France : yawning health divides

France's Public Health Committee (HCSP) has just published its third three-year report since being set up in December 1991. The report, entitled *Health in France 2002*, gives a full check-up on the nation's health, plus a critical study of the health care system and ways of making it more efficient. It is the outcome of eighteen months' work by the HCSP and many outside experts.

Despite having pierced the wall of silence about the wide social health gaps in its 1994 report, the Public Health Committee is forced to the grim conclusion that they have not reduced.

A 35-year-old manager can now expect to outlive a manual worker by 6.5 years. 2 in 8 manual workers now aged 35 will die before reaching 65, compared to 1 in 10 managerial staff. An unskilled worker has a probability of disability of 113, versus 89 for senior management (French average 100). The premature birth rate triples and the incidence of low birth weight doubles according to the mother's educational level.

The causes of death reflect the same wide social inequalities, as the table below shows.

The deeper research into occupation-related health gaps goes, the clearer it becomes that inequalities are entrenched not just in general mortality or morbidity, but in other areas, too, like disability, dependency needs, and how social and health systems cater for them. For example, for the same level of disability, the proportion of children in institutional care is 3 times higher among manual and clerical workers than among managerial and middle-level occupations.

The Committee calls for a greater effort to survey and monitor these inequalities. Some existing "watchdog systems", like those for occupational or notifiable diseases, do not get directly to grips with these social inequalities. More research is needed into occupation-related health determinants and the use of prevention and care to look behind individuals' social and occupational groups and financial means to understand the "why" of these health situations and patterns, and this use of care.

Are postcode- and occupation-related health gaps an inevitability that we have to put up with, trusting in public funding for remedial care systems to put the situation right? The Public Health Committee thinks not, and wants government to make closing health gaps a priority not just of health policies but all public policies generally. It also argues that "generally speaking, the environment, working conditions, the living environment are all factors that condition our health which are not given sufficient importance in health promotion".

Laurent Vogel
lvogel@etuc.org

The full report is available on:
http://hcsp.ensp.fr/hcspi/explore.cgi/accueil

Ratio of death rates of male manual/non manual workers between 45 and 59 years of age in Europe

	Lung cancer	Other cancers	Cardiovascular disease	Gastrointestinal disorders
France	1.65*	1.75*	1.14	2.20*
England & Wales	1.54*	1.07	1.50*	Not available
Ireland	1.95*	1.17*	1.23*	1.08
Finland	2.20*	1.14*	1.47*	1.37*
Sweden	1.46*	1.11*	1.36*	1.58*
Norway	1.62*	1.15*	1.35*	1.42*
Denmark	1.51*	1.09*	1.28*	1.65*
Switzerland	1.73*	1.29*	0.96	1.62*
Italy (Turin)	1.26	1.17*	1.08	1.85*
Spain	1.38*	1.31*	0.98	1.59*
Portugal	1.07	1.15*	0.76*	1.59*

* Significantly different to 1

Source : Kunst, A. E., Groenhof, F., Mackenbach, J. P., "Inégalités sociales de mortalité prématurée: la France comparée aux autres pays européens", in Leclerc, A., Fassin, D., Grandjean, H., Kaminski, M., Lang, T. (eds), *Les inégalités sociales de santé*, Paris : Inserm-La Découverte, 2000, pp. 53-68.

Don't under-rate working conditions

This extract from the report* is a contribution by Marcel Goldberg of INSERM (National Institute for Health and Medical Research) on how the health impact of working conditions is downplayed.

The international scientific literature provides evidence to show that work-related factors play a large part in people's health. In particular, about a third of the social differential in cancer deaths in industrial countries is thought to be accounted for by work-related exposure, rising to about 50% for lung and bladder cancers. As well as cancers, which are the focus of intensive research, the work environment is also wholly or partly to blame for other major health problems: musculoskeletal disorders (at least 30% of adult males suffer low back pain, mostly work-related, while all countries which keep figures report joint problems rising to epidemic proportions in the past few years), damage to hearing, reproductive system disorders, non-carcinogenic respiratory disease, skin disorders, neuropsychiatric, cardiovascular and other problems. Alongside physical, chemical and biological hazards, work organization-related psychosocial factors also take a heavy toll on both physical and mental health.

The French occupational disease compensation system is based on a set of "schedules" that lay down criteria for the recognition of different diseases and the conditions of exposure to work-related pathogens. This system has often been taken to task as giving recognition to too few occupational diseases, and the postcode lottery of the probability that a disorder will be recognized as an occupational disease. Under-recognition most probably affects all occupational disorders for which compensation tables exist, and in most cases is hard to put a figure on. But the patchy data available on cancers and musculoskeletal disorders gives some idea of how big a problem it is.

About 500 cases of work-related cancers were compensated as occupational diseases in France in 1999, whereas best estimates from the international literature would put these at around several thousand cases a year. Work-based asbestos-related cancers are firmly established, but offer a particularly telling example: only 413 asbestos-related cancers were recognized as occupational diseases under the general scheme in 1998, whereas a "low" estimate of asbestos-related deaths in France puts the toll at 1,950 fatalities in 1996.

The same goes for joint disorders, especially carpal tunnel syndrome, an illness whose work-related etiology is most firmly established. A recent study in Montreal, whose findings broadly hold up when applied to France, shows that carpal tunnel syndrome requiring surgical treatment among manual workers had a work-related cause in 76% of men and 55% of women. And there are about 130 000 carpal tunnel syndrome operations a year in France, for about 2 000 cases a year of joint disorders recognized as occupational diseases. Not all this surgery is on manual workers, admittedly. But it is clear that, here too, there is a massive under- recognition of the work-related etiology of this disease, even though, unlike most cancers, the latency period after the exposure to the causative working conditions is short, so that most cases occur in people who are still working even though under occupational health surveillance. One consequence of under-rating work-related etiologies is that there is too little workplace prevention provision. By hitting firms in their pockets, the occupational diseases compensation system was designed to encourage preventive measures and improvements in working conditions. In fact, this massive under-estimation of the consequences of work-related exposure is very likely one main reason why the information and prevention needed to address these avoidable diseases is not happening.

Also, the paucity of national data means that the proportion of work-related diseases is estimated exclusively from the evidence of international literature. The big problem with this is that it produces invalid estimates, since the share attributable to work-related factors cannot be divorced from the study population. More than that, though, it underrates the extent of work-related pathologies, because a problem measured by reference to national data shared between a large number of actors is always seen to be much larger than when assessed by data taken over from other countries that only the handful of specialists in the field get to see.

Marcel Goldberg, Inserm U88

* Marcel Goldberg, "Déterminants professionnels: des effets qui restent largement sous-estimés", *in La santé en France 2002*, French Ministry of Employment, Public Health Committee (HCSP), January 2002, pp. 129-131.