

Report of the Meeting on Adapting the GSO Workplace Strategy on Diabetes and Wellness to Russian Workplaces

***The Russian Academy of Medical Science: Research Institute of
Occupational Health / The Geneva Social Observatory***

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Opening remarks

1. The meeting was formally opened by RAMS academician, Professor Nicolai Izmerov, Director of the Russian Academy of Medical Science Research Institute of Occupational Health. During his opening remarks, he welcomed participants and international experts suggesting that the problem of diabetes in the workplace is seldom mentioned in Russia. As it is a new topic for the Institute, the Workshop should conclude with a Declaration to the government, including the Ministry of Health and Social Development, stressing the importance of dealing with this problem. Prof. Izmerov also suggested that adequate nutrition at the workplace is not being taken care of properly; we stopped paying attention to this after the Soviet Union breakup. Today's discussion will enable us to develop recommendations on diabetes for the Ministry. We will recommend the government and employers to invest in diabetes prevention.
2. Regarding the techniques to be used during the workshop, Prof. Izmerov noted that the workshop will have a World Café component during which three groups will debate and summarize questions relating to finding a way forward. This is a new approach that will be tested for the first time at the institute.
3. In concluding Prof. Izmerov stated that the early diagnosis of diabetes can save lives.
4. Dr. Katherine Hagen, Executive Director of the Geneva Social Observatory, welcomed the participants and described the role of the Geneva Social Observatory in mobilizing an international campaign to promote a workplace-oriented strategy to fight diabetes. She explained the cooperation of the Geneva Social Observatory with the International Diabetes Federation. She read a message from Dr. Ann Keeling, the Chief Executive Officer and Executive Director of the IDF in which Dr. Keeling referred to the UN resolution from 2006 stating that "diabetes is a chronic, debilitating and costly disease associated with severe complications which pose severe risks for families, Member States and the entire world". She also praised the agreement signed last year by the heads of the eight CIS countries including Russia pledging to fight the growing prevalence of diabetes in this region. She urged governments and the international community to fund essential diabetes medicines and treatment and to invest now

in prevention and education. She welcomed the important work of the GSO and the organizers of this workshop and looked forward to receiving our conclusions.

5. Dr. Hagen stressed that the focus of this workplace-oriented programme is to help protect people with diabetes to continue with productive activities in the workplace and to control the epidemic by prevention programmes for working age people. She thanked Professor Izmerov for the excellent support from his Institute for the Workshop.

Technical presentations

6. **Professor Valentina Alexandrovna Peterkova** from the Endocrinology Scientific Center/Institute of Diabetes in Moscow (the Institute of Diabetes is a member of the International Diabetes Federation) provided the first technical presentation. Dr. Peterkova is the President of the Russian Diabetes Federation.
7. Prof. Peterkova summarized the global situation of diabetes. Over the past 40 years the use of insulin has reduced the number of deaths of people with Type 1 diabetes. This form of diabetes usually requires medication for life, and we have recently honored the discovery of insulin by declaring World Diabetes Day on the birthday of its inventor. In contrast to Type 1 diabetes, Type 2 diabetes patients do not need insulin in the early stages of the disease, but over half of them eventually do require insulin therapy. Today, patients learn how to treat themselves and manage self-control. There are also new medications and means of receiving medications. Test strips are now available allowing diabetics to measure their blood glucose any time. Special insulin pumps have been invented which removes the need for self-injection.
8. In Russia in 2007, there were 2,666,728 registered diabetic patients (277,188 with Type 1 and 2,389,540 with Type 2). Approximately 6 million more do not know they are diabetics. The numbers are growing in all countries, including Russia. Most of this growth is due to Type 2 diabetes which is caused mainly by unhealthy lifestyles, eating habits and excessive weight. Type 2 diabetes frequently affects the age group of people over 50. Many are unregistered or do not know they are diabetic. Today there is a 10% prevalence in the 40-60 age group. There is a federal target programme on diabetes.
9. In 2003 the Federal Diabetes Center was created. There is also a network of 61 regional centres. There are also 1,008 schools for people with diabetes (which are organized by physicians' initiatives and not funded by the government).
10. Prof. Peterkova noted that, on the average, women with diabetes live longer than the average population – due to better health control, early diagnostics, and regular check-ups.
11. The situation with children today needs special attention – they will move into the workforce. It's hard on children. They get the best quality insulin in every corner of the country. But after they turn 18 they are transferred to lower quality medications. This is a problem, it's too early!

In Poland – children are provided with good medications until they reach the age of 24. They have a chance to get higher education. Additionally, at the age of 18, they can be deprived of their government disability provisions and allocations (special allocations to buy food, fruit, etc.).

12. Economists are questioning whether it is profitable to treat diabetes patients? Medications are costly. Wouldn't it be more cost-effective and more productive to focus on prevention? Spending public money on prevention is more cost-effective than treatment.
13. In Russia diabetics are subject to checkups once per month which is too often. Every month they are prescribed their medications. This needs to be changed, because it can be hard for many patients in remote areas to come to a doctor's office, which can be far away from where he/she leaves. Also according to regulation, every year patients need to go to a hospital for screening. For people from remote locations this is also difficult.
14. One of the objectives of our programme is to provide more vouchers for diabetic patients to go to resorts, like Essentuki, every year, and to enable children to go to sanatoriums.
15. It's also interesting to note that there is a painless form of heart attack for diabetics. They need good cardiac support.
16. Education is very important for diabetic patients. Although it is difficult to educate them, in the long run, it saves money by reducing or eliminating complications. We attract mothers, relatives, and regional diabetic associations teaching them to become peer educators and promote awareness in their communities. We also meet once a year with other CIS associations (Kazakhstan, Belorussia, Georgia etc.).
17. Some of the problems we face today include the fact that most mothers of diabetic children have to quit their jobs. The family gets poorer, while expenses grow! Children also have social problems at school as they are afraid to tell their peers about their disease. There is also no guidance or regulations on who will help a child at school? Teachers need instructions, what to do and how to help a child.
18. Employers' attitudes are another problem. Employers will not hire a person with diabetes and therefore people will tend to hide the fact that they have diabetes.
19. Thanking Dr. Peterkova for her comprehensive intervention, Dr. Izmerov suggested that we need to include this information into a declaration to the Ministry of Health and Social Development.
20. **Professor Andrey Alexeevich Gudkov**, Federation of Independent Trade Unions of Russia and the Academy of Labour of Russia shared with the Workshop that he is a Type 2 diabetic. He therefore knows personally what diabetes is. He enthusiastically thanked the organizers and welcomed everyone on behalf of the FNPR. He was pleased that several employers were present as their role is really crucial.

21. Diabetes has become an epidemic. In 2007 there has been a three-fold growth in diabetes. Diabetes affects all countries. It is a disease with a social aspect. People eat more fatty foods and consume more unhealthy products. It is also a psychological consequence of the lack of certain types of foods that were available in the USSR and the fact that people today consume more.
22. Professor Gudkov noted that diabetes has many complications and leads to other diseases. He stated that it is a leading cause of death. He also noted that the new authorities want to save on social security. They have stopped financing many preventative programs, abandoned the practice of providing dietetic meals at enterprises, and sports and exercise allocations were also cut from the social security budgets. The availability of sanatoriums for chronic patients was cut 10 fold.
23. In exploring what needs to be done, Professor Gudkov suggested that addressing our concerns to Ms. Golikova, the Minister of Health and Social Development of the Russian Federation, is not enough. Russia recently endorsed the UN Resolution on Disabilities. With 2.5 million officially registered with diabetes and 3 times more than that estimated to have diabetes, many without knowledge, it's necessary to get the message through to the President of the country and let him know that we need a program to fight diabetes.
24. An additional problem is the poor quality of glucose monitoring devices in Russia, with an error margin of 10 %. We also do not understand why we have to pay more for test strips in Russia than diabetics pay in the USA? They are too expensive for us! It's necessary to make an appeal to the president. It's necessary to call the authorities to restore Health Cabinets ("zdravpunkty") at state enterprises, like it was in USSR. We need a systematic approach to diabetes. At the workplace we need to provide information and education.
25. **Professor Aleksandr Konstantinovich Baturin, deputy director of RAMS Nutrition Research Institute** stated that although health is genetically defined, certain processes, including diabetes, may be accelerated due to poor lifestyle. For example, we eat fatty foods and do not exercise, resulting in higher blood sugar. Today, enterprises are no longer providing coupons ("talons") for dietetic meals. This practice has all but disappeared. Should we reinstate it, as it was in the USSR? Additionally, at workplaces in the USSR there was health education. Doctors regularly lectured at enterprises. Today, television does not play a role in educating the public. On the contrary, television promotes excessive eating. We need a positive influence from the media.
26. **Doctor G.H. Churmantaeva** from Ufa' Scientific Institute of Occupational Health and Human Ecology, the Bashkiria Republic, related that an examination of drivers at oil exploitation sites were found to have a high prevalence of diabetes - up to 7%. Thirty seven per cent had hypertension. This is due to a lack of physical exercise, excessive foods, fatty foods and being overweight. Enterprises provide meals, but with too much fat, they need to change the diet structure and promote fitness. These enterprises have the economic resources to carry this out.

It was also reported that recently examined women at a chicken factory were carrying excessive weight. This is a central problem we need to pay attention to. Diabetes and obesity go hand in hand with each other.

27. **Professor Liudmila Pavlovna Kuzmina and doctor Maria Nikolaevna Mokina** from the Research Institute of Occupational Health presented some of their finding on “Workers exposed to dangerous occupational hazards, infringements on metabolic processes and early diagnostics.” Although it was not seen for many years in Russia, people typically over 40 develop diabetes. When diagnosed, 50% also have vessel pathology. Our challenge is not necessarily diagnosis, but the early detection of metabolic pathology at an early stage, before the development of type 2 diabetes. We find that workers with over 29 years of service tend to have a higher incidence of metabolic pathology due to stress and poor working conditions. The longer the duration of work, the higher the incidence. In examining miners we found high obesity levels, high glucose levels, high cholesterol, poor nutrition and poor working conditions.
28. **Dr. of medicine Irina Nikolaevna Piktushanskaya** – the head of the Rostov Region Medical Center of Rehabilitation presented several findings from a study “Diabetes cases among different economic branches of workers’ groups in the Rostov region.” Examinations were carried out among working populations: 2% were diagnosed with diabetes; 6% with problems in the metabolic processes; 26% were obese and 25% were hypertensive. Workers from four economic sectors were examined – mining workers and mining engineers, pilots, drivers, teachers. The highest prevalence of physical stress was among miners due to a fear of death, underground work and heavy physical work load. Research needs to be carried out on the role of work processes in development of diabetes.
29. Dr. Piktushanskaya stressed that prevention is the most effective approach. A process had been developed to encourage prevention and early diagnosis of problems related to the metabolic processes. Endocrinology checkups need to be stipulated in State regulations addressing regular health checkups. There also needs to be more investment from the Federal Security fund for preventative checkups to solve the problem. Early prevention matters.
30. Dr. Katherine Hagen then responded to the morning’s presentations by describing how important this workshop is to share information about the epidemic of diabetes in Russia and to build support for building on existing expertise and services in health care to promote both prevention and early intervention of care in the workplace. This is a global epidemic, and she wanted to present some information about how the Geneva Social Observatory has mobilized a network of professionals and others to support action for diabetes and wellness, with particular attention for a strategy in the workplace.
31. Her presentation had five parts: a description of the Geneva Social Observatory, why diabetes is a global issue, the costs of diabetes in the workplace, the main elements of a workplace strategy for diabetes and wellness and the importance of implementing a workplace strategy in Russian workplaces. The Geneva Social Observatory is a forum for multistakeholder dialogue that

brings people together from international organizations like the WHO and the ILO, health and labour ministries, health professional organizations, patient organizations, the business community and other interested parties. The GSO organized a series of roundtables and workshops to learn about the spread of diabetes around the world and among younger and younger people, and to propose strategies for helping working age people to prevent and manage the condition.

32. The number of people with diabetes globally is estimated at 281 million people in 2010 and is expected to increase to 439 million by 2030. Statistics show that the largest increases are in people aged 45 to 64 and that the increases are projected to be the most dramatic in developing countries. The costs of diabetes are affecting productivity because of increasing absenteeism and “presenteeism” of people suffering from diabetes, higher health care costs, and higher costs of occupational safety and health due to the higher incidence of accidents. These costs can be controlled with active campaigns of information and education, mobilizing action in the world of work, managing interventions for monitoring and prevention through promoting a healthy working environment.

33. The GSO has developed a detailed framework for a workplace strategy on diabetes and wellness that identifies the major elements that can be introduced in specific workplace settings. The main document has been translated into Russian, and Dr. Hagen highlighted the major elements in her presentation. She concluded her remarks by noting that the workshop at the Research Institute was intended to stimulate discussion about how the workplace strategy can be adapted to specific workplace settings in Russia. The rest of the day was intended to encourage participants to respond to the strategic framework and recommend specific actions for implementation of the strategy. Dr. David Gold would continue the workshop by reviewing once again the major elements of the GSO workplace strategy and by introducing the World Café approach that would be used in the afternoon session.

34. Question and Answer Session

Q- To your knowledge, do workers receive meals through nutrition services?

A- Yes, in a number of countries there is often a cafeteria at the workplace and a nutritionist in the cafeteria. Healthy food choices are offered. In some cases nutrition coupons are offered by the employer so that the worker can go outside the workplace and get a healthy meal.

Q- Who pays, the employer or the workers?

A- In most cases, the employer subsidizes the food, or subsidizes the coupons for which the worker also contributes. The employer should ensure that the cafeteria provides healthy food. It should also be noted that this differs from country to country. Many times, in the absence of a qualified nutritionist, an occupational nurse will deal with nutritional issues.

Q- Are there any pilot activities for the GSO project in Russia? Are there any pilot activities in other countries?

A- We have a grant to introduce the strategy and encourage the development of pilot activities in workplaces. It is most important that we listen to your suggestions to see how what we are doing here could be developed into a pilot to apply this strategy.

Q – Based on your experience, where are the best national approaches to learn from.

A- The GSO has received reports of a number of excellent approaches in Switzerland, the United Kingdom and France, as well as the United States. A number of companies not only address diabetes but also wellness problems. Awareness of the importance of diabetes and a focus on the workplace is new and developing. Diabetes is a factor that contributes to other conditions. We know how to treat heart disease and the mortality rates are more under control. However, today, with diabetes, mortality is increasing and it needs specific attention. We need to carefully address this challenge as the problem of diabetes is a crucial health problem.

Q- In your opinion, what mechanisms could be used to compel employers to pay attention to this? To take measures to improve nutrition? This is a problem in Russia. After moving from a public to a private economy, employers are only interested in profits.

A –We need to show the employer the value of dealing with diabetes at the workplace. We need to show how costly it is not to take action. And then we can also identify actions that do not cost money. We can illustrate the kind of things that are not costly, but do produce a better work environment. These are the two most important mechanisms.

A- Dr. David Gold from the GSO added that the employer in Russia today is concerned about performance, productivity, profit. The employer needs to survive financially. In part, this is determined by the performance of workers. A high level of absenteeism can dramatically impact on the bottom line. The issue of presenteeism, when someone comes to work but is not working at 100% is also highly related and often more severe but less visible than absenteeism. We need to show the employer that there is a return on investment in dealing with diabetes. When we do, they will listen.

35. Professor Andrey Alexeevich Gudkov made a statement strongly supporting this initiative and said that the Unions are willing to cooperate on a possible future project.

Adapting the GSO Workplace Strategy on Diabetes to Russia

36. Dr. David Gold of the Geneva Social Observatory prefaced his presentations by stating that information on diabetes needs to be available for workers not just in Russian but in the mother tongue of all workers if the messages are going to be internalized. He emphasized that it is imperative to de-stigmatize persons with diabetes. That diabetes and wellness issues need to be

written into corporate policy and the outcomes of workplace activities should show a return of investment for employers. He suggested that a number of these issues are clearly present in the GSO Workplace Strategy.

37. He reviewed the four key elements of the strategy which are, Information, Education and Communication, Mobilizing for Action in the World of Work, Health Interventions for Prevention and Wellness and a the Healthy Work Environment .
38. Regarding Information, Education and Communication, he shared with the workshop that the Strategy stressed the importance of developing a communication plan that delivers a consistent and simple message that focuses specifically on improving general knowledge about the diabetes epidemic and what can be done about it in the world of work. That there is a need to develop consistent Health promotion messages featuring information on diabetes that can be tailored for a specific audience. These messages should address diabetes discrimination in general (Type 1 and Type 2 diabetes); de-stigmatize diabetes and chronic disease within the workplace and address psychosocial aspects of diabetics at work including emotional responses, self-consciousness about being different, treatment logistics, and loss of control. Dr. Gold urged the use of 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) using electronic media: website, emails, e-news as well as presentations, group counseling, seminars, workshops, health coaching, care managers. Finally he stressed the importance of sustainable lifestyle changes for employees, family members and communities as appropriate, not quick fixes.
39. Under the concept of mobilizing for action Dr. Gold stressed that steps 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 workplace, it is suggested to:
 - a. Instill a culture that values fitness, health and nutrition; top management endorsement is needed and should act as a role modeled; these aspects should be written into corporate values
 - b. 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 himself/herself to wellness.
 - c. Incorporate data management (confidentiality and privacy and ethics), including evaluation of all interventions – baseline, participation rates, metrics, cost effectiveness and outcomes.
 - d. Establish policies of non-discrimination and encourage sensitization to the stigma associated with diabetes in the world of work.

40. In addressing the third major element of the strategy, monitoring, Dr. Gold proposed that the Strategy suggested 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:

- a. 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).
- b. 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.
- c. 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.

It was noted that Employers should:

- a. 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.
- b. Encourage medical/diagnostic tests (as needed) for all employees to be completed by licensed medical professionals.
- c. Support referrals for confidential counseling to discuss test results, treatment plans, follow-up and health coaching when desired,
- d. and cooperate with workers' organizations and others to mobilize support and make provisions for confidential testing and referrals.

41. The fourth element, Maintaining a Healthy Work Environment examines 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:

- a. Provide access to healthy meal and snack options.
- b. Encourage a no smoking policy in the workplace and support smoking cessation programmes.
- c. Integrate activity and exercise into normal work activity and support workplace efforts to promote physical activity during business hours.

- d. Promote treatment monitoring. Where culturally appropriate 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.
 - e. Develop policies and arrange reasonable accommodation for diabetes and wellness.
 - f. Encourage the cost-effectiveness of routine care and wellness programmes in the workplace (thereby avoiding expensive treatment costs) through negotiated partnerships with health insurers.
 - g. When possible, endorse collaboration and cost sharing with public and/or private entities and,
 - h. Capitalize on usefulness of peer education, co-worker motivation, cooperation with employees' associations and team spirit.
42. Dr. Gold then highlighted several key points asking participants to reflect how this strategy should be adapted to Russia. He suggested that we need outcome data that clearly demonstrates the return on investment. That testing should be voluntary and offered on a regular basis (The employer should be encouraged to make provisions for confidential counseling and testing).
- a. As the disease develops in a worker, there may be a need for work related accommodation such as changes in job function or special adaptations to the working environment.
 - b. Access to the healthy meals – having a canteen with healthy choices and encouraging people to move to more healthy choices.
 - c. Promoting physical activity during working hours.

43. Dr. Gold asked how can we implement the strategy in Russia? Adapt it to the Russian workplace? Find a way to pilot the Strategy in several Russian enterprises, in several different economic sectors?

44. Question and Answer Session:

Professor Izmerov asked participants to reflect on the elements of the strategy. Participants gave the following responses:

- This needs to be piloted at large enterprises where they have medical facilities. Counseling at the workplace today may be difficult as they lack adequate information. The employer could buy glucose testing kits for their employees. But who will go to the

employer? We need a group to support this initiative. Enthusiasts. Also today, workers are fearful of health checkups. They are afraid of losing their jobs.

- There is deterioration in health checkups in the Russian workplace. New owners refuse to establish health services, liquidate sanatoriums, only “zdravpunkty” remain, no doctors, with first aid only. There is a strong need for information, not only leaflets on healthy lifestyles, but also adaptations in real life – meals, schedules of work, etc.
- This is an old problem of social stigma as with TB, HIV and cardiovascular disease. We examine 500 workers every year. Five percent have high glucose. We refer them to endocrinologists where they live. Outcomes depend on patients. If they are interested there are good results. But today, the system of workplace health is scarce. Workers now fall under municipal health services. These are two very different systems. There is therefore a break in continuity. Information is not shared between the two systems.
- Diabetes is a problem of lifestyle. Prevention should start early, in school or even kinder garden. Everyone should be taught rational nutrition and exercise. It is a pity that we lost the Soviet prevention, “profilaktorii system.” Today we need strong efforts and a lot of enthusiasm to convince the employer. In the USSR we did promote healthy lifestyles. I think most of the employers want to keep qualified workers. Our unions should contribute more to promoting healthy lifestyles.
- Our workers get services at municipal clinics; the problem is lack of healthy foods at enterprises. Also there are not so many cafeterias at enterprises.
- There are collective agreements. But in coal mining healthy foods choices are not provided. Miners carry into the mines potatoes, cucumbers, and salo. This is not good. Many work night shifts and there is a great deal of heavy load lifting.
- Now early detection and prevention is most important.
- We are too dependent on the personal enthusiasm of individual people. Industrial medicine is too weak.
- Diabetes is a topical problem with many patients in its first stages. There is a need for more and more checkups. Employers must report on follow-up measures taken on every worker.
- Professor Gudkov reflected that the membership of FNPR (27 million members) is aging. There is an increasing incidence of diabetes. Article 251 of the tax code, addresses workplace cafeterias. The tax code should also encourage employers to hire disabled people. It would be a positive if diabetics could be included in this quota. Regarding nutrition, the provision of healthy food for diabetics should also be addressed in the tax code. Therefore we should seriously explore the economic dimension.

Adoption of the Draft Declaration

45. Prof. Izmerov asked the participants if they were able to study the draft declaration. All participants agreed with the draft and it was adopted by the meeting.

The World Café exercise on adapting and implementing the strategy in Russia.

46. Dr. Gold briefed the workshop on the World Café exercise. He proposed that the results of the World Café would be used as an indication of the way forward. In describing the methodology, he shared the following instructions with the participants:

- a. All of the participants are divided three into groups. There is a maximum of eight to a table.
 - b. During twenty minutes each table will address a specific question (the question will remain at the table).
 - c. During the discussions (in Russian) the participants are asked to write notes on the paper on the table to leave for the next group.
 - d. At the end of fifteen minutes the participants at each table are asked to prepare a three bullet point summary of their discussion.
 - e. These are collected at the end of the first twenty minutes and given to the coordinators and interpreters for consideration.
 - f. At the same time all but one person leaves their table and goes to another table.
 - g. The person who stays behind briefs the new group for 3-4 minutes and then goes to another table as well.
 - h. This entire cycle happens two more times.
 - i. Then the participants have a break while the coordinators (with the interpreters) work to summarize the results.
 - j. No interpretation is needed at the tables.
47. The following three questions were used to stimulate discussion. The responses are indicated below:

QUESTION 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?

From an employer's perspective,

- maintain the health of qualified workers
- Prevention is less costly than treatment
- The two above points will increase productivity

From a health care provider's perspective,

- There is a high medico-social significance of the diabetes problem as it is a challenge to maintain workers “labour longevity” with a high quality of life
- To adopt relevant legislative and regulatory frameworks
- To provide adequate material resources for this work
- To increase the social protection of workers with diabetes (sanatorium and resort care, tax exemptions, first priority health care).
- More sustainable government support for occupational health

QUESTION 2:

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

- Additional medical checks by endocrinologists for persons in the risk group in local out-patient medical facilities.
- Making surveys of persons with diabetes as part of the final assessment of periodic medical examinations.
- To improve epidemiological studies on diabetes prevalence in the different branches of the national economy and areas of activities to identify the role of professional risk factors in the onset and progression of diabetes mellitus
- To include into periodic medical examination of workers in hazardous occupations mandatory glucose screening in order to detect metabolic syndrome.
- Exchange and dissemination of information on the forefront experience on diabetes prevention at the workplace using media such as the Internet, articles and conferences.
- Introduction of diagnostic methods into the periodic medical examinations to detect carbohydrates and metabolic disorders.
- Inclusion of endocrinologists into the programme of medical examination with a view to diagnose and treat diabetes (taking into account specific job-related activities)
- Continuity in the exchange of information pertaining to monitoring among occupational health services and specialized endocrinologists and front-line physicians.
- Correction of early metabolic disorders by the most effective means.
- Development and introduction of preventative programmes in the workplace taking real production factors into account.

Question 3:

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

- There is a lack of consistency in the regulatory framework concerning the protection of the health of the working population in Russia.
- At the workplace, there are no structures that could implement medical recommendations.
- Workers have no motivation to provide real information about their health status. Employers have no motivation to really support workers health.
- In the strategic picture it is necessary to define legally the rights and duties of the employer in addressing occupational health.
- Organize the first aid services in order to promote prevention of the most prevalent and socially significant diseases taking into account former experiences.
- To encourage the practice of adequate (dietetic) nutrition for diabetic patients.
- There is a lack of prevention activities aimed at the early diagnosis of metabolic problems among workers.
- There are no activities focusing on workers motivation for healthy behaviour.

48. Dr. Gold, with the help of the interpreters and Ms. Irina Sinelina (from ILO Moscow Office) then summarized the responses into the following points:

Question 1.

1. Use preventive measures to maintain workers' health.
2. Through workplace programmes, link prevention and health to productivity.
3. Adopt adequate legislation to protect workers health.
4. Increase social support for workers with diabetes.

Question 2.

1. Strengthen the scientific base to identify risk factors associated with diabetes including the results of periodic medical examination including testing for diabetes and metabolic disorder testing.
2. Provide for an information exchange among health professionals regarding diabetes.
3. Use different media to inform workers and other about diabetes.

Question 3.

1. Create or reinforce workplace structures to implement medical / health /preventative recommendations
2. Strengthen both worker and employer motivation to support workers' health
3. Create or reinforce nutrition and fitness programme guidance with a view to improving workers' health and preventing diabetes and other diseases.

49. In bringing closure to the exercise Dr. Ismerov expressed his appreciation to Dr. Gold and the GSO indicating that the World Café is a new experience for the Institute. He was so excited about using the methodology that the Institute bought new tables for this activity. Even though the Russian meeting mentality is not used to this form of engagement, it was quite successful.

Workshop conclusions and adjournment

50. Dr. Ismerov then brought the Workshop to a close by expressing that the Institute never considered this issue of diabetes in the past. He was pleased that Workshop participants agree with the proposed Strategy and the Declaration. The Institute will shortly send the declaration to the Ministry of Health and Social Development, publish it in the Institute's journal and present it at the Russian Congress on Occupational Health next month. A copy will also be in the Congress delegates' package.
51. He thanked the GSO stating that the GSO truly helped the Institute understand the scope and importance of this problem.
52. In thanking Dr. Ismerov and everyone involved in the development and implementation of the Workshop, Dr. Gold, representing the GSO, said that he was very pleased and excited about the outcomes of the Workshop. This was a very good example how, through dialogue, we can begin together a journey that will not only help workers with diabetes but also prevent the development of diabetes through information and education. He expressed his sincere thanks to the participants for their time and enthusiastic response.
53. The meeting was adjourned at 16:45.