

Promoting health, preventing sickness

1. Request for advice

On 29 September 2008, the Minister of Health, Welfare and Sport, acting on behalf of the Dutch Government, submitted a request for advice to the Social and Economic Council concerning parallel interests in health matters. The Government believes that various different parties and domains have their own vested interests in improving health. In view of these “parallel interests”, the Minister has asked the Council to consider how the national government can encourage trade and industry to promote its own interests in preventing absenteeism. The Minister also asked the Council to advise on how companies can make a bigger contribution towards promoting employee health.

It is the specific wish of the national government to give trade and industry, education and local government extra incentives for introducing policies to prevent absenteeism, in an effort to move from “cure” to “prevention”. In order to do this, the Government must understand the potential for promoting health in the various domains and the circumstances that must be taken into account when doing so.

2. Importance of health and prevention

In its advisory report, the Council has focused on the relationship between health and absenteeism prevention on the one hand (referred to below as “prevention”) and paid employment and the employment relationship on the other.

In its view, good health has many advantages at various different levels and for various different parties. To begin with, good health has its own intrinsic value, in that individuals are more likely to live a long and healthy life and to participate in society. For businesses, public and private sector organisations, good employee health may reduce the level of absenteeism and occupational disability while at the same time improving productivity and employee and organisational performance. Good employee health also reduces the pressure on collective arrangements (for example in the case of occupational disability).

Taking the longer view, healthier employees can continue working for much longer. That is important not only for organisations (especially with many “baby boomers” facing retirement), but also for society as a whole. Keeping older employees in the workforce for longer will make it easier to cope with the costs of the ageing population, reduce long-term labour shortages, make optimal use of the innovative and intellectual capacity of the workforce, and ensure that our social insurance system remains affordable. A healthy population also means less spending on healthcare.

The relationship between health and employment is by no means a one-way street. Just as a person’s health affects his or her employment participation, so too can work-related factors have both positive and negative effects on an individual’s physical and emotional health. Policies on preventing absenteeism are therefore highly important for employee health and for keeping as many people as possible in employment.

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In the Council's opinion, prevention policies should cover any organisational policy that seeks to monitor and promote health and, consequently, employee availability for work. Such policies concern: work ability (physical, emotional and social capacity for work), employability (ability to find productive and gainful employment) and vitality (energy and motivation).

Prevention policies should also cover health management (H&S, absenteeism and reintegration policy), which may also encompass aspects of HRM and policies promoting healthy lifestyle choices.

3. Analysis

3.1 Preventing absenteeism in organisations

In Part 2, Section 3, the report describes how a broad prevention policy might operate in organisations. In terms of *health management*, it discusses how organisations can pursue the prescribed targets set out in health & safety legislation. How do things stand with respect to the working conditions covenants, health & safety catalogues and risk inventories and evaluations (RI&Es)? The report also examines cooperation in the healthcare chain between all those involved in health management, i.e. prevention workers, company medical officers, health & safety services, healthcare facilities, healthcare insurers, occupational disability insurers and reintegration services. What are the bottlenecks in the chain, and how can synergies be promoted? The report investigates the findings of various studies carried out into these questions at the request of the Ministry of Social Affairs and Employment.

As certain *components of HRM policy* can have a positive impact on employee health and availability for work, the report also considers organisations' career and training or employability policy, work-life policy, and age-aware personnel policy.

Aspects of work-life policy can be used to promote long-term availability for work and employee productivity and motivation. Organisations that implement this policy recognise its benefits. With respect to age-aware policy, various manuals and reports published by employers' associations and trade unions mention this policy as vital, given the ageing of the workforce. Within the context of the present advisory report – which describes various examples of age-aware policy – what is most important is to reconsider, at each stage of the lifecycle, whether there is a proper balance between the employee's workload and his or her ability to handle it, thereby allowing for timely changes or interventions.

Regarding policies targeting *lifestyle choices* in organisations, the report describes company initiatives – both individual and collective in nature – to influence employee lifestyle choices with respect to nutrition and exercise. One example of a collective initiative is the “overweight covenant” signed by government, trade and industry and a

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large number of civil-society organisations. The Council supports the views of the Labour Foundation in its publication *Bied tegenwicht aan overgewicht* [Counterweight Overweight] (2008), in which it states that everyone in an organisation bears personal responsibility for finding the right balance between eating and exercise, but that the employer - without issuing do's and don'ts – can encourage and facilitate a balance of this kind.

3.2 Regular healthcare and the “labour” factor

To ensure employee health and long-term availability for work, it is important for regular healthcare (both physical and mental health) to concern itself with the “labour” factor.

In its advisory report *Sociale zekerheid en gezondheidszorg* [Social insurance and healthcare] (1998), the Council advises developing a policy that will increase the concern for, knowledge of and expertise about work-related complaints in the curative and ambulatory mental healthcare sectors. In addition, it advised improving the cooperation, communication and coordination between physicians and professionals on the one hand, and between the three distinct sectors – curative physical and mental healthcare, H&S/company healthcare, and social insurance – on the other. The Council urges the relevant parties to develop programmes offering a comprehensive approach to all aspects of the care process (the care chain approach).

In Part 2, Section 4, the Council observes that regular healthcare does in fact take the working lives of patients into account in various ways, and considers what their health-related problems may signify for the work they do or – vice versa – what role their work may play in the health problems they are experiencing. The Council also notes that the waiting list situation had already been much improved before 2005. This becomes clear in the scale of hospital output and in the shorter waiting lists and waiting times.

The *new healthcare system* (as introduced in 2006) has explicitly created scope for insurable prevention activities. The list of insurable prevention interventions – all of which have been proved effective – continues to grow. Since 1 January 2009, insurers have been permitted to extend the insurance package for prevention for their own insured. The law allows them to designate preventive care or prevention programmes as partly or fully insured (i.e. the compulsory uninsured risk does not apply).

A number of initiatives make access to *physical healthcare* easier for employees, such as care mediation for all, hospital and GP evening consultation hours, and company health centres and clinics. At the same time, a number of occupational health expertise centres have gained an independent position in the market.

There is also growing awareness in the *mental healthcare sector* that psychological complaints in general, and depression in particular, are risk factors for employee availability for work. Mental health problems can be a major factor in long-term

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absenteeism. Research shows that it is important to treat psychological problems at an early stage.

With respect to *curative health & safety care* for employees with potential or existing health complaints, “participatory work adjustment” has proved to be an effective method for helping employees with back complaints to return to work. By tackling the problem in stages and providing expert outside guidance, it becomes possible for employees with health complaints and their employers to make adjustments in the workplace that allow for a speedy return to work. In the case of psychological complaints, the best approach is for the employee to return to work (or to another job) as soon as possible while receiving encouragement and supportive guidance.

4. Council’s position and basic assumptions

The Council agrees with the Minister of Health, Welfare and Sport that public health depends not only on government’s efforts, but should be promoted in all the various settings in which people function (the family, education, work, leisure, neighbourhood or municipality). According to the Minister, the various prevention interventions can be mutually enhancing, making the health benefits all the greater.

The Council has specifically considered the responsibility for prevention policy within one particular setting: the organisation. Employers and employees are jointly responsible for effectively preventing sickness absenteeism and monitoring those on sick leave. In recent decades, trade and industry (employers and employees together) have been given more responsibility and more incentives – including financial incentives – to prevent sickness absenteeism and occupational disability. A series of new laws – the Act Extending the Period of Continued Payment of Wages during Sickness [*Wet uitbreiding loondoorbetaling bij ziekte*, WULBZ], the Permanent Invalidity Benefit (Restrictions) Act [*Wet verbetering poortwachter*], the Work and Income (Fitness for Work) Act [*Wet werk en inkomen naar arbeidsvermogen*] and the new Working Conditions Act [*Arbeidsomstandighedenwet*] – have encouraged companies and organisations to take responsibility for their employees’ health. Preventing absenteeism begins with a proper health & safety, absenteeism and reintegration policy. That alone can bring major improvements in health.

The Council is of the opinion that it is also important for organisations to develop initiatives in the area of health promotion, including policies targeting employee lifestyle choices. Employees make their own choices when it comes to their lifestyle and health; in addition, there is a causal relationship – usually a hazy one – between lifestyle and individual health problems. That is why attempts to influence lifestyle choices within the organisation can go no further than offering “interventions” that employees are free to take up or ignore. There is no obligation for employers to offer such interventions, or for employees to accept any of them. The Council considers that a line must be drawn when employee lifestyle choices lead to poorer performance at

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work, however. In that case, the employer can request the employee to change his or her behaviour and, if necessary, indicate the repercussions if he or she fails to do so.

To preserve and promote employee health and availability for work, it is also important for companies and organisations to take a structural, systematic approach to this issue and to integrate their efforts into their overall corporate policy. In other words, prevention policy in organisations means comprehensive health management. This assumes that the company or organisation has its “finger on the pulse” and manages, in some form or other, to “measure” employee health and safety at regular intervals. Employers must offer every guarantee when collecting personal data on their employees, for example that participation is voluntary and that privacy will be respected. Only the relevant employee or professionals required to adhere to a code of ethics should have access to data at individual level.

5. Response to questions

5.1 Opportunities for improving health

In the Council’s view, companies and organisations have already achieved many health benefits by applying a broad policy of prevention. They can generate even more opportunities to promote health by intensifying their existing policy and by introducing innovative policy measures in a few areas.

5.1.1 Intensifying existing policy

H&S, absenteeism and reintegration policy

A good health & safety policy assumes that an employer will make ongoing efforts to pursue the implementation policy arising from the new Working Conditions Act, for example with respect to health & safety catalogues and the RI&E. Employers’ associations and trade unions use health catalogues to lay down specific agreements in sectors and industries on the way the prescribed targets set out in the Working Conditions Act should be achieved in practical terms. This process has turned out to take more time than the parties had anticipated. The Council considers it important for government to facilitate the development of health & safety catalogues after 2009 as well, the aim being to improve health & safety policy by developing tailor-made measures at industry, sector and company level.

The responsibility borne by employers and employees for health & safety policy also implies that employees are closely involved in and can inspect the RI&E document for their own company or organisation.

In addition, the Council is pleased to see that employers, employees and their representatives at company level, health & safety services, the relevant occupational disability and healthcare insurers, and care providers are increasingly attempting to develop tailor-made prevention packages for organisations, in consultation with one

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another. “Good practices” in this area should be publicised and disseminated widely. Another point specifically related to SMEs is that bargaining partners, industry organisations or associations of SMEs should consider undertaking joint initiatives to develop comprehensive health management systems in order to generate economies of scale and cost advantages.

HRM policy

Because employability is an important factor in the long-term availability of employees, the Council believes that it should be given ongoing attention in organisations as an element of a broad prevention policy. This means that the company’s career policy should consider every employee and his or her career opportunities, both within and outside the organisation. Organisations can invest in people and their employees’ potential for growth by offering them challenging sets of duties, job rotation, job enlargement and job enrichment. Such measures also promote the optimal availability of older employees.

Employees in physically or emotionally demanding occupations should come in for special attention, the Council believes. A sound career policy can prevent such employees from dropping out of the workforce owing to work-related health complaints that may develop after several years in such occupations. Similar to initiatives in the construction sector, industries or sectors could develop career paths in which employees in demanding occupations are channelled through to other, less demanding jobs after a number of years.

5.1.2 New policy measures

In order to promote comprehensive health management, the Council advises introducing regularly scheduled surveys or other methods to track health and health trends on various significant points. Various tools are suitable for such purposes. One is the Work Ability Index (WAI), which offers a quantified measure of the work ability of employees. Comprehensive health management furthermore assumes that policy and procedures will be developed to tackle any health problems noted as quickly as possible. The Council also points to the need to assess the impact of change processes on employee mental health during company reorganisations and organisational restructuring. In addition to the health benefits that can be accrued through comprehensive health management, extra benefits are also expected from a multidisciplinary approach to health problems.

5.2 Potential advantages of health benefits and the parties that gain from them

It is often impossible to quantify to any degree of accuracy the costs and benefits of prevention in organisations. Some costs and benefits, for example, will be mainly qualitative in nature, and therefore not easily quantifiable. In addition, the relationship between health and work is highly complex: it is often a two-way, causal and

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conditional relationship that encompasses many different factors. Most organisations will not be all that eager to collect and analyse the large quantities of data required.

In the Council's view, this should not keep them from pursuing a prevention policy. On the contrary, the benefits of such a policy are already generally acknowledged. At the same time, our growing understanding of proven effective interventions can help develop and implement cost-effective prevention policy. The Council urges employers, employees, health & safety services, insurers and government to conduct multi-annual research in order to expand our knowledge of the effectiveness of interventions and the necessary conditions.

5.3 Additional incentives

The Council observes that the legislation introduced in recent decades making employers and employees responsible for preventing health problems and the related absenteeism has contributed to improved employee health. In that context, and bearing in mind the prevention policies that organisations have developed and continue to develop, the Council believes that it comes down to implementing and continuing to intensify the many existing prevention measures and interventions. There are various opportunities for new policy measures in that respect (see Section 5.1.2 of this summary). Based on the foregoing, the Council sees no reason to introduce further incentives in the form of more laws and regulations.

The Council is aware of the research results of Phase 1 of the multi-annual knowledge investment programme "Participation and Health", which is being run by the Ministry of Social Affairs and Employment in cooperation with the Ministry of Health, Welfare and Sport and the Ministry of the Interior and Kingdom Relations. The Council considered the result of the various effectiveness studies in its analysis of existing prevention policy in organisations, which it reported on in Part 2 of this advisory report. It regards the findings as highly valuable, worthy of dissemination, and useful for the development and implementation of health benefit measures within the context of promoting employee availability for work. The Council urges further studies into the effectiveness of interventions and the implementation of proven prevention measures. That is why it supports the development of specific knowledge investment programmes such as envisaged in Phase 2 of this inter-ministerial project.

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5.4 Other relevant policy for more improvement in health

The Council believes that there are important opportunities to improve employee health in the growing involvement of regular healthcare in work-related health issues.

It has observed that the concept of “regular healthcare” is less clear-cut today than in the past. “Traditional” care providers and insurers now concentrate on a variety of different prevention, care and related services in addition to their “old” tasks. It is, however, difficult to assess the supply and demand for such initiatives, how they are financed, and whether the contribution that these parties are making to improved health and labour productivity can be considered significant. The Council therefore advises more research on these issues.

The Council also advocates investigating opportunities for closer cooperation between company medical officers and GPs. There is, as yet, no automatic contact between the two professional groups, even though structured cooperation between them is highly important for the treatment, recovery and reintegration of employees with health problems. The Council attributes the lack of cooperation to differences in the way the two positions, company medical officer and GP, are financed. An investigation is needed into whether and to what extent company healthcare (which is currently financed entirely outside the healthcare system) should qualify for compensation based on the Healthcare Insurance Act [*Zorgverzekeringswet*]. Any investigation of this kind should also consider the financial and other implications of this method of compensation.