



## Work-related health monitoring in Europe from a public health perspective

Wolfgang Bödeker & Julia Kreis,

BKK Bundesverband - Federal Association of Company Health Insurance Funds, Germany

### Objectives

Given the time that most people spend at work and given that human-work relations have intensively been studied from a political, economical, sociological, psychological, and medical point of view, working life affairs so far play only a minor role in health monitoring. However, it is increasingly realised that work is not only a source for community wealth but can also have negative effects to human and public health and therefore is a cost factor to modern societies.

- E.g. with respect to loss of life years WHO and the World Bank attribute 3% to the factor work.
- Studies of the Nordic Council summarise that working conditions cause about 50% of the morbidity.
- ILO estimates that work-related diseases and work accidents account for economical losses as high as 4% of the world-wide gross domestic product.
- In Germany the costs of work-related diseases are estimated to amount 1998 to at least 28 billion EURO.

In recent years health monitoring and benchmarking considerations have been widened to include working condition as well. Proposals for indicators do exist mainly focused to occupational diseases and work accidents but as well to work quality.

Aim of the Project WORKHEALTH, currently supported by the EU Health Monitoring Programme, is to establish indicators for work-related health monitoring in Europe from a public health perspective.

### Bringing in the public health perspective

One major concern of the EU Commission's public health programme is the reduction of health inequalities. Reliable data about differences in the employees' health status between countries as well as within a country are one step towards this aim. An integrated intersectional health strategy, as asked for by the Commission, can be realised by linking the information for the work setting to other aspects of life such as income, social status, housing conditions and leisure activities. Quality of (working) life will be an important aspect in addition to the employees' health status. By establishing indicators to assess health promotion programmes the opportunity to evaluate the policy impact as well as the (cost) effectiveness of these programmes is provided. Finally the major burden of diseases, including not only physical but also mental illnesses and the economic and social costs of ill health are within the scope of public health interests.

### Addressing the "work-relatedness" of diseases

Whereas there are legal definitions for occupational diseases in member states the term "work-related diseases" is used with very different meanings. On the one hand it exclusively addresses morbidity besides work accidents and occupational diseases. In contrast, comprehensive definitions of "work-related diseases" are used to comprise all health problems that are totally or partly caused by working conditions including work accidents and occupational diseases.

These different definitions lead to different concepts of health monitoring systems. The most restrictive concept is operated in health reports on occupational disease and work accident. Indicators have been developed by projects. These reports confine themselves to diseases, which are in a causal relation to work by definition of social insurance and workers compensation funds. The indicators are fairly standardised and used in Member States already.

On the contrary, employees' judgement on the work relatedness of diseases might be considered as the broadest concept in analyses. This view e.g. is taken to calculate the cost of work-related diseases. However, it is well known that ill people are more committed to scrutinise their working condition so that false positive association may be stated. Furthermore, since employees usually can not relate working conditions to specific diseases, by this approach only overall health outcomes can be studied.

A frequently used way of addressing work-relatedness is to analyse and visualise health outcomes by occupations or economic branches. When disease prevalence or frequency is higher in specific jobs or branches this might point to an association between working condition in these jobs and the health outcome.

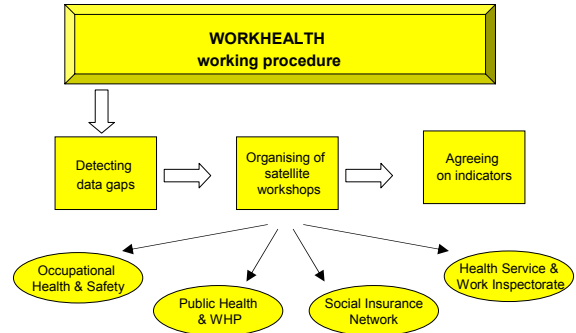
Finally, the approach of job specific analysis of health outcomes may be transferred to working conditions. E.g. sickness absence or prevalence of muscular pain among employees exposed to heavy work could be compared to those not exposed. The relative risk then gives the strength of the relation of that specific aspect of work and that specific aspect of morbidity.

### Contact:

BoedekerW@bkk-bv.de

KreisJ@bkk-bv.de

BKK Bundesverband, Kronprinzenstraße 6, D-45128 Essen



### Working procedure of the project "WORKHEALTH"

The project WORKHEALTH within the EU Health Monitoring programmes is aimed to the establishment of indicators for work-related health monitoring in Europe from a public health perspective. It will be carried out by means of the three work packages.

First, a synopsis of existing work-related indicator sets will be produced followed by an identification of areas still to be developed. These indicator sets consist usually of so called generic indicators (e.g. physical workplace exposures), which will then have to be detailed by operational definitions (e.g. prevalence of exposure to noise). While there are common indicators, these sets differ vastly with respect to the scope and degree of work-relatedness. However, establishing indicators from a public health perspective should make use of existing indicator schemes.

Based on the synopsis the second step is aimed at the supplementation of new indicators for work-related health monitoring. Considerable efforts will be directed to indicators which allow for the comparison and monitoring of health policies (e.g. effects of work-site health promotion programmes). The work package includes the identification of data needs which at the same time has to be accompanied by a description of what information is available routinely at national or international level. This step finally allows for identification of data sources and data needs to improve implementation.

The feasibility of work-related health monitoring on the EU level depends not only on the availability but also on the quality of the data. The last work package therefore focuses on the operational definitions for the indicators. By reflecting the availability of data sources on EU and national level operational definitions consider possible levels of breakdown of indicators with respect to diagnosis of diseases, socio-demographic factors like age and sex, as well as work place information like job titles and industry branches. These definitions finally allow for an assessment of the validity and reliability of indicators and therefore are a prerequisite for the implementation of work-related health monitoring.

Important links will be built to the European Network for Workplace Health Promotion (ENWHP), to national and international institutions from the field of Health and Safety at Work, to the European network of social insurance institutions for health at work (ENSII) and last but not least to labour inspectorates. These links serve to include demands as well as to disseminate results into the scientific community and institutional bodies. State-of-art reports with respect to needs and opportunities of work-related health monitoring will be prepared.

### Co-operating Partners

- O.Meggeneder, Upper Austria Sickness Fund, Austria
- M.De Greef, PREVENT- Institute for Occupational Safety and Health, Belgium
- K.Kuhn, Federal Institute for Occupational Safety & Health, BAuA, Germany
- E.Lehmann, State Institute for Occupational Safety and Health of North Rhine-Westphalia-LAFA, Germany
- E.Bach, National Institute of Occupational Health, Denmark
- M.Garcia-Gomez, Ministry for Health and Consumers, Spain
- K.Kurppa, Finnish Institute of Occupational Health, Finland
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- C.Ottaviani, National Institute for Insurance of Work (INAIL), Italy
- R.Wynne, Work Research Centre LTD., Ireland
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