

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





Albion
Rubber Products
1030000
02/01/13
Lot No. 12
Part# GV12
Part# HV01
100% Virgin

UPPER
LIP



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



Example 1 – 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 !