

# Workplace health practices for employees with chronic illness

## European conference on promoting workplace health

Brussels, 22-23 October 2013

### Where? When? What? Who?

The conference on 'Workplace Health Practices for Employees with Chronic Illness' held in Brussels on 22-23 October 2013 concluded the 9th initiative by the European Network for Work-place Health Promotion (ENWHP), under the slogan 'Work. Adapted for all. Move Europe'. The initiative focused on promoting healthy work for employees with chronic illness (Public Health and Work, or PH Work).

During the PH Work initiative, a European campaign was launched in 17 countries, encouraging enterprises to implement comprehensive health strategies with regard to the retention or return-to-work of chronically ill employees. Good practice examples were collected and guidelines were developed to set up workplace health practices. The main objective of the campaign implementation at national /regional level was to develop and maintain a community of interested stakeholders, both involving end user enterprises and supra-enterprise level stakeholders who commit themselves to actively promoting values, knowledge and good practices which enhance job retention and return-to-work of chronically ill employees.

The PH Work closing conference presented the campaign's results, the guidelines and some models of good practice, which were considered the best for transfer into other countries. During the opening and closing session, representatives from the Belgian and European authorities responsible for the policy domains of 'Workplace Health' and 'Public Health', as well

as representatives of the major European organisations and institutes invested in the topic from a workplace or public health perspective - such as the International Social Security Association (ISSA), the OECD, the European Agency for Safety and Health at Work (EU-OSHA), Eurofound and WHO-Europe - addressed the audience. At the round table a representative of the European Men's Health Forum and representatives of Belgian stakeholders discussed the possibilities to create synergies for a sustainable working life.

The aim of the conference was to facilitate the process of a Europe-wide exchange of knowledge and experiences, and to support the dissemination process in line with specific national needs. The conference brought together stakeholders from public health and workplace health, coming from the EU Member States, the EEA and Switzerland.

The conference aimed at addressing the target audience of the PH Work initiative. These are healthcare providers and intermediaries, including physicians, hospitals and rehabilitation centres, patient groups, occupational safety and health services, insurance companies, social services, and employment assistance centres.

The conference was organized by the European Network for Workplace Health Promotion (ENWHP), Prevent-Foundation and the National Institute for Health and Disability Insurance (NIHDI) in Belgium. The European Commission co-funded both the initiative and the conference under the EU Health Programme.



## Why chronic illness? Why job retention / return-to-work?

Chronic conditions and diseases have a substantial impact on the labour market and working life. They are the leading cause of mortality and morbidity in Europe, and have a major impact on the expectancy of life lived in good health. In addition, there is evidence of the impact of chronic diseases on the labour market, showing that chronic illness affects wages, earnings, workforce participation, job turnover and disability. A 2010 OECD study<sup>1</sup> concluded that:

*‘Too many workers leave the labour market permanently due to health problems or disability and too few people with reduced work capacity manage to remain in employment... Economic and labour market changes are increasingly proving an obstacle for people with health problems to return to work or stay in their job.’*

The Europe 2020 strategy for smart, sustainable and inclusive growth (COM(2010)2020)<sup>2</sup> sets the target of ‘achieving a 75% employment rate for 20-64 year olds throughout the EU’. However, 23.5% of the working population in the 27 European Member States reported to suffer from a chronic illness and 19% stated they have long-standing health issues.

<sup>1</sup> OECD - Organisation for Economic Co-operation and Development, ‘Sickness, Disability and Work: Breaking the Barriers’, 2010. Available at: [http://ec.europa.eu/health/mental\\_health/eu\\_compass/reports\\_studies/disability\\_synthesis\\_2010\\_en.pdf](http://ec.europa.eu/health/mental_health/eu_compass/reports_studies/disability_synthesis_2010_en.pdf)

<sup>2</sup> Communication from the EU Commission COM (2010) 2020 final, ‘Europe 2020: A strategy for smart, sustainable and inclusive growth’, 2010. Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:2020:FIN:EN:PDF>

This urges the need for effective job retention and workplace-based return-to-work (RTW) strategies and interventions, as a means of preventing chronically ill employees of moving into disability or early retirement. The PH Work initiative contributes towards the implementation of effective workplace health practices within the corporate policies of European enterprises.

## Challenges at different levels

There are a number of general approaches to face the challenges put forward by job retention and return-to-work (RTW). These generally occur at three levels - at the 1) policy level, national systems, i.e. the institutions, 2) organisations involved in service provision and 3) the individual employee and employer.

Starting from the bottom up, employers must deal with absence and return-to-work as a practical issue. For them, considerations of how employable the worker might be, the costs of retaining or replacing the worker, internal company policy and a range of company related factors are important in determining their approach. The employee with a chronic illness, on the other hand, needs to find a new balance between work, family and the restraints of his/her condition. In addition, they may be influenced by legal provisions and external services, though their awareness of these agencies and issues may be limited.



National systems concern a range of factors including the provisions of policy and legislation. However, they also reflect historical or legacy issues, which institutions have built up over time in response to such issues as service needs and available funding. In addition, service providers are often influenced by best practice, which may come from within or from beyond national boundaries.

National policy and legislation on job retention and RTW (to the extent that it exists) has arisen for many reasons, not all of them concerned with RTW in itself. Issues such as legacy, the structure of social security systems, the resources available for service and benefit provision, and the state of practice within a country all influence legislation. Moreover, transnational policy may influence the national level, for example EU Directives and conventions from the ILO or WHO.

Within this complex system, public health also plays a major role. Though often associated with treatment-oriented services, public health may also be concerned with RTW, even if only in a passive way. General Practitioners are usually the first point of contact for the absent worker and their actions can significantly affect the scheduling of RTW or whether the worker returns to work at all. Additionally, where illness is chronic and/or serious, rehabilitation agencies play an important role.

## Recommendations and good practices

At the conference, the delegates of the European Network for Workplace Health Promotion signed a “Declaration on Workplace Health Practices for Employees with Chronic Illness”.

The Brussels Declaration contains recommendations for politicians, employer organisations and unions at EU and national level, based on the results of the ‘Work. Adapted for all. Move Europe’-campaign. Ten recommendations have been included in the Brussels Declaration:

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

Under the PH Work initiative, good practices were collected of the ways in which companies can pay special attention - within their health promotion activities - to workers with chronic conditions and their employability.

A number of factors, which stimulate the success of a strategy or intervention, have been identified:

- An integral approach (embedding prevention, job retention and return-to-work strategies in the overall strategy of the company).
- Focus on capacities / resources instead of on medical diagnosis of limitations / deficiencies of the employee.
- Start and promote the positive principle (can do approach).
- Create and organize an activating role for employees involved.
- Be aware of taboos and prejudices (against employees with a chronic illness).
- Coordination among stakeholders and individual case-management.
- Participation in general health initiatives has a positive effect on companies' corporate culture, inclusive company.
- Look for a WIN-WIN approach, for example work together with other initiatives and policies in society as a whole.

## **A European context for job retention and return-to-work?**

The results of a survey conducted under the PH Work initiative by the European Network for Workplace Health Promotion in 10 countries (• Austria • Belgium • Denmark • France • Germany • Ireland • Netherlands • Norway • Romania • Scotland • Slovenia • Slovakia) showed that job retention and RTW are becoming an increasingly important issue in many countries.

However, it was also clear that most countries focused on a limited range of measures to address the RTW issue in relation to workers with a chronic condition. A more comprehensive approach could only be detected in Denmark and in the Netherlands. Here the issue has a high priority and new initiatives are occurring continually. In addition, the UK, Norway and Ireland have seen the issue move up the policy agenda in more recent times.

In Belgium, workplace health and public health stakeholders show increased interest to strengthen their role with regard to return-to-work. The Belgian National Institute for Health and Disability Insurance co-organised the European conference on 'Workplace Health Practices for Employees with Chronic Illness', they ordered a study called 'Return To Work' to examine which measures can be taken to promote voluntary reintegration of individuals with long-term disability, and NIHDI also initiated a national return-to-work project for people with low-back disorders.

### More information

The Brussels Declaration and the conclusions of the conference on 'Workplace Health Practices for Employees with Chronic Illness (22-23 October, Brussels) are available on the website of the conference:

[www.workadaptedforall.eu](http://www.workadaptedforall.eu)

A background paper and practical guidelines for employers can also be downloaded from the site.

More information about the PH Work initiative, the good practices' overview and analysis are available on the website of European Network for Workplace Health Promotion:

<http://www.enwhp.org/enwhp-initiatives/9th-initiative-ph-work.html>

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Co-funded by  
the Health Programme  
of the European Union

This article arises from the project 'PH Work conference' which has received funding from the European Union, in the framework of the Public Health Programme.