

Meeting on Adapting the Workplace Strategy on Diabetes and Wellness to Polish Workplaces

Tuesday, 2 June 2009

Central Institute for Labour Protection – National Research Institute,
Warsaw, Poland

1. The meeting was convened by the Central Institute for Labour Protection – National Research Institute (CIOP-PIB), Warsaw, Poland, in cooperation with the Geneva Social Observatory (GSO), to introduce the newly adopted GSO Workplace Strategy on Diabetes and Wellness. The meeting was part of a comprehensive effort by the GSO to adapt the Workplace Strategy to Polish workplaces. The CIOP-PIB invited the participants, prepared a Polish translation of the Workplace Strategy, provided the venue for the meeting, and arranged for interpretation between Polish and English. The CIOP-PIB also hosted the participants at lunch and coffee breaks. The agenda and list of participants are attached to this report as Annex 1 and Annex 2.

Opening

2. Dr. Daniel Podgórski, Deputy Director for Management Systems and Certification (CIOP-PIB) and Dr. Katherine Hagen, Executive Director of GSO welcomed all participants to the meeting. The participants introduced themselves briefly (name, organization, position).

The first topic - *The situation of diabetes in Poland with reference to the world of work* – was presented by the following persons:

- Ms Jolanta Czerniak (Polish Federation for Diabetes Education - PFED)
- Mr Henryk Ochniak (Polish Diabetes Association - PSD, patients)
- Dr. Bożenna Stankiewicz-Choroszuca (Ministry of Health)

The above mentioned presenters introduced the activities of their mother institutions.

The main issues they addressed were the following:

3. Ad 1. Ms Jolanta Czerniak (Polish Federation for Diabetes Education - PFED) presented activities of the PFED, focusing on the role of therapeutic teams, including nurses, psychologists and physicians, addressing diabetes education in Poland. The Federation also conducts research and training activities aimed at improving diabetes-related health services for the whole population.

The most important activities from 2006 to date include:

- Organization of the third course on diabetes for nurses and midwives;
- Updating and publishing recommendations of the Federation and the national nursing consultants; and
- Publishing specialized journals.

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PFED takes part in developing the National Standard of Professional Qualifications - nurse - specialist nurse in diabetes (Ministry of Labour and Social Policy, 2007)

PFED is also involved in international cooperation, including work with the European Nurses Diabetes Collaborative University Project. It is a member of the Federation of European Nurses in Diabetes.

Ms Czerniak explained the role of diabetes nurses in several countries and highlighted the necessity to strengthen this role in Poland as well as to ensure appropriate education for nurses to become patient educators. The system of post-graduate education of nurses in Poland was also presented.

4. Mr Henryk Ochniak - (Director of the Chief Management Bureau, Polish Diabetes Association, patients), Stated that the PSD is the largest organization of this type in Poland. He presented information on the activities of the Association and the problems of diabetes in Poland.

The Polish Diabetes Association is concerned with the problems of:

- Combating unemployment of diabetics – training of professional counselors in communities;
- Educating people with diabetes to fight social exclusion (€50,000 a year);
- Striving to professionally recognize the profession of diabetic patient educator;
- Publishing of guidebooks and magazines for diabetics;
- Increasing the number of diabetologists (medical doctors dealing with diabetes);
- Developing the field of psychological care for diabetics; and
- Combating exclusion of diabetics.

The main problems of diabetics in Poland include:

- Insufficient financing of diabetes prevention programmes by the Ministry of Health;
- In 2009 Poland introduced the reimbursement of long acting insulin medication and insulin pumps for children and young people below 18 years old as the last country in the European Union.

5. Dr. Bożenna Stankiewicz-Choroszuca (Ministry of Health) presented some data on epidemiology of diabetes in Poland and in the world. She briefly reviewed the *Program of diabetes prevention and treatment - 2006-2008*, financed by the Minister of Health within the State health policy.

The most important tasks in 2007 and 2008 were:

- Implementing and maintaining a register of adult diabetics, which carried with it the following main benefits: assessment of health status of people

with diabetes, evaluation of diabetes health care, assessment of the risk of chronic complications, indications for intensifying activities connected with diabetes patient care and estimated data of expenditures for future treatment (which may result in considerable reduction of treatment costs for chronic complications in the future; and

- Implementing and maintaining a register of children and young people with diabetes, aimed at optimization of treatment, unification of diabetes care, planning of pediatric diabetes care needs on the basis of epidemiological data.

Activities concerning diabetes prevention have also been carried out within other programmes. For example, one of the tasks of the *National program of cardiovascular diseases treatment and prevention 2006-2008* addresses the improvement of detectability and effectiveness of treating hypertension, lipid disorders, and diabetes in adults and children in urban and rural environments.

Another national programme addresses prevention of being overweight and obesity and non-communicable chronic diseases by improving nutrition and physical activity 2007-2011.

The International Situation

6. Dr. Katherine Hagen, Executive Director of the GSO and former Deputy Director-General of the International Labour Organization, provided an overview of the international situation regarding diabetes and wellness initiatives. She explained how the GSO came to appreciate the seriousness of the global epidemic in both Type 1 and Type 2 diabetes. Drawing from the data gathered by the International Diabetes Federation, she showed that 245 million people worldwide had diabetes in 2007, with 6% of the adult population suffering from Type 2 diabetes; and that this is projected to grow to 340 million in 2025.

The epidemic is especially growing among working age people between 45 and 64, and this is why the GSO was drawn into the challenge of developing a strategy targeted to the workplace. In Poland, she concluded, the incidence of diabetes is higher than the global average, at 7.6%, or approximately 2 million people, as already mentioned by Mr. Ochniak.

Another important concern is the large number of people with pre-diabetic symptoms, which is estimated in Poland to be 15.2%. The severity of the effects of diabetes on circulation, nerves, eyesight, heart and kidneys was illustrated in a chart, showing how important it is to address diabetes as a way to address chronic diseases generally. It is important to pursue new avenues for fighting the epidemic, and that is why the GSO was drawn into developing a specific workplace strategy.

The Return on Investment on Implementing the Workplace Strategy

7. A presentation on *The return on investment on implementing the workplace strategy, wellness and prevention programmes* was presented by Dr. David Gold, The presentation highlighted the importance of the cost of diabetes leading to

higher medical expenditures (over \$10,000 per year in the US) with productivity losses, according to the American Diabetic Association (ADA) of 6.6% or 14 days per worker per year. Also according the ADA, annual medical expenses are from 2.3 times to 4 times higher. In 2002, diabetes costs in the United States were more than \$92 billion.

He suggested that diabetes represents a significant economic burden to employers and workers with productivity losses directly correlated with presence of diabetes in the workforce. In the US, diabetes-related productivity losses are estimated at \$40 billion.

Dr. Gold suggested that it is important to take action as diabetes frequently leads to disruption of production, discrimination in employment, pressure on health and social security systems and the potential of increased occupational accidents and diseases. Positive action could therefore lead to a reduction in sick leave, health costs, as well as workers' compensation and disability management costs. It could also improve morale, productivity and worker retention while reducing both absenteeism and presenteeism.

Dr Gold noted that there were certain steps enterprises could take such as programmes addressing exercise and fitness, smoking cessation, blood pressure management, weight management, stress management, cholesterol management and providing guidance on adequate nutrition. He then cited several positive examples from Mauritius, Poland and Finland as well as a report of the World Economic Forum which showed a positive return on investment through wellness programmes.

An Overview: the Workplace Strategy

8. Dr. Hagen described how the Geneva Social Observatory operates as a multi-stakeholder forum to advance safety and health in the workplace. The project on diabetes in the workplace started with a series of roundtables in 2006 and 2007. Participants came from the World Health Organization and the International Labour Organization, from many NGOs specializing in health issues (nurses, doctors, dentists, hospitals, heart disease, diabetes, and disability), from the private sector (companies like Merck, Nestlé, Procter & Gamble, Pfizer, DuPont, British Telecom and others), governments (Mauritius, India, United States, Canada, Nigeria and others), and academics (University of Geneva and the Rockefeller Foundation). They agreed that a workplace strategy needed to be drafted, and the GSO proceeded to convene a workshop and then a forum in 2008 to produce a comprehensive document. It was then decided that the GSO should adapt the Workplace Strategy to specific workplace settings. That is why the meeting with CIPO-BIP was convened.

The Workplace Strategy calls for action in four areas as follows:

- Disseminate information and improve general knowledge about diabetes epidemic;
- Mobilize better data and risk assessments;
- Manage the monitoring and treatment of the diabetic condition; and

- Promote wellness through a menu of options

Dr. Hagen concluded the overview by showing some examples of workplace options, including nutrition, physical activity and smoking cessation, adapting the workplace environment, promoting routine health care, addressing stigma and discrimination, and, most importantly, encouraging participation with employee organizations.

Strategy Implementation

9. Dr. Gold briefly overviewed elements of the Workplace Strategy that needed to be considered in adapting the Strategy to Poland. During this overview, he referred to Dr. Hagen's previous presentation focusing on the importance of information, education and communication; mobilizing for action in the world of work; health interventions for prevention and wellness and the importance of a healthy work environment. Dr. Gold asked the meeting participants how the Strategy could effectively be adapted to Polish conditions. The comments and suggestions included:

- Providing information on diabetes;
- The difficulty for the employer to conduct screening for diabetes every year;
- Additional medical insurance should be considered that would take into account diabetes and its associated problems;
- Professional education and active engagement of employers should be promoted;
- Diabetes should be included as a subject in the refresher occupational safety and health training curricula for workers and safety managers;
- The level of awareness of diabetes should be increased so that people with diabetes do not feel they need to conceal it out of fear of losing a job; and
- Opinions on relevant legal regulations concerning diabetes prevention are varied.

Group discussion and findings on implementation

10. Dr. Gold briefed the Meeting on a group discussion method known as the World Café. In three separate 20 minute sessions, participants responded to three questions regarding the implementation of the strategy in Poland. The responses are summarized below:

1) What would you like to see happening to enable you to feel fully engaged and energized about implementing the Workplace Strategy on Diabetes and Wellness in your organization?

- Clearly identify who should be involved, what institutions / levels (e.g. management);
- Provide detailed guidance on activities that should be carried out;
- Assure that financing and implementation costs are met;
- In concert with local Polish partners, assure that the implementation is in conformity with standards and regulations ; and

- Provide for an evaluation of the effectiveness of the Strategy implementation.
- 2) How can we support each other in taking the next steps? What unique contribution can we all make?
- Identify internal and external sources of funding such as through government, employers' organizations, employees' organizations, health centres and regional medical centres;
 - Identify the human resources, educational and coordination capacity to coordinate the project, including the possibility of mentoring;
 - Develop better metrics for the study of diabetes; and
 - Develop and implement the means to raise the awareness of the problem of diabetes among the general public including the media.
- 3) Regarding implementation of the Workplace Strategy, what is missing from the picture so far? What do we need more clarity about?
- Additional support needs to be built through representative groups at the workplace;
 - knowledge and experience needs to be shared; and
 - Needs must be identified and solutions must be found, building on existing strengths. This should be developed capitalizing on both collective and individual approaches at the workplace.

Closing

In closing the seminar, Dr. Hagen stressed the necessity of information exchange and working together which may lead to developing new initiatives. She emphasized that this meeting is only the beginning and that a report of the meeting will be shared with participants in order to evaluate next steps. She also expressed her sincere appreciation to all of those at the CIOP-BIP who helped to make the meeting such a tremendous success.