



# HelseArbeid // Health In Work

**EUMAS-meeting** in Trondheim Norway, 10. june 2022



## Agenda

# The Norwegian **Health in Work** Program

- 1 **Background**
- 2 **Implementation** and **Operation** in Northern Norway
- 3 **Evaluation** Program

# The Norwegian Health in Work Program: **Background**

**Stian** Kersenboom Johnsen,  
senior adviser, Norwegian Directorate of Labour and Welfare



# 60 %

of sickness absence is due to **muscle, skeletal** and **mental health issues**

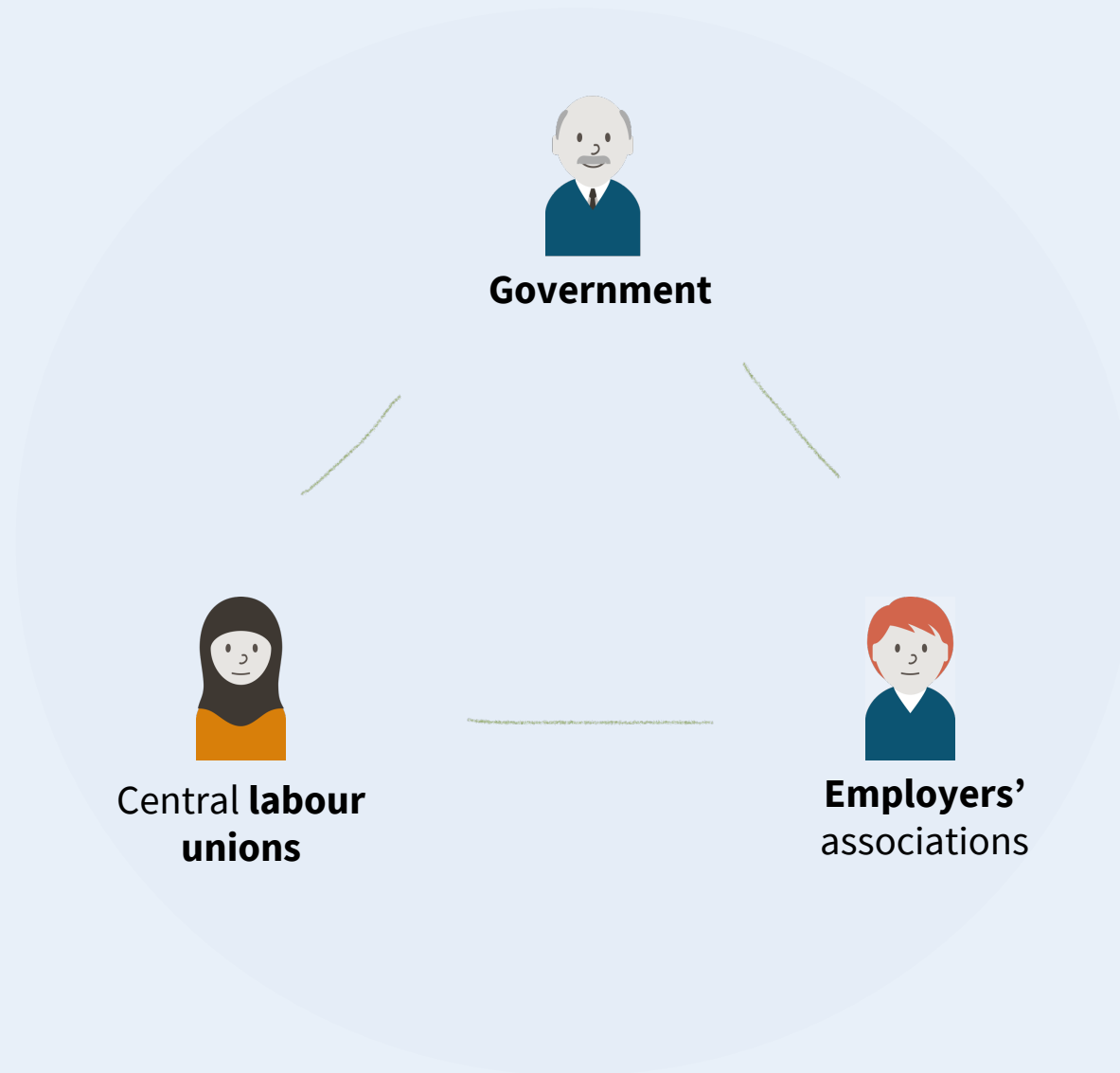
Work is **generally good** for health and wellbeing,  
**especially** for people with mental health issues

How can we ensure that **those who can stay at work** do?



**IA agreement,**  
2019 - 2022

The letter of intent for a more **inclusive Working Life!**





# 1.

**Reduce sickness absence**  
with 10 % compared to the  
annual average in 2018.

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**Reduce sickness absence**  
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annual average in 2018.

# 2.

**Reduction in withdrawal**  
from work life.

## General policy instruments

- New working environment programme
- Training in working environment efforts
- A coordinated working life service
- **Health in Work**
- Skills measures
- Sick leave follow-up
- Improved data and knowledge basis

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## General policy instruments

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- Training in working environment efforts
- A coordinated working life service
- **Health in Work** // (HealthAtWork)
- Skills measures
- Sick leave follow-up
- Improved data and knowledge basis

Sett inn film

Interdisciplinary **Health in Work clinics** are available in **11 of 12** NAV Counties

**Both interventions** are available in **8 of 12** NAV Counties



Helsedirektoratet



**Ministry** of Labour  
and social inclusion



**Directorate** of  
Labour and Welfare

**Work** sector



**NAV County**  
(12 regions)







**Ministry** of Labour  
and social inclusion



**Directorate** of  
Labour and Welfare



**NAV County**  
(12 regions)



**Health in Work**



**Ministry** of Health and  
Care Services

**Regional** Health Authority  
(4 regions)

**Health** sector





**Ministry** of Labour  
and social inclusion



**Ministry** of Health and  
Care Services



**Directorate** of  
Labour and Welfare



**Directorate** of health

**Regional** Health Authority  
(4 regions)



**NAV County**  
(12 regions)



**Health in Work**





## Arbeid og helse – et tettere samvirke

*Strategi for Helsedirektoratets og Arbeids- og velferdsdirektoratets  
felles innsats for arbeid og helse*

*Vedlegg:  
Rapporten Arbeid og Helse  
– virkemidler for et tettere samarbeid mellom sektorene*

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01.03.2016

Publikasjonsnummer - Helsedirektoratet IS-2535

**Work and Health – a more  
cohesive cooperation  
(2016)**



**Work and Health** – a more  
cohesive cooperation  
(2016)

+



**Open Space,**  
(2020)



**Work and Health – a more  
cohesive cooperation  
(2016)**



**Open Space,  
(2020)**



Digitalt møte i Nasjonalt fagråd for arbeid og helse 3/12 2020	
Rådsmedlemmer: Pålogging for rådsmedlemmer fra kl 08:30 til 09:00 Ytterligere informasjon om pålogging er sendt til rådsmedlemmer og innledere.	
Agenda	
08:30-09:00	Oppkobling
Møtet vil streames direkte på nett for observatører. lenke: <a href="https://vimeo.com/event/481190/11d5k05839">https://vimeo.com/event/481190/11d5k05839</a>	
09:00 - 09:10	Innledning og opprop ved rådets leder Gunn Hege Marchand
09:10 - 09:15	Informerte mennesker tar rasjonelle valg om eget liv - Hvordan bør strategien bidra til at alle involverte blir bedre på brukerinvolvering? Ved: Elin Stoermann-Næss og Anita Vatland
09:15 - 09:30	Diskusjon
09:30 - 09:35	Hvordan kan strategien bidra til at mulighetene i digitale verktøy utnyttes maksimalt i kontakten med bruker, tverretattlig samarbeid, brukerinvolvering, mm Ved: Beate Brinchmann, Gunn Hege Marchand
09:35 - 09:50	Diskusjon
09:50 - 10:00	Pause
10:00 - 10:05	Fagutvikling, metode- og modellutvikling - Hvordan kan strategien fremme dette? Ved: Astrid Louise Grasdøl, Torkil Berge
10:05 - 10:20	Diskusjon
10:20 - 10:25	IA-avtalen og inkluderingsdugnaden - Hvordan kan strategien bidra til at oppdragene for NAV og Helsestjenesten løses? Ved: Bagnhild Jordet, Karen Skretting Hovlid
10:25 - 10:40	Diskusjon
10:40 - 10:45	Hvordan kan strategien bidra til sterkere involvering av hele førstelinjen i kommunene, inkludert fastlegene og NAV Ved: Anita Dyb Linge, Franz Hintringer
10:45 - 11:00	Diskusjon
11:00 - 11:10	Pause
11:10 - 11:15	Forskning - Hvordan kan strategien bidra til å øke aktiviteten - på relevante tema? - Hva er viktige tema strategien bør løfte fram? Ved Silje Mæland, Chris Jensen, Simon Øverland
11:15 - 11:30	Diskusjon
11:30 - 11:35	Foreløpige identifiserte forslag til "bærebjelker" for strategien Ved Knut Tjeldnes, Håkon Lund
11:35 - 11:45	Diskusjon
11:45 - 11:55	Oppsummering og avslutning ved Gunn Hege Marchand

**National Council for  
Work and Health**





(2021)

**1**

**Provide effective  
services**

**2**

**Take early  
effective actions**

**3**

**Use local  
services first**

**4**

**Connect services and  
create flow**

**5**

**Take advantage of  
digital opportunities**

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1

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Take advantage of  
digital opportunities

«The Directorate of Health shall in cooperation with the Directorate of Work and Labour create **joint national guidelines** for practitioners in **the field of work and health**»



**Joint assignment**  
to the two Directorates, 2022

## «How to implement and further develop the Health in Work model» As a national model for cooperation



**Joint assignment**  
to the two Directorates, 2022

# HEALTH IN WORK SERVICE MODEL & CONCEPT

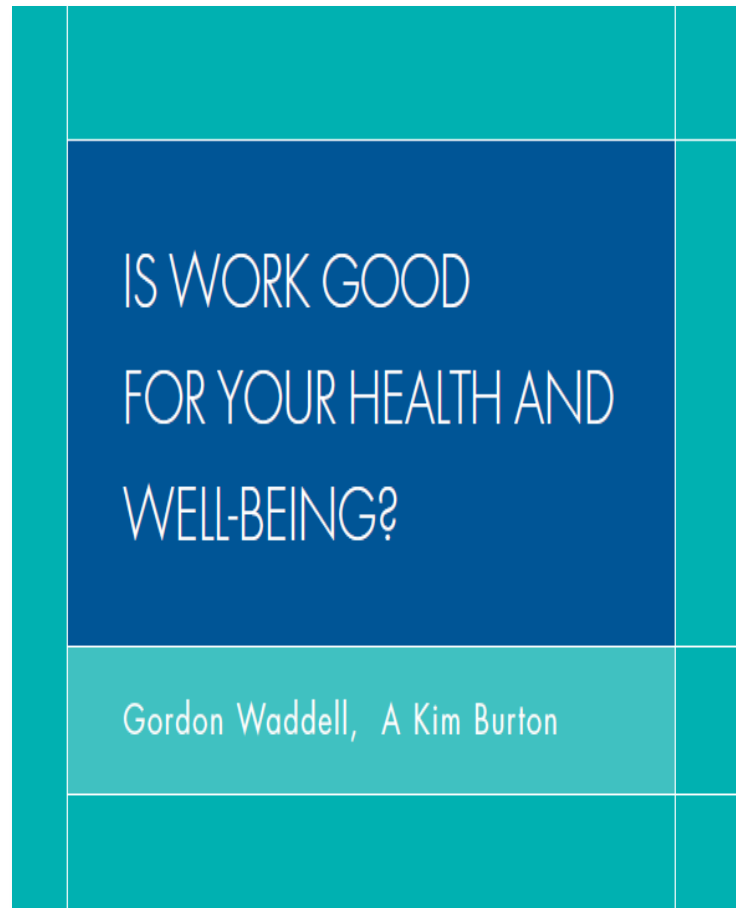


**EUMASS MEETING / TRONDHEIM / 10-06-2022**

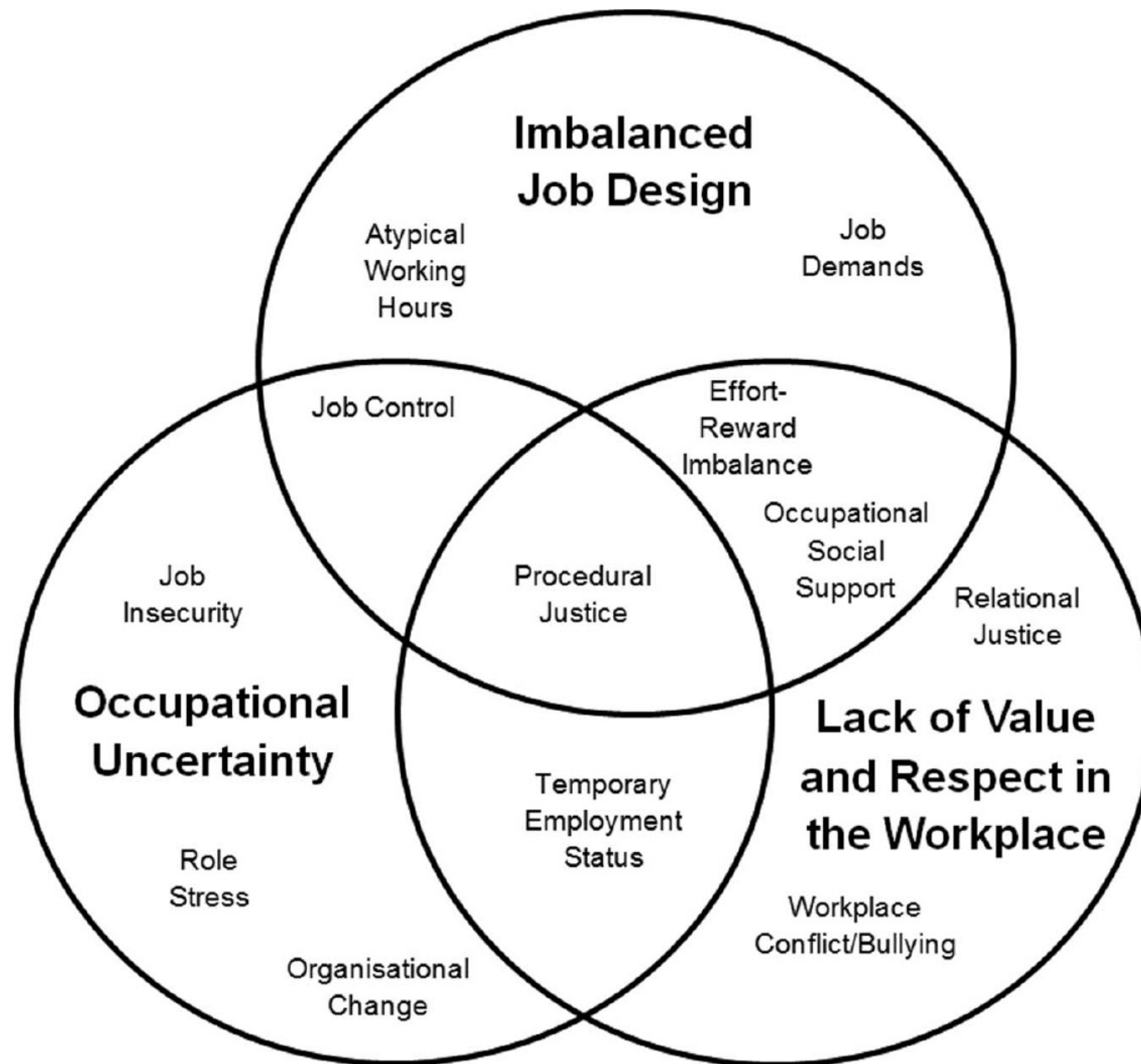
***FRANZ HINTRINGER / SENIOR PHYSICIAN / SENIOR ADVISER  
HEALTH IN WORK CENTER / TROMSØ***

# DISPOSITION

- KNOWLEDGE & EVIDENCE
- SERVICE MODELL & CONCEPT OF «HEALTH IN WORK»
- CHALLENGES
- FACTORS OF SUCCESS



*(Waddell & Burton 2006)*



Harvey, Modini,  
Joyce, Saville,  
Tan, Mykletun,  
Bryant,  
Christensen,  
Mitchell. Occup  
and Env Med  
2017

# WORK AND HEALTH - REPORTS

- Dame Carol Black (2008)
  - «Working for a healthier tomorrow»
- OECD rapport «Mental health & Work» (2013)
- OECD rapport «Fit mind, Fit jobb» (2015)



- Fit Mind, Fit Job: From Evidence To Practice In Mental Health And Work: Mental Health And Work





# HISTORY

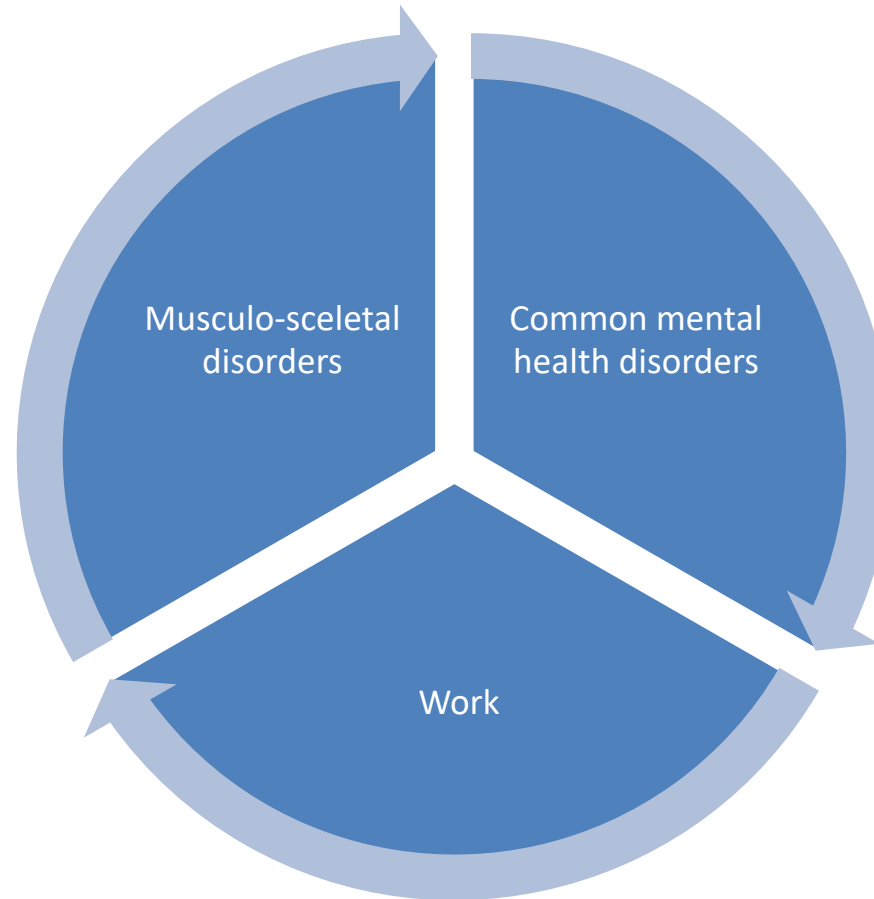
- **Bottom up initiative** from Health care and Labor & Welfare
- Service innovation initiated by administrators/professionals i Health and L&W.
- 2009 ..... 2016 ..... 2019
- Concept development and anchoring (local, regional, nasjonal, unions, IA))

# THE SERVICE MODEL & CONCEPT OF «HEALTH IN WORK»

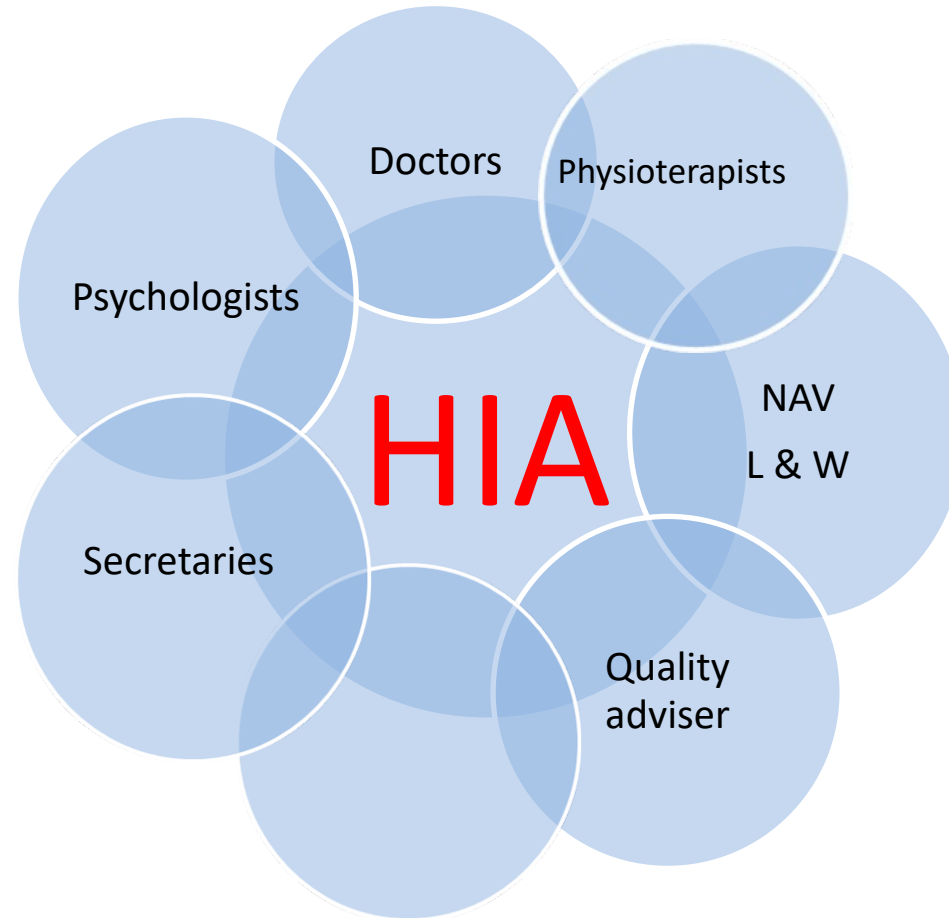
- Target group (MSC / CMD / W)
- Organisation and professionals
- Method (early intervention and appropriate service integration)
- Dialogue ...GP & CHS / NAV (L & W) / EMPLOYERS & WORK PLACES

# Primary target group

- Service integration



# «Health in Work Clinic»



# «Health in Work Clinic»

- **Interdisciplinary Health in Work assessment (at individual level)**
- **Interdisciplinary Health in Work intervention at workplace (at group level)**

## Referral

### Referral evaluation

Psychologist

Joint evaluation

PMR specialist

### Interdisciplinary Assessment

Psychologists

Joint assessment

PMR / Physio

NAV  
L & W

### Treatment

Control

Short term  
follow-up

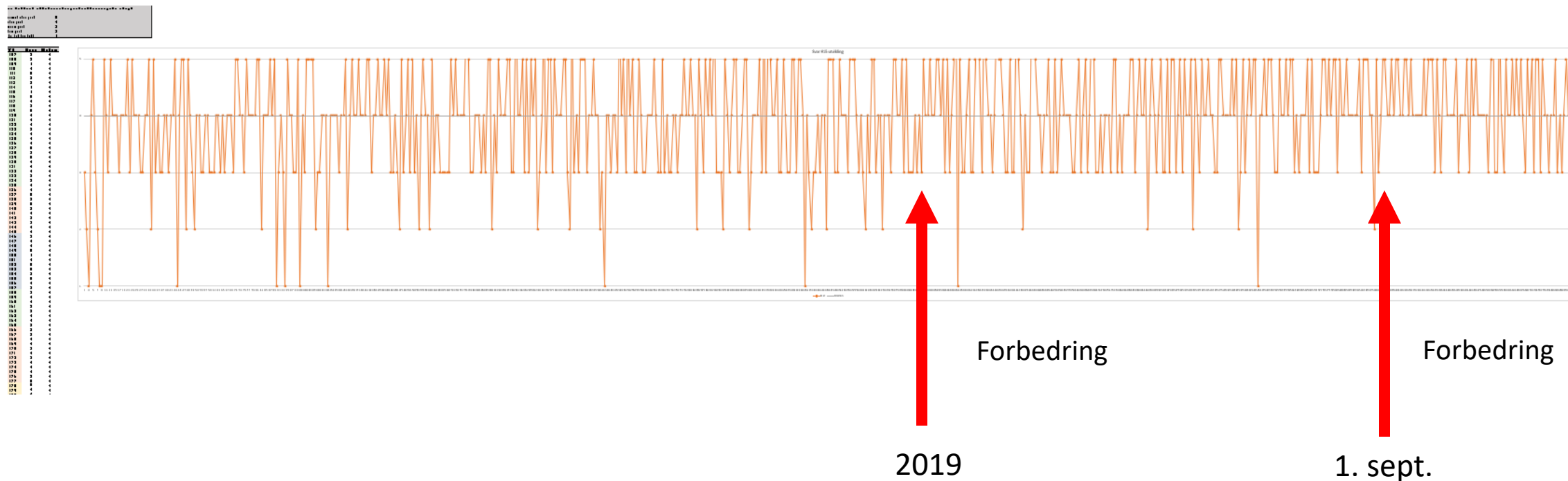
2-day group

**Health in Work Clinic**  
(Individual service)

# Interdisciplinary Assessment (Individual)

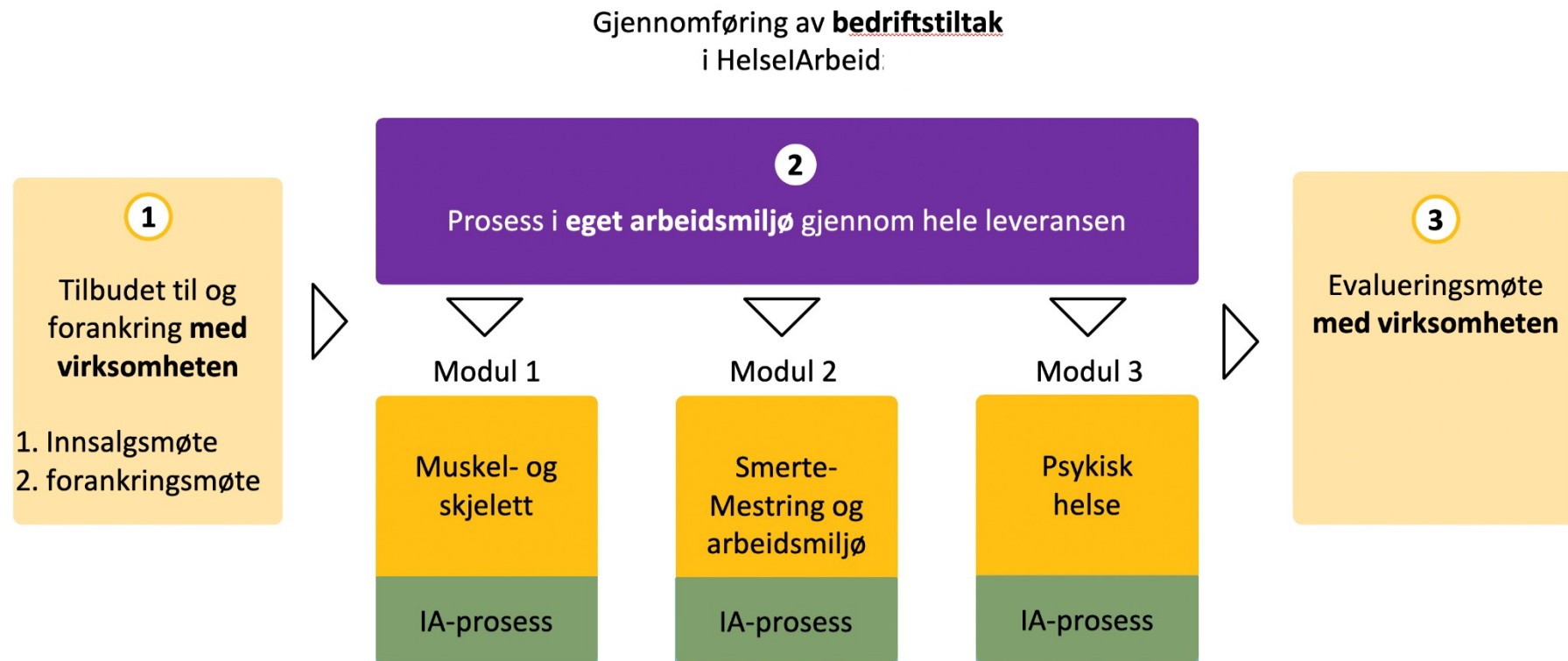
- Monoprofessional ...to interdisciplinary assessment
- Availability and Involvement
- Careful evaluation and fine tuning of degree of involvement
- Focus on empowerment and self efficacy
- Risk of medicalisation

# Self efficacy on RTW 2019 - trend





# Health in Work intervention at Work places



# CHALLENGES

- **Challenges to overcome** for Health administration and L&W administration
- Financing and fund raising
- Rules and Regulations
- Priorities are dynamic, and must be coordinated
- Duty of confidentiality

# FACTORS OF SUCCESS

- **Anchoring the model with all owners** (HF, NAV, RHF)
- **Board of directors** (owners / Unions and EA / GP)
- **Treaties of Cooperation** ( for all participating owners)
- **Coordinated and structured service innovation** (Health and L & W)
- **Integrated procedures and routines** across both sectors

# «HEALTH IN WORK» IN NORTHERN NORWAY

- Universitetssykehuset Nord-Norge (Tromsø, Harstad)
  - Helsepartner Nord-Norge (Alta)
  - Finnmarkssykehuset (Kirkenes)
  - Nordlandssykehuset (Bodø)
  - Helgelandssykehuset (Sandnessjøen)
- NAV Troms og Finnmark
- NAV Nordland

- **Regional cooperation on several levels:**
  - Implementation support for Health in Work Clinics
  - Concept development and Quality measures
  - Research ( 2 RCT)





# Takk for oppmerksomheten !



**UNIVERSITETSSYKEHUSET NORD-NORGE**  
DAVVI-NORGGA UNIVERSITEHTABUOHCCVISSU



**HELSE** **inkluderende arbeidsliv**

**HELSE** **NORD**

Helsedirektoratet



# R&D funded Evaluation of Health in Work by Norwegian Labour and Welfare Administration and Northern Norway Regional Health Authority

**a) Interdisciplinary Health in Work intervention at workplaces, primary prophylactic intervention at group level**

**b) Interdisciplinary Health in Work clinics, secondary prophylactic intervention at individual level**

Trondheim 10th of june 2022

Nils Fleten NAV Troms and Finnmark

# Evaluation **Interdisciplinary Health in Work** **intervention at workplaces**

- Mixed methods design 2018-2023
  - Participating observational study
  - A pragmatic cluster-randomized trial comparing the new **Interdisciplinary Health in Work** intervention at workplaces to conventional monodisciplinary welfare interventions



# Health in Work – participating observation

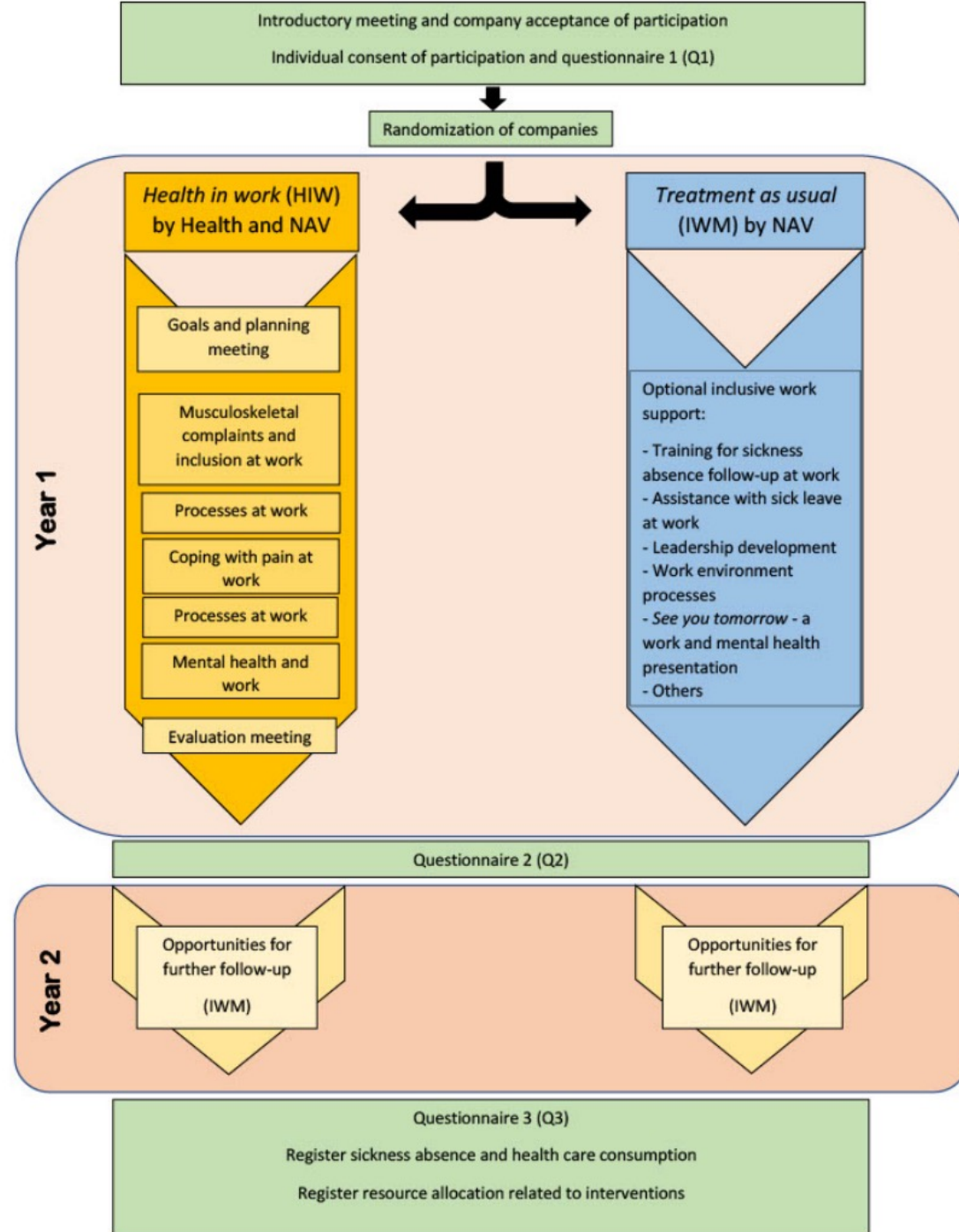
- Postdoc Tone Seppola-Edvardsen
- Two different workplaces
- Preliminary reports
  - The vast majority find investment of time and costs well applied
  - Health-issues is more easily addressed at workplaces, and strong opinions on colleagues health and absence are reduced.
  - Job facilitation is more accepted, and job satisfaction increased

«Caotic work situation - reduces facilitation options».



# Health in Work – Cluster RCT

- PI MD PhD N.Fleten NAV/UiT, MD PhD A Høper UiT/UNN and PhD fellow C Terjesen UNN/UiT
- Inclusion spring 2019-2021
  - 97 workplaces included (45/52)
- «Intervention» ends july 2022
- Follow-up ends july 2023



# Main objectives

- Difference in difference
  - Health related quality of life
  - Sickness absence
  - Health care refunds
  - Cost effectiveness and cost benefit

# Protocol-article

- Höper A, Terjesen C, Fleten N
- Comparing the New Interdisciplinary Health in Work Intervention With Conventional Monodisciplinary Welfare Interventions at Norwegian Workplaces: Protocol for a Pragmatic Cluster Randomized Trial
- JMIR Res Protoc 2022;11(4):e36166
- URL: <https://www.researchprotocols.org/2022/4/e36166>
- DOI: 10.2196/36166

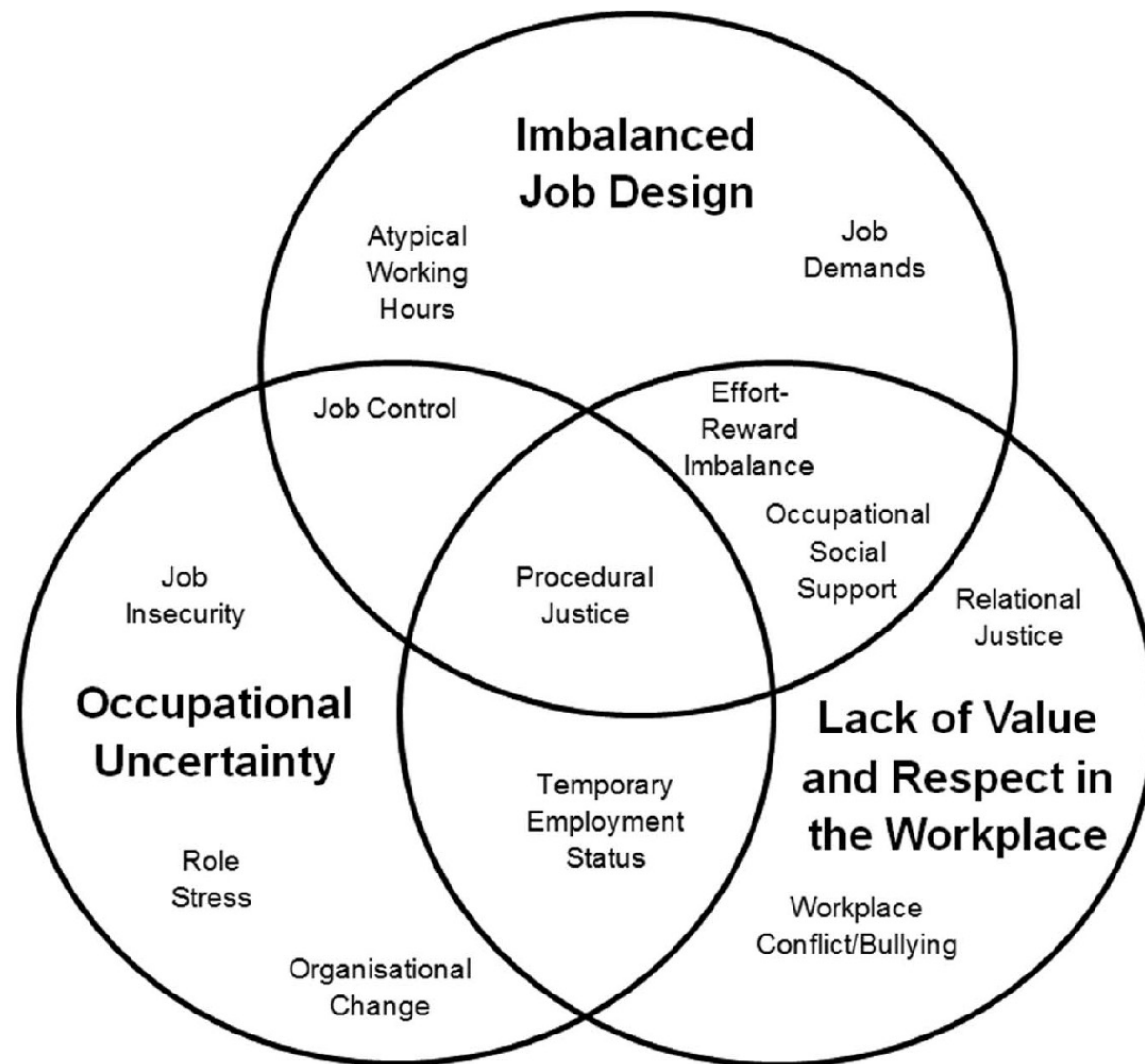
# Evaluation- Interdisciplinary Health in Work clinics ABM (WBM) study,

- Work environment
- Barriers
- Motivation
- Spring 2022.

# Can work make you mentally ill? A systematic review ...

Harvey, Modini, Joyce, Saville, Tan,  
Mykletun, Bryant, Christensen, Mitchell

Occup and Env Med 2017



## Sick listed referrals

- Compound diagnosis - half both musculoskeletal and mental
- Majority report several work environment barriers
- Many report reduced motivation for job
- Many reports sleep disorders.

# Evaluation- Interdisciplinary Health in Work clinics – The Norwegian Sickness Absence Clinic Efficacy Study

- A Naturalistic Efficacy Trial of the Norwegian Sickness Absence Clinic for Patients With Common Mental Disorder and Musculoskeletal Disorders
- PI; A Mykletun, Project Manager; NA Aarst
- Funding: Northern Norway Regional Health Authority
  - IA funds several sub projects



# — The Norwegian Sickness Absence Clinic Efficacy Study

- a randomized controlled multicenter trial Northern Norway
  - Invites 2500 patients
  - Five locations
  - Inclusion starts august 2022
- Three arms
  - Rapid – within 4 weeks
  - Ordinary – 10-14 weeks
  - Waiting list control -26 weeks (TAU)

# The Norwegian Sickness Absence Clinic Efficacy Study \_ Main objectives

- The overall aim is to assess the effect of the NSAC service
- Return to Work
- Sickness absence within one year
- Health complaints after one year (Survey baseline, 6 and 12 months)

[https://clinicaltrials.gov/ct2/show/NCT05310695?term=NSAC&draw=2  
&rank=2](https://clinicaltrials.gov/ct2/show/NCT05310695?term=NSAC&draw=2&rank=2)

## Sprouting projects

- ABM (WBM) nudge study (RCT)
- Graded sickness certification (planned)
- Job specialist in Sickness Absence Clinic (planned)
- HIA Young (Pilot)