

WORKPLACE HEALTH PROMOTION FOR YOUNG WORKERS – PILOT PROJECT U 21

1. Organisations involved

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2. Description of the case

2.1. Introduction

Young people, predominantly males, develop a high-risk lifestyle in the transitional phase between 15 and 20 years. They are feeling pressure from different aspects of their life, e.g. friends and company, military/civil service, and family. Their answer to this is often a very risky lifestyle. Road accidents and addiction in this age group represent key health risks.

The Vienna Youth Health Report showed that the health status of young workers and apprentices in Austria is not as good as long suspected:

- In the past ten years, there has been a significant increase of alcohol consumption in the age group of 15 to 20 year olds;
- Apprentices smoke much more frequently than secondary school pupils do;
- In the area of occupational accidents, apprentices have higher risk behaviour;
- It is also concerning that about 15 percent of the trainees have mental health problems.

These developments show how important it is to seek specific approaches for this age group and to set priorities accordingly.

The above mentioned report was a basis for the project “Health promotion for young workers - pilot project U21” which was initiated in 2007 on behalf of the „Hauptverband der österreichischen Sozialversicherungsträger“ (Umbrella organisation of the Austrian social insurances); it was implemented together with several district health insurance funds (Oberösterreichische Gebietskrankenkasse (OÖGKK), Salzburger Gebietskrankenkasse and Niederösterreichische Gebietskrankenkasse). The aim of the project was to pursue the question how existing instruments and tools of health promotion can be adjusted to fit the target group of young workers.

In collaboration with five model enterprises in the provinces of Oberösterreich, Salzburg and Niederösterreich, tailor made projects for young workers below 21 years of age were organised and implemented. When choosing the model enterprises, a minimum number of apprentices and an existing human resources development concept were decisive. It was thus possible to address approximately 300 young workers aged between 15 and 20 years.

2.2. Aims

Objectives of the project were:

- Integration of occupational health in the training of apprentices and their personal development;
- Testing of new tools and approaches for the target group as well as collecting, analyzing and comparing data;
- To make the experiences and lessons learned from the project a guideline for companies.

2.3. What was done, and how?

The pilot project U 21 is based on theoretical and practical principles of workplace health promotion. Five companies from different sectors together with 330 participants - apprentices and young employees - have been involved.

All of the participating enterprises went through the same project phases:

- Organisation of a project team in the enterprise;
- Kick-off workshops with young workers;
- Written survey through specially developed questionnaires, and analysis of absenteeism data;
- Health workshops to develop ideas on how to improve health, and ideas for implementation;
- Feedback to the project team and to the participants;
- Implementation phase (workshops, presentations, quality circle meetings);
- Concluding survey and analysis workshop.

During the organisation of the project teams in the enterprises, there was a close collaboration between the human resource department and the apprentices' trainers.

The kick-off workshops were based on adapted forms of large group conferences, and combined information phases and work modules.

The OÖGKK developed a special health questionnaire for the target group of young workers. In addition to questions regarding health and health behaviour, it highlighted aspects of training for apprentices.

The results showed that the state of health of the 264 interviewed young workers was rather mediocre. About one third (32 percent) judged their current health status rather mediocre or poor. The mental wellbeing played a central role, about 25 percent of the interviewed showed signs of poor mental health.

The analysis of apprentices' sick leaves showed that apprentices were more frequently sick than their older counterparts were, but their sick leaves were significantly shorter. Diseases of the upper respiratory tract were the most common cause for their absence from work (about 40 percent of sick leaves). Gastrointestinal diseases have taken a surprisingly high ranking amongst the causes for sick leave (20 percent of sick leaves).

In the next step, small groups of young workers developed ideas and action plans in externally moderated health workshops. The following list contains some implementation measures that have been taken into account:

Further development of apprenticeship training

The following measures have been considered:

- Measures for continuous integration of young employees in the social environment of the company (mentoring systems, personal presentation, activities between classes...);
- Establishment of class representatives and confidants;
- Development of a transparent appraisal system for young workers;
- Development of a continuous feedback system supported by apprentice trainers and education management;
- Continuous dissemination of information about possible future career and coordinated monitoring during career entry and transitional phases.

Aspects of healthy behaviour

The following measures have been considered:

- Connection between the issue of risk awareness with positive practical experience during a driver safety training;
- Lectures and workshops on drug prevention, nutrition, healthy exercise, healthy snacks;
- Outdoor training with the integration of these aspects;
- Opportunities for giving up smoking;
- A workshop for apprentices in the third year of training, demonstrating methods for physical and mental fitness and relaxation techniques;
- Demonstration of a proper technique for lifting and carrying loads, preventive back pain training.

Team development and social competence

Provisions for internal team building and for the promotion of basic social skills were presented:

- Entry-level workshops in the first year of training with outdoor elements;
- Team development on the basis of joint food shopping and cooking;
- Lectures and workshops on social skills;
- Workshops on the topics of "conflict-free communication" and "verbal etiquette";
- Workshops on etiquette and communication with clients.

Structural measures

Young workers often felt that working conditions in the buildings were inadequate and detrimental to their health, so the topics of self-responsibility in terms of cleanliness and dealing with resources were included in the project. The following themes were also included:

- Design of "break zones" and "comfort zones" for young workers;
- A project to analyze and resolve structural and sanitary defects;
- Development of a code of conduct concerning a responsible use of resources and facilities.

Process Development

Workplace health promotion is a process that builds on the core principles of participation and networking.

The project tried to achieve this with management tools and processes:

- Development of an in-house suggestion scheme for young workers;
- Implementation of structured activities and processes to support key career phases (e.g. transition to shift work operation);
- Implementation of CIP (Continuous Improvement Process);
- Organization of workshops with health-related themes.

For the year 2009, many activities were planned:

- A nutrition lecture for all apprentices to stimulate healthier eating habits;

- A "Designing and moving" workshop for the second year apprentices to design their workplaces with a focus on ergonomics and proper motions;
- A workshop "Chill out and relax" for the third year apprentices to learn about methods for physical and mental fitness and about relaxation techniques;
- Two half-day events about alcohol awareness and behavioural changes caused by alcohol.

2.4. *What was achieved?*

Two surveys were conducted (census: age 15 to 20 years) within each company, the first one in 2007 (right before the measures began) and the second one in 2009 (at the end of the project). Unfortunately, it was not possible to control the external effects. Thus, the impact of workplace-related health promotion measures in the companies are heavily interfered with the consequences of the worldwide economic crisis which started a few months after the first survey and led to dismissals, short-time work and increased insecurities within (most of) the companies of interest. Moreover, one of the companies had to declare bankruptcy and could not finish the project.

Nonetheless, more than 75% of all young employees within the companies think that the project was a success and 96% would approve further health-related measures at the workplace.

2.5. *Success factors*

The programme is tailored to make young people aware of health-promoting actions and to motivate them with attractive offers. Through those actions, young people take responsibility for their own health. The evaluation showed that - in close cooperation with human resources - it is possible to integrate workplace health promotion into existing management concepts as a new element.

2.6. *Further information*

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As a part of the project, the brochure Betriebliche Gesundheitsförderung (Workplace Health Promotion) was prepared and edited. It will be available on internet on the web site <http://www.ooegkk.at>.

2.7. *Transferability*

The results of the project are transferable, as the model project phase was based on theoretical and practical principles of workplace health promotion; the corresponding contents and cycles have been tested before. The brochure (Handbook) which was prepared as a part of the project will be available by the Secretariat of the Austrian Network of Workplace Health Promotion.

During the so-called rollout phase, the results will be made available under the title “Orientation in phases of life” to a greater number of companies. For the participating companies, four obligatory basic modules are scheduled (preliminary talk, analysis of the age structure, awareness-raising workshop, evaluation discussion) as well as additional modules (optional: health survey, health circle meetings, workshops etc.).

Experience shows that it is reasonable to address companies that have previous knowledge with workplace health promotion; it appears less promising to implement it as an independent pillar.

3. References, resources:

- Wiener Jugend- Gesundheitsbericht 2002, Magistrat der Stadt Wien Bereichsleitung für Gesundheitsplanung und Finanzmanagement Gesundheitsberichterstattung, Schottenring 24, A-1010 Wien, e-mail: bar@bgf.magwien.gv.at, Hersteller: Adolff Holzhausen Nfg., 1140 Wien <http://www.wien.gv.at/who/jugendgb/2002/doc/jugendgb-gesamt.doc>
- <http://www.gesundheitsfoerderung.arbeitspsychologie-online.at/2008/05/10/gesundheitsforderung-fur-lehrlinge/>
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