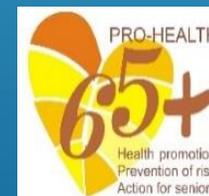
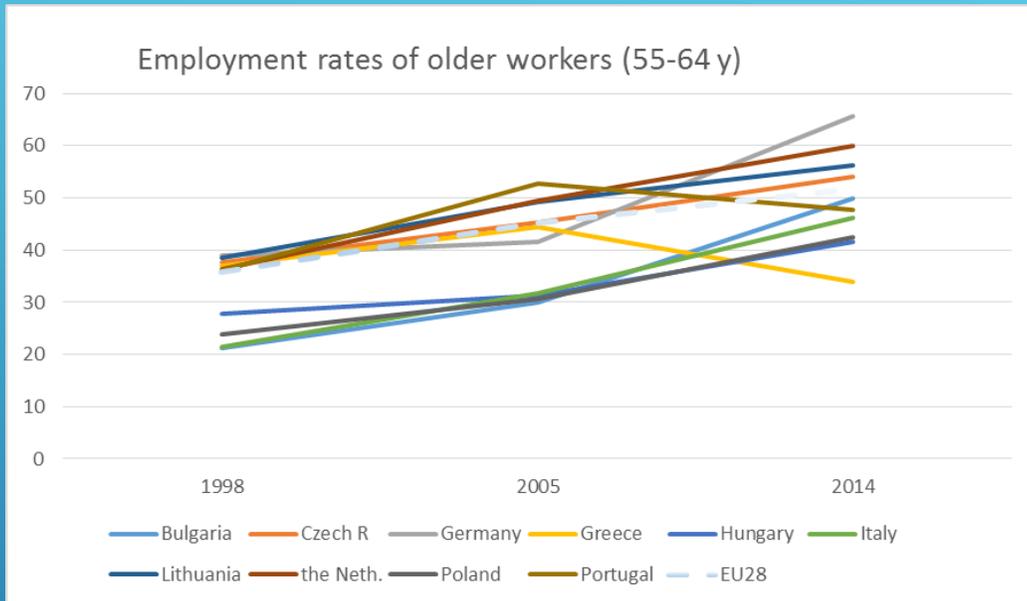


# WORKPLACE HEALTH PROMOTION FOR OLDER WORKERS

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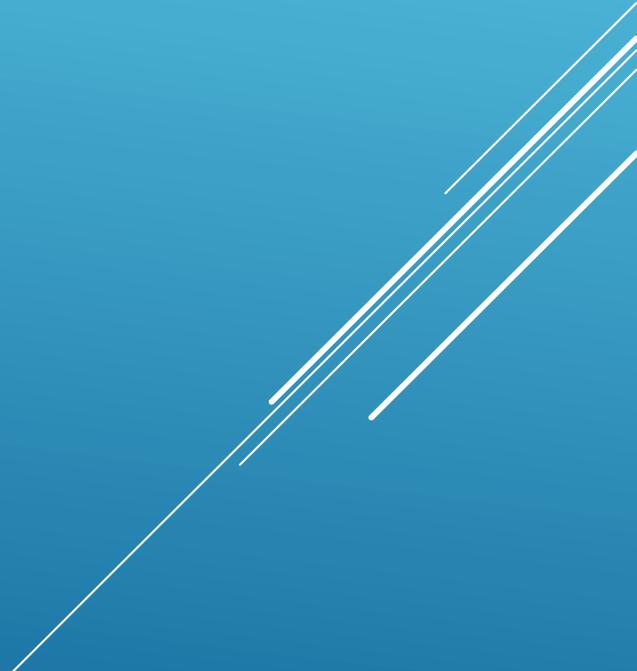


- ▶ The age structure of the EU workforce is changing dramatically
- ▶ Older workers often have to do jobs that were planned for young workers.
- ▶ Health promotion is not an option but an obligation to ensure safety at work.

# AGING OF THE WORKFORCE

- ▶ Which health promotion initiatives for older workers are being conducted in Europe (10 countries)?
- ▶ Which institutions are carrying out these interventions?

QUESTIONS



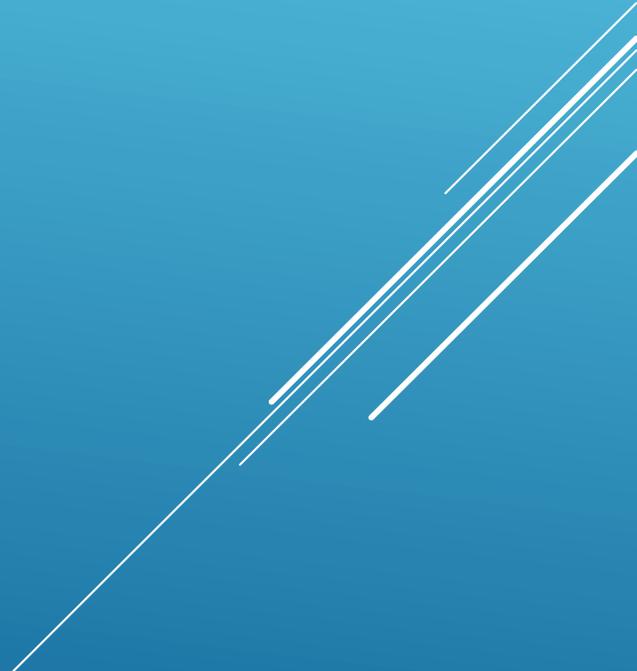
- ▶ Systematic collection of peer-reviewed and grey literature (3 stages)
- ▶ Direct contact with companies

- ▶ 10 types of institutions (supra-governmental; public; employers'; employees'; enterprises, physicians; insurances; NGOs; research & education; other)
- ▶ 5 Roles (providing setting (S), delivering promotion (P), organizing (O), funding (F), providing expertise (E), and regulating (R))
- ▶ 4 Main areas of intervention: Policy (I), Training (II), Work organization (III), Health outcomes (IV)

# METHODS

- ▶ We included in our selection of studies only those that:
  - ▶ 1) were performed in the workplace;
  - ▶ 2) were targeted at older workers.
- ▶ Our investigation excluded activities of prevention that focused on the environment, industrial hazards, ergonomics, and disability, as these programs concern all workers (not exclusively older workers).

## ELIGIBILITY CRITERIA

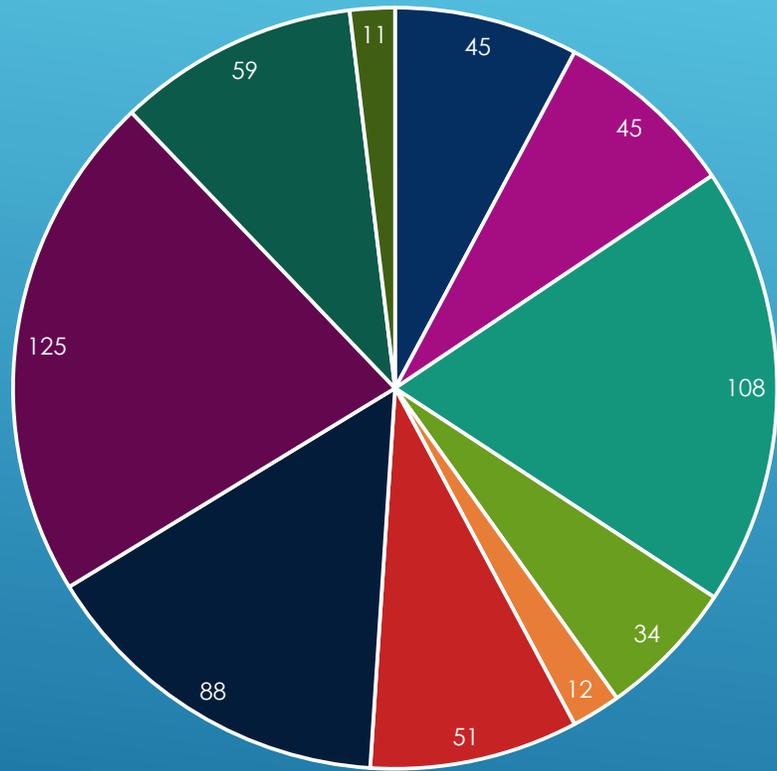
- ▶ All the selected cases contained at least one of the following characteristics:
    - ▶ a holistic approach;
    - ▶ voluntary (not mandatory) participation;
    - ▶ promotion of workplace health;
    - ▶ presence of good practice tools;
    - ▶ prevention of age-related disorders, e.g. musculoskeletal disorders (MSDs), metabolic syndrome (MetS) and cardiovascular disease (CVD); or prevention of work-related stress.
- 

Country	Name	Year	Brief notes
Bulgaria	Collection of good practices in the field of occupational rehabilitation, guidance, training and employment for people with disabilities in Bulgaria and Belgium	2012	Social inclusion of people with disabilities
Czech Republic	The worker and age or age management in the workplace (Zaměstnanec a věk aneb age management na pracovišti)	2012	Guidance document
Czech Republic	Age management to work with workers aged 50+ — methodological guide (Age management pro práci s cílovou skupinou 50+ — metodická příručka)	2012	Guidance document
Czech Republic	Employment of persons with disabilities (Zaměstnávání osob se zdravotním postižením)	2012	Guidance document
Germany	Guidelines for workplace monitoring '55 plus' — review of age-critical working conditions	2006-2009	Development of age-appropriate work design.
Germany	Guide — discussion on career prospects with older employees	2006-2009	Conversations between employers and employees who reach the age of 50 or 55
Lithuania	Training courses program on ergonomic risk factor assessment	2006-	Fitting work system components to older workers' abilities
Netherlands	Toolbox sustainable employability (Toolbox duurzame inzetbaarheid)		Preventing health problems at work
Netherlands	Towards a crown plan: route map for a successful third career stage	2013	To encourage employees to treat their 'third' (or subsequent) life phase in a positive way
Netherlands	Towards age-conscious personnel management: a guide for local councils	2009	Guidance document
Poland	With age, with advantages — workshops for employers	2012	To raise awareness on retaining 45- to 50-year-olds in employment

## GUIDELINES FOR WHPOW

Availability of guidelines and other resources for WHPOW varied greatly from country to country

## WHPOW

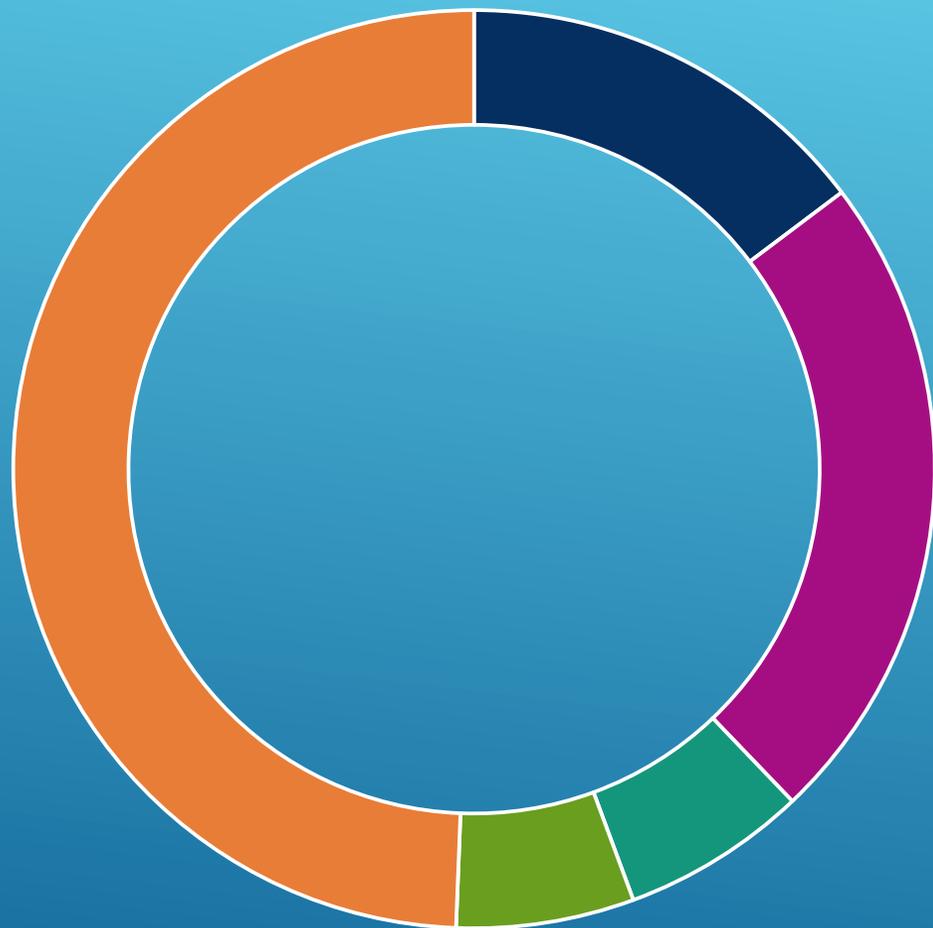


- Bulgaria
- Czech R.
- Germany
- Greece
- Hungary
- Lithuania
- Italy
- Netherlands
- Poland
- Portugal

## DISTRIBUTION OF WHPOW

Project distribution was very heterogeneous; observable changes affected not only the number, but also the quality of the projects.

Area of activity



■ Climate and Attitude ■ Training ■ Organization ■ Health ■ Mixed

## TYPE OF INTERVENTION

Lifelong learning was the most common type of WHPOW

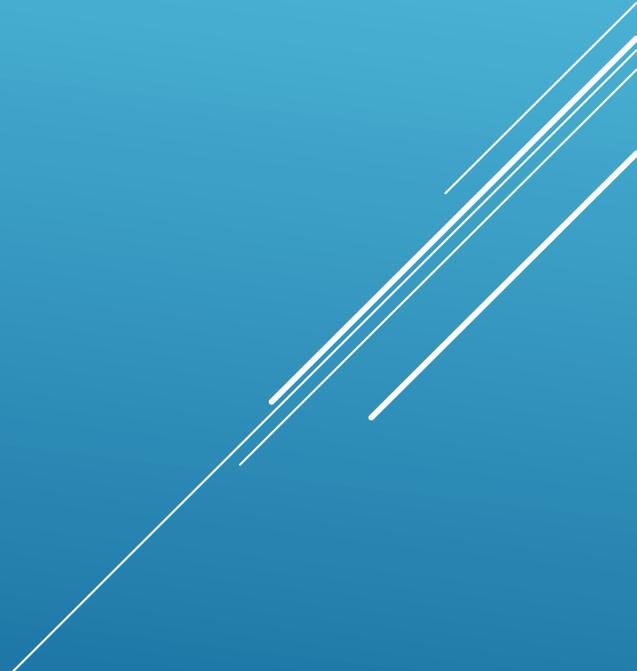
Most intervention studies aimed at multiple endpoints

- ▶ Supranational institutions play a fundamental role in the development of activities aimed at promoting the health of workers not only because they finance projects, but because they are able to positively influence the choices of national authorities and social partners
- ▶ Governments concentrate their attention principally on problems such as employment and pensions; the promotion of older workers' health is of secondary interest
- ▶ In some countries, health and social issues are totally dependent on economic decisions.

## ROLE OF INSTITUTIONS

- ▶ Cultural activities, such as training and lifelong learning are an important part of health promotion.
- ▶ Expertise is generally provided not by universities, but by private companies or ad hoc teaching organizations.
- ▶ This poses a problem of accreditation, and may determine a conflict of interest.

## EXPERTISE, RESEARCH AND TRAINING



Company	Country	Type of WHPOW activity
Zlata Panega Cement AD	Bulgary	'Step Change' step-by-step occupational health and safety improvements in the organisation, with measures to prevent age-related physical and physiological work-related health problems
GE Money Bank	Czech Republic	'GE Pro zdraví' (HealthAhead) preventive healthcare activities, physical activity, healthy nutrition and wellness programmes  'healthy workplaces' certification programme that rewards excellence in WHP
Anton Pfenkers	Germany	"Off the back": Retaining of experienced older workers by reducing the risk of MSDs through ergonomic and organizational interventions
Audi AG	Germany	Voluntary check-up, reduction of cardiovascular risk score
Bmw	Germany	Improvement of ergonomic and human factors, wellness and health promotion for aged workers  Participatory management
BorgWarner	Germany	Ergonomic changes  Flexibility, schedule adaptation to age diversity
Hansgrohe	Germany	Counseling on health and well-being,  Physical activity and free gym
Tegos GmbH	Germany	Integrated nutrition, MSDs, cardiovascular health and stress management; physical activity,  Trust-based working hour system
Thyssen Krupp Steel	Germany	ProZukunft: Family-friendly company; organisation of working time; corporate pension scheme; health management; health care; knowledge transfer; sensitising executives; lifelong learning; integration of altered ability employees; optimal assignment of employees
Mellifotos	Greece	flexible working arrangements  no-tray policy (reduce arm MSDs) ergonomic improvement
S & B	Greece	telework and part-time work for older employees (55+ years)  younger workers assisting older employees in heavy tasks
MOL Hungary	Hungary	STEP — take a step for your health
MOL P/c	Hungary	'STEP — take a step for your health' with additional medical screenings, tailor-made physical activities and regular follow-up of OWs
ABB Italia	Italy	Reverse Mentoring: young workers teach elderly about techniques and digital cultures; older workers reciprocate with training on working methods and processes.
Accenture	Italy	Age diversity value, Induction programs: community meeting for generational exchange  Flexibility, remote working  Enhancement of motivation, Company's volunteering
BPM Banca Popolare di Milano	Italy	Psychological counseling and listening
IBM	Italy	Workforce diversity, generational exchange, reverse mentoring  Motivation, On Demand Community

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Eni Jobs	Italy	Flexibility  Time Saving Health & Wellness
LOreal	Italy	Age diversity value, training on age diversity  Myradio, My news: information,  Motivation, Citizen day
Philips	Italy	"SoulPhilips": Philips University training and counselling for stress and change management (open to all ages)  Smartworking, management of flexibility  Peer to peer coaching", reverse mentoring projects aimed at reducing digital divide for over 50 workers.
Randstad	Italy	Permanent Observatory on Active Ageing  Retiree, accompanying the work of over 50
STMicroelectronics	Italy	Silver quotas for recruitment, jobs reserved for people over 50.  Technical Staff: a community including 140 workers of different age classes, aiming at knowledge transfer.
Telecom Italia	Italy	People Caring Center: listening and counselling  School & business network, motivation
Vodafone Italia	Italy	Age diversity value, Induction program  Generational exchange, graduate program
Bilfinger Hotel	Netherlands	work reorganisation as a result of the employees' communication about their health and wellbeing  physical activities, medical check-ups
De Zwart Facilitaire Diensten	Netherlands	Pair working: relieving older workers from certain tasks
Van der Geest Schilderspecialisten	Netherlands	'Win-Win' project aimed at improvement of physical and mental health and of increasing employability
Van der Geest Schilderspecialisten	Netherlands	'Win-Win': health improvement project
CEMEX Polska	Poland	50+ club, exchange platform for older workers to express their need
Dartex	Poland	Ergonomic and organizational improvements, check-up and health promotion
P.P.H.U. Dartex Dariusz Kozłowski	Poland	Ergonomic improvements

## ENTERPRISES

Companies have addressed the challenges of an ageing workforce by introducing a number of successful and innovative workplace practices for safer and healthier work at a national level.

- ▶ Given the present economic crisis, both employers and employees are concerned mainly with retaining their jobs and salaries at acceptable levels of occupational safety.
- ▶ In many cases, however, employers' and workers' organizations jointly organize or promote WHPOW initiatives.
- ▶ Consortium, or tripartite bodies with insurance companies, public and private institutions and universities can lend transparency and continuity to promotion initiatives

## EMPLOYERS AND EMPLOYEES

- ▶ Some of the barriers to carrying out WHPOW include, especially in small companies:
  - ▶ lack of financial and human resources for implementing intervention,
  - ▶ lack of flexibility in organising tasks (e.g. job rotation)
  - ▶ an uncompromising company culture and attitude on the part of employees and managers
  - ▶ reluctance to change work habits and practice

## BARRIERS TO PROMOTION

- ▶ lack of continuity
- ▶ lack of evaluation and scientific evidence
- ▶ lack of recognition of new causes of disease
- ▶ excessive bureaucracy
- ▶ lack of specific medical surveillance
- ▶ lack of collaboration between hygiene and medicine
- ▶ lack of accessibility of medical services

## BARRIERS

- ▶ «Setting approach»: all health promotion action begins and ends in the same environment. Changing the central and underlying health factors means modifying aspects of the settings themselves instead of merely trying to change people's health behaviour.
- ▶ Most WHPOW intervention studies included in this research adopted a 'non-settings' approach as they used the workplace only as an environment in which health-promoting activities could be carried out on workers in order to change their behaviour in relation to lifestyle factors such as diet, smoking and physical activity. They did not focus on the setting itself.

## WORKPLACE SETTING APPROACH

- ▶ Health promotion projects with a setting approach to the workplace followed two distinct methods: a non-participatory, top-down approach, and a participatory, down-top approach.
- ▶ Participatory studies used group interventions that enabled workers to express their opinion on how the actions were conducted. Examples included health circles, problem-based learning groups, etc.
- ▶ The non-participatory settings approach included studies that aimed at improving health by changing the physical work environment or work organization, without involving employees in decisions about what should be changed or the way in which this should come about

## TOP-DOWN OR DOWN-TOP

## Concepts of health:

1. the traditional idea of health as absence of disease
2. an intermediate way of defining or describing health based upon ambivalent measures
3. the salutogenic concept of positive health

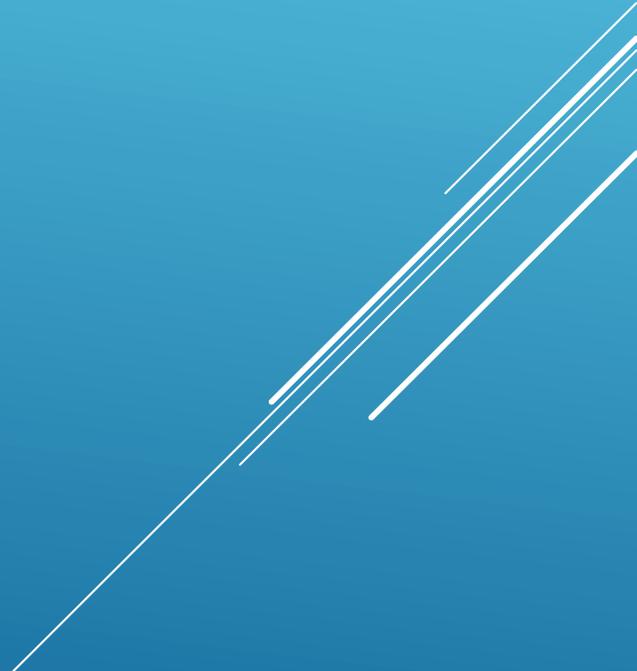
## Health Outcomes:

1. presence of CMDs (anxiety or depression, distress, burnout), MSDs, CVDs, allergy, absenteeism, accidents, use of safety tools.
2. QOL, WAI
3. Positive outcomes (work engagement, job satisfaction, self-esteem)

# HEALTH OUTCOMES

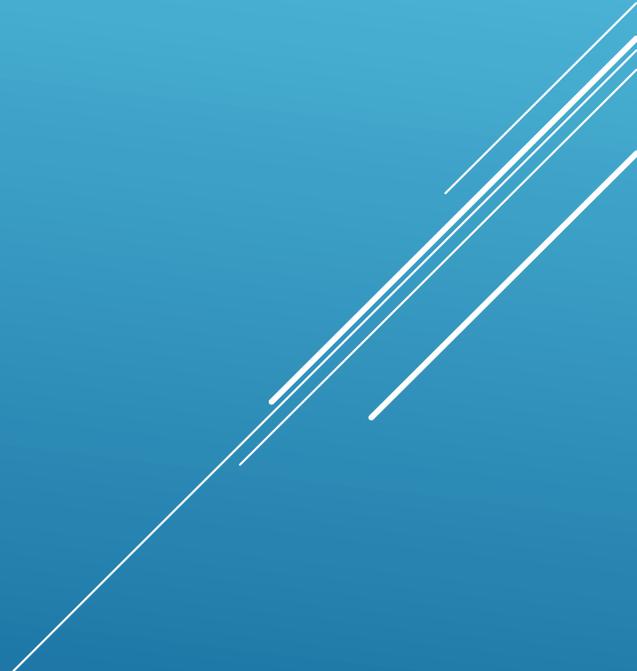
- ▶ Most of the studies conducted in the workplace did not aim to change that environment but focused on changing health behaviour
- ▶ A minority of studies adopted a participatory approach
- ▶ Despite the number of theoretical health promotion documents that explicitly describe health as a positive concept related to physical, mental and social well-being and not simply the absence of disease, very few health promotion studies in the workplace used positive health measurements.

SYNTHESIS



- ▶ Well-being at work is strongly related to positive aspects, such as motivation, engagement, and job satisfaction.
- ▶ The most recent literature emphasises the idea that health must be seen as the ability to adapt and self-manage in the face of physical, social and emotional illnesses and constraints that are more or less chronic.

HEALTH



- ▶ The occupational health focus has been, and still is, mainly on risk factors and the prevention of diseases rather than on health promotion defined in a positive and / or holistic manner.
- ▶ Research on workplace health promotion in European countries often resembles traditional disease prevention.
- ▶ In future, health promotion programs conducted in the workplace should focus not only on risk factors and the prevention of disease, but should give more attention to a participatory approach leading to positive health outcomes.

## CONCLUSIONS

