



## **Task 8.2: Toolkit for adaptation of the workplace for prevention and maintenance of chronic diseases at the workplace**

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## Task 8.2: Background

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- Chronic diseases have vast social and economic implications also as regards to employment sector.
- **Many chronic diseases have their origin in lifestyles, which are to a large extent determined by the environments we live in**
- Workplaces offer a setting to reach large audiences and apply health promotion and disease prevention equitably
- In Europe around 20% of the total work force works in shifts, which may predispose to smoking, unhealthy dietary habits, weight gain, type 2 diabetes, metabolic syndrome, and cardiovascular diseases. Therefore, in particular work places where work is done in shifts should pay attention to work environments, to promote health and wellbeing of employees.



## Task 8.2: Objective

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- To develop and pilot a Toolkit that will provide employers
  - support to understand the benefits of health promotion and chronic disease prevention
  - practical tools to adapt the work environments and to implement prevention activities targeted at all workers and identified high-risk groups.
- The “adaptation of work place” is understood in a broad sense as any (sustained) policy/activity/process/change in infrastructure that is undertaken to enhance the health and wellbeing of the employees
- The focus will be on chronic diseases that are related to lifestyle, workplace and behaviours and have a high disease burden, in particular: type 2 diabetes, cardiovascular diseases, lung diseases, musculoskeletal disorders, and depression.



1. Promotion of healthy lifestyle habits in workplaces e.g. by workplace design
  - E.g. choice architecture solutions that “alter the properties or placement of objects or stimuli within micro-environments with the intention of changing health-related behavior” (“nudging”). They rely on automatic processes rather than deliberate decision to make healthy choices.
2. Prevention of chronic diseases (among people at risk)
  - E.g. risk identification and prevention of type 2 diabetes in workplace
3. Promotion of inclusion of workers with chronic diseases
  - E.g. “Factors promoting staying at work in people with chronic nonspecific musculoskeletal pain: a systematic review. Disabil.Rehabil. 2012 ;34(6):443-458”



## Task 8.2. Timeline

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1. Literature study and website searches, M3-M12 → **8/2018**
2. Interviews /focus groups with stakeholders, M13-M15 → **11/2018**
3. Development of the Toolkit, M15-M18 → **2/2019**
4. Piloting the Toolkit, M18-M26 → **10/2019**
5. Reporting of the pilots and finalizing of the Toolkit, M26-M30 → **2/2020**
6. Dissemination of the Toolkit M31-M36 → **8/2020**



## Task 8.2. Partners and collaborating partners

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- THL (Finland; task leader)
  - RIVM (The Netherlands)
  - FINCB (Italy)
  - CSJA (Spain)
  - TUD (Germany)
  - EPF
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- Technical Research Institute VTT (Finland)
  - Finnish Institute of Occupational Health (FIOH)



# STOP DIABETES

## - knowledge-based solutions



Academy of Finland  
Strategic Research Council  
2016-2019



**3. Society: Identify barriers and facilitators**

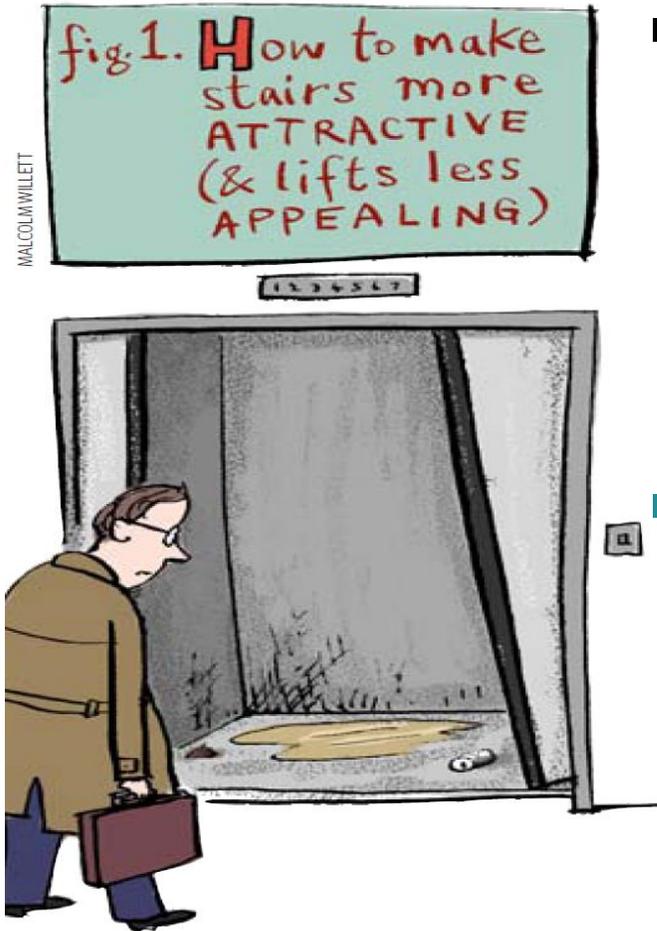
**2. Living environment: modify to support healthy lifestyle**

**1. Individuals: reach all and motivate in lifestyle changes**

**Central idea of StopDia project:  
Three levels of action to stop diabetes**



# Environmental interventions to support healthy lifestyle



- Investigate effectiveness of environmental interventions and their possible synergistic effect with individual level intervention on the adoption of healthy lifestyle.
- Develop a toolbox to modify living environment by varying choice architecture strategies (“make the healthy choice the preferred choice”).



*Marteau et al. BMJ, 2011*

## Eating

- Vegetables ↑
- Fruit and berries ↑
- Nuts, almonds, seed ↑
- Water ↑
- Sugary drinks ↓
- Having a meal
- Healthy snacks

## Physical activity

- Sitting ↓
- Standing ↑
- Steps ↑
- Use of stairs
- Physical activity

## Recovery from work

- Taking breaks
- Having a meal
- Exercise for recovery

# StopDia Nudge Toolbox

*Creating Healthy Worksites*

A proper meal or a cup of coffee for lunch? An apple or a doughnut as a snack?  
By bike or by car? To sit or to stand? Taking the lift or choosing the stairs?

We make up to 10 000 behavioural choices every day. Many of them affect our health and well-being. However, only a third of the choices are deliberate, the rest being made automatically, often unconsciously, cued by environmental stimuli.



A remarkable number of behavioural choices are made at work.  
Therefore working environment has a key role in steering our actions.

StopDia Nudge Toolbox is a collection of means to alter working environment so that it subtly nudges employees towards healthier choices, without requiring deliberate decision-making or effort. These so called “nudges” are based on behavioural insights on human behaviour. StopDia collaborates with employers in designing and putting into practise tailored nudge-combinations at workplaces, taking into account the specific needs of employees.

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**CHRODIS+**  
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

## **Day 2: Workshop**

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

Literature study and website searches, M3-M12 → **8/2018**

- 1. Promotion of healthy lifestyle by e.g. nudging: RIVM, THL, others**
- 2. Prevention of CD among workers at risk: THL, TUD, RIVM, EPF, others**
- 3. Enhancing work participation: FINCB, RIVM, CSJA, EPF, others**

- Similar methodology for all domains**
- Medline, PsycInfo, Cochrane library, (Embase)**
- Search (systematic) reviews and other overviews → “scoping meta-review”**

**Output:** summary reports → combined draft for Toolkit contents (+ scientific papers as agreed)

### Interviews /focus groups with stakeholders, M13-M15 → **11/2018**

1. 4-8 interviews per country to identify facilitators and barriers to implement workplace interventions
  - relevant stakeholders, including organisations that offer workplace health promotion interventions and programmes to promote work participation of workers with a chronic disease.
  
2. Subsequent interviews/focus groups will be organised (1-2 focus groups per each group)
  - employers, employees and occupational health services with more specific questions:
    1. Which interventions or workplace adaptations are available to workers / in use?
    2. What are facilitating factors and barriers for the implementation at the workplace? Do workers participate in these interventions or make use of workplace adaptations? If not, why?
    3. What is needed to increase engagement and participation of employers and employees?

**Partners involved:** RIVM, THL, FINCB, TUD, CSJA?, others?

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



### Development of the Toolkit, M15-M18 → **2/2019**

- Overview of features of best practices related to the three domains
- Overview of facilitating factors at the workplace related to the three domains
- Description of 2-3 best practices per country at the workplace
- **Partners involved:** THL, RIVM, FINCB, TUD, CSJA?, others?
- **Output:** Toolkit (draft)



### Piloting the Toolkit, M18-M26 → **10/2019**

- The Toolkit will be tested in selected work places (shift work if possible)
- After 6 months, the perceived usefulness and experiences with the toolkit will be qualitatively explored, based on interviews with a manager, an occupational health professional and at least 2 workers.

**Partners involved:** THL, RIVM, FINCB, TUD, CSJA, others?



## Task 8.2. Phase 5

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Reporting of the pilots and finalizing of the Toolkit, M26-M30 → **2/2020**

**Partners involved:** THL, RIVM, FINCB, TUD, CSJA?, others

**Output:** Toolkit (**D8.2**) and scientific paper(s) as agreed



## Task 8.2. Phase 6

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Dissemination of the Toolkit M31-M36 → **8/2020**

**Partners involved: EPF, others**



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

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This presentation arises from the Joint Action CHRODIS PLUS. This Joint Action is 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 Third 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.



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