WP5 Task 5 – Study Visits to Assess Transferability

Lombardy Workplace Health Promotion Network Study Visit - Key Findings from participants’ transferability assessment reports
Lombardy Workplace Health Promotion Network Study Visit

1. What do you consider the “fundamental nature” of the original intervention that should be preserved?

- The partnership between employers and the regional programme of the intervention. The network is a mixture of public and private with a commitment from a wide variety of stakeholders.
- High levels of participation and communication between providers/participants on the intervention.
- High standards of motivation and “fun theory approach” on people engagement process.
- Flexibility and adaptability on its implementation.
- Voluntary adhesion and freedom of choices.
- Clear structure once an employer is taking part, with clear methodology, feedback methodology.
- The utilization of data to inform policy and practice.
- A large emphasis is on a communications approach using social media.
- Tools and important information for companies are available on the website.
- The recognition award from the Ministry of Health is highly valued by companies.

2. What are essential elements of project management and project governance of the primary intervention?

- A National Health Plan defines the health priorities that underpin the National Prevention Plan and Follow on Programmes. Lombardia Regional prevention plan for 3 years: 2015-2018. Therefore government initiative led by the Ministry of Health based on institutional alliance and partnership with industry.
- Organisational structures (responsibilities) are clearly defined, sources of funding are specified.
- Organization of a high self-motivated working group in each company involved in the project, clearly monitored, guided and evaluated by the staff in charge on intervention.
- High expression of flexibility on the governance rules which are adapted to each company context.
- Internal process of monitoring and evaluation allows consistency of the programme and hence continuous improvement.
- Health protection agencies provide methodological expertise and guidance.
- Management and staff participation in the project encourages and sustains motivation, voluntary adhesion and adaptability.
- There is a National platform on food, physical activity and tobacco that feeds into the work.
- Surveillance system led and monitored by Lombardy WHP.
3. **What are indispensable conditions of the original context?**

- Collaboration between different stakeholders across sectors and levels.
- Durable political will and support, including commitment required in terms of a strategic national and regional plan.
- Support of the national ministry as well as the expertise and the willingness of the communities at local level.
- One indispensable condition on the original context is the “voluntary adhesion” of the companies involved, in which an important “self-decision” model is undertaken with the support and guidance of the central coordination staff. The progressive implementation process seems to be important to create the necessary conditions in order to get additional involvement and commitment from employers/participants.
- The communication and “light” approach used by the coordination team on implementation process could play in important part on the “participation” and “integration” of high motivated participants.

4. **What do you consider necessary (and realistically feasible) elements of a knowledge transfer process?**

- Availability of documents and tools used in primary intervention, to be shared by the WHP team in the Lombardy region.
- It’s necessary to be able to maintain a continuous shared model of communication between providers of the original intervention and the potential replicator. It’s important to access not only to materials and tools but also the exchange of the key lessons learned by previous experience from providers.
- Pre-existing local programmes in other countries could use the tools and evaluation results, from the Lombardy WHP to engage with their stakeholders, making it an easier transition and communication route for initial buy in from companies.

5. **What do you consider as key lessons learnt during implementation?**

Key lessons include participation of companies in the planning process, voluntary adhesion, comprehensive communication plan, adaptability and freedom to choose priorities, support is provided to companies on a ongoing basis through the availability of online resources and tools.
From the visit notes:

The Health system tries to engage everyone in the programme. Companies that are interesting are companies that are not so perfect. There are no selection criterias for companies to participate in the programme.

Effective good practices from previous positive experiences are documented in a Manual which lists the good practices by thematic area. Every company can propose a good practice, once validated it is added to the manual, which can be found online (an older version is in English):

http://Retewhpbergamo.org/manual/

Recommendations to companies include:

* To make a working group in order to attract employees’ involvement.
* To support proactive initiatives.
* To communicate with workers in an effective, “non-terroristic” way (a fun theory approach is more effective than trying to scare people with “if you smoke you’ll have cancer”), not only on nutrition, tobacco cessation and physical activity, but also on road safety, breastfeeding etc.
* To have an evaluation questionnaire at the beginning of the initiative in order to monitor progress and a company report, f.ex. with pictures of the actions taken.

The steps, from raising companies’ awareness of the programme to the programme’s implementation included the following:

At regional level, the programme was presented by the Lombardy Region (Unit for Health Promotion) to and through major labour organisations and associations eg. Sodalitas, Confindustria, trade unions.

At the local level, each Health Protection Agency (ATS) is responsible for its own organisation, the implementation of the programme in its own context and the publicity. The ATS Bergamo did not do any particular publicity of the programme, however the awards played a role. The news were published in newspapers and on the website, which seemed enough. Word of mouth also played a role.

There is no minimal number of companies to involve and it is better to start small (ATS BG started with 2). It takes a lot of energy in the beginning to get the programme started, then it gets easier to add on more companies. It is not important to have different companies from different sectors, there is no preferred sector.

Three operational staff at ATS work and manage the WHP Network in Bergamo, including the monitoring and evaluation of the programme. However they involve the network of the health system. Companies register online to the programme.

Sustainability is another crucial point: if there are no sustainability elements it will not work, nor for the company, nor for the regional system.

Political support of the Ministry is crucial too. Despite a general lack of financial resources for preventive measures (Lombardy is no exception), it was important to show:

* That the programme can be done with little funding (e.g. companies want the logo on the documents, which looks great for companies and does not cost a lot);
* That the programme follows a rigorous methodology;
* Finally, that programmes work better than projects, which have a start and an end.

How do we get the engagement from the different groups? Especially the lower social economic groups?

The difficulty for top-down approaches is that at the top someone needs to sign some big money; in the WHP programme, the model starts with individual companies, it is more a bottom-up approach. However you need to work within a national framework. The WHP for example fitted very well with the national plans, like the national prevention plan. All the regions have to work on the different areas of the national plan.

Over 60% of the companies participating in the programme are not public companies. The companies which are described as from the health sector are hospitals.
### 1. Specific Questions on the *Lombardy Workplace Health Promotion Network (WHP N)*

<table>
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<tr>
<th>Good Practice criteria addressed by the guides&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Key elements and indispensable conditions met through the <em>Lombardy Workplace Health Promotion Network</em> to address this criteria</th>
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| **Equity**                                               | The development of WHP is seen as a prerequisite for sustainable social and economic development. WHP is an element of CSR in the EU with a strong focus on the strategic value of human capital:  

The WHP integrates, accepts, helps and guides all participants in a very democratic/participative approach. It was not clear how specific actions targeting vulnerable groups are having a special focus on the process. In the future, it’s planned that special attention will be given to the further/stronger involvement of blue collar workers. Also, activities seemed to be tailored to the needs of each company and aims to support the healthy choices of participants. |
| **Comprehensiveness**                                    | WHP programme is integrated under an organic framework:  

Regional development plan and health promoting workplaces are addressing all relevant health determinants and using different strategies.  

Several strategies are in place aligned with a comprehensive approach to health promotion addressing relevant determinants. Also, the intervention is aligned with policy plan at national, regional, local levels. |
| **Description**                                           | Well described intervention for both national and local adaptation.  

Manual of intervention which rules the programme available in English.  

Health protection agencies provide methodological expertise and guidance. |
| **Ethical Considerations**                                | Specific focus on ‘hard to reach groups’ may be difficult for individual companies to separate and focus on one group. No potential ethical burdens of the intervention are reported and equitably implementation seems to occur. |

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<sup>1</sup> According to survey II in WP5
| **Evaluation** | Evaluation done at both levels: company and at regional/national level. The “coordination staff” follows the program based upon a continuous monitoring process, with specific defined evaluation time-points. Participation in a well monitored program with benchmarking opportunities. |
| **Empowerment & Participation** | Participation is important part of WHP approach. The interventions are implemented in consultation with the target population, ie with participation and early and continuous involvement by staff in all the activities. Very high and expressive intersectoral partnerships and alliances while strong participation of working groups on companies involved in the project. Very high motivation levels and commitment. |
| **Target Population** | 453 companies in Lombardy region involved and approximately 212,673 workers. In Bergamo 100 companies are involved with approximately 24,000 workers. Involvement of all workers in each company (male/female, Local/urban areas, all socio-economic levels). Population mainly 45+, as mainly in manufacturing and industry and in “employment for life”; mixture of male and female. |
| **Governance** | Internal processes adopted for continuous monitoring, evaluation and annual improvement. Effective partnership between regional health system, private enterprises and public associations take place. |
| **Potential of Scalability** | High potential of scalability, due to the experience of implementation in > 453 companies. |