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What can public health do for the welfare state? Occupational health could be an answer.

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What is ready known on this subject

There is evidence that populations who live in countries with more universal and generous welfare state benefits enjoy better health than those in countries with less generous and more individually-centered welfare regimes.

What this study adds

In this essay we discuss how public health, and particularly occupational health, can assist the welfare state in adapting to times characterized by a flexible and insecure labor market.

Policy implications

Occupational health, through occupational risk prevention and health promotion, has the mission to maintain work ability and help people enjoy a healthy and prolonged working life, as a critical component of human well-being.

Abstract

Background: The welfare state has a long history of uncertain future. Nonetheless, health indicators of people living in countries with a more universal and generous welfare state remain better than those living under less generous and more individualist welfare regimes. In this essay we reflect on how occupational health, as part of public health, can contribute to the sustainability of the welfare state. **Methods:** Over the course of the political and social transformations of the State, from single guarantor of security to assuming civil and social rights, the practice of public health has added, to its original objectives related to the control of epidemics of contagious diseases, the promotion of health, and the reduction of inequalities in health. In the context of the 2030 Agenda of Sustainable Development Goals, there is a great opportunity to expand the welfare state through public health policies. **Results:** On the other hand, the welfare state is only possible when persons are employed in the formal sector. Through their taxes, workers and employers support the welfare state. Occupational health, by preventing injury and illness, and promoting the health of working people, can contribute significantly to the existence of decent work and a quality labor market. **Conclusion:** the mission of occupational health is to help people enjoy a healthy and prolonged working life, as a critical component of human well-being.

Key words: public policies, health, social security, workplace.

Introduction

The history of the welfare state has long been characterized by an uncertain future. Since the 1980s, and from time to time, its death is announced (1). Meanwhile, health indicators of populations living in countries with more universal and generous welfare state benefits continue being better than those who live in less generous and more individualist welfare regimes (2). Comparing changes in life expectancy of the United States and 17 other countries with similar income levels from the Organization for Economic Cooperation and Development (OECD), the smallest increase in life expectancy, observed in the United States with respect to the remaining countries, could be mainly explained by the lesser generosity of its welfare state (3). However, in terms of relative health, the discussion remains open because inequalities persist and, in fact, can increase (4, 5). This is likely due in part, in countries where the entire population receives benefits, to the fact that those who are in advantaged socioeconomic position, with more power, benefit more (6).

No less important than the role played by the welfare state during stable economic cycles is its role in protecting health and managing health inequalities during the periodic economic crises that characterize capitalism. For instance, in Spain, Regidor and colleagues (7) found that all-cause mortality decreased more during the Great Recession that began in 2008 than in immediately prior periods, especially in low socioeconomic groups. Although the authors argue that this decline could be attributable to decreased exposure to risk factors such as air pollution, traffic accidents, as well as to increasing physical activity, others note the relevance of social protection benefits provided by the welfare state, such as pensions and unemployment benefits (8). Research on specific components of social protection systems has shown a positive effect of unemployment benefits in limiting the impacts of an economic recession on health. For example, in a comparison of 23 European countries (9), those countries that provided unemployment benefits with wage replacement approaching 100% of their previous salary had a lower proportion (6%) of people who suffered deterioration of their health between 2006 and 2009 than countries where wage replacement

was around 50% of the salary (11%). In another study of 30 developed countries grouped by type of welfare state from 1960 to 2012, there was a clear favourable gradient in the magnitude of the effect of unemployment on suicide mortality between the Scandinavian countries (72% wage replacement)) and Central Europe (71%) with respect to the Anglo-Saxon countries (61%), Southern Europe (55%) and Eastern Europe (56%) (10). In addition, more generous severance pay in the event of layoffs has been associated with better health among both subsequently employed and unemployed persons (11). Similar results have been observed in relation to the degree of coverage and generosity of other types of welfare state programs, such as family support and pensions, in relation to infant mortality and excess mortality rates among the elderly, respectively (12).

In this context, given strong evidence of the positive effect of the welfare state on human health, especially during periods of economic crisis, the question addressed in this essay is *"What can public health do for the welfare state?"* or, alternatively, *"How can public health contribute to the sustainability of the welfare state?"*

Public health as part of the welfare state

Public health, probably even before it was called public health, has always had the mission to protect the health of the population, whether through provision of clean drinking water and sanitation in Roman times or by controlling the spread of contagious disease in the Middle Ages through quarantines in commerce (12). These measures were adopted by public administrations exercising -when necessary- their coercive power. As such, public health is a state institution and public health agencies (whose name may vary by country) exist worldwide, and their essential services are well defined (13).

However, fewer than 100 years ago, the main role of public health was to protect people and property. The *"Stato"*, mentioned by Machiavelli in *The Prince* in 1513, has undergone profound changes (14). The transition has been from a State as guarantor of security (military, justice and general administrations), almost exclusively favouring the interests of the powerful, to a State that, to the extent

that it was democratized, began assuming public policies related to education, health or pensions, among others, to guarantee the civil and social rights of all citizens. As the historian Judt has said, the 20th century was, especially in Europe, the century of the consolidation of the welfare state (15).

Thus, in step with the socio-political transformation of the State, public health practice has expanded its role from one of controlling epidemics of contagious disease to the promotion of health and reducing health inequalities. These objectives can only be reached by collaborating with other institutions and services of the welfare state, such as housing, urban planning, education, employment, social security, environment, research and/or innovation. Schematically, public health acts as a hinge between the health care system, mostly focused on diagnosis and treatment of health conditions, and the different institutions and policies that define the welfare state, focused on the promotion and protection of health. Figure 1 summarizes this conceptual institutional role of public health, connecting the health care system with the other components of the welfare state. Good examples include the prohibition of smoking in public and workplaces, food safety, clean drinking water or wearing seat belts. All of these policies and regulations are outside the health care system; the responsibility for them depends on other administrations of the welfare state. In summary, public health, as part of the welfare state, provides leadership to these alliances between different components of the State and civil society in what has been called the "health in all policies" strategy (16).

The 2030 Agenda for Sustainable Development goals, currently the most serious attempt at global governance, has focused on the prerequisites of health, including poverty, justice and climate change (17). Objective 3 relates to good health and well-being, and Objective 10 to reducing inequalities, especially in health; both are clearly under the purview of public health. This may represent a great opportunity to expand the welfare state through public health policies.

This bidirectional relationship between the welfare state and public health, despite many difficulties and large differences, is advancing in the right direction, as has

been pointed out by Latin America (Argentina, Brazil, Chile), the Arab world (Morocco, Tunisia) (18) and East Asia (Japan, South Korea) (19). Fortunately, this seemingly beneficial relationship is not limited to Western countries.

The role of occupational health

Work, both paid and unpaid, is one of the main social determinants of health and health inequalities (20). For Arendt (21), work is an elementary and consubstantial matter of the human condition (*homo faber*), and a driver of human civilization. However, in the context of our discussion, we should distinguish (see figure 2) among work, as any human effort to achieve a particular purpose, job/occupation, as paid work, and employment, as formal paid work with social right. The existence of the welfare state is premised on persons being formally employed. Through their tax contributions and those of their employers, workers provide for the financial underpinnings of the social protection systems that make up the welfare state. These include those directly related to workers (e.g., pensions, unemployment benefits, coverage for occupational illness and injury, sickness absence, and permanent disability), and the general public investments made in education, housing, transportation or research, among others policies and programs.

The concept of decent work promulgated by the International Labor Organization (22) is a key element for both the welfare state and public health. Decent work has become a universal human right, and refers to productive work, employment with rights, fair income, safe workplace, social protections and worker participation. Decent work is also reflected in Objective 8 (productive and decent work) of the 2013 Agenda for Sustainable Development.

Occupational health, through the prevention of injuries and illnesses, and the promotion of the health of working people, contributes significantly to the existence of decent work and a quality labor market by improving working and employment conditions. Thus, the mission of occupational health is to help people enjoy a healthy and prolonged working life. Occupational health is contributing to

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3 reduce the great burden of work-related diseases. Recent estimates show that
4 work-related morbidity, disability, both temporary and permanent, and mortality
5 represent around 3.3% of the gross domestic product in the European Union (23)
6 and that approximately 5% of the working population are on sick leave every day
7 (24).
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13 However, the application of occupational risk prevention activities to improve
14 safety (buildings, machines, tools, etc.), environment (climatic, pollutants, etc.),
15 ergonomics (movements, loads, etc.) and psychosocial (demands, control, support,
16 etc.) conditions are largely internal to companies and often complex to apply. This
17 is the case of psychosocial risk factors, and work-related stress, where the gap
18 between policy and practice is especially remarkable (25).
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26 The self-regulation of working conditions and the labor market is limited. In fact, in
27 the 31-country European Survey of Enterprises at Work and Emerging Risks (26),
28 90% of the 36,000 public and private companies with more than 10 employees
29 who responded indicated their major reason for addressing health and safety
30 measures was 'fulfilment of legal obligations'. Worker participation and the
31 enforcement of company responsibilities must be regulated by law. Regulating and
32 enforcing safe and fair working and employment conditions, such as the ILO
33 framework Conventions and Recommendations or the European Union
34 Framework Directive for Health and Safety at Work, are central to the prevention
35 and control of workplace risk factors (27).
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45 Safe and healthy work is a necessary, but insufficient, condition for decent work.
46 Social protections, including health care, are also necessary to support decent
47 work (28). For instance, sick workers, whether due to a work-related or non work-
48 related disease, require medical attention and temporary benefits while they are
49 ill, and permanent benefits if they suffer a permanent disability due to that disease.
50 Occupational health can help them return safely and productively to work. This
51 can contribute to reducing the great expenditure in sickness absence (29) and
52 disability pensions. This is especially relevant given current demographic shifts,
53 such as the aging workforce and increasing prevalence of chronic disease. In terms
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of contributing to increase birth rates, pregnant workers need risk prevention and social benefits before and after childbirth. Occupational health professionals have an important role in protecting women workers and their fetus during pregnancy, and facilitate their continuation in the labor market after maternity leave (30).

Last, but not least, the prerequisite for carrying out the mission of occupational health is that people who work, whether self-employed or on behalf of others, should do so formally, with legally recognized rights and social benefits. Without this condition, occupational health can do little to protect their health, especially of those experiencing the worst working and health conditions. Both informal and precarious employment negatively affect public health and the welfare state (31).

In summary, with a promising future for the welfare state and labor market, mutually reinforced, occupational health, as part of public health, can contribute to the sustainability of the welfare state. Decent employment was key to enjoying the golden age of the welfare state. Now and in the future, if we desire a generous and universal welfare state, maintaining and improving safe and healthy workplaces are paramount.

Figure 1. Public health as a hinge between the health care system and other components of the welfare state, and the specific role of occupational health between public health and social protection system.

Source: adapted from Benavides FG, Serra C, Delclos J. Estado de bienestar y salud pública, una relación que debe ser actualizada. Gac Sanit. 2018;32: 193-197.

Figure 2. Practical definitions and relationships of work, occupation/job and employment.

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Work: any human effort (mental and/or physical) to achieve a particular purpose.

Occupation/Job: paid work based on specific professionals competencies.

Employment: formal paid work with contract and covered by social security .

Source: adapted from Ruiz-Frutos C, García AM, Delclos J, Benavides FG. Salud Laboral. Conceptos y técnicas para la prevención de riesgos laborales. 4ª Ed. Barcelona: Elsevier, 2014.

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