Participation To Healthy Workplaces
And inclusive Strategies in the Work Sector

AIMS and PRELIMINARY RESULTS
of the PROJECT
2015-2018
Chronic diseases, or non-communicable diseases (NCDs), are broadly defined by the World Health Organization (WHO)\(^1\) as diseases of long duration and generally slow progression that are not passed from person to person.

Long-term health problems constitute a greater risk of income poverty, social exclusion, severe material deprivation, and lower work intensity (ANED, 2013). Moreover, persons with longstanding health problems face higher rates of unemployment and inactivity (Corral et al., 2014).

Based on the data of the 2011 ad hoc module of the EU Labour Force Survey, the employment rate in EU-28 for persons with limitations in work caused by a health condition was about 30% points less than for people without such limitations\(^2\).

The need for strategies allowing persons with chronic diseases to stay in employment is reflected in the European Union’s Europe 2020 strategy, which highlights the importance of participation of all working-age people regardless of their skill level in the labour market.

In light of the above, Pathways project (2015-2018) aims to contribute to the European dialogue concerning the development of strategies and further recommendations for promoting participation of persons with chronic diseases in the labour market.

Main project’s goals are:

- **MAPPING OF STRATEGIES** for professional (re-)integration of persons with chronic diseases, including mental health conditions, available at both European and national levels. Strategies considered include strategies at the level of policies, systems, and services. (Year 1: Status completed ✓)

- **EVALUATION OF THE EFFECTIVENESS** of strategies - including policies, systems and services - targeting professional integration and reintegration of people with chronic diseases in Europe. (Year 2, phase A: Status completed ✓)

- **ASSESS SPECIFIC EMPLOYMENT RELATED NEEDS** of persons with chronic diseases and mental health issue by conducting a needs assessment study. (Year 2, phase B: Status completed ✓)

- **DEVELOP POLICY RECOMMENDATIONS** focusing on the implementation of strategies for the labour market. (Year 3: Status ongoing >)

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\(^1\) [http://www.who.int/mediacentre/factsheets/fs355/en/](http://www.who.int/mediacentre/factsheets/fs355/en/)

\(^2\) Source: Eurostat, hlth_dlm010 2011, both sexes, age group of 15-64 years.
Strategies considered in Pathways include strategies at the level of policies, systems, and services.

**POLICIES** are binding and non-binding legislative frameworks, provisions and policy approaches that set a course or a principle of action at local, regional, national or international level, for instance anti-discrimination laws.

**SYSTEMS STRATEGIES** include supports, programmes or schemes (including financial support) aimed at:
- Supporting unemployed and inactive persons in obtaining or returning to paid employment;
- Supporting employed persons in remaining at work;
- Supporting employers and employment services in facilitating the participation of persons with chronic diseases in paid employment, for instance through supported employment programmes.

**SERVICES STRATEGIES** encompass 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 chronic diseases.
MAIN GOALS: Mapping of strategies for professional (re-)integration of persons with chronic diseases and mental health issues available at both European and national level. Strategies considered include strategies at the level of policies, systems, and services.

Selection of diseases: As chronic diseases are many, Pathways had focused on seven categories of chronic diseases, which were selected based on their contribution to years lost to disability (using the 2012 estimates of the WHO): mental health conditions, neurological diseases, metabolic disorders, musculoskeletal disorders, respiratory diseases, cardiovascular diseases and cancer.

Selection of countries: The countries considered in Pathways are: Austria, Czech Republic, Germany, Greece, Italy, Norway, Poland, Slovenia, Spain and the United Kingdom. Each country represents one of five European welfare models: Scandinavian, Continental, Anglo-Saxon, Mediterranean, and “Post-Communist” models.

Method:

• TASK 1: EUROPEAN POLICY FRAMEWORKS

The European policies, systems and services were identified by a review of relevant statistical data and academic literature. The sources of information were Eurostat, European Statistics of income and Living conditions, the Academic Network of European disability experts (ANED), The Organisation for Economic Co-operation and Development (OECD) and European commission reports.

• TASK 2: NATIONAL STRATEGIES

National strategies were collected through a questionnaire distributed by Pathways partners that in addiction conducted in depth-interviews with key stakeholders (services providers, users and public authorities). The final findings of the study were agreed upon during two focus groups involving project the partners.

• OVERALL FINDINGS: The mapping of policies, systems and services facilitating the inclusion of persons with chronic diseases has revealed that in most cases, people from this group are considered as part of the group of “persons with disabilities”, including persons with reduced work capacity due to illnesses. In many cases, persons with chronic health problems are eligible for specialised support in employment only when their condition is formally recognised as a “disability” (reaching a certain eligible degree of disability) or has a negative impact on their work ability, depending on national and regional regulations.
• In terms of **policies**, all countries have legislative frameworks against discrimination and provide some support to persons with disabilities. Policy-level strategies targeted at activating persons with chronic diseases, are, on the other hand, more limited.

• In terms of **systems**, countries differ from each other based on how much emphasis they put on supports, incentives or obligations in order to facilitate the integration of persons with disabilities and reduced work capacity.

• In terms of **services**, the range of specialised services for most categories of chronic conditions is limited. Persons with chronic conditions receive mainstream employment services or services tailored for persons with disabilities or reduced work capacity.

• Out of all the categories of chronic conditions considered in Pathways, for mental health conditions there are more specialised strategies in place.

**IN SUMMARY, PATHWAYS 1ST YEAR RESULTS SHOWED THAT:**

• Policies and strategies specifically targeting the employment issues for persons with chronic diseases are lacking so far;

• Strategies targeting persons with disabilities do *not* necessarily address the needs of patients with chronic diseases since the employment needs of these two groups are not always the same.
LEVELS OF EFFECTIVENESS' EVALUATION:

Chronic diseases in general

Diseases groups: mental health conditions, musculoskeletal disorders, neurological, metabolic, respiratory and cardiovascular diseases, cancer (based on first year mapping of strategies).

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

SELECTION OF COUNTRIES:

> EU-28 countries, Norway, Lichtenstein, Iceland or Switzerland
> Other European countries
> Non-European countries with western lifestyle: Canada, USA, Australia

METHODS: Systematic literature review methodology was used and both scientific publications available in electronic databases and structured reports evaluating national strategies published in countries of the PATHWAYS Consortium were included. Documents contained quantitative and qualitative information on the impact of integration and re-integration into work strategies were selected. Work - or employment-related outcomes were: employment status, sickness absence, maintaining a job, return to work for employed individuals on sick leave, and obtaining a job.

OVERALL FINDINGS:

✓ Scientific publications in English report rather on services while structured national reports focus primarily on policy and system evaluations.
✓ Structured reports were generally very comprehensive, used complex language, focused on descriptive information and were structured according to information required by government agencies.
✓ Findings of evaluations published in structured national reports are mostly consistent with results of scientific publications.
COMPONENTS OF POLITICAL STRATEGIES RELEVANT FOR STAKEHOLDERS

The following components of strategies are relevant for stakeholders, such as persons with chronic diseases, professionals involved in the rehabilitation process, and employers:

WHICH FACTORS INFLUENCE STRATEGIES AIMING TO IMPROVE PROFESSIONAL INTEGRATION AND RE-INTEGRATION INTO WORK STRATEGIES IN EUROPE?

- Raise awareness in the general population
- Focus on existing capacity or ability
- Have simple procedures
- Provide a long-term perspective
- Have good coordination and organization of services
- Integrate and be open to creative solutions
- Be individualized and have flexible structures
- Allocate appropriate time, personnel and financial resources
- Have an effective coordination and communication among agencies
- Use a holistic view of the person and the problem
- Have modules integrated into other services
- Take into account the perspective, including fears and real risks, of employers
- Offer users services of good quality
- Provide early interventions
- Offer training of good quality
PATHWAYS 2nd YEAR RESULTS (2016-2017)  
Phase B)

MAIN GOALS: Assess specific employment related needs of persons with chronic health conditions (depression, back and neck pain, migraine, diabetes mellitus, chronic obstructive pulmonary disease and ischemic heart disease) by conducting a needs assessment study with online questionnaires.

SELECTION OF DISEASES: Those health chronic conditions that have been identified as the six leading causes of disability, measured by Years lived with disability (YLD) in the global burden of disease study (GBD) were selected. They accounted for more than 60% of the YLD in Europe. For each group, one/two specific health conditions were selected according to their prevalence, impact on the workplace and expertise of PATHWAYS partners.

METHOD: An e-survey was conducted in ten different European countries to ask people with chronic health conditions which factors they perceived as favorable or unfavorable so that they can fully participate in the labour market. The survey included demographic variables, health-related information and a tool aimed at detecting their employment needs. The instrument was systematically created after consulting scientific literature and other relevant sources. It was composed of 40 items grouped into six different employment needs domains:

Number of respondents by country
- Angloaxon = 1
- Continental = 201
- Post-communist = 113
- Scandinavian = 189
- Mediterranean = 344

![Map of Europe showing number of respondents by country](image)
OVERALL FINDINGS: A total of 686 respondents were analyzed

MAIN EMPLOYMENT NEEDS OF EUROPEAN PEOPLE WITH CDS

• To have the possibility to secure time-off for medical appointments, to have flexible work routine and job security were the specific employment needs most frequently rated as favorable.

• Almost all participants rejected the possibility that employers legally terminate employment contracts in case of productivity decreases due to chronic disease. New formulas should be found to get a balance between commercial/economic interests and job protection for people with chronic health conditions.

• The following factors, similarly favorable for all the chronic health condition groups, are potential targets for designing general workplace (re)integration actions: legislative needs, education, training and advice services and enhancing knowledge of coworkers and superiors about health conditions.

• Some health conditions scored more favorably in specific-employment needs: Physical adaptations for migraine and Medical & Health care needs for depression. These elements should be particularly considered in health-condition specific interventions.

• There is a need for country-tailored actions since employment needs were perceived differently in the different EU countries and across the different EU social welfare models.
MAIN GOALS: Develop policy recommendations and guidelines focusing on the implementation of strategies in the labour market.

Method: The development of the policy recommendations will be based on the findings of the first two years of the project, and also on the results obtained out of two interrelated studies conducted at both the national as well as at the European level.

National level: The aim of the project is to explore the views and the perspectives of 56 National stakeholders, involving employers, experts and policy-makers, with regards to: a. the implementation of policies, services and measures facilitating (re)integration to work for people with chronic diseases including mental health conditions, and b. the possible ways to overcome potential barriers.

European level: The aim of the project is to explore the views and the perspectives of 20 European-level stakeholders concerning the development and the implementation of employment (re)integration strategies for persons with chronic diseases.

EXPECTED OUTCOMES:

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

Download the Full Reports: www.path-ways.eu

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