations can measure continuous improvement against predetermined criteria. To help organisations in developing and maintaining their workplace's physical activity program by creating a cycle of continuous improvement.

Topics being covered:

Exercise/physical activity

Structure:

3 parts with different sections and in total 45 yes or no questions with the same weight.

■ Groundwork

This part contains information about how to ensure that your workplace is committed to and ready for a physical activity program.

■ Construction

Construction includes information on the areas you need to assess when planning the physical activity program.

Detailing

This section includes the elements that must be in place to ensure a safe and well-maintained physical activity program.

■ Evaluation of results

All sections in this audit are of equal value and every question has the same weight. At the end of the questionnaire the total of "yes" responses is been divided by the total number of questions, which gives the final score.

Advantages

Along with the audit tool goes a guideline, which explains how to use it in 7 steps. Furthermore, it gives some information on the audit itself and three important definitions. After each section there is the possibility to determine actions for the future.

Covers the ENWHP quality criteria

Partially

Covers the Move criteria

Partially

URL

www.centre4activeliving.ca

Indicators questionnaire

VIG (Flemish Institute for Health Promotion)

Description

In assignment of the Flemish government and with assistance of the Local health deliberations (logo's), VIG has executed a longitudinal collection of figures concerning the tobacco prevention and healthy eating policy in Flemish schools and companies. Purpose was to examine the correspondence with certain indicators. The collection of the information happened through a questionnaire in 2003. In 2006 the measuring is repeated, which makes it possible to evaluate efforts that have been made and to discover how they deal with both of the themes. This questionnaire has not the intention to serve as self-assessment tool for companies investing in WHP but is used as data collector in research concerning WHP.

Country/region

Belgium/Flanders

Target group

All Flemish schools and companies (min. 50 employees and max. 200 companies per region); profit and non-profit companies; all sectors.

Objective

To perform a measuring on the actual state of the prevention policy on tobacco and nutrition. To perceive an overall view on the prevention policy and its evolution in companies on tobacco and healthy nutrition. Making a tobacco and nutrition policy negotiable in the companies and motivating them to implement a policy.

Topics being covered

Smoking and nutrition
Structure:

During the making of the measuring instrument for the logo-indicators of the tobacco and nutrition policy of a company, tobacco and nutrition policy were looked at from three policy components and two process components, which are considered as critical success factors of a good health policy concerning smoking and nutrition. Furthermore, a question was added about the provided budget. For each of these components questions were drafted which make the components concrete within the setting and themes. Finally, some questions about the company itself complete the questionnaire.

3 components concerning policy

- information
- regulation
- interventions

2 components concerning processes

- participation
- networking

Evaluation of results

Distinction has been made between factors that are very important to the quality of the policy and factors who are slightly important.

Ppt Antwerpen-noord en info Vig

Advantages/strong points

Very practical approach.

Covers the ENWHP quality criteria

Very few

Covers the Move criteria

Very few

URL

<http://www.vig.be>

Work positive – benchmarking tool

The Health Education Board for Scotland (HEBS), now NHS Health Scotland, and the Health and Safety Authority (HAS, Ireland)

Description

Work Positive is a step-by-step process that will assist workplaces in taking the necessary action to identify and reduce the potential causes of stress in your organisation. In this tool eight HSE standards are being questioned. To meet the standards, the state that has to be achieved is given for each of them. Organisations can describe their own systems and compare them to the standards. This makes it possible to decide whether further action is required.

Country/region

Scotland

Target group

Every working environment

Objective

To help organisations address this very important health and safety issue – stress at work. The benchmark aims to give the steering group an insight into what systems, policies and procedures you may need, to manage stress in the organisation.

Topics being covered

Stress at work

Structure

Eight HSE standards:

Demand, control, support, reward and contribution, indicators, relationships, role change.

Evaluation of result

An evaluation system isn't part of this tool. The aim of the tool isn't to give a score at the HSE system. It's up to the organisations to compare their policies, systems and procedures to the HSE standards and decide whether action is needed.

Advantages

The benchmark tool is part of the step-by-step process "Work Positive". Besides the benchmark tool, a risk assessment questionnaire, a tool to analyse the results of this assessment, a manual for interpreting the results and an action planning template. All these tools can help to perform the whole process.

Covers the ENWHP quality criteria

Partially

Covers the Move criteria

Partially

URL

<http://www.hebs.com/workpositive/whatiswork.cfm>

The “Gütesiegel Betriebliche Gesundheitsförderung”

BGF Netzwerk

Description

The “Gütesiegel” shows that a company or organisation is truly committed to workplace health promotion. Distinguished organisations receive a certificate and a logo, which they may freely use as marketing purpose. The allocation of the “Gütesiegel” can be requested by an organisation to the BGF. The “Siegel” is granted for a period of three years. The “Gütesiegel” can be obtained in two manners: by compliance with five quality criteria concerning workplace health promotion or by producing very innovative workplace health promotion activities.

Country/region

Austria

Target group

The “Gütesiegel” addresses organisations that already integrated workplace health promotion in the organisation’s regulation. This might be organisations that already finished a workplace health promotion project or organisations that have the intention to implement a WHP project in the day-to-day activities.

Objective

Making the commitment of organisations concerning WHP visible.

Topics being covered

Workplace health promotion in general.

Structure

The questionnaire itself is divided into three parts. The first part has to be filled in by beginners, the second part by the advanced and the last part by the innovative organisations within the framework of WHP.

Evaluation of results (weighting factors?)

/

Advantages

Makes a difference between beginners, advanced and innovative organisations. Recognises the difference between small and bigger organisations.

Covers the Q-criteria of ENWHP

Partially

Covers the Move criteria

Partially

URL

<http://www.netzwerk-bgf.at>

8.3 Which questionnaire covers the defined success criteria best?

	<i>ENWHP</i>	<i>TCS</i>	<i>WPAF</i>	<i>VIG</i>	<i>WP</i>	<i>BGF</i>
<i>Supported by and involvement from management</i>	Yes	Yes	Yes	No	Yes	Partially
<i>Supported by and active involvement/ participation from employees</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Supported by the corporate policy</i>	Yes	Yes	Yes	Partially (written regulation concerning smoking?)	Yes	Yes
<i>Integrated in the corporate strategy, systems and processes</i>	Yes	No	Partially	No	No	Yes
<i>Based on a structured approach and analysis</i>	Yes	Yes	Partially	No	No	Yes
<i>Supported by the necessary material resources</i>	Yes	Partially (budget)	Yes (supportive resources)	Partially (budget)	Partially	Yes
<i>Providing information and training on WHP</i>	Yes	Yes	Partially (information)	Partially (training)	Partially (information)	Yes
<i>Evaluation and monitoring of the program</i>	Yes	Yes	Yes	No	Partially	Yes
<i>Based on effective measures</i>	No	No	No	No	No	No
<i>Comprehensive approach</i>	Yes	Yes	Yes	No	Yes	Yes