Blueprint for Business Action on Health Literacy

Background Document

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Foreword
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Today's working environment looks radically different from the one 20 years ago. It is in constant change; mobility, flexibility and connectivity are the key requirements to employees. This is a positive development as it provides a greater autonomy for the individual. But it is also a challenge since it requires greater self-responsibility from the employee. What remains unchanged, however, is the need to constantly improve health and safety at work. A good working environment is a big factor in competitiveness and can play a crucial role in increasing the workforce's potential. The EU's health and safety legislation and strategies have played an important role in improving working conditions.

Further improving health literacy skills in the workplace is a tool to empower the individual. Health literacy can be defined as people's competences to access, understand, appraise and apply information to make health decisions in everyday life. It helps the individual to make healthy choices in times where the boundaries between work and life are not so clear anymore.

Healthy choices are in fact needed. In a time of challenges, such as the demographic change, increased chronic diseases, stress, and austerity health has become a key asset for the economy. Companies here not only play an essential role, e.g. through promoting health in the workplace programs, but are also the main beneficiaries of its outcomes. The strategic choice of engaging in learning for wellbeing and the improvement of health literacy at the workplace can contribute to reaching the goals of the Europe 2020 strategy.

We welcome therefore this first edition of the Blueprint for Business Action on Health Literacy that focuses on the important tasks of businesses to engage in health literacy as part of their corporate social responsibility, and thereby create shared value. The initiative supports the Europe 2020 strategy and the renewed EU strategy for Corporate Social Responsibility 2011-2014.

The aim of the Blueprint for Business Action on Health Literacy is two-fold, namely to stimulate businesses to engage in:

- the advancement of health knowledge and competencies among employees
- organisational change by creating health-friendly work environments that improve the health literacy levels of employees, in order to empower them to become more healthy and achieve a better quality of life at work.

This Blueprint is innovative. And we hope that it will prove fruitful for corporate leaders and employees throughout Europe, who recognize that health literacy matters for people to live a long and healthy life, and for businesses to be smart, sustainable and inclusive.

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1. Summary

Health in the workplace has gathered a lot of attention at the World Economic Forum (WEF) recently. A Workplace Wellness Alliance – a consortium of companies such as MSD, Nestlé and many others committed to advancing wellness in the workplace – has been established in response to a call for action at the WEF Annual Meeting 2008 with the objective to improve global health and productivity by making wellness a priority, starting in the workplace.[1]

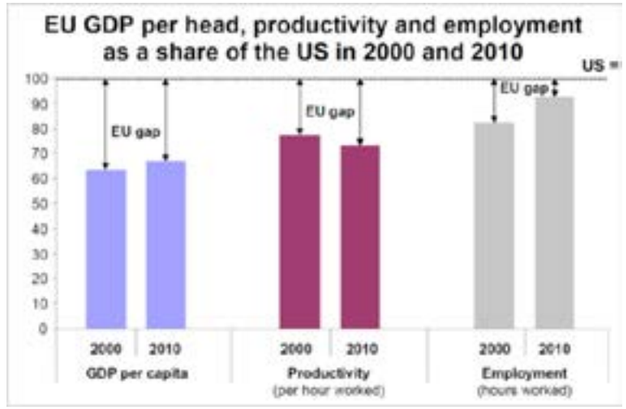
Increasing productivity is in fact a key challenge for Europe's businesses. Compared to the United States European' businesses lag behind in terms of factors such as GDP per capita, productivity and hours worked.[2]

However, the picture becomes more complex. Demographic change will lead to a smaller working age population in the future, and the increasing incidence of chronic diseases poses challenges that go beyond simpler solutions such as increasing retirement age.

In addition, today's working environment is different from the one 20 years ago. The transgression of boundaries of work can be described as a shift from stable and hierarchical working environments towards more mobility, flexibility and connectivity. It implies a greater autonomy but also a greater self-responsibility of the employee.

This shift has also implications for health in the workplace. It shows that personal health skills become more important in this working environment.

The aim of the EU2020 Strategy is to boost the European economy and "turn the EU into a smart, sustainable and inclusive economy delivering high levels of employment, productivity and social cohesion."[3]



1 World Economic Forum (WEF) (2012), The Workplace Wellness Alliance. Investing in a sustainable workforce; in collaboration with the Boston Consulting Group.
2 Chart from a presentation of the Commission's President JM Barroso (2011), Europe's Sources of Growth, to the European Council of 23 October 2011; see http://ec.europa.eu/news/pdf/111020_en.pdf
3 COM (2010), Europe 2020. A strategy for smart, sustainable and inclusive growth, p3.

As one of CSR Europe's priority initiatives of Enterprise 2020, the Collaborative Project on Business Action on Health Literacy was launched in 2010 and is jointly led by Edenred, Microsoft, MSD, Nestlé, Maastricht University and Business in the Community UK with the support of CSR Europe.[4] In contrast to other health in the workplace projects it is based on the concept of health literacy which – we believe – could be a sustainable approach and would reflect the current and the future business environment better. The Blueprint for Business Action in Health Literacy aims for making it operational at a company level, in particular:

- To leverage the concept of health literacy as a response to today's working environment challenges and to turn it into practical action.
- To provide companies with innovative tools, such as a Blueprint for Business Actions on Health Literacy, to increase health literacy through integrated health and wellness programmes with their employees and indirectly the wider communities.
- To improve the health and wellbeing of employees and their communities, leading to greater productivity and society health.

What is health literacy?

There is a lot of literature about the term and the concept health literacy; more details will be provided in one of the following chapters. In short, health literacy is defined as the capacity to make sound health decisions in the context of everyday life – at home, in the community, in the workplace, in the health-care system, in the market place, and in the political arena. On the one hand, health literacy focuses on the individual and empowers the individual to acquire greater self-determination with regard to his or her health. "On the other hand, the improvement of health literacy lies within the systems", i.e. the environment such as the workplace has also a certain responsibility. Employers need to make sure that the healthy choice is possible in the work environment, for example, by providing healthy meals in canteens or by introducing flexible work schedules in order to allow employees to engage in healthy free-time activities.[5]

Why should health literacy be of interest to business?

Health literacy provides a holistic approach to health in the workplace. It provides employees with the right skills to make healthy choices and therefore emphasizes the active role of employers and employees in turn to collaborate on advancing personal health knowledge and competences as well

4 In October 2010, CSR Europe launched its Enterprise 2020 initiative to (1) support companies in building sustainable competitiveness by providing a platform for innovation and exchange; (2) foster close cooperation between companies and their stakeholders by exploring new ways of working together; and (3) strengthen Europe's global leadership on CSR by engaging with EU institutions and a wider range of international players.
5 Kickbusch I and Maag D Health Literacy. In: Kris Heggenhougen and Stella Quah, editors International Encyclopaedia of Public Health, Vol. 3. San Diego: Academic Press; 2008. pp. 204-211

as healthy work environments. It is context and content specific and approaches will differ depending on needs and is – due to its skills approach – not limited to the physical workspace. Hence employees who travel a lot or are active in production have to be approached differently from those who spend most of their time with sedentary office work. Moving towards a healthier society means that citizens in general are becoming more and more active in their own health and healthcare. Essentially, health literacy empowers citizens to navigate their health in terms of assessing, understanding, appraising and applying information to make qualified decisions suiting personal situations and opportunities. Businesses play an important role in this development not only as employers, but also as advocates for health in society.

Based on profound research in 2011 (scope study, best practice study, conferences, workshops, webinars, etc.), the Collaborative Project has developed the 'Blueprint for Business Action on Health Literacy'. The 'Blueprint for Business Action on Health Literacy' introduces the business case for health literacy by describing the concept of health literacy in detail and argues why health literacy matters for businesses. It relates the actions on health literacy to the EU agenda and the broader CSR agenda to fuel and influence the further development of the European Health and Wellbeing agenda. Following the case, the 'Blueprint for Business Action on Health Literacy' is outlined with a detailed description of the tools provided in the tool box.

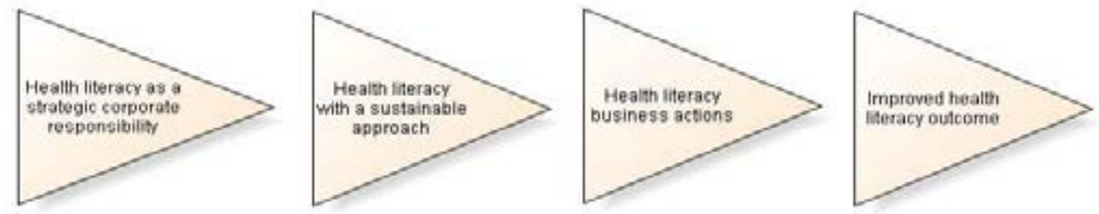
2. The business case for health literacy

Health literacy is a social determinant that can be linked to human development and quality of life. Recent research has shown that limited health literacy is a wide spread phenomenon in Europe and the US.[6] The notion of health literacy is linked to literacy and involves peoples' knowledge, motivation and competences to access, understand, appraise and apply information to form judgments and take decisions in everyday life, in terms of health, in order to improve quality of life during the life course.[7]

Aristotle made a consistent distinction between 'health' and 'wellbeing' and understood health as functioning in an instrumental manner, whereas wellbeing is the ultimate good representing human development in terms of 'flourishing', 'happiness', 'blessedness' and 'prosperity'.[8] Hence, wellbeing refers to 'realizing one's unique potential through physical, emotional, mental and spiritual development… in relation to self, others and the environment".[9]

As most people spend a considerable amount of their time and energy at work, business can play an essential role in promoting and sustaining employees' quality of life, help them flourish and develop their full potential and live a life with integrity. The aim of advancing health literacy is to strengthen knowledge and competences for critical reflection and qualified decision-making in accordance to health, personal values and one's life situation. In addition there is the reciprocal responsibility of engaging businesses to provide supporting environments that stimulate and enhance growth.

The challenge of limited health literacy is that almost one in two are not able to make sound decisions in everyday life and hence opportunities for development and growth are impacted. The European Health Literacy



6 HLS-EU Consortium (2011): Executive summary of the European Health Literacy Survey. The European Health Literacy Conference, Brussels
7 Sorensen et al. (2012): Health literacy and public health. A review of definitions, concepts...
8 Buchanan
9 Kickbusch (2012): Learning for Wellbeing. A Policy Priority for Children and Youth in Europe. A Process for Change with the Collaboration of Jean Gordon and Linda O'Toole, drafted on behalf of the Learning for Wellbeing Consortium of Foundations in Europe.

survey showed that limited health literacy is associated to low levels of education, age and perception of bad health. Thus, on average, 47% turned out to have limited health literacy and, among risk groups such as people with low levels of education, people aged 65 or more or people reporting themselves to have bad health, the proportion was much higher (65% or more). Enhancing health literacy is therefore not only of business value, it is also an ethical imperative from a societal point of view.

Research has illustrated a strong association between limited health literacy and increased morbidity and mortality; disadvantage in terms of health service provision; fewer opportunities for active participation and self-management as well as the jeopardizing of the basic human right to health.

To turn the situation around it is essential that businesses engage in health literacy.

Managing health literacy as part of corporate social responsibility practice

To accomplish the gaps identified in the study and to mainstream health literacy as an outcome of corporate social responsibility business practice, it is essential to consider how a business' focus on health literacy can help meet the demands for a healthy society. The workplace constitutes a unique setting for empowerment and growth. It is part of daily life routine and provides opportunities for specific, targeted initiatives which match the needs of the individual employees.

Health literacy as part of the corporate DNA can be seen as an important building block to boost the knowledge, motivation and competence of employees to make qualified, suitable and realistic decisions in terms of their own health. It is also an essential building block towards designing a 'health friendly' working environment, where it is easy to manage one's own and others health and wellbeing.

As with DNA, strength is achieved in the structure, when genes are matched correctly. A systematic approach of measurement, right fit and further evaluation are key determinants of success. The type and content of the programme must match needs and be evidence-based and of good quality to encourage on-going participation.

The health market is expanding, therefore presenting many opportunities. The qualified healthy decisions at individual, departmental and corporate level aim to increase the health and wellbeing status of employees.

The recommendations to enhance health literacy include:

- Integrating the advancement of health literacy as a strategic choice as part of long term core corporate strategy to ensure sustainable development and impact on the health literacy and well-being of the workforce.
- Measuring health literacy and preparing needs assessment to ensure a better fit in terms of programmes and actual health needs within the workforce.
- Providing quality programmes and activities which match the needs of the workforce and which are adapted to local conditions and settings to create sustainable impact.
- Providing ongoing evaluation of actions and supporting further growth and empowerment to ensure continuity of progress and motivation.
- Finding a balance between individual choice and business interest in accordance with ethical and social values linked to the specific cultural and political settings in which the company is situated.

2.1 The role of health literacy in the EU growth agenda

The relevance of health literacy has also been recognized by the European Commission. The most prominent place the notion of health literacy has been embedded is in DG SANCO´s health strategy ("White Paper") for 2008-2013 where the "promotion of health literacy programmes for different age groups" is mentioned as one of the action points.[10]

Clearly, citizens' empowerment is considered as essential to the development of a healthy European population. A key starting point should be that citizens participate in and influence decision-making as well as acquiring competences needed for wellbeing, including health literacy.

The European Commission understands health literacy as *"the ability to read, filter and understand health information in order to form sound judgments."* Despite the broad context in which health literacy is placed, the Commission also recognizes a link between health literacy and the workplace in the respective "Commission staff working document":

"To help citizens make sound judgments about their health based on reliable and up-to-date information and data, health literacy needs to be improved within the EU. Initiatives within this package will explore the use of approaches including school education systems, programmes for children, extracurricular activities and peer education for young people, web-based education modules for adults, and *health education in the workplace*."[11]

However, the general incidence of health literacy within the European Commission's strategies or projects is rather scattered. The term appears in various initiatives and activities, e.g. in the European Innovation Partnership of Active and Healthy Ageing where it is a main constituent of the pillar "prevention, screening and early diagnosis" linked to adherence.[12]

Health information plays a critical role in projects such as HEIDI (Health in Europe: Information and Data Interface), EU Directive on Information to Patients on Prescription Medicine or the Innovation Partnership, as Commissioner Dalli mentioned during the European Health Literacy Conference in 2011.[13]

Health literacy has also been a subject of various activities in the European Parliament such as a written declaration by Nicodim Bulzesc, Cristian Silviu Busoi and Jules Maaten in 2008 and a written question by Karin Kadenbach in 2011.

Recently, health literacy has also become an important element in the Commission's activities in the area of chronic diseases. In 2010 the Council of Ministers invited the Commission and the Member States "to facilitate healthy choices in life for all citizens, to establish health promotion communication messages and interventions for all chronic diseases, to integrate health into education programmes".[14]

A first step has been made with the launch of a reflection process on chronic diseases by DG SANCO.[15]

The European Health Policy Forum for instance called in its preliminary response for "appropriate population level prevention programmes and patient-centred care models, based on health literacy and patient empowerment".[16] Further activities are expected in the upcoming months.

In addition, health literacy activities may not always be called "health literacy". Similar objectives as for health literacy are to be achieved in the field of health education and empowerment:

- The "Strategy for Europe on nutrition, overweight and obesity related health issues"[17] outlines a strategy for Europe to reduce ill health. It also contains proposals to increase health illiteracy, in particular the support of scientific information and education campaigns to raise awareness of the health problems related to poor nutrition, overweight and obesity.
- The "European Platform for Action on Diet, Physical Activity and Health"[18] also provides opportunities for commitments for action in the field of education on healthy lifestyles.

10 EC (2007) White Paper. Together for Health: A Strategic Approach for the EU 2008-2013, COM(2007)630 Final, p.4
11 EC(2007), Commission Staff Working Document accompanying the White Paper. Together for Health: A Strategic Approach for the EU 2008-2013, SEC(2007) 1376, p.6
12 See "Strategic Implementation Plan" on http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing (accessed on 26/02/2012).
13 John Dalli's speech under http://www.health-literacy.eu

14 Council of the European Union (7 December 2010), Innovative approaches for chronic diseases for chronic diseases in public health and healthcare systems; see: http://ec.europa.ec/health/consultations/index_en.htm
15 See: http://ec.europa.eu
16 European Health Policy Forum (13 January 2012), Answer to DG SANCO consultation on chronic diseases, p.3 See: http://ec.europa.eu/health/interest_groups/docs/euhpf_answer_consultation_jan2012_en.pdf
17 http://ec.europa.eu/health/nutrition_physical_activity/policy/strategy_en.htm
18 http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm

Health in the context of the EU2020 strategy

The overarching framework of the European Commission is the EU2020 strategy; it not only sets out the strategic milestones until 2020, but can also be considered as the framework for priority actions in the next years.[19] This strategy, adopted by the European Commission in 2010, aims to bring the European Union back on track and to position it as a growing and competitive body in a global context. Eventually, the EU2020 strategy will also be seen as a response to the financial crisis of 2008. Accordingly, the main focus of the strategy is growth, i.e. smart, sustainable and inclusive growth.

15 Largest Work Forces, 2010

Several large countries (in bold below) will face smaller work forces by 2050.

Working-Age Population

		Millions		Indexed
Country	1950	2010	2050	2050/2010
1. China	**337.8**	**973.3**	**870.1**	**0.89**
2. India	220.8	780.6	1,098.0	1.41
3. United States	102.2	212.3	247.9	1.17
4. Indonesia	43.9	156.4	184.3	1.18
5. Brazil	29.9	132.2	137.2	1.04
6. Pakistan	23.8	109.6	224.1	2.04
7. Bangladesh	25.2	107.2	148.8	1.39
8. Russia	**66.7**	**101.2**	**70.1**	**0.69**
9. Nigeria	20.3	86.3	192.2	2.23
10. Japan	**49.4**	**81.6**	**51.8**	**0.63**
11. Mexico	15.0	72.5	79.5	1.10
12. Vietnam	17.5	61.1	70.6	1.16
13. Philippines	10.6	58.3	96.8	1.66
14. Germany	**45.9**	**54.3**	**38.7**	**0.71**
15. Iran	9.4	53.6	61.3	1.14
EU 27	**246.4**	**333.4**	**279.8**	**0.84**
World	1,536.0	4,523.7	5,865.8	1.30

Health does apparently not have an explicit role in the overarching EU2020 strategy and is not mentioned in the core text of the Commission. Nevertheless, the EU2020 strategy provides implicitly an important context for wellbeing in the workplace and health literacy. Better health at work is essential for the implementation of the European Union's "Europe 2020" agenda with its objective of smart, sustainable and inclusive growth. One of the goals of this agenda is to have 75% of all adults of working age in employment. Health is therefore a critical asset to future growth in the EU, as it will be affected by three key challenges: demographic change, prevalence of chronic conditions, and competition from emerging markets.

The business model of the European Union needs adjustment today because of the current crisis, but the other long-term factors mean that the European Union will also need to find new approaches to remain competitive in the long run.

Demographic change: According to most recent forecasts the European working age population is expected to shrink between 2020 and 2060 by 13.6%, i.e. 33 million people.[20]

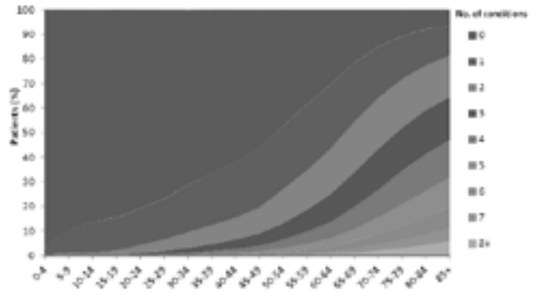
According to the World Economic Forum "… current projections forecast that by 2030, to sustain economic growth, the United States alone will need to add more than 25 million workers to the workforce, and Western Europe will need to add more than 45 million employees (World Economic Forum, 2010a)."[21] This means that less people will be at work. In addition, the share of people above 65 will increase and therefore require more pension and healthcare funding.[22]

To maintain the status quo with less people working is only possible if productivity is increased - in other words: to work more with fewer resources. A major factor affecting productivity is health. However, according to the International Social Security Association (ISSA), around 350 million working days are lost in the European Union each year "illness, and the economic crisis have increased levels of stress and depression, which are among the major causes of disability. In developed economies, sickness and disability benefits can cost as much as 2.5 times the amount dedicated to unemployment benefits."[23]

Improving the health of the working age population will contribute to an increase in productivity.

Prevalence of chronic conditions: Chronic diseases (or non-communicable diseases, NCDs) are not only and not any longer a problem of people over 65. The World Economic Forum, referring to WHO, states that chronic diseases are responsible for 63% of annual deaths, including nearly 50% of premature deaths affecting people under the age of 70 in their productive years.

Figure 6.2. Number of chronic conditions by age in Scotland

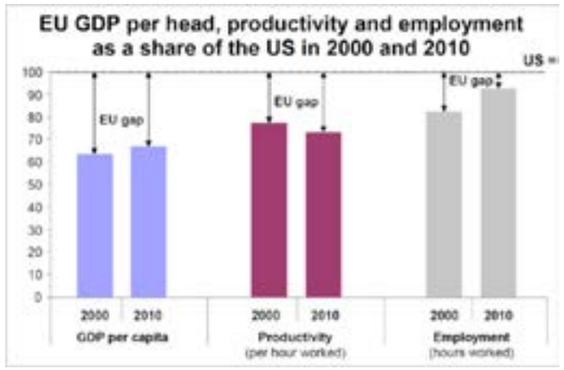


Source: Bruce Guthrie, Sally Wyke, Jane Gunn, Marjan van den Akker and Stewart Mercer for the OECD

It concludes that "the disability imposed and the lives lost are also endangering industry competitiveness across borders".[24] As a comprehensive dataset of Scotland showed, more and more people in their 40s have one or two conditions and are receiving treatment: "Of the 405 496 people with at least two chronic conditions, 210 500 (51.9%) are aged under 65, as are 42% of those

19 European Commission (2010), Communication from the Commission. Europe 2020. A strategy for smart, sustainable and inclusive growth; COM(2010) 2020.
20 European Commission (DG ECFIN) and the Economic Policy Committee (AWG) (2009), The 2009 Ageing Report: economic and budgetary projections for the EU-27 Member States (2008-2060), p. 54.
21 World Economic Forum (WEF) (2012), The Workplace Wellness Alliance. Investing in a sustainable workforce; in collaboration with the Boston Consulting Group, p. 5.
22 OECD (2011), Health Reform. Meeting the Challenge of Ageing and Multiple Morbidities, p. 40: "A larger older population and a comparatively smaller working age population can put a strain on publicly-funded health and social services including health care, social care and pensions (...)."
23 See International Social Security Association (issa) (2011), http://www.issa.int/News-Events/News2/Working-well-Proactive-measures-for-health-and-employability (accessed 20/02/2012)
24 Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., &Weinstein, C. (2011), The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum, p. 5.
25 OECD (2011), Health Reform. Meeting the Challenge of Ageing and Multiple Morbidities, p. 178.
26 Brinks R, Tamayo T, Kowall B, Rathmann W (2012), Prevalence of type 2 diabetes in Germany in 2040: estimates from an epidemiological model; Eur J Epidemiol (published online, Aug 10, 2012).

with three or more chronic conditions."[25] A recent study of the Institute of Biometry and Epidemiology on diabetes type 2 in Germany projected that the "number of people with type 2 diabetes aged 55–74 years rises from 2.4 million in 2010 to 3.9 million in 2030".[26] Health promotion and prevention become critical for the future. In addition, although the management of chronic diseases has advanced so that people with a chronic condition can live a normal life, other issues such as the lack of adherence and the challenge to change lifestyle may undermine the therapeutic advances and affect productivity.[27] As a result of the increase in chronic conditions, productivity will decrease if challenges such as adherence and lifestyle are not addressed.



Competition from other markets: If one compares the development of workforces in different regions over time it becomes clear that, while European workforces are declining, workforces in India, China and other emerging markets will still increase rapidly until at least 2050.[28] From a simple numbers perspective, Europe's workforce appears negligible. This development demonstrates a huge challenge for Europe's economy in the following decades. Compared to the US European' businesses lag behind in terms of factors such as GDP per capita, productivity or hours worked.[29] In fact, the productivity gap per hour worked has become even wider between 2000 and 2010. Besides increasing physical productivity, retaining talent becomes a challenge.

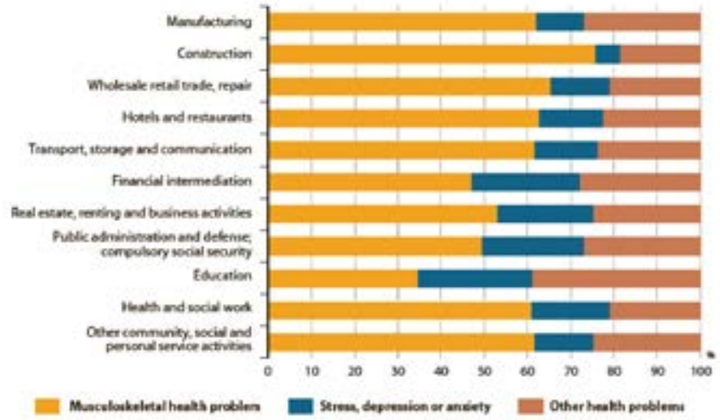
27 Cushing A, Metcalfe R (2007), Optimizing management: From compliance to concordance, Therap Clin Risk Management 3(6), 1047-1058
28 Hayutin A (2010), Population Age Shifts Will Reshape Global Work force; Stanford Center on Longevity.
29 Chart from a presentation of the Commission's President JM Barroso (2011), Europe's Sources of Growth, to the European Council of 23 October 2011; see: http://ec.europa.eu/news/pdf/111020_en.pdf

2.2 Flexibility and mobility in the workplace

Besides the more extrinsic factors such as demography, chronic diseases and competition fundamental changes at the workplace itself can be recognized. On the one hand, the need for higher productivity and as a consequence the frequency of restructuring is accelerating, on the other hand, the more flexible, mobile workplace which Sauer calls "transgression of boundaries".[30]

The need for higher productivity puts pressure on European businesses leading to an accelerating cycle of restructure and change. The authors of the Background Document for the EU Thematic Conference: "Promotion of Mental Health and Well-being in Workplaces" note based on the European Working Conditions Survey 2010 that "at least 20%, and in some countries (Sweden and Finland) more than 50% of those surveyed, had experienced substantial restructuring or reorganisation in their workplaces over the previous three years."[31] As the authors of a UK study on mental health suggest, restructure and change may lead to job insecurity what in itself affects mental health.[32]

Figure 5: Contribution of musculoskeletal health problems, *stress, depression or anxiety disorders* and other health problems to overall work-related health problems in employees in EU 27 (excluding France) in 2007..



Source: Eurostat Labour Force Survey 2007 [16]

30 Sauer D (2012), Entgrenzung – Chiffre einer flexiblen Arbeitswelt – Ein Blick auf den historischen Wandel von Arbeit; in: Badura B et al. (ed.), Fehlzeiten-Report 2012; p. 3-13.
31 European Commission, DG Health and Consumers (2011), Background document for The Thematic Conference on Mental Health in the Workplace under the European Pact for Mental Health and Well-being " Promotion of Mental Health and Well-being in Workplaces " Berlin, 3-4 March 2011, p. 14; see: http://ec.europa.eu/health/mental_health/docs/ev_20110303_bgdoc_en.pdf
32 Moynihan R (2012), Job insecurity contributes to poor health; BMJ 345:e5183

Therefore, "maintaining and/or strengthening resilience to adversity may be critical to a restructuring of Europe's economy", as the Background Document says.

Mental health problems are on the rise indeed. The German health insurer BKK, representing 12 million insured people, notes, for the first time mental health ranks on third place for absenteeism.[33] Sick leave due to mental health problems increased by 20 percent with men and 18 percent with women compared to 2011. The reasons are manifold. On the one hand, the change of Europe's economy has materialised in a continuing shift away from heavy industry and agriculture towards the service sectors and the knowledge economy (where there is a need for high levels of potentially stressful consumer interaction) or high technology sectors (where it may be difficult to keep up with the pace of change). In fact, mental health problems seem to be much more common in service sector occupations such as banking, education and public administration than they are in heavy industry or construction.[34]

In addition to the "permanent restructuring" the other factor seems to be as impactful. Flexible working hours, the blurring difference of work and life time and the increasing mobility are elements of a greater change in the workplace which is called "Entgrenzung", i.e. transgression of boundaries of the workplace. Sauer for instance identifies transgressions of boundaries between:[35]

- Company and market: financial markets have become more influential on the organisation and structure of companies and have led to sophisticated accounting and controlling systems that permanently measure costs and efficiency of processes; as a consequence "the market has been made the motor of the permanent restructuring of the internal structures".[36]
- Workplace and private life: flexible working hours and places have replaced the standard working time and place so that work itself became individualised. This seems to be a double-edged sword: It leads to more autonomy for the individual, but at the same time also to more dependency on the employer because the shift to flexible work came in parallel with a shift from efforts-based work towards results-based management, i.e. work by objectives and results. The results-based approach does usually not take into account the effort, and any over-effort needs to be negotiated between employee and employer.
- Company and employee: The above mentioned changes have also led to a new perception of work per se. While there used to be made a distinction between the employee and its person the new working environment – flexibility of work, less hierarchy, results-oriented management, skills management – has had its impact on the boundaries between company and employee: the employee is more and more encouraged to organise by himself his work and how he plans to achieve the objectives of the company.

The development of mobile communication technologies is symptomatic for the transgression of boundaries. Nearly 40 per cent of companies in Germany provided their employees remote access to data and applications, and nearly 1.7 million employees are considered to be "laptop nomads", i.e. using their laptop on a regular basis when travelling.[37] However, study results about the impact of mobile communication on health seem to be rather ambiguous. While one would expect that permanent availability due to connectivity might lead to increased stress, other factors such as not working technology, low quality information or inefficient use of information may contribute as much to stress. Pfeiffer concludes that other factors might be more influential; therefore, so called "work extending technologies" (WET) such as mobile phones, laptops and PDAs might rather be "enablers" than drivers of the new working environment.

The transgression of boundaries of work can be described as a shift from 'nothing goes without the permission of the employer' to 'everything goes as long as it contributes to the company's objective'. It implies a greater autonomy but also a greater self-responsibility of the employee. This shift has also implications for health in the workplace. It shows that personal skills as described in the definition of health literacy become more important in this working environment.[38]

33 See: http://www.bkk.de/presse-politik/presse/bkk-pressemitteilungen/itemId/122 (accessed: 22/08/2012)
34 European Commission, DG Health and Consumers (2011), Background document for The Thematic Conference on Mental Health in the Workplace under the European Pact for Mental Health and Well-being " Promotion of Mental Health and Well-being in Workplaces " Berlin, 3-4 March 2011, p. 16; see: http://ec.europa.eu/health/mental_health/docs/ev_20110303_bgdoc_en.pdf
35 Sauer D (2012), Entgrenzung – Chiffre einer flexiblen Arbeitswelt – Ein Blick auf den historischen Wandel von Arbeit; in: Badura B et al. (ed.), Fehlzeiten-Report 2012; p. 3-13
36 Sauer D (2012), Entgrenzung – Chiffre einer flexiblen Arbeitswelt – Ein Blick auf den historischen Wandel von Arbeit; in: Badura B et al. (ed.), Fehlzeiten-Report 2012; p. 6 (translated from German to English by the authors of the Blueprint)
37 Pfeiffer S (2012), Technologische Grundlagen der Entgrenzung: Chancen und Risiken; in: Badura B et al. (ed.), Fehlzeiten-Report 2012; p. 15-21.
38 That there is a need for health literacy skills in an environment where higher self-responsibility is requested can be clearly seen in the fact that in certain cases employees even refused to follow health promotional activities in order to achieve their objectives. See Sauer D (2012), Entgrenzung – Chiffre einer flexiblen Arbeitswelt – Ein Blick auf den historischen Wandel von Arbeit; in: Badura B et al. (ed.), Fehlzeiten-Report 2012; p. 12

2.3 Workplace challenges in times of chronic diseases

As already discussed above (Chapter 2.1), the incidence of chronic disease is increasing. This will also affect the working environment since many people with chronic conditions are in the working age, and there will be more in the near future. The challenge becomes even greater taking into account that the overall workforce is likely to be shrinking due to the demographic change on the one hand, and the strategies of governments to promote longer healthy working, on the other hand.[39] However, having a chronic condition does not mean that one is unable to work; on the contrary, many people with diabetes, asthma or other chronic conditions are at work and want to work. The question is therefore rather how workplaces can adapt and change for the future. Furthermore, what impact do chronic conditions have on the workplace? What are the needs of employees with chronic conditions? What should employers consider?

The good news is that the majority of the people living with chronic conditions do not seem to be negatively affected on their work as recent Dutch research shows; however, "41% are slightly hampered and 8% are severely hampered."[40] According to a UK study the prevalence of specific chronic diseases varies depending on age groups and gender: "Musculoskeletal pain, depression and anxiety and asthma were significantly more prevalent in the 20–49 age group. Heart disease and arthritis were more prevalent in the 50–69 age group. Comparisons between gender on chronic illness found arthritis and rheumatism more prevalent in women and heart disease and diabetes more prevalent in men."[41] This indicates that health needs may differ depending on the age and/or gender structure of a company.

Among effects, fatigue, burnout and mental task burden ranked highest; employees had difficulties to perform or finish their tasks and to find a balance between work and life at home. Ultimately, the impact of chronic diseases can lead to sickness absence or work disability; in the Dutch study the disease affected more nearly 20% of the working time.[42]

39 See e.g. Munir F, Khan HTA, Yarker J, Haslam C, Long H, Bains M, Kalawsky K (2009), Self-management of health-behaviors among older and younger workers with chronic illness; Patient Education and Counseling 77: 109–115, p. 109

40 Varekamp I, Van Dijk FJH (2010), Workplace problems and solutions for employees with chronic diseases; Occupational Medicine 60:287–293, p. 287

41 Munir F, Khan HTA, Yarker J, Haslam C, Long H, Bains M, Kalawsky K (2009), Self-management of health-behaviors among older and younger workers with chronic illness; Patient Education and Counseling 77: 109–115, p. 111

42 Varekamp I, Van Dijk FJH (2010), Workplace problems and solutions for employees with chronic diseases; Occupational Medicine 60:287–293, p. 289: "In our study, three-quarters of employees with chronic physical disorders were so fatigued that they were at risk for sickness absence or work disability." According to Varekamp, the sickness absence in the last 4 months amounted 17 days, i.e. 22% of the working time during that period

What can employers do to mitigate the impact of chronic diseases on productivity? Encouraging and supporting patients with a chronic illness to carry out self-management of health behaviours such as prescribed medication adherence, following an appropriate diet plan and exercising have proven to be beneficial in reducing illness.[43] However, adherence to treatment is widespread challenge – at the workplace but also beyond. It is estimated that 20% to 30% of patients do not adhere to medication regimens that are curative or relieve symptoms, and 30% to 40% fail to follow regimens designed to prevent health problems. When long-term medication is prescribed, 50% of patients fail to adhere to the prescribed regimen.[44] According to the World Health Organization (WHO) only 50% of patients adhere to their treatment; a survey of the Boston Consulting Group amongst more than 13,000 patients over 18 years old in the US, unveiled that nearly every third patient said they would take their medicine less soften than prescribed and every fifth stopped the treatment too early.[45] Even in clinical studies where patients receive more attention adherence levels are between 43 and 78 per cent.[46]

According to the Dutch study, working fewer hours and working from home were preferred accommodations, as well as a slower work pace, control over the planning of tasks, alternative working hours, fewer tasks, extra training, assistance from others and a better workplace climate. In addition, self-management of health behaviours at work has to be increased in order to tackle the challenges of non-adherence: "Overall, occupational health services can help create a workplace culture that places a high value on health, educating both younger and older workers on the value of looking after their health and the benefits of following advice given by healthcare professionals."[47]

Despite these concrete measures to improve the working conditions an overall factor seems to be most important: "The largest issues were acceptance of the chronic disease and balancing work and life at home."[48] In other words, the major challenge for these employees is to deal with psychological problems related to the working environment. Varekamp et al. conclude therefore "Health care professionals should be alert to psychosocial problems and occupational physicians, human resources managers and supervisors

43 See e.g. Munir F, Khan HTA, Yarker J, Haslam C, Long H, Bains M, Kalawsky K (2009), Self-management of health-behaviors among older and younger workers with chronic illness; Patient Education and Counseling 77: 109–115, p. 109.

44 http://www.pgeu.eu/Portals/6/documents/2008/Publications/08.05.13E%20Targeting%20adherence.pdf

45 WHO, Adherence to Long-term Therapies. Evidence for Action (Genf 2003); see also: http://www.who.int/mip/2003/other_documents/en/E%20AAK%20Adherence.pdf; Boston Consulting Group (BCG), The Hidden Epidemic. Finding a Cure for Unfilled Prescriptions and Missed Doses (2003); in: www.bcg.com

46 Lars Osterberg, Terrence Blaschke, Adherence to Medication; in: The New England Journal of Medicine 2005; 353:487-97

47 Munir F, Khan HTA, Yarker J, Haslam C, Long H, Bains M, Kalawsky K (2009), Self-management of health-behaviors among older and younger workers with chronic illness; Patient Education and Counseling 77: 109–115, p. 114

48 Varekamp I, Van Dijk FJH (2010), Workplace problems and solutions for employees with chronic diseases; Occupational Medicine 60:287–293, p. 289

43 Pfeiffer S (2012), Technologische Grundlagen der Entgrenzung: Chancen und Risiken; in: Badura B et al. (ed.), Fehlzeiten-Report 2012; p. 15-21.

should be aware of issues that may affect an employee with a chronic disease. An understanding and flexible employer will help in decreasing distress and possibly fatigue."[49]

Improving the working conditions for people with chronic diseases should therefore

- Create awareness amongst employers about chronic diseases and the needs of employees with chronic diseases in order to avoid stigma and to limit psychological stress
- Provide health education on preventing chronic diseases
- Integrate specific chronic disease management tools into workplace health programs to support employees which struggle with self-management) Ensure a flexible workplace environment that meets the needs of people with chronic diseases, i.e. to put employees' health as a priority

Chronic diseases can be a major challenge for the workplace, today but even more in the future. The recommendations from occupational health research underline the importance of health education and creating an environment that supports employees with chronic conditions. Health literacy as a strategy to empower the individual may play a key role in order to create a healthy work environment.

49 Varekamp I, Van Dijk FJH (2010), Workplace problems and solutions for employees with chronic diseases; Occupational Medicine 60:287–293, p. 291

2.4 Health plays a role in the workplace

The need to do something in the area of health in the workplace may be widely recognized. Many companies have started to invest in health in the workplace activities. Nevertheless, sustainable action depends very much on the level of importance health in the workplace has in a company's strategy. Despite the benefits of a healthy workforce for business the different awareness levels of sectors might be rooted in the simple perception that the potential costs of ill health of the workforce are not directly to be beard by the companies but by the social security system.

Nevertheless, the following factors resulting from ill health may affect the productivity of businesses directly:

- Absenteeism, i.e. people temporarily absent from work due to ill health; this not only means the absence of a single employee but puts additional burden on colleagues
- Presenteeism, i.e. people staying at work but with low productivity with similar indirect effects as absenteeism
- Early retirement which means that employees leave the company although their experience and skills would still be a value for the company

Health in the workplace is not only about preventing ill health. Promoting wellbeing is rather the basis for being able to actively contribute to business' goals. What sounds evident with regard to physical health becomes even more obvious for mental health, in particular in times of a so-called knowledge economy. Mental well-being has been defined as "a dynamic state that refers to individuals' ability to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community". Mental wellbeing is obviously a precondition for productivity itself. As a consequence, to improve productivity requires therefore recognising the "mental capital" and – in mechanistic terms – investing in its maintenance.

The way forward - the business case for health

Besides the European Commission, other institutions such as the World Economic Forum have started to focus more on health and its impact on the economy and business in recent years. In fact, the report points out that lost output due to NCD (non-communicable diseases) is likely to be 47 trillion USD between

50 Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011), The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum, p. 6

2010 and 2030 - nine times the world's annual total expenditure on health.[50] Similar concerns are increasingly attracting the attention of business.

Considering this high figure, health should matter to finance and economy ministers. But should business worry about it? NCDs not only influence the expenditure on health, but also productivity at work. According to the WEF report, in the United States, men with chronic disease worked 6.1% fewer hours and women worked 3.9% fewer hours.[51]

"Being absent from the job (absenteeism) or underperforming while working (presenteeism) is estimated to cause productivity losses worth US$ 389 billion due to cardiovascular disease and US$ 1.6 trillion due to mental health conditions (Bloom, et al., 2011), in a time when baby boomers are retiring and cannot be replaced easily (Strack, Baier, & Zimmermann, 2011)."[52]

According to the above mentioned Background Document one in four EU citizens can expect to experience a mental health problem during their lifetimes. In any one year up to 10% of the European population experience some type of depressive disorder. Recent data from a Eurobarometer on Mental Health, published in October 2010, reported that 15% of respondents aged 15 or over in the EU sought help from a mental health professional because of a psychological or emotional problem during the previous year, while 7% reported being prescribed antidepressants.[53]

In addition, mental and physical health seems to be interlinked: "People with depression, for example, are at a three to fourfold increased risk of developing cardiovascular diseases. Overall the economic costs associated with the many impacts of poor mental health, excluding dementia and conditions affecting children, have been estimated to have a cost equivalent to more than € 2,000 per annum for every European household."[54]

The importance of health for the economy and for business has been described on various occasions.[55] In the context of the above mentioned challenges, the role of health becomes obvious: the lack of workforce can only be compensated by higher productivity and higher productivity is no longer a 'nice-to-have' asset, but a precondition for future business success. As productivity depends so much on health, a healthy workforce is a critical asset for companies.

The most recent status report of the WEF summarizes the impact of ageing, NCDs and emerging markets as follows: "This mission (i.e. to improve global health and productivity by making wellness a priority, starting in the workplace) is of greater relevance than ever before as the workforce is increasingly coming under threat from ageing and chronic diseases while the need for skilled talent rises as economies grow and mature."[56]

Good health pays off

Investing in health in the workplace seems to be a profitable business itself. The evidence and return on investment (ROI) in the field of health mainly comes from the US. While the European context is somewhat different, it gives an indication that an emphasis on health in the workplace pays off. A recent Harvard-led meta-analysis identifies an average ROI of US$ 3.27 for every dollar spent on wellness programmes (Baicker, Cutler, & Song, 2010). Overall, The Boston Consulting Group (BCG) and Healthways calculated that US companies could save an average of US$ 700 per employee per year on healthcare costs and productivity gained if they address inactivity, stress and harmful use of alcohol over five years (World Economic Forum, 2010b).[57] The WEF Workplace Alliance has also developed an online ROI simulation model, the so-called "Wellness App".

Another factor that seems as important as physical health is stress: "The psychological effects of stress though are more subtle, but prolonged stress is associated with depression, anxiety and panic attacks and other serious illnesses like heart disease, gastro-intestinal disorders and migraines. High levels of stress can cause a shortened attention span, poorer memory recall, reduced objectivity, impaired decision making ability and other mental problems."[58]

The reason to include mental health in the scope is the close link between physical activity and mental health. "Exercise has been shown to reduce the risk and symptoms of depression and anxiety, improve mood and to increase self-esteem, as well as contribute to cognitive vitality. Taking frequent, effective exercise is

51 Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011), The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum, p. 11

52 World Economic Forum (WEF) (2012), The Workplace Wellness Alliance. Investing in a sustainable workforce; in collaboration with the Boston Consulting Group, p. 4

53 European Commission, DG Health and Consumers (2011), Background document for The Thematic Conference on Mental Health in the Workplace under the European Pact for Mental Health and Well-being " Promotion of Mental Health and Well-being in Workplaces " Berlin, 3-4 March 2011, p. 11; see: http://ec.europa.eu/health/mental_health/docs/ev_20110303_bgdoc_en.pdf

54 European Commission, DG Health and Consumers (2011), Background document for The Thematic Conference on Mental Health in the Workplace under the European Pact for Mental Health and Well-being " Promotion of Mental Health and Well-being in Workplaces " Berlin, 3-4 March 2011, p. 12; see: http://ec.europa.eu/health/mental_health/docs/ev_20110303_bgdoc_en.pdf

55 See e.g. resources in the context of Business In the Community (BITC) campaign "Business Action for Working Well" under: http://www.bitc.org.uk/workplace/health_and_wellbeing/ (accessed: 27/02/2012)

56 World Economic Forum (WEF) (2012), The Workplace Wellness Alliance. Investing in a sustainable workforce; in collaboration with the Boston Consulting Group, p. 3

57 World Economic Forum (WEF) (2012), The Workplace Wellness Alliance. Investing in a sustainable workforce; in collaboration with the Boston Consulting Group, p. 4

58 Batman D, Cartwright S (2011), Multi- business Study of the Effect of Low Impact Physical Activity on Employee Health and Wellbeing; Foundation for Chronic Disease Prevention (FCDP) & Centre for Organizational Health and Wellbeing, Lancaster University, p. 5

59 Batman D, Cartwright S (2011), Multi- business Study of the Effect of Low Impact Physical Activity on Employee Health and Wellbeing; Foundation for Chronic Disease Prevention (FCDP) & Centre for Organizational Health and Wellbeing, Lancaster

one of the best physical stress-reduction techniques available as exercise increases general physical fitness and evidence suggests fit people are better able to cope with long-term effects of stress."[59] Physical activity increases productivity: "These improvements suggest increases in self-esteem and a more positive outlook, which can result in feeling more successful at work, resulting in an increase in productivity, and a diminishing likelihood of the employees experiencing stress."[60]

60 Batman D, Cartwright S (2011), Multi- business Study of the Effect of Low Impact Physical Activity on Employee Health and Wellbeing; Foundation for Chronic Disease Prevention (FCDP) & Centre for Organizational Health and Wellbeing, Lancaster University, p. 32

2.5 Health literacy - asset for future business

Given the large majority of working age people are in employment and that workers spend approximately one third of their waking life at work, the workplace is seen as having significant potential for the promotion of health and wellbeing.[61]

However, as described above the working environment is changing. The European Commission stated in the context of mental health at workplace: "Much more is being expected of citizens in terms of mobility and flexibility, and psychological strain is on the increase. The impact can be seen clearly in the workplace."[62] While the production of goods, i.e. manufacturing, is always bound to a local area, some businesses in the service sector have become virtual with employees travelling or working at different sites, using different workplaces.

This cultural shift in working behaviour has implications for employers. Activities in real office spaces such as canteens or cafeterias may be useful in certain instances, however new ways to reach out to more "nomadic" populations need to be sought. Fitness centres or "healthy canteens" may become, for parts of the workforce, redundant. Eventually, employers have less control over their health at work programs. This means, health and wellbeing programs are managed by the employee, and virtual communication and exchange become more important.

Today's mobility requires quite a few self-management skills from employees as well: they have to manage their time. It is no longer the length of being in the office that counts, but the output, i.e. the delivery according to defined objectives. Contrary to this, employees have become self-managers, in their health affairs too. Finally, what does this mean for health at work programs? In addition to providing a healthy environment that guides employees to healthy behaviours, employees will also have to acquire the skills to manage their health. This is where health literacy comes into play. The concept of health literacy may offer a meaningful framework for a better understanding of the relationship between the individual, the workplace and health.

61 Batman D, Cartwright S (2011), Multi- business Study of the Effect of Low Impact Physical Activity on Employee Health and Wellbeing; Foundation for Chronic Disease Prevention (FCDP) & Centre for Organisational Health and Wellbeing, Lancaster University, p. 6

62 European Commission (2011), EU Thematic Conference "Promoting mental health and well-being in workplaces". Conclusions and Recommendations for Action, p. 2; see: http://ec.europa.eu/health/mental_health/events/ev_20110303_en.htm (accessed: 13/03/2012)

2.6 From CSR to the Creation of Shared Value

Health in the workplace is not only interesting due to its potential return on investment, but also part of companies' social responsibility. However, it would be wrong to consider health in the workplace as a simple "add-on", as the concept of "shared value" shows it is a shared benefit for employers and employees.

Different organisations have framed different definitions for Corporate Social Responsibility. However, it is commonly admitted that the goal of CSR is to embrace responsibility for the company's actions and encourage a positive impact through its activities upon the environment, consumers, employees, communities and all other members of the public who may also be considered as stakeholders.

The European Commission has previously defined Corporate Social Responsibility (CSR) [63] as "a concept whereby companies integrate social and environmental concerns in their business operations and in their interaction with their stakeholders on a voluntary basis". This definition highlighted the importance of CSR issues in the interest of enterprises and in the interest of society as a whole.

If the nature of the benefits of CSR is very difficult to quantify, despite some attempts in the academic literature,[64] potential advantages for a company to adopt a CSR policy are related to its capacity to interact efficiently with its stakeholders. It supports brand differentiation for customers; it can be an aid to recruitment and retention of employees; it reduces management risks (especially reputation risks) and reinforces trust in the financial community. Within Corporate Social Responsibility policies, companies can show to public authorities and to the public that they have voluntarily taken steps as good corporate citizens and have earned their "license to operate".

This basic definition has been enriched by Porter and Kramer[65] introducing the notion of "shared value". With this new concept, Porter and Kramer support the idea that an affirmative corporate social agenda moves from mitigating harm to reinforcing corporate strategy through social progress. At a very basic level, the competitiveness of a company and the health of the communities around it are closely intertwined. A business needs a successful community, not only to create demand for its products but also to provide critical public assets and a supportive environment. A community needs successful businesses to provide jobs and wealth creation opportunities for its citizens.

Health issues in Corporate Social Responsibility

Health is mentioned as a key issue for CSR by all major international organizations and, above all, by the World Health Organization (WHO): "Health at work and healthy work environments are among the most valuable assets of individuals, communities and countries. Occupational health is an important strategy not only to ensure the health of workers, but also to contribute positively to productivity, quality of products, work motivation, job satisfaction and thereby to the overall quality of life of individuals and society". According to the principles of the United Nations, World Health Organization and International Labour Organization, every citizen of the world has a right to healthy and safe work and to a work environment that enables him or her to live a socially and economically productive life.[66]

For companies seeking a formal approach to CSR, internationally recognized principles and guidelines are provided with the recently updated OECD Guidelines for Multinational Enterprises, the ten principles of the United Nations Global Compact, and the ILO Tri-partite Declaration of Principles Concerning Multinational Enterprises and Social Policy. According to those principles, CSR at least covers human rights, labour and employment practices (such as training, diversity, gender equality and **employee health and wellbeing**), environmental issues (such as biodiversity, climate change, resource efficiency, life-cycle assessment and pollution prevention), and combatting bribery and corruption.

Corporate Social Responsibility supporting Europe 2020 strategy

The recent economic crisis has been a shock for millions of citizens and it has exposed some fundamental weaknesses in our economy. According to the European Commission, exit from the crisis must be the point of entry into a new economy. For our current and future generations to continue to enjoy a high quality and healthy life, the European Commission (EU) has launched in 2010, the strategy "Europe 2020"[67] aimed at turning the EU into a smart, sustainable and inclusive economy delivering high levels of employment, productivity and social cohesion.

In order to support this global strategy, the Commission puts forwards a new

63 COM(2001)366
64 Orlitzky, Marc; Frank L. Schmidt, Sara L. Rynes (2003). "Corporate Social and Financial Performance: A Meta-analysis
65 Harvard Business Review (2006) article Strategy & Society: The Link between Competitive Advantage and Corporate Social Responsibility

66 Source: http://www.who.int/occupational_health/publications/globstrategy/en/index2.html
67 COM(2010) 2020

definition of CSR as "the responsibility of enterprises for their impacts on society" .[68] This new definition emphasizes the importance of companies putting in place a process to integrate social, environmental, ethical, human rights and consumer concerns into their business operations and core strategy.

Two objectives related to this new definition should be taken into account by companies:

- Maximising the creation of shared value for their owners/shareholders and for their other stakeholders and society at large;

- Identifying, preventing and mitigating their possible adverse impacts.

The European Commission encourages enterprises to adopt a long-term strategic approach to CSR and to explore the development of innovative products, services and business models that contribute to societal wellbeing and lead to higher quality and more productive jobs.

⇨ *A prerequisite for the success of Europe 2020 is the availability of a healthy population and a healthy workforce. The development of a business case on health literacy is meeting targets of Europe 2020.*

68 EC communication on CSR 25th October 2011 http://ec.europa.eu/enterprise/policies/sustainable-business/files/csr/new-csr/act_en.pdf

2.7 From "wellbeing at work" to "health literacy" and "learning for wellbeing"

Through the European Alliance on CSR launched in 2006 by the European Commission, leading enterprises developed a series of practical tools on key issues. CSR Europe organised CSR laboratories to provide content on different issues such as gender equality, responsible supply-chain management or non-financial performance.[69] Between 2007 and 2008, one of these Laboratories was dedicated to "Wellbeing in the Workplace" understanding the importance of engaging in wellbeing programs at work in order to prevent absenteeism, staff turnover and improve productivity and staff satisfaction.

The Laboratory has chosen to focus on three themes that companies should address and tackle when implementing wellbeing strategies within their company: prevention, identification and support and reintegration into the workforce. The Laboratory has produced a "Wellbeing in the Workplace Guide"[70] including implementation tips, best practice collected from various companies and a list of references to support companies in mainstreaming wellbeing at work.

As a parallel initiative to the public approach "Europe 2020", CSR Europe has launched in October 2010 Enterprise 2020 for enterprises and stakeholders to contribute to this new strategy. CSR Europe's Enterprise 2020 initiative is considered as an example of business leadership in the field of CSR that is particularly relevant to EU policy objectives.[71] The Collaborative Project 'Business Action on Health Literacy' in itself has integrated the importance of a multi stakeholder approach with the participation of CSR partner organizations and companies to foster close cooperation between companies and their stakeholders.

As the nature of work continues to change and the demographic make-up of the workforce evolves, the impact of employee wellbeing on business and society becomes more relevant. The Collaborative Project 'Business Action on Health Literacy' launched in October 2010 aims to explore how business can actively contribute to improving health literacy in Europe, through CSR, by developing a business case on health literacy.

69 See www.csreurope.org/pages/en/toolbox.html
70 This guide and additional resources are available at CSR Europe's website: www.csreurope.org/toolbox/wellbeing
71 EC Communication on CSR 25th October 2011 http://ec.europa.eu/enterprise/policies/sustainable-business/files/csr/new-csr/act_en.pdf

As a starting point, a scope study was carried out in spring 2011 among the 75 corporate members of CSR Europe to identify existing wellbeing and health literacy activities using a mapping exercise based on data from their corporate websites (Sørensen, Tsflidis, van den Heel, & Brand, 2011). The study of finding good practice in terms of health literacy activities revealed an interesting observation. There were no companies with “health literacy” labelled activities; however every company did have health programs. Only a few companies have strategically integrated the investment in health for employees into their business model and provide a broad sustainable basis for advancing health literacy and health outcomes.

Thus, there is a potential gap where health literacy programmes in the business context can create value not only for employees, but also for business, and the aim of the Collaborative Project is to explore these opportunities. The Collaborative Project ‘Business Action on Health Literacy’ intends to provide a Blueprint to support the necessary shift of mindset to incorporate health literacy and the health and well-being of employees as a core priority and to sit within the business model.

The tools and resources included in the Blueprint Toolbox have been designed to provide companies with a comprehensive framework for prevention, education on healthy choices and managing chronic diseases at the workplace with a focus on healthy lifestyle, in particular in the field of nutrition and physical activities.

A study of best practice amongst member companies of CSR Europe showed that the notion of health literacy is very rarely used – however it may mean that other schemes, bearing a different name, are pursuing similar objectives. Though health programmes are provided by many companies they are often not part of a broader strategy of developing the potential of the employers to flourish. The common health activities concern safety, prevention or health promotion focusing mainly on physical activity, diet, smoking cessation, health check-ups and stress management. Companies with core business related to health and well-being seem more experienced and focused in terms of health for employees than companies from other sectors.

Only a few companies have strategically integrated the investment in health for employees into their business model and provide a broad sustainable basis for advancing health literacy and health outcomes. Some companies still lean mostly on project-based solutions and thus do not apply a centralized strategic approach to health investment in employees. The companies are applying various approaches and methodologies depending on size, business culture, work sites, needs and interests. Differences are seen according to organization of activities, where some organize it all by themselves, and others opt for outsourcing health activities, which in itself creates a growing business.

Differences also exist in terms of how well developed companies’ monitoring and indicator systems are in order to provide baseline and follow-up data to be used for further fine tuning and development of the efforts provided to employees. The scattered efforts of educational, preventive and promotional activities show a willingness to engage in health and reveal a strong potential to develop health literacy in a more coherent and strategic way.

It is of great importance that health and wellbeing of employees becomes a core priority and constant value within the business model and not only perceived as add-on projects for consumers, employees and other stakeholders.

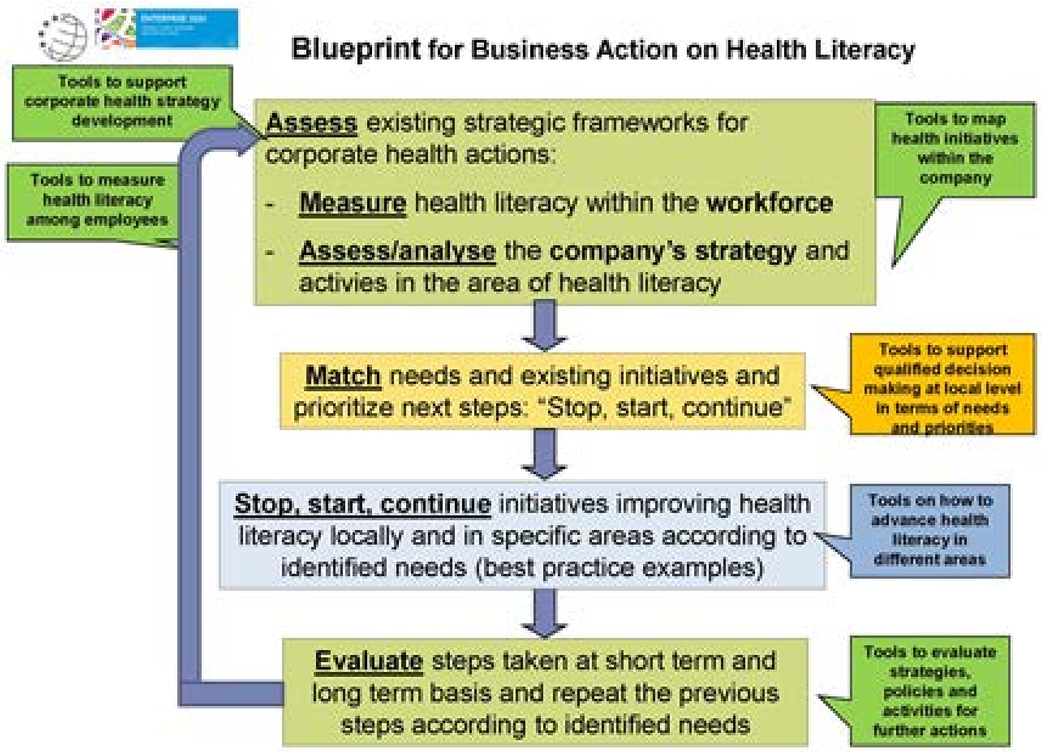
A sustainable approach is needed to enhance a better fit between the needs of the target group identified and the business actions applied. A monitoring system should be in place to evaluate the health literacy among the workforce for continuous improvement and empowerment. Safety is an area which is highly regulated and incorporated at strategic level; however health and well-being have yet to be better anchored in the core policy and business guidelines and actions.

The Blueprint for Business Action on Health Literacy provides a free methodology and toolbox accessible to all companies aiming to strengthen the health literacy of employees. Besides concrete best-practice examples it provides additional elements for companies to become champions in health at the workplace.

3 The Blueprint for Business Action on Health Literacy - Implementation strategy and practical tools

The Blueprint for Business Action on Health Literacy is a free toolbox accessible to all companies aiming to strengthen the health literacy of employees. Besides concrete best-practice examples it provides additional elements for companies to become champions in health at the workplace.

The Blueprint is structured according to the following steps (see chart below):



1. Assess: Companies do not necessarily have to start from scratch. A dedicated part of the Blueprint provides tools where companies can assess their existing strategic frameworks whether they already contain health literacy tools. In addition, the assessment part also provides tools to measure health literacy levels amongst the people in the company in order to develop a response.

2. Implement: Depending on the assessment outcome companies may continue existing activities, modify some of them or develop new programs. For the latter the toolkit contains ideas and best-practices from other companies.

3. Evaluate: Health literacy in the workplace is a continuous process. Therefore, actions in the area of health at work require regular monitoring in order to assess whether the programs are effective and value for money. The Blueprint also provides tools to monitor current activities so that areas of improvement can be discovered and appropriate actions developed.

The practical Blueprint for Business Action on Health Literacy including the Toolbox can be found **here**

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Online Resources

Project Webpage - http://www.csreurope.org/healthy-lifestyles

Blueprint Webpage - www.csreurope.org/blueprint-business-action-health-literacy-2013