

GSO Programme on Diabetes and Social Responsibility

Seminar on the Adaptation, Dissemination and Implementation of the GSO Workplace Strategy on Diabetes and Wellness in Turkish Workplaces

Lake Abant, Turkey
20 to 21 June 2009



Geneva Social
Observatory



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Introduction

The Seminar on the Adaptation, Dissemination and Implementation of the GSO Workplace Strategy on Improving Health and Social Problems of Diabetics Working at Turkish Workplaces was convened by the Geneva Social Observatory (GSO), in cooperation with the International Labour Organization (ILO) Ankara Office from 20 to 21 June 2009 in Lake Abant, Turkey. Thirty participants attended from the Turkish ministries of health and labour, the World Health Organization, the ILO and professional and non-governmental organizations specialized in diabetes in Turkey (the Turkish Society of Endocrinology and Metabolism – Diabetes Working Group, Diabetes Nursing Association and the Şişli Branch of Life with Diabetes Association).

The purpose of the Seminar was to introduce the GSO Workplace Strategy and to invite the participants to propose recommendations for its adaptation, dissemination and implementation in Turkish workplaces. This report includes a summary of the presentations that were made on the first day of the seminar and the general discussion that followed by the participants. On the second day of the seminar, participants responded to three questions in rotating working groups to suggest next steps for the project. A summary of these recommendations is also included in this report. Every effort will be made to integrate these recommendations into the future activities of the GSO programme on diabetes and social responsibility.



Photo: R. Doggett, GSO

Participants at the Seminar on the Adaptation, Dissemination and Implementation of the Workplace Strategy on Diabetes and Wellness in Turkish Workplaces

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Day One of the Seminar

Opening Remarks

Ms. Gülay Aslantepe, Director of ILO Ankara, welcomed the participants on behalf of the ILO and provided an overview of the legal and regulatory framework of ILO standards in occupational safety and health that illustrate the importance of public policy on workplace health programmes. Dr. Katherine Hagen described her long association as the former Deputy Director-General of the ILO and now Executive Director of the Geneva Social Observatory with the ILO Ankara Office and thanked Ms. Aslantepe for the excellent support from her Office for the seminar. She also thanked Dr. Rüçhan Isik, the former director of ILO Ankara, for his work in organizing the seminar.

The seminar was held through an unrestricted grant from MerckSharpDohme Company-MSD and a grant to facilitate interpretation and translation arranged through the project to promote civil society dialogue between the EU and Turkey. Dr. Hagen expressed thanks to the Diabetes Nursing Association of Turkey for partnering with the GSO for the EU grant and also expressed her thanks to the Turkish Society of Endocrinology and Metabolism for its participation in the seminar. Both associations gave presentations on their experiences and activities.

Keynote Presentation on Global Trends

Dr. Gojka Roglic, Medical Officer for Diabetes at the World Health Organization and a member of the GSO Planning Committee on Diabetes and Social Responsibility, introduced the participants to the global dimensions of the diabetes epidemic. The increasing prevalence of diabetes worldwide is expected to affect 281 million in 2010, and is projected to grow to 439 million in 2030. It is also estimated that one-half of the people are unaware that they have diabetes. Diabetes is increasingly affecting working age people, and this is why a workplace strategy to fight the epidemic is needed. Three million diabetics are estimated in Turkey, with over 2 million being of working age.

The forecasts are consistently higher in every country; not a single country has been able to achieve a decline in diabetes, in contrast to cancers and heart disease. And yet, diabetes can be prevented. A recent study analyzed the data on the causes of the increasing incidence of diabetes and concluded that the conditions of obesity and overweight are responsible for 75 to 80 per cent of the increase. The world's population is in fact eating more calories per capita than ever before, while occupational and daily physical activity has decreased. So the changing lifestyles are the most significant variable for the growth in diabetes. The result is that annually 3.7 million people worldwide are dying and millions more are suffering severe health complications as a result of diabetes.



An Overview of the GSO Workplace Strategy

Dr. Hagen described how the GSO was established in Geneva to bring people together from the many international organizations and NGOs (Non-Governmental Organizations) that are active on global social policy issues in Geneva, the European headquarters of the UN. The GSO is providing a neutral forum for informal dialogue on what to do about the global diabetes epidemic. Participants in GSO roundtables and workshops shared information from experts like Dr. Roglic and many others. They noted that an important aspect of the epidemic is the growing spread of diabetes among younger and younger people, people who are of working age. They concluded that existing health care services for people with diabetes should be supplemented with a specific workplace strategy in the hopes of doing something more to control the epidemic. The participants prepared a specific workplace strategy to combine prevention and early treatment for diabetes among working age people, which calls for a shift in thinking about health services in the workplace. The strategy document prescribes four areas for action – an information campaign, a workplace policy framework, a monitoring and treatment programme and a wellness promotion programme. It emphasizes the importance of both senior management leadership and worker participation.

When the Workplace Strategy was approved at a GSO forum in September 2008, the participants were invited to develop an implementation plan targeting developing countries. We already knew that developing countries are especially affected by the growing epidemic. Three countries were chosen – Turkey, Poland and Russia – because they all have a growing incidence of diabetes among working age people and because they have an established health care system that could be broadened and adapted to include a workplace strategy on diabetes and wellness.

Presentation on the Return on Investment

Mr. Ralph Doggett, Chief Economist for the GSO, provided data on the high cost of diabetes and its growing impact on working age people. He also showed the cost savings of wellness programmes that are designed to prevent or mitigate the impact of diabetes among employees. He listed the benefits of reduced health care costs, reduced absenteeism, improved productivity, longer retention and reduced recruitment costs, and better employee morale.

In the discussion that followed, questions were raised about how to save costs for a patient with diabetes. Participants discussed the savings that can be realized through coordinated treatment programmes and monitoring the health of high risk individuals. A lot is also known about prevention and how to translate this information into the workplace. Senior management experience in Turkey is already oriented to developing systems to change workplace culture, and it is possible to apply this experience to raise awareness and set targets.



Presentation on Diabetes in Turkey

Professor Dr. Sema Akalin, President of the Turkish Society of Endocrinology and Metabolism (TSEM) informed participants that the concepts of “Type 3 diabetes” and “Type 4 diabetes” are used, which respectively refer to the relatives of diabetics, and health employees serving diabetics, as well as “Type 1” and “Type 2” that are widely acknowledged. Dr. Akalin noted that she herself is a Type 4 diabetic. Dr. Akalin mentioned the Turkish Diabetes Epidemiology Study (TURDEP), which was first carried out from 1997 to 1998 by the Istanbul Faculty of Medicine with the contributions of the TSEM Diabetes Working Group. The results of the study were published in 2002 in the Diabetes Care Journal. Dr. Akalin observed that according to these results there is overt diabetes in 7.2 per cent of the adult population in Turkey (20 and older) and impaired glucose tolerance (IGT) in 6.7 per cent. Thirty-five per cent of the Turkish population was found to be over-weight and 22 per cent were obese in this study, which was carried out using a sample of 25.000 people with an approximate participation rate of 85 per cent, according to body mass index (BMI). Also the prevalence of hypertension in the society was found to be 30 per cent. The TURDEP study showed that a third of diabetics and half of those with hypertension are not aware of their diseases. This study showed that diabetes and hypertension are more frequent among Turkish women than men. An important reason for this is the lower level of physical activity and higher frequency of obesity among women.

Dr. Akalin presented the results of another study carried out on IGDAS employees (Istanbul Natural Gas Distribution Company), a large institution in Istanbul and highlighted that awareness of diabetes and hypertension is not sufficient among young and educated employees.

Dr. Akalin noted that workplaces are convenient environments for screening and training of both employees and employers to increase diabetes awareness. Also, she presented numerical data concerning the incidence of high health expenditure and productivity loss taking place when diabetics are not well treated.

Dr. Akalin emphasized the problems of diabetics in working life and explained that diabetics are subject to negative discrimination in recruitment, their health insurance premiums are too high and it is necessary that nutrition and physical activity facilities are provided at workplaces and that the workplace physicians should learn about diabetes follow-up. She noted that diabetics may be subject to positive discrimination in high-risk jobs such as firefighting and using firearms, and it is necessary to decide whether the patient can continue working or not, based on the individual assessment of the physician who makes the relevant follow-up of the patient and the workplace physician.

In the final part of her speech Dr. Akalin informed participants that as an Association they are planning to carry out a study to identify the cost of diabetes and its complications in Turkey and they aim to update the TURDEP study next year.



Presentation on the Role of the Nursing Profession

Dr. Seyda Ozcan, General Secretary of the Diabetes Nursing Association presented a series of projects that showed the capacity of diabetes nurses to contribute to workplace programmes. These projects aim to raise awareness on diabetes among diabetics and the public. Dr. Ozcan mentioned the National Insulin Training Programme, Diabetes Talks patient training programmes and special diabetes screening and support programmes carried out at prisons and schools as examples to national projects carried out by the Diabetes Nursing Association, as well as GAPDIAB, DOGUDIAB and CUKUROVADIAB projects and other projects in which the Association actively participated. The Association conducts public and group trainings, world diabetes day activities and screening activities to raise awareness on diabetes. The Diabetes Nursing Association has various publications such as various books and periodicals for the health professionals and books, periodicals, DVDs and TV-radio broadcast for patient training.

Ms. Yildiz Tanik agreed with Dr. Ozcan and talked about her experiences with workplace programmes. Tanik noted the importance of adjusting working conditions and lunch hours, providing appropriate space for injection and adopting regular routine working hours instead of shifts for diabetics at work. She emphasized that when such adjustments are integrated with other healthy life style programmes, this will have an effect if it is presented as a set of recommendations highlighting the advantages such as preventing the work day loss, ensuring employee's commitment to the company and job satisfaction.

Discussion

While questions were raised about risk factors in the workplace, such as certain chemical agents, the international and local experts confirmed that these are not high-risk concerns. Rather, the priority needed to be directed to changing lifestyles to combat obesity, overweight and physical inactivity.

The regulatory role of labour and health inspection was also mentioned. There was interest in improving the monitoring of chronic diseases, including diabetes, through occupational health services, and especially the monitoring of risk factors among employees. The nursing role in the prevention, care and treatment of diabetes was discussed in depth. Nurses trained for treating people with diabetes can facilitate insulin treatment but can also do much more. They are in a position to train both caregivers and persons with diabetes and to promote wellness and prevention. Through the workplace setting, one can promote exercise, good dietary habits, attention to basic health care, controlling alcohol and smoking cessation. Better publications to emphasize wellness may also be needed.

A concern was raised about the fact that only 2 per cent of workplaces in Turkey have more than 50 employees. These are the workplaces that are covered by labour and health inspectorates and have occupational safety and health programmes. What about all the other millions of workers in smaller enterprises or in the informal economy? Why should we concentrate only on the few who are in large formal workplaces?



It is especially challenging to reach working age people in the informal sector and in small enterprises, and participants discussed how one could approach them through a community-oriented approach and through consolidated cooperative services, such as in trade associations. For the GSO strategy to get going, however, it is useful to start with pilot projects in larger enterprises. That way, one can see what works, develop materials and activities that fit the local culture and have examples that can then be applied in these more resource-limited settings.

At the end of the first day, there was an interesting debate on the issues of stigma and discrimination. How can one ensure that people with diabetes are treated fairly in the workplace? They should be treated just like anyone else whenever that is appropriate. Policies need to be in place to recognize that most people with diabetes do not require any special accommodation or limitations. There are certain high-risk jobs for which there may be some limitations, but the group also heard about examples of people with diabetes doing very well in highly strenuous settings, especially in the sports world. The challenge is how to accommodate people with diabetes when special arrangements are needed to ensure continued performance levels and how to combine this with a non-discriminatory framework. Individualized assessments between the individual and his or her physician should determine whether any accommodations are needed.

Finally, there was a concern raised about workplace-related insurance premiums having an unbalanced weighting of risk factors and the need to correct these imbalances as they affect coverage of people with diabetes. Also, if the direct and indirect costs of an employee with diabetes are higher than the costs of an employee without diabetes, what can employers do to reduce the costs? The GSO Strategy is based on evidence that early intervention can control the costs of care and extend the time for full performance on the job, but the Strategy is also based on the belief that a combination of prevention AND early intervention can make a huge difference in cost savings. We need to gather and communicate better information about these cost savings and to work on better risk assessments for insurance premiums.



Day Two of the Seminar: Preparing Recommendations for the Future of the Project in Turkey

Following a review of the issues discussed in the first day, and some additional discussion, participants agreed that they were attending the seminar in order to improve the health care of people with diabetes and to try to prevent the spreading onset of diabetes among working age people in Turkey. Participants expressed concern about the dietary habits of society and whether one can effectively prevent diabetes in the workplace if there isn't a direct link between the workplace and diabetes. However, it was noted that occupational safety and health physicians and nurses are already in polyclinics taking care of people with diabetes and are in a position to take on prevention duties as well, to warn high-risk groups to delay the onset of diabetes. Trade union representatives noted that they could strengthen occupational safety and health service provisions in their collective contracts and can also make use of social events. An employer representative noted that this is a new topic for Turkish employers, and important results can come out of this project. More concrete examples are needed on the benefits for action in the workplace. Some pilot projects in large companies may be useful in this regard.

Participants then met in small rotating groups to respond to three questions. All participants were able to participate in responding to each of the three questions by spending twenty minutes on one question and then moving on to the second and then the third. The questions are shown below. Notes were accumulated on the responses to each question, and the following is a summary of the responses.

Engagement

1. *What would you like to see happening to enable you to feel fully engaged and energized about implementing a workplace strategy on diabetes and wellness in your organization?*

- Ensure supervision of implementation of action plan
- Provide education on nutrition in the schools
- Inform employers about the gains of the actions that they are being encouraged to take
- Provide information to the employers about the cost of diseases
- To establish relationship between nutrition and efficiency of the workforce at the workplace
- Provide information to employees on diabetes, understanding being a candidate of diabetes and protection from diabetes
 - By means of websites and other electronic messages
 - By means of posters at workplaces
- Provide training and ensure the continuity of training for workplace physicians, nurses and other health care professionals on nutrition, diabetes and prevention of diabetes
- Inform employers on facilitating sportive activities at workplaces



- Implement healthy life programmes at the infirmary of the workplaces
 - Health and nutrition
 - Managing weights
 - Smoking cessation
 - Exercise (active life)
 - Stress management
- Organise periodical screening for healthy life
- Identify the duties and responsibilities and powers of health care professionals, including a significant role for nurses
- Together with the contribution of all the agencies, establish a website on “healthy life”
- Make a website about the outputs and activities of the project
- Develop data and good practices
- Develop monitoring and evaluation mechanisms
- Provide information and also provide for feedback
- Train employers and employees as well as workplace health professionals
- Improve occupational health, providing support from joint health and safety units for small employers

Next steps

2. How can we support each other in taking the next steps? What unique contribution can we all make?

- The dialogue between groups who assume different responsibilities should be kept open after the identification of the strategy
- We should identify the existing situation about diabetes in the workplace first
- Give information to the GSO about the functioning of the workplace health units in Turkey
- We can put relevant articles in line with the workplace strategies into our collective agreements
- We can empower the workplace health care professionals for preventive health care services
 - Attach importance to preventive services in the workplace and prepare the legal framework for that
 - Identify the terms of references and limits of responsibilities for the workplace physicians, nurses and other health care personnel
- With regard to employees with diabetes, we can educate the workplace health professionals physician, update his information, and make sure that he or she is contact with the primary physician of the person with diabetes
- Within the framework of the pilot project to be conducted,
 - Disseminate information about diabetes in a big workplace
 - Identify people at risk in terms of diabetes
 - Establish healthy life and motivation in the workplace
- We can monitor and treat the people with diabetes in the workplaces in a better manner and in line with standards
- We should seek to prevent negative discrimination of people with diabetes



- For some patients, we can have positive discrimination
- Supervisory mechanism of the trade unions can play a role
- Privacy of the patient must be maintained and respected
- For those who work or who will work in workplaces that require heavy labour and that are in hazardous workplaces, the situation of the employees with diabetes has to be monitored and decisions made in agreement with the workplace health professional and the personal physician, jointly

Implementing the strategy

3. Regarding implementation of the Workplace Strategy, what is missing from the picture so far? What do we need more clarity about?

- There is no existing workplace strategy regarding diabetes.
- The ministries should address these matters, especially the ministry of health and the ministry of labour
- There is currently no legislation regarding diabetes. There is now a draft law on occupational health and safety. There is a workshop to be held in November regarding the Turkish diabetes control programme. This combination of efforts to address policy is recommended, and the focus should be on involving employers in this process.
- Diabetes is not an occupational illness. Its definition should be clarified as a condition that can be addressed in the workplace.
- Diabetes risk factors should be made clear to workplace medical staff.
- Risk factors should be shared with the employers
- Different legal issues for establishments need to be addressed for workplaces with less than 50 employees, in contrast to those with over 50 employees.
- The concept of workplace nurse should be redefined especially for establishments with less than 50 employees,
- The roles and responsibilities of the workplace nurses regarding protection from diabetes, early diagnosis of diabetes, regular monitoring and training of the diabetics should be clearly defined and nurses should become active at work places in this respect.
- Cost effectiveness of the workplace strategy should be shared with employers, and the board of occupational health should be made more effective in this regard.
- If the workplace physicians are independent civil servants paid by the public, then they will have more influence over employers
- Clarification of the situation of diabetic people in terms of the jobs that they can and cannot do and investigating the international guidelines about this issue, and informing employers about the results.



Conclusion

In a concluding session, seminar participants received these summaries and made suggestions to modify them. In particular, emphasis was placed by some of the participants on the need to recognize the role of occupational nurses, and an effort was made to incorporate this suggestion into the above summaries. The recommendations tended to emphasize the importance of the distinction between workplace-related health care and the emphasis on prevention and wellness programmes, which may require a new legislative framework as well as new terms of reference for health care professionals in the workplace.

Another important emphasis was on the need to establish the cost effectiveness for employers of this new approach to workplace health care. Participants expressed interest in the project proceeding with a series of pilot projects with a view to addressing these issues.

Dr. Hagen thanked the participants, presenters, interpreters and sponsors and reaffirmed her commitment to support a continuing GSO role on this project in Turkey, starting with the dissemination of this meeting report to everyone who participated.