A RIGHTS-BASED APPROACH TO ACCESS TO OCCUPATIONAL HEALTH SERVICES – WHAT MIGHT THAT OFFER WORKING POPULATIONS IN THE DEVELOPING WORLD?

Leslie London*. School of Public Health and Family Medicine, University of Cape Town, South Africa

10.1136/oemed-2018-ICOHabstracts.366

The majority of workers worldwide remain without adequate access to Occupational Health Services (OHS), particularly with regard to gaps in implementation, coverage, content, and capacity building. Yet access to OHS is an essential element of the right to health and is recognised in numerous global human rights agreements as being a fundamental human right. Even in situations of resource scarcity, states have obligations to formulate, implement, monitor and evaluate occupational health laws and policies, and to facilitate the participation of workers in these activities. Rather than counting OHS as a cost to production, it is important to frame OHS as a value-driven enterprise which can benefit all stakeholders, both employers and employees and provide a fair and accepted framework for managing conflicting interests. More importantly, OHS as a rights-based activity will reach beyond the traditional formal sector and challenge governments to address the OH needs of informal sector workers and other working populations currently lying outside of traditional regulatory perspectives – a particularly important requirement for Low and Middle-Income countries. Not all countries will enjoy the same resources to implement OHS’S and rationing decisions may result in different levels of OHS provision. However, a Rights-based approach to OHS provision will identify basic OHS standards consistent with core obligations on states, will impose constitutional limits on the extent to which rationing decisions adversely impact on OHS provision, will force stakeholders to pursue equity-related policies and will open participatory spaces for citizens and communities to assert rights to workplace health and safety, across formal and informal sectors. This approach provides a huge opportunity for leverage for OHS in the developing world which OH practitioners should support through their research, service and advocacy.

OCCUPATIONAL HEALTH SERVICES

1720b

IMPACTS OF OCCUPATIONAL HEALTH SERVICE NETWORK TO REPORTING OCCUPATIONAL DISEASES

Leon Guo*, Po-Chin Chu. National Institute of Environmental Health Sciences, National Health Research Institutes, Taiwan; Environmental and Occupational Medicine, National Taiwan University College of Medicine and NTU Hospital, Taipei, Taiwan

10.1136/oemed-2018-ICOHabstracts.367

Several countries, like Brazil, where Workers’ Health is a clear responsibility and mandate of the Ministry of Health, are supposed to develop health policies that include basic components of the ‘Occupational Health thinking’ and approaches. These components should be included into all levels of health services, depending on the mission, responsibility and complexity of each level, as well as on the geographical coverage and mandate. Such countries, fortunately, have structured their national system taking the Primary Health Care approach as the main ‘organiser’ of the whole health system. Primary Health Care has received some variations, and the Brazilian case is based on the Family Health Care approach, that may be an appropriate advancement. So, entering through the ‘door’ of the Health System – i.e. the Family Health Care approach or program – it is possible to reach and access the full System, from the primary level to more elevated and complex levels. The main components of the ‘Occupational
1720d  NEW METHODS IN EPIDEMIOLOGY OF WORK-RELATED ASTHMA

OD Dumas. INSERM, U1168, VIMA: Ageing and chronic diseases. Epidemiological and public health approaches and Univ Versailles Saint-Quentin-en-Yvelines, Villeneuf, France

Towards understanding the burden of occupational asthma, the following steps are proposed:

i. development or strengthening of a clear understanding that almost all young or adult ‘citizens’ and/or ‘patients’ are also ‘workers’;

ii. introduction of the classic Ramazzian question (“What is your occupation?”), improved by Sir Percival Port, by adding a temporal dimension (occupational anamnesis), as a routine, into the Family/Primary health practice;

iii. mapping, visiting productive premises or other economic activities located within the territorial jurisdiction of the Primary/Family health responsibility;

iv. analysis of all economic/ productive informal activities carried out within houses, involving children, minors and women, among other activities. There are successful outcomes that may be shared.

1720e  BIAS AND TARGET PARAMETERS IN OCCUPATIONAL EPIDEMIOLOGY

AM Neophytou. Division of Environmental Health Sciences, School of Public Health, University of California, Berkeley, Berkeley, California, USA

Along with the issues and limitations inherent in all observational studies, occupational epidemiologic studies have to address biases arising from the healthy worker effect. This mechanism can be described as one of a time varying confounder affected by prior exposure, which cannot be addressed in standard regression approaches. Recent applications of a series of methods collectively known as ‘g-methods’, have sought to address this issue in occupational epidemiologic studies. Furthermore, some studies seek to provide direct estimates of risk (cumulative incidence) in relation to exposures of interest, under hypothetical exposure scenarios and interventions. These measures are advantageous compared to traditional measures of contrast relying on the hazard or the odds, and are of direct significance to risk and policy assessment. This talk will portray issues that may give rise to bias in occupational studies, such as time-varying confounding affected by prior exposure, right censoring, competing events, and left truncation in relation to methods used to address them. We also lay out steps in identifying target quantities of interest, given the existing knowledge and questions at hand, assessing whether that quantity is identifiable with available estimation methods, and the interpretation of these quantities after estimation.