

# **The Future of Occupational Medicine Challenges and Opportunities**

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# Challenges in NZ

- Approximately 100 deaths per year due to workplace injuries
- However, this accounts for only about 10% of all work-related deaths
- Estimated 700-1000 deaths from occupational diseases
- 17-20,000 new cases of work-related disease each year

# Occupational Accidents in NZ

- About 200,000 occupational accidents per year
- 100,000 accidents result in disability
- 6% result in permanent disability ie. 6000/yr

# Occupational Disease in NZ

- 2-4% all deaths >20years of age due to occupational disease
- 3-6% all cancers >30years of age due to occupational exposures

# Costs in NZ

- Estimated \$4.3-8.7 B/yr in 2002
- Rises to 20.9 B/yr if suffering and premature death included

# Data Collection in NZ

- Slim pickings
- > 80% work-related deaths not documented or reported
- NODS reports 30 cases occupational cancer/year with only 2 not asbestos related
- Duplicated with ACC, DOL, Public Health etc
- No ethnicity data
- No data on bystanders

# International Data

- 3% global burden of disease caused by preventable injuries & deaths
- Total economic loss from occupational accidents 3-5 % GNP
- Economic loss from premature mortality and work incapacity from occupational health hazards 10-15% GNP some countries

# UK

- Commonest diseases keeping people from work:
  - Mental health problems
  - Musculoskeletal disorders



# ILO/WHO Committee Definition

- Maintenance & promotion of worker's health and working capacity
- Improvement in work environment and for work to be conducive to safety and health
- Development of work organisation and working cultures which supports health and safety and also promotes a positive social climate and smooth operation thereby enhancing productivity

# Occupational Medicine in New Zealand

- Pre-occupation with assessment and medico-legal medicine
- Occupational medicine isolated and marginalised
- At risk of being seen as irrelevant & self-serving

# The Team Approach

- OHSIG
- We need a united voice
- We need to engage with:
  - Friends in OHSIG – OHN, OH, OP,OT,SO
  - Public Health
  - DOL
  - Research Institutes
  - DHB's
  - PHO's
  - MSD
  - Regional Councils

# Recommendations NOHSAC 2007 in NZ

- Reverse decline in staffing
- Restore technical capacity
- Align health & safety efforts in government agencies
- Interventions effective and evidence based
- Fully align ACC audit with HSE Act
- Minimum standards for private sector consultants
- Appropriate data collection for injury and disease

# Medical Manpower

Dr Tim Rumball

- 1 occupational medicine doctor per 15,000 workers (Dame Carol Black)
- In NZ would need 140 FTE's
- Currently in NZ
  - 47 on vocational register
  - 16 registrars
  - NZ Branch ANZSOM 90 members ( ~50% GP's)

# Strategies

- Encouragement by Faculties/GP College
- Registrar positions
- Medical schools
- Short courses
- Teaching & training at Diploma & Membership level

**So has progress  
been made in NZ  
?**

# Statistics

	<u>Vietnam</u>	<u>Egypt</u>	<u>NZ</u>
Population	80+ mill	75+ mill	4+ mill
GNI/capita	US \$690	US \$1390	US \$26,000
Life expectancy	70yrs	69yrs	79yrs
Infant mortality	26/1000 live births	29/1000 live births	5.6/1000 live births
Occupational Fatality Rates	27/100000	22.5/100000	5.3/100000











Waste  
Waste Recycling  
Lot No. 03-0006  
Date 03/2013  
Type LCL No. 02  
Parts GV 12  
Parts RV 1  
Non-Pyrogenic



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# *Clamped Scaffoldings - Egypt*



# *Kids at work on Building Site*



*In modern day Cairo the bread is delivered by the bread boys riding bikes.*

*This would be one of the most skilled jobs in Cairo*





# *Young Camel Minder*





# *Example1 – Back from doing the dishes at the river*



## *Example 2 – Hospital Laundry Worker*





## *Example 3 – Firewood on the move*





# *Security Fence Construction – Spot the PPE*





# *Coffee Bean Roasting – Asleep on the Job*



# **Change in Focus**

## **“A Cultural Revolution”**

- Recognition not only importance of preventing ill-health but also key role workplace has in promoting health & wellbeing
- “Good health is good business”

# The 3 Components to Workplace Wellness



# Commercial Benefits of Wellness Programmes

Company / Programme	Benefit : cost ratio
Manufacturing company: ergonomic improvements	4.17 (over 1 year)
Manufacturing company: physical wellbeing	2.67 (over 1 year)
Call centre: physiotherapy	34 (over 6 months)
Public sector health service provider: flu immunisation	9.2 (over 2 years)
Manufacturing organisation: ergonomic support	12
Manufacturing company: health and safety awareness	1
Retail & distribution company: ergonomic support	1 (over 2 years)

Source: PwC Research, Appendix 2b



# Factors Influencing Uptake of Wellness Programmes

- Increase in workforce age
- Change in workforce composition
- Rising costs of chronic disease or ill-health
- External pressures
  - Corporate responsibility
  - Competition

# Benefits Associated with Wellness Programmes

Intermediate benefits (non-financial)	Related bottom line benefits (financial)
▼ Sickness absence	▼ Overtime payments ▼ Temporary recruitment ▼ Permanent staff payroll
▲ Employee satisfaction ▼ Staff turnover	▼ Recruitment costs
▼ Accidents & injuries	▼ Legal costs / claims ▼ Insurance premiums ▼ Healthcare costs
▲ Productivity	▲ Revenues ▼ Overtime payments ▼ Permanent staff payroll
▲ Company profile	▼ Recruitment costs
▲ Employee health & welfare	▼ Healthcare costs
▲ Resource utilisation	▼ Management time

Source: PwC Research

# Enable the Enablers

- Education of line managers – identify & support people with health conditions
- Management must seek to create a wellness culture – top ➡ down
- Annual report on company's physical health
- Regular monitoring of wellness programme
- Workplace education and toolkit sessions
- Occupational Health Nurses

# Culture Change

- Change perceptions of fitness for work
- Pilot fit for work service interventions – case-managed & multidisciplinary – treatment, advice & guidance in early stages of sickness absence – rather than the prescriptive model

# We must not forget

- Small and medium sized businesses
- Immigrant workers
- Women
- Younger workers
- Older workers

# Remember !

“Physicians are the natural  
attorneys of the poor”

*Rudolf Virchow*

**Thank you !**