

Health inequalities: the role of work & employment conditions

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Reducing health inequalities is key to improve health and well-being at population level (SDG 3)!

Work is a major determinant of health and also part of the health inequality problem (SDG8)!

What can be done to make work part of the solution?

Agenda

- 1. Relevance:** health inequalities in Europe's working populations
 - 2. Mechanisms:** causes of occupational health inequalities
 - 3. Context:** inter-sectoral policies and occupational health inequalities
 - 4. Conclusions**
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Health inequalities in the working population

Replicated in different settings for all cause-mortality, fatal-injury, and other causes of death

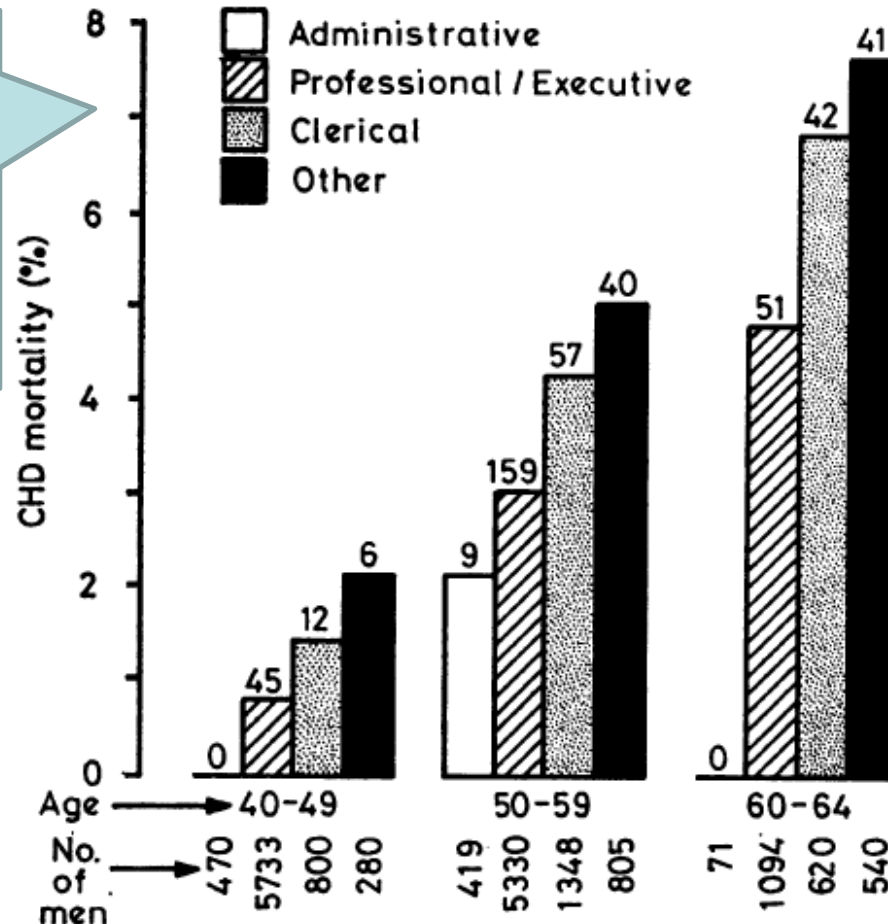


Fig. 1 *Coronary heart disease mortality (and number of deaths) in seven and a half years by civil service grade and age.*

The figures on top of the histograms are the numbers of CHD deaths.

Inequalities persist or widen

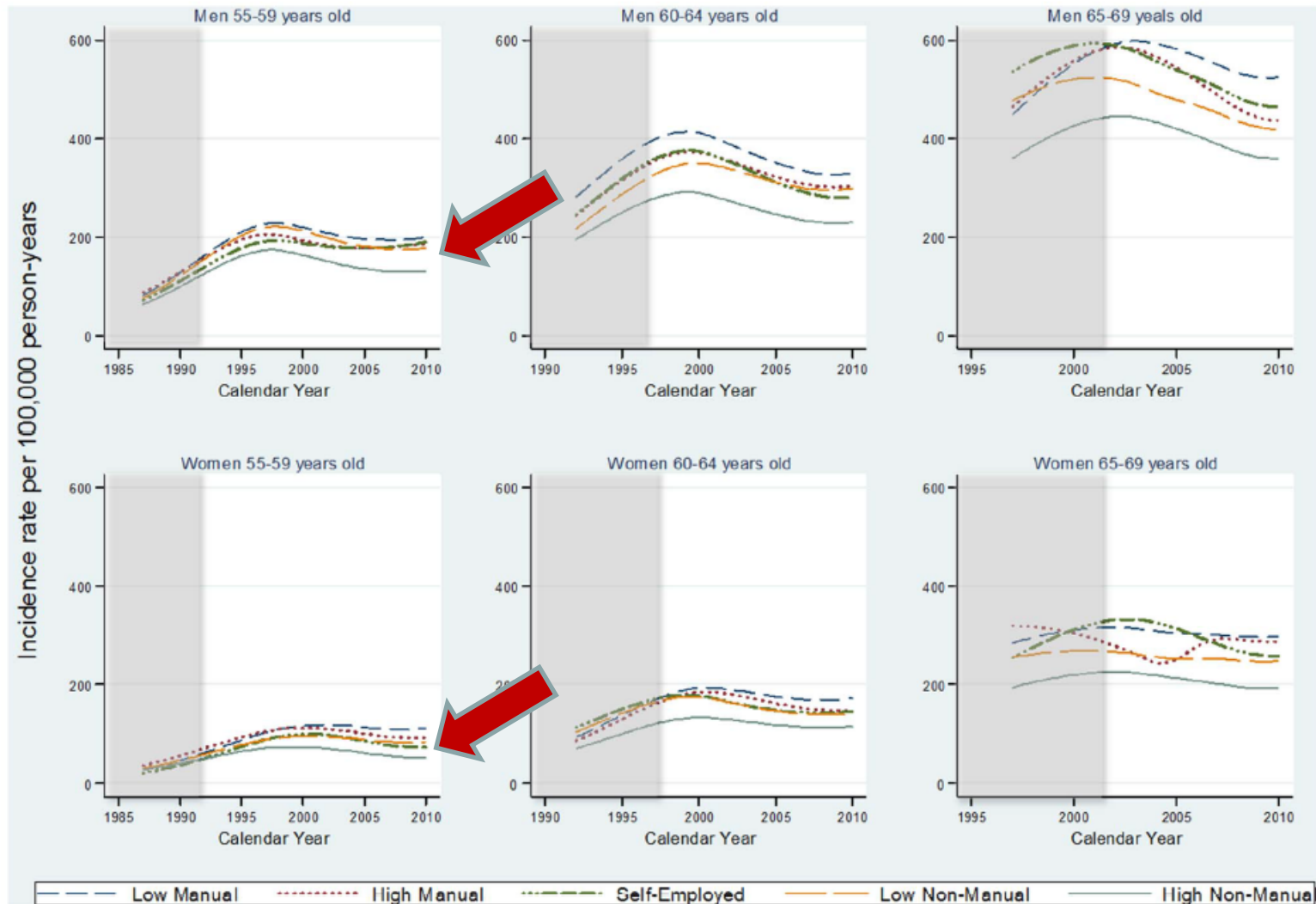


Figure 2. Incidence rates of ischemic stroke by socioeconomic position for Swedish men and women in three age groups. All models were adjusted for birth country and stratified by sex and attained age. Note 1 Figure 2: The shadowed area indicates a time period for which results cannot be interpreted. Note 2 Figure 2: The incidence rate of ischemic stroke is increasing until 1997 due to changing in ICD codes 9 and 10, the result until 1997 is uncertain.

Mechanisms

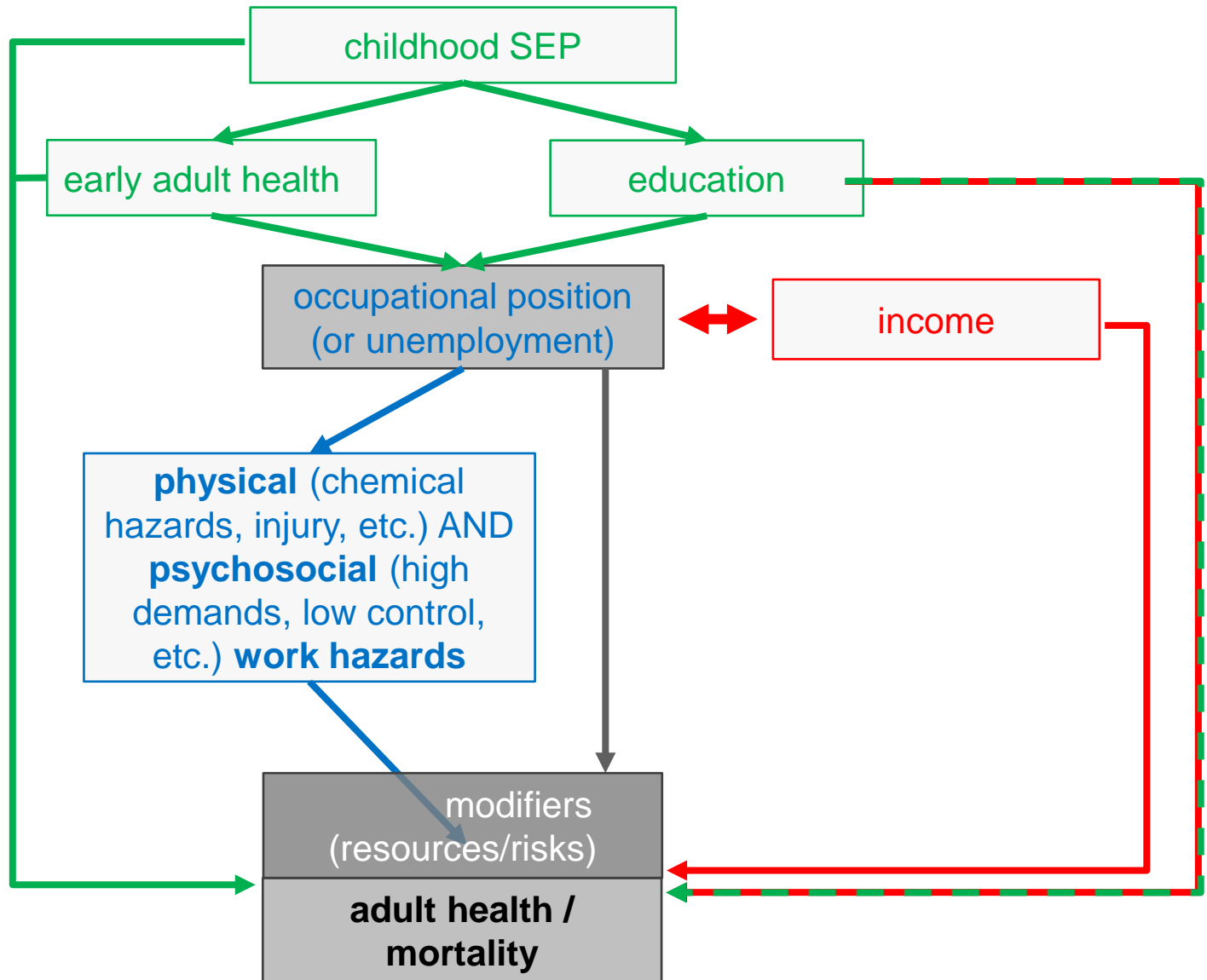
Modified version of Clougherty's* et al. (2010) conceptual framework

Lifecourse/
Selection

Confounding /
indirect effects

Differential
exposure /
mediation

Effect
modification



Life course perspective: example

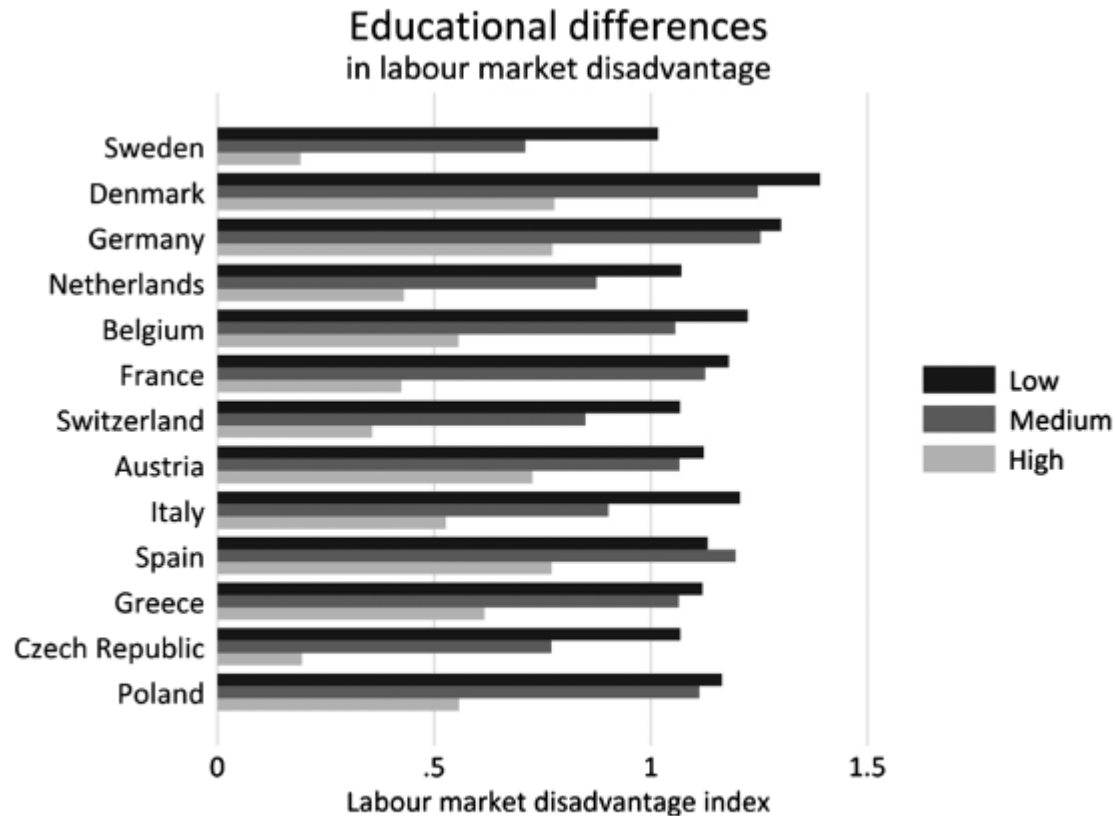
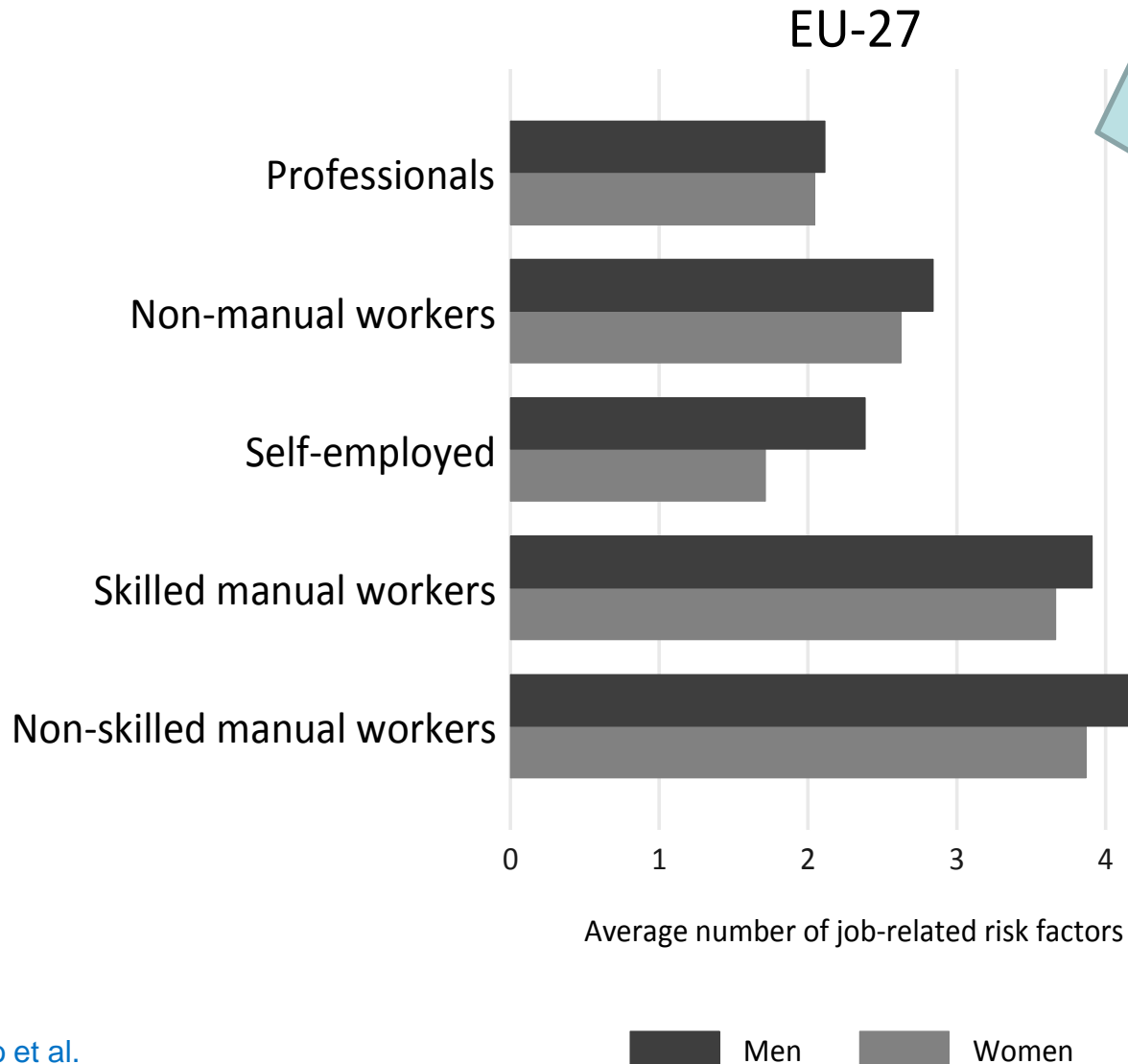


Figure 1 Educational differences in labour market disadvantage (N=11 193; SHARE study; bar colour=level of education).

Differential exposure: example



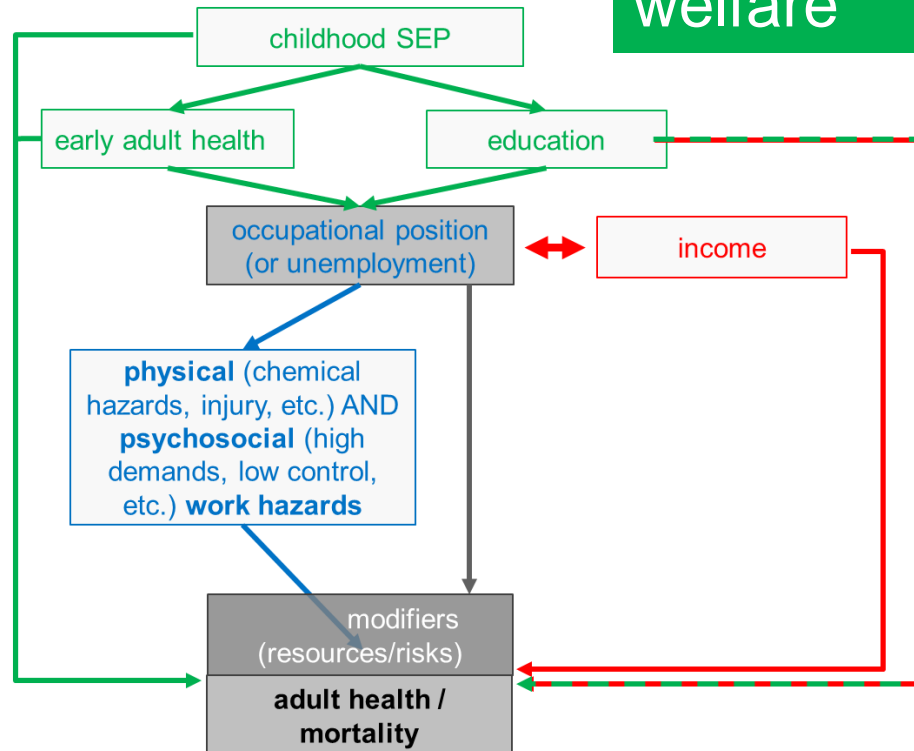
EWCS 2010;
Occupational
Class (EGP) by
average number
16 psychosocial
and physical work
hazards (solid
evidence for
health effects)

Context: policies

labour policies,
OSH
legislation &
supervision

responsible
leadership,
compliance
with OSH
regulation

child care,
education,
welfare



welfare,
taxation,
housing

fair wages

health care
system

OSH service
provision

Active labour market policies and 'learning culture' reduce inequalities in work stress

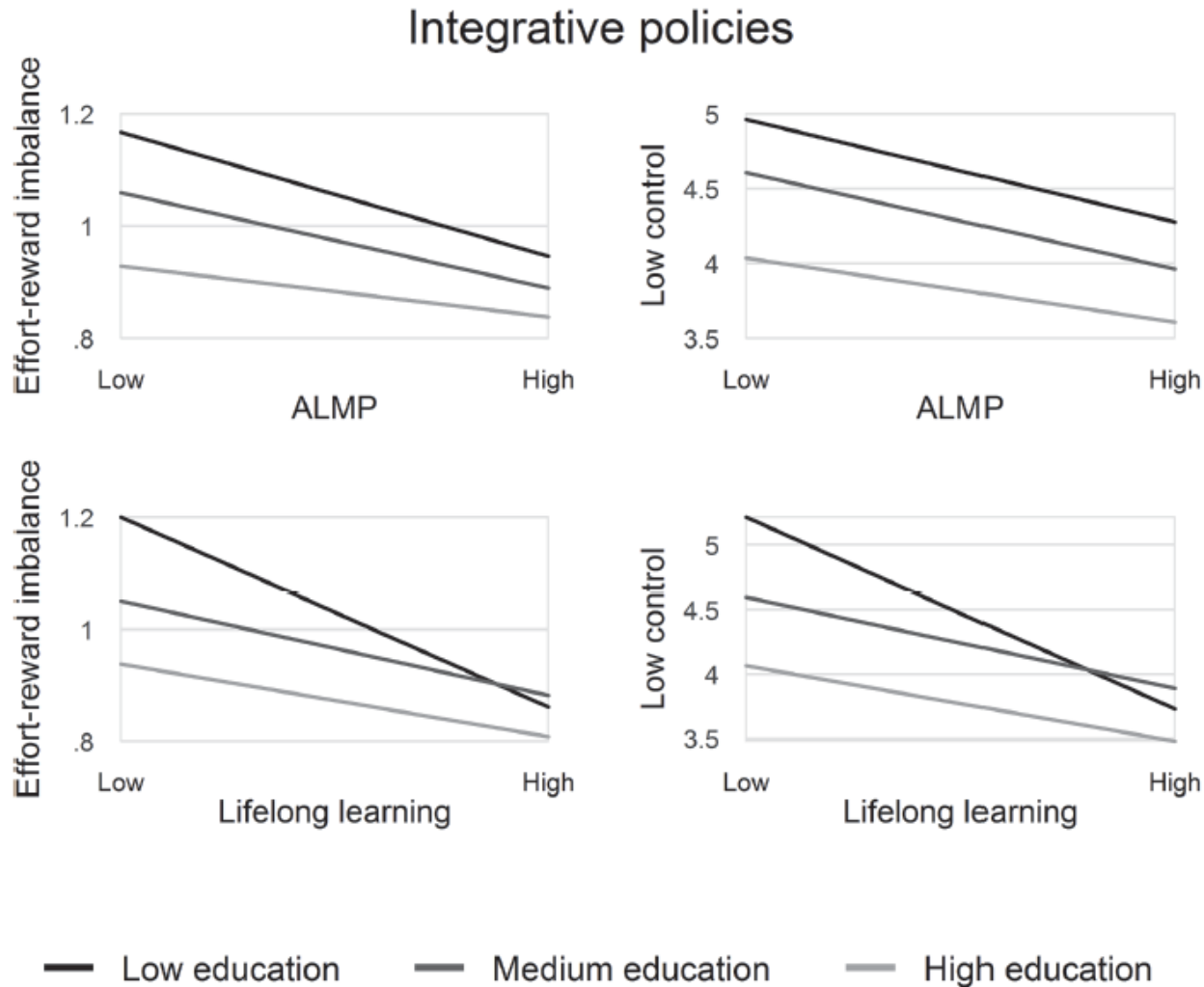


Fig 4. Predicted levels of work stress by education at different levels of policy indicators. Note. Expenditures into active (ALMP) and passive labour market policies (PLMP) are weighted by unemployment rate. Results are based on [Table 4](#), model 2.

Occupational safety policies improve workers OSH knowledge... but monitoring is necessary

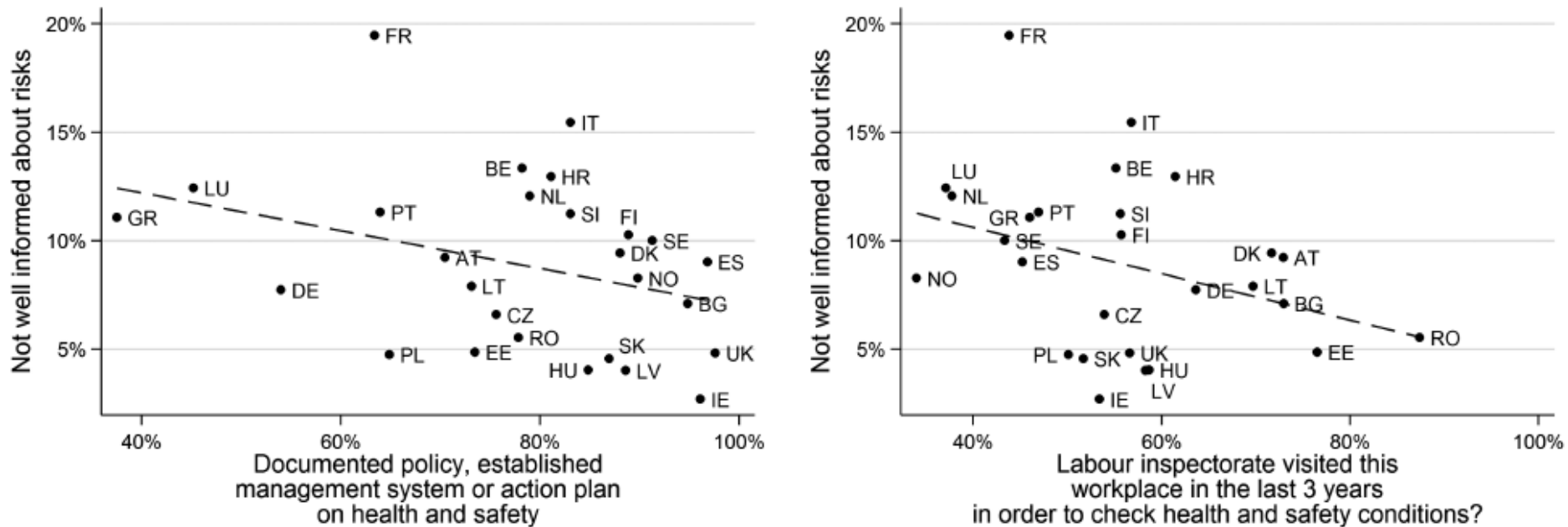


Figure 1 Correlation between macro indicators and information about health and safety risks (N=24 534; EWCS 2010). EWCS, European Working Conditions Survey; GDP, gross domestic product.

Conclusions



- Associations between work and health inequalities are complex.
- On a contextual level several policy areas at different levels are involved.
- Examples suggest that inter-sectoral policies may increase resilience, enhance safety and improve health - in particular for vulnerable workers.