CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

D8.1 Training tool for employers and the employment sector: CD and employment

WP8 Employment and Chronic Diseases: health in all sectors

Task 8.1 Implementation of practices in the employment sector for people with CD: a Training Tool for employers and the employment sector

Promoting inclusiveness and work ability for people with chronic health conditions:

A training tool for managers

Final Version

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Contents

The CHRODIS PLUS Joint Action

CHRODIS PLUS is a three-year initiative (2017-2020) funded by the European Commission and participating organisations. Altogether, 42 beneficiaries representing 20 European countries collaborate on implementing pilot projects and generating practical lessons in the field of chronic diseases.
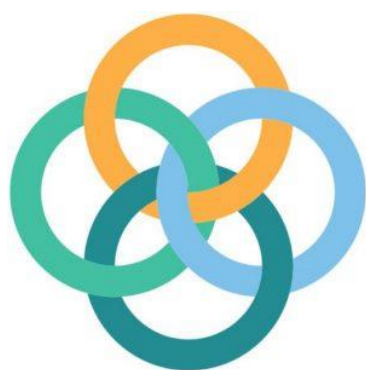
The very core of the Action includes 21 pilot implementations and 17 policy dialogues:

- The pilot projects focus on the following areas: health promotion & primary prevention, an Integrated Multimorbidity Care Model, fostering the quality of care for people with chronic diseases, ICT-based patient empowerment and employment & chronic diseases.
- The policy dialogues (15 at the national level, and 2 at the EU level) raise awareness and recognition in decision-makers with respect to improved actions for combatting chronic diseases.

A heavy price for chronic diseases: Estimates are that chronic diseases cost EU economies €115 billion or 0.8% of GDP annually. Approximately 70% to 80% of healthcare budgets across the EU are spent on treating chronic diseases.

The EU and chronic diseases: Reducing the burden of chronic diseases such as diabetes, cardiovascular disease, cancer and mental disorders is a priority for EU Member States and at the EU Policy level, since they affect 8 out of 10 people aged over 65 in Europe.

A wealth of knowledge exists within EU Member States on effective and efficient ways to prevent and manage cardiovascular disease, strokes and type-2 diabetes. There is also great potential for reducing the burden of chronic disease by using this knowledge in a more effective manner.

The role of CHRODIS PLUS: CHRODIS PLUS, during its 36 months of operation, will contribute to the reduction of this burden by promoting the implementation of policies and practices that have been demonstrated to be successful. The development and sharing of these tested policies and projects across EU countries is the core idea driving this action.

The cornerstones of CHRODIS PLUS: This Joint Action raises awareness of the notion that in a health-promoting Europe - free of preventable chronic diseases, premature death and avoidable disability - initiatives on chronic diseases should build on the following four cornerstones:

- health promotion and primary prevention as a way to reduce the burden of chronic diseases
- patient empowerment
- tackling functional decline and a reduction in the quality of life as the main consequences of chronic diseases
- making health systems sustainable and responsive to the ageing of our populations associated with the epidemiological transition

Contributors and Acknowledgements

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We would like to extend our thanks to all partners engaged in the Joint Action for their leadership and support, in particular we wish to thank all WP8 partners and collaborating partners. They are all listed below. Experts from international organizations such as ILO and OSHA also contributed with several inputs and we thank them for this.

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Abbreviations

CD	Chronic Diseases
COPD	Chronic Obstructive Pulmonary Disease
IHD	Ischemic Heart Disease
MS	Multiple Sclerosis
WAI	Work Ability Index

Glossary of terms in the Training Tool

Term	Definition
Checklist	A list of items required, things to be done, or points to be considered, used as a reminder. It's a type of job aid used to reduce failure by compensating for potential limits of human memory and attention. Generally speaking, checklists consist of a set of statements that correspond to specific criteria; the answer to each statement is either "Yes" or "No". A checklist used for assessment is a tool used in evaluating and measuring using specific criteria that allow an individual to gather information in order to make a judgment regarding the matter being assessed. Checklists are used to encourage or verify that a number of specific lines of inquiry, steps, or actions are being taken, or have been taken. They are tools used to better organize your assignments and to verify, easily, your most important tasks.
Chronic diseases	In literature, there is no common definition of CDs. While the main feature of long duration is a commonplace in all approaches, in some cases the differentiation of definitions varies according to whether their classification is based on the "cause" or the "outcome" of the disease, or whether they are considered as communicable or not. According to WHO chronic diseases or non-communicable diseases (NCDs) are defined as those that have long duration, slow progression and are not passed from person to person. The main types of NCDs more frequently considered are cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, but the term covers a wide range of health conditions, including neurological, musculoskeletal diseases and mental health conditions as well. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of disability. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear, but they can be prevented or controlled through a regular and healthy lifestyle. They tend to become more common with age. Chronic diseases affect 8 out of 10 people aged over 65 in Europe.
Inclusiveness	The practice or policy of including people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of minority groups. An inclusive workplace is that working environment that values the individual and group differences within its workforce. An inclusive workplace makes diverse employees feel valued, welcome, integrated and included in the workforce instead of isolated. Inclusion is highlighted as a community process, and inclusiveness is described as a community outcome. Inclusion in fact is the

	process that helps to overcome barriers limiting the presence, participation and achievement of workers. In an inclusive workplace employees feel valued and rewarded which contributes to creating a sense of openness where problems are discussed openly and a sense of loyalty to the organization.
Persons with non-communicable diseases	Persons with a long-standing chronic or mental health condition (or conditions) that cause a reduced capacity to participate in the open labour market. Persons with NCDs can be employed, unemployed or inactive.
Persons with disabilities- PwD	Persons who have "long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others", according to Article 1 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD). It should be noted that an illness or an injury alone does not constitute a disability unless it is accompanied by obstructive societal or environmental factors. Therefore, ill-health should be seen as a component of disability. It is important to note, however, that on a country level, governments may use their own definitions of disability, based on various factors such as the severity of health or working capacity impairment, in order to allocate disability benefits and supports. In such cases, persons with impairments caused by a NCD may or may not be assessed as disabled, depending on the laws of each country. Therefore, some persons with NCDs can be included in the group of persons with disabilities, while others are seen as non- disabled persons who receive no disability benefits, regardless of their needs for support. A distinction can be made between persons with NCDs whose health condition could qualify them for a disability status, but they do not want to be recognised as disabled for various reasons, and persons with NCDs whose health condition could qualify them for a disability status.
Professional (re)integration strategies	Policies, measures and services aimed at encouraging, facilitating and supporting persons with NCDs in joining or remaining in the open labour market.
Policies	Binding and non-binding legislative frameworks, provisions and policy approaches that set a course or a principle of action at international, regional, national or local level.
Policy dialogue	A policy dialogue is an essential component of the policy and decision-making process, where it is intended to contribute to informing, developing or implementing a policy change following a round of evidence-based discussions, workshops, and consultations on a particular subject. It should be seen as an

	integrated part of the policy-making process, and can be conducted at any level of the health system where a problem is perceived and a decision, policy, plan or action needs to be made.
Reasonable accommodation	A reasonable accommodation is assistance or changes to a position or workplace that will enable an employee to do his or her job despite having a disability. Within the work environment, reasonable accommodations can be described as any change or adjustment to the job, the work environment or the way work is customarily done which enables an employee with a chronic disease to perform the essential functions of a job.
Return to work-RtW	It's used to describe the goal (following an injury/illness) to return an employee to suitable employment, for example, return to pre-injury job. Return-to-Work is a proactive approach designed to help restore injured or ill workers to their former lifestyle in the safest and most effective manner possible. A Return to Work program is developed in a collaborative effort to return the injured/ill worker back to his or her status or to a more suitable one for his new condition. A major benefit for both the injured worker and employer is the Return-to-Work focus on an earlier return to maximum work capacity than would be possible using a non- specialized treatment plan. The development, implementation, and maintenance of a company's Return-to-Work program would strengthen the workplace community through continued communication and the shared goal of the safe return to work of the injured/ill worker.
Services	Services and activities by private or public entities aimed at assisting jobseekers in finding employment as well as social services that directly or indirectly contribute to the employability of persons with NCDs. In other words, services include both mainstream and specialized employment services.
Systems	Supports, programmes or schemes (including financial support) aimed at activating unemployed and inactive persons in obtaining or returning to work; the employed persons in remaining in work; and the employers and employment services in facilitating the participation of persons with chronic diseases in the labour market.
Work ability	It's a dimension that evaluates whether an employee is able to do his/her job in the present and in the future, in relation to the demands of this job, to the work environment, and to his/her own mental and physical resources. Work ability is also determined by professional knowledge and competence (skills), values, attitudes, and motivation, the type of work and the working environment.

Executive summary

One in five employees in Europe suffer from chronic diseases, and even larger proportion is at risk of developing health problems in the future. Employees with or at risk of chronic diseases may encounter discrimination, poorer employment prospects, and losses of income. One reason for this is that employers may not have enough knowledge, support, or practical tools to create working conditions that foster the inclusiveness, wellbeing, health and work ability of all employees, regardless of their health status.

The intention of CHRODIS PLUS Work Package 8 was to improve work access for and participation of people with chronic diseases, to support employers in implementing health promotion and chronic disease prevention activities at the workplace, and to reinforce decision-makers' abilities to create policies that improve access, reintegration, maintenance and stay at work of people with chronic diseases.

The **CHRODIS PLUS Training tool i**s addressed to managers of small, medium and large enterprises dealing with people with chronic diseases, thus, it wants to train managers to recognize the inclusiveness of the workplace and to be able to foster the needed changes. The aim is to prevent the development of chronic health problems, and support the work ability and work participation of employees with chronic health conditions, all for the benefit of employees, employers, and the society.

The process that brought to the development of the final Training tool for managers consisted in 5 phases:

1) **Preparatory phase:** Overview of Existing Training Tools for Employers
2) **Developing phase**: Structuring the Training Tool
3) **Testing phase:** Pilot testing of the Training Tool in European workplaces
4) **Results phase:** Revision of Training Tool following pilot results
5) **Final phase**: Final version of Training Tool defined and sent to European partners

In terms of **concrete suggestions** on how EU policy can support the implementation of this tool, several points are raised and suggested for future activities.

In conclusion, while the Training Tool for managers is important, it is ONLY one part of the steps in the process of alerting Member States of the issues of employment and chronic disease but more work must be done within the Semesters by all relevant stakeholders.

In the figure below the structure of this report is presented.

BACKGROUND
The burden of chronic diseases and the role of the employment sector

INTRODUCTION
What is the Training Tool for managers   Why the Training tool for managers

METHODOLOGY

Phase 1 Overview of existing training tools for employers

Phase 2 Structuring the Training Tool

Phase 3 Pilot testing in European workplaces

Phase 4 Revision of Training Tool following pilot results

Phase 5 Final version defined and sent to European partners

RESULTS
Training Tool for Managers

CONCLUSION AND FURTHER STEPS
Development of a Web Based Tool   Translation in different European languages

RECOMMENDATIONS
Concrete suggestions on how EU policy can support the implementation of this Training tool

1.Background

The burden of chronic diseases is well known. They account for up to 80% of healthcare costs in terms of premature death, healthy life years lost, and lost productivity[1].

In addition to the "big" chronic diseases linked to ageing, many diseases affect also younger people in the middle of their working age. The impact of chronic illness is multi-faceted and includes negative impact on quality of life, education and employment[2]. 1 in 4 people of working age (15 to 64) are estimated to live with long standing health problems that reduce their daily activities. The majority of these health problems come directly from chronic diseases[3].

Employment is fundamental to staying connected to the community, maintaining skills and continuing to develop professionally. Conversely, unemployment can contribute to further health issues for people with chronic conditions such as mental health conditions. For example, the longer unemployment lasts, the more difficult it is for people with mental health conditions to go back to work[4]. This increment is reflected on the levels of income and employment opportunities, career and social inclusion and working conditions for people with chronic conditions. In most cases, working conditions are precarious, due to the fact that companies often experience difficulties in adapting to the health's state of the workers. While some people with chronic conditions cannot continue their professional activity due to their health condition, many can and do continue working or wish to do so and this might have a beneficial impact on their recovery. With adequate support they can continue working, resulting in a hugely improved quality of life that minimises the negative financial impact of chronic health conditions, the risk of social exclusion, poverty and positively contributes to their mental health. Being without work and a sufficient income it means individuals incur further costs on their health. People with disabilities excluded from the workforce are at greater risk of poverty, deprivation of resources, security and life choices[5].

For people with chronic conditions, the value of staying at work also goes beyond providing financial stability - it contributes to social inclusion, wellbeing, and even to recovery from some diseases.

However, in the workplace, people with chronic conditions often face low levels of awareness of their employers on managing chronic conditions. Employers are often misinformed regarding the abilities of people with chronic conditions to continue working, resulting in stigma. Stigma and discriminatory attitudes faced by people with chronic conditions from employers or colleagues, include inappropriate disclosure of their condition, lack of support when returning to work after sick leave, or even difficulties after a long-term absence as well as more difficulties obtaining training opportunities and promotion. It goes without saying that the increase of public awareness and knowledge will reduce discrimination in the workplace, open the way for increased employment, reduce social exclusion and add to the quality of life of people with chronic conditions.

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[1] OECD, (2016). Health at a Glance: Europe 2016, State of Health in the EU Cycle, OECD Publishing, Paris.
[2] Suris J.C., Michaud P.A., Viner R. (2004) The adolescent with a chronic condition. Part I: developmental issues, Archives of Disease in Childhood, 89, pp. 938–942.
[3] Oortwijn W., Nelissen E., Adamini S., Van den Heuvel S., Geuskens G., Burdorf L., (2011). Health of People of Working Age, Full Report. European Commission Directorate General for Health and Consumers.
[4] European Patients' Forum. (2018). Recommendations to promote better inclusion of people with chronic conditions in the workplace in the context of the European Pillar of Social Rights, p. 4.
[5] WHO, Human rights, Health and Poverty Reduction Strategies: Health and Human Rights. (2008), 5.

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Focusing on employers' and managers' training is necessary for an effective management of employees with chronic diseases. Many problems related to return to work and maintenance of work depend on the lack of legislative, medical, psychological and social knowledge.

Employers can create and foster inclusive and supportive workplaces for people with chronic conditions by implementing policies for equal treatment, prevention, workplace adjustment, accommodations (according to the UN Convention on the Rights of People with Disabilities (UN CRPD), which has been ratified by the EU and 27 Member States and return to work, building on existing good practices.

2. Introduction

2.1 What is the Training Tool for Managers

The **CHRODIS PLUS Training Tool on inclusiveness and workability** is directed to managers of small, medium and large enterprises and organizations, as well as their stakeholders:

•Human resource department

•Top management and employers

•Stakeholders (e.g. occupational health care service providers)

•Health and work safety officers

Managers can learn how to measure and increase inclusiveness and workability of people with chronic diseases in public and private workplaces.

The aim of the Training Tool is to help managers to understand the benefits of the inclusion of all workers and a good management of people with or at risk of chronic diseases in the workplace.

The Training Tool is based on a biopsychosocial approach to health, thus it is not disease-specific but based on and targeting human functioning, personal capabilities and chronic diseases commonalities as well as ensuring that the work environment can be a facilitator and not a barrier. The implementation of this training tool in private and public workplaces will have numerous benefits both for employees and the organizations as a whole, concerning inclusion for all employees, maintenance of and return to work.

2.2 Why the Training Tool for Managers

Why managers need this training?

In the workplace there is often a lack of information regarding the abilities and capacities of people with chronic conditions to continue working. People with a well-managed chronic disease, on the contrary, are able to work normal hours and, if reasonable accommodation in terms of flexibility of working times or of workplace adaptation is enabled, they can often stay at work, return to work, and maintain their work.

What are the expected benefits?

Top Benefits for Employees
1. Increase work participation
2. Retaining full earning capacity
3. Maintaining a productive mind-set
4. Staying on a regular work schedule
5. Avoiding dependence on a disability/ pension system scheme
6. Having a sense of security and stability
7. Agree on reasonable acomodations with HR

Top Benefits for the Organization
1. Increase work participation
2. Anticipating and controlling hidden costs
3. Avoid stigma in the workplace and promotes inclusiveness
4. Reducing financial impact of workplace injuries as well as of sick leaves
5. Providing a proactive approach to cost containment by evaluating workability
6. Getting experienced employees back to work, resulting in less time and money spent on recruiting and hiring

3. Methodology

The process that brought to the development of the final Training tool for managers consisted in 5 phases:

1) **Preparatory phase:** Overview of existing training tools for employers
2) **Developing phase**: Structuring the Training Tool
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3.1 Preparatory and Developing phases

The Training Tool draws on international research and on best practices related to inclusion in the work sector and to health assessment of organizations. It was developed with the advice and support of a very large group of international experts, including policy-makers, practitioners, researchers, scientific organizations, patient associations, other relevant stakeholders and representatives of various international agencies, partners or collaborating partners of WP8 and of CHRODIS project. It is built upon the work of international reports and recommendations and on scientific reviews aiming to identifying existing training tools for employers[6].

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6 -Vlachou A, Stavroussi P, Roka O, Vasilou E et al. (2018) Policy Guidelines for Effective Inclusion and Reintegration of People with Chronic Diseases in the Workplace: National and European Perspectives. 15 , 493, s.l. : Int. J. Environ. Res. Public Health.

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The preparatory phase aimed to map the existing training tools on employment and chronic diseases' inclusion/integration/reintegration. An exploratory overview of the online published materials was conducted through Google Scholar and Google, in order to identify the existing training tools for management of employee with NCDs that are currently used in EU countries and in three non-European countries: United States of America (USA), Canada, and Australia. Webpages of relevant European and International organizations, Disabled People's Organizations (DPOs), NGOs, and scientific societies were also consulted. Reports, guides, webinars, workshops, other resources produced by national ministries, political organizations, institutional organizations, patient's associations, trade unions, world organizations, insurances, industrial corporations, and large multinational companies published between 2006 and 2018 were included.

The results, published in a scientific paper[7], are the following: to a large extent, the training programs that were identified in our search were mainly focused on the creation of inclusive workplaces, promoting accommodations and adjustments for workers with disability, by mean of generic recommendations that suggest to employers how to develop a better management of ill employees, but information on what concrete actions have to be implemented were often missing. Moreover, some of the studies identified were not specifically directed to employers, but rather involved the rehabilitation settings, focusing on medical area, or aimed to inform patients. Finally, many training tools were focused on specific diseases only, while information on general principles of management, transversal to different diseases, were lacking. The results suggested that in order to promote an effective and concrete inclusion and participation of employees that are affected by chronic diseases in the labor market it's necessary to involve employers and managers in training programs.

In addition to this web based overview, two systematic reviews were performed, taking into consideration scientific literature.

The first aimed to identify studies of interventions that support the maintenance of work and return to work (RTW) among workers with chronic illnesses. These interventions target employees with the following conditions: diabetes, cardiovascular diseases, metabolic vascular syndrome, respiratory diseases, musculoskeletal disorders, mental disorders, and neurological disorders. An extensive search was performed in PubMed, EMBASE, and PsycINFO for English language studies. Included in this review were 15 randomized controlled trials (RCT) for adult employees (aged 18+). The results show that workplace-oriented and multidisciplinary programs are the most supportive to RTW and reducing the absence due to illness. In addition, cognitive behavioral therapies achieve positive results on RTW and sick leave. Finally, coaching is

- Vooijs M, Leensen MCJ, Hoving JL, Wind H, Frings-Dresen MHW s.l. (2015) Interventions to enhance work participation of workers with a chronic disease: A systematic review of reviews. Occup. Environ. Med, 2015, Vols. 72:820–826.
- Leonardi M, Scaratti C. (2018) Employment and People with Non Communicable Chronic Diseases: PATHWAYS Recommendations and Suggested Actions for Implementing an Inclusive Labour Market for All and Health in All Sectors. Int. J. Environ. Res. Public Health, 2018, 15, 1674.
- Foitzek N, Ávila C, Ivandic I, Bitenc C, Cabello M ,Gruber S, Leonardi M, Muñoz-Murillo A, Scaratti C, Tobiasz-Adamczyk B, Vlachou A, Esteban E, Sabariego C, Coenen M. (2018) What Persons with Chronic Health Conditions Need to Maintain or Return toWork—Results of an Online-Survey in Seven European Countries.Int. J. Environ. Res. Salud pública ,2018, pp. 15, 595.

[7] Silvaggi, F Leonardi M, Guastafierro E, Quintas R, Toppo C, Foucaud J, Lamore K, Rothe U, Scaratti, C Chronic Diseases & Employment: An Overview of Existing Training Tools for Employers, IJERPH, 2019, 16(5), 781

effective for the self-management of chronic disease and significantly improved perceptions of working capacity and fatigue. Such results are described in a scientific publication[8]

The second systematic review targeted a particular chronic disease such as cancer. Cancer patients are more at risk of being unemployed or having difficulties to return to work (RTW) compared to individuals without health concerns, and is thus a major public health issue. The aim of this systematic review was to identify and describe the interventions developed specifically to help cancer patients to RTW after treatment. Two researchers independently screened the articles for inclusion and Critical Appraisal Skills Program (CASP) checklists were used to assess the methodology of the included studies. Ten manuscripts met the inclusion criteria. The type of studies were three quasi-experimental studies, three longitudinal studies, three randomized controlled trials (RCTs) and a qualitative study. RTW interventions were conducted in or outside the hospital (n = 6 and 3 respectively), or both (n = 1). Improvements in RTW were only observed in quasi-experimental studies. No improvement in RTW was noted in RCTs, nor in other measures (e.g., quality of life, fatigue). Lack of statistically significant improvement does not necessarily reflect reality, but may be attributed to non-adapted research methods. This systematic review underscored the need for researches in the RTW field to reach a consensus on RTW criteria and their assessment. Such results are described in a scientific publication[9]

The work done highlited that, in order to promote an **inclusive labor market for all**, it is fundamental to **redesign the role of the workplace**, addressing not only the architectural space but also the general environmental setting, and in particular the "**training setting**" so as to develop the skills of employers and of employees.

This preliminary phase was fundamental to increase the knowledge about the effective management of employees with chronic diseases, and to identify the missing areas to be included in the first version of the Training Tool.

The **Training tool for managers** has been thought to be a generic tool to be provided to managers of small medium and large enterprises dealing with people with chronic diseases. Employers can customize it according to the needs they have.

The Training tool does not pretend to provide ready-made solutions for every type of employee for every specific kind of workplace. Instead, it claims to generate new and stimulating discussion and new questions in European workplaces on the issue of employment, chronic diseases, inclusion and work ability. Moreover, it aims to suggest possible ways of evaluating the present workplace situation and consequent ways of intervention for empowerment. The hope is that the dissemination of the Training Tool will give space to increase consciousness and knowledge on such issues, defeating stigma and discrimination and giving way to the creation of new feasible measures to cope with this challenge. Engaging this Training Tool is the first step towards a change.

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[8] Nazarov S, Manuwald U, Leonardi M, Silvaggi F, Foucaud J, Lamore K, Guastafierro E, Scaratti C, Lindström J, Rothe U. Chronic Diseases and Employment: Which Interventions Support the Maintenance of Work and Return to Work among Workers with Chronic Illnesses? A Systematic Review. Int J Environ Res Public Health. 2019 May 27;16(10). pii: E1864.

[9] Lamore K, Dubois T, Rothe U, Leonardi M, Girard I, Manuwald U, Nazarov S, Silvaggi F, Guastafierro E, Scaratti C, Breton T, Foucaud J. Return to Work Interventions for Cancer Survivors: A Systematic Review and a Methodological Critique. Int J Environ Res Public Health. 2019 Apr 14;16(8). pii: E1343.

An intensive revision of all the drafts of the Training tool was done between all the partners and the collaborating partners that provided useful comments. In particular, patients associations gave very useful insights and comments to adapt the training considering all NCDs issues that arise in the workplace. Comments were also provided by international organizations such as International Labour Organization and Occupational Safety and Health Administration. A professional layout of the training tool has been done so as to be used for the pilot tests.

3.2 Testing and Results phases

After the first version of the Training Tool for managers had been developed, it was tested in **7 companies from 5 different countries:** two companies were involved in Italy, one in Germany, two in France, one in Hungary and one in Lithuania. Therefore, the pilot test targeted managers of different enterprises in European countries. This allowed to receive feedback directly from the addressees of the tool which tested its usability. The pilot testing of the Training Tool for managers consisted in 3 steps:

1) **First step**: the Training Tool for managers was presented to some representatives, mostly managers, representatives of Unions, and Human resources of the involved workplaces before the pilot testing phase.

2) **Second step**: After workplaces confirmed their willingness to participate to the pilot:
   a. managers involved in each workplace read the Training Tool for managers and then implemented the *CHRODIS PLUS Checklist on Inclusiveness* with some of their employees;
   b. managers answered Questionnaire 1 on the usability of the tool (see Annex 1);
   c. managers answered Questionnaire 2 on usability of the *Checklist on environmental inclusiveness* (see Annex 2)*.*

3) **Third step**: after the pilot ended, all answers given by managers from all participating workplaces were gathered and analysed, in order to identify major points emerged, decide which changes to make to the final version, update and finalize the English version of Training Tool (Annex 1 and 2).

The pilot testing of the Training tool allowed to collect information on the pros and cons of the first version of the Training Tool for managers directly from managers of European enterprises participating to the pilot. This allowed to make a tabular list of changes to finalize the tool, improving its usability, completeness and clarity Workplaces that piloted the CHRODIS PLUS Training Tool for Managers found it clear and comprehensive and an essential tool for whoever manages human resources to evaluate how much issues such as inclusiveness and chronic disease are taken into consideration, and offers the opportunity for discussion and action on such themes, improving the work condition of all employees.

3.3 Final Phase

The Training Tool for Managers has been revised following the results emerged from the testing and result phases leading to the final and official version of the tool. Once it has been finalized it has been circulated to European partners of the CHRODIS PLUS Joint Action.

4. Results: the Training Tool for Managers

The final version of the Training Tool for managers[10] results from the process described above and is composed of three sections and one Appendix that contains brief descriptions of some of the most common NCDs. The sections are namely: 1) Measuring the inclusiveness of the organization; 2) Why and how assessing employees' Work Ability; 3) How to support employees with Chronic Conditions.
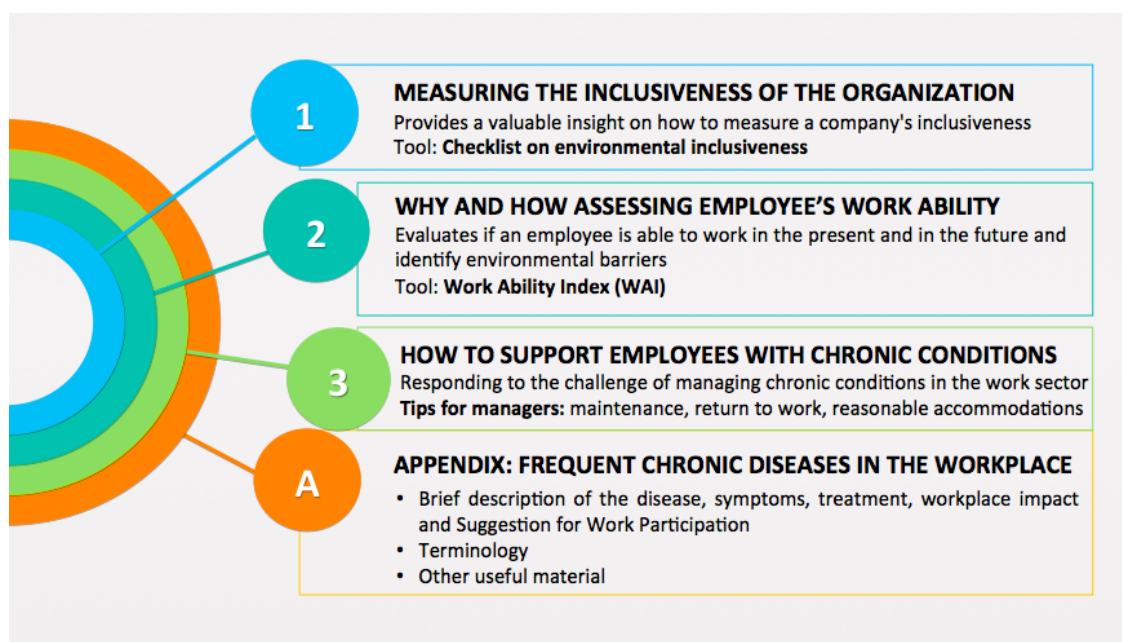
1) Measuring the inclusiveness of the organization:

This Section provides a valuable insight on how it is possible to measure a company's inclusiveness. The knowledge of the level of inclusiveness of a company provides managers with an understanding of the status of an organization and allows to identify critical issues and to overcame them with relevant actions. This knowledge is necessary to project the future and to implement innovative strategies to promote inclusion for every company. Acting on the work environment to reach inclusiveness for all will have several benefits. Inclusion, in fact, is the process that helps to overcome barriers that limit the presence, participation and achievement of workers. In an inclusive workplace employees feel valued and rewarded which contributes to creating a sense of openness where problems are discussed openly and a sense of loyalty to the organization. These, in turn, improve productivity and reduce costs related to absenteeism, turnover and medical claims.

The concept of inclusive workplace refers to an organization that considers, values and uses individual and intergroup differences within its workforce, alleviates the needs of people with health conditions and collaborates with individuals, groups and organizations across the culture of organization itself.

To measure the presence of inclusive attitudes of the organizations a **checklist to assess the level of inclusiveness** in the work environment is provided inside the Training Tool.

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[10] The final version of the Training Tool for Managers is an attachment of this report.

The Checklist on Environmental Inclusiveness (Annex 3) is a simple self-assessment guide for managers and employees of all organizations. It's inspired by different tools on inclusiveness evaluation and has been newly developed to cover all the areas where actions can be made to improve inclusion. Other than the instrument itself, in this section instructions on how to interpret the results of the Checklist and some suggested actions in case the scoring is low, are given (see the Annex).

2) Why and how assessing employees' Work Ability

Work ability is a dimension that evaluates whether an employee is able to do his/her job in the present and in the future, in relation to the demands of the job itself, to the work environment and to his/her own mental and physical resources. Assessments of health and capacity form the basis for work ability measurement, as much as professional knowledge and competence (skills), values, attitudes, and motivation, the type of work and the working environment.

Working conditions that are physically demanding or that imply low job control or that are done in a hindering working environment decrease the work ability of a person.

Work ability can be assessed using the Work Ability Index (WAI), a questionnaire developed by the Finnish Institute of Occupational Health (FIOH) in the 1980s and based on employees' self-assessment of their current work capacity.

Awareness of the factors that either at individual or at environmental level determine work ability enables scientific action to be taken in order to increase employees' work participation or to improve work productivity.

In this Section, a description of the Work Ability Index, instructions on how its results could be useful to the workplace and some suggested actions in case the scoring is low, are given. In addition, a link from which the Work Ability Index itself can be downloaded is provided.

3) How to support employees with Chronic Conditions

An inclusive working environment is created by the actions and attitudes of the individuals who belong to the working environment. Once managers have identified strengths and weaknesses through the tools presented above, they can devise a plan of action that will help to strengthen inclusion and well-being in the workplace of all workers and, in particular, of those with one or more chronic condition.

In this section, more in depth and concrete suggestions for action are provided. In particular, **7 general tips for managers** are listed, and descriptions of what **stay at work, return to work** and **reasonable accomodation** means are given, providing specific actions for each area.

Appendices

The Appendices include *information sheets on the most frequent chronic diseases*, a *glossary and terminology page*, and a section with *useful materials* such as web links and international frameworks references.

In order to improve productivity, wellness and inclusiveness, it is of major importance for an enterprise, a company to be informed about what having a chronic disease means for a person, and to be trained to handle the issue of having an employee with such a condition. Therefore, some brief **case vignettes and fact sheets** on the most frequent chronic diseases that might be encountered in the workplace, are presented.

The diseases have been selected according to the Global Burden of Disease study that identifies the most common chronic diseases in Europe in people of working age. Such diseases are: **neurological, musculoskeletal, cardiovascular, respiratory, metabolic disorders, cancer, mental issues and chronic kidney disease**. The diseases selected are thus to be intended only as examples, and the Appendix makes no claim to be exhaustive.

Each factsheet is composed of a case vignette and of the following 4 sections:

➢ a **brief definition** of the disease
➢ the **symptoms** that typically   characterize the disease, while considering that there may be notable individual differences
➢ **treatments** used, which can be long-lasting or necessary only for certain periods (treatment cycles)
➢ **psychosocial issues and impact of the disease on employment**: key advice that can help to improve the quality of the workplace and the participation and work ability of workers with chronic diseases

The aim of these factsheets is to give the employer a quick framework of various diseases of which some of the workers may suffer, and some suggestions for managing them at best in the workplace.

Moreover, a **Terminology page** and an *Other useful materials* page (containing web links and international frameworks) are provided in the Appendix.

Finally, while the Training Tool for managers was being finalized also the employment sector has being highly touched by the coronavirus disease 2019 (COVID-2019) pandemic. Therefore, a brief paragraph *COVID-19 and the employment sector* has been added, together with some useful links, believing that most suggestions and actions presented in the Training Tool for managers could also be useful in dealing with such issue in the workplace.

5. Conclusions and further steps

The employment sector, as one of the main life domains for people, needs attention, in particular in terms of training on inclusiveness. More awareness and sensitivity could reduce discrimination in the workplace, opening the way for increased work participation of all workers, with or without chronic conditions.

The development of the Training Tool for managers is only one step towards such goals. Further steps have already been taken into action.

➢ **A connection between the Training Tool for Managers and the Toolkit for Workplaces has been created**. The Training Tool for Managers and the Toolkit for Workplaces - which is the product of the work coordinated by the Finnish partner of the Work Package 8 of Joint Action CHRODIS PLUS (for description, see Deliverable D8.2) - have been connected forming the **CHRODIS PLUS Workbox on Employment and Chronic Conditions**. This means, that in order to have more effective and complete results such tools are to use jointly. The Chrodis Plus Workbox as a whole, supports EU member states and their workplaces in creating working conditions that foster wellbeing, health, and work ability, prevent the development of chronic diseases, and help individuals with chronic health problems to continue working. It brings benefits for employees and employers, as well as the entire society.

➢ **Development of a Web Based CHRODIS PLUS Workbox**. Up to date, the CHRODIS PLUS Workbox on Employment and Chronic Conditions consists in two PDF versions of the Training Tool for Managers

and the Toolkit for Workplaces, which can be freely downloaded from the CHRODIS PLUS Website. However, an online version could facilitate it's usability and dissemination, making the CHRODIS PLUS Workbox more dynamic, interactive and accessible. Therefore, the project of creating an online version of such tool is ongoing.

➢ **Translation of the Training Tool for managers in different European languages.** This will increase its possible audience and facilitate its dissemination. Up to date, the translations that are being finalized regard 7 other European languages: Italian, French, Spanish, Finnish, Lithuanian, German and Hungarian.

6. Recommendations

In terms of **concrete suggestions** on how EU policy can support the implementation of this Training tool, several points are raised and suggested for future activities.

1. Integrate workplace health in the 'state of health in the EU cycle'. (i.e. Health at a glance report and country reports).

2. Take up in the EU Semester process aspects explored by the Training Tool for managers, proposing recommendations along these lines for reform to Member States in the areas of health and employment for example.

3. Implement public awareness campaigns, such as the anti-discrimination awareness campaign currently ran by the Disability unit, within the European Commission which as part of their campaign is organizing local events for national employers on reasonable accommodation.

4. Promote the Training Tool for managers and eventually the CHRODIS PLUS Workbox on Employment and Chronic Conditions through activities with social partners.

5. Push stakeholders to reach out to public external programs that offer support to small businesses.

6. Keep enforcing effective compliance with health and safety risks in workplaces in the EU. Employers must assess risks, particularly to vulnerable workers, including those with CDs. It is not always known that there is this specific focus on vulnerable workers. Simple measures to keep vulnerable workers in place can often benefit the whole workforce. This comes back to the issue of the inclusive workplaces, which is that everyone benefits.

7. Promote joint cooperation and joint policy to bring public health, OSHA and employment services together in the EU.

In conclusion, it is importan to highlight that while the Training Tool for managers is an important tool, it is ONLY one part of the steps in the process to alerting Member States of the issues of employment and chronic disease but more work must be done within the Semesters by all relevant stakeholders.

RECOMMENDATIONS

Integrate workplace health in the state of health in the EU cycle

Propose recommendations to Members States in the areas of health and employment

Public awareness campaigns

Promote the Chrodis+ Workbox through activities with social partners

Reach out to external programs to support small businesses

EU needs to enforce effective compliance with health and safety risks in workplaces

Promote a joint cooperation and policy to bring public health, OSHA and employment services together

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Annex 1 - Questionnaire 1 on usability of the tool and results

Training Tool for Managers – European pilot test
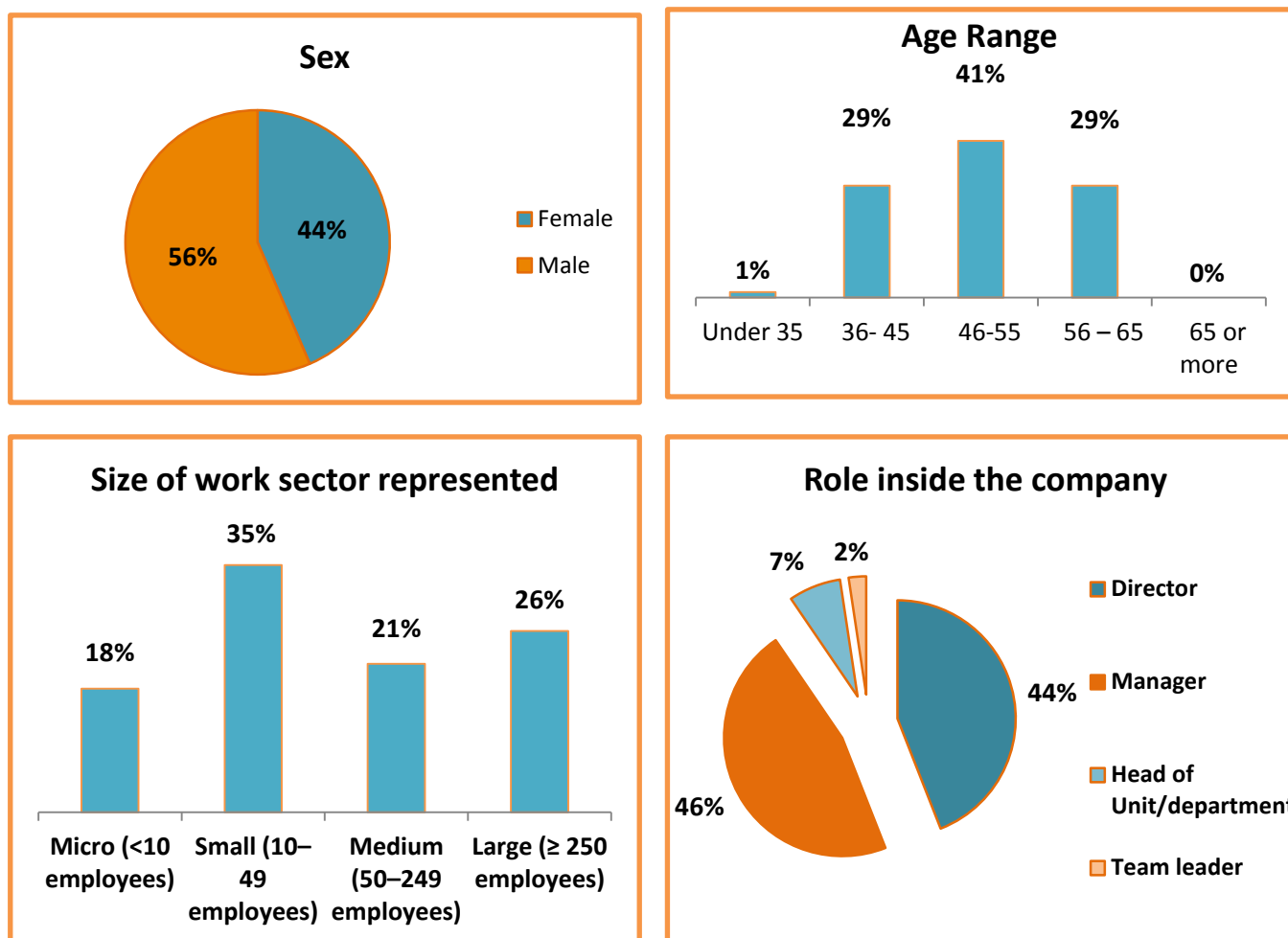
Results from Questionnaire 1 on usability of the tool
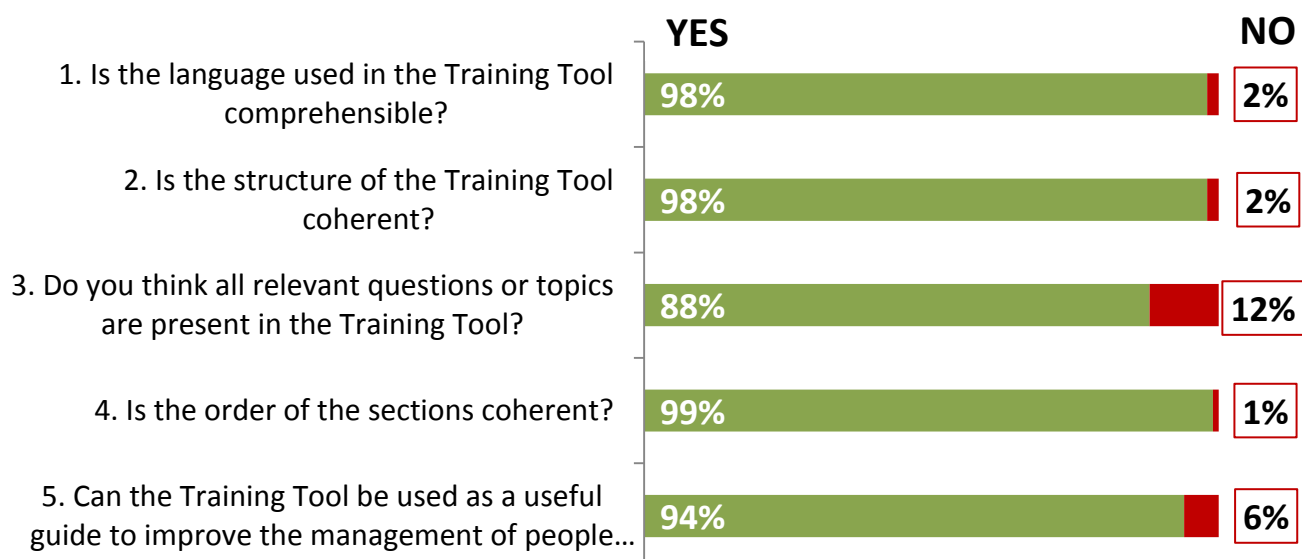
Italy, France, Hungary, Lithuania, Germany

Contents

1. **Sample's socio - demographic Information**

2. **General Questions on Training tool for managers**

3. **Questions on the 3 sections and Appendix of the Training tool for Managers**

4. **Received feedback and consequent Training Tool's revision**

CHRODIS+

1. Sample's socio-demographic Information

Sex

- Female 44%
- Male 56%

Age Range

Under 35	36- 45	46-55	56 – 65	65 or more
1%	29%	41%	29%	0%

Size of work sector represented

Micro (<10 employees)	Small (10–49 employees)	Medium (50–249 employees)	Large (≥ 250 employees)
18%	35%	21%	26%

Role inside the company

- Director 44%
- Manager 46%
- Head of Unit/department 7%
- Team leader 2%

2. General Questions on Training tool for managers

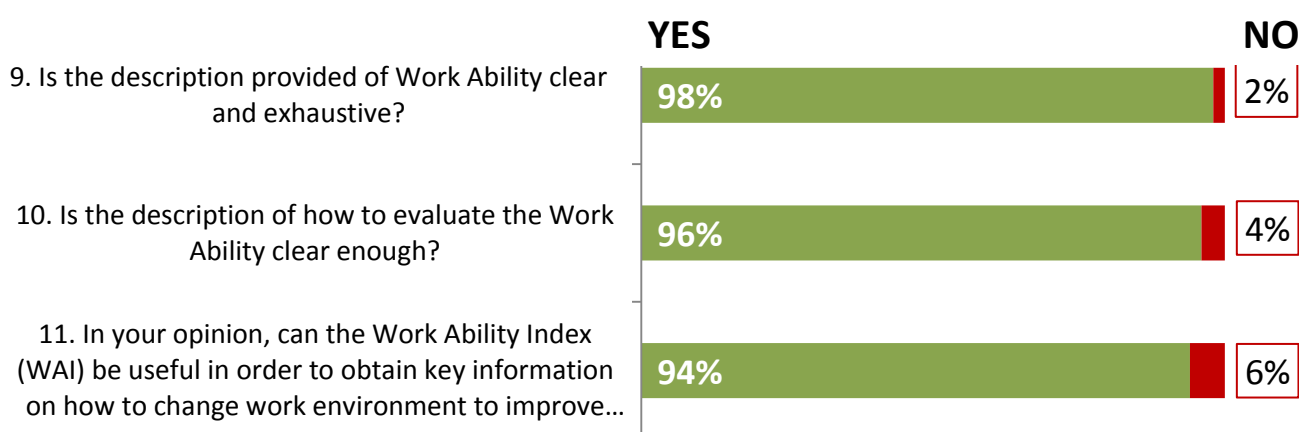|	YES	NO
1. Is the language used in the Training Tool comprehensible?	98%	2%
2. Is the structure of the Training Tool coherent?	98%	2%
3. Do you think all relevant questions or topics are present in the Training Tool?	88%	12%
4. Is the order of the sections coherent?	99%	1%
5. Can the Training Tool be used as a useful guide to improve the management of people…	94%	6%

26

3. Questions on the 3 sections and Appendix of the Training tool for Managers

Section 1 Measuring the inclusiveness of the organization

	YES	NO
7. All aspects of inclusiveness have been mentioned?	91%	9%
8. Are the benefits of assessing inclusiveness clear?	95%	5%
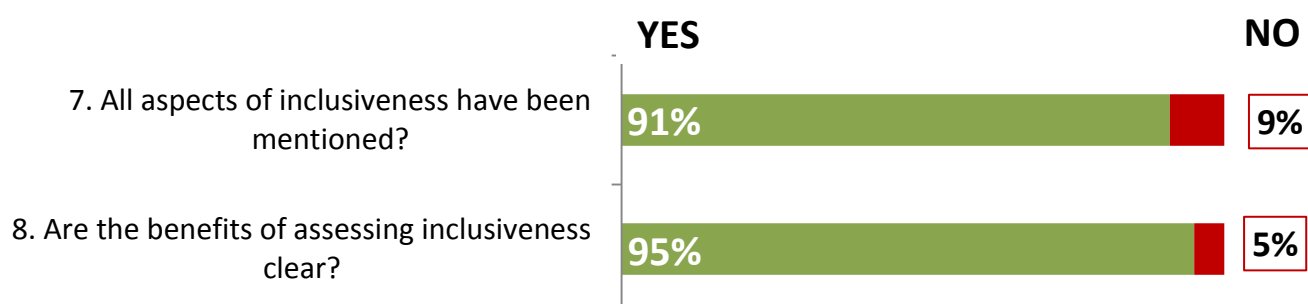
Section 2 Assessing employees' Work Ability

	YES	NO
9. Is the description provided of Work Ability clear and exhaustive?	98%	2%
10. Is the description of how to evaluate the Work Ability clear enough?	96%	4%
11. In your opinion, can the Work Ability Index (WAI) be useful in order to obtain key information on how to change work environment to improve…	94%	6%

Section 3 How to support employees with Chronic Conditions

YES   **NO**

12. Are the tips described for managers clear and exhaustive?   **94%**   6%

13. Do you think all possible tips for managers have been included in Section 3?   **81%**   19%

14. Is the material for online training described in Section 3 (par. 3.3) exhaustive?   **95%**   5%

15. Is the material for face to face training described in Section 3 (par. 3.4) exhaustive?   **94%**   6%

16. Is the concept of reasonable accommodation clearly described?   **96%**   4%

17. Are the examples of reasonable accommodation reported feasible for your company?   **93%**   7%

Appendix - Frequent chronic diseases in the workplace: brief descriptions and suggestions

18. Is the Appendix with case vignettes and examples of chronic diseases useful?   **96%**   4%

19. Is the structure of each sheet clear and complete?   **95%**   5%

20. Are the orange boxes with suggested interventions to help workers with chronic diseases useful and applicable?   **93%**   7%

4. Received feedback and consequent Training Tool's revision

INPUTS EMERGED FROM COMMENTS FOR CHANGE AND IMPROVEMENT OF THE TRAINING TOOL

1. **Lack of definitions**

➤ **A Terminology Page will be added to the Appendix of the Training Tool**

2. **Missing tips for managers**

➤ **A tip on the involvement of the occupational physician will be added to the Training Tool**

➤ **A tip on the promotion of communication and knowledge between all employees will be added to the Training Tool**

3. **Missing topic: When an employee is a caregiver**

➤ **This theme is essential but not relevant with the Training Tool's topics (Employment and Chronic Conditions) therefore it won't be added to the Training Tool**

4. **WAI: complex scoring**

➤ **The Section on the Work Ability Index will be written again and simplified**

5. **Some testers have grasped the meaning and aim of the Training Tool…**

…others less, asking for more practical and specific indications of intervention on the single type of chronic disease and the single type of company

➤ **A "Other useful material" page will be added to the Appendix of the Training Tool for those who wish to find more practical and specific protocols of intervention, and the general aim will be clarified with an additional paragraph in the introduction. Finally, a direct connection with the Toolkit will be underlined throughout all the Training Tool in paragraphs In which more specific actions could be suggested.**
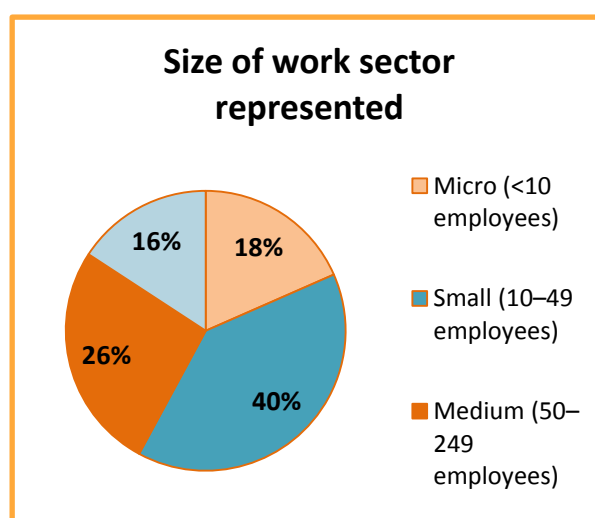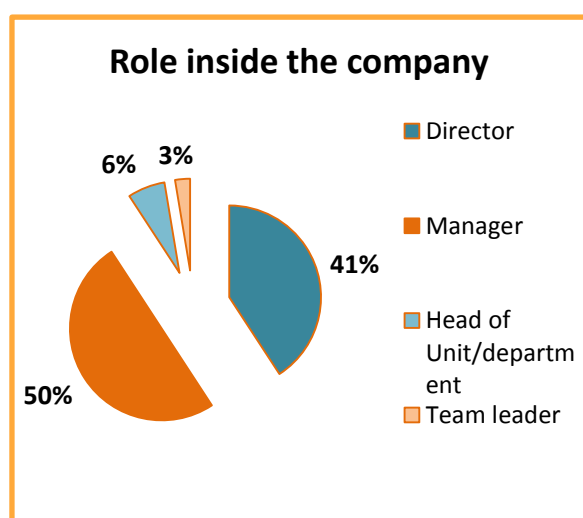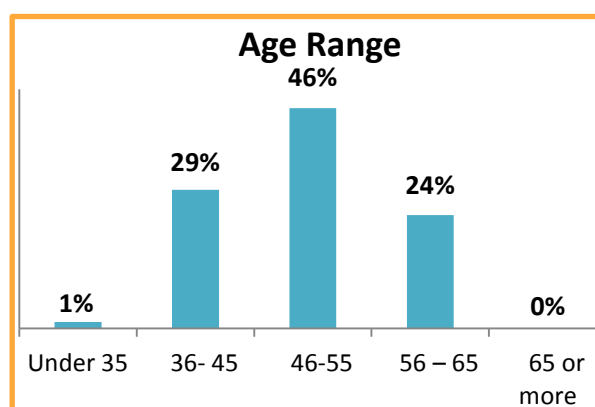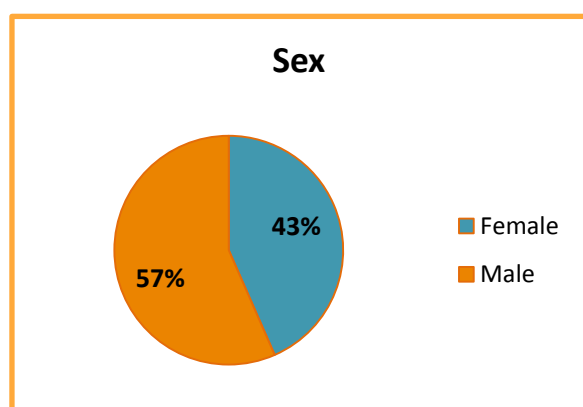
Annex 2 - Questionnaire 2 on usability of the Checklist on Environmental Inclusiveness and results

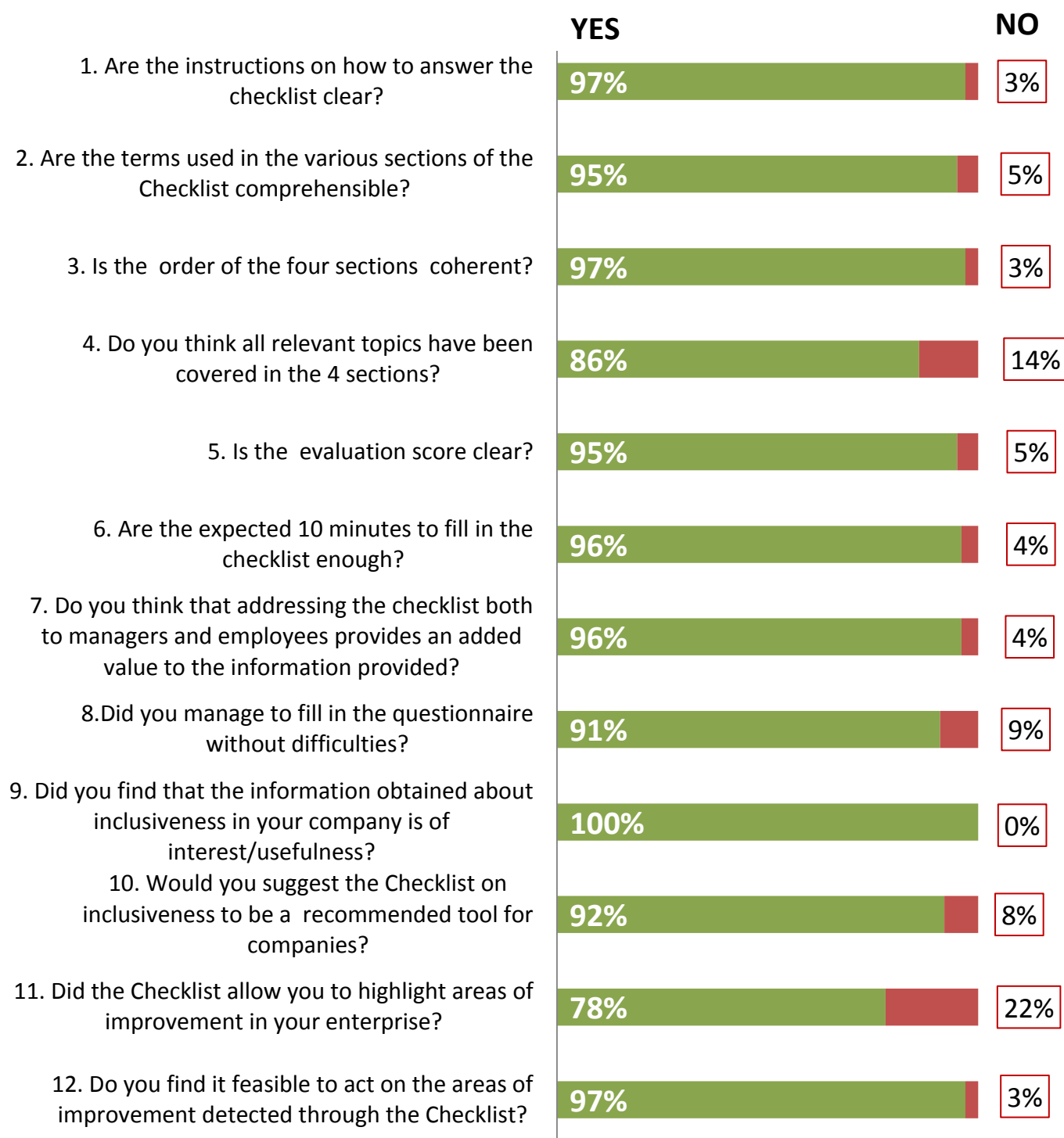# Training Tool for Managers – European Pilot Test

Results from Questionnaire 2 on usability of the

Checklist on Environmental Inclusiveness

Italy, France, Hungary, Lithuania, Germany

1. Sample's Sociodemographic Information

Sex

43% Female
57% Male

Age Range

1% Under 35
29% 36- 45
46% 46-55
24% 56 – 65
0% 65 or more

Role inside the company

6% | 3%
41% Director
50% Manager
Head of Unit/department
Team leader

Size of work sector represented

18% Micro (<10 employees)
16%
26% Small (10–49 employees)
40% Medium (50–249 employees)

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2. Usability Of The Checklist On Environmental Inclusiveness

	YES	NO
1. Are the instructions on how to answer the checklist clear?	97%	3%
2. Are the terms used in the various sections of the Checklist comprehensible?	95%	5%
3. Is the order of the four sections coherent?	97%	3%
4. Do you think all relevant topics have been covered in the 4 sections?	86%	14%
5. Is the evaluation score clear?	95%	5%
6. Are the expected 10 minutes to fill in the checklist enough?	96%	4%
7. Do you think that addressing the checklist both to managers and employees provides an added value to the information provided?	96%	4%
8. Did you manage to fill in the questionnaire without difficulties?	91%	9%
9. Did you find that the information obtained about inclusiveness in your company is of interest/usefulness?	100%	0%
10. Would you suggest the Checklist on inclusiveness to be a recommended tool for companies?	92%	8%
11. Did the Checklist allow you to highlight areas of improvement in your enterprise?	78%	22%
12. Do you find it feasible to act on the areas of improvement detected through the Checklist?	97%	3%

Annex 3 – Checklist on Environmental Inclusiveness

CHECKLIST ON ENVIRONMETAL INCLUSIVENESS

	Does your organization...	Yes (1)	No (0)
Section 1 **Work Environment and Enterprise**	... promote inclusiveness and accessibility to all employees?		
	... give permission to sickness absence?		
	... comply with the rules laid down by contracts and guidelines?		
	... make employees feel protected for their rights?		
	... protect employee's health from physical and psychological breakdowns?		
	... guarantee banning of discrimination in work environment?		
	... guarantee a safe work environment?		
	... promote professional orientation?		
	... promote stay at work programs?		
	...promote return to work programs?		
	SUBTOTAL....../10		

	Does your organization...	Yes (1)	No (0)
Section 2 **Reasonable Accommodation**	... ensure flexi-time?		
	... ensure smart working?		
	... make the workplace accessible by reducing physical barriers?		
	... adapt work station by providing ergonomic solutions?		
	... adapt work tasks?		
	... provide new technologies for improving work performance?		
	... ensure accessibility in the common parts of work environment (i.e. canteen)?		
	... consent to the regulation of natural and artificial light in the working environment?		
	... ensure an adequate climate in the working environment (i.e. air quality...)?		
	... consent to reduce environmental noise as much as possible?		
	SUBTOTAL....../10		

	Does your organization...	Yes (1)	No (0)
Section 3 **Management & Leadership**	... promote cohesion and collaboration between management level and front line staff?		
	... use clear communication strategies with employees?		
	... support good leadership skills?		
	... guarantee a clear management appraisal system of the organization?		
	... encourage co-ordination and collaboration between departments?		
	... guarantee equity in access of resources (i.e. economical, technological...) ?		
	... guarantee possibility of career development for all employees?		
	... guarantee inclusion of employees in decision involving them?		
	... guarantee equity in the distribution of incentives?		
	... protect health and security of all the employees?		
	SUBTOTAL......./10		

	Does your organization...	Yes (1)	No (0)
Section 4 **Teamwork & Leadership**	... promote team cohesion and make sure nobody feels isolated?		
	... guarantee support from colleagues in case of difficulties?		
	... give employees the possibility to express their needs?		
	... give employees the possibility to express their ideas and point of view?		
	... guarantee a workload balance in the teamwork?		
	... promote the use of individual skills in order to achieve common goals?		
	... reduce stigma and discrimination between colleagues?		
	... guarantee respect for the rules?		
	... give the possibility of career growth?		
	... guarantee respect for all types of needs between colleagues?		
	SUBTOTAL......./10		

Attachment: The Training Tool for Managers

CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

Promoting inclusiveness and work ability for people with chronic health conditions
A training tool for managers

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Regional Ministry of Health and Families of Andalusia (CSJA/FPS) – SPAIN

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National Institute for Health Public and the Environment (RIVM) – HOLLAND

National Institute of Public Health (NIJZ) – SLOVENIA

Semmelweis University (SU) – HUNGARY

Vilnius University Hospital Santaros Klinikos (VULSK) – LITHUANIA

Lithuanian University of Health Sciences Hospital Kaunas Clinics - LITHUANIA

COLLABORATING PARTNERS

European Brain Council (EBC) – BELGIUM

European Federation of Neurological Association (EFNA) – BELGIUM

European Chronic Diseases Alliance (ECDA) – BELGIUM

Finnish Institute of Occupational Health (FIOH) – FINLAND

Pain Alliance Europe (PAE) – BELGIUM

The Danish Committee for Health Education (DCHE) – DENMARK

CHRODIS+
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CONTENTS

CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

**CHRODIS PLUS WORKBOX
on Employment and Chronic Conditions**

TRAINING TOOL
FOR MANAGERS

TOOLKIT
FOR WORKPLACES

The Chrodis Plus Workbox supports EU member states and their workplaces in creating working conditions that foster wellbeing, health, and work ability, prevent the development of chronic diseases, and help individuals with chronic health problems to continue working. It brings benefits for employees and employers, as well as the entire society.

The two tools included in the Chrodis Plus Workbox are:

1) THE TRAINING TOOL FOR MANAGERS ON INCLUSIVENESS AND WORK ABILITY FOR PEOPLE WITH CHRONIC CONDITIONS

The Training Tool is directed to managers of all kinds of workplaces. It aims to raise managers' awareness on the benefits of inclusion and good management of employees with or at risk of chronic health problems at the workplace. It also provides information on and tools for measuring and strengthening the inclusion and work ability of employees with chronic conditions.

The information and tools included in the Training Tool consider human functioning, personal capabilities, and commonalities of chronic diseases, and they help ensuring that the work environment is a facilitator, not a barrier towards a better inclusion and work ability of all employees.

A symbol throughout the Training Tool will indicate that more suggestions regarding the topic in question can be found in the CHRODIS PLUS Toolkit. Furthermore, numbers from 2 to 8 next to the symbol will indicate more precisely which chapter is relevant for the treated topic. The symbol and the legend for the Toolkit's chapters are the following:

2. Nutrition
3. Physical activity
4. Ergonomics
5. Mental health and wellbeing

6. Recovery from work
7. Community spirit and atmosphere
8. Smoking cessation and reduction of excess alcohol consumption

2) THE TOOLKIT FOR WORKPLACES - FOSTERING EMPLOYEES' WELLBEING, HEALTH AND WORK PARTICIPATION

The Toolkit collects concrete, evidence-based and practically proven means through which workplaces can support the wellbeing and health, and enhance the work participation of all employees, regardless of their work ability and health status. In addition, the means included in the Toolkit aid to prevent chronic health problems. The Toolkit serves both as a checklist and as an idea generator, and facilitates taking concrete and feasible actions towards a health-supporting workplace.

INTRODUCTION

The Challenge

All enterprises depend on managers who are able to manage changes in the labor market but also in their company environment and in that of their employees.

One of the main challenges of the last decades is that the number of employees with **chronic conditions** is increasing, and the ability of these employees to participate in working life is often not recognized among employers. Chronic Diseases (CDs) also affect managers: absence from work, issues connected to employability, costs of retaining or replacing workers, and internal company policies are aspects that are crucial for hiring as well as re-integrating persons with CDs.

The Answer

The CHRODIS PLUS Training Tool has been developed to **help employers understand the benefits** of the inclusion, integration, stay at work and reintegration of people suffering from chronic diseases and will train managers to **evaluate inclusiveness and work ability** of their teams so as to create facilitating environments for reaching desirable organizational outcomes: **productivity, job satisfaction of all employees, and organizational commitment**.

CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

2. Why managers need this training?

Good management includes taking care of the most important resource of the organization: the employees. A manager should be competent in the team's business and this is related also to **the health and wellbeing of employees.**

At the workplace there is often a **lack of information** regarding the abilities and capacities of people with chronic conditions to continue working, resulting sometimes in stigma and in inappropriate disclosure of their condition, lack of support when returning to work after sick leave, or even difficulties after a long-term absence as well as more difficulties obtaining training opportunities and promotion. This lack of knowledge and of information about employees' health and wellbeing is impacting on leadership and the increase of ageing employees with chronic conditions could be an element that deserves to be known and handled by managers.

Chronic diseases, or **non-communicable diseases** (NCDs), are broadly defined as diseases of long duration and generally slow progression that are not passed from person to person (e.g. type 2 diabetes and cardiovascular diseases).

While chronic diseases are the main causes of longstanding health problems in the working-age population, existing national policies, in most cases, do not address chronic illnesses specifically, nor the specific needs of patients with highly cyclic conditions where periods of normal life (e.g. during remission) and periods of frailty (e.g. during treatment cycles) alternate.

People with a well-managed chronic disease are able to work normal hours and, if reasonable accommodation in terms for example of flexibility of working times or of workplace adaptation is enabled, they can often **stay at work, return to work or maintain a work**. The ability in the employment sector, to manage complex and chronic conditions brings important returns to individuals, employers and indeed society as a whole. For example. retaining the experience and knowledge of a worker with a chronic illness is essential to the business outcomes of a company and the overall economic productivity of a country.

This is the scope of this **TRAINING TOOL FOR MANAGERS.**

3. How was the tool developed?

This training tool was developed within the **European Joint Action CHRODIS +**, a 3-year project in which 42 partners, representing 21 European countries, collaborate to implement good practices in the working lives of those with chronic diseases. The tool draws on **international research** and on **best practices** related to inclusion in the work sector and to the health assessment of organizations. It was developed with the advice and support of a large group of **international experts**, including policy-makers, practitioners, unions, researchers, patient associations, other relevant stakeholders and representatives of various international agencies. It is built upon the work of the EU Pathways project (www.path-ways.eu), of international reports and recommendations and on scientific reviews aiming at identifying existing training tools for employers [1].

[1] Lamore K, Dubois T, Rothe U, Leonardi M, Girard I, Manuwald U, Nazarov S, Silvaggi F, Guastafierro E, Scaratti C, Breton T & Foucaud J. Return to Work Interventions for Cancer Survivors: A Systematic Review and a Methodological Critique, Int. J. Environ. Res. Public Health 2019, 16(8), 1343;
- Silvaggi F, Leonardi M, Guastafierro E, Quintas R, Toppo C, Foucaud J, Lamore K, Rothe U & Scaratti C, Chronic Diseases & Employment: An Overview of Existing Training Tools for Employers, International Journal of Environmental Research and Public Health, 2019, 16(5), 781
- Nazarov S, Manuwald U, Leonardi M, Silvaggi F, Foucaud J, Lamore K, Guastafierro E, Scaratti C, Lindström J, Rothe U, Chronic Diseases and Employment: Which Interventions Support the Maintenance of Work and Return to Work among Workers with Chronic Illnesses? A Systematic Review, Int. J. Environ. Res. Public Health 2019, 16(10), 1864

CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

4. What are the expected benefits?

Implementing this training tool in enterprises will have numerous **benefits both for employees and the organizations** as a whole, concerning inclusion, stay at work and return to work. Work Participation will be the broad expected outcome that will benefit all, so that discrimination and stigma are avoided and inclusiveness for all is promoted. The Training tool does not pretend to provide ready-made solutions for every type of employee for every specific kind of workplace. Instead, **it claims to generate a new and stimulating discussion and new questions in European workplaces** on the issue of employment, chronic diseases, inclusion and work ability, suggesting possible ways of evaluating the present workplace situation and consequent ways of intervention for empowerment. The hope is that the dissemination of the Training Tool will give space to increase consciousness and knowledge on such issues, defeating stigma and discrimination and giving way to the creation of new feasible measures to cope with this challenge. Engaging this Training Tool is the first step towards a change.

4.1 Top Benefits for Employees

Promoting inclusion, stay at work and return to work programs in any enterprise communicates care and concern. It also shows employees that their well-being is appreciated and that, in the case of sick leave, efforts are made to get them back to work as soon as possible. This benefit employees in the following ways:

- Retaining full earning capacity
- Maintaining a productive mind-set
- Staying on a regular work schedule
- Avoiding dependence on a disability scheme
- Having a sense of security and stability

4.2 Top Benefits for the Organization

Employers, in turn, benefit from preserving their employees' capacity to work and work for instance by retaining their staff actively on the job reducing the associated cost of health insurance and maintaining the productivity of their workforce. For employers, the benefits of being inclusive, meaning having the capacity of hiring and retaining employees with chronic conditions or any kind of decrement in functioning due to health conditions, are multiple. It shows that the employer values diversity and inclusion, which is a part of a well-functioning company; it results in higher motivation, commitment and productivity of the employees and better productivity and it ensures that the company retains skilled staff and spares the additional costs of recruitment and training. In particular by:

- Avoiding stigma in the workplace and promoting inclusiveness
- Reducing the financial impact of workplace injuries as well as that of sick leave
- Providing a proactive approach to cost containment
- Having experienced employees continue working, resulting in less time and money spent on recruiting and hiring.

5. How to use this training?

This Training Tool for Managers is composed of **3 Sections and an Appendix** that includes examples and case vignettes and informative sheets on some of the most frequent chronic diseases in the workplace, other useful materials and a terminology page.

Fight discrimination and stigma in the workplace: promote inclusion for all

Discrimination occurs when one person is treated less favorably than another is, has been, or would be treated in a comparable situation, based on a particular characteristic they hold or when an apparently neutral provision, criterion, or practice would put one person at a particular disadvantage compared with other persons. **Stigma** occurs when certain differences (or imagined differences) are labelled or pointed out and given negative associations. Because of negative perceptions, people with chronic conditions may not **disclose their condition** or may not ask for the necessary **adaptations**. Disclosing the illness is often sensitive for people with chronic conditions as there is stigma attached to chronic conditions and lack of awareness that people with chronic conditions can continue to work. In the context of mental health, in particular, the fact of not disclosing can also lead to the mental health problem getting much worse and may eventually lead to a longer sick-leave absence as well, to the detriment of as well the employee and the employer. The workplace should allow for a climate where ill health can be discussed in a safe environment.

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Chronic diseases and employment: some facts

Employment and Chronic diseases: an emerging issue

The number of **people living with one or more chronic diseases** (CDs) has **dramatically increased** in recent decades and this has significant social and economic implications for the **employment sector.**

The rising prevalence of chronic conditions is probably due to several reasons.

• Firstly, life expectancy has increased which is leading to a higher prevalence of age-related health conditions

• Secondly, the prevalence of unhealthy lifestyles such as smoking, heavy consumption of alcohol, drug use, poor diet and lack of exercise have increased in the European general population

• Finally, people with a chronic health condition are more likely to come down with other chronic health conditions

This comorbidity might be due to the same pathophysiological pattern that some of these health conditions share and also because living with a chronic health condition has an impact on daily functioning which makes people more vulnerable to experience further health conditions. **Individuals with CDs have demonstrated to have poorer employment prospects.** This means for instance fewer possibilities to become employed, difficulties in obtaining training opportunities and advancing in one's career, and early retirement. All these factors have the potential to reduce income and increase the risk of poverty among these individuals, as well as their families. In workplace, there may be **insufficient awareness of the potential of employees with CDs** to continue working, and lack of knowledge of practical means to enable this to happen. If this is the case, there is a risk of inappropriate exclusion from working life of qualified and skillful professionals.

FACT 2: Workplaces play a key role in improving employees' health

Supporting employees with CDs to keep working

Working for as long as possible for people affected by a chronic disease can provide not only a daily routine, but can represent a protective factor for improving the quality of life and wellbeing. Therefore, if the job has not a direct impact on the progression of the disease, people may choose to continue working. In order to promote an inclusive labor markets for all, is fundamental to redesign the role of the workplace, addressing not only the physical working environment but also the social working environment. Often for people with chronic conditions there is stigma attached to the conditions and lack of awareness that people with chronic conditions can continue to work. Chronic conditions may also sometimes be considered as a private matter by people with chronic conditions or/and employers.

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FACT 3: Planning Stay at work and Return to work of skilled employees is a benefit both for the person and the enterprise.

Supporting return to work after sick leave

When employees experience illness or injury, it often impacts their ability to perform their jobs, especially in occupations that are more intensive. As soon as an employee is able, it is in everyone's best interest to return him or her to work in some capacity. Oftentimes, this is done through formalized Return to Work (RTW) programs that are plans established by a business to help reintegrate injured or sick employees into the workplace, after a period of sick leave. The goal is to return employees to the workplace as soon as they are medically able. A well-run RTW program offers benefits to both employers and their employees. For employers, a RTW program offers the following advantages: retain experienced employees, reduces turnover, allows better employee's relations, better productivity, reduced costs. Return to work requires careful coordination and consideration of the needs of the various players; it is in fact a complex process where many actors play a relevant role, not only the affected persons.

Maintaining people with chronic diseases at work and reasonable accommodations

Maintaining people with chronic diseases at work involves a number of adaptations, or reasonable accommodations, that can be made to the working environment. **Reasonable accommodations** should be provided to enable a qualified employees with a chronic disease to perform the essential functions of their job, in order to guarantee the fruition and exercise of human rights. These may include for example changes or adjustments to the physical work environment such as access to lunchrooms, to meetings, to social events, etc. Others might require training of colleagues on the situation. Some of the changes can be scheduled in advance, while others are the result of negotiations that always stem from a certain problem that makes it difficult for the person to perform the given task (for more details see section 3.4). An approach able to act on the environment as well as on the person will allow better results for all.

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SECTION 1

Measuring the inclusiveness of the organization

This Section provides a valuable insight on how it is possible to measure a company's inclusiveness. The knowledge of the level of **inclusiveness of a company** provides managers with an understanding of the status of an organization and allows to identify critical issues and to overcame them with relevant actions. This knowledge is necessary to project the future and to implement innovative strategies to promote inclusion for every company. Acting on the work environment to reach inclusiveness for all will have several benefits **Inclusion in fact is the process that helps to overcome barriers limiting the presence, participation and achievement of workers.** In an inclusive workplace employees feel valued and rewarded which contributes to creating a sense of openness where problems are discussed openly and a sense of loyalty to the organization. These, in turn, improve productivity and reduce costs related to absenteeism, turnover and medical claims.

The importance of Environment

The term "Work Environment" is used to describe the surrounding conditions in which an employee operates. The work environment includes both physical environmental conditions, as temperature and equipment, and social environmental aspects, such as interactions with peers, subordinates and managers in the workplace.

In order to avoid conflicts, it is always important for mangers to create a good work environment characterized by a high degree of trust and respect among employees of all levels.

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1.1 The value and practice of inclusiveness in a company: how to measure it?

The Checklist on inclusiveness in the work environment

The concept of **inclusive workplace** refers to an organization that considers values and uses individual and intergroup differences within its work force, alleviates the needs of people with some health conditions and collaborates with individuals, groups and organizations across the culture of organization itself.

To measures the presence of inclusive attitudes of the organizations a **checklist to assess the level of inclusiveness** in the work environment is provided by this Training.

The Checklist is a simple self-assessment guide for managers and employees of all the organizations.

The checklist, inspired by different tools on inclusiveness evaluation [2], has been newly developed to cover all the areas where actions can be made to improve inclusion.

The checklist is composed by 4 sections:

1) Work environment: it represents the whole organization and its rules;

2) Reasonable accommodations: it regards possible adaptations of the workplace;

3) Management & Leadership: it involves the management
decisions and organization policies;

4) Teamwork & Leadership: it includes the working dynamics
between colleagues and the working performance.

Instructions

There are 10 questions for each of the 4 sections of the checklist. If the sentence represents the organization, the respondent should put YES, while if the sentence does not represent the organization, the respondent should put NO. A YES answer corresponds to 1 point while NO answer corresponds to 0 point. Each section has a maximum subtotal score of 10. The highest possible score is 40.

The Checklist can be compiled by managers as well as by employees. Comparing results on perception of inclusiveness between different roles and areas of the same enterprise allows managers to start corrective actions, if difference are highlighted and if needed.

Quick facts

- **Self-assessment for manager and employees**
- **10 minutes completion time**
- **No invasive or intrusive items**
- **No adverse impact**
- **Instantaneous scoring**

CHECKLIST ON ENVIRONMETAL INCLUSIVENESS

Does your organization...	Yes (1)	No (0)
... promote inclusiveness and accessibility to all employees?		
... give permission to sickness absence?		
... comply with the rules laid down by contracts and guidelines?		
... make employees feel protected for their rights?		
... protect employee's health from physical and psychological breakdowns?		
... guarantee banning of discrimination in work environment?		
... guarantee a safe work environment?		
... promote professional orientation?		
... promote stay at work programs?		
...promote return to work programs?		
SUBTOTAL……/10		

Section 1
Work Environment and Enterprise

Does your organization...	Yes (1)	No (0)
... ensure flexi-time?		
... ensure smart working?		
... make the workplace accessible by reducing physical barriers?		
... adapt work station by providing ergonomic solutions?		
... adapt work tasks?		
... provide new technologies for improving work performance?		
... ensure accessibility in the common parts of work environment (i.e. canteen)?		
... consent to the regulation of natural and artificial light in the working environment?		
... ensure an adequate climate in the working environment (i.e. air quality…)?		
... consent to reduce environmental noise as much as possible?		
SUBTOTAL……/10		

Section 2
Reasonable Accommodation

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	Does your organization...	Yes (1)	No (0)
Section 3 **Management &** **Leadership**	... promote cohesion and collaboration between management level and front line staff?		
	... use clear communication strategies with employees?		
	... support good leadership skills?		
	... guarantee a clear management appraisal system of the organization?		
	... encourage co-ordination and collaboration between departments?		
	... guarantee equity in access of resources (i.e. economical, technological...) ?		
	... guarantee possibility of career development for all employees?		
	... guarantee inclusion of employees in decision involving them?		
	... guarantee equity in the distribution of incentives?		
	... protect health and security of all the employees?		
	SUBTOTAL......./10		

	Does your organization...	Yes (1)	No (0)
Section 4 **Teamwork &** **Leadership**	... promote team cohesion and make sure nobody feels isolated?		
	... guarantee support from colleagues in case of difficulties?		
	... give employees the possibility to express their needs?		
	... give employees the possibility to express their ideas and point of view?		
	... guarantee a workload balance in the teamwork?		
	... promote the use of individual skills in order to achieve common goals?		
	... reduce stigma and discrimination between colleagues?		
	... guarantee respect for the rules?		
	... give the possibility of career growth?		
	... guarantee respect for all types of needs between colleagues?		
	SUBTOTAL......./10		

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How to interpret the results of the Checklist on inclusiveness in the work environment:

Reading answers to checklist's items will allow **to have a picture of the strengths and weakness on inclusiveness of the enterprise.** By noting in which section the organization does not reach the maximum score of 10, managers can promote employees' wellbeing by investing in the domains of inclusiveness in which the organization has not yet adopted inclusiveness strategies.

Once the checklist has been filled in, the total score allows to have a picture of the overall state of the environmental inclusiveness of organization.

Comparing the score given by managers and employees will help to identify areas that could be improved. Poor score identifies areas for intervention. For example, if the enterprise obtains 4/10 points in the section "teamwork" it means that action to promote inclusiveness could be taken in this area.

Suggested actions if scoring is below 40:

- Interventions on work environment to reduce discrimination

- Interventions on reasonable accommodation

- Interventions on organizational policies and management

- Interventions to support the working teams in achieving goals in respecting the needs of all members of the enterprise

[2] This checklist on INCLUSIVENESS is inspired by different documents and between them are to be noted the following:

- UN CONVENTION on the Rights of Persons with Disabilities (CRPD), United Nations, 2006

- AVALLONE, F., Farnese, L., Pepe, S., Paplomatas, A. (2007), Il processo di CONVIVENZA. Indagine ESPLORATIVA sulle dimensioni della CONVIVENZA AFFETTIVA, ORGANIZZATIVA, sociale. In AVALLONE, F., Borgogni, L. (a cura di), CONVIVENZA ed efficacia ORGANIZZATIVA, Rassegna di Psicologia, Quaderno speciale 1, Carrocci Editore, Roma, pp. 33

- O'Leary, J., Legg, A. (2017), Inclusion@Work Index 2017-2018: Mapping the state of inclusion in the australian workforce. DIVERSITY Council Australia web: [https://accessandinclusionindex.com.au/] [http://www.businessanddisability.org/charter-principles-based-self-assessment/]

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SECTION 2

Why and how assessing employees' Work ability

2.1   What does Work ability mean?

Work ability is a dimension that evaluates whether an employee is able to do his/her job in the present and in the future, in relation to the demands of the job itself, to the work environment and to his/her own mental and physical resources. Assessments of health and capacity form the basis for work ability measurement, as much as **professional knowledge and competence (skills), values, attitudes, and motivation, the type of work and the working environment**.

Working conditions that are physically demanding or that imply low job control or that are done in a hindering working environment decrease the work ability of a person.

Work ability can be assessed using the **Work Ability Index (WAI), a questionnaire developed by the Finnish Institute of Occupational Health (FIOH)** [1] in the 1980s and based on employees' self-assessment of their current work capacity.

The basic scientific question was **how long employees and employers are able to work and to what extent being able to work depends on the work content and on job demands**. The concept of work ability was later adopted in various other European and Asian countries [2].

Awareness of the factors that either at person or at environmental level determine work ability enables scientific action to be taken in order to **increase employees' work participation or to improve work productivity.**

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2.2 How to measure the work ability of employees: The Work Ability Index (WAI)

The WAI is a self-assessment tool that **measures the work ability of the employees by considering their interaction with the environment in which they work.**

It can be used for individual employees and for groups of workers [3]. WAI can be sent via email to all workers of a sector and/or of a company. Results should be discussed together with all involved parties.

Quick facts

- **Self-report assessment**
- **10-15 minutes completion time**
- **No invasive or intrusive items**
- **No adverse impact**
- **Instantaneous scoring and reporting output**

Following an assessment of work ability of all employees, an evaluation can be made on the enterprise by identifying whether restrictions on work ability are imminent or in the future, to which environmental factors are related, and what needs to be done to eliminate barriers so as to support as well promote the health of those surveyed. The Work Ability Index (WAI) is composed of **7 sections**:

Sections of the Work Ability Index
1	**Current work ability compared with the lifetime best**
2	**Work ability in relation to the demands of the job**
3	**Number of current diseases diagnosed by a physician**
4	**Estimated work impairment due to diseases**
5	**Sick leave during the past year (12 months)**
6	**Own prognosis of work ability 2 years from now**
7	**Mental resources**

The best possible rating on the index is 49 points and the worst is 7 points. A score of 49 points indicates maximum work ability whereas 7 points denote very poor work ability. It shall be noted that '**poor work ability' means that the demands of the work and the resources of the worker do not fit together**; this may be because of adverse working conditions, limitations on the side of the worker, or both.

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2.3 How to interpret the results?

When interpreting the results, it must be noted that the estimated work ability relates to the work performed by the employees with their respective physical and mental work demands.

Low WAI values do not indicate an individual deficiency but an incongruity between the work demands and the work capability of the employees.

The total score obtained will refer to a score range to which corresponds the current work ability of the respondent and the connected suggested action, as shown in the table below:

SCORE	WORK ABILITY	ACTION
7-27 points	POOR	RESTORE
28-36 points	MODERATE	IMPROVE
37-43 points	GOOD	SUPPORT
44-49 points	EXCELLENT	MAINTAIN

Managers should be able to improve work ability of each employee by changing the environmental barrier into facilitators. In doing so, **also people with chronic conditions can benefit of a more friendly, inclusive and flexible environment, thus each person in a well-managed enterprise can increase his/her work ability.**

You can find the Work Ability Index in the following link:
https://workbox.chrodis.eu/repository/pdf/WAI_Work-Ability-Index.pdf (English version)

Suggested Actions when WAI is low

- **Modification of the work organization**
- **Modification of activities of employees**
- **Improving team support and cohesion of workers in achieving goals**
- **Define interventions focused on reasonable accommodations.**
  These should be discussed with employees of the sector that reports lower WAI

[1] Tuomi K., Ilmarinen J., Jankola A., Katajarinne L., Tulkki A. Work Ability Index, Finnish Institute of Occupational Health, 1998
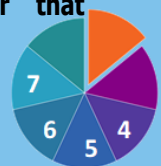
[2] Ilmarinen J., Work ability – a COMPREHENSIVE concept for occupational health research and PREVENTION, SCANDINAVIAN Journal of Work, ENVIRONMENT & Health, VOL. 35(1), pp. 1-5, 2008.

[3] Morschhäuser M., Sochert R., Healthy Work in an Ageing Europe - Strategies and Instruments for Prolonging Working Life, ENWHP, 2006

SECTION 3

How to support employees with Chronic Conditions

3.1 Responding to the challenge

The creation of an inclusive working environment is a **continuous process** that responds to changes in the working environment and in work policies. It influences team building and leadership strategies, it is a part of **strategic planning**. Therefore, an inclusive working environment is created by the actions and **attitudes of the individuals** who belong to the working environment. **Once managers have identified strengths and weaknesses through the tools presented above they can devise a plan of action that will help to strengthen inclusion and well-being in the workplace of all workers and, in particular, of those with one or more chronic condition**.

Managing the demands of the modern workplace can be quite a challenge for employees with a chronic illness. It's also tricky for employers that are challenged to provide their employees with the accommodations they need, while making sure the work still gets done.

Some employees with NCDs may feel depressed or stressed about not working at the peak of their productivity, and concerned about how this may impact their job security.

It's not the employer's role to assess whether employees truly have a disability or not. It's more about helping employees perform their job duties to the best of their ability. It's a delicate balance that takes some finesse, but managers should do whatever they can to support employees with chronic illnesses. It is costly to recruit and train new employees. Long-term employees possess valuable institutional knowledge and skill. Even if health problems prevent them from performing all their working duties, they can still teach or mentor others on tasks related to the position, or contribute their talents in other ways. Enterprises should provide managers with the following tips to develop an action plan for participation, stay at work or return to work.

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3.2 Developing an action plan for inclusion, stay at work, return to work: tips for manager

TIP 1

Identify actions that are realistic, attainable and measurable: the reasonable accommodation

Employers should work with employees who request accommodations to determine whether the accommodation is needed. Reasonable accommodation must be provided to enable a qualified person with a chronic disease to perform the essential functions of the job. This may include changes or adjustments to the work environment as well as access to lunchrooms, to meetings, to social events, etc. Some of the changes can be scheduled in advance, while others are the result of negotiations that are always generated by the issue that makes performing the task difficult.

TIP 2

Define the job description and develop a specific timeline and schedule for completing these actions

Before making reasonable accommodations, the employee should understand the company's business needs and the essential functions of their job. Employees asking for a reasonable accommodation are required to perform only the essential functions of the job. Having a well-written job description ensures management and the employee are on the same page, and employees get the help they need to perform the tasks that matter the most.

TIP 3

Discuss with employees which reasonable accommodations might help them or those that they prefer

Employees know best what they can and can't do, and will be more accepting of accommodations they have themselves suggested. That's not to say all accommodations will work for an enterprise. An employee who assembles widgets on a production line is unlikely to be able to do that at home. However if an employee offers up an idea that is unworkable, managers don't have to reject it immediately. Instead, they have to take the time to listen and eventually explain the reasons why that particular accommodation won't do, and find an alternative that will.

TIP 4

Identify resources necessary for completing the activities, including plans for acquiring those resources and answer the following questions

It is important to understand if an employee who is unable to work full-time, could be able to work in a part-time capacity, or do part of the work from home. Moreover, is crucial to verify if employees could come to work earlier or stay later to make up time missed for doctor's appointments. If, for example, there is a

worker who is a machine operator, and he/she just can't physically perform his/her duties anymore, the employer should explore the feasibility to shift him/her to do a job that is more like office work, or assign special projects to her that may still help the company.

TIP 5

Develop strategies so that employees stay connected

It's common for employees with chronic conditions to feel isolated from their coworkers and everything that's going on the workplace. Efforts to include them in meetings (on conference call or video chat if they're working from home) should be made as well as involving them in social events, and touch base with them on a regular basis. Reaching out helps them to continue feeling like they are valued team members, and that their company cares for them.

TIP 6

Involve occupational physicians to help employers evaluate the interaction between work and health

An occupational health physician is a doctor who specializes in managing work-related conditions. As workplaces become more complex, occupational physicians play an important role in advising people on how their work can affect their health and vice versa. They step back and assess the individual's environment, as well as how their overall health can affect their ability to work. They can formulate and administer workers health programs, inspects plants and make recommendations regarding sanitation and elimination of health hazards.

TIP 7

Promote open communication and knowledge on Chronic diseases between healthy colleagues too, to tackle stigma and discrimination

Managers should think of specific actions towards the whole working team, to defeat ignorance regarding chronic conditions so that everyone could understand the value of inclusion and to overcome stigma and discrimination. This could be done for example through online courses, distribution of information sheets or external experts interventions. It would not only help defeating the isolation of employees with chronic conditions, but also it would help healthy employees understand and accept eventual differences in treatments and aids received.

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3.3 Stay at work: support employees with CDs to keep working

Communication and compassion are critical. Chronic conditions may worsen over time. It's important to monitor how the accommodations made are working, and whether they may need to be changed, or if additional modifications might be needed. **Good companies understand that success includes treating people with respect and dignity, in sickness and in health.** To improve organizational collaboration between employees with chronic diseases and employees without any health conditions, managers can benefit from the use of **intranet** on which a **training package** for all employees can be launched. This should be dedicated to the development of an inclusive working environment. Decrease in functioning might happen to all and with ageing of working population one or more condition can affect health of all. Information on NCDs could also be provided by sending e-mail announcements, adding information on company newsletters and on info-screens.

Material for training package, key suggestions:

- **Information sheets** on chronic diseases in general or on one or more specific diseases (see Appendix)
- **Guidelines** on the psychological, legal, and medical aspects of chronic diseases in general or of specific diseases
- **Webinars** on the advantages of an inclusive working environment
- **Webinars** on collegial relationships
- **Videos** on social consequences of diseases (i.e. common prejudice and stereotypes related to CDs and their consequences)
- **Webinar on Reasonable Accommodation** to adapt the workplace to meet the needs of employees affected by chronic diseases
- **Online Courses** on conflict management in the company, communication techniques, group dynamics and diversity management

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3.4 Return to work after sick leave: what managers should know

Establishing a return to work (RTW) policy and/or program of inclusion and stay at work is not difficult. Some companies already include many of the policies unofficially in the way they handle claims. It is important, however, to execute these programs correctly. Clear guidelines and specific, consistent policies must be established in writing as a mean of workplace quality. Managers should be trained and people with responsibility to handle the RTW of workers should be identified and trained.

A successful RTW training program can be carried out either **online** or **face-to-face**.

For **online RTW training** the company's intranet may be used. The online training may consist of several parts, each of which, focusing on different topics.

Regarding **face-to-face training**, the enterprise can offer periodic training modules that provide managers with the necessary skills for guiding an employee through the RTW pathway. Human resources (HR) personnel and managers can choose which modules to take part according to their needs. Here the 4 most common training modules that should be provided to managers are listed.

To monitor the effectiveness of training initiatives, an **annual survey** should be performed among managers to assess whether they find the training adequate or whether the materials lack any essential topics.

HR personnel and managers may take part in one or more of the modules reported in the boxes below.

Material for the online training

- **Webinar** on the development of policies, relationships, and management structures that streamline the management of sick employees' return to work
- **Guidelines** on how to build return to work program
- **Webinars** on how to conduct interviews with employees that return to work after sick leave
- **Webinars** on how to monitor the process of employees' return to work

Material for face-to-face training

- **Module 1.** Designing tasks and work activities to be included in the RTW process
- **Module 2.** Developing RTW tools
- **Module 3.** How to implement a positive RTW culture
- **Module 4.** The role of supervisors and managers in the RTW process

Examples of RTW strategies

Return to work programs involve "light duty" or alternative jobs for recovering employees. For example, you can assign less strenuous or stressful parts of the employee's normal job or have them work at a slower rate. You can also combine the less strenuous or stressful parts of several different jobs to create one full-time job for the recovering employee; this could free up other employees to take on special projects or catch up with work that is falling behind.

A supervisor can also assign a special project without a tight deadline to a recovering employee.

As another alternative, some companies work with local not-for-profit organizations to keep the employee engaged with light work duties while making a notable contribution to the community.

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3.5 Reasonable accommodations: enable employees with CDs to maintain or return to work

The key for a successful manager, able to include all workers so as to improve the work ability in a company is the ability to do reasonable accommodations, not for just those who have special needs or suffer from one or more chronic conditions. But as a general rule to increase inclusiveness of all. The concept of reasonable accommodation stems from US law but it has also been taken over by the UN Convention on the Rights of Persons with Disabilities of 2006 to indicate all necessary and appropriate modifications and adaptations to guarantee the fruition and exercise of human rights to people with disabilities. Within the work environment, reasonable accommodations can be described as **any change or adjustment to the job, the work environment or the way work is customarily done** which enables an employee with a chronic disease to perform the essential functions of a job.

By removing the barriers that prevent employees from performing the essential functions of a position, **reasonable accommodations allow employees to fulfill their potential as employees**.

It is important to note that workplace accommodations may also produce less tangible "attitudinal benefits" in the sense of improved attitudes toward chronic diseases.

Increased contact with individuals with special needs and decrease functioning due to a health condition tends to improve the attitudes of all employees towards colleagues with health problems but also towards anyone in the workplace.

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3.6 Examples of reasonable accommodations for people with chronic diseases

Modified work schedule and flextime

Allowing flexible working hours or adapting total working time to fit the employee's condition may be a reasonable accommodation unless it would cause undue hardship.

This may include flexibility in daily working hours or working days of the week, or part-time work

Modification or Purchase of Equipment and Devices

Purchasing new, or altering existing, equipment may serve as a reasonable and effective accommodation for people with one or more CDs. There are many devices that enable people able to overcome barriers to perform their work tasks.

Telecommunication devices for the deaf (TDDs), text telephones (TTs), special software for standard computers, raised or adjustable-height desks, etc.

Modifying physical working environment

It is recommended that physical barriers be removed to enable access to the workplace for all employees.

Work activities must take place in an integrated setting.

This means that architectural barriers may have to be removed or altered to provide structural accessibility to the workplace.

This means making sure that the workplace with its work stations, bathrooms, recreation rooms, conference rooms, workplace cafeteria and other essential spaces are accessible to all (regardless of any physical impairments they may have).

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APPENDIX

Frequent chronic diseases in the workplace: brief descriptions and suggestions

In order to **improve productivity, wellness and inclusiveness**, it is of paramount importance for a company to be informed about what having a chronic disease means for a person, and to be **trained** to handle the issue of having an employee with such a condition.

Several illnesses can occur during a lifetime and especially during working age and each one of these should be equally considered. The following Appendix presents some brief case vignettes and fact sheets on the **most frequent chronic diseases that might be encountered in the workplace**. The diseases presented in this list (e.g., neurological, musculoskeletal, cardiovascular, respiratory, metabolic disorders) has dramatically increased in recent decades, affecting all sectors, including the social and economic aspects of the work sector and have been selected according to the Global Burden of Disease study that identifies the most common chronic diseases in Europe in people of working age. **The diseases selected are thus to be intended only as examples, and the appendix makes no claim to be exhaustive.**

Each factsheet is composed of a case vignette and of the following **4 sections**:
- a **BRIEF DEFINITION** of the disease
- the **SYMPTOMS** that typically characterize the disease, while considering that there may be notable individual differences
- **TREATMENTS** used, which can be long-lasting or necessary only for certain periods (treatment cycles)
- **PSYCHOSOCIAL ISSUES AND IMPACT OF THE DISEASE ON EMPLOYMENT: key advices** that can help to improve the quality of the workplace and the participation and work ability of workers with chronic diseases

*The aim of these factsheets is to give the employer a **quick framework** of various diseases of which some of the workers may suffer, and some **suggestions** for managing them at best in the workplace.*

*If enabled to and if they wish to, people with a **well-managed chronic disease** are often able to continue working for years after diagnosis.*

Good management of people with chronic disease provides benefits for the company, as well as for employees.

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Musculoskeletal diseases are **conditions that affect the locomotor system**. They can involve different musculoskeletal areas:

- **joints** and associated tissues like tendons and ligaments (e.g. osteoarthritis, rheumatoid arthritis)

- **bones** (e.g. osteoporosis, fragility or traumatic fractures)

- **muscles** (e.g. sarcopenia)

1. the **spine** (e.g. back and neck pain)
2. **nerves** (e.g. sciatica)
3. **multiple body areas or systems**, such as regional or widespread pain disorders and inflammatory diseases

Musculoskeletal conditions are large **contributors to disability**. Here we describe **back pain**, which is a significantly common condition among musculoskeletal diseases.

The case of back pain

The case of Pedro who suffers from back pain

Pedro is a factory worker; his work involves standing several hours a day, and always repeating the same movements, sometimes lifting heavy objects. Recently he has developed back pain and he realizes that the movements he carries out at work worsen his condition. Pedro thinks that he will not be able to go on in this way for long and would like to talk to his manager to ask him if he could have mechanical or human help, or a change of job. He is afraid to go and ask as the company is undergoing the recession and they might not find a new position for him, however, he cannot cope with the pain and is taking many painkillers to no real effect. He does not know with whom to share his concerns, as he is worried he might be made redundant also due to his age and he still needs to work to maintain his family.

Name: **Pedro**
Age: **57 yearsold**
Job: **Factory Worker**

Back Pain

1. What is it

Back pain is characterized by the presence of **pain felt in the lower or upper back**. About 80% of adults experience back pain at some point in their lifetimes.

Back pain can result from **injury, improper physical activity and medical conditions**, and usually derives from a problem with one or more parts of the back (e.g. ligaments, muscles, nerves, spine, disks or vertebrae).

Back pain can affect people of any age and gender, for different reasons. Some **conditions** and **factors** are linked to back pain or might lead to a greater risk of developing the disease:

- As people get older, starting around 30 or 40, the chance of developing low back pain increases
- Females have higher chances of developing lower back pain
- Inactivity, unhealthy lifestyle including smoking, poor eating and drinking habits and lack of exercise
- Presence of widespread pain
- Skeletal irregularities, arthritis, osteoporosis, bulging or ruptured disks
- Improper lifting, muscle or ligament strain, backpack overload

2. Symptoms

Signs and symptoms of back pain can include:

- Muscle pain
- Dull aching sensation
- Shooting or stabbing pain
- Pain that radiates down the leg (sciatica or
- irritation of the sciatic nerve)
- Pain that worsens with bending, lifting,
- standing, walking or sleeping (morning
- stiffness is a very common problem with
- back pain)
- Pain that improves with reclining
- Reduction of flexibility and mobility

Pain can involve the **upper back**, but more frequently, it involves the **lower back**.

Acute back pain is the most common presentation and is usually self-limiting: it is brought on suddenly and lasts less than three months regardless of treatment.

The majority of acute lower back pain is traumatic and mechanical in nature, caused by a fall or heavy lifting. **Chronic back pain** is a more difficult problem, which often causes strong psychological and social issues, such as work dissatisfaction, boredom, and a generous compensation system. Fewer cases of chronic back pain are due to specific causes; most cases are idiopathic and non-specific.

3. Treatment

It is generally possible to take **preventive measures** to avoid or relieve most back pain episodes by improving one's physical condition, learning and practicing proper body mechanics. The following are some **good practices**, only when done under supervision of a trained coach (physiotherapist):

- Exercise: regular low-impact aerobic activities like walking and swimming
- Building muscle strength and flexibility: abdominal and back muscle exercises

Maintaining a healthy weight also plays an important role.

If prevention fails, simple home treatment and self-care often will heal the back within a few weeks. If pain does not improve in that time, a medical examination is recommended to verify and exclude other conditions as back pain may signal a serious medical problem.

Adequate back pain treatment must include different levels, according to a biopsychosocial model. **Typical treatment** for back pain include:

- Home remedies: hot compress or cold packs, activity and physical exercise to improve posture and strengthen core muscles and self-management
- Medication: analgesic and anti-inflammatories, cortisone steroid injections, antidepressants
- Complementary therapies: massage, chiropractic adjustments and physiotherapy, yoga and relaxation techniques, acupuncture, ultrasound or electrical stimulation (TENS), biofeedback, cognitive behavioral therapy.

4. Psychosocial issues and impact of the disease on employment

Back pain is **one of the most common reasons people go to the doctor's or miss work**, and it is **a leading cause of disability worldwide**.

It can be uncomfortable and debilitating, making it hard to concentrate on job, thus it often leads to absenteeism and presenteeism and interferes with quality of life.

Some causes of back pain may be related to the **workplace**. A number of **factors** can contribute to back pain at work, depending on what job entails. For example:

• **Force**: exerting too much force on the back, for example by lifting or moving heavy objects, can cause injury.

• **Repetition**: repeating certain movements, especially those that involve twisting or rotating the spine, can injure the back.

• **Inactivity**: an inactive job or a desk job can contribute to back pain, especially for people who have poor posture or sit all day in a chair with inadequate back support.

To manage workers with back pain and help them continue working or returning to work, employers can promote some interventions.

Interventions to prevent or reduce back pain should be a **priority** for employers; it is their responsibility to foresee a safe and healthy work environment.

Interventions may be applied in the workplace on different levels:

• **raising awareness** (e.g. through guidelines for employees about how to prevent back pain in everyday life)

• **promoting prevention** (e.g. promotion of good practices, such as healthy weight, activity and physical exercise)

• **Providing reasonable accommodations**, depending on the specific features of the back pain and of the job. **Mobility problems**: if walking is painful, the employer might provide accommodations such as moving the workspace closer to important areas the employee needs to use. **Force or repetition**: if the job requires moving heavy items, the employer should provide mechanical or human help, or space rearrangement. **Problems sitting or standing**: if the employee must sit at a desk all day, the employer can provide an ergonomics consultant and specially designed furniture to make the workspace more comfortable. If the job requires standing, the employer may provide a stool or something to lean on, floor mats aimed at reducing fatigue and other similar equipment.

For further information, see:
European League Against Rheumatism (EULAR) - https://www.eular.org/index.cfm
https://oshwiki.eu/wiki/Working_with_rheumatic_and_musculoskeletal_diseases_(RMDs)
https://oshwiki.eu/wiki/Managing_low_back_conditions_and_low_back_pain
https://oshwiki.eu/wiki/Category:Disabled_persons
https://osha.europa.eu/en/publications/conversation-starters-workplace-discussions-about-musculoskeletal-disorders/view
https://osha.europa.eu/en/publications/report-work-related-musculoskeletal-disorders-back-work/view
https://osha.europa.eu/en/publications/factsheet-75-work-related-musculoskeletal-disorders-back-work/view

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Cancer is a **group of diseases characterized by an abnormal growth of cells** that have lost normal control mechanisms and thus are able to expand continuously, invade adjacent tissues, and often migrate to distant parts of the body. Cancerous cells from the **primary (initial) site** can spread throughout the body creating a **secondary tumour** or a **metastasis**.

Cancer can affect any part of the body and there are over 100 types of cancer. Doctors distinguish between cancers that affect the blood and blood-forming tissues (such as leukaemia and lymphomas) and those that are "solid" tumours (such as breast and lung cancer).

There are great differences in the manifestation, prognosis and degree of impairment depending on the type of tumour.

Here, we present **breast cancer** by way of example.

The case of breast cancer

The case of Kate, with breast cancer

Following the last preventive radiological examinations, Kate was diagnosed with breast cancer. She started her first chemotherapy sessions, during which she is very ill and cannot work. Between one therapy and another, Kate is well enough to work, even if it sometimes proves tiring to go into the office and seeing her colleagues makes her feel better. It is very important for Kate to continue working in order to maintain her family, which is why she fears ending up without a job. She would like to work part time but her work might demand meeting with clients or audiences in Court at set times. She wants to ask for flexi time but HR suggests she just takes sick leave and stays at home until she feels better.

Name: *Kate*
Age: *38-year-old*
Job: *Lawyer*

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Breast Cancer

1. What is it

Breast cancer is a disease caused by the uncontrolled multiplication of some cells of the **mammary gland**, which turn malignant. It is the most common form of cancer in the **female population**.

There are **different types** of breast cancer, each with its own peculiarities: they can originate from different components of the breast and arise simultaneously in one or both breasts. All types may also involve, in addition to the mammary gland, the **lymph nodes of the axillary** or **other stations**, which drain the lymph of the breast.

2. Symptoms

Breast cancer signs are **not always noticeable**; there are often no clear symptoms, especially during the early stages of the disease. Half of breast cancer cases occur in the upper outer quadrant of the breast.

One typical symptom is the presence of **palpable, or even visible, nodules**, even if these are generally signs of an already advanced tumor form.

However, breast tumors are not always palpable: other indicators may be **suspected radiological lesions** (not palpable) or **micro calcifications** of doubtful clinical significance.

In general, the initial forms of breast cancer do not cause **pain**, which often may be due to natural hormonal changes during the menstrual cycle.

3. Treatment

Breast cancer is a potentially serious disease if it goes undetected and is not treated early. Early diagnosis, through an adequate check-up program, is important to prevent the damage caused by the disease and treat it in its initial stages, when the chances of recovery are higher.

The tests used to identify the presence of breast cancer are **mammography, mammary ultrasound, magnetic resonance** or **histological examination** following tissue sampling (biopsy).

Knowing the **stage of the disease** is important to provide the patient with the most appropriate care, as well as to formulate a prognosis.

The **most common therapeutic options** currently available for the treatment of breast cancer are:

- **Surgery**: Surgery is the treatment usually offered to most patients to remove the tumor. The operation may be carried out with different techniques depending on the characteristics of the tumor and the breast.
- **Radiotherapy**: Radiation therapy uses high frequency ionizing radiation to destroy neoplastic cells. Radiotherapy is often indicated as a complementary treatment to surgery, before or after it or to treat relapses.
- **Chemotherapy**: Chemotherapy is a systemic treatment that involves the administration of drugs (injections or tablets), which spread, through the bloodstream, inside the body and in this way they may reach and destroy the tumor cells wherever they are located. It can be used before or after surgery, or when distant metastases are present and believed to be responsive to chemotherapeutic agents.
- **Hormonal therapy**: Hormone therapy involves the use of drugs that prevent estrogen from reaching the neoplastic breast cells (thus stopping growth) or reducing the amount of estrogen produced by the body in order to try to reduce the risk of recurrence. Hormone therapy may be taken alone or after chemotherapy has terminated or during radiotherapy.

Following treatment, a multidisciplinary team establishes a personalized plan of **periodic medical check-ups (follow-ups)** according to the needs of the individual patient and the biology of the disease, to monitor any relapses, as well as the physical and psychological effects of treatment.

4. Psychosocial issues and impact of the disease on employment

Although there are considerable differences in the manifestation, prognosis and degree of impairment depending on the type of tumour, cancer diagnosis and treatment always have great **impact on the physical, social and emotional well-being** of patients, their family and caregivers. However, it is increasingly becoming a **manageable chronic disease**. There is a **significant percentage of survivors** for breast cancer and this is particularly relevant in the working sector, especially as the cancer usually affects young **women** with **families** at the beginning, or at the height, of their **careers**. There may be periods of **reduced functioning and productivity**, especially during treatment cycles, which alternate with periods in which the person is **able to work**. Thus, **maintaining work or returning to work** is of paramount importance for people diagnosed with cancer, for social and financial reasons, as well as for their own wellness and self-esteem.

Multidisciplinary interventions, involving the employee, the employer, stakeholders and health care professionals), are effective in enhancing and facilitating the return to work of cancer survivors. The **employer's approach** is crucial in this context. It would be good practice for the company to have a protocol to manage the situation, however, the company should try to adapt and tailor it to a person's needs.

To manage workers with cancer and help them continue working or returning to work, employers can promote some interventions.

- **Support an open flow of communication** between the employer and the employee with cancer during the whole pathway (e.g. designate a single spokesperson to mediate between the company and the employee with cancer throughout the entire process, asking the employee about her desire to communicate the diagnosis, and her preferred way of doing so, to colleagues).

- **Take individual differences in reacting to diagnosis into account** (e.g. respect employee's reactions to diagnosis and treatment and let the employee know that he can always discuss work issues with the employer, but give the employee some freedom to pick the right moment to have this discussion).

- **Be flexible on working conditions** where possible (e.g. if the employee wishes to continue working throughout the treatment, remember that this can be very important for her wellbeing: thus, be understanding and facilitate her needs). This reasonable accommodation could, should, be discussed with the person throughout the entire care process, and should be changed if the needs of both parties change along the way.

- **When RTW is not possible**, talk with the employee about it: if it is an individual decision, discuss possible options and solutions, how to communicate it to colleagues and reorganize the rest of the staff.

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Chronic respiratory diseases are diseases of the **airways** and other **structures of the lung**. Some of the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension.

In addition to tobacco smoke, other **risk factors** include air pollution, occupational chemicals and dust, and frequent lower respiratory infections during childhood.

Here we present one very common respiratory disease, **Chronic Obstructive Pulmonary Disease (COPD).**

The case of Chronic Obstructive Pulmonary Disease (COPD)

The case of Steven with chronic obstructive pulmonary disease (COPD)

Name: **Steven**
Age: **60 year old**
Job: **Delivery worker**

For some months, Steven has developed a persistent cough and when he needs to travel long distances on foot, climb stairs or carry the heaviest packages, he gets out of breath and is forced to stop and sit down for a few minutes to recover. His doctor told him that these are the first symptoms of chronic obstructive pulmonary disease and that he should avoid carrying heavy weights or do this type of tasks and that during a respiratory crisis he must use an oxygen inhaler. Steven would like to talk to his boss about the disease, hoping he can make his job less tiring and accept these conditions. He does not want to stop working but, at his age, he is afraid they may let him go and he thinks he might have real difficulties in finding other jobs.

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Chronic Obstructive Pulmonary Diseases (COPD)

1. What is it

Chronic Obstructive Pulmonary Disease (COPD) is a **set of respiratory diseases** that affect the lungs and bronchi and cause **difficulty in breathing**. It is a chronic, long-lasting condition; therefore, the damage it causes is often irreversible and may only be slowed down.

COPD is an umbrella term used to describe **progressive lung diseases** including:

- **Chronic bronchitis**: a protracted inflammatory state of the bronchial mucosa.
- **Emphysema**: damage to the pulmonary alveoli, the structures of the lungs in which the exchange between air and blood actually takes place. Emphysema usually originates from chronic bronchitis
- **Refractory (non-reversible) asthma**: a type of asthma that does not respond to usual asthma medications.

There may be several causes of the disease:

- In the great majority of cases, COPD is caused by inhaling **pollutants**; that includes **tobacco smoking**.
- Exposure to **toxic substances** of industrial origin (i.e fumes) as well as dust and poor air quality.
- **Genetics** can also play a role in an individual's development of COPD, for people who have a deficiency in a protein that protects the lungs.

2. Symptoms

The main symptoms of COPD are:

- **Shortness of breath**, especially during physical activities, after even mild exercise such as walking up a flight of stairs
- **Wheezing (dyspnoea):** it's a type of higher pitched noisy breathing, especially during exhalations. Breathing is altered in rhythm or frequency, and occurs with difficulty or suffering of the patient.
- **Chest tightness**
- **Excessive production of mucus**, that may contain small losses of blood.
- **Chronic and persistent cough**, with or without mucus

- Hoarseness
- Temperature or chills of cold
- Weakness and lack of energy
- Pain when swallowing
- Swelling of the feet, ankles, or leg
- Unintended weight loss (particularly in the later stages)

Symptoms can also progress into **complications** and cause much more serious harm to the person, such as: frequent respiratory infections (e.g. pharyngitis, colds, flu, pneumonia), emphysema, lung cancer, pulmonary hypertension (high blood pressure in lung arteries), and other chronic comorbidities such as heart disease, depression and anxiety.

3. Treatment

COPD is a **progressive** and **currently incurable disease**, but with the right diagnosis and treatment, there are many things people can do to **manage their disease, breathe better** and **avoid flare-ups.**

With some **lifestyle and activity changes**, people can take an active role in managing their disease and can improve their physical and emotional health, living for many years and enjoying life.

The **first treatment** of chronic obstructive pulmonary disease is **quitting smoking** in order to stop the progression of damage and avoid exacerbations.

Avoidance of passive smoke, chemical fumes, air pollution, and dust, whenever possible.

The **pharmacological treatment** of COPD must be carefully planned by the specialist.

It includes:

- **Bronchodilators**, **Corticosteroids**, **Theophyllin**, and **Antibiotics**
- **Oxygen therapy**, that compensate the difficulty in obtaining the necessary amount of oxygen for the functioning of organs and tissues, especially muscles, in particular the heart.
- **Pulmonary rehabilitation:** a combination of **exercises** to strengthen the support muscles in breathing.

4. Psychosocial issues and impact of the disease on employment

The diagnosis of COPD may have important **consequences on personal and social life**. This is true in particular for people of working age, because the disease can have a great **impact on their job**.

Keeping people with COPD **at work as long as possible** may provide not only a daily routine but may improve their financial, social and psychological wellbeing as well as their physical health. If the job does not have direct impact on the progression of the disease, people may choose to continue working and should be encouraged to do so.

Even if employees with COPD may not always be able to perform to full capacity, it does not mean the disease definitely affects productivity.

To manage workers with COPD and help them continue working or returning to work, employers can promote some interventions.

- **Aerate** and **humidify** work environment, providing adequate **ventilation**.

- Promote **quitting smoking policies** and contact with passive smoke. Provide a **smoke-free, dust-free, fume-free and fragrance-free environment.**

- If the task exposes the worker to any of these lung irritants (fumes, chemicals, toxins and pollution), make sure they protect themselves, for instance by using **protective respiratory equipment**.

- **Limit strenuous activities** of the employee, especially when the type of work requires extensive physical demands. This also may include taking rests from talking, because using the voice can be tiring for people with breathing problems.

- **Allow a flexible work schedule** (e.g. work from home, provide the chance to come in later or leave earlier).

- **Make mobility easier** for the worker (e.g. providing an accessible parking space or a mobility scooter, a briefcase on wheels to transport work items).

- Make sure that the employee **wears oxygen apparatus at work**: this helps prevent breathlessness, improves mental alertness and enables them to get through the workday more effectively. Give them **time to rest** and **take inhaled medications** during the working day.

When it's clear that the type of work will make the employee condition worse, he may want to consider **long-term disability**. Leave the job early for a person with COPD can have a negative impact on pension benefits and on financial condition, as well as on psychological and social well-being, thus it's important to consider **early retirement** as the very last option.

Mental health includes **emotional**, **psychological**, and **social well-being**. It affects how people think, feel, and act. It also helps to determine how they handle stress, relate to others, and make choices. **Mental health conditions** appear when a person experiences **distress** or **difficulties** in some of these areas.

Mental health conditions concern a person's state of anxiety, mood tone, personality, behavior, and general psycho-physical well-being; a health condition can range from mild to severe, can be disabling and interfere considerably with their quality of life.

Mental health conditions are not always visible to others; that is one of the main issues for people suffering from "**invisible illness**" that still nowadays have often to face a lack of social awareness and stigma.

Here we describe **depression** as an example of mental health condition.

The case of depression

The case of Frida that suffers from depression

Frida, aged 48, shows symptoms of depression. She states that she has daily crying spells, feels sad "all the time", has trouble sleeping at night, and is overeating. She reports that her sleeping is disturbed in that it frequently takes her several hours to fall asleep, that some nights she cannot fall asleep at all, and that if she does, she sleeps for only a few hours. She states that she spends the time awake "thinking" and "worrying". For some time, she has been feeling sad and tired but above all, she has lost interest in her work, and during her working hours, she often struggles to concentrate and make decisions. Sometimes she cannot go to work and spends the day in bed. It seems to her that her situation is more than just a "bad period". Frida feels terribly guilty about her condition that is affecting her relationship with her husband and children and is keeping her away from participating in family events. Most of all, she reports that she feels unable to work outside her home at this time; therefore, the situation was beginning to have financial impact. She often feels uneasy about being with her colleagues, with whom she would like to confide, but she fears being judged as lazy or moody. She is afraid to speak to the manager and reveal her situation but she does not know what to do.

Name: *Frida*
Age: *38 year old*
Job: *Secretary*

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Depression

1. What is it

Depression, otherwise known as major depressive disorder or clinical depression is a c**ommon and serious mood disorder**. Those who suffer from depression experience persistent feelings of **sadness** and **hopelessness** and **lose interest** in activities they once enjoyed. **It is not the same as grief or sadness**, which are usually natural reactions to an adverse event or situation (e.g. problems at work or the death of a loved one). The underlying causes may be difficult to ascertain; often, depression has no single cause but is a reaction to a **combination of factors**. Depression is most common in **people aged between 25 and 44**, and **women** are more likely than men to experience depression; however, around **one in six people** experience depression at some time in their lives.

2. Symptoms

To be diagnosed with depression, the individual must be experiencing **five or more symptoms** during the **same 2-week period**:

- **Depressed mood** most of the day, nearly every day.
- **Markedly diminished interest or pleasure** in all, or almost all, activities for most of the day.
- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
- A slowing down of thought and a reduction of physical movement.
- **Fatigue** or **loss of energy** nearly every day.
- **Feelings of worthlessness** or excessive or inappropriate **guilt** nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent **thoughts of death**, recurrent **suicidal ideation** without a specific plan, or a suicide attempt or a specific plan for committing suicide.

To receive a diagnosis of depression, these symptoms must cause the individual clinically **significant distress or impairment** in social, occupational, or other important areas of functioning. However, manifestations of depression can vary in their intensity and duration. Particular depressive episodes can occur in **postpartum women** or in concurrence with the **period of menstruation**, or emerge due to **environmental factors,** such as **seasonal changes**.

3. Treatment

Treatment of depression includes the **following therapies**, which are sometimes used alone and sometimes in **combination with each other**.

- **Antidepressants**, drugs that act on the central nervous system in different ways, **are useful in the acute phases of the depressive crisis**, reduce symptoms over 4-6 weeks and are taken for a period of 8-10 months. Since depression is a recurring disease, the specialist, once the acute episode has terminated, may prescribe a preventive or long-term maintenance therapy, in order to decrease the risk of future episodes, especially for certain people at high risk.

- **Psychotherapy** is an effective treatment for clinical depression. On its own it may not be enough to treat severe depression, but it can play an important role when used with other treatments, including medications. Indeed, while antidepressants have no effects on the causes that lead to depression, psychotherapy, on the other hand, helps people to recognize stress triggers and problems, as well as to change certain behaviors and ways of thinking; it **is more effective in maintaining long-term benefits and preventing relapses.**

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# 4. Psychosocial issues and impact of the disease on employment

Depression is **one of the major mental health issues**. It is a problem for those who are suffering and for their families. Moreover, it is increasingly becoming **a major issue in the workplace**.

- Depression is **not always visible to others**, especially in those cases in which depression is not particularly severe; thus, it can be placed under the umbrella term "**invisible illness**". People affected by invisible illnesses often face a **lack of social awareness** and additional **stigma**. As a result, these individuals often face more skepticism, and are accused of being lazy or moody. These attitudes just contribute to increase **feelings of shame, guilt** and **lack of self-esteem** already present in a depressed person.
These behaviors should be prevented at the workplace, by **increasing awareness of all the company staff**: perceiving understanding and solidarity from one's own working group is a fundamental first step.

- On the other hand, sometimes a person who is depressed doesn't realize the gravity of the situation, diminishing his suffering as a "bad patch". Because of the disease, he may also appear to be **unwilling** or **unable to seek medical attention**. Colleagues, as well as family and friends, may try to **encourage and support** the sufferer in this process of awareness and searching for medical examination and therapy.

To manage workers with depression and help them continue working or returning to work, employers can promote some interventions.

Depressive symptoms, such as tiredness, lack of energy and initiative, as well as impairment in thinking, concentrating and making decisions, have **important repercussions on working life**. One of the consequences is **absenteeism**; another is **presenteeism**. Many people with depression continue to work but do not function at their full capacity (e.g. they may perform poor-quality work, miss the deadlines, may be paralyzed with indecision or have difficulties getting along with coworkers, etc.).

- **Understanding employees' needs on different levels** and finding compromises are crucial for good management of the disease and to help people return to work and/or continue working.

- **Supporting an open and frank flow of communication** between the employer and the employee with depression during the whole process is crucial.

- **Rearrangements in schedules, timetables and flexible working hours** may be more effective than letting people work from home (e.g. "smart working"), thus increasing feelings of loneliness and avoidance of social contact.

- An occupational **psychologist/support desk** in the company can be useful to the person, offering them the opportunity to talk freely about their problem with a competent professional.

- **Work on the environment to avoid stigma**: in particular, it is important that colleagues support a coworker with depression and this can only be achieved by educating the entire group of colleagues.
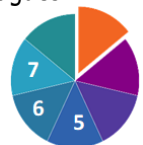
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Cardiovascular disease is a general term for **conditions affecting the heart** or **blood vessels**. Cardiovascular disease includes all the diseases of the heart and circulation such as ischemic heart disease, angina, heart attack and congenital heart disease.

Cardiovascular diseases are usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) that cause a **narrowing of blood vessels** and an **increased risk of blood clots**.

Cardiovascular diseases are one of the most common diseases in Europe and are a **major cause of death and disability**; therefore, their prevention and management are of paramount importance.

There are many different types of cardiovascular disease. Here, by way of example, we present **Ischemic Heart Disease**, which is the most common condition in this category.

The case of ischemic heart disease

The case of Carlo that has got an ischemic heart attack

Carlo is a receptionist; his work is sedentary and on shifts, often at night. Recently he has been experiencing a sort of heaviness or tightness in the chest, which sometimes turns into real pain. After a medical examination, he was diagnosed with ischemic heart disease. He was absent from work for a period, to undergo further medical check-ups and to avoid job strain and work-related stress.

Now Carlo would like to return to his normal routine as soon as possible, but his doctor recommended he avoid shift work: he hopes his manager will agree to this condition and let him continue working with some adjustments.

Name: *Carlo*
Age: *50 year old*
Job: *Receptionist*

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IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

Ischemic Heart Disease (IHD)

1. What is it

Ischemic heart disease is the main form of cardiovascular diseases (CVD).

Ischemic heart disease (IHD) is when the **coronary arteries that supply the heart muscle with oxygen-rich blood become narrowed by a gradual build-up of fatty material within their walls**. Over time, this fatty material, called atheroma, can build up inside the walls of the arteries. This is known as atherosclerosis. Eventually, as atherosclerosis progresses and worsens, the arteries may become so narrow that they cannot deliver enough oxygen-rich blood to the heart. If a piece of atheroma breaks off it may cause a blood clot (blockage) to form. If it blocks the coronary artery and cuts off the supply of oxygen-rich blood to the heart muscle, this can result in a heart attack. Depending on the severity of the heart attack and/or the time when interventions or treatments commence, a heart attack can lead to permanent damage to the heart muscle and result in heart failure.

2. Symptoms

The main symptom of ischemic heart disease is **angina**: a pain or discomfort felt in the chest area. Angina often feels like a **heaviness or tightness in the chest,** which may also spread to the **arms, neck, jaw, back or stomach.** Some people describe a feeling of severe tightness, while others say it is more of a dull ache. Some people also experience **shortness of breath, dizziness** and **nausea**. Angina symptoms are often brought on by physical activity, an emotional upset, cold weather or after a meal.

3. Treatment

In the first instance, **prevention of the development** of ischemic heart disease by living a healthy lifestyle is of paramount importance. Emphasis is placed on an individual knowing their own risk factors for IHD and applying measures to manage these. The following will help to prevent IHD and also help those already diagnosed with IHD and/or angina in order to manage their condition and symptoms: avoiding or stopping smoking; getting plenty of exercise (minimum 150 minutes moderate intensity exercise per week); a healthy diet (rich in fruits, vegetables and whole grains and low in saturated/trans fats and salt); maintaining a healthy weight (losing weight to achieve this if necessary); reducing high blood pressure and high cholesterol; and managing diabetes.

Some people need **operations** such as coronary angioplasty with stents or heart bypass surgery to treat their IHD and angina.

Several **medications** are routinely prescribed for IHD and angina:

- Aspirin - an anti-platelet medication to prevent blood clots

- Statins - medication to lower cholesterol levels

- Nitrates - short or long acting (which contain nitroglycerin) to dilate the coronary arteries and increase oxygen-rich blood to the heart muscle

- Calcium channel blockers - to relax the walls of the coronary arteries and lower blood pressure

- Beta blockers- to slow the heart rate, reduce oxygen demand on the heart and reduce the frequency of angina attacks

Some of these medications may also be prescribed for individuals who are at significant risk of developing cardiovascular disease, to **reduce the risk** of **heart attack** or **stroke** in the future.

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4. Psychosocial issues and impact of the disease on employment

People react in different ways when they have had an ischemic hearth attack or when are told that they have a heart condition. Some people want to get back to their normal routine as soon as possible, whereas others decide to change certain areas of their life, such as the type of work they do or where they live. Most people do return to work even though they have been diagnosed with a heart condition or have had a heart procedure in hospital.

To manage workers with ischemic heart disease and help them continue working or return to work, employers can promote some interventions.

A general recommendation is to **support free and frank communication** between the employer and the employee with ischemic heart disease during the whole process right from first episode.

Since the causes of heart disease can be influenced by lifestyle factors and workplace features of various kinds, the employer should pay particular attention to some **factors** that might require **accommodation**, such as **workplace adaptation**, **job type changes** or **daily schedule modifications**:

- **Physical factors**: extreme temperature, noise, vibration can raise blood pressure and make pre-existing heart problems worse.
- **Chemical factors**: a number of toxins that may be used in the workplace have been found to increase the risk of heart disease (e.g. carbon monoxide, methylene chloride, carbon disulphide).
- **Psychosocial factors**: job strain (a combination of high work demands with low job control and low decision-making power), effort/reward imbalance, high level of vigilance required, work-related stress, sedentary work, shift work.

Depending on the heart condition diagnosed or treated, an employee's cardiologist and/or general physician would normally provide **advice regarding the individual's abilities and/or limitations**. This advice can then be forwarded to the employer's Occupational Health Department. Certain factors must be taken into consideration when an individual has been diagnosed with a heart condition and/or is having on-going treatment before s/he returns to work:

- Functional capacity of the individual
- Consideration of any medical implantable devices (e.g. pacemaker, implantable cardioverter defibrillator)
- Prognostic indicators and risk of recurrence
- Prevalence and management of on-going symptoms
- Requirements concerning attending medical appointments
- Flexibility concerning working hours/shift patterns

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Neurological diseases involve **any disorder that affects** the central or peripheral nervous system, which is composed of the **brain** and **spinal cord**, and **all the other nerves** in the body.

Neurological diseases are common and can result in an **extremely wide range of symptoms,** depending on the specific disorder and, especially where the brain is concerned, on the specific areas involved.

Neurological conditions such as Parkinson's disease, motor neuron disease, and epilepsy result from damage to the brain, spinal column or peripheral nerves. Some neurological conditions are life threatening, with many severely affecting an individual's quality of life. It is not always easy coping with the pressures of work when a person is affected by a neurological condition, and many employers are unaware of the ways in which their condition might affect their work.

There are over 600 types of neurological conditions, which are broadly categorized (according also to a recent report of NHS UK) into:

- **Sudden onset conditions** (e.g. acquired brain injury or spinal cord injury),
- **Intermittent and unpredictable conditions** (e.g. epilepsy, certain types of headache, or the early stages of multiple sclerosis),
- **Progressive conditions** (e.g. motor neuron disease, Parkinson's disease, or later stages of multiple sclerosis),
- **Stable neurological conditions** (e.g. post-polio syndrome, or cerebral palsy in adults).

In this section, we describe three neurological conditions: **migraine, multiple sclerosis and stroke** that are very frequent in working age.

The case of migraine

The case of Anna who suffers from migraines

Almost every month Anna suffers from severe migraine attacks, which prevent her from concentrating and force her to rest and stay at home in bed as movement is almost impossible for at least a day. She suffers the symptoms of severe pain, nausea, vomiting, and photophobia. Anna is worried about her absences from work; therefore, if the pain is not too strong, she takes painkillers and with much difficulty, goes into work or remains in the office instead of staying home so as to keep on working. When she is well again and free from migraine attacks, she overworks constantly and gets very good results in her very competitive working environment. Performing so well despite her disease is very stressful for Anna, but she refuses to talk with her manager and colleagues for fear of being judged as lazy or even of losing her job, as she does not have a permanent contract but one that is renewable on an annual basis.

Name: **Anna**
Age: **30 years old**
Job: **Employee in a multinational company**

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Migraine

1. What is it

Migraine is classified among the three main types of headache; however, migraine is not only a headache. It is a complex, common, and disabling **disorder of the nervous system**, whose mechanisms have only recently begun to be understood.

Migraine is a chronic disorder with episodic attacks characterized by **sensory symptoms**: severe throbbing **pain** or a **pulsing sensation** and **sensitivity** to normal afferent information, such as light, sound, and head movements.

At least **10% of the world population** is affected by the disorder that, after puberty, is **3 times more common in women**, with peaks reaching 25%. Most of the sufferers have their first attack before the age of 20, and attacks may decrease after middle age.

Those who have regular attacks may recognize **some factors that trigger them**, such as stress, lack of sleep, weather, fasting, certain food or drinks, alcohol, hormonal factors.

2. Symptoms

- Migraine appears in the form of **periodic attacks** separated by intervals of wellness.
- Migraine varies in its **intensity**: some attacks may be mild, others very severe.
- Attacks can last **from 4 to 72 hours** (sometimes longer) and tend to affect only one side of the head.
- Migraine is often accompanied by **nausea or vomiting**, and **extreme sensitivity to light and sound**, and **it worsens with normal physical activity**.

Migraine with aura is a headache that is combined with, or preceded by **temporary visual and sensory disturbances** called "**aura**": these can include flashes of light, blind spots, tingling or numbness in a part of the body or problems in speaking clearly.

Migraine aura usually occurs within an hour before head pain begins and generally lasts less than 60 minutes.

Sometimes migraine aura occurs with little or no headache, especially in people age 50 and older.

Migraine occurring without aura is more common totaling 80% of migraines.

3. Treatment

Migraine treatment can help **stop symptoms** and **prevent future attacks**. Since migraine pain is the result of **neuro-vascular mechanisms** inducing vasodilatation and the activation of the trigeminal pain system, symptomatic treatment for migraine may be classified as:

- **specific**: aiming at contrasting vasodilatation; it includes triptans and ergotamine
- **nonspecific**: analgesics, which include painkillers such as paracetamol, NSAIDS, opioids

Unfortunately, the **frequent use of symptomatic treatments** may cause migraine to become chronic due to **sensitization** of the pain system and patients overusing symptomatic treatments may be asked to **limit their use** and let the headache take its course untreated.

Preventive treatments are used to reduce migraine severity in terms of frequency, headache intensity and the need to use symptomatic drugs. All currently available preventive medication therapies for migraine were initially developed for other diseases and were later adopted as treatments for migraine (anti-hypertensive drugs such as beta-blockers, antiepileptic drugs, anti-depressants, Botox, etc.).

Adverse side effects are common for most of the preventive therapies and adherence to treatment programs could be a serious issue. **Lifestyle modifications**, including the avoidance of trigger factors, stress management and an **exercise program**, may be effective.

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4. Psychosocial issues and impact of the disease on employment

Migraine is **among the most widespread diseases** in the world and **the most frequent disease during working age**, with considerable economic repercussions. The World Health Organization places migraine **in the top 10-20 most disabling diseases on the planet**. In fact, a migraine headache is characterized not only by pain but also by severe disability. Despite these data, migraine continues to be underestimated, under-recognized and under-treated throughout the world. Migraine creates social as well as economic problems for those who are affected.

- The **repeated attacks** and the **constant fear of subsequent ones**, affects family, social and work life. The **constant avoidance of possible triggers** as per clinical advice and strategies to prevent migraine often lead to negative consequences such as **stress, anxiety** and **depression**. The fear of a new attack can lead to isolation and avoidance of many activities, especially when they take place in social contexts.
- Moreover, the frequent use of medication to alleviate and prevent migraine can lead to **medication overuse.**

To manage workers with migraine and help them continue working or returning to work, employers can promote some interventions.

In the workplace, employer and colleagues in fact have an important role to play in **helping** and **accommodating** people with migraine:

- **CREATING AN UNDERSTANDING AND INCLUSIVE ENVIRONMENT**
One of the most frequent problems related to migraine concerns the **attitude of colleagues** in relation to the person with the disease: the pain that the person experiences is not perceptible from the outside ("**invisible illness**"); thus, workers with migraines are often labeled as whining, lazy and their suffering is belittled. Therefore, all staff should be informed of the issue and be made more aware of the seriousness of the disease. **To avoid and prevent stigmatizing behavior** and **to create an inclusive and collaborative team** is essential to make the employee feel better.

- **PLANNING FOR FLEXIBILITY OF WORKING TIME DURING A MIGRAINE ATTACK**
When an attack occurs, depending on its severity, people may have **reduced performance** or be **completely unable to work**, may **need rest, to go home or stay at home, to relax** in a quiet darkened room. When the attacks are frequent and severe (in severe cases they can reach 15/20 days /month), **migraine can be very disabling**. Thus, it is crucial to respond suitably to people's needs, in order to prevent absenteeism and presenteeism. It can be useful to plan in advance, together with the employee and colleagues, what to do in case of an attack and how to **manage sudden or prolonged absences** (e.g. by organizing collaboration, substitutions, task sharing, etc..)

- **MINIMISING EXPOSURE TO TRIGGER AND EXACERBATING FACTORS**
Even though triggers can be very personal, some common work conditions, like **bright lights, loud noise, stress** and **overworking** are possible triggers for people suffering from migraine. Talking to employees with migraine about their triggers and what exacerbates their attacks and then **being flexible and accommodating** in trying to reduce their exposure to these conditions, or limiting their impact, will make the employees feel and work better.

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The case of multiple sclerosis (MS)

The case of Mary with multiple sclerosis

Mary has recently been diagnosed with multiple sclerosis.
At times, Mary feels excessively tired and suffers from blurred vision in one eye.
Sometimes she gets tingling in some parts of the body; sometimes the numbness and the weakness involves her feet and Mary struggles to walk. Instead, there are long periods in which Mary is well and has no symptoms. Mary is right at the beginning of her working life and she is afraid that if she talks to her director about her disease, she would lose any chance of furthering her career in the company.

Name: **Mary**
Age: **28 year old**
Job: **Employee**

Multiple Sclerosis (MS)

1.What is it

Multiple sclerosis is a **demyelinating neurodegenerative disease**. Myelin is a fatty, protective covering that surrounds some nerve cells. Myelin is essential for the normal functioning of the nerves. In multiple sclerosis the **damage and loss of myelin** causes lesions **in multiple areas** (hence the "multiple" in the name) of the central nervous system. Clinical and experimental evidence indicates that a **reaction of the immune system** that triggers an attack on myelin. The first symptoms can arise at any age, but MS is typically diagnosed **between the ages of 20 and 40** during an individual's prime working stage of life. It also affects children (known as pediatric MS). The MS prevalence ratio of women to men has increased markedly in recent decades to 3:1.

2. Symptoms

People affected by multiple sclerosis have **different symptoms** based on **the locations of the lesions** in the central nervous system. The frequency of symptoms generally increases with the severity and duration of the disease even if, in some cases, there are no clear clinical correlations.
The condition is typically described as:
- **Relapsing-Remitting**
- **Progressive**

There is wide variety in the manifestation of disease and it is impossible to predict how each individual with MS will be affected. Most people can continue a relatively normal life many years.

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The most common symptoms include:
- **Fatigue and weakness** (e.g. exhaustion that is perceived as effort in performing and sustaining even routine activities, loss of muscle strength)
- **Visual disturbances** (e.g. blurred or double vision)
- **Mobility issues** such as stumbling when walking, balance issues, an uneven gait or paralysis
- **Sensitivity disorders** (e.g. abnormal sensation or significant and persistent tingling, numbness of the limbs or loss of sensitivity to touch, difficulty in perceiving heat and cold).

3. Treatment

Although there is **no definitive cure for MS**, a **range of treatments** (Disease Modifying Therapies) is available, that can modify the course of the disease. these treatments reduce the incidence and severity of the relapses and the impact of symptoms.

The **main therapies** for MS are aimed at:
- **Reducing the number of relapses** and **reducing their severity and duration**. Intravenous steroids are often prescribed short-term to stop a relapse.
- **Preventing relapses** and **preventing or delaying the progression of the disease**. long-term therapies that have an effect on the immune system are available intravenously or taken orally. Treatment must be tailored to the individual.

4.Psychosocial issues and impact of the disease on employment

MS has **no predictable course** and a relapse could occur at any time. Without the right support, some people with MS may develop **anxiety** and **depression caused by this uncertainty**. Depression may also be caused by MS and can be a side effect of some MS treatments. Treatment for mental health issues needs to be part of the management of the condition. **Good symptoms management** through an **interdisciplinary approach** can lead to improving the quality of life of people with MS, allowing them to continue to fulfill their professional and personal ambitions.

Some of the **barriers** to work ability that people with MS might face are **practical**, such as functional capacity, fluctuations in energy levels, fatigue and presence of other health conditions. Others are **attitudinal**, such as stigma, lack of confidence, negativity or anxiety among employers.

To manage workers with Multiple Sclerosis and help them continue working or returning to work, employers can promote some interventions.

- **Support free and frank communication** between the employer and the employee during the whole process: disclosure of a condition such as multiple sclerosis is not a requirement as it is important to respect and recognize individual's rights to privacy, but it may be encouraged if it does not affect applicants and employees.

- Clear workplace health and illness **policies**, return to work **planning**, human resource **intervention** staff are important. During relapses, people with MS may need to stay at home for vary lengths of time. Planning how to manage absence together with the employee and a policy and support for returning to work are essential.

- **Fatigue** (a lack of energy not always relieved by sleep) is experienced by up to 80% of people with MS and can be the **most disabling symptom** of multiple sclerosis. Some treatments and therapies may also increase fatigue as a side effect. Fatigue can also affect productivity at work but there are strategies that can be used such as **flexible working hours** and **smart work** (options to work from home), **arrangements** and **reasonable accommodation** like accessible buildings, toilet facilities and designated rest areas for staff.

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The case of stroke

The case of Antoine who suffered for a stroke

A few months ago, Antoine had a stroke that caused him problems with speech and paralysis on the right side of his body. After rehabilitation, he recovered linguistic and motor skills very well but still has problems in moving the right limbs easily. Antoine is afraid that, since he often travels by car to go to customers, he will not be able to go back to his job. He hopes his manager will change his tasks or that the company can find him reallocation in the office but he is afraid, given the current economic crisis, he may be invited to take a disability pension that would mean staying home and leaving the company. This would have serious economic consequences for him and his family; his wife is a housekeeper and they have two children who are still at secondary school. None of his colleagues called him during his rehabilitation period and the human resources department only called him twice just to find out if, and when, he was going back to work.

Name: **Antoine**
Age: **51 year old**
Job: **Salesman**

Stroke

1. What is it?

A stroke occurs when there is an **interruption in the flow of blood in the arteries or vessels to the brain**, due to narrowing or thinning. Interruptions can come in the form of a burst blood vessel (hemorrhagic stroke / bleeding) or a blockage of a blood vessel, often caused by a clot, which **can damage or destroy brain cells, affecting bodily function**. The effects of a stroke on the body are immediate, but strokes can be treatable, if action is taken quickly and effectively. Stroke is one of the **main forms of cerebrovascular diseases**, affecting individuals at any age. 1 in 5 people will have a stroke at some point in their life, with most occurrences in individuals over 65. It is the **second most common single cause of death in Europe** responsible for 988,000 deaths every year and **one of the main causes of disability worldwide**. Genetics and lifestyle factors also play a key role in the predisposition for stroke.

2. Symptoms

People experiencing a stroke have **various symptoms**, which can also be confused with other unrelated conditions. The combination and duration of symptoms generally increase with the severity of onset, in some cases there are no clear correlations. Signs you may be having a stroke include:

• **Numbness, weakness, or paralysis on one side of the body**
• **Slurred speech, difficulty thinking of words or understanding other people**
• **Confusion**
• **Sudden blurred vision or sight loss**
• **Being unsteady on your feet**
• **Severe headache**

There is a wide variety of simple observational tests that can be done including:

• **Facial weakness** (can the person smile? Has their mouth or eye drooped?)
• **Arm weakness** (can the person raise both arms?)

Seeking immediate medical attention can significantly prevent further damage, disability or death.

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3.Treatment

While much can be done to inform a patient if they are at risk, diagnosis (via physical assessment, blood tests, Echocardiogram, ECG, x-ray/ultrasound/MRI/CAT scan etc.) is conducted following an attack. Determining the type of stroke, the part of the brain affected and the condition of the heart and lungs and circulatory system, will largely determine the course of treatment. Depending on the severity of damage and the timeliness of intervention, **treatment therapies** may include:

- •**Intravenous thrombolysis** that is the mainstay of acute ischemic stroke management for any patient with disabling deficits presented within 4.5 hours from symptom onset;
- •**Blood thinning and anti-platelet medicines** to reduce / stop formation of clots;
- •**Surgery** to reduce swelling or pressure, remove the clot or repair the burst vessel;
- •**Monitoring and neuro-rehabilitation** are essential as the brain works to repair itself.

Due to the high variability in the type and severity of a stroke, treatment plans must be tailored to the

4.Psychosocial issues and impact of the disease on employment

The after-effects of a stroke are **unpredictable** and depend on the degree of severity and rapidity of intervention thus may vary from case to case depending on the area of brain affected. After a stroke, people may have **communication** problems and suffer from aphasia (lose the ability to speak or to find the right words, and/or understand others) or severe **cognitive deficits and muscle paralysis**. In addition to this, people might need the support of a psychologist to help them deal with the mental stress due to the change in their lifestyle, sensory disturbances and memory difficulties.

Rehabilitation aims to help stroke patients gain back their independence and quality of life. However, for some people returning to work, it may be a major concern and might take weeks or months.

To manage workers with stroke and help them continue working or returning to work, employers can promote some interventions.

In the workplace, employers and colleagues have an important role in **helping** and **understanding the life change** of people affected by stroke:

- Right after the stroke, the level of recovery is individual, but people **may need to follow a rehabilitation program, of varying length, in a training center**: thus, planning together with the employee and colleagues how to **manage absences and cope with the life change and its side effects, such as loss of performance and productivity**, is important.

- People experiencing a stroke might need regular psychological support to come to terms with a slow recovery rate and/or the loss of previous abilities, such as mobility and communication. The support of family and friends can help stroke patients, so **tele-working** might facilitate workers' reintegration after a stroke. In the longer term, the employer can agree on more flexibility and **vocational rehabilitation** through an **accommodations agreement**.

- People affected by stroke might not be able to **drive again, especially in presence of hemianopsia** (difficulty seeing to the left or the right in one or both eyes). For people who used to drive a commercial or public-service vehicle, this condition may be very disabling. In this case, people should receive **training sessions** so they can be transferred into a different area and reallocation should/might be provided to allow them to continue to work.
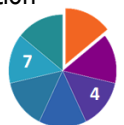
Metabolic diseases are a group of conditions that **disrupt the normal metabolism** of nutrients usually contained in food. Among these are:

- Diseases of glucose metabolism (carbohydrates), such as **hyperglycemia** and **diabetes**.
- Diseases of lipid metabolism (fats), such as **hypercholesterolemia**
- Diseases of uric acid metabolism (**gout**)

Metabolic diseases also include diseases related to food excess (**obesity** and **overweight**)

Most people suffering from these conditions appear healthy for days, months, or even years. The **onset of symptoms** usually occurs when the body's metabolism is put **under stress**, for example, after prolonged fasting or during a febrile illness.

There are many subtypes of metabolic disorders, and their symptoms, treatments, and prognoses vary widely.

Here we describe, by way of example, the case of **diabetes**.

The case of Diabetes

The case of Alex that suffers from diabetes

A few months ago, he was diagnosed with type 1 Diabetes. To manage his disease, he needs to follow a healthy diet, exercise regularly control his blood glucose levels and take medication insulin at certain times of the day, but sometimes he has no time to take food or follow his treatment properly. It is problematic for him to stop working to measure his glycaemia and if he needs to stop to eat something or take a pill, he cannot just walk away from the assembly line. Working in shifts makes following a regular meal pattern difficult. He also feels uncomfortable about taking more time off work for medical appointments. His work on the assembly line of the factory requires standing for long hours at his place, without much movement and this situation is becoming rather difficult for him due to his health.

Alex disclosed his condition to his director and colleagues, but he feels as if they fail to truly understand what having a chronic disease like diabetes means.

Name: **Alex**
Age: **34 year old**
Job: **Blue-collar worker in a plastic factory**

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Diabetes

1.What is it

Diabetes is a **metabolic disorder** that occurs when the pancreas produces very little or no insulin (the hormone that regulates the way glucose is handled by the body to be transformed into energy), or when the body does not respond appropriately to insulin. As a result, **blood glucose levels are higher than normal (hyperglycemia).** High glucose levels are associated with damage to the body and the failure of various organs and tissues in the long-term.

There are three main types of diabetes:

Type 1
- affects about 10% of people with diabetes
- usually occurs in infancy or adolescence but may affect people of any age
- the pancreas does not produce insulin or only in very low quantities
- autoimmune disease

Type2:
- typically the disease manifests itself after 30-40 years of age
- is the most common form of diabetes (around 90% of cases of this disease)
- the pancreas produces insulin, but the cells of the organism are unable to use it
- risk factors: family history of diabetes, poor exercise, overweight or obesity
- Treatment options include diet and physical activity, drugs in tablet or injected format, and insulin injections.

Gestational diabetes:
- accounts for around 4% of pregnancies
- high level of blood glucose measured for the first time in pregnancy
- usually disappears after pregnancy but women and their children are at increased risk of developing type 2 diabetes later in life:

2. Symptoms

The symptomatology of the onset of the disease depends on the type of diabetes.
Type 1: there is usually an **acute onset**, often in relation to a febrile episode, with abnormal thirst, increased amount of urine (polyuria), feeling tired (asthenia) and lack of energy, sudden weight loss, dry skin, blurred vision, increased frequency of infections.

Type 2: the symptomatology is **more nuanced** and usually does not allow a rapid diagnosis; hyperglycemia **develops gradually**, often without clear clinical signs.

Even when the symptoms are few or absent, there is often a risk of developing complications that are important to prevent. These consist in:
- **Acute complications**: hypoglycemia (low sugar in the blood) and ketoacidosis (a severe disease of metabolism).

- **Diabetic ketoacidosis** is a relatively rare but severe metabolic emergency. Symptoms include nausea and vomiting, excessive thirst, fatigue, shortness of breath, confusion, fruity-scented breath. Immediate medical care is required.

- **Chronic complications**: more or less serious damage in the nerves (neuropathy) or in the arteries (vasculopathy), which can lead to diabetic foot, damage in the eye (retinopathy), in the kidney (chronic kidney disease), and in the heart (heart disease), but also in other organs and tissues. Indeed, cardiovascular diseases are frequently associated to diabetes.

3. Treatment

To prevent the acute and chronic complications, a person with diabetes needs to follow a healthy lifestyle with balanced diet and regular physical activity, and to have regular controls in health care.

These are some recommended therapeutic strategies:
- **Medical and laboratory check-ups and therapeutic education:** People with diabetes need to measure their blood glucose (as advised by their treating physician). Furthermore, they need to visit laboratory regularly for more comprehensive evaluation, and to take part in education to learn to manage the disease in its many aspects.
- **Diet:** Dietary guidelines for individuals with type 2 diabetes are largely the same as for the general population, with special focus on regular meal pattern, nutrient dense foods, and the quality of carbohydrates and fats.
- **Physical activity**: Regular physical activity improves glycemic control and helps to achieve and maintain healthy body weight. Even interrupting sedentary time helps blood sugar management.
- **Avoid smoke and limit alcohol**: Smoking is especially unhealthy for people with diabetes, thus support to smoking cessation is advisable. Alcohol contains a lot of energy and can make blood sugar control and weight management more difficult. Therefore limiting alcohol consumption is recommendable.

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4. Psychosocial issues and impact of the disease on employment

For most workers with diabetes, **simple accommodations** to facilitate diabetes management on the job (e.g., allowing breaks for a worker to test blood glucose, take medication, or eat or granting a worker permission to keep diabetes supplies nearby and to treat diabetes wherever needed) have **little to no associated costs**.

For most types of employment, there is no reason to believe that diabetes will put the person with diabetes, other employees, or the public at risk.

When assessing whether a particular employee poses an unacceptable safety risk, **context is important**. The first step in evaluating **safety concerns** is to determine whether the concerns are reasonable in light of the job duties the individual must perform.

A truly **individualized assessment** is accomplished when a worker's diabetes is evaluated in conjunction with an assessment of the essential functions of his or her job.

Moreover, since diabetes therapy implies a **good therapeutic education** of how to manage the disease, it's essential that everyone at the workplace (human resources, managers, colleagues) become **aware of the particular needs of the patient**.

To manage workers with Diabetes and help them continue working or return to work, employers can promote some interventions

- When possible, it would be useful to make fruit and vegetables, whole grain cereal products, low-fat dairy products, and foods and beverages low in free sugars, added salt, and saturated fat available and to include sugar free food in the canteen. Moreover, it is suggested to promote physical activity, because an **appropriate lifestyle**, which includes nutritional aspects and physical exercise, is critical for the management and therapy of the disease itself.

- The work schedule should be flexible, as diabetic employees may need to be absent from work for **medical examinations**. Moreover, if recommended, they may also need to **administer therapy (insulin),** even when they are at work Thus they might need a space in the workplace for injecting the therapy.

- Support a free and frank flow of communication between the employer and the employee with diabetes from diagnosis and throughout the whole process.

- **Colleagues should be trained to face crises** of employees with diabetes, in case, as when their blood sugar level becomes dangerously high or dangerously low, and they become drowsy or unconscious. **Drowsiness and loss of consciousness** in a diabetic require urgent medical attention. However, most individuals with diabetes know the warning signs and are able to take action. Nevertheless, a group of trained colleagues can be very helpful.

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Chronic kidney disease is a term referring to the **failure of the kidneys to purify the blood** from metabolic waste products that normally are eliminated via the urine. This results in an internal intoxication causing malfunctioning of virtually any organ (uremia). Chronic kidney disease is usually caused by inflammatory or toxic damage to the kidneys, resulting in scar tissue (fibrosis). Chronic kidney disease is often the **consequence of other chronic conditions**, especially hypertension, diabetes mellitus, cardiovascular disease, but also obesity, cancer and liver disease. Chronic kidney disease by itself is in its turn at the origin of multiple complications, most notoriously cardiovascular disease.

Chronic kidney disease affects at least 10% of Europeans. The frequency will rise in the coming years due to ageing and improved survival amongst patients suffering from its causes. It is one of the **growing causes of death** and will rank death cause number five by 2030.

Although chronic kidney disease in its early stages can be treated conservatively, with drugs and lifestyle measures, more advanced stages require organ replacement therapies such as artificial kidney (dialysis) or transplantation. Especially dialysis causes an additional burden on the patients' condition. The example below refers to a **dialysis patient** who is now waiting for his **transplantation**.

The case of Kidney Disease

The Case Of Antonio Who Is Treated By Dialysis

Antonio is a 52-years- old sales manager in a medium-size company in the textile sector. He has been suffering from hypertension for more than 10 years and this together with frequent restaurant meals and business trips has caused chronic kidney disease. Although he stopped smoking a couple of years ago, chronic kidney disease progressed further and he had to start dialysis 6 months ago. He opted for automated peritoneal dialysis, which he hopes will allow him to continue with his job. Yet, he has been on sick leave for a few months before the start of dialysis but also thereafter as he needed some time to adapt to his new situation. Although he will be waitlisted for kidney transplantation, uncertainty about whether he will be able to continue to work is high.

Name: **Antonio**
Age: **52 year old**
Job: **Sales-manager in a medium-size company**

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Chronic Kidney Disease

1. What is it?

Chronic kidney disease is together with acute kidney injury one of the major types of **functional kidney failure**. The most important function of the kidneys is to remove metabolic waste products from the blood stream into urine via filtration. Disruption of this function results in the accumulation of these metabolites in the body. Best known is urea which was at the origin of the term **uremia**, which refers to the gradual intoxication by these solutes as kidney failure progresses. In fact, there are hundreds of such solutes, resulting in the dysfunction of almost every organ, and a large number of **potentially fatal complications**, the most frequent ones being cardio-vascular disease, bone disease and malnutrition.

2. Symptoms

One of the main characteristics of chronic kidney disease is that symptoms occur only when it is far advanced. Apart from symptoms related to the causing disorders and the complications of chronic kidney disease, features are atypical but extremely distressing: **fatigue, itching, impotence, pain, restless legs, sleeplessness**. In addition, in advanced stages and especially when dialysis is initiated, **stress**, **anxiety** and **depressive symptoms** are frequent.

3. Treatment

Above all, prevention of the development and progression of chronic kidney disease is of utmost importance. Primarily this consists of lifestyle measures such as healthy diet, exercise, quitting smoking, combating environmental pollution and avoiding medicines that are toxic to the kidneys (e.g. some painkillers). Conditions leading to chronic kidney disease (diabetes mellitus, high blood pressure, obesity, cardiovascular disease) should be optimally treated. Patients with chronic kidney disease are especially prone to retain salt which thus should be restricted in the diet. Likewise phosphate causes cardiovascular and bone disease and intake of phosphate sources (protein, especially cheese and processed meats) should be limited.

In case of far advanced chronic kidney disease, kidney function needs to be replaced by either **dialysis or transplantation**. Although some symptoms may persist on dialysis, others improve, helping to recover work skills that were lost in the final pre-dialysis stage of kidney disease. Dialysis can be offered either as **hemodialysis** (cleaning the blood stream by a machine) or **peritoneal dialysis** (by instilling fluid into the abdomen). Hemodialysis is performed with intervals, almost always in a hospital. Peritoneal dialysis is usually provided outside the hospital, either on a continuous basis (24/24) or overnight. Dialysis also necessitates **surgical interventions**, e.g. to create and maintain access to the vascular bed for hemodialysis, or to the abdomen for peritoneal dialysis. Chronic kidney disease requires the intake of many drugs with their own complication profile. After **transplantation**, the need to suppress the immune system to prevent rejection causes its own specific complications (e.g. infection, diabetes mellitus, bone disease or cancer). However problems due to complications can easily be overcome by adaptations of the work environment, because most of the worker´s capabilities remain intact after transplantation.

4. Psychosocial issues and impact of the disease on employment

Due to the link with many other chronic diseases and the frequent complications provoking sick leaves, hospitalizations and consultations, **CKD patients often lose their job** during progression of the disease, or during the transition period to dialysis therapy. However, unemployment and the associated risk of depression impose a new health risk to the patient, in addition to a loss of social and economic functions. Therefore, continuing to work is highly recommended for physical and psychological health, also for patients on dialysis. Especially the alternatives to traditional in-hospital hemodialysis like PD, home hemodialysis or overnight dialysis allow patients to continue their activities which increases also their chances to remain at work after the kidney transplantation. However, even if later transplantation often will almost normalize working capacity, many **transplanted patients remain unemployed**, due to the prolonged jobless period before and on dialysis.

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To manage workers with chronic kidney disease and help them continue working or return to their job, the community at large can support a number of interventions

1. The **medical professionals** (nephrologists, nephrology nurses, general practitioners) are to take measures that keep chronic kidney patients at work which include:

   a) **Informing patients** that staying at work is beneficial for their mental and financial status, and outcomes;

   b) **Advise employers** on the importance of keeping CKD patients at work and on the optimal approaches to realize this;

2. **Patients** should be stimulated to get themselves **informed** on the best track to remain active. **Patient organizations** should strive to make this information available, e.g. via weblinks.

3. **Employers** should be stimulated to **create conditions** that are preventive for kidney disease as well as favoring kidney patients to stay at work. Apart from promoting healthy lifestyle (low sugar, low calory, low salt diet; exercise; smoking ban) and education of workers on healthy lifestyle, these include:

   a) Create appropriate conditions to keep patients with chronic kidney disease at work, taking into account their **capabilities and limitations** (avoid strenuous efforts, lifting of heavy weights, brisk shocks or activities that necessitate extreme vigilance);

   b) **Adapt time schedules** in function of need for dialysis or consultations;

   c) Enable chronic kidney disease patients to comply with their dietary needs;

   d) Provide means and time for chronic kidney disease patients who stayed out of the labor circuit for a long time to catch **up with the evolution during their absence**.

   e) Encourage patients to **discuss with their fellow workers** their disease and how it affects their life and working capabilities.

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Checklist - A list of items required, things to be done, or points to be considered, used as a reminder. It's a type of job aid used to reduce failure by compensating for potential limits of human memory and attention. Generally speaking, checklists consist of a set of statements that correspond to specific criteria; the answer to each statement is either "Yes" or "No". A checklist used for assessment is a tool used in evaluating and measuring using specific criteria that allow an individual to gather information in order to make a judgment regarding the matter being assessed. Checklists are used to encourage or verify that a number of specific lines of inquiry, steps, or actions are being taken, or have been taken. They are tools used to better organize your assignments and to verify, easily, your most important tasks.

Chronic Diseases - In literature, there is no common definition of CDs. While the main feature of long duration is a commonplace in all approaches, in some cases the differentiation of definitions varies according to whether their classification is based on the "cause" or the "outcome" of the disease, or whether they are considered as communicable or not. According to WHO chronic diseases or non-communicable diseases (NCDs) are defined as those that have long duration, slow progression and are not passed from person to person. The main types of NCDs more frequently considered are cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, but the term covers a wide range of health conditions, including neurological, musculoskeletal diseases and mental health conditions as well. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of disability. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear, but they can be prevented or controlled through a regular and healthy lifestyle. They tend to become more common with age. Chronic diseases affect 8 out of 10 people aged over 65 in Europe.

Inclusiveness is the practice or policy of including people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of minority groups. An inclusive workplace is that working environment that values the individual and group differences within its work force. An

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inclusive workplace makes diverse employees feel valued, welcome, integrated and included in the workforce instead of isolated. Inclusion is highlighted as a community process, and inclusiveness is described as a community outcome. Inclusion in fact is the process that helps to overcome barriers limiting the presence, participation and achievement of workers. In an inclusive workplace employees feel valued and rewarded which contributes to creating a sense of openness where problems are discussed openly and a sense of loyalty to the organization.

Persons with non-communicable diseases are persons with a long-standing chronic or mental health condition (or conditions) that cause a reduced capacity to participate in the open labour market. Persons with NCDs can be employed, unemployed or inactive.

Persons with disabilities are persons who have "long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others", according to Article 1 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD). It should be noted that an illness or an injury alone does not constitute a disability unless it is accompanied by obstructive societal or environmental factors. Therefore, ill-health should be seen as a component of disability. It is important to note, however, that on a country level, governments may use their own definitions of disability, based on various factors such as the severity of health or working capacity impairment, in order to allocate disability benefits and supports. In such cases, persons with impairments caused by a NCD may or may not be assessed as disabled, depending on the laws of each country. Therefore, some persons with NCDs can be included in the group of persons with disabilities, while others are seen as non-disabled persons who receive no disability benefits, regardless of their needs for support. A distinction can be made between persons with NCDs whose health condition could qualify them for a disability status, but they do not want to be recognised as disabled for various reasons, and persons with NCDs whose health condition could qualify them for a disability status.

Professional (re-)integration strategies – policies, measures and services aimed at encouraging, facilitating and supporting persons with NCDs in joining or remaining in the open labour market.

Policies – binding and non-binding legislative frameworks, provisions and policy approaches that set a course or a principle of action at international, regional, national or local level.

Reasonable Accomodation - A reasonable accommodation is assistance or changes to a position or workplace that will enable an employee to do his or her job despite   having   a   disability. Within the work environment, reasonable accommodations can be described as any change or adjustment to the job, the work environment or the way work is customarily done which enables an employee with a chronic disease to perform the essential functions of a job.

Return to Work is used to describe the goal (following an injury/illness) to return an employee to suitable employment, for example, return to pre-injury job. Return-to-Work is a proactive approach designed to help restore injured or ill workers to their former lifestyle in the safest and most effective manner possible. A Return to Work program is developed in a collaborative effort to return the injured/ill worker back to his or her status or to a more suitable one for his new condition. A major benefit for both the injured worker and employer is the Return-to-Work focus on an earlier return to maximum work capacity than would be possible using a non-specialized treatment plan. The development, implementation, and maintenance of a company's Return-to-Work program would strengthen the workplace community through continued communication and the shared goal of the safe return to work of the injured/ill worker.

Services – services and activities by private or public entities aimed at assisting jobseekers in finding employment as well as social services that directly or indirectly contribute to the employability of persons with NCDs. In other words, services include both mainstream and specialized employment services.

Systems – supports, programmes or schemes (including financial support) aimed at activating unemployed and inactive persons in obtaining or returning to work; the employed persons in remaining in work; and the employers and employment services in facilitating the participation of persons with chronic diseases in the labour market.

Work ability is a dimension that evaluates whether an employee is able to do his/her job in the present and in the future, in relation to the demands of this job, to the work environment, and to his/her own mental and physical resources. Work ability is also determined by professional knowledge and competence (skills), values, attitudes, and motivation, the type of work and the working environment.

UN Convention on the Rights of Persons with Disabilities: ARTICLE 27 – WORK AND EMPLOYMENT

1. States Parties **recognize the right of persons with disabilities to work, on an equal basis with others**; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States 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:

a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;

b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;

c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;

d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;

e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;

f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;

g) Employ persons with disabilities in the public sector;

h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;

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i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
j) Promote the acquisition by persons with disabilities of work experience in the open labour market;
k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-27-work-and-employment.html

EXISTING POLICY FRAMEWORKS PROVIDE AN OPPORTUNITY FOR THE EU AND MEMBER STATES TO ACT:

→ **UN Sustainable Development Goals including Goal 3 on Health and Well-Being**

→ **EU Treaties: EU role and responsibility in health (Article 168 TFUE) & objectives of full employment and social progress in Europe (Article 3 TUE)**

→ **Europe 2020 Strategy with priorities on investment, growth and job creation**

→ **European Pillar of Social Rights**

→ **EU Strategic Framework on Health and Safety at Work 2014-2020**

USEFUL LINKS

- European Labour Authority (ELA)
  - https://ela.europa.eu

- European Centre for the Development of Vocational Training (CEDEFOP)
  - https://www.cedefop.europa.eu/it

- European Training Foundation (ETF)
  - https://www.etf.europa.eu/en

- European Foundation for the Improvement of Living and Working Conditions (Eurofound)
  - https://www.eurofound.europa.eu/it

- International Labour Office (ILO)
  - https://www.ilo.org/global/lang--en/index.htm

- European Agency for Safety and Health at Work (EU-OSHA)
  - https://osha.europa.eu/it

- European Chronic Disease Alliance (ECDA)
  - https://alliancechronicdiseases.org/wp-content/uploads/06.-Framing_paper_Joint_Statement_on_the_employment_of_people_with_CDs.pdf
  - https://alliancechronicdiseases.org/wp-content/uploads/07.-Infographic_on_chronic_disease___work.pdf
  - https://alliancechronicdiseases.org/boosting-the-employment-of-people-with-chronic-diseases-in-europe/

- Pain Alliance Europe (PAE)
  - https://pae-eu.eu

- European Federation of Neurological Associations (EFNA)
  - https://www.efna.net

- European Patient's Forum (EPF)
  - https://www.eu-patient.eu/whatwedo/Policy/employment/
  - https://www.eu-patient.eu/globalassets/policy/employment/recommendations-for-employers.pdf
  - https://www.eu-patient.eu/globalassets/policy/employment/recommendations-for-policy-makers.pdf
  - https://www.eu-patient.eu/globalassets/policy/anti-discrimmination/epf-position-paper_equal-treatment-in-education-and-employment.pdf

- European Disability Forum
  - http://www.edf-feph.org

- Organization for Economic Co-operation and Development (OECD)
  - https://www.oecd.org

- Global Alliance Mental Illness Advocacy Networks (GAMIAN)
  - https://www.gamian.eu

- World Health Organization (WHO)
  - https://www.who.int
  - http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2019/time-to-deliver-in-europe.-meeting-noncommunicable-disease-targets-to-achieve-the-sustainable-development-goals-2019
  - https://apps.who.int/iris/handle/10665/259232

- European Brain Council (EBC)
  - https://www.braincouncil.eu

- Finnish Institute for Health and Welfare (THL)
  - https://thl.fi/en/web/thlfi-en

- The Danish Committee for Health Education (DCHE)
  - https://www.dche.eu

COVID-19 AND THE EMPLOYMENT SECTOR

While the CHRODIS+ Workbox For Employment And Chronic Conditions was being finalized also the employment sector has being highly touched by the coronavirus disease 2019 (COVID-2019) pandemics.
According to the World Health Organization, the most common symptoms of COVID-2019 are fever, tiredness, and dry cough. Some people become infected but do not develop any symptoms and do not feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around one out of every six people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those affected by chronic conditions such cardiological, neurological, immunological, metabolic or health problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness**. Most of the affected countries including many of the European Union have put in place measures, including those affecting workplaces, to fight the spread of the disease.** The nature and extent of the restrictions differ between different countries, but a substantial proportion of workers either have to work from home, or if their work cannot be performed at a distance, they stay at home often under an income replacement arrangement. Once the physical distancing measures achieve a sufficient reduction in COVID-19 transmission rates, national administrations are authorizing a gradual resumption of work activities. This is being done stepwise, starting with work considered essential for health protection and the economy and then with work that can be done effectively while working from home. However, regardless of how and to what extent normal work activities resume, it is highly likely that some measures will remain in place for some time to avoid a steep increase in infection rates. **The COVID-19 crisis is putting pressure on employers and workers, whether they had to implement new procedures and practices in a very short time, or to suspend their work and business activities**. All sections of society, including the employment sector, must play a role in order to protect workers, their families and society at large.

Many of the suggestions developed for people with Chronic Conditions in this Chrodis Plus Training Tool for inclusiveness and workability find a good application in these times of COVID 19 epidemics. For more information we provide a list of useful links that can be consulted for more information.

- http://oshwiki.eu/wiki/COVID-19:_Back_to_the_workplace_-_Adapting_workplaces_and_protecting_workers
- http://oshwiki.eu/wiki/COVID-19:_guidance_for_the_workplace
- https://www.ecdc.europa.eu/en/COVID-19/sources-updated
- https://www.ecdc.europa.eu/sites/default/files/documents/covid19-leaflet-public-travellers-EC-en.pdf
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses
- https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf
- https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en
- https://www.hsa.ie/eng/news_events_media/news/news_and_articles/dept-of-health_covid-19-poster_for_public-offices_5_.pdf
- https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-on-the-use-of-surgical-masks
- https://www.theparliamentmagazine.eu/articles/partner_article/stop-pandemic-action-plan-healthy-workplaces-0
- https://osha.europa.eu/en/publications/covid-19-back-workplace-adapting-workplaces-and-protecting-workers/view

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