

Recommendations

from ENWHP's ninth initiative

*Promoting Healthy Work for Employees with
Chronic Illness*

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Public Health at Work



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Introduction

This paper arose in the course of the 9th initiative of the European network for workplace health promotion ENWHP (www.enwhp.org) „Promoting Healthy Work for Employees with Chronic Illness – Public Health at Work“.

The project itself revolves around operational integration management (Return to Work/RTW), and is neither differentiated by type of disease or the person's age nor the duration of working life. Out of the resulting plenitude of concepts and approaches concerning "Return to Work", three had been identified as central.

1. The idea is to prevent chronic diseases in an occupational setting or detect it at an early stage. In order to make this happen, certain risks are ought to be reduced whilst health-promoting resources are being strengthened and the health expertise of employees is being increased.

The access and the focus on *workplace health promotion* are relevant at this point.¹

2. It is a matter of reintegrating/keeping those people in the process of work, who have suffered/are suffering from a chronic disease. In case of occurrence of these circumstances, the general conditions are being adapted so that the affected can actually return to work.

This access is known as *workplace integration management*.

3. The main task is to integrate those people into work processes, who hadn't been able to be involved due to health restrictions. The prospects and approaches of the so-called inclusion paradigm are seen to be appropriate at this point.

These three pillars are supposed to be understood as an overall concept, which understands prevention itself as a package of measures of primary, secondary and tertiary approaches in a continuous process. Only a holistic perspective and an overall concept of all accesses are considered as expedient in order to reduce chronic diseases significantly and to sustainably enforce the European economic area in the long term. Insofar it is not necessary to explain in more detail that the members did not restrict to target groups or classes of diseases within the project. In fact, the project members refused to focus on a particular degree or to prevent specific diseases.

Review and Status Quo

Throughout Europe chronic diseases were justifiably recognized as one of the top priority areas for action in the context of work and economy – the focus itself was set long before the impact of the economic recession has driven the focus of European agendas on the reduction of unemployment rates. Chronic illnesses such as depression, cardiovascular diseases and diabetes are becoming increasingly more frequent and pose an individual, corporate and social burden. Chronic diseases reduce the quality of life of those affected, lower the economic output, increase the social and health issues and often lead to early retirement.

Even though different actions had been launched and legislative initiatives were adopted within European countries over the past years, still far too many people permanently drop out of the work process due to chronic health issues. As a result of limited capability only few of them manage to stay - this is the conclusion of an OECD study from 2010.²

A variety of aspects and features of today's workplace often make chronic diseases with their associated restrictions an insuperable obstacle and discriminate socioeconomic deprived people in particular:

- the continued acceleration of the working environment
- the ongoing optimization of work-related processes
- the increasing complexity of work tasks
- the successive increase of personal responsibility while individualization is being demanded
- the increasing mobility requests
- discontinuous employment circumstances
- etc.

At the same time the reproductive performance and the retention of privacy are crumbling, especially since an increasing individualization and a breakdown of traditional family structures must be certified to European societies.

Regardless of the type of chronic disease, a withdrawal from the labor process often poses the last resort for employers and employees. The reason for this withdrawal is the lack of effective counter- and/or solution-strategies regarding reintegration and rehabilitation management. The damage to businesses, the economic impact, and especially the personal incision in terms of quality of life and self-realization-ambitions are considered to be severe.

The exorbitant costs of early retirement and the maintenance of chronically ill patients, the prevailing shortage of skilled workers in European countries and the demographic change lead to a longer retaining of persons in the working world, which is seen to be absolutely necessary due to economic reasons. As a result, the problems and challenges associated with chronic disease and their impact on work life are being focused on (again).

The necessity of effective strategies that allow the remainder in the work process and prevent losses due to sickness and ease a reintegration into the labor market still is valid – and due to the European economic downturn more urgent than ever.

Chronic diseases— Prevalence and consequences

According to the WHO definition a “chronic disease” is:

„All illness that means health problems requiring ongoing management for a period of years. (...) Chronic diseases are diseases of long duration and generally slow progression.“³

Common chronic diseases are diabetes, cardiovascular diseases, asthma or COPD, cancer, epilepsy, multiple sclerosis, hepatitis, HIV, and especially mental disorders.

The Community Statistics on Income and Living Conditions (EU-SILC 2008) gives information that about 24 percent of the population who are in the working age (EU 27) suffer from at least one chronic health restriction. Alarming is the respective proportion of the chronically ill in the working population (19 percent). Once the pension age is reached, two out of three people are suffering from at least two chronic diseases.

The proportion of chronic diseases in the total disease occurrence is estimated at 77% within European countries.

Very serious are the mortality numbers that result from chronic diseases. In the 19th Century, 80 percent died of infectious diseases, in the 1930ies 50 percent were killed by an infectious disease in 1980 it was only one percent. Nowadays the vast majority of people worldwide die from the effects of chronic diseases – the numbers vary between 63⁴ to 80⁵ percent. In Europe, the proportion of deaths caused by chronic diseases is as high as 86⁶ percent. Unless the causal factors for the development of various chronic diseases are not fought against comprehensively, a further substantial increase is predicted⁷ within the next ten years.

The economic cuts are equally alarming. The final report of the Harvard School of Public Health (HSPH) and the World Economic Forum show that the global economy will lose 47 trillion Dollars due to chronic diseases until 2030. But even now, the costs are horrendous. Among the experts, there is consensus that 70 to 80 percent of health expenditures are being spent for chronic diseases, which pose € 700 billion (trillion in English) for the EU region.⁸

Based on these facts, there is no doubt that prevention, early detection and treatment of chronic diseases as well as the adaption of the design of the living and working environment of those with chronic health limitations in various policies of the European Union must play a central role and continue to do so.

In this context, the paper „Together for Health: A Strategic Approach for the EU 2008-2013“⁹ and the initiative „Europe 2020 – A strategy for smart, sustainable and inclusive growth“¹⁰ have to be seen as relevant. The thematic focus on chronic diseases seems to be important particularly when focusing on the sub goal - the increasing of the employment rate of the population between 20 and 64 years, from the current 69 percent to at least 75 percent.¹¹

In the interest of these strategies the paper represents recommendations and suggestions based on the results of the project "PH Work - Work Adapted for All." - which contributes towards sharpening and achieving the goals.

Tackling Chronic Diseases – A Win-Win-Win-Situation

Help for people with chronic disease often means making it possible for those affected to continue their work. Victims, the company itself and the society as a whole gain profit from that aid, since jobs for people with chronic disease ...

- ... secure social inclusion and social participation
- ... reduce the individual risk of poverty and help diminish the further intensification of social inequality
- ... can contribute to the preservation of mental health problems and delay physical consequence
- ... reduce the pressure on companies associated with the shortage of skilled labor
- ... position the company as an employer which perceives its social responsibility
- ... reduce social and health spending
- ... weaken the consequences and implications of demographic change ¹²

Reductions in the number of affected as well as effective and comprehensive RTW strategies don't only lead Europe to remaining a competitive economy but also to a more social habitat, which is borne by humanity and inclusion.

A look at the nation-states

A look at the nation-states of the European Union shows that reintegration management or the continuance in the labor process is given attention in almost every country. The reduction of the number of persons declared to suffer from chronic impairments is declared as a target in most countries as well. The way how this aim is pursued varies - often quite strongly. In many states laws were passed that include all employees, or address specific groups or diseases or make employers adhere to employment rates.

Apart from these very different strategies and target groups, it shows that the definitions of disabilities and chronic diseases vary greatly since they depend on a relevant context (access to care, in-kind benefit and labor market). There are only a few cases ICF based or specifically aimed at chronic diseases

Regarding the laws and the implemented systems, it becomes obvious that holistic approaches that integrate both the rehabilitation and remainder in the labor process, or even primary prevention approaches, represent the exception and don't explicitly involve around chronic diseases. This shows that employment programs have not been able to fully recognize chronic diseases as a separate subject and sometimes fail to recognize the potential. The same applies to the Public Health Sector. Based on the results of the survey it may be noted and assumed that the relevant players continue to recognize the workplace to be a central area of activity of public health since the corresponding perspective is considered to be more holistic.¹³

Recommendations

Recommendation 1:

Obviate chronic diseases through prevention

Prevention is better than cure. This is true due to the long duration of the disease and the associated costs for the health and social system especially in the field of chronic diseases. This is why primary prevention programs and appropriate information and awareness campaigns shall be pursued with full strength.

EU-Policy	<ul style="list-style-type: none">• All activities and measures in the field of prevention in the setting company should be intensified or pursued and possibly expanded to chronic diseases.• The awareness about the connection between prevention and chronic disease among stakeholders should continue to strengthen and raise awareness for burdens in the setting “work place” on a large scale.
National Policy	<ul style="list-style-type: none">• National and regional prevention programs, especially in the setting „work place“ should be continued to be pursued in order to enhance the focus on chronic diseases

Recommendation 2:

Detect chronic diseases at an early age!

The seriousness of a disease and its course can be influenced in a positive form, the earlier a disease is being detected, the greater are the chances that the disease and its course may not become that serious. To detect chronic diseases and the risks to it at an early stage, it is important to raise awareness of the stakeholders and provide and establish suitable screening methods and tools.

EU-Policy	<ul style="list-style-type: none">• The aim is to raise awareness about the development of chronic diseases and to raise awareness of early signs of oversteering and diseases.• International cooperation in the creation, dissemination and implementation of quality-tested and effective screening methods should be forced increasingly.
National Policy	<ul style="list-style-type: none">• Develop and implement training programmes for mainstream health services staff to ensure the provision of effective services and efficient co-operation.• Implementation of quality-tested and effective screening processes, whilst ensuring the availability of people with increased vulnerability.

Recommendation 3:

The perspective should move from reduced performance to remaining working ability!

Chronic diseases are not only an economic and socio-political problem but also are connected to a personal story. To draw attention on remaining skills and abilities and to focus on these despite of a chronic disease, may be the determining factor which decides whether sufferers can gain enough strength and motivation to continue or return to the labor market. Moreover, it is only a matter of perspective whether the physical condition or insufficient adaptation to the environment restrict a person in their actions. Depending on the perspective, chronic diseases sometimes even appear as socially constructed problems. The reduction of environmental barriers and the creation of supportive environments can reduce social and labor market exclusion.

EU-Policy and National Policy

- The deficit-oriented approach / focus should be avoided consistently and the capability-oriented approach should be adopted and internalized.
- The implementation and application of the International Classification of Functioning, Disability and Health (ICF) should be promoted and a widespread utilization should be aimed!¹⁴
- Design supportive environments that encourage independence.
- Innovative approaches and models of good practice in connection with the inclusion and re-(integration) of people with chronic conditions should be supported, promoted and advertised.

Recommendation 4:

Address Stigma and Discrimination against persons with chronic diseases!

Even though most chronic diseases have a notable prevalence, the people concerned still face prejudice and discrimination in the labor market. Statutory regulations are an appropriate way of dealing with the problem, but still internalized conviction by stating positive examples and experiences is to be preferred.

EU-Policy

- Measures and campaigns which reduce prejudices should be supported and promoted!
- The non-discrimination legislation should be given more attention.

National Policy

- Mandatory education training for employers should be introduced.
- Positive examples of successful RTW programs should be spread in public.

Recommendation 5:

Raise the importance and priority of RTW on the policy agenda!

Chronic diseases are not a marginal issue which could be neglected. In terms of the "health-in-all-policies approach" they are recognized as a key challenge by all relevant agencies, institutions and organizations. Only cooperation-based and holistic strategies with an exclusive focus on chronic diseases are considered to be promising. This recommendation becomes particularly important in the context that there sometimes exist considerable differences between countries in focusing on chronic diseases. In view of a unified EU strategy this is regrettable¹⁵

EU-Policy	<ul style="list-style-type: none">• Ensure that the matters concerning chronic diseases are specified and acknowledged in all relevant EU policies and countries and assure that people with chronic diseases are explicitly identified as target group!• Try to get the topic on the agendas of each member state!• Develop and support an awareness campaign on chronic diseases amongst the main stakeholders at EU and transnational level!
National Policy	<ul style="list-style-type: none">• Investigate the situation and needs of people with chronic conditions and prioritize people with chronic illness in national policies on labor market and social activation.

Recommendation 6:

Work must pay off!

The reward for work done is not only for the purpose of living. The loan itself poses a motivating factor in the form of appreciation and recognition for individual achievement. This aspect should be especially regarded when rewarding labor services of chronically ill people. That means: Both, for sick workers and for persons who are not in the work process, work must include a positive cost-benefit ratio. Vice versa, this must also count for entrepreneurs.

EU-Policy	<ul style="list-style-type: none">• Generate evidence to inform on the impact of incentives in the labor market participation of people with chronic illness!
National Policy	<ul style="list-style-type: none">• Create attractive incentive schemes in order to provide good incentives and support for those who can work, but also provide an adequate and secure income for people who cannot work!• Control systems and support services are to be reformed in such a way that they are an incentive to remain in the work process or start to work.

Recommendation 7:

Cooperation and systematic cooperation of all relevant players and stakeholders

Both the inclusion and reintegration after a long absence as well as keeping of a person in the work process spite of chronic illness is a process in which many actors and professions are involved. This involvement and participation is to be welcomed and encouraged. However, a random collaboration and unexplained role profiles waste resources and increase the risk of having those affected becoming a play ball of the professions. In addition, it is confirmed in numerous studies, that a lack of collaboration and cooperation are potential sources of errors in the treatment and support.¹⁶

At the same time it should be noted that the role of public health services in most countries of the European Union is only marginal. This is unfortunate, since the public health perspectives and approaches are considered profitable.¹⁵

EU-Policy	<ul style="list-style-type: none">• The roles of the various stakeholders should be already settled early in the strategies and initiatives.• Define a greater role of the social partner involvement.• Involve the public health sector in order to be able to pay specific attention to the social gradients in health - especially in terms of chronic diseases.
National Policy	<ul style="list-style-type: none">• The roles of all stakeholders and public service areas must be clearly defined.• The rules and mechanisms of cooperation between the various agencies must be developed and implemented.• In particular, cooperation between the labor and the health sector is to be endowed (linking measures of work place health promotion with prevention measures for occupational safety)

Recommendation 8:

Raise Health Literacy and Empowerment!

In the coordination and cooperation of all stakeholders and players dealing with the obstacles that arise from chronic diseases, of course, affected people are assigned a central role. This fact is confirmed by many studies.¹⁷ For this reason it is even more important that especially the chronically ill are empowered to make healthy choices and to take an informed position in the shared-decision-making processes.¹⁸

Affected are to be seen and accepted as experts for their own bodies and their individual lives. As experts they should absolutely be able to make their decisions to healthy decisions - in the sense of the life-course-approach and of healthy living education.¹⁹

EU-Policy	<ul style="list-style-type: none">• Strengthening and promoting the health literacy must be declared a prioritized goal of the EU!
National Policy	<ul style="list-style-type: none">• The promotion and development of programs and activities that will strengthen the health competence of both the general population and the chronically ill are being recommended.• Health education should start at an early age, also it should be institutionalized accordingly and permeate all life stages and phases!

Recommendation 9:

Fill the gap in existing knowledge and extend and maintain evidence and experience based Interventions!

Many questions regarding the actions and effects of policies, programs and interventions are insufficiently answered until now. Moreover, the data situation in many areas still is known to be relatively thin. Any evidence must be saved, spread and reproduced continuously so it can constantly be questioned and re-checked regarding this rapidly changing world of work. At the same time, the evidence must be reflected regarding type and shape of the measures.

EU-Policy	<ul style="list-style-type: none">• Invest in research and focus social determinants as well as differences between countries and industries!• All results of the evaluations should be supplied for the purposes of scientific transparency and knowledge distribution of a central open-access database. This database should be located at the European level - if possible.
National Policy	<ul style="list-style-type: none">• Programs and activities should be based on uniform standards concerning the process-and result evaluation.

Participants

Promoting healthy work for employees with chronic illness: Public health and work is the ENWHP's 9th initiative. Of the 28 ENWHP members, 17 actively participated in the project.

Austria

Upper Austrian Sickness Funds
www.oegkk.at

Belgium

Prevent
www.prevent.be

Cyprus

Ministry of Labour and Social Insurance
www.mlsi.gov.cy

Denmark

The Danish Healthy Cities Network
www.sund-by-net.dk

Finland

The Finnish Institute of Occupational Health
www.ttl.fi/english/

France

French National Agency for the Improvement of Working Conditions
www.anact.fr

Germany

BKK Federal Association of Company Health Insurance Funds/Team Health Corporation for Health Management
www.bkk.de
www.teamgesundheit.de

Greece

Hellenic Ministry of Employment and Social Protection
www.yeka.gr or www.osh.gr/kyae/whp

Hungary

National Institute for Health Development
www.oefi.hu/english.htm

Ireland

Department of Health and Children/Work Research Centre
www.wrc-research.ie

The Netherlands

TNO Quality of Life/Work & Employment
www.tno.nl/arbeid

Norway

National Institute of Occupational Health
www.stami.no

Poland

Nofer Institute of Occupational Medicine
www.imp.lodz.pl

Romania

The Romtens Foundation
www.romtens.ro

Slovakia

Institute of Normal and Pathological Physiology
www.unpf.sav.sk

Slovenia

Clinical Institute of Occupational, Traffic and Sports Medicine
www.cilizadelo.si

UK

The Scottish Centre for Healthy Working Lives
www.healthyworkinglives.co.uk

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