

Deliverables

- Development of new national labour and health care social security benefits and incentives aimed at improving work participation
- Development of feasible infrastructures for disability prevention and reintegration
- Guidelines for the mapping, management and evaluation of risk factors and supporting factors focused on specific target groups
- Development of low cost and local accessible tools
- Development of training content
- Review and improvement of best practices at different levels

¹ Härmä M. Adding more years to the work careers of an aging workforce - what works? *Scand J Work Environ Health* 2011;37(6):451-453.

² OECD. The OECD "Sickness, Disability and Work" project [Internet]. Paris: OECD; [cited 17 September 2010]. Available from: www.oecd.org/els/disability.

³ Viikari-Juntura E, Kausto J, Shiri R, Kalla-Kangas L, Takala EP, Karppinen J, Miranda H, Luukkonen R, Martimo KP. Return to work after early part-time sick leave due to musculoskeletal disorders: randomized controlled trial. *Scand J Work Environ Health*, online first 27.10.2011, doi:10.5271/sjweh.3258

⁴ Loisel P. Intervention for return to work - what is really effective? *Scand J Work Environ Health* 2005;31(4):245-247.

⁵ Martimo KP, Shiri R, Miranda H, Ketola R, Varonen H, Viikari-Juntura E. Effectiveness of an ergonomic intervention on the productivity of workers with upper-extremity disorders—a randomized controlled trial. *Scand J Work Environ Health*. 2010 Jan;36(1):25-33.

⁶ Viikari-Juntura E, Burdorf A. Return to work and job retention—increasingly important outcomes in occupational health research. *Scand J Work Environ Health*. 2011 Mar;37(2):81-4.

Further information:

This research challenge is part of the PEROSH report "Sustainable workplaces of the future – European research challenges for Occupational Safety and Health". The full report, as well as each of the research challenges separately, can be downloaded in pdf-format from the PEROSH website: <http://www.perosh.eu/p/OSHresearch2020>

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Disability prevention and reintegration

Summary

About 6% of the working-age population leave the labour market permanently due to disability. The primary diagnostic causes for disability retirement are musculoskeletal diseases and mental disorders. Priority areas for disability prevention are young workers with long careers, ageing workers with a growing amount of chronic diseases and partial disability, and workers in heavy and hazardous occupations. The following actions are needed: (i) updated systems and strategies for occupational health and safety protection and improvement of the working conditions leading to work disability, (ii) both national and corporate-level strategies, solutions and management of sickness absence, disability, job retention and return to work.



1. Description of the priority, what is at stake? Why is it a priority?

The increasing societal costs of the expanding retired population are forcing industrialised countries to find new ways to make careers lifelong.¹ In OECD-countries, about 6% of the working-age population rely on disability benefits. Based on the recent report², OECD countries are spending on disability benefits twice as much as they are spending on unemployment benefits. The report concludes that too many workers leave the labour market permanently due to disability, and not enough people with reduced work capacity manage to remain in employment. Increasing work load due to insecurity, work stress, discrimination and the increase of precarious and casual work as well as migration due to EU enlargement calls for active policies in occupational health measures in several occupational sectors.

The primary diagnostic causes for disability retirement are musculoskeletal diseases and mental disorders. There is increasing evidence that several physical and mental working conditions in middle age predict future disability retirement. The predicting factors are strongly related to the socio-economic position and working conditions of the workers. Priority areas for disability prevention are young workers with long work careers, ageing workers with a growing amount of chronic diseases and partial disability, workers in heavy and hazardous occupations (high strain, physical work, shift work) and workers not surrounded by a good OSH culture or with lower risk perception (e.g. immigrants, precarious workers and young workers).³

In order to prevent disability and an early exit from working life, the following actions are needed: (i) updated systems and strategies for occupational health and safety protection and im-

provement of the working conditions leading to work disability, (ii) national and corporate-level strategies, solutions for and the management of sickness absence, disability, job retention and return to work.⁴

2. Research needs at European level

2.1 Etiological research

The research should aim at identifying processes, factors and combinations of factors which - when modified - will prevent symptoms and associated disability, and enhance the return to work. Insight is needed into the processes and factors associated with sickness absence, disability and disability pensions and the major causes of sickness absence, disability, musculoskeletal and mental disorders.

The role of work-related, socioeconomic and individual factors and their interactions with musculoskeletal and mental disorders should be clarified. Research should develop a more holistic approach towards musculoskeletal and mental problems within the workplace taking into account risk factors as well as supportive factors such as changes at work, psychosocial aspects, different «vulnerable groups» and the working environment.

2.2 Intervention studies

Intervention studies are needed to assess whether symptoms and disability can be decreased and work participation increased with various measures. The intervention measures can be aimed at work development, work modification, working hours, work environment and organisation, lifestyle, or health service provision and OSH cooperation between the different stakeholders. An important component is the dialogue between the worker, employer and healthcare provider and the empowerment of the disabled worker. Job retention and workplace-based return-to-work (RTW) strategies and interventions including case management approaches are needed to prevent employees with chronic illnesses moving into disability or early retirement pensions.⁵

2.3 Occupational safety and health management

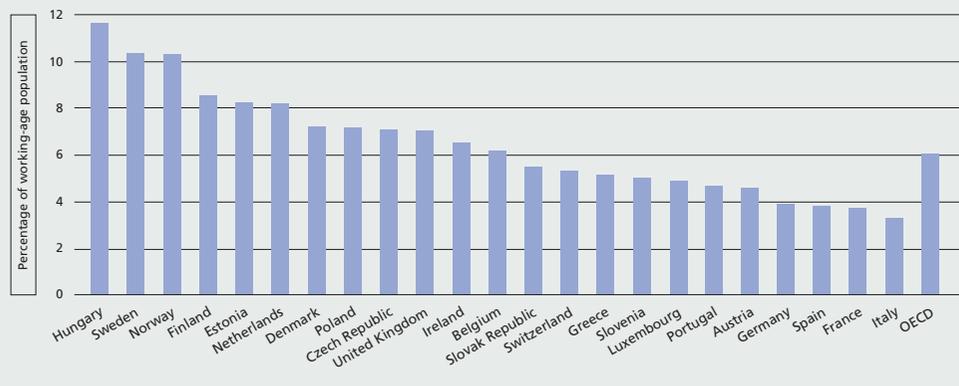
The role, quality and effectiveness of the health care provider and the occupational safety system in preventing work disability should be analysed and improved. Research should implement new methods in OSH to tackle disability. The use of different cooperation models to provide occupational health services and cooperation between the occupational health service provider and employers have to be investigated. Moreover and especially with regard to workers with chronic conditions, OSH and health-care services are insufficiently coordinated and inefficient with respect to productivity and prolonging working life. Models for this integrated care should be developed and tested for their costs and benefits.

The use of economic incentives rewarding organisations that develop and maintain safe and healthy working environments needs additional examination. Research should lead to the development of occupational safety and health management in small and medium sized enterprises.⁶

Based on new research, there is a need for evidence-based actions and new policies at both national and corporate level, and for new practices of the national health care providers and insurance companies responsible for occupational safety and health.

Figure 1. Disability benefit reciprocity rates are high and still increasing in many countries.

Disability benefit recipients in percentage of the population aged 20-64 in a number of OECD countries for 2008 or latest year available



Source: OECD, The OECD "Sickness, Disability and Work" project