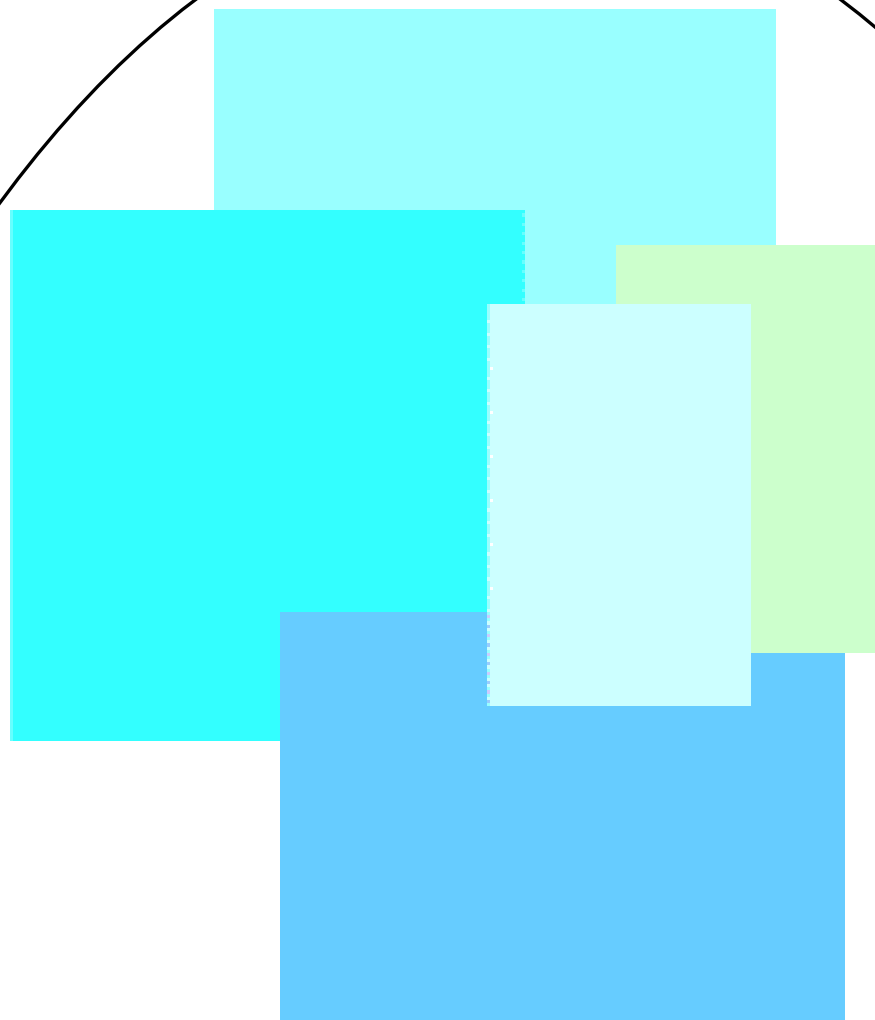
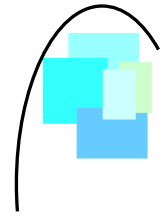


Workplace Strategy on **Diabetes** **Non-communicable Diseases** and **Wellness**

31 July 2010



Global Social Observatory
Geneva



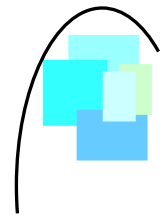
Foreword

The purposes of this **Workplace Strategy on Diabetes, NCDs and Wellness** are to promote prevention and early intervention of diabetes among a global population at risk that is increasingly of working age and to show how the workplace setting can complement national and community-based programmes with practical initiatives to reach people where they spend a significant proportion of their time. The results of these programs can have the parallel benefit of bringing about enhanced productivity and cost savings for employers.

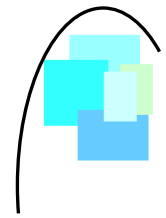
The initial **Workplace Strategy on Diabetes and Wellness** is the product of in-depth research, discussion and debate, by and between a diverse assembly of stakeholders and experts in international organizations, the business community, health institutions and civil society. It represents a consensus of opinion on how best to exploit opportunities in workplace settings, to address the challenges posed by diabetes and its associated health risks and consequences. That consensus recognizes and accommodates the diversity of circumstances found in and around places of work – circumstances that are contingent upon the nature of work and the workplace, as well as the workers, employers, communities, cultures, nations and environments in which they are found.

The **Workplace Strategy** was developed following a methodical review of the causes and spread of diabetes; and of current and proposed efforts for prevention and treatment. The **Global Social Observatory** has provided stewardship for the project over the past four years. Through a series of roundtable sessions and workshops, the GSO gathered information from experts at the WHO, the ILO, governments, academia, the private sector and NGOs and reported on all aspects of diabetes in the workplace. The GSO then convened a Forum with these experts and stakeholders, on 25 September 2008 in Geneva, Switzerland, at which the **Workplace Strategy** was adopted to serve as a basic template for adaptation to specific settings. Throughout 2009, the GSO engaged in the first round of implementation of the Strategy in partnership with local research institutes or associations in the three countries of Poland, the Russian Federation and Turkey. The GSO then reconvened a consultative roundtable of stakeholders and experts in Geneva on 6 May 2010 to review the results and propose refinements to the template.

A revised and expanded **Workplace Strategy on Diabetes, Non-communicable Diseases and Wellness** is now available for future partnering and implementation. The most significant new feature is the inclusion of non-communicable diseases other than diabetes in the Workplace Strategy. This was recommended by the stakeholders and experts because of the close similarity in preventive measures for diabetes and other similar NCDs. Another important feature is the recognition that workplace strategies need to be linked up with national health policies. Finally, the revised strategy highlights the importance of working with associations of health professionals and patients' groups and including them in the implementation of workplace strategies and action plans.



The pages that follow start with a statement about why employers should address diabetes in the workplace, with a particular emphasis on the relationship between diabetes and other non-communicable diseases, and how positive action can improve productivity and reduce costs. The **Workplace Strategy** itself is laid out with its four basic elements of information-sharing, mobilizing for action, managing the monitoring and treatment of the diabetic condition and other risk factors, and promoting wellness. Finally, we have also included two appendices to the **Workplace Strategy**, one providing data on the scope of the global problem with diabetes and the other providing a basic primer on what diabetes is. These serve as reference guides. We believe that this overall package provides the basic framework for developing effective workplace programmes, and the GSO can assist employers and associations in building and evaluating specific action plans that are suited to the individual needs of each workplace.



Preface: Why Employers Should Address Diabetes in the Workplace

The **Workplace Strategy** continues to focus on combating diabetes but is intended to be integrated within wellness programmes that recognize the similarity of actions for combating other non-communicable diseases as well. Diabetes is a global epidemic increasingly affecting the working age population worldwide.¹ While the epidemic is predominantly caused by a dramatic increase in the prevalence of “Type 2” diabetes, which is often preventable, there is also an alarming increase in the incidence of “Type 1” diabetes, for which there is no known prevention.² Diabetes prevention (for Type 2) and treatment programmes (for either Type 1 or Type 2) can increase productivity of the labour force. Statistics gathered by the GSO provide indicators of:



- The demographics of working age populations and diabetes
- Countries with highest prevalence
- The results of successful workplace programs
- Proven business advantages

Public health policy is being called upon to address the global spread of diabetes, cardiovascular diseases, cancer and other non-communicable diseases that have chronic health implications, not only for the elderly, but also increasingly for people of working age. A national focus on health and workplace policy is helping to mobilize national networks of health professionals, patient groups and employers.

Both employers and employees share joint responsibility for a positive work place. Employees must take responsibility for their own health-related behaviors, but employers can help empower workers by providing a healthy working environment. Employers can work with labour unions and other interested parties (employee associations, NGOs and civil society) to reinforce the benefits of prevention and early treatment. Relatively inexpensive measures can yield health benefits and cost savings resulting in lower healthcare costs. Specific goals of the **Workplace Strategy** include:

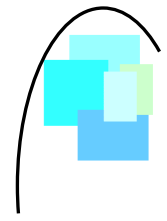
- Enhancing employees’ performance in the workplace
- Decreasing absenteeism and “presenteeism” (being present at work but ineffective)
- Increasing workers’ morale, motivating employees
- Improving retention of workers and preservation of human capital



The onset of diabetes and other chronic diseases like cancer and heart disease among younger and younger working people can be countered with preventive measures and early interventions. Thus, public health policies are being adapted to reflect new thinking about the role of the workplace and of occupational health services. As both a disease and a condition that contributes to other chronic diseases, diabetes is an epidemic that urgently needs to be publicized. A concerted response to counter the epidemic through regular monitoring and workplace wellness programs has the additional benefit of reaching across the spectrum of chronic diseases with mutually reinforcing results.

¹ See Appendix A for details on “The Scope of the Problem”.

² See Appendix B for an explanation of the different types of diabetes.



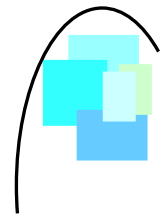
The Global Social Observatory Workplace Strategy on Diabetes, Non-communicable Diseases and Wellness



The overarching strategy for addressing diabetes, NCDs and wellness in the workplace has four main components. Each requires action on the part of the employers and/or workers:

- The world of work is an ideal place to **provide information** and to improve general knowledge about the diabetes epidemic, its relationship to NCDs and what can be done about it.
- There are steps that can be taken to **mobilize for action**, to compile better data and conduct risk assessments to identify the relevance of the epidemic to specific settings in the world of work.
- The strategy identifies the range of interventions to **manage the monitoring and treatment** of the diabetic condition and their benefit for related NCDs.
- The strategy concludes with a menu of options that can and should be taken to **promote wellness** in order to prevent and mitigate the onset of the diabetic condition and related NCDs among people in the world of work.

These four components are discussed in more detail below.



Provide Information

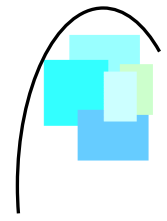
The first element of a **workplace strategy** is to provide information about diabetes and chronic diseases and their relevance to the workplace. Developing and implementing a communication plan can deliver a consistent and simple message that focuses specifically on improving general knowledge about the diabetes epidemic, its impact on chronic diseases, and what can be done about it in the world of work. The plan should:

- Develop a consistent message that can be tailored to the workplace audience
- Adapt communication and media tools for the worker population (gender, age, multicultural)



Health promotion messages may include

- Visual and audio media e.g. leaflets, posters, billboards, radio programmes, piped in audio promotions, games, songs, health caravans (culturally-appropriate and tailored to work staff, industry, workplace setting or informal sector).
 - Electronic media: website, emails, e-news.
 - Presentations, group counseling, seminars, workshops, health coaching, care managers
- Engage Executive Management
 - De-stigmatize diabetes and chronic disease within the workplaces
 - Address diabetes discrimination for both Type 1 and Type 2 diabetes
 - Address psychosocial aspects of diabetes at work including emotional responses, self-consciousness about being different, treatment logistics, and loss of control.
 - Emphasize the importance of sustainable lifestyle changes for employees, family members, and where appropriate, even communities - not quick fixes.



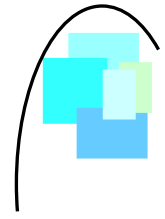
Mobilize for Action

The second element should build on the information and improved knowledge base about diabetes and NCDs by gathering data on the existing profile of the workforce and making risk assessments. This should then be used to identify targets for improvements and to develop an action plan for reaching and maintaining those targets. Here are some suggestions that can be taken to engage and empower employees, while mobilizing relevant data and risk assessments through the world of work. The strategy encourages developing a message of “shared responsibility” between the employer and employees.



For all work places

- Identify a health champion within the organization to lead the way. This could be any employee with positive leadership skills, authority, and respect in the organization and who is committed him or herself to wellness.
- Incorporate existing data on the prevalence and risk of diabetes and NCDs (with due regard to confidentiality and privacy and ethics), including preliminary identification and evaluation of all interventions – baseline, participation rates, metrics, cost effectiveness, outcomes, etc.
- Engage designated employee representatives to participate in developing an action plan for participation in monitoring, combating and preventing diabetes and related NCDs and in the measurement of outcomes of specific initiatives.
- Establish policies of non-discrimination and encourage sensitization to the stigma associated with diabetes and related NCDs in the world of work.
- Identify specific initiatives for enhanced physical activity, healthy diets, and other healthy lifestyle changes that can be adapted to the workplace.
- The action plan should secure top management endorsement of lifestyle changes.



For larger companies

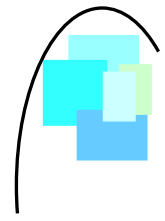
- Seek opportunities for public-private partnerships with public officials involved in the advancement of national health policies, including occupational health policies affecting health in the workplace; with other employers and with multisectoral sources, including health professionals, advocacy groups, associations representing people affected by the diabetes epidemic, who share the organization's values and objectives.
- Create or stimulate demand with other employers/employees to build a national resource archive, website, case studies in local language, internet-based, or in libraries, mobile units.



For smaller work places

- Encourage a sharing and pooling of adaptations and implementations through local and regional networks of similarly situated small and medium enterprises.
- In consultation with employees, identify elements for an action plan on monitoring, combating and preventing diabetes and related NCDs that are adaptable to a smaller workplace environment and incorporate them into the existing workplace framework.
- Larger companies should be encouraged to support the extension of workplace programs to SMEs in their supply chains where appropriate and feasible





Manage Monitoring and Treatment

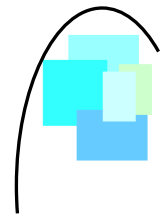
A third element of the strategy is to implement the measurement and monitoring of relevant health conditions, with a specific focus on diabetes but with the potential to reach measurement and monitoring of risk factors for related NCDs. For Type 2 diabetes and related NCDs, a combination of prevention and early intervention can control the epidemic, while Type 1 and advanced stages of Type 2 diabetes call for the accommodation of insulin-related care, to the benefit of continued and extended productivity. It is important to note that this intervention strategy is meant to be implemented in steps, adapted to specific workplaces and adjusted to reflect availability of resources. These steps include the following:

- Conduct risk assessments and screenings to know the extent of the presence of Type 1 and Type 2 diabetes, as well as the number of people at high risk of developing Type 2 diabetes and related NCDs, to serve as a baseline for monitoring and evaluation. Produce aggregated data to protect privacy.



- Testing for Type 2 diabetes or pre-diabetes should be offered or encouraged on an annual basis to all interested employees.. Where possible, risk assessments should target pre-diabetic conditions. Early detection can delay or even prevent the onset of Type 2 diabetes and prevent the onset of complications, such as heart disease, stroke, renal failure, amputation and blindness.
- Appropriate interventions for insulin-dependency among Type 1 and advanced stages of Type 2 diabetes may require workplace-related accommodations, managed in a fair and consistent manner, to ensure continued and extended productivity.
- Employers should:
 - Ensure that facilities, time, and arrangements are regularly available for diagnosed diabetics to: 1) complete regular fasting blood glucose tests; 2) administer insulin in a hygienic place for those who need it.
 - Encourage medical/diagnostic tests (as needed) for all employees to be completed by licensed medical professionals.
 - Support referrals for confidential counseling to discuss test results, treatment plans, follow-up and health coaching when desired.
 - Make diabetes-specific first aid training available for all employees
- Employers should cooperate with workers' organizations and others to mobilize support and make provisions for confidential testing and referrals

Note: Voluntary, informed consent is required for any testing; testing should ideally be conducted off-site for more confidentiality; positive testing should be referred to outside health professionals.



Promote Wellness

The fourth and most important element of the **workplace strategy** is to introduce and maintain a healthy work environment, supplemented with guidance on healthy lifestyle changes generally. Options that can and should be taken to promote the positive elements of wellness to prevent and/or mitigate the onset of the diabetic condition and related NCDs among people in the world of work include the following:

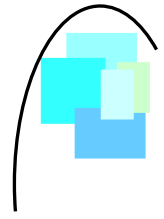


- Provide access to healthy meal and snack options. Introduce nutritional guidance information in cafeterias or snack areas.
- Encourage a no smoking policy in the workplace and support smoking cessation programmes.
- Integrate activity and exercise into normal work activity and support workplace efforts to promote physical activity during business hours.



- Promote treatment monitoring where culturally appropriate by occupational health professionals to provide valuable follow-ups and cross-checks, linked with any nationally mandated yearly checkups and treatment by family health care providers. In countries where little healthcare is available or affordable, occupational health at workplace screening may provide valuable services, fill gaps, or supplement national healthcare or traditional health care providers.
- Develop policies for and arrange reasonable accommodation for diabetes and wellness.
- Encourage the cost-effectiveness of routine care and wellness programmes in the workplace (thereby avoiding expensive treatment costs) through negotiated partnerships with health insurers and through targeted training of occupational nurses and other health professionals on diabetes and NCD prevention and management. .
- When possible, endorse collaboration and cost sharing with public and/or private entities. National policies influencing occupational and workplace health services should be reviewed and modified where appropriate to accommodate interventions oriented to prevention and mitigation.
- Capitalize on usefulness of peer education, co-worker motivation, cooperation with employees' associations, patient support advocacy groups and overall team spirit.





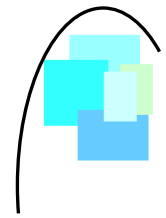
- Adopt and implement a performance measurement system for employees on weight control, smoking cessation, and physical activity.



- Adopt and implement a performance measurement system for the workplace on the costs and benefits of the action plan for improved productivity, reduced absenteeism, and improved worker retention, as well as any savings in employer-financed health care.

Conclusion

Further information on diabetes, related NCDs and wellness, including current data, medical knowledge and case studies on workplace strategies is available from the Global Social Observatory Programme on Diabetes, NCDs and Social Responsibility. Let the GSO assist you in adapting the **Workplace Strategy** to meet your needs. Visit www.gsogeneva.ch for details.



Appendix A: The Scope of the Problem

Diabetes is a global epidemic increasingly affecting the working age population worldwide as well as younger age groups -- due to unhealthy changes in diet and lack of physical activity. Type 2 diabetes accounts for 90 – 95% of all diabetes and is preventable. Type 1 diabetes, which is usually diagnosed in childhood, is rising alarmingly in many countries in the world, with the overall annual increase worldwide estimated at 3% per year.³ There is no known way to prevent type 1, accounting for 5 – 10% of all diabetes, which researchers believe to have genetic and environmental causes.

By 2025, 80% of all diabetes cases will be in low- and middle-income countries.⁴ More people are dying worldwide from diabetes-related causes than from HIV/AIDS (3.8 million from diabetes-related causes⁵ vs. 2.1 million from AIDS in 2007⁶).

Diabetes is costly to manage and has numerous disabling side-effects (including kidney failure, amputations, blindness, dental disease). It is also a “gateway” condition leading directly to cardiovascular disease and other causes of death and disability. The burden of the disease impacts the individuals, their families and society in general.

Diabetes is a condition highly influenced by lifestyle and cost-effective interventions (changes in diet and exercise, medical interventions). Food costs, availability, and culture affect the growing prevalence of type 2 diabetes -- unhealthy foods, heavy in carbohydrates tend to be cheaper and more accessible, especially in urban settings

Type 2 is more of an urban problem than a rural problem and thus correlates with industry and large public/government employers. Prevalence in working age population means the place of work can be a critical location to “seize the opportunity” to prevent and treat diabetes.

Stigmatization or discrimination at work can exacerbate problems of early intervention. Diabetes, in concert with other chronic diseases, may be provoked or aggravated by stress inducing factors at work. However, prevention for Type 2 and treatment for both Type 1 and Type 2 can help avoid the consequences due to diabetes and its impact on chronic diseases.

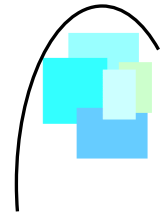
Employers can have a huge impact on behavioral changes at work. Workers and their representatives can also contribute significantly to behavioral changes at work. The GSO is able to assist in employers, workers and their representatives in the pooling of resources through centers of excellence and redefining the workplace as a healthy environment.

³ International Diabetes Federation (IDF), “Diabetes: a global threat,” 2007, p.2, at http://www.eatlas.idf.org/webdata/docs/background_opening_pc.pdf.

⁴ IDF (2007), *Id.*, p. 9.

⁵ IDF (2007), *Id.*, p. 2..

⁶ UNAIDS, “AIDS Epidemic Update,” December 2007, p.3, at <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/default.asp>.



Appendix B: What is Diabetes?

Diabetes is a disease that affects the way the body uses food. It causes glucose levels in the blood to be too high. In diabetes, something goes wrong with the normal process of turning food into energy.

There are three main 'types of diabetes'.

Type 1, previously referred to as insulin-dependent or juvenile diabetes is an auto-immune disease in which the pancreas stops making enough or any insulin and the body has no natural way to regulate blood glucose levels. Type 1 is generally diagnosed in childhood, and requires a strict regimen of insulin injections to manage the condition. If Type 1 diabetes is not well-managed, high glucose levels in the blood can damage the heart, blood vessels, eyes, kidneys, and nerves. These devastating complications can arise during the years a person is most active in the workforce, causing significant healthcare costs and negatively affecting the person's work life. However, with sound medical advice and prudent self-care measures, persons with Type 1 diabetes have very few professional limitations. Studies show most Type 1 diabetics rarely experience episodes of severe hypoglycemia in the workplace.⁷

The prevailing belief about the etiology, or cause, of Type 1 diabetes is that although someone may have a genetic predisposition for developing Type 1 diabetes, it takes an environmental trigger (e.g., virus, toxin, drug) to set the autoimmune process in motion that destroys insulin-producing pancreatic beta cells and causes Type 1 diabetes.⁸

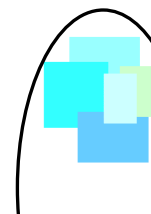
In Type 2 diabetes, the body may not make enough insulin, the insulin that the body produces may not work as well as it should or the body may make too much glucose. Insulin is the hormone that helps muscles and tissue turn glucose in the blood to useable energy. High levels of glucose in the blood prevent the body from functioning correctly and can lead to severe medical complications. The strongest risk factors for Type 2 diabetes are obesity and physical inactivity. Type 2 diabetes is often associated with other risk factors for cardiovascular disease, such as hypertension and high blood lipids. Data that suggests 40% of Type 2 persons eventually require insulin (or a combination of insulin and oral medication), 50% can manage their glucose levels with oral medication, and 10% can treat their condition with diet and exercise alone.⁹

The third type, gestational diabetes, is a form of glucose intolerance that is diagnosed in some women during pregnancy (About 3 to 8 percent of pregnant women in the U.S. develop gestational diabetes.) After pregnancy, gestational diabetes generally disappears, although women who have had it are more likely to develop Type 2 diabetes later in life.

⁷ "Severe Hypoglycemic Episodes Infrequent in the Workplace," *Diabetes Care* 2005;28:1333-1338.

⁸ National Diabetes Information Clearinghouse. Diabetes Overview, at www.diabetes.niddk.nih.gov/.

⁹ Managed Care Special Supplement, "Treatment and Management of Type 2 Diabetes, vol.9, no. 8, August 2000, at www.managedcaremag.com/supplements/0008_typedtwo_suppl/0008.typedtwo.pdf.



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