Economic Benefit of Workplace Health Promotion – What is the evidence? Ingrid Roslan-Schlütka, Gesundheit Österreich GmbH, Austria

Results of selected examples

<table>
<thead>
<tr>
<th>Author/study design/countries</th>
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**Discussion/Conclusion**

Positive results must be interpreted with caution. They could be under- as well as overestimated.

There is a lack of good primary studies on effectiveness of interventions on which economic analyses could rely. It seems that there is an overall low priority on financing of public health/prevention interventions and economic evaluation. A positive aspect is the increasing number of effectiveness studies in recent years.

Methodological quality and comparability of economic analyses could still be improved (different outcome measures, follow up time, discounting, included costs and benefits, perspective of the evaluation..).

The transfersability of the results is often limited e.g. due to different health care systems.

A lot more work needed to be done like improving the underlying effectiveness evidence, incorporate also equity issues, standardize the economic methods and develop better modelling approaches.

**References**

3. MATES (2010). Economic analysis of workplace mental health promotion and disability mental disorder prevention programmes and of their potential contribution to EU health, social and economic policy objectives. MATES: Executive Agency for Health and Consumers
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Background
Maintaining people’s ability to work is a priority in many European countries. Through healthier employees, companies should benefit from lower absenteeism and increased productivity. Public sector expects savings of health care costs, increasing employment rate and avoiding early retirement. Employees benefit from improving their health and well-being.

Objective
The question arises whether economic benefits of workplace health promotion are proven and how their results can be assessed.

Method
- systematic literature search, electronic databases (Medline, NHSEED) and handsearch 2007–2014
- included studies: systematic reviews, meta-analyses, economic models
- predefined inclusion and exclusion criteria (e.g. RCT’s and NRS, presentation of outcomes, use of quality checklists...)
- Deviation was necessary because no studies would have remained

Results
- 389 abstracts identified, 2 meta-analysis with 84 primary studies, 3 systematic reviews with 36 primary studies and one economic model with 6 primary studies remained for inclusion
- Few economic studies, often with inadequate methodological quality. Most studies are from USA, only few from Europe – primarily in the Scandinavian countries.
- Available studies, who could quantify the economic benefit, showing a positive return on investment or savings of health care costs – however with a wide range.
- Benefits for the health and social services have been proven in an economic model - based on one/two highly effective primary studies

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