The Workplace Health Promotion program and the WHP network of Bergamo
2011

- The first idea was to involve up to 5 companies on nutrition to propose a program to EXPO Milan 2015: “feeding the planet energy for life”
June 2017

• Lombardy
  – Companies involved >500
  – Workers 250,000

• ATS Bergamo
  – Companies involved: 104
  – Workers: 25,000
1. Participation in planning /partnership

- Pilot site in two Bergamo companies 2011,
- Partnership with industrials union, workers union, institutions and scientific societies
- Officially endorsed by the health ministry in the national program “Guadagnare Salute” in 2012
- Officially endorsed by ENWHP in 2012
- Adopted as a systematic program by the Lombardy Region in 2013
- Awarded by Sodalitas social Award, ABB e DOW “world” best Health Promotion project
A success story…why?

1. Participation in planning/partnership
2. Motivation / communication
3. Voluntary adhesion
4. Adaptability and freedom in choices
5. Web and e-health tools
6. Workers participation
7. Feedback
8. « Real » networking
9. Follow up and timeliness responses by the Health system
2 motivation / communication

Life expectancy in Italy

Fonte: The European House - Ambrosetti su dati Eurostat, 2015
Active ageing makes the difference: a life-course perspective

- **Early Life**: Growth and development
- **Adult Life**: Maintaining highest possible level of function
- **Older Age**: Maintaining independence and preventing disability

**Range of function in individuals**

**Disability threshold**

**Rehabilitation and ensuring the quality of life**

Risk Factors/Protective Factors

Ford et al, Healthy living is the best revenge, Arch Int Med 2009

Healthy Lifestyle Factors

1. Never Smoker
2. BMI< 30
3. PA ≥ 3.5 h/wk
4. Diet Index > Median

Adjusted HR for Incident Chronic Disease by Combination of Individual Healthy Factors

1 PERSON ON 5 developed a chronic disease
1 PERSON ON 20 developed a chronic disease
Doll R, Survival from age 35 for continuing cigarette smokers and lifelong non-smokers among UK male doctors born 1900-1930, with percentages alive at each decade of age., Int J Tuberc Lung Dis, 1999
Quitting smoking at different ages

R Doll, R Peto et al., Mortality in relation to smoking: 50 years observation on male British doctors
All causes mortality and levels of physical activity

416,175 individuals; follow-up: 1996-2008

![Graph showing the relationship between minutes of physical activity per day and mortality. The graph includes data points for survival (average) for 15 minutes per day PA vs inactives, with an additional note of +3 years.]

Chi Pang W et al., The Lancet, Volume 378, Issue 9798, Pages 1244 - 1253, 1 October 2011
The WHP program
features

• **Progressive** implementation of good practices

• **Recognition** as “Health Promoting Workplace” by the Health System

• **Networking**
  Opportunities to share experiences, products, materials and good practices between companies (meetings, communication tools, web tools)

• **Monitoring**
  Impact of interventions and risk factors
THE PROGRAM REQUIRES THE DEVELOPMENT OF GOOD PRACTICES IN 6 AREAS:

- Healthy Nutrition
- Smoke
- Physical Activity
- Road Safety
- Alcohol and Addictions
- Wellness and Work-Life Balance
3. Voluntary adhesion

4. Adaptability and freedom in choices

Rules

Mandatory requirements (legal, safety at work, social security contributions) and a minimum number of good practices:

- in 2 thematic areas at the end of the first year
- in 4 thematic areas at the end of the second year
- in 6 thematic areas at the end of the third year
- Maintenance of good practices and development of new ones
Good practices

Effective in previous positive experiences documented

- Transferable to different contexts
- Sustainable
- Low-cost or very favorable cost / benefit ratio
- Measurable
- Availability of practical tools for in-house realisation of the interventions
4. Adaptability and freedom in choices

• In every area there is the opportunity for each company to propose a Good Practice
  (of course validated by the Health System)

• If the proposal is a valid one, we do standardize it and add it to the manual
MANUALE WHP

Come aderire alla Rete Workplace Health Promotion Lombardia e diventare un Luogo di lavoro che promuove salute

• Rules of the program (instructions for subscription, reporting, evaluation...)

• List of Good Practices by thematic area

http://retewhpbergamo.org/manuale/
6 Facilitating Workers participation

Philosophy

promote healthy choices making them simple, acting mainly on the context.
Features of our Model of WHP

Participation

- Working Group
- Employee involvement
- Proactive initiatives
- Communication: effective, non-terroristic (fun theory approach)
Healthy nutrition

FOR ACCREDITATION AT LEAST
3 Good-Healthy Practices must be activated

1.1 COMPULSORY*

Fruit and vegetables must be present on the menu for all meals served within the company (at no extra charge - they cannot be substituted by a dessert or other dish), bread with a low salt content (1,7% in respect to the amount of flour, for details see attachment 1A) and wholemeal bread.

1.2

Automatic food distribution machines with the following characteristics:
- fresh fruit and/or vegetables (if possible seasonal) always available;
- the presence of at least 50% of the foods mentioned in attachment 1B;
- posters nearby illustrating the food pyramid (see attachment 1C) and or the INRAN - National Institute for Food Research - list (attachment 1D) and or the rules for calculating BMI - Body Mass Index - (attachment 1H).

1.3

Dining area with:
- fruit and/or vegetables in season, always available;
- posters illustrating the food pyramid (attachment 1C), the INRAN list (attachment 1D) and the rules for calculating BMI (attachment 1H).

1.4

A training session with the participation of at least 70% of all employees and including all canteen staff (where applicable) to illustrate the correct portions (for useful material see attachment 1E). If there is a canteen, posters showing the correct portions should be placed on the walls.

(*) If there is a company canteen; if not points 1.2 and 1.3 are compulsory. If the company does not have a staff canteen, a dining area or automatic food distribution machines, then 3 other Good Practices must be chosen.
1.5
An initiative in the staff canteen concerning colour coding according to the information provided in attachment 1F.

1.6
A campaign with promotional messages (see attachment IN) concerning a healthy diet, through at least 2 of the following:
- posters (1 for every 70 employees - see attachment 1L);
- handouts of promotional material (e.g. comics and albums - see attachment 1M) given to all employees;
- messages on the table mats in the staff canteen (for a period of 6 months - see attachment 1I);
- leaflets in pay packets (at least 5 messages in different months - see attachments 1G,1L and 1M).

1.7
An initiative proposed by the company but which is different from the previous ones and an evaluation of the results obtained.

All the attachments mentioned in the following lists and which contain instructions and suggestions for introducing Good Practices are available on the website www.csi.bergamo.it in the section "Promozione della Salute" (Good Health Promotion).
Examples

BP 1.5 - Codice colore
Per mangiare equilibrato abbina i piatti con i colori giusti!

**GIALLO**
- pasta, riso, orzo, farro, pane, gnocchi, patate, polenta e cereali

**ROSSO**
- carne, pesce, uova, formaggi, yogurt, legumi, salumi

**VIOLETTA**
- frutta

**VERDE**
- verdura

**BLU**
- riso e piselli, pasta al ragù, polenta con formaggio, patate con spezzatino di carne, pasta alla carbonara, pizza, ravolli di carne, risotto alla marinara, spaghetti con le vongole, sformato di patate e formaggio

Realizzata da Bracco per il progetto Workplace Health Promotion - Promozione della salute nei luoghi di lavoro

Regione Lombardia

Rete Lombardia ENWHP
Examples of good practices

BP 1.4 - Formazione e cartelli sulle porzioni corrette
IL GIUSTO PESO DELL'ALIMENTAZIONE!

BAMBINE STA ARRIVANDO PAPA', ANDATE A LAVARVI LE MANI E POI TUTTI A TAVOLA!

LA SALUTE NAPPE A TAVOLA!
MANGIARE SINGE E' VIVERE MEGLIO!!!
2.1 COMPULSORY

An in-house course encouraging workers to stop smoking and with the participation of at least 10% of employees who smoke* (or participation in an outside course) and with the following features:

- at least 9 meetings as set out in the guidelines in attachment 2A;
- ASL or LILIT representative or Company Physician with certified training;
- communication of statistics concerning those giving up smoking after 6 months and after 1 year to the ASL Health Promotion Service.

2.2

Company competition “Stop and Win” (as suggested in attachment 2B).

2.3

Policy (provided in a printed form) as “an anti-smoking company” distributed and activated in-house. (as suggested in attachment 2C).

2.4

Training of the Company Physician on the minimal advice on giving up smoking (ASL course, useful preparatory material in attachment 2D); regular minimal advice given during check-ups and the regular hand-out of informative material to the smokers undergoing checks (attachment 2H). Communication within the company and to the Health Promotion Service of ASL of data concerning the prevalence of smokers among employees undergoing checks.

(*) Calculated on data taken from the latest questionnaire completed by employees.
Tobacco control

2.5
An appraisal by the Corporate Physician of all smokers undergoing a medical check via the West test (attachment H) or the Fagerstrom test and Marino test (attachment I), the insertion of information into his/her report on health and risk factors, the in-house circulation of gathered data and communication of this information to the Health Promotion Services of ASL. The setting-up of a service providing long-distance support (an SMS to SMSmetto! or email to Smoke@) provided free by ASL for at least 10% of employees who smoke*.

2.6
An in-house campaign with posters giving information about smoking (see attachment 2F) and an informative meeting on company premises open to all employees and with the attendance of at least 50% of all employees who smoke* (see attachment 2G for useful material).

2.7
The presence in the company (at least 3 times a year) of a doctor specialized in practices discouraging smoking, in order to check on smokers, prescribe medication where necessary, carry out follow-up checks and direct smokers to the nearest corporate or public centre whose aim is to help smokers to stop.

2.8
An initiative proposed by the company but which is different from the previous ones and an evaluation of the results obtained.
Physical activity

For accreditation at least 3 Good-Healthy practices must be activated

3.1
The creation of one or more of the following opportunities for physical exercise and accessible within the company to all employees: five-a-side football field, volleyball court, tennis court, ping-pong table(s), gym, jogging paths.

3.2
The promotion of cycling to and from work and the provision of a covered bicycle parking area as well as at least 2 of the following:
- incentives and rewards for employees using bikes (trouser-clips and fluorescent arm bands, signalling devices for package carriers, lights, wheel reflectors, helmets, vests or jackets etc.);
- wall maps showing the safest cycle routes to get to work from places in the surrounding areas;
- the provision of information about cycling as a means of getting to work: the advantages and safety rules (see attachment 3C).

3.3
Discounts or other concessions regarding the purchase of sportswear or sports equipment, enrolment at gyms, swimming pools and sports centres.
3.4 In-house information campaign concerning the Promotion of Physical Exercise and which includes:
- posters beside lifts (if there are any), encouraging the use of the stairs (see attachment 3A for useful material);
- promotional posters on company premises (at least 1 for every 70 employees);
- the use of messages in pay packets (at least 3 a year) and/or messages on canteen table mats (for at least 3 months a year). See attachment 3B for useful material.

3.5 In-house sports activities (tournaments, non-competitive runs/walks, bicycle rides and so on) at least 2 a year.

3.6 A corporate walking or hiking group, meeting at least once a week all year round with the participation of at least 10% of all staff, and with a leader trained (free) by ASL.

3.7 An initiative proposed by the company but which is different from the previous ones and an evaluation of the results obtained.
Pensate a come introdurre più attività fisica nella vostra vita?

È il momento di GetActive!

Un programma di attività fisica di otto settimane

25 febbraio - 19 aprile
4.1
The prescribed criteria must be followed for the purchase of new company vehicles offering the best safety measures (e.g. 5 stars in the crash test, both front and side airbags, Electronic Stability Control) and a regular changeover of winter and summer tyres on all vehicles.

4.2
The procedure must be followed for the management of company vehicle use including:
- the organization of vehicle use;
- information and training for drivers;
- technological intervention (e.g. satellite navigation systems, vehicle maintenance).

4.3
The company must use gas, electric or hybrid road vehicles (at least 20% of all company vehicles or a programme must be introduced for the purchase of cars/vans of this type in order to reach a total of at least 80% over the next 3 years).

4.4
Planned maintenance for at least 50% of all company vehicles, to be carried more frequently than the regulatory, compulsory vehicle check-ups (MOT testing), either in the company’s own vehicle maintenance department or in outside workshops authorized according to law L. 122/1992.
4.5 Discounts for the purchase of safety items or other incentives and rewards concerning road safety (motorbike crash helmets, children’s car seats, back protectors for motorbikes, protective clothing etc.).

4.6 The organization of a group transport service for commuters, agreements or concessions regarding the use of public transport or the creation of a car-sharing or car-pooling system.

4.7 The presence of a mobility manager (if not already compulsory).

4.8 A course on safe driving (with practical lessons) for motorists and lorry drivers and with the participation of at least 10% of those employees who drive to work.

4.9 The participation in interventions aimed at improving the safety of infrastructures in the area around the workplace (traffic lights, street lighting, pedestrian crossings, roundabouts, cycle paths and so on).

4.10 An initiative proposed by the company but which is different from the previous ones and an evaluation of the results obtained.
Un pieno in meno di 30 minuti? Con ABB puoi!
www.abb.it
Interaction with the community
6.5 **Iniziative collettive** con partecipazione di almeno il 40% dei dipendenti:
- Iniziative di socializzazione aziendale;
- Giornate destinate ad attività di volontariato e solidarietà sociale.

6.6 **Iniziative di sostegno allo studio per i figli dei dipendenti** (contributo per l’acquisto di libri scolastici, borse di studio, rimborso spese universitarie...).

6.7 **Iniziative per l’integrazione per lavoratori stranieri** (corsi di alfabetizzazione per lavoratori e familiari, nomina di un tutor aziendale con funzioni di interfaccia tra la direzione e i lavoratori stranieri individuazione di facilitatori per favorire la comprensione degli aspetti complessi della convivenza civile come, le pratiche amministrative, le regole di base condominiali, del servizio sanitario...).

6.8 **Focus groups**, circle time groups o interventi di mediazione in azienda per favorire la collaborazione e la positiva gestione dei conflitti: almeno 2 all’anno che coinvolgano almeno il 10% del personale (art. 66).

6.9 **Attività di supporto, sponsorizzazione o donazione** rivolte a realtà no-profit locali (negli ambiti culturale, di formazione, di ricerca, sportivo, di solidarietà sociale).

6.10 **Sportello di ascolto sulle tematiche del benessere organizzativo ed individuale**.
Servizi legati all’infanzia e all’assistenza di anziani e diversamente abili:
- Asilo nido aziendale, interaziendale o convenzione con asilo nido nelle immediate vicinanze del luogo di lavoro;
- Servizi/iniziative per i figli dei dipendenti nei periodi non scolastici (ludoteca, centri ricreativi estivi, campus tematici, sportivi, per l’apprendimento di lingue straniere...);
- Servizi di baby sitting (convenzioni con agenzie che offrono servizi per le famiglie);
- Servizi di assistenza familiare per anziani a carico dei dipendenti (convenzioni con società e cooperative esterne).

Servizi di time saving:
- Sportello bancomat o posta aziendale;
- Convenzioni con meccanici per le riparazioni auto e/o accordi per ritiro e consegna in azienda;
- Disbrigo di pratiche burocratiche o formazione per l’utilizzo di servizi online (bancari, assicurazioni, pagamenti di bollette, tributi);
- Spesa online anche con consegna in azienda...);
- Steria e/o lavanderia aziendale (accordi e convenzioni con cooperative o negozi per il ritiro e la consegna in azienda);
- Gruppi di acquisto aziendali.

Un’iniziativa proposta dall’azienda diversa dalle precedenti con misurazione dei risultati ottenuti.
Steps

1. Online registration
2. Presentation of the program to employees
3. Evaluation questionnaires (t0)
4. Planning Good Practices
5. Realization of Good Practices
6. Reporting online
7. Recognition and Awards
7. Feed Back
M&E

• Monitoring of GP realized (activities/process)
• Evaluation with anonymous questionnaire to workers (risk factors/behaviors)
• ...Project with company doctors of WHP companies for the use of medical records data
## Monitoring

<table>
<thead>
<tr>
<th>Area tematica</th>
<th>Workers involved</th>
<th>Companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMOKE</td>
<td>8356</td>
<td>18</td>
</tr>
<tr>
<td>2.1 Group to stop smoking</td>
<td>879</td>
<td>5</td>
</tr>
<tr>
<td>2.2 Quit and win competition</td>
<td>492</td>
<td>1</td>
</tr>
<tr>
<td>2.3 Policy of &quot;Smoke-Free Company&quot;</td>
<td>1515</td>
<td>8</td>
</tr>
<tr>
<td>2.4 Training for company doctor to run regular counseling and information materials to smokers</td>
<td>7501</td>
<td>13</td>
</tr>
<tr>
<td>2.5 Evaluation by company doctor of all smokers with validated questionnaires (dependence and motivation to quit)</td>
<td>7453</td>
<td>11</td>
</tr>
<tr>
<td>2.6 Information and awareness campaign</td>
<td>5699</td>
<td>14</td>
</tr>
<tr>
<td>2.7 Messaging service for smokers</td>
<td>72</td>
<td>2</td>
</tr>
<tr>
<td>2.8 Different from previous activities</td>
<td>7023</td>
<td>6</td>
</tr>
</tbody>
</table>
Stima dell’effetto ad un anno di un programma di promozione della salute nei luoghi di lavoro in provincia di Bergamo

M. CREMASCHINI, R. MORETTI, G. BREMBILLA, MARINELLA VALOTI, F. SARNAVARO, P. SPADA, GRAZIELLA MOLOGNI, D. FRANCHINI, LUCIA ANTONIOLI, DANIELA PARODI, G. BARBAGLIO, G. MASANOTTI*, R. FIANDRI**
Azienda Sanitaria Locale della provincia di Bergamo
* Università degli Studi di Perugia
** Confindustria Bergamo

KEYWORDS
Health promotion; workplaces; chronic diseases; risk factors; evaluation

PAROLE CHIAVE
Promozione della salute; luoghi di lavoro; malattie croniche; fattori di rischio; valutazione

SUMMARY
«One year impact estimation of a workplace health promotion programme in Bergamo province». Objectives: To estimate short-term effects of integrated health promotion in the workplace within the framework of the Bergamo WHP (Workplace Health Promotion) network, which involves 94 companies and about 21,000 workers. Methods: 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 of 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. Conclusions: 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.
Risultati

Tabella 4 - Risultati: Valore degli indicatori, differenze e p value a inizio programma (t0) e a un anno dall’avvio del pro‐gramma (t1) nel gruppo di lavoratori esposti e non esposti agli interventi nelle 6 aree tematiche del programma

**Table 4 - Results: Values of Lifestyles indicators, differences and p value at time 0 and after one year (t1) in the group of exposed workers versus non exposed to interventions in the 6 areas of the program**

<table>
<thead>
<tr>
<th>Area tematica</th>
<th>Indicatore</th>
<th>Gruppo</th>
<th>T0 (inizio programma)</th>
<th>T1 (a un anno)</th>
<th>Test</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>n responders inclusi</td>
<td>valore indicatore (IC95%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimentazione</td>
<td>consumo medio di 5 o più porzioni di frutta e/o verdura al giorno</td>
<td>esposti</td>
<td>317</td>
<td>25,8 (21,0 - 30,7)</td>
<td>214</td>
<td>35,0 (28,6 - 41,4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>non esposti</td>
<td>31,9 (26,5 - 37,3)</td>
<td>230</td>
<td>36,1 (29,8 - 42,3)</td>
</tr>
</tbody>
</table>

5 portions of fruits/veg.

T0 25,8% $\rightarrow$ T1 35,0%
**Risultati**

<table>
<thead>
<tr>
<th>Area tematica</th>
<th>Indicatore</th>
<th>Gruppo</th>
<th>T0 (inizio programma)</th>
<th>T1 (a un anno)</th>
<th>Test</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>esposti</td>
<td>239</td>
<td>2,1 (0,2 - 3,9)</td>
<td>199</td>
<td>8,0 (4,2 - 11,9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>non esposti</td>
<td>504</td>
<td>2,8 (1,3 - 4,2)</td>
<td>383</td>
<td>2,3 (0,8 - 3,9)</td>
</tr>
</tbody>
</table>

Stopped smoking last year

T0 2,1% → T1 8,0%
### Risultati

**Totally inactive**

<table>
<thead>
<tr>
<th>Area tematica</th>
<th>Indicatore</th>
<th>Gruppo</th>
<th>T0 (inizio programma)</th>
<th>T1 (a un anno)</th>
<th>Test</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attività fisica</td>
<td>quasi mai attività fisica al di fuori dell’orario di lavoro (%)</td>
<td>esposti</td>
<td>491</td>
<td>33,6</td>
<td>33,6</td>
<td>0,307</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(29,4 - 37,8)</td>
<td>(29,4 - 37,8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>non esposti</td>
<td>252</td>
<td>21,8</td>
<td>21,8</td>
<td>0,913</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(16,7 - 27,0)</td>
<td>(16,7 - 27,0)</td>
<td></td>
</tr>
</tbody>
</table>

T0 33,6%  →  T1  30,4%
Last but not least

8) real networking
   – 2-3 yearly local meeting between companies
   – Yearly award to all performing companies

9) timeliness responses by the health system
Immediate future

• Industrial union “young group” is empowering more and more in the program

• We are establishing a working group with artisans association to see how / if the model can fit to very small companies

• We are working scientifically at a national level with the association of company doctors to set up a more performant monitoring and evaluation system
DELPHI CONSENSUS GROUP
on monitoring and evaluation of health promotion by the company doctor
Delphi consensus group

Panel di esperti


Expert selection:

• Suggested by SIMLII
• In our network/university network
<table>
<thead>
<tr>
<th>DATI GENERALI</th>
<th>PARAMETRI ANTROPOMETRICI</th>
<th>FUMO</th>
<th>ALCOL</th>
<th>ATTIVITA' FISICA</th>
<th>ALIMENTAZIONE</th>
<th>SALUTE MENTALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codice fiscale</td>
<td>Peso</td>
<td>Matrice di West</td>
<td>Pack year</td>
<td>Questionario IPAQ</td>
<td>N. medio di porzioni di frutta e/o verdura al giorno</td>
<td>Farmaci attivi sul sistema nervoso centrale</td>
</tr>
<tr>
<td>Sesso</td>
<td>Altezza</td>
<td>Questionario di Fagerstrom</td>
<td>Questionario Audit C</td>
<td>Questionario PSS (Sheldom Cohen)</td>
<td>Score finale</td>
<td>Categorica: Ansioliticiipnotici / Antidepressivi / Neurolettici / Antiepilettici / Altro</td>
</tr>
<tr>
<td>Data di nascita</td>
<td>Circonferenza alla vita</td>
<td>% massa grassa su peso totale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livello di istruzione</td>
<td></td>
<td>Solo per utilizzatori di bilance impedenziometriche</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classe occupazionale</td>
<td></td>
<td>Risposta ad ogni singola domanda e score finale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nazionalità</td>
<td></td>
<td>Score (facoltativo)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparto produttivo dell’azienda</td>
<td></td>
<td>Risposta ad ogni singola domanda e score finale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risposta ad ogni singola domanda e score finale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numerico</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numerico (Kg - misurati)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numerico (cm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numerico (cm - misurati)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Solo per utilizzatori di bilance impedenziometriche</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risposta ad ogni singola domanda e score finale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Score finale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Categorica: Ansioliticiipnotici / Antidepressivi / Neurolettici / Antiepilettici / Altro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROPOSTA FINALE CONSENSUS DELPHI**
The scope

- To find an operational agreement on standardized tools to use for HP M&E

- To Modify the main software for company doctors and develop systems to share and export data to the Health System
There is a lot of read to do ...

Thanks for your attention 😊

...but it’s a nice road.

Grazie

Roberto.moretti@ats-bg.it
marco.cremaschini@ats-bg.it
Marinella.valoti@ats-bg.it

Klaus Dell’Orto