

PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors



PROJECT POLICY BRIEF 9

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WORKPLACE HEALTH PROMOTION FOR OLDER WORKERS IN EUROPEAN COUNTRIES

ABSTRACT

The workplace is an ideal environment for the promotion of health. This is demonstrated by the effectiveness of interventions to combat smoking, alcohol and drugs at work, and also by the marked improvement in occupational health and safety conditions across Europe. Nevertheless, experiences related to health promotion in the workplace are only partially accessible, because companies and doctors often withhold the communication of results on the grounds of privacy. Research has retrieved about a thousand programs performed by companies or other institutions in workplaces throughout the European countries selected, but these represent only a part of the total number.

European States should encourage greater dissemination of experiences and best promotion practices in the workplace. The costs of promotion should be shared by both the private and public sector.

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INTRODUCTION

The workplace has always been seen as the ideal environment for health promotion, as it is the place where active people spend most of their time working according to specific schedules. It is therefore the ideal place to conduct health promotion activities on a large number of workers. Many companies have an occupational health and safety (OHS) service in the workplace that provides the necessary expertise and health services at no additional cost. Companies have a vested interest in their workers' health since this safeguards the latter's working capacity. Employees, on their part, are interested in their own health and in keeping their wellbeing and earning capacity intact. For all these reasons, Worksite Health Promotion (WHP) is widely applied by many of the largest companies, especially in countries like the US where the health service is mainly private.

Aging of the workforce, a phenomenon that affects all European countries, increases the need for worksite health promotion for older workers (WHPOW).

POLICY CONTEXT

The increase in life expectancy and the reduction in birth rates have altered the age pyramid and put welfare systems at stake throughout Europe. In recent years, all European governments have adopted policies to raise the retirement age and abolish benefits for early retirement, thus considerably increasing the age of the workforce.

Since this process has taken place without any changes in working methods, many older workers are currently faced with jobs designed for young people. This situation can cause immediate problems for the health and safety of workers. It can also increase the chance of errors, which in some crucial sectors (e.g., those concerning health, transport, industry, the police and many others) may endanger the health and safety of others. This means that not only employers and employees, but the public as a whole has a vested interest in developing WHPOW.

EVIDENCE AND ANALYSIS

DATA POOL

Workplaces are extremely varied since they differ in relation to type of activity, history, traditions, and availability of services. The size of an enterprise and its geographical location considerably influence the level and type of WHP activities to be implemented.

National health and safety policies also affect the availability of OHS services and modify the subtle distinction between occupational risk prevention and health promotion, thereby creating a powerful background disturbance in our research.

For all these reasons we opted for a binary method: the first systematically collected peer-reviewed and gray literature, while the other one made direct contact with companies to learn about the WHPOW activities that had been undertaken.

A gray and scientific literature review was carried out in three stages to obtain an overview of existing information on institutions involved in WHPOW. The first stage was an exploratory review designed to identify and classify the institutions and the policies/programs targeted at older workers carried out in the workplace sector of the 10 selected European countries (Bulgaria, the Czech Republic, Germany, Greece, Hungary, Italy, Lithuania, the Netherlands, Poland, and Portugal). The systematic review was conducted by searching electronic databases (MEDLINE, ISI Web of science, SCOPUS, The Cochrane Library, CINAHL and PsychINFO) and identifying English or Italian articles, published between January 2000 and May 2015. Studies were considered eligible if a) they reported interventions, programs or any other type of measure adopted in the workplace for promoting health or well-being or reducing the risk of ill health, and b) they could also be targeted at age-related psychological and psychosocial change, at maintaining work ability, or at organizational or environmental changes. Studies designed to summarize current knowledge and provide an in-depth picture of this topic (i.e. literature reviews) were also included since they constituted a valuable source of information. Publications had to be specifically targeted at older workers or designed to promote healthy ageing and/or prevent early retirement in the working population. The third stage was a snowball search involving direct use of the Internet to identify activities carried out by various institutions in support of older workers.

Companies were contacted online with the SurveyMonkey program. The list of companies to be contacted was obtained by collecting together the rankings of the world's major corporations according to sales, brand, appreciation by workers and attention to the elderly. After eliminating duplicates from the original list of 1,200 companies, we identified a list of 912 enterprises and obtained the e-mail address of 651 companies (71.4%) that were contacted twice.

The SPOFER framework was used for data extraction, so that the institutions identified were arranged according to the categories of roles or functions they performed, i.e., providing setting (S), delivering promotion (P), organizing (O), funding (F), providing expertise (E), and regulating (R).

The experiences retrieved were classified into four key domains:

- 1) Development of internal policies for older workers, action to combat discrimination at the workplace or improve interpersonal communication/interaction,
- 2) Increasing job retention or promoting lifelong learning,
- 3) Adapting work organization for older workers, maintaining their work ability or/and preventing early retirement or sickness/absenteeism,
- 4) Promoting health, wellbeing or healthy ageing that could also be targeted at age-related psychological and psychosocial change.

FINDINGS

BARRIERS TO KNOWLEDGE

Workplace health promotion activities are very common in Europe, even if it is not possible to make a complete census. The picture is blurred by many factors, the first being the distinction between occupational and non-occupational risk factors. Activities performed in the workplace with a “laboristic” or occupational approach are

rarely seen as promoting health, since they are the specific target of occupational health services, and are usually mandatory. As a consequence, only activities promoted by external institutions are explicitly labeled as “WHP”, even though the aims and methods of both interventions are sometimes identical. The second very important factor is that for ethical reasons companies are required to treat all workers equally. Benefits or programs aimed only at older workers are not acceptable. Only a foreign institution can legitimately promote a program that benefits only workers above a certain age group. Companies can only legitimately promote WHP programs addressed to all employees, with benefits that will only be seen when workers reach old age. It is hardly necessary to point out that this strategy, which entails immediate costs but only distant benefits at a future time when workers may no longer be employed in the same company, is economically counterproductive.

Finally, the argument that places most limits on the possibility of accessing data collected in the workplace is that of privacy. In addition to the Hippocratic Oath that requires all physicians to respect the confidential nature of medical care, occupational physicians are bound by their code of ethics and national laws not to divulge the results of health surveillance activities. Data can only be provided in an anonymous collective form, through epidemiological processing, that is obviously costly. Companies, for their part, have no interest in disclosing their activities concerning the health and safety of workers, and limit information on promotional activities to their employees, who are notified via intranet or internal services. Publication of WHP occurs only on special occasions, such as participation in awards given for good practice by various national and supranational entities. The EU-OSHA 2016-17 “Healthy Workplaces for All Ages” Campaign with its four key objectives (promoting sustainable work and healthy ageing from the very beginning of working life; preventing health problems throughout working life; providing ways for employers and workers to manage occupational safety and health in the context of an ageing workforce; encouraging the exchange of information and good practice) will certainly lead many companies to publicize their WHPOW efforts. However, these data are not yet available.

In our study, we tracked about one thousand WHPOW experiences in the European countries selected. For the reasons mentioned above, this number is well below the true number. Information about companies is the most difficult to obtain. We found that peer-reviewed literature contains initiatives in which at least one research institution took part, while gray literature mainly hosts studies that have received public funding. So it seems that the type of financing used for the research, or the possibility of obtaining scientific recognition for the work, lie behind the decision to make the WHPOW project known. There is often no reason for publishing projects in which a private company has itself played the roles of developer, funder and executor.

THE ROLE OF INSTITUTIONS

Despite the factors limiting the visibility of companies, the latter take part in about half of the WHPOW projects surveyed in European countries. The enterprises involved in these projects are usually large. Disclosure of a WHPOW project is often linked to the awarding of a prize or recognition for a company’s commitment to elderly workers. In such cases, companies had confidential contacts with the institutions organizing the award. In almost all the cases that are accessible via gray or peer-reviewed literature, companies shared responsibility for the project with other institutions.

Supra-governmental and national or local public institutions are among the most active funders of WHPOW. In a recent review conducted by EU-OSHA (Safer and healthier work at any age – Review of resources for workplaces, 2016) it was seen that EU-level organizations are not the best placed to provide tools at workplace level; they generally provide resources for policy-makers and intermediaries (such as social partners, research institutions) rather than workplace actors. This explains why their WHPOW must be conducted in conjunction with other institutions. The sources of funding for the development of retrieved WHPOW are not always publicly available; therefore, an in-depth analysis of this topic is not possible. However, approximately one-fifth of the

WHPOW programs selected benefited from EU funding, obtained directly from EU institutions or through funding from the European Social Fund at a national level.

Employers' representatives or organizations, and employees' organizations often act by channeling European or public funds into the workplace. Non-profit Organizations (NPO) and Non-Governmental Organizations (NGO) act principally by applying WHPOW. Research Institutions primarily provide the necessary expertise for projects.

The distribution of WHPOW projects differs considerably from country to country. There are several reasons that can explain this uneven representation of the Member States. First of all, there are striking differences in OSH policies among EU countries. Mature systems and policies concerning the ageing workforce and sustainable employment are quite different. Moreover, the tradition of developing support for workplaces, and the interest of stakeholders in this issue can vary greatly.

A further factor may be language accessibility. There is over-representation of resources in English due to the fact that English is the language most commonly used at EU level and also because it is easier to find English language resources online. Resources developed at a national level are naturally in the national language, and this may limit their availability.

TYPE OF WHPOW

WHPOW can be roughly classified into 4 main areas. The first one, pertaining to age/disability discrimination, is targeted by about one in ten WHPOW projects. Age discrimination is a relevant aspect of the older worker's situation in the workplace. As disability is more prevalent in older people, it is also interesting to examine the issue of disability discrimination. Intervention performed in this area aims to help employers implement their legal obligations with regard to age or disability discrimination in an efficient manner.

The second area, which aims at increasing job retention, focuses specifically on retention and career management, and also includes projects involving rehabilitation and return to work targeted to older workers. The projects included under this heading also touch upon competence development, usually through lifelong learning. The issue of return to work after long-term sickness absence due to injury or illness is closely related to the topic of sustainability of working lives. Therefore, a number of WHPOW initiatives were selected that aim to help employers reintegrate in the workplace employees who have been off sick for a long time. This was the most frequent target of WHPOW, accounting for more than a quarter of retrieved programs.

The third area, which aims to adapt work organization to older workers, addresses the physical and psychosocial risks to which the older workforce is exposed and investigates how these risks can be managed in the workplace. These projects focus solely on older workers and propose measures ranging from workplace adaptations to more flexible working arrangements, health monitoring and training opportunities.

The fourth area, that deals with age management, includes studies aimed at providing guidance and practical ways of implementing a sound age-management policy in the workplace.

Most WHPOW projects, however, were targeted at more than one of the aforementioned areas, and often also at general aspects of global OSH prevention. Although these studies address the topic of OSH in general, rather than through the lens of the ageing workforce, they have been incorporated in the review since their development included explicit reference to the issue of ageing.

IMPLICATIONS AND RECOMMENDATIONS

EUROPEAN LEVEL

- Encourage EU member states to disseminate workplace health promotion resources (methods, programs, good practices) in national languages.
- Encourage EU member states to promote public health policies that aim at sharing expenses for WHP between enterprises and local/national authorities.
- Encourage EU member states to promote prizes and rewards for institutions active in the field of health promotion for aged workers.

NATIONAL LEVEL

- Allocate more resources to public health promotion programs in the workplace.
- Explore new and stable forms of workplace health promotion funding by involving private actors.
- Ensure the sharing of experiences about effective workplace health promotion activities.
- Support participation of older workers in local decision making in company health policies.
- Strengthen the role of occupational health professionals as health promoters and advisers in actions for seniors in workplaces designed to prevent specific health risk and foster healthy lives.

RESEARCH PARAMETERS

PROJECT FOCUS

ProHealth 65+ is focused on health promotion and prevention of health risks among seniors. The project seeks to determine effective methods of promoting a healthy lifestyle among older population groups by bringing together knowledge and experience of main partners and health promoters from Poland, Germany, Italy and the Netherlands and exchange it with collaborating partners from Portugal, Greece, Bulgaria, Czech Republic and Hungary. The effective implementation of training for health promoters working with this age group is the ultimate project goal.

PROJECT OVERVIEW

Pro-Health 65+ project corresponds with directions of the EU strategic Health Program (the Second and Third Health Program). The project is focused on 'Investing in Health' as part of the Social Investment Package for Growth and Cohesion through professionally designed health promotion programs implemented by well-informed and efficiently operating health promoters. It is targeted at the elderly with the intention of providing them with good health and good quality of life, and enabling them to be active and socially integrated (Healthy Aging). It will be implemented as a collaborative project in close cooperation with partner countries using a variety of research and institutional experience. It will be important to add the project activities to other European and national activities so that they are complementary and compatible.

METHODOLOGY

This project is about research and implementation. It will use two sets of tools. For research, we will accumulate and develop knowledge: analyze previous studies related to the subject of health status of older people and the health determinants (social, economic and cultural) in different stages of life; identify and evaluate health promotion methods; analyze institutions of health promoters and also funding, distribution, and modelling of financial circuit and incentives; critically review cost-effectiveness analysis. Quality will be guaranteed by supervision of the Advisory Board and will be assessed in accordance with the rules of the project. For the implementation of project results, we plan to prepare a manual for health promotion that will help to fill the most common knowledge gaps among street-level health promoters and training materials for key institutions providing health promotion for the elderly. We will also conduct training in cooperation with the newly created Board of Health Promoters for selected street-level health promoters in the project countries.

EXPECTED OUTCOMES

Widespread knowledge and use of evidence based and economically effective methods of health promotion within different groups of street-level health promoters (health care practitioners, policy-makers, local and NGOs activists, social workers, trade unionists, journalists etc.) is one direct result of the project. Analyzing different institutions of public health, legal basis, sources and methods of financing and cost-effective ways of conducting the work in this area, will enrich the knowledge on possibilities and barriers related to promoting health. The project will contribute to the application of relevant health promotion methods in joint actions in the field of public health.

PROJECT IDENTITY

PROJECT NAME	PRO HEALTH 65+ Health Promotion and Prevention of Risk – Action for Seniors
COORDINATORS	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE Project leader: Prof. dr. hab. Stanisława Golinowska Project manager: Andrzej Kropiwnicki
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DURATION	August 2015 – July 2017 (36 months)
BUDGET	EU contribution: 960 165 Euro
WEBSITE	http://pro-health65plus.eu
LINKEDIN FORUM	https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about
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