

# Workplace Health Promotion: Lombardy WHP Network Italy

## *Title in original language:*

---

Promozione della salute nei luoghi di lavoro: il network Lombardo

## *Which 'life stage' for CVDs prevention targets the intervention?*

---

Adulthood. The target of intervention are workers of all companies involved

## *Short description of the intervention:*

---

The Lombardy Workplace Health Promotion Network involves 284 workplaces, employing 139.186 persons in November 2014. It is a public-private network, carried out by building partnerships and collaboration with all workplace main stakeholders: associations of enterprises, trade unions and the regional health system. The development of this Italian pilot project started in 2011 in Bergamo, by identifying and selecting good practices, and by experimenting the feasibility and effectiveness in two mid-sized companies before extending the project to other companies. A system of accreditation was later defined. Member companies should implement good practice activities over three years and 4 new activities every year to maintain the "Workplace Health Promotion Site"-logo. The areas of good practice are: nutrition, tobacco, physical activity, road safety, alcohol and substances, and well-being. The results are surprising in terms of network and adhesion. The WHP Network expanded on a regional scale during 2013 and is made up of companies ("Workplaces") which recognize the value of corporate social responsibility and undertake to be "environment conducive to health" systematizing, with the scientific support of Health Local Unit where necessary, actions (evidence-based) of different nature: informational (smoking cessation, healthy eating, etc.), organizational (canteens, snack vending machines, agreements with gyms, stairs health programmes, walking / biking from home to work, smoke-free environment, baby pit-stop, etc.) and collaboration with others in the local community (Associations, etc.).

## *Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?*

---

The particular aim of the Europe 2020 strategy is the target of 'achieving a 75% employment rate for 20–64 year olds throughout the EU'. There is a strong business case for investing in workplace health. The challenge for employers is to find a balance between meeting the targets for the business and the health needs of employees with chronic illness. Four main factors count for the majority of the burden of chronic non-communicable diseases: tobacco, poor diets, alcohol and lack of physical activity. There is evidence to support the use of health promotion activities in the workplace and there are potential benefits to be gained by employers investing in workplace programmes: reduced health care costs, saving on absence, stress reduction. A pilot study was carried out in Bergamo (with 94 companies involved and 21.000 workers)

## *Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?*

---

The aims are SMART (specific, measurable, achievable, realistic and timed) :

- improvement in work organization and working environment

- encouragement for staff to take part in healthy activities
- promotion of healthy choices
- encouragement of personal development (empowerment)

The company interested in joining the Network must first of all check on following pre – requisites:

- Be in compliance with security contributions and insurance;
- Having drawn up the Risk Assessment as required by Legislative Decree 81/08, as amended and comply with the provisions on health and safety in the workplace;
- Being on compliance with environmental regulations (Legislative Decree 152/06, as amended).
- Complete the online registration and the ASL Health Promotion Service illustrate the programme or advise on how it should be developed
- Must not in the five previous years have received convictions related to the application of the Legislative Decree 231/2001 (Article 25 - f - manslaughter or grievous bodily harm committed in violation of the rules on health and safety at work or art 25 - environmental crimes).

Within 3 months from the date of joining, the company must carry out the following 2 steps:

- It has to organize for all employees a presentation of the programme
- It has to get employees to complete the first assessment questionnaire - available at the following link: [https://www.surveymonkey.com/s/reteWHP\\_questionario\\_dipendenti](https://www.surveymonkey.com/s/reteWHP_questionario_dipendenti)
- The same questionnaire is to be completed again 12 months after the first survey and once again after 36 months.
- The company must complete a company questionnaire for the enhancement and/or reorientation of interventions already in place within the Company, and to observe and present changes/modifications on the medium-long term.
- It has to plan good activity (good practice) in 6 areas (promotion of healthy nutrition, tobacco control and smoking cessation, promotion of physical activity, road safety and sustainable mobility, prevention of alcohol and other addictions, personal and social welfare and work-life balance).

A year after the start up: accreditation of the worksite as a “Health Promoting Workplace” ( the awarding of the WHP Network logo provided the company has implemented a minimum of 2 activities/good practices in 2 of the areas included in the programme).

At the end of the second year: in order to maintain accreditation, the company must have implemented a minimum of 2 activities/good practices in 4 areas of intervention.

At the end of the third year: the company should have implemented in all the 6 areas the minimum number of 2 activities/good practices.

At the end of every year the implementation of good practices will be reported by the company by entering relevant data into the online database.

The maintenance of the actions undertaken in the three years is a guarantee for a real structural change in the workplace. The annual planning (that can be changed during the year) is made online by 28 February each year.

### *To which type of interventions does your example of good practice belong to?*

Policy/strategy. The programme “workplace health promotion, Lombardy WHP Network” is inserted in the Regional Prevention Plan for 2010-2013 and 2014-2018, in the National prevention Plan 2014-2018 and fits into the strategies of EUROPEAN INNOVATION PARTNERSHIP on Active and Healthy Ageing (EIP-AHA). Lombardy WHP Network is a member of the European Network for Workplace Health Promotion. (<http://www.enwhp.org>). The programme was conceived also around the concept of the UNI-ISO 26000 “Guide to Social Responsibility” according to the definition of sustainable development.

### *How is this example of good practice funded?*

National/regional/local government. The programme is funded by Lombardy Region (it was part of Regional Prevention Plan 2010-2013 and now it is part of the Regional Prevention Plan for 2014-2018). The programme is linked to Territorial Networks of Conciliation, established in each province of Lombardy, to promote the adoption by businesses and public institutions in paths of social responsibility such as: good practice of conciliation life - work, improvement of organizational wellness, corporate welfare for the well-being of the employees and the link with health services in relation to prevention programs (screening, etc.)

### *What is/was the level of implementation of your example of good practice?*

---

Regional. The programme is implemented in the whole Lombardy Region. The WHP programme was formalized through DDS n. 11861/2012 "health promotion in workplace: ASL suggestions for the development of effective and sustainable interventions". The programme is embedded in the National Prevention Plan 2014-2018 in order to test feasibility and scalability on national level

### *What are the main aim and the main objectives of your example of good practice?*

---

The Workplace Health Promotion is the result of the joint efforts of employers, employees and society, with the aim of improving health and welfare in the workplace WHP addresses the following issues:

- improvement in work organization and working environment
- encouragement for staff to take part in healthy activities
- promotion of healthy choices
- encouragement of personal development (empowerment)

This programme involves accreditation as a "Health Promoting Company" for enterprises undertaking to introduce practices of proven effectiveness and which may be considered "Good Practices" in the field of health promotion and sustainable development. The objective of the WHP Network is not to award a "certificate of excellence" to just a few leading companies but rather to extend the Network to as many companies as possible in order to promote self-assessment and improvement as regards health promotion, welfare and sustainability.

### *Please give a description of the problem the good practice example wants to tackle:*

---

The European Commission launched the Europe 2020 Strategy in March 2010 to address the economic crisis which has had a detrimental effect on growth and social development. The strategy has several aims including the promotion of a smart, sustainable and inclusive economy which will be delivered through high level targets. The particular section of the Europe 2020 strategy is the target of 'achieving a 75% employment rate for 20–64 year olds throughout the EU'.

The workplace directly affects people's health because it is where people spend a lot of their time. It is the perfect setting to promote a healthy lifestyle and contribute to improved health among the workers of a company. Faced with labour shortages and a high percentage of workers suffering from health problems and chronic illnesses, there is a good case for investing in workplace health. There is a strong business case for investing in workplace health. The challenge for employers is to find a balance between meeting the targets for the business and the health needs of employees with chronic illness. Four main factors account for the majority of the burden of chronic non-communicable diseases: tobacco, poor diets, alcohol and lack of physical activity. These factors are associated with lifestyle issues which could be altered by behavioural changes and/or, the influence of workplace health promotion initiatives (*The Chronic Disease Alliance. (2010) A unified prevention approach. Position paper for the EU Commissioner of Health and Welfare. [www.idf.org/webdata/docs/idf-europe/Chronic-disease-alliance-Final.pdf](http://www.idf.org/webdata/docs/idf-europe/Chronic-disease-alliance-Final.pdf)*). There is much evidence to support the use of health promotion activities in the workplace and there are potential benefits to be gained by employers investing in workplace programmes: reduced health care costs, saving on absence, stress reduction (*Effectiveness and economic benefits of workplace health promotion and prevention. Summary of the scientific evidence 2000–2006, [www.iqa-info.de/fileadmin/Veroeffentlichungen/iqa-Reporte/Projektberichte/iqa-Report\\_13e\\_effectiveness\\_workplace\\_prevention.pdf](http://www.iqa-info.de/fileadmin/Veroeffentlichungen/iqa-Reporte/Projektberichte/iqa-Report_13e_effectiveness_workplace_prevention.pdf)* ). Taking care of the health of

workers through a broad public health approach means to create the conditions for a healthy and active aging and prevent chronicity (expanded chronic care model). Today's workplace is defined by the imbalance between intellectual overload and physically undemanding tasks. This over- and under-utilisation is associated with long-term illnesses such as depression, burn-out or musculoskeletal disorder, and should trigger an intervention to prevent chronic illness developing. It is important to create a mandatory, systematic and robust way to manage workplace health and to provide professional support to those at risk of chronic diseases.

---

*Is your example of good practice embedded in a broader national/regional/ local policy or action plan?*

---

Yes. The programme is embedded in the National Prevention Plan 2014-2018 and in Lombardy's Regional Prevention Plan from 2009-2013 to 2014-2018

---

*Implementation of your example of good practice is/was:*

---

Continuous (integrated in the system). The programme is embedded in the annual system assigning the objectives to the general managers of local health authorities and hospitals. (Determination for the management of the regional social health services year 2015)

---

*Target group(s):*

---

All company workers are involved (young adults, adults, male and female). There are positive implications in workers family lifestyles. Since 2015 special attention will be given to the engagement of blue collars that at present are less involved than white collars

---

*During implementation, did specific actions were taken to address the equity dimensions?*

---

This is a setting based community programme and all company workers are involved. Since 2015 special attention will be given at the involvement of blue collar workers that at present are less than white collar

---

*In design, did relevant dimensions of equity were adequately taken into consideration and targeted?*

---

The programme involves all workers (male and female, from local or urban areas, with different socioeconomic status)

---

*Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants, (e.g.. including social determinants) and using different strategies (e.g.. setting approach)?*

---

Yes, the intervention aims to address subjects' health behaviours that are clearly related to social, environmental and interpersonal determinants.

---

*Was an effective partnership in place?*

---

An effective partnership is in place (between the regional health system, private enterprises and public associations) and it is based on a corporate social responsibility. It spread actions "recommended and/or proven" that facilitate the adoption of a healthy lifestyle in all the staff of the organization, with repercussion on families and on the local community. It's oriented on organizational and economic criteria

---

*Was the intervention aligned with a policy plan at the local, national, institutional and international level?*

---

The programme "workplace health promotion, Lombardy WHP Network" is inserted in the National Prevention plan 2014-2018, in the Regional Prevention Plan for 2010-2013 and 2014-2018 and fits into the strategies of

EUROPEAN INNOVATION PARTNERSHIP on Active and Healthy Ageing (EIP -AHA). Lombardy WHP Network is a member of the European Network for Workplace Health Promotion. (<http://www.enwhp.org>). The programme was conceived also around the concept of the UNI-ISO 26000 “Guide to Social Responsibility” according to the definition of sustainable development.

---

*Was the intervention implemented equitably, i.e. proportional to needs?*

---

Yes, every company can choose the level of implementation proportional to its specific needs

---

*Were potential burdens, including harm, of the intervention for the target population addressed?*

---

There aren't potential burdens or harms because the implemented activities are evidence based and may be considered “Good Practices” in the field of health promotion and sustainable development.

---

*Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?*

---

Yes, the company directly chooses the strategies and applies them. The company has to organize for all employees a presentation of the programme. There is a manual available that describe pre-requisites, aims, process and strategy

---

*Did the evaluation results achieve the stated goals and objectives?*

---

At the end of 2014 we can count the adherence of 284 companies to the network and a total of 139,186 employees are involved. From 2013 to 2014 the regional increase was equal to 103% in relation to the number of companies and 132% in relation to the number of employees

---

*Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?*

---

1. The programme was evaluated by expert health promotion peer reviewers using the national good practice assessment form, before to be adopted at regional level ([http://www.dors.it/alleg/bp/201412/griglia\\_naz\\_en.pdf](http://www.dors.it/alleg/bp/201412/griglia_naz_en.pdf))
2. Every year the companies declare what actions (good practice) have been implemented and what they will intend to do
3. To plan the more consistent actions in the business context and to assess the improvements achieved, it is important “in the start” to measure the actual situation with respect to the behaviours (determinants of health and risk factors) of the workers in the organizational business aspects.

To this end, within 3 months from the enrolment, it is expected to:

- distribute an anonymous questionnaire to all employees for the evaluation of their lifestyle (the data are not yet available)
- complete a “company” questionnaire for the development and/or the re-orientation of actions already in place within the Company and to observe and present changes/modifications on the medium-long term.

Both instruments are used again at 36 months from the first distribution

4. One year impact in Bergamo province was evaluated (Med Lav 2015; 106, 3: 159-171)

---

*Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?*

---

Yes: At the end of each year, the Companies through the regional online database have to:

- certify, the implementation of the best practices (i.e. actual actions to facilitate the ability of workers to adopt healthy behaviours in Company) and

- report their problems and needs

### *Specifically, what has been measured / evaluated?*

Process evaluation: The programme was evaluated by expert health promotion peer reviewers using the national good practice assessment form, before to be adopted at regional level ([www.dors.it/alleg/bp/201412/griglia\\_naz\\_en.pdf](http://www.dors.it/alleg/bp/201412/griglia_naz_en.pdf)) every year the companies declare what actions (good practice) have been implemented and what will intend to do within 3 months from the enrolment, the company:

- distribute an anonymous questionnaire to all employees for the evaluation of their lifestyle
- complete a “company” questionnaire for the development and/or the re-orientation of actions already in place within the Company and to observe and present changes/modifications on the medium-long term. Both instruments are used again at 36 months from the first distribution.

Evaluation of the impacts/effects/outcome:

1) At the end of 2014 we can count the adherence of 284 companies to the network and a total of 139,186 employees are involved. From 2013 to 2014 the regional increase was equal to 103% in relation to the number of companies and 132% in relation to the number of employees.

2) One year impact in Bergamo province was evaluated (Med Lav 2015; 106, 3: 159-171)

A controlled non-randomized, before-after evaluation was carried out. Data were collected through anonymous questionnaires before (t0) and after participation in a 12-month health promotion programme (t1). The “control” group consisted of workers in companies participating in the programme who had not yet undertaken any interventions in the theme areas covered by the assessment. Results: In the workers participating in the programme, positive early effects (after 12 months) were related to intake of food providing protection (fruit and vegetables) and increased rates of smoking cessation. The effects were more evident in males and in white collars. The physical activity and alcohol consumption trends went in the desired direction and with more effects than in the non-participating group, but without statistical significance. In the short term, no evident changes in events of road injury risk or in the quality of personal relationships were seen, probably due to the small size of the sample involved in these study areas. The results, although within the methodological limitations of the study, showed that after 12 months there was a reduction in some important risk factors for chronic diseases in workers participating in the programme, particularly for fruit and vegetable intake and smoking cessation. It will be important to monitor the effects of the programme on other risk factors in the medium and long term, and also the impact of employment status and gender so as to adjust the programme interventions accordingly. Cooperation with occupational/authorized physicians with use of their data collected from health surveillance, together with a limited set of general risk factor indicators, would be a desirable development for further studies.

3) At the end of each year the Companies certify, through the regional online database, the implementation of the best practices (i.e.. actual actions developed in order to facilitate the ability of workers to adopt healthy behaviours).

Below some results:

Company sector distribution: 32% of the companies are from the health sector, 11% from the metal sector, 11% chemical industries, other sectors are classified with a percentage from 1% to 3% each, while the percentage of the non-classified sectors is 21% total.

Table 2 describes the activation of six areas covered by the program WHP and the number of involved employees: it is reported that more than one company every 2 activated the nutrition area

Among the practices, 129 companies activated the nutrition area (45% of the total number of companies registered at the WHP program, including those who have not activated the feeding area) and started an information campaign. 111 activated a reorganization of their workplace canteens.

<b>Tab 2: ACTIONS</b>	company	n° lavoratori
NUTRITION AREA	161 (57%)	82478 (59%)
NO SMOKING AREA	64 (23%)	37117 (27%)
PHISYCAL ACTIVITY AREA	100 (35%)	32272 (23%)
ROAD SAFETY AREA	32 (11%)	12937 (9%)
ALCOHOL AND SUBSTANCES AREA	26 (9%)	5984 (4%)
WELL BEING AREA	83 (29%)	39969 (29%)

Among the practices activated in the No Smoking area the most frequent actions are 2.5 and 2.6 (15%) (TABLE 3)

Table 3. NO SMOKING AREA	company
2.1: STOP SMOKING CLASS	26 (9%)
2.2: COMPETITION "STOP AND WIN"	2 (1%)
2.3: SMOKING FREE COMPANY POLICY	32 (11%)
2.4: MINIMAL ADVICE BY THE OCCUPATIONAL DOCTOR	40 (14%)
2.5: SMOKING ASSESSMENT BY THE OCCUPATIONAL DOCTOR	42 (15%)
2.6: NO SMOKING ADVICE	43 (15%)
2.7: ACCESS TO A NO SMOKING MEDICAL SPECIALIST	10 (4%)
2.8: SMS/MAIL SERVICE	6 (2%)
2.9: OTHER ACTIVITIES (APPROVED BY THE LOCAL HEALTH UNIT)	23 (8%)

Among the practices activated in the Physical Activity area the most frequent action is 3.5 (30%) (TABLE 4)

TAB 4 PHYSICAL ACTIVITY AREA	company
3.1: POSSIBILITY OF PHYSICAL ACTIVITIES IN THE WORKINGPLACE	36 (13%)
3.2: BYCICLE USE PROMOTION	23 (8%)
3.3: SPECIAL AGREEMENTS/INCENTIVES	58 (20%)
3.4: DISTRIBUTION OF PEDOMETER	28 (10%)
3.5: INTERNAL INFORMATION CAMPAIGN	84 (30%)
3.6: INTERNAL SPORTING EVENTS	48 (17%)
3.7: COMPANY WALKING GROUP	25 (9%)
3.8: COMPANY INIZIATIVES DIFFERENT FROM THE PREVIOUS	40 (14%)
2.9: OTHER COMPANY INIZIATIVES VALIDATED BY THE LOCAL HEALTH ENTITY	36 (13%)

## *What are the main results/conclusions/recommendations from the evaluation?*

The main result is:

- participation and involvement of the companies in the region (103% increase in the subscriptions to the network from 2013 to 2014)
- maintenance of the actions undertaken in the three years is a guarantee of a real structural change in the work environment
- best practices are evidence based activities (continuous updating of the catalogue of evidence-based actions by the Local Health Units) so they are proved to be effective in other contexts
- evidence-based actions are of different natures: informational (smoking cessation, healthy eating, etc.), organizational (canteens, snack vending machines, agreements with gyms, health Programmes stairs, walking / biking from home to work, smoke-free environment , baby pit stop, etc.) and collaboration with others in the local community (Associations, etc.).
- a one year impact estimation was conducted in Bergamo province (with 94 companies and 21.000 workers) and showed that after 12 months there was a reduction in some important risk factors for chronic diseases ( particularly for fruit and vegetable intake and smoking cessation). It will be important to monitor the effects of the programme on other risk factors in the medium and long term, and also the impact of employment status and gender so as to adjust the programme interventions accordingly. Cooperation with

occupational/authorized physicians with use of their data collected from health surveillance, together with a limited set of general risk factor indicators, would be a desirable development for further studies.

- take care of the health of workers through a broad public health approach allows to set the conditions for a healthy and active aging and prevent chronicity (according to the logic of the Expanded chronic care model)
- however, the evaluation of initiatives to change lifestyle (especially the changes in diet and physical activity) needs a long time work and an appropriate Follow Up.

---

### *Is the evaluation report available, preferably in English or at least an English summary?*

---

“One year impact estimation of a workplace health promotion programme in Bergamo province» Med Lav 2015; 106, 3: 159-171. The document regarding process evaluation is in press. The efficacy of proposed actions in the specific setting (workplace) is no more tested because the actions are evidence based

---

### *Was there a follow-up or is any follow-up evaluation planned in the future?*

---

There is an annual Follow Up Process (every 28 February the company must send their own data, declare the good practice to be implemented in the year, and declare their problems and needs)

---

### *Who implemented the intervention?*

---

The Workplace Health Promotion is the result of the joint efforts of employers, employees and society. The company directly chooses the strategies and applies them. The Local Health Unit supports by moving towards evidence based interventions. The Lombardy region collect, verify the data, and support the entire process

---

### *What core activities are/have been?*

---

- The program manual is published in Italian and in English (it describes the entire process and collect certified “good practice” to implement)
- A online regional system was created to collect data and share information within the WORKPLACE NETWORK
- Lombardy WHP Network joined the European Network for Workplace Health Promotion. (<http://www.enwhp.org>).
- The programme was conceived around the concept of the UNI-ISO 26000 “Guide to Social Responsibility” according to the definition of sustainable development.
- the WHP Network logo was created
- the strategic conditions to support the process were created (through DDS n. 11861/2012 “health promotion in workplace: ASL suggestions for the development of effective and sustainable interventions”)

---

### *Did the intervention achieve meaningful participation among the intended target population?*

---

The intervention involves all company workers and indirectly acts also their families

---

### *Did the intervention develop strengths, resources and autonomy in the target population(s)?*

---

Yes, the intervention aims to support the healthy choices of the workers and their family and to empower them

---

### *Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?*

---

Yes. This is a workplace programme and it is based and organized on the setting specific needs and characteristics

*Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?*

---

Yes, The Workplace Health Promotion is the result of the joint efforts of employers, employees and society.

*Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?*

---

Yes, the programme is embedded in the National Prevention Plan 2014-2018 and in Lombardy's Regional Prevention Plan 2019-2013 and 2014-2018. The programme is embedded in the annual system that assigns the objectives to the general managers of local health authorities and hospitals. (Determination for the management of the regional social health services year 2015)

*Is there a broad support for the intervention amongst those who implement it?*

---

Yes. The company choose to join the Network and give a broad support to the process. The Lombardy Region supports and appreciates the involved companies.

*Is there a broad support for the intervention amongst the intended target populations?*

---

The company workers participate in a satisfactory way to all the proposed activities. They are not able to support directly the intervention

*Were sources of funding specified in regards to stability and commitment?*

---

No, there aren't specified sources of funding because the programme is a "system action" (it is embedded in an annual system that assign the objectives to the general managers of local health authorities and hospitals. "Determination for the management of the regional social health services")

*Were organisational structures clearly defined and described?*

---

Yes.

A) The company interested in joining the Network must first of all check on the following prerequisites:

- Be in compliance with security contributions and insurance;
- Having drawn up the Risk Assessment as required by Legislative Decree 81/08, as amended and comply with the provisions on health and safety in the workplace;
- Being on compliance with environmental regulations (Legislative Decree 152/06, as amended).
- The company must not in the five previous years have received convictions related to the application of the Legislative Decree 231/2001

Then the company must follow the procedure described in the Network Manual

B) The Prevention Department of Local Health Unit update, through the scientific literature, the list of evidence based good practice

C) The Lombardy Region supports the involved companies, analyses the annual online data and maintains alliances

*Is the potential impact on the population targeted assessed?*

---

At the moment there are data from a pilot study in Bergamo with promising results. A controlled non-randomized, before-after evaluation was carried out. Data were collected through anonymous questionnaires before (t0) and after participation in a 12-month health promotion programme (t1). The "control" group consisted in workers of companies participating in the programme who had not yet undertaken any interventions in the theme areas covered by the assessment.) The programme is embedded in the National Prevention Plan 2014-2018 in order to test feasibility and scalability on national level

### *Are there specific knowledge transfer strategies in place (evidence into practice)?*

---

The knowledge transfer strategies are:

- a presentation of the programme to all employees by the company
- the manual describing process and strategy
- local journal articles
- scientific publications

### *Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?*

---

Not yet. The programme is embedded in the National Prevention Plan 2014-2018 in order to test feasibility and scalability on national level

### *What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?*

---

The preconditions of success are:

- to coordinate at regional level for the maintenance of the intersectoral network (health, private enterprise and public associations)

- the corporate social responsibility
- to ensure an organizational and economic process
- to continue to update the catalogue of recommended and/or proven efficacy actions (made by the ASL)
- to support all the participating companies

### *What were, in your opinion, the main lessons to be learned?*

---

**INTERSECTORAL PARTNERSHIP AND ALLIANCES:** The program has a strong intersectoral character, the interest groups involved are, in particular: Confindustria Lombardia, Assolombarda, Sodalitas Foundation and Directions Strategic Health Authorities Subjects or units that manage social and socio-medical offers, public institutions, other Non Profit Organizations (with particular reference to social promotion associations and sports, voluntary organizations), national associations representing municipalities and provinces in Lombardy, trade unions, professional associations, scientific societies, universities.

**IMPACT:** The spread of registered actions that facilitate the adoption of healthy lifestyles and the empowerment of workers and, indirectly, their families contributes to improve the health of the population; it promotes healthy aging and prevents chronic diseases. The chosen interventions and strategies influence multiple levels of the organization including the individual employee and the organization as a whole. The evidence based actions are continuously updated according to the literature data. The one year Bergamo impact evaluation showed that after 12 months there was a reduction in some important risk factors for chronic diseases in workers participating in the programme, particularly for fruit and vegetable intake and smoking cessation. It will be important to monitor the effects of the programme on other risk factors in the medium and long term, and also the impact of employment status and gender so as to adjust the programme interventions accordingly.

**SETTING:** the workplace is a privileged setting for health promotion interventions. On average, Italians working full-time spend one-third of their day, five days per week at the workplace.

**SUSTAINABILITY:** The increased subscriptions to the network and the participation of companies over time have shown the organizational and economic sustainability of the programme

### *Web page related to the intervention*

---

<http://retewhplombardia.org>

<http://www.promozionesalute.regione.lombardia.it>

## *References to the most important articles or reports on the intervention*

---

- Coppola L., Zuffada R., Cassin M, Pace S, Cereda D, Bastiampillai AJ, Gabrielli E, Ripamonti E, Gramegna M, Auxilia F, Pontello M “Promoting physical activity: An inter-sectorial activity between health and spatial planning” In URBANI IZZIV, thematic issue, year 2015, no. 1, Urban Planning Institute of the Republic of Slovenia, 2015, ISSN: 2385-9423, pp.32 – 42
- M. CREMASCHINI, R. MORETTI, G. BREMBILLA, MARINELLA VALOTI, F. SARNATARO, P. SPADA, GRAZIELLA MOLOGNI et al. «One year impact estimation of a workplace health promotion programme in Bergamo province». Med Lav 2015; 106, 3: 159-171
- Pavan A, Pirola ME, Bonfanti M, Coppola L, Macchi L. “La promozione della salute nei luoghi di lavoro: valutazione di evidenze di efficacia e raccomandazioni metodologiche” in La Medicina del Lavoro Med Lav 2009; 100 (Suppl 1): 3-5
- Bodo R., Cereda D., Meschiari A., Rotta E., Pirrone L., Coppola L. “Protocollo di Intesa Regione Lombardia– Fondazione Sodalitas per l’attivazione e sostegno di percorsi intersettoriali di promozione della salute” . in Scardetta P, Cattaneo C, Lana S, De Mei B (Ed.). III Manifestazione nazionale del programma Guadagnare Salute. Costruire insieme la salute. Programmi ed interventi di promozione della salute tra intersettorialità, sostenibilità ed efficacia. Orvieto, 22-23 ottobre 2014. Riassunti. Roma: Istituto Superiore di Sanità; 2014 (ISTISAN Congressi 14/C5)

## *Other relevant documents:*

---

<http://retewhplombardia.org>  
[http://www.surveymonkey.com/s/iscrizione\\_reteWHP](http://www.surveymonkey.com/s/iscrizione_reteWHP)  
[http://www.surveymonkey.com/s/reteWHP\\_questionario\\_dipendenti](http://www.surveymonkey.com/s/reteWHP_questionario_dipendenti)  
<http://www.surveymonkey.com/s/WHPpianificazione>  
[http://www.surveymonkey.com/s/reteWHP\\_rendicontazione](http://www.surveymonkey.com/s/reteWHP_rendicontazione)  
<http://retewhplombardia.org/manuale/>  
<http://retewhplombardia.org/strumenti/>  
<http://retewhplombardia.org/e-health/>

## *Contact details of person who may be contacted for further information*

---

Liliana Coppola  
Direzione Generale Salute – Regione Lombardia  
[liliana\\_coppola@regione.lombardia.it](mailto:liliana_coppola@regione.lombardia.it)