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Workplace Health Practices for Employees with Chronic Illness

Conference on Promoting Workplace Health
22nd-23rd October 2013 Brussels
Proceedings

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Policy

Creating synergies between public health and workplace health

Research

Evidence-based findings on job retention and return-to-work

Practice

Good practice examples from all over Europe



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Welcome and Opening Remarks

Prof. Dr. Karl Kuhn, co-chair of the European Network for Workplace Health Promotion (ENWHP)



Welcome to the final conference of the ninth initiative of the ENWHP

“workplace health practices for employees with chronic illness”. Nine initiatives in 17 years always with final conferences make references visible to the development and also to the performance of the European Network for Workplace Health Promotion (ENWHP).

Since 1996, the ENWHP has grown steadily, with currently 28 members from national safety and health, and public health organizations from the EU Member States, Switzerland and countries of the European Economic Area.

Over the years, the network has made quite an impact: successfully formulating a general definition for workplace health promotion (WHP) in Europe; developing standardized criteria for good quality WHP and publishing reports with models of good practice from a wide range of industrial sectors. The ENWHP has also developed European toolboxes

of successful practices and identified strategies to help keep workers longer in employment. In addition, national networks were established by the ENWHP in more recent years on the national level to disseminate information on WHP to a wider audience.

However, in order to turn our vision into reality much still remains to be done. A large number of companies and organizations still need to be convinced that WHP is a worthwhile investment. We are confident that by working together on our initiatives, including our latest campaign on promoting healthy work for employees with chronic illness, we will



continue to be successful over the years to come.

The ENWHP projects carried out up till now are all based on the Luxembourg Declaration. WHP aims to prevent work-related diseases, encourage health potential and improve well-being at the workplace. Strong consensus between organizational and personnel development departments in the company is necessary to run voluntary activities that lie outside the legal requirements of traditional safety and health laws.

Companies need examples of good practice they can use as guidelines.

In response, the network has developed and is continually monitoring quality criteria against which “good practice” can be measured.

Healthy people in healthy organisations

ENWHP is a platform for all stakeholders interested in the improvement of workplace health and committed to work towards its vision of “healthy employees and healthy organizations”. WHP can reach this aim if it is oriented along the following guidelines:

- **Participation:** All staff has to be involved.
- **Integration:** WHP has to be integrated in all important decisions and in all areas of organisations.
- **Project management:** All measures and programmes have to be oriented to a problem-solving cycle: needs analysis, setting priorities, planning, implementation, continuous control and evaluation.
- **Comprehensiveness:** WHP includes individual-directed and environment-directed measures from various fields. It combines the strategy of risk reduction with the strategy of the development of protection factors and health potentials.

The overall goal of the network is to support a wider dissemination and implementation of good WHP practice in Europe, and to shift workplace health higher on the political agendas – within enterprises, national social security systems, and relevant policy domains both at national and European level. This conference with the models of good practice contribute to the dissemination.

Health in all policies

In today’s era of networking and system thinking, the understanding of policies has become more comprehensive. ‘Health in all policies’ is a message which requires applying a comprehensive and systematic approach to fully utilise the capacities of healthy citizens and populations. These changes lead to new OSH-implications. One important implication is the need for co-operation with other fields of policy: health policy, employment policies, education and environment.

All countries in the OECD area have established healthcare systems which offer a wide range of treatments for chronic diseases, aimed at minimizing their consequences. Few countries, if any, have so far established similarly organized and generalized systems for the prevention of chronic diseases, although many initiatives have been taken to counter specific risk factors. As the burden of chronic diseases increases, and as societal expectations in terms of quality of life and longevity also increase, prevention may offer an increasingly valuable alternative to treatment.





Workplace Health Practices for Employees

European Conference on Promoting Workplace Health

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Opening Session - Setting the Scene

Overview of the current and future policy options for employment and health from a Belgian and a European perspective

Marc De Greef (Chair): Managing Director, Prevent-Foundation

Karel Van Damme Advisor of Minister for Employment, Belgium

Martin Seychell Deputy Director-General for Consumers and Health, European Commission

Dr. Francisco Alvarez Principal Administrator, Unit "Health, Safety and Hygiene at Work" at DG Employment, Social Affairs and Inclusion, European Commission

Jo De Cock CEO of the National Institute for Health and Disability Insurance (RIZIV-INAMI)





Karel Van Damme, Advisor of Minister for Employment, Belgium



On the 11th of April 2013, the Court of Justice argued that employers need to take appropriate

measures for workers with health problems, not capable of working full-time. The case related to the health problem of two female workers in Denmark, whose contracts were terminated on grounds of longer periods of absences.

The cases of Ms. Ring and Ms. Skoubou Werge, and a previous case of Ms. Shacon Navaz, confirmed that any kind of physical or mental shortcoming cannot be a reason for discriminatory measures. Employers are forced to take reasonable and accommodating measures. The type of measures and the practical implementation is an issue to be defined by each Member State.

The case of Belgium

Mr. Van Damme, policy advisor of the Minister of Employment, ex-

plained that a number of legislative proposals and initiatives are to be taken by the Belgian minister of employment during the current legislature.

The reshaping of the external health services

A first measure concerns the activities and operation of the external health services and pursues three goals:

- ensuring a better functioning of the external services, their deployment in enterprises should be proportionate to the risks and needs with particular attention to the smallest businesses;
- the efficient use of occupational medicine;
- more transparency in the rates and the services covered.

The financing of the external health services is reviewed, along with the tasks of occupational medicine. Spontaneous re-employment examinations and consultations with the occupational physician will increase in importance. An employee who wishes to consult the occupational physician, will be able to do so directly. Employees who are a victim of bullying, violence or sexual harassment at work, or who are at serious risk of psychological harm can also consult the prevention specialist in psychosocial issues directly. The prevention specialist can advise to adapt the job or the workplace. These are the first of a series of measures in order to allow people who are suffering from a physical or mental problem to continue their work in good conditions. These services will be offered at no additional cost for the employer.



Social security pitfalls

Measures will also be taken to remove some of the obstacles for return-to-work caused by a firmly embedded social security system, protecting people's income. In some cases social benefits are beneficial in such a way beneficial that they might discourage people to get back to work. Obstacles for return-to-work with the risk of loss of income will be removed. Also, the financial burden for the employer related to the wage benefits of people undergoing medical treatment and therapy will be tackled.

Communication between physicians

In order to remove communication obstacles among all physicians involved in the disease and disability process, the Ministry will develop an online communication system for direct communication among physicians about the conditions of a return-to-work roadmap for people with chronic diseases and disabilities.

Job retention and return-to-work are important for two main reasons:

- a humanitarian reason: it is important for people to have a job, to encourage their self-esteem and confidence;
- a socio-economic reason: the shrinking population of working age creates major problems for the economy and the competitiveness of companies. It is therefore imperative that measures are taken to include all people, including ageing workers and people with a chronic illness into the active workforce.

Martin Seychell, Deputy Director-General for Consumers and Health, European Commission



Mr. Seychell, Deputy Director-General in the Health and Consumers' Directorate-General (SANCO),

welcomed the topic of the conference. Focussing on chronic disease is a good choice because chronic

documents is to encourage Member States, in times of crisis, to redirect their policies towards social investment. The Social Investment Package included a paper on "Investing in health", which demonstrates that health expenditure is a growth-friendly expenditure, and that investing in health contributes to the Europe 2020 objective of smart, sustainable and inclusive growth.

"Investing in health" is about engaging further in health systems'

“ Responsible workplace practices, which pay due attention to promoting and protecting the health of employees, are also highly relevant for public health in the EU and for the sustainability of its health and social welfare systems. ”

diseases represent 70 – 80%, so by far the large majority, of the disease burden in the EU. The workplace is an important setting to help prevent and manage the five major chronic disease groups – cardiovascular disease; cancer; diabetes; chronic respiratory disease, and mental disorders.

Social Investment Package

In February 2013, the Commission adopted a package of documents called the Social Investment Package. The purpose of this series of

sustainability, in promoting health as human capital; and in reducing inequalities in health. Improving people's health generates positive economic and social outcomes.

Focus on workplaces

What is true for governments is also true for workplaces: when they invest in the health of their employees, they invest in a resource which is of central importance for their sustainable success, today and in the future.

Of course, occupational health services play a key role in this con-



text, supported by EU occupational health and safety policy.

Public health policy and health systems themselves also have a genuine interest to support workplaces in dealing with issues related to health and disease. Healthier workplaces lead to lower burdens on health systems and budgets. This is the reason why the Commission supports activities such as this “Work. Adapted for all. Move Europe”-campaign from the EU-Health Programme.

Marc De Greef, managing director of Prevent-Foundation and host of the ENWHP Secretariat, welcomed very much the view to consider...



“...health and healthcare as an investment in the economy, rather than a cost.”

“ Times of crisis are difficult periods, but they also offer opportunities to do things in new and better ways. One way of doing things better would be to invest in health at the workplace and to provide support to employees experiencing health problems. ”



There is ample evidence that investing in health makes good business sense: a study for DG SANCO published in 2013 on an economic analysis of workplace mental health promotion and mental disorder prevention programmes shows that depending on the intervention, one Euro invested in health can deliver a return of between one and 13 Euros within one year.

Across all EU Member States, the study comes to the conclusion that mainstreaming health promotion and disease prevention programmes could lead to net economic benefits, reduced costs and an increased output of up to 135 billion Euros per year.

Company case studies quoted in the report indicate that through health promotion and disease prevention programmes, individual companies had managed to reduce work absenteeism and early retirement rates due to mental disorders by up to 90%.

Interestingly, the intervention with the highest cost-effectiveness in the study was about physical activity. Participants were offered two 50 minute personalised exercise sessions per week for 10 weeks.

Economic analysis of workplace mental health promotion and mental disorder prevention programmes and of their potential contribution to EU health, social and economic objectives, 2013.

Full text of the final report

Dr. Francisco Jesús Alvarez Hidalgo, Principal Administrator, Unit "Health, Safety and Hygiene at Work" at DG Employment, Social



Affairs and Inclusion, European Commission

Dr. Alvarez, Principal Administrator, Unit "Health, Safety and Hygiene

at Work" at DG Employment, Social Affairs and Inclusion, European Commission shared the results of the evaluation of the European Strategy on Safety and Health at Work (2007-2012) with the participants of the conference.

The EU Strategy on OSH 2007-2012

The strategy provides a clear policy basis and framework for coordination, and a common sense of direction for many of the actors involved in the OSH policy area.

Almost all Member States now have a national strategy or a comparable instrument. According to the latest statistical figures, it seems that the prime target of the strategy – a reduction of 25% of the occupational accidents – has been achieved. The incidence rate of work-related health problems and illnesses, including work-related MSDs and work-related stress however, remained at the same level as at the launch of the strategy in 2007.

Substantial challenges remain in the fields of psychosocial risks, musculoskeletal disorders, ageing of the working population, and the

implementation of the existing EU legislation. The current legislation is very complete and technically advanced, but there remains a challenge to implement the legislation in an effective way in all workplaces, in particular in SMEs.

The strategy encouraged Member States to make provisions in their national strategies for specific initiatives enabling in particular SMEs, to be given technical assistance and advice on the promotion of

“ Work should be considered by all health professionals as a desirable or attainable clinical goal. ”

workers' health. A significant part of the Member States has taken this issue into account in their national strategies.

The EU strategy emphasized the promotion of coherences and synergies between different policy areas such as public health and employment. An ageing population and promotion of mental health are both good examples to create efforts from both a public health and a workplace health point of view.

Consultation of the new OSH policy framework

Currently, the Commission is processing the results of the broad consultation on a new OSH policy framework, taking into account the possible synergies between the various policy fields.

Jo De Cock, CEO of the Belgian National Institute for Health and Disability Insurance (RIZIV-INAMI)



In one of his opening sentences, Mr De Cock, CEO of the National Institute

for Health and Disability Insurance stated that:

While the incidence of chronic conditions within the work force is increasing, the work force is ageing and will need to work longer, early and appropriate clinical interventions, which prevent premature job loss or support return-to-work are necessary. They can be both cost

“ By underlining that health interventions should consider return-to-work, job retention and social participation, we will extract more value from health expenditure. ”



“ Changing the mindset and organizing a better cooperation between all the actors involved is crucial. ”

effective and have a significant impact on the quality of life.

Healthcare policy will need to shift towards prevention. More attention should be paid to interventions supporting continued labour market participation. Healthcare policy cannot operate in isolation from welfare and employment policies.

Social insurance reforms

Over the last years, a number of countries have launched reforms in order to reorient their incapacity for work policies so as to break the barriers, this is the case in Belgium.

Those reforms are focused on three essential issues:

- improving financial incentives for employers and services and making work pay for individuals.
- introducing stronger responsibilities, such as early identification and intervention, systematic follow-up, cooperation requirements.
- changing system characteristics, by assessing capacity and not incapacity, bringing employers, doctors, benefit authorities and other partners together and by cross-agency cooperation

On a workplace level

Participation and integration of people with chronic conditions will

need efforts from different sides, not only from the political side but also at the workplace itself. A good cooperation between line managers and employees with chronic conditions is needed. HR managers and line managers must have sufficient knowledge about the impact of the disease on work. As much as possible, the job has to be matched to the employee's condition. Special-

ists started to call this “job sculpture”. In general, organisations and employers should reflect on what it means to be a good employer for the chronically ill.

A societal approach

Sickness should not lead to exclusion; sickness is not another word for incapacity. Thinking and acting in that way will create a win-win situation for our society, not only from the viewpoint of economic productivity, but especially with regard to the necessary social inclusion and cohesion.

Roadmap on sickness, disability and work in Belgium

Since 2011, the National Institute for Health and Disability Insurance has set up a pathway and a roadmap on sickness, disability and work. One of the principal objectives is to promote participation and reintegration of people with chronic conditions. The “back to work” plan consists of a stepwise approach.

A first step was to build bridges between the federal incapacity benefit scheme and the different regional placement and employment services. Therefore, specific cooperation agreements were signed, thus creating more room for appropriate vocational training. Quantitative and qualitative objectives were formulated.

A second measure facilitated the possibility to combine incapacity benefits with a professional income, authorized by the medical advisor of the health insurance. The major aim is to stimulate beneficiaries to return to work. Although we are confronted with an economic crisis, the number of people concerned increased a lot.

In addition, the Institute is preparing specific measures answering to the problem of fluctuating absence or sick leave as a consequence of relapses of the illness. More specifically, a solution must be found to limit the financial risks for employers.

Another initiative that will be taken, concerns the deployment of disability case managers, who will support the medical advisor of the health insurance. These disability case managers will act as intermediaries between different partners associated to the return-to-work process .

Finally, specific communication tools will be developed in order to get a swift and secure exchange of information between the medical doctors of the health insurance, of the occupational medical service and the General Practitioner (GP) treating the patient.

Contribution of Mr. De Cock at the conference.



Plenary Session 1 - Social Security Challenges facing the World

New economic and social realities will influence the established social security schemes. Fundamental reforms are being carried out in a number of countries to respond to changing societies and flexible labour markets.

Chair: François Perle Director General at the National Institute for Health and Disability Insurance (RIZIV-INAMI)

Hans-Horst Konkolewsky (ISSA), "A national prevention culture to further safe and healthy lives and humane societies."

Michael Hübel (European Commission-DG Health and Consumers), "The role of workplace health promotion in supporting employees with chronic illness."

Dr. Veerle Miranda (OECD), "Employment-oriented (mental) healthcare and ways to integrate health and employment services."

Dr. Friedrich Mehrhoff (DGUV), "Effective job retention and workplace-based return-to-work strategies and interventions."

A national prevention culture to further safe and healthy lives and humane societies

Hans-Horst Konkolewsky (International Social Security Association ISSA)



Mr. Konkolewsky, Secretary-General of the International Social Security Association (ISSA), acknowledged that the topic of

the plenary session is critical to social security organisations, particularly in Europe, due to the high and increasing prevalence of chronic diseases and non-communicable diseases.

A new prevention approach

In the view of the ISSA, a new prevention approach and national prevention culture is needed to further safe and healthy lives and humane societies. Traditional collective prevention measures at the workplace need to be supplemented by measures that focus on the individual and that also take into account

a person's health, social setting and qualifications.

In order to develop the required supplementary individual and holistic prevention approaches...

Focus on risk management, health promotion and return-to-work

A holistic prevention concept not only requires new competencies, tools and collaboration structures, but it also calls for an increased focus on health and health promotion at work. And for workers that have suffered an accident or disease and risk exclusion from the labour market, systematic return-to-work programmes need to be put in place. A three-dimensional prevention concept is needed consisting of risk management, health promotion and return-to-work.

ISSA developed three sets of Prevention Guidelines for social security administrations. The strategic aim is to strengthen the role of social security organisations with regard to workplace risk prevention, health promotion and return-to-work measures.

The ISSA Centre of Excellence published a number of guidelines for social security administrations with the aim of offering knowledge and tools to build up prevention capacities, and taking up a leading role in promoting workplace health and return-to-work programmes.

ISSA Guidelines on Return to Work and Reintegration - <http://www.issa.int/excellence/guidelines/return-to-work>

ISSA Guidelines on Workplace Health Promotion <http://www.issa.int/excellence/guidelines/workplace-health-promotion>

ISSA Guidelines on the Prevention of Occupational Risks <http://www.issa.int/excellence/guidelines/prevention>

“...traditional barriers between the workplace and society need to be overcome and new concepts, tools and collaboration structures between relevant actors in both domains need to be developed.”



The role of workplace health promotion in supporting employees with chronic illness



Michael Hübel
(EU Commission
- DG Health and
Consumers)

The economic and social case of healthcare

Chronic diseases represent a major burden on the economies of Europe. In 2011, public health expenditure amounted to 15% of total government expenditure, according to Eurostat. Health is the second biggest sector of spending after Social Protection (which includes pensions, unemployment and other social benefits), and before General Public Services. Chronic diseases are responsible for 78% of healthcare expenditure in Europe.

Eurostat figures also show that healthy life years are not increasing in line with life expectancy. This means that we will continue living and working with chronic diseases and multiple chronic diseases at the same time. Therefore, the challenge of chronic diseases must be addressed at all relevant levels – from communities to policy makers – and across policy fields.

There is as clearly an economic case for health promotion and disease prevention, as there is a social case. Investing in healthy workplaces contributes to positive individual outcomes (high-performing resilient

workforce) as well as organizational outcomes (enhanced productivity). These outcomes reinforce one another and they contribute to a well-functioning society and a better economic performance.

Workplace action fields

The EU Commission's DG Health integrates the workplace dimension into the broader social and economic agenda. Actions are taken with regard to health promotion, disease prevention and to support employees with chronic illness. Under the 2013 Health Programme, it launched the Joint Action on Chronic Diseases, of which results will be presented at the Summit in 2014.

DG Health supports a number of European projects and actions that are workplace-oriented and contribute to a healthy workforce. The FOOD project (healthy nutrition) and the EU Strategy on Alcohol are two examples of the actions with regard to lifestyle factors in the workplace. Another field of action concerns the activities to promote mental health at the workplace, as put forward by the European Pact for Mental Health and Well-Being and the Joint Action, in which one of the work packages is contributing to mental health at the workplace.

Joint approaches between the health sector and workplaces are needed. DG Health is looking for synergies between policies to promote actions at workplace level, and therefore, supports the arguments to bring OSH closer to the mainstream of health promotion and disease prevention. The review on the future

OSH strategy could lead to a wider perspective.

Implementation level

A huge amount of research data is available, showing the evidence of workplace interventions with regard to social and economic advantages. There is a need now for implementing the knowledge on a workplace level. The European Network for Workplace Health Promotion (ENWHP) can contribute to this approach with its long experience in addressing the workplaces through models of good practices, tools and guidances for employers and employees. The conference on workplace health practices for employees with a chronic illness, showcasing the good practice implementation in the companies in the Member States is a good example of those aspirations.

Because at the end of the day we are not just addressing the health or social policy agenda, we are addressing the agenda of Europe in terms of competitiveness and crisis. Health and health promotion are critical to the long term sustainability of the EU economy.



Joint Action on Chronic Diseases

Under the 2013 Health Programme, a Joint Action has been launched with EU countries addressing chronic diseases and promoting healthy ageing across the life cycle.

The Joint Action addresses the challenge of the increased burden that chronic conditions and diseases place on health systems and individuals in Europe, with a specific focus on multi-morbidity (co-existence of two or more chronic diseases in one person). The main objectives are to:

- map new innovative actions across Europe in social media, behavioural science and new technologies, as well as more traditional actions on risk factors;
- examine barriers to uplift for prevention, targeted screening of risk groups, and treatment of major chronic diseases (using diabetes as an example);
- look in more detail at how to address multi-morbidity and other complex issues in the framework of chronic diseases.

A summit on chronic diseases will be organised in 2014.

Joint Action on Mental Health and Well-being

A Joint Action on Mental Health and Well-being, funded under the EU Health Programme, is currently running from 1 February 2013 till January 2016 and is coordinated by the Universidade Nova de Lisboa – Portugal. The Action brings together 45 associated and collaborating partners representing 27 EU Member States and associated countries.

The Joint Action addresses in its work package 6 the promotion of mental health at the workplace. Mr. Karsten Knoche from the BKK umbrella organisation in Germany, coordinator of this work package, shared the first results of a SWOT analysis in Germany with the conference participants. Objectives of the activities include the dissemination of good practice in enterprises, a review and analysis of the current status, the development of a specific framework for action and an improvement of the cooperation and coordination among non-company, institutional stakeholders within and across the key sectors. A report combining analysis and a framework for action will be delivered under the Joint Action.

Employment-oriented (mental) healthcare and ways to integrate health and employment services



Dr. Veerle Miranda
(OECD)

Dr. Miranda, policy analyst at the Organisation of Economic

Co-operation and Development (OECD) stated that during the last years the organisation has been working intensively on labour market challenges of people with mental health problems. The key challenge is the lack of integration of people with mental health problems. On the one hand, the health services look at how to protect people with mental health problems. On the other hand, employment services look at how to get people back to work. An integration of both services is necessary.

Difference in country approaches

Countries have different approaches for dealing with mental health problems from a health system and employment system point of view. Some countries developed high-level initiatives (Norway, Australia) but need specific targets and ongoing monitoring. Political leadership is necessary but not sufficient for an integrated approach between health systems and employment systems.

Other countries have gone further and launched cooperation initiatives of different sectors through cross-funding and resource pooling. In Sweden and Austria, social insurance buys services from the health

“ The most promising approach is to build up capacity in both the health and the employment sector. ”

sector, respectively from the public employment service.

Countries like Belgium and Denmark have worked towards integration of the employment and health services. The most promising and far-reaching examples are the policies in which health services hire employment specialists (UK and Australia) and vice versa (Denmark) to address health services and employment services in an integrated way.

Obstacles and challenges

Cross-sector cooperation is challenging but institutional views often hinder the development of a necessary client view, and the financial incentives to co-operate are often lacking.

Effective job retention and workplace-based return-to-work strategies and interventions



Dr. Friedrich Mehrhoff (DGUV)

Dr. Mehrhoff, head of rehabilitation strategies at

the umbrella organization of German accident insurance institutions (DGUV) emphasized that job retention and return-to-work pro-

grammes for persons with disabilities is a human right, which should be implemented in all EU countries. He referred to the international Convention of the Rights of Persons with Disability (CRPD, 2008), which states in Article 27 that “parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia (k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities”.

ISSA Guidelines on Return to Work

Dr. Mehrhoff chaired an international group who developed Guidelines on Return to Work and Reintegration, edited by the International Social Security Association (ISSA). The Guidelines address the question of how social security can work together with other stakeholders in order to support persons who are on sick leave, and who retain attached to a specific employer. The overall aim is to bring people back into active employment through various measures and support programmes.



The Guidelines identify 6 success factors in return-to-work policy programmes.

Holistic approach

The return to work is a complex and comprehensive process involving many stakeholders and several activities, to achieve the common goal of the return to work of a person who has an occupational or non-occupational injury, disability and/or health condition.

Early intervention

Early intervention refers to taking action at an early stage in the absence period to modify the potential impact of health, non-work and workplace factors in order to enhance the likelihood of a successful return to work.

Case management

The individualized approach aims at enabling the person concerned to regain the ability to participate in the workforce and cope with the implications of their injury, illness, health condition or disability within the workplace.

Participation of the individual

A person's "active participation" refers to the process of facilitating their ability to engage constructively in their return-to-work plans on an equal basis with other actors.

Collaboration among stakeholders

Return-to-work programmes are most effective when developed in partnership with key stakeholders. The collaboration and participation of all involved offers the best opportunity for developing an effective return-to-work programme, streamlining resources, eliminating duplication and returning the person concerned to work.

Qualification of experts

The return-to-work field is complex and involves many stakeholders. It is important for social security institutions to promote the professionalization of those responsible for return-to-work policy and programmes to ensure that people who acquire a disability or health condition receive high quality return-to-work services.





PH Work campaign

Overview of the topic, the activities and results of the two-year European campaign on Workplace Health Practices for Employees with Chronic Illness



Nettie Van der Auwera, project manager PH Work

The conference in Brussels on 22 and 23 October 2013 concluded the 9th European Network for Workplace Health Promotion (ENWHP) initiative “Work.

Adapted for all. Move Europe”, focusing on promoting healthy work for employees with chronic illness (Public Health and Work, PH Work).

The project was co-funded by the European Union under the Public Health Programme (2008-2013). The project started in 2011 and ended in April 2013.

The European initiative was coordinated by Prevent-Foundation (BE), which also hosts the Secretariat of the European Network for Workplace Health Promotion. Partners in the project were the national contact offices of the ENWHP:



- University Medical Centre Ljubljana (SI)
- TNO (NL)
- Romtens Foundation (RO)
- BKK - Team Gesundheit (DE)
- ANACT (FR)
- Oberösterreichische Gebietskrankenkasse (AT)
- Finnish Institute of Occupational Health (FI)
- Work Research Centre (IE)
- National Institute of Occupational Health (NO),
- Department of Labour Inspection (CY)
- Danish Healthy Cities Network (DK)
- National Institute for Health Development - OEFI (HU)
- Nofer Institute of Occupational Medicine (PL)
- Institute of Social and Preventive Medicine (GR)
- NHS Health Scotland (UK)
- Institute of Normal and Pathological Physiology (SK)

The burden of chronic diseases

Europe is facing a demographic change and an economic downturn, with a working population that is rapidly ageing, which - amongst other things - will cause a shortage of skilled labour in the long run.

Additionally, up to 23.5% of the working population in Europe reported to suffer from a chronic illness and 19% stated to have long-standing health problems.

These conditions therefore affect a relatively large part of the European workforce. Examples of chronic illnesses are: diabetes, asthma, epilepsy, cancer, heart failure, musculoskeletal disorders, hepatitis, HIV, depression, alcohol and drug abuse etc.

Because of the predicted labour market shortages and the high per-

centage of workers suffering from health problems, it is important to increase sustainable employability in order to optimally use the potential of all employees.

The workplace as a setting for action

Since people spend a lot of their time at the workplace, it is the perfect setting to promote a healthy lifestyle and to contribute to an improved health status among the workers of a company.

The ENWHP initiative was designed to contribute to the implementation of effective workplace health practices, by stimulating activities and policies in European companies to retain and encourage return-to-work of chronically ill employees, and thus to prevent employees of moving into disability or early retirement.

Contribution to the EU 2020 Strategy

PHWork aimed to contribute to the implementation of the EU 2020 Strategy, stating that “in order for Europe to lead as a knowledge-based, inclusive society with a high level of social progress, empowering people and retaining and re-integrating people at work in case of ill health as much as possible, will become all the more crucial.”

EU Campaign

A European campaign “Work. Adapted for all. Move Europe”, was launched in 17 Member States, encouraging enterprises to implement comprehensive health strategies for the retention or return-to-work of chronically ill employees.

In the first phase of the PH Work project, data on existing sustainable work strategies, policies and good practices with regard to workers with chronic conditions were collected in several European countries.

In total, 34 models of good practice were collected in all collaborating countries.

That information constructed the basis for a set of guidelines for comprehensive Workplace Health Promotion (WHP) strategies and interventions on the retention / return-to-work of chronically ill workers. The guidelines are targeted towards employers, including basic info, a six-step action plan and a checklist on behavior towards employees with a chronic condition.

The checklist on manager support for return-to-work is a very easy to use, concrete tool, listing what is desirable conduct of managers and employers towards employees with a chronic illness...

The second phase of the PH Work project consisted of a campaign to disseminate these guidelines and further recommendations (addressed to national and EU policy makers) across Europe - in order to enhance the sustainable employability of employees with a chronic condition, so that they can remain a valuable part of the workforce.

The main objective of the campaign implementation at national/regional level was to develop and maintain a community of interested stakeholders, both involving end user enterprises and supra-enterprise level stakeholders which commit themselves to actively promote values, knowledge and good practices which enhance job retention and return-to-work of chronically ill employees.



Organisers and partners

Organisers



Prevent-Foundation

Prevent-Foundation develops and disseminates knowledge on sustainable work. On the one hand, it looks at improving working conditions in a healthy, innovative and productive economy. On the other, it is directed at improving the employability of employees in a changing labour market. It arranges study and

research projects in a broad social context. This starts with the development of a healthy economy, with particular attention for employment and health policies. It ends with the development of a policy relating to social inclusion, with a focus on the ageing workforce and reintegration.

www.prevent.be





European Network for Workplace Health Promotion

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.

www.enwhp.org



INAMI-RIZIV

National Institute for Health and Disability Insurance

The NIHDI is a public social security institution that manages and supervises the compulsory healthcare and benefits insurance in Belgium. The main role of the NIHDI is to organize and manage the healthcare insurance and the benefits insurance, to inform the healthcare providers about the rules of the compulsory insurance, and to supervise the correct application of the rules.

www.inami.fgov.be

Partners



Occupational Health Services Mensura

Mensura offers its members / employers a complete service package that covers all aspects of prevention, insurance and after-care, and supports them in the management of physical and psychosocial risks that their employees are confronted with during their professional activities. Employees give a company its “face” and are invaluable as “human capital”. So it is only natural that you should protect this human capital against every possible risk associated with the work they do. Complying with the law is one thing, but a carefully thought-through prevention policy goes beyond what the law requires. Mensura provides an effective assistance not only in fulfilling the statutory obligations, but also in providing a safe, healthy workplace for employees.

www.mensura.be

Sickness absence and return-to-work data: a company survey

Ms. Van Nunen and Dr. Mortelmans presented the results of a large scale quantitative study to describe companies’ sickness absence and return-to-work data, policies and policy evaluation (in 673 Belgian companies). Prior qualitative research in a limited number of companies showed limited knowledge of human resource (HR) managers about return-to-work regulations and HR managers’ various expectations for support from their Occupa-

tional Health Service to set up and implement sickness absence and return-to-work policies. The study contributes to fill in the gap in employer-perspective based research on both topics.

Return-to-work for low back patients: a multidisciplinary approach

Dr. Dirk Delaruelle presented the nation-wide pilot for early rehabilitation of low back pain workers in Belgium. This pilot project from the Fund for Occupational Diseases includes ergonomic interventions to facilitate the return-to-work and reintegration of low back patients.



AbbVie

AbbVie is a global, research-based biopharmaceutical company formed in 2013 following separation from Abbott. The company’s mission is to use its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world’s most complex and serious diseases. In 2013, AbbVie employs approximately 21.000 people worldwide and markets medicines in more than 170 countries.

www.abbvie.com



Tackling chronic disease to extend healthy life years

Ms. Gina Volckaert from AbbVie presented the results of a research report from the Economist Intelligent Unit, commissioned by AbbVie on how to extend healthy life years. Lifelong prevention, early diagnosis and intervention will have a key role to play here. A multi-partnership approach is needed in which governments, patients, stakeholders and companies need to work together in close collaboration together to achieve healthy ageing and health-care sustainability of healthcare. AbbVie supports the Fit for Work Europe coalition in its campaign on the reduction of musculoskeletal disorders (MSD) in Europe. The effectiveness of early intervention among people with MSD has been demonstrated by the work of the Hospital Clinico San Carlos in Madrid, where patient education programmes have been developed. The programmes resulted in a 50% reduction of permanent work disability, 39% reduction of temporary work disability and cost savings.

Co-funded by

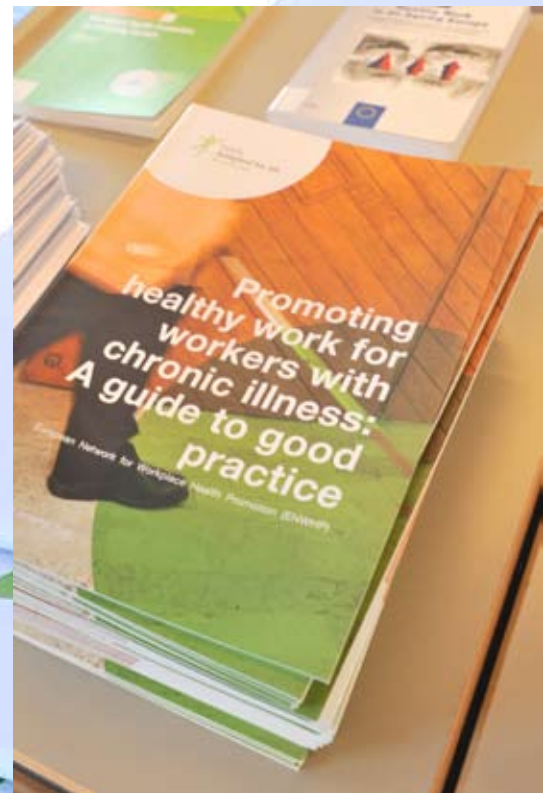


Co-funded by
the Health Programme
of the European Union

EAHC - Executive Agency for Health and Consumers

The Executive Agency for Health and Consumers (formerly the Public Health Executive Agency) implements the EU Health Programme, the Consumer Programme and the Better Training for Safer Food initiative. The Agency provides a professional service in performing the tasks and activities entrusted to it by the European Commission, and it works closely together with the Health and Consumers Directorate General.

<http://ec.europa.eu/eahc/>







Projects presented at the info booths

The Blueprint for Business Action on Health Literacy - Putting health literacy into action

The Blueprint for Business Action on Health Literacy, a product of CSR Europe's Health and Well-being project, is a free toolbox accessible to all companies aiming to strengthen the health literacy of employees. Besides concrete best practice examples, it provides additional elements for companies to become champions in health at the workplace.

<http://www.csreurope.org/blueprint-business-action-health-literacy-2013>

Skills for Jobs campaign

Ms. Sarah Dekkiche from CSR Europe presented the Skills for Jobs campaign by CSR Europe at the conference. The campaign calls on companies across Europe to provide a strong answer to business related to skills and employability, such as an ageing workforce and a growing skills gap. The campaign areas are workplace innovation, entrepreneurship, skills for employability and social inclusion.

<http://www.csreurope.org/skills-jobs>

Slides of the presentation

Both projects are coordinated by CSR Europe. CSR Europe is the leading European business network for Corporate Social Responsibility. Through its network of around 70 corporate members and 37 national CSR organisations, CSR Europe gathers over 5.000 companies, and

acts as a platform for those businesses looking to enhance sustainable growth and positively contribute to society. In its mission to bring the CSR agenda forward, CSR Europe goes beyond European borders and cooperates with CSR organisations in other regions across the world.

www.csreurope.org

Promoting healthy eating at the workplace: the European FOOD (Fighting Obesity through Offer and Demand) programme

With increasing obesity as context, workplace interventions are invaluable to promote healthy habits. Benefits are shared between employees (well-being), employers (higher productivity) and society (decrease in health costs). Starting from the unique channel of communication provided by the meal voucher network, Edenred decided to build a sensitization project for nutrition promotion towards employees during their workday. Experts from six countries (Belgium, Czech Republic, France, Italy, Spain and Sweden) joined FOOD, which was initially launched with European funds (DG SANCO) in 2009. After the co-funding period, most partners decided to continue the objectives as a long-term programme. Now also implemented in Slovakia and Portugal, the partners still act to connect the offer (restaurants) and demand (employees) sides of healthy eating.

The European FOOD programme is coordinated by Edenred, who invented the Ticket Restaurant® meal voucher, is the world leader in prepaid corporate services, and designs and delivers solutions that make employees' lives easier and



that improve the efficiency of organisations.

www.edenred.be

"Be bright, eat right": how to eat healthy, and make better choices

Ms. Sylvie Dejardin from Nutri-Challenge presented at the conference the company's approach to healthy nutrition as a driving factor in workplace health promotion. When adapted, food intake can play a role in tackling health problems, pain and inflammatory diseases. As a former Crohn's disease patient, Ms. Dejardin stresses that healthy food can lead to sustainable results - but that many doctors have to be convinced of the link between food and health. She suggests to organise a platform where nutritionists, doctors and health experts could collaborate and exchange knowledge and ideas for the benefit of the patient.

Nutri-Challenge was created in 2007 to raise people's awareness on healthy eating habits through conferences and events in companies, councils and schools. As a nutrition expert, Ms. Dejardin also advises companies on the meals they serve to their employees, by analyzing their compositions and food additives. Furthermore, the company works in the field to help people during one-on-one consultations, as well as setting up different family programmes. Nutri-Challenge has partnerships with Partena, Aspria and People First Management.

<http://www.nutri-challenge.be/>

Slides of the presentation





Networking event





Research on specific diseases and target groups

Active inclusion for young people with disabilities or health problems



Dr. Richard Wynne,
Director at the Work Research Centre in Dublin

and researcher on "Active inclusion of young people with disabilities or health problems", presented recent findings on the employment situation of young people with disabilities or health problems and the Active Inclusion policy impact on this target group. The study was commissioned by the European Foundation for the Improvement of Living and Working Conditions (Eurofound).

The aim was to pay attention to a vulnerable group who is excluded from employment and to highlight how employment of this group can be promoted.

The implementation of active inclusion policy at national level has been studied in 11 EU Member States and information from 44 good practice case studies among diverse and innovative service providers has been compiled.

One of the case studies is the "Rehabilitation and Back to Work Programme" for people with acquired brain injury, initiated by Headway in Ireland. This programme was also presented as case study in one of the parallel sessions at the conference. A number of integrated approaches related to skills development, training and job placement are drawn from the case studies to address employers and employment providers. Evidence and experience based interventions are put forward in relation to employment services, incentives and the upgrading of skills.

Eurofound (2012), Active inclusion of young people with disabilities or health problems

Return-to-work strategies for employees affected by cancer



Dr. Tyna Taskila,
senior researcher at the Centre for Workforce Effectiveness (Work Foundation).

Effectiveness (Work Foundation).

An increasing number of cancer survivors are able to return to work. But the process is not always easy, as stated by dr. Tyna Taskila, senior researcher at the Work Foundation.

Return-to-work initiatives for employees affected by cancer are a complex phenomenon influenced by several factors and involves various stakeholders with different motives. The process is embedded in an institutional and cultural context. However, it is clear that the longer the duration of sick leave, the more difficult it is to get back to work.

A number of illness-related and work-related interventions can be used to promote the return-to-work. From the work-related side, they concern adaptations of job content to the changed physical and mental demands, including a gradual return-to-work and workplace accommodations such as reduced work hours and a change in work tasks or responsibilities. Support and a positive attitude of the work environment,



including a reduced stigma, can help smooth integration. Guidelines and informative leaflets have been developed to this end for various groups involved in the return-to-work process.

During the return-to-work process, when looking at a particular region or service area, the strategic framework for support of the return-to-work needs to be explored: i.e. are all components of the framework available and active, and do they collaborate in an effective way? In a next stage, it has to be explored how these service components work at the level of individual patients (including vocational rehabilitation and work support). An example was given of a vocational rehabilitation case.

Returning to Work - Cancer survivors and the Health and Work Assessment and Advisory Service, by Tyna Taskila, Jenny Gulliford and Stephen Bevan at the Work Foundation.



Let's Work Together: a multidisciplinary approach of work disability caused by chronic rheumatic diseases



Dr. Xavier Janssens,

president of the Fund for Scientific Research

in Rheumatology, presented the "Let's Work Together" project (2011-2015) which was created following a request of patient organisations to take initiatives in the field of loss of work productivity and issues regarding return-to-work caused by Chronic Rheumatic Diseases (CRD). The particular research theme of FWRO-FRSR for 2012-2013 was "Arthritis and Work".

According to the Fit for Work initiative, rheumatic (musculoskeletal) disorders are the most important cause of sick leave in Belgium (40%), which is twice as much as sick leave for stress disorders and burnout. The direct and indirect costs of absenteeism in Belgium are estimated at 1.3 billion euros.

Under the topic "Let's Work Together" a series of actions have been launched that can contribute to an improvement in the employment rate and the quality of life of people with chronic rheumatic diseases. A number of non-medical care providers will be trained as disability case managers, who will provide assistance for workers suffering from chronic rheumatic diseases aiming at job retention or reintegration.

There is a demand for additional tools that allow to measure the functional limitations of patients with rheumatoid arthritis and to objectify the need for guidance and additional measures for these patients. The Belgian Rheumatoid Arthritis Disability Assessment (BRADA) Questionnaire has been introduced as such a tool; it will use the ICF core set for rheumatoid arthritis. It is one of the first endeavours to implement the ICF (International Classification of Functioning, Disability and Health) framework and classification of the WHO to assess activity limitations in daily life.

Results of a survey among rheumatologists indicate that the BRADA questionnaire is useful to predict the need for social support measures in patients with rheumatoid arthritis, taking into account the legislative framework in Belgium.

All active ... even with rheumatism

Part 1 (Dutch) (French)

Part 2 (Dutch) (French)



Plenary Session 2 - Creating Synergies for a Sustainable Working Life

Round table with representatives from the field – public and workplace health. They were asked to give their point of view on 3 main questions:

- Veronique De Broeck** (Chair): coordinator European Network for Workplace Health Promotion (ENWHP)
- Prof. Ian Banks** European Men's Health Forum
- Prof. Philippe Mairiaux** Belgian Scientific Society of Occupational Health (SSST)
- Dr. Marc Du Bois** CM Health Insurance Fund
- Geert De Smet** Organisation of External Services for Prevention and Protection at Work (Co-Prev)
- Caroline Deiteren** Organisation for the Self-Employed and SMEs (UNIZO)
- Wendy Ranschaert** Public Employment Service of Flanders (VDAB)





Prof. Ian Banks

Problems and bottlenecks for job retention and return-to-work are related to:

- A difficult access of employees to occupational health services, especially in SMEs;
- The poor use of primary health care services: this is especially true in the lower income group,
 - A lack of self-care: men wait too long to express complaints and consult primary care services;
 - A lack of health navigation: men find it difficult to consult the correct primary care specialist.

Contribution to solutions can be found at several levels:

Improvements need to be sought in a more integrated approach, with a combination of a better access to the occupational health services as well as to the primary health care services. There is a need for an integrated approach with more communication between the care providers, in combination with better self-care and self health navigation.

Empowering patients is important for their own wellbeing but also for the well-being of companies and society.

As a consequence, workers with chronic diseases need to be actively involved in the reshaping of the working conditions and the work environ-

ment. An individual approach is needed when we want to keep people longer at work.

Raising the level of health at the workplace has a positive impact on the likelihood of long-term absences. Royal Mail in the UK invested in a prevention and health promotion programme which turned out to be successful in terms of reduced sickness absence levels and costs. A healthy workforce brings operational and financial benefits to a company.

An important part of the prevention, health promotion and return-to-work programmes concerns the individual contribution of patients, who are able to manage their abilities and capacities.

Role of the European Men's Health Forum

The Forum is active in capacity building initiatives for their members, starting from the actual needs of the members. One of the outcomes are easy to use and practical guidances on different aspects of health protection.

Other activities are awareness-raising of the members on prevention and early diagnosis, such as getting men - especially low income groups - sooner to the (specialized) physicians. Occupational groups like bus drivers or crane drivers have

been encouraged to see an optometrist to examine patients' eyes and test their sight, to ensure their safety and the safety of their environment.

All activities are related to a raising of the standard, better self-education and a better use of existing services.

The following five speakers witnessed from the reality of job retention and return-to-work of people with a chronic illness in Belgium.

Question 1:

Problems - Bottlenecks from your point of view with regard to job retention and return-to-work for people with a chronic illness?

Question 2:

Possible solutions - What should be done according to you/your organization to address the bottlenecks?

Question 3:

Your contribution - How could you/your organization contribute to this?





Prof. Philippe Mairiaux

A number of problems and bottlenecks exist with regard to job retention and return-to-work of chronically ill workers:

- There are administrative, procedural and perceptual barriers between the different physicians, each in charge of managing the sick leave of workers with a chronic illness. The general practitioner is responsible for the disability certificates; the medical advisor (insurance physician) evaluates the disability and the occupational physician is responsible for the return-to-work process in the company. Each of these occupations acts from a different perspective, with different objectives and responsibilities.
- The complexity of the medical paradigm. In the traditional biomedical model, there is a direct relationship between sickness, sick leave and the cause of the disease. In the case of chronic diseases, this direct relationship is blurred, influenced by other factors such as psychological factors and social determinants.

A number of actions can contribute to possible solutions:

- The communication between the physicians involved in the return-to-work process needs to be improved. Emphasis should be laid on a change of perception in each of the professions towards their colleagues and

this already in an early phase, during the medical training;

- A change of the education model at the medical schools, especially with regard to the medical paradigm. Physicians are trained to cure acute illnesses, with little attention to chronic illnesses;
- Innovative solutions need to be explored to bridge the transition period of an employee who has been off the job for several months and is not yet fully productive in the first weeks of his employment. In Quebec, Canada, a similar system is in place, providing financial benefits for employers and a smooth start for employees.

Role of the Scientific Association of Occupational Health of the French speaking professionals (SSST)

- The Association has managed to establish a collaboration with the professional associations of the social insurance physicians and general practitioners. A joint conference has been organized on the topic of long-term sick leave. The collaboration efforts are continuing through the establishment of regional multidisciplinary groups.
- In his role as professor in occupational health at the University of Liège Medical School (Belgium), Prof. Mairiaux teaches about the tools of an occupational physician to promote the return-to-work in the best possible conditions.



Dr Marc De Bois

Problems and bottlenecks for job retention and return-to-work can be attributed to a number of facts:

- The guaranteed monthly salary to be paid by the employer. Employers who employ chronically ill workers, suffering from relapses (e.g. Crohn's disease, arthritis) may be very reluctant to keep those workers on the job or to reintegrate them.
- Lack of adapted work offered by employers and difficulty for workers to engage in a gainful activity. Workers filing for a disability claim have to interrupt all activities immediately. It is known however that a withdrawal from work can be very detrimental to a person's health.
- A patient's attitude towards disability. Patients mostly believe that the healing time is shorter than the time it takes to return to work. In practice it is the time to return to work which is shorter than the healing time, since return to work is a means to heal.
- The concept of short term disability, which is verified by the physician and paid by the employer. The physician has only the authority to assess the disability, not to reintegrate workers.
- It is the task of the medical advisor (insurance physician) to assess the disability of a patient. Due to time constraints, the actual disability management is often not implemented.

- Lack of communication between medical advisors and occupational physicians.

Solutions can be searched via a number of initiatives:

- A change of legislation is necessary in order to exempt the employer from the obligation to pay the guaranteed monthly salary in a predefined period;
- A legal obligation forces employers to explore all possibilities to organise a return-to-work process. But, due to conflicting points of view between different courts, the obligation is not put into practice. This issue needs to be addressed;
- A change of legislation is necessary regarding the obligation of claimants to interrupt all activities when they file for disability benefits. Remaining in the workplace is in the best interest of all parties involved;
- The development of an e-platform to stimulate the communication between the physicians involved in the return-to-work process;
- The National Institute for Health and Disability Insurance started a communication protocol with the general practitioners to inform them about the return-to-work possibilities and practices.
- Stimulate patient empowerment with the aim of empowering claimants to contact their employer for a return-to-work process.



Geert De Smet

Role of the CM Health Insurance Fund

- The Fund will shift the objectives from disability assessment to disability management. It will develop a return-to-work protocol and will be assisted in its activities by a multidisciplinary team of experts;
- More attention will be given to work on the patient's own prediction of long-term disability. Since this is a modifiable factor, awareness-raising actions will be introduced;
- The Fund will develop a monitoring system with return-to-work time expectations;
- In its contacts with claimants, the Fund will revise the symptom management and focus on abilities in stead of disabilities, and focus on tasks rather than jobs. It will put more emphasis on active rehabilitation in stead of passive rehabilitation.

Problems and bottlenecks for job retention and return-to-work are related to a number of factors:

- SMEs have difficulties from an organisational point of view to cope with absences of chronically ill workers;
- A complicated federal structure with legislation, responsibilities and services on a federal and a regional level;
- A lack of communication and collaboration between the occupational physician, the medical advisor and other specialists;
- Difference in perceptions of the co-workers depending on the type of illness. There is in general less understanding for people suffering from a mental illness than there might be for a patient suffering from cancer.

Solutions can be sought on different levels such as:

- an early intervention of the occupational physician, the medical advisor and other specialists, working together on a specific case;
- providing assistance to employers on an organisational level via employment services, which offer replacement for the period of absence;
- creating awareness among employers and colleagues, especially in case of mental illnesses.

Role of the Organisation of External Services for Prevention and Protection at Work (Co-Prev)

- The main role of the organisation is to promote prevention of health problems at the workplace. This includes illnesses caused by work, such as cancers, low back problems, stress and burnout;
- Its member organisations exchange knowledge between their member organisations on the possibilities to adapt the tasks and the job to the worker;
- It promotes its services to the employers of SMEs;
- It promotes the training of disability case managers with the aim of their integration in the multidisciplinary teams;
- The organisation is creating a database of occupational physicians in the companies, to be accessed by other groups of health practitioners.



Caroline Deiteren

Constraints for job retention and return-to-work can be found on the level of employers and of employees.

Constraints for employers:

- Organisational problems for the employer due to the absence of the employee with a chronic illness;
- Changes to the labour contracts are necessary whenever a person changes from full-time employment to part-time employment, or in case of changes to the remuneration;
- There is no evaluation period foreseen in which the employee can work during a limited time period and gradually built up his abilities. If the return-to-work project is not successful, the employer needs to pay for the sick leave.

Constraints for employees:

- There is currently no encouragement to return to work on a voluntary basis. The current system to return to work is based on a decision of the chronically ill employee, who will only be encouraged by the threat of losing his disability allowance.

Therefore it is necessary to avoid long-term sick leave as long as possible. Even a return on a partial basis, can be considered as a bonus. The return should be facilitated by a more





Wendy Ranschaert

flexible labour law system, so that employers do not become the victim of an experiment that does not succeed.

Role of the Organisation for the Self-Employed and SMEs (UNIZO)

- The organization actively supports the employers with advice in the return-to-work process;
- The organization takes part in the discussions at the Labour Council on return-to-work in. It argues in favour of the progressive return-to-work aiming at a full-time employment.

A number of critical success-factors can contribute to job retention and early return-to-work:

- Early intervention. The longer an employee is absent from the job the more he risks of never being able to return to that job again. Research has shown that after sick leave of 3 to 6 months, there is only a 50% chance that the employee can return to the former job, after a year the chance decreases to 20%. This means that it is very important to invest in prevention and early intervention. The role and involvement of the first line healthcare in this issue is very important, but also the attention to work-related actions for example during longer periods of medical rehabilitation is of importance.
- It is also important to provide services and support as mainstream as possible. In Flanders mainstream is used whenever possible and specialisation whenever necessary. We want people with chronic illnesses to use the same services and tools regardless of their chronic illness, but it is a fact that for some persons in the target group specialist knowhow is needed. In that case specialised jobcoaches must be involved.

- The involvement of the entire network of the person, especially for persons with severe chronic illnesses is a critical success factor. This relates to the person with the illness, but also to family, medical staff, the jobcoach, the employer, former employer and the colleagues. A coordinated and efficient communication can improve the process of return-to-work.

- Voluntary return-to-work is critical. It is very difficult to give adequate support to someone that is not motivated to return to work. But motivation is an attitude that you can work on. Very often lack of motivation is a symptom of fear, insecurity, ignorance. Adequate coaching during the process can resolve motivational problems and thus make a voluntary comeback possible and achievable.

- We tend to describe the limitations of a person in stead of his or her abilities. In Flanders, starting next year ICF (International Classification of Functioning, Disability and Health) will be used to describe how a person functions. The aim is to better describe the abilities of the person in question.

Role of the Public Employment Service of Flanders (VDAB)

- The Employment Service cooperates with a large number of healthcare organisations like health insurance, hospitals and rehabilitation centres.

- In the guidance towards a job for persons with mental illnesses, the organisation's job coaches are involved in projects with mobile support teams.

- In a specific project aiming at persons with a very large distance to the labour market, and requesting job support as well as support in their daily life, the organisations' case manager work, cooperates in a close way with a case manager care. Both coaches provide the best and suited support in close cooperation with partners that can activate, improve empowerment or provide care.

- The Employment Service develops systems to encourage employers to create opportunities for persons with chronic illnesses. These can involve a financial compensation, but can also concern training opportunities, raising awareness etc.

- There is a need to make a very large societal click, creating awareness about the fact that being ill does not mean that someone can not work. This click needs to be made together by all: European citizens, physicians, employers, employment services, trainers, job coaches etc.





Closing Session - Common Policy and Practice Perspectives on Health and Work

Round table with representatives from key stakeholder organisations in the field of public health and workplace health. They were asked to give their point of view on 3 main questions with regard to workplace health practices for employees with chronic illness:

- Dr. Maria Dolores Solé Gómez** (Chair): co-chair of the European Network for Workplace Health Promotion (ENWHP)
- Dr. Christa Sedlatschek** European Agency for Health and Safety at Work (EU-OSHA)
- Jean-Michel Miller** Eurofound
- Dr. Roberto Bertollini** WHO Regional Office for Europe
- Kris De Meester** Business Europe

Question 1:
What would be the recommendations of your organisation on a policy level?

Question 2:
What would be the recommendations of your organisation on a research level?

Question 3:
What would be the recommendations of your organisation on a practice level?





Dr. Christa Sedlatschek



Jean-Michel Miller

RECOMMENDATIONS ON A POLICY LEVEL

The EU OSHA, the European Agency for Health and Safety at Work, raises awareness and disseminates information on the importance of worker's health and safety for European social and economic stability and growth.

It conducts research aiming to inventorise existing knowledge and good practices to inform all stakeholders on the best possible ways to improve the level of health and safety and to contribute to the targets of a sustainable Europe 2020.

Through its networks and partnerships, the EU OSHA contributes to the dissemination of information to other policy areas. Especially in times of austerity, joint initiatives in all policy areas involving health, employment, education and OSH are of increasing importance.

By making available resources and funding opportunities, the EU OSHA stimulates research on evidence based arguments that highlight the importance of a healthy workforce for the growth and competitiveness of European companies. The basis for companies to work in a healthy and competitive way is a healthy workforce.

The EU OSHA has recently started a pilot project on the health and safety of older workers. It is assisting the European Commission in implementing a request of the European Parliament. The project aims to assess the prerequisites for OSH strategies and systems to take account of an ageing workforce and ensure better prevention for all throughout working life. The results will assist policy development and provide examples of successful and innovative practices. The project runs until the end of 2015.

Eurofound is conducting research in the frame of the EU 2020 Strategy, aiming to raise the employment rate for the population aged 20-64 years up to 75%. Part of the population to address is those suffering from a long-standing illness or health problems; they currently represent 20,3% of the population.

Research addresses the individuals suffering from a chronic disease as well as the workplaces, as a possible contributing factor for illness. Research results allow policy makers at EU and national level to translate the findings into guidelines and instruments for the companies.

The targets have been set, it is important to monitor the progress of the strategies at policy level and their implementation at company level. Monitoring is a difficult process since the data collection, the definitions, the data processing are all different among the Member States. Collecting good practices on job retention and return-to-work of people with a chronic illness is an interesting way of exchanging knowledge on success factors, but again

one has to be careful to translate the case into a different environment, taking into account national and sectoral particularities.





Dr. Roberto Bertollini



Kris De Meester

One of the main pillars in the WHO strategy Health 2020 is “governance for health”, meaning that all sectors need to include health in their policy. The idea was already addressed in the Maastricht Treaty, but it has become extremely important now, since we want to protect the health of the population and improve the health status and life expectancy of all Europeans.

Chronic diseases are one of the main challenges today. Chronic diseases can cause early retirement, they can result in low productivity, and high expenditures on benefits. The mental health dimension is very much affected by the recent crisis. High work pressures and downsizing has been associated with an increase in depression, an increase in cardiovascular diseases and an overall increase in mortality. This is a new dimension which has to be taken into account, it affects the economic development of a country and also the condition and prevalence of chronic diseases in the population.

Depression is associated with a loss of 27 to 35 workdays per annum, costing 3% of the GDP. The prevalence of musculo-skeletal disorders is also high, causing a lot of co-mor-

bidity. There are a number of chronic diseases which are affecting the working population, and which require an effective response.

There need to be incentives at the policy level for the employers to start prevention and early intervention programmes, e.g. prevention of smoking, alcohol or depression. Managers need to be informed to be more sensitive about detection and support.

There is an important role for the public health agencies and the primary healthcare physicians to target the employers of smaller companies. It is critical to avoid that long term sick leave becomes permanent. Once people are off the job for 6 months, the chance that they return to work is only 50%.

Good examples of job retention / return-to-work of people with a chronic illness can be found in all Member States. In the UK, governments are investing in cognitive therapy programmes, treating early depression with the intent to keep people at work and prevent sickness absence. This could be an interesting approach for people suffering mental health problems.

There are a number of challenges in Europe which need to be addressed at different levels:

- The labour market changes, with an ageing population and a decreasing workforce;
- The high cost of healthcare and lost productivity linked to chronic diseases, representing 30 trillion dollars for the period 2010-2030 as estimated by the Harvard School and the World Economic Forum;
- To sustain our welfare model we need to increase the activity rate, we need to get more people to work and to work longer.

Policy recommendations to address the challenges need to include the entire population, without creating specific target groups such as the working population.

The recommendations are related to three levels: the way we look at work vs illness, the way we look at employability and career, and the way we look at problems vs opportunities.

Work versus illness

The number of non-communicable diseases is increasing; we all live longer and the chance that we will live longer with chronic diseases is real. In today's workplaces, work and illness are very much opposite to each other, either you work or you are ill. At the workplaces of tomorrow, illness and disability will be integrated parts of work and employment.

That is why changes are necessary in the mindset on a policy level, followed by the implementation of adequate and efficient support structures and processes.

Employers will have to engage and work with people with chronic illness or disability. They will need to adapt the tasks to the abilities, competencies and talents of the individual employees. Employees with a chronic illness or disability will continue to work or return to work which is adapted to their needs and which offers them the timeframe and conditions to perform the tasks.

In this new structure, the way in which some of the care and health services are organised, needs to be rethought. The concept of the fit or sick notes for example will need to be ex



amined, as well as the social role which is sometimes taken up by the medical staff.

The relationship between employers, employees and colleagues should be based on trust, collegiality, commitment and identification with the company.

Employability and career

Employers and employees need to focus on a positive approach of their abilities, talents and competencies and find a match. A positive attitude towards work as an environment of trust and respect, in which talents can be explored and developed, needs to be created. Communication is at the heart of the future company, where employees with a chronic illness discuss with employers about their willingness and commitment to continue the work in a slightly adapted work environment with adjustments and flexible working time arrangements.

The labour market

The message to policymakers on this issue is to interfere as less as possible in the natural functioning of the labour market. Employers and employees sometimes find it difficult to create a match between demand and talent, due to specific statutes.

Also the lifetime of a company is a natural fact, which does not need any financial nor legislative intervention of the authorities. The average lifetime of a small or medium sized company in Europe is 7 years. If a company is no longer viable, the best and only strategy is to end its activities, without any interference of authorities or others. Employees will still have a better chance on the labour market; it is useless to employ them longer in a situation without any future, because we are competing in a global economy.

Focus on prevention

On a policy level, a firm and coherent strategy putting most emphasis on prevention of chronic diseases at the workplace, and proper levers to implement the strategy at the workplace are needed. The strategy needs to be linked to other policy domains such as public health. There exist a lot

of good practices, as shown at this conference, on how to tackle some of the risk factors, which are modifiable, such as the lifestyle factors, smoking, obesity, physical exercise. There is however not a need for additional legislation in this domain.





Dr. Christa Sedlatschek



Jean-Michel Miller

RECOMMENDATIONS ON A RESEARCH LEVEL

The EU OSHA published a report on OSH priorities in Europe, 2013-2020, based on several research projects and seminars that were conducted by the Agency and assisted by its Topic Centre.

One area in the report is research on disability and return-to-work, in particular research into practical and feasible ways of modifying the physical and psychosocial working conditions at both individual and company level - to prevent work disability in long-term settings, targeting various industrial sectors and occupations in which the risk of work disability is particularly high.

Another research priority on disability and return-to-work concerns the development of a methodology for designing and implementing complex and high quality workplace interventions, aiming at reducing the duration of time off work and improving the sustainability of return-to-work following long-term sick leave or work-related disability. The idea is to implement a tailored and multifaceted approach directed at various stakeholders and set-

tings and including process, effect and cost effectiveness evaluation.

Another issue that we identified is the impact of the economic crisis on OSH and work-related health in general.

The last issue is austerity. Here, as in other research domains, it is important to search for co-operation at all levels (national research institutes and EU level) to try to work together, via the EU OSHA priority publication, to agree on certain areas where cooperation could take place.

According to the third European Quality of Life Survey, 28% of the Europeans report a long standing physical or mental chronic disease. Eurostat statistics from 2011 confirm the data: 20,3% of the population report long term illnesses, 27% of them unemployed, 58,3% of those over 64. The health status seems to have deteriorated with the crisis.

Research is an important carrier for bringing forward the political debate on the sustainability of a healthy workforce. The debate profits from clear and unambiguous research data in Europe, which is a challenging exercise, in view of the differences of data processing and definitions used by the Member States.

Eurofound is currently conducting research on the employment opportunities and working conditions of people with chronic illness. The results will be presented at a summit next year organised by the European Commission and will contribute to the policy agenda.

The research study is addressing the comparability of data and definitions of the different Member States. It looks at the evolution since 2007, the geographical patterns of people

with a chronic diseases, the employment trajectories and working conditions. Finally, good examples are collected on an individual, institutional and organisational level.



Dr. Roberto Bertollini



Kris De Meester

Operational research - translating knowledge into practice - is important, particularly for showing the effectiveness of primary intervention at workplace level. Relatively few prevention trials have been conducted in the work setting, rendering the evidence weak. There is indirect evidence available from other populations suggesting that preventive interventions help reducing the risk for developing major depressive disorder by 15-35%.

We need to have additional studies and evidence, for instance the results of the experiment in the UK on behavioral cognitive therapy needs to be fully assessed, when applied at population level. The therapy seems effective in treatment of moderate depression, and able to sustain people in employment.

The economic dimension of preventive actions needs to be addressed. Health-economic simulation models suggest that preventive interventions at the workplace with regard to alcohol, tobacco, physical activity and nutritional aspects are cost-saving after one year as interventions costs are more than compensated for by reduced absenteeism and presenteeism.

New strategies are used such as e-health, health promotion through innovative instruments, social media. These need to be explored and we need to understand which factors influence the effectiveness of the instruments, like for instance the company culture, the local culture etc.

Low cost e-health interventions might result in an even better return-on-investment, but might be associated with greater uncertainty about the interventions' effectiveness. However, experience in the Netherlands indicated that e-health interventions need to be well implemented and fully integrated with the company's human resource management policies and to be adapted to the company's culture, or else the e-health intervention will not be used by the employees.

We need to adopt an approach that will lead to clear and quick actions, taking existing solutions and conduct research to understand how to implement them globally and at the same time adapt them to the different local settings.





Dr. Christa Sedlatschek



Jean-Michel Miller



Dr. Roberto Bertolini



Kris De Meester

RECOMMENDATIONS ON A PRACTICE LEVEL

The management at company level is strongly depending on good leadership and participation of workers' representatives. Working Together for Risk Prevention – through leadership and worker participation – has been the slogan of the two-year campaign (2012-2013) of the EU OSHA. Workplace health promotion and prevention strategy are developed in close cooperation between management and workforce. Regular evaluation and monitoring of the impact of workplace health interventions at company level will be needed.

There is a major concern for small and micro enterprises, since they need assistance in implementing prevention, health promotion and early intervention strategies. The EU OSHA is developing instruments for micro and small enterprises. One example is the Online Interactive Risk Assessment Tool, which could help to identify risks related to specific groups (disabled, older workers).

The practice level needs actors who take actions and implement them. It is important that this is taken up by a collectivity of people – the voice –, particularly in the case of long-term absences. Research findings conducted by Eurofound indicate that support mechanisms need to be implemented for workers with a chronic illness and for their colleagues. The “we” feeling in a company is an important driver for creating and sustaining mechanisms and structures that are needed to retain people at work and support them in their return-to-work.

In a research study on working conditions and social dialogue it is shown that the working conditions are better in those companies covered by social dialogue, and that they are performing. Also the working conditions in companies who have an active OSH committee seem to be better as well.

Installing support and communication mechanisms can indeed be a powerful tool towards job retainment and return-to-work of people with a chronic illness.

Some relatively simple interventions may be implemented successfully in the work setting. In the case of British Telecom, a policy has been set up to maintain telephone contact with employees who were on sick leave. Maintaining contact and encouraging return-to-work was conducive in creating a sense of commitment and solidarity.

In another case of a large Dutch hospital, nurses were screened for symptoms of stress, burn-out, depression and anxiety. Screen-positive nurses were referred to their occupational physician (company doctor) for consultation. The physicians had received prior training in psycho-education and basic CBT skills. This intervention was successful in decreasing symptom levels and increasing functioning at work.

Both examples of the British Telecom and the Dutch hospital were (very) cost-effective.

The organisation of employers will continue to support all initiatives of organisations and networks that promote and share the ability-talent vision with regard to the reintegration of people with chronic illness, disability and unemployed people in general. Also, support will be given to stimulate workplace health promotion initiatives and all kind of levers to integrate the HR and OSH functions in companies.

The Federation of Enterprises in Belgium is currently developing guidelines for the development of sustainable employment in companies, to be launched in spring 2014. The guideline and corresponding tools, training and assistance will enable employers to diagnose where they are on a policy level, how to move towards the ability-talent vision and how to keep people at work in healthy conditions.

In the new model of a work situation, the individual tasks of each worker will be in line with the individual's potential, talents and competencies and the worker will have the room and the timeframe to perform the agreed tasks and functions.

This model goes against a former productivity model (the





lemon metaphore) in which a 100% productivity is expected from the workers. A new generation of HR managers has taken up the model in which the sustainability of the workforce and the company will improve, even with a 60-70% productivity.

In times of a shrinking working population, an increase in non-communicable diseases and a war for talents, it is important to maintain a healthy workforce through a good match between the potential, talents and competencies of the worker and the tasks and functions.

It is important to implement a company culture with a high identification of individual workers, with values of commitment, solidarity and company identification.

Good Practices and Awarding Ceremony

In the “Promoting healthy work for people with chronic illness – Public Health and Work (PH Work)” campaign 34 cases have been selected in 16 countries. 20 of the good practices were awarded during the conference.

Some of them have had the opportunity to present their good practice at this conference on “Workplace Health Practices for Employees with Chronic Illness”.

Slides of the presentations





Austria - Steiermärkische Sparkasse

Steiermärkische Sparkasse is the leading financial institution in the south of Austria and has developed a strategic approach for sustaining people with chronic illnesses at work.

Why do we consider it a good practice?

- It is combined with a wide range of health promotion activities.
- Integration of internal and external stakeholders in the re-integration process.
- Implementation of a standardized re-integration-process after long-lasting absence by physical or psychological diseases
- Scheme with different comeback-facilities, according to work ability, supported by HR and health promotion department.

Belgium - DM@Work

Disability Management is internationally accepted as a method to facilitate the return-to-work process. The project by Prevent in Belgium aimed to guide companies in different sectors (healthcare, construction & chemical industry) to implement a DM policy and to develop guidelines for other companies.

Why do we consider it a good practice?

- The manuals build on the Disability Management approach that has already proven its effectiveness for job retention and return-to-work of chronically ill employees.
- The content of the manuals is based on sector specific company practices.
- The manuals offer organisations a roadmap for implementing a systematic and structured approach, pointing out the possibilities to overcome bottlenecks and to get into touch with various stakeholders.

Belgium - Jessaziekenhuis, Campus Herk-de-Stad

The Jessa hospital developed the 'Weer-Werk' project, aiming to include vocational rehabilitation in the standard rehabilitation process at the hospital. One of the goals is to support the patient to build new future perspectives within the limitations of their current health situation: to help them focus on capacities instead of on medical diagnosis or limitations.

Why do we consider it a good practice?

- The project aims to implement a step-by-step plan for vocational rehabilitation into the standard rehabilitation process.
- The target population in the rehabilitation center are people with severe and long-term health problems and/or functional limitations. The intention is to identify systematically for each patient the work capacities and to train them if possible.



Finland - City of Pori

The municipality of Pori developed the Healthy Pori model to decrease sick leave and related costs, and to increase employee well-being at work.

Why do we consider it a good practice?

- The model was developed in a very interactive way between all stakeholders.
- Employees' representatives, the insurance company rehabilitation centre and specialist health care take part in the cooperation.

France - ARACT Aquitaine

Aract Aquitaine is a Regional Association for improving working conditions. The association developed a website dedicated to work and chronic illness.

Why do we consider it a good practice?

- It promotes the "based on work" approach, which aims at avoiding the implementation of working means based on wrong representations of the activity.
- The website can be used as a tool to facilitate dialogue and initiatives among stakeholders.
- The site is accessible to persons with disabilities.

France - Delpyprat

The site of Saint Sever of the Delpyprat Group, manufacturing and selling 'foies gras', implemented a strategic and innovative approach aiming at sustaining at work people with chronic illnesses.

Why do we consider it a good practice?

- This initiative really focuses on chronic illnesses and the way they have an impact on work.
- It uses the "based on work" approach, which aims at avoiding the implementation of working means based on wrong representations of the activity.
- The project management required the involvement of both stakeholders inside and outside the company.

Greece - COSMOTE Mobile Telecommunications

The company developed a job retention programme for their employees who are affected by severe, chronic physical illness or psychological disorders.

Why do we consider it a good practice?

- The intervention follows stable and solid principles, such as the holistic approach of the intervention, the active participation of the em-

ployee, the respect and support of the group into which reinstatement will take place, the cooperation among the stakeholders (including external psychiatrists or support groups).

- The main focus is to effectively address chronicity, and to make the most of an employee's skills and abilities.

Greece - HELLAS Employee Assistance Programmes

The organisation offers services of behavioural managed care and rehabilitation mental health services. Hellas EAP proposes a "Disability Management Service", a safe and sustainable return-to-work practice for complex and/or long-term absence caused by physical, mental or a combination of both illnesses.

Why do we consider it a good practice?

- The EAP Disability Management Service constitutes a holistic approach and covers the criteria for success:
 - Focus on early intervention
 - Effective distinction between the treatment provided and additional interventions;
 - On-going case management based on the individual's needs and abilities;
 - Support and commitment of all key stakeholders;
 - Continuous monitoring and evaluation.

Hungary - MOL Hungarian Oil and Gas Company

The MOL company developed the STEP Programme (Take a step for your Health) aiming to assess chronic diseases and to prevent them by reducing the risk factors. When this is no longer possible, to diagnose them in the earliest phase possible and then advise / assist / help employees with treatment.

Why do we consider it a good practice?

- The Works Council, Unions and Safety Representatives are members of the Steering Committee of the programme and are involved in each phase.
- It concerns early intervention and case management.
- The company is committed through its "White Book of Rehabilitation" to ensure equal chances for employees with less abilities or disabilities.

Hungary - University of Miskolc

The University of Miskolc developed a programme aiming to enhance and develop the

health of the employees, prolong their active age, reduce and/or eliminate risk factors such as smoking, harmful use of alcohol.

Why do we consider it a good practice?

- The approach combines primary, secondary and tertiary prevention.
- It is managed by the occupational health service in close cooperation with the management of the university, line managers, and employees.
- The health promotion programmes and special programmes for the group of older employees (with follow up even after their retirement) are based both on work-related risk factors and on individual morbidity indicators.

Ireland - Headway

The Vocational Training Programme at Headway is dedicated to supporting people with Acquired Brain Injury (ABI) to return to and remain in work.

Why do we consider it a good practice?

- The programme gives people with ABI the necessary skills and confidence to get back to work, or to pursue further education.
- Self-management, case management and coordination are key elements.
- Headway promotes quality of life for people affected by ABI. They link with other organisations that promote citizens' rights and secure equality of treatment for their clients

The Netherlands - Centrum Chronisch Ziek en Werk

The Centre for chronic diseases and work, re-integration services and job coaching introduced counseling by experienced patient-coaches, hired by three qualified reintegration agencies. The qualified patient-coaches (who have experienced the disease themselves) are coaching patients in return-to-work and reintegration.

Why do we consider it a good practice?

1. The programme is led by patient organisations;
2. The patient-coaches are professionally trained by the Centre to combine coaching competences with their own experiences;
3. Through the initiative the experience of 5 patient organisations is combined.

The Netherlands - Wedding Proson

The printing company developed a policy to create a diverse workforce in which each of the employees is responsible for the success of the company. Sharing responsibilities moti-



vates colleagues to make better results as a team.

Why do we consider it a good practice?

- A win-win situation has been achieved by deliberately creating and investing in a diverse workforce (including people with disabilities), and stimulating team responsibility.
- A higher profit is the result of more commitment of employees and more appreciation of clients/society.

Norway - Frisk Bris

Frisk Bris is a rehabilitation centre and works to provide treatment and follow-up for persons who are on sick leave due to chronic illness. The aim of the project is to provide a model both at individual level and at systematic level to make public services cooperate in a better way. Another aim is to work together with the local companies to consider the persons with chronic diseases as "common" workers.

Why do we consider it a good practice?

- The health administration in southern Norway and the welfare organisation (NAV) asked Frisk Bris to be a pilot in a two-year project. The focus is to help people early in their sick leave and to coordinate the various stakeholders.
- Frisk Bris is used as an example of innovation, because of its little bureaucracy and focus on what is most effective at all times.

Norway - Telenor

Telenor is Norway's telecommunications operator. The 'Open Mind Programme' is about opening doors and offering work experience to people with different work disabilities. It helps the participants to overcome the barriers that prevent them from participating in working life.

Why do we consider it a good practice?

- The programme supports participants with guidance and workplace adaptations and carries out an evaluation after the end of the qualifying period.
- The Management, the service providers / health professionals and employees are involved. The social partners play an important role in this programme.
- Telenor creates more diversity within the organization.

Poland - Nofer Institute of Occupational Medicine (NIOM)

Two projects targeted at specific diseases by the Nofer Institute are considered good prac-

tices. The first project aims at the prevention of cardiovascular disease and return-to-work after myocardial infarction.

Why do we consider it a good practice?

- It identifies occupational groups being at higher risks and develops programmes to reduce occupational risks.
- The project allows for the recognition of factors, which have an influence on the continuation of work after myocardial infarction.

The second project focuses on enabling teachers with occupational vocal disorders to return to work, through providing access to quality rehabilitation and a complex programme of therapy.

Why do we consider it a good practice?

Because of its innovative character. For the first time in Poland such a comprehensive programme aimed at rehabilitation after an occupational disease, enabling return to work, was developed.

Romania - Close to you foundation

The 'Close to you Foundation' in Romania stimulates and takes care of young people with disabilities (especially HIV positive persons) to become independent by working at the unit Util Deco. These activities match with what is required in the market (bookbinding, printing, archiving; IT; Handicraft; tailoring).

Why do we consider it a good practice?

- The Foundation supports, through this authorized shelter unit, young people with disabilities to become independent persons.
- The unit, by continuous vocational training and practical skills development, facilitates the transition of disabled people to the free labour market.

Scotland - John Lewis Partnership

This retail business developed a number of projects to support job retention and to encourage attendance at work. These aims have been achieved through health education, awareness activities and attendance management procedures.

Why do we consider it a good practice?

- The company has as a core value: 'happiness of all its members, through their worthwhile and satisfying employment in a successful business'.
- 'Partnership amenity' is a central function for the company to ensure best working facilities and practices for employees.
- The company also offers a range of activities for employees to experience activities which

under normal circumstances are beyond what they can financially afford.

Slovakia - Ironwork Podbrezová

The aim of the project by this producer of steel tubes was to create a suitable working environment for employees diagnosed with any chronic illness that prevents them to work in their former occupation. The 'Centre for ancillary works and activities' was established to find appropriate occupations for pregnant women and for employees with specific health problems.

Why do we consider it a good practice?

- Many stakeholders are involved.
- The company found an innovative way to employ workers with disabilities due to chronic illnesses: by joining the Centre, the employees were not exposed to stressful situations, while coping with their disease.

Slovenia - DARS company

DARS established a programme of dealing with employees whose ability to work has changed: the disabled and people with chronic illness. Close cooperation with several disciplines and external partners was organized and early detection was made possible through direct contact of the employee with the HR specialist.

Why do we consider it a good practice?

- The direct and ongoing presence of HR specialists among the employees at locations throughout Slovenia is this programme's greatest value. This makes it possible for the employees to directly and confidentially obtain suitable information, referrals, and guidance for taking timely and effective action.
- This type of activity enables proactive work towards successful and ongoing resolution of problems in the work process that result from changed work ability.





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Awarded by
the European Network for Workplace Health Promotion

Brussels, 23 October 2013



Dr. Karl Kuhn
Chair person ENWHP

Dr. Maria Dolores Solé
Chair person ENWHP



Conclusions by John Griffiths

In his conclusions, John reminded the audience of the importance of workplace health promotion in achieving the goal of “healthy employees in healthy organisations”. According to the Luxembourg Declaration “Workplace Health Promotion (WHP) is the combined effort of employers, employees and society to improve the health and well-being of people at work”.



Investment

Retaining people with a chronic condition at work and enabling them to return to work is absolutely key in addressing the demographic change and the increase in chronic disease levels across Europe.

Capacity building is required and employers need to be supported in their efforts. They should be aware that interventions have to be seen as an investment rather than a cost. The business case for action is compelling. Employers and employees both benefit from actions towards job retention and reintegration. The statement “being ill does not mean that you cannot work” should bring about a change of attitude for employers and employees.

Vulnerable groups

Given the number of people working in micro, small and medium sized companies, it is essential to support managers in these companies. Because they often lack the capacity and resources to act. The companies need to be approached in an integrated and comprehensive way.

Some specific target groups, such as people with a low socioeconomic status, should be carefully identified and approached with tailor-made solutions.

Action and communication

The solutions need to be tailored to the needs of the individual and the organization, there is no one-size-fits-all solution. The conference has shown many examples of good practices, which can be transferred to and adopted in other countries, sectors and companies. In the search for solutions, new and innovative approaches are very much welcomed.

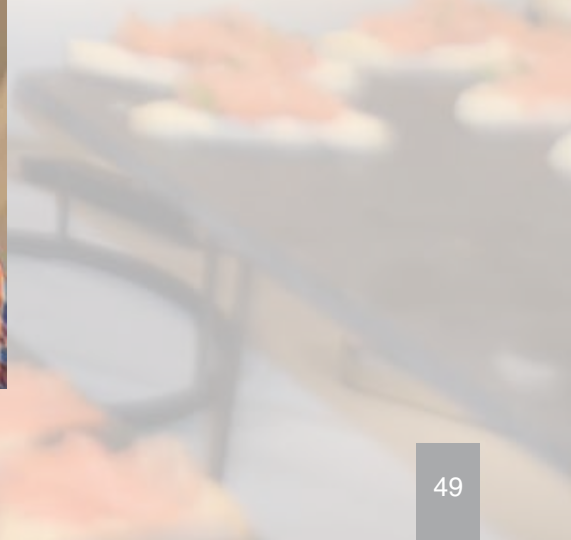
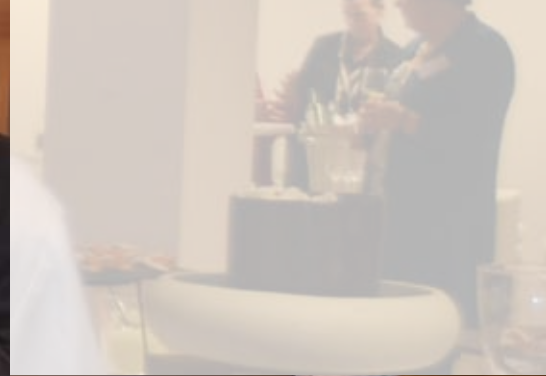
A network-based approach, where all stakeholders join forces to promote job retention and return-to-work of chronically ill people, is also very welcome. Therefore, communication between employers, employees and society is key to raise the topic of workplace health practices for employees with chronic illness. Stakeholders can learn from each other's knowledge and built upon existing experience in order to make the healthy choice the easy choice for employers.

Finally, John invited the participants of the conference to continue their efforts and to act both as an advocate and a champion for the cause of workplace health practices for chronically ill people.



Impressions







LADY





Brussels Declaration

Recommendations

Based on the results of the “Work. Adapted for All. Move Europe” campaign, the European Network for Workplace Health Promotion makes the following recommendations for politicians, employer organisations and unions at EU and national level:

1. Focus on the prevention of chronic diseases at the workplace.
2. Detect chronic diseases at an early stage.
3. The paradigm should shift from reduced performance to retaining current and future working ability.
4. Focus on the abilities and resources of the individual and not only on limitations or restrictions.
5. Address discrimination against people with chronic diseases.
6. Raise the importance and priority of return-to-work (RTW) on the policy agenda.
7. Increase the opportunities for employment of persons with chronic illness.
8. Work must reward – work must include a positive cost-benefit ratio.
9. Close and systematic cooperation of all relevant players and stakeholders involved.
10. Fill the gaps in existing knowledge, and extend and maintain evidence and experience-based Interventions.

Signed

Members of the European Network for Workplace Health Promotion

23 October 2013



#PHWork



ENWHP / @ENWHP
"Martin Seychell: 1 euro invested can give a return from 1 to 30 euro #PHWork"

"Congratulations on organising such an informative meeting!"
Kathleen Houston, Scottish Centre for Healthy Working Lives

"Wonderful conference, and brilliant organisation and management – well done to all!"
John Griffiths, work2health

Tyna Taskila / @TtaskilaTyna
"Griffiths Work2health key msg: Engaging employers; Interventions are investments not costs; Building capacity to act #PHWork"

"Thank you for inviting me to speak at your excellent conference. I was amazed at the seniority of the speakers and attendees. A feat of organisation!"
Ian Banks, European Men's Health Forum

Katrien Bruyninx / @KBruyninx
"Ingrid Ihme, NO: I can't believe that employers always choose the best person for a job if they systematically ignore the 1/3 with disabilities"



"Being ill doesn't mean you cannot work."
John Griffiths

"A great experience and an interesting event."
Roland Kaiser, Steiermärkische Gebietskrankenkasse

Blanca Usoz / @BlancaUsoz
"Q estés enfermo no quiere decir q no puedas trabajar #hayqdecirlo MT"

"Very nice to attend such a and inspirational health conference."
Ellen Adom, Elle Productions

ENWHP / @ENWHP
"Jo De Cock: Sickness is not another word for incapacity #PHWork"

Blanca Usoz / @BlancaUsoz
"En Bélgica faltan médicos Trabajo MT @ENWHP Prevention developed in Belgium but facing shortage of occupational health physicians #PHWork"

SALUD Y TRABAJO / @PSTtuit
"Michael Hübel: We need to link discussions to the implementation level #PHWork"

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Pictures by Nancy Deboutez

