

**LIFETIME MESSE
INTERNATIONAL DAY
October 25, 2002**

**“A Healthy and Productive Workforce
for Tomorrow”**



INTERNATIONAL DAY SCHEDULE

- 9:00-9:30 Opening session – Introduction to topic
International Cooperation in Workplace Health Promotion – the IIHP Network
Wolf Kirsten (IIHP)
- 9:30-10:00 Topic I: Health Promotion at the Workplace – a Topic for the European Union?
Reinhold Sochert
(**European Network for Workplace Health Promotion**)
- 10:00-10:30 Corporate Case Study: Human Capital Management at **Goldman Sachs**
Neil Snowball
- 10:30-10:45 Break
- 10:45-11:15 Topic II: What can European Companies learn from their US Counterparts?
Bob Karch (American University, Washington, DC)
- 11:15-12:30 Topic III: Roundtable: Physical Activity at the Workplace
Finn Berggren (Gerlev, Denmark)
Kevin Sykes (Chester College, UK)
George Dumitru (University of Constanta, Romania)
Moderator: **Wolf Kirsten**
- 12:30-14:15 Lunch and Tour through Exhibition Hall
- 14:15-14:40 Corporate Case Study II: “Health Promoting Leadership – A Development Program for Managers in the Public Sector”
Jan Winroth (Sweden)
- 14:40-15:05 Corporate Case Study III: “The Smoke-free Workplace in Finland: The Example of Kvaerner Masa-Yards, Edita and Finnair Technics”
Antero Heloma (Finland)
- 15:05-15:30 Corporate Case Study IV: “Policies and Programs to Counter Anxiety and Depressive Disorders – The Experience at EDF”
Catherine Godard (France)
- 15:30-15:45 Break
- 15:45-16:10 Corporate Case Study V: "Developing an appropriate organizational response to alcohol and drugs in the workplace - the role of training in capacity building"
John Griffiths (United Kingdom)
- 16:10-16:35 Corporate Case Study VI: “The Aventis Lifestyle Program in France”
François Duforez (France)
- 16:35-17:30 Discussion with corporate representatives and participants - Moderator: **Bob Karch**

International Cooperation in Workplace Health Promotion
Wolf Kirsten
International Health Consulting

Why an International Day?

- Sharing
- Learning
- Networking

Fact

“The vast majority of managers believe that they have no influence over employee stress, illness, and injury rates.”

Challenges for the Working World

- Health care costs are rising: aging workforce and improved medical technologies
- Fight for qualified employees
→ the knowledge worker
- Cost containment is not enough
(e.g., disease management)
- Sick leave a huge problem (stress-related)
(e.g., 16% of national budget in Sweden)
- Focus on the value of health
(Investment in human capital)

Health Promotion...

“... is a process of enabling people to increase control over, and to improve, their health”

Workplace Health Promotion: a Win-Win

Employers benefit:

Improved morale, higher productivity, enhanced recruitment and retention, reduced absenteeism and health care costs

Employees benefit:

Improved quality of life through better health, more control over work, better balance of work and social life

What is Workplace Health Promotion?

= Systematic approach endorsed by an organization designed to enhance the health of the company and its employees

(AWHP)

= Combined efforts of employers, employees and society to improve the health and well-being of people at work

(Luxemburg Declaration on Workplace Health Promotion in the EU)

Workplace Health Promotion in...

Europe

Philosophy:

Social solidarity
Consensus building

Programs:

Work organization
Psychosocial factors

Key outcomes:

Absenteeism
Musculo-skeletal disorders

USA

Philosophy:

Individualism
Employer initiative

Programs:

Health risk assessment
Lifestyle interventions

Key outcomes:

Health care costs
Productivity
Retention

Good health is Good leadership

- Wellness programs and health risk assessments only go so far
- Organizational health and psychosocial factors are key
- leadership, culture, policies and business systems, capacity building + health risk assessments and lifestyle interventions
- recognize value of health (not just cost)

International Institute for Health Promotion

- Unique global forum of prestigious health promotion institutions: 200 in 50+ countries
- Global communication network with interdisciplinary + intersectoral partnerships
- Based in Washington, DC at American University
- Website: <http://www.american.edu/academic.depts/cas/health/iihp/index.html>

IIHP Initiatives

- global health promotion newsletter with American Journal of Health Promotion
- training seminars in health promotion
- involvement in significant international events
- annual meetings (Washington, DC 2003)
- cooperation with key organizations in global health (e.g., IUHPE)
- global forum for multi-national corporations
- virtual network

Wolf Kirsten International Health Consulting

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**European Network for Workplace Health Promotion
Health Promotion at the Workplace - a Topic for the European Union?**

**Dr Reinhold Sochert
Federal Association of Company Health Insurance Funds (BKK), Germany**

The Costs of Work-Related Diseases in Europe

- Estimates from Member States of all work-related ill health range from 2.6% to 3.8% of GNP
- Up to 40%-50% will be for MSD
- Cost estimates of MSD: 0.5% - 2% of GNP
- 600 million working days are lost due to work-related ill health each year in Europe
- Costs to business: Lost production, staff sickness, compensation and insurance costs, losing experienced staff and recruiting and training costs

Mission and Vision Statement

We are a network of national occupational health and safety institutes and public health institutions committed to developing and promoting good workplace health practice, which in turn contributes to sustainable economic and social development in Europe.

Our ultimate goal is *healthy employees in healthy organisations* and we work together to achieve this.

**European Network for WHP
Joint Initiatives (1)**

European Project "Success Factors and Quality of Workplace Health Promotion"

- 66 Models of Good Practice
- Quality Criteria for WHP in larger enterprises
- 1st European Conference 1999 in Germany - Bonn

European Project "Workplace Health Promotion in Small and Medium Sized Enterprises (SMEs)"

- Report on the current status of WHP in SMEs
- 48 Models of Good Practice for WHP in SMEs
- Quality Criteria for WHP in SMEs
- 2nd European Conference 2001 in Portugal – Lisbon

**European Network for WHP
Joint Initiatives (2)**

European Project "Workplace Health Promotion in the Public Administration Sector"

- Report on the current status of WHP in Public Administrations
- 34 Models of Good Practice for WHP in Public Administrations
- 3rd European Conference 2002 in Spain - Barcelona

ENWHP: The Future...

**European Network for WHP
More Information?**

- www.enwhp.org
- www.bkk.de/gesundheit/health_at_work

European Information Centre
at BKK Bundesverband
Kronprinzenstr. 6
45128 Essen

Fax: 0049/201/179-1032
e-mail: eiz@bkk-bv.de

Human Capital Management at Goldman Sachs Neil Snowball

- Overview of the Goldman Sachs Wellness programme
- Measurement
- Health promotion
- 7 steps to setting up a successful Wellness programme

- Think commercially !
 - Service not perk
 - Business Plan
 - Brand
 - 3 year plan
- Steering Committee & stakeholder analysis
- Benchmarking including competitors & site visits
- What are we going to measure - what will success look like?
- Mission and goals
- Business case
- Senior level support

**International Cooperation in Workplace Health Promotion –
What Can European Companies Learn from their US Counterparts
Robert C. Karch
American University, Washington, DC**

Comprehensive Workplace Health and Wellness (Health Canada)

- The philosophy, theory and strategic approach to enhancing the overall well-being of the workforce and the organization, through policies, programs and other initiatives based on the determinants of health.

WSHP Development and Trends

- _ First Generation (1960's)
- _ Second Generation (1970's)
- _ Third Generation (1980's)
- _ Fourth Generation (1990's)

First Generation

- _ Focus: Occupational Safety and Health/Recreation
- _ Issues/Benefits: Safety, Injury Prevention, Leisure

Second Generation

- _ Focus: single risk factors, executive fitness, fitness facilities
- _ Issues/Benefits: Employee Perks, Recruitment, Individual Risk Factor Reduction

Third Generation

- _ Focus: Comprehensive health risks, Motivational Programming, Individual Behavior Change
- _ Issues/Benefits: Health Care Cost Containment, Employee Health Risks, Recruitment/Retention, Morale, Cost Benefit Justification

Fourth Generation

- _ Focus: Work style, Healthy Workplace, Organizational Health and Performance, Organizational and Individual Responsibility
- _ Issues/Benefits: Health Care Cost Containment, Program Quality and Effectiveness, Benefits Management, Dependent Care, Environmental Health, Rehabilitation, HRD/HRM Costs, Organizational Development

Fifth Generation

- Focus: ?
- ?
- Issues/Benefits: ?
?

What is a Healthy Workplace? (Health Canada)

- Meet the needs of all employees, regardless of their current level of health;
- Recognize the needs, preferences and attitudes of different groups of participants;
- Recognize that an individual's "lifestyle" is made up of an interdependent set of health habits;
- Adapt to the special features of each workplace environment; and
- Support the development of a strong overall health policy in the workplace.

Dow Chemical Global Health Promotion

- Mission:

To drive and leverage the most cost-efficient and effective health promotion programs, services, and resources across global sites for optimal health promotion delivery.

Caterpillar Healthy Balance Program's Central Focus :

- Encourage its facilities throughout the world to implement health promotion programs that fit the culture of their population
- Improve health of employees
- Reduce health care costs
- Urge self-responsibility for health
- Core programs: Exercise, Weight loss, Smoking Cessation
- 200 facilities, 66,000 employees

Cost Benefit or Fringe Benefit?

- US: employer carries burden of health care costs
→incentive to decrease costs through hp programs
- Europe/Canada: nationalized health systems
→create a more attractive work environment
→motivation and performance

HERO (Health Enhancement Research Organization)

Addresses Two Questions:

- Do employees at high risk incur greater health care costs than those at lower risk?

- Do those with specific risk factor combinations incur greater medical expenditures than those without these risks?
- Intent was to prioritize the economic impact.

HERO Risk Categories

- Poor exercise habits
- Former tobacco user
- Poor nutritional habits
- Extreme high or low weight
- Current tobacco user
- High cholesterol
- High stress
- High blood glucose
- High blood pressure
- Excessive alcohol use
- Depression

HERO Study (1998)

- Large survey based on more than 46,000 workers at several major US companies: study of direct economic costs of health risks
- Depression and stress (psychosocial health) show the biggest difference in health care costs
- Employees with multiple risks for heart disease cost a company more than three times as much in medical bills (\$1,158 <--> \$3,804)

HERO Findings

- Suggest that for 7 of the 10 risk factors examined, people with high risk had greater health costs when compared with those at lower risk.
- Self-reported depression, uncontrolled stress and high blood glucose were the three most costly controllable risks.

HERO Other costly risk factors

- High blood pressure
- High blood glucose
- Unhealthy body weight
- Tobacco use
- Lack of exercise

What can European Companies Learn from their US Counterparts?

“Lessons Learned”

Great facilities do not equal great programs.

Characteristics of Best Practice Programs

- Program plans linked to organizational business objectives
- Effective communication programs
- Effective incentive programs
- Presence of an evaluation component
- Strong efforts to create supportive environment
- Strong top management support
- Integrated into cultural context

Quality Indicators

- Leadership commitment
- Employee involvement
- Clear purpose
- Integrated effort
- Support structure
- Cultural context
- Measured outcomes

(Health Canada - Fitness and Active Living Unit)

Top organizations create performance measures that focus on all the drivers of their business:

- Financial Performance
- Share Holder Value
- Customers
- Employees

Positive Health

State of health beyond an asymptomatic state. Concept of positive health usually concerns the quality of life and the potential of the human condition. Notion of positive health may include self-fulfillment, vitality for living and creativity. The concept of positive health is central to the philosophy of health promotion.

What can European Companies Learn from their US Counterparts?

“Lessons Learned”

Successful programs consider and address multi-dimensional and multi-factorial variables.

Measuring Quality of Life in the Workplace “Human Drivers”

- * Innovation
- * Mutual Trust
- * Respect
- * Teamwork
- * Diversity
- * Job Satisfaction
- * Loyalty
- * Retention
- * Career Development
- * Cooperation
- * Collaboration

WHP Quality of Life Strategies:

- Blue and White Collar Reverse
- Building, Recruiting, and Maintaining Healthy and Vital Employees
- Intellectual Capital
- Qualified, Innovative, Flexible, and Motivated Employees

New US Corporate Strategy: Work – Life Benefits

Goal is to gain edge in tight labor market

- 1999 HR survey of 1,020 major US companies:
 - 74% offer flexible work schedules
 - 90% offer child care assistance
 - 75% provide opportunities for educational assistance
 - 60% offer casual or business casual dress
- Eldercare an emerging need

Hewitt Associates, 1999

Causes of Global Deaths

- 56 million deaths in 2000
 - 28 million due to chronic diseases
 - 17 million due to circulatory diseases
 - 46% of deaths in developed countries
 - 24% of deaths in developing countries
 - Tobacco-related deaths: 7% of total
- (WHO Report)

Non-Communicable Diseases

- 60% of all deaths in the world are caused by NCD's.
- By 2020 that number is estimated to be 73%.
- Currently, 77% of NCD's occur in developed countries.
- A sedentary lifestyle is now considered one of the major contributing factors to NCD.

Programs to Watch:

- Weight management
- Smoking cessation
- Fatigue management
- Stress reduction
- Active aging
- Depression management
- Burn out
- Repetitive motion injuries, cumulative trauma

Depression in the Workplace

- Highest medical costs per employee (HERO study) + lost productivity
- Defense strategies:
 - ✓ Employee Assistance Programs (EAP)
 - ✓ Health promotion programs
 - ✓ Management training programs
 - ✓ Reliable self-help information
 - ✓ Anonymous depression screenings
 - ✓ Skill training in resilience

Healthy People 2010 Two Over-Arching Goals:

- Increase the quality and years of healthy life of all individuals
- Eliminate health disparities among different population groups

Conclusion

Wellness

At the American University's National Center for Health Fitness, we use a total wellness model: To obtain optimal wellness individuals must assume responsibility for the continual development and maintenance of the physical, spiritual, emotional, social, intellectual, and environmental components of their health, consistent with the culture in which they reside.

Toward One World

- A Process whereby the Earth is becoming part of an interconnected world
- A Process that is influenced by many aspects such as technology, politics, economic growth and Health Status

Toward One World

- A Process that includes the potential for people to operate at a world community level
- A Process that has the potential for new systems of global governance, regionalization, decentralization, civil society, ethics, and sustainability
- The intensification of worldwide social relations

Total Health

A state of complete physical, mental, and social wellbeing and not merely the absence of disease and infirmity. In the context of health promotion, health is considered less as an abstract state and more as a mean, as a resource which permits people to lead an individually, socially, and economically productive life.

**The implementation of smoke-free workplaces in
Kvaerner Masa-Yards, Finnair Technics, and Edita Ltd.
Antero Heloma, MD
Finnish Institute of Occupational Health**

**The benefits of
workplace smoking policies:**

- Nonsmokers' rights
- Better health
- Employee welfare
- Impact on active smoking
- Compliance with the law

**The Annual Cost of Smoking Employees
(1995 CAD per employee)
Ventilation**

- No ventilation system can solve the ETS problem sufficiently
- Ventilation can at best improve indoor air quality
- Ventilation systems usually rely on
 - filtration
 - recirculation of the air
 - separate ventilation of designated areas
with lower air pressure

**Minimizing occupational exposure to ETS at work -
Best practices**

- Eliminating ETS from the workplace - Defining a workplace smoking policy
- Voluntary, regulatory, and legislative initiatives
- All employees are provided with a smoke-free work environment
- Policy applies to everyone, including visitors and customers

Key Principles for Successful Policy Implementation

- Health and safety focus
- Management commitment and support
- Manager training regarding policy communication and enforcement
- Employee participation in planning and implementation
- Education of workforce about hazards of ETS
- Ample time from policy announcement to implementation
- Smoking cessation programs
- Appropriate enforcement
- Ongoing education and support

Implementation of a workplace smoking policy - Duties of the employer

- To evaluate the implementation of smoking regulations
- To estimate the employee exposure to ETS and the health risk with the help of occupational health care professionals
- To minimize the exposure to ETS by taking adequate measures
- To take care of special risk groups (e.g. pregnant women)
- To provide training and support

Implementation of a workplace smoking policy - Duties of occupational health professionals

- Planning of adequate measures needed to support the workplace smoking policy
- To make workplace visits in order to review the current situation
- To participate in the estimation of the health risk caused by exposure to ETS
- To organize occupational physical examinations when needed
- Support the employees in smoking cessation
- To organize indoor air nicotine measurements and biological analyses when needed

**Jan Winroth, Sweden - University of Trollhättan / Uddevalla
Department for studies of Work, Economics and health**

**Health promotion leadership - A development programme
for managers in the public sector in Sweden**

Content / Disposition:

1. Introduction - Background - Preparatory work
2. Structure and guidelines for the programme
3. The implementation and content in the programme
Phase 1 - 3
4. Some results

Background - Preparatory work

- Upstart process. A small group discussed and formulated an idea and a purpose for the programme. Here are some of the issues we discussed:
- Our opinion about Health Promotion and Workplace Health Promotion
- If we were familiar with programme which dealt with this in combination with management training
- How we could develop some kind of programme where we could improve the meaning of "Health Promoting Leadership"
- Who is the target group?
- Meeting with the senior executives and the local politicians before the programme started

Structure and guidelines for the programme

- Underpinning ideas
 - * Process-oriented work
 - * Participation
 - * Empowering
- The structure. Three phases:
 - 1). Starting up the process
 - 2). Training / Increase the awareness... / New skills / Exchanging experiences / Good examples / Process evaluation
 - 3). Personal plan / Implementation / Supervision / Evaluation
- Extent
 - * 20 days spread over 1 year plus meetings in three subgroups in between some of the ordinary meetings

- Roles and responsibility
 - * 2 responsible programme leaders
 - * 3 supervisors - responsible for the subgroup meetings
- Programme staff

The programme: Phase 1

- Presentation of the idea for the programme
- Meeting of minds...
- Expectations from the participants and an analysis of needs
- Working out a common picture of objectives for the programme

The programme: Phase 2

Training / Increasing the awareness / New skills / Exchange of experiences /
Good examples / ... Process evaluation

Content - Examples:

- About health, healthwork and health promotion
- About leadership and collaboratorship
- About communication and pedagogy
- About changing processes and learning processes
- About working life research
- Good examples

The programme: Phase 3

Phase 2 - To be continued...

- Make up a personal plan
- Implementation
- Supervision
- Evaluation

Some results - Intermediate outcomes

- From the process evaluation
 - * Increased awareness about ... process-oriented work, the meaning of health promotion, how other managers do...
 - * New skills ... communications skills, how to run a change process, ...
 - Criteria for Health promotion leadership
 - Personal plans

Criteria for "Health Promoting leadership"

- Create participation and work process-oriented
- Clear aims and roles
- Be visible and present
- Give feedback
- Enable - Create good conditions for the personal staff
- Be aware of what kind of factors promoting health

The leadership task and function

- Conduct, guide, supervision, organize
- Reach formulated aims - Follow up
- Communicate
- Enabling

Comments from the participants

"I have improved my ability to focus on the positive. I also learned to acknowledge all of my employees, something I previously have been forgetful about".

"I feel that I now have a holistic picture of good leadership with focus on the health of my employees as well as myself".

"This programme gives me support to develop as leader in such a way that my working place becomes more healthy. This new knowledge has definitely changed my attitude for the future of my career".

Comments from the responsible programme leaders

"If we want to create health promoting workplaces we need health promoting leadership. This training programme is an exciting process that contributes to this".

"I am impressed over the engagement from all participants. They really want to promote health at their working places"

Policies and Programs to counter Anxiety and Depressive Disorders

The Experience at EDF and Gaz de France Catherine Godard

- 1996: in-house health interventions and assessment mental health, cancer screening, non-work EDF-GDF, Medical Department for its health insurance program
- 140,000 employees in France
- Special Company Health Insurance Program
158 local medical offices
"absence certification", epidemiologic databases, surveys, health promotion activities
- Other "health" participants: occupational physicians, supplemental insurance organizations, occupational safety department, in-house associations, social workers, administrative and union supervisors and employees

Innovative Public Health Activity

1980s: industrial epidemiology
Databases, registries
Descriptive and etiological studies
accidents, health education
Health Education: How?

Discipline not well understood by the consulting physicians

Invest in improving health risk behaviors?

Decision: learn, experiment, see what's feasible

Approaches

- Collective: information, communication
- large networks of participants
- no individual problems
- Individual: individual consulting physician
- patient-doctor confidentiality

- medical-social networks
- An individual approach

The APRAND program

1992 : prevalence and occupational factors

Observation: (epidemiologic database)
 Psychiatry: 16% of the short-term absences days

Context:

Definition by diagnostic criteria (DSMIII)
 Standardized questionnaires (CIDI...)

Epidemiologic survey:
 Prevalence: 17% of employees
 Other possible use of questionnaires...

1996 : tools for a protocol

simplified detection tools: the MINI

facilitating case identification by general practitioners:
 classification (ICD10)
 user-friendly descriptions
 (WHO summary cards)

literature about treatment of depression: misdiagnosed, inadequate treatment.
 Epidemiologic points

An intervention ... and an evaluation of the intervention

The intervention: to improve management

Epidemiologic assessment: to measure and compare the effect of the intervention

- on the symptoms
- on recovery

The disorders studied
 Frequent in the adult population
 Improvement of management possible

- 1st depression, recurrent depression, dysthymia, suicide risks

- manic episodes
- phobic and panic disorders, generalized anxiety

Health education intervention

Treatment in a medical-social network:

Cases detected

912 cases detected during 2001

20 initial refusals to participate	(2%)
55 subsequent drop-outs	(4%)
decided to drop out	: 35
retirement, transfer, resignation or death	: 20

892 cases detected and followed

Anxiety disorders and depressive disorders among the 892 cases

➤ Phobic or panic	:	373 (42%)
➤ Generalized anxiety	:	332 (38%)
➤ 1st depression	:	331 (38%)
➤ Recurrent depression	:	304 (35%)
➤ Dysthymia without depression	:	60 (7%)
➤ With suicide risk	:	239

Co-morbidity

➤ 19% anxiety disorders only	(167 cases)
➤ 21% depressive disorders only	(187 cases)
➤ 60% depressive and anxiety disorders	(538 cases)

“When we do something, we help...”

- the MINI , the BROCHURES:

"at the end of 3 months, I had changed my practice"

"that's exactly it"

"that's reassuring: it's written on a medical document"

“that's nice to know”

"that explains it"

"that's a relief"

“its a disease, not a fault, they can take proof home to their family and friends"

"it's good that there is dialogue + support"

➤ ACT IN A NETWORK:

"diagnose it, solve the medical problem first" ...

"occupational physician, spectacular results if it's an individual problem, when its a collective problem – the organization of work– we are powerless"

Quantitative results Depressive disorders Comparison of ACTIVE and Control Sites at

baseline and at 6 weeks
The employees involved
The diagnoses detected

Isolation, initial medical follow-up

- 10% had never discussed their problem with anyone (13% at the active sites)
- 23% had not discussed it with a physician
- 46% were followed only by their general practitioner
- 31% were followed by a specialist

Additional problems

personal: 32% (42% on the active site)

physical diseases: 15% (19% on the active site)

work-related problem: 50%

alcohol problem: 5%

The risk of suicide among the depressive subjects

34%: suicide risk
19% slight
7% medium
8% high

Identical distribution regardless of the specific depressive disorder

11% of those considered at risk for suicide had never talked about their problem
23% were not followed by a general practitioner or a specialist

The "network" intervention at the active sites

Employee requested that no one be contacted: 27%

Consulting physician contacted:

general practitioner :	37%
psychiatrist :	9%
occupational physician:	25%

The health education intervention (for 281 cases of depression)

73%	found the explanations of the consulting physician "very useful"
17%	had not thought they had a medical problem
12%	had not wanted to think about it
7%	cannot answer
59%	state that they "understand their problem better" after the interview

HAD scores for depression

Variation of scores after adjustment

- Results always better at the ACTIVE Sites
- The tests lack power at 6 weeks
- Significant differences in women, among the young, among the over-40s

APRAND: Lessons from experience

- Epidemiologic tool, diagnostic tool, health education tool
 - 3 months for self-study, surprise at some diagnoses
 - Usefulness of the MINI + BROCHURE
 - Complementarity of health education and medical-social network
 - Improve it ... and measure it: awaiting quantitative results
- Lessons from experience in health promotion?

Feasible interventions and health promotion interventions?

- Communication, knowledge, SHORT-TERM
- Repeated interventions, behaviors, LONG TERM
- The rhythm of the company and the duration of the programs...
- Health promotion, epidemiologic assessment and health and prevention policies?
- Medical advice – by a protocol in an experiment

Acknowledgments

We thank: the organizers of this conference for giving us the opportunity to report our experience

- the local and regional physicians who participated in developing the protocol and in implementing the APRAND study, and their assistants
- the occupational physicians and social workers who contributed to the network charter
- the officers of the national medical board for their approval, the WHO collaborating center for mental health for their support
- the managers at EDF-GDF who approved this study
- officers of the union federations who supported this project
- the successive head physicians who impelled, launched and continued it
- the technical managers in the central office who encouraged it.

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Alcohol and Drugs – Policies and Employment
A case study in capacity building from Scotland

Miriam O'Connor
The Health Education
Board for Scotland

John Griffiths
work2health

Alcohol and Drugs – Policies and Employment

- **The Background to the Project**

- Why address alcohol and drugs issues in and through the workplace?
- Why is capacity building important?

Alcohol and Drugs – Policies and Employment
The importance of addressing alcohol and drug use

The importance of capacity building

The overview of the training course – the objectives

- Increased knowledge of all forms of substances and their impact on the individual
- Greater understanding and knowledge of alcohol and drugs policies in the workplace
- Raised awareness of the legal framework within which to implement workplace alcohol and drugs policies

The overview of the training course – the objectives

- Raised awareness of the impact of such policies on personnel practices and procedures
- Enhanced training skills that will equip participants to run training courses on workplace alcohol and drugs policies
- Increased ability to respond to requests from employers to provide advice and guidance on the development of alcohol and drugs policies

The overview of the training course

- 3 day course
- Key issues addressed:
 - The need for policies and what a policy might address
 - Substances of concern and the legal implications
 - The Law and alcohol and drug use
 - Developing a positive response at the Corporate level
 - Getting the right balance – discipline and support
 - To test or not to test?
 - Referral procedures

The outcome of the training course – one organisation's experience

Strathclyde Police Drug Awareness Officers

- Required on a regular basis to provide briefings and advice to local employers on workplace drug and alcohol issues
- In line with the National Drugs Strategy the Police are obliged to promote the introduction of workplace drug and alcohol policies

Practice before the course

- Advice centred on criminal law and illegal drugs
- Often once only visits

Practice after the course

- Advice offered on a much wider range of issues
- Training and presentations offered to employers and specific departments such as HRM

Practice after the course

- Able to engage in discussions on the pro's and con's of policy development
- Able to offer advice on issues around drug testing programmes

Most importantly the Drug Awareness Officers are able to undertake policy audits, and are seen as a positive resource, not just as an enforcing agency
Their role has increased as one company recommends them to another

The outcomes of the Project

- In two weeks time the course will be run for the fourth time
- In total around 70 people have been trained
- In turn they are either running training courses themselves or are assisting companies to adopt comprehensive workplace policies dealing with the issue of alcohol and drug use

“The Aventis Lifestyle Program in France”

François Duforez, Vielife (France)

From Vision to Concept

Research

Competition

Corporate

The Magic Triad

Success= performance – safety – comfort

The world of F1 has many similarities to our business environments

- Ultra-competitive
- Directly accountable
- Standardised/Commodity market-place
- Global
- Complex
- Team driven
- Time sensitive
- Technology driven
- Customer focused
- Significant financial investments

Cap Forme Aventis 1989 - 1999

Objectives :

Content

- Rationalise and recommend ways to improve quality of life and health at work
- Reinforce the internal communication messages from human resources

Assessments

- Development of practical tools to help individuals maintain optimal health and improve their own and the collective performances in the corporation
- Identify issues linked to lifestyle and / or foresee future pathologies or issues
- Enable people to gain a better knowledge of their “life rhythms” to be able to prevent problems
- Decrease the costs linked to stoppage of work and decreased productivity

Definition :

- On-line magazine available for people who have intranet access
- Assessments as on-line questionnaires which are confidential & auto administered, delivering personalised comments & action plans

Structure :

- Global approach of human factors
 - Sleep / Vigilance
 - Nutrition
 - Fitness
 - Stress management
 - Risk factors
 - Environment / Ergonomics
- Every theme was updated once every two months

Target :

- All employees who had intranet access and who used a computer at work
- Focused on people in stressful working environments
- Shift work / variable hours
- High professional responsibilities
- Frequent travellers (jet-lag, recovery...)

Indicators used :

- Stress = PCV Metra
- Nutrition = **vielife**
- Fitness = Baecke simplified
- Sleep = Spiegel
- Risk factors = Stanford
- Environment = **vielife**

Results :

- **Very good perception of the product Cap Forme by Aventis employees :**

For example in February :

- The audience was 17%
- 2867 different employees connected
- Average length each connection was 20 minutes
- Monday was the most active day, and 3 – 4pm the most active time.
- Cap Forme was the 2nd most visited site on Zoom
- Cap Forme had highest increase in February
- Users feedback on personal and specific needs resulted in additional off-line training.

Content in an on-line magazine

Results of the assessments by traffic light system (green, orange & red)

Each result is supported by a personalised comment

Each comment is adapted to the user's lifestyle

Assessment system for Aventis occupational medicine

Since 1996, **vielife** has helped several large companies with the management of their employees and their working environment.

For example :

Case Study of the assessment system for Aventis occupational medicine

- **Needs of Aventis in-house doctors in October 1998 were :**

- Questionnaires that deliver a relevant index (defined with the in-house doctor)
- Materials to support discussions (doctor / subject)
- Fast Computerised Questionnaires (not on the IT network)

- **Application (software) :**

- Assessment forms (possibility to add or to delete something)
- Instantaneous results (by index / marks)

- Personalised comments (for each result)
- Paper printable (“medical” file)

- **Setting :**

- In the waiting room of the Medical Centre

Cap Forme Results

- **Population included in the survey :**

- Headquarters (2)
- A Chemistry site (Melle and La Rochelle)
- Aventis Fitness Center in Anthony

Data from all sites analysed, the survey was undertaken by 500 representing more than 100 000 data points

Lifestyle Indicators

PAI (Physical Activity Index)

- More significant for people working outside Paris (3,10 vs 2,40)
- Much higher for men than for women
- Paradoxically, the Fitness Center users didn’t have a high PAI index, but Fitness done at the workplace increases time spent with family and hence could have a valuable role

LAI (Leisure Activity Index)

- Results were very constant
- Exception being the executives working at the export branch (transport time)

Recovery Indicators :

- Sleep issues were higher in Melle (43% vs 33%).
- They were dramatically decreased for the Fitness Center users
- People who reported being “shattered” during the day were typically women and employees working in Melle (correlation between sleep disorders and diurnal vigilance, 70% vs 42%)

Indicator of PCV Metra (stress)

Stress Indicators :

- The average for French population is 8.8
- Three populations:
La Rochelle (9,32), Melle (10,5) and Doumer (9.16)
- Figures for Fitness Center users were low (7.75)
- There were some high standard deviations = the practical application is different from each in-house doctor

Health indicators

- Number of smokers were higher in Doumer, and paradoxically at the Fitness Center (do the people who subscribe at the Fitness Center make it to stop smoking?)
- Greater numbers of people with elevated cholesterol were seen in La Rochelle.
- High levels of pressure more common in Melle

- Allergy prevalence very high in La Rochelle (32% people)
- Back problems, especially cervical troubles, are constant, either the site is (51% and 17%), except for the Fitness Center users (muscular reinforcement, flexibility and relaxation effects : 24% and 4%)

Indicator of PCV Metra (stress)

Aventis Business School 1998	10.63 ± 3.48
Aventis Managers	8.55 ± 2.7
vie life	8.90 ± 3.3

Sleep / Recovery index figures

	Sleep disorders described	Tiredness when wake up	Hypovigilance	Coffee (4 and more)	Nap
Aventis Business School 1998	31%	62.5 %	50 %	44%	43.8 %
Aventis Managers	25%	45%	32%	21%	40%

Comments on behavioural indicators

- **Results based on sleep disorders and recovery :**
 - Coherence with the PCV Metra index
 - Sleep disorders described are same as the ones of the reference group
- **But :**
 - Tiredness in the morning is higher (62.5% vs 45%)
 - Hypovigilance periods are more significant (50% vs 32%)
 - Consumption of psychostimulants (coffe / tea) is higher (44% vs 21%)
 - Recovery during week-ends is not compensatory

⇒ **Hypothesis :**

- Seasonal effect
- Generation effect
- New job effect

Tests of physical assessment

	VO 2 (mlO ₂ /mn/kg)	Muscular endurance (recovery / 30s)	Flexibility (cm)	Body Fat (%)
Aventis	35.5 ± 5.91	17.7 ± 3.07	6.2 ± 10.04	22.2 ± 8.7
Average for men (30-39 ans)	37	14	2	23
Average for women. (30-39 ans)	32	12	4	28

Suggestions

• **Solutions can be :**

- Individual interviews
- Information provided and packaged by **vielife** given to the in-house doctors
- Group training sessions based on how to recover fast
- Sleep survey : need analysis and practical solutions
- Survey based on the ergonomics of workstations (cognitive and organisational ergonomics)

⇒ **Project** : on-line solutions internally and for customers

Need for anticipate the stressors better, keeping the magic triad :

Performance – Comfort – Safety

vielife Online

A full psychological assessment of the user :

- A more significant assessment tool
- Personnalised comments adapted to the user
- A high security system

- Access to a medical database
- A high interactivity between the system and the user
- Daily articles and advice regarding lifestyle

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