Workplace Health in the Public Health Perspective

Policy Requirements and Performance Indicators for Good Practice in Health, Environment, Safety and Social Management in Enterprises (GP HESME)
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ABSTRACT

The enterprises are an essential element of the national public health system. The employers, but also employees, make at work a huge number of decisions which have an influence on the quality of living and working environment, work organization and work cultures as well as on use of natural resources and ambient environment. These decisions have an impact on their own health as well as on that of their families, neighbours and customers. Good practice in workplace health is a process of continuous improvement of health, environment, safety and social performance involving partners inside and outside of an enterprise. Good practice in health, environment, safety and social management in the enterprises (GP HESSME) aims at empowering employers and employees to increase control over their own health and their family’s health considering environmental, lifestyle, occupational and social health determinants. It also supports maintenance of work ability and employability by continuous vocational education and training.

This document describes the main objectives, work areas and benefits of GP HESSME and history of development of this cross-sectoral and multidisciplinary approach. The main steps for introducing GP HESSME are presented, followed by the cross-sectoral policy requirements at municipal, provincial and national level. The roles of national local authorities, employers and employees and enterprises’ networking are highlighted. The sets of input, process, output and outcome indicators are proposed for monitoring and to link workplace health activities with public health performance. The document is for those who are preparing the national, local or branch HESSME guidelines.

Keywords
OCCUPATIONAL HEALTH
ENVIRONMENTAL HEALTH
SAFETY MANAGEMENT
HEALTH PROMOTION
WORKPLACE
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1. Introduction

The enterprises in 21st century need to be learning organizations acting on a market in the knowledge-based society. They constitute a major setting where available knowledge is used for achieving socioeconomic objectives. It has been documented in several instances that the enterprises acting on the well-regulated market can gain competitive advantage by:

- Protecting human health against health and safety hazards occurring in the work environment.
- Promoting human health, workplaces for all ages and healthy ageing by appropriate work culture, work organization and support to social cohesion.
- Promoting mental health, healthy life style and preventing major noncommunicable diseases using specific workplace health policies and management tools.
- Maintaining work ability thus also employability throughout working life.
- Reducing health care costs caused by employees’ and employers’ injuries, diseases, illnesses and premature retirement resulting from or influenced by occupational, environmental, life style and social health determinants.
- Using resources effectively and efficiently and protecting the natural environment and creating health supportive environment.
- Improving societal communication and literacy on health, environment and social cohesion.

Enterprises are an essential element of the national public health system. Employers and employees make a huge number of decisions at work which have an influence on use of natural resources, the ambient environment, quality of living and working environment, work organization and work cultures. These decisions have an obvious impact on their own health as well as on health and well being of their families, neighbours and customers. The quality of the enterprise human resource management supported by the national unemployment and social policies contributes to the level of social
capital and health of working people and their families. The health management at work has also a link with the ability of the national health care and social security system to meet continuously growing demands.

There are emerging challenges in Europe that require policy changes for health at the workplace. Some of them are:

- Changing demographic profiles especially with ageing of the working population and increase in female participation;
- Increase in office and service occupations: low control, social isolation and repetitive work and monotony;
- Growing impact on health of violence, mobbing and harassment at work;
- Changing in employment practice (e.g. short-term and part-time employment, telework);
- Increasing number of people working is small and medium sized enterprises (SMEs);
- Diversity and dispersal of the traditional work structures (e.g. outsourcing);
- Growing concern of rising medical costs, health insurance premiums and cost of lost productivity in unhealthy workers.

None of these challenges can be faced using traditional approaches focused on reducing risk factors (e.g. physical, chemical or biological hazards at work). However, they can be addressed by the holistic and proactive approach to management of health, environment, safety and human capital.

The 1999 European Conference of Ministers of Health and Ministers of Environment recommended in the London Declaration the implementation of Good Practice in Health, Environment and Safety Management in the Enterprises in all Member States in collaboration with all relevant national stakeholders. Ministers invited WHO and ILO to work together and in cooperation with the European Commission. They committed themselves to create or strengthen information systems on health, environment and safety management and performance in enterprises, making them accessible to employers and employees as well as to national and foreign investors.
The first meeting of the HESSME focal points nominated by the Ministries of Health and Environment (coming also in few cases from the Labour sector), and by ILO, UNEP, European Commission and other international organizations was held in Bilthoven, the Netherlands, on 23–24 March 2000. The meeting drew the conclusion that the holistic concept of good practice in HESSME is needed in all countries to strengthen and facilitate the enforcement of occupational health and safety law and environmental law in the enterprises. The second meeting of the HESSME/Workplace health promotion focal points held in Turku, Finland on 21–22 May 2001 reviewed and amended the Regional Office working document on policy criteria and performance indicators of good practice in HESSME. This meeting also accepted a position statement emphasizing the importance of workplace health promotion in public health in order to secure the health and productivity of working people.

1.1 Concept and objectives of good practice in health, environment, safety and social capital management in enterprises (GP HESSME)

Good Practice in Health, Environment, Safety and Social Management in Enterprises (GP HESSME) is a process of continuous improvement of health, environment, safety and social performance involving all stakeholders inside and outside an enterprise. It aims at empowering them to take control over their own health and their family’s health considering environmental, lifestyle, occupational and social health determinants and quality of health care. GP HESSME consists out of all efforts of social partners in the enterprise supported by all concerned external organizations and institutions to maintain health and work ability. It aspires to turn enterprises into a major setting for achieving the main objective of WHO HFA strategy set in resolution of World Health Assembly in 1977 (WHA30.43): “Attainment by all citizens of the world of a level of health that will permit them to lead socially and economically productive lives” (WHO, 1991).

The main objectives of GP HESSME are:

• to provide safe and healthy working environment;
to prevent workers’ and employers’ injuries, diseases and illnesses caused or influenced by occupation, environment, lifestyle and social health determinants;

to maintain mental and physical health and ability for work and to reduce premature retirement and excessive sickness absenteeism;

to preserve the general environment and health of people living outside the premises;

to ensure an optimal balance between economic and business interests on the one hand and the working ability and health of the entire staff on the other;

to provide healthy and environmentally friendly products and services.

A healthy workplace is the one that has:

a) developed and implemented processes of Good Practice in Health, Environment, Safety and Social Management in Enterprises (GP HESSME);

b) endeavoured to demonstrate its GP HESSME system to employees, the general public, suppliers, customers and authorities.

This comprehensive workplace health management supports employability by adaptation of working conditions to human work ability and continuous vocational education and training. While using existing legislative framework, which may be when necessary, strengthened, the GP HESME lays emphasis on self-regulation and voluntary participation of all stakeholders, first of all enterprises and local communities.

To achieve these objectives, GP HESME should be built on existing national structures and practices for occupational health and safety, health promotion at the workplace, and environmental health. Reorientation of the existing occupational health services in order to support the health policies of the social partners at work may be, in many instances, required. The integration of HESSME into the overall management system of an enterprise should result in the effective and efficient promotion of GP HESSME, which can be also named as the integrated workplace health management.
Figure 1: Factors influencing outcomes of Integrated Workplace Health Management
Compared with traditional methods for occupational health, safety and environment protection, which so far have been quite isolated, GP HESSME introduces new elements:

- coordination among the separated elements of HESSME in the enterprise;
- inclusion of health promotion at the workplace into the overall policy of the enterprise;
- communication between health, environment and safety teams;
- considering working ability as part of enterprise policy;
- taking into account employability of current and future employees;
- providing a platform for national, provincial and branch cooperation in health, safety and environment policies of different actors engaged in HES;
- economic appraisal of HESSME;
- social capital and community health development.

All the activities mentioned above are beyond the legal requirements, and are based mainly on information, education and awareness of actors participating in GP HESSME integrated by effective management procedures.

Added values arising out of GP HESSME include:

- more efficient use of existing resources for achieving health, environmental, safety and social (HESS) objectives aims;
- improved communication on and management of HESS risks;
- building partnerships at workplace, local and national levels to attain HESS objectives;
- integration of health, environment, safety and social issues into all activities at all levels of the enterprise;
- facilitating support and collaboration so that workers enjoy the benefits of healthier and safer workplaces.

HESSME is in fact a collective term for different organizational development strategies in the field of health, social capital and environment.
1.2 Major areas of integrated workplace health management

1.2.1 Health promotion at work

The concept of the health-promoting workplace has undergone a significant evolutionary process since coming to prominence in the 1970s. In the early stages of its evolution, health-promoting activities in the workplace tended to either focus on a single illness or risk factor, or on changing a particular lifestyle habit (e.g. smoking) or behaviour of individual workers. However, the narrow focus adopted in these early programmes overlooked the environmental, social and organizational determinants of health.

In the early 1980s, the "wellness" programmes, that attempted to be more comprehensive, dominated workplace health-promoting activities but the majority still focused on individual behaviour modification. The Ottawa Charter on Health Promotion (WHO, 1987) had identified settings as a vehicle for health promotion. The workplaces along with cities, neighbourhoods and schools were identified as one of these settings. According to the Ottawa Charter, health promotion includes all measures that enable individuals, groups or organizations to increase control over the their own determinants of health.

In the 1990s, a more interdisciplinary approach to promoting health has developed. Workplace health promotion has reoriented to be more holistic and integrative in nature, thereby addressing both individual risk factors and the broader organizational and environmental issues (Breucker & Schroër, 1999). Health and wellbeing, and workplace health-promoting programmes, have become integral parts of a workplace culture that values, supports and reinforces health. Therefore, instead of using the workplace as a convenient location for health professionals to conduct programmes aimed at changing individuals, workplace health promotion involves both workers and management collectively endeavouring to change the workplace into a health-promoting setting (Chu et al., 2000). GP HESSME is one of such an attempt.

An essential quality of health promotion is the direct involvement of people in maintaining or improving their own health. The assessment
of health promotion needs in the enterprise and the evaluation whether current management of health determinants in this enterprise corresponds to the identified health promotion needs – are the essential components of health promotion management.

Health promotion is a strategy complementary to occupational health. Health promotion processes directly involving those whose health is at stake at work, namely employers and employees, and provide an opportunity for wider application by them of knowledge coming from occupational health experts. Health promotion should not be used as a guise to shift responsibility for protection of worker’s health at workplace from employer to the worker herself or himself.

Combining health promotion with occupational health and safety activities may be more effective in maintaining and improving the working capacity of employees, and in reducing the rate of sickness absenteeism or premature permanent work disability, than protecting the health and safety of employees from occupational risks without their active involvement in this process.

This holistic approach has been adopted by the European Union Network on Workplace Health Promotion set up in 1996 and supported by the Public Health Programme of the European Commission. The network exchanges experiences and information on work and health within and between all EU Member States, three countries of European Economic Area and some EU accession countries. According to Luxembourg Declaration of the European Union Workplace Health Promotion Network: “The workplace health promotion is the combined efforts of employers, employees and society to improve the health and wellbeing of people at work. This can be achieved through a combination of: improving the work organization and the working environment; promoting the active participation of employees in health activities; and, encouraging personal development”. Workplace health promotion means also that occupational health experts are not dictating their solutions but they are involved in the discussion within the working community.

The European Network for Workplace Health Promotion collects examples of good workplace health practice and develops models of good practice for different size enterprises. Federal Institute of Occupational Safety and Health, Dortmund, Germany is a Liaison
Office of this Network, while the network secretariat is based at the BKK in Essen, Germany.

The objectives of health promotion at work are:

- a healthy work force;
- improved functional capacity and ability to copy with challenges of working life;
- improved quality of life;
- increased disability-free life expectancy;
- increased percentage of employees and pensioners free from serious disability due to chronic noncommunicable diseases;
- increased adoption of a healthy lifestyle;
- increased equity in health.

1.2.2 Occupational Health

The WHO Global Strategy on Occupational Health for All developed by the Collaborating Centers in Occupational Health and endorsed in May 1996 by the 49th World Health Assembly (Resolution WHA49.12) requires innovative approaches and the active participation of the enterprises and other workplaces. To respond adequately to the globalization of the economy and transboundary competition, the concerted action of European governments, international agencies, governmental and nongovernmental organizations is needed towards convergence of practices and approaches used for health and safety management at the enterprise level to achieve occupational health equity within the European free market area. Implementation of quality management for health, environment, safety and social matters in enterprises using voluntary auditing schemes should be seen as a practical tool in such a strategy.

Occupational health aims to protect the employees’ health and to control the risks from harmful factors at work, if they cannot be removed, and to prevent occupational diseases and accidents.
The main focus of occupational health according to ILO and WHO is on three different objectives:

(a) maintenance and promotion of workers’ health and working capacity;
(b) improvement of working environments and work practices, to ensure they are conducive to safety and health; and
(c) development of work organization and working cultures in a direction that supports health and safety at work and, in so doing, also promotes a positive social climate and smooth operation, and may enhance the productivity of the enterprise.

**Occupational safety** denotes the principles and procedures used to prevent occupational accidents and injuries in all types of production and servicing enterprises.

**Occupational medicine** is the medical specialty dealing with the assessment of workers’ health, linking working conditions and processes to workers’ health, assisting in managing the health, skills and working capacity of the entire working population and managing individual cases in the context of working ability and production. It deals with primary, secondary and tertiary prevention of ill health in the workforce, with a potential influence on the health of the population as a whole. Occupational medicine is one of the fundamental disciplines in a multidisciplinary occupational health team.

Occupational health management is the multidisciplinary activity at work requiring knowledge contribution from experts specialised in various disciplines such as occupational hygiene, occupational safety, occupational medicine, ergonomy, occupational psychology and many other experts depending upon the need of the enterprise and the working community.

The occupational health team may include:

- an occupational physician
- an occupational health nurse (OHN)
- an occupational psychologist
• a physiotherapist
• an ergonomist
• an occupational hygienist
• an occupational epidemiologist
• a safety engineer
• a toxicologist
• a microbiologist
• a chemist
• an information technician
• a statistician
• a university-based occupational research scientist
• a work organization specialist
• a health promotion specialist.

Each of these specialists will have undergone professional training and acquired experience in a variety of industrial and service fields to achieve wide-ranging competencies.

Over the years the occupational health and safety has also broadened its scope to social and organizational aspects to cover socioeconomic determinants of health important for solving problems in the area of psycho-social strains.

The innovative occupational health services in Finland responding to the growing challenge caused by the ageing of the working force and the ever-increasing cost of social security has developed the concept of maintenance of work ability. The **maintenance of working ability** include all measures that the employer, the employee and other organizations undertake in an united effort to promote and support working ability and functional capacity of all persons active in working life throughout their occupational careers.
The maintenance of work ability is composed out of the following activities:

- Actions to maintain employee’s physical and mental health and social wellbeing;
- Actions for competence building, better control of work, encouragement and motivation;
- Actions to developing work environment, work processes and work community that are safe and healthy.

This concept is very closed to the concept of employability promoted by the European Agency for Safety and Health in Bilbao (see section 1.2.4).

### 1.2.3 Environmental management

Environmental health in this context refers to the health consequences of exposure to factors present in the environment outside the enterprise premises. Every enterprise, but particularly those emitting pollutants to the ambient environment, has the potential to affect the health of people living in its neighbourhood.

Integrated environmental and occupational health impact assessment should be used to assess the effect of an enterprise on the health of society, including the workforce. Every enterprise should develop and implement its own procedures for assessing and minimizing the impact on health of environmental pollution and excessive use of natural resources.

To ensure optimal health for employees and the population at large, the environmental management of an enterprise should include the sustainable use of natural resources, energy efficiency, waste minimization and cleaner production. It should entail an integrated, preventive environmental strategy to production processes and to products throughout their life cycle. Pollution prevention should gradually replace pollution control.

The environmental objectives of GP HESSME include:

- increased efficiency in using natural resources;
• increased number of enterprises managing environmental issues in compliance with legal requirements, using principles and methods of strategies such as Cleaner Production, Eco-efficiency, Green Productivity and Pollution Prevention.

1.2.4 Social capital management

Social capital refers to the main asset in organizations: humans. The largest budget items are often salary and personnel costs. Besides that the staff members of a company are the largest asset. They are responsible for the quality and the quantity of the entire production. It is a prerequisite that this is reflected in management tools and systems as well as in the companies' efforts to reach a high standard in personal (health) care and personal development. It includes all the elements such as work ability, further education and health maintenance.

Social capital is an element of national wealth. It can be measured or assessed by the quality of life and quality of living and working conditions. People acting collectively in society create social capital. The size or level of social capital in a country determines the extent to which one can make full use of his or her physical, mental, and social capacities. Although the main objective of most enterprises is to make a profit, they might be active subjects in improving the quality of life and conditions of living and working together.

The social objectives of GP HESSME are:

• increased work ability and employability;
• improved self-esteem and motivation of employees;
• increased professional skills of employees and ability to cope with demands of working life;
• lower health care costs.

There is a link between GP HESSME and employability. As defined by the European Agency for Safety and Health at Work in Bilbao: "Employability is the result of the interaction between individual resources and the world of work. Employability is about being capable of getting and keeping satisfying work. More comprehensively, employability is the capability to move self-sufficiently within the
labour market to realize individual potential through sustainable employment. Employability depends on a combination of three parameters: first, the individual's formation and competencies; second, strategies in enterprises regarding technological developments and organization of work; third, the policies of governments and social partners."

GP HESSME supports employability by adapting the workplace to individual capacities, preventing unnecessary exclusion from work due to ill health, continuous vocational education and training and through long-term workplace health promotion taking into account occupational, environmental, social and cultural determinants of health.

1.3 Policy requirements and indicators of GP HESSME

Policy requirement (a criterion) is a principle or standard used for building up the policy at the national or local level or the management system of the individual enterprise. Policy requirements (criteria) are used here as specific characteristics of the enterprise management system or a specific feature of the local or national policy, which has to be met if the management system or policy is to achieve good practice in HESSME. They may also be seen as actions to be undertaken at different levels to encourage enterprises to improve HESSME.

The purpose of criteria or policy requirements is to guide development of effective management systems in the enterprise. At the local or national level they should suggest how efforts of different stakeholders could be combined to reach a common goal.

Indicators are commonly designed to provide different stakeholders information on the effectiveness and efficiency of HESSME. Thus different sets of indicators are needed at enterprise, local community or province or at national level. International organizations such as WHO, ILO and UNEP as well as agencies of intergovernmental bodies such as the European Union provide recommendations on developing indicators (see bibliography). However, there will always be a need to develop a set of indicators that best suits the need of a specific group of stakeholders.
The indicators should be relevant and meaningful for assessing performance in HESSME. They should allow demonstrating improvements within companies or groups of companies using the same health, environment and safety evaluation systems. In general a comprehensive set of HESSME indicators would cover input, process, output and outcomes indicators.

The input indicators are used to assess and evaluate the input given by different stakeholders to maintain and promote the health of the working population and to maintain or improve internal (working) and external (general) environments of the enterprise, including environmental stewardship of the products.

Process indicators might be of high value for voluntary and self-regulatory HSE targets, where the existence or non-existence of the process can be established with higher accuracy than the expected outcome of the process.

Occupational workplace risk assessment, health promotion needs assessment, company physical fitness programmes or vocational training to improve working ability are processes which are of importance for GP HSEME. However they do not measure final health outcome.

Participation of the enterprise in the benchmark HES comparisons or adopting criteria of good practice by small enterprises comprising a supply chain of large purchasers are examples of processes involving many enterprises.

**Output and outcome indicators.** Output indicator is an immediate result of some HESM processes. Number of decisions on the fitness of employees to work at specific work posts is a joint output of two processes: the medical examination of an employee and of the occupational risk assessment of his/her future workplace. Output indicator might be e.g. number advice given over three months by occupational physicians to supervisors or to employees on their need for health promotion activities. In general, output indicators are measures used to evaluate the intensity or extent of the HESS management system of the enterprise. Thus, they may be used to assess HES system performance, but not necessarily its final outcome.
**Outcome indicators** are more related to final results of HESSME, although factors beyond the control of the HES management system can influence the value of outcome indicators e.g. sickness absenteeism rate. The rates of occupational diseases, accidents or work-related diseases are the most commonly used outcome indicators.

Outcome indicators are endpoints bearing a significant value for assessment of quality of working and living life. Increased number of employees declaring work satisfaction, large numbers of people with partial work disability participating in working life or higher numbers of employees with increased vocational qualifications as a result of enterprise-supported training can also be used as outcome indicators.

Qualitative indicators are therefore often used, for example to assess people's involvement and their perception of the health status. When selecting indicators, full account has to be taken of the extent to which they are valid, objective, sensitive and specific.

Validity implies that the indicator actually measures what it is supposed to measure. Objectivity implies that even if different people use the indicator at different times and under different circumstances, the results will be the same. Sensitivity means that the indicator should be sensitive to changes in the situation or phenomenon concerned. However, indicators should be sensitive to more than one situation or phenomenon. Specificity means that the indicator reflects changes only in the situation or phenomenon concerned. Another important attribute of an indicator is its availability, namely, that it should be possible to obtain the data required without undue difficulty.

Health surveillance involves producing and examining indicators of mortality, work disability/ability, occupational diseases and injuries, other work-related diseases, work absenteeism, occurrence of symptoms, lifestyle factors, etc.

Surveillance of the work environment includes the identification and evaluation of environmental factors, which may affect the workers' health. It covers the assessment of sanitary and occupational hygiene conditions, factors in the organization of work, which may pose health risks, collective and personal protective equipment, exposure of
workers to hazardous agents, and control systems designed to eliminate and reduce them. From the standpoint of the workers’ health, the surveillance of the work environment may focus on, but should not be limited to, ergonomics, accident and disease prevention, occupational hygiene in the workplace, work organization, and psychosocial factors in the workplace.

The surveillance system includes the capacity for data collection, analysis and dissemination linked to occupational health programmes. It refers to all activities at individual, group, enterprise, community, regional and country levels, to detect and assess any significant departure from health caused by working conditions, and to monitor the workers’ general health status.

The surveillance process starts with data collection from various sources (registers, administrative sources, questionnaire-based surveys, expert assessment systems, etc.). The data are usually computerized, analysed statistically and displayed in tabular or graphical forms providing distributions, time trends, means, or other statistics.

2. STAKEHOLDERS, POLICY REQUIREMENTS AND INDICATORS AT THE NATIONAL LEVEL

Initially, it is the responsibility of industry and other organizations to develop GP HESSME at enterprise level. However, to achieve broad implementation of GP HESSME and the benefits thereof, especially in SMEs, it is of prime importance that GP HESSME is facilitated by a national system (Baranski & Zwetsloot, 1999).

At national level, the infrastructure for supporting GP HESSME consists of existing government ministries and institutions responsible for different legislative and non-legislative tools enforcing and/or supporting government policy in HESSME. Central government is expected to play a leading role in encouraging the commitment of all appropriate stakeholders to GP HESSME in enterprises. The mutual support in this respect between central and local (provincial) authorities is highly advisable.
National systems to achieve sufficient effectiveness will use four major tools to interact with enterprises.

- Enforcement of compliance with current regulatory requirements.
- Supporting voluntary HESSME initiatives and agreements of working communities going beyond legislative requirements.
- Using socioeconomic appraisals of investment and revenue in HESSME.
- Supporting implementation of effective management procedures based on quality assurance.

In a model the picture for the national level looks as follows:

<table>
<thead>
<tr>
<th>Intersectoral collaboration between governmental and non governmental organizations for sustainable development</th>
<th>Regulatory requirements related to HESSME</th>
<th>Support of voluntary HESSME initiatives: HESSME: -Training - Monitoring - Quality assurance - Research and development</th>
<th>Socioeconomic appraisal of HESSME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enablers: all factors which enable social partners to develop, implement and monitor and improve GP HESSME</td>
<td></td>
<td>Results</td>
<td></td>
</tr>
</tbody>
</table>

Stakeholders who should cooperate in this joint strategy include:

- government ministries and enforcement agencies (health, labour, environment, economy, finance and others);
- employers and their organizations, policy-makers and management leaders in industry, agriculture and other economic sectors;
- employees and trade unions;
- financial and insurance institutions;
occupational health services, cleaner production centres, environmental health services, and environmental and social consultants;

- nongovernmental organizations, and associations of professionals in health promotion, occupational health and safety, environmental health, environmental protection, and economic and social development; and education and training institutions, including those for quality management training.

All relevant stakeholders shall formulate, implement and periodically review their contribution to the integrated HESSME policy.

2.1 Policy requirements at national level

2.1.1 Commitment on intersectoral and interagency collaboration

The successful implementation of an integrated HESSME approach at the enterprise level depends on the action of social partners at work, however, it depends also on the concerted support from the relevant ministries and governmental agencies concerned with health, environment, labour and social policies.

There is a need for commitment of governmental ministries and major agencies (Ministries of Health, Labour, Environment, and others, if necessary) to exchange views and opinions on how to involve enterprises and their working communities in achieving the objectives of national public health, occupational health and environmental policies. In addition to proper legislative framework the non-legislative tools can be very effective. They are based on education, rising awareness, surveys and commitment of social partners and concerned governmental institutions.

National commitment should consist in specifying the policy and action to be taken or initiated at the government level. This includes the national policy statement on GP HESSME, explicitly clarifying the commitment of the government and of the ministers involved. There is a need for the cross-sectoral, governmental policy document, specifying national objectives, the underlying principles, the necessary legislative and non-legislative tools, and the principles
of monitoring and evaluation. A national policy should create economical and social incentives for enterprises to implement GP HESSME. It should also encourage the development of economic appraisal of HES in enterprises. The opportunities for enterprises to externalise the costs of poor practice in HESSME should be discouraged.

Well-defined principles should be addressed while developing a national policy. These include such as legal compliance, democratic control, accountability and transparency, extended producer responsibility, the preventative principle and precautionary principle. In establishing the policy, defined and measurable goals should be set, a time frame determined, and a scheme for monitoring, evaluation and auditing agreed.

Small and medium-sized enterprises (SMEs) need special government policy and support, particularly in the initiation phase, to benefit from GP HESSME. Government measures should encourage and not hamper the development of SMEs or decrease their competitiveness.

The national strategic action plan identifying the actions necessary to achieve objectives specified in the national policy on GP HESSME may facilitate national policy implementation. The strategic action plan should also specify the role and action to be taken by each stakeholder, including government institutions and local authorities.

2.1.2 Economic appraisal and national socioeconomic incentives for enterprises

Economic growth has been fundamental to the general improvement in health in the Region during the 20th century. Health gain was achieved within a process of building up social capital (see respective section), and also as a result of increasing investment in improving of the working environment, housing, nutrition, education, health care and in covering other needs of the whole population. Economic development has also recently been associated with increased investments to reduce or eliminate pollution of different environmental media. However, major differences in health status and economic development still persist between countries of the WHO European Region, and are associated with economic and social policies dominating in a particular country.
The national economic and social legislative framework and policy in each WHO Member State has a dominant impact on occupational and environmental health and social practice in most enterprises. In some countries there is increasing concern of externalisation by the enterprises of the costs incurred as a result of work-related injuries and ill health due to poor health, environment and safety management. Internalization of such costs can help to reduce this economic burden on society.

There is a trend in many Member States towards reorienting occupational health and safety practices to help to reduce the increasing economic and social costs of work by better prevention of the work-related and non-work-related ill health and by maintenance of work ability.

Economic appraisal in this context is the process of assessing the economic effects of HESSME. This consists of a wide range of measures varying from evaluating the total cost to the society of current work-related ill health to forecasting the economic returns of investments to control occupational, lifestyle, environmental and social health determinants.

Economic objectives of GP HESSME include:

- increased productivity and economic efficiency;
- higher competitiveness and probability of economic revenue of investments;
- improved image of enterprise;
- social and health insurance systems become more cost effective when reorienting towards prevention;
- decrease in social insurance premium;

Economic appraisal is a useful tool to stimulate GP HESSME for a number of the following reasons:

- Rising awareness in the society on the social and economic costs related to ill health and work disability in the working age population;
Increase awareness both in the society and in the enterprises on the strong relation between the quality of Health, Environment, Safety and Social Management in the Enterprises and the economic burden caused by injuries and ill health leading to temporary and permanent work disability and diminished quality of family life;

- Facilitation of decision-making by various stakeholders taking into account socioeconomic evidence on the potential economic value of preventative activities at work;
- Support to the development of structures in social and health insurance institutions and enforcement agencies that initiate development of new methods to mobilise social partners at work to improve HESSME.

A national policy should create economical and social incentives for enterprises to implement GP HESSME. It should also encourage the development of economic appraisal of Health, Environment, Safety and Social Capital (HESS) Management in enterprises. The opportunities for enterprises to externalise the costs of poor practice in HESSME should be discouraged. The national financial, fiscal and insurance systems may provide incentives for implementation and demonstration of good performance in health, environment and safety management in the enterprises.

Social and health insurance organizations share a national responsibility for the health and welfare of their clients. They may contribute to the prevention of occupational and non-occupational diseases and injuries, which are responsible for much of suffering, illness, diminished work ability and increased rates of temporary and permanent work disability.

In their operation, the insurance organizations share a common objective with other partners in the health field. Health and social insurers and special funds (e.g. the Environmental Protection Fund) are invited to invest in health and environment protection and promotion at work. Their contribution is also expected in evaluation of health and environmental impact of GP HESSME.
2.1.3 Assessment of HESS services

The quality health, environment, safety and social capital management in enterprises depend, among others, on the quality of services provided by occupational health services and other services involved in HESSME. National authorities should facilitate the elaboration and agreement of criteria and methods for evaluation of HES professionals and their services.

2.1.4 Availability of good education and training systems

In addition to proper legislative framework the non-legislative tools can be very effective. They are based on education, rising awareness, setting up discussion platforms, surveys and commitment of social partners and concerned governmental institutions.

Implementation of good practice in HESSME requires cooperative support of the enterprises by a variety of different professionals. Among them are such as managers, human resource managers, occupational medicine doctors and nurses, occupational hygienists, safety engineers, work organization specialists, ergonomists, occupational therapists, physiotherapists, environmental auditors and engineers, health promoters and environment educators, lawyers and others. Appropriate graduate and postgraduate education and training of these experts need a well-designed support from the governmental authorities.

The good description of training curricula, competence, code of conduct and accreditation or certification procedures for each of these professions increases efficiency and quality of their work.

There is also a need for support to education and training of employers and employees in different aspects of HESSME.

If they are to collaborate in developing GP HESSME, employers and their organizations, employees and their representatives must have a sound understanding of the basic principles used to control and act on environmental, social, occupational and lifestyle determinants of health. There is also a need for support to education and training of employers and employees in different aspects of HESSME. They should also be offered access to information on cleaner and safer production and pollution prevention, particularly applicable in their own
industrial branch. Use of the Internet could facilitate communication of HESS issues to large numbers of employees and employers.

SMEs have the same responsibility as other enterprises for health, environment and safety management. Some of them do not have the full competence or resources needed to implement GP HESSME on their own. Support for such enterprises must therefore be made available. SMEs should be encouraged to use external service available in the local community and to incorporate GP HESSME principles and values into their own overall business management.

Education and training of employed and unemployed people to provide them new professional skills needed on local labour markets or to increase their vocational qualifications is beneficial for maintenance of their health, work ability and employability. The quality of such courses should be assured to avoid a propensity towards corruption.

2.1.5 Support to dissemination of effective management systems

Enforcement of existing legal regulations by respective state inspections is necessary, however, due to a growing number of enterprises the governmental Health, Environment and/or Labour inspection authorities may have difficulties to visit all enterprises. Thus they may have an interest in encouraging the enterprises themselves to initiate internal procedures to develop their own HESS management systems with internal targets and procedures for monitoring and assessment of HESS performance. Enterprise capable to prove, through internal or external auditing, the implementation of HESS management system with involvement and participation of employees, would ease a job of inspection and increase its chance for economic, health and environmental benefits. This requires voluntary agreements and joint activities of enterprises and the governmental agencies, which will lead to promulgation of self-regulation. Self-regulation in HESS management should be seen as supplementary and complementary measure to the enforcement of HESS legal requirements by respective governmental inspecting agencies. Some countries (e.g. Czech Republic, Germany, Netherlands, Norway, Poland, Spain, Sweden, United Kingdom) have already started preparatory work or even implemented policies and legislation
encouraging enterprises to develop internal quality systems for management of occupational health or integrated HES management.

Quality management has been popularized as a mean, among others, to increase confidence of customers about ability of producers to deliver on time a product with the characteristics agreed in a contract. It has become a driving force in both manufacturing and service industries over recent years. As a result many organizations and institutions, including those in the health care system, are now expected to improve their management to demonstrate efficiency and effectiveness of their services, and to guarantee a certain level of performance. Leading enterprises are already applying for and getting certificates of concordance of their managerial system for management of environment and/or health of employees with recognized quality management standards. The system to support good practice in HESSME should be based on modern Total Quality Management (TQM) principles.

For environmental issues management in industry there are two related and generally accepted tools in Europe. The Environmental Management and Audit Scheme (EMAS) Regulation is an EU policy instrument to foster the implementation and auditing of environmental management in industry. The other is based on the ISO (and CEN) 14001 Standard. Responsible Care movement already developed within the chemical industry, seems to indicate the feasibility of these approaches. It shows that existing industrial experience should be used as much as possible to avoid duplication of efforts.

For health management in industry a similar European or international management tool/standard does not yet exist. However, some European countries have defined Standards for Occupational Health and Safety Management systems to be used either by enterprises themselves or by the occupational health services (the United Kingdom: BS 8800, The Netherlands: NPR 5001, Spain: UNE 81900–81902). ASCA system (Arbeitsschutz Management und Audit Scheme) was developed in of the German Federal State of Hesse. One of the important reason for this government to develop the enterprise quality system for occupational safety management was a fact that only around one third of working persons reach retirement age without serious impairment of their health.
The European Foundation for Quality Management (EFQM) has developed a model for the self-assessment of total quality management, with the following nine elements: leadership, people management, policy and strategy, resource management, process control, people satisfaction, customer satisfaction, impact on society and business results (Baranski & Zwetsloot, 2000). The European Union Network for Workplace Health Promotion (ENWHP) collects examples of good workplace health practice using the EFQM model as a reference. The European Agency for Safety and Health at Work has introduced a set-by-step guide to accessing good practice information on the web (www.europe.osha.eu.int/good_practice) to facilitate building up good occupational health and safety management system.

2.1.6 Periodic review of the effectiveness of national and local policies

All stakeholders should participate in the evaluation process. However, accountability in this respect should be defined in national policy document. The use of voluntary audits of selected areas of HESSME national infrastructures to learn on applied processes and performance indicators is encouraged. Methodology involving various stakeholders in evaluation of HESSME should be developed and used.

2.1.7 Initiation of pilot projects

The main objective of the pilot projects is to initiate processes leading to development of GP HESSME in a given branch or province. Any stakeholder can take a lead in the initiation phase, but for appropriate implementation the involvement of social partners at work and key players outside of the enterprise is essential. It takes a long time to involve all necessary stakeholders.

2.1.8 Research and development projects

There is a need for research and development programmes that specifically aim at providing the data and products required for developing, monitoring and assessing GP HESSME at national, local and enterprise level (see also section 3.1.7).
2.1.9 Health impact assessment

Social, economic and other policies in both the public and private sectors are so closely related that proposed decisions in one sector may impact on the objectives of other sectors. In recognition of this, specific legal and administrative rules, procedures and methods have already been developed in many countries to assess the impacts of policies for example on the environment, employment or on competition (WHO 2001). The general objective of such assessments is to improve knowledge about the potential impact of a policy, inform decision-makers and affected people, and facilitate adjustment of the proposed policy in order to mitigate the negative and maximize the positive impacts. Although policies in other sectors can have a considerable influence on health and the production or prevention of illness, disability or death, this so far only been considered to a limited degree. To improve the knowledge in this area the World Health Organization has initiated cross-sectoral approach to develop methodology for Health Impact Assessment. HIA has been defined (WHO 2001) as a combination of procedures, methods, and tools by which a policy, programme or project may be judged as to its potential effects on health of the population, and the distribution of the effects within pollution.

Workplace health impact assessment (WHIA) will be an essential part of HIA due to a fact that a workplace is a major setting for health protection and promotion. Development of WHIA methodology require cross-sectoral collaboration to involve all sectors whose policies affect behaviour of the decision-makers in a single enterprise and in the entire business branch:

- **Health sector** is the only one having capacity to assess the overall health of population in working age, provide health care services and provide assessment of health impact of social and lifestyle health determinants, in some countries also occupational and environmental health determinants;

- **Environment Protection sector** has responsibility to provide data on environmental exposures affecting human health, and contribution of various economic sectors to those exposures;

- **Labour sector**, responsible for surveillance and enforcement of health and safety at work legislation, is assessing the impact of
occupational health determinants on health, but is also interested in maintenance of work ability and general health;

- **Social and health insurance** institutions supervised either by Health or Labour sectors, may have a great impact through compensation, rehabilitation, reintegration, sickness absenteeism and retirement policies.

Development of the WHIA methodology depends upon the cross-sectoral consensus on the concept of workplace health. The evaluation of health impact of the processes carried out within GP HESSME are important to assess their contribution to the health status of the workforce, but also to the general health status of population and to the community health development. Scientific studies and surveys of health determinants in the working age populations should be carried out to provide date for workplace health impact assessment.

### 2.2 Indicators

At the national level HESSME indicators should allow for:

- assessment of intersectoral policy (public health, environment, labour) to achieve common goals in sustainable development;
- assessment of efficiency of legislation;
- assessment of quality of education on HESSME issues;
- assessment of HESSME impact on public health and sustainable development;
- setting public health targets for enterprises and allow for monitoring whether they are obtained (e.g. increase of disability retirement age, workforce participation).

Indicators at national level have to be based on a well-defined vision of GP HESSME, should support continuous improvement, and allow the demonstration of the value of the HESSME programmes and services in business language. Data can be provided on four major areas of HESSME in addition to data showing intersectoral collaboration of various stakeholders:

- Occupational health and safety
- Workplace health promotion
- Environmental management
- Social capital and community health development.

Below are examples of indicators applicable at the country level:

1. Number of ratified ILO conventions, particularly ILO convention No. 155 and 161;
2. Percentage of active labour force covered by system for recording, notification and compensation of occupational accidents and diseases;
3. Percentage of active labour force covered by efficient enforcement of occupational health and safety legislation;
4. Number of compensated occupational diseases on official list (compared with best countries);
5. Disability free life expectancy of working population at age 20, 45 and 65 years in by gender, occupation, industrial sector;
6. Percentage of total labour force covered by occupational health services, including enterprises owned by national or local authorities;
7. Number of academic institutions (universities, national institutes, others) providing education to HESS professionals and their total educational capacity in number of graduates per year (separately for occupational physicians, safety engineers, environmental engineers, occupational hygienist, ergonomists, occupational nurses, health promotion leaders and other HES specialists);
8. Number of academic research institutions (universities, national institutes, others) carrying out scientific and development studies in different areas of HESSME;
9. Number of centres providing education and training (with assurance of this service quality) to improve work ability and employability - and their total educational capacity in number of participants per year;
10. Percentage of GNP invested in scientific research and development studies aimed at providing data for improvement of HESSME;
11. Existence of tripartite bodies (governments, employers, employees) on OHS and HESSME and number of such bodies for specific economic sectors;

12. Sickness absence at work due to total work-related injuries (occupational accidents) expressed in lost working years per 100,000 employees: total and in selected economic sections;

13. Sickness absence at work due to total work-related disease expressed in lost working years per 100,000 employees: total and in selected economic sections;

14. Costs of accidents and diseases at work as a percentage of GDP.

Indicators must be tailor-made for each country, organization and chosen purpose. Examples of other indicators are provided in others sections covering HESSME at the local and municipal level.

3. STAKEHOLDERS, POLICY REQUIREMENTS AND INDICATORS AT THE LOCAL LEVEL

3.1 Policy requirements at local (municipal) level

The aim of the policy at local (municipal or provincial) level is to support enterprises in their efforts to develop and maintain GP HESSME. In addition to enforcement of legal requirements it is suggested to develop a dialog on the benefits and tools of GP HESSME between various stakeholders. They correspond to those mentioned at the national level and include the public health, labour, environment and social departments or units of the local authorities, social and health insurance organizations, employers, trade unions and research and educational institutions, environmental and health NGOs, political parties).

As an element of sustainable development, GP HESSME offers considerable benefits. However, these benefits depend upon successful implementation in the country or region of effective HESSME in a significant number of enterprises.

The set of policy requirements (actions) presented below describes a step-wise approach to develop and maintain local HESSME
programmes, however a division of responsibility between local and national authorities should be observed.

3.1.1 Analysis of the current situation in HESSME

The office of local self-governing councils (City Council, Community Council) prepares the initial analysis of impact of the existing workplace health and environment management practices on public health and environment situation in the province or community. In fact any concerned stakeholder (employers association, trade union, social or health insurance institution, nongovernmental organization or other) can also initiate such analyses. In this analysis compliance with legal requirements and use of voluntary, self-regulatory tools are taken into account.

3.1.2 Policy and action plan of local authority and other major stakeholders

Based on the assessment of the current legislative and self-regulatory approaches used in the community the local authority and major stakeholders prepare and adopt a policy and action plan providing objectives and covering main activities to be undertaken within the local community or province to improve HESSME.

Such a policy and action plan should designate responsibilities for the preparation of:

- local policy requirements and indicators of good practice in HESSME;
- methodology for evaluation of the effectiveness of protective and preventative services (e.g. occupational health services);
- mechanisms of voluntary benchmarking in HESSME performance between enterprises;
- methodology for assessment of the impact of existing vocational education systems for adults on their employability and HES competencies of employees;
- rules for financing of activities for improvement of HESSME.
3.1.3 Evaluation of the HESS service providers

The quality of services depends, among others, on the continuous improvement of the structure and processes of the organizations. Local authorities should facilitate the elaboration and agreement of local criteria and methods for evaluation of HES professionals and their services.

3.1.4 Support to networking and benchmarking

Networking is an effective way to learn each other’s strong point and to offset one’s own weakness. It allows drawing on each other’s merit in order to achieve common progress and improvement. Networking could be instrumental in showing the capacity of industrial and other enterprises for self-regulation in HESSME and the willingness of industry to collaborate with governments and international organizations.

The main mechanism for networking would be benchmarking comparisons in HESSME performance between enterprises in the same branch or sector. Though it needs to be recognised that much has to be done to develop and implement cross-industry and cross-sectoral indicators if benchmarking is to be more than an enterprise level activity.

The performance of one enterprise, presented as a set of quantitative and qualitative indicators, would be used as a reference or benchmark for evaluating the performance of other enterprises that share the same set of indicators. The results would enable participating enterprises to assess their own situation. Networks can prepare guidelines for GP HESSME implementation in enterprises in specific economic sectors.

Independent benchmarking firms usually carry out the benchmarking exercise. They are paid by the participating enterprises. The strategy of local authorities for improvement of HESSME may foresee different kinds of financial and logistic support to organization of benchmarking.

The majority of employees in most of the European countries already work in small or medium size enterprises (SMEs); The local authorities are encouraged to consider establishing inter-enterprise multidisciplinary prevention services to assist SMEs in GP HESSME
implementation. These could be co-financed by central or local governments and/or insurance organizations. The implementation of GP HESSME in many small enterprises could have social and economic benefits for the sponsoring authorities and for health and social insurance organizations.

Large national or multinational companies can provide major assistance to developing GP HESSME in SMEs operating within their supply chain or through the programme of Good Neighbour. Other channels are trade associations, branch organizations and networks of companies.

3.1.5 Education and training

If they are to collaborate in developing GP HESSME, employers and their organizations, employees and their trade unions must have a sound understanding of the basic principles used to control and act on environmental, social, occupational and lifestyle determinants of health (see also section 2.1.3).

3.1.6 Research

Research institutions, mainly from the same province or municipality, could assist local HESSME development by designing and undertaking applied research projects. Such projects would specifically aim at providing data and products required for developing, monitoring and assessing GP HESSME at the local and enterprise level (e.g. methodology of socioeconomic appraisal of HESSME, health promotion needs assessment, environmental management, HES communication and public participation).

Local authorities, e.g. by the use of a questionnaire, would collect opinions among the major stakeholders (employers, employees, trade unions, enforcement agencies such as Labour Inspection, Environment Protection Inspection, Sanitary Inspection) on the research needs of the province or municipality. Well-defined research topics should be open for competitive application by research institutions or groups. For sufficient start of projects and appropriate grants for them, local authorities (society) should create a fund for research grants. Transparency of the procedure must be ensured, and the results of the research must be available to the stakeholders.
3.1.7 Collection and dissemination of good examples

Examples of successful implementation of GP HESSME are usually more convincing than sophisticated presentations and discussions. The public should be informed about the good examples of HESSME in the province or municipality and of the methods used by these enterprises. All stakeholders, including research and educational institutions should collect the examples of good practice in HESSME. GP HESSME award system supported by all stakeholders would be beneficial for development of mechanisms for collection examples of good practice.

3.2 Indicators at the local (municipal) level

At the local level the HESSME indicators would be used as:

- information and management tools for the local authorities, HES enforcement agencies, social and health insurers, employers and employees;
- tools to adjust prevention, rehabilitation and reintegration system (return to work) to real needs;
- background information for setting the local public health, environment and safety targets;
- planning support to maintenance of work ability and employability;
- source to review an infrastructure and human resources available for HESSME;
- for benchmarking between different communities;
- for providing sufficient data for improvement strategy for each concerned stakeholder.

There are national and international recommendations on criteria and indicators for HESSME (see bibliography). It is necessary to adapt these criteria and indicators to local needs and possibilities.

The basic data to develop or calculate HESSME indicators are collected by various organizations such as social and health insurers, labour inspectorate, public health (sanitary) inspections, environment protection inspections, own sources of local authorities, employers
associations, trade unions, scientific institutions and nongovernmental organizations. Some data are collected routinely, some can be obtained by special surveys. Surveys may provide more precise and validated data, quite often at lower cost than setting a permanent infrastructure for data collection.

Environmental indicators at regional and national levels have been described in more details in publications of UNEP, OECD and European Environment Agency and the Sustainability Reporting Guidelines.

### 3.2.1 Basic information on socioeconomic situation of local community or province

1. Average individual income per capita.
2. Demographic structure of local population.
3. Total unemployment (by gender and age).
4. Proportion of those employed to total population (by gender).
5. Percentage of people aged 18–29 years employed (by gender).
6. Percentage of people aged 55–65 years employed (by gender).
7. Total number of enterprises.
8. Absolute number and percentage of enterprises with 20 or less employees (by economic sector).
9. Absolute number and percentage of enterprises with 21 to 50 employees (by economic sector).
10. Absolute number and percentage of enterprises with 51 to 250 employees (by economic sector).
11. Absolute number and percentage of enterprises with more than 250 employees (by economic sector).

### 3.2.2 Health indicators in the local working community

1. Occupational injury fatality rate by cause, age, gender, industrial sector, occupation.
2. Rate of injuries (over 3 day sick leave) by cause, age, gender, industrial sector, occupation.
3. Incidence and prevalence of occupational compensated diseases by cause, age, gender, industrial sector, occupation.


5. Disability free life expectancy of population in working age in municipality or province by age group, gender, industrial sector, occupation.

6. New invalidity / disability cases per 100 000 population by cause, age, gender, industrial sector, occupation.

7. Sickness absenteeism at work by cause, age, gender, industrial sector, occupation.

8. Mortality rate in the working population (18–65 years old) by cause, age, gender, industrial sector, occupation.

9. Morbidity rate in the working population (e.g. ischaemic heart diseases ICD-10: I20–I25), musculoskeletal disorders (M00–M99), mental and behavioural disorders (F00–F99) by cause, age, gender, industrial sector, occupation.

10. Rate of early retirement as a result of occupational accidents or disease per 100 000 employees or per 1000 occupational accidents (in total and in selected economic sectors).

11. Rate of early retirement due to ischaemic heart diseases (ICD-10: I20–I25) per 100 000 employed (total and in selected economic sectors).

12. Rate of early retirement due to musculoskeletal disorders (M00-M99) per 100 000 employed (in total and in selected economic sectors).

13. Rate of early retirement due to mental and behavioural disorders (F00-F99) per 100 000 employed (in total and in selected economic sectors).

### 3.2.3 Work environment

1. List of ten major occupational hazards occurring in the enterprises of the municipality or province (physical, chemical,
biological, and affecting mental health) by economic sectors and size of enterprises.

2. Percentage of employees exposed to harmful factors (physical, chemical, biological, and affecting mental health) at concentration or intensity higher than national occupational exposure limit for that factor.

3. Percentage of employees with high workplace health risk based on exposure assessment to occupational hazards (physical, chemical, biological, and affecting mental health) by size of enterprises and economic sector.

4. Percentage of employees exposed to carcinogenic factors, including environmental tobacco smoke (ETS).

5. Percentage of disabled persons in working age in regular occupational activity by disability cause, age, gender, occupation.

3.2.4 Ambient environment

1. Total energy use by enterprises grouped by economic sectors and size of enterprise.

2. Energy use per unit of production or per unit of total gross income by economic sectors and size of enterprise.

3. Total water use by economic sectors and size of enterprise.

4. Total wastes volume generated (reused, recycled, incinerated, dumped) by economic sectors and group size of enterprise.

5. Solid wastes generation (tons) by economic sectors and size of enterprise.

6. Hazardous wastes generation by economic sectors and size of enterprise.

7. Emission to air by economic sectors and size of enterprise.

8. Discharges to water by economic sectors and size of enterprise.

9. Number of sites containing large amounts of chemicals in the province.

10. Register of major chemical accidents in province.
11. Preparedness of local government to chemical and other environmental emergencies.

### 3.2.5 HESS services

1. Numbers of occupational physicians, nurses, safety engineers, environmental engineers, occupational hygienist, ergonomists, health promotion leaders and other HES specialists employed in the enterprises or health protection external services per 1000 of working population (separately for each HES profession); by economic sector and size group of enterprise.

2. Numbers of occupational physicians, nurses, safety engineers, environmental engineers, occupational hygienist, ergonomists, health promotion leaders and other HES specialists employed in the HES enforcement local agencies per 1000 of working population (separately for each HES profession).

3. Percentage of enterprises and of employees in the municipality or province covered by Occupational Health Services and other HES services, including enterprises owned by local authorities.

4. Percentage of total gross local product invested in scientific research and development studies aimed at providing data for improvement of HESSME.

5. Availability of medical treatment centres for chemical poisonings.

6. Availability of centres providing education and training to improve work ability and employability – assurance of quality of such services.

### 3.2.6 Measures of participation

1. Percentage of population in working age under regular assessment of health promotion needs by (age, gender, occupation).

2. Percentage of working population participating in vaccinations (HBV, influenza) programmes by (age, gender, occupation).

3. Percentage of population employed in enterprises offering specific workplace health promotion programmes by (e.g. maintenance of work ability, education and training programmes to increase employability, smoking cessation,
prevention and treatment programmes for employees with alcohol abuse, consultation on healthy nutrition, promotion of physical activity).

4. Percentage of employed population regularly undergoing prophylactic medical examinations by industrial sector, age, gender, occupation.

5. Percentage of enterprises with good occupational health and safety management system documented by relevant enforcement authorities (by size and economic sector).

6. Number and percentage of enterprises that have demonstrated implementation of Cleaner Production technologies or quality environmental management system documented by relevant enforcement authorities or auditing institutions (total and by economic sectors and size of enterprise).

7. Number and percentage of enterprises that have demonstrated implementation of GP HESSME (total and by economic sectors and by size of enterprise).

8. Percentage of enterprises participating in GP HESSME benchmarking comparisons by size and economic sector.

9. Percentage of enterprises in the municipality or province which managed to prove that they provide healthy and environmentally friendly products and services, and provide product stewardships throughout the products’ life cycles.

4. STAKEHOLDERS, POLICY REQUIREMENTS AND INDICATORS AT THE ENTERPRISE LEVEL

Good practice (GP) is a process on-going in the enterprise that aims at continuous improvement in HESS performance, involving all stakeholders within and outside this enterprise: working communities (employers, management, employees and their trade unions), experts in different disciplines (occupational health, health promotion, environment, human resource management, economics and others) and the law enforcement, insurance and educational institutions in the surrounding community.
An organization is often represented as a triangle in which three management layers are reflected: strategic, tactical and operational management. Furthermore it is common to refer to organizations as targeted to reach positive outcomes. Alas, almost all organizations also produce negative outcomes, as there are production failures, loss of quality and ill health. The integrated workplace health management (HESSME) should cover both positive and negative outcomes.

There are six areas, which produce a comprehensive picture of the quality of integrated workplace health management (HESSME):

1. Workplace health within corporate policy
2. Human resources and work organization
3. Planning of workplace health
4. Social responsibility
5. Implementation of workplace health
6. Results of workplace health promotion.

In a model the picture looks as follows:

<table>
<thead>
<tr>
<th>HESSME &amp; Corporate policy</th>
<th>Human Resources &amp; Work Organization</th>
<th>HESSME Planning</th>
<th>HESSME Implementation</th>
<th>HESSME Results</th>
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<td>Enablers</td>
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<td>Results</td>
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Within this model emphasis is placed on the initial assessment of the health protection and promotion needs of entire staff working for the
enterprise, on the degree to which the HESS activities are integrated into the organization overall management and on the extent to which the activities are pursued systematically.

There are four forces, which may drive an enterprise to implement good practice in HESSME:

- Need for compliance with current national regulatory frameworks;
- Positive outcome of socioeconomic appraisal of investments in HESSME;
- Increased market value of the enterprise in the society as a result of a solid social image produced by voluntary initiatives and agreements related to health, environment and safety;
- An effective enterprise management system, in which HESS issues have been integrated within an enterprise sustainable development strategy.

4.1 Policy requirements at enterprise level

The good health of employees is one of the major assets of an enterprise. Good workplace health management helps to maintain health and prolong work ability. Implementation of GP HESSME at enterprise level requires employers or top executive managers to develop the enterprise health policy. There are the following requirements to be covered by such a policy.

4.1.1 Top manager commitment

The senior managers of the enterprise demonstrate that they recognize their responsibilities for health, environment safety and social capital, and are acting on them. The senior enterprise manager makes available a signed statement of commitment to good practice in HESSME, stating the enterprise policy in this area, and a plan for implementation. The statement includes a commitment to ensure adequate training, participation of employees, and descriptions of the roles of managers and technical experts.
4.1.2 Participation of employees

Health, environment and safety committees or groups, and worker representatives, facilitate employee involvement in planning, implementation, audit and evaluation. Involvement of employees in those processes is a key factor for success.

4.1.3 Health promotion needs assessment

Health promotion needs assessment is a procedure aiming at identification of current status of occupational, lifestyle, environmental and social determinants of health of the working population, and thus identification of the needs for health interventions. The lifestyle and social determinants of health are usually identify from responses to special questionnaire, while the proper assessment of occupational and environmental determinants of health requires in addition the risk assessment procedures performed by qualified professionals.

4.1.4 Occupational health risk assessment and management

Occupational health risk assessment is a procedure performed by the qualified professional aimed at identification at the workplace of occupational exposures to factors harmful to health and safety of employees. Most often it is limited only to those factors which are recognized as harmful to health of employees in the legislation of the country where risk assessment is performed. The risk assessment usually provides quantitative or qualitative estimation of probability, extent and time of occurrence of potential health effects, which can be induced by exposures to harmful factors occurring at work environment. The occupational health risk management consists of all actions undertaken to eliminate or reduce the risk to health. The risk management process can follow broadly similar principles for protection and promotion of health, safety, environment and work ability. It covers usually the following processes:

- Hazard identification;
- Risk assessment;
- Risk communication;
- Planning and implementation of the risk control;
4.1.5 Education and training

Employers, managers and employees must acquire some knowledge on health, safety, social and environmental issues to be effective in management of health, environmental, safety and social risks to health. Education is particularly important in maintenance of work ability. Therefore each enterprise is encouraged to develop an educational programme to improve professional competence of employees. Continuing education and training also is an asset for enterprise competitiveness, and helps to maintain employability.

4.1.6 Action plan

The programme can be limited to reaching only compliance with legal regulation on occupational health, safety and environment, but to obtain the full GP HESSME benefit it should include actions going beyond legal requirements to manage the lifestyle, environmental and social health determinants.

4.1.7 Effective management

HESSME activities go beyond the legal requirements, and are based mainly on information exchange, debate, education and awareness of actors participating in the overall management of the enterprises, thus automatically also in the management of health determinants of those working in this enterprise. The integration of HESSME into the overall management system of an enterprise should result in the effective and efficient promotion of GP HESSME.

The management process can follow broadly similar principles project management or the cyclical process of:

- a situation analysis
- a needs assessment
- prioritization of needs
- developing a HESSME profile
- developing a plan
- implementing the actions
- evaluating progress
- revision
- continuing review.

It is important that the enterprise managers, in consultation with employees, develop effective management systems for health, environment, safety and social issues, which is integral to the overall management of the enterprise. They also provide adequate resources.

The International Labour Organization (www.ilo.org) has therefore recently developed guidelines on OSH management systems, which reflect ILO values and instruments relevant to the protection of the safety and health of workers. There are however other quality management standards which can be adopted for implementation of GP HESME (see sections 2.1.5).

Some enterprises are already applying for, and obtaining, certificates to demonstrate that their managerial systems for environment and/or health and safety at work meet recognized management standards. There are, however, alternative managerial methods of achieving high levels of GP HESSME that do not require adoption of formalized quality management standards.

**4.1.8 Reporting**

Reporting is required to communicate progress internally and externally. Indicators are needed to measure performance, manage the issues, measure success, determine future performance, and enable continuous quality improvement.

To demonstrate implementation of GP HESME an annual report on health, safety, environment and social performance is published, and the enterprise participates in comparisons with other enterprises in similar sectors or locations. Since the majority of workers are in small enterprises, the local authorities could summarize for them the local HESSME performance and organize the HESSME benchmarking.
4.1.9 **Indicators**

The indicators at the enterprise level would be used to:

- prepare an annual enterprise report on HESSME performance;
- carry out socioeconomic analysis of HESSME investment revenues;
- benchmark performance in HESSME between different enterprises of the same industrial branch or located within the same community;
- decision-making on improving HESSME management on company level.

**Examples of input indicators:**

- Commitment of top enterprise manager to implement GP HESSME;
- Financial investment in HESSME as percentage of the enterprise total budget or gross income;
- Contract with external preventive services (occupational health services and others) specifying their role in HESSME.

**Examples of process indicators:**

- Percentage of employees under regular assessment of health promotion needs (by age, gender, occupation);
- Percentage of employees undergoing self-assessment of health (by age, gender, occupation);
- Percentage of employees regularly undergoing prophylactic medical examinations (by age, gender, occupation);
- Percentage of employees participating in specified workplace health promotion programmes (by age, gender, occupation);
- Percentage of employees participating in vaccinations (HBV, influenza) programmes (by age, gender, occupation);
- Percentage of disabled persons of working age in regular occupational activity (by cause, age, gender, occupation);
- Percentage of employees participating in programmes aimed at improvement of their work ability and employability;
• Participation of the enterprise in HESSME benchmarking comparison with enterprises or the same industrial sector or the same province;

• Exposure assessment to harmful factors present in the enterprises (by type of factors: physical, chemical, biological, and affecting mental health);

• Percentage of employees exposed to harmful factors (by type of factors: physical, chemical, biological, and affecting mental health) at concentration or intensity higher than national occupational exposure limit for that factor;

• Percentage of employees exposed to carcinogenic factors including environmental tobacco smoke (ETS);

• Occupational health risk assessment of employees grouped according to type of exposure, occupation, gender and age.

**Examples of output indicators:**

• Occupational injury fatality rate;

• Incidence of serious non-fatal injuries;

• Rate of injuries (over 3 day sick leave);

• Incidence and prevalence of occupational compensated diseases by cause, age, gender, occupation;

• Estimated rate of work related diseases: incidence/prevalence/mortality;

• Recorded rate of work related diseases/incidence/prevalence/mortality;

• Morbidity rate by cause, age, gender, occupation;

• Sickness absenteeism at work by cause, age, gender, occupation;

• Percentage of smokers by age, gender, occupation;

• Production of annual report on HESSME performance;

• Occurrence of harmful factors in the enterprise (by type of factors: physical, chemical, biological, and affecting mental health);
• Evidence showing development of the enterprise HESSME policy with participation of employees;
• Evidence showing implementation of HESS management system with the participation of employees;
• Total energy use;
• Energy use per unit of production or per unit of total gross income;
• Total water use;
• Total wastes volume generated (reused, recycled, incinerated, dumped);
• Solid wastes generation by the enterprise (tons);
• Hazardous wastes generation by the enterprise (tons);
• Emission to air;
• Discharges to water.

4.2 Company profile

An enterprise profile on HESSME refers to a combination of qualitative descriptions and quantitative data on the state and trends of health, environment and social capital management in an enterprise.

By presenting the performance of an enterprise as a set of quantitative and qualitative indicators, this can be used as a benchmark for other enterprises of the same branch or sector to evaluate their own performance. HESSME indicators on company level require sector-specific reference data, as for some indicators it is not reasonable to compare the situation in an enterprise with that of enterprises in other sectors. These reference data first have to be built up in pilot projects.

To prepare a report on HESSME performance the process starts with data collection from various sources such as audits (expert assessment systems), administrative sources, questionnaire-based surveys, observation, group discussions, etc. The data are presented in a performance report, which includes statistics and descriptive outcomes. The data analysis phase includes an internal and external interpretation and evaluation.
The process should continue by decision-making on future approaches, dissemination of information, training, research and other relevant activities. The process is a loop which moves continuously to a more informative, competitive, social responsible and cost-effective direction.

Using a model for the self-assessment of total quality management promoted by the European Foundation for Quality Management (EFQM) the HESS profile of the enterprises could cover the following chapters.

4.2.1 HESSME corporate policy

Indicators

- Commitment of top enterprise management to implement GP HESSME.
  - Written corporate policy on HESSME including a commitment to ensure adequate training, participation of employees, and descriptions of the roles of managers and technical experts.
  - Integrated in corporate structures and processes (part of primary process).
  - Quantitative and qualitative management targets (expected level of work satisfaction, employability, lifestyle programmes, participation rates, replacement policy, dangerous substances etc.).

- Investment in HESSME:
  - in actual of percentage of working time of staff members;
  - staff training;
  - resources (budget, external staff, rooms);
  - as percentage of the enterprise total budget or;
  - as percentage of gross income.

- Regular monitoring of progress:
  - biannual report of process indicators and;
  - adjustment of management targets.
• Access to health/safety related facilities:
  – Safety equipment;
  – Ergonomic job design;
  – Clothing;
  – Break and rest rooms;
  – Canteen;
  – Sport facilities;
  – Environmental friendly working equipment.

• Contract with external health management and environmental services in which their role in HESSME is defined:
  – occupational health services;
  – health promotion bodies;
  – environmental protection councils;
  – consultancy companies specialized in HESSME.

4.2.2 Human resources and work organization
The most important task of HESSME in the area of human resources and work organization is to consider the skills of the staff and management. The crucial factor for the successes of HESSME is that all employees are actively involved as much as possible in planning and decision-making.

Indicators

• Skills:
  – Demanded HESSME skills are part of job descriptions.

• Work organization:
  – Job demands in balance with personal capacity.

• Career development:
  – Special training modules for health, environment, safety and social skills education;
  – Career developing work organization measures;
  – Possibility for active engagement in HESSME matters.
4.2.3 Planning of HESSME

Decisions on the scope and targets of the enterprise programme should take into account regulations, the needs for maintenance of health (general and occupational), work ability and employability (going beyond legal requirements), the environmental needs, the potential for improvement, and the social and economic benefits.

HESSME is successful when it is based on a clear concept which is continuously reviewed, improved and communicated to all staff.

**Indicators**

- Communication:
  - Written communication plan of how to communicate HESSME-matters to all sections of the organization;
  - Description of internal public relations around HESSME.

- Information, that is regular employee surveys on health, social capital and environmental matters:
  - Extended surveys on job routines involving employees;
  - Percentage of employees under regular assessment of health promotion needs (by age, gender, occupation);
  - Exercise level, smoking rate, nutritional consumption pattern, alcohol consumption (by age, gender, occupation);
- Percentage of employees regularly undergoing prophylactic medical examinations (by age, gender, occupation);
- Percentage of employees participating in vaccinations (HBV, influenza) programmes (by age, gender, occupation);
- Exposure assessment to harmful factors present in the enterprises (by type of factors: physical, chemical, biological, and affecting mental health);
- Percentage of employees exposed to carcinogenic factors including ETS;
- Occupational health risk assessment of employees grouped according to type of exposure, occupation, gender and age;
- Sickness absenteeism at work by cause, age, gender, occupation;
- Estimated rate of work related diseases: incidence/prevalence/mortality;
- Rate of injuries (over 3 day sick leave);
- Total energy use;
- Energy use per unit of production or per unit of total gross income;
- Total water use;
- Total waste volume generated (reused, recycled, incinerated, dumped);
- Solid waste generation by the enterprise (tons);
- Hazardous wastes generation by the enterprise (tons);
- Emission to air;
- Discharges to water.

4.2.4 Social and environmental responsibility

Nowadays enterprises are paying more and more attention to social and ethical responsibility. Alongside economic values, interest in the environment and the welfare of people has reached a high level of importance. Upholding these values is a prerequisite to success and long-term profitability for any business. A company that invests in health and environment is likely to see a return on its investment in several ways. For instance staff recognizing the company’s
commitment are likely to feel more highly valued and may create a high degree of loyalty to the company’s ethos and goals (Griffiths, 1995).

Social responsibility entails implementing good working practices in all relations with stakeholders. It includes the health of personnel, wellbeing and competence, product safety and consumer protection, and fluid teamwork within the corporate network. The concept puts a strong emphasis on equity and health of human beings. Specifically in regard to the health of working people equity must be addressed, considering that many health problems are strongly related to differences in occupational (and socioeconomic) status. It also includes cooperation with local communities, donations and other activities for the public good such as health-related, social, cultural and welfare initiatives.

Environmental responsibility means sound management of natural resources and the environment. Protecting the waterways, air and soil, as well as combating climate change and using natural resources in a sustainable way are all important aims.

**Indicators**

- **Equity:***
  - Minimal standards for income
  - Equal job opportunities
  - Social protection of unemployed people
  - Empowerment.

- **Environmental protection management system:**
  - Environment of enterprise such as housing.

- **Support of social, cultural, environmental and welfare initiatives:**
  - Community support for work related projects.

**4.2.5 HESSME implementation and processes**

Management processes and procedures should be used as tools to achieve the objectives of GP HESSME in enterprises. The adoption by industry of procedures for health promotion and safety management
and environmental management compatible with good management standards can be helpful in GP HESSME implementation. Modern management concepts (e.g. Total Quality Management, ISO 9000 series) emphasize the function of human resources in order to achieve economic aims. HESSME is therefore an essential component of an organizational development strategy.

**Indicators**

- An organizational structure:
  - A steering group or project group which plans, monitors and evaluates HESSME measures;
  - Problem-solving groups with the task of identifying HESSME-related problems and possible measures for improvement.

- Systematic collection of internal information:
  - HESSME needs assessment amongst employees;
  - OSH measurements;
  - Environmental enquiries;
  - Work satisfaction surveys.

- Systematic collection of external information:
  - Stakeholder-analysis;
  - Client surveys.

- Design:
  - Detailed description of target groups;
  - Quantifiable HESSME objectives for each of the planned activities;
  - Programme design for interventions;
  - Process descriptions.

- Measures:
  - Health-promoting work organization;
  - Job design;
  - Measures for promotion of healthy behaviour (canteen with healthy food, exercise facilities, wellness programmes);
  - OSH measures;
– Environmental measures.

• Evaluation:
  – Process evaluation;
  – Regular review for improvement.

4.3 HESSME Results

Outcomes can be ranked on different scales i.e. individual–supportive environment–organizational structures. It is decided that a time based evaluation suits the divergent audiences in assessing the values of GP HESSME policies. That leads us to a division of short, medium and long-term outcomes.

The success of HESSME activities can be measured by a number of short, medium and long-term indicators.

The outcome indicators can vary from YES/NO values indicating if a provision is available or not; scales as indicators for the level of implementation or descriptive reports as qualitative input of evaluation. In benchmarking the Company Profiles must lead to tuning the outcome measures into sound evaluation outcomes

**Short term**

• Customer satisfaction:
  – Participation of the enterprise in HESSME benchmarking comparison with enterprises or the same industrial sector or the same region;
  – Reported customer satisfaction.

• Staff satisfaction:
  – Number of suggestions for improvement submitted and implemented;
  – Percentage of employees participating in specified workplace HESSME programmes (by age, gender, occupation);
  – Percentage of employees participating in programmes aimed at improvement of their work ability and employability;
  – Percentage of disabled persons of working age in regular occupational activity (by cause, age, gender, occupation);
  – Satisfaction of staff with working conditions/work organization and leadership style;
– Reduction of work related complaints.

**Medium term**

- Health indicators:
  - Level of influence and control over own work;
  - Improvement in stressful working conditions.

- An effective enterprise management system, in which HESSME issues have been integrated within an enterprise sustainable development strategy:
  - WHP steering groups;
  - Internal communication network;
  - Active support of management;
  - HESSME included in personnel and quality management systems;
  - HESSME integrated in working conditions agreement.

**Long term**

- Economic results:
  - Productivity
  - Economic growth
  - Staff turnover.

- Increased market value of the enterprise in the society as a result of a solid social image produced by voluntary initiatives and agreements related to health, environment, safety and social capital.
Bibliography


31. ILO Convention concerning Occupational Health Services 1985 (http://www.ilo.org/)


Appendix 1. Example of a Company Profile

1. HESSME corporate policy

<table>
<thead>
<tr>
<th>Commitment of top enterprise management to implement GP HESSME</th>
<th>• Written corporate policy on HESSME including a commitment to ensure adequate training, participation of employees, and descriptions of the roles of managers and technical experts</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Example Management statement: The organization guarantees a healthy and safe workplace for the employees; personal care and development; and a sustainable use of materials and natural resources.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Integrated in corporate structures and processes (part of primary process)</td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td>Example HESSME subjects are constant items on the agenda of staff and management meetings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Quantitative and qualitative management targets</td>
<td>% Descriptive</td>
</tr>
<tr>
<td></td>
<td>– level of work satisfaction,</td>
<td>Descriptive</td>
</tr>
<tr>
<td></td>
<td>– employability,</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>– lifestyle programmes,</td>
<td>Descriptive</td>
</tr>
<tr>
<td></td>
<td>– participation rates,</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>– replacement policy,</td>
<td>Descriptive</td>
</tr>
<tr>
<td></td>
<td>– dangerous substances</td>
<td>MAC’s</td>
</tr>
<tr>
<td></td>
<td>– (etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example 75% of the member of the staff is satisfied with the tasks they have to fulfil Every employee has participated in at least two health promoting programmes such as: smoking policies, nutrition programme or physical fitness etc.</td>
<td></td>
</tr>
<tr>
<td>Investment in HESSME</td>
<td>• In actual or percentage of working time of staff members</td>
<td>% of time</td>
</tr>
<tr>
<td></td>
<td>Example Staff members spend 20% of their time on HESSME</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff training</td>
<td>% of time</td>
</tr>
<tr>
<td></td>
<td>Example Staff members spend 5% of their time on personal development through training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Resources (budget, external staff, rooms)</td>
<td>Descriptive</td>
</tr>
<tr>
<td></td>
<td>Example The organization provides a fixed budget for HESSME policies Physical fitness is possible in separated rooms</td>
<td></td>
</tr>
<tr>
<td>Regular monitoring of progress</td>
<td>• periodic report on HESSME performance</td>
<td>Descriptive</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Example</td>
<td>In the annual report a chapter is included about HESSME performance, i.e.: Participation rates Time spend in programmes Functioning of HESSME structures Etc.</td>
<td></td>
</tr>
<tr>
<td>• Adjustment of management targets</td>
<td>Descriptive</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>Management reviews show the adjustment in HESSME targeting.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to health/safety related facilities</th>
<th>• Safety equipment</th>
<th>Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Ear protection devices are available</td>
<td></td>
</tr>
<tr>
<td>• Ergonomic job design</td>
<td>Descriptive</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>The offices are provided with adjustable desks and chairs</td>
<td></td>
</tr>
<tr>
<td>• Clothing</td>
<td>Descriptive</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>The company provides employees with safety clothing for visiting dangerous worksites</td>
<td></td>
</tr>
<tr>
<td>• Break and rest rooms</td>
<td>Descriptive</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>Availability of resting chair to take a nap</td>
<td></td>
</tr>
<tr>
<td>• Canteen</td>
<td>Descriptive</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>The canteen provides healthy salads, fruits and light lunches</td>
<td></td>
</tr>
<tr>
<td>• Sport facilities</td>
<td>Descriptive</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>The organization facilitates commuter cycling by subsidizing cycles once every three years.</td>
<td></td>
</tr>
<tr>
<td>• Environmental friendly working equipment</td>
<td>Descriptive</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>Limited paper use (preference for e-communication)</td>
<td></td>
</tr>
<tr>
<td>Contract with external health management and environmental services in which their role in HESSME is defined</td>
<td>• Occupational health services</td>
<td>Yes / No</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
</tbody>
</table>
| **Example**  
The organization has a contract with a certified OH service according to legal requirements | | |
| • Health promotion bodies | Yes / No | |
| **Example**  
Local public health authorities are actively involved in health promoting activities | | |
| • Environmental protection councils | Yes / No | |
| **Example**  
Legal requirements according to epc directives are implemented | | |
| • Consultancy companies specialized in HESSME | Yes / No | |
| **Example**  
For professional guidance of HESSME programmes external professionals are contracted i.e. toxicologists, epidemiologists, hygienists, physiotherapists etc. | | |
## 2. Human resources and work organization

<table>
<thead>
<tr>
<th>Skills</th>
<th>• Demanded HESSME skills are part of job descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>In every job description a heading is added with HESSME related skills: i.e. Job related health requirements: hearing protection use, stress reduction capacities, leading skills, skills to operate dangerous substances, social capacities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work organization</th>
<th>• Job demands in balance with personal capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Job demands and personal capacities are biannual evaluated to keep them in balance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Career development</th>
<th>• Special training modules for health, environment and Human Resource education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Training for programme Smoke free workplaces; smoking cessation training; Healthy eating courses; environment friendly use of office materials; Empowerment training</td>
</tr>
<tr>
<td>• Career developing work organization measures</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>Challenging tasks and work divisions supporting desired personal developments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Possibility for active engagement in HESSME matters</th>
<th>• Human resources in HESSME on enterprise level (% of working time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Time employees spend on HESSME policy (committees, planning groups, needs assessments, evaluation) 5% Time employees spend on HESSME activities 15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor support &amp; good working atmosphere</th>
<th>• Management behaviour is HESSME encouraging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Participation of managers in HESSME programmes Participation of managers in planning of HESSME</td>
</tr>
<tr>
<td>• Level of social interaction</td>
<td></td>
</tr>
<tr>
<td>Examples</td>
<td>Managers taking initiatives in HESSME policies Managers encourage employee initiatives</td>
</tr>
<tr>
<td>Reintegration of staff</td>
<td>• Reintegration policy</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Example</td>
<td>There is a written corporate statement and policy regarding disability, absenteeism and reintegration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measures to make working life more compatible with family life</th>
<th>• Possibilities to work part-time</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>There are written statements that ensure part time work: In collective agreements part-time work is a right In company policies part-time work is an option</td>
<td></td>
</tr>
<tr>
<td>• Possibilities to work at home</td>
<td>Examples: Flexible working hours Employees can alter work times according to job and personal needs Financial support for child minding</td>
<td>%</td>
</tr>
<tr>
<td>Example</td>
<td>The employer pays 50% of the costs for child minding</td>
<td></td>
</tr>
</tbody>
</table>
### 3. Planning of HESSME

<table>
<thead>
<tr>
<th>Communication</th>
<th>Written communication plan of how to communicate HESSME-matters to all sections of the organization</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>A description of all communication channels &lt;br&gt;The use of the channels &lt;br&gt;The responsibilities for use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description of internal Public Relations &lt;br&gt;around HESSME</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>A brochure describing all HESSME-activities &lt;br&gt;A presentation of all HESSME-activities during a meeting &lt;br&gt;A special interactive link about HESSME activities on the company website</td>
<td></td>
</tr>
<tr>
<td>Information, that is regular employee surveys on health, social capital and environmental matters</td>
<td>Extended surveys on job routines involving employees</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>Survey on the amount of time employees spend working behind a computer screen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of employees under regular assessment of health promotion needs (by age, gender, occupation)</td>
<td>% of staff</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>30% of staff likes to quit smoking &lt;br&gt;33% of staff likes to enhance physical fitness &lt;br&gt;30% of staff likes a stress reduction training &lt;br&gt;10% of staff is would like to have more time for exchange of experiences &lt;br&gt;40% of staff likes to improve their skills in environment protection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exercise level, smoking rate, nutritional consumption pattern, alcohol consumption &lt;br&gt;(by age, gender, occupation)</td>
<td>% of staff</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>60% of total staff reaches the recommended daily level for Physical Activity &lt;br&gt;30% of total staff has a nutrition consumption pattern that fits the national nutritional guidelines</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td>-----------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Percentage of employees regularly undergoing prophylactic medical examinations (by age, gender, occupation)</strong></td>
<td>% of staff</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45% of the elderly take an annual physical check-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of the laboratory staff is annually medical examined</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Percentage of employees participating in vaccinations (HBV, influenza) programmes (by age, gender, occupation)</strong></td>
<td>% of staff</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of groups at risk are vaccinated which accounts for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25% of total staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exposure assessment to harmful factors present in the enterprises (by type of factors: physical, chemical, biological, and affecting mental health)</strong></td>
<td>Level of exposure</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>According to a general risk inventory an exposure profile is written, and improvements are planned</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Percentage of employees exposed to carcinogenic factors including environmental tobacco smoke (ETS)</strong></td>
<td>% of staff</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0% is exposed to ETS since smoking is banned</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational health risk assessment of employees grouped according to type of exposure, occupation, gender and age</strong></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of working at high speed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of assistance from colleagues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of harm due to exposure to cold, heat or draught among the employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sickness absenteeism at work by cause, age, gender, occupation</strong></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly absenteeism rate is 6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated rate of work related diseases: incidence/prevalence/mortality</strong></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15% of absenteeism is work related</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rate of injuries (over 3 day sick leave)</strong></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No injuries have occurred in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Unit</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Total energy use</td>
<td>kWh</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The use of electricity is declined over the past two years from 30,000 KWh to 27,500 KWh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy use per unit of production or per unit of total gross income</td>
<td>kWh/unit</td>
<td></td>
</tr>
<tr>
<td>Total water use</td>
<td>Litres/month</td>
<td></td>
</tr>
<tr>
<td>Total waste volume generated (reused, recycled, incinerated, dumped)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solid waste generation by the enterprise (tons)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous waste generation by the enterprise (tons)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emission to air</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharges to water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous waste generation by the enterprise (tons)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Social and environmental responsibility

<table>
<thead>
<tr>
<th>Equity</th>
<th>Minimal standards for income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>The minimum wages comply with legal mandatory regulations</td>
</tr>
<tr>
<td>• Equal job opportunities</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Example</td>
<td>Gender-specific policies or age-specific</td>
</tr>
<tr>
<td>• Social protection of unemployed people</td>
<td>Description</td>
</tr>
<tr>
<td>Example</td>
<td>Special projects are developed to employ and support people living in the area of the company who have been unemployed for longer than one year.</td>
</tr>
<tr>
<td>• Empowerment</td>
<td>Description</td>
</tr>
<tr>
<td>Example</td>
<td>Employees express that they are better able to get involved in organizational matters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment protection management system</th>
<th>Prevention of environment pollution</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>The company reduce release of pollutants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The company introduce environment-friendly technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The company subsidizes provision of green areas</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support of social, cultural, environmental and welfare initiatives</th>
<th>Community support for work-related projects</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>The company provides solid housing for their employees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The company is involved in public health programmes of the local community: e.g. building pathways for cycling.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The company neighbours are regularly informed about future developments of the company</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sponsoring of the local football club</td>
<td></td>
</tr>
</tbody>
</table>
### 5. HESSME implementation and processes

<table>
<thead>
<tr>
<th>An organizational structure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A steering group or project group which plans, monitors and evaluates HESSME measures</td>
<td>Example Five representatives of different levels in the organization have formed a steering group. This steering group includes management, employees, HR staff, occupational physician and works council. The company has a strategy formulated along the lines of the principal of Health Circles.</td>
</tr>
</tbody>
</table>

| Description | |
| Problem-solving groups with the task of identifying HESSME-related problems and possible measures for improvement | Example Once a year a group is put together which makes an inventory of state of the art of HESSME. A task force has been established to resolve the mean health issues found in the annual needs assessment. |

<table>
<thead>
<tr>
<th>Systematic collection of internal information</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HESSME needs assessment amongst employees</td>
<td>Examples An annual survey is foreseen to assess the health needs of employees. This survey will generate data on the health situation of the employees. The report is called the Health Needs Assessment. A yearly survey is carried out to assess the needs of employees with children related to working hours and child care support. Part of a team meeting is spent on discussing ideas of team members for possible improvements of working conditions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OSH measurements</td>
<td>Description</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| Examples         | Level of noise is reduced to the comfort of employees, to the level that normal conversation is possible (qualitative description or in dB)  
The exposure to dangerous substances is reduced to the absolute minimum. Working with dangerous or carcinogenic substance is only allowed when no replacement substance is available and protective clothing and protection gear is used (regulations according to national and international standards) |

<table>
<thead>
<tr>
<th>Environmental enquiries</th>
<th>Survey</th>
</tr>
</thead>
</table>
| Example                 | An annual survey is taking place on environmental issues  
This might contain issues that are connected with daily work live i.e. reduced paper used Reduced use of plastic cups |

<table>
<thead>
<tr>
<th>Work satisfaction surveys</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Yearly job satisfaction evaluation meetings between management and staff</td>
</tr>
</tbody>
</table>
## 6. HESSME Results

### Short Term

<table>
<thead>
<tr>
<th>Customer satisfaction</th>
<th>The enterprise work out a regularly sounding under their customers in order to register the customer satisfaction</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>An inventory of customer product complains is available Customers’ complains are systematically examined The selling department regularly makes a overview of customers judgements and statements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participation of the enterprise in HESSME benchmarking comparison with enterprises or the same industrial sector or the same area (local, regional, province)</td>
<td>Sector report</td>
</tr>
<tr>
<td>Example</td>
<td>The company is member of a chamber of commerce and reports annually their HESSME efforts and results The company joins the sector of branch organization and exchanges HESSME efforts and results</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reported customer satisfaction</td>
<td>Descriptions</td>
</tr>
<tr>
<td>Example</td>
<td>Reported issues raised by customers (complaints and complements) Suggestions for improvement (number and qualitative description)</td>
<td></td>
</tr>
<tr>
<td>Staff satisfaction</td>
<td>Number of suggestions for improvement submitted and implemented</td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>The company regularly publishes a state-of-the-art report on improvements and changes (i.e. quality reference book)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of employees participating in specified workplace HESSME programmes (by age, gender, occupation)</td>
<td>%</td>
</tr>
<tr>
<td>Example</td>
<td>15% of the bureau staff participated in the physical exercise programme 33% of the computer users participated in carpal tunnel syndrome prevention 25% of the staff using the canteen facility joined the healthy food programme</td>
<td></td>
</tr>
<tr>
<td>Health indicators</td>
<td>Percentage of employees participating in programmes aimed at improvement of their work ability and employability %</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>33% of the staff visited the anti stress workshops.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of disabled persons of working age in regular occupational activity (by cause, age, gender, occupation)</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>5% of the total staff has a registered working handicap and worked in a (adjusted) regular work site.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Satisfaction of staff with working conditions/work organization and leadership style Company report.</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>A annual HESSME audit shows the staffs appreciation for working conditions and - organization and recognition of management</td>
<td></td>
</tr>
</tbody>
</table>

**Medium Term**

<table>
<thead>
<tr>
<th>Health indicators</th>
<th>Level of influence and control over own work Number staff initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>Employee participation in work planning and design is increasing showed by the increasing number of initiatives reported in the department quality circles</td>
</tr>
<tr>
<td></td>
<td>Improvement in stressful working conditions Yes / No</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>Stressful working conditions are traced, plans are made to combat them and staff training in stress reduction is introduced.</td>
</tr>
</tbody>
</table>

**Management system**

<table>
<thead>
<tr>
<th>Health indicators</th>
<th>An effective enterprise management system, in which HESSME issues have been integrated within an enterprise sustainable development strategy. Shown by integration into: Personnel management Supplier management Quality management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>The HMR department developed personnel assistance programmes The purchase department developed product specific HESSME criteria to assess new purchases In the company’s TQM system HESSME variables are taken in to account in the all enabling blocks and result blocks</td>
</tr>
</tbody>
</table>
### Long Term

<table>
<thead>
<tr>
<th>Economic Results</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td></td>
</tr>
<tr>
<td>The productivity statistics show a rising tendency</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
</tr>
<tr>
<td>Economic growth</td>
<td></td>
</tr>
<tr>
<td>Economic Growth is growing while the percentage of productions failures is decreased</td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
</tr>
<tr>
<td>Staff turnover</td>
<td>%</td>
</tr>
<tr>
<td>Annual staff turnover rates are declining (absolute and in % of total staff)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enterprise value</th>
<th>Stock market, positive publicity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>Future Employees are applying for jobs spontaneously</td>
</tr>
<tr>
<td>The company is asked to join the design and planning of regional and local policy actions on social affairs</td>
<td></td>
</tr>
<tr>
<td>The company is granted for their efforts in local society</td>
<td></td>
</tr>
</tbody>
</table>
The enterprises are an essential element of the national public health system. The employers, but also employees, make at work a huge number of decisions which have an influence on the quality of living and working environment, work organization and work cultures as well as on use of natural resources and ambient environment. These decisions have an impact on their own health as well as on that of their families, neighbours and customers. Good practice in workplace health is a process of continuous improvement of health, environment, safety and social performance involving partners inside and outside of an enterprise. Good practice in health, environment, safety and social management in the enterprises (GP HESME) aims at empowering employers and employees to increase control over their own health and their family’s health considering environmental, lifestyle, occupational and social health determinants. It also supports maintenance of work ability and employability by continuous vocational education and training. While using existing legislative framework, which may be when necessary, strengthened, the GP HESME lays emphasis on self-regulation and voluntary participation of all stakeholders. The occupational health services, very often financed by employers, are well placed to play a major role in promoting GP HESME.

This document describes the main objectives, work areas and benefits of GP HESME and history of development of this cross-sectoral and multidisciplinary approach. The main steps for introducing GP HESME are presented, followed by the cross-sectoral policy requirements at municipal, provincial and national level. The roles of national local authorities, employers and employees and enterprises' networking are highlighted. The sets of input, process, output and outcome indicators are proposed for monitoring and to link workplace health activities with public health performance.