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# Worksite Health and Wellness in the European Union

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ABSTRACT

In recent years, trends in cardiovascular disease (CVD) incidence and prevalence in Europe have shown a significant decline. Nonetheless, CVD still remains the main cause of morbidity and mortality and, as such, more efficient intervention strategies are needed. In this context, workplace health promotion is universally viewed as a potential resource for further reducing CVD burden. Currently, the most active organizations for promoting workplace health promotion are the European Agency for Safety and Health at Work, the European Network for Workplace Health Promotion and the Wellness International. The idea of wellbeing in the workplace has multiple meanings across organizations and countries in Europe and no comprehensive surveys examining its exact prevalence and overall impact are currently available. This review will describe the current state of workplace health promotion in Europe and address future directions for this potentially important intervention strategy.



Recent decades have seen a very large decline in cardiovascular disease (CVD) and coronary heart disease (CHD) mortality in Europe; with a > 30% drop between 1985–1989 and 2000–2004.[1,2] These trends have been explained by improved care during acute management as well as improved primary and secondary prevention strategies.[3] Nonetheless, CVD still remains the main cause of morbidity and mortality in the European Union (EU), accounting for over 4 million and 1.9 million deaths each year, respectively. CHD is the single most common cause of death in Europe and in the EU, followed by stroke.[4] Several studies have demonstrated a strong association between different modifiable CV risk factors (CVRF) and the increased risk for CV morbidity and mortality[5,6]; thus, current guidelines have underlined the importance of their identification and treatment in primary and secondary prevention settings.[7] Moreover, new unconventional risk factors have been recognized, such as air pollution, human immune deficiency virus (HIV) infection, and rheumatic inflammatory diseases.[7] According to a large amount of data published in literature, the pharmacologic or non-pharmacological control of traditional CVRF is inadequate for a number of individuals,[4] significantly contributing to the occurrence of acute CV events.[5]

Statement of Conflict of Interest: see page 513.

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**Abbreviations and Acronyms**

**ACSM** = American College of Sports Medicine

**AHA** = American Heart Association

**CHD** = coronary heart disease

**CR** = cardiac rehabilitation

**CV** = cardiovascular

**CVD** = cardiovascular disease

**CVRG** = cardiovascular risk factors

**EACPR** = European Association for Cardiovascular Prevention and Rehabilitation

**ECS** = European Society of Cardiology

**ENWHP** = European Network for Workplace Health Promotion

**EU** = European Union

**Euorfound** = European Foundation for the Improvement of Working and Living Conditions

**EU-OSHA** = European Agency for Safety and Health at Work

**NIOSH** = National Institute for Occupational safety and Health

**OSH** = occupational safety and health

**ROI** = return on investment

**WHP** = workplace health promotion

**WHW** = worksite health and wellness

## Current worksite health and wellness delivery models

Based on the data of the World Health Organization,[8] the World Economic Forum recently declared that "chronic disease" is the leading cause of death and disability worldwide. Increasingly, it affects people in low to middle-income countries while continuing to be a major health concern in high-income countries. Chronic diseases impair productivity and lead to increased costs.[9] To combat these trends, multinational companies are using the workplace to promote long-term behavioral changes, which will benefit employers, employees and communities".[10]

Workplace health promotion (WHP) provides the opportunity not only to improve the health and well-being of people at work but also to deliver CV primary prevention programs by improving healthy lifestyles as well as by changing modifiable CVRF.[11] Worksite health and wellness (WHW) are defined as the result of combined efforts of employers, employees and society to improve the work organization and working environment, enabling healthy choices, and encouraging personal development.[12] Indeed currently, there is a growing body of evidence indicating that WHW programs can provide a return on investment (ROI),[8,13] although there is still controversy in this area requiring additional inquiry. Different approaches to deliver WHW have been used, such as web-based self-management programs and/or environmental/policy changes at the workplace.[8,14–16] When caregivers/personnel skilled in CV prevention as well as cardiac rehabilitation (CR) staff are available, it facilitates improvements in blood pressure levels, cholesterol, tobacco use, dietary fat consumption as well as exercise-derived benefits.[8,17–20]

Essential components of WHW programs are also well established. Health care professionals who are skilled in health education and/or motivational strategies/behavioral modification are of benefit to WHW programs, particularly when there is a focus on CV risk reduction. CV risk assessment, screening for high CV risk, improvement of physical activity (PA), smoking cessation, and weight and nutrition management are key components of any WHW program focused on CV healthy lifestyles. A conceptual model focused on the improvement of CV risk profile is shown in Fig 1.[8,21]

As reported in a recent review,[8] the aim of WHW programs may be resembled both in a "mission statement" that is: "*to create a community engaged in supporting personal wellness and a healthy, balanced lifestyle with a particular focus on CV health*" and in a "vision statement" that is: "*to provide integrated programs and resources that promote quality of life and foster a culture of CV health, well-being, and balance*".

There is yet a high degree of variability in how optimal models for WHW programs focused on CV risk reduction are delivered in different geographic contexts. A guide to plan healthy programs addressed to companies has been suggested by the American College of Sports Medicine (ACSM).[22] However, since there is no single model for health care in Europe and different countries uniquely address the coverage and costs, essential components of WHW programs must be structured in a way that is conducive to the unique environment they are delivered in.

## WHW promotion in Europe: Who are the current leading organizations?

In the EU, although the European Association for Cardiovascular Prevention and Rehabilitation (EACPR), of the European Society of Cardiology (ESC), should have a key role to play in ensuring quality control of WHW programs, they are not yet fully involved in this area. However, the EACPR has recognized that one of the biggest contributions that a scientific society can make to CV health is to go engage businesses and propose WHW models. If this premise is further developed and supported, cardiologists and the EACPR, after years of experience in CR, have the great opportunity to become more involved in primary and secondary prevention in a new and potentially impactful arena. Currently, no specific guidelines and/or scientific statements regarding WHW have been published/endorsed by the ESC or the EACPR. At present, the most active organizations in promoting healthcare at worksites in Europe are the European Agency for Safety and Health at Work (EU-OSHA), the European Network for Workplace Health Promotion (ENWHP) and Wellness International.

### *EU-OSHA: osha.europa.eu/en*

The EU-OSHA is an organization committed "to making Europe a safer, healthier and more productive place to work". It promotes the culture of risk prevention to improve working conditions in Europe, working side-by-side with governments, employers' and workers' organizations, EU bodies and networks, and private companies. EU-OSHA