



## Impact of work on public health

Work is known to be one of the most important determinants of peoples' health status. This should be reflected in European public health monitoring systems. The WORKHEALTH project has therefore established indicators to show how work has an impact on public health and to facilitate the implementation of work-related health monitoring at European level.

In the project, the scope of work-related health monitoring was defined in relation to other monitoring systems already in place, specifically in the field of occupational health & safety and quality of work. This is illustrated in figure 1.

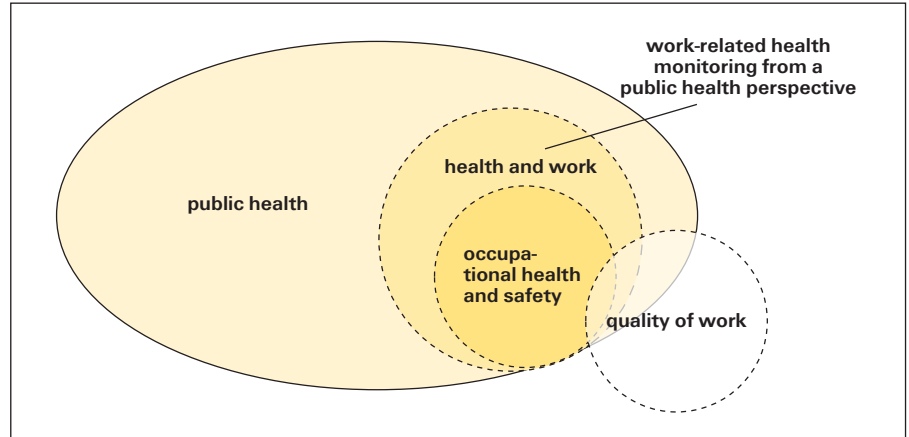


Figure 1: Scope of work-related health monitoring from a public health perspective.

## Health monitoring as a policy cycle

Work-related health monitoring should provide an overview of the health status of the labour force. Using this information, the necessary action can be taken and recommendations can be made for work-related health activities. Health monitoring can and should be used as tool by politicians to set specific targets and to control the implementation of these targets. A general course of action should be envisaged for different settings, the workplace, communities or schools, where high level strategic policies are adapted to the specific settings and relevant activities are introduced which ultimately have an influence on the people in those settings and on public health in general. The resulting impact on health again influences new policies. This can be regarded as a policy cycle (figure 2).

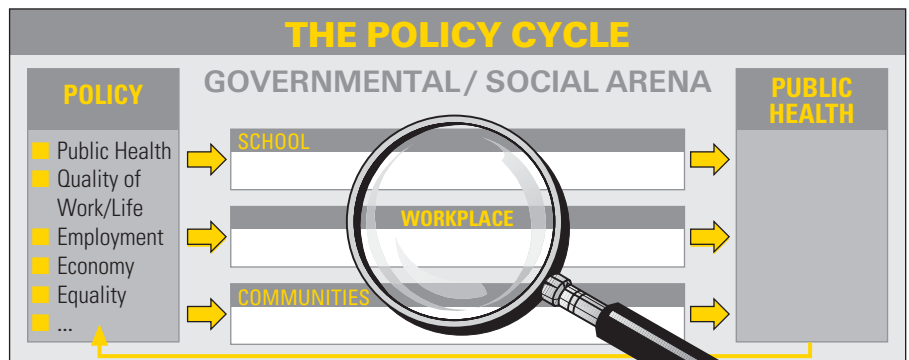


Figure 2: The policy cycle in different settings.

The following policy cycle is envisaged specifically for the setting "workplace as a setting" (figure 3):

The following policies are at present the most relevant to the workplace and for the outcome on public health:

- optimising sickness absence management
- prevention of accidents at work & occupational ill health
- reducing health inequalities
- promoting social inclusion
- improving working conditions
- fostering health promotion
- increasing effectiveness of disability management
- enhancing intrinsic job quality
- enhancing agreement on international cooperation and regulations

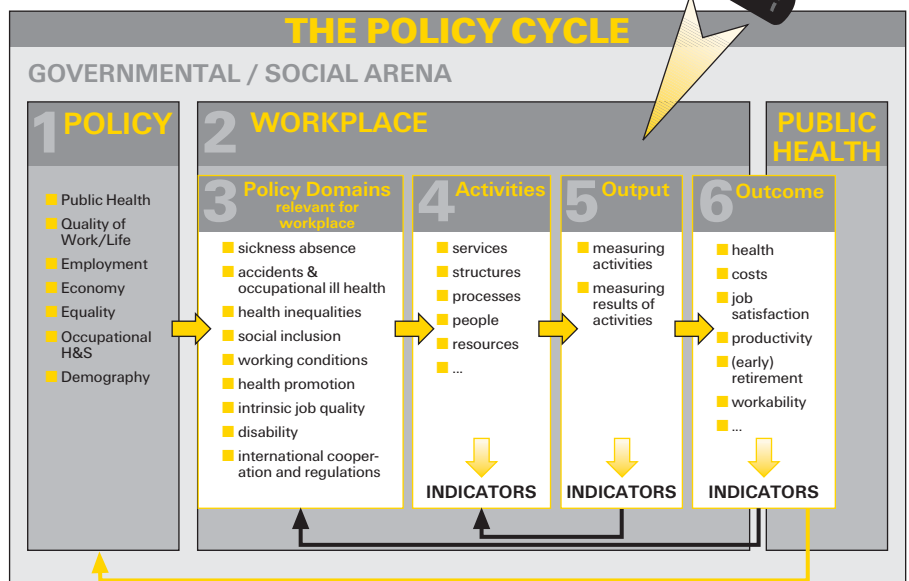


Figure 3: The policy cycle model of work-related health monitoring from a public health perspective. This model shows the field of work and health in the context of the wider political environment: The governmental/social arena sets out policies (1) covering a wide range of fields (e.g. public health, quality of life, equality, occupational health & safety etc.). They include policies that are relevant for the workplace (2), such as "reducing health inequalities", "optimising sickness absence management" or "improving working conditions" (3), which subsequently have a substantial impact on the health of the workforce. This process can be monitored within the framework of a work-related health monitoring system. Indicators can reflect activities (4) carried out at the workplace, the output (5) and the final outcome (6).

## A policy cycle for sickness absence management

How does such a policy cycle for work-related health monitoring work, as in the domain of sickness absence for example? Faced with high rates of sickness absence, a government can introduce activities for preventing ill health at work (by supporting workplace health promotion activities for example or providing training to the management) and facilitate an earlier return to work by people off sick (e.g. by assessing the need for rehabilitation at an early stage). The working conditions improve as a result, rehabilitation takes place sooner and the employees enjoy a better quality of life. The final outcome for public health is a reduction in sick-leave rates and sickness benefits. Each of these stages can be reflected in a work-related health monitoring system. For each domain, indicators are provided which are suitable for monitoring the relevant policy cycle described above.

## Shortlist of indicators proposed by WORKHEALTH

For introducing work-related health monitoring at European level, it is necessary to have a concise number of feasible indicators. These are set out in the short list below. They were selected by experts and judged from the public health, occupational health and safety, work inspectorate, and social insurance perspectives. The health and health system outcome indicators show the effects of working conditions. To some extent the indicators therefore need to be stratified into economic sectors and occupations, to show how diseases are related to work. Using the proposed shortlist, work-related health monitoring could produce a rough indication of national and European problems regarding health at work. A more detailed analysis can then take place from which action plans can be derived.

## Data comparability

Comparisons between the available data should be made with caution. Data gathered routinely, for example on occupational diseases, accidents at work or sickness absence, can depend largely on the structures and organisation in the relevant area in each country and on other local parameters. On the other hand, cross-country data resulting from surveys such as the European Survey on Working Conditions are generally less biased, although cultural differences may also influence the response patterns here as well. These problems should be borne in mind when making comparisons between countries using the indicators listed below. It might be more advisable instead to monitor the changes in trends over a period of time in each country.

Table 1: Shortlist of indicators

Generic indicators	Operational indicators	data holder
accidents at work	see ESAW for operational definitions; e.g. incidence rate of serious accidents at work	Eurostat
occupational diseases	see EODS for operational definitions; e.g. no. of recognised occupational diseases by economic activity and disease per 100.000 workers covered by the recognition system	Eurostat
work-related health risks	% of employees thinking that their health or safety is at risk because of work	European Foundation
sickness absence	% of employed people absent from work in reference week due to own illness, injury or temporary disability	Eurostat
disability	e.g. relative probability of being in work for those with moderate or no disability compared to those with severe disability; % of employees stating that they have a longstanding health problem or disability by occupational class	Eurostat
disease occurrence	morbidity (prevalence or incidence) by ICD main groups stratified by occupations and economic sectors	currently no data available
job quality	e.g. indices on several aspects of working conditions (physical working conditions, psychological working conditions, work autonomy, work intensity)	Eurostat; European Foundation
health promotion activities at the workplace	e.g. % of enterprises carrying out workplace health promotion activities	currently no data available
reintegration / rehabilitation	e.g. % of enterprises/institutions providing action on reintegration of staff (especially disabled staff) when they return to work after a longer-term period of sick-leave	currently no data available
compliance with OSH regulations	e.g. % of ILO OHS conventions ratified by the Member States; % of enterprises complying with a legal provision	ILO
expenditures on occupational health & safety measures	e.g. % of total health expenditure or % of GNP/GDP	currently no data available

Abbreviations: EODS = European Statistics on Occupational Diseases, ESAW = European Statistics on Accidents at Work, ILO = International Labour Organization

Experts from 14 European countries were in the project group and it was co-ordinated by the BKK Federal Association, Germany. The report and additional information are available at [WORKHEALTH@bkk-bv.de](mailto:WORKHEALTH@bkk-bv.de) and [www.enwhp.org](http://www.enwhp.org) (search term: WORKHEALTH). The project WORKHEALTH was supported by the European Commission (2002-2004). Neither the European Commission nor persons acting on its behalf are liable for the use of this information. Print: 2004

