

2018 ICOED Bangkok/SK.KANG

STRATEGIC MANAGEMENT ON OCCUPATIONAL HEALTH IN WORKPLACE

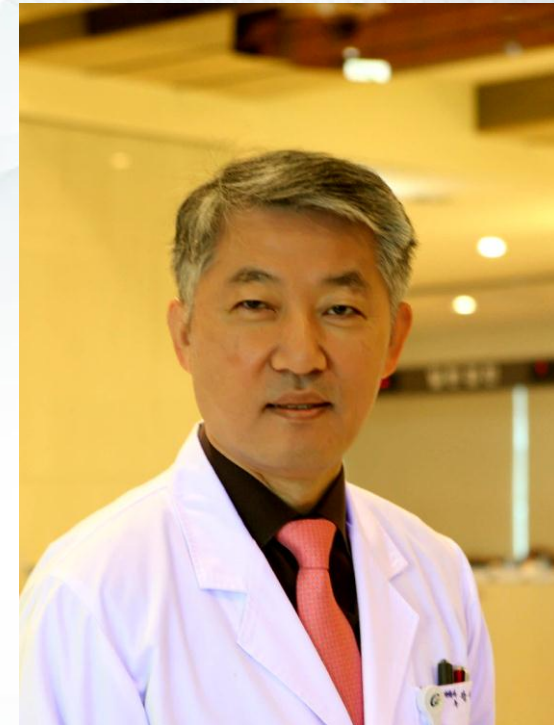
2018-12-14

KANG, Seong-Kyu
Gachon University Gil Medical Center

KANG, Seong-Kyu

- **Prof. / Gachon University Gil Medical Center**
- KOSHA Vice President/Director of OH Dept
- OSHRI Director General

- US CDC/NIOSH
 - ◆ Epidemic Intelligence Service(EIS) Officer
- Editor-in-Chief SH@W
 - ◆ Safety and Health at Work
- ICOH Vice President (2015-2021)
 - ◆ International Commission on Occupational Health
- Fellow of Collegium Ramazzini





**Improve workers
health by controlling
life style diseases**



**Health
Protection**



**Protect workers from
working environment**

**Health
Promotion**



**Wellness
Program**



**Prevent early
retirement of workers**

Health Protection

Occupational Diseases

Diseases by physical agents

Diseases by chemicals
including dust

Diseases by biological
hazards

Preventive activities

Controlling work
environment

Chemicals/dust/noise
control

Industrial hygiene approach

Health Promotion

Work-related diseases

Musculo-skeletal disorders

Cerebro-Cardiovascular
diseases

Stress related mental
disorders

Preventive Activities

Life style diseases

- Hypertension, DM, hyperlipemia, obesity

Alcohol, Smoking,
Nutrition, Exercise

Job related stress
Reduce working hours

Wellness Program

Prevent early retirement

Burn out syndrome

Absenteeism

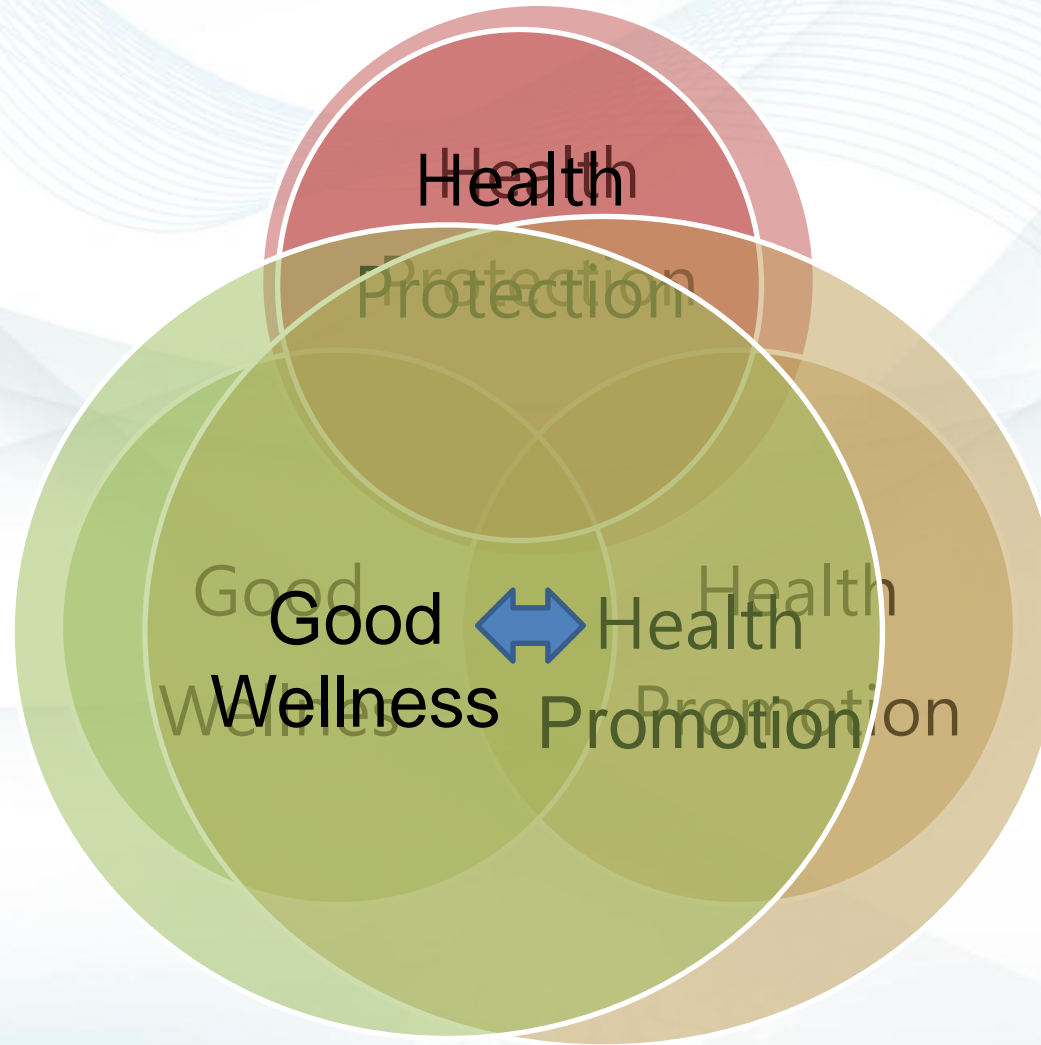
Occurs in the countries where the social security system is well organized.

Preventive Activities

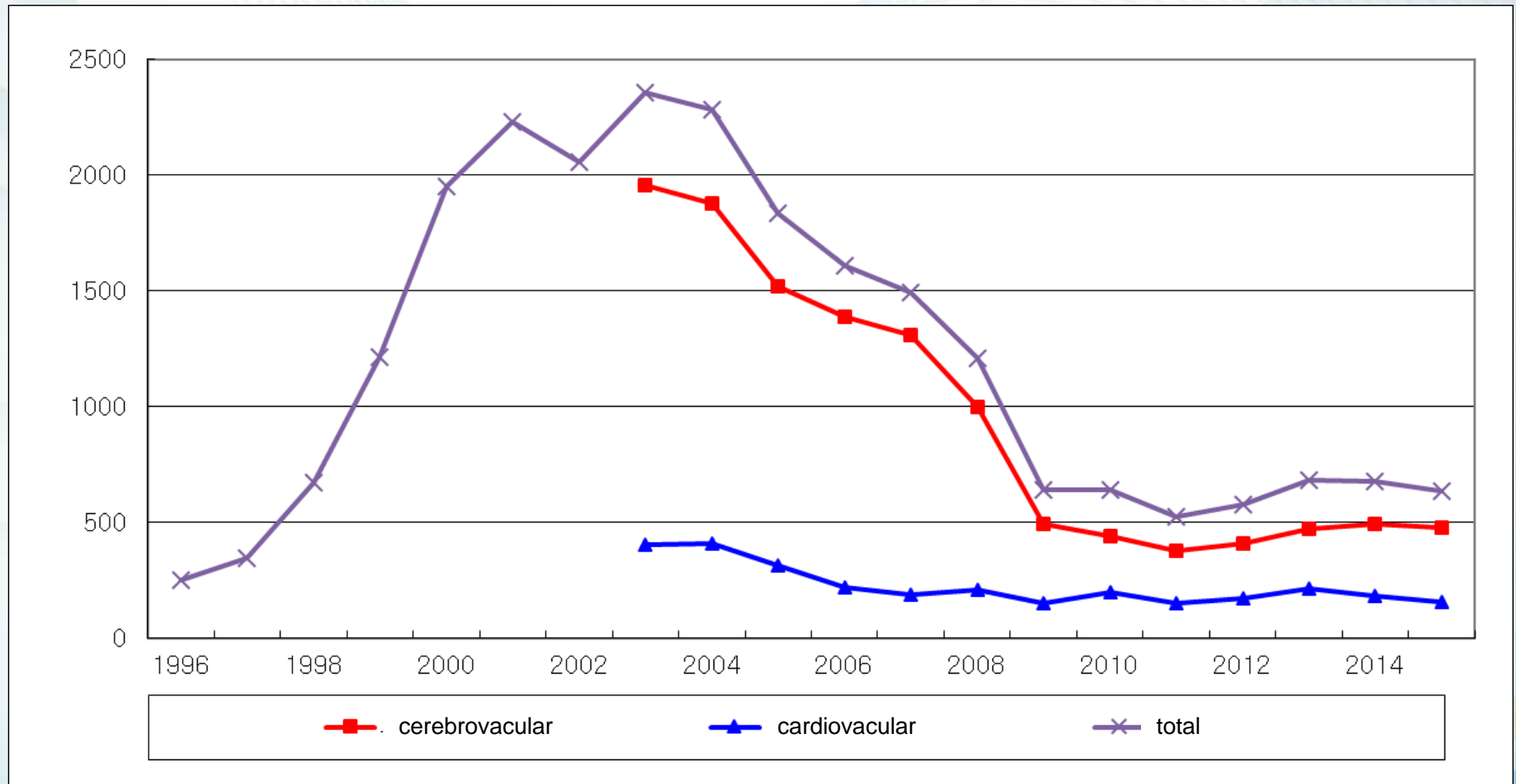
Psychological support

Social support

Good wellness = Health promotion



Compensated Cardiovascular diseases



Cardiovascular Diseases

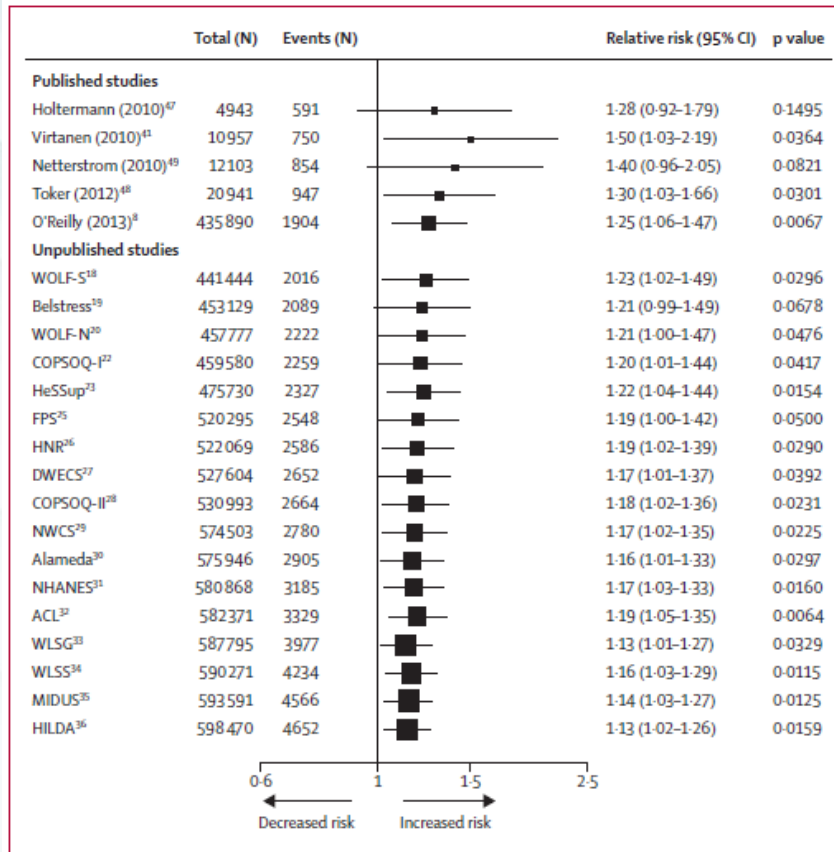


Figure 2: Cumulative meta-analysis of published and unpublished data of the association between long working hours and incident coronary heart disease
Estimates adjusted for age, sex, and socioeconomic status.

Stroke

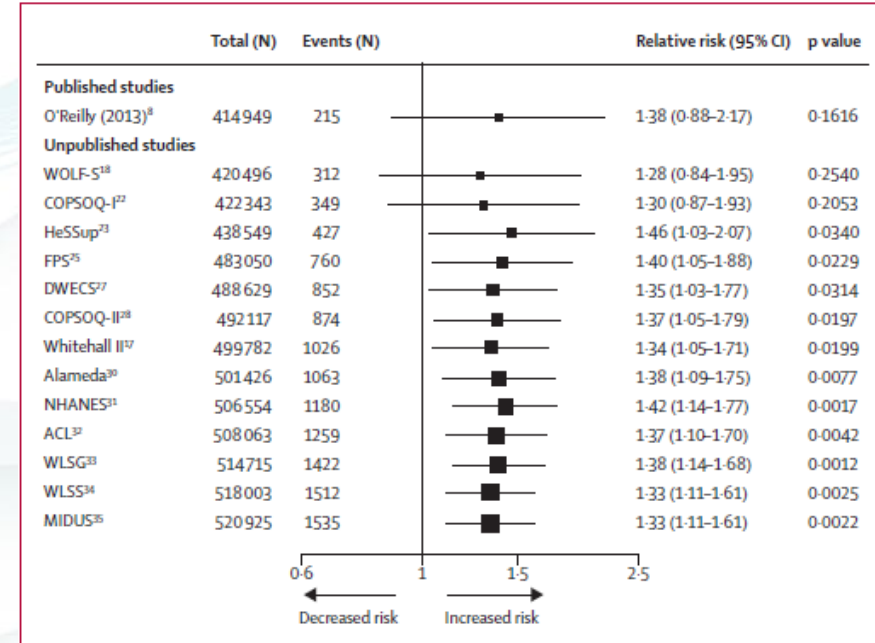


Figure 3: Cumulative meta-analysis of published and unpublished data of the association between long working hours and incident stroke
Estimates adjusted for age, sex, and socioeconomic status.

The Lancet: 2015:386:1739-1746.

Kivimäki M et al. Long working hours and risk of coronary heart disease and stroke

Working hours and Cerebro-Cardiovascular diseases

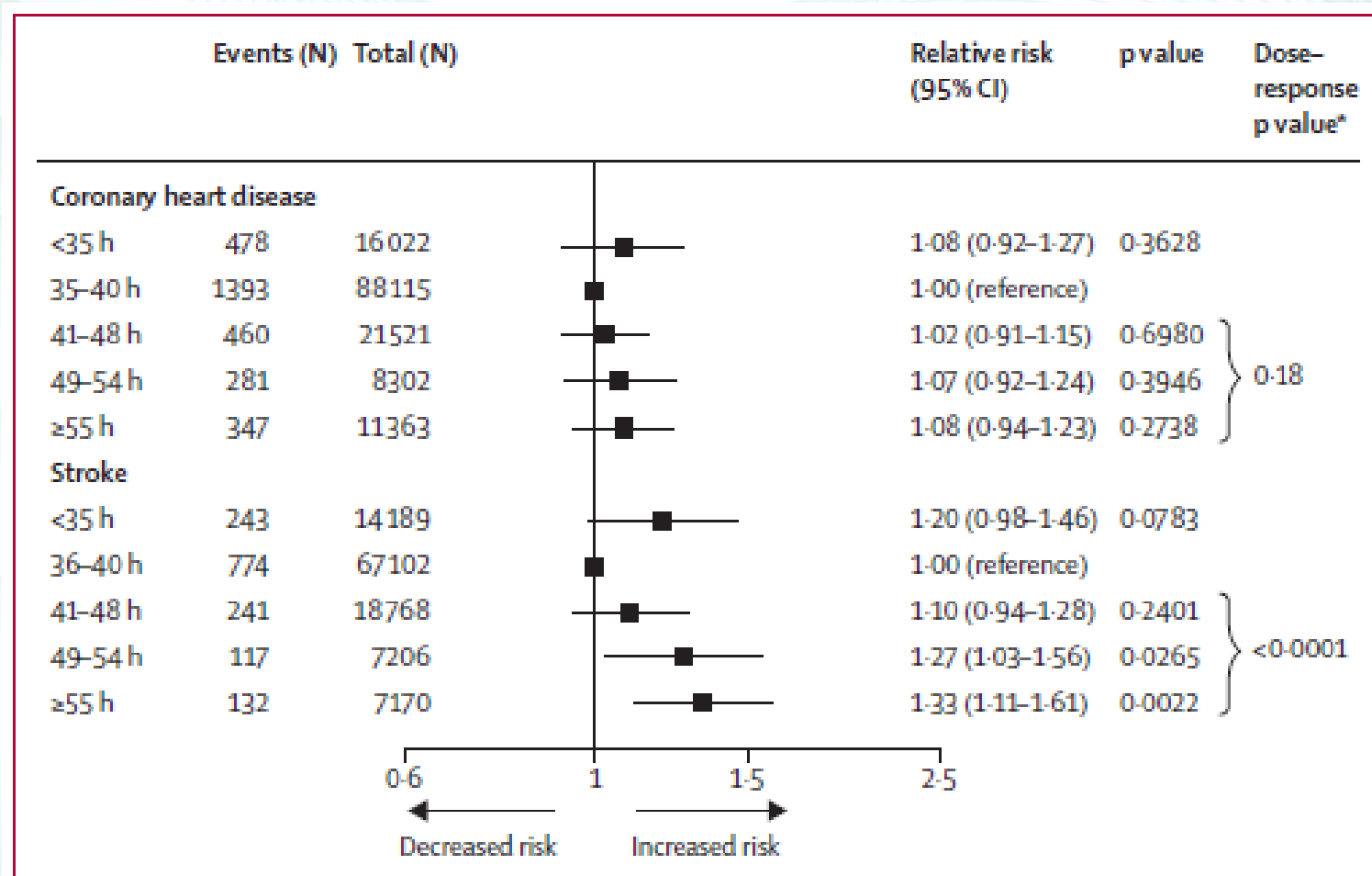
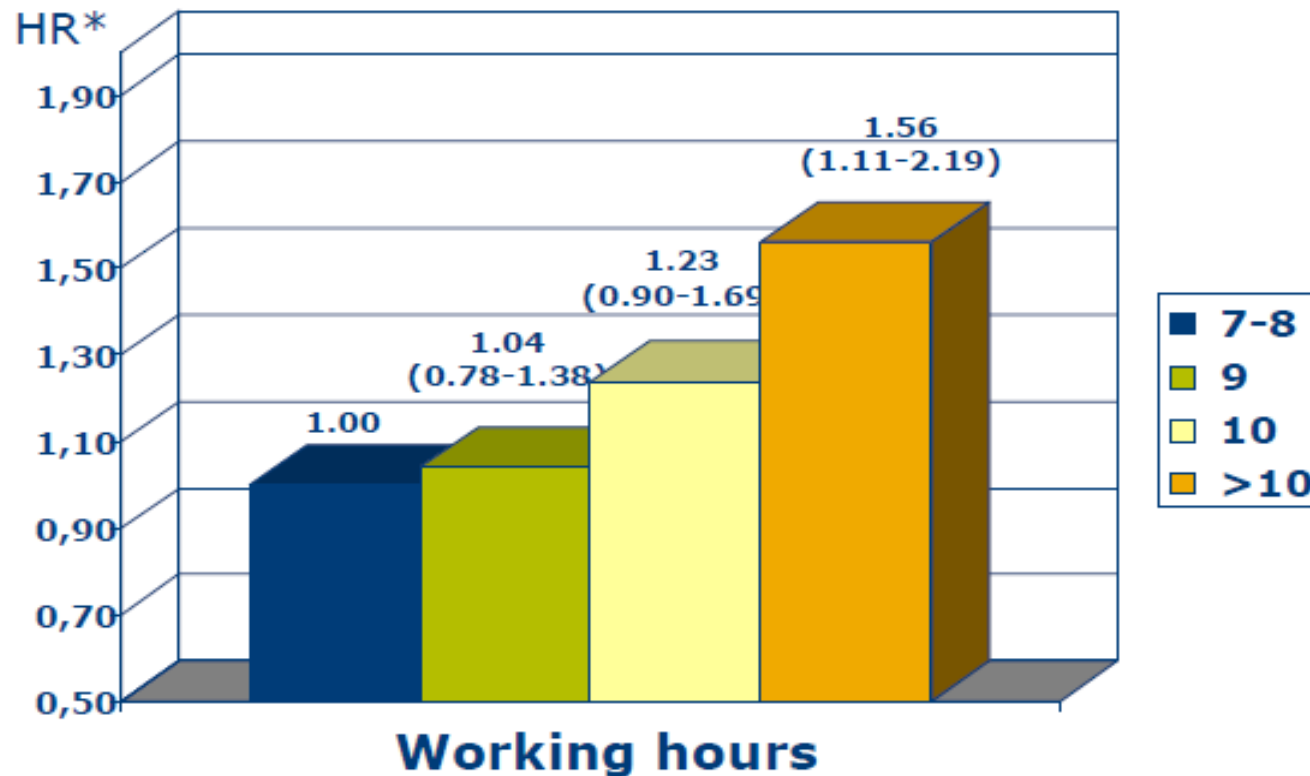


Figure 4: Association of categories of weekly working hours with incident coronary heart disease and stroke
 Estimates adjusted for age, sex, and socioeconomic status. *For trend from standard to long working hours.

Working hours and Cardiovascular Diseases

Fatal CHD, non-fatal myocardial infarction, or definite angina pectoris



*Adjusted for 21 cardiovascular risk factors

FIOH / Harri Vainio / May 22, 2010

Virtanen ym. European Heart Journal 2010

Diagnostic Criteria for CVA

■ Diseases

- ◆ Cerebrovascular diseases: hemorrhage, SAH, infarction
- ◆ Cardiovascular diseases: MI, Dissecting aneurysm

■ Working Condition

- ◆ Acute stress (within 24hours)
- ◆ Subacute stress (for 1 week)
- ◆ Chronic job stress (for 3 months)

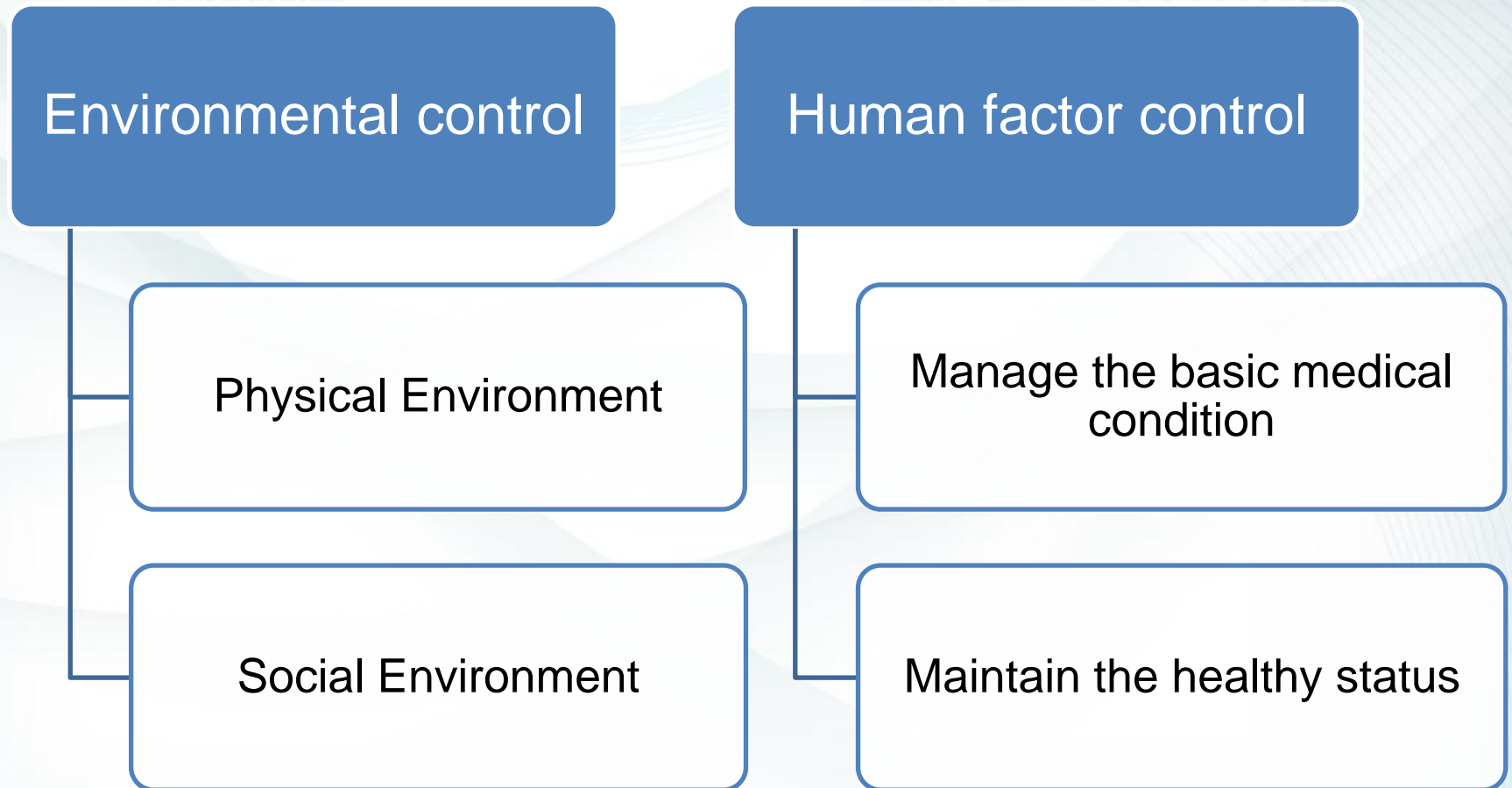
Working
Condition

=

Work-
related

※ Long working hours = more than 60 hours per week
Or more than 52 hours with combined conditions.

What to do at the workplace



Environmental Control

Visible risks (traditional risks)

- Accidents
- Physical, Chemical, Biological risks

Invisible risks (social, organizational risks)

- Shift work, long working hours
- Sex, age, migrant workers
- Job stress – psychological support
- Organizational culture

Human Factor Control

Those who have a basic medical condition

- Control life style diseases
- Hypertension, hyperlipemia, diabetes, obesity

Those who are healthy

- Smoking (tobacco tax)
- Drinking (Reduce)
- Exercise (30 mins, 3 times a week)
- Nutrition (balanced, less salt)

17

ขอบคุณครับ