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UNEMPLOYMENT, POVERTY AND QUALITY OF WORKING LIFE - INNOVATIVE INTERVENTIONS TO COUNTERACT DAMAGING HEALTH EFFECTS

Report on a WHO Meeting

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EUR/HFA target 1

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

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Corrigendum

Page 16

Please replace with the attached page which includes the name of Dr H. Wintersberger.

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TARGET 1

Equity in health

By the year 2000, the actual differences in health status between countries and between groups within countries should be reduced by at least 25%, by improving the level of health of disadvantaged nations and groups.

Index:

UNEMPLOYMENT
POVERTY
QUALITY OF LIFE
EMPLOYMENT
SOCIOECONOMIC FACTORS
HEALTH

Note

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted, quoted or translated without the agreement of the World Health Organization Regional Office for Europe. Authors alone are responsible for views expressed in signed articles.

CONTENTS

Introduction

The Meeting on Unemployment, Poverty and Quality of Working Life - Innovative Interventions to Counteract Damaging Health Effects was held on 12-14 May 1987 in Vienna (Baden), Austria. The Meeting was opened by Dr G. Liebeswar on behalf of the host government, Dr H. Wintersberger on behalf of the European Centre for Social Welfare and Training and Dr P.-G. Svensson on behalf of the WHO Regional Director for Europe. The 34 participants discussed 23 working papers, which are listed in Annex 1. The participants are listed in Annex 2.

The Meeting was convened to continue the evaluation of the impact on health and wellbeing resulting from unemployment, poverty and working life of inadequate quality; this evaluation was set in motion at previous meetings within the programme on social equity and health of the WHO Regional Office for Europe. The extension and consolidation of research on the subject should provide a greater degree of consensus on indicators of distress and of deviations from good health. Thus, the reports on such research presented at the meeting could help to set guidelines to aid responsible agencies in monitoring the effects of economic recession on their communities. In addition, the participants were to discuss issues of health and wellbeing related to the increasingly large informal economic sector in the countries of the Region. Lastly, the Meeting was intended to begin an approach to the question of action to aid the long-term unemployed, to examine criteria that might be used for evaluating the effectiveness of interventions, and to consider the possibilities for intersectoral activities to protect and enhance the health and wellbeing of the people participating in them.

The effects of long-term unemployment on health

The research reports presented at the Meeting indicated that forced exclusion from paid employment undoubtedly does significant damage to both physical and mental health. The studies confirm that psychological distress and depressive symptoms are almost universal among unemployed people. Psychological studies and measurements of other health-related variables also show highly significant effects. Effects reported at the Meeting ranged from changes in the neuroendocrine and immune systems to changes in health-related behaviour, increased vulnerability to new or existing disease, and increased or decreased use of health care services. The last of these varies according to the availability or structure of service provision in the different countries of the Region. In some cases, therefore, unemployed people make greater use of health services while in others an increase in symptoms is accompanied by a fall in use of services. Decreased use of services indicates that the unemployed neglect health matters. This neglect arises as a result of depression, learned helplessness and the shift in the perceived locus of control of health towards determination by external forces.

Health-related behaviour also deteriorates. Unemployed people show increases in substance abuse, neglect of health screening, poor use of time, changes in sleep patterns and poor coping responses. Increases in irritability and other negative emotions and moods compound the alienation of these people and reduce the quality of and their access to social support networks. These effects are now well known to have significant negative consequences for health and wellbeing.

As a result of the deterioration in the quality of social support networks of the long-term unemployed, according to findings presented at the Meeting, negative effects on health and wellbeing are passed on to spouses and partners, families, communities and society as a whole.

A core issue in many of these effects was a decline in financial resources and an increase in the many dimensions of poverty, which reflect the various kinds of income support available to unemployed people in different countries in the Region. Although this poverty affects diet or limits the access of unemployed people to health care services in some countries, a universal effect is a decline in personal empowerment and a lessening of access to wider social networks or psychosocial resources of the community.

Other powerful variables modulating the range, severity and profiles of effects are age, socioeconomic and educational status and the duration of unemployment or the frequency of such episodes. A particularly important variable relates to the cultures of unemployment, work of low quality and social disintegration in many communities in the Region.

Effects of poor quality of working life

Studies reported at the Meeting show that people whose jobs are of low psychosocial or environmental quality suffer many of the same damaging effects on health and wellbeing (or similar ones) as the unemployed. This is becoming a particular concern in many countries. Such research has also provided powerful insight into the psychosocial factors affecting the lives of people who are excluded from paid employment. Taken together, analyses of low-quality employment and of long-term unemployment point the way towards the establishment of criteria for health-directed interventions either in the workplace or in programmes for the long-term unemployed. Requirements for wellbeing in both arenas (such as satisfactory use of time and

social status, personal control and empowerment, and a sense of social identity and usefulness) are all important features of the role of human work in societies and people's wellbeing. Even in societies with full employment policies, the effects of the quality of working life on health are becoming a very important issue.

The implications of the wide diffusion of the informal economic sector

Reports from many countries of the Region showed that informal economic activities comprise an increasing proportion of total economic activity. These activities present a major new dimension in attempts to promote health and wellbeing within the framework of health for all by the year 2000. By nature, they are inaccessible to regulation for occupational safety; they are embedded in social and family support structures and offer little or no protection through job security, a standard of safe working conditions or labour union representation. Nevertheless, in many ways they seem to be an indicator of economic adaptation in society and to share some of the features of community-based programmes developed by or for the long-term unemployed. The major pandemic of joblessness in the Region continues, however, with official and therefore probably conservative estimates of the unemployed running at over 30 million people. In addition, in a highly competitive labour market, there are both a very large increase in low-quality jobs and growing marginalization of the most vulnerable people in the community. The desire for jobs can be so strong that regulating the quality of working life loses priority with responsible agencies, including national governments.

New technology

The implications of new computer-based technology for the nature of work and for health and wellbeing are not yet completely understood. Nevertheless, reports at the Meeting showed that these implications are significant. Perhaps most important is the marginalization of workers, especially women, in the job itself. Further, increased selection for knowledge-based skills militates against the less well educated. Distance working in the home is also increasing, and this has implications for the family and the multiple roles expected of women in many societies. In some countries, jobs of this kind are more frequent in the informal economy and, indeed, almost all the new technology-based enterprises are located in the informal economic sector.

Mechanisms of causation

Few reports at the Meeting explicitly addressed the question of pathophysiological or psychosocial causal mechanisms. In general, stress models of psychobiological causation are most often used. Increased detail and sophistication in the identification and use of indicator variables in the studies reported, however, now make possible the elaboration of more comprehensive dynamic models of pathological processes and deterioration in health. Newer and more sophisticated techniques of data analysis present new opportunities for quantitative evaluation of these models, and some examples of these approaches were presented.

Methodologies

Epidemiological studies were the most prominent types in the reports, and many of these have advanced from cross-sectional and retrospective to prospective

studies. Reviews of these approaches and comments at the Meeting emphasized the need to continuously improve the quality of these types of study. It was also indicated that consensus is urgently needed on profiles of variables and indicators to be measured in these studies, particularly to allow more comparative, cross-cultural and international studies to be made.

The need to classify and systematize methodological approaches was also emphasized. A broad range of studies are required at both individual and aggregate levels. Studies are needed of background factors of and predispositions to disease, and of the interaction of economic and non-economic forces; the value of cohort studies was also emphasized. The elaboration of dependent variables in health is still in an early stage of development and requires more focused attention on studies of the prevalence and incidence of certain specific diseases.

The level of analysis should now widen to include effects of the family and community as a matter of central urgency. Methods of family research are sophisticated enough to allow the analysis of effects on the family. Much more consideration needs to be given, however, to indicators of effects on a community or even a neighbourhood level, at which much less is known about effects and methods.

Monitoring

The studies reported to the meeting and the discussions that took place indicated that there are sufficient reasons to begin the conversion of research variables into indicators for responsible agencies in the Region to use in monitoring the effects on health of unemployment and other work-related results of economic recession, development or change. It was emphasized that

monitoring must cover not only effects on the people and groups directly involved but also the powerful effects on their families and communities. Monitoring is an essential tool and prerequisite for the design of interventions to alleviate these effects.

At the level of society, the need for more sophisticated economic and socioeconomic models was emphasized. These models should incorporate health and health service variables, so that societies can better understand the importance of the effects on health of the present and forthcoming major changes in the quantity and quality of work in the countries of the Region.

Interventions

The participants heard reports of a variety of interventions ranging from the individual and clinical levels to group-based and nationwide programmes that sometimes explicitly incorporated health promotion or, more often, the development of psychosocial and coping skills.

The financial feasibility of one-to-one clinical approaches was questioned, and this in turn raised the issue of the disproportion between the resources and manpower needed for this type of approach and the sheer size of the problem. An ethical question was raised about the acceptability of condoning purely palliative measures in programmes directed towards skills for coping with unemployment. It was felt that these ethical criteria must be borne in mind at all times, so that a balance is always held between training in stress-reducing skills and both training in job skills and measures directed towards a wider range of needs of the long-term unemployed, their families and their communities. The empowerment of unemployed people requires not only the development of a wide range of

skills and insights but also a rethinking of bureaucratic procedures and societal attitudes towards the different mixtures of paid work, unemployment and informal economic activities in the countries of the Region.

Monitoring of programmes and projects was also considered essential in all cases at this stage to encourage the implicit and explicit incorporation of health promotion in such programmes and to ensure that the needs and wishes of the participants should be taken into account. A participatory approach and an action research paradigm seemed to provide a useful approach, so that an intervention is not a thing done to people but with them.

Conclusions and recommendations

1. Because of the richness, variety and volume of the work represented in the papers presented to the Meeting, it was recommended that they should be published in book form. A publication date very early in 1988 was deemed desirable.

2. Small working groups on special aspects of the programme on social equity and health should be set up to meet at intervals between the bigger plenary meetings on the programme as a whole to discuss in depth certain well defined issues such as the development of methodology and the study of the informal economic sector.

3. Cross-cultural and cross-national studies could and should now be undertaken to analyse explicitly and actively the effects of economic change on the family.

4. More active identification of community indicators should be pursued through, for example, involving decision-makers at an intersectoral level.

5. The elaboration of more comprehensive and dynamic models of causality and their evaluation by research should be accelerated.

6. Interventions incorporating health promotion should be encouraged, and explicit guidelines for the development and monitoring of programmes should now be actively developed.

7. Because of the magnitude of the problem in the continuing economic crisis, the role of work in the quality of human life, and aspirations towards health for all, Member States should be prepared to recognize and emphasize the effects of unemployment and work on health.

Annex 1

WORKING PAPERS[a]

ICP/HSR 818/6	The effects of the recession upon the lives and health of the people in two underprivileged areas of Oldham: a cross sectional analysis, by J. Briggs et al.
ICP/HSR 818/7	Mobilization for full employment: experience from a small community in central Sweden, by B. Starrin et al.
ICP/HSR 818/8	Vulnerability, unemployment: a process to ill-health and constraints on intervention strategies in the Netherlands, by I.P. Spruit
ICP/HSR 818/9	Work, unemployment, poverty and stress: towards an integrated policy approach, by S.J. Watkins
ICP/HSR 818/10	Vulnerability of very long term unemployed in the Netherlands - results of a longitudinal study, by H. Verkleij
ICP/HSR 818/11	Sick leave, disability and death following a factory closure: a ten year follow-up study, by S. Westin

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[a] Copies are available from the Research Promotion and Development unit, WHO Regional Office for Europe, 8 Scherfigsvej, DK-2100 Copenhagen Ø.

ICP/HSR 818/12	Health effects of work and exclusion from work: approaches to understanding, monitoring and interventions, by J. Cullen et al.
ICP/HSR 818/13	Individual and community adaptation to unemployment, by P. Warr
ICP/HSR 818/14	Unemployment, re-employment and psychic wellbeing: efforts to specify the relationship between loss of paid work and health in Finland, by E. Lahelma & R. Kangus
ICP/HSR 818/15	Methodological aspects of investigating the influence of unemployment to health, by V. Cucic
ICP/HSR 818/16	Psychological intervention for the prevention of health hazards due to unemployment and poverty, by W. Lauterbach
ICP/HSR 818/17	Health, employment and social security in France - the example of tuberculosis, by C. Le Petit & A. Thebaud-Mony
ICP/HSR 818/18	The crisis of work - a challenge for social and health policies, by H. Wintersberger
ICP/HSR 818/19	An outline for detailed study on unemployment in Belgrade, Yugoslavia, by V. Cucic
ICP/HSR 818/20	Continuity and change in the submerged economy, by L. Lemkow and T. Torns

ICP/HSR 818/21	A regional approach for the improvement of the psychosocial situation of the unemployed, by T. Kieselbach
ICP/HSR 818/22	The health implications, poverty and deprivation in a remote rural community, by C.A. Birt
ICP/HSR 818/23	Unemployment, health and health care, by E. O'Shea
ICP/HSR 818/24	Full employment policy in Poland and some of its effects related to workers' health, by A. Gnazdowski
ICP/HSR 818/25	The stages of unemployment, by K. Sokou
ICP/HSR 818/26	Stress and strain of jobless workers in Austria, by L. Pelzmann
ICP/HSR 818/27	Unemployment and mortality in Denmark 1970-80, by L. Iversen et al.
ICP/HSR 818/28	Unemployment, social support, psychiatric and psychosomatic symptoms, by S. Sabroe & L. Iversen
ICP/HSR 818/29	Unemployment, overtime work and work intensity, by B. Starrin et al.

Annex 2

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