



**Work.
Adapted for all.**
Move Europe.



Recommendations from ENWHP's ninth initiative

**Promoting Healthy Work for Employees with
Chronic Illness – Public Health and Work**

Table of Contents

The European Network for Workplace Health Promotion (ENWHP).....	03
ENWHP initiatives.....	04
9th initiative – Public Health and Work.....	05
Review and Status Quo.....	06
Chronic diseases– Prevalence and consequences.....	07
Tackling Chronic Diseases – A Win-Win-Win-Situation	08
A look at the member states	09
Recommendations.....	10
Participants.....	14
Reference list.....	15

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The European Network for Workplace Health Promotion (ENWHP)

Since the Network was formally established in 1996, it has been a frontrunner in European Workplace Health Promotion. By carrying out a number of joint initiatives, ENWHP has developed good practice criteria for Workplace Health Promotion (WHP) for many different types of organizations and has also facilitated the cross-border exchange of information and the dissemination of good workplace practices.

The European Network for Workplace Health Promotion is an informal network of national occupational health and safety institutes, public health, health promotion and statutory social insurance institutions. In a joint effort, all the members and partners aim to improve workplace health and well-being and to reduce the impact of work-related ill health on the European workforce.

“ The ENWHP

... organizes the exchange of experience throughout the whole of Europe by holding conferences and meetings, producing publications and creating and linking national infrastructures (national networks for WHP) – not only among the network members but with all professional groups involved in WHP and keen to play a part in its dissemination.

... identifies “Good Practice” necessary to provide enterprises with a uniform and consistent orientation framework. The network has therefore developed and is continuing to monitor the quality criteria for assessing “good practice”.

... collects, analyses and disseminates information about WHP and related issues and shares knowledge with interest groups and decision-makers from politics, industry and society.



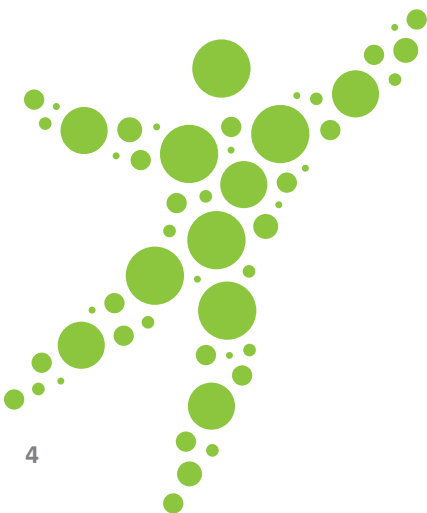
www.enwhp.org

ENWHP initiatives

Step by step and in pace with the times the European Network for Workplace Health Promotion pursues the common goal “Healthy employees in healthy organizations”.

Since 1997 initiatives have been continually successfully effected with the support of the European Commission, which cover a broad range of issues, but which serve to further develop health promotion at the workplace and to establish it as a field of action for public health.

Initiative		Topic
1 st	1997-1999	Quality criteria and success factors of workplace health promotion
2 nd	1999-2000	Workplace Health Promotion in small and medium-sized enterprises
3 rd	2001-2002	Workplace Health Promotion in the public administration sector
4 th	2002-2004	The implementation of infrastructures for promoting workplace health
5 th	2004-2006	Healthy work in an ageing Europe
6 th	2005-2007	Disseminating Good Workplace Health in Eastern European Countries
7 th	2007-2009	Move Europe - Healthy Lifestyles in the Working Environment
8 th	2009-2010	Work in Tune with Life - Mental health



9th initiative - Public Health and Work

This paper was drafted for 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 and Work”.

The project is about operational integration management (Return to Work/RTW), and is neither differentiated by type of disease or the person’s age nor by the duration of working life. Out of the resulting plenitude of concepts and approaches concerning “Return to Work”, three have been identified as critical.

1. The idea is to prevent chronic diseases and/or to mitigate the consequences of having a chronic disease in an occupational setting, or detect it at an early stage. In order for this to happen, certain risks need to be reduced whilst health-promoting resources are strengthened and the health expertise of employees is increased. The access to and the focus on workplace health promotion are relevant at this point.¹
2. It is a matter of reintegrating/keeping those people involved in the work process, who have suffered/are suffering from a chronic disease. In case of the occurrence of these circumstances, the general conditions should be adapted so that the affected person can actually return to work or stay at work. This approach is known as workplace integration management.
3. The main task is to integrate those people into work processes, who have trouble being involved due to health restrictions. The prospects and approaches of the so-called inclusion paradigm seem to be appropriate at this point.

These three pillars are supposed to be understood as part of a larger, overall concept, which defines prevention as a package of measures from primary, secondary and tertiary approaches in a continuous process. Only a holistic perspective and an overall concept of these approaches are considered as expedient in order to reduce chronic diseases significantly and to sustainably enforce these within the European economic area in the long term. It is not necessary to explain in more detail that the members did not restrict themselves to certain target groups or classes of diseases within this project. In fact, the project members refused to focus on a particular degree of health impairments or on specific diseases.

Review and Status Quo

Throughout Europe chronic diseases have justifiably been recognized as one of the top priority areas for action in the context of work and economy – the focus was set long before the impact of the economic recession turned the focus of European agendas to the reduction of unemployment rates.

Chronic illnesses such as depression, cardiovascular diseases, diabetes, HIV or cancer 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 have been launched and legislative initiatives have been 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 at work - 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 socio-economically 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 and flexibility requests
- discontinuous employment circumstances
- etc.

At the same time the social support and familial embedding are crumbling, especially since an increasing individualization³ and a breakdown of traditional family structures is clearly obvious within European societies.

Regardless of the type of chronic disease, a withdrawal from the labour process often poses the last resort for employers and employees. The main reasons for this withdrawal often are a lack of effective counter and/or solution strategies regarding reintegration and rehabilitation management or generally speaking an unwillingness to trust and invest in the competences and skills of people with chronic diseases. The damage to businesses, the economic impact, and especially the personal incision in terms of quality of life, self-realization and 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 for 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 remaintenance in the work process, prevent losses due to sickness and ease a reintegration into the labour market is still 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 illnesses that mean health problems, requiring ongoing management for a period of years. (...) Chronic diseases are diseases of long duration and generally of slow progression.”⁴

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 reports that about 24 percent of the working age population (EU 27) suffer from at least one chronic health restriction. The respective proportion of the chronically ill in the working population (19 percent) is remarkable. Once 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 percent within European countries.

The mortality numbers that result from chronic diseases are very serious. In the 19th century, 80 percent died of infectious diseases, in the 1930s 50 percent and 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 63⁵ to 80⁶ percent. In Europe the proportion of deaths caused by chronic diseases is as high as 86⁷ percent. Unless the causal factors for the development of various chronic diseases are not fought against comprehensively, a further substantial increase is predicted⁸ within the next ten years.

The economic cuts are equally critical. 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 because of demands on the social health and welfare systems, decreased productivity in the workplace, and prolonged disability and diminished resources within families. But even now, the costs are tremendous. Among the experts, there is consensus that 70 to 80 percent of health expenditure is being spent on chronic diseases, which pose € 700 trillion for the EU region.⁹

Based on these facts, there is no doubt that prevention, early detection and treatment of chronic diseases as well as adapting 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”¹⁰ and the initiative “Europe 2020 – A strategy for smart, sustainable and inclusive growth”¹¹ have to be seen as relevant. The thematic focus on chronic diseases seems to be important particularly when focusing on the sub goal - increasing employment rate of the population between 20 and 64 years, from the current 69 percent to at least 75 percent.¹² In the interest of these strategies the paper represents recommendations and suggestions based on the results of the project “PH Adapted Work for All” (which contributes towards advancing 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. Individuals, the company itself and society as a whole profit from that help, 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 stabilization or even improvement of mental health problems and delay physical consequence of disease,
- ... reduce the pressure on companies associated with the shortage of skilled labour,
- ... position the company as an employer which perceives its social responsibility,
- ... reduce social and health spending,
- ... weaken the consequences and implications of demographic change.¹³

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

A look at the member states

A look at the different countries of the European Union shows that very differing importance is attributed not only to reintegration as well as to retention in the work process of people with chronic diseases by the political players. A general trend is apparent that the topic is already tending to gain broader attention in West and North Europe (in particular Holland, Denmark, UK, Norway and Ireland).

Apart from these differences, it shows that also the definitions of disabilities and chronic diseases vary greatly since they depend on a relevant context (access to care, benefits and labour market). Hence a uniform understanding and a uniform concept do not exist throughout Europe. Systems and classifications which would favour and promote a common language are unfortunately not employed overall. For example, the International Classification of Functioning, Disability and Health (ICF)¹⁴ can be mentioned here. The surveys within the project have only produced a few examples where work has been based on ICF.

The role of public health in the RTW strategies and practice were also part of the surveys. Two results stood out relatively clearly. On the one hand the role of public health is rated very differently in different countries and on the other hand the collaboration and cooperation with other areas by the relative public health service providers is regarded at the best as underrepresented. At this point it should be made clear though that the interdisciplinary access to public health, which combines sociological and biomedical aspects, is considered as particularly fruitful and helpful. The comprehensive approach embraces the different professions involved in workplace integration management, serves as a link and provides in every respect an accessible and universal understanding of health and know-how.

It should be specified that RTW in nearly all member states is successively gaining in importance and that more and more a comprehensive understanding of health is being pursued by the relevant players.. But it must not be forgotten that public health stakeholders and corresponding perspectives and access is predominantly underrepresented. Their roles need to be substantially strengthened. This conclusion can be transferred to all services concerned with the retention of people in the work process. A stronger focusing on this problem area must be urged on almost all the member countries.¹⁵

Recommendations

Recommendation 1:

Focus on the prevention of chronic diseases in the workplace

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 programmes and appropriate information and awareness campaigns in the workplace should be pursued with full strength.

EU-Policy

- All activities and measures in the field of prevention in the setting workplace 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 workplace on a large scale.

National Policy

- National and regional prevention programmes, especially in the setting workplace should be continued to be pursued in order to enhance the focus on chronic diseases.

Recommendation 2:

Detect chronic diseases at an early stage

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

EU-Policy

- The aim is to raise awareness about the development of chronic diseases and to raise awareness of early signs of oversteering and diseases.
- International, multi-professional cooperation in the creation, dissemination and implementation of quality-tested and effective screening methods should be forced increasingly.

National Policy

- Develop and implement training programmes for mainstream health services staff to ensure the provision of effective services and efficient cooperation.
- 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 are also connected to a personal story. To draw attention to remaining skills and abilities and to focus on these despite a chronic disease, may be the determining factor which decides whether sufferers can gain enough strength and motivation to continue or return to the labour market. Moreover, it is only a matter of perspective whether the physical condition or insufficient adaptation to the environment restrict a person in his/her 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 labour 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 at.¹⁶
- 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 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 labour market. Statutory regulations are an appropriate way of dealing with the problem, but nevertheless real conviction by providing 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 programmes 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 can 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 explicit focus on chronic diseases are considered to be promising. This recommendation becomes particularly important in the context that sometimes considerable differences exist between countries in focusing on chronic diseases. In view of a unified EU strategy this is regrettable.

EU-Policy

- 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 a target group.
- Develop and support an awareness campaign on chronic diseases amongst the main stakeholders at EU and transnational level.

National Policy

- Investigate the situation and needs of people with chronic conditions and prioritize people with chronic illness in national policies on labour market and social activation.

Recommendations

Recommendation 6:

Work must reward

The reward for work done is not only for the purpose of living. Earnings pose a motivating factor in the form of appreciation and recognition for individual achievement. This aspect should be especially regarded when rewarding labour services of chronically ill people. That means: both, for sick workers and for the unemployed chronically ill person, work must include a positive cost-benefit ratio. Vice versa, this must also count for entrepreneurs.

EU-Policy

- Generate evidence to inform on the impact of incentives in the labour market participation of people with chronic illness.

National Policy

- Create appropriate 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 a person in the work process in 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 pinball in the professions. In addition, it is confirmed in numerous studies that a lack of collaboration and cooperation is a potential source of errors in treatment and support.¹⁸

At the same time it should be noted that the role of public health services in reintegration and workplace health promotion 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

- 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

- 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 labour 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 play an essential role. This fact is confirmed by many studies.¹⁹ 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.²⁰

Affected are to be seen and accepted as experts for their own bodies and their individual lives. As experts they should be able to make decisions which are perceived as healthy decisions - in the sense of the life-course-approach and of healthy living education.²¹

EU-Policy

- Strengthening and promoting the health literacy must be declared a prioritized goal of the EU.

National Policy

- The promotion and development of programmes 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 through 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, programmes and interventions have been insufficiently answered until now. Moreover, there is little data for many aspects. Any evidence must be saved, spread and reproduced continuously so it can constantly be questioned and re-checked regarding this rapidly changing work environment. At the same time, the evidence must be reflected regarding type and shape of the measures.

EU-Policy

- 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

- Programmes 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.gror 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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