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REPORT

INTERNATIONAL SYMPOSIUM: WORK-RELATED DISEASES – PREVENTATION AND HEALTH PROMOTION

(27–30 October, 1992, Linz, Austria)

The International Symposium: Work-Related Diseases – Prevention and Health Promotion was organised by the International Labour Office, the Federation of Austrian Social Insurance Institutes, the Federal Chamber of Workers and Employees and the Austrian Regional Krankenkasse with the support of the International Commission on Occupational Health, the International Social Security Association and the World Health Organization.

Papers, findings or posters were presented by 77 participants mainly from Europe but also from Africa, Japan, Singapore, the United States of Northern America, China, Australia and Brazil.

Plenary sessions were devoted to the following main topics:

A. National Systems – An International Comparison
B. Work-related Disorders and Diseases
C. Health Promotion Concepts
D. Concrete Actions at Enterprise Level

The Opening Germony took place on October 20 at 9:30. After a short break key-note addresses were presented. *Dr K.Kogi* (International Labour Office) presented practical approaches for the detection and control of work-related health risks. He stressed that health risks are most common in small enterprises and in technology transfer from enterprise to another. It should be noted that traditional technocratic approaches to the working environment face increasing difficulties in coping with the majority of actual health-related problems at work. Special consideration should be given to the rapid application of simple, cost-effective preventive measures based on active involvement of workers, local practice and learning-by-doing processes.

Dr M. Mikheev (World Health Organization) spoke about health promotion through the prevention of work-related diseases. He indicated the following three points: a. the interaction between occupational, work-related and non-occupational health risk factors, in relation to the health indicators of individuals and working population; b. workers' self-responsibility for their health and lifestyles; and c. creation of supportive and encouraging working environments.

Prof. J. Jeyaratnam (Singapore) focussed on work-related diseases in view of the perspective of developing countries. He stressed that the terminology of work-related diseases varies from country to country and under different circumstances. However, the WHO definition is increasingly gaining currency. Two major problems are

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observed in the developing countries, namely the shortage of informmation and data on work-related diseases, and a lack of recognition of the contribution of occupational medicine to the prevention of occupational diseases.

Dr R.Leutner (President, Federation of Austrian Social Insurance Institutes) presented the viewpoint of the Austrian social security on prevention. He said that about 47 per cent of the population among whom health awarness exists only theoretically at present must be encouraged to adopt an active health attitude through the appropriate masures. Thus, prevention is a joint public task which must involve the active participation of all public institutions committed to prevention but at the same time prevention is also a matter for each individual. Sensible lifestyles and a certain degree of responsibility for one's own health should establish an equilibrium between self-prevention and the availment of the community.

Prof. M.Kunze (Institute for Social Medicine, Vienna University) discussed the health promotion on the basis of the Austrian experiennce and prospets. In Austria a special Health Committee is entrusted with the planning, execution and evaluation of measures drawn up after a prior determination of employees' requirements. Case studies in Austrian companies have not only contributed to developing the concept of "health promotion at the workplace" – they have also proved its practical feasibility.

The afternoon plenary session devoted to national systems of health protection and prevention continued the subject of key-note addresses. Introductory reports were given by *L.Vogel* et al., Technical Bureau of the European Syndicate for Occupational Health and Safety, Brussels and *A.Diallo*, Director General, Ministry of Health and Social Affairs, Conacra, Guinea.

L.Vogel presented the statistics on occupational accidents based on a survey conducted during the period of three years in the states of the European Economic Community and the European Free Trade. The survey indicated a reversal in trend over last few years contrasting with the regular drop in occupational accidents registered between 1950 and 1985. Hence, better prevention of work-related diseases and work accidents is required. To attain that the awarness among and involvement of workers should be developed. The EEC fremework directive 89/391 offers an opportunity to indroduce into the national legislations a certain number of innovative principles. This directive can contribute to a more consistent and effective prevention policy.

D. Diallo dealt with occupational medicine in developing countries. He stressed that the inadequacy of resources and potentials generates the need for posing priority problems in terms of health. So far the problem of labour safety and hygiene have not attained the consideration it deserves.

Other contributions of this plenary session: two German, one British, two Danish, one Canadian, three Dutch, one Japanese, one French and one Austrian. Some of them require a special mention.

D. Walters reviewed the findings of a comparative study on the implementation and operation of provisions for workers representation in health and safety at the workplace in five European countries. All the countries were shown to have measures for worker representation in health and safety, but the detail of the rights they confer varied as did the extent of their coverage. The author stressed, among others, the relationships between the implementation of provisions, the size of an enterprise and the branch of industry.

L. St-Arnaud (Canada) presented the inter-university cooperation in the field of training and development in occupational health and safety in French-speaking African countries exemplified by the cooperation of the Laval University in Quebec.

C. Koch (Denmark) compared the insurance regulations in France, Canada, Germany and Sweden where the economic motivation is used in connection with workers' compensation. The assessment rate is used to give the enterprise penalties or benefits for its health and safety conditions.

Another comparison between Danish and French terms of insurance against occupational accidents and occupational diseases was made by *J. Jacobson* (Denmark).

L. van Vliet (Netherlands) shared the experience regarding the principle in social security in the case of inability to work which has been ruling in the Netherlands for 25 years. Recently a discussion has begun about the implementation of a reform of the Dutch social insurance system. This is among others due to a lack of identification of a whole list of occupational diseases. Two other contributions – *P.A.M. van der Werf* and *G. van der Laan* (Netherlands) dealt with the sickness and disability certification and prevention in the Netherlands. *P.A.M. van der Werf* stated that due to the developed method of prevention by analysing the patterns of behaviour of the working people as a group and due to reorganization of 150 companies and factories it was possible to lower the absenteeism rate by more than 20 per cent.

H. Kida (Japan) turned attention to long hours of work and overwork in Japenese enterprises – the problem which is now watched with serious concern. Sudden death and suicides by depression among middleaged employees are taken as examples of possible work-related diseases. The Japenese Trade Union Confederation (Rengo) has proposed comprehensive measures including preventive methods, change of compensation system, and health promotion measures.

E. Zoike (Germany) presented a pilot project for cooperation between enterprise sickness health funds and the Industrial Employment Accident Insurance Fund for Foundries and Rolling Mills.

A. Thébaud-Mony (France) stated that the number of compensated occupational diseases has remained stable for thirty years (i.e. approximately 5,000 cases per year). A more thorough studies of 217 cases revealed an administrative and medical inflexibility. At the same time the intense precariousness of jobs tends to compound the difficulties of identification, declaration, acknowledgement and compensation of work-related diseases.

N. Winker (Austria) turned attention to the importance of physical activities as preventive and rehabilitation measures.

Two posters were additionally presented at this plenary session: by *J. Hadijeva* (Bulgaria) and *R. Müller* (Germany).

The plenary session held on October 28 was devoted to work-related disorders and diseases. The introductory report was given by *P.M. Sar* (Senegal) in which he presented the reality and perspectives of work-related diseases.

Li Tianlin (China) discussed the results of the questionnaire survey which covered 2,000 workers employed in different branches of industry as well as an equivalent number of workers in the same factories with an equivalent amount of work as a control group. The survey proved the relation between work-related diseases and work at assembly lines as well as with certain ergonomic factors.

Eight papers presented at this session raised the problem of musculo-skeletal disorders. They were delivered by *J. Buchberger* (Switzerland), *G. Elsner, T. Elkeles* (Germany), *M. Donner* (Austria), *Z.Boukerma* (Algeria), *M.Nakata* (Sweden) and *D. Penneau-Fontbonne* (France).

In these papers the presence of muscular, skeletal and tendinous disorders was indicated in various professional groups including both white- and blue-collar workers. *Professor Penneau-Fontbonne's* paper on the descriptive and analytical epidemiology of osteo-articular pathologies in professional basketball players was quite original.

G. Schreinicke (Germany) dealt with the prevention against negative effects of monotonous load of the locomotor system at the workplace in production and administration by short exercise breaks. When comparing the results of the examinations among participants and non-participants in the exercise breaks positive changes can be observed even within the same shift.

M.Vézina (Canada), at the request of the Quebec Ministry of Health, carried out the study on potentially work-related mental and psychological disorders.

Four successive papers focussed on work-related stresses. This question was the concern of the International Labour Office (paper given by *J. Neary* et al. from Australia). It was pointed out that stress claims within the Commonwealth Public Service currently represent four per cent of workers' compensation claims but 16 per cent of the total cost of these claims. It was indicated that the subjective stress remains in strong relation with high absenteeism rates and low capacity. Among preventive measures the following ones were strongly stressed: managing stress in public contact agencies including abuse and traumatic incidents; human resource management: and management of interpersonal conflict at work. The attention was also paid to stress reaction linked with the introduction of new technologies (*C. Korunka,* Austria), work-related diseases caused by the combined action of environmental factors and nervous strain (*A.O. Novakatikyan* et al., Ukraine).

M.A. Villar Luis (Brazil) investigated the health condition of the university hospital personnel. She found out that the doubled number of patients with a very little increase in the number of personnel caused symptoms of constant stress such as nervous tension, fatigue and exhaustion.

K. Scheuch (Germany) examined the strains on teachers with neurotic troubles. *W. Keil* and *W. Wilkening* were involved in the investigations among workers employed in a computer company. The survey revealed that poor lightening doubled the stomach and intestinal disorders and the increased work concentration produced high blood pressure. A survey in an electrical engineering company was performed by *A. Fahr* (Germany). According to this survey a poor organization of the workplace may cause physical disorders and strains.

Two successive papers raised the problem of alcoholism. *B. Veitl* (Germany) presented an opinion that alcohol addiction had become the number one disease, and that five to seven per cent of workers are alcoholics and a further ten per cent have alcohol-related problems. *Y. Yamada* (Japan) dealt with similar problem. In evaluation of 100 000 Japenese workers he found in men but not in women coincidental higher prevalence of habitual drinkers and hypertension especially in managers, drivers and farmers.

K. Schiele-Luftmann (Germany) carried out investigations on work-related skin diseases among youngsters. The continual growing number of notifications concerning skin diseases show that the existing measures are not effective.

On that day, an axibition of six posters was also presented. Two of them referred to occupational hazards among poultry farmers.

The plenary session on October 29 was focussed on health promotion concepts. The introductory report was presented by *O. Meggeneder* (Austria). The cooperation between factory or company management and employees was the main subject of the author's interest. He also stressed the importance of the appropriate information on occupational safety and hygiene among workers as well as their initiatives and involvement. He indicated that the so called bottom-up concepts often fail due to resistance from company management while top-down concepts face the resistance of employees and company interest representatives.

Similar views were included in *M.Geray's* (Germany) paper on health circles.

H. Wriedt (Germany) presented the Work and Health Information Centre, its concept, results of the work and perspectives. The Centre was founded in 1989 and it gathers persons interested in occupational health and safety. The spectrum of participants includes members of trade union task forces, works councils, health and safety professionals, physicians and scientists from different fields as well as blue-collar workers. The main objective of the Centre is to promote health education in this area.

J. Krajcovic (Slovakia) dealt with economic and social aspects of work-related diseases from the viewpoint of both employers and employees.

Problems in the health promotion project managment at the enterprise and ways to overcome them were the subject of *E.G. Fehlau's* presentation.

H.J. Elliehausen et al. (Germany) displayed the results of the study run over a period of four years. A group of 111,583 insured workers of the building industry were examined in terms of occupational medicine. The greatest number of risk factors was found in the group of 23,281 masons under examination and an appropriate preventive programme has been developed for them.

F. Wattendorf (Germany) focussed on dangerous working substances in offices (materials that contain solvents, laser printers, etc.). A similar question was dealt by *M. Molnar* (Austria) who spoke about computer users and negative effects of this work on eyes and musculo-skeletal system. The paper included ready software programme in this area.

S. Dahl (Denmark) presented data collected on a group of workers with work-related disease over the period of five years after the disease was diagnosed. The study did not refer to accidents at work but only to occupational diseases. At the time of the follow-up one third did well and the disease had no impact on the ability to work. On the other hand two thirds of the population did have some kind of reduced working capacity. Every fifth person was totally unable to work. The duration of the sick-leave was 28 months and the mean duration of the stay at hospital was 27 days. About 13 per cent were unemployed at the time of the follow-up while the rest received some kind of public assistance and reported much worse financial situation. An unfavourable course of the disease was observed in the building workers and in unskilled workers.

J. Tempel et al. (Germany) reported on the outpatient treatment of work-related diseases by panel doctors. This may lead to placing patients with this group of diseases in official statistics.

A. Glanz (Germany) dealt with sickness insurance funds. The National Federation of Enterprise Sickness Funds operates in Essen. Taking into account the Ottawa

Charta of the World Health Organization the Federation drawn up a practical model for health promotion. Prerequisites for health promotion programes at the enterprise as defined by the Ottawa Charta includes among others in-company consensus-finding structures, standardised situation analysis in-company health reports and the adequate target group definition and involvement.

The role of the WHO in health promotion was also discussed by *U. Westerhoff* (Germany). At the beginning of 1991 the WHO Regional Office for Europe in Copenhagen, Denmark, together with the National Federation of Enterprise Sickness Funds in Essen founded a joint "European Information Centre – Health Promotion at the Enterprise". In October 1991 the Information Centre was granted the status of the WHO Collaborating Centre. There are two main objectives of the Information Centre:

- to collect documentation from Europe,
- to systematise and evaluate health promotion activities, and
- to popularise the idea of "health promotion at the enterprise".

Two posters were presented at this plenary session.

On October 30 the plenary session was devoted to concrete actions at the enterprise level. Two introductory papers were presented. *B. Kuchinski* (USA) spoke about the role of national and industrial strategies to promote health and protect the workplace in reducing disease and injury. He listed diseases and accidents which occur in the agricultural industry.

P. Jacques (U.K.) a trade union representative, stated that between the theory and reality of the health safety at the workplace there is quite often a large gap, what means that many workers are exposed to unacceptable risks. He also stressed the importance of good organization of work at the workplace.

H. Tiwald (Germany) presented an integral training which embraces life responsibility and occupation, social security and social life as well as self-fulfilment and individual relaxation.

G. Rosén (Sweden) discussed a method for the measurements of detrimental stresses at the workplace coupled with video recording. The method is called PIMEX (Picture Mix Exposure) and is used for necessary measures in air pollution and physical workplace factors, e.g. noise, electromagnetic fields, solvent vapours as well as muscular strains. PIMEX has been used among others to study workers' exposure to wood dust. The technical equipment for the application of this method is commercially available. *G. Kiivet's* (Estonia) paper referred to the same questions.

M. Craig (U.K.) presented a survey on small groups of the transportation workers who were involved in improving the working environment, the organization and management of work processes and in facilitating health initiatives to promote individual health gain.

E. Gumplmaier (Austria), a trade union representative, discussed the involvement of workers in preventing against pathogenic conditions at the workplace.

C. Klotter (Germany) presented the work of the Centre for Health Promotion in Berlin. The Centre has been founded in cooperation with the Enterprise Sickness Funds. It has been conducting the so called "Compact Programmes Against Overweight and High Pressure". By the end of 1992 more than 1,500 insured persons will have taken part in this Programme.

R. Rerych (Austria) described a preventive project proposed by the Austrian Workers' Compensation Board (AUVA). This project deals with drawing up and

implementing workplace compensation programmes to be directly linked with the professional activity of the target group concerned. The compansation training besides stretching, strengthening and movement exercises it also includes areas such as coordination and attention-span training, relaxation training, correct spine attitudes in daily life and eliminating stress. Similar issues were presented by *B. Braun* (Germany) exemplified by the metallurgic industry.

L. Kalnoky (Austria) focussed on the health condition among trainees during apprenticeships. In his opinion work-related diseases start at the age of apprentice--ship. *N. Schultz* (Germany) mentioned similar questions. He said that there was nothing more diffcult than having to readjust or change habits once they have been put into practice or even considered as practical. Practical examples of this view were provided by butchers.

This plenary session was supplemented by four posters: *G. Elsigan* – ppm--Consultation Service, Work and Chemistry; *K. Klein et al.* GIBUS – Health promotion in craftsman's establishments and at vocational training institutions; *K. Klein and V. Clausen* – RIVAG – A computer aided information system for insured persons – an atlas for health promotion and *F. Lauzier et al.* "Breathing and Trades": information for more effective prevention, composed of 23 panels with a special reference to noxious effect of smoking.

The papers presented at the Linz Symposium provided a clear evidence that prevention against occupational diseases should be started in the period of training for a given profession. It is of great importance for small enterprices where the number of trainees is rather small. Bad habits and neglect of work-related hazards become later the cause of accidents at work and occupational diseases.

Involvement of the Enterprise Sickness Funds in prevention is another important conclusion drawn from the Symposium. Examinations of workers in relation to hypertention or alcolism may serve as good examples. In our country smoking should be added, as smoking is an additional multifactor risk at the workplace both for employees and their environment.

During the Symposium much attention was paid to work-related diseases resulting from the overloading of the locomotor system. Improvements in this areas can be accomplished by introducing physical exercises and breaks during mono-tonuous work.

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