EUROPEAN PARLIAMENT

DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT A
ECONOMIC AND SCIENTIFIC POLICY

Economic and Monetary Affairs

Employment and Social Affairs

Environment, Public Health and Food Safety

Industry, Research and Energy

Internal Market and Consumer Protection

Workshop on Prevention and Healthy Life

MEETING DOCUMENT

EN

2014

Workshop on Prevention and Healthy Life/Meeting Document

EUROPEAN PARLIAMENT

DIRECTORATE GENERAL FOR INTERNAL POLICIES
POLICY DEPARTMENT A: ECONOMIC AND SCIENTIFIC POLICY

WORKSHOP

Prevention and Healthy Life

Brussels, 4 Mars 2014

MEETING DOCUMENT

Organised by the Policy Department A-Economy & Science
for the Committee on the Environment, Public Health and Food Safety (ENVI)

Workshop on Prevention and Healthy Life

Tuesday, 4 Mars 2014 from 13.00 to 14.45
European Parliament, Room A1G-2, Brussels

AGENDA

13.00 - 13.05
Welcome and opening by Co-chairs of the Health Working Group, Glenis WILLMOTT and Alojz PETERLE, MEPs

Part 1

Promoting health and environmental healthy lifestyles to prevent diseases in the European Union

13.05 – 13.15
Evaluation of the health actions taken during the 7th Parliamentary Term
ENVI Committee representative, European Parliament

13.15 – 13.25
Evaluation of the "2nd Community action Programme in the field of health 2008-2013" and futures actions under the "3rd Union action programme in the field of health 2014-2020"
Mr Michael HÜBEL, Head of Unit – Programme management and diseases, DG Health and Consumers.

13.25 – 13.40
Q & A

Part 2

The need for prevention

13.40 – 13.50
Tackling diseases is not only treatment: preventing specific lifestyle risk factors
Prof. Sabine ROHRMANN, Head of the Department of Epidemiology and Prevention of Cancer, Institute of Social and Preventing Medicine, University of Zurich (CH)

13.50 – 14.00
A healthy life style: pleasant physical activity, positive thinking, balanced healthy nutrition, healthy environment
Mr. Marjan VIDENŠEK, foundation Zavod Preporod (SI)

14.00 – 14.10
Promoting healthy workplace. Occupational risk factors
Dr Karl KUHN, Chair of the European Network for Workplace Health Promotion (ENWHP), funded by the EC under the Public Health Programme (2008-2013)

14.10 - 14.40
Q&A

14.40 – 14.45
Conclusions

14.45 Closing

SHORT BIOGRAPHIES OF EXPERTS

Mr Michael Hübel

Born 1962, married, two children
Primary and secondary education in Germany and the United States
Studies of Political Science (major), Public Law and History in Bonn/Germany and Canberra/Australia
Work in different German youth and social welfare organisations.
1989-1995 - German Red Cross, Headquarters, Social Welfare Division, initially in the Social Policy Unit, then European Representative of the German Red Cross.
In the Commission since 1995, initially in DG V (Employment and Social Affairs);.
Since 2000: DG Health and Consumers, Public Health Directorate. Until 2003 in policy analysis and development, working on general health policy.
From 2003 in the Health Determinants unit, with responsibility for social and environmental determinants. Since 2004 Deputy Head of Unit.
2005-2012 - Head of Unit for Health Determinants, with responsibilities for nutrition and physical activity, alcohol, chronic diseases and wider determinants of health.
Since January 2013: Head of Unit Programme Management and Diseases.
Responsible for the EU Health Programme and chronic diseases, including cancer and rare diseases, and mental health.

Dr Sabine Rohrmann

Dr Sabine Rohrmann is an epidemiologist with expertise in diet, lifestyle and chronic diseases, in particular cancer. Sabine Rohrmann studied nutrition sciences and home economics and graduated in 1995. In 1998, she finished her MPH and became a Ph.D. student at the Division of Cancer Epidemiology, German Cancer Research Center, Heidelberg, Germany. After finishing her Ph.D., she joined the Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore (USA), focusing on risk factors for prostate cancer and BPH. Between June 2004 and February 2010, Dr Rohrmann was a Research Scientist at the German Cancer Research Center, working on the Heidelberg cohort of the European Prospective Investigation into Cancer and Nutrition (EPIC). During that time, her research focused on diet, metabolism, and lifestyle as cancer risk factors. In 2010, she was appointed as an Assistant Professor heading the Department of Cancer Epidemiology and Prevention at the Institute of Social and Preventive Medicine, Zurich University, Zurich, Switzerland. She is currently involved in research that identifies modifiable factors associated with cancer incidence and mortality in Switzerland.

Mr Marjan Videnšek

Mr Marjan Videnšek is known as an adviser for a healthy life in Slovenia and outside its borders. He strongly supports nutritional detoxification of the organism, fasting as well as the influence of proper nutrition and vigorous physical exercise on human health and the quality of life.

In 1992, he made a radical change in his lifestyle and thus eliminated his health problems. After that, he started researching the influences of healthy lifestyle on our diseases and, having come across excellent results, he dedicated his life to it.

He graduated from the Fit for Life Institute in Canada in 2000 on the topic of natural health. He currently cooperates with similar organisations and individuals in the US and the UK.

Mr Videnšek is the author of several books about the healing effects of fasting and raw food. Since 1998, he has been publishing a bimonthly newsletter *Preporod – V sožitju z Naravo (Rebirth – In Harmony with Nature*). He is also a regular guest on the national TV and radio. His Institute Preporod has been organising 10-day programmes of group fasting and a school of healthy lifestyle for 10 years now. He hosted several thousand people in his programmes.

Dr Karl Kuhn

Dr Karl Kuhn, M.A., is Adj. Professor at Griffith University in Brisbane. After 30 years as a Head of unit, Chief Scientist and Senior Policy Adviser at the Federal Institute for Occupational Safety and Health of Germany - Part of the German Ministry for Labour and Social Order - he retired in March 2010. More recently, between April 2011 and December 2012 he worked as Residential Twinning Adviser in the Twinning project "Support to the State Labour Inspectorate (SLI) in Occupational Health and Safety (OHS) enhancement in the Republic of Azerbaijan" funded by the European Commission. In 2013 he participated as health and safety at work expert to a number of missions organized by EU projects in Egypt, Serbia, Turkey and China.

In 1996 he has founded the European Network of Workplace Health Promotion (ENWHP) which includes at the moment 32 states. Since then he is the chairman of the network jointly with Maria Dolores Sole from Spain. Dr Kuhn has carried out European research in prevention and workplace health promotion, health economics, mental health, ageing workforce, strategies for safety and health at work, employment policies and work design for about 20 years. Moreover, for over 20 years, he has been involved in projects funded by DG Sanco, DG employment (HIRES), DG research, the European Agency for Safety and Health at Work in Bilbao and Eurofound in Dublin on issues such as occupational safety and health, workplace health promotion, mental health etc..

Dr Kuhn is also member of the International Advisory Board of the Collaborating Centre for Mental Health Promotion at the National Agency for Public Health and welfare in Helsinki; member of the EU Expert platform on Depression; and member of the scientific board of the ddn – The German Demographic Network – which includes more than 400 German enterprises (http://demographie-netzwerk.de/); as well as member of various boards in national organizations in Germany e.g. health insurances and others.

PRESENTATIONS

Presentation by Dr Sabine Rohrmann

University of Zurich[UZH]

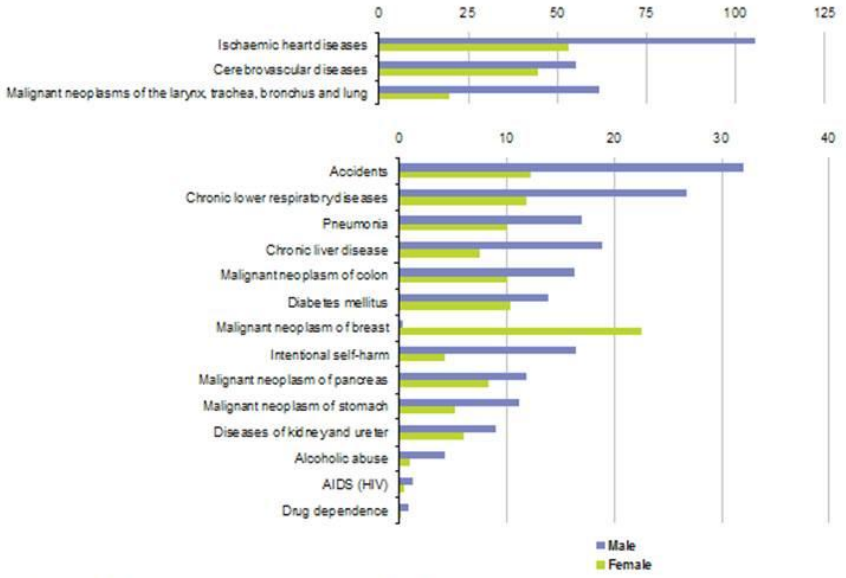
Institute of Social and Preventive Medicine

Tackling diseases is not only treatment: preventing specific lifestyle risk factors

Sabine Rohrmann

Head, Department of Cancer Epidemiology and Prevention

Causes of death - standardised death rate, EU-27, 2010 (per 100 000 inhabitants)

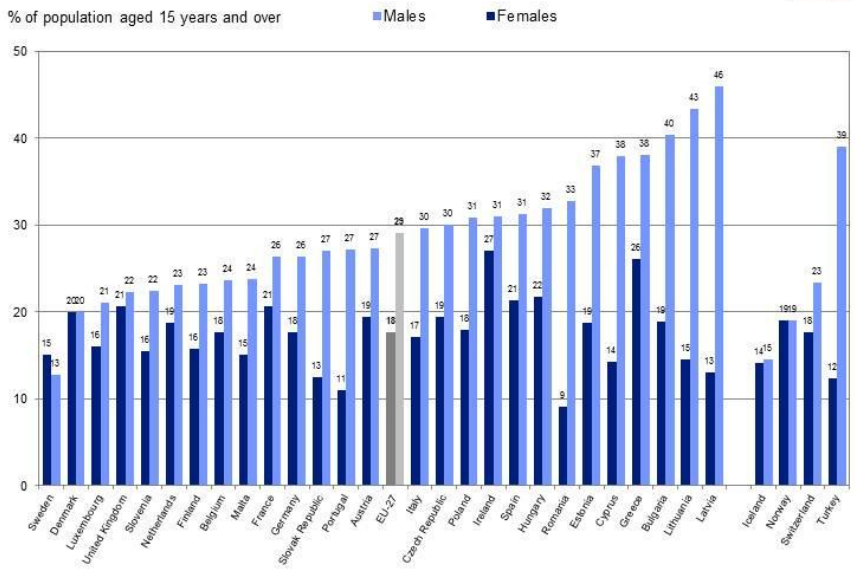


(1) Provisional; the figure is ranked on the average of male and female; note the difference in the scales employed between the two parts of the figure.
Source: Eurostat (online data code: hlth_cd_asdr)

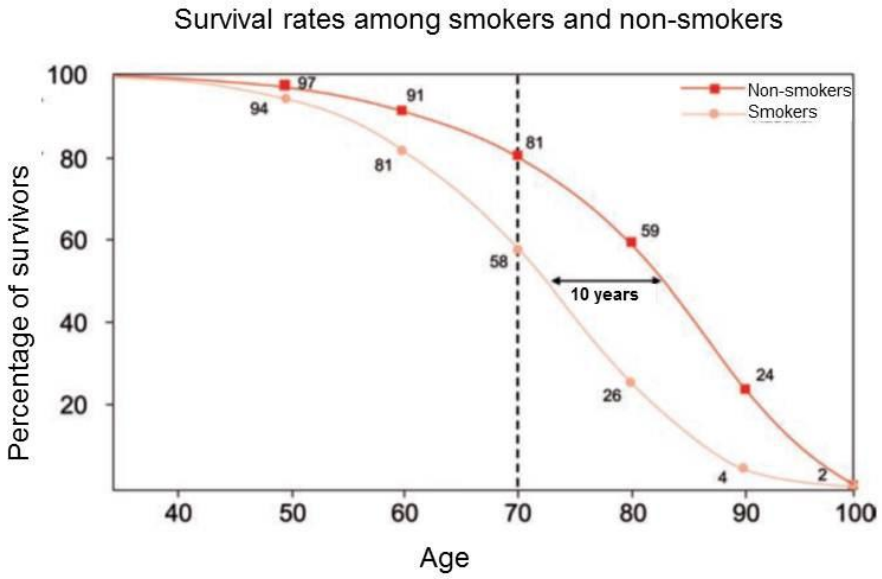
Ranking of selected risk factors: 10 leading risk factor causes of death (WHO 2009)

	Risk factor	Deaths (millions)	Percentage of total
	High-income countries[a]		
1	Tobacco use	1.5	17.9
2	High blood pressure	1.4	16.8
3	Overweight and obesity	0.7	8.4
4	Physical inactivity	0.6	7.7
5	High blood glucose	0.6	7.0
6	High cholesterol	0.5	5.8
7	Low fruit and vegetable intake	0.2	2.5
8	Urban outdoor air pollution	0.2	2.5
9	Alcohol use	0.1	1.6
10	Occupational risks	0.1	1.1

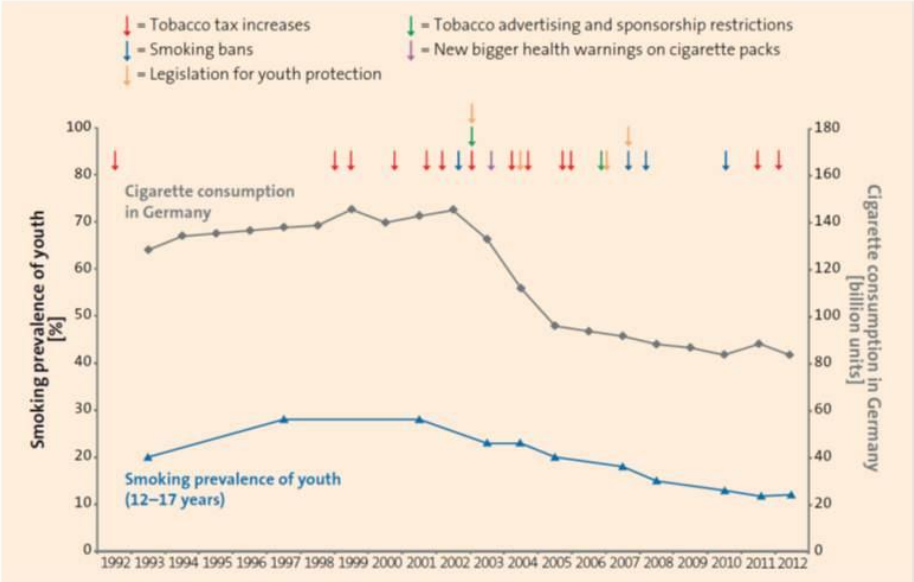
Females and males smoking daily, 2010 (or nearest year; OECD Health Data 2012)



Survival rates among smokers and non-smokers *(Doll R et al. 2004)*



Measures of tobacco control in Germany and their effects on tobacco consumption in young adults



Daten: Statistisches Bundesamt, Deutsche Hauptstelle für Suchtfragen e.V., Bundeszentrale für gesundheitliche Aufklärung

Smoking bans and their effect on morbidity and mortality

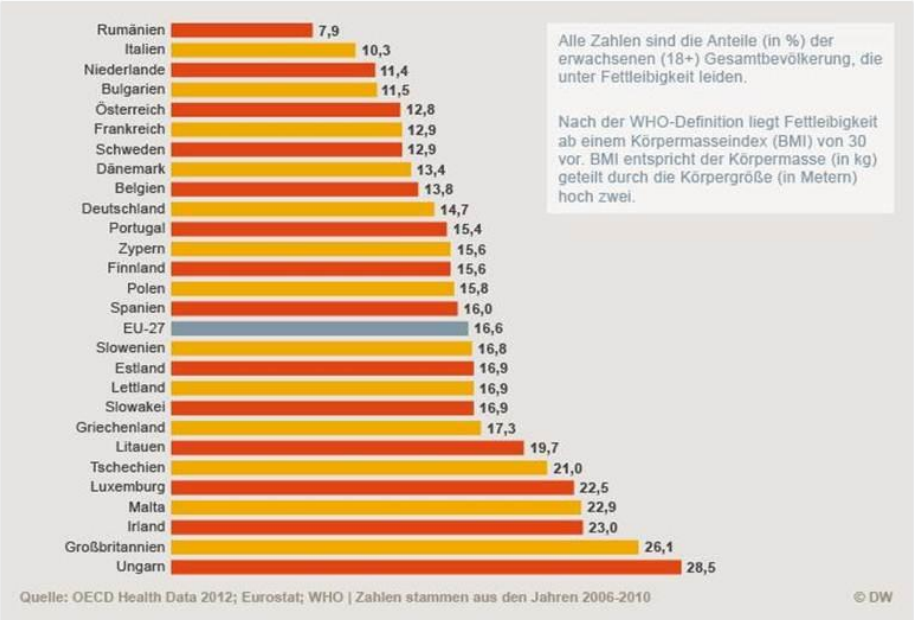
Agüero F et al. 2013: The 2006 **Spanish** partial smoke-free legislation was associated with a decrease in population *AMI incidence and mortality*, particularly in women, in people aged 65-74 years, and in passive smokers.

Stallings-Smith S, et al. 2013: The national **Irish** smoking ban was associated with immediate reductions in *early mortality*. Importantly, post-ban risk differences did not change with a longer follow-up period.

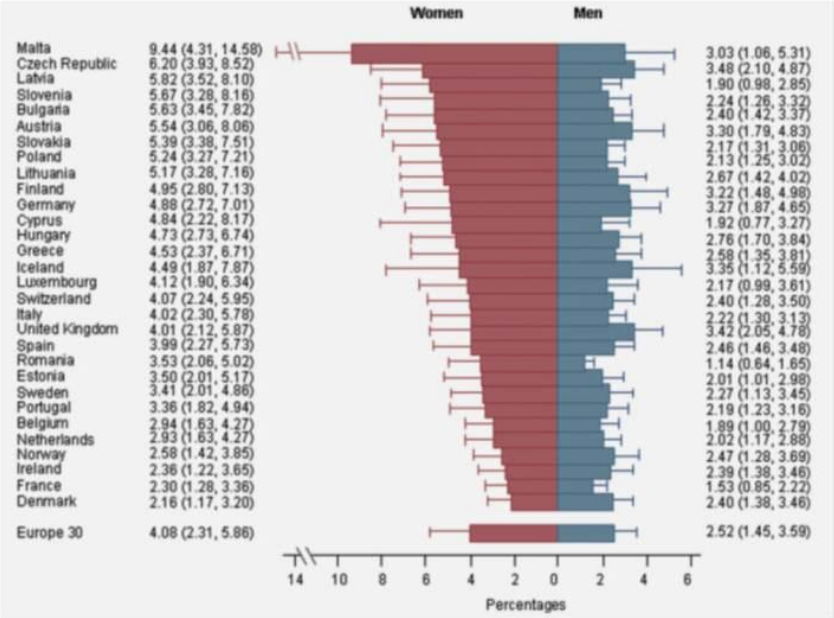
Kent BD et al. 2012: The implementation of a nationwide workplace smoking ban is associated with a decline in admissions with *acute pulmonary disease* among specific age groups and an overall reduction in asthma admissions. (US data)

Bonetti PO et al. 2011: Compared with the two years preceding the implementation of a smoking ban, the incidence of *AMI* remained significantly reduced in the second year of the ban in **Graubünden**, whereas no similar reduction was seen in a comparable area without smoke-free legislation.

Obesity rates in Europe – OECD 2012



Percentages of all cancers attributable to excess body mass index in Europe



(Renehan AG et al. Int J Cancer 2010)

Contributions of risk factor trends to cardiometabolic mortality decline in 26 industrialized countries

Mean BMI increased in most countries (most in Mexico and Chile for women (by 0.16 kg/m^2 /y) and in Mexico and the USA for men (0.11 kg/m^2 /y)

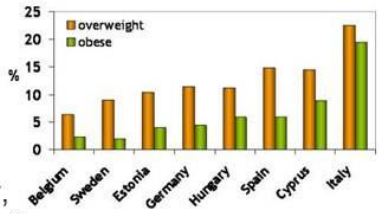
SBP declined in all countries besides Chile (0.28mmHg/y FIN, LUX US men; 0.43mmHg/y FIN, F women)

TC declined by 0.03–0.04 mmol/l per year in FIN, SWE, NZ, UK; decline was smaller in countries in S. Europe, GER, ARG; nearly zero in MEX, Chile; and increased by over 0.01 mmol/l per year in Japan

- Between 1980 and 2009, age-standardized cardiometabolic mortality declined (annual decline between <1% in Mexico to ≈ 5% in Australia)
- Risk factor trends may have accounted for ≈ 48% (men) and ≈ 40% (women) (>60% of decline among men and women in FIN and CH, men in NZ and F, and women in Italy; their benefits were smallest in MEX, POR, and JAP men and MEX women)
- Risk factor trends may have slowed down mortality decline in Chilean men and women and had virtually no effect in Argentinean women
- Contributions of risk factors to mortality decline seemed substantially larger among men than among women

(DiCesare M et al. Int J Epidemiol 2013)

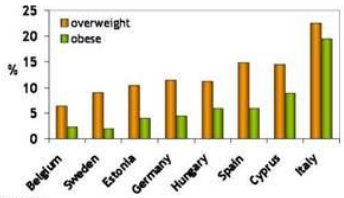
Cochrane Review - Interventions for preventing obesity in children



- 37 studies of 27,946 children
- Programmes were effective at reducing adiposity, although not all individual interventions were effective
- Promising policies and strategies:
  - **school curriculum** that includes healthy eating, physical activity and body image
  - **increased sessions for physical activity** and the development of fundamental movement skills throughout the school week
  - improvements in nutritional quality of the **food supply in schools**
  - **environments and cultural practices** that support children eating healthier foods and being active throughout each day
  - **support for teachers and other staff** to implement health promotion strategies and activities (e.g. professional development, capacity building activities)
  - **parent support and home activities** that encourage children to be more active, eat more nutritious foods and spend less time in screen based activities

(Water E et al. 2011)

Whole of community interventions – a measure to prevent excessive population weight gain?



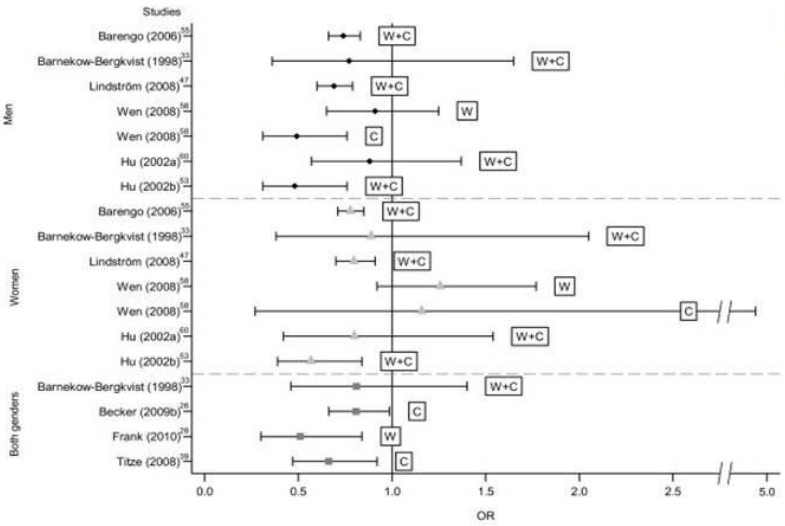
- **Population-based, 'whole of community' interventions:**

  utilise community engagement processes and implement multiple strategies to improve the health of populations defined by geographical boundaries (i.e. cities, villages or regions)
- Eight trials (1990-2011): all targeted children or adolescents (none among adults!)
- Seven trials reported a significant effect favouring the intervention on at least one measure of adiposity
- Meta-analysis of six trials revealed a small reduction in BMI z-score among participants in intervention communities (mean difference (MD) -0.09; 95% confidence interval (CI) -0.16 to -0.02)

⇨ population-based, whole of community interventions can be effective in achieving ***modest reductions in population weight gain among children***.

(Wolfenden L et al. Prev Med 2014)

Active transport and overweight/obesity



- 83% of studies investigating the association between active transport and body weight reported at least some associations in the expected direction
- Problem: mainly cross-sectional studies

(Wanner M et al. Am J Prev Med 2012)

Tackling obesity – does taxing have any effect?

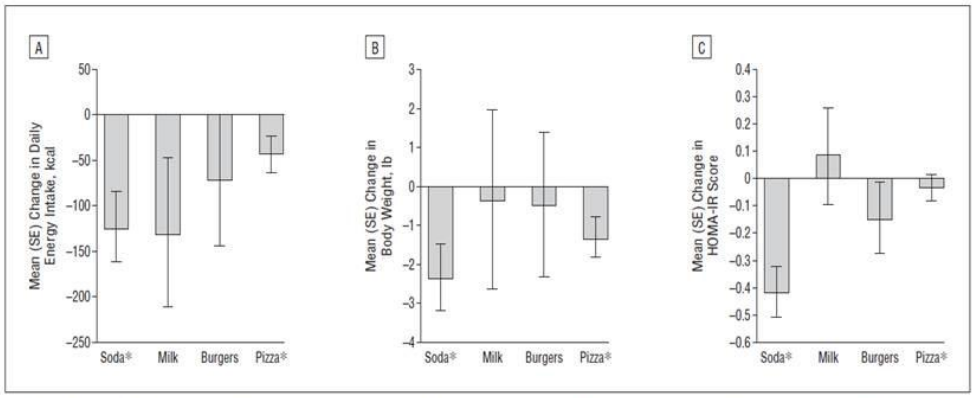


Figure 1. Association between a $1.00 increase in the price of selected foods and beverages with change in total energy intake (A), bod… (B), and homeostasis model assessment of insulin resistance (HOMA-IR) (C). Each food/beverage and outcome variable was mod… 12 models) as linear regression models of outcome (total energy intake [in kilocalories, n=12 007 observations], weight [i… convert to kilograms, multiply by 0.45], and HOMA-IR [n=10 218 observations]) on the price (in dollars) … dels adjusted for the following covariates: age (continuous); race; sex; income (low [<$25 000] … missing income); education (<high school, completed high school [refer… erence], single with children, and married with children); logged … Young Adults (CARDIA) Study center. Models adjust… Specific food and beve… participants' height. price of fried chicken, s… -sized price of coffee; "burger," logged … significantly different from zero ($P<.05$).

Conclusion: Policies aimed at altering the price of soda or away-from-home pizza may be effective mechanisms to steer US adults toward a more healthful diet and help reduce long-term weight gain or insulin levels over time.

(Duffey KJ et al. Arch Int Med 2010)

Examples of health related food taxes

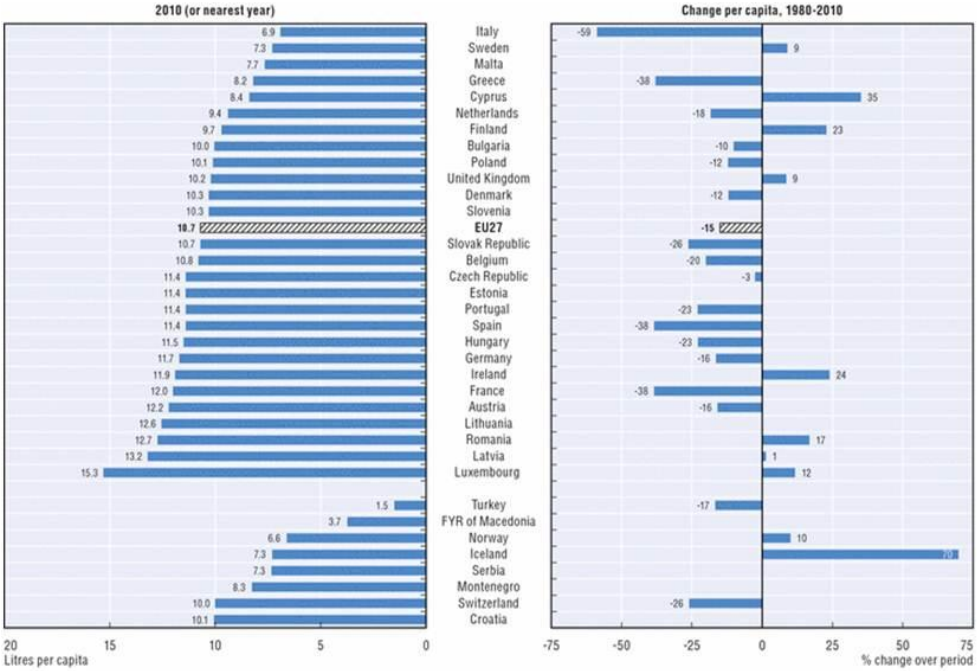
Country	Date introduced	Foods taxed	Tax rate
US	Various	Sugar sweetened drinks (in 23 states)	1- 8%
Norway	1981	Sugar, chocolate, and sugary drinks	Variable
Samoa	1984	Soft drinks	0.40 tala/L (£0.11; €0.14 $0.18)
Australia	2000	Soft drinks, confectionary, biscuits, and bakery products	10%
French Polynesia	2002	Sweetened drinks, confectionary, and ice cream	60 franc/L (£0.41; €0.55; $0.66) for imported drinks
Fiji	2006	Soft drinks	5% on imported drinks
Nauru	2007	Sugar, confectionary, carbonated drinks, cordial, and flavoured milks	30% import levy
Finland	2011	Soft drinks and confectionary	Soft drinks €0.075/L (£0.06; $0.10); confectionary €0.75/kg
Hungary	2011	Foods high in sugar, fat, or salt and sugary drinks	10 forint (£0.03; €0.04; $0.05) per item
Denmark	2011	Products with more than 2.3% of saturated fat: meat, dairy products, animal fats, and oils	Kr16/kg (£1.76; €2.15; $2.84) of saturated fat
France	2012	Drinks containing added sugar or sweetener	€072/L

Key to a successful health related food tax

- Taxing a wide range of unhealthy foods or nutrients is likely to result in greater health benefits than would accrue from narrow taxes; although the strongest evidence base is for a tax on sugar sweetened beverages
- Taxation needs to be at least 20% to have a significant effect on obesity and cardiovascular disease
- Taxes on unhealthy foods should ideally be combined with subsidies on healthy foods such as fruit and vegetables

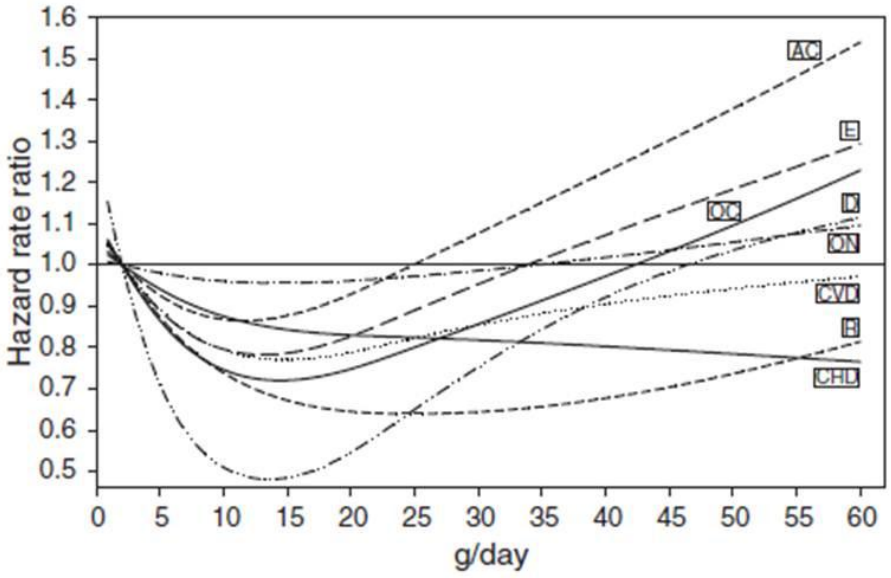
(Mytton O et al. Brit Med J 2012)

Alcohol consumption in Europe



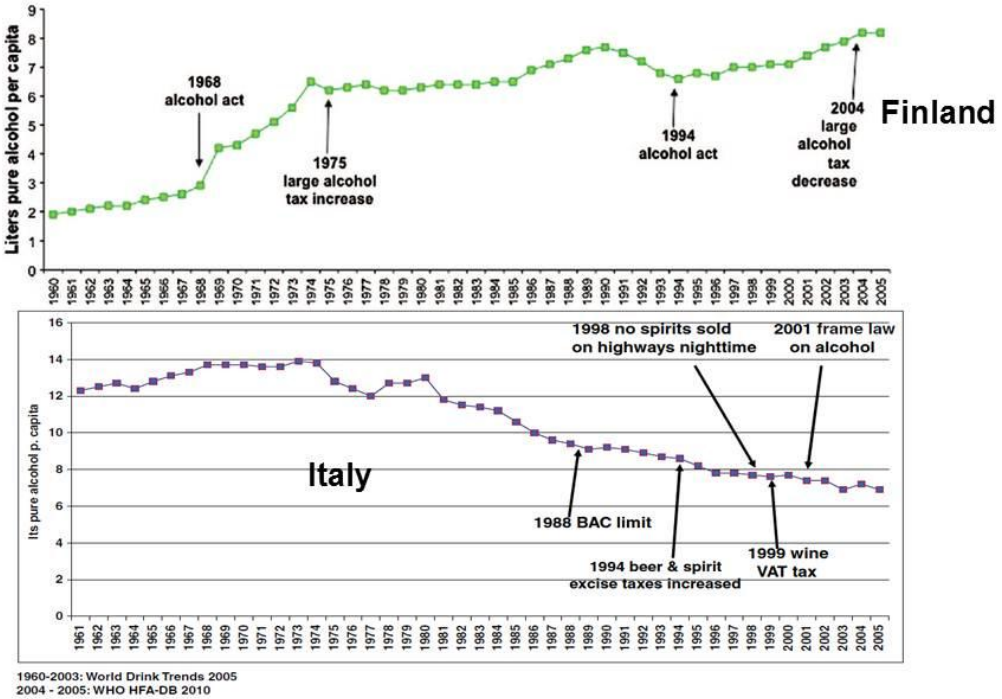
Alcohol consumption and mortality in men – European Prospective Investigation into Cancer and Nutrition

(Bergmann MM et al. Int J Epidemiol 2013)



CHD, coronary heart disease; CVD, cardiovascular disease other than CHD; AC, alcohol-related cancer; ON, other neoplasms; R, respiratory system; D, digestive system; E, external causes; OC, other causes

Effects of taxation and other measures on alcohol consumption – Finland and Italy



1960-2003: World Drink Trends 2005
2004 - 2005: WHO HFA-DB 2010

Conclusions

1. Smoking: decreasing prevelance in men and women (except Czech Republic, France and Italy) in many Western societies
   - Taxation, smoking bans and other measures appear to be effective, but can be improved (eg reduced access, limited advertisement, higher taxes)
2. Obesity: increasing prevalence in most Western societies
   - Changing the environment: interventions studies with children (at schools; diet and physical activity), active commuting etc. might help; effects of community inverventions are currently unclear
   - Taxation: not popular in the general population and the food industries (Denmark), but studies show that it might have at least some effect on consumption habits
3. Alcohol consumption: decreasing consumption in most European countries, but increasing in some others
   - Taxation, blood alcohol content (BAC) limits and restrictions in supply (age restrictions, time restrictions) are useful, but their success differs by country and consumption group

Thank you very much for your attention!

Presentation by Mr Marjan Videnšek

A HEALTHY LIFE STYLE – a royal road to healing

Marjan Videnšek
Zavod Preporod – Institute for healthy Life Style
Lindek 13, Frankolovo 3213 , Slovenia
Email: preporod@amis.net
0038641573778
Website: www.zavod-preporod.eu

30 day programme for improving your health

- 7 days – introduction period – leaving bad habits behind, food detoxification
- 9 days – detoxification of the organism by fasting
  Only liquid food (juices, teas, vegetable decoctions)
- 7 days – end of fasting, food detoxification
- 7 days – a healthy life (according to wellness principles)

The program should continue throughout your whole life!

Cleaning your organism by fasting – 9 days

- 7.30 am - Tea, measurements
- 8.00 am – Morning walk and exercise
- 9.00 am – Breakfast (tea, juice)
- 10.00 am – Morning activities: walks in nature (2 to 3 hours)
- 1.00 pm – Lunch (fresh juice, fasting soup)
- 1.30 pm–4.30 pm – Afternoon rest
- 4.30 pm – Yoga, afternoon walk, sauna, massages, stretching...
- 6.00 pm – Dinner
- 6.30 pm – Lectures, talks...
- 9.00 pm – Night rest

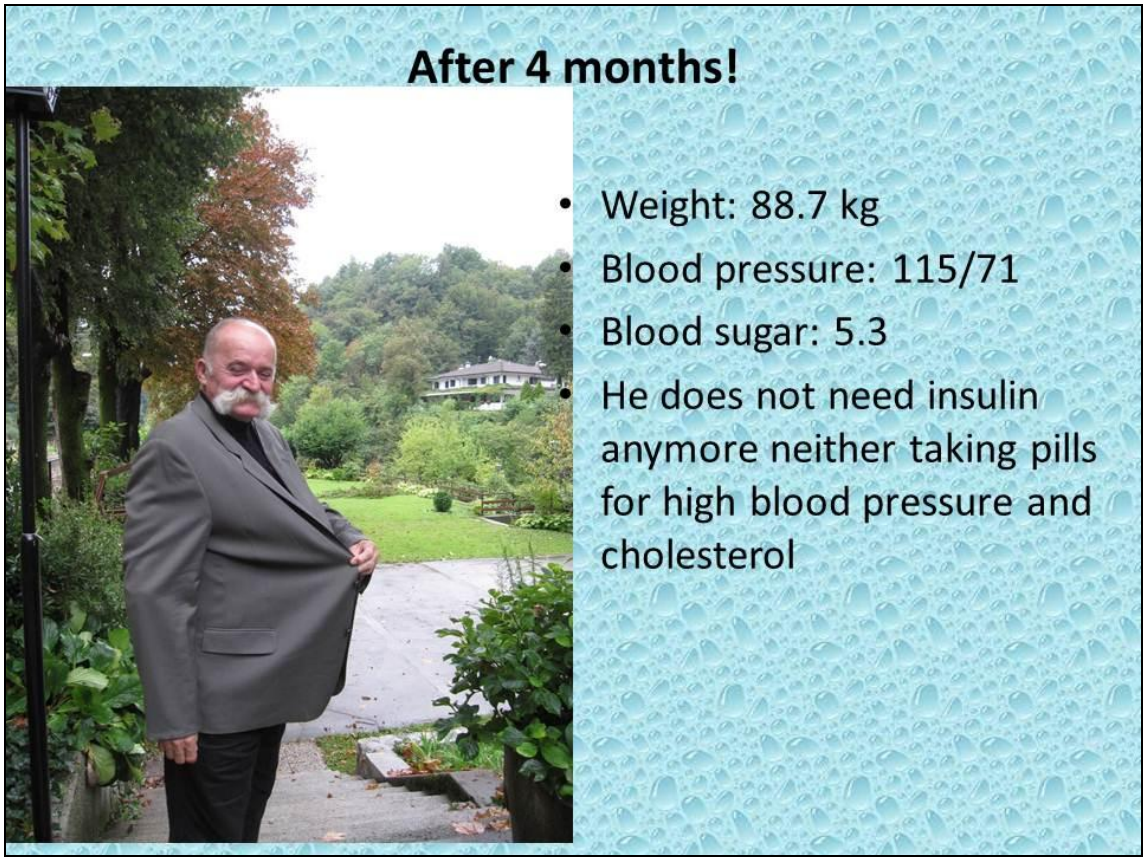
Many prolong fasting for 2 to 4 weeks

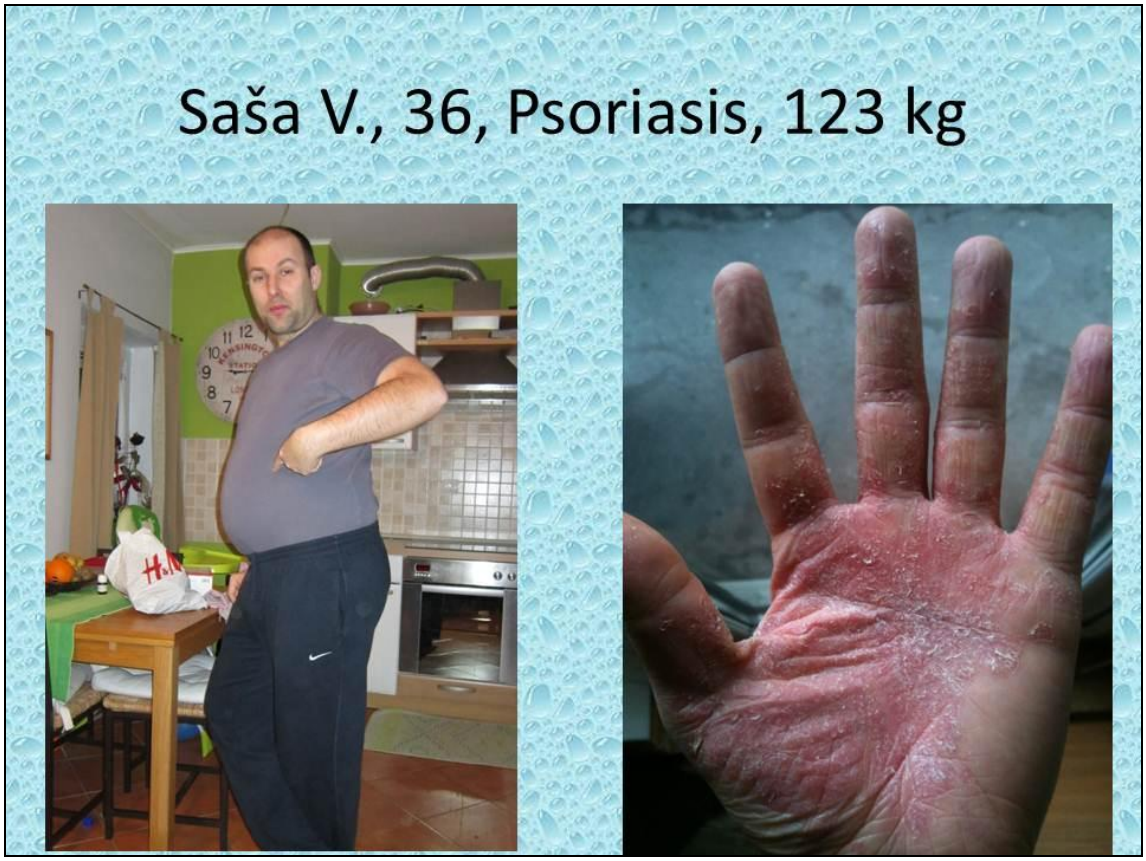
Why is healthy life good for you?

1. You can successfully clean your body of poisonous waste material.
2. The body's resistance to diseases increases.
3. The body's endurance increases.
4. The body's weight normalises and balances.
5. Good prevention for many disseases.
6. The activity of all vital organs freshens up.
7. It protects you from bad habits.
8. You are biologically and spiritually young – no matter your chronological age.

Viljem, 59

- Weight: 130.80 kg
- Diabetes – insulin
- High blood pressure
- Tachycardia
- High cholesterol
- Enlarged prostate
- Impaired vision
- Chronic constipation
- Rashes, neurosis
- Psychic instability
- Pain in the back, fatigue


After 4 months!
Weight: 88.7 kg
Blood pressure: 115/71
Blood sugar: 5.3
He does not need insulin anymore neither taking pills for high blood pressure and cholesterol

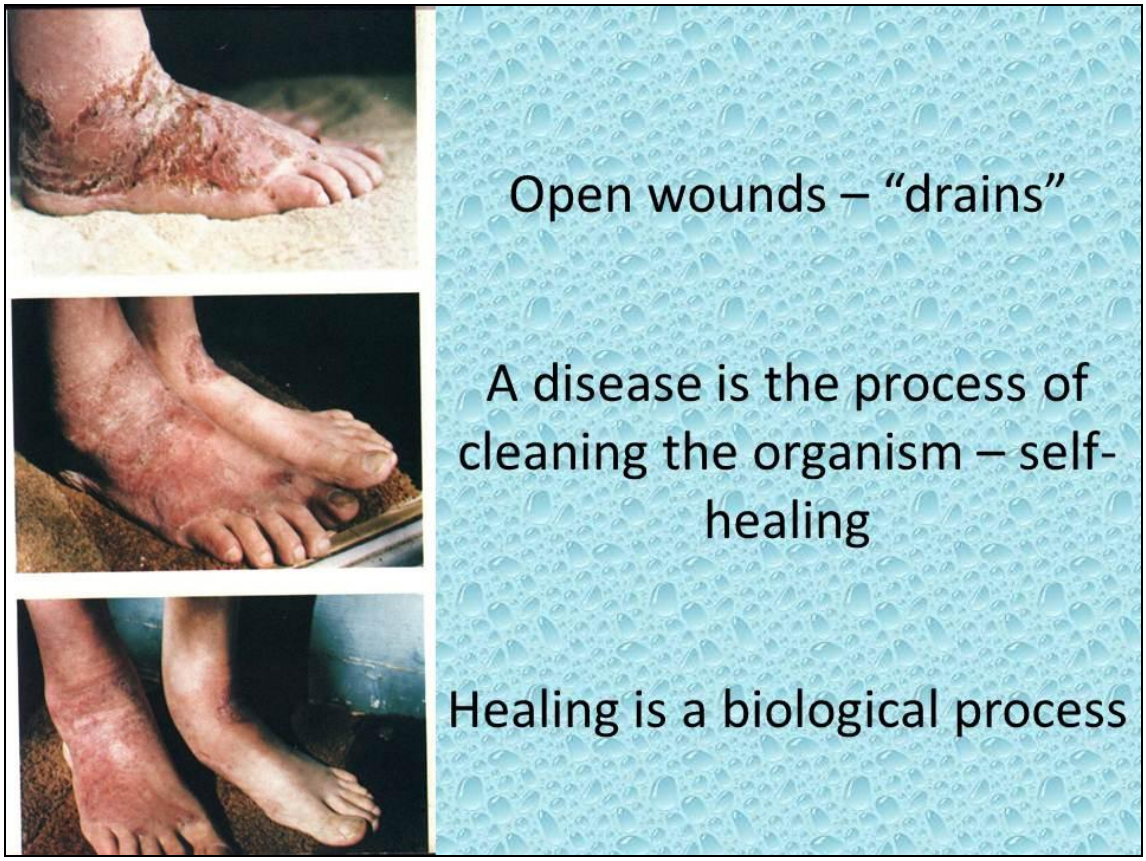

Saša V., 36, Psoriasis, 123 kg


After 42 days fasting, 97 kg


Chron's Disease
Sonja, 34


Psoriasis
After 42 days -
detoxification with juices


From 146 kg to 146 mile (246 km) Ironman triathlon
Ivan S., 31
SLO
723


Open wounds – “drains”
A disease is the process of cleaning the organism – self-healing
Healing is a biological process


BEEF, SWEETS, CHEESE & PROCESSED FOODS
Rarely
EGGS, FISH & FAT-FREE DAIRY
Less than 10% of calories
SEEDS, NUTS & AVOCADOS
10-40% of calories
WHOLE GRAINS & POTATOES
20% or less of calories
FRUITS
10-40% of calories
BEANS/ LEGUMES
10-40% of calories
VEGETABLES*
1/2 RAW AND 1/2 COOKED
30-60% of calories
Joel Fuhrman, MD
*Excludes white potatoes. Emphasis on green vegetables

My own experiment:

Ironman triathlon

- 3.9 km swim
- 180 km bike
- 42 km run

For my 50-th birthday (2011)!

Presentation by Dr Karl Kuhn

ENWHP European Network for Workplace Health Promotion

Work. Adapted for all. Move Europe.

Promoting healthy workplace, Occupational risk factors

Dr. Karl Kuhn

Chairman, European Network for Workplace Health Promotion (ENWHP)

Workshop on

"Prevention and Healthy Life"

Tuesday, 4 March 2014 from 13.00 to 14.30

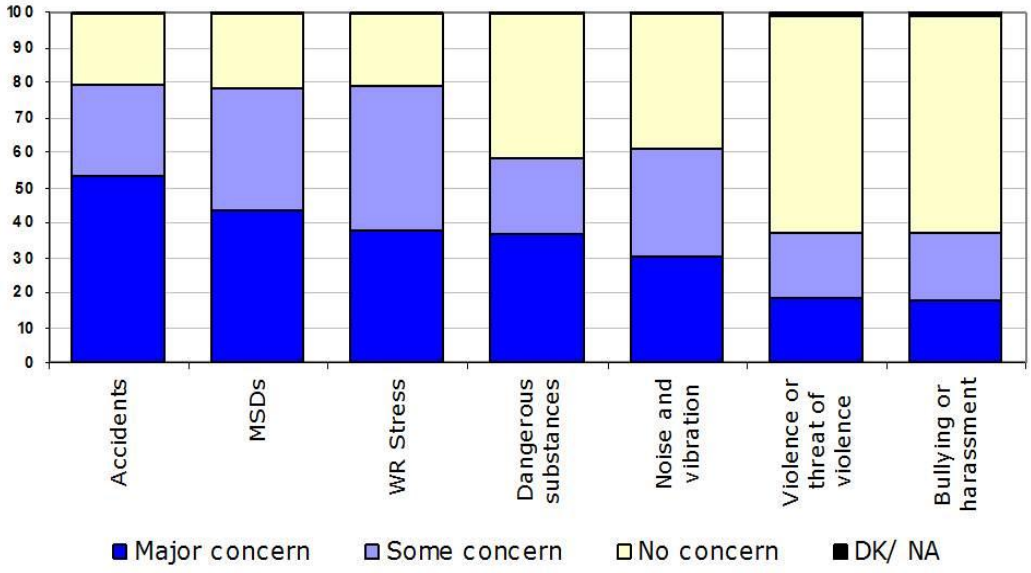
www.enwhp.org

Main concerns about workplace risks

Level of concern about various health and safety issues (European Survey ESENER)

ENWHP European Network for Workplace Health Promotion

Work. Adapted for all. Move Europe.



www.enwhp.org


ENWHP
European Network for Workplace Health Promotion
Work.
Adapted for all.
Move Europe.
The ENWHP – 28 Members
Informal network of national occupational health and safety institutes, public health, health promotion and statutory social insurance institutions
Interlinking with different policy fields
Represented in all EU countries
Our Mission: Healthy employees in healthy organizations
Established national networks/forums for WHP in the member states
The communities and enterprises can be considered ambassadors, promoting successful workplace health strategies throughout the EU
Opportunity to establish public health – private sector partnerships, and to strengthen the general case for investing in workplace health.
www.enwhp.org


ENWHP
European Network for Workplace Health Promotion
Work.
Adapted for all.
Move Europe.
Promoting Healthy Work for Employees with Chronic Illness (PHWork)
The project aimed to contribute to the Work Plan 2012 within the Second programme of Community Action in the Field of Health 2008-2013, specifically addressing the promotion of actions on the prevention of major diseases of particular significance in view of the overall burden of disease in the European Community.
The main objective of PHWork is to promote healthy work for those suffering the consequences of a chronic illness - either through enabling job retention or by supporting their return-to-work (RTW).
www.enwhp.org
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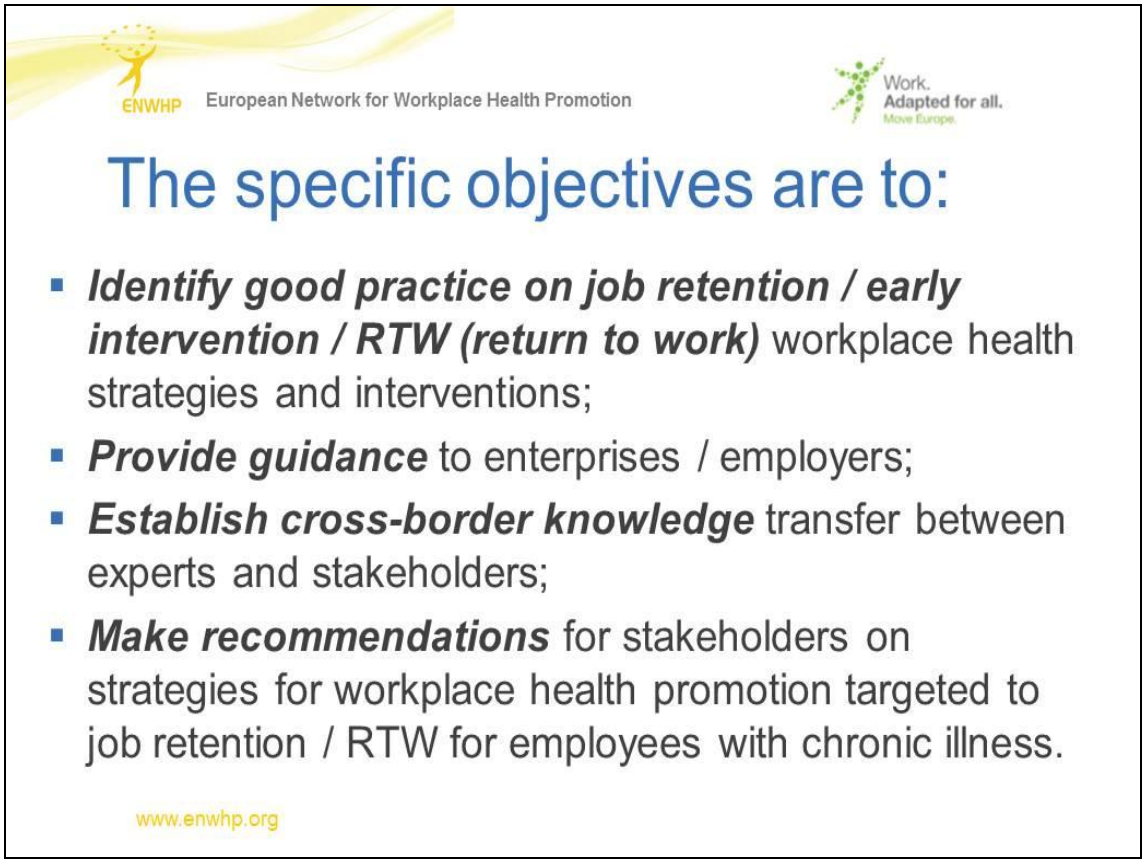
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The specific objectives are to:
Identify good practice on job retention / early intervention / RTW (return to work) workplace health strategies and interventions;
Provide guidance to enterprises / employers;
Establish cross-border knowledge transfer between experts and stakeholders;
Make recommendations for stakeholders on strategies for workplace health promotion targeted to job retention / RTW for employees with chronic illness.
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Main Activities
Research into background information on sustainable employability of workers with chronic illnesses
Research into national return-to-work (RTW) strategies in Europe
Collecting Models of Good Practice (MOGP)
Developing a Guide to good practice (guidelines) for employers
Campaign at European and national level to disseminate the guidelines and raise awareness (including national dissemination seminars)
Developing policy recommendations at European and national level
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Methods and Means
Good workplace health practices with regard to job retention and return-to-work targeted to chronic illnesses were gathered through interviews.
Qualitative data were gathered in 17 different countries using a centrally developed data gathering approach.
The survey results were brought together and analyzed in order to make recommendations for the guidelines.
During the analysis, factors like cultural differences, labour market differences and social security differences have been taken into account.
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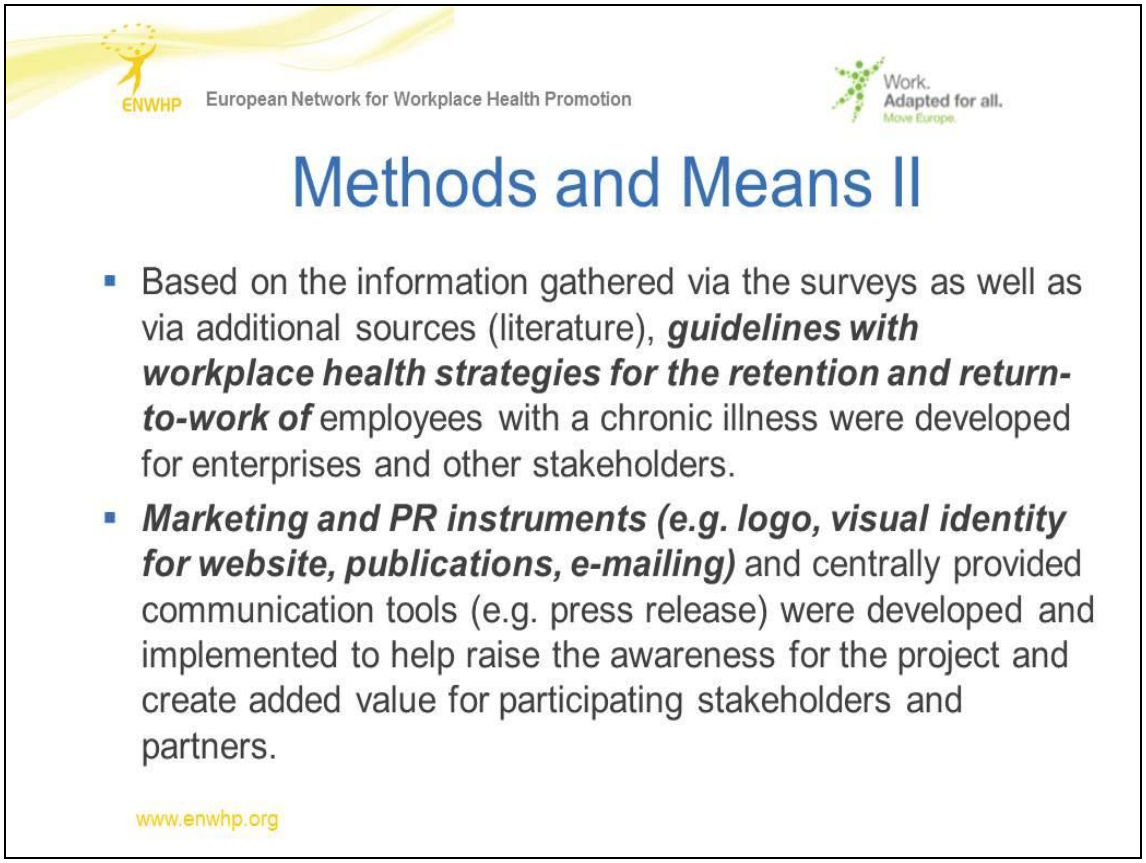
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Methods and Means II
Based on the information gathered via the surveys as well as via additional sources (literature), guidelines with workplace health strategies for the retention and return-to-work of employees with a chronic illness were developed for enterprises and other stakeholders.
Marketing and PR instruments (e.g. logo, visual identity for website, publications, e-mailing) and centrally provided communication tools (e.g. press release) were developed and implemented to help raise the awareness for the project and create added value for participating stakeholders and partners.
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Methods and Means III

- ***National implementation plans*** were developed to tie national interest and stakeholder groups to the campaign and thus increase its impact. Based on a partnership model, relevant stakeholders and experts have been invited to join the campaign at the national level.
- Towards the end of the project, ***national dissemination symposiums*** were organized by the partners in their own countries, to create a platform for discussing the campaign's results and its consequences for the specific needs of each country.
- A ***concluding European symposium*** (PHWork Closing Conference, Brussels, 22-23 October 2013) presented the campaign's results and the models of good practice.

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Results and Key Findings

- Out of all 17 countries participating in the project only two (Germany and France) have very clear and formal definitions of chronic illnesses. Therefore, ***the policy recommendations cast a light on several areas adjacent to the chronic illnesses*** management systems at national level, and also suggests lots of improvements (i.e. for modern technology-based screening systems), which could act as a lever for a change of national policy in this field.
- The PHWork project has produced numerous outputs ranging from ***research reports, to practical guidelines, up to policy recommendations and models of good practice.***

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Strategic relevance and EU added value
The strategic relevance of this project derives from the opportunity to establish public health – private sector partnerships, and to strengthen the general case for investing in workplace health.
This process allows for developing exemplary approaches to enhance job retention and RTW, and to encourage other sectors to improve their respective practices.
The project relates to one of the general objectives of the 2nd Health Programme, promoting health and preventing disease by addressing health determinants across all policies and activities.
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EU added value
The project implemented a campaign of action at national / regional level which developed and maintained a community of interested stakeholders, both end user enterprises and supra-enterprise level stakeholders. This action was complemented by dissemination activities at European level.
The Analysis report provided an overview of the national contexts in each of the participating countries, entitled: "Report on national Return to Work (RTW) policies".
it provides the most up to date and perhaps most comprehensive discussion of the issues at EU level that is available today.
22 Models of Good Practice provide a unique set of resources in the area
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Outlook and future Activities

- ***Identification of gateways to promote the outcomes*** and deliverables of the PH Work Conference (legislative changes, restructuring and public health reforms and debates, inter-professional negotiations, etc.)
- ENWHP plans ***to organise three workshops*** located in different EU countries (foreseen in the network's operating grant for 2014)
- The network will also ***collaborate in the Joint Action on Chronic Diseases***
- ENWHP ***will host a workshop / side event*** on job retention and return-to-work of employees with chronic illness at the XX World Congress on Safety and Health at Work 2014,
- Information on the follow-up activities will be posted on the conference website www.workadaptedforall.eu

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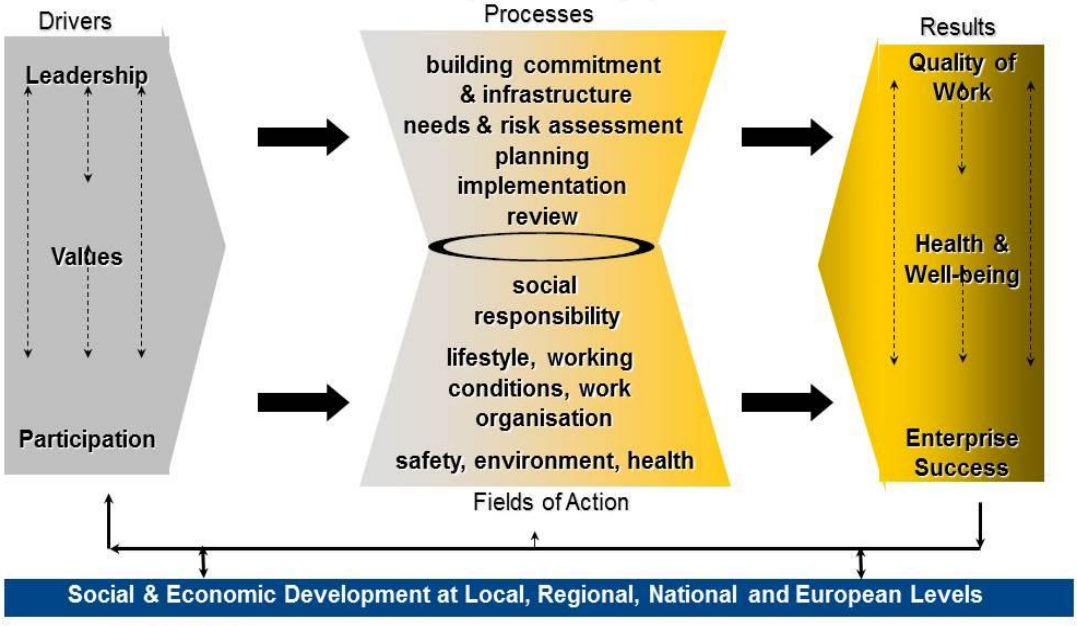
What is WHP ? - European Approach



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14


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Contribution to the Europe 2020 Strategy and the Public Health Programme 2014-
The European Union focuses on smart and inclusive growth through its Europe 2020 strategy. By emphasising and advocating the principle of "healthy employees in healthy organisations concept" the European Network for Workplace Health Promotion ENWHP supports especially the "Agenda for New Skills and Jobs", highlighting the economic importance of a healthy workforce.
ENWHP offers an effective approach combining individual and organisational interventions (e.g. supportive workplace culture and management practices, empowerment of employees, creation of a qualitative working environment and work organisation, and promotion of individual healthy lifestyles.
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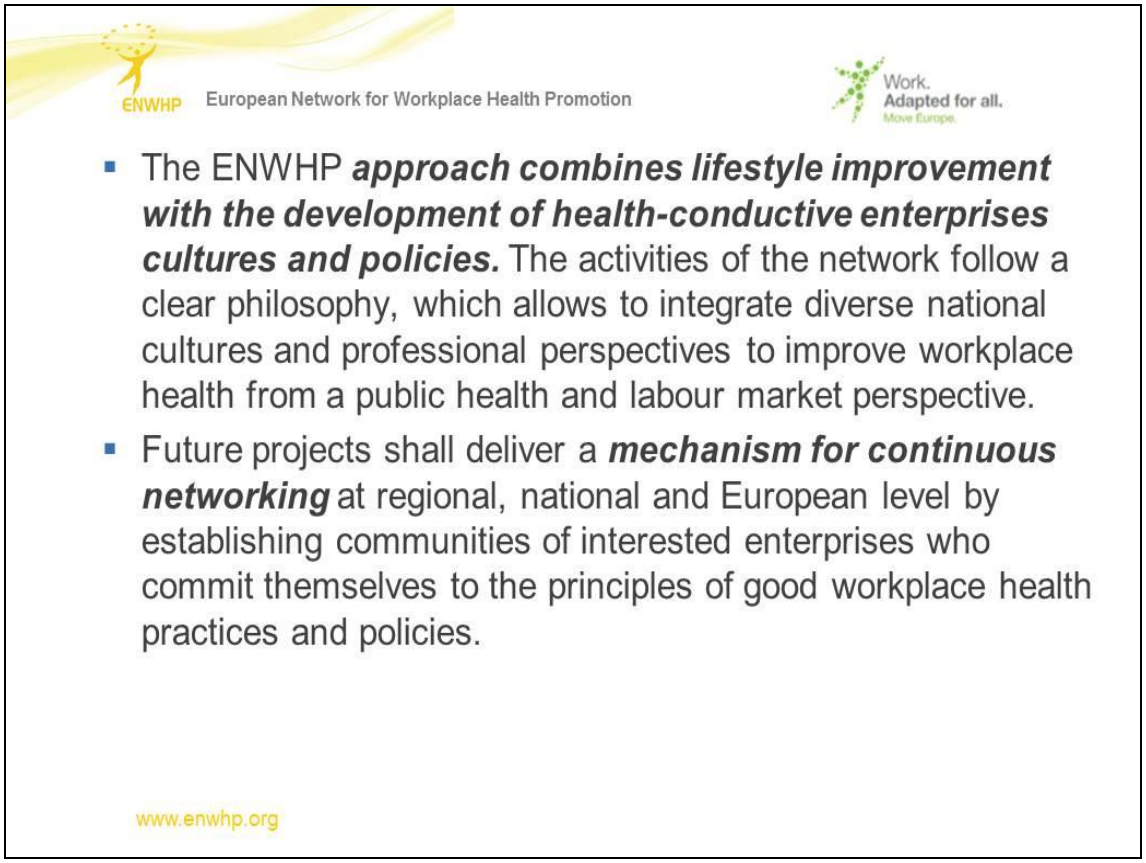
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The ENWHP approach combines lifestyle improvement with the development of health-conductive enterprises cultures and policies. The activities of the network follow a clear philosophy, which allows to integrate diverse national cultures and professional perspectives to improve workplace health from a public health and labour market perspective.
Future projects shall deliver a mechanism for continuous networking at regional, national and European level by establishing communities of interested enterprises who commit themselves to the principles of good workplace health practices and policies.
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European campaign: *Work. in tune with life. Move Europe*

Co-funded by the Health Programme of the European Union

ENWHP started the 8th initiative to help ***promote mental health in workplaces***. The campaign was co-funded by the European Comission under the Public Health Programme 2003 - 2008.

Under the leadership of the National Contact Office Germany, the 8th ENWHP pan-European initiative aimed to:

- ***Increase the awareness of companies*** and the general public about the needs and benefits of mental health promotion at work
- ***Attract companies to take part in the campaign*** and to convince them that investments in workplace mental health promotion initiatives are worthwhile.
- ***Design practical measures and models*** for promoting mental health in workplace settings.

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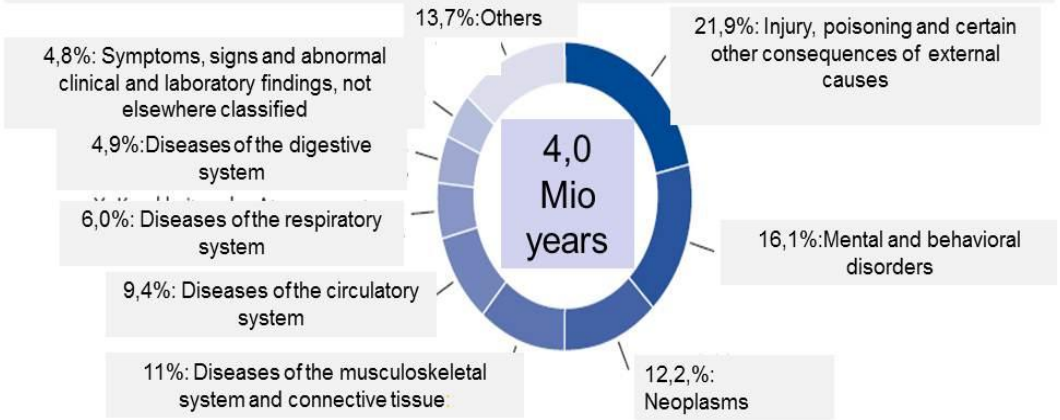
Ca. 4 Million Lost employment years by specific diseases (lost by early retirement because of work incapacity, premature death and sick leave in 2006)

Source : National statistical office of Germany
Health cost accounting



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Annually Lost Gross value added for Germany (2006)

- 4 Million lost employment years
- Gross value added per worker: 63 000€
- Lost gross value added:

4Million years X 63 000 € = 252 Billion €

With prevention this potential can be lifted

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Thank you for your Attention

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ENWHP - INITIATIVES

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20

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DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT A
ECONOMIC AND SCIENTIFIC POLICY

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Policy departments are research units that provide specialised advice to committees, inter-parliamentary delegations and other parliamentary bodies.

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- Employment and Social Affairs
- Environment, Public Health and Food Safety
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- Internal Market and Consumer Protection

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Workshop on Prevention and Healthy Life/Meeting Document