Reports of the Ministry of Social Affairs and Health 2006:62

Matti Ylikoski, Matti Lamberg, Erkki Yrjänheikki,
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Health in the World of Work:

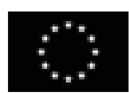
Workplace Health Promotion as a Tool for Improving and Extending Work Life

MINISTRY OF SOCIAL AFFAIRS AND HEALTH
FINNISH INSTITUTE OF OCCUPATIONAL HEALTH

Helsinki, Finland 2006

Acknowledgements

This publication has been financially supported by the Public Health Programme of the European Union and Finnish Work Environment Fund.



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ISSN 1236-2115
ISBN 952-00-2194-9 (paperback)
ISBN 952-00-2195-7 (PDF)

Layout by AT-Julkaisutoimisto Oy
Printed by University Printing House, Helsinki 2006

Summary

Matti Ylikoski, Matti Lamberg, Erkki Yrjänheikki, Juhani Ilmarinen, Ritva Partinen, Hannu Jokiluoma and Harri Vainio (Eds.). Health in the World of Work: Workplace Health Promotion as a Tool for Improving and Extending Work Life. Helsinki, 2006. 142 p. (Reports of the Ministry of Social Affairs and Health, ISSN 1236-2115; 2006:62)
ISBN 952-00-2194-9 (paperback), ISBN 952-00-2195-7 (PDF)

Measures that help people extend their working years and maintain their work ability have risen to the fore in the social welfare and health policies of many European countries. Improving the quality of work life, prolonging work careers, and promoting health at work are all preconditions for achieving a sustainable, stable and productive society, thus furthering the objectives of the Lisbon Strategy.

Prolonging careers and health promotion at workplaces were among the themes discussed at the Informal Ministerial Meeting on Employment, Social Policy and Health during Finland's EU Presidency in July 2006. The meeting also discussed more generally how to meet the challenges posed by globalisation and ageing, and what measures Member States and the EU should take to develop work life.

To provide background material for the ministerial meeting, the Finnish Ministry of Social Affairs and Health and the Finnish Institute of Occupational Health launched a joint project in 2005, "Health in the World of Work – Prolonging Healthy Working Years". The goal of the project was to draw up an expert recommendation concerning the extension of working years and the promotion of occupational health. The European Network for Workplace Health Promotion participated in the project as a cooperation partner. The project was supported by the WHO, the ILO, the relevant Directorates-General of the European Commission, and the Advisory Committee on Safety and Health at Work under the Directorate-General for Employment, Social Affairs and Equal Opportunities. Financial support was received from the European Commission's public health programme, from the Finnish Ministry of Social Affairs and Health and from the Finnish Work Environment Fund.

The central principle in the recommendation is that efforts to develop working conditions and the role of well-being at work should be given

a more prominent status as factors improving competitiveness in a sustainable manner. This applies to enterprises and other organisations as well as to the economy on the whole. Measures that improve the quality of work and well-being at work affect the productivity of organisations and the motivation and health of personnel quickly and efficiently. The recommendation stresses that goals pertaining to labour protection, occupational health and well-being at work should also be taken into account in policies other than those directly concerned with labour protection and occupational health. In addition, more efficient cooperation is needed between sectors. It is important to assess the effects that measures implemented in various policy sectors have on health, employability, working conditions and on the quality of work life, and to select the solutions that have the optimum effects in this respect.

The recommendation also underlines the importance of good management and emphasises an operating model where Member States, in cooperation with interest groups, draw up national or regional programmes in order to increase the appeal of work and work life and to prolong careers.

The recommendation is divided into four areas: workers' health in all policies; a healthy enterprise; making services accessible to all; and innovations needed to achieve better work life.

Keywords:
European Union, age, ageing workers, health promotion, work life, well-being at work, work ability, workers, working conditions, labour protection, occupational health, occupational health care

Tiivistelmä

Matti Ylikoski, Matti Lamberg, Erkki Yrjänheikki, Juhani Ilmarinen, Ritva Partinen, Hannu Jokiluoma ja Harri Vainio (toim.). Health in the World of Work: Workplace Health Promotion as a Tool for Improving and Extending Work Life (Terveys työn maailmassa. Terveyden edistäminen työpaikoilla työelämän parantamisen ja työuran pidentämisen keinona). Helsinki, 2006. 142 s. (Sosiaali- ja terveysministeriön selvityksiä, ISSN 1236-2115; 2006:62) ISBN 952-00-2194-9 (nid.), ISBN 952-00-2195-7 (PDF)

Työssä jatkamisen ja työkyvyn ylläpitämisen tavoitteet ovat nousseet keskeisiksi useiden Euroopan maiden sosiaali- ja terveyspolitiikassa. Työelämän laadun parantaminen, työurien pidentäminen ja terveyden edistäminen työssä ovat kaikki edellytyksiä kestävälle, vakaalle ja tuottavalle yhteiskunnalle, ja siten Lissabonin strategian tavoitteiden saavuttamiselle.

Työurien pidentäminen ja terveyden edistäminen työpaikoilla oli yksi keskustelunaiheista Suomen EU-puheenjohtajakauden työ-, sosiaali- ja terveysministerien epävirallisessa kokouksessa heinäkuussa 2006. Kokouksessa keskusteltiin laajemminkin globalisaation ja ikääntymisen haasteisiin vastaamisesta ja työelämän kehittämisestä niin jäsenmaiden kuin EU:n toimenpitein.

Ministerikokouksen valmistelun tueksi käynnistettiin vuonna 2005 Suomen sosiaali- ja terveysministeriön ja Työterveyslaitoksen yhteistyöhanke, Health in the World of Work – Prolonging Healthy Working Years, jonka tavoitteena oli laatia työssäoloajan pidentämistä ja työterveyden edistämistä koskeva asiantuntijasuositus. Hankkeen yhteistyötahoksi saatiin myös Euroopan työpaikkojen terveyden edistämisen verkosto (”European Network for Workplace Health Promotion”). Hankkeen työskentelyä tukivat WHO ja ILO sekä Euroopan komission asianomaiset pääosastot ja työllisyyspääosaston työterveyden ja -turvallisuuden neuvoa-antava komitea. Rahoitustukea saatiin Euroopan Komission kansanterveysohjelmasta sekä Suomen sosiaali- ja terveysministeriöltä ja Työsuojelurahastolta.

Keskeisenä periaatteena suosituksessa on, että työolojen kehittämisen ja työhyvinvoinnin merkitystä tulee korostaa nykyistä enemmän kilpailukyvyn kestävänä parantajana niin yritysten ja muiden organi-

saatioiden kuin kansantalouden kannalta. Työn laatua ja työhyvinvointia parantavat toimenpiteet vaikuttavat nopeasti ja tehokkaasti organisaatioiden tuloksellisuuteen, henkilöstön työmotivaatioon ja terveyteen. Suosituksessa korostetaan työsuojelu- ja työterveys- sekä työhyvinvointitavoitteiden huomioon ottamista muissakin politiikoissa kuin työsuojelu- ja työterveyspolitiikoissa ja eri sektorien välisen yhteistyön tehostamista. On tärkeää, että eri politiikkalohkoilla toteutettujen toimenpiteiden vaikutukset terveyteen, työllistyvyyteen, työoloihin ja työelämän laatuun arvioidaan ja valitaan vaikutuksiltaan parhaat mahdolliset ratkaisut.

Lisäksi tärkeänä pidetään hyvää johtamista sekä korostetaan toimintamallia, jossa jäsenmaat laativat sidosryhmien kanssa yhteistyössä kansallisia tai alueellisia ohjelmia työn ja työelämän vetovoiman lisäämiseksi ja työurien pidentämiseksi.

Suositus on jaettu neljään osa-alueeseen, jotka ovat työntekijöiden terveys kaikissa politiikoissa, terve yritys, palvelut kaikkien ulottuville ja paremman työelämän saavuttamiseksi tarvitaan innovaatioita.

Asiasanat:
EU, ikä, ikääntyvät työntekijät, terveyden edistäminen, työelämä, työhyvinvointi, työkyky, työntekijät, työolot, työsuojelu, työterveys, työterveyshuolto

Sammandrag

Matti Ylikoski, Matti Lamberg, Erkki Yrjänheikki, Juhani Ilmarinen, Ritva Partinen, Hannu Jokiluoma och Harri Vainio (red.). Health in the World of Work: Workplace Health Promotion as a Tool for Improving and Extending Work Life (Hälsa i arbetets värld. Hälsofrämjande på arbetsplatser som ett medel att förbättra och förlänga yrkeslivet). Helsingfors, 2006. 142 s. (Social- och hälsovårdsministeriets rapporter, ISSN 1236-2115; 2006:62) ISBN 952-00-2194-9 (inh.), ISBN 952-00-2195-7 (PDF)

Att få människor att stanna kvar i arbetslivet och att upprätthålla deras arbetsförmåga har blivit centrala mål i social- och hälsovårdspolitiken i många europeiska länder. En förbättring av arbetslivets kvalitet, en förlängning av yrkeslivet och hälsofrämjande på arbetsplatser utgör alla förutsättningar för ett hållbart, stabilt och produktivt samhälle och därigenom också för att målen i Lissabonstrategin skall nås.

En förlängning av yrkeslivet och hälsofrämjande på arbetsplatser var ett av de teman som behandlades under det inofficiella möte för EU:s arbets-, social- och hälsoministrar som ordnades i juli 2006 under Finlands EU-ordförandeskap. Under mötet diskuterades också mera vittgående hanteringen av de utmaningar globaliseringen och den åldrande befolkningen utgör samt en utveckling av arbetslivet genom åtgärder från såväl medlemsländernas som EU:s sida.

Som stöd för förberedelserna inför ministermötet inleddes år 2005 ett samarbetsprojekt mellan Finlands social- och hälsovårdsministerium och Arbetshälsoinstitutet under namnet Health in the World of Work – Prolonging Healthy Working Years. Projektet hade som mål att utarbeta en expertrekommendation om förlängning av tiden i arbetslivet och främjande av arbetshälsa. Som samarbetspartner medverkade också det europeiska nätverket för hälsofrämjande på arbetsplatsen (”European Network for Workplace Health Promotion”). Projektarbetet stöddes av WHO och ILO samt behöriga generaldirektorat vid Europeiska kommissionen och den rådgivande kommittén för arbetarskyddsfrågor vid generaldirektoratet för sysselsättning. Projektet fick finansieringsstöd från Europeiska kommissionens folkhälsoprogram samt Finlands social- och hälsovårdsministerium och Arbetarskyddsfonden.

En central princip i rekommendationen är att utveckling av arbetsförhållandena och välbefinnandet i arbetslivet mera än vad som nu är fallet bör lyftas fram som ett hållbart sätt att förbättra konkurrenskraften med tanke på såväl företag och andra organisationer som nationalekonomin. Åtgärder för att förbättra arbetets kvalitet och välbefinnandet i arbetslivet påverkar snabbt och effektivt organisationernas produktivitet och personalens arbetsmotivation och hälsa. I rekommendationen poängteras att målen i fråga om arbetarskydd, arbetshälsa och välbefinnande i arbetslivet bör beaktas också inom andra politikområden än arbetarskydd och arbetshälsa, och att samarbetet mellan de olika sektorerna bör effektiveras. Det är viktigt att utvärdera vilka effekter de åtgärder som vidtagits inom olika politiksektorer har på hälsan, förutsättningarna att få arbete, arbetsförhållandena och arbetslivets kvalitet och att välja de lösningar som ger de bästa effekterna.

Ytterligare anser man det vara viktigt med gott ledarskap och lyfter fram en verksamhetsmodell där medlemsländerna i samråd med sina intressegrupper utarbetar nationella eller regionala program för att göra arbetet och arbetslivet mera attraktivt och förlänga yrkeslivet.

Rekommendationen är indelad i fyra delområden: arbetstagarnas hälsa inom alla politikområden, ett sunt företag, tjänster inom räckhåll för alla och innovationer behövs för att uppnå ett bättre arbetsliv.

Nyckelord:
EU, ålder, äldre arbetstagare, hälsofrämjande, arbetsliv, välbefinnande i arbetslivet, arbetsförmåga, arbetstagare, arbetsförhållanden, arbetarskydd, arbetshälsa, företagshälsovård

Preface

Harri Vainio, Finnish Institute of Occupational Health

Health – what is it?

Some three decades ago, WHO defined the concept of health – or more accurately – the concept of perfect health as 'not only the absence of disease and infirmity, but a complete sense of social, physical and mental well-being'. This however, was far too unrealistic a goal: few people reach this ideal state of health at any point during their lifetime.

Health was redefined by Halfdan Mahler, Director-General of WHO, as 'functional health': all people should be able to enjoy a health status that allows them to participate in normal life. Then, in the World Health Assembly 'Health for all' resolution in 1977, the term 'health' came to denote that which enables people to lead "a socially and economically productive life", which later in informal contexts, turned into "a satisfying and fulfilling life". These interpretations of health made the concept more down-to-earth.

Health in all policies

The 1970s also saw the launching of a new, rousing slogan: not just 'health' but 'health for all by the year 2000', which, at that time, was a generation away. Now that the year 2000 is behind us, we are reminded by our critics of how much unfinished business there is. And they are correct; the target cannot be reached by a certain point in time. The slogan has now evolved into 'health in all policies', as this is a continuous process which requires ongoing policies. Health policy is not the only policy that has an effect on people's health. Therefore, we need to examine all actions which take place in society to see if they have health consequences.

Health and well-being at work – a new approach

Europe is facing major challenges due to demographic change: the population is ageing, supply of the labour force is declining and the dependency ratio is weakening. People should stay on at work for longer than they do at present, but how can this goal be reached? We need to

find ways of creating a healthy and safe work life, where people are able to balance their work performance and other aspects of life. This creates a solid foundation for people's well-being and encourages them to participate in work life.

Occupational accidents, along with occupational and work-related diseases have considerable effects on people's lives: they lead to sickness absenteeism, disability, difficult economic and social situations, in the worst cases even death. Sometimes the health consequences of poor working conditions only appear after a considerable delay; for example, we are now faced with the mistakes that were made with asbestos several decades ago.

The traditional approach to 'health and work' concentrates on preventing and minimizing exposure. But today we need to consider this issue from a wider perspective. The matter of exposure is important, but so are the issues regarding physical and psychosocial work conditions, work ability, leadership and age management, lifelong learning, lifestyle issues, work/life balance, etc. A proactive approach is essential, since it is considerably easier – not to mention more economic – to prevent the damage from happening than to deal with the consequences.

This shift in approach changes the roles of occupational safety and health experts. Their focus is shifting from curative actions to prevention and health promotion. Scientific advances and new discoveries are providing new knowledge of preventive strategies and increasing therapeutic potential. Experts are under increasing pressure to absorb new information and new evidence in the field, and therefore, they need continuous training.

We need to develop policy and performance indicators regarding health and work. These indicators should focus on monitoring and evaluation, and their scope should go beyond that of specific services, covering instead the entire system, as a whole.

Health in the world of work – recommendations

In order to promote the issues of work and health and to improve the attractiveness of work life in the EU, The Finnish Institute of Occupational Health, under the auspices of the Finnish Ministry of Social Affairs and Health, organized a 'Health in the World of Work' project. The project included three expert meetings: 'Prolonging staying at work' on 17–18 November 2005 in Prague, The Czech Republic; 'Workplace Health Promotion' on 30–31 March 2006 in Helsinki, Finland; and the Concluding Expert Meeting on 29–30 June 2006 in Espoo, Finland.

During the project, well over a hundred representatives of ministries, expert organizations and social partners from EU Member States

and other European countries formulated a series of recommendations regarding healthy work life and the extension of working years:

Recommendation 1, *'Workers' Health in All Policies'*, emphasizes the need for creating synergies between all policies (health, social, employment, etc.) A proactive approach with clearly defined goals, priorities and responsibilities is essential.

Recommendation 2, *'Healthy enterprise'*, aims at highlighting the importance of improving collaboration at workplaces and including occupational safety and health in everyday management.

Recommendation 3, *'Accessible services for everyone'*, focuses on the coverage and the quality of occupational health services. The services should cover all sectors and all workplaces, including small and medium-sized enterprises.

Recommendation 4, *'Innovations for a better work life'*, includes the idea of transferring research results to practical solutions. The key elements here are innovative research and development networks, education and training, and exchange of expertise and best practices.

The recommendations were presented to the informal Ministerial Meeting on 'Employment, Social Policy and Health' on 6–8 July 2006 in Helsinki, Finland.

What next?

On the EU level, the recommendations will be presented to the Council of the European Union, in order to be formulated into a Council conclusion or a Green paper, and in order to be taken under consideration when revising the Community strategy on health and safety at work. On the national level, the participants of this project are encouraged to pass the message forward in their own countries, so that the recommendations can be implemented within national systems.

We are striving for a competitive and innovative Europe, sustainable development, elevated employment rates and extended work careers. Our ultimate goal is to improve the quality of work life and enhance the health and well-being of workers, so that the objectives of the Lisbon strategy can be reached.

The tripartite cooperation of this project proved fruitful. Occupational safety and health experts, public authorities, and labour market organizations joined forces and raised their points of view for discussion. This method of promoting health issues is in line with the EU mode of operation.

The organizers of the 'Health in the World of Work' project would like to extend their warmest thanks to all the participants for their valuable contribution.

Address of the Ministry of Social Affairs and Health in Finland

Liisa Hyssälä,
Minister of Health and Social Services, Finland

Finland greatly appreciates that so many countries and the European Network for Workplace Health Promotion (ENWHP) have been actively involved in preparing the European Statement on Workplace Health Promotion and Prolonging Healthy Working Years.

The seminar on Health in the World of Work took place at an interesting point in time, just before the informal EU Ministerial Meeting on Employment, Social Policy and Health was held in Helsinki. This Ministerial Meeting discussed ongoing demographic developments in Europe from various perspectives. The statements produced by the seminar also provided background information useful both for the informal meeting of ministers and in discussion of the Commission Communication on demographic change.

The EU Member States have drawn up policy lines on which dynamic policies in different sectors should be established. In implementing those strategic lines at the EU and national levels, political decision-making has been based on sectoral activities. Health and welfare can, however, be influenced by many policies other than health policy. Correspondingly, the social welfare and health care systems have various impacts on employment and retirement.

For the informal Ministerial Meeting on Employment, Social Policy and Health next week, extensive cross-sectoral co-operation was one of the over-arching themes. The meeting discussed joint challenges, the purpose being to build close and constructive co-operation between different policy sectors. Employment, social and health policies must be revised and implemented so that they support and enhance the welfare of companies and working-age men and women. What we need now is collaboration of a new kind and an adjustment in operational practices.

Health, work ability and functional capacity are important to all of us. They are the objectives of health policy. Their importance is increasing as the population is ageing. Our challenge is to ensure both the labour supply and financing for welfare services. Workplace health promotion and better well-being at work are vital elements of efforts to prolong careers.

Utilisation of the synergy of different policy sectors requires joint objectives. In the European Union the joint objective can be defined as enhancing the health of working-age men and women, improving the employment rate, increasing the attraction of working life and prolonging careers. In order to achieve this objective, it is important to evaluate the impact of different measures on health, employability, well-being at work and the quality of working life. The health effects of decisions and actions must be taken into account at an early stage – while the decisions are being prepared.

Illness, disability, early retirement and premature deaths all cause much human suffering and major production losses. There is indisputable evidence that the costs of health promotion and disease prevention are small compared to the costs of treatment and care. Occupational health care, occupational safety and health, and workplace health promotion can improve the health and work ability of the working population. Investment in the working-age population's health and health care services will pay for itself before long.

By developing working conditions and methods, by managing human resources effectively and by improving staff skills, it is possible to influence both the productivity and the quality of work. The health of the working-age population not only supports staying on at work; it also supports well-being in other areas of life. Good work ability during the employment years also strengthens wellbeing in retirement.

Finland's Presidency gives a good opportunity to emphasise the importance of active discussion and co-operation on welfare.

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I Towards better health and safety at work

1 Statement on Health in the World of Work: Workplace health promotion as a tool for improving and extending work life

Europe is facing major challenges due to globalization and demographic change. Due to this development, representatives of ministries, expert organizations and social partners from EU Member States and other European countries have formulated and agreed on a set of recommendations as background material for informal ministerial meetings during the Finnish EU Presidency.

Social changes in Europe have resulted in a declining supply of labour force and a disadvantageous dependency ratio. Therefore, better working conditions and longer careers are needed. Extending work life by earlier entry into the labour market, good health during working years and later retirement are preconditions for increasing the employment rates of all generations.

Work and the growth of the national economy, together with the social cohesion of society, greatly influence the health of the entire population, and unemployment is one of the major risk factors to health. Working conditions and technology are constantly changing; giving rise to new hazards, and posing greater demands on work ability. Moreover, because there is a strong association between work and the general health of the working population, the workplace offers an important arena for public health interventions.

The Finnish Institute of Occupational Health, under the auspice of the Finnish Ministry of Social Affairs and Health, and in collaboration with the European Network for Workplace Health Promotion has organized a project to create recommendations for health in the world of work. It was financially supported by the Public Health Programme of the European Union, the Finnish Ministry of Social Affairs and Health, and the Finnish Work Environment Fund.

The goal of our recommendations is to advance the Lisbon strategy through extending work life. This requires improving the quality of work, enhancing and maintaining the health, well-being and work ability of all workers, promoting employment, and success in enterprises.

1.1 Recommendations

1.1.1 Workers' health in all policies

- We need to take account of, integrate, and create inter-sectoral synergies between all policies which affect worker health. Co-ordination should take place at both EU and national levels, establishing clear targets, priorities and responsibilities
- Relevant policy areas include: health and safety at work through a promotive and preventive work culture; work/life balance; public health; labour and employment; social security; social inclusion; immigration; equality; finance; trade and consumer policies; corporate social responsibility, training and education and life-long learning.
- Policy implementation at national level should involve all stakeholders in social dialogue. The proposed actions should include:
  - Multidisciplinary analysis of the demographic structure of the workforce
  - Implementing strategies through leadership, and the allocation of responsibilities and financial resources
- Strategies at national level should be based on:
  - both sectoral and regional collective and voluntary agreements
  - design of incentives
  - training, education and development
- Strategies should include elements of non-discrimination, gender equality and sustainability, and take vulnerable groups into account.
- Strategies should be monitored and evaluated.

1.1.2 Healthy enterprise

- Governments, social partners and entrepreneurs should foster the sustainable development of healthy enterprises based on social dialogue and best practices. This can be achieved by:
  - raising the awareness of safety and health at work, and promoting work ability through encouraging healthy lifestyles, and the principle of primary prevention
  - integrating occupational safety and health, workplace health promotion and age management into everyday business practices
  - improving co-operation between employers and employees

- improving collaboration between enterprises and multi-disciplinary specialist advisory services
- providing flexible solutions while assuring security.

- The scope of actions should be comprehensive, covering enterprises in private, public and informal sectors regardless of the size of the company, the type of work or employment arrangements.

1.1.3 Accessible services for everyone

- All governments should support the improvement of relevant, effective services to promote the quality of work life, the health of all workers, and to extend their work careers by
  - promoting access to services for all workplaces/workers and employers
  - encouraging systematic co-operation involving all services and enterprise stakeholders
  - ensuring and implementing minimum quality requirements for services and service providers

1.1.4 Innovations for a better work life

- Social innovations and proactive interventions should be evidence-based. This requires innovative research and development networks and platforms. They offer:
  - improved opportunities for the exchange of expertise and best practices.
  - the transfer of knowledge into practice
  - new innovations in training and education
- Member States' political long-term commitment, support and resources, and the commitment of European and international organizations are necessary in order to sustain networks and collaboration for the promotion of health at work and prolonging work careers.

2 Workplace health promotion and the main challenges

Matti Lamberg, Ritva Partinen, and Kimmo Leppo,
Ministry of Social Affairs and Health, Finland

2.1 Challenges to the promotion of health and work ability of European workers

2.1.1 Ageing of the population

The employment objectives of the Lisbon Strategy call for the elevation of the average employment rates in the EU from 60% in 2000 to 70% by the year 2010 and the respective rates for women 60% and for the age group 55–64 years to 50%. Europe is experiencing a major demographic change due to the ageing of the populations (Commission of the European Communities 2005; Ilmarinen 2006; Walker and Taylor 1998).

The gender structure of the European workforce is changing as a consequence of growing participation of women in the work force. Women of working age constitute a source of new resources to the shrinking workforce. Further promotion and implementation of gender equality in everyday work life is an important objective of EU policies relating to employment and the development of work life.

2.1.2 Work-related health hazards

An estimated one fifth to one half of EU workers are exposed to traditional physical and chemical or ergonomic hazards. 5 000 EU workers in the EU 15 die annually as a consequence of occupational accidents, and high numbers of occupational diseases are caused by unhealthy conditions of work. Particularly the high-risk sectors such as agriculture, fishery, mining, extracting industries and construction, small-scale enterprises and health care and social services present risk rates varying between 15 and 24% above the average of all occupations (Commission of the European Communities 2002; Eurostat 2004).

While bringing about several improvements, the rapid change of work life, the introduction of new technologies, new working methods, new materials and substances and new work organizations also generate new challenges and risks. 23–60% of EU workers are exposed to psy-

cho-social hazards such as the high pace of work, haste, tight deadlines, stress and fatigue. In addition, insecurity of employment and short-term and precarious working contracts constitute a stress factor for a substantial part of the workforce. New demands on competence and skills set new requirements and expectations to the work ability and knowledge of working people (Paoli and Merllié 2001).

2.1.3 Competence

One third to over two thirds of the adult populations in selected OECD Member States lack basic skills needed in modern work life. Low or obsolete competence and skills constitute a factor contributing to exclusion from work, generate stress among workers, affect employability, level of payment, quality of work and the length of the working career. Competence gaps also cause constraints in the drive towards European competitiveness and social cohesion. The gaps particularly among ageing workers are growing in pace of the changing work life (Larsson 2000; Statistics Canada and OECD 2003).

2.1.4 Unemployment

The unemployment rates of EU have frozen to a level of 9% while the variation in the reduction trends and in the actual levels of unemployment vary widely between the Member States. Unemployment (particularly long-term) affects health, work ability and employability. On the other hand, reduced work ability increases the risk of unemployment. The unemployed as a group need specific health and work ability maintaining and promotive activities in society (Employment in Europe 2005).

2.1.5 Enlargement

The enlargement of the EU constitutes a special challenge particularly in view of harmonization and implementation of *Acquis Communautaire* in the field of occupational safety and health and quality of the work life in general. While impressive progress among the new Member States can be witnessed, the gaps on average within the EU and between the EU and its neighbourhood countries have expanded in health, safety and work ability (McKee et al. 2004; Paoli and Parent-Thirion 2003)

2.1.6 Migration

Foreign migration, which numbered 1.7 million in 2005, constitutes 5% of the total EU workforce. Research data indicate lower education

levels, poorer health status, shorter employment contracts, lower-quality jobs, higher risks of accidents and diseases and less social support among migrant workers as compared to the domestic employees. A growing proportion of the total work input in the future EU Member States will be made by non-national workers. Their successful integration, maintenance and promotion of their health, safety, work ability and social protection are an urgent challenge for host countries (Nicolaas and Sprangers 2006; Carballo and Nerukar 2001; Commission of the European Communities 2004).

2.1.7 Burden of diseases

Chronic diseases such as cardiovascular diseases, musculoskeletal disorders and mental health problems, particularly depression, are for a substantial part considered work-related. As they are the major causes of work disability, their prevention and control through the development of the conditions of work and the promotion of health and work ability at the workplace constitute a substantial potential to support the achievement of the Lisbon Strategy targets. On the other hand, there is research data on the positive health impact of so-called "good jobs" providing realistic opportunities for prevention of diseases and promotion of general health of working populations (Vahtera et al. 2004; ILO 2005).

2.2 Workplace health promotion

2.2.1 Definition of health promotion

The World Health Organization started to develop the concept and strategy for health promotion in the middle of the1980's. The definition of health promotion was launched in the Ottawa Charter in 1986 (WHO 1986).

> *Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete 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. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes well beyond healthy lifestyles to well-being. (WHO 1986)*

2.2.2 Development of the concept

According to the WHO Ottawa Charter, health is created and lived by people within the setting of their everyday life: where they learn, work, play and love. This was reaffirmed in the Bangkok Charter in 2005 (WHO 2005), which states that health should be a key component of good corporate practise. The private sector, like other employers and the informal sector, has a responsibility to ensure health and safety in the workplace, and to promote the health and well-being of their employees, their families and communities.

The development process of the concept and strategy for health promotion governance by WHO is recognized worldwide. The evolution of the concept and the principles of health promotion have taken place through a series of the following WHO conferences:

Ottawa	1986
Adelaide	1989
Sundsvall	1993
Jakarta	1997
Mexico City	2000
Bangkok	2005

The last conference in Bangkok identifies actions, commitments and pledges required to address the determinants of health in a globalized world through health promotion. The Charter affirms that policies and partnerships to empower communities, and to improve health and health equality, should be at the centre of global and national development.

The Bangkok Charter reaches out to people, groups and organizations that are critical to the achievement of health, including:

- governments and politicians at all levels
- civil society
- the private sector
- international organizations, and
- the public health community.

Because work and leisure have a significant impact on health it is important to create supportive environments. The way how work is organised in the society is critical; work should help to develop a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

In the Bangkok Charter many target sectors are identified, including workplaces. The corporate sector has a direct impact on people's health and on the determinants of health through its influence on:

- local settings
- national cultures
- environments, and
- wealth distribution.

According to the Charter the private sector, like other employers and the informal sector, has a responsibility to ensure health and safety in the workplace, and to promote the health and well-being of workers' families and communities. Health promotion should be seen at the workplace as the process of enabling people to increase control over their health and its determinants, and thereby improve their health and work ability

According to the Charter's requirement for implementing these strategies, all sectors and actions must act to:

- advocate for health based on human rights and solidarity
- invest in sustainable policies, actions and infrastructure to address the determinants of health
- build capacity for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy
- regulate and legislate to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people
- partner and build alliances with public, private, nongovernmental and international organizations and civil society to create sustainable actions.

If progress is to be made in addressing the determinants of health, it is essential to create an integrated policy approach within government and international organizations, as well as a commitment to cooperate with civil society, the private sector and across settings. Local, regional and national governments must:

- give priority to investments in health, within and outside the health sector
- provide sustainable financing for health promotion.

Many changes have been taking place in the work life, and that is why the concept and principles of health promotion have to develop to match current and future challenges.

2.2.3 Workplace as a setting

The traditional view on considering the relationship between health and work is to identify work-related exposures and risks and to try to

eliminate or minimize them. In the future, health and work should be seen from a broader perspective recognizing key characteristics in work and work environment which have direct or indirect impact on health, such as:

- leadership and management
- organization of work
- communication and information
- ways of working
- lifelong learning
- social and physical work environment
    - balance between work and family
    - options and support for healthy choices.

It is important to combine different approaches, such as occupational safety and health, monitoring and controlling exposures and risks, health promotion, prevention of diseases as well as provision of occupational health services.

According to the Luxembourg Declaration on Workplace Health Promotion (updated in June 2005) - Workplace Health Promotion (WHP) (ENWHP 2005) has been defined as the combined efforts of employers, employees and society in order to improve health and well-being of people at work. This can be achieved through a combination of

- improving the work organisation and the working environment
- promoting active participation
- encouraging personal development.

Workplace Health Promotion is a broad concept combining life-style issues with specific work related issues.

WHP contributes to a wide range of work factors, which improve employees' health. These include:

- management principles and methods which recognise that employees' health is a critical success factor for the company and other work organizations instead of being a mere a cost factor
- company culture and corresponding leadership principles, which include the participation of the employees and encourage motivation and responsibility of all employees
- work organisation principles which provide the employees with an appropriate balance between job demands, control over their own work, level of skills and social support
- a personnel policy which actively incorporates health promotion issues
- provision of integrated occupational health and safety services.

2.2.4 Opportunities for workplace health promotion

The evidence shows that the workplace health promotion programmes are feasible, implementable and they can produce a positive impact on both workplace related health outcomes as well as on life-style related risks. A number of reports also demonstrate a positive economic impact derived from both the control of economic loss caused by diseases and injuries and from increased productivity (Serxner et al. 2001; Veen and Vereijken 1994).

2.3 Workplace health promotion – the response

The promotion of health and work ability provides several so far less effectively utilised opportunities for the development of health of working populations, safety, work ability, employability of workers and in part also social protection and competitiveness in the work life. Examples of these opportunities can be listed as follows:

- The workplace constitutes an arena for promotion of health and work ability of the population of working age.
- Seeking for synergies between the health, safety and health, employment and social sectors provides new opportunities for integrated actions and mainstreaming health and safety at the workplace and in work life in general.
- The traditional public health approach using population and group-based strategies can be expected to offer benefits for interventions in terms of efficiency and acceptability
- The available (though limited) evidence speaks of beneficial effects of the promotion of health and work ability through the reduction of sickness absenteeism, work disability, premature retirement and increased productivity.
- The in-built social dialogue and tripartite collaboration provide new resources for health promotion and for the further development of work life.

The European Strategy for Safety and Health at Work 2002–2006 (which is currently being renewed) emphasises the comprehensive approach to safety and health at work when aiming to achieve the Lisbon Strategy objectives. The Strategy calls for the development of coverage and content of multidisciplinary preventive and protective services needed for the implementation of the EU Directives on Safety and Health at Work and for dealing with the new challenges of European work life. (Commission of the European Communities 2002).

The Programme for Community action in the field of public health 2003–2008 (which is being renewed) has emphasised the importance of workplace health promotion. Under the financial support of the Public Health Programme the European Network for Workplace Health Promotion has been established. (Commission of the European Communities 2000).

During the Finnish EU Presidency the Informal Ministerial Meeting on Employment, Social Policy and Health discussed the issue and emphasised the significance of workplace health promotion. Based on the discussions, the Health Ministers summarised, among others, that comprehensive and high-quality occupational health services may support the implementation of the programmes. Their development belongs to the Member States' remit. (See Chapter 7)

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3 Challenges for developing safe and healthy work and work environments

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3.1 Introduction

A safe and healthy work environment is an essential part of the attractiveness of work and workplaces. Dangers threatening health and safety at work are due to various factors. Some of them we already know very well, whereas others are new, their full extent unknown. These dangers vary very much depending on the sector, occupation and gender of the worker in question, and so do the means to eliminate them. Therefore, action for improving working conditions must be innovative and its targeting must be reassessed from time to time on the basis of work life research data.

Providing safe work and a good work environment for workers requires sustained national and international action by different social partners. The central challenges for development concern the content of research, adaptation of research data and the adoption of good practices. They are also associated with the activities of organisations providing support for workplaces and the measures whereby employers, companies and staff act on safety and health at workplaces. The planning of work premises, processes, products and work equipment is an important stage where workplace safety and health can be improved.

The attractiveness of working life increases where the work benefits from good leadership and a good working atmosphere, suitable challenges and adequate competence as well as employees' confidence that their health and safety is cared for. The same factors which increase the attractiveness of work also increase productivity. When reforms are made, their consequences for both men and women must be assessed.

Well-being at work means that employees manage their work tasks. This depends on various physical, psychological and social factors. When well-being at work is analysed and improvements are made, attention should be paid to the positive aspects of work and the work environment. It is important to recognise the significance of work as a

factor in maintaining health and welfare. The majority of employees are satisfied with their work. However, many people feel that their work is less meaningful. This represents a major challenge for the improvement of work and working life.

3.2 Health and safety challenges

To promote prolonged working life requires supporting the population's health and work ability. The working population is faced with physical, chemical and ergonomic health hazards; 22 to 47% of European workers are exposed to them. According to the Dublin Foundation, 23 to 60% of employees are exposed to psychosocial hazards, such as work with tight deadlines and a high level of stress.

The sick leave figures are rising in several countries. Reducing the causes of absence would essentially promote well-being at work. It is important to create and implement good practices for workplaces and employees´ absences to be reduced. In addition, to reduce the number of sick leave days, infrastructural improvements are needed in the form of more effective functions of health care and social security systems.

Mental health problems have been increasing. Their causes are associated with work and partly also with employees' private lives and habits of living. To reduce mental health disorders, such versatile measures are needed which take a comprehensive approach to families and work societies.

Developing work and working conditions, good leadership and increasing employees' competence improves the employees' work abilities. Such elements in work as support from the superior and colleagues, as well as opportunity to improve one's work, strengthen an individual's work ability. Good work also helps to ensure that older employees maintain their work capacity. In addition to this, competence and attitudes influence a person's work ability. The connection between positive work attitudes and work capacity can also be seen in the case of those who are chronically ill. Leadership which takes individual differences into consideration, and a work culture which appreciates all individuals are central workplace-level means to improve employees' health and work ability.

As we know, work can have a negative effects on employees' health. Much is known about physical, chemical, biological and ergonomic health hazards. The effects of psychosocial factors on employees' health are not yet very well known but information on them is constantly growing. Work-related sensory load, work under pressure and many other psychosocial factors are becoming major adverse health factors which reduce work ability.

The Commission is preparing a new Strategy on Health and Safety at Work of the European Union for the years 2007 to 2012 which will stress the importance of preventive actions. It will highlight the impact of workplace development on productivity, profitability and the quality of work.

3.3 Legislation

The occupational safety and health legislation has been reformed in Finland during the past few years. It has been made to conform with the European directives on working conditions. The needs to reform legislation must be constantly analysed both at the national and Union level. The emphasis will nevertheless be on implementation in the next few years.

3.4 Research data

There is much research data on working life, which challenges us to improve its utilisation. Research resources should be directed to promote well-being at work as effectively as possible. When selecting research targets, it is particularly challenging to identify new emerging hazards and how to control them. Research organisations should make efforts to work up information already gathered and analysed into such a form that it is easy to distribute to, and to be utilised by, different target groups.

The seventh framework programme of the European Community for research, technological development and demonstration activities 2007 to 2013 and the programmes of the European Social Fund provide opportunities for EU-funded research, dissemination of research results which should lead to a strengthening of competence. Indeed, there is good reason to intensify European and international cooperation in order to make the best use of the resources. The EU Progress programme (A Community Programme for Employment and Social Solidarity – PROGRESS) supports knowledge exchange and development action in the different sectors of working life.

3.5 The needs of workplaces, and organisations providing support for workplaces

The users' needs and modes of action determine both the form and the most effective communication channels for dissemination of information. The preparedness of workplaces (employers, employees and self-employed/entrepreneurs) to utilise knowledge and good practices must

be enhanced. Strengthening the activities of organisations that provide support for workplaces is essential. It is important that employees can influence their work and ability to cope with the work.

Safe and healthy work and work environments are important competitive elements. Satisfying work, a good work environment and good working conditions should hold a key position in European organisations and in the operational strategies of different sectors. Safety and health should be emphasised increasingly as a factor in improving the competitiveness of companies and other organisations, as well as of the national economies. Improving the quality of work, and well-being at work, has a rapid and significant influence on the organisations' performance and the staff's work motivation and health.

3.6 Good practices

It is important to find good examples for cooperation structures between a variety of organisations. Each organisation should look ahead and develop good practices on the improvement of well-being at work. Any good practice usually needs adaptation to the specific situation. A major challenge is to make good practices easily available, so that they can be readily utilised in everyday situations at work.

A sector-oriented approach will smooth the way for the spreading of good practices. A sector programme has improved, for example, the performance of the chemical industry. Similar voluntary initiatives could be an asset also in other sectors. New sector initiatives would be most beneficial in logistics, construction, social and health care as well as in the education and training sectors.

3.7 Networks

Working life development is going on at the different levels of society, both national and international. The government and diverse national actors may form networks and collaboration forums to create measures in support of workplaces. These networks should embody the local and regional actors providing support for workplaces. It is also valuable to link workplaces (employers and employees) to these networks. To rise to the challenges of development, open-minded cooperation between politicians, different sectors of working life, occupational groups and other parties is needed as well as assessment of work environments and health effects in both the preparation and implementation phases.

In this cooperation between several actors, it is important to find common objectives which support each other. One such objective could be increasing the rate of employment. Common goals for employment,

social and health policies could help increase the attractiveness of working life, prolong working years by investments in health promotion among the population of working age and postpone premature retirement. The synergy of the policies and the added value created should be utilised within the Community and nationally in terms of cooperation between different social sectors.

Improving the quality of working life, promoting longer work careers and workplace health promotion should be seen in a new light as a strategic priority area. The improvement of the quality of working life, work and working conditions should be linked to action in all policy areas and also integrated into such processes whose main focus is outside the traditional occupational safety and health operations. The promotion of entrepreneurship, the social responsibility of companies, education and training systems, technological development, and the technical and social innovations, affect well-being at work.

By means of cooperation and social dialogue, it has been possible to carry out considerable structural reforms without causing major societal conflicts. In Finland, the economic crisis in the early 1990s changed the ways of thinking. New information was provided by means of communication and training for the most important target groups. The cooperation which respected the views of different actors strengthened favourable attitudes towards ageing employees and longer work careers.

3.8 Action within programmes

It is important to extend the promotion of well-being at work to all levels of activities throughout society. Thus it is not enough that we have international cooperation and cooperation between politicians; cooperation between different actors and different levels should run smoothly to guarantee good results. Good results have been achieved by implementing national and regional development programmes in collaboration with several actors.

In Finland, work life development through programmes has already been carried out for ten years. The major programmes, some of which still continue, have been The National Programme on Ageing Workers 1998–2002, The Well-being at Work Programme 2000–2003, The Occupational Accident Prevention Programme 2001–2005, National Workplace Development Programmes (TYKES) 1996–2003, 2004–2009 and The Programme on Adding Attraction to Working Life (Veto-programme) 2004–2007. These programmes have linked interested parties to the work in the early stages. This cooperation has involved preparation of strategies, development projects and legislation, presentation of initiatives, and practical implementation at workplaces.

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4 Workplace health promotion – Status of art in some European countries

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4.1 Introduction

Health at work is increasingly perceived as a comprehensive phenomenon, shaped by several factors and events. As part of the global process of creating healthy societies, the EU took public health matters on board in the Maastricht and Amsterdam Treaties in the early 1990s, empowering the EU in public health matters. Several simultaneous processes, such as public health, health and safety at work, social and employment policies try to ensure better work life within the EU. In addition, other policies such as trade, internal market, enterprise, agriculture, environment, consumer and industrial policies also have an impact on work environment, health and safety at work services and WHP. The health and safety at work strategy of the EU emphasizes a comprehensive safety and health at work approach to reach high quality of work. In addition, the strategy aims at tackling new risks, such as psychological risks, age, and gender aspects to promote well-being at work. The health and safety at work strategy of the EU, which is in the process of being renewed, also called for improvements in the content of multidisciplinary preventive and protective services. The public health programme (2007–2013) underlines issues such as healthy ageing, health inequalities across the EU, gender-related health issues, and patient mobility.

The chapter starts with a definition of workplace health promotion (WHP) and continues with policies and strategies of WHP in European countries. It describes the priorities and targets for WHP and makes a note on WHP providers. The chapter reviews the WHP issues up for policy discussion, based on the survey responses.

4.2 Method and material

The research took place in 2005 and information was collected from the members of the European Network for Workplace Health Promotion

(ENWHP) through a questionnaire. The results are an interpretation of policy papers, documents and questionnaire responses of the network members. The study included fourteen responses by experts from Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Luxembourg, the Netherlands, Norway, Poland, Romania, Sweden, and UK. The survey was funded by EU public health programme and Ministry of Social Affairs and Health.

4.3 Results

4.3.1 Concept of workplace health promotion (WHP)

The concept of WHP is based on the combination of the Ottawa Charter on health promotion and the Luxembourg Declaration on WHP by the ENWHP. It refers to 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 improved work organization and the work environment, promoting active participation and encouraging personal development. The WHP approach promises enhanced collaboration between different stakeholders such as public health and primary health care services, occupational health services, occupational health and safety services, human resource management and companies with corporate social responsibility and regional and national institutes. The ultimate aim of WHP is to have healthy employees in healthy organizations, with equal health gain and equal distribution of health among workers.

Based on this common definition, the respondents of the survey were asked to describe the concept of WHP in their countries (Table 1). The content of concepts can be categorized on the basis of responses as health and well-being; work ability and inclusive work life; corporate social responsibility; role of workers in work environments and tripartite agreements in WHP issues.

4.3.2 WHP Policies and strategies

The respondents were asked to describe WHP laws, policies, strategies and action programmes in their countries. The responses showed that the implementation of WHP issues depended on matters related to the administrative and governance structure of different policies and the responsible authorities of the country at different levels. Several different ministries are responsible for WHP issues, with a variety of instruments to promote WHP.

In Austria, Belgium and Germany, federal and regional authorities and their competence to issue regulations, provide funding or make

Table 1: The main content of WHP concepts in different countries

Theme	Country
Workplace supports health:	Ireland, the Netherlands, Sweden (attractive workplace)
Well-being at work:	Belgium, Sweden, Luxembourg, Norway, Poland
Healthy living:	Austria, Denmark, United Kingdom, Sweden
Decreased sickness rates:	the Netherlands, Norway, Poland
Work ability:	Finland
Inclusive work life:	Norway
Work environment:	Denmark, the Netherlands, UK
Corporate social responsibility:	Denmark, UK
Employee involvement in company development:	Norway, Poland, Romania
WHP in health at work groups:	Germany (health at work, company health report, and health circle)
Tripartite agreements on WHP:	Austria, Finland, Luxembourg, Sweden
Prevention:	France, Luxembourg

recommendations varies between the ministries of health, social affairs, employment, environment and others. In Belgium there exists a mixture of responsibilities between regions, ministries, federal state, and institutions. Labour issues are federal state matters, but also matters for the three regions (Flemish, Brussels-Capital and Walloon). Public health is a federal state matter, but also a matter for the three language communities of Belgium (Flemish, French and German speaking communities). Therefore health promotion is also a community matter. However, social security with compensation schemes, for example, is only a federal state matter. This complex structure is common in many countries between different policies influencing WHP activities. The complexity requires additional effort in co-ordination, co-operation, joint views and to some extent flexibility, in order to have an impact on health at work through the policies, programmes and activities.

In Ireland, a range of ministries and governmental institutes, such as those of health, enterprise, employment, social welfare and justice

are responsible for WHP related issues. Work-related stress is part of occupational safety and health policy and practice. Equality legislation is administered by the Equality Authority and the Equality Tribunal. Health and safety at work legislation or civil law cases against employers are resolved based on the case law tradition in the regular court system. The ministry of health is responsible for lifestyle determinants and has published policies on alcohol, smoking, physical exercise, and obesity. However the legislation banning smoking from all workplaces was initiated by concerns about health and safety at work, and approved by the Ministry of Health. Matters related to drug abuse are not confined to health areas, but by the Justice systems. The Department of Social Welfare (Social Insurance) plays a very little role in health promotion. An increasingly important area in Ireland is to decrease absence from work, which has inspired several actors to initiate pilots. Employment security on legislation is the responsibility of the Ministry of Enterprise and Employment. The Irish Health Promotion Policy 2000–2005 was recently evaluated, and a new version is underway in addition to the present restructuring of the health system.

In Finland at the moment, social and health policies include psychosocial and organizational factors, work-related stress (heavy workload and lack of job control), health and safety at work issues and lifestyle determinants. Labour policy includes job security and other work life determinants. Occupational safety and health policy influence the determinants of health, not, however healthy lifestyle determinants. Environmental policy is concerned with smoking, consumer policy with lifestyle determinants, and agricultural policy with nutrition and obesity.

In the Netherlands, a variety of policies have different instruments for WHP-related issues, such as policies, laws, covenants, fines, tax incentives, subsidy schemes and labour agreements. The Ministry of Health, Welfare and Sport published policy papers on alcohol, overweight and the future of public health. The future of public health policy papers include issues such as the prevention of work-related stress, overweight, smoking, absenteeism and disability. The Ministry of Social Affairs and Employment (2005) agreed on mental complaints in the Collective Labour Agreement. Several branches of industry have agreed upon safety and health covenants to reduce work-related stress, improve working conditions, curb sick leave, reduce occupational disability, and to help people return to work after a period of illness. The social policy is applied through the Working Conditions Act and Working Hours Act, for example, to promote the workers health, safety and well-being, and to combine work and other tasks. The Labour Inspectorate has been authorized to impose immediate fines for violations since October 2004, and performs reactive inspections in cases of serious in-

dustrial accidents and worker complaints. The Farbo scheme provides tax incentives to encourage employers to invest in safety and health at work. Another specific instrument is the occupational safety and health policy, which underlines the importance of psycho-social and organizational factors, job security and other work life determinants for WHP. The Ministerial subsidy scheme and social security incentives were established to prevent worker absenteeism, drop outs and to support the reintegration of people with an occupational disability. In addition, the environment policy and consumer policy includes health and safety at work and smoking. The agricultural policy specifically takes farmers' health, nutrition and physical activity into consideration.

In Poland various WHP topics are promoted through specific laws in different areas, but there seems to be need for cohesive public health policy. Several laws, such as the mental health act (work-related stress), laws on social policy, and social insurance (job security and other work life related determinants), labour law (labour relation, employment conditions, bullying, heavy workload and equality questions) and the occupational safety and health policy and sanitary inspection act (time pressure, heavy workload, occupational diseases and occupational medicine services) deal with several important concerns of WHP. The laws give a legislative base for the development of WHP activities in Poland in the future.

In Romania the concept of WHP is in the legislation, and was included into the National public health strategy, underlining the importance of WHP programmes for small- and medium-sized enterprises. The occupational health and safety strategy and the national strategy of health services also include provisions on health promotion in workplaces.

In the UK, national policy has been transferred to regional policies. The efforts started at the turn of the millennium and got off to a successful start, thanks to the support of several departments, such as the Department of the Environment, Transport and the Regions, Health, Social Security, Education and Employment. The most significant change to the delivery of workplace health promotion at the national level which has taken place during the past four years is that in England, responsibility for WHP has passed from the Health Education Authority to the Department of Health, with other Government Departments playing an increasing role in the development of specific initiatives. Table 2 gives the titles of the policy papers; from national to regional.

There is ample evidence that health at work is not only a matter of a single risk factor, but a matter of several risk factors influencing workers sporadically, simultaneously or consecutively. Therefore, the policies could also interact, be integrated or at least be aware of each others' impact on health, through, conducting health impact assessments

Table 2: Some of the British policy papers which include WHP issues

National:
• Health and Safety Commission: Revitalizing Health and Safety (2000) and Securing Health Together (2000) • Department of Health: Public Health White Paper: Choosing Health: Making Healthier Choices Easier (2004) • Department of Trade and Industry: Work Life Balance (2000) • Health & Safety Commission (HSC): Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond (2004).
Scotland:
• Improving Health in Scotland: the Challenge (2003) + Healthy Working lives – A Plan for Action (2004)
Wales:
• Promoting health and well being – The national health promotion strategy for Wales + Improving Health in Wales (2001)
Northern Ireland:
• Working for Health: A long-term workplace health strategy for Northern Ireland (2003) (Health and Safety Executive for Northern Ireland) • Investing for Health (Northern Ireland March 2002) (Department of Health, Social Services and Public Safety) • A healthier future – A twenty year vision for health and well-being in Northern Ireland 2005-2025 (Department of Health, Social Services and Public Safety) • Management Standards for work-related stress (2004) (Health and Safety Executive)

for example. Some of policy and strategy papers in different countries mentioned the priority issues for WHP activities. The most relevant for WHP were lifestyle determinants, such as smoking, alcohol, physical exercise, obesity and drug abuse. In addition, employment security, work-related stress, equality, absenteeism, disability, mental health and bullying were mentioned as important issues in the promotion of workers' health.

4.3.3 Priorities, targets and monitoring of WHP

In addition to the policy content, instruments and major actors in WHP, the survey looked at the priorities, target setting and monitoring of the

policies related to WHP. The diversity of policy papers and issues raised in each country challenges the effective impact of WHP on the health of workers.

The challenges posed to WHP issues in the policy and strategy papers were based on situation analysis and studies, health status reports, health and safety at work status reports, comparative studies between some EU member states, comparative studies between neighbouring countries or benchmarking between different countries.

The policies set priorities for general health matters and WHP through general objectives and quantitative and/or qualitative targets. The targets were selective and mostly focused on diseases, injuries and accidents. In addition, the selections of targets or focus groups of interventions were mentioned in certain topics. The focus groups were lower educated people, people with low socio-economic status or certain regions. Priorities for health improvements related to WHP were usually selected based on the statistics of ill health, the possible impact of national or subnational actions, or the possible impact of partnership on health conditions. Some of the policy papers dealt more with diseases or groups of people, such as workers as a target of actions or focus. Many of the general health promotion policies recognised the workplace as an important place for interventions in relation to health promotion or even enhancing the health of employees.

Different types of targets for health and WHP were included into policy papers. Targets were related to outcomes or timeline of the different policies , such as intermediate or long term targets. In addition, the targets included actions to influence health conditions at workplaces, for example, or decreasing exposure to dangerous substances or risk behaviour. Some of the targets were also input and output targets, process or action targets, or targets related to causes.

The respondents were also asked to present a priority list, and a future priority list of health determinants. The present priority areas in WHP were work-related stress, psycho-social and organizational factors and smoking. The future priority health determinants were psychosocial and organizational factors, work-related stress and job security, and other work life determinants.

Monitoring and revision of the strategy papers followed the time of the elections and ruling party in power. This means evaluation of the policy or strategy is in 4 to 6 years periods after which the policy is probably further strengthened by the next similar policy or strategy period. Some of the policy papers did not include monitoring and evaluation of the policy.

4.3.4 The most important WHP providers in European countries

WHP is often provided by occupational health services, occupational safety and health systems, public health services, or by human resources management and line management of the organizations. In some countries WHP is partly included into the activities of the occupational health services (Austria, Finland, and Germany, for example). Public health is often connected to WHP, but further integration of WHP into public health services and partnerships with workplaces, employees and employers is required. The connection of WHP into health and safety at work services can be found in the countries, but no obligation or recommendations to integrate activities exist. WHP has hardly any connections to line management and human resource management in the organizations and depends on active individuals.

Many of the respondents mentioned that a better organization and role definition of the various actors involved is required for increased WHP initiatives at different levels. Financial support and specific national programmes for some health determinants from the workplace perspective (alcohol consumptions and smoking, for example) can also improve the acceptance of and interest in WHP.

The survey investigated WHP and its relation to production line organization and human resource management, and the actual role of enterprises in WHP. The Bangkok Charter of health promotion in a globalized world emphasised enterprises' responsibility in ethical and responsible business practices and in promoting health requirements for good corporate practice. Partly related to CSR, the survey results show that neither line management nor human resource management is much involved in WHP activities, programmes or initiatives. In some countries (Belgium, Finland, France), law defines the role of managers in WHP. Human resource management might be replaced by the department of occupational safety and health in WHP matters (Belgium) or human resource management takes a human resource development view in WHP (Finland, France, the Netherlands). In addition, involvement in WHP depends on the interest of enterprises (Austria, the Netherlands) or tripartite agreements, which define the role of managers and human resource management in WHP (France, Sweden). Often managers and human resource management lack involvement in WHP (Poland, Romania, Ireland), but are involved in WHP in case of absenteeism, sick pay, conditions of work, and well-being at work (Ireland, the Netherlands).

Nevertheless, production line managers and human resources management are mainly in large companies, whereas SMEs have the majori-

ty of employees in workplaces. The large companies may include health and WHP issues in their other policies to some extent, such as issues of absenteeism and sick leaves in human resource development, and management issues and motivation in financing, marketing and production policies. Often regulation-based health and safety at work is more common than WHP or a comprehensive view of employee's health at work. In social insurance based systems of compensation, it is up to enterprises to arrange WHP e.g. in Austria, Germany, and the Netherlands. In Belgium, a survey indicated that in almost 60% of companies, line mangers are actively involved in the safety, health and quality of work issues. Nevertheless occupational medicine, human resources and organization development need additional collaboration. In Finland the respondents claimed that there is inconsistence in decision-making and impact on workplaces between occupational health services and line managers in particular.

In summary, as work is more and more management of networks in production or services, this also has an impact on the management of WHP at workplaces among incoming and outgoing workers or the restructuring of teams, production or services. This also requires anticipation of WHP service providers to target their services to the needs of employers and employees. When human capital is the main resource, WHP should be able to respond to the needs and increase the value of the company's human capital. Also local agreements between employers and employees may diminish the potential of WHP, if the agreements do not allocate resources for WHP.

4.3.5 Emphasis of different WHP stakeholders

The survey asked inquired into the emphasis of the different stakeholders in WHP. The role of different stakeholders for WHP in the future resulted in the call for more acceptance of the WHP approach at workplaces and dissemination of information concerning WHP to employers and employees. WHP needs priority and commitment from the government, social partners and professionals at all levels in order to have any real impact on the health of workers. Obviously the national WHP network drives development in the countries, but in difficult circumstances. The major support seems to come from social partners and insurance companies. Professionals seem to be interested in the market creation and product-making of WHP, in increasing commercialization of health-related services. Responsibilities and structures in relation to WHP and its motivation, advising and priorities in national and enterprise levels should also be clarified in the future. Mainstreaming and the integration of WHP into other policies (such as economic, equality and

equity, social, labour, health and safety at work, and health policies) is a priority according to several respondents. Similarly both large enterprises and SMEs need encouragement and support to take on board and implement the WHP approach at workplaces.

The survey also investigated the respondents' views on the important topics to be discussed at the European level. The priority fields of EU actions in WHP mentioned by the respondents were to confirm the practice of health and safety at work, especially in SMEs and in industrial, construction, and health and social service sectors. The priority fields in specific WHP matters included psychosocial risks and disorders (depression and other mental health issues), physical and cognitive load, stress at work, fatigue at work, lifestyle issues (smoking, alcohol, nutrition, physical activity), prevention of harassment and bullying and keeping older workers longer at work. Management and organizational issues and their stronger integration with WHP and exchange of best practices were also mentioned.

The respondents raised several important issues to be taken up in the supranational decision-making. The issues can be categorised to support the networking, information dissemination, and integration of WHP into several policies, education and training, and research (Table 3).

4.4 Conclusions

The current changes in work and the work environment due to integration have created a situation, in which countries have increasingly less power to formulate and implement their own regulations, policies, programmes and activities related to WHP. The employment status whether employed, between jobs or unemployed has an impact on the health of people in addition to social and economic constrains that people are facing due to changes in the labour market. The major risk sectors, such as construction, agriculture and service sector should be the focus of WHP activities, which have many temporary, part-time and precarious work contracts. Services such as OHS and WHP are not often available in SMEs. More equity, gender sensitivity and age specificity is needed due to the increasing number of women at work and their access to information, health promotion and different types of interventions. New risks create health concerns which are not yet foreseen. This requires different types of responses from the safety and health at work systems and reorientation of the systems to respond to the needs of workers and the present work life situation.

Table 3: Issues for policy discussion on WHP

Issues	**Specific issues**
Integration of WHP, mainstreaming	EU and EU member states - integrated comprehensive approach to workplaces by several policies - integration with disability, return to work, and employment policies - co-ordination between public health and health at work areas Enterprises - integration of occupational safety and health, WHP and human resource management - specific WHP policies with financial incentives for companies
Education and training	WHP professionals - capacity building of practicing WHP professionals - recognition of qualifications for WHP Workers - capacity-building and training of workers, specifically young workers in WHP issues - strong regional actions in thematic training in WHP
Research	- show evidence of WHP for benefit of employees and employers - cost-benefit studies of WHP for health and productivity - show effectiveness of WHP - surveys of current practice on WHP - study design of physically and organizationally health promoting workplace
Networking	- support for national WHP actions and programmes including SMEs - develop best practices of WHP - develop risk observatory for European countries, specifically for new risks
Information dissemination	- systematic dissemination of research and other WHP information - use of media for WHP dissemination - develop award schemes for WHP recognition

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5 Towards a better and longer work life

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5.1 Introduction

The great generation of baby boomers born after the Second World War, from 1945 into the 1950s, has been the backbone of today's workforce in many countries. Baby boomers have enabled these countries to develop into prosperous and, in many ways, exemplary welfare states. In 2005, baby boomers ranged from 55 to 60 years of age. The following 15 years will see approximately 900 000 people—about 40% of the current workforce—exit work life in Finland. In consequence, approximately 150 000 jobs in the industrial sector and approximately 100 000 jobs in the construction industry will become available. The proportion of people over 65 years of age will increase to 25% of the population by 2020. It is predicted that the Finnish workforce will decrease by about 0.35% every year. Economic growth is threatened because there will not be enough young workers to replace those who retire. We may be facing a workforce shortage.

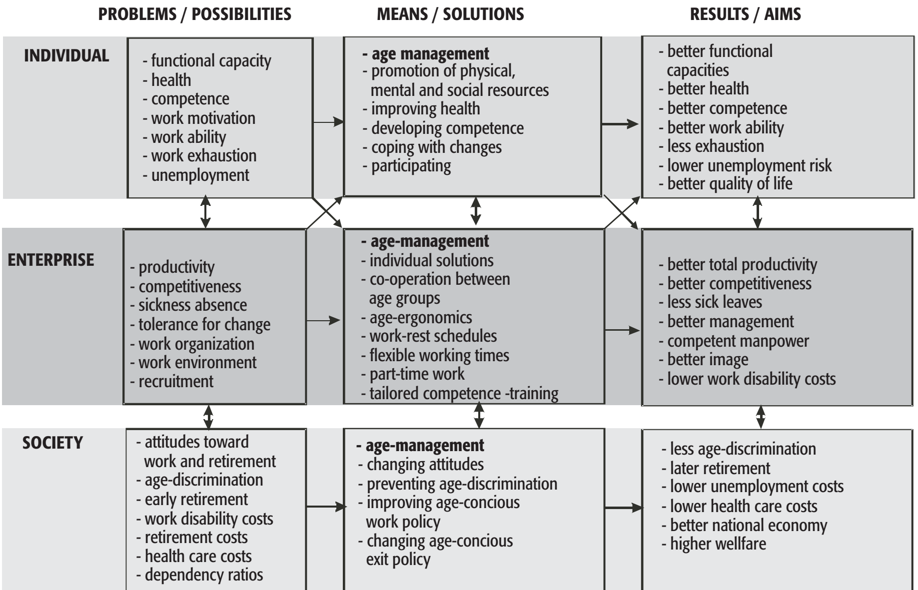
Ageing affects us all: individuals; enterprises; organizations; and even societies. Everyone takes a personal stand on it; workers in their workplaces as nurses, supervisors or, for example, as policymakers. Ageing is also a global phenomenon for which both developed and less developed countries are seeking survival strategies. The situation for EU countries and their age strategies are, therefore, significantly influenced by the common policies agreed upon in the European Union (EU). New policies for older workers have been introduced (Taylor 2002), and the activities of the EU15 Member States have recently been analyzed (Reday-Mulvey 2005).

5.2 Age management as a comprehensive solution

The problems, solutions, and objectives of individuals, enterprises, and society are presented from the point of view of the responsible parties in Figure 1. The solutions and measures are forms of age management. From the point of view of the individual, age management means managing oneself and participating in the realization of age management

on one's part. From the point of view of enterprises, age management presents sets of actions for the needs of people of different ages; and from the point of view of society, age management depicts the control of age structures by gathering effective actions together into entities.

Figure 1. Three levels of age management



Official statements and means of control are necessary, as is the setting of mutual goals, but they are not enough in themselves. If the appeal of work life is to be enhanced, work life must be remodeled. The most important objectives would be to increase the years of active work life and to make work more attractive. For these objectives to be achieved, the changes that are taking place in work life must be better managed, and well-being in work life must be enhanced. Equality must be promoted, and the demands of work and the other sectors of life must be fitted together.

All parties, enterprises, and their personnel, as well as society, are therefore responsible for the successful consolidation of ageing and work life. Even though the threats may seem to differ for the different parties, they are, nevertheless, aspects of the same phenomenon. There are no shortcuts to an improved society encompassing people of different ages. Progress is generated by changes in the work cultures of enterprises that create a new sort of work life; a work life that is better-suited for workers of all ages (Ilmarinen 1999, 2006).

5.3 Work life must be lengthened for the sake of the welfare society

Society is concretely affected by the problems and challenges of the ageing population. People are retiring too early, dependency ratios are becoming an increasingly heavy burden, and costs of retirement and health care are rising. Ageing also poses challenges concerning the sufficiency and quality of social and health care services. At the same time, public administrators must consider ageing from the point of view of the employer, since civil servants are starting to retire in large numbers. For these reasons, it is necessary to create positive attitudes towards a longer work life and to prevent age discrimination in society.

One objective of the European Union is to increase the employment rate of 55 to 64 year-olds to 50% before 2010. In 2003, this rate was 41.7% in the EU15 countries (European Communities 2004). Thus there was still a gap of 8.3 percentage points between reality and the set goal. The differences between countries were substantial, however.

Sweden had the highest employment rate (68.6%). Denmark, the United Kingdom, Estonia, Portugal, and Cyprus had also reached the target by 2003. On the other hand, improvement amounting to over 20 percentage points was still needed in Slovenia, Slovakia, Poland, Belgium, Hungary, and Luxembourg. Ireland and Finland were close to the target of 50% employment among the 55 to 64 year-old population. In Finland, the employment rate of the older population increased the most between 1998 and 2003; by 13.4% to be precise. In 2005 the corresponding rate in Finland was 51% and the increase about 16 percentage points. A significant increase had also taken place in Hungary and the Netherlands (>10 percentage points).

Employment rates depend on the educational level and age of the workforce. The rate is the lowest among the youngest age groups (15 to 24 year-olds) and the highest among 25 to 54 year-olds—seniors being in a slightly better situation than young people. The rate increases in all age groups when the educational level is higher, the difference between people at the lowest educational level and the highest educational level being almost triple among young people and double among older people. A high level of education among the 55 to 64 year-old age group ensured work for 62.4%, whereas the lowest level of education meant work for only 31.7% of that age group.

A lower level of education seemed to have a greater impact on the employment of women than on that of men. There was a difference of almost 20 percentage points in the employment rates of men and women in the oldest age group. Therefore, special attention is being given

to increasing the employment rates of women in the EU25 countries (European Communities 2004).

5.4 Finnish state-of-the-art model: national development programmes

Finland is among the most active nations in the European Union when it comes to untangling the situation of the ageing workforce. Research has been done, and age programmes have been carried out by the Finnish Institute of Occupational Health, the Ministry of Labour, the Ministry of Social Affairs and Health, and the Ministry of Education. The results are encouraging in that they have provided means with which to develop work conditions to fit workers of all ages. Finnish competency is based on, among other things, the following projects:

- Respect for the Ageing programme: developing the health, work ability, and well-being of the ageing (1990–1996, Finnish Institute of Occupational Health)
- Committee on Ageing (1996, Ministry of Labour)
- National Programme on Ageing Workers 1998–2002 (Ministry of Social Affairs and Health)
- Coping at Work 2000–2003 (Ministry of Labour)
- Finnish Workplace Development Programme TYKES (2004–2009) (Ministry of Labour)
- VETO: a programme promoting the attractiveness of work life (2003–2007, Ministry of Social Affairs and Health)
- KESTO: a programme for sustainable work career development (2004–2007, Finnish Institute of Occupational Health)
- NOSTE: a programme for uplifting the competency of working adults (2003–2007, Ministry of Education)

5.5 Pension reform —a stimulus for work life reform

A broad revision of the Finnish earnings-related pension system came into force in the beginning of 2005. The primary goal of the revision was to generate savings through people retiring at older ages. One action was to tighten the terms for early retirement. In addition, the terms for part-time pensions and early old-age pensions became stricter, and unemployment pensions and early retirement pensions will gradually cease to exist. Senior workers are being encouraged to work by offering them an increase in the accruement percentages set for pensions and

new opportunities for rehabilitation. The pension reform was initiated to ensure the following:

- that the promised earnings-related pensions can be paid
- that the earnings-related pension contributions will remain reasonable
- that Finnish competitiveness and employment will be sustained
- that the work life of citizens will lengthen and, as a result, the employment rate will be raised and the dependency ratio decreased.

Those benefiting from the reform include the young and old, students, and parents of small children, whose pension benefits have been increased. The most obvious winners in the new system are, however, people in their 60s who stay in work life longer. Their work contribution will add an accumulation to their pension of 4.5% a year from the age of 63 years to the age of 68 years.

5.6 Needs for promotion of work ability

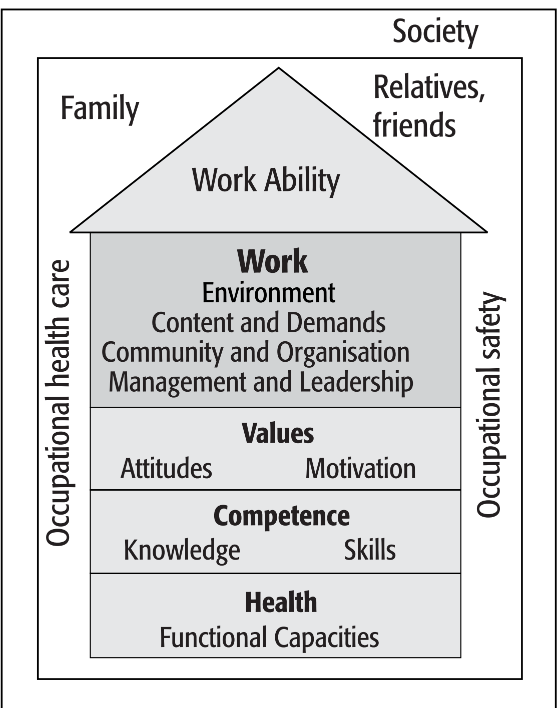
The most important asset of employees in work life is their work ability. Because enterprise profits are made possible by the work ability of the personnel, the enterprise has a central role in supporting and promoting the work ability of its employees.

Concepts of work ability have changed and developed during the last decade in a more holistic and versatile direction. The health-based definition of work ability has been paired with integrated models in which work ability is created and promoted by many factors (Tuomi 1997; Ilmarinen et al. 1997; Costa et al. 2005).

Work ability is built on the balance between a person's resources and work demands. A person's resources consist of health and ability, education and competence, and values and attitudes. Work, on the other hand, covers the work environment and community, as well as the actual contents, demands, and organization of work. Management (i.e., supervision) is also associated with work (Figure 2) (Ilmarinen and Tuomi 2004; Ilmarinen et al. 2005).

Work ability can be described as a building with several floors. Health and physical, psychological, and social functional capacity create the ground floor. The entire weight of the rest of the building rests on the ground floor. Changes in functional capacity and health are reflected in work ability—deterioration of health is a threat to work ability. Improved functional capacity also makes the development of work ability possible.

Figure 2. Dimensions of work ability



The second floor of the building represents professional knowledge and competence (skill). Knowledge and competence and their continuous development are used to meet the demands of work life. Changes in challenges and demands mean that the continuous development of professional skills becomes an even more important prerequisite for work ability. Personal ability to develop one's work and act in different work communities can also be considered to be competence.

The third floor contains values, attitudes, and motivation. This floor is all about the balance between work and personal resources, as well as the relationship between work and personal life. It is relatively open to different influences. Concepts created by the process affect and change values and attitudes. Changes in society or legislation (e.g., pension reform) are also reflected in the third floor.

The fourth floor represents work and its related factors. It is the largest and heaviest floor of the work ability building, and its weight is supported by the lower floors. The demands and organization of work, as well as the functioning and management of the work community, make the work floor an entity that is multi-dimensional, difficult to perceive, and difficult to measure. On the work floor, special attention is paid to supervision and management. Supervisors are responsible for the

fourth floor, and they also have a mandate to organize and change the floor, if necessary.

Work ability is primarily a question of balance between work and personal resources. In practice, people search for the optimal balance through their entire work life. This optimal balance may be very different in different phases of work life. In order to find a balance, work and personal resources need to be continuously combined. Personal resources change, for example, with age, whereas work demands change, for example, with globalization and new technology. The factors affecting work ability are therefore continuously changing.

The maintenance and promotion of work ability require good cooperation between supervisors and employees. However, neither can ensure that work ability will not change; instead the responsibility is shared between the employer and the employee. Work ability is not, however, only a matter of these two. The work community can also be a very important factor in supporting the work ability of its members.

Central roles are also played by occupational health care and the occupational safety organization. The tasks set by law for occupational health care include the maintenance of employees' work ability. Combining the professional knowledge and the changes occurring in occupational health care with the demands of work is a challenging task. The occupational safety organization, in turn, uses its competence to prevent and fend off the work risks that threaten work ability.

Work ability is not separated from life outside work. Family and a person's close community (relatives, friends, acquaintances) can also affect a person's work ability in many different ways throughout life. Making work and family life compatible has become more important. Society creates the infrastructure, services, and rules according to which enterprises and employees' work ability can be supported. The importance of the different dimensions of work ability has been studied using the material of the Health 2000 project. The results show that, among people of all ages, health, functional capacity, and the characteristics of one's work are the statistically significant factors underpinning work ability (Ilmarinen et al. 2005).

5.7 Needs for reform in work life

The main challenge for coping at work centers on developing and renewing work life from the point of view of ageing. This challenge is demanding because there is not much time to extend the careers of the baby-boom generation. In just a couple of years, in 2008 at the latest, the age groups born in 1945 will be 63 years of age, which is the maximum age for this group to start thinking of retirement.

The fulfilment of the criteria for a good work life is based on the EU survey conducted in 2000 (Paoli and Merllie 2001); the average values are presented in Table 1. The criteria were met the most often when there was no age discrimination, job satisfaction was high, workers' skills met the job requirements, workers had opportunities to discuss matters with their supervisors and these discussions led to improvements, and the work was not a threat to health or safety. The more rarely met criteria included those concerning tight work schedules, physical workload, and the physical work environment. The health-promoting effect of work remained at approximately the 1% level and thus did not support the presence of a good work life (Table 1).

The regional analysis of the averages (minimum: 0 criteria met – maximum: all 12 criteria met) showed that the Nordic and Central European countries were close with respect to the prevalence of a good work life. The Southern European countries lagged behind, however, primarily because of the social environment of work, supervisory work, health and safety risks at work, and job satisfaction. The lack of tight work schedules was more prevalent, however, in Southern Europe, especially when compared against the Nordic countries (Ilmarinen 2006).

Table 1. Prevalence (%) of factors fulfilling the criteria for a good work life and the mean rating of workplaces, by region of Europe.

Factor	Nordic countries (n = 4 526)		Middle Europe (n = 10 796)		Southern Europe (n = 6 130)	
Physical environment	42,9		49,7		50,6	
Physical work load	23,8		29,8		25,4	
Tight work schedules	18,6		27,1		34,9	
Ability to regulate	42,4		37,9		40,0	
Work skills	88,6		82,2		82,7	
Social environment	81,8		71,7		49,9	
Discussions lead to improvements	75,2		66,8		54,0	
Age discrimination	96,7		96,6		98,3	
Health, safety	80,3		72,1		60,7	
Work promotes health	1,3		1,1		0,6	
Working in the same job at 60 years of age	54,2		52,7		46,8	
Job satisfaction	90,6		87,3		76,0	
Mean (min 0, max 12)	6,96	(SD 1,85[1])	6,75	(SD 2,09[1])	6,20	(SD 2,16[1])

[1] SD = standard deviation.

5.8 Management reform from the point of view of ageing workers

Age management means managing the work ability of personnel and the success of the enterprise. It is the everyday management and organization of work from the viewpoint of the life course and resources of people, whether the changes are caused by the ageing process or by other age-related factors.

Young people need management that supports and improves their situation, whereas seniors need other solutions to maintain their work ability and motivation. In addition, work needs and objectives change with age. Combining them with the objectives of an organization requires continuous development of everyday methods and practices.

Age management emphasizes the importance of cooperation and trust between the supervisor and the employees. Common rules can be applied in order to change work. Successful age management is therefore a result of applying correct information in order to achieve common objectives. Correct information means sufficient understanding of the processes of human ageing and growing old. Although this management method emphasizes individuality, the importance of the work community must not be underestimated. Age management is successful when the members of the work community also understand and accept the importance of diversity. Therefore, the principles of age management must also be selected for the members of the work community when applicable.

The message of age management is clear: good management must take into consideration the effects of ageing that are related to all working-aged people at one point in the course of life. The intensity of the ageing process leads to changes that differ from person to person; changes that are both positive and negative. How can managers confront this challenge? What aspects of daily supervision should be changed? Will managers be able to develop into good leaders with respect to the age challenge?

5.9 A new challenge for managers: the course of life

In traditional thinking, an employee adjusts to the demands of work. When continuing in work life becomes a primary objective, as is the case with the ageing workforce, a different point of view must be adopted: how must work life change in order for employees to be able to continue to work longer? Before we can start changing corporate life, we must understand a thing or two about the human course of life, of which most is covered by work life. Work life gives us the strength to cope

with everyday chores and provides a basis for a good retirement—or not.

No two courses of life are the same. The human life course includes several development processes related to age, and the transition from one stage of development to another, critical periods, and events that cannot be explained by age alone, but which may have significant consequences later in life. For example, moving from school into work life, starting a family, and growing old are different experiences if they take place during economic growth or a recession.

Even though lives differ, each generation has its own unique characteristics, which come from the time and environment in which its members grow up and live. In enterprises, different generations cooperate despite their different characteristics. Because work life lasts for decades, the different phases of the life courses of employees of different generations can be seen and felt in everyday work. Members of the baby-boom generation, who have been in work life for a long time and who are also expected to continue working longer than previous generations, give Finnish work life its distinct features.

A person faces ageing in work life in the form of many different difficulties, but also in the form of opportunities. The problems can occur as a deterioration of functional capacity or health, lack of competence, decreased work motivation, or burnout. Seniors also suffer from the fear of lay-offs or unemployment. There are, however, several possibilities to prevent these threats. Functional capacity and health can be improved, competence increased, and professional competence developed. Changes in work life are also opportunities for self-development. Research has shown that good results can be achieved through participation. Work ability and work well-being are improved—regardless of one's age. Investing in personal resources pays off, and the investment also improves the quality of life.

5.10 Remodeling attitudes towards age

Why are changes in attitudes towards age in society and work life needed? The answer is simple—because many of us indirectly discriminate on the basis of age. Age discrimination is forbidden in many countries and, indeed, actual direct discrimination does not exist at workplaces—that would be illegal on the part of managers and employers. The law is unable to prevent indirect discrimination and discrimination among workers, however. There are always many ways in which to indirectly affect ageing workers, as well as young workers, in employment, access to training, or advancement in one's career. It is important to realize

that not only ageing workers can be subjected to age discrimination, but also young adults can be the victims—persons who practice discrimination have often reached the safe middle-age and have established themselves in the organization.

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6 A healthier, longer work life for Europeans – Health in the world of work: Promoting health at work and extending careers

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6.1 Background to the recommendations statement

A total of 180 representatives of European ministries, occupational safety and health specialist organizations, and social partners have prepared an expert statement regarding new advancements for a healthier, longer and improved work life in Europe. Achieving the goal of an extended work life is crucial for a sustainable, stable and productive Europe and EU Member States.

Behind the statement preparation lie the major challenges which Europe is facing due to globalization and demographic change, which have resulted in a declining supply of labour force and a disadvantageous dependency ratio. As a result, better working conditions and longer careers are essential. Extending work life through earlier entry into the labour market, good health during working years and later retirement should increase the employment rates of all generations.

Work and the growth of the national economy greatly influence the health of the entire population, and unemployment is one of the major risk factors to health. Changes in working conditions and technology present new hazards and pose greater demands on work ability.

While the general health situation in Europe is moving in a positive direction, some new threats are being recognized in social change (time pressure, insecurity of employment, transfer of work places to other continents, precarious work) and in behaviour. In parallel with the increased intensification of work life and the structural changes in organizations, the number of work-related diseases, sickness absenteeism and chronic diseases has increased substantially. Mortality and the general burden of disease have grown as a result of downsizing, which in turn has increased the insecurity and workload of those employees remain-

ing in the organization. There is also still a need to enhance health equity and the access to health services in Europe, and the strong association between work and the general health of the working population poses a further challenge. In this regard, the workplace offers an important arena for public health interventions.

Changes in work life present a challenge not only to the competencies and skills of occupational safety and health specialists, but also to the knowledge of both employers and employees. Although services provide support, the major issue is how to transform employment, occupational safety and health, public health, and social services into a partnership, so as to adapt to changing work life and recognize the needs of employees and employers at an early stage.

6.2 The objective of statement and its preparation procedure

The statement was prepared during a project called "Health in the World of Work – Prolonging Healthy Working Years 2005–2006". It is organized by the Finnish Institute of Occupational Health under the auspice of the Finnish Ministry of Social Affairs and Health, and in collaboration with the European Network for Workplace Health Promotion. The project is financially supported by the Public Health Programme of the European Union, the Finnish Ministry of Social Affairs and Health, and the Finnish Work Environment Fund.

Three preparatory expert meetings have taken place during the project, in which representatives of ministries, specialist organizations and social partners from all the EU member states and other European countries have participated. The steps taken to improve the well-being of the ageing workforce and workplace health promotion during the previous EU presidencies and in various meetings were used as a basis for discussions.

The statement presents recommendations on workplace health promotion and other means for extending careers, and was prepared for the conversations of the informal meeting of the Ministers of Employment, Social Affairs and Health on 6–8 July 2006 in Helsinki, to be available during the Finnish EU Presidency for the Council of Ministers. The aim of the statement and the procedure for its implementation is to help guide the development of worker's health issues on both the EU and national level.

The objective is to improve the attractiveness of work life in European countries. This includes strengthening the importance of health and safety at work in social, employment, and health policies in order

to increase healthy working years, to attract more people to enter and remain in the labour market, and to increase investment in the maintenance and promotion of work ability, workplace development, and workplace health and well-being. Furthermore, the statement emphasizes age management and the healthy enterprise approach as a means of practical implementation in work life.

The promotion of work ability and of the attractiveness of work life to extend healthy working years is based on the Lisbon strategy, the Mid-Term Review of the Lisbon Strategy, the new social agenda and the green paper on demographic change. The new EU strategy on occupational safety and health at work will be based on a comprehensive approach to the improvement of well-being at work.

6.3 Summary of recommendations

The statement emphasizes the importance of improving the quality of work and promoting the well-being and work ability of all workers, in order to extend work life. This requires inter-sectoral synergies between all policies which affect worker health, at both EU and national levels. Policy implementation at national level should involve all stakeholders in social dialogue. The recommendation emphasizes principles of non-discrimination, sustainability, and the needs of vulnerable groups. It also focuses on the sustainable development of healthy enterprises through awareness of safety and health at work, work ability and healthy lifestyles. The healthy enterprise integrates occupational safety and health, workplace health promotion, age management and flexible and secure solutions at work into everyday business practices.

Additional recommendations concern the availability of relevant and effective services to promote the health of all workers and to extend their work careers, and the sustainable development of social innovations and proactive interventions for a better work life. Such innovations require creative research and development platforms, Member States' political long-term commitment, and support in order to sustain networks and collaboration for the promotion of health at work and extending work years.

7 Summaries of the unofficial ministerial meeting

7.1 Concluding remarks to the social and health policies

Informal Meeting of Employment, Social Affairs and Health Ministers, 6–8 July 2006, Helsinki

Based on the discussions, the following concluding remarks can be drawn in relation to **the social and health policies:**

1. Demographic changes are not only a challenge but, first and foremost, an indication that the European social model works. Large population groups now have a chance to live longer and healthier lives.
2. Demographic challenges may be encapsulated in two issues: lower birth rate and shorter working life in proportion to life expectancy.
3. Responding to these two challenges requires consistent long-term measures, which improve the population's health, guarantee comprehensive social security and flexibility, and flexicurity at workplaces. The measures will have an impact when a set of mutual objectives is designed to employment, social and health policies, and when we commit to, and work in partnership to implement them.
4. Major diseases related to lifestyles are increasing and present a risk to the working age population. In addition, mental health is a major concern among the causes of work disability. The workplace is an excellent setting for health promotion.
5. Social change and flexibility are safeguarded by improving the measures to reconcile work and family life, developing methods to maintain working ability, supporting life-long learning and increasing gender equality. Flexicurity at work increases the attractiveness of working life.
6. Partnerships between governments, social partners and non-governmental organisations play a crucial part in responding to the challenges brought by change.

7. Working life becomes more attractive when workplaces can offer effective leadership, challenging and rewarding tasks, good atmosphere, and a special focus on employees' health and working ability.
8. The same factors that increase the attraction of work-life also enhance productivity, which is vital to increasing work opportunities for Europeans.
9. When implementing the reforms, it is necessary to assess their impact to both men and women in order to genuinely promote the reconciliation of work and family life, narrow the gap between gender-specific health differences, and enable parents to have the amount of children desired.

7.2 Chair of the working group, Finnish Minister of Health and Social Services Liisa Hyssälä's summarising points on Workshop III: "How to promote health in the world of work"

Informal Meeting of Employment, Social Affairs and Health Ministers, 6–8 July 2006

The working group discussed the connections between work and health. Based on the discussions, the following may be concluded:

- Work has a significant impact on the population's health and visa versa; health of the working population affects working life. This two-way connection should be remembered when any measures are being considered.
- Traditionally occupational health covers diseases, injuries and health risks at work, but work affects health also in other ways, its influence extending to major diseases.
- The impact of mental ill health is a growing concern at work and in many countries the single largest reason for taking early retirement. Working conditions affect the development and onset of mental health problems.
- The Treaty establishing the European Community and Community legislation requires a high level of occupational and public health protection. Health is valued by the European Union, whilst being an end in itself.

- Health holds great instrumental value for individuals and the society alike. Good population health is the cornerstone of competitiveness and sustainability.

- The meeting gives out a clear message about how co-operation between employment, social and health care policies may significantly contribute towards the implementation of the Lisbon agenda, sustainable development and responses to the demographic challenge. Health ministers face the challenge of ensuring that health will be a part of the decision-making process, taking care that the Community policies will promote a high level of health protection and all political sectors employ any measures available to them for the benefit of the population's health.

- As far as prolonging working careers is concerned, the health sector will take responsibility of promoting health and will contribute towards improving the quality of working life, not forgetting gender equality. Social partners should participate in this work. The new Community strategy on health and safety at work and the public health programme should support this objective.

- Comprehensive and high-quality occupational health services may support the implementation of the programmes. Their development belongs to the Member States' remit.

- Workplaces can have an impact on the common risk factors relating to major diseases, such as tobacco, alcohol, stress, nutrition and exercise. These factors came up in many of the addresses to the meeting. We must develop workplaces that promote health.

- In order to be able to work, some people require support and assistance in adapting their working environment to their health needs. This is a special concern in the case of unemployed people, and particularly the long-term unemployed, as their working capacity is often reduced. Other vulnerable groups include older employees, immigrants, disabled and workers in some sectors of the labour market.

- Measures can be made more effective by focusing on the gender-specific health issues. Many health risks have a different impact on men and women.

7.3 Chair of the working group, Finnish Minister of Social Affairs and Health Tuula Haatainen's summarising points on Workshop II: "How can working careers be prolonged during the lifecycle by social policy"

The Working Group held an interesting discussion on how to prolong working careers whilst reconciling work and family life.

- Demographic change will affect all Members States from 2010s onwards. Prolonging working careers will require governments, social partners and non-governmental organisations to create mutually enhancing measures, which increase attractiveness of working life, improve employability, and create more flexible work opportunities for older people.
- Making work a more attractive choice than retiring is of crucial importance. Flexible pension systems and strong economic incentives for people to continue their working lives are essential.
- Special measures include increasing contribution towards training and rehabilitation targeted at middle-aged people, and preventing age-discrimination.
- We can be proud of our achievements, such as prolonged life expectancy, gender equality and increased healthy living years. With prolonged life expectancy, the European social model has achieved one of its key objectives.
- In order to respond to the demographic challenges, the ratio of people's working years to their life expectancy should be increased. This can only be achieved with the co-operation of the employment, social and health care sectors, with a special focus on the inter-sectoral co-operation between the health care and social sectors.
- Political measures which promote family life and gender equality are the key instruments in prolonging both men's and women's working careers.
- Changes within the pension systems are the most popular method of postponing retirement. Providing sustainable funding for pension systems is crucial, for example by creating more appealing methods for pension accrual and increasing contribu-

tions to pension funds. These reforms will also have an impact on inter-generational solidarity and gender equality.

- In order to continue working, economic incentives are not enough. Work should be made more attractive through a range of methods, whilst safeguarding broader flexicurity in the society. Active ageing should be made a priority.
- The Commission's Communication on demographic change, due to be published in autumn, will provide a key policy document. Also the European Social Fund will play a crucial role in sharing new working models and innovations.
- Entrepreneurial initiatives in the social and health care sectors are potentially a new target area for European joint action.

II Background material for the preparation of the statement

8 Background material of the Workshop on Prolonging Staying at Work, 17–18 November 2005, Prague

8.1 Good practices to prolong work life

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8.1.1 Background

The EU has undergone significant changes and developments over the last decades. Globalisation has affected states, markets and enterprises. Technologies, labour force and knowledge now have better opportunities for free movement between EU countries and other countries in the world. The changes in the operational environment (development of technology, demographic changes, etc) also pose challenges for every country at EU level and influence the development of employment and national economies.

Our societies already have, and will also further come to face different widespread phenomena. Societies have evolved from manufacturers of industrial produce to communities where the service information economy predominates and where, as a consequence, the organization of work is changing radically.

Since the year 2000, the EU has for example, taken initiatives on employment reforms, beginning with the Council's target of raising the overall employment rate to 70% by 2010 (European Commission 2000). This has been followed by new employment targets for older workers and initiatives on promoting active ageing (Stockholm 2001). In Laeken an open method of coordination concerning pensions under the three pillars of adequacy, sustainability, adaptability (modernization) was emphasized. The aim of the decision of the Barcelona summit in 2002 was, in turn, to increase the age at which people retire by five years by 2010. In spring 2005 the Communication from President Barroso in agreement with Vice-President Verheugen stressed the modernisation of social protection systems — most importantly pensions and health care systems — and also the strengthening of employment

policies (Reday-Mulvey 2005; Commission of the European Communities 2005).

In order to respond to these initiatives, extensive measures are needed in the European societies. Moreover, these measures take place at each level – macro-, meso- and micro-level of each country in order to effectively meet these challenges.

We can also support the preparation for the adoption of these EU level changes both at country and company level, by enhancing well-being at work, and by emphasising promotive activities for prolonging participation in work life. We need good practices for the development of work life. These good practices should be founded on evidence-based knowledge and be documented, and should be focused on the macro-, meso- and micro-levels of society.

8.1.2 The concept of good practice

Good practice is a wide concept. The definition of GP varies according to the country and its legislation, on its different occupational health and safety systems and experience. In medicine, good practice guidelines are usually founded on evidence-based knowledge at different scientific levels.

8.1.3 The definition of good practice

- meeting the requirements of legislation, guidelines and standards
- focusing on generally significant problems / challenges for authorities, experts and workplaces
- specifying effective actions and methods which can be applied in companies to reduce health and safety risks
- being ethically sustainable (European Agency for Safety and Health at Work 2000).

8.1.4 The levels of society

i. **Macro-level**
Legislative and co-operative actions at both EU and state level, also national guidelines and standards: national and EU level policy.

ii. **Meso-level**
Regional authorities, research institutions, inspection authorities, service providers, insurance, rehabilitation, regional infrastructure, guidelines, and training.

iii. **Micro-level**
Company and employee level.

It is important to have sufficient, relevant data for decision-making and the performance of different activities at all levels.

8.1.5 The implementation of good practice should lead to:

A reduction of the total risk to workers or other persons in the enterprise, of work-place accidents arising from an identified cause of harm, an improvement of general working conditions and the effective promotion of health, safety and efficiency the achievement of permanent, identifiable reduction in the risk of harm to workers.

Well-being at work cannot be brought about merely through health and safety policies: there are also strong links with the way work equipment is designed, with employment policy, with policies concerning people with disabilities, with transport policies and of course with health policy in general, whether it is preventive or curative. (European Commission 2002)

There should be firmer integration of health at work into the European Employment Strategy, given its importance in terms of promoting the quality of employment and making full use of the EU's productive potential. This strategy puts forward new proposals for strengthening this link. (European Commission 2002)

There should be stronger links between the new Community strategy on health and safety and the Community Strategy on Public Health by way of closer cooperation. The experience gained of how to prevent major public health problems – e.g. the various types of substance dependence, risk behaviour – should be integrated into the preventive measures at the workplace. On the other hand, health at work should be recognised as an important determinant of the population's general state of health. (European Commission 2002)

If these good practices are implemented at every level we will be able to successfully face changes in companies and countries, also at EU level.

8.1.6 Actions to be taken

The ENWHP – European Network for Workplace Health Promotion –is an excellent example of how good practices in workplace health can be promoted and how the adoption of such practices in all European workplaces can be advocated. The network has played a successful and significant role in these areas. The ENWHP has operated

through members in a competitive business environment and has also increased awareness of the labour markets and many employers in Europe. Through national forums and networks ENWHP facilitates the exchange of information and the implementation of good workplace practices.

Good practice processes/cases have so far been pragmatic. The best way in which to develop these processes would be to gather the best available knowledge on best practices. Many countries have developed parallel policies from different perspectives. One of the priorities is benchmarking, which provides opportunities for learning from each other. The ENWHP as a forum provides one opportunity to promote this action.

How then, will the target of prolonging work life be applied in different structures of society? During the Presidency of Spain in 2002 a proposal for Council Conclusions on Workplace Health Promotion was on the agenda. Their conclusions place the following elements under consideration:

i. **A legislative proposal**
After consultation with the member states and the labour market organizations, we must address the need to draw up a legislative proposal on the issues discussed here.

ii. **Co-operation at EU level**
Incorporating activities such as the exchange of information, good practices and networking in the future action programme for Public Health and the new strategy on OHS.

iii. **Design and implementation**
Promotion of the coherence and complementarity of both design and implementation in Public Health, Occupational Health and Safety strategies.

iv. **Networking**
Support for the development of an informal network infrastructure at European level.

v. **Monitoring**
Strengthening the development and implementation of a component of workplace health, as part of the Community health monitoring system, based on valid indicators and cooperation between the Public Health and Occupational Health and Safety policies. (Council Conclusions 2002)

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8.2 Co-operation within and between macro-, meso-, and micro-level partners for prolonging work life

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8.2.1 Background

Several measures can be taken to prolong employees' work careers. The measures aim to promote both early entry into work life and to postpone retirement. To increase early entry into work life, we must pay attention to such aspects as the effectiveness of the educational system, reduction of so-called dead time before higher education studies and effective completion of studies leading to an occupation or academic degree. Employment soon after graduation is in the interests of both society and individual.

Withdrawal from work life is largely determined by the individual's health, working capacity, level of work motivation, functioning of the work society, and health risks and load factors present in the work environment. Prolonged work careers can be encouraged by pension policies and other economic incentives. Improved well-being at work also essentially contributes to prolonged careers. As well as occupational health and safety aspects, the broader concept of well-being at work includes issues such as equality, the balancing of work and family life, multiculturalism, coping at work, and knowledge and skills. Increasing well-being at work, and longer work careers as a result of this, are important factors in implementing the objectives of the Lisbon Strategy and the Commission's later outlines for 2005 for boosting employment and ensuring economic welfare.

This background memorandum focuses on activities that aim to promote well-being at work by means of actions taken at different levels of society and by means of network co-operation within and between different levels, sectors and organisations.

As previously mentioned, measures to improve well-being at work can be taken at the national, regional and workplace (macro-, meso- and micro) level. For instance, sectoral approaches as well as influential company level networking offer great opportunities. Measures taken at the different levels should be complimentary to each other. For example, players at the national level should create conditions and opportunities for local and workplace-level players to utilize the information and background material produced at the national and regional levels, and to put their principles into practice. On the other hand, players at the national and regional levels should make sure that they receive feedback and initiatives from the local level in order to focus their activities on accepted goals and to fulfil the principle of subsidiarity.

8.2.2 Challenges

The availability and comparability of workplace welfare indicators in 22 European countries are reviewed in a publication of the Finnish Institute of Occupational Health (Rantanen, Kauppinen, Lehtinen, Mattila, Toikkanen, Kurppa & Leino 2002). It reveals that there is practically no information available on some of the indicators in several countries, and that only about 30 % of the states have access to data on workplace health and safety staff. The number of occupational accidents is also unavailable in some countries. Working capacity indicators present the biggest problem: the data on these are available in only very few countries. The comparability of the data is also inadequate. Comparability is highest between the figures of fatal occupational accidents, and about half of the states have relatively comparable data on exposure to noise, handling of dangerous substances, use of asbestos, heavy workload and work stress. There are, however, significant shortcomings in the comparability of the data on occupational accidents and incidence of occupational diseases in European countries.

Co-operation at and between different levels of society varies greatly from one country to another. In 2003 the Nordic Council of Ministries conducted a survey on strategies of health and safety at the workplace in the five Nordic countries. The outcome was called Score Board 2003 (Nordic Council of Ministers 2004). A new similar health and safety at work survey has been completed in the Netherlands, Ireland and the United Kingdom as well as again in the Nordic countries (Nordic Council of Ministers 2005). It reveals differences in the practices adopted in

these countries, also in network co-operation. Co-operation data from other countries are based on single studies and surveys, from which we can conclude that the content and width of activities vary greatly, and it is difficult to compare these activities with each other.

In 2005 the Nordic Council of Ministers prepared a report of actions taken to promote workplace welfare in the Nordic countries (Nordic Council of Ministries 2005). The report shows that several projects and programmes on workplace welfare have been implemented in the last few years. Wide-ranging promotion of workplace welfare and the development of activities of enterprises and other supporting organisations is the idea behind many of the development programmes.

8.2.2.1 Macro-level co-operation

The important players at the macro level are the international, European and national legislative organisations as well as research, educational and information organisations and systems, and labour market organisations. Most of the legislation regulating workplace welfare is based on EU legislation. Community legislation is implemented to national legislation, and adequate expertise and co-operation is needed for this.

As changes in work life affect well-being at work, it is important to anticipate changes. Research institutes and development and training organisations play an important part in developing new methods to support well-being and in distributing these methods and good practices to workplaces. Research results mirror developments in workplace welfare and reveal eventual new problems, which call for measures on a national, regional and workplace level. In order to correctly and effectively make use of these resources, it is essential to focus research and development activities on those sectors and areas, which are crucial for workplace welfare. Comprehensive national workplace welfare development programmes have proved to be an effective form of action due to their strong impact and capacity to cause changes. By means of these programmes, we can achieve synergies in co-operation between national and regional players, which enhancing and strengthening the effect of the resources expended. The best results are achieved by means of concrete, well-targeted and well-planned programmes.

Information and communication can effectively influence public attitudes, which is also one of the essential objectives of national workplace welfare programmes. Besides highlighting problems, information must also be used for raising awareness of good practices and disseminating welfare knowledge to workplaces.

Tripartite co-operation between the labour market organisations is important at the national and regional level. We can notably develop

work life through adopting open co-operation in all activities. Preparation of workplace welfare legislation, targeting of research and development as well as the direction and implementation of training and information projects and actions can be promoted and made more effective by fruitful tripartite co-operation.

8.2.2.2 Meso-level co-operation

The central meso-level co-operators are occupational safety and health authorities, occupational health care organisations, rehabilitation organisations, and development and training organisations. Moreover, the voluntary networking of workplaces facilitates the dissemination of good practices that promote well-being at work. Regional co-operators consist of industry and commerce organisations, regional units and labour market organisations, entrepreneur and communication organisations. Through workplace inspections and by providing guidance, advice and information to workplaces, occupational safety authorities' supervisory activities have had a positive influence. The safety authorities' diverse modes of action make it easier for workplaces to benefit from workplace supervision and thus enhance their opportunities to improve well-being at work.

For the correct and effective targeting of resources, authorities' actions must be well-organised and focused on monitoring regional workplace welfare problems. In order for regional actions to be as successful as possible, it is important to know the main challenges for workplace welfare in the region concerned. A survey of these challenges helps to direct the different players to the relevant sectors responsible for work life development in the particular region and makes it easier for the organisations to include measures in their activities that affect the same aspects of workplace welfare, and that make an added impact through synergies.

Maintaining the expertise of the occupational health care organisation or other organisations producing similar services is important for the quality and effective use of these services. It is also essential that occupational health care services are readily available, that their resources are adequate and that necessary modes of action are developed according to regional workplace development. The purpose of rehabilitation is to take care of an individual's working ability and also, in co-operation with the employer and occupational health care personnel, to create any necessary changes in the workplace to ensure that the rehabilitated person's return to the workplace is as successful as possible. Through co-operation between the rehabilitation personnel, employer and occupational health care personnel, changes in the workplace can be made

to eliminate the load, stress and risk factors that were the original cause of the person's condition.

The role of development and training organisations is to give expert support to workplaces. They must have high quality facilities and services, and the content of services must cater for the development of workplace welfare in the particular region.

Vocational education – including academic degrees – has a key role in developing young employees' assets for work life and well-being at work. It is important to include workplace safety and welfare issues in education, relating them to the nature of the profession. How effective training is depends largely on how well the trainers know and manage these issues. This requires maintaining and improving their knowledge and professional skills, and producing usable training material. Research results must be transformed into products suitable for educational and practical purposes through co-operation between research institutes and educational organisations. On-the-job learning also significantly contributes to well-being at work. Although management has the leading role, the active participation of personnel is also important.

The working of regional co-operation networks to promote well-being at work calls for open co-operation, fixed operational and discussion forums, sufficient knowledge of work life and anticipation of its changes, prioritisation of actions and continuous development of facilities.

8.2.2.3 Micro-level co-operation

The central factor of micro-level co-operation is workplace management. It is management's actions which initiate welfare measures in the workplace and ensure adequate resources and necessary external expertise for these. It is essential for the success of these measures that workplace safety and welfare aspects are taken as central concerns in any matters concerning planning and work design, management and work performance. Management's visible participation in and influence on these matters and their co-operation with the employees' representatives and whole personnel is of great importance.

The occupational health care personnel are experts who can help to promote well-being in workplaces. The occupational safety authorities also play an important role in improving well-being at work: the duty of the occupational safety authorities is to monitor the compliance with occupational safety and health legislation and to raise problems that pose a risk to well-being in the workplace concerned. External professionals are often needed to find practical solutions.

A well-ordered and systematic approach is important in order to promote well-being at work, but it is also essential to monitor the ef-

fectiveness of the measures that have already been taken. Well-ordered workplace welfare development includes, for instance, action plans for occupational safety and occupational health care. The workplace co-operation practices in different European countries vary. The best results have been achieved through co-operation practices where the management is highly committed to promoting well-being at work and where there is open, constructive co-operation between the management, employees, safety and health professionals, occupational health care professionals, and other players.

8.2.2.4 Co-operation within and between the players at different levels

The coordination of the players' actions on the different levels of society is mainly voluntary, because there are several independent decision makers in the players' networks. Effective networking, both vertical and horizontal, creates favourable conditions for carrying out activities to promote workplace welfare and enhancing the appeal of work life. Workplace conditions, the actions of the individual and the work society all substantially contribute to well-being at work and work motivation. Many organisations support the functioning of workplaces both regionally and nationally. Industry, commerce and employees also have their regional organisations. The legislative framework for workplace welfare and the central incentives for prolonged careers (e.g. pensions) are devised nationally (in some countries regionally).

One example of concrete co-operation between players at different levels is the National Occupational Accident Prevention Programme implemented in Finland. It consists of the programme actions, the players' own independent actions, the actions of organisations supporting workplaces, and those of various networks targeted at workplaces. In addition, co-operation with interest groups has been organised systematically: players can take the programme objectives and other players' actions into account in their decision-making,, thus making a greater impact and create synergies for the whole programme.

In certain other programmes the focus is on coordination of national players' actions. In this way better facilities are created for organisations supporting workplaces so that they can better meet the challenges they are facing. This is done, for example, by providing educational organisations with information, developing occupational safety and health systems, occupational health care systems and rehabilitation systems and improving their functioning and co-operation and supporting the activities of interest groups to achieve the common goals, etc.

8.2.3 Actions to be taken

8.2.3.1 At macro, meso and micro levels

- *Identification of players and forums for co-operation at different levels*
  Co-operation between the players at every level is essential for the promotion of well-being at work. It is vitally important to identify the players and co-operation forums, which may greatly vary between member states.

- *Transparency of networks at the macro and meso levels*
  Payers involved in national legislative preparation, such as ministries and social partners, are significantly key actors. It is important to link financing organizations to activities and programmes promoting workplace welfare at different levels. The transparency of the players' actions in macro- and meso-level networks must be improved.

- *Co-operation forums for improving the dissemination of information*
  Training, research and information organisations have an important role in producing good practices and new research data on workplace safety and welfare, in developing educational material and training as well as in improving knowledge and skills and influencing public attitudes. Co-operation forums and other common activities of these players help to reconcile the content of actions, the interest groups and the timetables.

  In some countries, the role of insurance organisations comprises research on occupational accidents and diseases, analysis of their causes and the recording of statistics. They also finance development projects and disseminate information on the causes of accidents and good practices to workplaces.

- *Sectoral approach for promoting well-being at work*
  It is also possible to establish effective co-operation forums based on the initiatives and experience of different sectors. Sectoral development programmes and corresponding common principles and activities are usually effective and yield good results.

- *Partnership programmes increase effectiveness at the meso level*
  The most important workplace welfare players at the regional level are occupational safety and health authorities, occupational health care and rehabilitation organisations, regional labour market and entrepreneur organisations, and training and development organisations. Commonly agreed forms of co-op-

eration and action programmes streamline the reconciliation of actions and increase their impact.

- *Management plays an important role in improving well-being at work at the workplace level*
  Management has the central role in workplace-level co-operation. It is, in co-operation with the staff responsible for identifying the needs to improve well-being and for taking actions and monitoring them. In addition, workplaces need the support of expert organisations, which can be occupational safety and authorities, occupational health care organisations or welfare consultants.

8.2.3.2 Between the macro, meso and micro levels

- *Importance of horizontal and vertical co-operation*
  Co-operation between the players at different levels is often voluntary and is central to national promotion of workplace safety and welfare. Horizontal and vertical co-operation provide the best opportunities to promote well-being at work and thus promote longer work careers.
- *Implementation of strategies and feedback*
  The national players, strategies and modes of action should be organised so that their objectives would be easy to apply to actions at the regional level and even further, at the workplace level. In authority activities, management can promote vertical co-operation by setting objectives and other corresponding administrative procedures. It is important to get feedback from workplaces in order to execute actions that serve enterprises, action policies and citizens, and to analyse the influence of these actions. It is also important to inform the management of the needs and initiatives for improving well-being that have arisen in the workplace.
- *National and regional programmes improve the effectiveness and targeting of actions*
  National development programmes create active networks between players at different levels. Programmes should be focused on central topics and questions that best promote well-being at work. In order for a programme to be effective, it is essential to determine concrete objectives for it. The players' commitment to the common goals is better ensured if their views are already taken into account in the planning phase of the programme. Un-

der such circumstances we can expect them to incorporate these objectives into their own plans of action. This helps to achieve the common national objectives and ensures that the players direct their resources effectively to reaching the goals.

- *National strategies and networking between EU member states*
  It is challenging to promote well-being at European workplaces, and inevitable that there are operational strategies and action policies in all member states which support workplace welfare programmes or similar common projects. This kind of activity calls for co-operation at every level and also for national co-operation networks.

- *The European Agency for Safety and Health at Work (Bilbao Agency) and national Focal Points*
  Activities of the member states and their operational organizations should include the exchange of information between the EU member states for identifying co-operation practices, and benchmarking as well as disseminating good practices and tailoring them to suit different circumstances. The European Agency for Safety and Health at Work and its National Network Coordination Centres (Focal Points) have an important role in this activity. The network's Internet site is an excellent technical tool for this kind of information exchange.

- *Inclusion of health and other areas of well-being at work to all policies*
  Health and well-being at work in strategic action plans should be an important element in the European and national action policies.

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8.3 Co-operation between the generations

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8.3.1 Situation

The economic and social development during the last decades has significantly transformed the way we learn, work and retire during the life course. This was previously a kind of "3 -step" process (childhood and youth – school and learning; prime adulthood – work; ageing – retirement). Modern society is however more dynamic, more flexible and unstable, and requires new solutions to current and future problems. The demands of work life have transformed the life course towards a more horizontal "3 -strand model" where training and education activities continue as life-long learning and retraining processes throughout work life, and where periods of employment, unemployment, family and voluntary activities may shift and vary (Reday-Mulvey 2005).

On the other hand, health and work ability can be seen as being based on resources that can accumulate throughout a person's entire life (Antonovsky 1991). It is not only work and the working environment that affects the health of employees, but also age and the various stages, especially successful transitions in the individual's career modify the resources available (Ilmarinen 1999). Prolonging work life in a sustainable way emphasizes the role of all age groups and phases of life.

Thirdly, in accordance with the ageing of workers and as a consequence of the better health of the older generation, the demographic profile of the work force is changing. There are both young and elderly workers at work with different training backgrounds and values.

However, the collaboration between generations and workers with different ages, values, attitudes and experiences could offer completely new opportunities and innovations for the organizational changes and development processes, and could reorganise job tasks in the rapidly changing work life of the present world.

8.3.2 Challenges

Presently, the "3 -strand" life course is an "involuntary" reality for some of the younger generation, with an increased number of cases with a fixed time, a part-time or a temporary job contract, and difficulties to decide when to have children. Some young people are also postponing their education. However, in the case of the oldest age groups the opportunities for flexibility are still rather limited in the EU countries.

There are some weak signals showing that the "baby boomers" perceive their life course in a different way from the previous generation: In some countries people are predicting they will be able to retire later than they expected a few years ago. On the other hand many surveys show the increased value and appeal of family life and leisure time. Thus, in conclusion, it seems that work has not ceased to be important for most European citizens but most people wish to work according to a different life-cycle pattern: perhaps the same amount of work overall but distributed differently over the phases of the life course. (Reday-Mulvey 2005)

Also, every age has its own vulnerabilities; opportunities and development areas which should be considered when activities supporting employability and promoting health at work are planned. Although individual differences grow more distinct with age, ageing as such typically means progressing through a series of growth and development stages which take place through psychological processing, flexibility in adapting to changes and reassessment of social relationships. (Erikson & Erikson 1987; Levinson D, Darrow, Kline, Levinson M H and McKee 1978).

Thus, the issues are, that younger generations should enter earlier into productive work life than today, that middle-aged groups may have to face periods of unemployment and critical transfer phases during their career and that older workers have to cope with ill-health and disability risks before retirement.

All age groups have both similar and different needs and flexibility when dealing with important situations during careers varies. Strengths are different, as are weaknesses. Good age management takes into account the diversity of the personnel and finds individual solutions when needed. Younger and older workers should be able to work successfully together. The question is how to realize this idea in all the different kinds of organisations?

The challenges faced by young workers include developing their work life skills, finding a good job after finishing school and successfully socializing in their work communities. Resolving these challenges can have a beneficial effect on health (Vuori et al. 2003). The main challenges are related to personal development and the transition from school to work life (Nurmi & Salmela-Aro 2003):

a. end of formal education and finding a job that corresponds to the person's training
b. socialization and integration into work life and the work community
c. the beginning of career planning and later career management.

Career management and transitions at the early stage of work life can be supported by operating models focusing on participatory and guided teamwork, where learning is socially based on a person's views of his own abilities and own experiences of success (Vinokur et al. 1995; Vuori & Silvonen, 2005).

Later, during their active working years, many employees face uncertain or low quality employment, adverse working conditions and organisations, redundancies and unemployment. If negative experiences continue for a longer time period, they accumulate into negative attitudes towards work life and lowered motivation to continue at work. Consequently, as a person gets older the main challenge is how to maintain motivation to remain in work life. Thus, we must place emphasis on both the periods of absence from work and the return to work.

As people age, they are assigned more tasks that require considerable responsibility or competence, and many feel the need to achieve something significant in their lives: they are reaching the stage of strong self-sufficiency and professional competence. Progress towards wisdom and understanding of the connections between different things continues with ageing. The restlessness of the previous stage levels out, making way for an ability to identify problems at an early stage, to actually "see the wood for the trees", and the courage to reject 'unnecessary' routines. Senior workers are willing to pass their wisdom on to younger colleagues. People's models of adjustment develop with age and are characterized by a reassessment of goals (accommodation) rather than working harder to achieve them (assimilation), which is typical of young people.

More positive attitudes and work life orientated motivation manifests itself as better work ability, which needs to be taken into account more carefully in the organization of work and working conditions. This means increased focus on implementing changes at work to correspond with the employees' age and condition. The ageing of the work force will also require age management to prevent age discrimination and ensure that senior workers can pass on their expertise to younger generations (Ilmarinen 1999).

The main challenge is to encourage and support employees, work groups and organizations in order to ensure the health and well-being of their human resources and to control work load and stress while maintaining efficiency and competitiveness. Moreover, enterprises and organisations should be encouraged to be innovative and flexible and to keep all workers motivated and productive. Framing the problem in this way leads to a balanced and multi-stranded strategy of intervention. This approach has been called 'Age Management' (Ilmarinen 1999; Ylikoski et al. 2005).

8.3.3 Actions to be taken

8.3.3.1 Support for transition periods according to needs of respective age group

The transition of young people into work life can be successfully supported by improving jobseekers' career management strategies such as:

a. Employment skills, e.g. job-seeking skills and social and cooperative skills
b. The capacity to cope with problems related to transition and integration into work life
c. On-the-job learning and continuous learning in order to promote one's professional development
d. Management of the various transition stages in work life and preparing for adversities.

Additionally, newcomers' risk of falling victim to occupational accidents and diseases should be managed by training and guidance in the safety aspects of the job and tasks. In this regard the duties of the employer need more attention. Return to work after a period of sickness or unemployment is also a transition which needs special consideration.

During middle-age, people pay more attention to the work community and the team. A sense of community contributes considerably to the promotion of their health and the participation in social networks increases welfare and prevents illnesses. Thus, the challenge is for organizational development (OD) in well- functioning work communities and teams.

Later, the emphasis, and thus the challenge, will be on the typical strengths of senior workers:

- thorough experience of the job and an extensive network of personal contacts
- the ability to pass on the experience that really matters, honesty and reliability of feedback
- the ability and courage to point out logical connections ('seeing the wood for the trees')
- responsibility and tenacity and the ability to get things done
- the ability to spot problems at an early stage
- broad-based, empirical intuitiveness with regard to different options.

8.3.3.2 Strengthening learning of seniors and increasing utilization of their tacit knowledge and experience; "active ageing"

Seniors' operating models combine social and emotional experience and they have been shown to be more effective than models of formal thought in demanding tasks. However, the particular needs of senior workers that should be considered to support "active ageing" include the following:

- learning is based on analysis of logical connections and creation of internal models;
- memorising is not as easy as it was at a younger age
- 'liquid intelligence' grows less important, while 'crystallized intelligence' comes to the fore;
- remembering and learning things requires a peaceful setting;
- recalling things requires more care and external encouragement;
- experience takes over from motor dexterity as physiology slows down.

Special "senior programmes" for the career planning of older workers have been effective not only for the welfare of the employee concerned, but also for the strategic objectives of the respective organisation.

8.3.3.3 Effective utilization of the strengths of different generation in the enterprise and in the organisation

Every generation has its own strengths. Senior employees have experience, social skills and resources, while young employees contribute through their unprejudiced views and up-to-date knowledge gained through their training. Each member of a group adapts their work to that of the others, and thus helps the group succeed in its efforts. Thus, cooperation and interaction as well as bilateral learning between more experienced older employees and young persons with more recent knowledge and skills benefit everyone.

A task-team made up of a senior and a younger employee is particularly effective in the transfer of tacit knowledge and skills, which are not so easy to document. Thus the transfer of tacit knowledge and experience is possible by appropriate organisation and division of the tasks between workers of different ages, by mentoring agreements, and by generally removing the obstacles to well functioning co-operation between generations.

In order to dispel the myths and unjustified attitudes towards the work ability of elderly workers, it is important to gain facts and knowl-

edge regarding the physiological and psychological changes in the ageing process. Mutual understanding is growing and is paving the way for successful collaboration between generations.

8.3.3.4 Balancing work and life in general: A family-friendly corporate and organisational culture

Balancing work and family life is crucial in early adulthood, especially when children are small. This is particularly true in the case of jobseeker mothers of young children; many fathers however, are also increasingly facing this challenge. The key issue is family-oriented working hours and other arrangements. Family and children, on the other hand, provide a buffer against the demands of work life.

A family-friendly corporate culture focuses on three important factors:

a. Management being understanding and flexible in issues regarding the challenges in balancing work and family life,
b. The value and input of an employee must not automatically decrease because of family leave or shorter working hours; instead, the company should see the commitment to both work and family as a value worth supporting,
c. Clear separation of working, leisure and family life keeps work away from home.

8.3.3.5 Flexibility according to age and work ability of workers

We should place emphasis on flexibility regarding the special needs of each age group. The transition from work to pension in particular needs a plan for the "pre-retirement" period. Individually tailored flexible work hours, the adjustment of job requirements and working conditions to meet the abilities of the ageing worker also have positive health effects.

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8.4 Comprehensive co-operation and development of work and workplaces for ageing (45+) workers

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8.4.1 Situation

Work life features play an important role in prolonging work careers. Work life covers a large variety of issues, which should be adjusted according to the changes due to ageing: work contents and demands, the physical and social environment of work, organisational aspects, the option of regulating and influencing one's own work as well as management and leadership matters. The development of work and workplaces should be an ongoing activity, not a separate project, where different partners like the supervisor, employee, occupational health and safety officers co-operate at the workplace. A look into the work life of the 45+ population in the European Union showed that in 1995 and 2000 ageing workers were still frequently exposed to several risk factors to health and well-being in their daily work (Paoli and Merllie 2001; Ilmarinen 1999, 2005).

In the *physical work environment*_the most common exposure risks both in 1995 and 2000 were noise, vibration and the breathing of dan-

gerous substances. More than 25% of men aged 45+ were exposed to these for at least 50% of their work time in several EU member states. *Physical load at work was* also more common than expected, and it did not decrease between 1995 and 2000. For example, in five countries more than 50% of men and women aged 45+ were at risk due to repetitive work in the year 2000. Poor working postures were common for every third man and woman for at least 50% of their work time. Additionally, every fourth man and every fifth woman reported that they frequently had to lift and handle heavy objects at work, for at least 50% of their work time.

Analyses of *mental load at work* showed that large differences existed between the countries in the use of new technology. For example, in five countries less than 25% of ageing men and women used computers, for at least 50% of their work time in the year 2000. *Heavy work schedules* were one of the main problems in daily work. In several EU-countries more than 50% of men and 40% of women reported that they did not have enough time to complete their work tasks. In principle, the content of work and demands of work tasks should correspond to the strength of older workers, too simple work tasks for example underestimate the abilities of older workers. In several EU-countries *the complexity of work tasks* did not match capacities: every second man and about 40% of women aged 45+ reported this problem. Another important aspect was the *learning of new things at work*. Learning at work is basically the most effective platform for updating skills and knowledge. In some countries, less than 50% of employees aged 45+ reported that life-long learning was possible at their workplace.

Generally, one of the most important effects of ageing is that individual physical, mental and social differences notably increase. Therefore, individual solutions at work should increase with advancing age. This will also raise empowerment of workers, which has a strong effect on work ability and well-being during ageing. The *possibility to regulate one's own work* includes, for example, taking breaks, changing the order of tasks, changing work methods, and changing work speed. Although the results of the European Union Survey in the year 2000 showed that two-thirds of men and women aged 45+ had these options, one third nevertheless suffered from the lack of them. Large differences existed between countries as well as between genders, reflecting the cultural differences of countries.

The majority of older men and women reported in 2000 that *their own skills* met the *demands of their work well*. Their opinions may differ however from the opinions of the managers and supervisors, and this discrepancy is not well recognised. Generally, about 75% of men and women aged 45+ were felt they had adequate opportunity *to discuss*

their own work matters with their supervisors. In five countries, however, this culture was not so common. However, whenever regular discussion between the employer and employee was available, the employees often reported positive changes in their work.

Work time is of particular importance for older workers. It is perhaps the most powerful way to regulate work load and balance personal needs with work life. *Long working weeks (>40 hours)*, however, seemed to be rather common in the European Union in the year 2000. In five countries, more than a third of men and a fifth of women had long work weeks. Irregular day work, including weekends, were common among older women in another five countries, reflecting the differences in work time cultures between the different countries (Härmä and Ilmarinen 1999; (Härmä, Hakola, Kandolin, Sallinen, Virkkala, Bonnefond and Mutanen 2006).

Age discrimination is a major threat for ageing workers. Age discrimination is illegal, although the legislation is not yet in force in all European Union countries. The survey indicated that personal experience of age discrimination was still rather rare in the year 2000; on average, the prevalence of age discrimination was less than 4% both among men and women in the EU. However, in some countries it was clearly more common than in others. It also varied according to gender, as women more often faced age discrimination than men aged 45+. It should be remembered, however, that indirect age discrimination is much more common than the direct form, and therefore zero-tolerance against age discrimination must be the final goal.

8.4.2 Challenges

The main challenge is to develop work life in such a way that it better fulfils the possibilities and needs of ageing workers (Costa, Goedhard and Ilmarinen 2005; European Commission 2004; Ilmarinen and Lehtinen 2004; Ilmarinen and Tuomi 2004). Work life should allow them to use their strengths and experiences, support their work ability and well-being, and allow them to be as productive as other generations (Reday-Mulvey 2005). It is important to understand that the main reasons for decreased work ability during ageing are more often the work itself than the human resources involved (Ilmarinen, Tuomi and Seitsamo 2005): it is much easier to develop the actual work tasks than it is to develop the worker during ageing. A better work life for older workers is ultimately in the hands of managers, supervisors and foremen, as it is they who have the authority to make changes to work and the workplace. Thus they must have the tools for changing work and workplaces, and also be aware of the relevant issues concerning ageing. (Tuomi 1997; Taylor 2002).

However, the complexity of work life calls for a joint effort by all significant parties. As well as the employer and employees, the occupational health and safety organisations are key actors in the endeavour to create a better work life. The coordination between these parties should be developed and new social innovations are required. The integration of all key players is crucial in planning, focusing, implementing and evaluating the processes. Possible new partners are other meso-level actors like research and training institutes, insurance companies, rehabilitation centres etc. It should be noted that also the macro-level partners, like the employer and employees associations, as well as the ministries, play an important role in creating rules and preconditions for the development of work life. Therefore, the optimal combination of collaborating actors working toward a better work life for ageing workers includes experts on micro-, meso- and macro-levels of the society. The roles and responsibilities of each actor should be discussed and defined.

8.4.3 Actions to be taken

The improvement of work life for ageing workers (45+) should focus on initially the following (Ilmarinen 1999, 2006):

The harmful exposure risks of the physical work environment should be decreased for everybody, but especially for older workers. Too many older workers are exposed to the likes of noise, vibration, breathing of dangerous substances, both low and high temperatures, for at least half of their work time. Ageing decreases the tolerance to physical exposures; older workers are a vulnerable group, as they are at higher risk due to previous long exposure times.

The physical demands of work should be decreased. The physical working capacity decreases naturally about 1–1.5% per year, meaning that a 60-year-old person has about 20–30% less physical resources than a 40-year- old. Therefore, the physical work load should be 20–30% less for older workers compared to younger ones. The reduction of physical load can be organised for example by reducing the work time spent on physical tasks, changing the tasks, improving the ergonomics, and improving the work-rest schedules. Musculoskeletal disorders are one of the main reasons for sick leave, early retirement and work disability. Painful or tiring positions, carrying or moving heavy loads, as well as repetitive hand or arm movements should be minimized.

The psycho-social work environment should be improved**.** It should support older workers by utilising their strengths and by respecting their experiences. Older workers need positive stimulation and the opportunity to learn new things at work. The different dimensions of their mental growth should be better utilised. They should feel

empowered at work. Learning new technologies and computer skills allow them to manage modern tasks and jobs. Haste at work should be decreased through better organisation of work. A poor psychosocial work environment increases the risk of chronic psychosomatic symptoms and mental disorders, which are today the main causes of sick leave, early retirement and work disability.

The ability to regulate one's own work should be increased**.** The regulation of own work has not improved in last years, and about one third of older men and women are restricted in regulating their breaks at work, choosing the order of work tasks, changing work methods, and changing work speed. A rigidly standardised work pace and age-independent working culture makes it difficult to find essential individual solutions. Being able to design one's own work improves work ability, well-being and productivity.

Older workers need good age-management. Managers and supervisors should be trained for age management. Understanding ageing as being one of the most natural process of human life and that it causes various changes, both positive and negative during the life course, makes it possible to adapt work to the better sit the changing resources of the worker. Regular interaction and discussion between the supervisor and employee gives a good base for supporting and improving work ability. The continuous changes of work demands due to globalisation and new technology also require new dynamics between the supervisor and employee.

Older workers need flexible and ergonomic working times. The flexibility of work times should fulfil both the needs of the employee and employers. Part-time work is rather common among older workers in Europe, but there are countries where this is not favoured. In shift work, there are a lot of different shift schedules which do not meet the ergonomic principles of healthy working times. For example, rapid, forward rotating 3-shift schedules have health and well-being benefits for older workers (Härmä et al 2006). Flexible working times are necessary for older workers due to health reasons, allowing time for life- long learning and for caring duties.

Workplaces should have zero-tolerance of age discrimination. Age discrimination did not decrease sufficiently in the European Union between 1995 and 2000. Discrimination was perceived for example in poorer recruitment opportunities, obstacles for career development, less training possibilities, lack of improvements to one's own work place, less opportunities to use new technology, old-fashioned work tasks, lack of respect etc. The knowledge of the ageing processes is not common to either the employer or to employees. Therefore, many false beliefs and myths about ageing still exist, which lead to unfair behav-

iour in daily work. Because the baby boom generations are older than 55 today, the supervisors have had less experience in managing older workers. Age discrimination can also be seen among the employees themselves. Therefore, a Zero-Tolerance policy against age discrimination is the responsibility of the whole work community.

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8.5 Comprehensive co-operation for the development of human resources for ageing (45+) workers

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8.5.1 Situation

The different dimensions of human resources such as health and functional capacity, knowledge, skills and competences as well as values, attitudes and motivational aspects are crucial determinants of the work ability, the sustainable working career and the employability of employees. Although the average value of these factors increases in accordance with the age of the person, individual differences may vary greatly.

Due to changing global economies, labour's protective buffers have decreased: new technologies, the restructuring of organizations and new management principles as well as the fragmentation of employment contracts have displaced jobs, changed the support networks and increased the vulnerability of the labour force in many countries. Outsourcing, fusions and the downsizing of enterprises have lead to an increase in the number of SMEs and entrepreneurs. Work and family life "compete" and life balance is threatened.

Intensified production affects workers' health and safety as well as work ability. The speed of work activities, for example, is growing, and working hours are getting longer. Over 50% of workers in EU15 countries suffer from too much time pressure at work and most of them suffer from excessive mental load due to the difficulty involved in meeting quality standards. Unconventional working hours and night shifts result in time stolen from sleep.

Disability and poor health are the most common factors in many countries behind early retirement, depending naturally on disability benefit regulations and disability schemes. Finland, the United Kingdom, the Netherlands, Norway and Sweden have the highest incidences of illness and disability amongst people aged 55–64 years. Approxi-

mately one in twenty workers over the age of 45 in Germany and in Finland feel that chronic disease hinders work. Austrian, Finnish and German men are the most affected and men in Sweden and Denmark the least. Musculoskeletal diseases play a significant part in these figures, and unfortunately, present modern physical work does not serve to improve the musculoskeletal system (OECD 2003).

Information and the media society present new challenges for work organizations. Job contents are increasingly mental, emotional and social instead of muscular and manual, and competence demands have changed. In addition to professional skills, general and psychosocial competences are needed. The insufficient or outdated competence of workers is a widespread problem, particularly among older workers, to whom the competence gap is a remarkable stress factor. Nevertheless, studies show that the skills of most workers in Nordic countries and in The Netherlands, Belgium, Spain and Ireland in the EU correspond to their work demands sufficiently (Ilmarinen 1999).

On average 27% (of workers aged 25–59) have higher education in EU25 countries (respectively 28% in EU15 countries). However in some EU countries the respective amount is 40% or more in this particular age group. The OECD average of 26% of employed persons participating annually in employer-sponsored continuous vocational training (with an average of 18 hours of training per person per year) is only half of the highest amount of respective training (in Denmark with 36 hours/2 weeks) per person a year. However, in all OECD countries, the participation of training tends to decline with age. On average, in the group of employees aged 56 – 65, the training has decreased to 12 hours per year (OECD 2003).

In Europe, the attitudes regarding the value of work, and similarly of health, have traditionally been very positive. In 1996 in EU15 countries 85% of work force of age 45+ was satisfied with their work; older workers more so than the younger ones. The most satisfied older male workers came from Ireland, Denmark, The Netherlands, Belgium, Luxembourg and Sweden. Global economic changes have however influenced work satisfaction during recent years in most EU countries, but on the other hand, the importance of family, friends, life satisfaction and appreciation is also gaining growing value.

Many studies show that it is possible to prevent and even slow down the progress of disabilities at an individual level. The importance of the psychosocial work environment and leadership orientation (sense of fairness, trust and confidence) to the well being and health of workers has been shown (Vahtera, Kivimäki, Forma, Wikström, Halmeenmäki, Linna and Pentti 2005; Kivimäki, Vahtera, Pentti and Ferrie 2000; Dean & Hancock 1992). One of the principal factors associated with improve-

ments in work ability over time were positive changes in supervisors' attitudes towards older workers (Ilmarinen 1999).

Some countries have adopted new promotion-oriented methods for dealing with workers, the work environment and the work community through a multidisciplinary approach with a flexible comprehensive content corresponding to the needs of the enterprise and its personnel. Thus, OHS projects sometimes carried out as isolated activities are called to join other related activities within and outside the company.

8.5.2 Challenges

Workplace Health Promotion (WHP) and Promotion and Maintenance of Work Ability (PMWA) have been emphasised in many countries in the implementation of health and social policies as well in workplace activities. Changes in production, work and work force have led to increasing demands to maintain the health of the work force. The challenge is how these activities of WHP and PMWA are linked and integrated to decision and strategic policy-making and activities in society and in enterprises. The challenge is also how to increase the role of the PMWA through occupational health (OH) measures. However, the human resources of OHS, with some exceptions, are still often monodisciplinary; either medical or technical, when the challenges and problems to be solved may need multi- and interdisciplinary approaches.

The new requirements of work life emphasise the ability to function as a part of a group or team, and therefore the need for social skills to work with different people has increased. Where mental functioning is concerned, it is clear that the coping mechanisms which develop with experience can significantly improve the work ability of older workers. Thus, every worker should be allowed to use adaptation and compensation methods creatively to ensure and promote their ability to cope.

New work practices, technologies, materials and energies are simultaneously associated with new types of diseases and problems, such as musculoskeletal disorders, hypersensitivity and allergies, age-related disorders, occupational cancer and reproductive disorders. Increased time pressure and stress at work cause us to forget the psycho-physiological limits of humans.

Health and work ability can be seen as being based both on an individual's internal resources and resources which are available and offered to him or her in the social and functional environment (Ylikoski & Rantanen 2000). These resources may depend on a number of factors at work, such as the management, organizational development, the work community and other positive influences of factors related to the working environment and life styles. The question is how to increase

psychosocial resources and particularly how to improve the general effectiveness of leadership and management in such way that it promotes health and well-being.

The challenge is, therefore, how to manage the situation comprehensively to ensure that the best available balance between the design of work and the respective capacities of the workers is assured. Special attention should be paid to older workers and the more vulnerable groups such as employees with chronic diseases and disabilities. The main issue is how lifelong promotion of human resources should be organised at company level. It is crucial that the social partners are involved and co-operate in the development of better working conditions as regards health and work ability (Ylikoski, Ilmarinen, Huuhtanen and Punnonen 2005).

8.5.3 Actions to be taken

The prerequisites for empowered health promotion of all citizens should be strengthened. Every worker and citizen is entitled to be informed of and trained in finding ways to promote their own health, *functional capacities*, lifestyle and to make healthy choices. Thus, the raising of citizens' awareness of health throughout the life course should be seen as a joint objective for both Public Health authorities and Occupational Health actors.

Co-operation in organising the comprehensive promotion of health and work ability on all levels of work life should be encouraged. The resources which support health *and work ability* in society and especially in work life need emphasis at all levels of health and other policies. Health *and work ability* aspects should be assessed proactively in decision- making, particularly in the fields of Public Health Policies, Occupational Safety and Health Policies and Labour and Employment Policies, as well as in enterprises and society in general.

Workplace Health Promotion (WHP) and especially the Maintenance of Work Ability (PMWA) should be organized in enterprises. This requires awareness among social partners and in work places of WHP's possible role in the strengthening of the co-operation and synergy between public health and occupational safety and health goals.

The prevention of work related diseases and occupational accidents needs well-functioning occupational safety and health services (OS&H and OHS). The increased coverage of OS&H in all EU countries calls for increased efforts. Services now make it possible for workers to cope with sicknesses and disabilities in work life, too. There are increasing needs to adjust work and working conditions according to the individual differences of the ageing work force and workers with restricted work abil-

ity and functional capacity, and this will require support. Tasks need to be adjusted for young, female and handicapped persons, according to their different individual needs and strengths. Psycho-social working conditions and the prevention of stress still needs improvement.

More emphasis is needed on lifelong learning and vocational training. Changing work life requires maintaining the competence of older workers in particular. Programmes for continuous learning to maintain the skills of employees should be supported. Training schemes regarding the maintenance of professional skills of employees are needed. Vocational training should be a normal part of all job contents. *Age-adjusted training and education methods should also be utilized.*

Human Resource Management (HRM) and Development (HRD)

HRM and HRD functions (and naturally the managers and the whole work community) need to increase their knowledge of competence and experience as well as about the learning, motivation and values of employees at different ages.

The Age-Management approach could support age-integrated leadership. Measures which support the cognitive functions of ageing individuals exist, and they should also be taken advantage of, e.g. long-term organizational memory and tacit knowledge are of utmost value for enterprises.

Career planning which caters to the increase of individual differences through ageing should be encouraged and tailor-made career planning and predictive "coaching for retirement" is certainly greatly required.

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9 Background material of the Workshop on Workplace Health Promotion (WHP) 30–31 March 2006, Helsinki

9.1 The world of work, health promotion and health in all policies

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The Finnish EU Presidency will in the Field of Public Health pay particular attention to the development of the "Health in All Policies (HiAP)" concept and to the improvement of its implementation. This background document aims at clarifying the rationale behind the approach and its application to health at work. The links between HiAP and health promotion will also be discussed.

The HiAP has been promoted for several decades under different names and in various contexts. The most broadly known reference is in the Ottawa Charter of Health Promotion to 'healthy public policies' (World Health Organization et al 1986):

> *'Health promotion goes beyond healthcare. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.'…*
>
> *'Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments'.*

The rhetoric of HiAP is, however, slightly different from that of the Ottawa Charter. The core assumption is that health is largely determined outside the activities of health care services. The main focus is not on epidemiological evidence, research projects or specific health promoting practices and 'interventions'. Risk factors of major diseases and health determinants are modified by measures that are often managed by other government sectors and other actors in the society. Broader societal

determinants – above all education, employment and the environment – influence the distribution of risk factors among population groups, thereby resulting in health inequalities. In other words, it is assumed that policies amend the determinants, for better or worse, and with an even or uneven distribution of the effects between population groups. Health determinants that can be affected for better health are seen as a bridge between policies and health outcomes.

Why should other policies pay attention to the determination of health? First, the health of the population is one of the motors of the economy, as it is directly linked to overall productivity. Second, the demographic change that all European countries are facing has increasingly brought up the sustainability of health care services onto the agenda. Third, health promotion and the prevention of ill-health are always cheaper than treatment. In addition, with regard to increasing life expectancy, they contribute to the attainment of increased healthy life years. With regard to lifestyles, they are not only based on the individual decisions of people, but relate to the physical and social environment, especially to the healthy choices available and to the support for making these healthy choices. Finally, people spend a considerable proportion of their adult life at work. Work largely defines their roles, well-being, wealth and behaviour even while not working.

A particular justification for raising the issue of HiAP in the EU context stems from the provision of the Treaty establishing the European Communities. Article 152 of the Treaty states that a high level of health protection shall be guaranteed in all EU policies, giving the mandate and setting the obligation to protect and promote health in the Community policies and actions. When joining the EU, Member States have passed over the mandate on several EU policy areas to the Community and are no longer able to individually guarantee that health arguments are/can be taken into account in these fields in national policies.

As to the evidence on HiAP, some degree of uncertainty is also attached to its implementation. A book recently published by the Finnish Presidency of 2006[1] reviews the existing experience and methodology concerning HIAP and gives examples from different policy area actions (Hyssälä 2006; Ståhl et al 2006). HiAP is much linked with the value basis of societal activities and the value and visibility given to health in them. Basically, all routinely used inter-sectoral mechanisms can contribute to good governance for HiAP. The book presents two main strategies: the *win-win strategy* concentrates on finding measures, which will result in gain for the sectors concerned. The *health strategy* is concerned

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[1] Prepared based on the collaboration of the European Observatory on Health Systems and Policies with the Finnish government and its public health agencies.

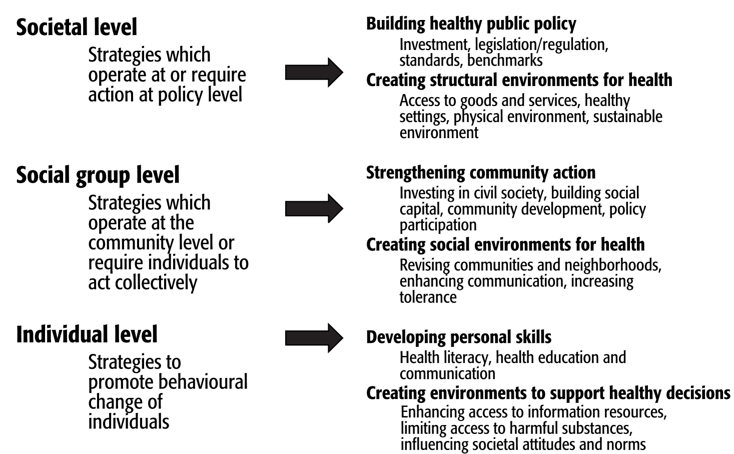
with the health arguments of other policies, for example in the case of tobacco and alcohol polices. In both cases, it is the responsibility of the health sector to provide solid and understandable argumentation for health, avoiding controversial argumentation on what the responsibilities of the other sectors in health issues should or should not be. *Health impact assessment* (HIA, ex ante) is a method used to find out the potential effects on health of a particular initiative or activity. *Investment for Health* concerns the need to go beyond the investment in health care services and to emphasise the positive health consequences of investments the other sector carry out based on their own policies, strategies and programmes.

The Bangkok Charter for Health Promotion in a Globalized World, originating from the 6th Global Conference on Health Promotion, held in Bangkok in 2005 (World Health Organization 2005), describes the connection of health promotion to HiAP even more clearly. Noting that the world has changed greatly since the Ottawa Conference on Health Promotion, the Bangkok Charter identifies the actions, commitments and pledges required to address the determinants of health in the globalized world through health promotion. In doing so, the critical factors include increasing inequalities within and between countries, new patterns of consumption and communication, commercialization, global environmental change, and urbanization. The required actions include advocacy for health based on human rights and solidarity, investment in sustainable policies, actions and infrastructure to address the determinants of health. There is a need to build the capacity for policy development, leadership, health promotion practice, knowledge transfer, and health literacy, and for registrations and legislation to ensure a high level of protection from harm, enabling equal opportunities for all people in health and well-being. In order to create sustainable actions, this assumes partnership and alliance-building with public, private, non-governmental and international organizations, and civil society. The proposed commitments also include the role of good corporate practice in affecting the determinants of health, ensuring health and safety at the workplace, and promoting the health and well-being of employees, their families and communities. The Charter also refers to the private sector's power to affect global health impacts.

Still, it is quite common that health promotion is considered a strategy which emphasises nothing more than individual lifestyles and behaviour. In addition to its emphasis on HiAP, the Bangkok Charter (World Health Organization 2005) clarified also another essential aspect of health promotion: it covers a variety of approaches at a number of different levels. However, the Ottawa Charter already pointed out the necessity of acting at different levels through its five action lines, re-

grouped in Figure 1 according under three levels. All three levels: societal, social and individual are of great importance for health in the world of work. Workplaces are intensively regulated by legislation; they provide a feasible environment for the promotion of social cohesion, and they give a unique opportunity for creating options and support for healthy individual choices.

Figure 1. Societal, social and individual level activities of health promotion (modified on the basis of Van den Broucke 2005, Jackson et al 2005)

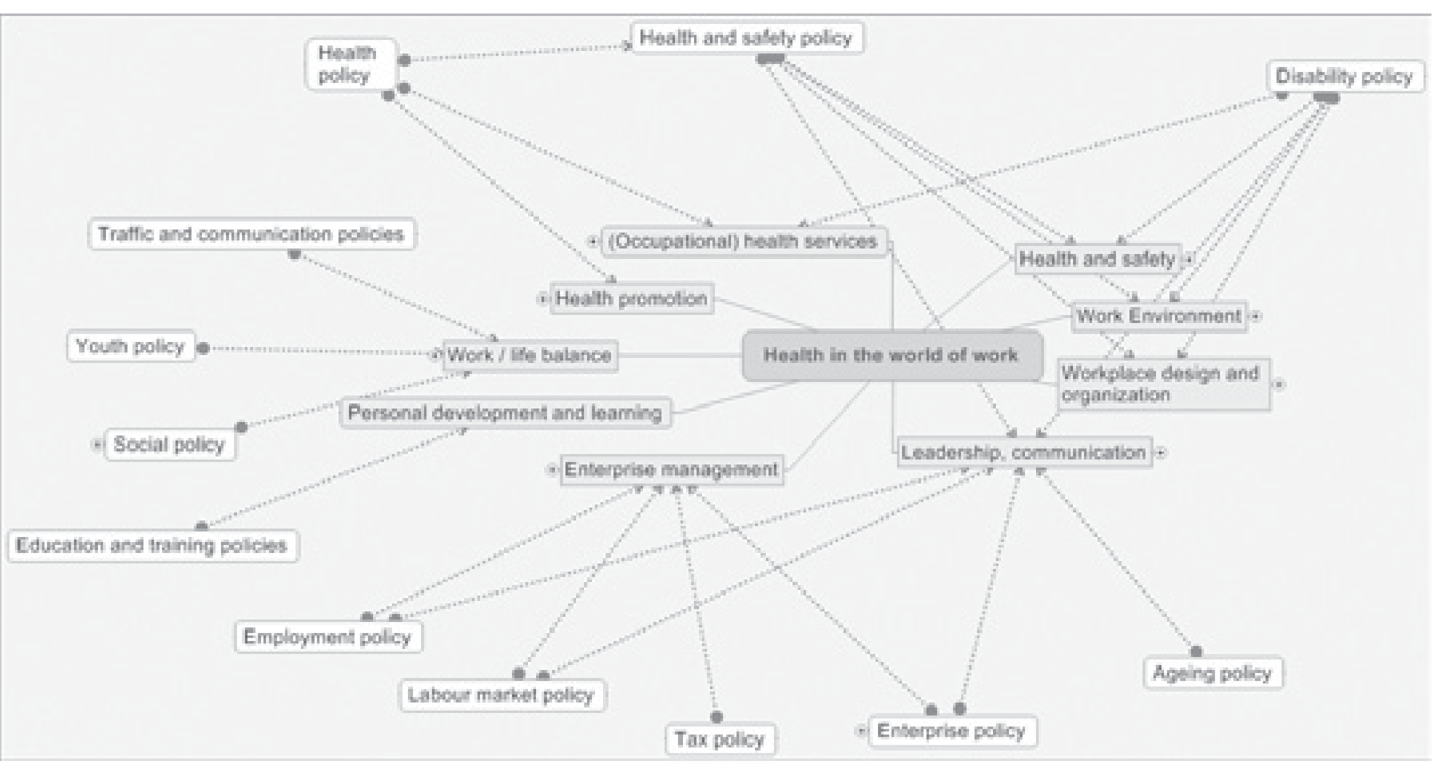


In conclusion it can be said that the discourse of public health is clearly moving towards increased attention on how public policies can impact on health, and towards understanding the processes behind the impact. One may also expect changes in determinants to become visible much more quickly than epidemiological health outcomes. Health determinants can also provide opportunities for new kinds of political argumentation. However, as understandable as some of the above mentioned views might be for public health specialists, the main challenge in coming years will be to provide more solid and convincing evidence on the macroeconomic implications of population health and improve the understanding on broad health determinants and their links to health outcomes. The private sector and actors more generally are needed in building alliances and partnerships for ensuring better health and wellbeing.

9.1.1 HiAP and Health in the World of Work

In real life, health at work is determined in a complex system of interferences that exist between the different aspects of working life and vari-

Figure 2. Policy and action areas for HiAP in the World of Work



ous societal policies. Analysing such interferences is complicated further by the variations that exist between countries in setting of policies and means for their implementation. As systems may change remarkably due to only minor changes in some of its components, it may be useful to have a closer look at the links between policies and health at work.

In Figure 2, we have attempted to demonstrate how a number of facets of work life (inner circle) are connected to various societal policies (outer circle).

9.1.2 How to get forward with scrutinising and implementing of HiAP in the World of Work?

Table 1 proposes some key issues for further analysis and priority setting when forwarding HiAP in the world of work.

Table 1. Base for HiAP and the World of Work

1. Can HiAP generally provide additional value for the benefit of health at work?
2. Can particular policies (other than directly health related policies) be identified as most relevant for health in the world of work?
3. What specific health determinants can be identified within these policies and how should they be addressed in order to invest in health?
4. With regard to the needs of the underprivileged persons, groups, sectors and branches, what should/could be done?
5. What is the best way to manage the future of HiAP in the world of globalization, population trends, necessary cost containment, altering service needs and costs, diversity of the working population, while bearing in mind the need for reconciliation between generations?
6. What are the needs for monitoring, research and impact analysis, and manpower development?

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9.2 The healthy enterprise

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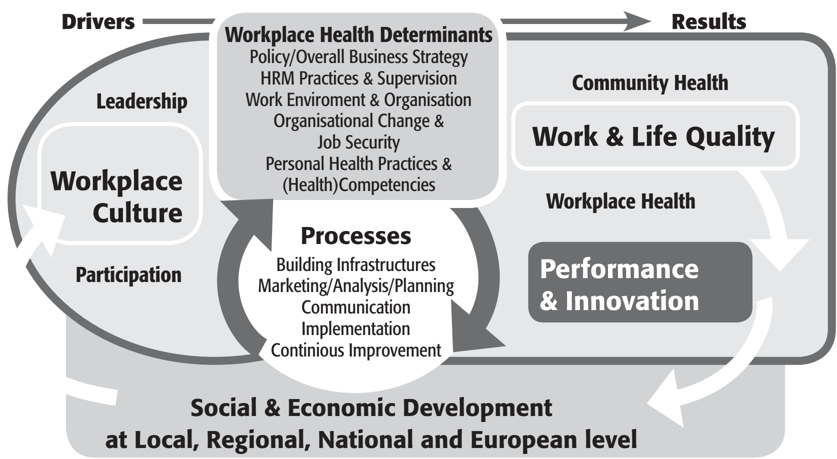
9.2.1 Needs and challenges

The concept of the "healthy organization" has been developed as the guiding paradigm for promoting health at work and in other settings (Lim&Murphy 1999; Lowe 2003).

WHP is the main instrument needed to create a healthy organization and to achieve both goals of healthy employees and high company performance.

Figure 1: The European Approach to Promoting Workplace Health (ENWHP 2006)



"Healthy Employees in Healthy Organizations" has been the vision of the European Network for Workplace Health Promotion (ENWHP) since it was established in 1996; see Figure 1 (ENWHP 2006). The model developed within this context focuses on the level of action in organizations; however the principles also apply to action at supra-enterprise level and include local, regional, national and European levels.

The *main driver* for WHP is a participatory value-based organizational culture, which integrates participatory values into leadership and daily management practices, and provides continuous and organization-wide opportunities for the active involvement and participation of all members in an organization. This culture is the basis needed for addressing and influencing important *workplace health determinants*. Workplace health is a continuous result of interplay between numerous organizational, environmental and personal factors. The most important determinants include:

The overall strategies and policies which provide the framework for human resource management and leadership practices;

- The quality of the *work environment* and the *work organization,* which include all aspects of occupational safety and environmental health, and the general production concepts which set the framework for linking human resources and technology. The quality of work organization has an impact on the level of job control and influences the level and quality of job demands.
- The way in which *organizational change* is managed, and *job security.*
- Finally, *personal health practices;* the level of health awareness and the range of *personal competencies,* including *health-related competencies* which influence workplace health.

In influencing these determinants a number of processes can be identified:

- Building infrastructures establishes the necessary structure such as project groups and consultative committees, as well as the definition of clear rules for internal communication;
- Marketing; analysis and planning;
- Communication includes a broad range of tools and approaches to ensure transparency and effective participation within a change process;
- Implementation and continuous improvement.

Challenge 1: The dominating shareholder value principle

The strongest challenge for broader diffusion and acceptance of the principles and practices of healthy enterprises comes from the far-reaching impact of the shareholder value orientation of the global economy. So far, the quality of human resources and the quality of work life do not play an important role with regards to the assessment of the economic enterprise value as reflected by current rating procedures.

Challenge 2: Economic and social development – more global and flexible

The current key-word (buzz-word) in business and economic and social policy is "flexibilisation". All employment policies pursue the goal of developing a more flexible labour market by reforming social security provisions and implementing an arena of active labour market instruments and policies.

Depending on the concrete interplay between social security provisions, the collective bargaining-based rules and individual enterprise level agreements, flexible work can become precarious and create new risks for employees who are no longer covered by traditional security systems. The new key risks include: low pay, reduced safety nets with regards to health, pension and long-term care, low education level and the single-parent status. The combination and accumulation of these risks in particular create new and larger groups of vulnerable households.

Challenge 3: Constant restructuring and change
– rediscovering the individual

The changes in work life are rapidly increasing, with an endless series of restructuring processes in individual enterprises, in different branches and entire economic sectors.

Challenge 4: Recognising the growing diversity of settings and sectors within work life

Work life itself is becoming more diverse and moreover, certain areas of work life which in the past were not addressed are now entering the WHP arena. Training and education for example, are also part of work life. A teacher's health is an important factor for a high quality of education and training which in turn are a prerequisite for good performance in schools, universities and other learning settings.

Challenge 5: Two current drivers of WHP
– demographic change and psycho-social health

General health promotion and in particular workplace health promotion were raised as a response to the growing disease burden caused by a small number of chronic diseases which are significantly influenced by our living and working conditions as well as by our lifestyles. Demographic change and the forecasts of health-damaging lifestyles (esp. less physical exercise and unhealthy eating habits) in our younger generations, pose dramatic challenges for WHP. Another challenge is the growing importance of psycho-social ill health for business and society.

9.2.2 Most urgent actions/ recommendations[1]

Organizational level / enterprise level (micro):

- Activating and re-orientating corporate health policies towards the concept of healthy organizations, consequently developing the approach of integrated health management;
- Increasing the responsibility and capacities of top and middle management with regards to workplace health, providing training for work organization and job design experts, health experts and other decision makers while ensuring a stronger involvement of workforces in the change processes;
- Identifying and developing specific business cases based on the employee-customer-profit-chain model; planning, evaluating and monitoring WHP projects with a view to demonstrating the economic benefits of investing in workplace health;
- Marketing and advocating healthy organizational strategies and practices in companies and other organizations.

Supra-enterprise level (macro):

- Promoting and improving the implementation of existing legal regulation including EU-level regulations at state level by creating supportive framework conditions within the fields of corporate health policy; facilitating the agreement on minimum standards instead of introducing new regulatory frameworks;
- Strengthening and intensifying political work by developing inter- and supranational, national and regional alliances for

[1] in parts according to Expertenkommission der Bertelsmann Stiftung und der Hans-Böckler-Stiftung (publisher): Zukunftsfähige betriebliche Gesundheitspolitik. Gütersloh, 2004. p. 26 ff.

health and work (networking at various levels) in combination with intensive public relation measures

- Involving and convincing social partners and multipliers/decision-makers within the institutions of social security (social insurance, private insurers with a mandate in the field of social security);
- Initiating and developing national forums and networks for WHP, involving supra-company stakeholders and users at national, regional and local levels;
- Emphasising the relationship between autonomy at work and individual responsibility and facilitating a debate among social partners;
- Redirecting and strengthening the policies and practices of all social security stakeholders towards a pro-active corporate health policy;
- Re-evaluating the infrastructures, processes and results of corporate health policy as part of the economic value of enterprises and creating visibility/transparency of the benefits to be gained from investing in workplace health;
- Documentation of suitable methods for interventions, a collection of models of good practice listing successful examples for benchmarking;
- Developing incentives for enterprises to incorporate the principles of healthy organizations into processes and policies (bonus-malus-schemes / award schemes / quality labels);
- Facilitating publicly supported local networks for small and medium sized enterprises and involving relevant stakeholders at supra-company level;
- Developing a feasible and consensus-based management system in order to disseminate corporate health management at national and regional level which would identify realistic objectives and would enable them to monitor their activities with a set of meaningful indicators;
- Promoting research on work-related health hazards with regards to the implementation and evaluation of innovative approaches to promoting workplace health;
- Recognising and integrating issues of corporate health management, including personal health, into training, further training and the education sector.

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9.3 The changing context of workplace health promotion (WHP)

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9.3.1 Needs and challenges

The ultimate aim of WHP is to have healthy employees in healthy organizations with equal health gain and equal distribution among workers. Nevertheless, the current changes due to integration has created a situation in which countries have increasingly less power to formulate and implement their regulations, policies, programmes and activities. Even if health services are excluded from the EU Treaty, they are still affected by the free movement of individuals, goods, services and capital (Mossialos&McKee 2002; McKee, Mossialos, Baeten 2002). Also, health and safety at work is regulated by the Framework Directive 89/391/EEC through a variety of approaches in the EU member states, and further changes are expected from the Directive on Services (COM (2004) 2). Although these changes through different policies are both direct and indirect, unintentional, and sometimes unpredictable, they often show highly turbulent and even chaotic features.

During the changes, countries may learn from other countries and use national policies to complement European policies. The responses of different countries create a process of policy learning and policy transfer (Freeman 1999) of for example practices, activities and policies of WHP. Most EU member states have a relatively rapidly ageing work force, and the consequences of this will affect health and work ability in several different ways. In the current demographic situation, occupa-

tional safety and health activities, training and education, adjustments at work and the development of necessary strategies are needed at all levels (macro, meso, micro) of society in order to create the right responses and uphold workers' rights, health and social benefits.

Therefore a favourable context for WHP depends on the interpretation of the directive on services, financial support by governments and insurance funds for WHP, workers' rights and benefits, and the comprehensiveness of the WHP approach in collaboration with different actors. Therefore WHP is a matter of several different policies, and the impact on WHP varies between countries; even within the countries themselves.

Challenge 1: Workplace Health Promotion in an era of health service commercialization

Fast changes in the world of work; psychosocial pressures, new environmental exposures and new job demands, are all typical challenges for health promotion at work. Good health is important in itself, but also a crucial prerequisite for economic growth; something in which WHP at workplaces can play a significant role. Persons in good health are able to participate in the labour market and in education, are able to earn a living and stay longer in a work career. However, the value of social dimensions and of health to the overall well-being of citizens may need strengthening in all policies of the EU.

Employers are obliged to provide protective and preventive services for workers**.** WHP is commonly seen as the activity of an enterprise or organization which provides knowledge and services for employees on how to improve health. However, WHP is actually a service, as well as a process of service development in co-operation with organizations or enterprises. However, health is not merely one product among others, just as WHP is not just another service. The free movement of services may jeopardize public health, and health and safety at work services, making such systems unsustainable. Nevertheless, workers have the right to protective and preventive services, as well as consumer rights to proper services. Workers mostly consider the good quality of services more important than the free movement of services, which is mainly the interest of service providers for expanding the market and selecting customers. Outsourced or contracted WHP provisions may also create a possibility for social dumping, in order to get services at the lowest possible price. The costs of regulation and of the means for monitoring and managing mobile health services might prove to be higher than at present.

Challenge 2: Equal distribution of health at work

The providers of WHP services, especially in industrialized countries, are well aware of the growing market for wellness at work. Employers and employees make their choices to improve their health and performance at work as consumers; to avoid sickness absence and improve equity in the use of health services.

From the societal point of view, efficient, effective and well-targeted health services are essential to improve the equal distribution of health and offer appropriate services to those who are in need of them. Economic incentives can be used to steer the health service system and to thus assure the equity of necessary health services. Insurance coverage is mostly for work-related injuries, diseases, accidents requiring rehabilitation services, and sickness-based treatments and services. Insurance funds could build successful policies to compensate WHP services for employers and employees; to promote and improve health, support labour market rebounds and keep people healthy throughout their working career.

Challenge 3: Maintaining the comprehensive and collaborative approach of WHP

Health can be considered a resource for living and working. Therefore, building people's capacity to make choices and decisions in a health promoting way, is to empower people, communities, workplaces and societies to achieve better health. Thus, the concept of WHP is broad and multidisciplinary, including organizational and psychosocial matters at work, and the responsibility of enterprises to promote health and enable employees to make healthy choices and follow them through.

The major challenge for WHP is to maintain a comprehensive approach to health at work in this era of health service commercialization. The increasing focus on health as a product, and as a place for market creation may restrict the ability of society and the government to intervene by building equal opportunities for health, solidarity for health and services, and providing choices between services. The role of the government may be reduced to that of regulating, financing, enabling and encouraging health at work.

On the other hand, the use of the WHP approach depends on the leadership and management of companies, and the willingness of employee representatives to acknowledge the benefits and organization of such employee services.

The concept and practice of WHP as a multiple service is still evolving. Often the simplest form of WHP, such as physical activity, is used as an equivalent of WHP, and commercialization may simplify WHP

into single-issue actions instead of a comprehensive approach with a structure and multiple practices, activities and determinants interrelated with good health. All in all, WHP should avoid magic tricks to improve health at work, by regarding ill-health as lifestyle-related rather than a simple cause-and-effect issue.

Nonetheless, the WHP approach promotes enhanced collaboration between different stakeholders such as public health and primary healthcare services, occupational health services, occupational health and safety services, human resource managers, companies with corporate social responsibility, regional and national institutes, etc. This collaboration is both an opportunity and a challenge for the development of WHP as a platform for different forms of partnership. Simultaneously, this collaboration may offer a platform for the quality assurance of the WHP services offered.

Challenge 4: Evaluation of WHP outcomes

WHP programmes need monitoring and evaluation in order to improve results and outcomes. However, there is generally a lack of indicators or systematic collection of WHP data, and the outcomes of any WHP programme are difficult to measure due to interfering factors.

For instance, to some extent, the delay of retirement age has been successful. However, it is difficult to show what role WHP or any health promotion activities play in this respect. On the other hand, demands and attempts have been made to assess financial investments in WHP and the savings made, or for example diminished costs resulting from decreased sickness absenteeism. The data on financial resources used for WHP is hard to record, as it is a question of the human capital investment of an enterprise. However, large public programmes; insurance-based programmes or tax exemptions, usually provide data on funds used for WHP.

Good health brings well-being to workers and can increase productivity in enterprises (Bailey, Jörgensen, Koch, Kruger, Litske 1995; Lim 2005). There are several examples of cases where investment in WHP led not only to improved health for employees but also to a reduction in costs (Kreis&Bödeker 2004). However, the promotion of health may also be seen as a value. Thus investments in WHP are seen as the framework of moral-ethical workforce questions (human rights, value of health at work, and the value of healthy workers). Additionally, socio-economic conditions, such as income, equity, education, and employment are also major health determinants which deserve attention, when economic growth is emphasized (Suhrcke, McKee, Sauto Arce, Tsolova, Mortensen 2005).

The general view is that preventive services for improved health are underdeveloped and under-utilized. The challenges facing WHP include increased demand, improving effectiveness, and expanding WHP activities in order to increase productivity.

9.3.2 Actions

The most urgent and feasible actions required at the different levels (macro, meso and micro levels) of work life and society are:

Macro level of society:

- Developing the strategic directions of general WHP , which are shared by the key stakeholders (groups of workers, enterprises, individuals, and managers for policy-making);
- Creating economic incentives to incorporate WHP in enterprises and health and compensation systems;

Meso- and micro level among social partners, experts and in enterprises:

- Increasing commitment and participation of a larger number of individuals and groups in workplaces;
- Improving the management of WHP service providers to measure the true impact of different interventions on workers' health;
- Improving the quality of the interventions of WHP activities, projects and programmes
- Investing in the education and training of professionals;
- Empowering and enabling workers and trade unions to play the valuable role of advocates of improvements in WHP services and in their quality management

9.3.3 Conclusions and proposed recommendations

1. We must monitor and evaluate the impact of the directive on services for WHP and prepare regulations to enable WHP to be a valuable asset for enterprises, thus encouraging investment in health at work.
2. It is important to maintain the comprehensive approach of WHP in today’s changing EU, and to prevent the risk of misunderstandings regarding the interpretation of the WHP approach.
3. Collaboration between various stakeholders with different backgrounds, social partners and steering levels is both an opportunity and a challenge for WHP.

4. Evaluation of the investments and outcomes of WHP, analysis of the good practices of the delivery systems, and assessment of the quality of WHP are crucial elements in the quality development and decision-making involved in the strengthening of WHP as a platform for improving health at work.

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9.4 Role of service providers for health – Investment in health at work

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9.4.1 Introduction

Healthy, productive employees are essential for a productive workplace, and an employee's deteriorating job performance can be an indication of a personal or job-related problem. For many years, workplaces have understood the need to promote physical health. Working towards this objective, many initiatives of occupational health services and wellness programmes to combat e.g. obesity and high blood pressure, have been mobilized in many countries. Today, the negative consequences of disturbances in mental health, and increasing substance (especially

alcohol) abuse on employees' overall health and work ability are well understood.

Through workplace health promotion, there is hope for a better future. Early intervention and treatment can help the majority of people. With proactive work, preventive and health promotive approaches, we can decrease the required baseline, and increase well-being among employees. Many players and different service providers in various organizations are needed to alleviate the situation, and actions taken at workplaces need to be supported by community health professionals: workplace health promotion can be seen as an essential part of public health operations.

Workplace health promotion (WHP) is facing many new challenges in Europe due to an ageing population, increasing competitiveness, and globalization which have each produced and intensified new health hazards in work life (e.g. psychosocial stress). Employers' financial responses and service providers' reactions to these challenges need to cover a wide spectrum of interventions needed to improve working conditions and consequently improve well-being at work. Thus service providers should have the competence and skills to use an extensive variety of tools and good practices of WHP both for individual employees (lifestyle factors) and for the work community as a whole (social, structural and organizational interventions).

9.4.2 Diversity of WHP in Europe

The way occupational health services, occupational safety and health, and WHP itself are organized varies greatly from one EU member state to another (e.g. Ziglio, Hagard & Griffiths 2000; European Agency for Safety and Health 2000a). The following factors at least should be mentioned as WHP service providers:

1. Occupational health service providers (OHS) and their organizations and institutes;
2. Actors in occupational safety and health (OSH), their organizations and institutes;
3. Insurance companies;
4. Health Promotion Foundations;
5. Non-governmental and voluntary organizations;
6. OHS and OSH training and education actors;
7. Teachers of health education at all levels;
8. WHP counselling actors in public health;
9. Human resources managers in enterprises;
10. Private WHP consultants and WHP enterprises; and finally
11. all other professionals in the WHP field

This variety can be regarded as a richness, because of the large amount of good practices and provider profiles already created in different parts of Europe. However, on the other hand, the variety can result in a fragmented approach, the duplication of effort and the lack of a co-ordinated strategy at national level (Ziglio et al. 2000). The variety of service procedures can also make it difficult to adopt suitable and useful good practices from one member state to another.

Nevertheless, it is most important to share the view that all the relevant health determinants should be included in the WHP concept, regardless of the service providers' background.

9.4.3 Needs and challenges: WHP service providers must have knowledge of new as well as old hazards in work life

Challenge 1: WHP service providers should have the competence to deal with all traditional health promotion obstacles, such as obesity, smoking and alcohol abuse

Influencing lifestyle factors – a healthy diet, physical activity, non-smoking status and weight control – leads to the prevention not only of cardiovascular diseases but many other diseases, and also leads to general health promotion. Well-being at work is thus also promoted (Puska, Jungman, Wrede, Rautalahti, Rantanen & Romo 2005).

Challenge 2: WHP service providers should have the competence to deal with rapidly changing work life and its consequences

There is a continuing intensification of work, and the nature of work itself is also changing: it is increasingly client-driven and information technology-orientated. Flexibility is widespread in all areas: working round the clock (with fluctuating schedules), extensive use of part-time work, teamwork and the increasing use of temporary workers. Nevertheless, repetitive and monotonous work is still prevalent. Gender segregation remains strong and detrimental to women (Merllie & Paoli 2001; Health and Safety Executive in the United Kingdom 2005; Gabriel & Liimatainen 2000; European Agency for Safety and Health 2000b, 2000c, 2002; Levi & Levi 1999; Sauter, Murphy, Colligan, Swanson, Hurrell, Scharf, Sinclair, Grubb, Goldenhar, Alterman, Johnston, Hamilton & Tisdale 1999).

Structural characteristics of the workplace and the work itself (job security, flexibility, fairness, job organization etc.) influence the incidence of classic somatic and mental disorders. For example organizational

downsizing is associated with an increased risk of death from cardiovascular disease (Vahtera, Kivimäki, Pentti, Linna, Virtanen, Virtanen & Ferrie 2004), and low procedural justice is an independent risk factor for psychiatric disorders such as clinical depression (Kivimäki, Elovainio, Vahtera, Virtanen & Stansfeld 2003), while high job strain and imbalanced effort-rewards pose a risk of cardiac mortality (Kivimäki, Leino-Arjas, Luukkonen, Riihimäki, Vahtera & Kirjonen 2002). While good mental health increases work capacity and productivity, poor working conditions lead to poor mental health, sick leave and increased costs (European Commission 2005).

Challenge 3: WHP service providers should have the competence to deal with problems brought on by the ageing of the workforce

The ageing of the workforce due to demographic transition in Europe is a challenge that must be met. Adjustments to work assignments and to work processes for older workers are badly needed. All WHP provider expertise is useful when these adjustments are being designed. Also, all WHP providers must have the competence and courage to make suggestions regarding these adjustments.

Health promotion programmes are undertaken by employers to reduce healthcare needs not only by motivating individual employees to adopt better health habits, but also by improving the conditions of work and work organizations, the latter of which will be of utmost concern in the future due to the ageing of the workforce.

Challenge 4: Bringing occupational health closer to public health – WHP service providers should have the competence to appreciate the importance of a balanced combination of work life and private life

Since the concept of work is changing and becoming increasingly flexible, the responsibility of employers for their workers' health is becoming blurred and confused with society's responsibility for public health.

For the future, this means that both employers and society will be forced to share responsibility for public health in quite a different way. WHP will be a key element in national public health work. Family responsibility, care duty, violence, threats and concerns – at home, at work, and in the community are examples of the various factors that can restrict the freedom of choice with regard to individuals' lifestyles, and to their commitment to work and their own health. These factors cannot be neglected, although WHP by its very nature makes the workplace its starting point.

9.4.4 Recommendations

9.4.4.1 WHP services should include a multidisciplinary approach

The framework of the challenges and needs of WHP service providers described above should encourage all stakeholders to take an open-minded view of developing service concepts that incorporate a multidisciplinary approach. Already in 1989, the European Union in its EU Framework Directive 89/391/EEC (1989) obliged all employers to organize health and safety at work, and provide personnel with competences and means. The directive emphasizes that improvement of workers' safety, hygiene and health at work is an objective which should not be subordinated to purely economic considerations.

9.4.4.2 WHP service providers should have the competence to tackle not only lifestyle health problems but also stress-related problems

Work-related stress is the second most common work-related health problem after back pain, affecting 28 % of workers in the European Union (Merllie & Paoli 2001). The increase in psycho-social problems and illnesses poses a new challenge to occupational health and safety work and compromises moves to improve well-being at work. "There is no workplace health without mental health" (European Commission 2003). The various forms of psychological harassment and violence at work likewise represent a significant problem nowadays, requiring legislative action (European Commission 2002).

9.4.4.3 WHP service providers should network and create partnerships

Regardless of the background of the WHP service provider, strong networking and partnership are highly recommended. Awareness of the fact that the promotion and maintenance of people's health cannot depend upon the healthcare sector alone has been growing (Ziglio et al. 2000). There is a need for increased co-operation between all relevant stakeholders on all levels (Ziglio, Levin, Levi & Bath 2002). Co-operation or even collaboration with HRM in the organization is essential. Furthermore, networking with non-governmental organizations (NGO's) can also be beneficial (e.g. organizations for mental health, heart disease and musculoskeletal disease) as can co-operation with social partners, at company level at least.

9.4.4.4 Investment in health at work should be encouraged

Although investment in health at work generally seems to remain a largely underexploited source of value and competitive advantage for many organizations (Miller & Murphy 2006), there is good evidence that WHP is truly beneficial (Kreis & Bödecker 2004). Attitudes to WHP services seem to be favourable. Gabriel and Liimatainen (2000) summarized that company policies are moving in a new direction, and that employers are showing an interest in reducing absenteeism-related costs, improving their productivity, and fulfilling their social responsibility toward their employees.

In fact, corporate social responsibility (CSR) can be the economic and political dynamic behind a sustainable economy. The European Agency for Safety and Health (2004) has also given recommendations on CSR to WHP service providers. CSR is a strategically important development for European businesses and policy-makers. WHP, and health and safety at work are very much an integral part of the CSR concept.

In addition, the WHP concept agrees not only with the CSR concept but also with many quality systems and quality certification systems, such as Investors in People (IiP), which is a business improvement tool designed to advance an organization's performance through its people (Investors in People 2006).

9.4.4.5 Intersectoral collaboration of all policies is needed to enhance investment in health at work

In 1998 Davies emphasized that an increasing amount of enterprises wanted to act as good corporate citizens; as a partner in the development of countries and communities. They already recognized then, that this requires businesses themselves to operate in a socially responsible and transparent manner as well as contributing to sustainable development and its social, economic and ecological dimensions (Davies 1998). The partnership between WHP service providers and such enlightened organizations described above is highly recommended.

Although WHP, CSR or quality-improving actions are established at micro level, also meso and macro levels need emphasis, a fact to which service providers should pay attention. Investment in health should increasingly be seen by countries as an approach for optimizing the health-promoting impact of a wide range of policies at all levels of policy-making (Ziglio et. al 2000).

The ultimate aim is to gather WHP specialists' core competences and skills into one final specialist recommendation.

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(Ad. Com.) = International Advisory Committee

(Org. Com.) = Organizing Committee

List of abbreviations

ENWHP	European Network for Workplace Health Promotion
ETUC	European Trade Union Confederation
FIOH	Finnish Institute of Occupational Health
HiAP	Health in All Policies
MPWA	Maintenance and promotion of work ability
MSAH	Ministry of Social Affairs and Health, Finland
OHS	Occupational health services
OH&S	Occupational health and safety
OSHA	European Agency for Safety and Health at Work
SME	Small and medium size enterprise
UNICE	Union des Industries de la Communauté européenne, The Confederation of European Business
WHP	Workplace health promotion

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ISSN 1236-2115

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