

Value of Partnership

for Workplace Health Promotion

– Guideline for Partnership Building



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Foreword

Workplace health promotion is a concept recognized by the European Workplace Health Promotion Network (ENWHP). Workplace health promotion (WHP) covers all the processes and structures directed to improve work environment in a company or a work community or to develop work itself in order to optimize workers' health, work ability, and well-being based on the Luxembourg Declaration of ENWHP¹. The concept of WHP is based on the Ottawa Charter on health promotion², which was reformulated in 2005 in the Bangkok Charter for Health Promotion in a Globalized World³. The Charter instructs the private sector to 'ensure health and safety at workplaces, and promote the health and well-being of their employees, their families and communities'. In addition, the private sector should comply with the local, national and international regulations and agreements to promote health. All in all, the promotion of health should be made a requirement for good corporate practices.

This publication is an outcome of the project 'Workplace Health Promotion: National Health Policies and Strategies in an Enlarging Europe during 2005–2007' funded by the Public Health Programme of the European Commission; the Ministry of Social Affairs and Health, Finland; the Finnish Institute of Occupational Health; and all nine participating organizations. The survey on the WHP policies and strategies in the European countries confirmed that cooperation between different major actors for WHP at workplaces needed further strengthening.⁴

However, partnership between different actors has been one of the major action lines in health promotion recently. Therefore, this project accepted the challenge and the opportunity to experiment with partnerships between different actors of WHP and develop a guideline. The guideline was compiled by nine National Coordination Offices (NCO) of the ENWHP based on experiences on partnership building processes in the countries. The purpose was to explore the opportunities for partnerships between WHP and occupational health services, public health, occupational health and safety services, and other actors. In these partnerships, WHP would function as an arena for jointly identified actions. The Finnish Institute of Occupational Health (FIOH) collected the experiences and compiled the material

The publication would not have been possible without the dedication of the nine ENWHP network members, their partners in their respective countries, and the time and expertise devoted by them to experimenting and testing a partnership approach to WHP. Finally, thanks are due to all experts and practitioners in the different countries who participated and provided with an opportunity to test and report the partnership on WHP issues and offered their insights on WHP.

Matti Ylikoski

Riitta-Majja Hämäläinen

1 Introduction

A survey conducted in 2005 among fifteen European countries showed that workplace health promotion (WHP) needs more connections, partnership and commitment between occupational safety and health systems, occupational health services, and public health. Moreover, depending on the interests of the company or the specific persons in charge of such issues, human resource management or line management may also participate in the cooperation to promote WHP.⁴ Nevertheless, a comprehensive approach to challenges at work resulting from an ageing workforce, changing working environment, and an increasing proportion of precarious employment contracts increases the need to develop networking, coordination, cooperation, and collaboration to build various partnerships of different degrees, strengthen the impact and effectiveness of WHP at workplaces, and improve the health of workers.

1.1 Purpose of the guideline for partnership

The guideline is expected to be useful to experts seeking partnerships to improve health at work through cooperation between, for example, occupational health services, safety experts working with safety and health at work systems, employers and managers of organizations, and social partners. The purpose of this guideline is to help build and develop successful partnerships between different WHP actors and providers, such as occupational health and safety professionals, occupational health services, public health services, the human resource and line management of companies, municipalities, and other governmental actors. In addition, non-governmental organizations with an interest in health promotion with regard to a specific health condition may bring support and insight to WHP. Better understanding of the common goals between different actors would support the implementation of effective WHP policies, strategies, programmes, and projects in the various companies, institutes, and organizations concerning a whole range of health promotion topics.

The partnership between different stakeholders promotes a comprehensive and integrated way of carrying out improvements in workplace health and increasing the ability and capacity of workers to create a good working environment and good results. The aims of WHP and the organizations are not necessarily quite identical, but rather should support and complement each other.⁵

This guideline aims to offer ideas and ways to build partnerships by providing background for partnership building, a brief description of the situation of WHP in some European countries, and examples of partnership building processes from different countries. The goal is also to provide new perspectives for developing partnerships between organizations, different service providers, and actors to improve health at work.

1.2 How to use the guide

The practice guideline can be used as a tool to establish, develop and maintain partnership between different partners in WHP. The tool aims to improve networking, coordination, cooperation, and collaboration between partners to enable them to make the most of the partnership thus benefiting everyone involved. The guideline is aimed at actors who are interested in, involved in, or further developing partnerships in organizations. The guideline is not to be applied in the evaluations of individual partners' actions or ways of working or as a tool to initiate WHP activities in workplaces. The chapters provide information on the types of partnerships and the benefits and obstacles of partnership building processes. The guideline also cites examples of partnership building in different European countries.

The guideline for partnership building offers assistance in the following tasks:

- forming a base for partnership creation process
- creating priorities for partnership building between different partners
- locating the partnership's weaknesses, strengths, and issues for development between partners in WHP
- comparing different approaches of partners in different WHP developmental processes in workplaces
- encouragement for basic evaluation and monitoring of partnerships in WHP

The guideline aims to offer assistance in partnership building and to differentiate between various forms and types of work between partners. The WHP objectives and focuses of different workplaces may vary, which means that the practice guideline does not provide a complete picture of partnership types and their advantages and disadvantages or of the processes leading to different partnership models. Instead, the practice guideline in partnership building seeks to provide support in the description and analysis of a partnership.

2 WHP in European Countries

2.1

Comprehensive approach to health at work

The most common definition of health promotion is based on the Ottawa Charter stating that health promotion is ‘a process of enabling people to increase control over, and to improve, their health. To reach a stage of optimum physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Consequently, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.’⁷

As a concept and approach to work, WHP can be described as broad and inclusive, with its importance extending to political, social, economic, and environmental leadership and management. Therefore, it is not only about medicine, but views medicine as part of the efforts of WHP to protect and promote workers’ health and reduce the impact of work-related illnesses and diseases. The broad concept of WHP provides a useful tool for responding to the new threats to workers’ health.

Health promotion for the working population as defined by WHO⁶ appears as a continuum ranging from treatment of disease to prevention of disease, protection against specific risks, and the promotion of optimal health. Achieving optimal health means enhancing physical abilities in relation to sex and age, improving mental ability, developing reserve capacities and adaptability to changing circumstances of work and life, and reaching new levels of individual achievement in creative and other work. In a work setting, these health indicators may be evaluated quantitatively by indices of absenteeism, job satisfaction, work stability, productivity, employee satisfaction, presenteeism, and corporate culture. As a consequence, health promotion activities can be fostered by developing healthy public policies, creating supportive environments, strengthening workplace and community actions, and reorienting health services to promote health in the working population instead of focusing on individuals and their health challenges.

Within the European Network for Workplace Health Promotion (ENWHP), the WHP concept is defined as 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 organization of work, creating a better working environment, and promoting active participation. These aims can be attained through an intermixing of the following approaches: improving the work organization and working conditions, promoting active employee participation, and strengthening personal skills. WHP is intentionally defined from a holistic perspective with particular stress on participation and intersectoral and interdisciplinary cooperation. WHP is understood as a component of an expanded and modernized definition of occupational health services, including behavioural prevention in the workplace, work organization, work design, influence on health determinants, reduction of absenteeism, and organizational development strategy.¹

The continuation of the Health for All Policy within WHO's Health for 21st Century Programme⁷ includes the following principles for a 'healthy company or enterprise':

- a safer working environment, including the prevention and control of physical hazards and screening for occupational risks and diseases
- healthy working practices, such as a healthy eating policy in the canteen and a non-smoking policy
- programmes promoting health at work and outside of work
- initiatives to address psychosocial risk factors at the workplace, such as offering counselling, fostering supportive networks, induction and mentoring of new staff, supportive exit strategies, ongoing support during redundancy, and addressing major life events such as parenthood and bereavement
- the assessment of the impact of the products marketed by the company on health
- contribution to health and social development in the local community, including outreach work with the community and building links with local unemployed people.

In addition, the Bangkok Charter for Health Promotion in a Globalized World⁷ encouraged the private sector to ensure health and safety at workplaces and promote the health and well-being of employees, their families, and communities. Moreover, it urged the private sector to comply with local, national and international regulations and agreements to promote health. To sum up, the Charter advocated that the promotion of health be made a requirement for good corporate practice.

2.2 Determinants of health at work

It has been estimated that the total costs to the economy of accidents at work and work-related illnesses amount to 3–4% of the Gross National Product⁸. The factors influencing health at work are multiple and interactive. Therefore not only health behaviour and lifestyle determine health, but also factors such as income and social status, education, employment and working conditions, access to occupational health services, and environment. Investing in better working conditions improves the health of employees and hence increases the productivity of companies. Through workplaces, health promotion activities are able to reach the adult population in a systematic manner. Therefore, workplaces entail great potential for health promotion as places to target adult population consistently over long periods of time and carry out changes related to lifestyle and living conditions thus improving health at work.

According to the European Foundation for the Improvement of Living and Working Conditions, the most common work-related health problems are back pain (reported by 33% of respondents), stress (28%), muscular pains in the neck and shoulders (23%), and overall fatigue (23%).¹³ In addition, a direct relationship between poor health outcomes and adverse working conditions seems to arise from a high level of work intensity and repetitive work. Of the traditional concerns for health at work, exposure to physical risk factors (noise, vibrations, dangerous substances, heat, cold, etc.) and to poor design (carrying heavy loads and painful positions) remain prevalent. The constant intensification of work applies to over 50% of workers, who work at high speed or according to tight deadlines for at least a quarter of their working time. Control over work has not increased significantly: a third of workers say they have little or no control over their work while only three out of five workers are able to decide themselves when to take their holidays. The nature of work is changing: customer demands are valued increasingly over concerns related to machinery and production targets, and work with computers is becoming more and more widespread.

Based on the above-mentioned survey, the type of job contract and working time system also impact the well-being and health of workers. Work contract types have changed as flexibility has increased in all aspects of work: working time ('round-the-clock' and part-time work); work organization (multi-skilled, teamwork and empowerment); and employment status (18% of all employees work under non-permanent contracts). Temporary workers (employees with fixed-term contracts and temporary agency workers) continue to report more exposure to

risk factors than permanent employees.⁹ Precarious employment causes work-related injury and illness. There is evidence of increased injury and ill health from outsourcing, labour restructuring, and casualization of work contracts.¹⁰ Deterioration of health can also result from aspects related to economic and reward systems (competition, long hours, piece-work, etc.), disorganization (ambiguity of rules, splintering of occupational health and safety management systems, etc.), and increased likelihood of regulatory failure (laws do not apply to these employment relationships). Increased risk of injury can be detected in many sectors, particularly those with minimal regulatory protection. Often the risks are higher for precarious workers.^{11, 12, 13, 14, 15}

Work and organizational factors can have both positive and negative impact on the health and well-being of workers. Together health and the organizational factors of work contribute to the work ability and employability of working age people. A number of work-related factors can be health-promoting when positive, but lead to adverse health effects when unsatisfactory. Changes occurring in work life have influence on employability – either directly or via work demands – and the health of workers. Different work and organizational factors influence the health and well-being of workers. The psychosocial factors at work usually have an optimal level, which can be seen as beneficial for health. For example, the content of work should not be too monotonous or too difficult. When the level of stress is too high, people can get symptoms of chronic fatigue, while a too low stress level can lead to boredom. High job pressure with low job control may lead to adverse effects and even diseases. Moreover, if the effort of the employee is too high in relation to the rewards of job, this produces a risk for stress symptoms and illnesses.^{16, 17}

In contemporary work life, structural and functional changes are frequent. Research evidence also indicates that workplace downsizing and unfair leadership can lead to increased sickness absenteeism. Downsizing, restructuring, and other organizational changes should involve workers' participation, and their satisfaction in the process should be considered. Combining the interests of employers and employees is beneficial for everyone, and the participation of employees in the organizational change processes is crucial. The savings from personnel downsizing can be lost due to increased sickness absenteeism among those remaining.¹⁸ Many psychosocial factors at work can be a severe risk factor for ill health¹⁹, lowered work ability, and even increased mortality.²⁰ Nevertheless with optimal stress, work itself can promote workers' health. Positive elements at work included challenging tasks, fair leadership, social support at work, and effort-reward balance.¹⁷

Workers' competence development is important especially for younger or older people struggling in the turbulent labour market and, more generally, to prevent exclusion from work life. Health can be considered as a resource for productivity and as such an element producing economic benefits (Table 1). This can be supported by lifelong learning and competence development practices. Another central question, work/life balance, can be supported by increasing flexibility at work and creating new work time arrangements. Stress is also caused by neglecting the diversity of personnel, which can easily lead to discrimination and marginalization of older persons, women, and other people who do not belong to the majority.¹⁷

Therefore, effecting change on the determinants of health at work through WHP requires wide and combined efforts of various actors in the partnership to tackle various health and health-related policies, actions and programmes. The determinants of health for individual workers, professional groups, or populations can be improved through planned actions.

Table 1. Health aspects and their relationships with productivity and economic benefits²¹.

Health as a resource	Physical health	Mental health	Social health	Total health
Power	Muscle power	Brain power	Social and communicative power	Human power
Typical work	Material handling	Information processing	Networking, managing	Creating and developing
Resource theory	Classical human resource	Intellectual capital	Social capital	Human and social capital
Typical technologies – competing and/or enabling	Traditional technologies	Information technology	Communication and transport technology	Both classical technology and information and communication technology (ICT)
Typical tools	Mechanical tools	Computers	Internet and mobile phones, cars and planes	Innovative and integrated tools
Economic society	Industrial society	Knowledge economy	Network society	Sustainable economy

3 Partnership Building

3.1 Dimensions of a partnership²²

A well-functioning bilateral or multilateral partnership is based on the clear understanding regarding a number of partners involved. The relationship between the partners may be defined based on interdisciplinary, multidisciplinary, or transdisciplinary work approaches. In addition, a partnership may feature organizational joint activities or a functional and profitable collaboration between the participating organizations. Successful partnership relations define the timeframe of the association as either ad-hoc, short or long-term.

Perhaps one of the most important basic issues in partnership building is the negotiation and contract formulation to agree on the targets and objectives of the partnership. Clearly, a partnership is intended to gain added value and usefulness as a consequence of agreed collaboration and joint activities. Yet, the added value may be purely financial or derive from a market-based approach involving the delivery of orders and making of offers. A partnership may also be built on intellectual and developmental opportunities, such as product development, research and development activities, new innovations, and new concepts of WHP topics or disciplines concerned.

The benefits of a partnership building process are often associated with the synergy and complementarities generated by it. A partnership may also strengthen the impact of WHP activities through a sharing and combining of resources in a collaboration based on agreements.

Sometimes a partnership is aimed to increase the effectiveness of WHP activities and the success of the enterprises or organizations through their joint identity, collaborative development processes, and added creativity. This accumulates social capital and strengthens the opportunities of the partners in comparison to acting alone.

Generally, the partnership development process begins with an exchange of data and information and continues through deeper collaborative exercises towards alliances which build joint collaboration and new solutions (co-construction). A more extensive partnership development process may produce co-configuration and co-creation of new innovations in innovation chains.

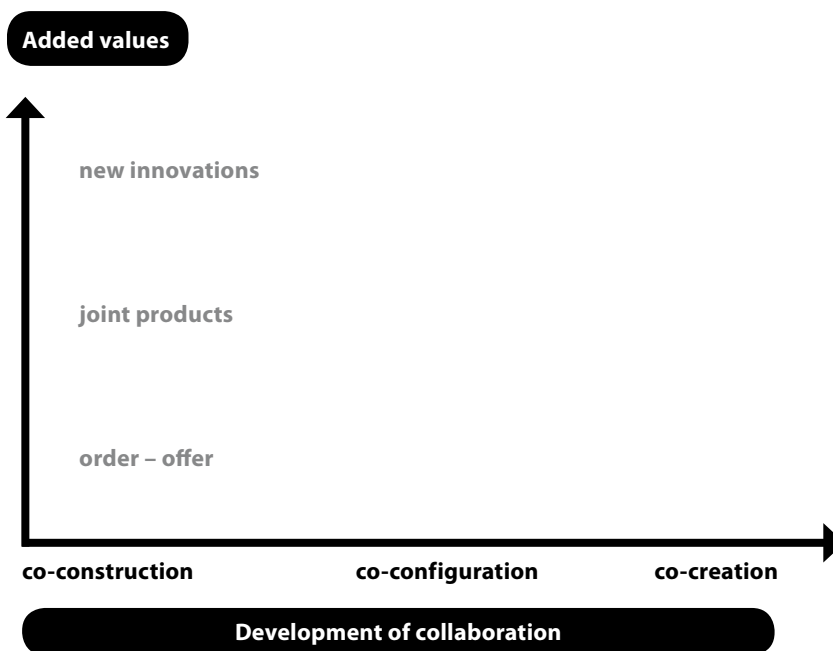


Figure 1: Matrix of partnership dimensions

In Figure 1, the principal dimensions of partnership are shown in relation to the depth of the collaboration and the objectives for the added values expected from the partnership.

3.2 Partnership approach in WHP

A partnership for health promotion is a voluntary agreement between two or more partners to work in cooperation towards a set of shared health outcomes.³⁵ Often partnerships form a part of intersectoral collaboration for health, or are based on alliances for health promotion. Moreover, partnerships may be limited to the pursuit of a clearly defined goal or they may be continuous, covering a broad range of issues and initiatives. To an increasing degree, health promotion partnerships are being built between the public sector, civil society, and the private sector.

The Bangkok Charter for Health Promotion in a Globalized World³ emphasized the need for corporate social responsibility for health promotion due to the influence exerted by companies on national cultures, environments and wealth distribution, and health and safety at work. The partnerships can subscribe to different forms of working together,

including networking, coordinating, cooperating and collaborating. Different partners bring different elements to the partnership, such as products and equipments, services (occupational health services, financing, insurances, health services), and experiences from different aspects of health promotion (nutrition, physical activity, mental health, organizational development, training). Other special skills from different partners might constitute experience of resources and how to use of them efficiently, easier access to new partners, or the reorganization of WHP activities in a more organized way.²³

An important aspect in a partnership is the timeframe. The length of the partnership and purpose of the project or joint actions are related, as a partnership intended for the implementation of a distinct action will have a specific duration, whether long or short, but partnerships can also be continuous ongoing developmental processes with changing partners and varying roles for partners. The process from networking towards collaboration often requires long-term commitment to develop WHP approach at workplaces. In addition, the degree of commitment and involvement will vary between the partners, but this does not undermine the importance of everyone in the process. Good leadership in partnership observes the differences between the various partners and adapts roles and responsibilities accordingly (Figure 2).

Networking as a form of partnership builds on the exchange of information for mutual benefit and is often the initial stage of a working relationship. Networking as such demands only little time, trust, or sharing of difficulties. Coordination means exchange of information for mutual benefit and reshaping activities for a common purpose. Coordination requires more time and trust than networking, but still does not involve the sharing of difficulties. Cooperation implies exchange of information,



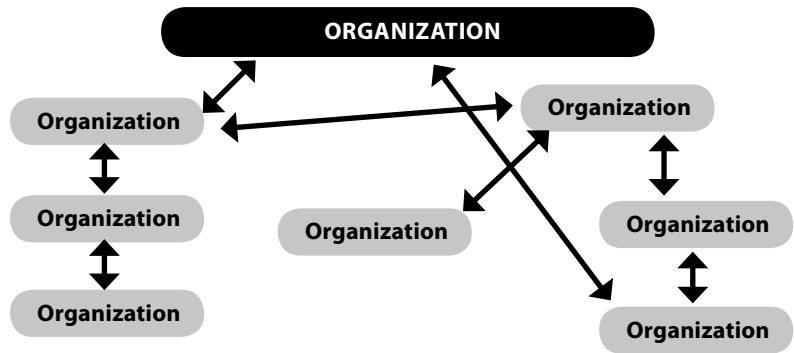
Figure 2: Partnership levels

altering activities, and sharing resources for mutual benefit and a common purpose. Cooperation requires time, high trust, and sharing of difficulties and possibly presumes agreements to achieve greater benefits. The notion of collaboration incorporates all of these elements as well as the willingness to increase the capacity of another organization for mutual benefit and a common purpose. Collaboration requires a vast amount of time, high level of trust, and extensive sharing of difficulties with agreements on several topics (see Figure 3)^{23, 24, 25}.

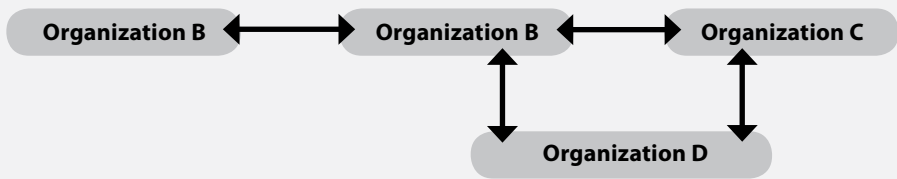
There are several prerequisites for establishing, developing and maintaining a partnership. In the beginning, it is essential to assess the purpose of the partnership and determine why the partnership is necessary. The partnership may bring added value for the WHP project, which needs to be spelled out. In addition, the partners should seek consensus and be aware of the differences between the various actors. Every partner in the WHP process needs to be clear on the ideas on how each of the partners can contribute to the partnership. This requires knowledge of all players, agencies and involved persons. In addition, partners should have a common conception of how much time, resources and commitment each partner will devote to the partnership building. In addition, the nature of the relationship may vary, according to the different roles of the partners as leaders, funding or steering groups, and other parties providing facilities, equipments, transport, and training. In addition, the role of some partners may be only to invite the participants or act as a member of the steering group. Each partnership process requires discussion on the forms, processes and procedures for the partnership, as well as on how to strengthen the partnership and make it more effective. Moreover, the parties in the partnership process need to address the areas where consensus has so far not been reached and raise issues of concern.

A partnership provides benefits for different actors. The benefits yielded by the partnership may be the principal motivation as well as the leading objective of a partnership. Such recognizable benefits might include increased financial and human resources due to the sharing of tasks between partners. An additional benefit of a partnership may be easier access to workplaces, as the access depends on the employer as well as the social partners' acceptance on WHP activities at workplaces. The specialized skills of partners may become an important strength for the project, incorporating elements such as experienced and efficient use of resources, easier access to new partners, or the reorganization of WHP activities in a more systematic way. Partners also increase opportunities by sharing information on services and activities in WHP. The new partners provide new networks and infrastructures for WHP activities.

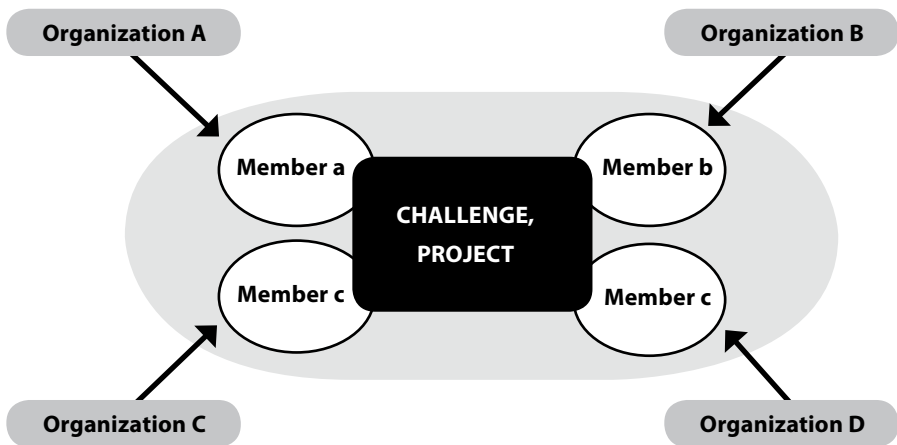
NETWORKS



ADMINISTRATIVE COORDINATION



COMMITTEE OR WORKING GROUP WITH COOPERATION



**COLLABORATIVE PARTNERSHIP
– STRATEGIC ALLIANCES**



Figure 3: Illustrations of variety of types for partnership

The partners are likely to have varying expectations for changes and different degrees of joint dedication to effect real changes in lifestyles and living conditions. Therefore, all partnerships involve risks in different forms. Risks and disputes may arise from different ways of working together, financial issues, or organizational questions. The longer and deeper the dependence between different stakeholders, the more risks can be expected to be realized. However, deeper ties are also likely to bring more interaction and positive developments for joint actions.

The risks of working together may be avoided by linking and managing partners through a focal point, a manager or a coordinator. He or she will often be the one to propose and finalize the joint decisions as well as to represent the partners' integrated forces in WHP on different occasions. For this reason, the partners need to agree which partner has the power, how the power is distributed between partners, how decisions are made, how the management of resources is conducted, and in what timeframe the focal point position is circulated.

The longer and deeper the partnership, the more essential the contracts and agreements between the partners become. The partners need to develop trust between each other to be able to share their experiences and best practices and involve new innovative approaches to WHP. The difficulties in creating partnerships should be discussed, shared and resolved and joint decisions made to overcome challenges.²⁶

There are several factors for a successful partnership and effective interaction.^{27, 28} A good practice is to create with the partners a list of the elements of well-functioning interaction. Possible factors to be included are suggested in the following:

- need for the partnership
- selection of a 'right' partner and awareness of all relevant actors in the knowledge infrastructure of WHP
- simple procedures and management for the partnership
- joint planning of collaborative actions
- rewarding implementation of collaborative actions with time, personnel, materials, or facilities
- minimizing barriers for partnership
- taking steps further in the partnership

Partnership is a form of joint actions of varying duration (long or short-term) and varying degrees of commitment in which partners have complementary skills and resources as well as shared responsibility. The findings suggest that partnerships have a positive influence on health status, but to be effective the action requires efficient planning and long-term commitment from partners.²⁹ In a partnership process, tasks and chal-

Challenges are constantly redefined. The central feature of partnership is that it is a process with a wide strategic challenge as a main objective. Other central characteristics are equality between partners and transparency in processes and decision-making. In addition, all partners are responsible for developing the partnership and managing its challenges, and common tools for the partnership, such as concepts, joint memory, and knowledge are expressly defined. A good practice is to have predetermined agreements on who does what, how information is disseminated, and what is the objective and purpose of the partnership. It is also good to agree beforehand how the partnership will be terminated and on what terms.

3.3 Key partners for WHP

Different partners play different roles in WHP.^{4,27} Important partners in WHP are frequently professionals in health, occupational health and health and safety at work; public health experts; occupational health services; health councils; chambers of commerce; trade unions; ministries; labour inspectorates; insurance bodies; employers' organizations; professional organizations; committees; and research and training institutions. Such partners may work in cooperation towards a shared goal of WHP (Figure 4). Progress in WHP also depends on decisions and actions by various sectors outside the realm of health, such as trade or finance. Therefore, combined efforts may achieve greater awareness of the health consequences of decisions and organizational practices and, through this, movement in the direction of healthier decisions and practices. The combined efforts carried out through the comprehensive WHP approach involve different sectors and professionals.

Various professionals may act as catalysts for WHP by providing information on health at work, facilitating skills development, or having access to decision-making on the levels of a company, municipality, region, or a nation. The professionalization of health promotion practitioners has been dependent on the inputs of each country into the training and education curriculum of different professionals. Many of the professionals practising WHP are trained in areas such as occupational health (medical doctors, occupational health nurses, physiotherapists, and psychologists), human resource management, public health, or organizational management. There is both academic and non-academic training and education available for professionals aiming to work with health promotion, and studies on WHP may be included in their curriculum. WHP is mostly practised through a general understanding of pub-

lic health, health promotion, company management, or human resource management.

One of the key partners is WHP service providers. The main service providers can be seen to constitute occupational health services, primary health care, public health, non-governmental organizations (heart, diabetes, and sport associations, for example), or a private practitioner with several partners. The services may be financed by employers or partly funded by the social insurance institutions or private insurance companies. In any case, employees have the option of taking advantage of the services provided to promote their health. Often, the employers build up the necessary know-how by training their management in WHP matters and applying the approaches at workplaces.

A number of factors associated with workplace injuries and illnesses. Consequently, occupational health and safety services are concerned with health protection in the form of reducing physical and chemical hazards of the work environment and decreasing work-related injury and disability. The physical work environment and the physical demands and hazards of jobs retain their relevance. Traditional occupational health hazards are not disappearing; they are, however, affecting a smaller number of people. As the demands for worker productivity increase, psychological and psycho-social problems constitute increasingly central aspects of health at work as well as a realm for partners in WHP.

Enterprises have an essential role in health and safety at work and form an element of the national public health system due to their contributions to insurance systems and tax-based public sector services. Decisions made in enterprises also influence the use of natural resources, the environment, quality of living and the work environment, work organization, and work cultures. The decisions not only have an impact on workers' health, but also on the health of families, neighbours and customers. In addition, a holistic and comprehensive approach to improve the health of employees at work may increase the productivity of companies.

The concept 'social partners' refers to employers' and employees' organizations that often function in the role of decision makers concerning health-related benefits for workers and the incorporation of health at work into local or other social agreements.

At work people actively use and shape the work environment and create and solve problems related to workplace health. Actions for WHP can take many forms through organization development, including changes to physical environment, organization structures, and administration and management. Workplaces constitute an important site for reaching the adult population, and employers should provide easy access

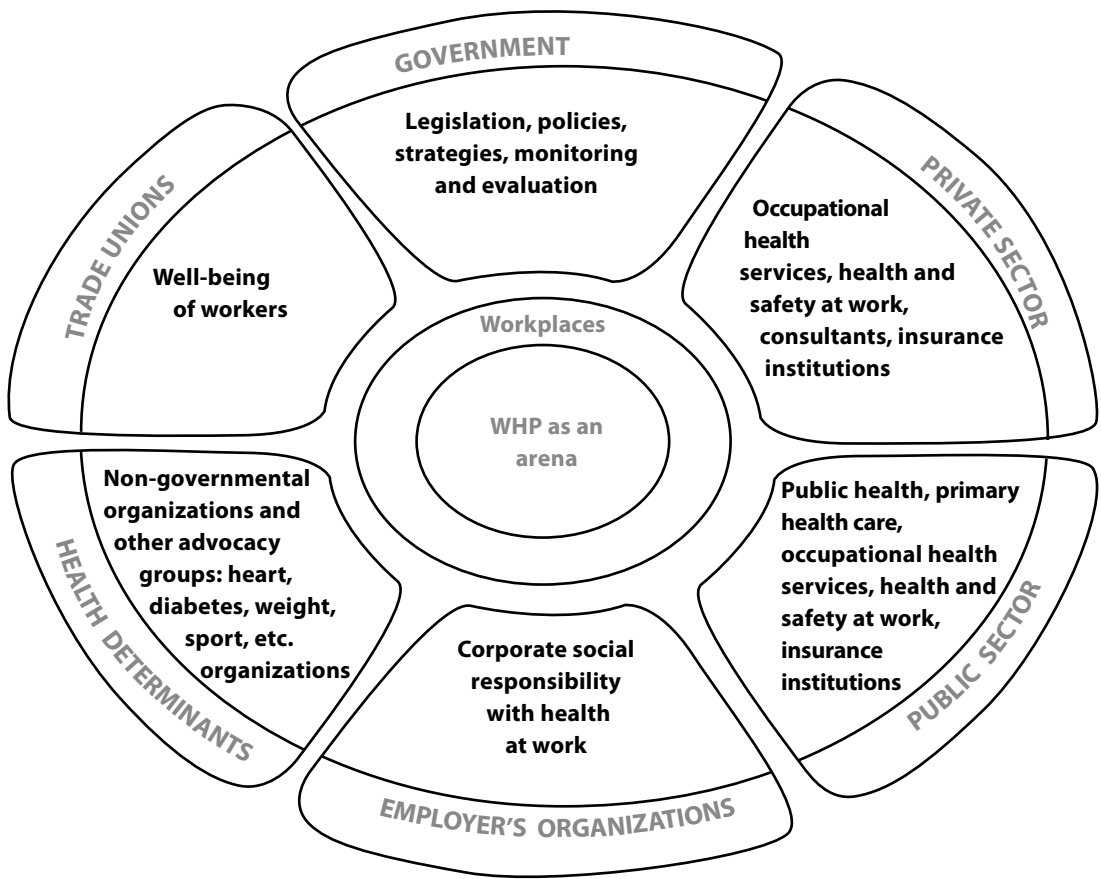


Figure 4: WHP as an arena for actions between different actors

to services and interaction with other additional occupational health related services. Therefore, WHP can function as an arena or bridge in the promotion of health between various partnerships (Figure 4).

3.4 Stages of building partnership in WHP

A partnership may be shorter or longer in duration and may include partners with various degrees of interests and involvement. Successful collaborative partnership processes are challenging, as they require recruiting and retaining participants, managing the process of working

together, and sustaining the collaborative efforts over time. The partnership approach has not always been taken seriously, as it has been difficult to show its effectiveness in community actions due to processes that have been too short in duration, too thinly resourced, and multidisciplinary by nature.²⁷ To prevent these shortcomings, the process needs the empowerment of participants, the bridging of several sectors and levels for partnership, and synergy between partners. The collaborative process needs leadership and management to successfully improve workers' health through WHP.

The actual process of partnership building starts from recognizing the common interests and goals that could be reached more easily by common actions. Joint discussions concerning the joint project goal can be organized by initiating or leading partner(s). The creation of a partnership is facilitated by meetings and communication. After the commitment of different actors, a partnership meeting can be organized. A partnership can be defined for a fixed period that can be either long or short. During the project, partnership meetings are organized, and the leading partner(s) maintain contact with all involved actors on a regular basis.

Partnership building requires joint rules and procedures. Participants often expect returns that are fairly distributed and in proportion to their inputs. Several tools and models of making joint rules and procedures exist, such as planning and management practices, quality systems, information dissemination procedures, and different types of agreements. Often the partners also sign a partnership contract for the agreed actions. This introduces the issues of contracts and intellectual property rights, for example. Differences in the functioning and activities of the participating organizations should be discussed and agreements made, specifically between profit-making and non-profit organizations. In addition, the competitive status and benefits of each partner and between partners should be discussed to sustain the partners' interests and involvement and to reach the strategic aims of the partnership. Nevertheless, it is also important to recognize partners' independence and autonomy in relation to other partners.²⁵

However, partnership building is largely learning and sharing knowledge, practices, actions, and experiences. In a partnership, the participants as individuals form an environment for a positively open exchange and sharing of knowledge, practices and experiences. The partnership openly stresses and encourages the learning of individuals. Openness is a principal facilitator of learning, and learning should be challenging and target-oriented.

Learning presumes a good and positive environment and interaction between partners. A learning organization and partnership require discus-

sions and forums for joint exchange of views, opinions and experiences. For that purpose partnership requires a commonly shared knowledge base, access to information, and a process for moving issues forward.

Know-how and experiences depend on the partners and the actual individuals involved. The partners' actions are not necessarily predictable, but it is possible that partners may tend to protect their own areas of expertise. In partnership building, proven benefits and measurable indicators for learning and sharing of experiences promote the equal advantage of the partnership.

In equal partnership building, the power relationship between partners may cause unexpected challenges. In partnership, the power hierarchies are removed and people left without the power derived from their position may in some cases function to hinder the development of a real partnership to exchange know-how, learn from experiences, develop and improve already existing topics, and avoid mistakes. Consequently, the leadership and management of a partnership building process are in a central position to avoid apparent partnerships.

Trust is an important feature of the partnership process. Trust can be built through continuous and dense interaction between partners. The development of trust requires the sharing of timely and real-time information concerning know-how and professional skills, values, and intentions. Sharing values between partners strengthens the common foundation for important issues. Knowledge of the intentions of the partners makes explicit the expectations and improves the coherence of the partners' actions.²⁵

In addition to openness and common rules, learning and exchange of information, regular discussion and incentives also constitute central aspects of partnerships. Seminars, meetings and conferences provide a site for exchanging ideas, practices and experiences. Moreover, regular evaluation of the partnership and forming plans on how to proceed further and create a better environment for it are also important. Success in partnership building also includes learning from mistakes and continuous improvement in WHP. In addition, it is important to document the learning, experiences and know-how: this makes the partnership concrete and provides necessary reference material for speaking about the achievements and results. Progress from networking towards collaboration is based on the degree of commitment between partners and the changes required in earlier forms of cooperation or collaborative actions. Interdependence or benefits gained or sought may also function to take a partnership forward despite the difficulties faced. Difficulties should always be shared between partners in order to learn and modify actions when needed to better respect each individual and organization.²⁵

3.5 Opportunities and obstacles of partnerships

Partnership is a strategy and an approach used to build an alliance between various partners, such as public, private, non-governmental organizations, and social partners, in order to create sustainable actions for improvements in workers' health. The variety of activities around WHP entails many opportunities for partnership building and development. WHP activities suited for partnership building include information and material development and dissemination, education and training activities, tool development processes, and institutional partnership development. The activities in question can be related to the determinants of health (such as smoking, nutrition, mental health, and physical activity), working conditions, organizational and management issues, or environment, all of which together impact the health of workers.

Generally, a partnership is a struggle that requires time, resources and negotiation skills. There are various obstacles for building good working relationships, creating viable plans, and implementing interventions. Other challenges of partnership building are recruitment of essential partners, retaining essential partners, and motivating partners to participate. Problems faced by partnership development in the workplace include lack of incentives, lack of history of cooperation and trust, and resistance by key people.³¹

The effectiveness of a partnership is hard to document due to lack of indicators on how partnership enhances the achievement of the goals. Nevertheless, making the most of a partnership requires a certain understanding of how a partnership works and what enables a partnership to achieve more than a single actor.³¹

A successful collaborative process needs partnership synergy. Partnership synergy involves the combination of perspectives, knowledge and skills of diverse partners. Partnership encourages the discovery of new and better ways to achieve goals.³¹ The plans become more comprehensive and integrate the programmes of various partners into larger entities. A partnership often strengthens its relationship to the broader community and fuels the use of maximized synergy to exploit the full potential of the collaboration. Partnership combines multiple services, programmes and systems in innovative ways and may offer new perspectives and priorities regarding the common interest groups, such as workplaces, workers and work environment. The contributions of diverse partners often improve implementation and support the achievement of common goals.

Critical issues for a functional partnership are the following:

- leadership
- administration and management
- partners efficiency and involvement
- actual implementation and challenges at workplaces
- sufficiency of resources, also non-financial resources
- governance structures
- satisfaction and commitment of partners and
- quality of plans.

Leadership has an important role in the promotion of partnership building. Leadership in partnership requires taking responsibility as well as inspiring, motivating, and empowering partners.³¹ Good partnership develops a common language between partners and fosters respect, trust, inclusiveness and openness. Successful leadership presumes that differences in opinion are discussed, conflicts solved, and perspectives combined. Good leadership is supported by various resources and skills of partners looking at issues creatively from different viewpoints.³¹

Evaluation of partnership means further improvement of the partnership and opening new opportunities for it. One of the ways of evaluating a partnership is to consider its efficiency and the added value introduced by it. This includes evaluation of the use of financial and in-kind resources, such as appropriate use of partners' time. The use of non-financial resources, such as skills and expertises, data, and information connections to the target group and political decision makers; maintaining the legitimacy and credibility of the partnership; and influencing and bringing people together are also important.^{24, 33} Several more sophisticated methods are also available for assessing the strengths and weaknesses of partnerships (see for example³⁴).

4 Good Practices for Partnerships

The European Network for Workplace Health Promotion (ENWHP) conducted an analysis of partnership building processes in active WHP projects and programmes in nine countries. Various approaches, successes and failures were recognized, and based on this good practices for successful partnership were identified. Nevertheless, cultural, economic, social and other contextual factors may also be central in partnership processes, and must also be taken into consideration. Therefore, the transferability or multiplication of experiences is not necessarily directly applicable to different countries and contexts. Short descriptions of the various partnership processes are provided in Chapter 5, and the main findings concerning good partnership practices in WHP are listed in the following.

This guideline on partnership for WHP is based on a concept defined by the global health promotion movement on partnership for health promotion as a voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes.³⁵ Often partnerships form a part of intersectoral collaboration for health, or are based on alliances for health promotion. Many partnerships may be limited to the pursuit of a clearly defined goal or, alternatively, may be continuous, covering a broad range of issues and initiatives. Increasingly, health promotion partnerships are being built between the public sector, civil society, and the private sector.

The WHP approach thus confirms that health at work is not only influenced by health and safety at work measures by organizations, but also by other sectors of society closely related to work, workplaces and work environment. Moreover, improved health and well-being at work have positive effects on company performance, which add to the initial effects of enhancing the health and safety of workers.

The partnership approach for WHP was supported by the research findings of the survey conducted in 2005 among fifteen European countries. The survey showed that WHP needs more connections and increased commitment to occupational safety and health at work systems, occupational health services, and public health. In addition, WHP is promoted by human resource management or line management in case of a particular interest of the company or specific persons in charge of such issues.⁴ Nevertheless, the comprehensive approach to the chal-

allenges at work due to ageing workforce, changing work environment, and more precarious employment contracts increases the need to develop networking, coordination, cooperation, and collaboration to build partnerships of various degrees and strengthen the impact and effectiveness of WHP at workplaces. However, to improve partnership aspects in WHP, a number of questions must be addressed and considered in the course of the partnership building process.

WHP as an approach to solve the challenges of the changing world of work should not be isolated from the concerns of the organizations' management. Most investments by organizations are of a technical nature, and the introduction of WHP via partnership would help maximize productivity, enhance competitive edge, and provide better overall results for the organizations. From this viewpoint, the capacity of WHP to reduce the costs of accidents, injuries, and sickness absences and improve the well-being at work is essential.

In partnership building, the temporal dimension may have a strong impact on decision-making and partnership building process. Observed from the short-term perspective alone, partnership building often appears only as an expense, burden or difficulty. Yet, partnership building, whether for shorter or longer term, requires need for partnership, as well as time, efforts, resources, and conscious building of practices, procedures, information channels, and rules for decision-making. In addition, the success of the partnership building process is increased by understanding the added value of the partnership, the selection of 'right' partners and rewarding the implementation of collaborative actions. Although the main focus is on partnership building on various levels of WHP, various external issues may also have an influence. These include the costs from the partnership to each of the partners, national policies and features regarding compensation for WHP activities as well as incentives for partnership building.

This guideline focuses on the practices to develop and build good partnership for WHP. The consequences of occupational safety and health hazards such as accidents and ill health impact individual workers and organizations. However, many of the common public health issues, such as good nutrition and meals, increased physical activity, reduction of stress, and non-smoking also concern workers and can be improved by WHP. The impact of work on health also depends on factors other than work or health. Therefore, one response to these challenges can be the construction and promotion of different partnerships on various levels from job-floor to the level of regions and member states. Partnerships are needed in the processes of preparing, implementing and evaluating regulations, policies, strategies, programmes, projects,

and activities to support a healthier work life. Therefore, partnership building between public and private sectors, non-governmental actors, employees' and employers' organizations is important.

Good partnership practices and examples of partnership building processes

The guideline includes a short overview of partnership building for better health at work. Although the overview of partnership building is fairly limited, the link between a good partnership building process and WHP can prove central for attaining better results in health at work.

Some of the success factors for partnerships are the following:

- recognition of joint collaboration area and topics
- definition of roles and responsibilities
- establishment of rules and developing skills for collaboration (personal contacts)
- development of information distribution and delivery chains
- ability to transcend (helicopterize) issues and partnership possibilities
- knowledge exchange and mutual learning
- flexibility between partners
- specialization of partners
- continuous evaluation of benefits, usefulness, and quality of partnership
- alliance agreements

Successful partnerships have been created in nine European countries for information campaign, education, and training activities and in WHP tool development. Partnerships have also been formed between regional institutions, SMEs, and various institutes with different focal areas. These projects and programmes conducted in nine European countries showed that partnership building can be used as an approach for example as an intrinsic part of the human resources policy in the following cases:

- To integrate a disability management technique used in companies by optimizing the employers' reintegration policy. Better reintegration of employees into the same company is enabled by performing a good analysis of the work possibilities or capabilities versus the demands of the work environment.
- to create an IT tool for the improvement of work ability of rescue workers and to attract new partners, such as diabetes and health

associations interested in gaining access to specific population groups and their health challenges

- to tackle the demographic changes and the response of companies to ageing workforce and create a competence development model
- to integrate health management within small and medium-sized companies
- to provide information on a healthy and safe start for young people beginning their work careers
- to develop a regional health plan
- to foster regional WHP activities between various regional actors
- to develop professional training and practice for WHP.

The analysis of the partnership processes showed that the partnership building process can contribute to the WHP process within the organizations. The case studies proved that the technique and the outcome of partnerships are similar between various countries. Moreover, the practitioners involved agreed that the results of the partnership analysis presented a strong argument in convincing various sectors and organizations to build partnerships to enhance the impact of WHP and health at work.

By building the link between WHP and the conscious partnership building process, the case studies demonstrate that WHP should no longer be seen as purely a cost or an activity of the organization, but as a genuine instrument to improve health at work. To better reach this goal partnerships for WHP should integrate several different actors within various capabilities.

Quality criteria for sustainable partnership

Although the case studies presented here differ considerably in many aspects, some common elements can be found for good sustainable partnership practice in WHP.

Quality criteria for sustainable partnership are the following:

- clear and common goal defined and supported by all within a common frame for action
- transparent and continuous communication between partners
- evaluation plan and documentation of partnership process
- impact assessment of partnership for improved WHP
- 'constitution', statement for partnership
- rules for cooperation
- annual and long-term plans between partners

This guideline demonstrates that partnership building for WHP can have a positive impact not only on the results of WHP, but most probably also on health at work and consequently for the performance and productivity of the organizations. However, identifying and quantifying these effects is not easy and not within the scope this guideline. In addition, although experience shows that in many partnership building processes improvement of actions can be observed, producing solid evidence about this can be rather difficult. Partnership processes vary in length and objectives and thus in their overall effect. However, a broader spectrum of the challenges at work calls for a wider and more comprehensive response to workers' health in the long term.

The partnership building process needs further analysis to be a consolidated and consciously developed practice in the WHP approach. When various actors of WHP are integrated in the everyday management of the organizations, this creates win-win situations where workers' health can be improved and organization-related objectives advanced.



5 Examples of Partnership Development Processes in Nine European Countries

The following nine examples of WHP in different countries and contexts are derived from the input of the national contact offices of the European Network for Workplace Health Promotion. There are various approaches with different topics. The most essential information was collected by a common template, and the national contact offices selected the partnership building process they considered useful and successful. The partnership processes have been developed between various actors on different levels and in various topic areas, such as ageing workforce, regional health promotion policy, work ability, health and safety of young people, and disability management. Some of the partnership development processes have produced articles and publications, which can provide additional information. The partnership building approaches were mainly used to improve the attainment of results; consequently, only partnership building processes considered as successful are included. Partnership building requires time, efforts, and resources. The following partnership processes should be viewed merely as examples and not necessarily as replicable in other contexts or topics.

5.1 Introducing Disability Management – Intro-DM

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Introduction: People with special needs are underrepresented in the labour force, and too often policies focus on supporting individuals rather than developing an overall strategy. Moreover, it is very important to involve employers and to confront them with their responsibilities. Often companies have to bear high direct

and indirect costs due to the drop out of an employee. The longer the period of working disability, the higher the costs. Consequently, it is in the interest of all companies as well as the government to optimize the reintegration process by minimizing the costs and by developing a clear policy.

The Flemish Government, social partners, user organizations, and intermediary organizations for people with special needs signed a common platform text on December 2003. This text explicitly states that the engagement must be translated into specific and measurable objectives by setting up an action plan. This necessitates the development of a strong policy and commitment among the companies and organizations to support the trajectories of people with special needs.

The global objective of Intro-DM is to integrate the disability management technique to optimize the reintegration policy. Disability management aims to achieve a win-win situation for the employer-employee by reintegrating the employee into the same company. This is possible by planning and implementing actions that are from the start orientated towards reintegration and by performing a good analysis of the work possibilities or capabilities versus the demands of the working environment. Intro-DM aims to make disability management an intrinsic part of human resources policy. Therefore, Intro-DM created a specific policy to help employers to promote reintegration and offers the necessary information and network of contacts to make the reintegration trajectory in the company successful.

Some examples of the activities are listed in the following:

- development of instruments to assist employers, employees and rehabilitation experts during the elaboration of the policy
- elaboration of an awareness-raising programme for company management, job-coaches and prevention experts
- dissemination of information on disability management
- setting up and monitoring of reintegration trajectories
- training of Disability Case Managers, etc.

Key partners: The project involves several partners on different levels. They can be divided into three groups: operational partners (3), social partners (3), and financial partners (5).

The partnership is led by a steering group that consists of one person from Prevent and one person from UCBO Ugent. The steering group assumes the major responsibility in determining the project steps and in managing the resources. The other partners take up specific tasks and roles. This manner of collaborating has been decided upon with the whole group at the beginning of the project. It has the advantage that it allows for a flexible way of working and a strong project management.

The steering group consisted of the representative from the Institute for Occupational Safety and Health (www.prevent.be) and Ghent University (UCBO, www.ucbo.be). Operational partners included ACT as service provider for the counselling for reintegration (www.act-desiron.be). This private organization is a pioneer in the area of reintegration of employees with a current or previous mental or physical health problem: they thus have a vast knowledge and experience in the projects' focal area. ACT also offered practical support to some of the reintegration cases. Other operation partners were the regional jobcentre Jobcentrum West-Vlaanderen (www.jobcentrum-westvlaanderen.be) and Job&Co for counsel-

ling and assistance for people with limited access to the labour market.

The jobcentres have a large experience in job coaching people with a disability. In this project, their role is to apply the new method in practice; they support 15 reintegration cases.

The social partners involved were Belgian employers' federation (www.vbo.be) and trade unions (ACV: www.acv-online.be and ABVV: www.abvv.be). The social partners are involved because they represent actors that have an important role in reintegration: employers, who should be more involved in reintegration processes, and employees. These social partners are an important support for the project because they have a good understanding of the structures on governmental level: they have useful contacts and know how to approach people at governmental level. Through the social partners, the dissemination and mainstreaming of the reintegration idea and the results of the project can be realized on a large scale. The financial partners were the European Social Fund (www.equal.be), the Flemish Government, the financial group CERA (www.cera.be), and the Provinces of Limburg, East-Flanders, and Flemish Brabant. In addition, experts in certain specific topics were involved.

The topic: The project aims at developing and offering strategies to involve individuals in the labour force who are suffering from mental health or physical health issues preventing them from taking full part in economic activity. The project is aimed to motivate employers to develop a policy for the reintegration of employees who have dropped out of work because of illness or an accident. Moreover, the project is targeted to inspire efforts, particularly in employers, to realize professional reintegration and retention within the workplace.

Key aims: The key aims of Intro-DM were to make disability management an intrinsic part of human resources policy and offer information and a network of contacts with all the important actors to make the reintegration trajectory in the company successful.

Main approach to partnership development: The project partnership started by preparing clear and detailed agreements of the tasks and roles of the partners and timing of the actions. All partners accepted the project description and their role in it.

Such established agreements are, however, not sufficient to build a strong partnership. Therefore, regular contacts between the project group leader and/or the steering group were necessary for a strong project partnership commitment. Innovation and information is shared through personal contacts with different responsible persons of the involved organizations.

The role of the social partners has been strengthened throughout the project. All actions for the mainstreaming of the project results are decided together with the social partners.

Response to the partnership development process in WHP: The steering group partners, Prevent and UCBO at Ghent University, used existing contacts for the partnership development.

The partnership was facilitated by meetings and communication. Presentations and discussion about the project goal and actions were organized by Prevent. After the commitment of different actors, the first partnership meeting was organized. All partners had to sign a partnership contract for the agreed actions. During the

project, two or three partnership meetings are organized each year. The steering group maintains contact with all involved actors on a regular basis: for specific actions and the follow-up of the project.

Impacts of the pilot: This pilot achieved a strong partnership and the involvement of different actors in the field: government (policy makers), trade unions, employer organizations, public and private health sectors, and advocacy groups. Those actors were either partial members in partnership or in the expert group or through part of specific actions or dissemination activities.

The success of the process was built on a strong steering group where most of the decisions were made in close contact. This enables quick, goal-oriented decision-making. Other success factors were a strong project and qualitative product delivery, which fortified the partnership. The partners are more and more willing to identify themselves with the project. In the beginning, the partners displayed a wait-and-see policy; in the course of the project and particularly after several of the goals were achieved, their role became more active. The success was supported by the involvement of different levels of staff from the different organizations in the project (e.g. a diversity counsellor and a member of the research unit of a trade union). In addition, the voluntary involvement of experts (from a group that was not an official member in the partnership) with a strong personal relationship to the project goals strengthened the partnership. The involvement of the experts was also very important for the commitment of the partners. Due to their specific input, the project was also more valuable for the project partners.

Achievements and future: The partnership lasts until April 2008. At present it remains unclear if the partnership will continue in terms of related new projects. It is the aim of the steering group to search for new project possibilities. At this moment, the partnership is working together for the achievement of the current project goals, mainstreaming and dissemination of the project results.

Publication: www.introdm.be

5.2 Development of good practice for assessment of physical work capacity of rescuers

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Introduction: The early retirement of rescue workers has clearly increased, mostly due to musculoskeletal, mental and cardiovascular disorders. The Ministry of the Interior in Finland set up a working group in 2005 to find out how rescue workers cope with their work. The conclusion was that rescue workers needed improvements in work ability (health status and physical work capacity in relation to prevention of accidents; procedures of assessment of physical work capacity and health examinations) and WHP activities. In addition, the recommendation advocated further opportunities for horizontal work career development, encouragement for life-long learning, and improved maintenance of the physical and mental work capacity of rescue workers.

Therefore, physical work capacity measures through fitness testing and follow-up were developed with a computer-based FIREFIT programme containing various health and fitness components. The component of informing, counselling and advising was developed with the Finnish Heart Association, the Diabetes Association and occupational health services of the City of Espoo jointly to acquire a relevant database for occupational health services (OHS) to advise rescue workers on lifestyle issues, such as healthy eating habits, continuous physical activity, and losing weight. Both associations have long-term experience in advocacy and distribution of health information and act in an advisory role in the prevention of lifestyle related health problems and health promotion in various health determinants.

Key partners: Finnish Institute of Occupational Health (FIOH) (www.ttl.fi); Occupational Health Services City of Espoo (www.espoo.fi); Western Uusimaa Department for Rescue Services (www.espoo.fi); Central Uusimaa Department for Rescue Services (www.ku-pelastus.fi); Finnish Heart Association (www.sydanliitto.fi); Finnish Diabetes Association (www.diabetes.fi).

The topic: For the purpose of fitness testing and monitoring, the computer-based FIREFIT programme containing various components was developed further. The component of informing, counselling and advising was developed with the Finnish Heart Association, the Diabetes Association and occupational health services of the City of Espoo jointly to acquire a relevant database for OHS to advise rescue workers on lifestyle and health promotion issues.

The development process of the FIREFIT programme created a unique opportunity for partnership formation for WHP between the Finnish Heart Association, the Diabetes Association, occupational health services, and FIOH. The associations have been working with the health determinants relevant to rescue workers and therefore were ready to support the OHS units in informing, counselling and advising rescue workers in a methodologically certified way and in a simple and easily understandable form.

Specific purpose: The development of a good practice for the assessment of the physical work capacity of rescue workers was organized in connection with health examination procedure between OHS, Department for Rescue Services, their nominated physical education instructor and/or physical fitness testers, and management of personnel in the municipalities.

The aim was to develop a computerized system for the assessment of health and physical work capacity complete with follow-up and guidance and to formulate a comprehensive health enhancing index. The index consists of the results of anthropometric measurements, fitness tests, and a test drill simulating a work task. The index will be used in appraisal interviews (between employer and employee), for example when planning future work career. This is important to avoid early retirement due to reduced work ability.

Main approach to partnership development: The partnership with the two associations was sought due to the common interest of FIOH and OHS to develop information, counselling and advising sections for the FIREFIT programme based on existing materials. The partnership development started with an invitation to the associations for the start-up meeting. After the common interest and the timing of activities were established during the first two meetings, a regular schedule

of monthly meetings was implemented. The multidisciplinary work group exchanged information and further developed the process description of the information, counselling and advising process for various levels of health examination and fitness test results. The associations compiled their existing materials according to the levels indicated by the results.

Response to the partnership development process in WHP: The purpose of the partnership was to expand knowledge on the topic and provide information, counselling and advice to the physical fitness testing personnel and occupational health services personnel (mainly occupational health physicians, nurses and physiotherapists). The associations provided further information on lifestyle-related issues and improved the methods and information sources to motivate rescue workers to consider and make changes in their lifestyles to improve work ability.

The meetings were the main communication and decision-making arena. FIOH not only shared the expertise with the commercial organization to develop the IT programme, but also invited the associations for further development of the information, counselling and advising section of the FIREFIT programme. The associations saw the opportunity to expand their activities towards workplaces through OHS. In this way, the short-term process of computer-based programme development became a more extensive opportunity to expand partnership development.

Impacts of the pilot: The project was beneficial for all partners and could be described as a win-win process. The rescue worker, rescue services, and municipalities with OHS benefit from the enhanced physical work capacity of rescue workers, which is supported by an established process of feedback and guidance. In addition, the partners expanded their networks and shared information, counselling practices, and advisory roles in work-related health challenges, such as coronary heart diseases and diabetes through promotion of healthy nutrition, physical activity, and weight loss. There seems to be an interest in improving counselling and advising practices in order to more effectively convey health-related messages to citizens. The associations also became interested in a more long-term partnership to further improve the health of rescue workers and gain access to workplaces for health-promotion purposes.

Achievements and future: The Heart Association and the Diabetes Association provided material for feedback after health examination and fitness tests for rescue workers. The material can be used by OHS units and their professionals (doctors, nurses, physiotherapists, psychologists etc.) for informing, counselling and advising purposes. The computer programme is expected to be in use in all rescue service departments in Finland by early 2008. The associations will be involved in the forthcoming programme to establish assessment practices of physical work capacity to improve the work ability of rescue workers.

Remarks: The subproject PALOTANO was conducted under the overall programme 'Development of good practice for assessment of physical work capacity of rescue workers' (In Finnish: Pelastajien hyvän fyysisen toimintakyvyn arviointikäytäntö) by the authors Sirpa Lusa, Harri Lindholm, Anne Punakallio, Ritva Luukkonen, Jyrki Eklund, Saira Lindqvist-Virkamäki, Marjatta Vuorinen, Martti Sneck, Teija Mankkinen, and Pertti Kataja.

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5.3 The German Network for Demography

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Introduction: A key role in coping with demographic change in enterprises is played by corporate culture and the attitude of the managerial staff. Companies wishing to tackle demographic change will in future have to strive for a ‘renaissance of the value of the individual in the company’. This involves fostering a positive in-house climate characterized by a sense of value of all staff and the promotion of the potential of the individual. Prejudices against older people in the company – and the prejudices of older people against their younger colleagues – need to be addressed and dismantled. This must not and cannot occur only through words, but must also be based on practical experience. Good managerial skills and good work by superiors constitute highly significant factors for an improvement in the work ability of older workers. This includes:

- realistic assessment of the potential performance of older workers
- promotion of inter-generational dialogue between older and younger staff
- cooperative leadership style
- consideration of the individual work plans of older staff members
- recognition of the performance of older workers, but also addressing performance deficiencies and joint search for solutions
- finally, a new, ‘demographics appropriate’ personnel policy is required that must be supported by management; conveying these messages to German enterprises has been one important reason for the foundation of the ddn network.

Key partners: The driving forces for a foundation of the German Demography Network (ddn) have been the following big companies: Lilly Germany, METRO Group, ING DiBa Bank, and ASSTEL. Supported by INQA, the network was founded as a non-profit association in March 2006 together with 40 other companies. Depending on the size of the company, the members have agreed to pay a membership fee for financing the network activities. At the moment, 84 enterprises are registered as members of the network (www.inqa.de).

The topic: The New Quality of Work Initiative (German short form: INQA) is a networking initiative organized jointly by the federal government, the federal

states, social insurance institutions, the social partners, the Bertelsmann Foundation, the Hans-Böckler Foundation, and private industry. The initiators of INQA believe that promoting a new quality of work is an important task and a future challenge.

INQA aims to make a contribution towards creating more and better jobs and has therefore adopted the ambitious target formulated by the European Union at the Conference of the European Council in Lisbon in March 2000. In this frame, the demographic challenge is one of the key topics of INQA; the idea was developed to create a network of enterprises to provide tools for coping with the demographic challenge. Funded by INQA, this network development was pushed forward at the end of 2005.

Unlike in other major industrial nations, the German government, business life and social partners have for many years fostered a systematic reduction in the age of the workforce. Many companies have already recognized the signs of the time and have developed remarkable new approaches towards a demographically appropriate labour and personnel policy. The New Quality of Work Initiative (INQA) aims to bring together and enhance these approaches and to contribute towards their rapid dissemination in business and society. The progress has included three important steps: campaigning, a common memorandum about the challenges for work life, and foundation of the network.

With the '30, 40, 50 Plus – Healthy Work Into Old Age' campaign, launched in 2005, INQA intended to promote the following objectives:

- to help business and society to develop a more constructive, realistic picture of the skills and abilities of older people
- to enhance better deployment and utilization of these skills and abilities
- to develop corporate health policy aims in order to safeguard the work ability of the younger members of the workforce in the long term
- to make productive collaboration between younger and older workers a factor driving corporate success.

This campaign was supported by the five major companies; after the campaign they have decided to develop a broad movement with German businesses to push forward age appropriate corporate policies. The target group are German enterprises; the goals are the development of age appropriate corporate policies. A memorandum of the partners about future corporate needs laid down the fundament for broad acceptance. The memorandum aims to provide some pointers in the debate about the future of work in an ageing society. The key is not necessarily to be found in practical expertise, sophisticated checklists, or refined modifications to the workplace. Rather, what is needed is a fundamental rethink. This involves a shift from the 'deficiency model' towards a 'competence model'. This 'mental revolution', which has long been a consensus amongst experts, is now increasingly finding a place in business thinking. The argument is that older workers do not merely – or primarily – harbour deficiencies compared with younger people, but actually possess a large number of capabilities which are of a vital importance to today's business world: problem-solving skills based on experience, greater tolerance of differing opinions, high degree of flexibility in terms of time, reliability, and realistic perceptions, among others.

The authors of the memorandum are firmly convinced that INQA is the ideal instrument to accelerate the necessary change into 'demographics-proof' compa-

nies. INQA provides services to companies to help them recognize and resolve problems and thus tackle in a constructive manner the challenges posed by the demographic change to the world of work. INQA invited managers and workforce representatives to take advantage of the expertise gathered together on this platform for their company and also to enrich and further develop this expertise with their own experience. These arguments have convinced many enterprises to set in motion further enterprise-oriented activities. Moreover, they accelerated the process that led to the foundation of ddn.

Main approach to partnership development: After the foundation, the network has organized the work around five key topics perceived as relevant for coping with the demographic challenges:

- Health and health promotion
- Work organization
- Training and lifelong learning
- Leadership and corporate culture
- Human resources and recruiting.

The members have organized themselves around these topics in order to develop solutions.

The results of the working groups have been presented to the members in a conference at the Ministry of Labour in March 2007. The goals of the networking consist of mutual learning, exchange of good practices, dialogue with politicians, stimulus for further research, and creating a national platform for this issue.

The main approach is mutual learning in working groups, developing of good practices, and the dissemination of knowledge. The acceptance of the ddn network was supported by the fact that this network was founded by enterprises for enterprises.

Sustainable management is organized by using intranet (via web board) for internal communication; the Executive Board is pushing forward activities; regular meetings and reporting are organized by working groups; annual working plans and an annual budget are prepared. Various demographic tools, such as age structure analysis, have been offered to the members via internet.

Response to the process of partnership building: The starting point for ddn was in 2005 when some companies and organizations in INQA developed a Memorandum about the demographic challenges in Germany. This memorandum was part of INQA's new 'Work and Demographics' campaign. This campaign poses the questions of how demographic change is altering the world of work, what companies can do to remain competitive with an ageing workforce, and how occupational safety and health can be successfully combined with commercial interests. The campaign's answers to these questions come under the heading: 30, 40, 50 Plus – Healthy Work Into Old Age.

The platform character of the network, the presentation of the network in mass media, the support by the Ministry of Labour and Social Affairs, and public discussion about a shift of corporate policies to cope with the demographic challenge have functioned as important stimuli for the partnership building process.

Impact of the project: The deliverables by the work groups are available to all members for example via conferences and the internet (<http://www.inqa.de>); a new Memorandum of the network is planned, as well as a handbook with good

practices and practical guidelines. The enterprises have developed ten golden rules of ageing friendly human resource policy to which they commit. The increasing level of interest in membership can be viewed as a positive evaluation of the work of ddn.

Achievements and future: Success factors for the partnership building have been the following:

enterprises for enterprises (truth value), knowledge transfer from theory to practice, paying for membership, mutual learning, active participation of human resource managers, support by INQA, political support by the Ministry of Labour and Social Affairs, internal pressure in the enterprises regarding the consequences of an ageing workforce and social partner involvement.

Without the support of INQA, providing capacity building support for management would be much more difficult. Due to the challenges posed by the demographic changes in near future, the sustainability of the project is guaranteed for some years. Extension of the national network to a regional approach and further expansion into the European level is foreseen. In the foundation phase, capacity support from other organizations and institutions is important. The commitment of a large number of partners is essential. The commitment of the managers of the enterprises is particularly significant in terms of credibility.

Publication:

www.inqa.de/Inqa/Navigation/Themen/demographischer-wandel.html

5.4 European Week for Safety and Health 2006 – Safe Start

(In Icelandic: Örugg frá upphafi)

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Introduction: Health and safety of children and young people is a very relevant issue in Iceland where children start work at a young age. Many begin work while still in secondary school. The work may take place, for example, in supermarkets, fast-food chains, or in newspaper delivery. It is common that young people work long hours and take on more responsibility than they can handle, given their age and level of maturity. Indeed, it has been shown that young workers are more accident prone than older workers. This is related to lack of training and experience as well as sufficient knowledge about health and safety at work. A high proportion of the accidents that young workers are involved in are thus due to risk factors in the work environment and lack of supervision. Therefore, it is very important to inform employers about their responsibilities and to offer children information about their rights and about the importance of being healthy and safe throughout their working life. It is also vital to teach young workers how to pre-

vent accidents, strain and harassment and how to increase their well-being at work.

The European Week for Safety and Health is an annual campaign for health and safety information organized by the European Agency for Safety and Health and held throughout Europe. The Administration of Occupational Safety and Health (AOSH) has represented Iceland in the European campaign since the inception of the campaign (this is not an EU funded activity in Iceland). In 2006, the title of European Week for Safety and Health was Safe Start, and its focus was on the health and safety of young workers. The Safe Start Project Group within AOSH was formed in 2005. This group worked on identifying stakeholders and partners for the project. Cooperation between different stakeholders was considered vital to ensure the success of the project. Emphasis was placed on identifying the main players that needed to be involved: those to be informed as well as those who would provide added value to the project. These partners were then invited to take part either in the whole campaign or parts of it. Contributions from the partners varied from writing articles to refereeing contest entries, co-authoring letters to workplaces, giving lectures, posting information about the campaign on their web-sites, and co-funding the project.

The project took place throughout the year 2006. It was introduced to employers with young workers through flyers and posters and by visiting workplaces where young people work. Educational material for workplaces and schools was created under the topic 'Young and Safe'. Workplaces that were found to be good examples of ensuring the safety and health of young workers received acknowledgements. A symposium was held and two brochures were published with the aim of educating employers and their young workers about health and safety. Video and poster contests were also held that students (12–20 years of age) could take part in. Many other activities, such as interviews, articles, and newsletter publishing, were used to increase the visibility of the project.

Key partners: Administration of Occupational Health and Safety (Vinnueftirlitið, www.vinnueftirlit.is); Public Health Institution (Lýðheilsustöð, www.lydheilustod.is); Ombudsman for Children in Iceland (Umboðsmaður barna, www.barn.is), **Research Centre for Occupational Health & Working Life** (Rannsóknastofa í vinnuvernd, <http://riv.hi.is>); the National Centre for Educational Materials (*Námsgagnastofnun*, NCEM, www.nams.is); the Icelandic Ergonomics Society (*Vinnuvistfræðifélag Íslands Vinnís*, www.vinnis.is); and the Green Cross – The Icelandic Safety Association.

The topic: The overall aim of the European Week 2006 Safe Start (Örugg frá Upphafi) campaign was to improve the occupational health and safety of young workers. The target was to increase knowledge among young people under the age of 25 on how to be safe at work and to raise awareness in society on the special circumstances and responsibilities that young people and their employers face at workplaces. The partners were governmental and non-governmental organizations. The development process of the Safe Start Programme produced an opportunity for partnership creation in workplace health and safety promotion.

Specific purpose: At the end of 2005, a project group within AOSH was formed. This group worked on identifying stakeholders and partners for the project. An important task was identifying the main players that needed to be involved. These partners were invited to take part either in the entire campaign as a whole or parts of it. Some partners were contacted early in the year and others later. Invitation letters were sent to 32 organizations, of which 22 took part in two

large meetings that were held in June and August 2006. Contact was also maintained through e-mails, the internet, the project website, and less formal meetings.

Key aims: The aim of the Safe Start campaign was to protect young people in terms of safety (reduce accidents), self-confidence (feeling safe), and well-being from the beginning of their working life. The target group were young people, employers/sectors, unions/employer representatives, public health authorities, community boards, and primary and secondary schools (children from 6 to 20 years of age). The aim was also to increase young people's knowledge on how to be safe at work and to add to the general awareness in society regarding the special circumstances and responsibilities that young people face in workplaces.

Main approach to partnership development: The partnership of relevant stakeholders was sought, and they were invited to take part in the campaign or parts of it. The primary means of communication used in the project were two large meetings (June and August 2006). The group also held informal meetings for activity planning and communicated through e-mails and the internet (e.g. via the partners' websites). The most active partners were the Public Health Institution and the Ombudsman for Children in Iceland (a legal body within parliament and the National Centre for Educational Materials). The contributions by the partners varied from writing articles to refereeing contest entries, co-authoring letters to workplaces, giving lectures, posting information about the campaign on their websites, and co-funding the project.

Impact of the pilot: The stakeholders showed interest and considered the safety and health promotion of young workers an important subject. Challenges faced by the project partners, however, were shortage of funding and little media attention. Overall, more interest is needed in the welfare of children or young people in society.

Achievements and future: The project was a unique opportunity for AOSH to promote the health and safety of young people and children, as the focus of AOSH is usually on working adults. The achievements of the project were the following:

- The campaign got children and young people involved and increased their knowledge about their health, safety, responsibilities, and rights.
- Schools, teachers and the Teachers' Union got involved.
- Informational material was sent to primary and secondary schools to increase awareness and knowledge.
- Video and poster contests were held and publicized within the school system and a committee meeting was held to choose the winners of the competitions.
- The winners, accompanied by their parents or teachers, attended the symposium held on the European Week for Safety and Health, 23 to 27 Oct, to receive their prizes. The posters and videos were on exhibition.
- The winning videos and posters were also exhibited at the Annual meeting of ASI – the Icelandic Confederation of Labour, which is attended by hundreds of representatives.
- Workplaces were sent informational material about the rights and responsibilities of young workers and their employers received training.

- A panel presented awards to companies showing a good example regarding the occupational health and safety of their young workers.
- Lectures were given by specialists, researchers, and young people at a symposium.
- Articles and announcements were sent to media (newspapers, websites, radio and TV) and news articles were written and submitted to newspapers. The campaign was also mentioned in RUV (national broadcasting company) radio news.

It is hoped that the publicity of the campaign may have increased the attention in society on questions concerning young workers and their safety and health at work. A spillover effect of the campaign would mean that that the companies recognized as good examples in the occupational health and safety of young people had encouraged others in the same field of operations to improve the conditions of their young employees.

In principle, the cooperation of the partnership covered the networking group of AOSH. The project ended in December 2006 but the partners have shown interest in continuing the cooperation.

Publications:

- newspaper articles, poster to promote the campaign, one of two annual newsletters (16 pages) of the Administration of Occupational Safety and Health (AOSH) was devoted entirely to the campaign; the other newsletter contained 3 articles about the campaign and related issues
- two leaflets (one for young people and one for employers)
- articles in union newsletter (SFR), articles on websites
- the website www.vinnueftirlit.is/vinnueftirlit/is/gagnabrunnur/evropska_vinnuverndarvikan_2006/; web-based teaching material on life skills training for youngsters (aged 14–16) with focus on health and safety; instructional material for teachers included
- three fact sheets

5.5 Health Plan for Modena District

(In Italian: PPS – Piani per la salute Provincia di Modena)

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Introduction: The Plan for Health (PPS) is a ‘multi-year plan for action elaborated and realized by several stakeholders, coordinated by the local government, that engages human and economic resources for the purpose of improving the health of the population, through means such as the improvement of health assistance’.

Health assistance alone is not a sufficient tool to effectively promote the health of the people. Health is influenced by many factors as well as the actions of many different stakeholders. Every intervention, therefore, must be managed through a system of alliances (partnership) – through agreements among all those people who can influence the level of health in a given community. The real novelty of the Plans for Health is that all the institutions that potentially have a role in pro-

motion of the health have been called to advance a common cause and that, for this, they will have to find common tools, practices, and shared languages. The participating bodies include, for example: local governments (municipalities and the province), institutional organizations (institutes and school districts, educational bodies, Prefecture, policy and fire departments, INAIL, INPS, etc.), public and private health organizations, firms, NGOs, trade unions, and, of the productive world, organizations of representation (Mixed Advisory Committees), Agency for Regional Prevention and Environment, and individual citizens.

The coordination of the implementation of the Plan is in the hands of local government through local health agencies: this allows the local government to be one of the main actors in decision-making to guard and enhance health, and to promote the realization of a series of necessary integrated actions to improve the level of health in the community.

A very important role can also be played by the citizens, who have the opportunity to participate in this undertaking both as individuals and as members of the partnership: an essential contribution in this respect can be only indicating the needs of the population. Also, increasing the effectiveness of individual solutions through publicizing and promoting the programme's adhesion to the initiatives to be realized in individual territories constitutes important element. And last but not least, an absolutely crucial role played by individual citizens is of course the adoption of correct behaviours that protect the health of themselves and others.

The definition of Plan for Health emphasizes the nature of the Plan as a real local pact of solidarity for health: the Plan defines the actions that must be carried out in the three year period in order to gain long-term improvements and constancy. Even in the framework of national and regional planning, it is necessary to look locally – to keep in mind the specificities of the single geographical areas – to be effective. Thus in order for the Plan to gain the results it needs, the health-related objectives of specific geographic areas must be identified – this is a task that will benefit from the combined effort of all the involved actors. The geographic area of reference can, for instance, correspond local health unit to the territory of a firm, a particular district of its operations, or a certain province. The PPS can be successful, that is actually improve the citizens' health, only if everybody in the institutions and the involved organisms will actively, constantly and methodically work to achieve the common goal.

At the base of the Plan is the description of the needs of the local population with particular attention to the district reality and the presence of possible 'critical points'. Such needs are directly expressed by the citizens or through associations representing them. They proceed to analyse the health determinants (social and economic conditions, environmental factors, lifestyles, access to services), changes in which can contribute to the statement of current needs and impact the level of health of the local population as described in the profile of health. In this way the Plan:

- takes in examination the level of health of the population (profile), documents the needs expressed by the population, describes the objectives of health to be reached and the critical points;
- articulates the nature of the contributions by the different actors to modify the health determinants and determines the nature of the relationships among them (importance of a network of integrated actions);
- describes the evaluation process (during and at the end the process) of the degree of attainment of the objectives and thus the effectiveness of the interventions, also as change in the profile of health of the population.

Key partners:

Local government: Province of Modena

Institutions: Osservatorio Prov.Le Appalti, Prov.Le del Lavoro, Università degli Studi di Modena e Reggio Emilia

Public and private health organisations: Azienda Ospedaliera Policlinico, Azienda USL

Companies:

- Less than 30 workers in construction, agriculture, wood and metal mechanics: Adani Tullio, Impresa Autogru P.M. Belloi & Romagnoli, CAM Carrozzeria Autodromo, CCO, CM Surface Treatment, Cuoghi, COBI meccanica, Elettromeccanica Tironi, FIM-PREMEC, Fonderie Cooperative di Modena, Galvan Tubi, IMAL, Inoxline, NACCO Materials Handling, GSM, Oleo Component System, OCS, ORAL Engineering, Rizzi 1857, Rossi Motoriduttori, SADO, SAI, SAIMU, TERIM, and USCO
- More than 100 workers: Tetra Pack, Caprari, MOVINTRANS – CTF, Mediagroup scarl, Modena SCARL
- NGOs: Direzione Enti Bilaterali, ANMIL
- Trade unions: CGIL-CISL-UIL
- Employers Associations: API, CNA, Confcommercio – FAM Confcooperative, Confesercenti, LAPAM-FEDERIMPRESA, Lega Cooperative, Unione Industriali
- Other Organisations: Camera di Commercio Industria e Artigianato, INPS, INAIL

Key issues for partnership: A multi-year plan for action elaborated and realized by several stakeholders, coordinated by the local government, which engages human and material resources in order to improve the health of the population. The ten health priorities of the action plan constitute: Aging Population, Road Safety, Cancer, Cardiovascular Diseases, Accidents and Safety in the Workplace, Women's Health, Health of Young People, AIDS, Respiratory Diseases, Rare Diseases. Transversal to these priorities we have the elements of Lifestyle (physical activity, smoke and nutrition) and Donation Culture.

The priority for Accidents and Safety in the Workplace alone has been allocated €2 million for 100 actions in the period 2003–2004.

Main approach to partnership development: All stakeholders involved in the implementation of the plan will take part in the Local Health Conference (La Conferenza Sanitaria Territoriale). The Executive Body of the local health conference members (L'Esecutivo della Conferenza Sanitaria Territoriale) consists of the Mayors of the seven districts and the President of the Province.

The members of the Technical Commission (La Commissione Tecnica PPS) include representatives of the municipalities, the local health agency, the regional environment agency, the university and the hospital. The tasks are to prepare a general as well as a communication and implementation action plan, methodology, to coordinate the plan groups, and to monitor and evaluate the actions. The Programme Group (Gruppi di Programma) is divided into smaller, specific groups that advance the actions in individual areas. In addition, the District Coordination Groups (Coordinamenti distrettuali PPS) operate on individual districts.

In total, the project contained 100 actions in the workplaces alone with the participation of 28 different stakeholders in 2002. The following year, the groups

approved the addition of 20 new actions in 2003. This clearly indicates a positive outcome, as does the fact that there have not been any drop outs and the number of actions actually has increased with the years.

Achievements and the future: The approach worked because all stakeholders were actively involved at local level throughout the whole process. This gave everyone the opportunity to witness the changes every day in practice. One of the main barriers was how to find time for everything: the conference, actions, coordination meetings. Moreover, the methodology is transferable to other contexts, and has already been adopted in several other provinces and regions.

The partnership includes an annual evaluation and another is carried out every three years based on the 'Health Impact Assessment' methodology. The evaluation focuses on the impact of all the initiatives on the level of health of the population. The lesson is that it is not only possible but actually necessary to invest in partnership building in order to create a supporting environment for promoting health not only in the workplace, but also in the whole community.

5.6 How to implement Integrated Health Management (IHM) in small and medium-sized enterprises (SMEs) – Challenges and opportunities for SME networks

(In Dutch: Het opzetten van Integraal Gezondheidsmanagement (IGM) in Midden- en Klein bedrijf (MKB) Kansen en mogelijkheden voor netwerken in het MKB)

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Introduction: In 2004–2006 TNO set out several pilot projects in the Netherlands to test the usability, benefits, effectiveness, and opportunities of Integrated Health Management (IHM) in different company settings. One of the challenges in the IHM pilots was to determine whether integrated health management could be introduced and implemented within a small or medium-sized enterprise. The GEPOMA network is an existing cooperation structure involving 35 SMEs in the southern part of the Netherlands. It participated in the development of IHM programme of TNO as one of the pilot projects. The GEPOMA network was established mainly with a focus on reducing of absenteeism. The aim for the introduction of IHM in this network was to expand the focus from absenteeism to WHP, thus enabling consideration of the positive effects of health instead of merely attending to cases of ill health.

Key partners: TNO Quality of Life – Work and employment (www.tno.nl); NIGZ (Netherlands Institute for Health Promotion and Disease Prevention www.nigz.nl); the GEPOMA network (a.crijns@revior.nl); Municipality Gemeente Sittard-Geleen (www.sittard-geleen.nl); Ministry of Health, Welfare and Sports (www.minvws.nl); and Fund of Institute of Social Security (SIG).

The topic: IHM was introduced as an innovative project in this existing GEPO-MA network. Partnership in the IHM project required active involvement during the whole period of the IHM project. The companies involved had to spend time on the project attending network meetings, organizing meetings and health activities, and setting up communication with employees within their companies. SME partners in IHM had to pay a small contribution, €0 per employee. The rest of the money was allocated to the project by a fund of the Social Security Institute, the municipality, and the Ministry of Health, Welfare and Sports.

One specific purpose was to identify the level on which the partnership best benefits awareness and the implementation of IHM in daily business.

Key aims: The WHP aims in relation to health determinants were formulated by the companies themselves. They varied from employee satisfaction to good relationship between employer and employees (loyalty), quality and motivation of the employees, and client orientation. In the long term, cost reductions were expected due to lowering absenteeism, increased employee vitality, and a positive effect on employability and image on the labour market (lower costs in the process of recruitment and selection of new employees). The target was to involve all employees of the companies.

The main approach for partnership development: To start and further develop partnership building, meetings with representatives of all companies involved were used as the main method. The representatives were stimulated to share knowledge and experiences in the meetings and by e-mail or telephone contact. E-mail was used most as it proved to be an easy and low key method to communicate with each other. Companies in the IHM network shared thoughts for the implementation of health activities, ideas on how to create commitment and participation among employees, how to decide on what health activities are the most (cost) effective and how to set up communication. The meetings and the sharing/learning process were experienced as very useful – one of the participants called them ‘the success of this project and partnership’.

The SME partners who signed to participate in the IHM project were selected based on the intrinsic commitment to health promotion of their top manager. These companies already participating in the network of absence reduction, but were interested in expanding the activity it to WHP.

In order to develop and spread knowledge on WHP and especially to facilitate the shared learning process, meetings were organized each month by the GEPO-MA Network Coordinator and TNO. SMEs did not have to pay for these meetings. In addition to the meetings, they were invited to share knowledge and experiences by e-mail and telephone. E-mail communication in particular was used frequently for this purpose.

On company level, the companies participating in IHM were supported by the coordinator of the network.

Response to the partnership development process in WHP: The existing GEPOMA network of about 35 SMEs has been working together for several years for reintegration and the prevention of absenteeism. The network is coordinated by one key person employed by the project to assist and support the participants in the network. All SMEs in the network were invited to a meeting to discuss their interests and commitments in WHP and especially in Integrated Health

Management (IHM). Eventually, 6 companies were selected to participate in the IHM project.

An official meeting for all companies in the region was organized to disseminate information, to create awareness, and to generate interest in IHM, and the process of networking. The chair of economic affairs of the municipality in which the network exists and representatives of the Chamber of Commerce and an employers' organization all indicated their commitment and presented their ideas and visions on WHP and especially IHM.

Impacts of the pilot: The expected advantages of the partnership approach were: to learn from each other, to share knowledge and experiences, to share inspirations, to maintain each others' enthusiasm for the project, and to gain continuity. Another important advantage was the opportunity for costs sharing. Our assumption was that it would be easier to gain subsidization for a network of organizations, and this goal was also successfully realized.

This partnership project resulted in a more strategic approach to health in the companies involved as well as a better understanding of the positive value of health in a vast number of people working in the companies. In these companies, health has emerged as a topic that can be discussed in itself, as opposed to a negative focus on unhealthy people in terms of absenteeism alone. This was achieved mainly by developing a communication structure in which health and knowledge about health can be discussed in a natural way through inspiring people to make plans about health and discussing the value of health from different perspectives. This resulted in an increased feeling of a shared responsibility for the health of both the employer and employees, which was seen as one of the most positive effects of the project. A stronger relationship between employer and employees was nominated as one of its main successes.

Achievements and the future: The partnership began with six companies. During the process, four of them became increasingly involved in the process and continued to meet with each other even after the termination of the project. The four remaining companies found the project successful. Especially the network method was deemed highly useful.

The time available for the project (nine months) limited the actual health improvements gained as a result. The companies mainly worked on a broad commitment to health promotion by different actors and from different perspectives. The participation approach in health activities created a broad commitment. The time period covered by the IHM project, however, was not long enough to evaluate the effects on health output. This would be an interesting topic for further study.

The partnership was evaluated by means of an evaluation meeting between the representatives of the companies involved. The coordinator of the GEPOMA network (all 35 companies) has given input for further development of integrated health management in small and medium-sized enterprises by gathering the experiences and learning objectives of the IHM project. This project was largely based on a process approach with the participation of employers and employees as a key element. The most important success factor was that the representatives developed an interest in each other by learning and sharing experiences in the process of implementation of IHM.

A central aspect of the success of this partnership project was the positive outlook and the personal enthusiasm and commitment of GEPOMA coordinator. The already existing partnership (illness reduction and reintegration) was strengthened due to the effects and learnings from the project.

The stage of development at which health promotion was put on the agenda in each company and the experiences gained with the process approach were found to be factors in the success of health management. An important stimulating factor and therefore part of the success is the network/partnership approach. An important challenge is to broaden these experiences by continuing to arrange meetings, disseminate experiences, and communicate the positive deliverables.

The network still exists, health has become an issue for the companies, and the coordinator has assumed a role of advising the companies in how to set up integrated health management.

The next step in this partnership development is to create positive value by making health a structural element of daily business. The process that began with six IHM companies will be broadened into a network of 35 companies.

Remarks: As mentioned before, the partnership as such was already in existence with a focus on absenteeism and reintegration. One of the main challenges of this project was to establish a shift from sickness and reintegration to the prevention of health problems, to promote physical and mental health, and to use the positive value of health viewed from a strategic perspective.

However, the IHM project had a time span of no more than nine months. This is a very short period of time to fully grasp to the positive strategic value of health. The companies involved, however, found this enough to attain the beginnings of a culture change in which health is an issue to be discussed openly, thus making it less of a black box with which everyone must deal with how they themselves see fit. The question remains, however, how much impact the period really had in terms of actual cultural changes in health management.

The partnership to reduce absenteeism and reintegration has proved sustainable, and during the project its focus was transferred to health. The companies involved have the intention to broaden the lessons learned on health management. One year after the project, health is still an issue in both the companies still involved in the network.

One of the recommendations from this process is that when setting up similar networks the necessary ingredients are time, enthusiasm, and a frame of mind among the partners that is innovative and open to development. Although the results will not always be clear at the beginning of the partnership, some shared understanding that working together, sharing and learning from each other, irrespective of the content, is an advantage. All these aspects of partnership in WHP will become easier if the partners have some experience in working together with a process approach. Moreover, we learned that a critical mass of 'already developed' partners should be present in order to make the partnership successful.

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5.7 Forum for workplace health in Lubuskie Region

(In Polish: Lubuskie Forum na Rzecz Zdrowia Pracujących)

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Key issues for partnership: The project involves the following three regional programmes based on risk factors in enterprises and the region as well as the health needs, and health problems of the workers: prevention of musculoskeletal diseases in nurses' work, prevention of vocal cord occupational diseases in teachers; and workplace free of tobacco smoke (various sectors).

Key partners:

Regional Occupational Medicine Centre (ROMC) (www.womp.zgora.pl)

Representative of the State Government in the Region (www.wojewodalubuski.pl)

Head of the Local Administration, Mayor of Zielona Góra (www.zielona-gora.pl/UMZG/)

Regional Centre of Public Health (www.lczp-gorzow.home.pl)

Regional Labour Inspectorate (www.oip.pl/zgora/main.htm)

Regional Sanitary Inspection, University, and Teachers' Trade Union (ZNP) (www.znp.edu.pl)

Education Department Office (Kurator) (www.ko-gorzow.edu.pl)

Regional Chamber of Nurses and Midwives

Regional Division of Health Fund ZUS (social insurance)

Regional Organization of Employers

Regional Chamber of Construction Works

Regional Division of Polish Society of Ergonomics and Chamber of Crafts and Entrepreneurship

Regional Organization of Employers of People with Disabilities

Local media

National Centre for Workplace Health Promotion (www.imp.lodz.pl)

Main approach to partnership development: At the beginning of the partnership, ROMC was preparing separate WHP programmes for enterprises and organizations in the region. This approach was limited due to lack of organizational and financial support from the other stakeholders. In addition, the methods for the dissemination of results were insufficient. The next step was to identify the needs of local employers and employees in the field of WHP. This was done through a

quantitative questionnaire study. Then potential stakeholders, selected based on their sector and reciprocal needs, were invited to the partnership to prepare a more systematic approach to WHP activities at the regional level. From that point the informal partnership started.

In 2004 the letter of intent was signed at the symposium 'Workplace Health Promotion – common issue and contemporary challenges'. At that point, the former informal partnership activities concerning issues such as the process of planning, implementing and evaluating WHP activities in the region were made official.

The key aims were to gain better access to resources (financial and organizational) for WHP activities, get support for advocating and disseminating the results of WHP projects (based on all partners opportunities), exchange models of good practice and improve the practice of WHP implementation (through constructive criticism from different viewpoints).

The commitment was achieved through formal agreement and continuous communication in the form of

- annual meetings (bigger conferences summarizing the results and challenges)
- smaller meeting in the 3 above described programmes according to the schedule of the projects (various partners were involved)
- continuous informal telephone/internet contact according to the needs.

Partners were involved only to the extent acceptable to them and acted according to their competences. In all institutions, contact persons responsible for forum activities were designated.

Impacts of the pilot: The project has managed to raise awareness on the issue of employees' health among all the relevant social partners and the general public in the region by introducing the concept of WHP. The three above-mentioned programmes are conducted according to the best possible methodology and all the partners are involved in some way. The partnership at regional level is formalized and documented which provides a solid framework for subsequent activities in the field of WHP.

The approach generally proved to be successful and is highly assessed by the partners (although no specific method of partnership analysis was used). Generally, the stakeholders that are obliged by law to undertake WHP activities (e.g. ROMC) were the most active in the partnership. The others prefer the role of supporters, advisors. The partnership can only be analyzed indirectly through the process and result evaluation of WHP programmes realized within the partnership. Generally, since the establishment of the partnership, the quality and quantity of WHP programmes launched in the Lubuskie region has been raised.

Achievements and future: At the beginning, the concept of WHP was not fully understood by all stakeholders, which created obstacles for the implementation of the activities. The coordinator (ROMC) assumed the taste of introducing the concept to everybody through seminars and small bilateral meetings. Sustainability was strengthened through the signing of the letter of intent and development of strong personal links between key staff of participating organizations.

As the partnership linked to the ROMC's projects proved successful, a similar approach is planned to be implemented in the future. According to the specific needs of the programmes to be implemented, new partners will be sought and invited to the partnership group.

Recommendations and lessons learnt in partnership development: The partnership proved that multidisciplinary approach to workplace health is the most beneficial. However, the partnership should be linked to particular activities – it does not work simply as an association of parties interested in WHP. The level of commitment of each party may vary but should be clearly defined. Another essential element consists of good channels of communication, which may be strengthened by personal contacts.

Publication:

Korzeniowska E., Puchalski K. (Eds.): Workplace Health Promotion in Enlarging Europe. Nofer Institute of Occupational Medicine. 2006.

5.8 National Campaign for the Promotion of Occupational Health and Safety – 'Partnership to Support Employees' Health – Sibiu'

(In Romanian: Campanie Națională de Informare și Comunicare pentru Sănătate și Securitate în Muncă / "Parteneriatul pentru Sanatatea Angajatilor – Sibiu")

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Introduction: During the year 2006 (December 2005 – January 2007), the PHARE project 'Improvement of the efficiency of the Romanian system for occupational health surveillance and control of occupational diseases, work related diseases and injuries due to occupational risk' was carried out in Romania. The project consisted of three major components focused on institutional building, the information and communication activities in occupational safety and health, and training activities.

The entire component dealing with information and promotion activities designed for the occupational safety and health field was conceived to build a model of occupational health and safety information and promotion adapted to the Romanian situation and based on European experience and models of good practice. The key objective of the component was to assess current situation in Romania regarding utilization of the which modern methods of occupational health promotion and communication. The main activities developed were:

- review of existing models of national occupational health and safety information and promotion networks
- choosing, adapting and adjusting a network model for the national information network on occupational health and safety
- setting up a strategy to build the national information network on occupational health and safety
- – developing guidelines for occupational health information and promotion activities

- implementation of regional campaigns in occupational health information and promotion

For the benefit of this component, the organization coordinating its implementation, the Romtens Foundation decided that regional partnerships must be created in 5 regions. As a consequence 5 partnerships have been created, one for each of the regions coordinated by their leading counties: Bucharest, Cluj, Iasi, Sibiu, Tg. Mures, and Timisoara.

Below we describe more closely the partnership in Sibiu, which proved to be one of the most successful partnerships, especially in terms of sustainability of activities following the end of the project that financed the partnership.

Key partners: Public Health Authority – Sibiu (www.aspsibiu.ro); Public Health Centre – Sibiu (www.cpsibiu.ro); Sibiu Occupational Health Clinic (Spitalul Clinic Judetean Sibiu, Bulevardul Corneliu Coposu nr. 2–4); Lucia Blaga University (www.ulbsibiu.ro); and Romtens Foundation.

The topic: The premise of this pilot was that the WHP activities followed by the partnership at regional level would be coordinated in an integrated manner with the help of current public health activities at a central and local level, including the existing Romanian strategy for WHP in small and medium-sized enterprises.

Out of other goals achieved during the project, we will mainly refer to the national information, communication and promotion campaign in the field of occupational health and safety; this is due to the focus on partnership. Public events providing a high level of visibility for the partners were organized as well as information and promotion campaigns targeted at SMEs.

The national campaign took place in the cities where the information and communication units were based: in Bucharest, Cluj, Iasi, Sibiu, Tg. Mures, and Timisoara.

The direct target group of the national campaign consisted of professionals in the field of occupational health and safety (working in public health centres, institutes, authorities, clinics of occupational medicine, and in the private sector) as well as of the employers and employees themselves.

The indirect target groups included other stakeholders of the general public. The internal target groups involved the various institutional stakeholders within the occupational health system, the wider public health system, employers' associations, unions, professional associations, and other social security stakeholders outside the public health system.

Specific purpose: The purpose of the campaign was to launch the partnership with view to creating future alliances at a local level for the health of employees. It is perhaps worth mentioning that the word partnership actually appears in the slogan of the campaign: 'Partnership for the support of employees' health – Sibiu.' This shows the high level of emphasis granted to this approach.

The partnership described here entails cooperation between the information and communication units for occupational health and safety – Public Health Institutes and Centres, Public Health Authorities, Occupational Medicine Clinics – and local authorities.

Key aims: The key aims for each one of the Regional Partnerships were the following:

- raising awareness on the level of enterprises (both employers and employees) regarding the distinct roles and contributions of the various institutions as members of a partnership in occupational health.

- promoting the role of occupational physicians (roles and attributions) in the medical community (various institutions/various roles), as members of the partners' professional medical community
- promoting (virtual) information and communication units within the community of institutions active in the field of occupational health in Romania

Main approach to partnership development: The Sibiu Regional Partnership was launched by a series of meetings (hosted by the Public Health Authority) during which it established its vision, mission, value propositions and procedure of working.

It continued with special meetings at both regional and local level offering a platform for an open dialogue and an exchange of experiences and thereafter through means of e-mail, meetings on a bilateral base, and site visit programmes. In site visit programmes, one company would invite other companies to exchange experiences based on a presentation of specific practices employed and success stories achieved by the members of the partnership.

During the national campaign, the partnership organized:

- press conferences for raising public awareness regarding the importance of the partnership to employees' health
- a regional conference (160 participants)
- drafted the content for a leaflet, a fact sheet (a guideline for good practice in communicating professional risks to employees), a letter to employers (distributed to 2000 enterprises) and a Conference Statement
- The following results were achieved in the partnership:
- website communication in combination with a newsletter which would announce new content and encourage end-users to make use of the information on offer (www.sanatateocupationala.ro)
- local/regional forum in Sibiu

Response to the partnership development process in WHP: One of the main achievements of the partnership was the Conference Statement, which stated that the development of a prevention culture at the workplace would include, as a new field of action, the prevention of work-related diseases combined with activities of health promotion. This widening of scope (possible only through partnership) would lead to an enlarged selection of activities for each of the partnership members.

This perspective opened opportunities for the occupational health stakeholders to start an innovative learning process and enabled them to respond to the needs of their core target groups in an improved way. By following this direction, occupational health stakeholders would be able to formulate a general value proposition in relation to their target groups, such as: 'We offer innovative services which assist you increasing your own innovativeness, and we reply to changing needs more adequately.'

Another major conclusion of the partnership was that all enterprises should have access to support with regard to:

- creating a healthy working environment
- developing health-promoting management practices
- becoming a supportive work organization by promoting healthy lifestyles.

Impacts of the pilot: As a whole, the partnership achieved most of the outcomes it had proposed for itself and, moreover, has gone beyond these outcomes by deciding that it should continue to meet on a regular basis. The following factors functioned to strengthen the partnership, whereas the ones listed them below can be said to have decreased its effectiveness.

Boosting factors:

- regular meetings – considered as an asset as such
- free exchange of information made possible by the Forum (on the www.sana-tateocupational.ro)
- transparent and functional division of the roles in the partnership
- clear definition of the mission, vision, objectives, and activities and their results
- Factors decreasing the effectiveness of the partnership:
- rigid formulation of the partners' official institutional roles/attribution and tasks
- lack of appropriate institutional communication
- lack of funds for these kinds of activities
- lack of feedback from target groups (due to the level of understanding of the importance of partnership)

Achievements for partnership development and the future: The following have been considered as the most important achievements:

- understanding the strengths achieved by the partnership due to its multi-faceted shape and larger range of action; this was of particular importance as in the beginning some of the partners had concerns that the partners might end up 'stepping on each other's toes'
- establishing alliances for creating a larger regional partnership for better understanding and implementation of the legislation in the field of occupational health and safety
- raising the level of information of active institutions and organizations in the field of occupational health and safety
- emphasizing the role of the communicator/multiplier of information in the field of occupational health and safety
- promoting the role of occupational physicians within a modern occupational health and safety system
- raising awareness among employers and employees regarding occupational health and safety, especially concerning the importance of information and communication activities in this field

As an immediate result achieved, it was decided that the partners should meet at least twice a year. As a consequence these meetings have been scheduled for 2007.

As to a more long-term impact, a strategy for the future was proposed including the following elements:

- a) the development of a regional occupational health information network (mid-term)
- b) the expansion of the information network into a provider/end-user network (long-term)
- c) the development of local and/or regional enterprise networks (long-term)

Remarks: Since prevention and health promotion are always the results of interdisciplinary action, identifying a single, centrally-based driver without introducing clear responsibilities across the system of social security as a whole should be avoided.

Optimally, the prevention and health promotion function would be shared by all stakeholders and supported by a stable coordination function and political management. In particular, this includes the contribution of the social partners that should be included among the members of the partnership, the Sibiu Health Insurance House as the most prominent.

Publication:

- slogan (Parteneriat Pentru Sanatatea Angajatilor), logo, leaflet, poster, fact sheet, letter to employers and Statement of the regional conference

5.9 WHP for occupational health practitioners (SCSMT-GPS)

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Introduction: Founded in 1957, the Catalan Society of Occupational Safety and Health (SCSMT) is a professional association that aims to promote, develop and disseminate scientific information – and its practical applications – on Industrial Safety, Hygiene, Ergonomics, Psychosociology, Occupational Medicine, and any other discipline related to the health of people at work and the fight against occupational risks (in accordance with the 1st article of its Statutes). SCSMT is a meeting point for occupational professionals striving to provide advice and enhance the capacities and resources of its members. Among its activities, SCSMT promotes partnerships with relevant occupational safety and health stakeholders at regional and national level for problem-solving and locating good practices.

In March 2005 the president of SCSMT proposed to the Board of the Society the creation of a working group for increasing knowledge and awareness and providing tools for WHP interventions. This group was originally assembled in July 2005 with SCSMT members, who after a first meeting invited the collaboration of the Spanish ENWHP National Coordination Office (Instituto Nacional de Seguridad e Higiene en el Trabajo – INSHT) to develop a framework document and a plan for action and finally get on board the Business School EADA (Escuela de Alta Dirección y Administración) through an agreement fostered by one of the SCSMT members.

Key partners: Societat Catalana de Seguretat i Medicina del Treball (www.scsmt.cat), Instituto Nacional de Seguridad e Higiene en el Trabajo (www.mtas.es/insht), and Escuela de Alta Dirección y Administración (www.eada.es).

The topic: The continuous and rapid changes in the world of work need a new and innovative framework for action to tackle Occupational Safety and Health challenges that cannot be addressed by traditional occupational safety and health interventions. These include, for example, employability, psychosocial risks, integration of collectives at risk of exclusion, equal opportunities, work/life balance,

participation, voluntary practices, better occupational health and safety services, and local partnerships. Using as a framework the European Network for Workplace Health Promotion (ENWHP) approach to promoting workplace health and taking into account these challenges, SCSMT-GPS has defined three lines of action for health at work interventions: occupational health and safety actions, organizational changes, and voluntary interventions. The partnership was established for developing joint actions in the latter line of action.

Specific purpose: The mission of this alliance is to help occupational health experts in occupational preventive services to improve workers' health and create healthy working environments.

Key aims: In accordance with this mission, key aims are: 1) providing tools and methods to occupational health professionals for undertaking WHP interventions; 2) promoting information and expertise exchange among SCSMT members; 3) improving knowledge and promote continuous training of SCSMT members; 4) developing indicators for WHP evaluation; 5) disseminating results to main occupational safety and health stakeholders.

The action plan includes the following measures: compiling a state-of-the-art related to the agreed topics (smoking, alcohol, other drugs, cardiovascular risk, nutrition, stress/motivation/satisfaction, work/life balance, immunisation, preventive actions); producing a project website (www.scsmt.cat); opening the partnership to other relevant/fundamental partners depending on the topic; organization of events for promoting debates on problems and opportunities in WHP development at company level; establishing quality criteria and gathering models of good practice; fostering WHP interventions among SCSMT members; creating a public relation plan for disseminating partnership results; and establishing process and result indicators for each topic.

To better fulfil the expectations of EADA, a new partner with the aim of establishing a group for WHP advising and counselling was added in January 2007.

The main approach for partnership development: The partnership was established due to the common interest of organizations in promoting good health management at work and their complementary capacities and approaches. Moreover, the alliance brings added credibility and trust not only to joint actions but also to individual partner interventions. Expectations of all partners are taken into account and combined, if possible. If not, partners develop subpartnerships. The partnership development started with a meeting where the partnership coordinator (member of SCSMT) explained the background and main objective of the project. During this meeting and before defining specific aims, the group decided to develop a framework document for defining the field for action. Later, the framework document was accepted and a working plan was elaborated for 2006–2008. No formal procedures were agreed on but, for the time being, the partners are meeting on a regular basis and briefings of meetings and lists of attendants are provided by the partnership coordinator. In between the meetings, the partners communicate by e-mail.

Response to the partnership development process in WHP: During May 2007 an agreement was signed between SCSMT and EADA for developing a subpartnership, and two more will presumably be formalized between ENWHP Spanish NCO and SCSMT and EADA for collaboration at national level in the campaign 'Move Europe – A Campaign for the Improvement of Lifestyle-Related Work-

place Health Promotion in Europe' promoted by ENWHP (www.enwhp.org). Moreover a subgroup was created for developing and implementing a training programme for partners and for members of SCSMT involved in advising and counselling. Financial resources are provided by SCSMT and EADA own resources and other SCSMT collaborators. Human resources (mainly for training activities) were provided by key partnership partners (SCSMT, EADA and INSHT).

Impacts of the pilot: The project is adding value for representatives and organizations involved in the partnership and for target people of the project. Partners shared information and expertise and a programme for enhancing competencies is now ongoing. A state-of-the-art related to the topics included in the action plan is being elaborated. Materials from SCSMT members were gathered and will be analysed. There is a common sentiment of a need for continuing collaboration because the partnership is seen as useful from the viewpoint of both individuals (increasing knowledge and skills) and the organizations (synergy and improvements in fulfilling own mission and objectives).

Achievements and future: The group has so far elaborated a framework document and a programme for 2006–2008. It has also compiled a description of needed competencies for WHP counselling at company level and organized a training course. A bilateral agreement was signed between EADA and SCSMT for offering WHP services and support to companies at regional level. SCSMT GPS will provide material related to each project topic describing main steps for undertaking specific health promotion interventions, and training courses and seminars about specific topics.

Remarks: This partnership can be termed unique in some respect. It has managed to bring together for the first time a prestigious Business School (EADA is among top 4 Business Schools in Spain and top 50 in Europe), a professional association (SCSMT), and a public institute (INSHT) in the field of occupational safety and health, thus widening the audience of health communications and facilitating the transfer and penetration of the WHP message across employers and future upper management; in brief, crossing the border of the scientific and technical realm towards the entrepreneurial sphere.

6 Glossary

Workplace health promotion

Workplace health promotion is the combined efforts of employers, employees and society to improve the health and well-being of people at work (Luxembourg Declaration, European Network for Workplace Health Promotion).

Alliance

An alliance for health promotion is a partnership between two or more parties that pursue a set of agreed upon goals in health promotion. Alliance building will often involve some form of mediation between the different partners in the definition of goals and ethical ground rules, joint action areas, and agreement on the form of cooperation which is reflected in the alliance³⁵.

Downsizing

In a business enterprise, downsizing is reducing the number of employees on the operating payroll. Some users distinguish downsizing from a layoff, with downsizing intended as a permanent downscaling and a layoff intended as a temporary downscaling in which employees may later be rehired. Businesses use several techniques in downsizing, including reduction of the total number of employees at a company through terminations, retirements, or spinoffs.

Network

A grouping of individuals, organizations, and agencies organized on a non-hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust. WHO actively initiates and maintains several health promotion networks around key settings and issues. These include, for example, the intersectoral Healthy Cities Network, networks of health promoting schools, and WHO country networks for health promotion such as the WHO Mega Country Initiative. Networks of networks are also being established. Examples include the WHO (EURO) initiative 'Networking the Networks' and global networking initiatives for health promotion in order to build a global alliance for health promotion.³⁵

Partnership

Partnership for health promotion is a voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes. Often partnerships form a part of intersectoral collaboration for health, or are based on alliances for health promotion. Some partnerships may be limited to the pursuit of a clearly defined goal, while others may be on-going, covering a broad range of issues and initiatives. Health promotion partnerships are being built increasingly between the public sector, civil society, and the private sector.³⁵

Determinants of health

The range of personal, social, economic, and environmental factors which determine the health status of individuals or populations. The factors that influence health are multiple and intertwined. Health promotion is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment, and working conditions, access to appropriate health services, and the physical environments.³⁵

Lifestyle (lifestyles conducive to health)

Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental living conditions. Individual lifestyles, characterized by identifiable patterns of behaviour, can have a profound effect on an individual's health and on the health of others around them. If health is to be improved by enabling individuals to change their lifestyles, action must be directed not only at the individual but also at the social and living conditions which interact to produce and maintain these patterns of behaviour.³⁵

Living conditions

Living conditions constitute people's everyday environment where they live, play and work. Living conditions are a product of social and economic circumstances and the physical environment – all of which can impact health – and are largely beyond of the immediate control of the individual.³⁵

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