restricted access to diabetes care the self-management of the disease is essential to prevent complications. Disease-related knowledge has been identified an important factor for the self-management of diabetics. The necessity to develop interventions imparting diabetes-related knowledge adjusted to the target group is indicated. This study investigated the role of knowledge for the diabetes self-management of participants of the peer education intervention MoPoTsyo located in urban poor communities in Cambodia. Indications for further starting points of the intervention were to be identified.

Methods

Qualitative semi-structured interviews were conducted with ten participants of MoPoTsyo (eight women, two men, 35–65 years) living in the urban and sub-urban communities Sras Chork and Anlong Kangan. All interviews were recorded, transcribed and analysed according to qualitative content analysis (Mayring, 2000).

Results

Diabetes-related knowledge was assessed being essential for the disease self-management of all participants. All of them reported to implement the knowledge imparted by MoPoTsyo, which shows its practicability. Some potential misunderstandings regarding the disease, the interpretation of urine test results and body reactions occurred. Different ways of successful knowledge transfer were identified ranging from formal teaching by the peer educators to informal exchange of experiences of the diabetics themselves.

Conclusions

Interventions imparting diabetes-related knowledge should assess the state of knowledge of the target group accurately to detect misunderstandings and avoid harmful behaviour. Different ways of knowledge transfer offered by a peer education approach should be analysed and utilized purposefully.

7.6. Workshop: Work life participation—predictors and in relation to different health outcomes

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Working life has profound impact on health. Hazardous exposures, such as dust, chemicals and psycho-social factors can cause disease and impair already existing diseases. Statistics from EU claim that the societal cost for work-life induced disease is around 3% of the gross national income. Work can also improve health through prosperity, increase self esteem and favour participation in society, and a high proportion of work life participation in the general population is a goal of our society.

Working life participation is also depending on social insurance legislation, which varies over time and between countries. For example, in Sweden, age and unemployment have for certain periods of time been accepted as a contributing cause of early retirement, while it is not today. Working life participation is here used as the broad term, and as we will discuss in this workshop it can be measured in many different ways. Common measures have been work ability, work disability, return to work, work change, sickness leave and early retirement. It can also be assessed on a macro level as percentage of the population at work and staying in a certain work.

There is a lack of knowledge regarding occupational factors that predicts work life participation among workers with symptoms and disease, and these factors may differ between different disease groups. For example, it is well-known that workers with occupational asthma remaining in their original work environment will develop a more severe disease, and will end up with a more severe asthma compared to those changing work environments. In studies among subjects with rheumatoid arthritis decreased work ability has been associated with heavy work, low education, high age and disease severity. On the other hand, there are data supporting that workers in a physical demanding job with musculoskeletal disorders may benefit by physical activity and maintain current job with proper adjustments in the job. Hence, it may be a difference between different type of symptoms and chronic diseases (musculoskeletal-, mental- and respiratory) regarding the best way to promote sustainable work life participation.

The focus of this workshop will be to discuss different methods of assessing work life participation and to discuss whether the predictors vary between different groups of diseases.

Assessments of work disability

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There are great challenges in assessing work ability. The concept is broad and comprises the physical, psychological and social capability of a worker to perform and interact within her work. Work Ability Index (WAI) is an instrument used worldwide to assess and predict work ability. Critique of WAI concerns the many disparate items which are more or less changeable over time. A single item of work ability ('current work ability compared with life-time best') has often replaced WAI. The validity of this replacement has not been reporter. This presentation focus on assessment of work ability among workers on long-term sick leave with the following measures: the total score of Work Ability Index, the global single item of work ability (single-item-WA) and the degree of working activity, in relation to symptoms, health and type of diagnosis. The study-group was a cohort of female workers on long-term sick leave, followed every 6th month with questionnaire and register-based data of working activity (0–100%). Stratified analysis was made for the types of diagnosis: musculoskeletal, mental, cardiovascular and respiratory. The results showed a general strong agreement between WAI and single-item-WA analysed with correlation. The correlations were strong also when changed WAI resp. single-item-WA was analysed as well as within the different type of diagnosis. Both WAI and single-item-WA showed similar patterns of relations to dimensions that are included in the concept of work ability, i.e. aspects of health, sick leave and symptoms of stress and pain (analysed by univariate and multivariate regressions). Further, WAI and single-item-WA, as well as changed WAI resp. and single-item-WA, explained and predicted future working activity, sick leave degree, health and health-related quality of life. In conclusion, the single-item measure of work ability could be a good alternative to WAI to follow status and progress of work ability among workers on long-term sick leave.

Predictors for work-disability and labour force participation variability among persons with airway disease

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Airway diseases are common among adults of working age and can be exacerbated by occupational factors; work-disability among persons with airway diseases is an important public health issue. We have found consistently negative condition-related effects associated with work disability defined by a variety of measures. In 53 adults with asthma treated at subspecialty pulmonary practice, 36% reported a 5 years

cumulative prevalence of change in job duties, pay or job change or job loss due to asthma. In 48 adults with cystic fibrosis (CF) all of whom had a history of labour force participation at some point, 35% had ceased work because of their disease, 27% were employed full time and CF had affected career choices in 47%. In a community-based cohort of 359 adults with asthma, 21% had experienced work disability defined by changed duties, work reduction, or job change; those with poor working conditions were at greater risk of disability (odds ratio 2.5). In a hospital-based cohort of severe asthma, 14% of 465 adults reported complete work cessation due to asthma. In another population-based cohort of adults with asthma ($n = 125$) or chronic rhinitis ($n = 175$), those with asthma were less likely to be currently working (58% vs. 69% $P = 0.02$) but among those still at work, rhinitis was associated with more frequent impaired work effectiveness (36% vs. 19%; $P = 0.02$). Even in COPD, which is more prevalent in older-age adults, 58 (25%) of 234 subjects with any prior labour force participation reported work cessation due to their disease. Analysing economic impact among 401 adults with asthma, work disability accounted for 35% of total asthma-related health costs overall. In summary, work disability, by a variety of different measures, is common in a spectrum of airway diseases. The health and social costs of such disability warrant greater attention to this problem and its potential amelioration.

Predictors for return-to-work after sick leave due to musculoskeletal disorders and effectiveness of interventions

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Musculoskeletal disorders are a common cause of sickness absence. In a prospective study on prognostic factors for return to work (RTW) workers were included when on sickness absence of 2–6 weeks due to musculoskeletal disorders. A self-administered questionnaire was used to collect personal and work-related factors, pain, functional disability and general health perceptions. The main factors that were associated with longer sickness absence were older age, gender, perceived physical workload and poorer general health for neck, shoulder and upper extremity disorders, and functional disability, sciatica, worker's own perception of the ability of return to work, and chronic complaints for low back pain. Workers with a high perceived physical work load returned to work increasingly slower over time than expected, whereas workers with a high functional disability returned to work increasingly faster over time. These results indicate that interventions among workers off work for prolonged periods need to address physical workload as well as perceived limitations due to pain. In order to examine the effects of timing of structured interventions for workers on sick leave due to low back pain on return to work (RTW) a systematic review was conducted. Complete RTW curves were collected from literature and mathematically fitted to a Weibull distribution to evaluate the impact of program characteristics on cost-effectiveness. The cost-benefits of a RTW intervention among workers on sick leave due to low back pain were determined by the effect of the intervention, costs of the program, natural course of RTW in the target population, timing of enrolment of persons into the intervention, and duration of the intervention. The latter three factors are seldom taken into consideration, whereas their impact may easily exceed the influence of effect size.

7.7. Migrant health

Mediterranean migrant diabetes morbidity and mortality in Belgium

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Background
Despite their generally lower socio-economic status, migrant groups generally have a lower all-cause mortality rate than the host population. This phenomenon has also been observed in Belgium. However, migrant groups, 'privileged' with regard to mortality, often have a higher prevalence of type 2 diabetes. In Belgium e.g. diabetes prevalence is higher in the Turkish and Moroccan communities, especially among women. In addition, these women also show excess diabetes mortality. In this article, we address diabetes morbidity and mortality of Mediterranean migrants in Belgium. More specifically, we examine the hypothesis that excess diabetes mortality among Mediterranean migrant women is due to the fact that these women are less active on the labour market and/or less often occupy physically taxing jobs, at least compared to the male migrant population.
Methods
Logistic regression with diabetes as outcome variable was performed on the basis of the Health Interview Surveys 1997–2001–2004. To estimate diabetes mortality, Cox regression was used on data from the National Mortality Databank 1991–96.
Results
In men, no significant ethnic differences in diabetes prevalence are found. In women on the other hand, a higher diabetes prevalence is observed in the Italian [odds ratio (OR) 1.93; 95% confidence interval (CI) 1.17–3.19], Turkish (OR 7.40; 95% CI 4.02–13.64) and Moroccan communities (OR 5.03; 95% CI 3.25–7.78). In line with these findings, excess diabetes mortality is found in Spanish and Moroccan women, but not in men. Results indicate that labour market participation plays an important part in this excess mortality. Whether or not the job is physically taxing, seems to bear little significance.
Conclusions
The higher diabetes morbidity and mortality among Mediterranean migrant women is associated with their being unemployed. An active screening of these women and improving their access to the labour market should be considered as important tracks for preventive policy.

Access to health services in Catalonia from the Ecuadorian immigrants' perspective

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Background
The increase of immigrants in Spain poses new challenges for the delivery of healthcare. According to international evidences, immigrants present some special characteristics that may generate an inadequate access to healthcare services. In Spain, the access is basically analysed as service utilization, without an in-depth analysis focusing on the actors' perspective. The objective is to analyse factors that influence the access to healthcare services from the Ecuadorian immigrants' perspective.