

re Topic 3: Objectives and Expectations of Participants

“What do you expect for WORKHEALTH from your professional perspective?”

Health and Safety at Work – presented by Bart de Zwart

(Kari Kurppa, Marc De Greef, Karl Kuhn, Bart de Zwart, Hansjürgen Gebhardt)

1. Policy-related: The group expects the project to start from the policy level; one should then look what data are needed for this
2. Evaluation: WORKHEALTH should evaluate existing monitoring systems and the links between these – this should be part of the synopsis.
3. Benchmarking: One expectation expressed by the group is the potential for inter- and intranational benchmarking. It is discussed that benchmarking between countries might, however, cause problems as this implies that some countries perform better than others and one should therefore be cautious with this term. Moreover, it is noted that it is not clear to what extent the data provided by different countries are indeed comparable. There seem to be less problems to carry out benchmarking or comparisons within one country.
4. Impact Analysis: WORKHEALTH might serve to analyse the impact of (preventive) health measures, economic impact and the performance indicators Health & Safety impact.
5. Specific notions: work-life balance (“Work-life balance” seems to be a politically attractive term, although at this point it is not yet clarified what an indicator of work-life balance could look like), coverage of OHC, informal sector/small enterprises, social capital, core-indicators different domains (conditions, outcome, structure), labour force demography.

Public Health/ENWHP – presented by Richard Wynne

(Nathalie Henke, Dimtra Triantafyllou, Richard Wynne, Elsa Bach)

The group has rather collected what they would hope for to happen than what they realistically expect from the project. They distinguished between the EU and the national level.

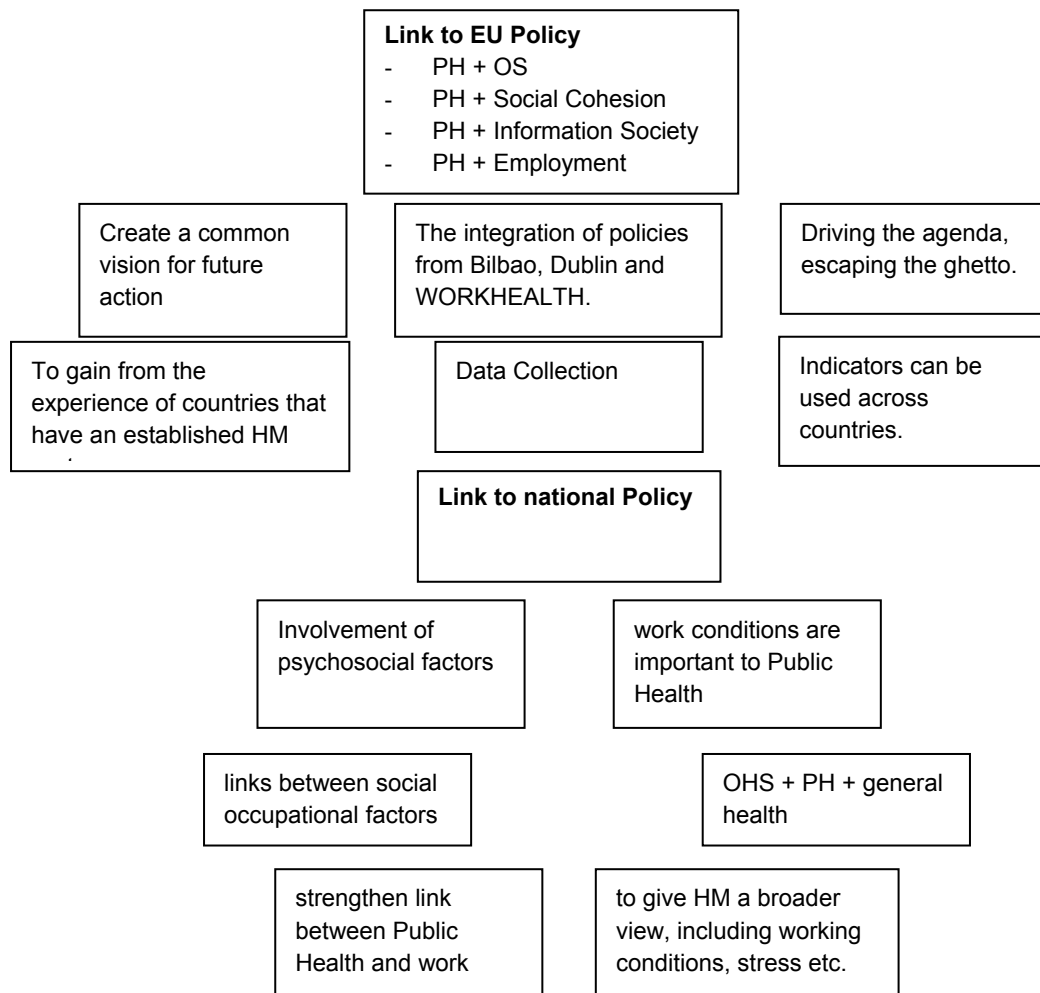
For the EU level, they hope for a link to other areas of EU policy, for example Occupational Health, Economy Policy, Social Cohesion and information society. It is central to create a common vision for WORKHEALTH which should span several policy areas but comes from Public Health. WORKHEALTH is hoped to encourage data collection. A key aspect of the project seems to be the link to the new Public Health programme.

Concerning the national level, a lot of work has been done already with respect to accidents at work and occupational diseases. The group expresses a need for work regarding psychosocial factors as well as regarding occupationally related diseases, for example occupationally related heart-disease. It is stated that in many countries there is still a weak link between Public Health and Occupational Health and Safety – this link should be strengthened.

The group expressed a fear of “sameness” – there is an agreement of all participants that it is very important to situate WORKHEALTH differently from other projects going on and to find a unique selling point.

Richard Wynne suggests to try to incorporate some items of our interest in the new survey from the European Foundation for the Improvement of Living and Working Conditions in Dublin. He suggests the coordinator to contact Rob Anderson at the Foundation about this.

It is shortly discussed to what extent OSH has taken health promotion activities on. The situation is described differently depending on the country.



Social Insurance – presented by Carlo Ottaviani

(Sisko Bergendorff, Oskar Meggeneder, Sigurdur Thorlacius, Carlo Ottaviani)

This group was mostly concerned with the needs and concerns of their institutions.

1. **Definition:** There is the need to clarify the meaning of “work-related health”.
2. **Comparability of data:** Without a comparability of data, there is nothing to sell for WORKHEALTH from this group’s point of view. The main aspect is therefore the standardisation of national key indicators; description of the various data-bases (comparability), compare data to learn what to learn of others, overview of statistical data bases, compare data from different countries, comparable social/health insurance indicators (outcomes/system)
3. **Reporting:** There is a need for instruments for reporting: improved basis for early intervention with rehabilitation, reporting on health at work, monitoring WHP activities, benchmarking of health promotion programs, basis for benchmarking of health
4. **Consequences:** setting up indicators: indicators for detecting risk groups of ill health, indicators suitable/ready for political use, measuring outcomes of health policy, prevention of disruption of employees’ connection to the workplace, prevention of (unnecessary) disability
5. **“Fringe” benefits:** which WH-data to include into the Upper Austrian-Health report, ideas for establishment of new national data on health, check/test everything and keep the best.

It is discussed if we have to decide whether the term “work” from “work-relatedness” is seen just as a site or as a health determinant; however, maybe both perspectives can be taken on.

It is pointed out that there is a need of qualitative indicators if the systems itself are not comparable.

This report was produced by a contractor for Health & Consumer Protection Directorate General and represents the views of the contractor or author. These views have not been adopted or in any way approved by the Commission and do not necessarily represent the view of the Commission or the Directorate General for Health and Consumer Protection. The European Commission does not guarantee the accuracy of the data included in this study, nor does it accept responsibility for any use made thereof.