

Sustainability of occupational health actions in a changing world

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Upheavals that challenge occupational safety and health

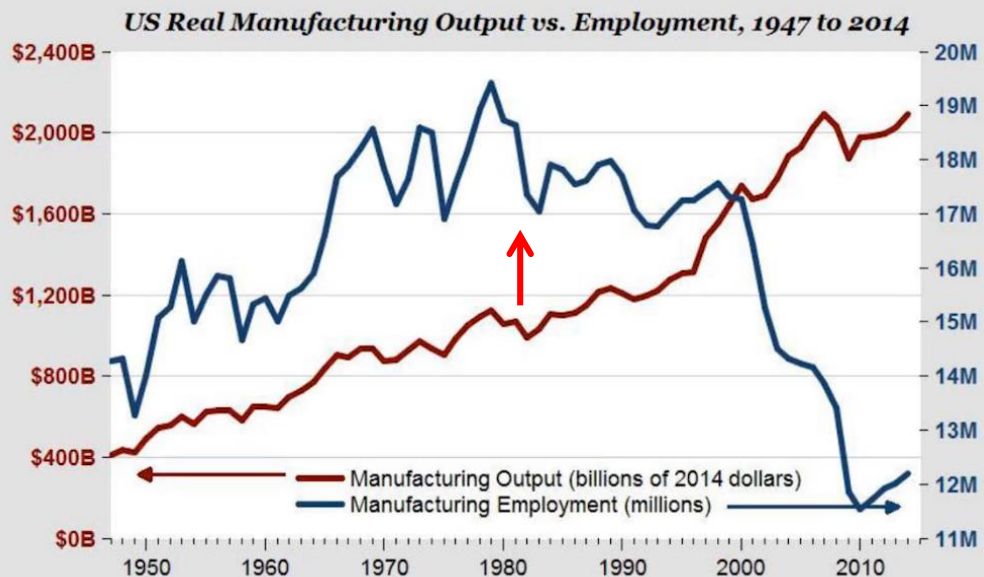
- **Economic, financial, technological and demographic upheavals**
 - Industrial – financial – technological revolution (digital economy)
 - Globalisation of the economy and geopolitical decentralisation
- **Period of major transformations in working conditions**
 - Work intensification
 - Socio-economic insecurity
 - Individualisation of working relations
 - Ageing of the working age population and lengthening of careers
- **Increase in overload-related pathologies**
 - Musculoskeletal disorders (MSDs) (*OSHA-EU, NIOSH, Santé publique France...*)
 - Mental health disorders (PSRs) (*OSHA-EU, NIOSH, Santé publique France...*)
 - Difficulties in job retention (*enquêtes DARES, SVP50, SIP, ...*)
- **Occupational risk prevention challenges**
 1. Prevention /job retention and multifactorial chronic diseases
 2. Precariousness, instability of career paths and medical surveillance
 3. Businesses' flexibility demands and sustainability of prevention actions
 4. Ever changing socio-economic context and sustainable occupational health policy
 5. Sustainability of working conditions throughout working life

Work intensification

Reactive productivism (Askénazy)

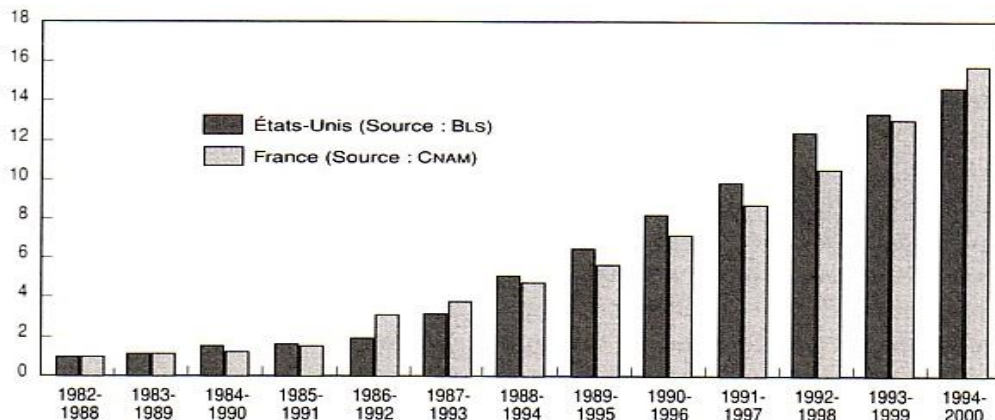


Work-related disorders: MSDs

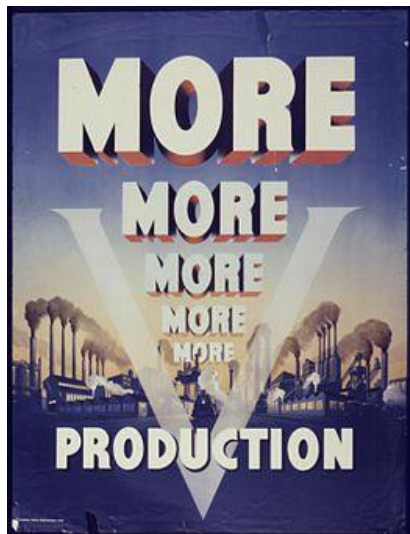


Source US BLS (2017)

Number of occupational diseases due to repeated trauma in the United States from 1982 to 1994 and peri-articular conditions in France from 1988 to 2000 (Base 1 in 1982 for the United States and in 1988 for France)



Source Askenazy P. Les désordres du travail (2004)

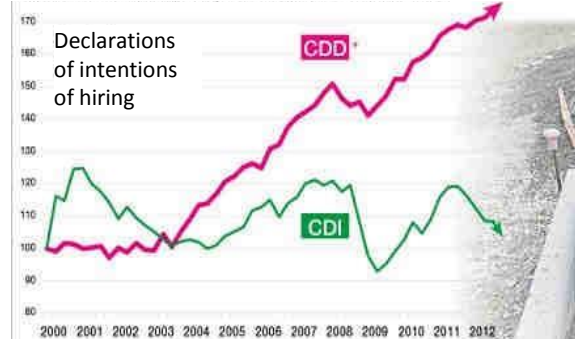


Y Roquelaure – Innov Org – 29 March 2017

Socio-economic insecurity

Hiring on fixed-term contracts and permanent contracts since 2000

Quarterly seasonally adjusted data, base 100 in the 1st quarter of 2000



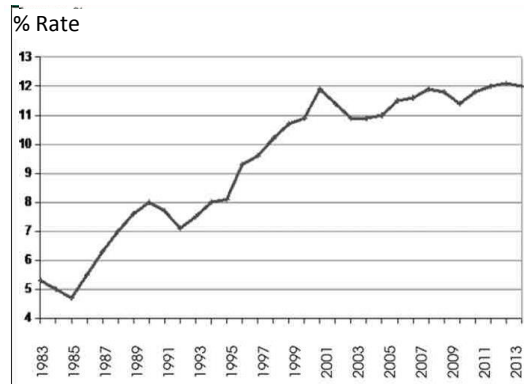
87% of employees are on permanent contracts...

...but 84% of hirings are done on temporary contracts (in the 3rd quarter of 2014)



Sources: Clares, Insee, * including apprentices

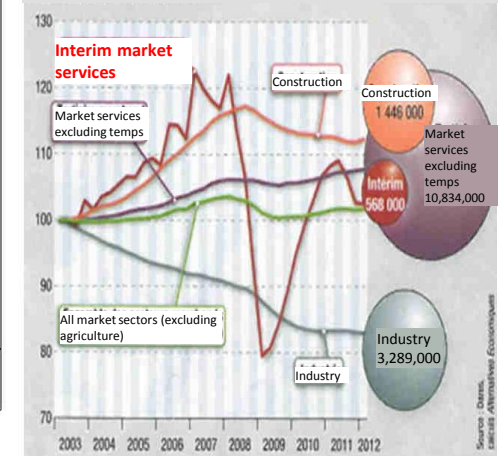
Evolution of precarious employment in France



Employees on temporary contracts, temporary workers and apprentices. Mainland France, household population, persons aged 15 and over. Data from 1982 to 2013, corrected for series breaks.

Industry and temporary employment suffer the most

Evolution of paid employment in the commercial sector, by sector, base 100 in the 1st quarter of 2003

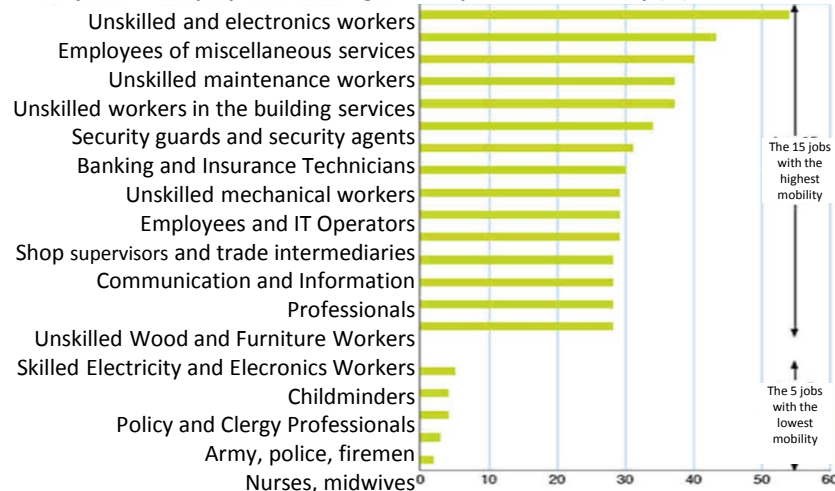


Precarious employment : overexposure of temporary workers to cyclical downturns and occupational risks
(Sources DARES, cohorte Cosali, ...)

Within a year, 1 out of 6 employees changes jobs
(Source Insee, pays de la Loire, 2017)

Unskilled workers change jobs more frequently

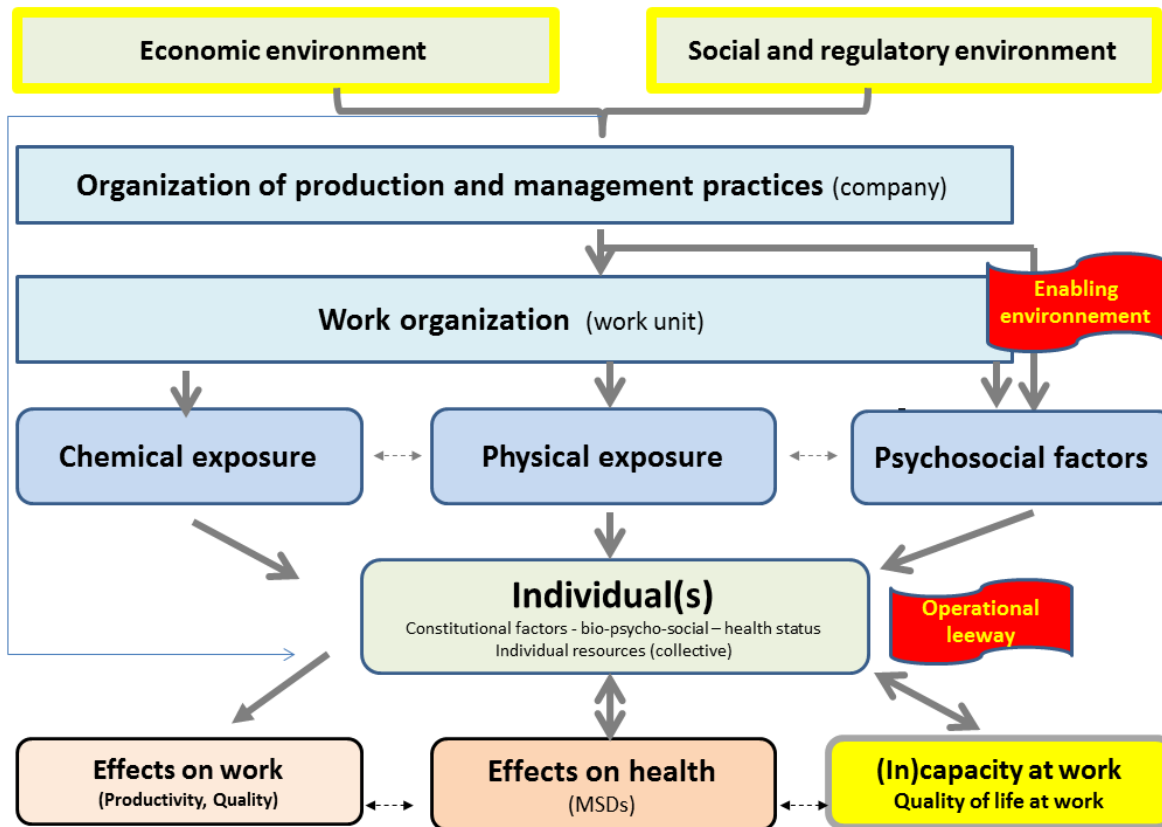
Mobility rate of employees according to their professional family (%)



Field: employees in position in October 2011 in the Pays de la Loire and still in position in October 2012. Source : INSEE, Annual Social Data Reporting (DADS) 2011 and 2012

OSH and the economic, social and regulatory context

Integrated hierarchical model of occupational health



Roquelaure Y. Saf Health Work. 2016;7(2):171-4.

Challenges: Interdisciplinary and multidimensional approach to occupational health issues

- Economic, social and regulatory context of the business environment
- Organisational dimension of occupational exposure
- Constructive dimension (individual / collective) of occupational health

Increase in work-related “overload” disorders

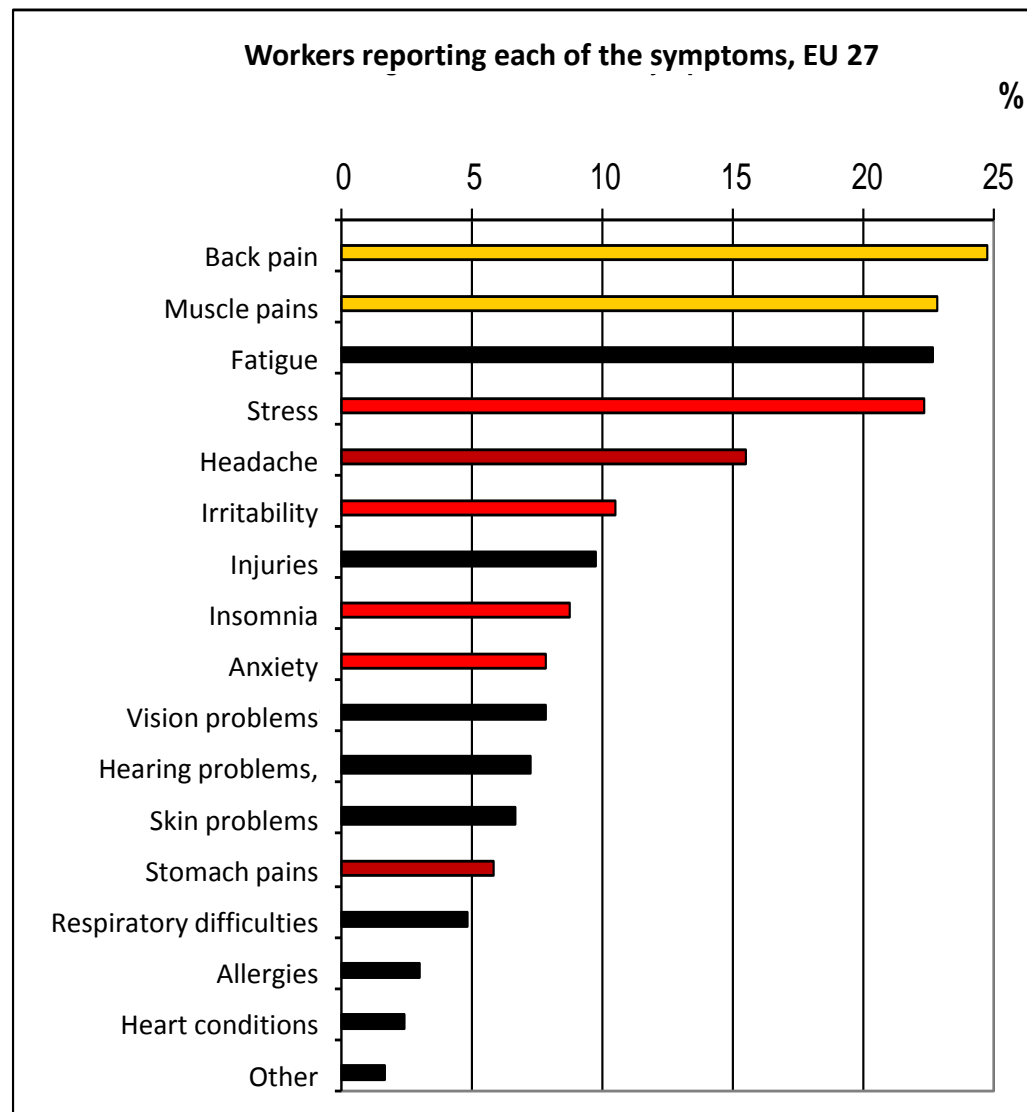
(overuse syndrome, cumulative trauma disorders, repetitive strain injuries)

• MSD “epidemic” (1990s)

- ↑ MSD occurrence
- ↑ Chronic nature of MSDs
- ↑ Incapacity related to MSDs

• Increase in “mental distress at work” (2000s)

- **Stress**
- **Mental health disorders**
 - Burnout
 - Behavioural decompensation (violence)
 - Depressive syndromes,
 - Suicide

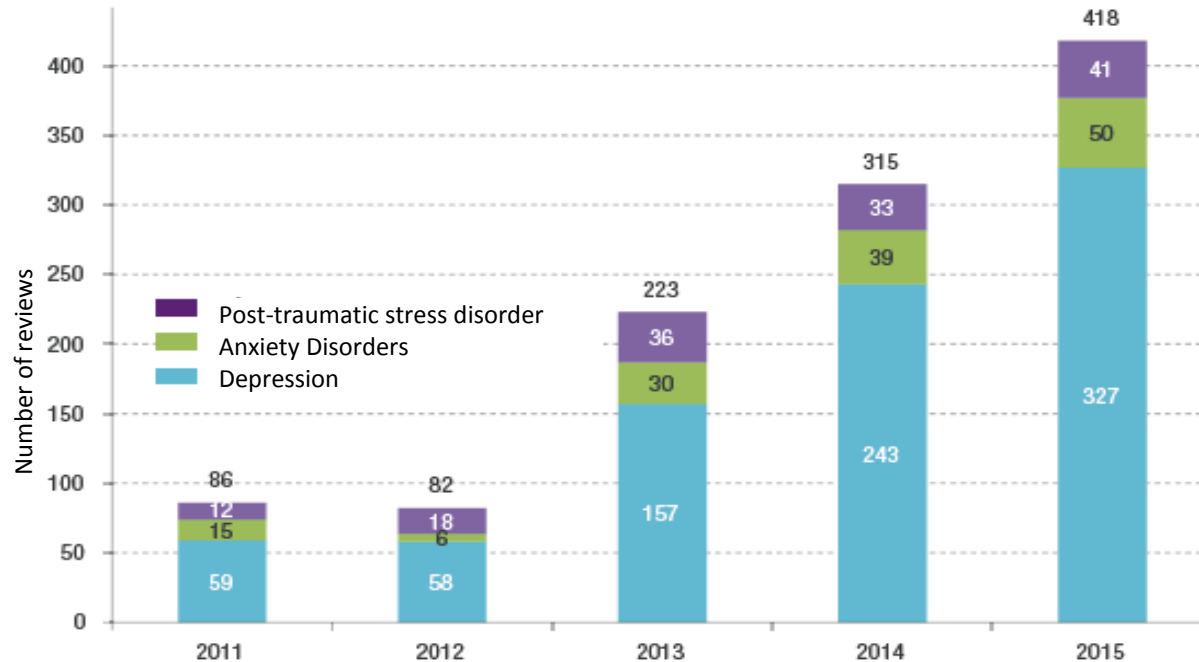


Increase in work-related “mental disorders”

Data from the French General Social Security scheme (2016)

Figure 88

Detail by pathologies of favourable decisions of the Occupational Diseases Recognition Regional Committees relating to mental illnesses from 2011 to 2015



Challenges: Prevention strategy for work-related multifactorial disorders in connection with work organisation (MSDs, mental disorders, etc.):

- Evolution of occupational health prevention and intervention models
- From “occupational risk prevention” to “occupational health promotion”
- Strategies for long-term support of companies and employees (F Hubault, 2016) and integrated prevention

Work Intensification

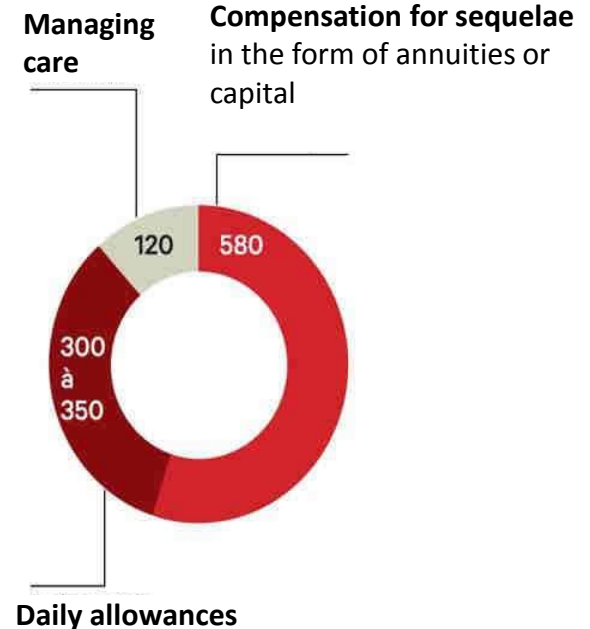
Emergence of new risks and persistence of "traditional" risks

Low back pain: an increasing share in occupational accidents

Number of work accidents
In millions



Cost of industrial accidents for the sector*
In millions per year

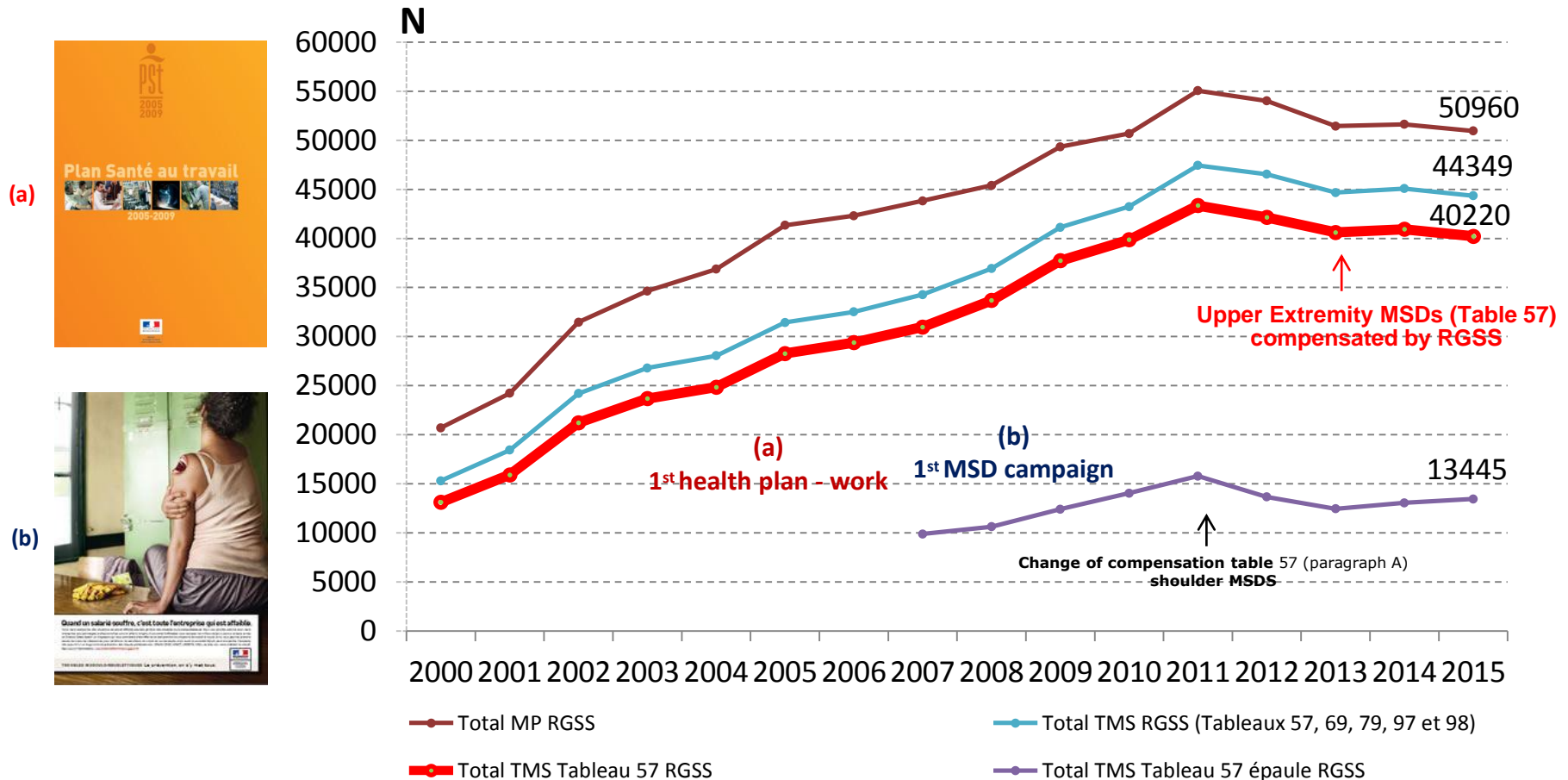


* Work accidents - occupational diseases

* LES ÉCHOS / SOURCE : AT-MP

MSDs: a marker of work intensification

• MSDs compensated as occupational diseases



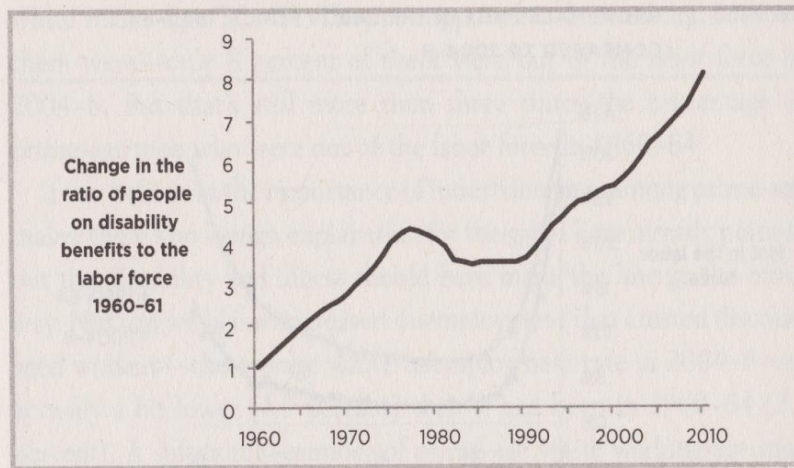
• Increase in the average length of sick leave

-Sick leave for low back pain: **average length X 3** between 1970 and 2010 (INRS)

Work intensification and job retention

Disability (all causes) 1960-2010 (USA)

FIGURE 9.1. PROPORTIONAL CHANGES IN THE PEOPLE DEEMED DISABLED FOR WORK

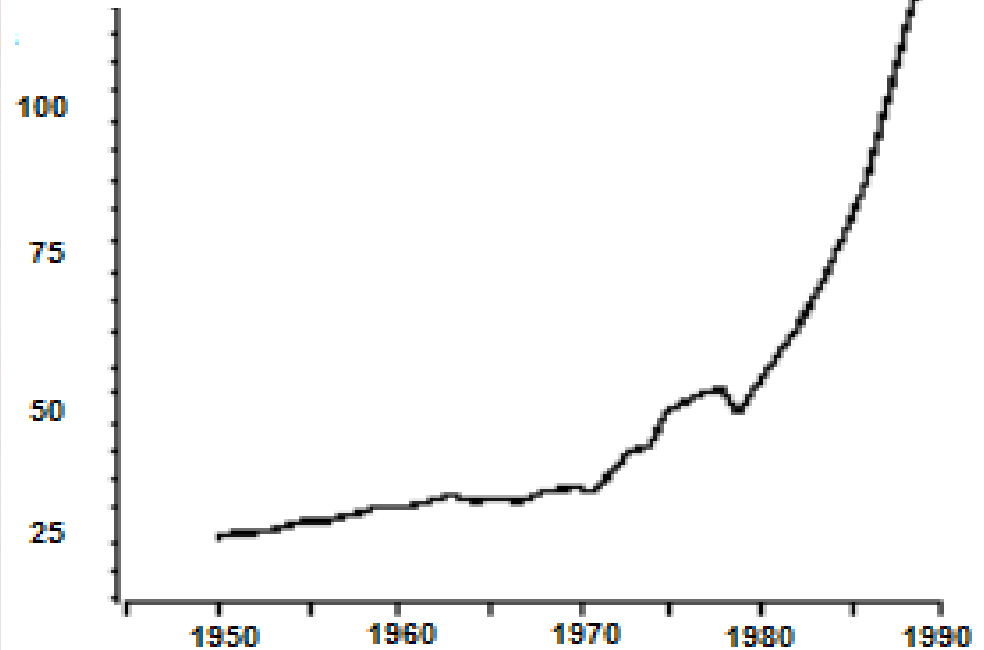


Source: Social Security Administration, *Annual Statistical Report on the Social Security Disability Insurance Program, 2010*, Table 1.

0.7% in 1960 to 5.3% in 2010 / working population

Disability due to low back pain 1955-1990 (UK)

Lost working days (millions/year)



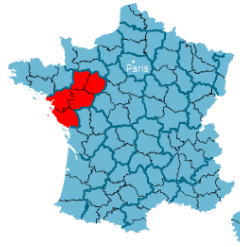
Source Vallat (2002)

Challenges: Job retention and prevention of job loss due to sickness/disability in an unfavourable context

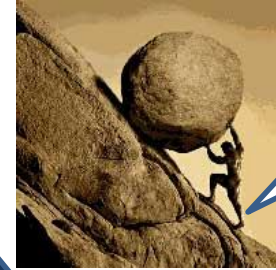
- Intensification of work, socio-economic precariousness and “technological” unemployment
- Ageing of the working population and the rise of chronic diseases
- Overexposure of low-skilled, precarious and self-employed workers, etc.

Chronic low back and integrated prevention

Example of low back pain in workers aged 20-59 in the Pays de la Loire region



3.5 M inhabitants
1.3 M employees (6% France)
263 FTE occupational physicians (2016)
179 FTE occupational health nurses
73 FTE OSH practitioners
72 FTE assistants (AST)



~20 large-scale programmes / pluridisciplinary team!

Disability-related job loss

Tertiary prevention
Job retention

Disabling low back pain

P = 0.6%, n = 5,600

+

Chronic low back pain

P = 6%, n = 56,000

Secondary prevention

+

Episodic low back pain

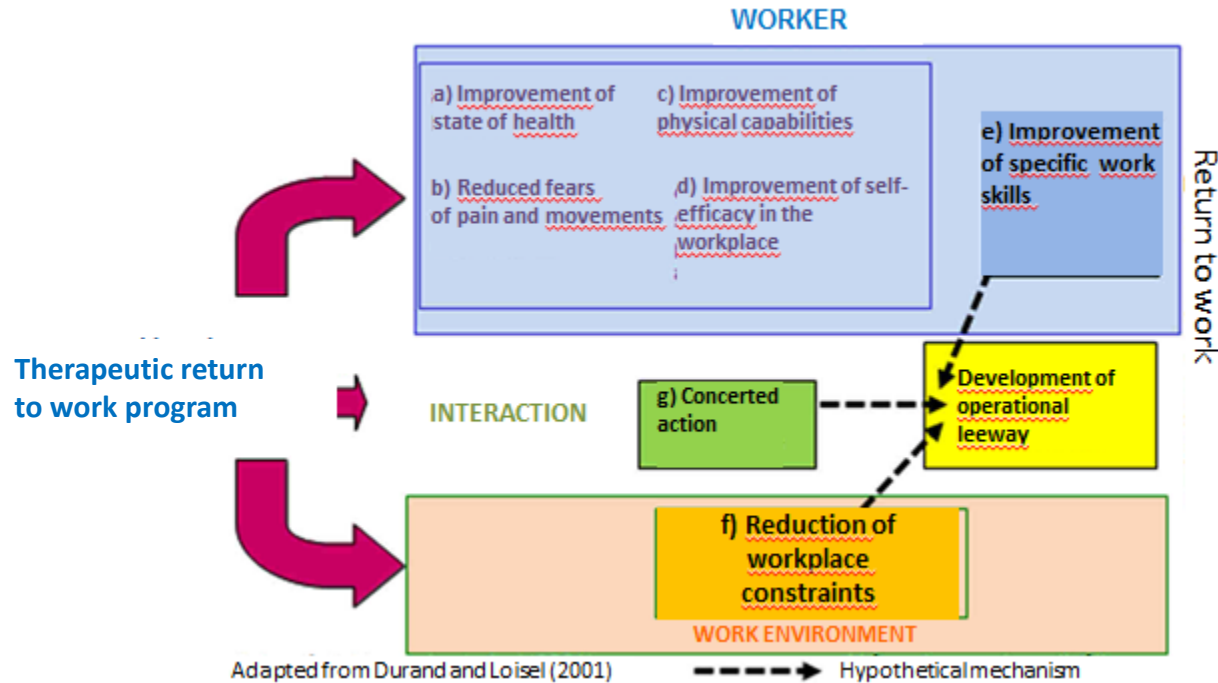
P = 57%, n = 560,000

Primary prevention

Workers with no low back pain

Work disability prevention programs: coordinated action on health and work

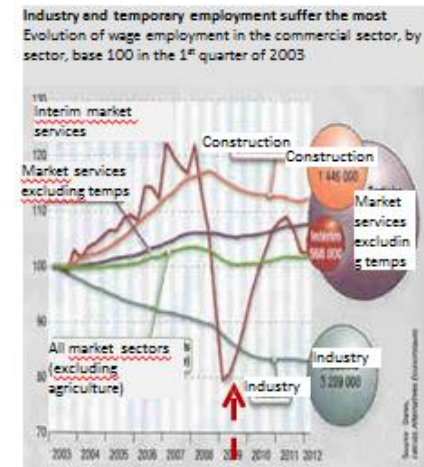
- Theoretical model of the 'Prévicap' program (Sherbrooke model)



- Challenges: Complex multidimensional job retention/return-to-work interventions**
- Identification of workers likely to lose their jobs due to disability – anticipation of actions
- Hierarchized and “just sufficient” return-to-work programs
- Coordination of healthcare / rehabilitation pathways and prevention
- Mobilization and coordination of all stakeholders involved in the promotion of job retention

Prevention of disability-related job loss: a challenge

- **Work intensification**
 - Manufacturing systems' efficiency requirements
 - Scarcity of “adapted” or “adaptable” jobs
 - Complexity and flexibility of career paths
- **Difficulties in OSH interventions**
 - Magnitude of job retention/return-to-work actions
 - Structural weakness of occupational health
 - Primary care physicians: in first line and uncoordinated
- **Value of integrated prevention approaches**
 - Chronic diseases model (e.g. diabetes)
 - Networking
 - Structures and stakeholders of healthcare /prevention
 - Active participation of “employee-patients
 - Integration of healthcare and three prevention stages
- **Global and integrated prevention**
 - Global plan of action for workers' health (WHO, 2007)



**Workers' health:
global plan of action**

SIXTIETH WORLD HEALTH ASSEMBLY



Global and integrated prevention (WHO, WHA60.26, 2007)

• 1. Public health component

– *Actions targeting lifestyle, social and cultural factors that can be modified by community actions*

- Education
- Health promotion

• 2. Occupational health component

- *Actions targeting factors that can be modified by interventions in the work setting*

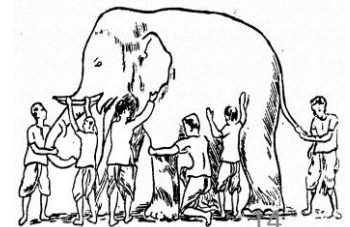
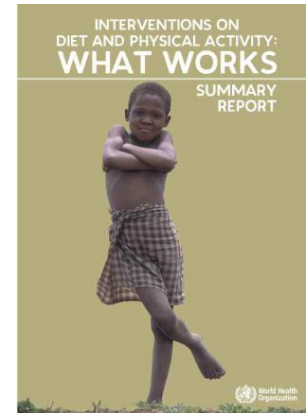
- Promotion of health at work
- Primordial and primary prevention
- Secondary/tertiary prevention and job retention

• 3. Health component

– *Actions targeting the occupational health and healthcare pathways*

- Coordination
- Planning

• 4. Participatory approach



Occupational health prevention models

according to Bourdillon et al (2000)

“Protective” prevention

on identified risks

- **Defensive concept of health**
- **WHO prevention stages** (1948)
 - **Primary prevention** *Reduce risks*
 - Secondary prevention *Detect-treat early*
 - Tertiary prevention *Readapt early*
- **Classic regulatory model for occupational risk prevention**
 - Risk assessment
 - Planning
 - Implementation of action
 - Evaluation, etc.
- **Management of OSH**
 - ILO-OSH 2001
 - BS OSHAS standards 18001, ISO 45001, etc.

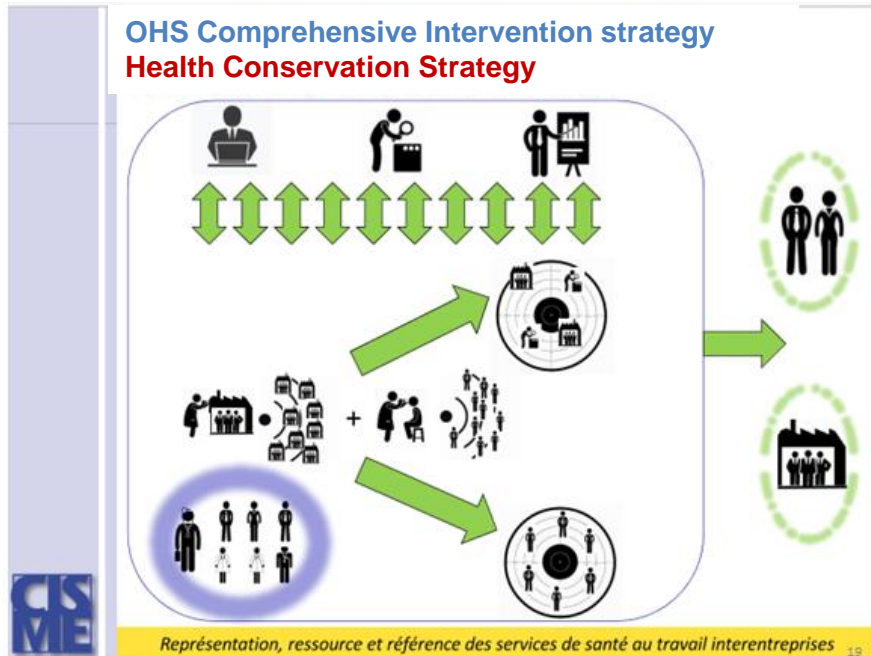
“Positive” prevention

Without reference to a specific risk

- **Positive concept of health** (resources)
- **“Universal” primordial prevention**
 - **Material and organisational working conditions** (*Philadelphia Charter, ILO 1944, ICOH code of ethics, 2015*)
 - Part of the “sustainable work” all throughout life philosophy
 - “sustainable work” (UN, 1987, etc.)
 - “Humanly sustainable” work (ETUI, 2007)
- **Promotion of health** (WHO, 1986) at work
 - “give individuals more control over their own health and greater means to improve it”
 - Make workers take responsibility for their health
- **“Constructive” ergonomics**
 - “Enabling” environment (Falzon)
 - Development of “Capabilities” (Sen)
 - Operational leeway (individual/collective level)

Flexibility of career paths and medico-professional surveillance of workers

- Organizational chart of occupational health services (Cisme, 2016)



Hierarchical surveillance strategy

1. Systematic identification of work situations
2. Surveillance of the health status of all employees as required
3. Targeting actions in the work setting and specific medical surveillance

1. Advice to employers
2. Health monitoring
3. Traceability of exposure

Challenges: Make surveillance of OSH universal

- Surveillance of workers regardless of their employment status and health insurance scheme
- Coordination of healthcare / prevention pathways (“public health” / “occupational health”)
- Information system adapted to flexibility of career paths and statuses
- Individualization of medico-occupational surveillance? (cf. “personalized” medicine?)
- Development of universal primordial prevention
- Making career paths more secure

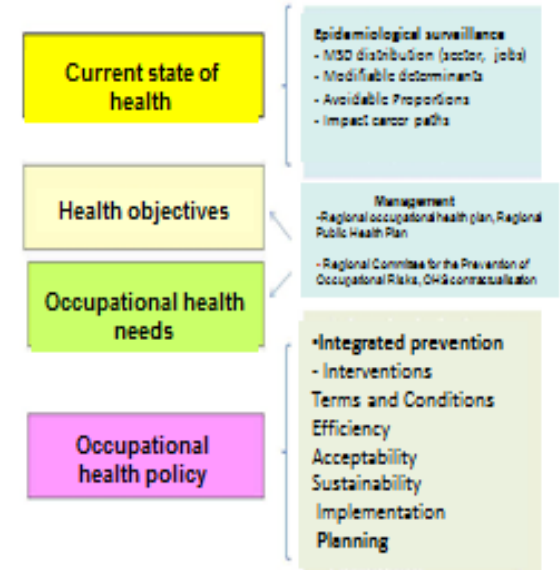
Sustainability of global and integrated prevention actions

Occupational health policy

- Adaptation of OHS to transformations in working conditions, forms of employment and occupational health issues
- From “prototype” interventions to sustainable integrated prevention policy
- Better coordination of occupational/public health plans

Planning and implementation

- Territory-based management
- “Local” experience capitalization
- Pluridisciplinary and pluri-institutional networking
- Sustainability of structures, means and participants
- Economic prevention model?



Shared representation of OSH challenges

- **Promote a consensus about the determinants and levers for action in the field of OSH**
 - Workers and economic, political, trade unions, medical, ..., stakeholders
 - ‘Discuss’ work so as to transform it
 - Representation of work and occupational health as *resources*
 - ‘Causality’ between economic, technological and managerial strategies and occupational health
- **Promotion of “universal” primordial prevention: a sustainable efficiency challenge**
 - Integration of social and health impacts in economic and managerial models
 - Economic policies and business strategies including global and integrated prevention
 - Reflection on the ‘conditions of sustainable jobs throughout life’

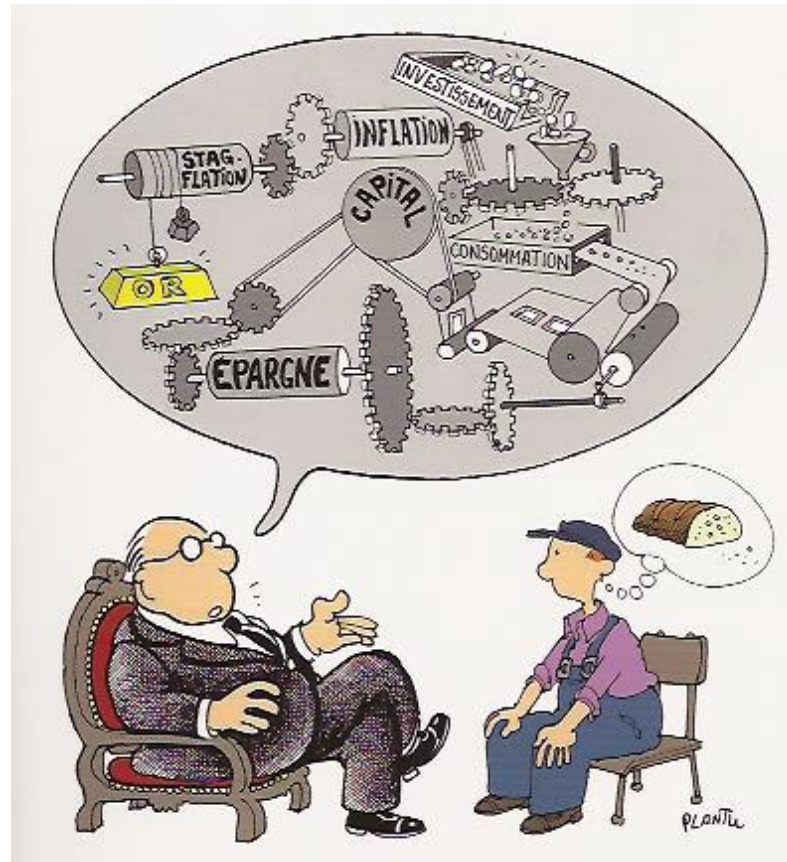
Conclusion: a major challenge

- European dimension of global and integrated prevention of work-related disorders (*ILO, Directive 89/391/EEC, OSHA-EU, Etui*)
- (Re)create the spirit of social justice of the Declaration of Philadelphia establishing the International Labour Organisation (1944) (*A Supiot, 2007, 2015*)
 - “labour is not a commodity” (Art. I)
 - “(...) **the employment of workers in the occupations in which they can have the satisfaction of giving the fullest measure of their skills and attainments and make their greatest contribution to the common wellbeing;**” (Art. III-b)
 - Subordination of the economic to the social and not...



Pierre Nenny « Que du Bonheur au Travail ... » 2013

Thank you for your attention!



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