

Making the link: Promoting healthy working populations

The World Health Organization's **Commission on the Social Determinants of Health** (CSDH) has identified principles and recommendations to tackle health inequities: the factors responsible for avoidable health inequalities, which persist globally and in the European Union. This series of summaries, updated and expanded online at www.equitychannel.net, introduces how those and other recommendations, as part of evidence based health promoting approaches, could be applied to a range of European Union legislation, policies and programmes. The aim is to improve international, national and local policies and practices within and beyond health systems, in order to promote better health and wellbeing for all.

Why making the link matters

As well as the link with individual well-being, employment is a major contributor to national and European productivity and competitiveness; with implications for the sustainability of social welfare systems.ⁱ Projected demographic change and ageing populations are expected to affect societies and competitiveness. These socio-economic changes have resulted in fewer working people and a disadvantageous dependency ratio.¹ Extending working lives by wider entry into labour markets, good health during working years and appropriate retirement are preconditions for increasing the employment rates of all generations.ⁱⁱ Better working conditions are needed to improve quality of lives and alleviate pressure on European welfare systems. Health promotion and disease prevention are therefore of utmost significance to help achieve smart, sustainable and inclusive growth by 2020 – the EU 2020 objectives.

¹ *The old-age-dependency ratio is the ratio of the number of elderly people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old) - Eurostat glossary, 2010.*



The situation

Longer life expectancies coupled with falling birth rates and rising health and social protection costs presents a big challenge to most EU states. The need to increase work participation is a key part of meeting this challenge. However Europe's employment rates – at 69% on average for those aged 20-64 – are still significantly lower compared to other regions in the world. It is well-established that poor health can have a profound impact on labour markets due to disability, early retirement, and unemployment, especially among workers aged 50 years and older. In many WHO European Region countries between 1970 and 2003, the welfare gains associated with improvements in life expectancy totalled 29–38% of gross domestic product (GDP) – a value far exceeding each country's national health expenditures.ⁱⁱⁱ Poor health is also an important barrier in (re-)gaining access to the labour market.

Health promotion in the workplace can contribute to improving the employability of workers, through workplace (re)design, maintenance of a healthy and safe work environment, training and retraining, assessment of work demands, medical diagnosis, health screening and assessment of functional capacities. Research also demonstrates that, in turn, the promotion of health and work ability has beneficial economic effects through the reduction of sickness absenteeism, work disability, premature retirement and increased productivity. Besides, workplaces offer crucial settings and infrastructure to support the promotion of health towards a large audience (43% of the total EU-27 population - 215.8 million citizens - were employed and therefore potentially reachable in 2010.^{vi} Numerous examples of best practices related to workplace health promotion are accessible on the website of the European Network for Workplace Health promotion.;

Key challenges to address in order to maintain a healthy workforce^{vii}

Population ageing: The EU population is ageing and the gender structure of the European workforce is changing as a consequence of growing participation of women in the work force. Women of working age constitute a source of new resources to the shrinking workforce. Further promotion and implementation of gender equality in everyday work life is an important objective to achieve the EU employment goals.

Work-related hazards: 20 to 50% of EU workers are exposed to traditional physical and chemical or ergonomic hazards. 5000 EU workers in the EU 15² alone die annually as a consequence of occupational accidents and high numbers of occupational diseases are caused by unhealthy conditions of work. Rapid change of work life, the introduction of new technologies, new working methods, new materials and substances and new work organizations also generate new challenges and risks. 23–60% of EU workers are exposed to psycho-social hazards such as the high pace of work, haste, tight deadlines, stress and fatigue. In addition, insecurity of employment and short-term and precarious working contracts constitute a stress factor for a substantial part of the workforce.

Competence: 1/3 to over 2/3 of the adult populations in selected OECD Member States lack basic skills needed in modern work life. Low or obsolete competence and skills constitute a factor contributing to exclusion from work, generate stress among workers, affect employability, level of payment, quality of work and the length of the working career. Competence gaps also cause constraints in the drive towards European competitiveness and social cohesion.

Unemployment: The average unemployment rate of the EU has frozen to a level of 9-9.5% while the variation in the reduction trends and in the actual levels of unemployment varies widely between Member States. Unemployment (particularly long-term) affects health, work ability and employability. On the other hand, reduced work ability increases the risk of unemployment. The unemployed as a group need specific health and work ability maintaining and encouraging activities in society.

Enlargement: The enlargement of the EU constitutes a special challenge particularly in view of harmonization and implementation of the 'Acquis Communautaire' in the field of occupational safety and health and quality of the work life in general. While impressive progress among the new Member States can be witnessed, the gaps on average within the EU and between the EU and its neighbourhood countries have expanded in health, safety and work ability.

Migration: Foreign migration, which numbered 1.8 million in 2008, constitutes 5% of the total EU workforce. Research data indicate lower education levels, poorer health status, shorter employment contracts, lower-quality jobs, higher risks of accidents and diseases and less social support among migrant workers as compared to the domestic employees. A growing proportion of the total work input in the future EU Member States will be made by non-national workers. Their successful integration, maintenance and promotion of their health, safety, work ability and social protection are an urgent challenge for host countries.

Burden of diseases: Non communicable diseases such as cardiovascular diseases, musculoskeletal disorders and mental health problems, particularly depression, are for a substantial part considered work-related. As they are the major causes of work disability, their prevention and control through the development of the conditions of work and the promotion of health and work ability at the workplace constitute a substantial potential to support the achievement of the EU2020 Strategy targets. On the other hand, there is research data on the positive health impact of so-called "good jobs" providing realistic opportunities for prevention of diseases and promotion of general health of working populations.

2 Austria, Belgium, Denmark, France, Finland, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom

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Setting an example

Health Circles – A participative approach to improve health-related working conditions - Germany

Health circles (Gesundheitszirkel) are employee discussion groups which are formed at the workplace in order to develop alternatives for the improvement of potentially harmful working conditions. This method was developed in Germany during the 1980s; now hundreds of health circles have been conducted in a variety of occupational settings, primarily in the production and service industries. The initiative was undertaken to develop a comprehensive approach to health promotion at the workplace with a strong emphasis on organisational and psychosocial factors that affect workers' health. Involvement in the decision-making process and learning experiences that allow one to develop one's own capacities are viewed as essential elements for success in health promotion programmes, as well as being health enhancing in themselves.^{viii}

"Healthy Youth" – Promoting safe and healthy lifestyles for young workers - Italy

The Healthy Youth project has been developed by the National Institute of Health (ISS) and the Ministry of Labour and Social Security in Italy. It has involved young workers from both the public and private sectors of a select number of Italian cities. The aim is to promote a culture based on healthy lifestyles which can help young workers to appreciate the pleasures of life while safeguarding their own health. The project deals with modifiable risk factors such as diet; exercise; alcohol and smoking. The introduction of a widespread culture of prevention that goes beyond workplace safety regulations in an attempt to constantly improve young workers' health was a success factor.^{ix}

Pathways to progress

Health and work should be seen from a broader perspective recognizing key characteristics in work environments which have direct or indirect impacts on health, such as leadership and management; organization of work; communication and information; ways of working; lifelong learning; social and physical work environment (work/life balance; options and support for healthy choices). It is important to combine different approaches, such as occupational safety and health, monitoring and controlling exposures and risks, health promotion, prevention of diseases as well as provision of occupational health services.

The Europe 2020 Strategy sets out a vision for Europe's social market economy over the next decade and rests on three interlocking and mutually reinforcing priority areas: Smart growth, developing an economy based on knowledge and innovation; Sustainable growth, promoting a low-carbon, resource-efficient and competitive economy; and Inclusive growth, fostering a high-employment economy delivering social and territorial cohesion.

The EU health strategy and the second programme of Community action in the field of health (2008-13) provide one pillar for the development of health promotion. The Programme aims to "address health determinants to promote and improve physical and mental health focusing on key settings such as education and the workplace, and across the life cycle." Changes to the next programme (2014-2019) should hopefully further develop this aspect.

The EU Strategy on Safety and Health at Work (2007-12) and its successor, currently being discussed, should also include changes in the behaviour of workers and should encourage employers to adopt health-focused approaches.

The European Pact for Mental Health and Wellbeing, launched in 2008, has explored five thematic issues including mental health promotion in the workplace. Its follow-up should now seek to further position health as a prerequisite for productivity and growth, two of the main components of the EU strategy.

The European Social Fund (ESF) aims to reduce differences in prosperity and living standards across EU Member States and regions through the promotion of employment. The ESF offers opportunities through its objective on the adaptability of workers and enterprises as health promotion could contribute to the active career management and unemployment prevention goals.

The current review of the working-time directive is shaped by a set of policy objectives, including protecting workers' health and safety, improving balance between work and private life, giving businesses and workers flexibility without adding unnecessary administrative burdens for enterprises, especially SMEs.

Finally, the Directive on workers who are pregnant, have recently given birth or are breastfeeding (1992, currently being reviewed), the temporary and agency workers Directive (2008), the revised Framework Agreement on parental leave (2010) and the green paper on adequate, sustainable and safe European pension systems (2010) provide important legislative support as they seek to strengthen social cohesion, reconcile work and family life and promote equal opportunities for men and women. These should be fully implemented to ensure optimal impact on the wellbeing and health of EU citizens, as required in Articles 3, 12 and 168 of the Treaty on European Union.

Additional Information

Working for Equity is a current project funded by the PROGRESS programme, managed by HAPI (www.hapi.org.uk) with the partnership of EuroHealthNet. Its outputs on work, worklessness and active labour market impacts on health and equity are featured via www.equity-channel.net. In addition see:

- WHO – Workplace Health Promotion
- DG Employment, Social Affairs and Inclusion
- European Foundation for the Improvement of Living and Working Conditions - Eurofound
- The European Network for Workplace Health Promotion - ENWHP
- European Agency for Safety and Health at Work (EU-OSHA)
- European Pact for Mental Health and Well-Being
- DETERMINE - www.health-inequalities.eu

Contacts

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Sources

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