
Impact analysis across Europe: **Process and results**

How can we prevent OSD?

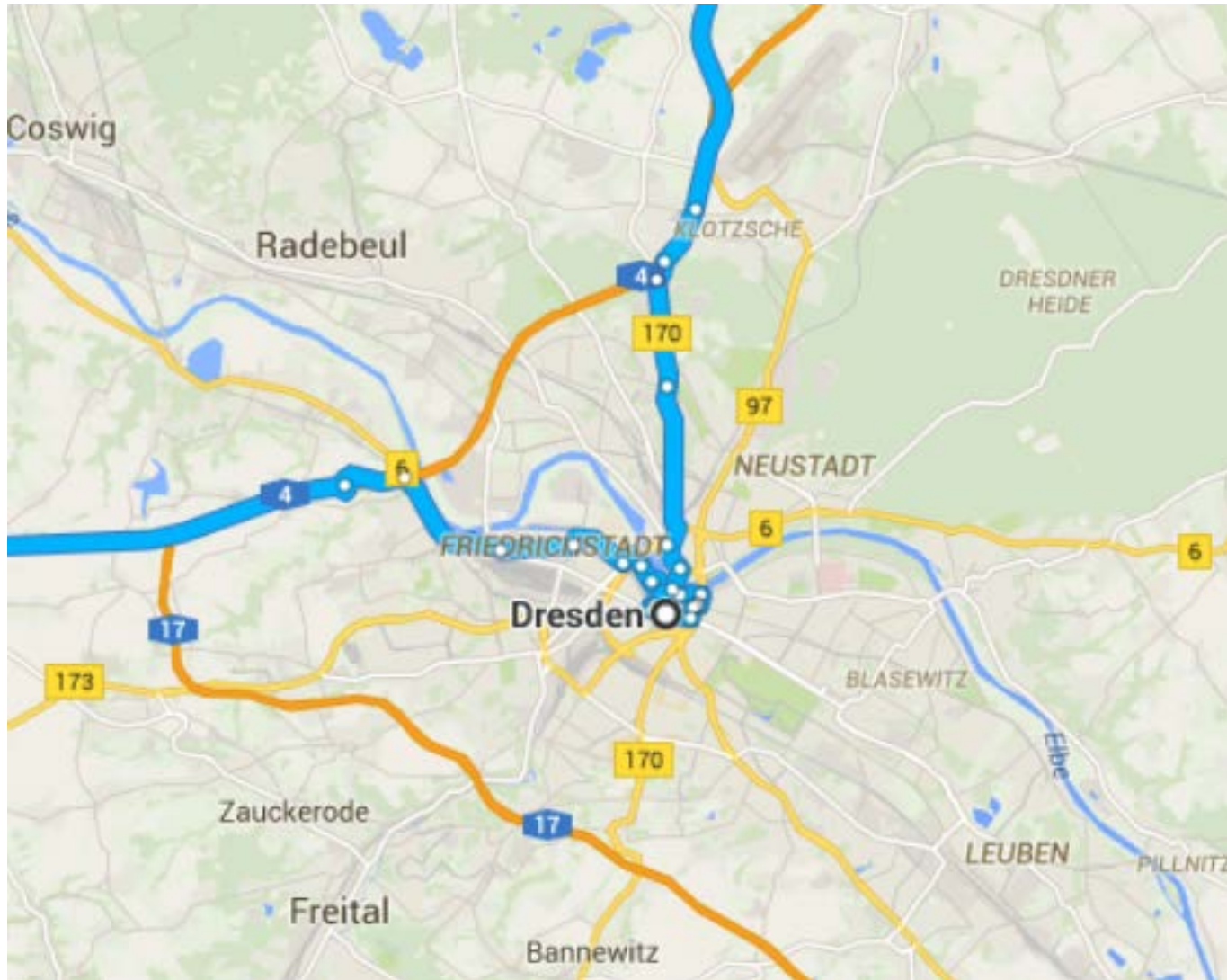
Sectors, structures, stakeholders?

Impact analysis across Europe

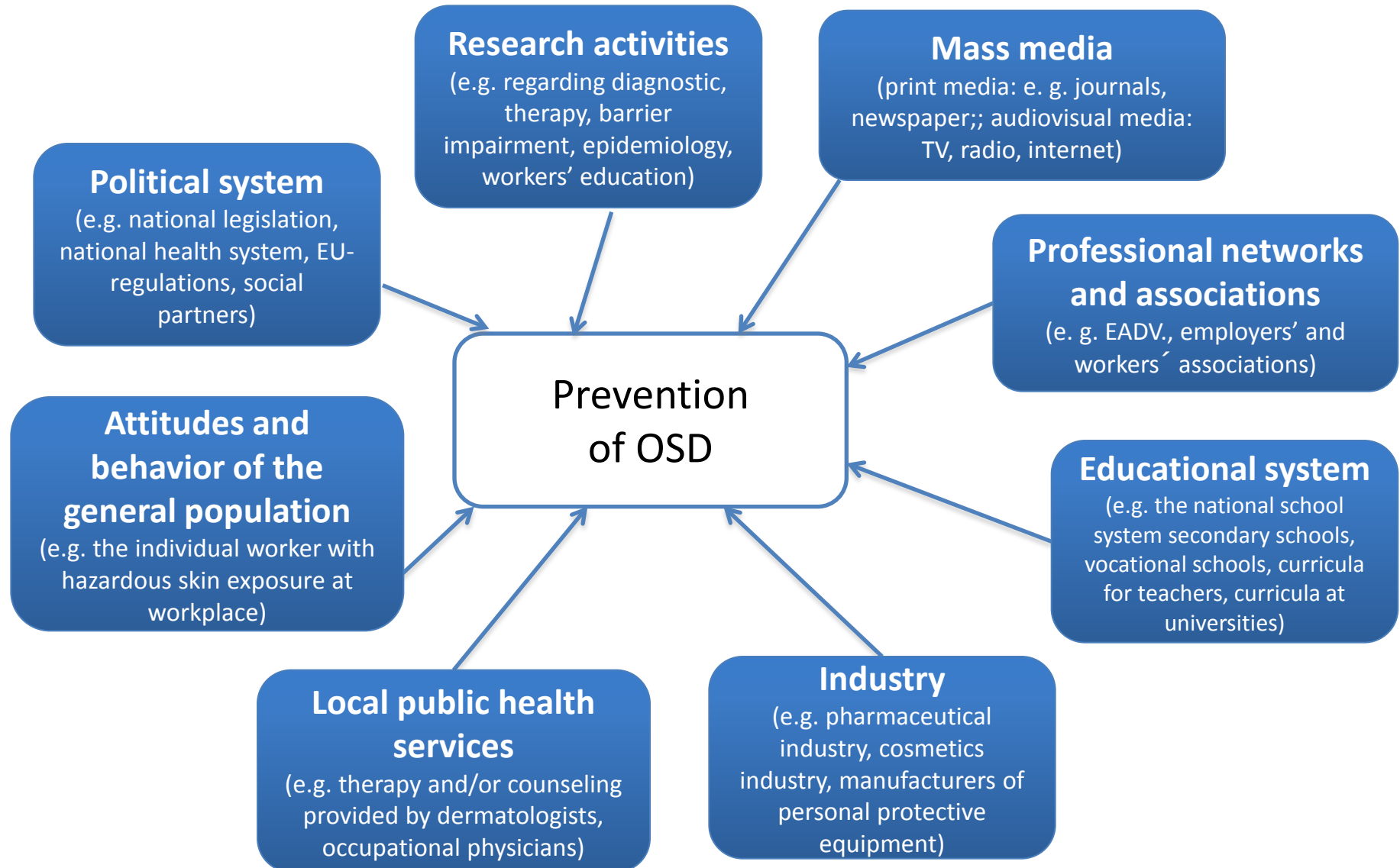
Primary question:
How can we prevent OSD?



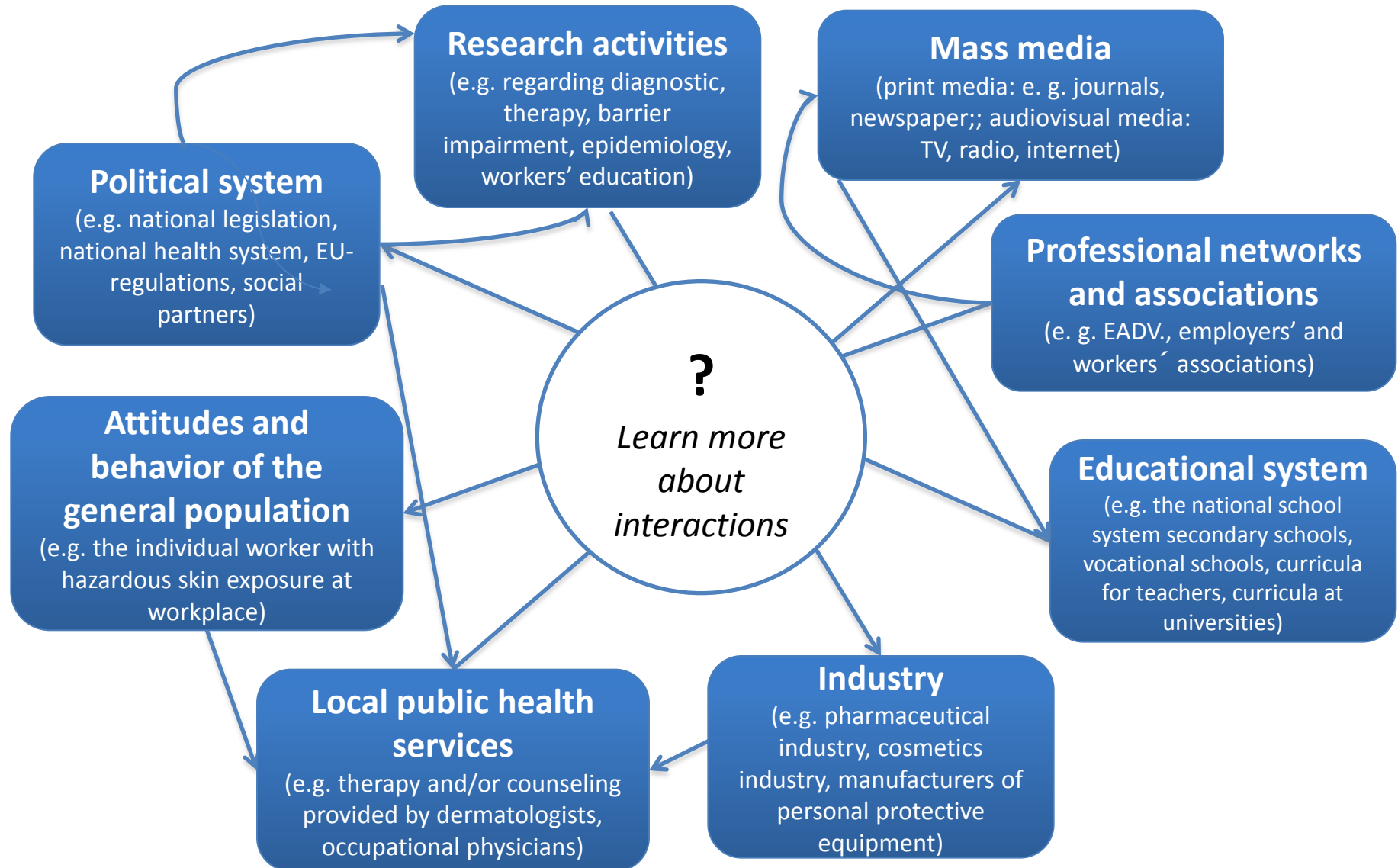
WG 5 meeting in Dresden, 03/2015



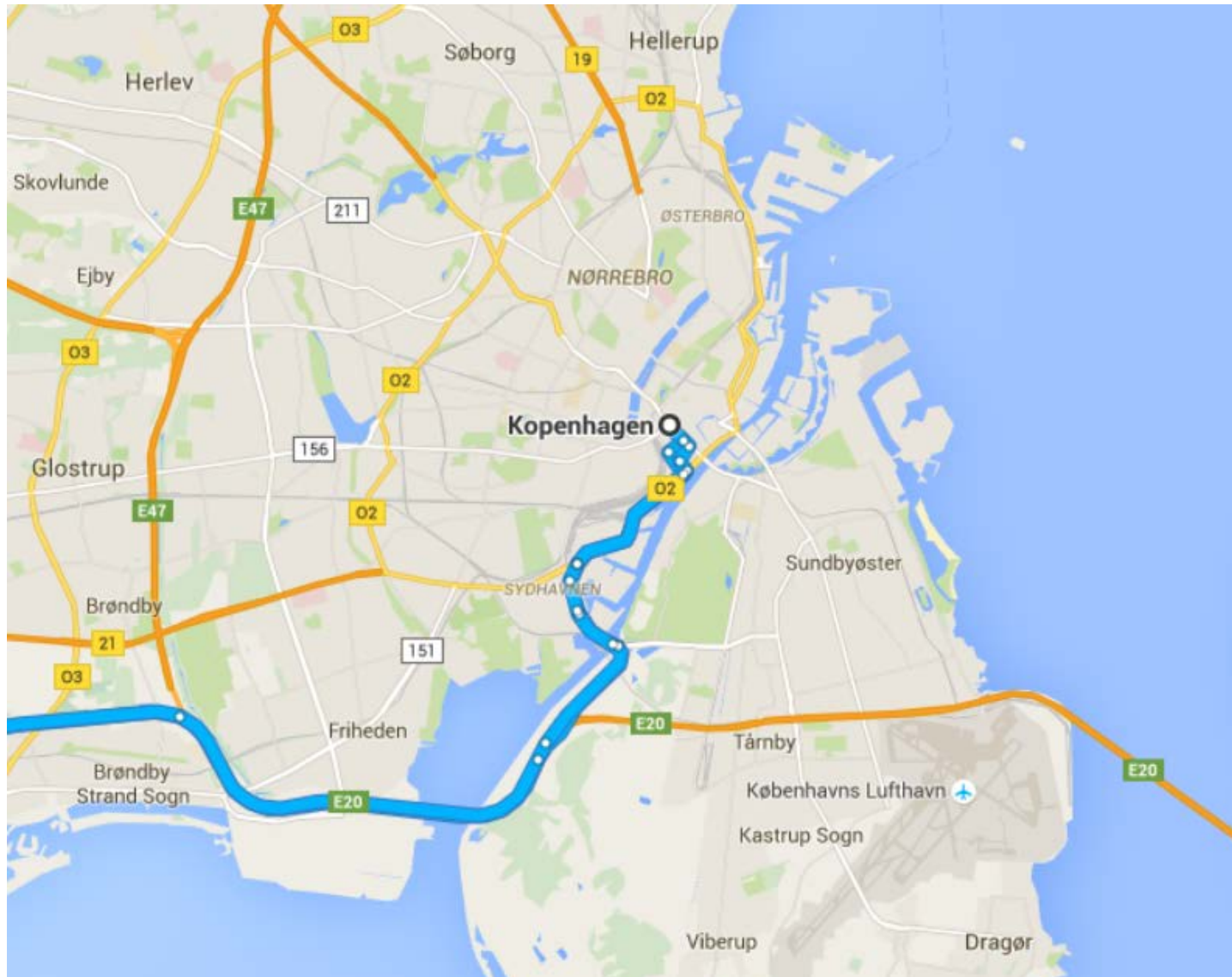
WG 5 meeting in Dresden, 03/2015



WG 5 meeting in Dresden, 03/2015



Meeting in Copenhagen, 10/2015



Meeting in Copenhagen, 10/2015



***55 experts for occupational
skin diseases from 12 countries***

Meeting in Copenhagen, 10/2015

Impact analysis: Prevention of occupational skin diseases (OSD)

Please estimate: How much does every single activity field (A-H) *directly* influence *each other* activity field regarding the prevention of OSD in your country?

Scale: 0 = no impact

1 = certain impact

2 = relevant impact

3 = strong impact

(Only one rate is possible; please do not rate "2-3").

Activity field		A	B	C	D	E	F	G	H
		Political system	Mass media	Professional networks and associations	Research activities	Educational system	Industry	Local public health services	Attitudes and behavior of the general population
A	Political system (e. g. national legislation, national health system, EU regulations)		A → B 3	A → C 3	A → D 3	A → E 2	A → F 3	A → G 3	A → H 2
B	Mass media (print media: e. g. journals, newspaper, poster, flyer; audiovisual media: TV, radio, movies; internet / webpages)	B → A 2		B → C 2	B → D 0	B → E 0	B → F 1	B → G 0	B → H 1
C	Professional networks and associations (national and international networks, e. g. EADV etc., employers' and workers' associations)	C → A 1	C → B 1		C → D 3	C → E 1	C → F 1	C → G 1	C → H 1
D	Research activities (e. g. regarding diagnostic, therapy, barrier impairment, epidemiology, workers' education)	D → A 1	D → B 1	D → C 3		D → E 1	D → F 1	D → G 1	D → H 1
E	Educational system (e. g. the national school system secondary schools, vocational schools, curricula for teachers, curricula at universities)	E → A 1	E → B 1	E → C 2	E → D 2		E → F 1	E → G 1	E → H 2
F	Industry (e. g. pharmaceutical industry, cosmetics industry, manufacturers of personal protective equipment)	F → A 2	F → B 2	F → C 1	F → D 1	F → E 1		F → G 1	F → H 2
G	Local public health services (e. g. therapy and/or counseling provided by dermatologists, occupational physicians)	G → A 1	G → B 1	G → C 3	G → D 1	G → E 1	G → F 1		G → H 2
H	Attitudes and behavior of the general population (e. g. the individual worker with hazardous skin exposure at workplace)	H → A 2	H → B 2	H → C 1	H → D 1	H → E 2	H → F 2	H → G 2	

Scale:

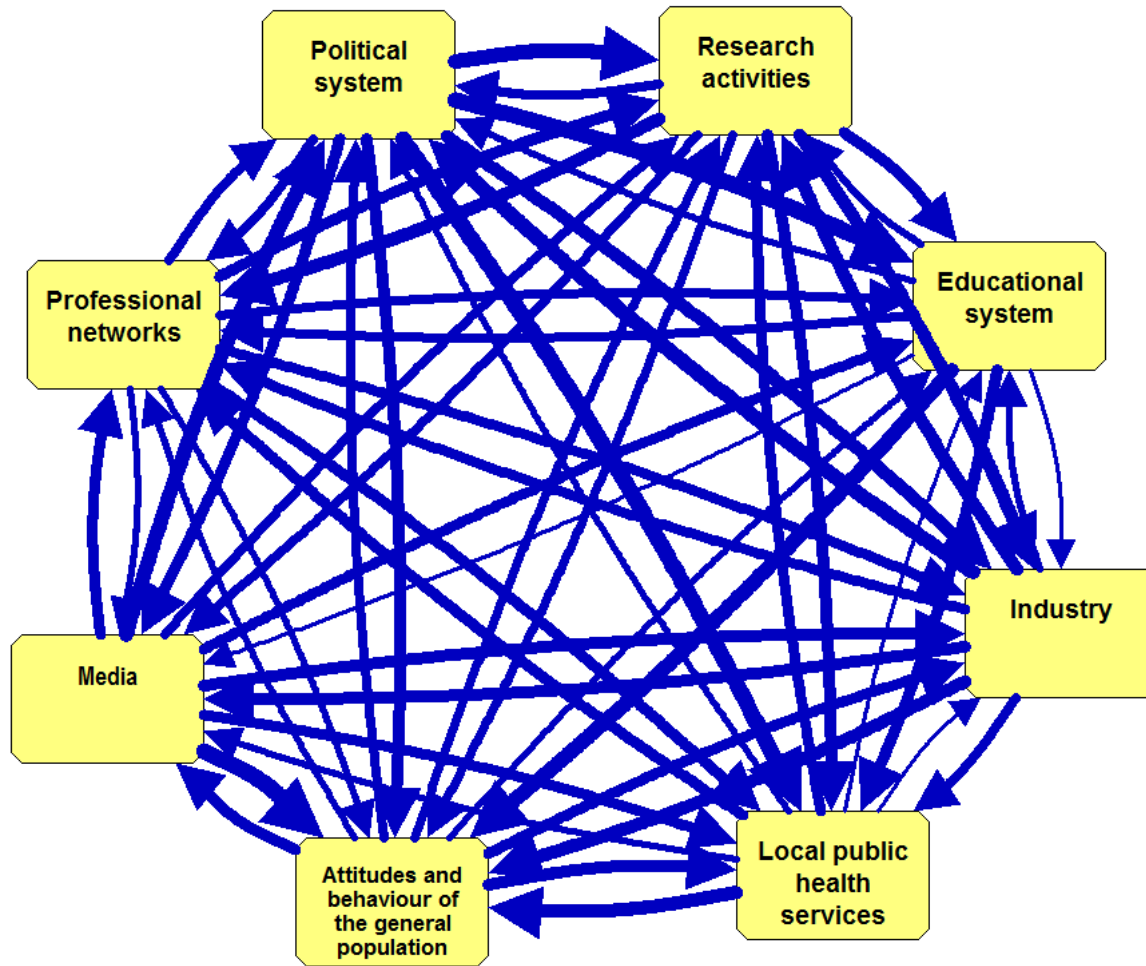
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Results



Maybe not self-explanatory enough (or even confusing)?

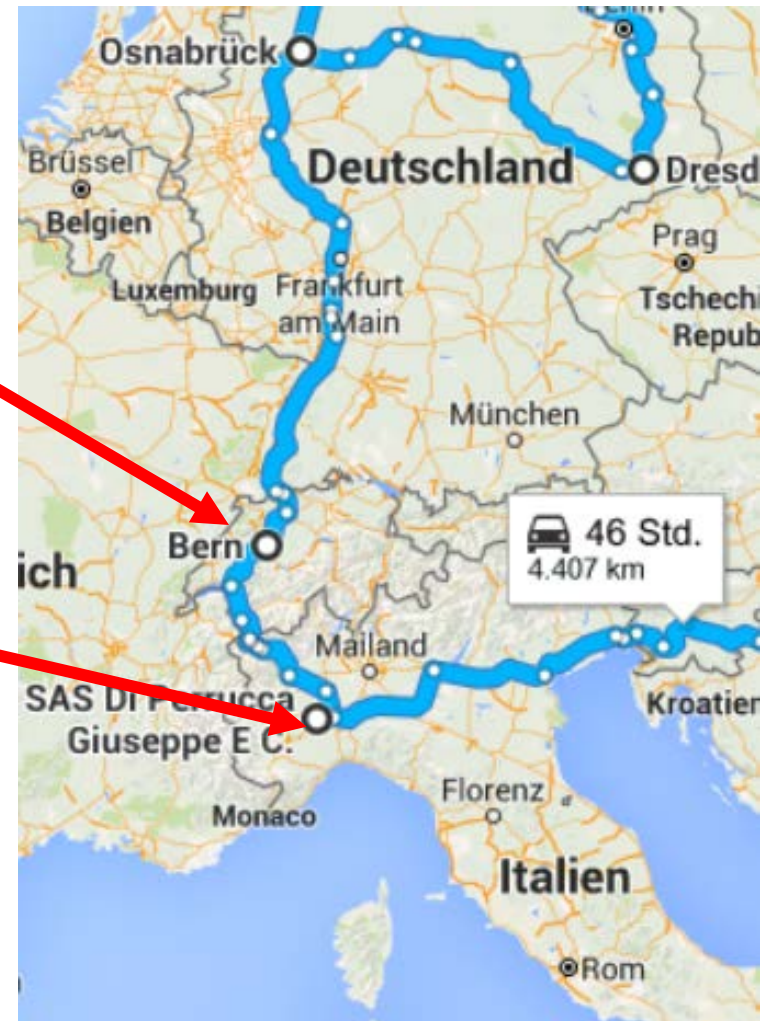
Next stops: Switzerland & Italy



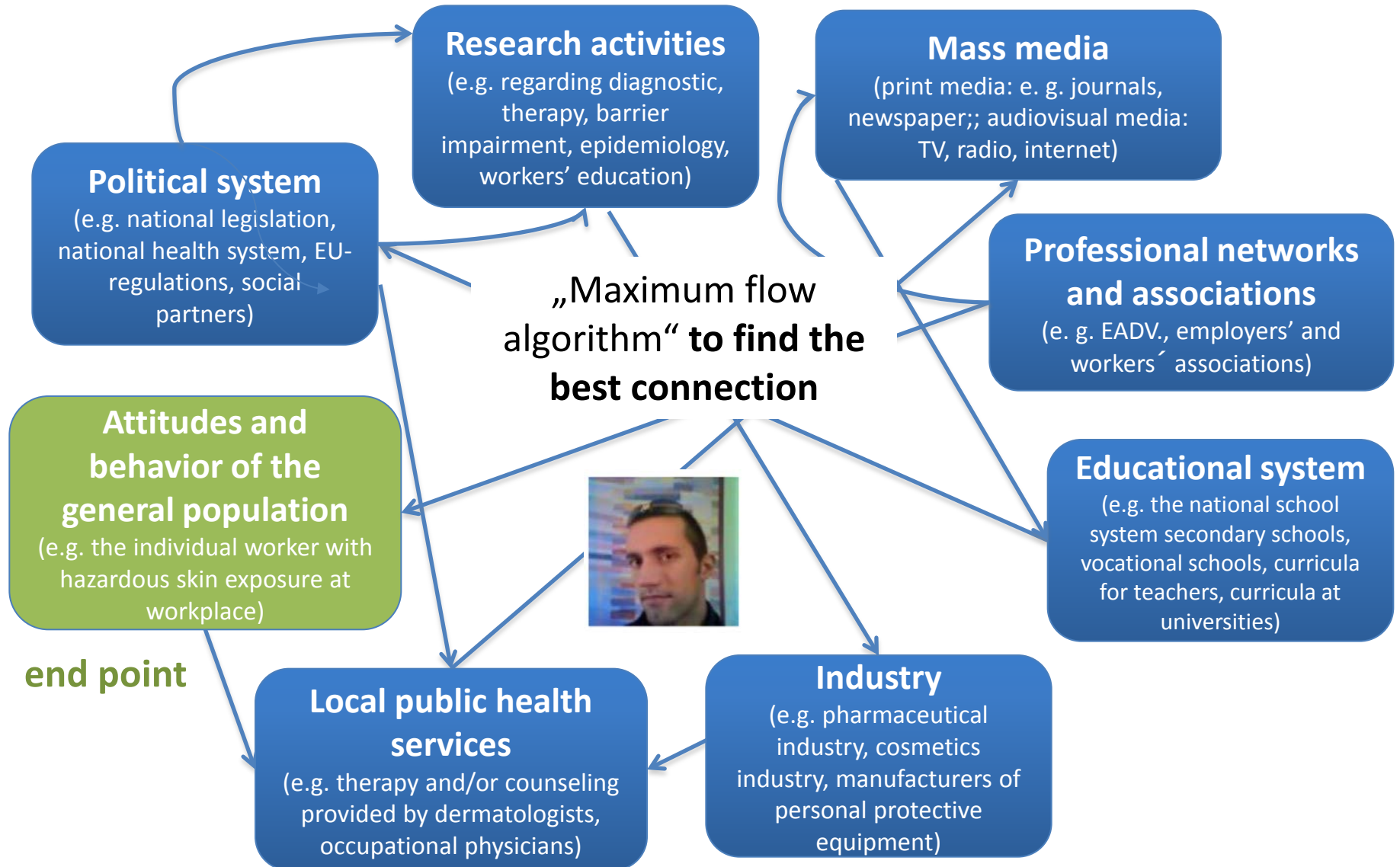
Dagmar Simon

Simone Cazzaniga

„He got his degree in Mathematics in Milan (...) specialized in (...) mathematical modelling. (...) Since January 2015 he started a collaboration with the University Hospital of Bern where he deals with epidemiology and statistics.“



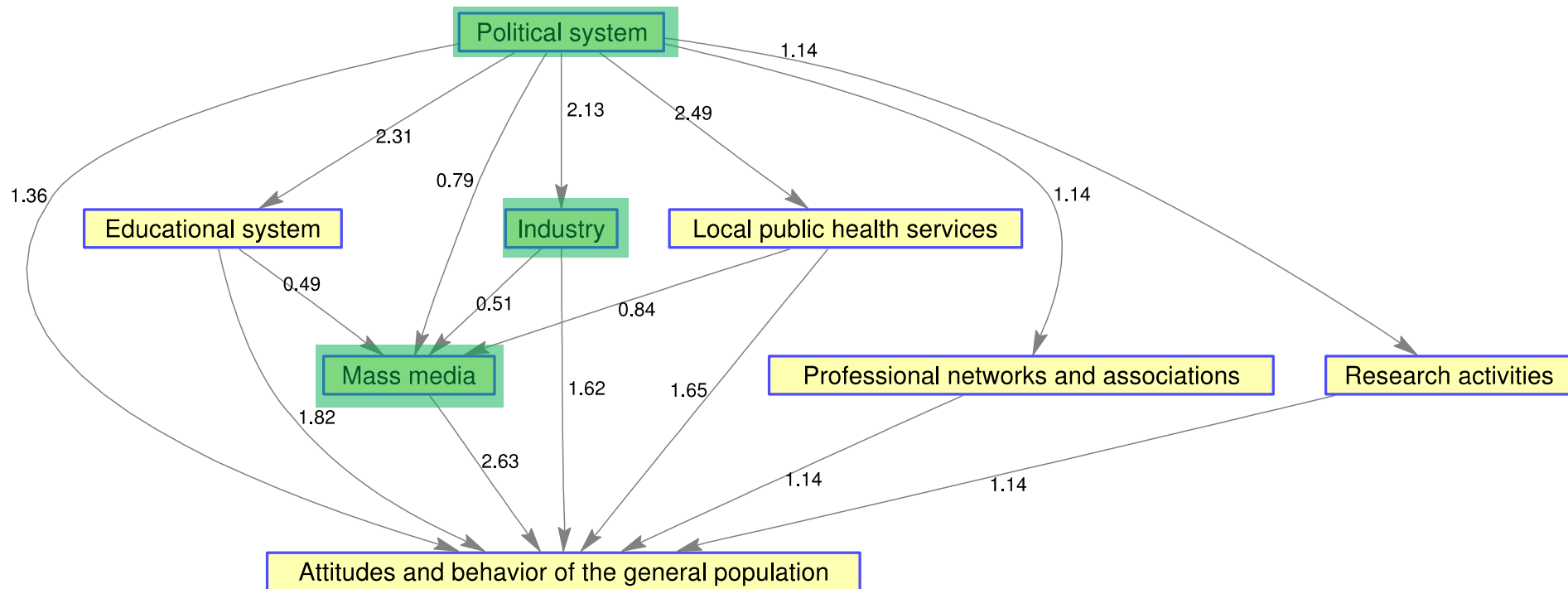
Network analysis



And this is it:

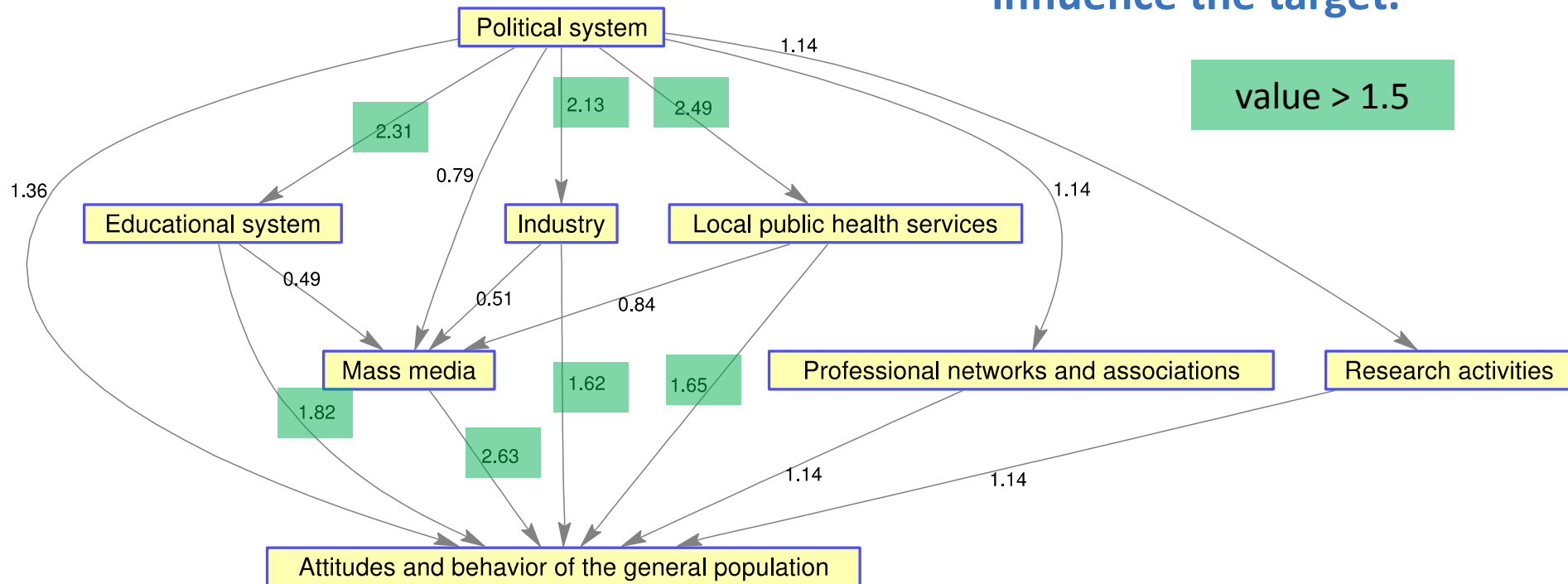
rated as „**active**“ elements in the system

influence other elements in the system more than they are influenced themselves

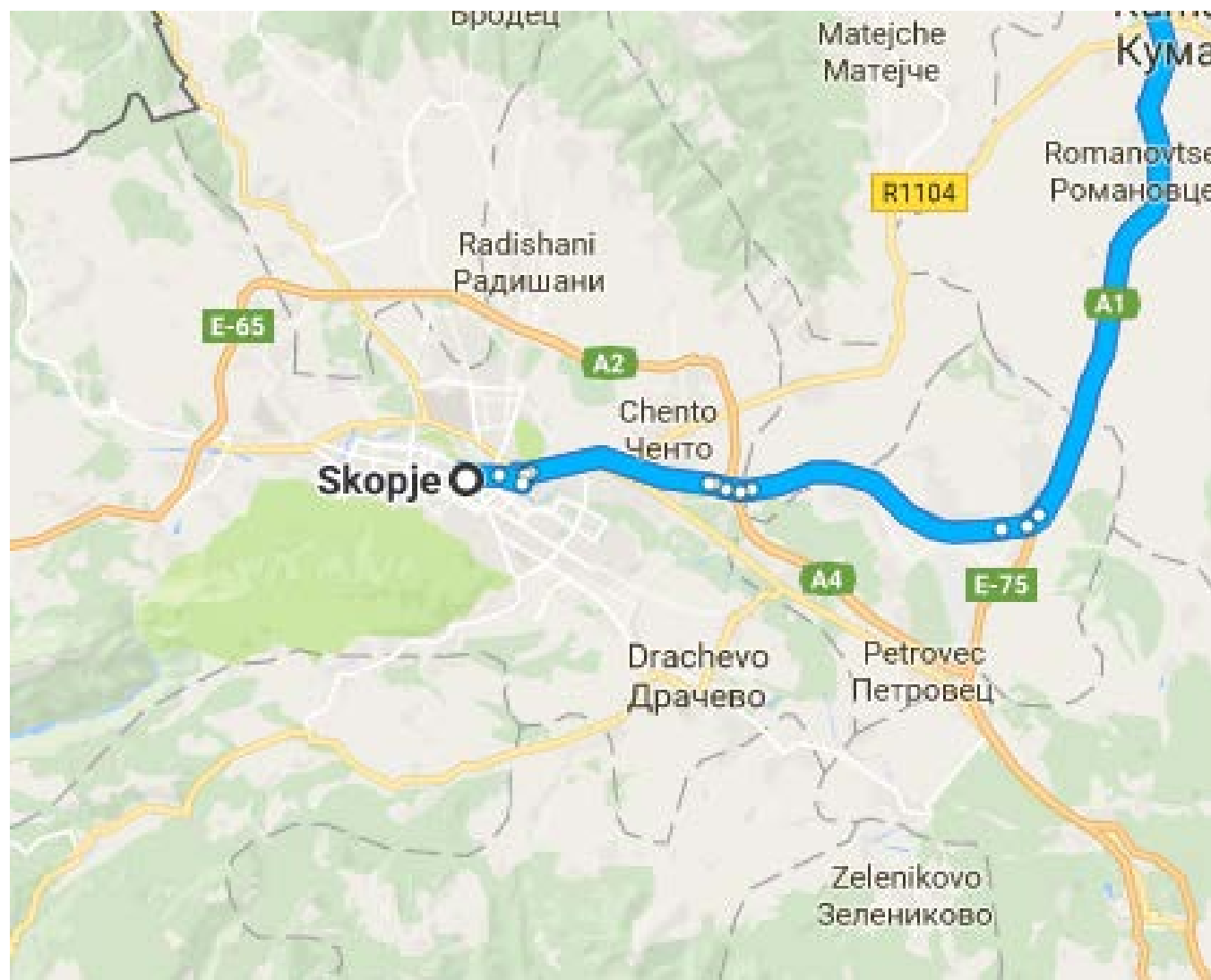


And this is it:

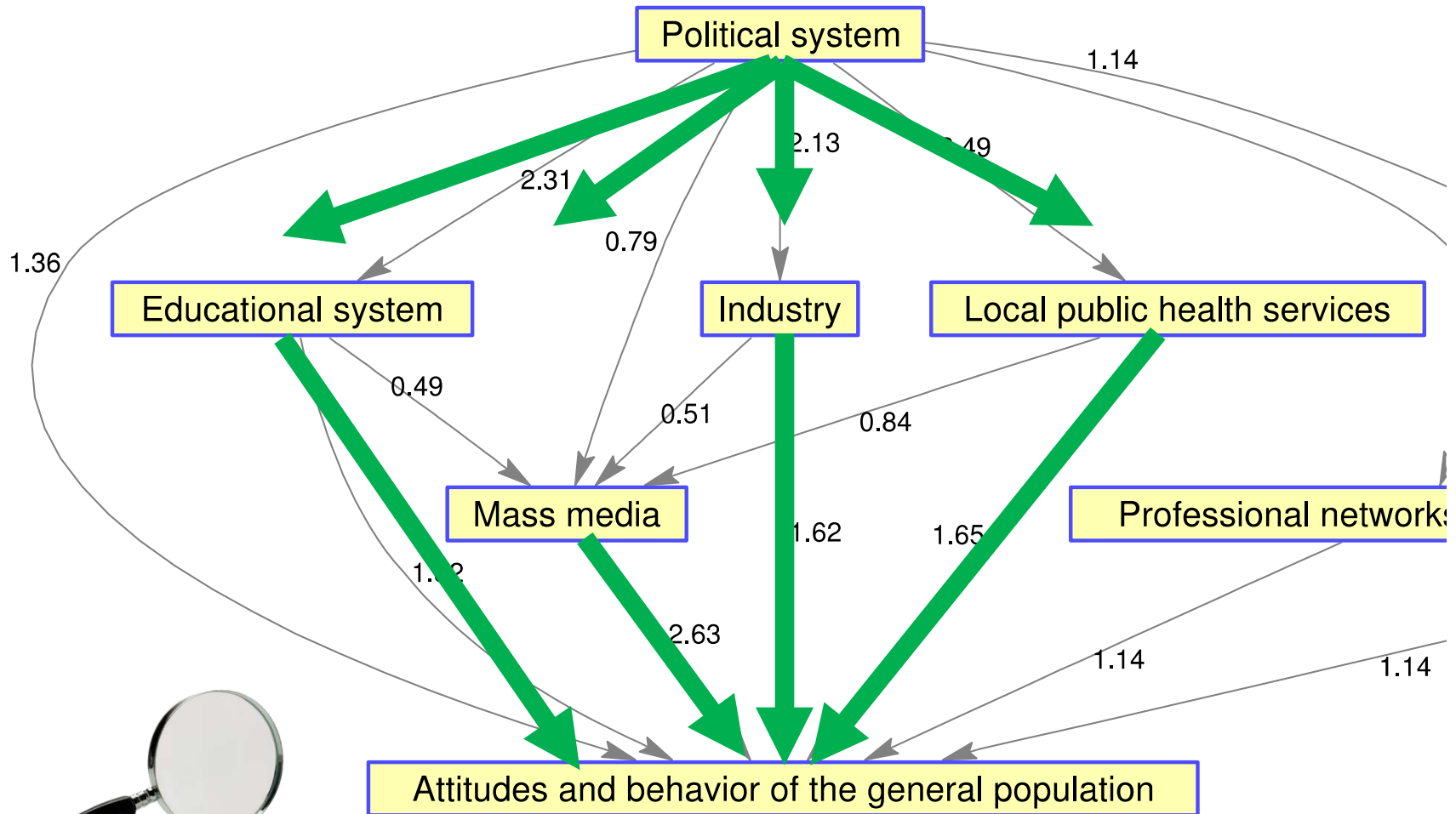
„Connections with higher values are those that most influence the target.“



Next stop: WG 5 meeting in Skopje, 04/2016



WG 5 meeting in Skopje, 04/2016



From theory to practice

