

ACCREDITATION SCHEME PROMOTES WORKPLACE HEALTH TO PREVENT CARDIOVASCULAR DISEASE

Introduction

The Workplace Health Promotion (WHP) programme is an accreditation scheme designed to incentivise companies to adopt good practices in the workplace aimed at health promotion and the prevention of chronic illness, particularly cardiovascular diseases (CVDs). Targeting medium-sized and large enterprises, the programme awards the certification of 'Workplace promoting health' for implementing sustained good practices within work settings across several areas of health promotion, such as physical activity and healthy eating. First developed in 2011 by the Health Authority of Bergamo (northern Italy), the programme was recognised in 2017 as a European best practice by CHRODIS Joint Action. The programme remains active in the Italian region of Lombardy, and has also been transferred to the region of Andalusia (Spain) through a detailed implementation framework. It stands as a strong example of a cost-effective approach to promote healthy behaviours in workplace settings.

This case study is part of a research project that aims to provide an overview of regulations, policies, strategies, initiatives and programmes for the prevention of work-related CVDs.¹

Description of the case

The WHP programme is an accreditation scheme for companies that adopt good practices aimed at the prevention of chronic illness, including CVDs.

The programme was developed in 2011 through a collaboration between the Health Authority of Bergamo (Agenzia di Tutela della Salute or ATS in Bergamo)², which was responsible for project management, scientific coordination and partnership across the territory, and Confindustria, the main representative association of manufacturing enterprises and services in Italy³, which was in charge of the promotion and organisation of events. In 2012, the programme achieved the certificate of excellence from the European Network for Workplace Health Promotion (ENWHP) and a year later, in 2013, it was expanded to the entire region of Lombardy (Italy). In 2017 the programme was recognised as a European best practice by CHRODIS Joint Action (CHRODIS, 2017). The programme is still being implemented in Lombardy, where 1,170 enterprises were registered as programme participants in 2025.

Thanks to a specific mandate by the Italian Ministry of Health, the programme enables participating companies to obtain the accreditation of 'Workplace promoting health' from the ENWHP. The certification is valid for one year and therefore can be lost if a company stops meeting the award criteria (Regione Lombardia, 2018). The programme targets medium-sized and large enterprises, as they are seen to offer the greatest participant reach and are easier to engage. Small enterprises were not targeted as they were considered harder to contact and had a smaller number of workers.

Aims

The aim of the programme is to promote health in the workplace through the delivery of an all-round approach. This is done by incentivising the workplace to gain a special certification of 'Workplace promoting health' and providing them with clear priorities related to health promotion.

The programme is based on the World Health Organization (WHO) framework of 'Healthy workplaces: a model for action', which identifies four main areas to create a healthy work environment: physical work environment, psychosocial work environment, personal health resources and enterprise

¹ The full report — *Work-related cardiovascular disease prevention: regulations, policies, strategies and initiatives* —, is available at: <https://osha.europa.eu/en/publications/work-related-cardiovascular-disease-prevention-regulations-policies-strategies-and-initiatives>

² <https://www.ats-bg.it/azienda>

³ <https://www.confindustria.it/en/values/>

involvement in the community. The risk factors targeted in the programme were identified in terms of DALYs (disability-adjusted life years), which is a measure that considers lost years of life as a result of premature death or disability and includes behavioural and intermediate risk factors. In particular, the top four leading risk factors identified as causes of death in high-income countries by WHO Global Health Risks (WHO, 2009) were chosen as the programme's areas of intervention: nutrition (insufficient fruit and vegetable consumption), alcohol and other addictions, smoking, and physical activity. In addition to the top four areas, it was also decided to include two more areas: one on road safety and another on well-being and work-life balance.

What was done and how

The programme gives companies the opportunity to obtain a certification recognising their efforts to promote health in the workplace over a three-year implementation timeframe. To do so, companies have to implement initiatives, defined as 'good practices', across the six different thematic areas described above. To support the companies in their implementation, they are provided with examples of good practices collated into a manual provided online. The good practices are selected based on criteria such as efficacy, sustainability and relevance within the work context, reproducibility and cost-effectiveness. The manual flags the good practices with the most impact and efficacy, as well as the good practices that are most accessible from the perspective of perceived costs.

To obtain the certificate, companies have to follow specific requirements, such as running initiatives that may include screening for CVD risks, carrying out dietary consultations and activities on health education, and conducting specific diagnostic exams on cardiac health.

Each year, participating companies must implement three activities from two different thematic areas of their choice. For example, in the first year, a company might select smoking and physical activity as its two thematic areas. It would then need to choose and implement three activities to reduce tobacco use and three activities to promote physical activity, all selected from the recommended activities in the good practices manual.⁴ In the second year, the company would select two new thematic areas and implement three activities in each, following the same process. The same applies in the third year. All activities introduced in previous years must be maintained. This approach allows companies to implement initiatives gradually across all six thematic areas over a three-year period. From the fourth year onward, each company should have at least two ongoing initiatives in each of the six thematic areas.

The process includes the support of a dedicated WHP programme team from the relevant municipal ATS and requires the company to set up a dedicated working group. The process can be described as follows:

- **Enrolment and creation of a working group.** The companies can sign up online and need to form a working group, which will be made up of workers/managers and take responsibility for planning and organising the various activities related to the programme.
- **Communication to workers.** Once a company has signed up for the programme, the company's management board is responsible for familiarising all workers with the initiative and highlighting its importance.
- **Planning.** Each year, before implementation, companies have to communicate to their local ATS the interventions they are planning to conduct in order to allow for suggestions and follow-up.
- **Implementation.** With their launch of initiatives, companies are also instructed to include a communication strategy that is targeted at workers and uses a variety of communication channels. The initiatives included in the manual can be implemented by the companies with total autonomy, giving most of the responsibility to the companies and leaving the ATS to perform more of a consulting and support role. For instance, the ATS team can support the company with the specific expertise of professional figures (e.g. psychologists or doctors) when particular competencies are not available within the organisation.

⁴ Example of good practices manual available in Italian at: <https://retewhpbergamo.org/manuale/>

- **Reporting.** At the end of each year, companies fill in an online questionnaire describing the implemented activities. This will then be assessed by the ATS to determine whether the organisation can be awarded the certificate.
- **Monitoring and evaluation.** This includes the collection of data and yearly monitoring to ensure the companies are still implementing the initiatives.
- **Award.** The recognition of being a 'Workplace promoting health' is given to a company after three years.

The programme applies a multi-component approach, promoting the implementation of recommended and evidence-based practices in the areas of healthy diet, physical activity, smoking cessation, drug use prevention, work-life balance, well-being and mental health, and it involves employers and workers (through the working group representation) in a continual step-by-step process to create safe and healthy workplaces.

What was achieved

The programme has been and continues to be successful in incentivising workplaces to implement evidence-based health prevention activities and good practices. A catalogue of activities (the manual of good practices) can be found online and is available for companies to use. Additionally, the catalogue is continuously updated by each local ATS, allowing transferability between different contexts. Examples of good practices implemented by companies are also available online and include awareness activities (e.g. training on healthy eating and smoking cessation techniques), organisational changes (e.g. incentives for walking/cycling to work, smoke-free environments, agreements with gyms) and collaborations with other associations within the local community that are also engaged in health prevention/promotion. Participation and involvement in the programme have grown steadily since the first launch. In 2025, there were 1,170 registered companies in the programme and more than 300,000 estimated workers benefiting from activities within Lombardy.

A one-year, controlled, non-randomised impact evaluation by Cremaschini et al. (2015) was conducted in the Bergamo province, covering 94 companies and 21,000 workers. The evaluation involved the administration of a self-report questionnaire to workers before and after the intervention. Employees from similar companies in the city who did not take part in the initiative served as a control group. The questionnaires assessed health data (e.g. weight and body mass index) and healthy behaviours (e.g. smoking, level of physical activity, level of fruits and vegetables per day). After 12 months, significant positive results were found for key risk factors of CVDs and other chronic diseases, specifically for smoking cessation and healthier food intake. More specifically, there was a four-time increase in smoking cessation rates among exposed workers (but no increase among the control group) and a 10 % increase in consuming five portions of fruits/vegetables a day among exposed workers (but only 4 % among the control group). In addition, there was a slight (but not significant) increase in participants engaging in physical activity. By contrast, no difference was found regarding the proportion of participants reporting negative relationships at work. However, the lack of significant results in this area can probably be explained by the short duration of the programme at the time of evaluation (only 12 months). Also, some concerns were raised in relation to the validity of the study, particularly regarding the lack of randomisation and the appropriateness of the selected outcomes.

No published monitoring evaluation or follow-up has been conducted to appropriately measure whether the initiatives are leading to long-term change. Nevertheless, CHRODIS Joint Action considers the continuity of the activities within the participating workplaces throughout the years as an indicator of structural change.

Success factors and challenges

One of the key strengths of the programme is its ability to leverage the authority of a public body to encourage companies to take ownership of most of the work themselves. The formal recognition granted by the public health body serves as a powerful driver of engagement, ensuring that companies are not only willing to participate but also eager to collaborate. Furthermore, the creation of an evidence-based manual of good practices that is easy to follow provides companies with the necessary guidance to implement the interventions.

This success, however, comes at the cost of including large enterprises and excluding small businesses, which would probably not have the capacity to implement such a comprehensive intervention.

A further consequence of companies having full autonomy is the type of intervention being chosen. While interventions targeting risk factors outside of the company's role (such as tobacco) are highly popular, those that include a more substantial change within the company (e.g. well-being and work-life balance) are often not implemented, missing an opportunity to target work-related psychosocial risk factors that are also responsible for chronic diseases.

A key enabler is the development of a clear communication system consisting of action plans and indicators, which provide structure and accountability to the process. The establishment of steering groups with broad representation, including managers, employees, human resources (HR) staff and health professionals, created a platform for collaboration and joint decision-making. Communication campaigns helped to raise awareness and engage employees, reinforcing the value of the programme across organisations. Access to information was facilitated through webinars, guideline documents and technical assistance, making it straightforward for new contexts to adopt. The methodology's flexibility, supported by strong communication strategies, allows interventions to be tailored to diverse organisational needs while maintaining fidelity to the core model.

Transferability to other EU Member States

The intervention was also run by the Spanish region of Andalusia as part of the European CHRODIS Joint Action (from 2014 to 2017), which involved different countries sharing their health promotion initiatives in various areas (CHRODIS+ and Andalusian Regional Ministry of Health and Families, 2021). Andalusia adapted the model to its own context and implemented it first in two workplaces in Granada as part of a three-year pilot study. Given its success, the pilot was then turned into a large-scale implementation and remains active today in Andalusia as the 'Strategy for the Promotion of Health at Work in Andalusia (PSLT)' (Andalusian Regional Ministry of Health, Presidency and Emergencies, n.d.). As opposed to the Italian implementation, the Andalusian programme targets small and medium-sized enterprises (SMEs), since they represent the majority of industries in the region.

The Spanish pilot of the WHP programme in Granada has been analysed by Ruiz-Dominguez et al. (2021), who described the process of transferability in detail. The process included performing a SWOT analysis⁵ at the beginning of the planning process to understand the strengths and weaknesses of the Italian implementation and improve and adapt the programme to the Spanish context. After implementation, the evaluation of the pilot revealed a number of success factors that proved critical to early progress. At the organisational level, strong managerial commitment was a driving force, ensuring that workplace health promotion was prioritised and integrated into company culture. This was complemented by the active support of the Andalusian public administration, which provided training, resources and technical assistance. This support proved especially valuable for SMEs lacking internal capacity.

Several barriers for implementation were also identified. Many SMEs had limited staff capacity to run and sustain the activities in the medium to long term. Most importantly, a general lack of culture and awareness around health promotion in the workplace was observed. This was signalled by low participation in some events and a reluctance to share health data by some participants.

The initiative has been successfully implemented across all of Andalusia, enhancing healthy behaviours and awareness among workers, demonstrating strong transferability even in contexts that differ from the original Lombardy setting. While the Italian programme is rooted in large organisations with dedicated HR and occupational health departments, the Andalusian experience shows that it can also be effectively implemented in SMEs, although with stronger support from the public administration. The initiative's approach is further strengthened by the availability of structured tools, such as a manual of good practices, an action plan, and indicators of success, which ensure clarity and accountability.

⁵ A SWOT analysis (strengths, weaknesses, opportunities and threats) is a planning technique often used to inform decision-making.

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In this case study, interviews were carried out with the following stakeholders:

- Coordinator of the Italian implementation of the WHP programme and co-author of the evaluation
- Former coordinator of the Andalusian Strategy on Health Promotion in the workplace

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