

Presentation Title	Place in Schedule
Integrative prevention: A global perspective on occupational health and wellbeing for women and men	Poster Session <i>Day 2 – Wednesday – May 9<sup>th</sup>, 2018</i> <i>8:30am-9:30am</i>
Description of Presentation	Presenter Name(s) And Credentials
<p>According to the World Health Organization “Workers health global plan of action 2008-2017”, actions in primary prevention are essential and components of health systems should be involved in an integrated way in workplaces. Developing an integrative prevention in workplaces (considering primary, secondary and tertiary levels of prevention) represents an opportunity to consider common inequities relatively to sex/gender (s/g). Several integrative approaches in workplaces are addressed in the literature but there is still a knowledge gap regarding action to undertake to improve prevention practices in workplaces. This communication aims to identify, in a literature search, definitions and concepts associated with the notion of “integrative prevention” in the field of occupational health, and to see if it includes some preoccupation about s/g equity.</p> <p>A literature review was performed in PUBMED, SCOPUS and GOOGLE Scholars. The search led to the identification of 16 papers in French or in English. Papers must have addressed at least two levels of prevention in the workplace (e.g. jointly addressed prevention in the workplace and a return-to-work program). We extracted several variables about the concept of integrative prevention, definitions of levels of prevention and sex/gender considerations.</p> <p>Most papers highlighted the relevance of coordinating prevention actions in integrative approaches in workplaces. Definitions offered in those studies consider various elements such: disability prevention and management interventions; multiple factors from diverse disciplines; different expertise; prevention services with occupational medical care; simultaneous interventions at three levels of prevention, etc.</p> <p>With regard to sex and gender consideration, over the 16 studies, eight addressed general population (without s/g distinction), four studies take place in a typical women workplace (all about the same</p>	<p>Bénédicte Calvet, M.Sc. <i>Université du Québec à Montréal</i></p>

program), one takes place in a typical men workplace, one takes place in a mixed workplace and one doesn't specify the population targeted.

Definitions of primary, secondary and tertiary prevention used in the literature are not homogeneous.

Some authors focus only on primary (before disability begins) and secondary (after its onset) prevention whereas others take into account primary (no disease or illness present), secondary (screening for potential signs of diseases) and tertiary (managing the disease or illness), and quaternary (reducing excessive utilization of healthcare resources and interventions). Other approaches, less focused on the health of individuals and more focused on actions in workplaces, propose to act upon workstation design and organization as soon as a new work situation occurs in primary prevention; to do prompt identification of problems in secondary prevention; and improve workplace following illness or injury in tertiary prevention. Sex and gender are not considered neither in the development of integrative prevention in workplaces, nor in the definitions of levels of preventions.

Beyond the different approaches in the literature, integrative prevention remains to be well defined and conceptualized. In a total health perspective, s/g inequities should be included in the concept of integrative prevention, for example, adaptation of workstations that respect men and women characteristics in primary prevention coordinated with return-to-work interventions that consider work family balance.