

CHRODIS+ Work Package 8

CHRODIS+ Kick-off event



Matilde Leonardi, WP8 Leader

Fondazione IRCCS Istituto Neurologico Carlo
Besta, **Milan, Italy**

Jaana Lindstrom; WP8 co Leader
THL, Finland

Objectives & Partners

WP8 - Employment and Chronic
Diseases: Health in all sectors

The framework

CHRONIC DISEASES AND EMPLOYMENT

Individuals with **chronic diseases and mental health issues** often experience **work-related problems**, leading to negative consequences at individual, national and European level.

The rising prevalence of persons with chronic diseases and mental disorders as well as the **cu** make this issue even more problematic in terms of innovative strategies to improve the participation of these persons in the **labour market**.



The framework

- **Chronic Diseases** (CD) impact on individuals in terms of negative employment outcomes, such as reduced workforce participation and early retirement, resulting in loss of income and increasing the risk of poverty.
- CD also affect employers, that have to deal with absence from work, issues connected to employability, costs of retaining or replacing workers, and internal company policies, aspects which are crucial for hiring as well as re-integrating persons with CD.
- On the other hand, work is a protective factor improving quality of life and well-being for people with CD.

CHRONIC DISEASES AND EMPLOYMENT

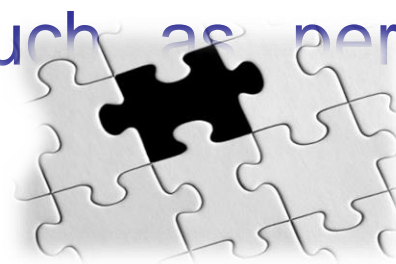
The European Network for Health Promotion in Workplaces estimates that in 2016, 25% of European population in working age shows symptoms of **at least ONE chronic disease** and that the percentage of people with chronic diseases actively working is at least 19% of the whole workforce.

Expectations towards 2020 and 2060 of the percentage of participation in the European labour market for people over 50s, that is the range of the working population mostly affected by a partial ability to work, mark an increase of 8.3% and 14.8% respectively.

CHRONIC DISEASES AND EMPLOYMENT

What is certain is that in the long run the participation in the labour market of people with chronic diseases will be necessary to avoid the decrease in the job offer and the lack of qualified workforce.

To a large extent, existing **European and national policy frameworks** on employment activation are not specifically targeted at the employment activation of **persons with chronic diseases**. Instead, they target broader categories such as persons with disabilities, or vulnerable groups, etc.



Strategies targeting **persons with disabilities** do not necessarily address the needs of patients with chronic diseases and mental health issues.

WP 8 leaders



Matilde Leonardi

WP Leader

Fondazione IRCCS Istituto Neurologico
Carlo Besta, Milan, *Italy*



Jaana Lindstrom

WP Co-Leader

TERVEYDEN JA HYVINVOINNIN
LAITOS (THL), Finland

WP leader

Matilde Leonardi



Neurologist, paediatrician, neonatologist, child neurologist. Specialized in Bioethics. At Neurological Institute Besta is developing and carrying out research projects related to neurology, disability, ageing, public health, ICF (WHO's International Classification of Functioning, Disability and Health) neurorehabilitation and burden of neurological disorders.

WHO expert on disability, member of the WHO-FIC (Family of International Classifications) Functioning and Disability Reference Group and Director of the Italian WHO Collaborating Centre Research Branch.

Professor on annual contracts of Neuropsychiatric Aspects of Disability and member since 2007 of the Board of Directors of the Bioethics Centre at the Catholic University of Milan. In 2014 passed the national evaluation as Associate Professor of Neurology.

From 2010 to 2013 appointed by the Italian Government as President of the Scientific Committee of the National Observatory on Disability, monitoring UNCRPD. In November 2011 appointed as corresponding member of the Pontificia Academia Pro Vita. European Brain Council Founder, EBC-WHO liaison. Member of several international scientific societies as EFRR, WFNR, EAN.

WP leaders

Foundation IRCCS Neurological Institute Carlo Besta, Milan, Italy



Public Institute of research and care under Ministry of Health and Region Lombardia. National referral centre for neurology, child neurology and neurosurgery: 270.000+ outpatient visits from all Italy and abroad; 7800+ inpatients admissions; 2500+ surgical interventions.

250 Monospecialty Beds.

Approximately 300 full-time equivalent research staff people and 250 temporary researchers.

WP leaders

FINCB Neurology, Public Health, Disability Unit



The Unit is WHO-Collaborating Centre Research Branch for the Family of International Classifications since 2007.

The UNIT has wide experience in coordinating FP6, FP7 and Horizon 2020 EU projects in the field of research on Public Health and Disability, ageing, burden of neurological disorders and on policy development (EU-MHADIE, MURINET, COURAGE in EUROPE, PARADISE, MARATONE, ATHLOS, PATHWAYS Projects) as well as on national research on surveys and statistics and on collection of national and international health and disability data. Wide experience and thorough knowledge of ICF and its use in clinical settings, in particular in brain research, and in research, as well as in cross-sectional and longitudinal surveys and in policy support.

Partners contributing to WP8

WP8 members

FONDAZIONE IRCCS ISTITUTO NEUROLOGICO CARLO BESTA (**FINCB**)

TERVEYDEN JA HYVINVOINNIN LAITOS (**THL**)

INSTITUTO DE SALUD CARLOS III (**ISCIII**)

INSTITUT NATIONAL DU CANCER GIP (**INCa**)

TECHNISCHE UNIVERSITAET DRESDEN (**TUD**)

FORUM EUROPEEN DES PATIENTS (**EPF**)

ISTITUTO SUPERIORE DI SANITA (**ISS**)

RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU (**RIVM**)

NACIONALNI INSTITUT ZA JAVNO ZDRAVJE (**NIJZ**)

CONSEJERIA DE SALUD DE LA JUNTA DE ANDALUCIA (**CSJA**)

SEMMELWEIS EGYETEM (**SU**)

VIESOJI ISTAIGA VILNIAUS UNIVERSITETO LIGONINE SANTAROS (**VULSK**)

Università Cattolica sacro Cuore (**UCSC**)

Objectives of this WP

Objective 1: Implementation of practices in the employment sector for people with CD: development of CHRODIS-PLUS training tool for employers and the employment sector

Objective 2: To develop a CHRODIS-PLUS Toolkit for adaptation of the workplace for access, prevention and maintenance of CD at the workplace

Objective 3: To develop policy recommendations for health promotion and disease prevention (HPDP) in the workplace for people with CD including access to, reintegration, maintenance and stay at work tackling the employment sector as an area where care of people with CD should be improved, by policies and implementation of best practices.

WP8 Detailed tasks breakdown & timing

Partners' contribution to this WP in detail

Task 8.1.

Training tool for employers and the employment sector: CD and employment

Task 8.1: Training tool for employers and the employment sector: CD and employment

- Task leader **FINCB**. Italy
- Participants in this task: INCa, France- TUD, Germany – CSJA Spain, SU Hungary- EPF Luxembourg
- M1-M28

Activities of this task will be built on available evidence derived from several national and international projects (such as EU Pathways, EU PH Workforce) and actions (from national & international organizations, such as EU, ILO, EASPD) to identify good practices, as well as support strategies to understand the living conditions of chronic patients who stay and /or return to work and to develop human capital.

Deliverable 8.1: Training tool for employers and the employment sector: CD and employment

Based on available data and evidence, with collaboration of unions, representatives of employment sectors, and patients' associations (such as EPF), a **CHRODIS-PLUS training tool will be developed**, to better understand the benefits of employing and keeping persons with CD at work.

An **expert meeting will be organized (M7)** to define the structure and the objectives of the training. The training tool will be prepared for employers, trade unions, patients' representatives and governments in selected countries.

The tool will be **open access** and fully available on line on CHRODIS PLUS website initially in English, and then translated by partners involved in this task into their respective languages (Italian, French, Slovenian, German, and Hungarian).

Deliverable 8.1: Training tool for employers and the employment sector: CD and employment

The tool will be based on a **biopsychosocial approach to health**, thus will **not be disease specific but based on and targeting human functioning, person's capabilities and CD commonalities**.

The clear and positive message that the training will provide to users will be that **work is a positive part of the lives of people with CD** and all actions should be focusing on promoting the maintenance of work for those affected by CD.

This tool will be shared with CHRODIS-PLUS Governing Board for evaluation and possible distribution through interested ministries. Collaboration with CD organizations will be explored for dissemination of the training tool.

Deliverable 8.1: Training tool for employers and the employment sector: CD and employment

The training will be a tool for **developing human capital** in order for employers to understand the operational benefits of employing and keeping persons with CD and will give **emphasis on advantages for businesses** such as the availability of a larger pool of talents, a greater work-satisfaction among the workforce, etc.

Training will promote **inter-sectoral actions** by strengthening cooperation between the labour and the healthcare systems as employers need to be informed about specific health-related needs of workers in terms of work adjustments and overall inclusion and participation in the labour force.

Task 8.1: Training tool for employers and the employment sector: CD and employment

Sub Task 8.1.1

In collaboration with **UCSC** and **VULSK**, respectively leader and co-leader of **WP6** (Pilot Implementation of Integrated Care Model for multi-morbidity), an **expert meeting** (M18) will be organized to address the problems of **patients with multi-morbidity**, to define how the employment might impact on the care process of these patients and to make aware the employment sector of their situation.

Task 8.2.

Toolkit for adaptation of the workplace for prevention and maintenance of chronic diseases at the workplace

Task 8. 2: Toolkit for adaptation of the workplace for prevention and maintenance of chronic diseases at the workplace

- Task leader **THL**.
- Partners in this task: RIVM, CSJA, FINCB, TUD, EPF
- M6-M30

In close collaboration with selected Occupational Health Care (OHC) service provider(s), employer(s) and employees from Finland but also from the other countries participating to this WP (RIVM, CSJA, FINCB, TUD, EPF), it will explored (by focus group interviews) what the **perceived needs, supporters, facilitators and barriers** are

Partners contributing to Task 8.2

WP8
members

THL (Finland) – Task leader

RIVM (The Netherlands)

CSJA (Spain)

FINCB (Italy)

TUD (Germany)

EPF (Luxembourg)

Objectives of Task 8.2

To develop a CHRODIS PLUS CD Prevention Toolkit for employers and OHC services

- To support the understanding the benefits of prevention of as well as of workplace adaptation for CD patients and to implement prevention activities **acting on environments within identified high-risk populations**
- To prevent the development of chronic diseases
- To promote healthy lifestyle habits among workforce
- To increase the work participation of workers with chronic disease

To test the strategy with pilot projects

WP 8 Pilot Projects

The strategy will be tested with **pilot projects**, conducted in **4 countries**: Finland (involving beyond THL also the Finnish Institute of Occupational Health, University of Eastern Finland, Technical Research Centre of Finland (VTT) and selected OHC service providers and work places), Italy, Netherlands and Spain, respectively by THL, FINCB, RIVM and CSJA. The whole process will be described so that it is **replicable in other areas and countries**.

Timeline 8.2

1. Preparatory phase M1-M12
 - Definitions (targets, criteria)
 - Literature study and website search
 - Stakeholder interviews and focus groups
 - Development of the Toolkit
2. Piloting of the Toolkit M12-M24
3. Reporting of the pilots M24-M30
4. Dissemination of the Toolkit M31-M36

Task 8.3.

Policy recommendations for health promotion and disease prevention in the workplace for people with CD including access to, reintegration and stay at work

TASK 8. 3

- Task leader **ISCH**. M26-M36
- Partners in this task: FINCB, ISS, UCSC, VULSK, NIJZ, CSJA, EPF

CHRODIS PLUS Recommendations will be based on the **identified best practices** of HPDP in the workplace for people with CD, including access, maintenance, reintegration and stay at work, done in projects such as PATHWAYS, PH Work as well as CHRODIS-PLUS, and also based on good practices available in the CHRODIS platform, with particular emphasis on the issues of multi-morbidity and employment.

Deliverable 8. 3: Policy recommendations for health promotion and disease prevention in the workplace for people with CD including access to, reintegration and stay at work

Success of HPDP goes beyond the health sector system, even beyond public and community health, and should be measured considering the **employment sector and its impact on all people with CD**.

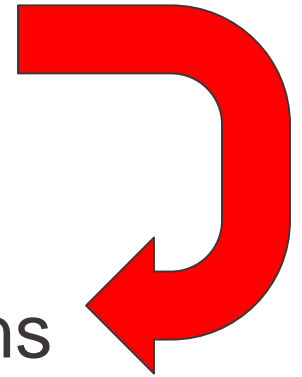
PATHWAYS highlighted, aligned in support to CHRODIS-PLUS aims, that CD can only be tackled effectively if Member States adopt a **holistic inter-sectoral approach** within the idea of “Health in All Sectors”.

Taking this into account, recommendations will be developed, in strict collaboration with all the partners involved in this task (FINCB, ISS, UCSC, VULSK, NIJZ, CSJA, EPF), with the aim to **provide support strategies to develop human capital** to relevant stakeholders in the employment sector.

MARCH 2018

From EU Pathways Project
results' recommendation

to JA Chrodis Plus implementation actions



March 2018 Bruxelles, Pathways project final conference

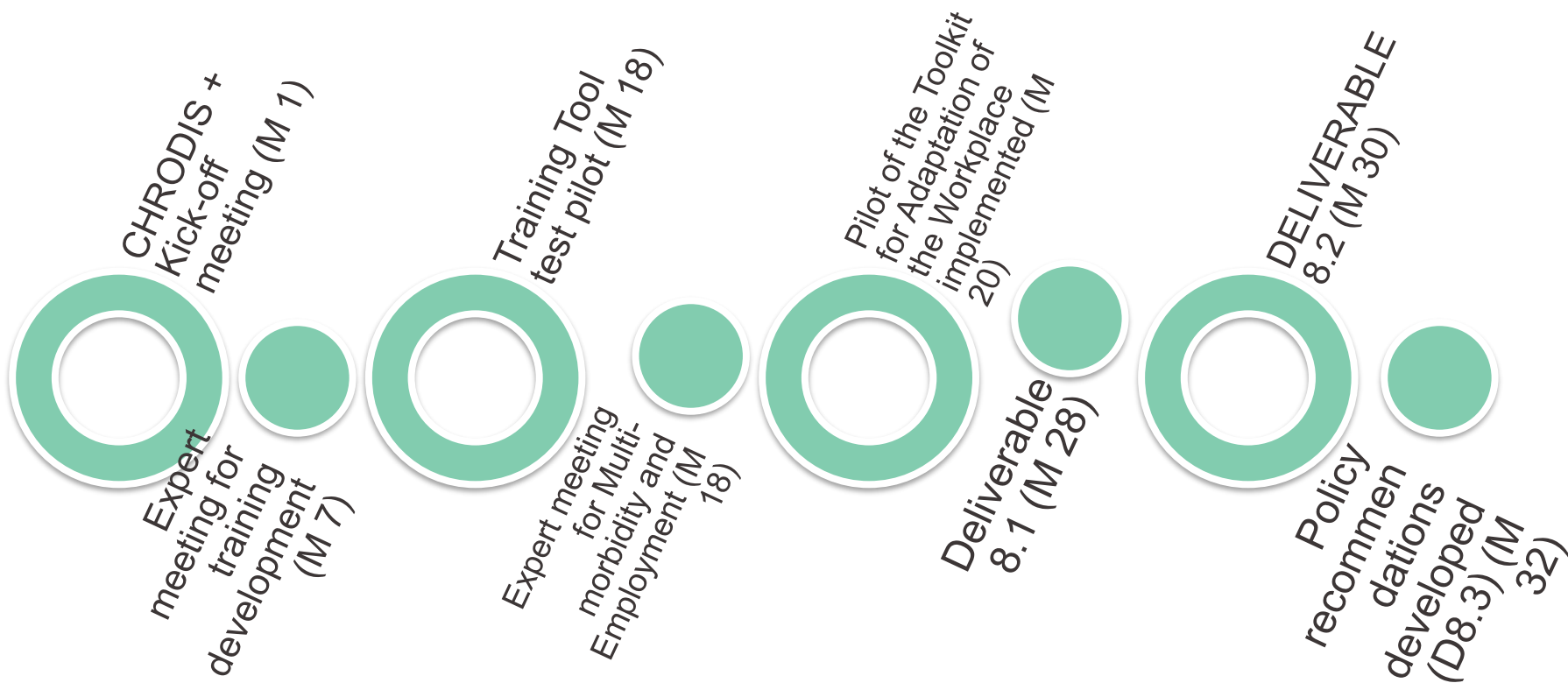
In **March 2018** will be organized in Brussels the **final conference of PATHWAYS project**, in which all members of CHORDIS PLUS and relevant stakeholders in the field of employment and CD will be invited to discuss about policy implications of the PATHWAYS results.

ISS, UCSC, VULSK, NIJZ, CSJA and EPF, together with FINCB, will lead the contacts with experts and stakeholders. DG employment will be involved as well as all relevant EU stakeholders.

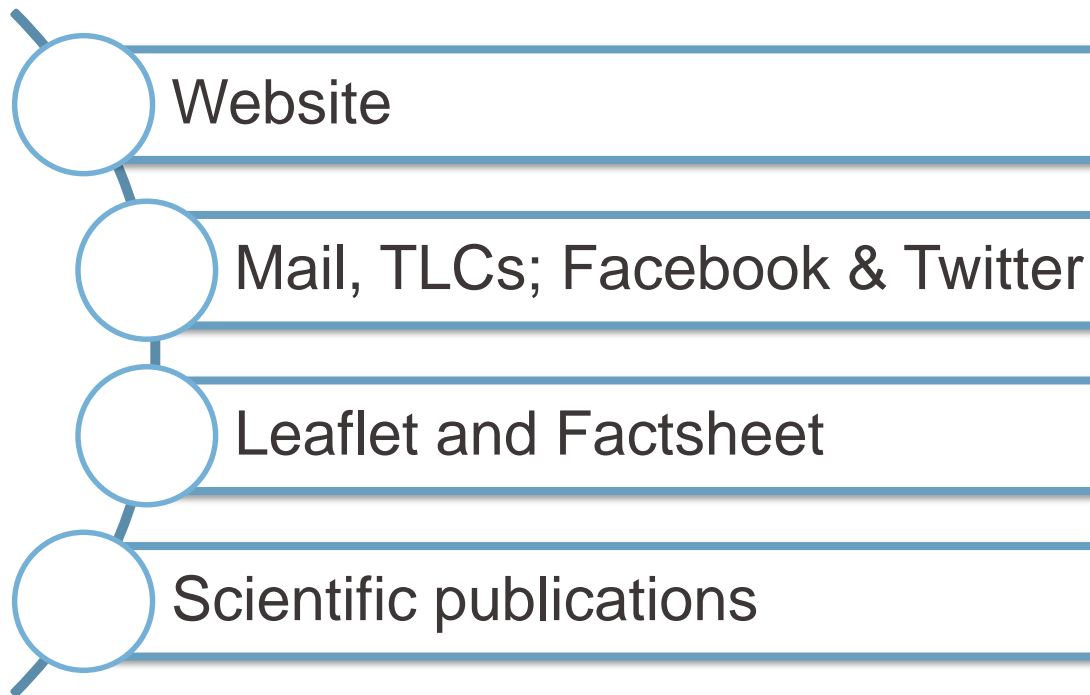
Policy Dialogue with WP4

WP8 will also liaise with **WP4** on the **Policy Dialogue** that will be done on CD and employment;

WP8 Timeline



Main communication channels



Working group meeting at Kick-off plan & preparation

Introduction

- Expectations
- Capacities

Tasks description

- Presentation of overall tasks
- Process and timeline
- Deliverable, milestones, deadline, responsible partners

Open Discussion

- Open discussion on the tasks of the WP8 asking to each representative its best practices that can fit on the topic

*Thank you for
your attention!*



Co-funded by
the Health Programme
of the European Union

The Joint Action on Implementing good practices for chronic diseases (CHRODIS PLUS)

* This presentation arises from the Joint Action CHRODIS+ addressing chronic diseases through cross-national initiatives identified in JA-CHRODIS to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Health Programme (2014-2020). Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.

Work Package 8

The framework



Wp 8 close sessione agenda

Presentation of the framework: from Pathways to Chrodis plus.

M Leonardi

Presentation of the WP in details, focus 8.1-8.2 ML, JP

Presentations and expectations: all WP members

Timeline ML JP

Bruxelles, 1° meeting ML



Working group meeting at Kick-off

Introduction

- Partners' Presentation,
- Expectations
- Capacities

Tasks description

- Presentation of overall tasks ML JP
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Open Discussion

- Open discussion on the tasks of the WP8 asking to each representative its best practices that can fit on the topic
- France, The Netherland (mail).....

The framework

CHRONIC DISEASES AND EMPLOYMENT

Individuals with **chronic diseases** and **mental health issues** often experience **work-related problems**, leading to negative consequences at individual, national and European level. The rising prevalence of persons with chronic diseases and mental disorders as well as the **current economic crisis** make this issue even more problematic, requiring action in terms of innovative strategies to improve the participation of **labour market**



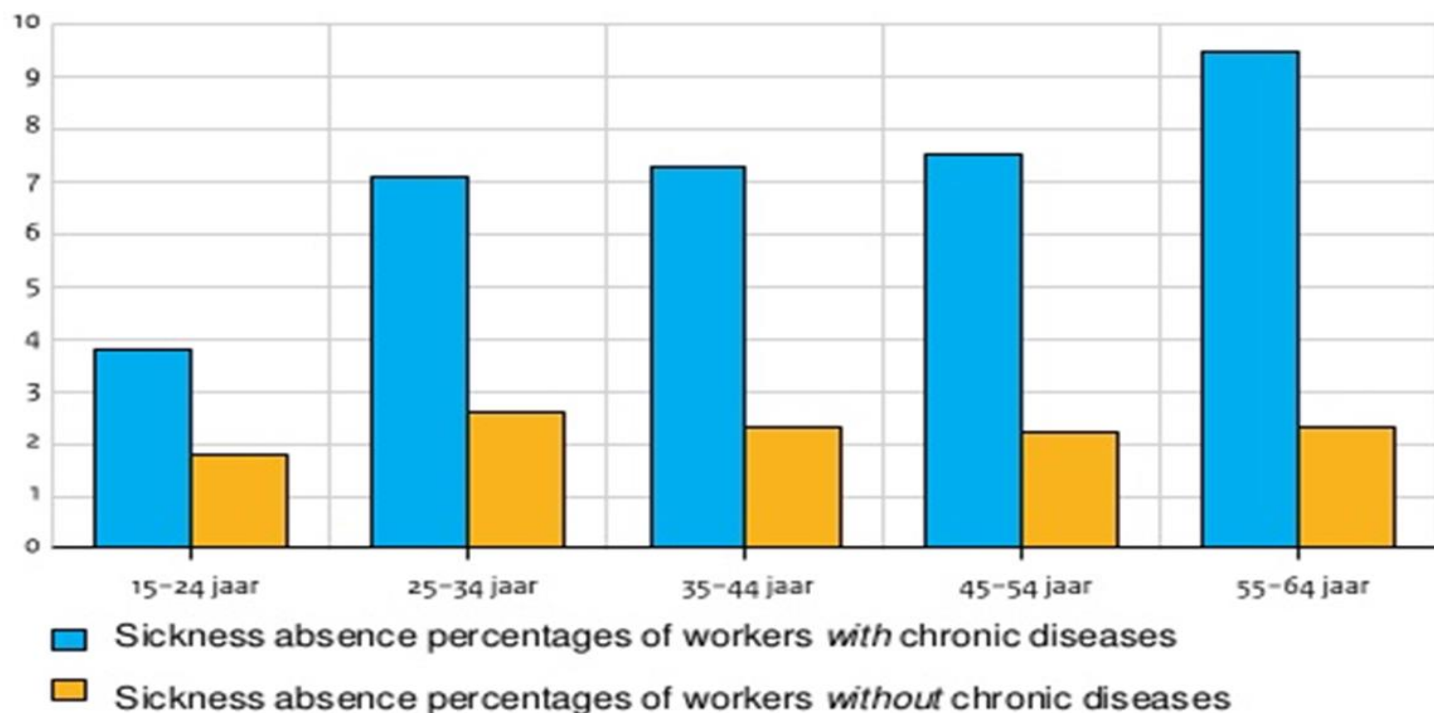
CHRONIC DISEASES AND EMPLOYMENT

The European Network for Health Promotion in Workplaces estimates that in 2016, 25% of European population in working age shows symptoms of **at least ONE chronic disease** and that the percentage of people with chronic diseases actively working is at least 19% of the whole workforce.

Expectations towards 2020 and 2060 of the percentage of participation in the European labour market for people over 50s, that is the range of the working population mostly affected by a partial ability to work, mark an increase of 8.3% and 14.8% respectively.

In the Eurozone this increase is still greater signing 10% from today to 2020 and 16.7% to 2060. What is certain is that in the long run the participation in the labour market of people with chronic diseases will be necessary to avoid the decrease in the job offer and the lack of qualified

Sickness absence rates of workers with and without chronic diseases - age



The 3 years Pathways Project



May 2015 – April 2018

12 PARTNERS
10 COUNTRIES

Comparison of strategies between different European regions, taking into account cultural and social differences.

MULTIDISCIPLINARY
COLLABORATION

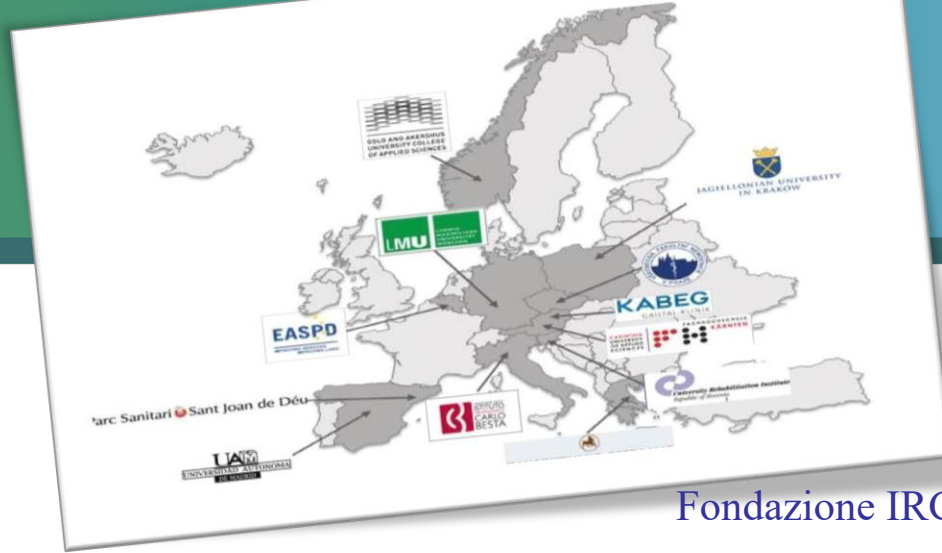
Stakeholder consultations, including advocacy organizations, employers, policy makers, unions, NGOs, international Organizations and European Union delegates.

EXPECTED
FINAL RESULT

Development and implementation of European guidelines to improve integration and reintegration into the workplace for persons with chronic diseases.



Co-funded by
the Health Programme
of the European Union



Fondazione IRCSS Istituto Neurologico Carlo Besta, Milan, **ITALY**

Universidad Autónoma de Madrid, Madrid, **SPAIN**

Parc Sanitari Sant Joan de Déu, Barcelona, **SPAIN**

Panepistimio Thessalias, Volos, **GREECE**

University Rehabilitation Institute, Ljubljana, **SLOVENIA**

Hogskolen I Oslo Og Akershus, Oslo, **NORWAY**

Gailtal Klinik - Neurologische Rehabilitation, Hermagor, **AUSTRIA**

Uniwersytet Jagiellonski, Krakow, **POLAND**

Ludwig-Maximilians-Universitaet Muenchen, Munich, **GERMANY**

Vseobecna fakultni nemocnice v Praze, Praha, **CZECH REPUBLIC**

Carinthia University of Applied Sciences, Klagenfurt, **AUSTRIA**

European Association of Service providers for Persons with Disabilities (EASPD), Brussels, **BELGIUM**



Objectives of the Project

The **general aim** of PATHWAYS is to identify innovative strategies to adapt the workplace to the needs of people with chronic disease and to improve their integration or reintegration into the workplace.

SPECIFIC OBJECTIVES



1. IDENTIFY INTEGRATION AND REINTEGRATION TO WORK STRATEGIES FOR PERSONS WITH CHRONIC DISEASES AND MENTAL DISORDERS IN EUROPE
2. EVALUATE THEIR EFFECTIVENESS
3. ASSESS SPECIFIC EMPLOYMENT RELATED NEEDS OF PERSONS WITH CHRONIC DISEASES AND MENTAL DISORDERS
4. TO DEVELOP EUROPEAN GUIDELINES SUPPORTING THE IMPLEMENTATION OF EFFECTIVE PROFESSIONAL INTEGRATION AND REINTEGRATION STRATEGIES.

Pathways Project Target groups



- Persons suffering from chronic diseases
- Representatives of advocacy groups and NGOs
- Employers
- Governments and policy makers
- European Commission
- International Organizations (ILO, WHO, OECD).

PATHWAYS Expected outcomes...

The final outcome of **PATHWAYS** project will be the **development of guidelines** supporting the implementation of strategies to **improve the employment situation of persons with chronic diseases**, taking into account the knowledge acquired in the different phases regarding the availability of strategies, services, their effectiveness, and unmet employment needs of persons with chronic diseases.



FIRST RESULTS...





1) IDENTIFY STRATEGIES

The first phase of the project explored policies, systems, and services that are targeted at persons with NCDs and/or persons with disabilities, and that aim to improve their participation in the open

- **Mapping available policies and make state of art**
- **Review of the relevant data and scientific literature** at European level (EU db reports, grey literature and books and articles in peer-reviewed journals).
- **Development of a questionnaire** to gather data at

Intervention

Policies

A course or a principle of action for professional (re)integration
(legislation, action plans, strategies)

Systems

Actions aimed at activating the professional (re)integration
(programmes, schemes, measures, supports)

Services

Services and activities (by public or private actors) to assist job seekers
(guidance, coaching, etc.)

Persons with disabilities

Persons with NCDs

Persons with mental health issues

Persons with neurological diseases with a focus on headache

Persons with diabetes

Persons with musculoskeletal disorders

Persons with respiratory diseases

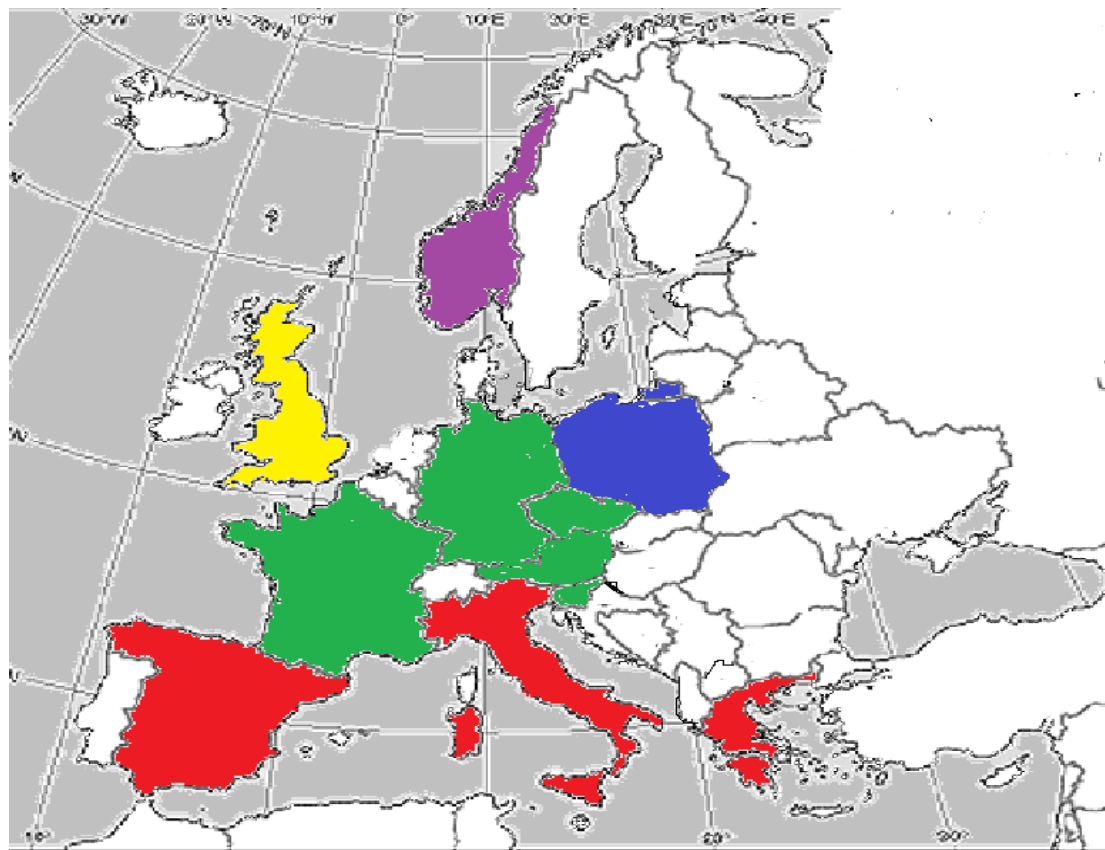
Persons with cardiovascular diseases

Persons with cancer

Populations

Outcome

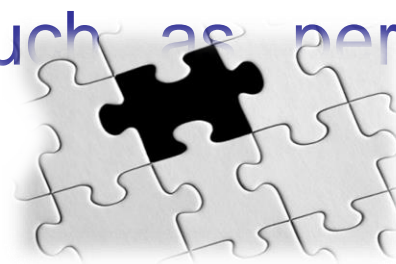
Participation of persons with chronic diseases and mental health issues in the open labour market



5 EU Welfare models

- Angloxason
- Continental
- Post-communist
- Scandinavian
- Mediterranean

To a large extent, existing **European and national policy frameworks** on employment activation are not specifically targeted at the employment activation of **persons with chronic diseases**. Instead, they target broader categories such as persons with disabilities, or vulnerable groups, etc.



Strategies targeting **persons with disabilities** do not necessarily address the needs of patients with chronic diseases and mental health issues.

Two major consequences need to be considered.

The first concerns health care costs:

Nowadays in Europe an expense of **700 billion euros/year** is esteemed for chronic diseases, that is between 70 and 80% of the entire health care system budget.

Meanwhile the number of people asking for sick leave, early retirement and long period disability

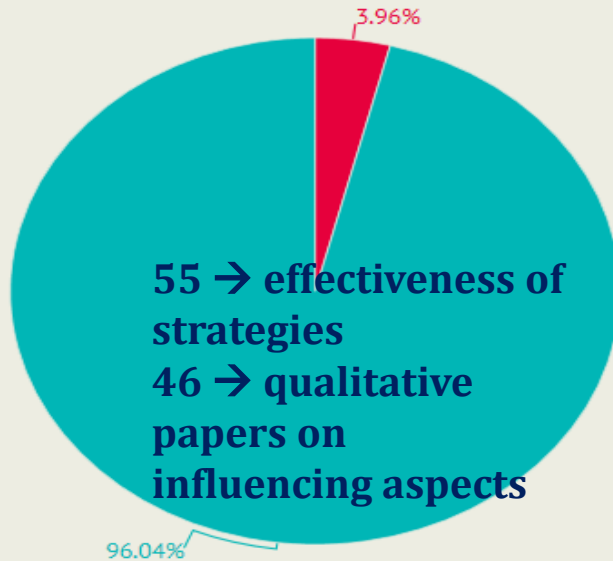
A Harvard School of Public Health research for the World Economic Forum states that between 2011 and 2030 there will be a **loss of 47,000 billion dollars for chronic and mental diseases** in terms of health service and social security, **decrease in the productivity and absence from work and long-lasting disability**, with a **reduction in the income** for the involved families.

The second question, which relates to PATHWAYS project very closely, shows how the increase in expenses for health care and its unsustainability are becoming a real problem because of **a labour market unable to manage the growing number of chronic patients.**

2) EVALUATE EFFECTIVENESS

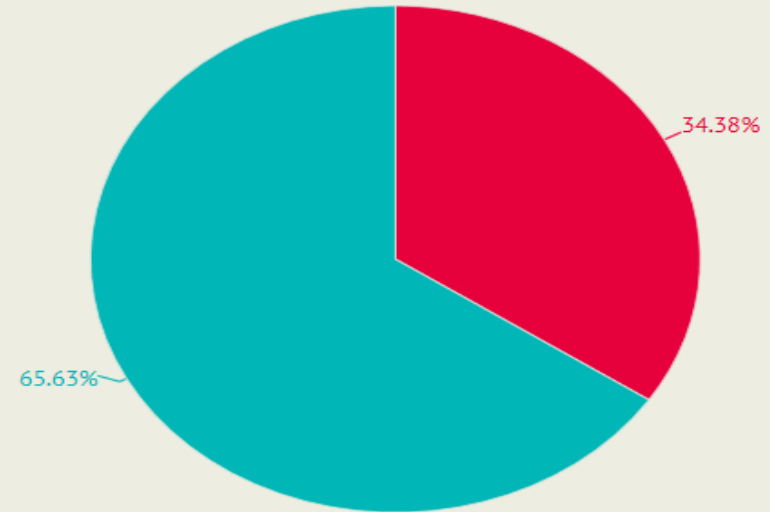
WHAT HAVE WE ANALYSED?

Scientific papers (N=101)



Policy Systems or Services


Structured National Reports (N=32)



Policy Systems or Services

TARGET GROUPS

Persons with disabilities and chronic diseases **in general**



Disease groups: mental disorders, musculoskeletal disorders, cancer, neurological, metabolic, respiratory and cardiovascular diseases

Specific diseases: depression, back and neck pain, migraine, diabetes mellitus, chronic obstructive pulmonary disease and ischemic heart disease

SCOPING REVIEW

DATABASE



PATHWAYS PROJECT

"Participation To Healthy Workplaces And inclusive Strategies in the Work Sector"

SCOPING REVIEW

Evidence of effectiveness of integration and re-integration into work strategies for persons with chronic conditions in Europe

The PATHWAYS Project

"Participation To Healthy Workplaces And inclusive Strategies in the Work Sector" or PATHWAYS is a 3-year EC funded project regarding the development of innovative approaches to promote professional integration and reintegration of persons with chronic diseases and improve their employability. PATHWAYS aims are:

1. To identify integration and re-integration strategies available in Europe and beyond.
2. To determine their effectiveness.
3. To assess the employment related needs of persons with chronic diseases
4. To develop guidelines supporting the implementation of effective professional integration and reintegration strategies.



PATHWAYS

Participation To Healthy Workplaces And inclusive Strategies in the Work Sector



PATHWAYS is a 3-year EC funded project regarding the development of **innovative approaches** to promote **professional integration** and **reintegration** of persons with **chronic diseases** and improve their employability



PATHWAYS aims are

1. To **identify** integration and re-integration strategies available in Europe and beyond,
2. To **determine** their effectiveness,
3. To **assess** the employment related needs of persons with chronic diseases,
4. To develop guidelines supporting the implementation of effective professional integration and reintegration strategies.



<http://www.path-ways.eu/>

Problems and barriers found

Problems reported by employers

- Perceived poor productivity levels
- Frequent absenteeism
- Extra-costs for the enterprise
 - The need to pay wages
 - existing legal obligations to facilitate the return to work,
 - Limitations on firing
 - Need to adapt workplaces.

Problems reported by coworkers

- Annoying for colleagues

Problems reported by people with chronic health conditions

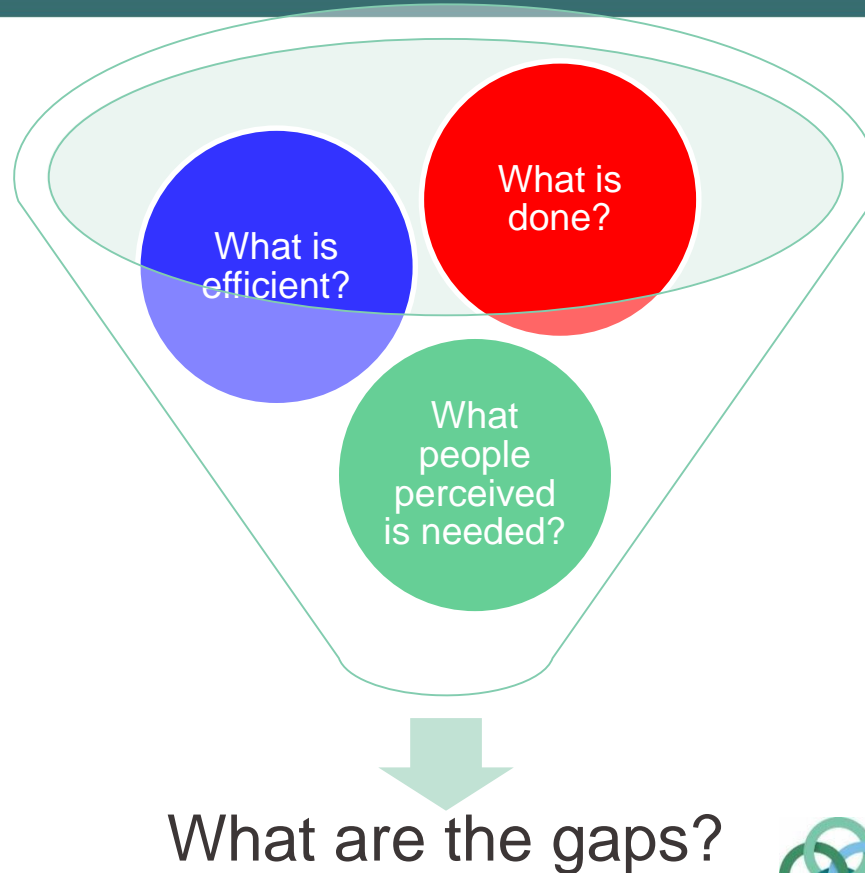
- Fatigue
- Feelings of depression
- Feeling alone
- Lack of understanding others

PATHWAYS RECOMMENDATIONS FROM LITERATURE REVIEW

- **Improve the evaluation** of the effectiveness of strategies targeting integration and re-integration into work strategies for persons with chronic conditions.
- **Coordinate the evaluation** of the effectiveness of services targeting integration and re-integration into work strategies for persons with chronic conditions within countries.
- **Improve the accessibility** of structured national reports to different stakeholders.
- **Broaden the evaluation** of the effectiveness of the combination of passive and active strategies for integration and re-integration into work for persons with chronic conditions



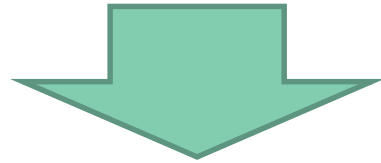
3) EVALUATION OF NEEDS



Despite the evidence on the substantial negative impact of chronic diseases on employment, the framework of employment needs of people with chronic diseases is not always clear.

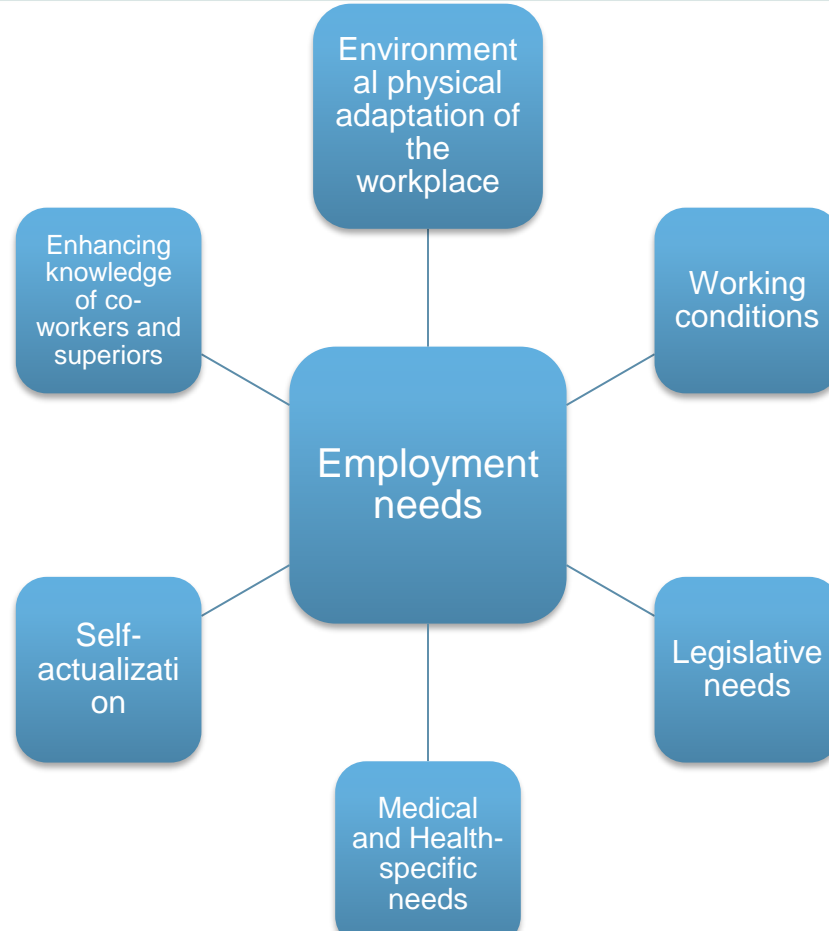
What is an employment need?

All the factors and actions that allow people with chronic health conditions to manage themselves in the workplace



Have equal opportunities in the workplace:
recruitment, return to work, job retention and

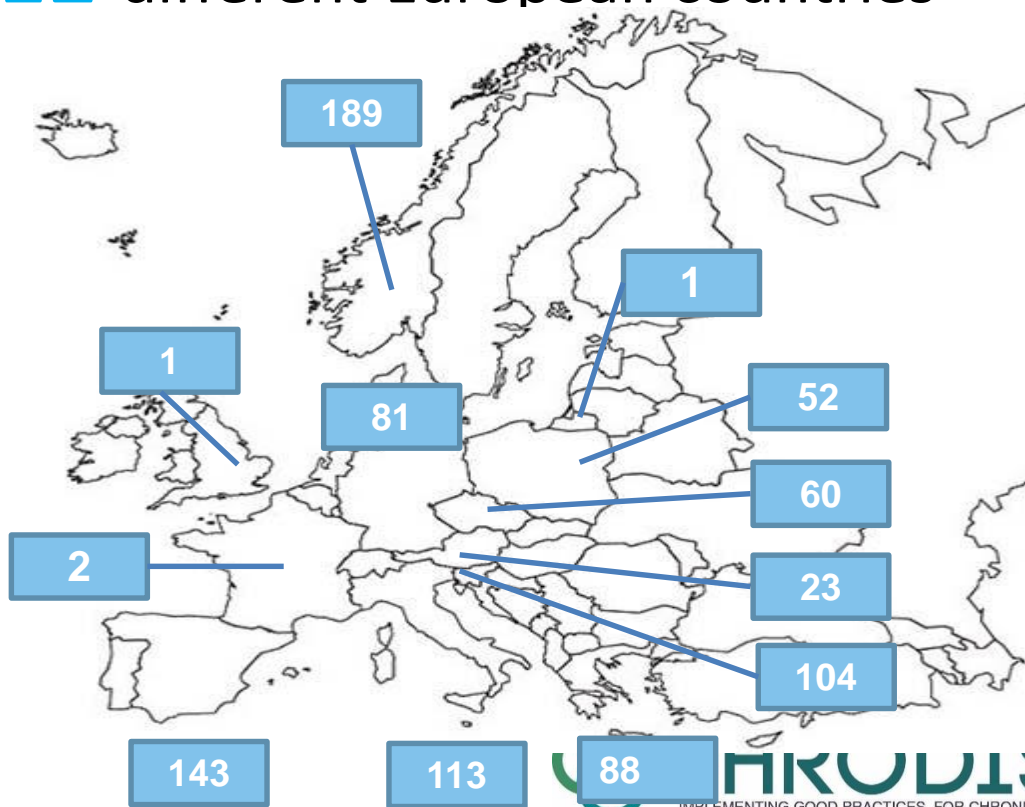
Design of the study protocol to collect employment needs of people with chronic health conditions



857 participants from 12 different European countries



AGE (16-68)
Mean: 44.60
SD: 0.39



IN SUMMARY...

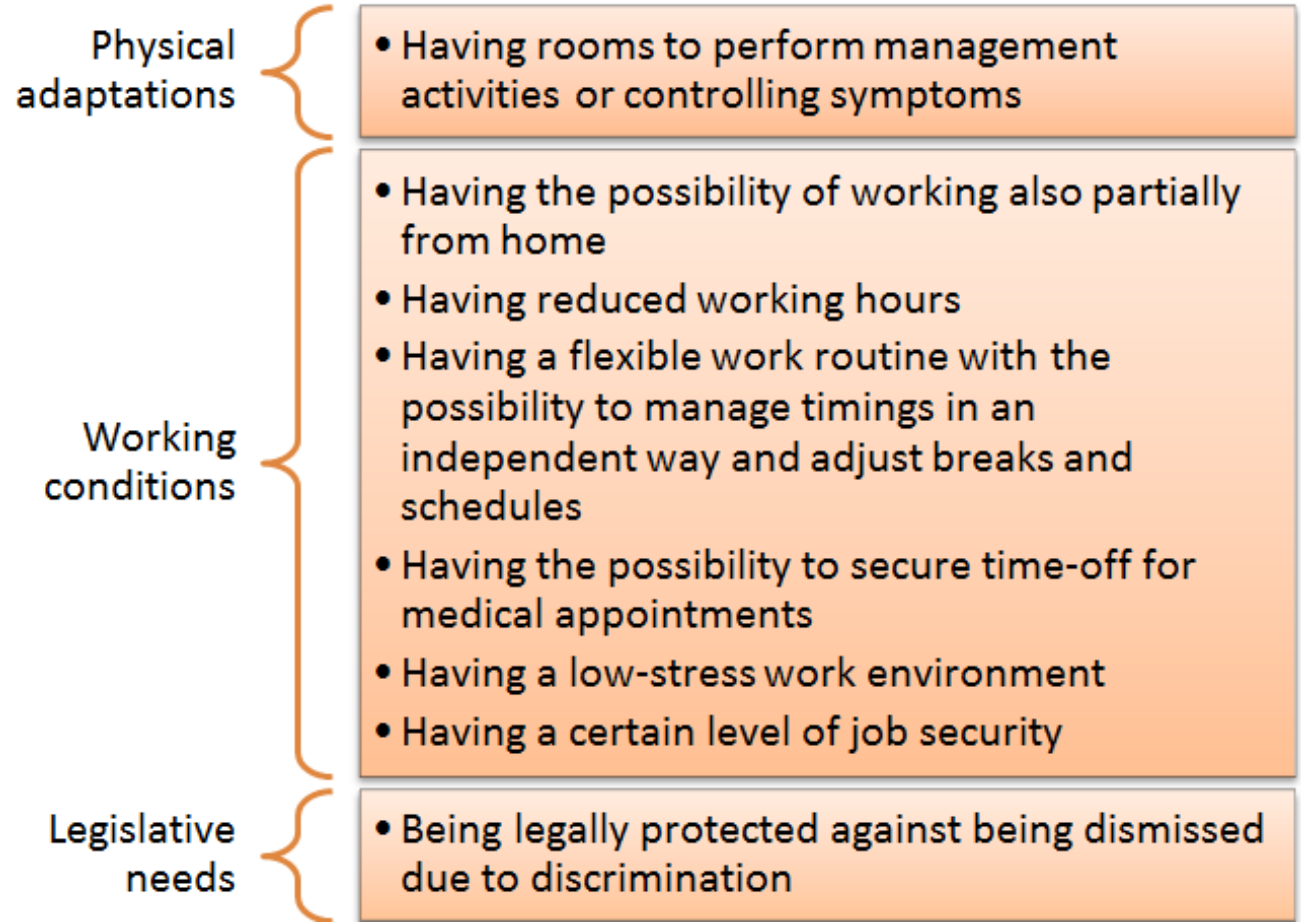
VERY FAVOURABLE

- Having the possibility to secure time-off for medical appointments
- Having a flexible working routine with the possibility to manage timings in an independent way and adjust breaks and

VERY UNFAVOURABLE

- The possibility to legally terminate a job in case productivity decreases due to chronic condition

HIGH PRIORITY EMPLOYMENT NEEDS



HIGH PRIORITY EMPLOYMENT NEEDS

Mental & Health -specific needs

- Having medication adjusted in order to make working easier
- Health services are provided outside typical working hours

Enhancing knowledge others

- Co-workers or colleagues receive training on disease, including symptoms, management activities and work-related difficulties
- Co-workers and managers receive training or practical instructions on how to help with every-day activities or on emergency
- Human Resources personnel have a background in general health

Other employment needs

- To have an evaluation of work capability rather than disability

It is probably necessary to make country **SPECIFIC** policies

- ✓ **Physical environment adaptations** were perceived as very positive in Mediterranean countries
- ✓ **Working conditions adaptations** were considerable very favourable in Scandinavian countries
- ✓ **Mental and Health care needs** were important in Mediterranean and Continental countries
- ✓ **Self-actualization needs** were important in

Requests for early retirement or sick leave are not always based on a real physical inability to work, but rather on the problem that the **workplace doesn't suit with the needs and limits of patients.**

Such as non-flexible working hours that are often incompatible with treatments while flexitime would permit more people to be EFFICIENT to work.

Or also the organization of work is often based on the individual productivity only, without any

Challenges for PATHWAYS Project



Industrial relationships and labour bargaining play a very important role in this framework.

Concepts such as «work attendance», «work performance» or «contractual compliance» nowadays often don't consider demographic changes.

Challenges for PATHWAYS Project?



These strict parameters, that don't consider needs and differences among people, can become too tight for this segment of workers: it is necessary to **perfect a new and more flexible approach of work** in order to match with the radical ongoing social transformation.

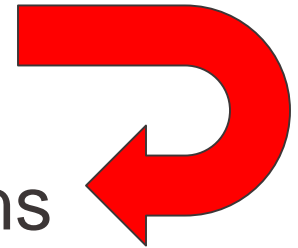
The real challenge for PATHWAYS Project?



To propose a **new paradigm/action** plan to reform welfare systems

The **real challenge** we have to face is to create a «working system» adaptable to people needs and not the contrary, forcing people to accept a work that doesn't respect their health needs.

From EU Pathways Project results
to JA Chrodis Plus implementation actions



Deliverable 6.2: Toolkit for adaptation of the workplace for prevention and maintenance of chronic diseases at the workplace

The **expertise of patients associations** will be particularly valuable to define the toolkit. Based on the findings, we will develop a **CHRODIS PLUS CD Prevention Toolkit for employers** and OHC services, paying attention to all aspects of work environment, including the architectural aspects, as a promoter/inhibitor of health habits.

The CHRODIS-PLUS Toolkit for Adaptation of the Workplace will support employers to **understand the benefits of prevention** of as well as of **workplace adaptation** for CD patients and to **implement prevention activities** acting on environments within identified high-risk populations.

RIVM participation in WP8

Task 8.2. Toolkit for adaptation of the workplace for prevention and maintenance of chronic diseases at the workplace

Overall objective WP 8.2: to develop and pilot a Toolkit for adaptation of the workplace for the prevention and maintenance of people with chronic diseases at the workplace.

Definitions Chronic diseases:

We will focus on chronic diseases that are related to lifestyle and have a high disease burden, in particular: **diabetes mellitus type 2, cardiovascular diseases, lung diseases, back disorders, and depression.**

Interventions at workplace:

We will focus on preventive interventions as well as on workplace interventions.

Preventive interventions include interventions aimed at the promotion of a healthy lifestyle, i.e. sufficient levels of physical activity, healthy diet, quit smoking, stop excessive alcohol consumption.

Workplace adjustments involve both ergonomic and organisational adaptations. Ergonomic adjustments include changes in the workplace itself or equipment, i.e. changes in the furniture or the materials needed to perform the work. Changes in the work organization include changes in schedules or tasks, training in task performance, and altered working relationships with supervisor and co-workers. per country to identify best practices at the workplace to 1) prevent the development of chronic diseases and 2) to increase work participation of workers with a chronic disease. **We will hold interviews with the main organisations that offer workplace health promotion interventions and programmes to promote work participation of workers with a chronic disease.** For example, representatives of the Dutch Center for Work & Health and the Dutch Center for chronic disease and work (CCZW) will be invited for an interview.

Work plan

Phase 1: Literature study and website searches

Facilitating factors at the workplace will be identified by performing a literature search (in Pubmed) for systematic reviews and other overviews. The searches aim to identify facilitating factors in the workplace to 1) prevent the development of chronic diseases and 2) to increase the work participation of workers with chronic diseases.

Criteria for best practices should be determined and agreed upon by all countries. Best practices at the workplace will be identified by searching through relevant national and international databases/websites (such as the websites of the European Network for Workplace Health Promotion, the National prevention program 'Everything is Health' and the database of best practices of the Centre for Healthy Living) and relevant reports (such as from NIVEL and the Social and Economic Council of the Netherlands).

Phase 2: Interviews with representatives of organisations in the field of work, prevention, and chronic diseases:

4-8 interviews per country to identify best practices at the workplace to 1) prevent the development of chronic diseases and 2) to increase work participation of workers with a chronic disease. We will hold interviews with the main organisations that offer workplace health promotion interventions and programmes to promote work participation of workers with a chronic disease. For example, representatives of the Dutch Center for Work & Health and the Dutch Center for chronic disease and work (CCZW) will be invited for an interview.

Phase 3: Focus group interviews with employers and occupational health services (or branches):

Each country will organise 2 focusgroup interview(s) with employers and 1 focusgroup with occupational health services. Participants in the focusgroup will be asked:

- Which interventions or workplace adaptations are offered to workers with a chronic disease?
- What are facilitating factors and barriers for the implementation of preventive interventions at the workplace? Do workers participate in these interventions or make use of workplace adaptations? If not, why?
- What is needed to increase work participation of workers with a chronic disease?

Result: summary of barriers and facilitating factors for implementation of preventive measures or workplace adaptations.

Phase 4: Development of chronic disease prevention Toolkit

The Toolkit will consist of instruments and information aimed at workplace adjustments or preventive measures to enable working of those with a chronic disease based on the output from phase 1-3. The output from phase 1-3 is:

- Overview of facilitating factors at the workplace to prevent the development of chronic diseases
- Description of 2-3 Dutch best practices at the workplace to prevent the development of chronic diseases
- Overview of facilitating factors at the workplace to increase work participation of workers with a chronic disease
- Description of 2-3 Dutch best practices at the workplace to increase work participation of workers with a chronic disease

Phase 5: Dissemination of chronic disease prevention Toolkit

Dissemination of the toolkit among employers and occupational health services. After 6 months, the perceived usefulness and experiences with the toolkit will be qualitatively explored for one employer, based on interviews with a manager, an occupational health professional and two workers with a chronic disease (pilot project).

Planning

Output

- Toolkit
- Further, we would like to write an international scientific paper with the participating countries.

Questions

- We proposed to focus on 5 chronic diseases. This may be a broad definition. Yet, some workplace interventions may not be directed to a specific group of chronic diseases but directed to workers with chronic diseases in general. What will be the focus of the toolkit, which diseases will be included?
- Will the Toolkit be located on the CHRODIS platform?