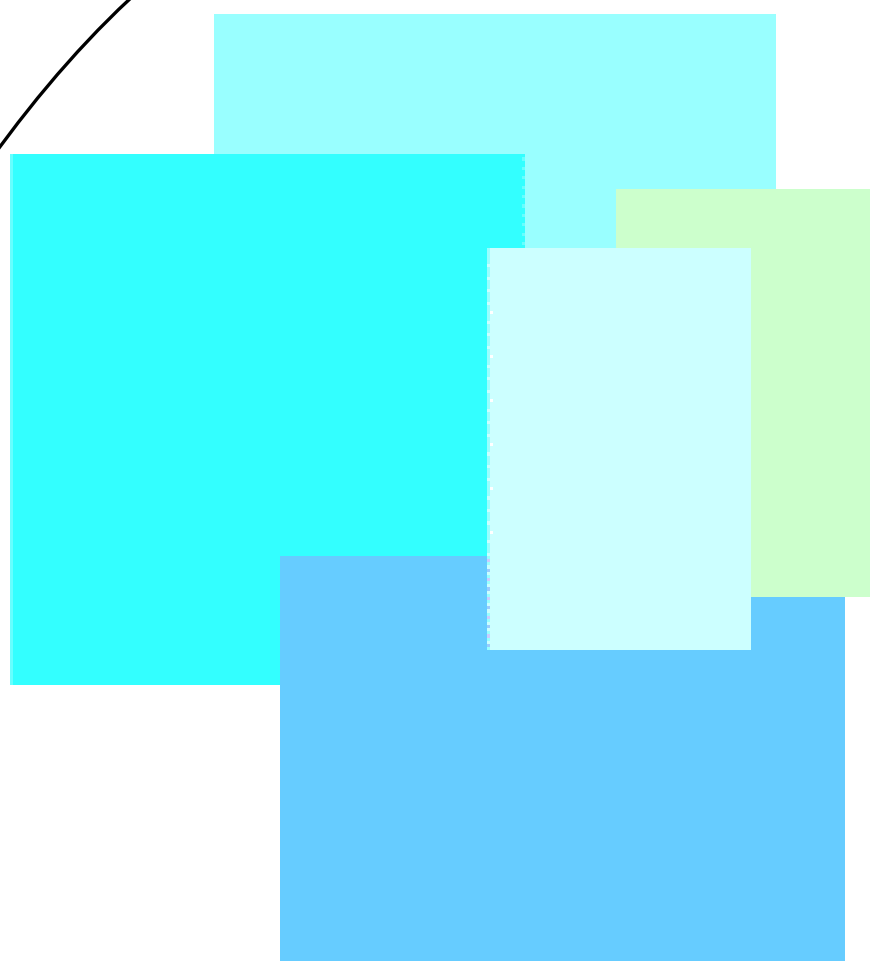


**GSO Programme on Diabetes and Social Responsibility**

# **Workplace Strategy on Diabetes and Wellness**

Adopted during the  
Geneva Social Observatory  
Forum to Adopt and Implement a Workplace Strategy  
on Diabetes and Wellness  
Geneva, Switzerland

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Geneva Social Observatory



## Foreword

This ***Workplace Strategy on Diabetes and Wellness*** is the product of in-depth research, discussion and debate, by and between a diverse variety 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 the work and workplace, as well as the workers, the employers, the 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 Geneva Social Observatory has provided stewardship for this project over the past two years. Through a series of workshops, the GSO collected and then reported on all aspects of diabetes in the workplace. The GSO then convened a Forum, on 25 September 2008 in Geneva, Switzerland, at which the following Workplace Strategy was adopted. The GSO stands ready to assist with the adaptation and implementation of the Strategy as laid out here.

### **Why Employers Should Address Diabetes in the Workplace**

Diabetes is a global epidemic increasingly affecting the working age population worldwide.<sup>1</sup> 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.<sup>2</sup> 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 demonstrate:

- Demographics of an aging workforce
- Countries with highest prevalence
- Statistics for companies with successful programs
- Proven business advantages

Employers and employees share joint responsibility for a positive work place. Employees can take responsibility for their own health-related behaviors, but employers can help empower workers through providing a healthy working environment. Partnering with employees and their representatives as appropriate can create shared implementation of responsibility. 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 strategy include:

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<sup>1</sup> See Appendix A for details on “The Scope of the Problem”.

<sup>2</sup> See Appendix B for an explanation of the different types of diabetes.



- 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 pages that follow present the Strategy that was adopted by the participants at the Geneva Social Observatory *Forum to Adopt and Implement a Workplace Strategy on Diabetes and Wellness* on 25 September 2008.



## Workplace Strategy on Diabetes and Wellness

The overarching strategy for addressing diabetes 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 **disseminate information** and to improve general knowledge about the diabetes epidemic and what can be done about it.
- There are steps that can be taken to **mobilize better data and risk assessments** through the world of work.
- The strategy identifies the range of interventions to **manage the monitoring and treatment** of the diabetic condition.
- 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 among people in the world of work.

Each of these components is discussed further below.

### Provide Information

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. GSO identifies and can assist with the following points:

- Develop a consistent message that can be tailored for a specific audience
- Adapt communication and media to 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
    - Address diabetes discrimination in general (Type 1 and Type 2 diabetes).
    - De-stigmatize diabetes and chronic disease within the workplace
    - Address psychosocial aspects of diabetes at work including emotional responses, self-consciousness about being different, treatment logistics, and loss of control.
    - Make diabetes-specific first aid training available for all employees



- Emphasize the importance of sustainable lifestyle changes for employees, family members, and where appropriate, even communities - not quick fixes.

## **Mobilize for Action**

Here are some suggestions that can be taken to engage and empower employees, while mobilizing better 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**

- Instill a culture that values fitness, health and nutrition; top management endorsement needed and role modeled; written into corporate values
- Secure top management endorsement and suggest that a health champion be identified within the organization to lead the way. This could be any employee with positive leadership skills, authority, and respect in the organization who is committed him/herself to wellness.
- Incorporate data management (confidentiality and privacy and ethics), including evaluation of all interventions – baseline, participation rates, metrics, cost effectiveness, outcomes.
- Establish policies of non-discrimination and encourage sensitization to the stigma associated with diabetes in the world of work.

### **For larger companies**

- Create or stimulate demand from employers/employees for a national resource archive, website, case studies in local language, internet-based, or in libraries, mobile units.
- Seek opportunities for public-private partnerships with multisectoral sources, including health professionals, advocacy groups, associations representing people affected by the diabetes epidemic, who share the organization’s values and objectives.

### **For smaller work places**

- Identify elements of the strategy that are adaptable to the environment and incorporate them into the existing office framework.
- Encourage a sharing of adaptations and implementations through local and regional networks

## **Monitor**

There is a range of options for managing and monitoring the diabetic condition in the world of work. For Type 2, 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 extent of the presence of Type 1 and Type 2 diabetes to serve as a baseline for monitoring and evaluation (aggregated data to protect privacy).
- Testing for Type 2 diabetes or pre-diabetes should be offered on an annual basis to all interested employees. Early detection can 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.
- 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.

## **Maintain a Healthy Work Environment**

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 among people in the world of work include the following:

- Provide access to healthy meal and snack options.
- 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 (e.g. France), occupational health professionals can 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.
- When possible, endorse collaboration and cost sharing with public and/or private entities.
- Capitalize on usefulness of peer education, co-worker motivation, cooperation with employees' associations and team spirit.

## Summary

The ***Workplace Strategy on Diabetes and Wellness*** presented here is founded on thorough research and discussion on the opportunities inherent in the workplace environment, for providing information, engaging in testing and screening, and for encouraging healthy working conditions and workplace behavior. All are designed to help mitigate the ill effects of diabetes on personal health, workplace productivity, and health care costs. The strategy is presented largely in the form of suggestions and guidelines, and incorporates considerable flexibility to adapt to a wide range of workplace characteristics.

Further information on diabetes and wellness, including current data, medical knowledge and case studies on workplace strategies is available from the Geneva Social Observatory Programme on Diabetes and Social Responsibility. Let the GSO assist you in adapting the Workplace Strategy to meet your needs. Visit [www.gsogeneva.ch](http://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.<sup>3</sup> 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.<sup>4</sup> More people are dying worldwide from diabetes-related causes than from HIV/AIDS (3.8 million from diabetes-related causes<sup>5</sup> vs. 2.1 million from AIDS in 2007<sup>6</sup>).

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.

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<sup>3</sup> International Diabetes Federation (IDF), “Diabetes: a global threat,” 2007, p.2, at [http://www.eatlas.idf.org/webdata/docs/background\\_opening\\_pc.pdf](http://www.eatlas.idf.org/webdata/docs/background_opening_pc.pdf).

<sup>4</sup> IDF (2007), *Id.*, p. 9.

<sup>5</sup> IDF (2007), *Id.*, p. 2..

<sup>6</sup> UNAIDS, “AIDS Economic 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.<sup>7</sup>

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.<sup>8</sup>

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.<sup>9</sup>

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.

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

<sup>8</sup> National Diabetes Information Clearinghouse. *Diabetes Overview*, at [www.diabetes.niddk.nih.gov/](http://www.diabetes.niddk.nih.gov/).

<sup>9</sup> *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](http://www.managedcaremag.com/supplements/0008_typedtwo_suppl/0008.typedtwo.pdf).



## **Appendix C: Adaptations in Asia**

Adaptations in Asia require featuring practical suggestions and logical interventions. When considering the culture of the region, the following are suggested as ways to adapt the strategy in a way that maintains the integrity of the program, but also demonstrates an understanding of regional issues. The strategy:

- Needs to be innovative, exciting and eye-catching
- Tailored to local culture (India, China, etc down to local level)
- Incorporate aspects of monitoring and evaluation
- Be tied to one, simple metric (e.g. waist measurement)
- Feature incentives, for both the business and the individual
- Accommodate multiple dietary choices
- Offer physical activities options that are respectful of the culture of the region

Furthermore, the strategy should offer a focus on capacity building and economic benefits for employers and business owners. There should also be a strong multi-stakeholder component that focuses on providing business/commercial incentives for all citizens, while encouraging the workplace strategy on diabetes and wellness.

Experimentation with setting up a commercially viable health and prevention organization should be encouraged – pilot projects identifying two or three industries and developing financial incentives to improve quality and measuring outcomes.



## **Appendix D: Adaptations in Africa**

Given the health and poverty challenges that currently plague Africa, there are several important factors to consider when applying the workplace strategy on diabetes and wellness. A holistic and overarching wellness strategy is the most feasible and logical, given the challenges of chronic disease, AIDS, Malaria, etc. In addition, it is important to recognize that the vast majority of the workforce is organized into an informal economy. The following aspects must be incorporated when adapting the strategy for the informal workplace sector:

- Adapt communication
- Use the formal sector to reach the informal sector
- Identify and mobilize community and family organizations
- Identify community agents for change and
- Provide tools to simplify communication

Furthermore, rather than focusing on employers for strategy implementation, focus on engaging all levels of Government to support the initiative and provide vital communication and infrastructure. Incorporating diabetes into the occupational health structure at the highest levels of Government will provide necessary support for the workplace wellness strategy to filter through both the formal and informal sectors in Africa. Ministerial level buy-in is important – to be Champions of the cause and to rally community and business leaders to support the strategy for diabetes and workplace wellness.

It helps to have a success story (e.g. Finland) with guidance on how to achieve the same outcome with existing resources on the ground. International Congress of Occupational Health in March 2008 in South Africa could be a good place to convene the “First African Summit on Diabetes in the Workplace”. Another important avenue is the April meeting of the AU Labour and Social Affairs Commission.