

OCCUPATIONAL HEALTH HOT TOPIC REPORT

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Introducing the analysis of the data, it is necessary to keep in mind that in this survey the risk of bias is relevant because of the small number of feedbacks (31).

The 18 countries involved are grouped according to the number of answers received :

- 8 Hungary
- 4 Poland
- 2 Slovenia
- 2 United Kingdom
- 1: Australia - Austria - Croatia - France - Finland – Greece – Italy – Netherlands - Norway - Portugal – Romania- Spain - Slovakia - Switzerland

It looks like that in the countries with the highest levels of responses there is a good level of awareness regarding the topic, due to the kind of answers we received. For example, in Hungary 8 members out of 8 (100%!) have shown willingness in participation in training courses.

Here some descriptive analysis:

Level of knowledge high / good	Level of knowledge medium / low	Level of knowledge poor / absent
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AUSTRALIA - AUSTRIA - CROATIA - HUNGARY - NETHERLANDS - SWITZERLAND - UNITED KINGDOM = 7/18

GREECE - ITALY - NORWAY - POLAND - PORTUGAL - SLOVENIA - SLOVAKIA - SPAIN = 8/18

FRANCE - ROMANIA = 2/18

Experience level high / good	Experience level medium / low	Experience level poor / non-existent
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AUSTRALIA – AUSTRIA - HUNGARY - NORWAY – SWITZERLAND - UNITED KINGDOM = 6/18

CROATIA - FRANCE - NETHERLANDS - SLOVAKIA = 4/18

FINLAND – GREECE - ITALY - POLAND – PORTUGAL – ROMANIA – SLOVENIA - SPAIN - = 8/18

Question it is estimated that at least 50% of workers, even in fully industrialized countries, is not provided with the needed health surveillance at the workplace. Do you think that, in order to work toward the full coverage indicated as an objective by WHO, GPs might add in their set of activities also some specific occupational health tasks such as, for example, visiting workplaces to provide recommendations for improving working conditions; collaborating at health education for workers; taking work history; reporting occupational diseases; doing preventive medical check-ups of workers; perform functional assessment of fitness for work, etc.

13 countries out of 18 gave an affirmative answer:

AUSTRALIA- AUSTRIA - CROATIA - FINLAND – GREECE – HUNGARY - ITALY – NETHERLANDS - NORWAY-
PORTUGAL - ROMANIA - SPAIN -UNITED KINGDOM = **12/18**

FRANCE – POLAND - SLOVAKIA- SLOVENIA - SWITZERLAND= **5/18**

do you think it might be useful adding OH in the GPs'

All the responders, but **FINLAND - HUNGARY – POLAND - SWITZERLAND**, gave affirmative answers.

The negative answers were justified by **lack of financial resources**.

Interestingly, it appears that OH is tough by law in SWITZERLAND.

As teachers: CROATIA - FRANCE

Unsure/not univocal answers: FINLAND - SLOVAKIA - SLOVENIA

NO: POLAND (3-4); SWITZERLAND

YES: AUSTRIA; AUSTRALIA; GREECE; HUNGARY (7-8) ITALY; NETHERLANDS; NORWAY; PORTUGAL; SPAIN; UNITED KINGDOM= **10/18**

The **level of knowledge** about the prevention, diagnosis and treatment of occupational diseases is pretty good: 7 countries present a high level and 8 a medium level.

The interest about the topic is considerable: 12 countries have answered positively to the idea of participating in training courses; negative feedback mainly come from countries where there is not a dedicated fund (Poland) or where the program is already part of the Public Health Service (Switzerland).

It's interesting, in order of a future intervention in the territory, the answer to question number 3: positive feedback are 13 on 18, and suggest a **the GPs's will to link theoretical training in Occupational Health** to the active participation in the work-place to ensure the coverage of essential health services expected by WHO.

In light of these results and in order to get a real description of the possible strategies to realize, lowering the level of bias, and to reach the **goal** of the survey, that is *improve the link between primary health care and Occupational Health, and consequently prevent/reduce the risk of delays in the diagnosis of occupational diseases*, we decided to make the following **proposals**:

PROPOSALS	ESTIMATED TIMING
Advertise the survey through information tools , such as investigation report, flyers, etc. ... in order to improve the feedback (at least 70%)	Tool's setting by October 27, 2014
Conceive a questionnaire tailored to study specific topics	November 15, 2014
Analysis and processing of new data	-Feedback of questionnaires by December 15, 2014 - Analysis of the data by January 15, 2015
Presentation of the outcomes , for example through conferences	Programming strategies to implement January 30, 2015
Estimate efficacy of strategies	WORKSHOP DUBROVNIK