

# The Danish National Return-to-Work Program

Results and experiences from process and effect evaluation.

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Safer and healthier work at any age

Conference in the European  
Parliament  
December 2nd 2013



Birgit Aust  
Senior Researcher, NRCWE



NATIONAL RESEARCH  
CENTRE FOR THE WORKING ENVIRONMENT

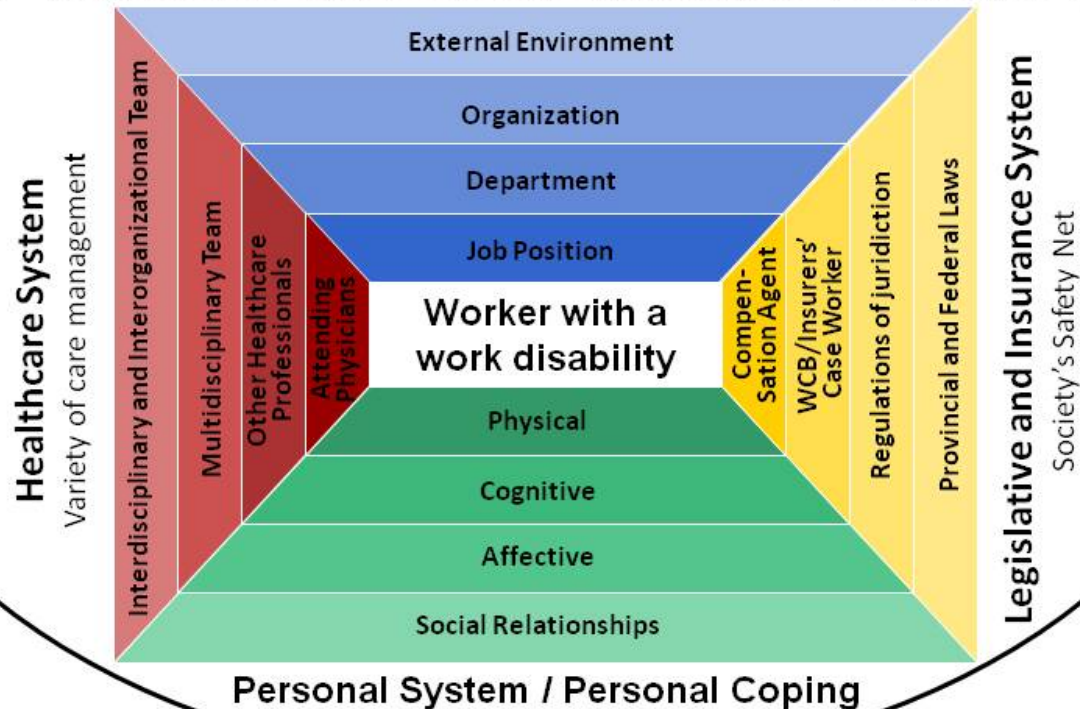
[www.NRCWE.dk](http://www.NRCWE.dk)

# Overall Societal Context

Culture and politics

## Workplace System

Work relatedness, employees assistance plans, workplace accommodation



(Loisel et al, J Occup Rehabil, 2005)

# **2008 Government Action Plan on sickness absence and improved labor market participation**

- Introduce organizational changes in municipal sickness benefit management in order to improve labor market attachment of the sick-listed.
- Focus on an early, interdisciplinary approach adapted to the individual needs to the sick-listed.

# Municipalities are the key players in sickness/disability management in Denmark

Social insurance officers:

- determine if a person is entitled to sickness benefits
- assess chances for RTW and continuously follow-up on the sick-listed person
- develop reintegration plans for RTW, initiate RTW-activities and coordinate efforts with health professionals and employers

# THE DANISH NATIONAL RETURN TO WORK PROGRAM



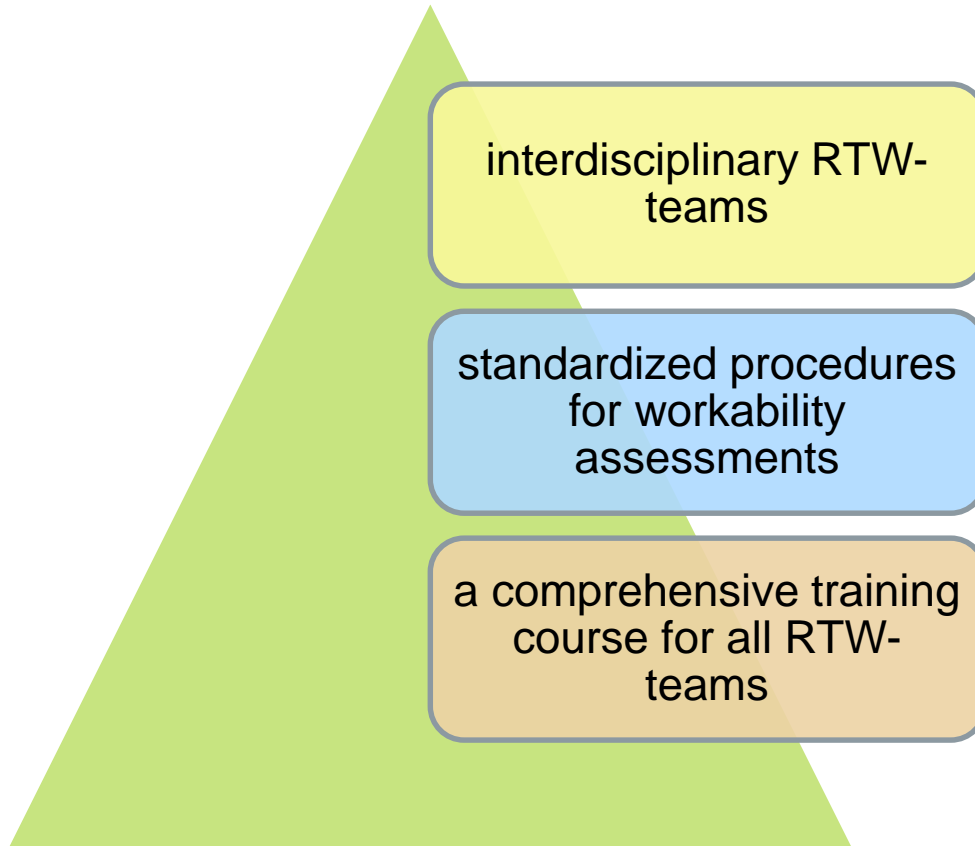
# Key facts about the program

- NRCWE responsible for developing and evaluating the program
- Funded with 36 million Euro from the Danish National Prevention Fund and 4.3 million Euro from the Ministry of Employment
- Conducted in 21 municipalities spread throughout the country
- Between April 2010 and March 2012 about 16.757 beneficiaries participated in the program

# Aims and scope of the program

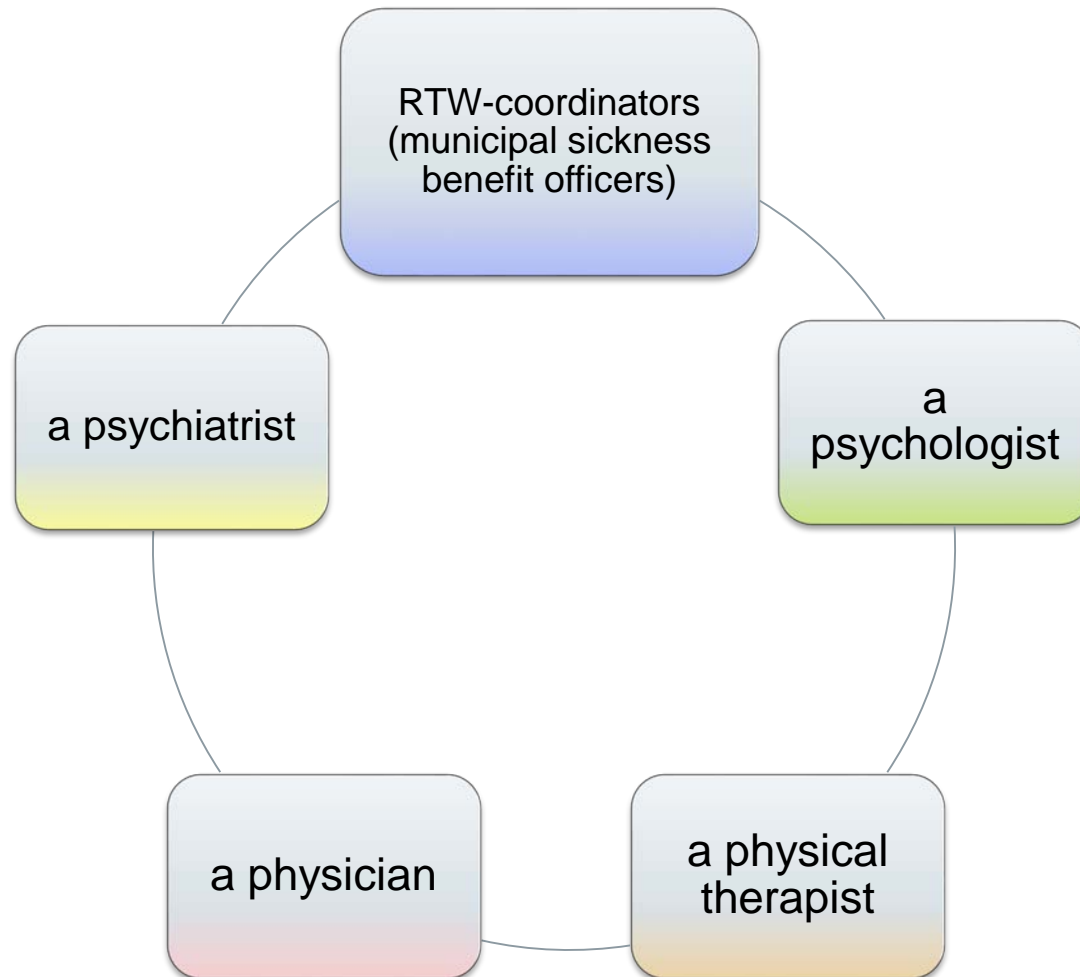
- To determine whether it is possible to establish an early, coordinated, tailored and interdisciplinary RTW-program within the existing legal framework.
- To reduce sickness absence and improve RTW, health and workability
- To encompass a broad group of sick-listed persons including all sick-listed regardless of diagnosis and employment status

# Core program components

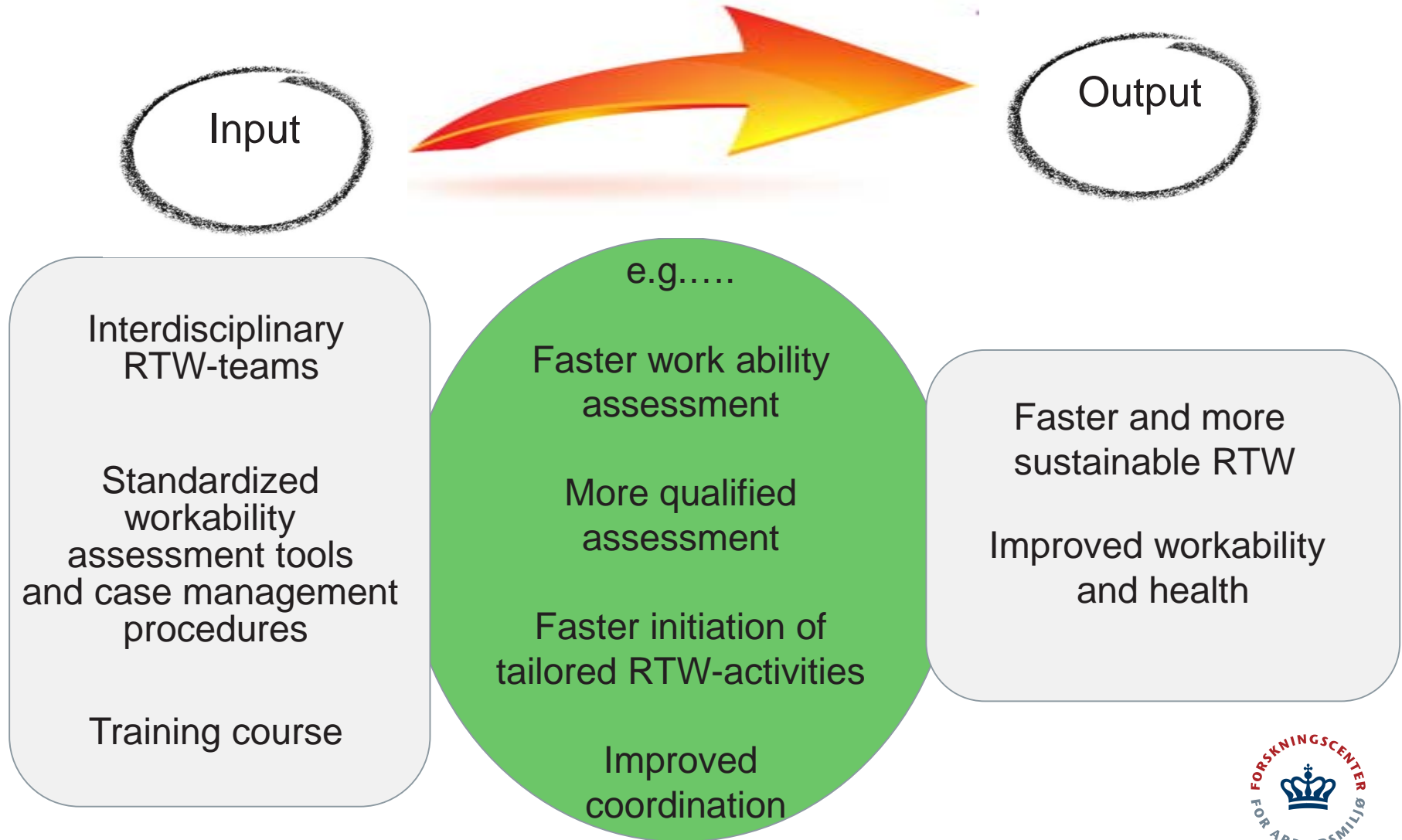




# Interdisciplinary RTW- teams



# Program theory



# HOW DID IT GO?

# Different study designs

## 1. RCT-study (3 municipalities, n=3.105)

- Including three municipalities
- Individually randomized to either intervention or control groups.
- The effects are based on a comparison of duration of sickness absence in the intervention and in the control groups in the same municipality and during the same 2-year time span

## 2. Cluster controlled study (21 municipalities, n=9.123)

- Including all municipalities
- The effects are based on across municipality comparison between participants that received and did not receive the intervention

The results presented here are based on beneficiaries that became recipients of the program in July 2010 (RCT and intervention groups) or July 2011 (control group) up to December 2011.



# Effects on sickness absence

In the three municipalities in which a randomized controlled trial was conducted

## Municipality 1

(n=1.236: I=747, C=489)

- HR=1.12
- CI 0.97-1.29

shorter duration of sickness absence in the intervention group (not significant)

## Municipality 2

(n=1.348: I=809, C=539)

- HR=1.51\*
- CI 1.31-1.74

shorter duration of sickness absence in the intervention group (significant)

## Municipality 3

(n=521: I=392, C=129)

- HR=0.80
- CI 0.63-1.03

longer duration of sickness absence in the intervention group (not significant)

# Results from the cluster-randomized study

- There were also large variations in the effects between the other municipalities, including positive and negative effects.
- **Assessing the effect across all participating municipalities revealed no effect on reduction of sickness absence: HR 1,13 (0,83-1,56)**
- However, the large variations in effects between municipalities causes the overall effects to be estimated with low precision.

# The role of implementation

In the three municipalities in which a randomized controlled trial was conducted

## Municipality 1

- HR=1.12
- CI 0.97-1.29

shorter duration of sickness absence in the intervention group (not significant)

Implementation:  
very good

## Municipality 2

- HR=1.51\*
- CI 1.31-1.74

shorter duration of sickness absence in the intervention group (significant)

Implementation:  
good

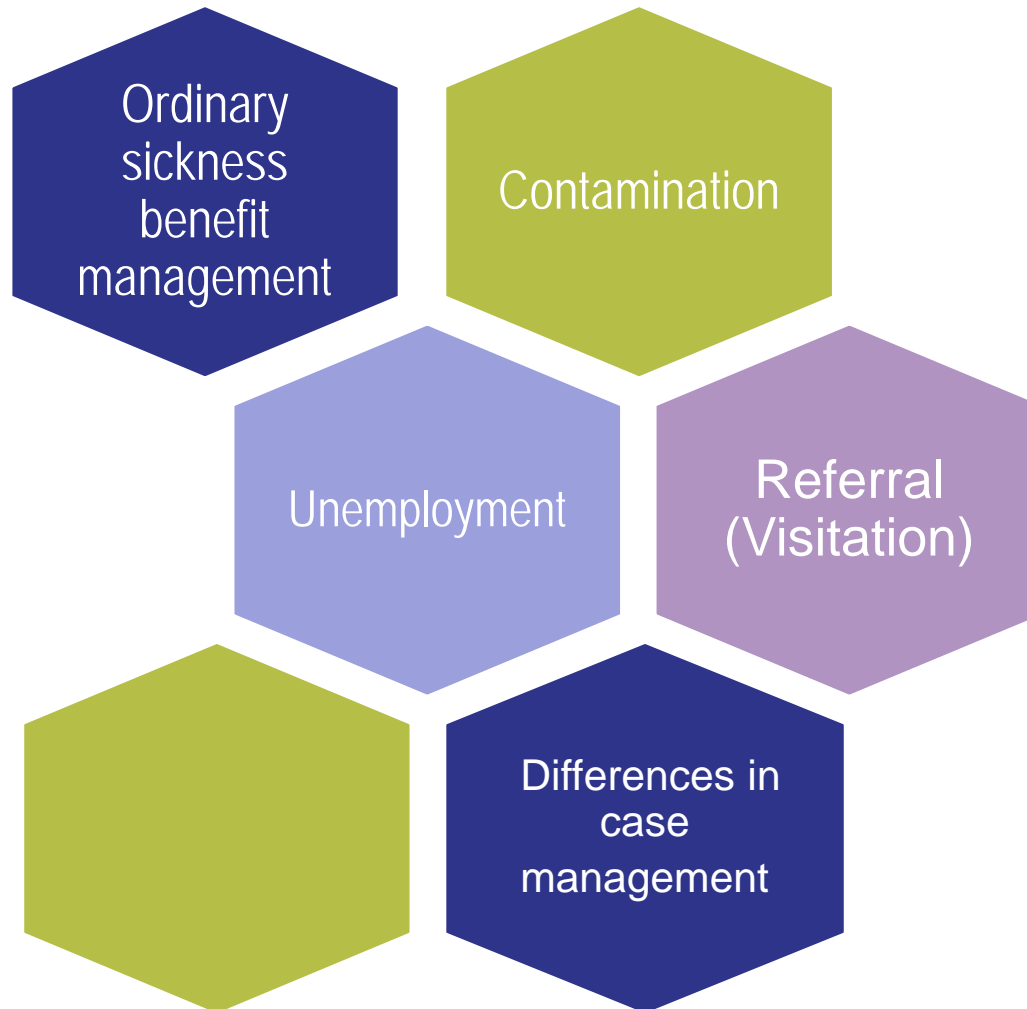
## Municipality 3

- HR=0.80
- CI 0.63-1.03

longer duration of sickness absence in the intervention group (not significant)

Implementation:  
not good

# Other aspects that might have influenced the effects





How did it go with the

# IMPLEMENTATION OF THE PROGRAM?

# Insights from process evaluation

- The quality of implementation varied a lot between municipalities
- A successful implementation requires substantial effort

# Important for a successful interdisciplinary collaboration

- **Interdisciplinary** (vs. multi-disciplinary)
- Shared objective: labor market-oriented approach
- Continuous self-evaluation/reflections about how to optimize interdisciplinary collaboration and case management
- Leadership support

## Summing up

- The program can be implemented in the existing sickness benefit system (some municipalities continue the program)
- The effects on sickness absence vary a lot between municipalities indicating that contextual factors are of major importance for success or failure of this complex intervention
- Implementation can partly explain these differences, but other aspects (e.g. baseline conditions, contamination) also play a role
- Interdisciplinary collaboration between the RTW-team members requires the development of a shared approach to RTW (which takes time and needs support from managers)

# Thank you



**Contact info**  
Birgit Aust