



**Akzo Nobel nv, The Netherlands**  
Pharmaceutical, Chemicals and Coatings Industry,  
approx. 61,500 employees in more than 80 countries



**Alcoa-Köfém Kft., Hungary**  
Aluminium Manufacturing and Processing,  
approx. 130,000 employees in 41 countries



**Arcelor S.A., Luxembourg**  
Steel Manufacturing and Processing,  
approx. 95,000 employees in more than 60 countries



**Bertelsmann AG, Germany**  
Media Industry, approx. 76,000 employees in 60 countries



**Caixa Geral de Depósitos, Portugal**  
Financial Services/Banking Industry, approx. 18,400 employees



**E.ON Ruhrgas AG, Germany**  
Energy Industry/Trade, approx. 13,500 employees worldwide;  
of those approx. 3,600 employees in Germany



**Ford-Werke GmbH, Germany**  
Automobile Industry, approx. 300,000 employees worldwide



**GlaxoSmithKline, UK**  
Pharmaceutical Industry,  
more than 100,000 employees worldwide



**HÅG a.s.a., Norway**  
Office Furniture Industry, approx. 450 employees



**Hilti AG, Liechtenstein**  
Tools and systems for the construction professional,  
approx. 15,000 employees at 120 locations worldwide



**Grupo Maier, Spain**  
Alliance of over 110 single co-operative societies  
in the Basque country, approx. 71,500 employees



**MTU Aero Engines GmbH, Germany**  
Aero engines, modules and components,  
approx. 6,800 employees worldwide



**REWE AG, Germany**  
Trade, approx. 196,000 employees in Europe;  
of those 131,000 employees in Germany



**RWE Rhein-Ruhr AG, Germany**  
Energy Industry, approx. 7,000 employees



**Royal Dutch Shell plc, The Netherlands**  
Energy and Petrochemicals Industry,  
approx. 112,000 employees in more than 140 countries



**Stora Enso Oyj, Finland**  
Forest Industry,  
approx. 46,000 employees in more than 40 countries



**TITAN Cement Company S.A., Greece**  
Building Materials Industry,  
approx. 6,000 employees worldwide



**Volkswagen AG, Germany**  
Automobile Industry, approx. 340,000 worldwide,  
of those approx. 100,000 employees in Germany



**Zakład Energetyczny Toruń S.A., Poland**  
Energy Industry, approx. 1,400 employees

## The European network

“Enterprise for Health” (EfH) was established as a joint project by the Bertelsmann Stiftung and the Bundesverband der Betriebskrankenkassen (BKK) in January 2001.

EfH is an international group of companies currently (October 2005) comprising 19 companies from a total of 13 European countries. The member companies differ in size and operate in different branches of industry.

# The European Network “Enterprise for Health” (EfH)

## **EfH networks for a healthier world of work tomorrow**

Both sponsor organisations, *Bertelsmann Stiftung* and *BKK Bundesverband*, have been involved for many years in issues relating to the development of corporate culture and health promotion.

## **Philosophy of the network**

The sponsoring organisations see the EfH as an important contribution towards creating a healthy world of work based on partnership. The EfH was developed as a network platform for companies which see – and seek – opportunities to achieve business excellence through a corporate culture based on partnership and workplace health promotion, by learning from the experience of other companies and helping others to gain from their own experience.

## **Prevention and health promotion take priority**

In large sections of the world of work and other sectors of our societies, principles of care, prevention and the promotion of potential are still not taken seriously enough. This applies to personal behaviour, both at the workplace and outside work, to economic decisions in companies, political action at all levels and also to the workflows and *modus operandi* of our social security systems. The lion’s share of the health expenditure, for example, is currently channelled in all countries into curative medicine and health care and only a fraction of the available resources is targeted at prevention and health promotion.

A reorientation is required towards prevention and health promotion in view of the uncontrollable rise in costs and rising deficits in public budgets. However, politicians and the management in the health system are not fully convinced that prevention and health promotion can be accepted and put into practice by the citizens and consumers and that, as a result, care processes can be designed to be more efficient and therefore cost less.

This scepticism follows a plausible logic: Up to now, new health services have generally resulted in higher costs even though they were promoted intensely beforehand with a cost-saving argument. The experience with campaigns to change people’s unhealthy habits have tended to be negative: It seems that a lack of exercise, eating habits and in particular the use of drugs and addictive substances cannot be effectively influenced by the processes of modern communications and customised advice services. Scepticism is therefore justifiable; experiences so far do not tend to support the principle of giving priority to prevention and health promotion.

Nowadays, great importance is attached in national and European politics to investments in a high quality of education. The promotion of key qualifications for knowledge-based economies is aimed at countering losses in affluence which have hit many industrialised societies as part of globalisation. At the same time, current achievements in different sectors of the education system, including vocational and further training at companies, are a long way short of meeting political expectations and targets. Many countries are recording a rising number of youths and adults without any formal certificates of education; education analyses reveal substantial shortcomings in basic fields of competence among an increasing number of pupils and trainees.

Many of the social security systems in Europe are not adequately geared to new social risks which have arisen as a result of the economic and social changes in the lives of the population. Single mothers, their children, older people with low incomes and/or low qualifications, as well as all people in gainful employment with low formal qualifications, are affected by this. A high, broad-based quality of education, a precondition for an economically and socially successful transformation to the knowledge-based society, depends on a reliable and supportive setting for the emotional and cognitive development of children and young people. This is under constant threat from changes to the traditional family unit, employment insecurity, lack of qualifications and job opportunities among certain population groups.

## A profile of the BKK Bundesverband ...



The Bundesverband der Betriebskrankenkassen is the umbrella organisation of more than 200 German health insurance funds (BKK) and their eight state associations. With over 14.8 million people insured, the BKK is the oldest and third largest form of statutory health insurance in Germany. Roughly 89 percent of the population, i.e. 73 million people, are insured in the statutory health insurance system and some 57 percent of all health expenses are financed in Germany by this system. It comprises 8 different types of insurance fund, with regional, professional or branch-specific membership.

The BKK Bundesverband represents the interests of company health insurance funds in respect of national policy and the trade public and has mutually beneficial relationships with international organisations in the field of health and social policy. It assists the legislature, is involved in framework regulations and agreements with the service providers in the health service and supports the state associations and company health insurance funds in performing their functions.

The long and close working association between the BKK and companies and the great importance of prevention in this type of fund has been – and still is – the reason for numerous initiatives of the BKK Bundesverband in the field of workplace health promotion. The BKK concept of workplace health promotion focuses on the involvement of the workers and stresses the close interaction between behaviour and setting-related prevention.

The BKK Bundesverband has also assumed important functions at European level: Since 1990, it has been the Collaborating Centre Partner of the WHO in Europe and in 1995 it became the national contact office of the European Network for Workplace Health Promotion ([www.enwhp.org](http://www.enwhp.org)) in Germany. The secretariat of the ENWHP has been located at the BKK Bundesverband since 1999.

Growing pressure from competition and the short-term preoccupation with protecting share prices by continuously cutting costs leads companies to progressively reduce the number of employees. Long-term business strategies have great difficulty in surviving in this competitive environment.

## ... the Bertelsmann Stiftung

Since its establishment in 1977, the Bertelsmann Stiftung has invested more than € 550 million in self-generated projects which encourage social advancement. The foundation's extensive work directly reflects the wishes of its founder, Reinhard Mohn. It continues the traditional, social and cultural commitment of the owner families, Bertelsmann and Mohn, but, equally, it is dedicated to maintaining company continuity.

### Financing

Reinhard Mohn transferred a total of 68.8 percent of the capital shares in Bertelsmann AG to the Bertelsmann Stiftung in September 1993. He transferred his voting rights, relating to 90 percent of the capital stock, to Bertelsmann Verwaltungsgesellschaft mbH (BVG) in July 1999. Today the Bertelsmann Stiftung holds 57.6 percent of the shares in Bertelsmann AG. The two other shareholders are the Mohn family (17.3 percent) and Groupe Bruxelles Lambert (25.1 percent).

The Bertelsmann Stiftung finances its work by the earnings from its capital holding. In the 2005 financial year, the largest operational foundation in Germany has a budget of some € 70 million. The fact that the non-profit-making foun-

ation has become the largest owner of the company is the result of Reinhard Mohn's insight that large assets must be subordinated to the social obligation of ownership, as postulated by German Basic Law.

### The work of the Bertelsmann Stiftung

The Bertelsmann Stiftung makes concrete contributions towards the solution of current social problems. The foundation's work is characterised by Reinhard Mohn's realisation that corporate thinking and actions make a decisive contribution towards developing such solutions and breaking down solidified structures. Its aim is to support the continuity of a viable society.

The Bertelsmann Stiftung, which has 300 employees, sees itself as an operational institution which develops concepts: It seeks to detect social problem areas at an early stage, search for the best possible solutions worldwide and develop and implement exemplary solution models, in a dialogue with those involved, right through to their practical trials. The Bertelsmann Stiftung cooperates at a national and international level with partners in scientific, state and private institutions and concentrates on four topics:

- ▶ Education
- ▶ Economics and social affairs
- ▶ Health
- ▶ International relations.

In addition, it has initiated projects on culture and foundation's development, as well as the cross-section projects "Campaign for Demographic Change" and "Balancing Work and Family". It also holds an integration competition in collaboration with the Federal Ministry of the Interior in Germany.

### Centre of Competence for Corporate Culture and Leadership

Through its Centre of Competence for Corporate Culture and Leadership, the Bertelsmann Stiftung is continuing the traditions of its founder Reinhard Mohn. The Centre's aim is to improve the competitiveness of companies by concentrating on three strategic topics – the growth-orientated balance of profitability, humanity and responsibility towards society. The main focus here is corporate culture based on partnership – in both the private and public sectors – along with corporate social responsibility, and the future development of working life.

## | Bertelsmann Stiftung

### **Present and future challenges to the economic and social development in Europe**

The European Union is aware it is confronted with major challenges. In March 2000, the former 15 member states agreed on a political framework programme, known as the Lisbon Agenda 2010, which states that Europe should develop into the most dynamic and competitive knowledge-based economic region in the world, with lasting economic growth, more and better jobs, greater social cohesion and, at the same time, respect for environmental needs.

The interim conclusion of this ambitious reform agenda on the economic and social renewal of the European Communities was sobering: Only moderate progress was achieved with all 28 main and 120 subsidiary objectives, in particular in the fields of “economic growth” and “employment”.

Lively debates and detailed analyses were and still are the background to a realignment of the strategy which the European Commission had adopted, demanding the concentration and streamlining of the projects and focusing on the promotion of growth and employment.

The core priorities of the renewed Lisbon action plan include the implementation of the single market, action to reduce bureaucracy, the promotion of the transition towards a knowledge society, greater flexibilisation of the labour markets and more investment in human resources.

Healthy corporate cultures based on partnership are an important precondition for the Lisbon renewal process. In future, up to an estimated 30 percent of workers will be directly employed in the production and dissemination of knowledge, manufacturing and in the services sector. A large proportion of other workers will have to perform knowledge-based work in order to be successful. These massive changes can only be achieved in working conditions which permit and promote involvement and self-responsibility. Companies and public systems in the member states and Europe as a whole must therefore target increased investments at general and vocational education. Continuous qualification and life-long learning will decide how easy or difficult it will be for people to get new jobs.

Furthermore, companies can help to a great extent to overcome the consequences of the demographic change: Company programmes for active ageing help create an environment where employees do not have to depart too early from working life. Active ageing in employment cannot be attained without healthy working conditions based on partnership over the worker's entire working life. Insufficient commitment in firms and enterprises to this goal will have profoundly negative effects on the future financing and efficiency of the social security systems.

The committed membership of the EfH is ideally placed to make a major contribution in this context of renewal, where the above-mentioned challenges are not limited to the European region. Other economic areas, especially in America and Asia, are confronted with similar problems, or will have to face up to them in the near future.

### **EfH is not alone**

There are networks, forums and working groups, just like EfH, in various European countries at national and regional level, where companies and, in some cases, external experts, exchange views on different issues of company health policy and worker-oriented staff management. There is a network for workplace health promotion ([www.enwhp.org](http://www.enwhp.org)), supported by the European Commission, DG Health and Consumer Protection, in which non-corporate institutions from the field of occupational safety and health and public health have been working together for about 10 years at European level. This network supports experts and practitioners by providing access to examples of exemplary practice including successful processes and tools of workplace health promotion. At national level, there are a number of different initiatives, frequently backed by industry-wide institutions in the fields of occupational safety and health and social insurance, which also support the exchange of experience between experts in companies. The European Network for Workplace Health Promotion (ENWHP) has initiated national forums in which companies and other organisations actively participate in various European countries. In response to this initiative, the German Network for Workplace Health Promotion was set up ([www.dnbgf.org](http://www.dnbgf.org)). The company network initiatives include the English Corporate Health and Performance network (CHAP), the Swiss association for workplace health promotion (SVBGF), the German network "Unternehmen für Gesundheit" (UfG) as well as networks in Scotland, Wales, the Czech Republic, Bulgaria and Hungary.

### **How the EfH works**

Over the last five years, the EfH has developed and implemented a working model based on four elements:

- ▶ Identification of core issues for the future design of corporate culture and company health policy (EfH Agenda) as well as the organisation of an exchange of experience in the core issues of the agenda;
- ▶ Collection of practicable procedures, methods and concepts (EfH Toolbox);
- ▶ Identification of key arguments for the business case;
- ▶ Derivation of general recommendations for successful company practice.

## **EfH Business Meetings**

### **Corporate Culture Based on Partnership and Company Health Policy**

May 28 – 29, 2001

### **Business Case**

October 29 – 30, 2001

### **Work-Life Balance/Business Case**

April 15 – 16, 2002

### **Ageing Workforce**

September 23 – 24, 2002

### **Diversity**

May 19 – 20, 2003

### **Mental Health and Leadership**

October 13 – 14, 2003

### **Flexible Work**

May 24 – 25, 2004,  
November 22 – 23, 2004

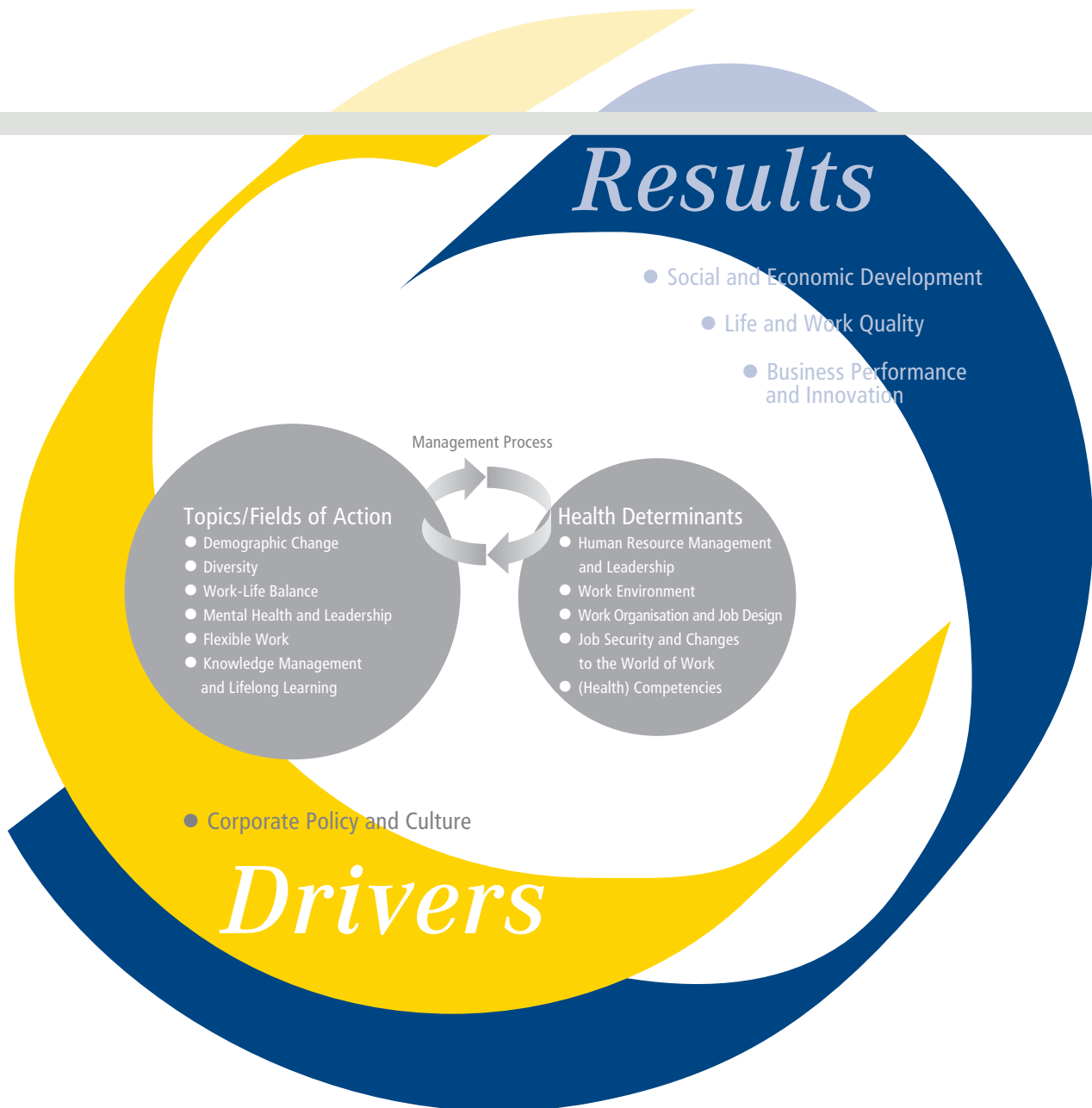
### **Knowledge Management and Lifelong Learning**

April 18 – 19, 2005

The philosophy, objectives and working methods of the network were drawn up at the start. This led to a mission statement and an initial identification of issues from which a concrete timetable was prepared. Two working meetings are organised every year, each devoted to one key issue of the EfH agenda.

Each working meeting concentrates on a specific topic according to the EfH's agreed timetable and theme. At the start, current information on the relevant issue, successful company procedures and arguments on the benefits of particular courses of action within companies is communicated with the help of contributions from experts. This is followed by reports on the experience of the member companies. Finally, general recommendations for action in company practice are prepared.

One important result of the EfH's work is the compilation of the knowledge and experiences of companies into a general company action model. This model describes the major factors that can be introduced into a company to help develop a healthy corporate culture based on partnership. It distinguishes between health factors, fields of action, general process factors and results.



Crucial factors, and therefore the **driving forces (drivers)**, are the **company policy and the corporate culture**. The vision and business strategies of a company, as key elements of every corporate policy, reflect the significance of the workers in the value added chain; they also organise the action of all decision-makers in the company management and have a major impact on leadership behaviour.

The corporate culture comprises the values and general orientation of the organisation which may exist implicitly or in visible and written form. Corporate cultures based on partnership are characterised by the great importance of worker and customer-oriented values, supplemented by the intentional orientation towards principles of social responsibility.

**Health determinants** describe the most important influences on the health and sickness situation in companies. The EfH action model identifies five key sectors or general classes of factors, each of which includes a larger number of individual factors. These are the sectors “human resource management and leadership”, “work organisation and job design”, “work environment”, “job security and changes to the world of work” and “(health) competencies”.

The most important area is “work organisation and job design”, which in turn is very closely linked to the management systems in a company. Today we have adequate scientifically-based know-how on the individual design characteristics and their correlations. Important characteristics are the “completeness of tasks” (planning, control and execution elements, variety of tasks), the “degree of autonomy”, “social support” and “respect”. Whereas production demands define these factors in industrial processes, in the services sector the daily co-ordination between executives and employees is the decisive factor in workplace health. The human resources department can also influence the quality of leadership and work design by means of a number of supportive processes and internal services. These include culture development programmes, executive development and general staff development action, the development of systems of financial incentives and lots more.

The “work environment” comprises the areas of occupational safety and health and environmental protection in the company – those areas which are traditionally linked the closest with the subject “health at the workplace”.

“Job security” and coping with change processes in the company are two other key factors for the health and sickness situation. They have a particular impact on the quality of mental and social health.

Individual competencies and skills form an important protective resource with which both work demands and requirements relevant to health can be fulfilled. This also includes lifestyle competencies and skills, but goes beyond them to cover all professional competencies of the workers.

The **fields of action** describe specific practices in companies and their design in turn includes a whole series of health factors. They also reflect the EfH agenda. These include:

- ▶ Demographic change and ageing workforces
- ▶ Diversity
- ▶ Work-life balance
- ▶ Mental health and leadership
- ▶ Flexible work
- ▶ Knowledge management and lifelong learning
- ▶ Business Case.

Apart from "business case", all the fields reflect important changes in the world of work, representing challenges to the design of healthy corporate cultures based on partnership, irrespective of branches and economic sectors. Moreover, problems arise specific to branches and companies. The "business case" is a cross-sectional field and describes the need to gear investments into the above-mentioned fields of action in line with the company's objectives and justify them accordingly.

Company measures within these fields of action should be organised as a continuous **management process**, which embraces the steps "building infrastructures", "analysis and planning", "implementation", "communication" and "evaluation".

Company practice which arises from a corporate culture based on partnership and designs the key health factors in the relevant fields of action in line with the principles of the continuous improvement process, leads to **results** in quality of life and work (including health improvements) as well as business results (performance and innovation).