



Challenges and missions in the Nordic countries – a Swedish perspective

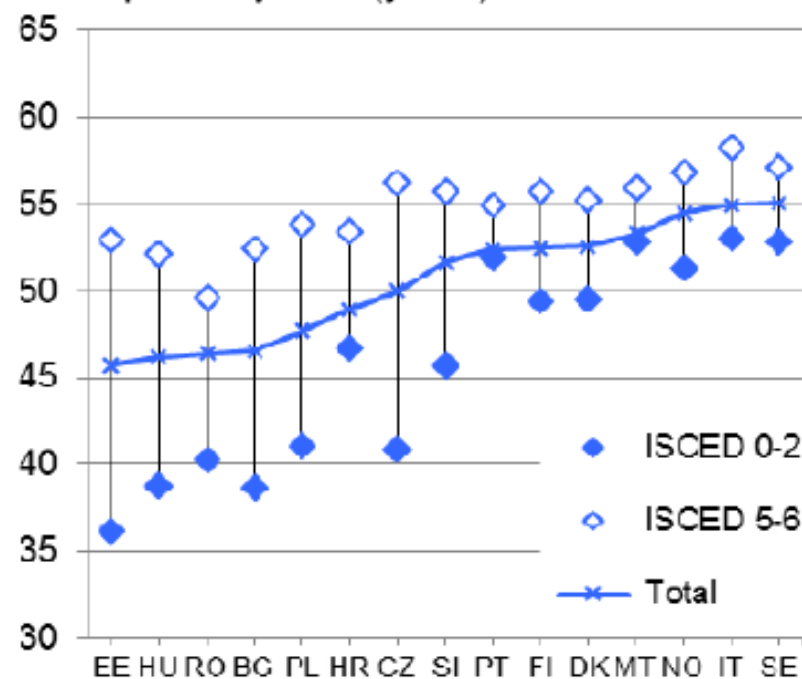
- Health inequalities
- Work and health inequalities
- Multiple adversities
- New risks and old risks
- Sustainable work for ageing workers?
- Conclusions

Health inequalities in Europe

- Large differences in life expectancy between and within countries
- Constant or widening among adults
- Similar patterns by educational level (below), income and deprivation

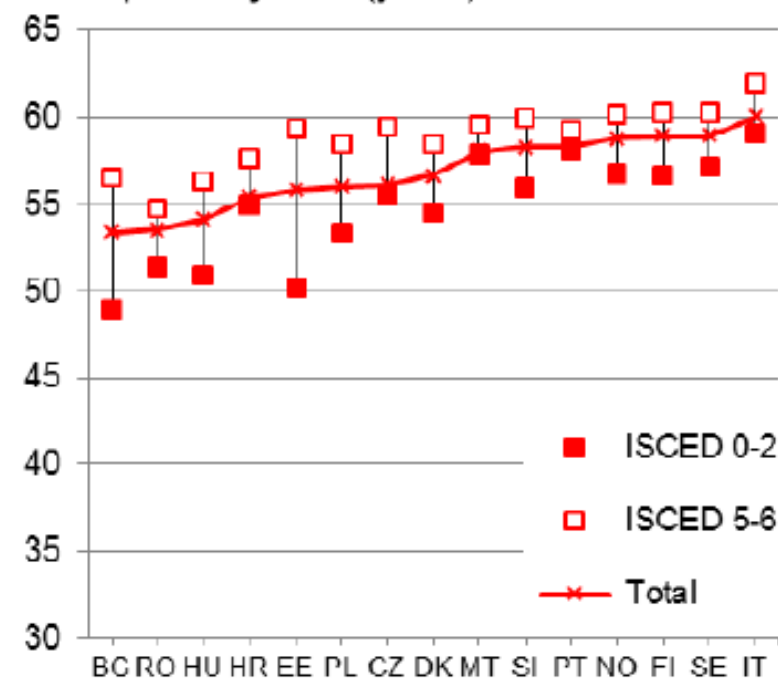
Men

Life expectancy at 25 (years)



Women

Life expectancy at 25 (years)



ISCED 0-2: Up to lower secondary, ISCED 5-6 tertiary education

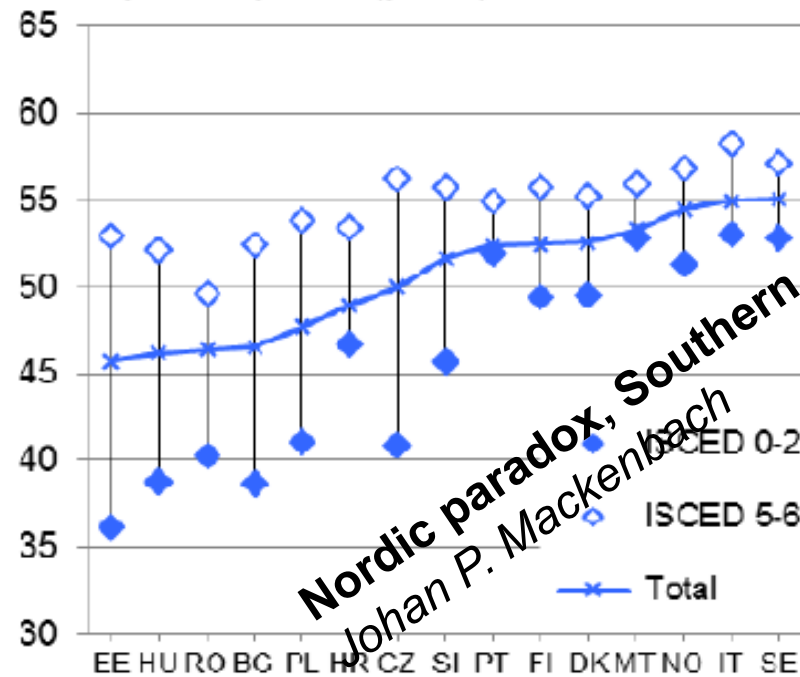
Marmot M (2013). Health inequalities in the EU.

Health inequalities in Europe

- Large differences in life expectancy between and within countries
- Constant (South Europe) or widening (West, North, East) among adults
- Similar patterns by educational level (below), income and deprivation

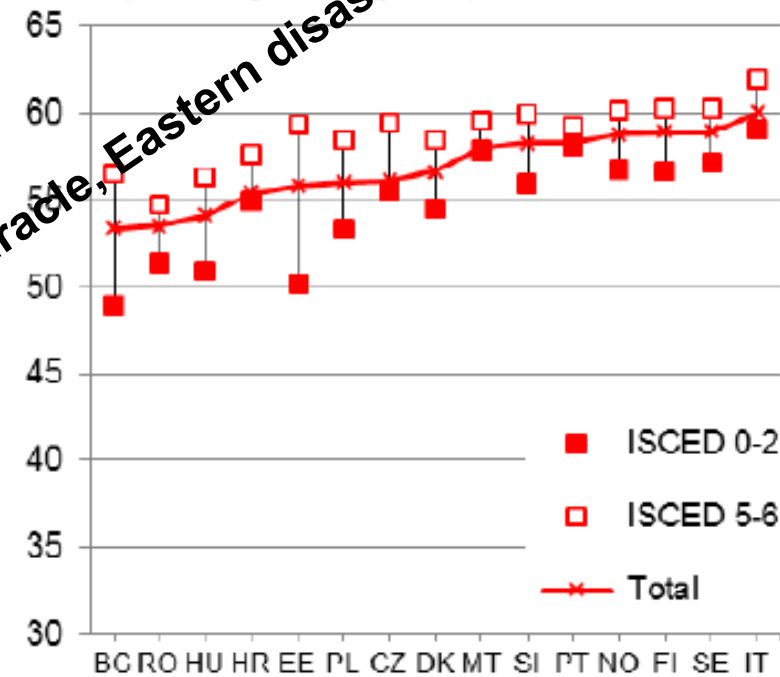
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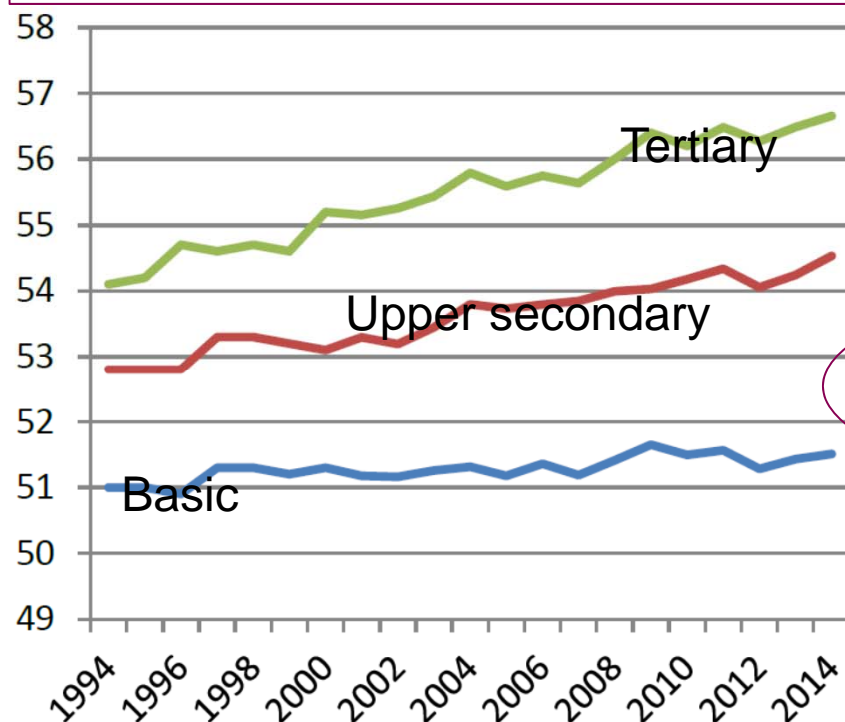


ISCED 0-2: Up to lower secondary, ISCED 5-6 tertiary education

Marmot M (2013). *Health inequalities in the EU*

Better health - but increasing health divides

Remaining life expectancy from age 30 by education. Women (Sweden)



Proportion (%) deceased (30+) by age and educational level 2013-15 (Sweden)

Age (ys)	Women			Men		
	Basic	Upper secondary	Tertiary	Basic	Upper secondary	Tertiary
50	4,4	1,6	1,0	6,3	2,6	1,3
60	9,6	4,7	2,8	12	6,9	3,8
65	14	7,6	4,6	17	11	6,3
75	26	19	13	34	27	19
85	54	46	37	67	60	51
95	92	89	85	97	95	93

Swedish national commission on inequalities in health 2016 and 2017

Change of work and inequalities

- No action increasing inequalities
- Strong action to reduce inequalities
- Windows of opportunity:
 - Shortage of skilled labour
 - Awareness of need for social cohesion (EU social pillar)
- Mission: Support cohesive national policies on skills upgrade (life-long) and welfare-systems

”There is a risk of a vicious cycle setting in, with individuals with fewer skills and poorer access to opportunities often confined to operate in low productivity, precarious work and, in many emerging market countries, in the informal economy. This reduces aggregate productivity, widens inequality ultimately undermines policy effort to increase productivity and growth. ”

OECD (2016) The Productivity - Inclusiveness Nexus

Recommended reading: Allan Larsson: How can we understand the times we are living through. Global utmaning, 2017

Working conditions and health inequalities

- Gender inequalities – psychosocial conditions
 - Decreased job control in female jobs drive increased sick leave
 - No evidence for higher risk in women than men - given the same conditions
- Social inequalities - physical workload
 - Also other physical factors
 - Also dangerous substances
 - *Swedish Commission for Equity in Health 2017*

Social inequalities

- Self-reported health (Denmark)
 - Physical workload 34%
 - Other work conditions 25%
 - Life-style 17%
- Self-reported health (Europe)
 - Physical workload 50%
(European Working Conditions Survey)
- Sick-leave (Norway)
 - Physical workload, but also psychosocial factors 31-54%

Occupations with demands exceeding capacity (WAI)

Physical ♂ Mental

Cleaner 27% Cleaner 27%

Driver 25% Warehouse
worker 24%

Construction
work 19% Machine
driver 21%

Physical ♀ Mental

Cleaner 34% Cleaner 26%

Kitchen- and
restaurant
43% Kitchen- and
restaurant 31%

Care
assistant
21% Care assistant
21%

Cashiers 23%

Teacher 19-23%

Nurse 20%

Multiple adversities? Trends - effects

- Physical work-load
 - Noise?
 - Air pollution
 - Low job control
- Physical work-load
 - Job-strain
 - Shift-work/long working hours
- Physical work-load
 - Dangerous substances
 - Low job control
 - Job insecurity

Mission:

- Investigate trends in, and effects, of multiple adversities
- Establish findings as a point of departure for governance

New risks – old risks

- New evidence on "old risks" indicate unacceptable risks under current exposure conditions
 - Mission: To promote implementation of evidence
- "Old" risks in new settings (e.g.- Elongation of eyelashes)
 - Mission: "Emerging risk observatory"
- New work-settings
 - Platform economy (Foodora)
 - Bonded labour
 - Mission: Case-studies, Field studies
- New exposures
 - Nano-materials
 - Green economy
 - Mission: Experimental studies, Field studies
 - Expose No Data – No Problem fallacy

Sustainable working-life for ageing workers?

Resources matching the needs?

Increasing diversity in health at a given age

- Overall increase in life-expectancy and self-reported health
 - Allows more productive years
- Diversity in health increases with age
 - Chronic disease increases with age
- Improved treatment for chronic disease
 - Survival and return to work
- Diversity increases with growing social divide in health

Ageing workforce more diverse

Access to OHS – Increasing mismatch with risk for occupational disease and chronic disease

Self-reported access to occupational health service
2011-2013 (1999-2001), percent of employed

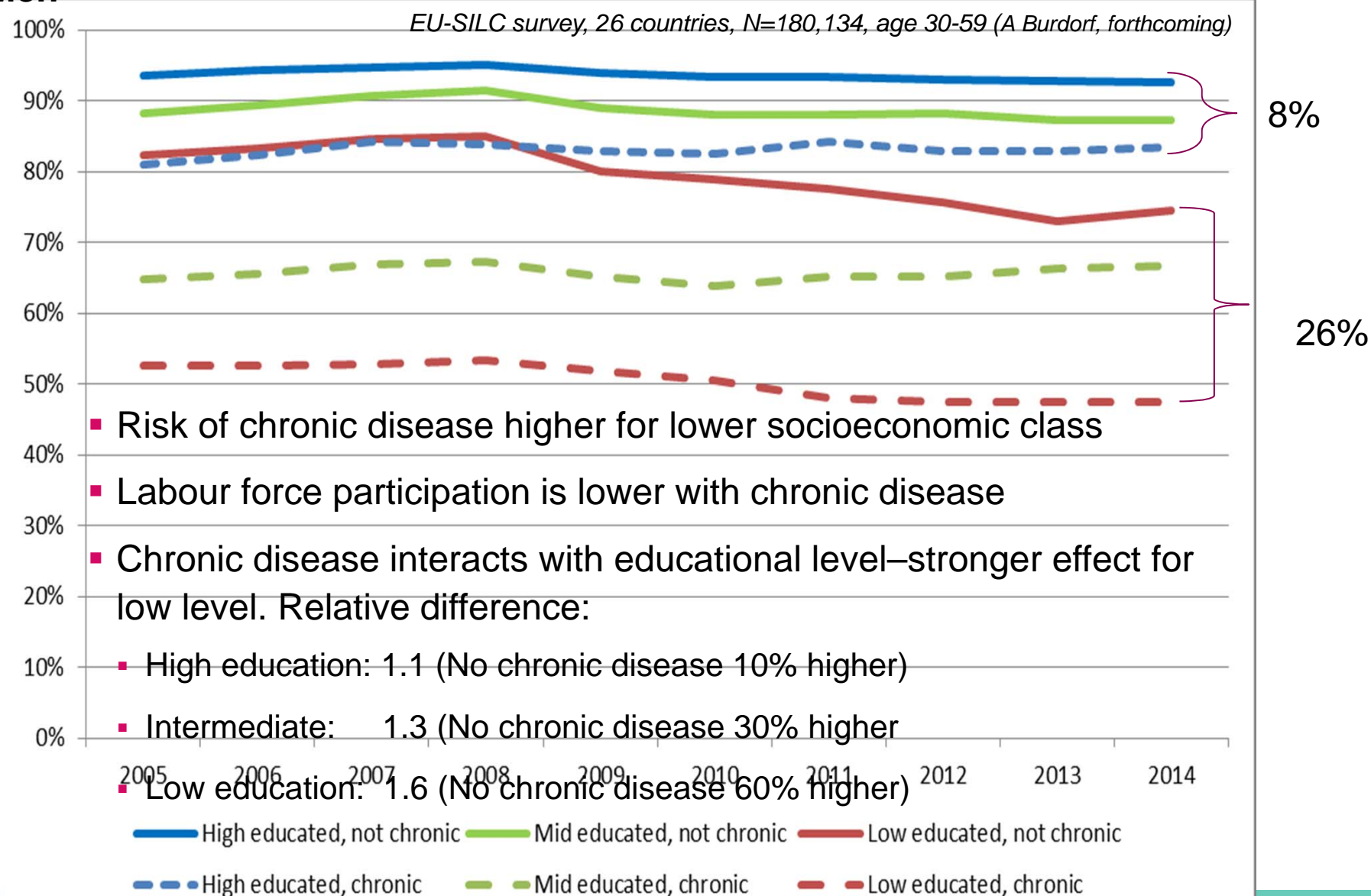


	Men	Women
Unskilled manual	59% (71%)	45% (65%)
Skilled manual	71% (77%)	58% (73%)
Lower white collar	68% (72%)	61% (71%)
Middle white collar	75% (82%)	69% (79%)
Higher white collar	72% (78%)	74% (76%)
Self-employed	31% (31%)	18% (-*)
All	66% (72%)	60% (71%)

Swedish Commission for Equity in Health 2017

Chronic disease - critical for unskilled workers' work participation

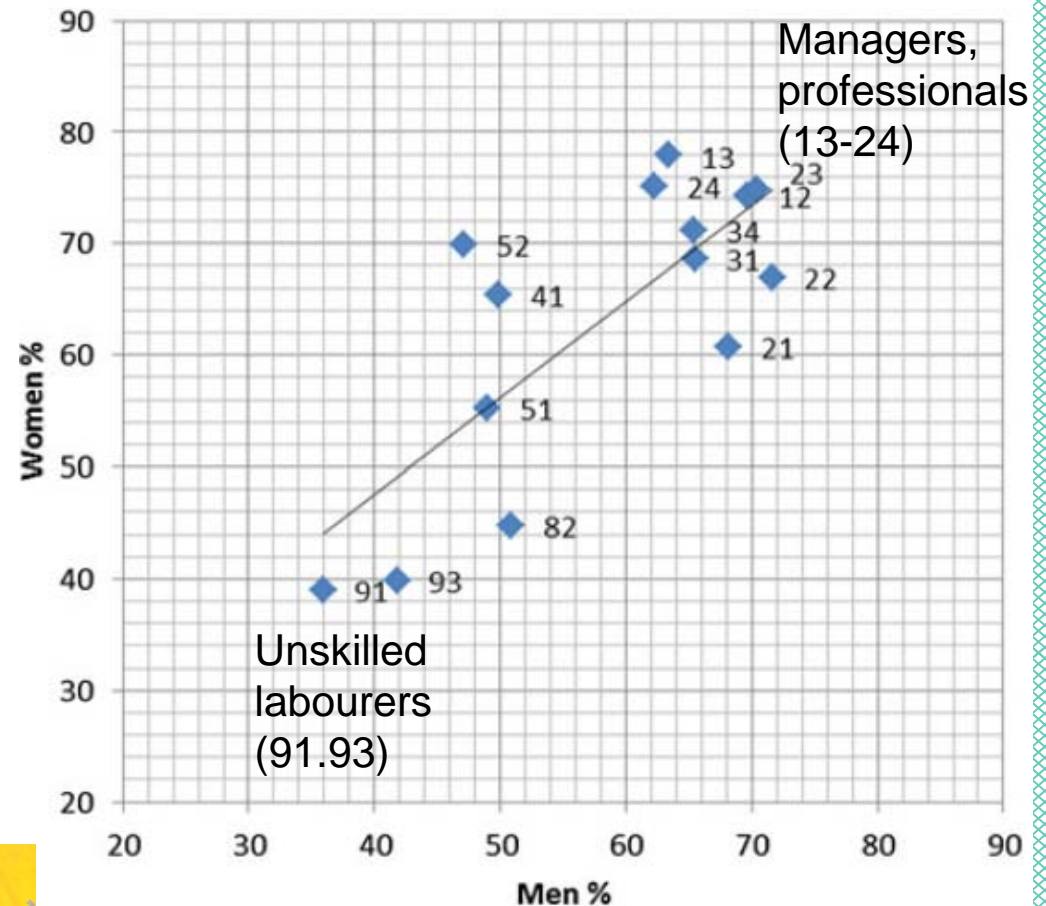
Men



A key challenge: The differential impact of extending working life

- Economic incentives to prolong working life
 - Working conditions are not simultaneously improved
- Excessive work demands or insufficient recovery may make timely retirement health-preserving
- Changes in retirement benefits preventing workers with small economic resources from retiring may increase social and gender inequalities in health *Burdorf A 2015*
- Wellbeing at end of working-life is a determinant of later frailty
 - Physical workload and job-strain are independent determinants of disability

Percentage surviving in work until age 65.
Most common occupations Sweden 2007-2010



Kadefors et al (2017)



Key challenges – policy level

- Decreasing relevance of average values with increasing diversity
- Protect and develop OSH infrastructure
- Valid assessment of burden of occupational disease
- Right to work – upgrade of skills
- Equity in health as perspective for welfare and retirement reforms
- Account for the much larger difficulties low educated workers with a chronic illness face in remaining employed as compared to those with a high education.

Dramatic changes in the world of work - focus on impacts

- Growing diversity in forms of employment
- New unprecedented opportunities should be available to all
- Employment participation for disadvantaged groups
- Disruptive developments
- Safety by design for new jobs .



Sustainable development goals