




Occupational Health in New Zealand

BROHINZ

Building Research
in Occupational Health
in New Zealand

Centre for Public Health Research
Massey University
Wellington, New Zealand





Occupational health in New Zealand

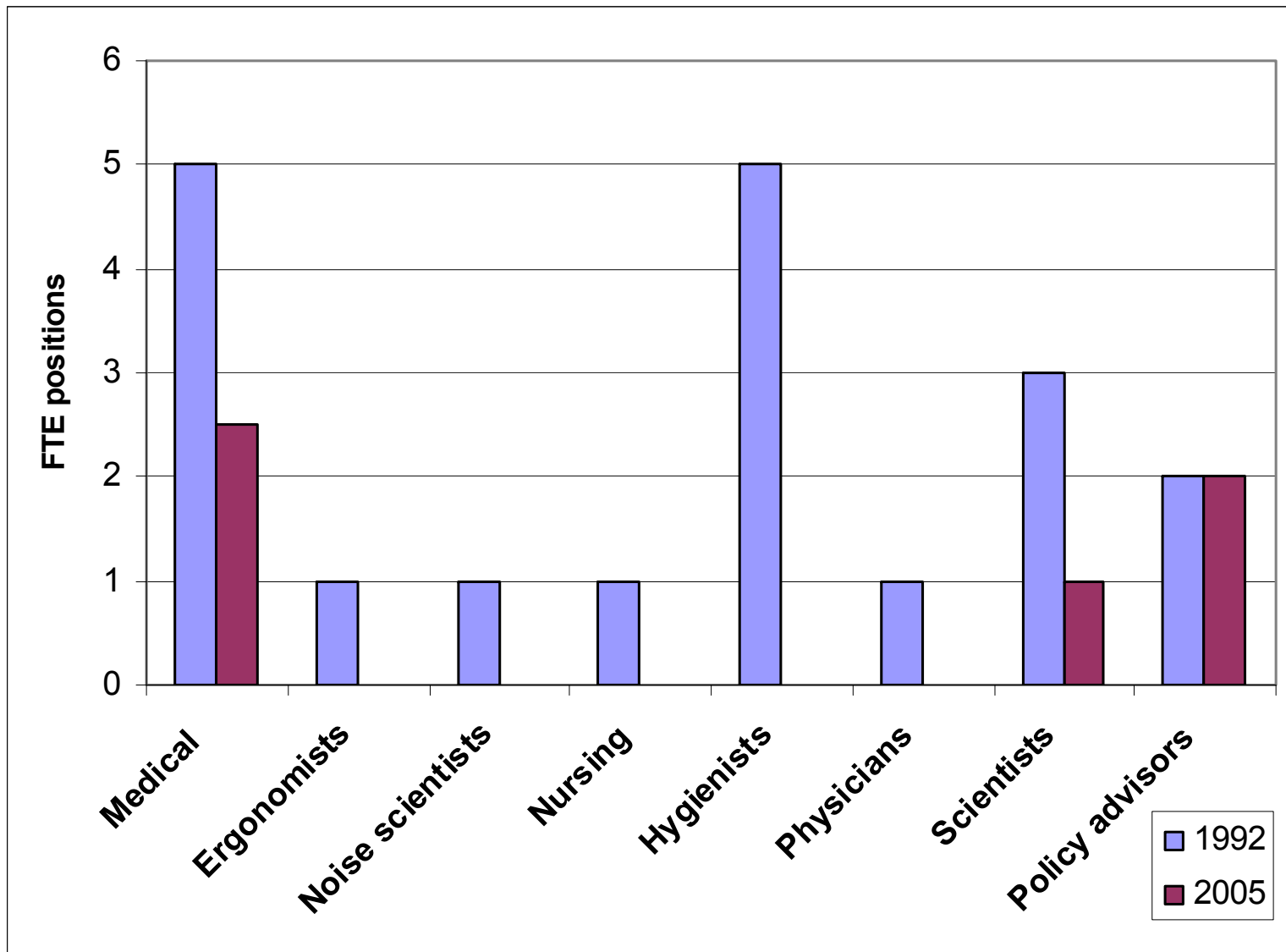
- 1992 Creation of Occupational Safety and Health (OSH)
- 2002 Symposium on Priorities in Occupational Health and Safety
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- 2005 Department of Labour (DoL) Workplace Health and Safety Strategy
- 2008 Building Research in Occupational Health in New Zealand (BROHNZ)





Decline in OSH resources at DoL head office

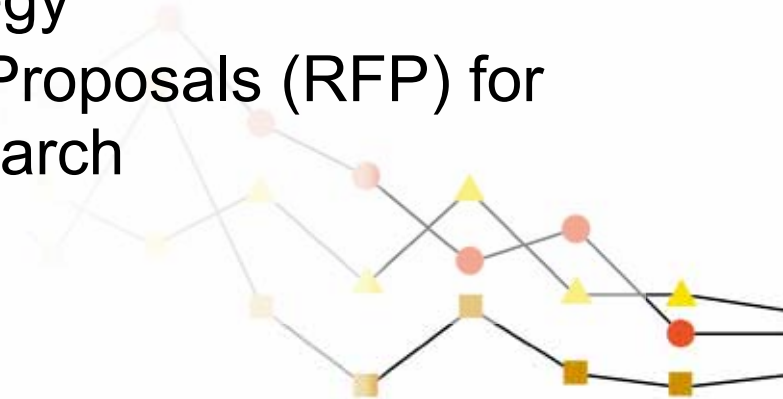
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- 2003 Creation of National Occupational Health and Safety Advisory Committee (NOHSAC)
- 2005 Department of Labour (DoL) Workplace Health and Safety Strategy
- 2007 DoL/HRC Requests for Proposals (RFP) for occupational health research





Centre for Public Health Research



Priorities in Occupational Health and Safety



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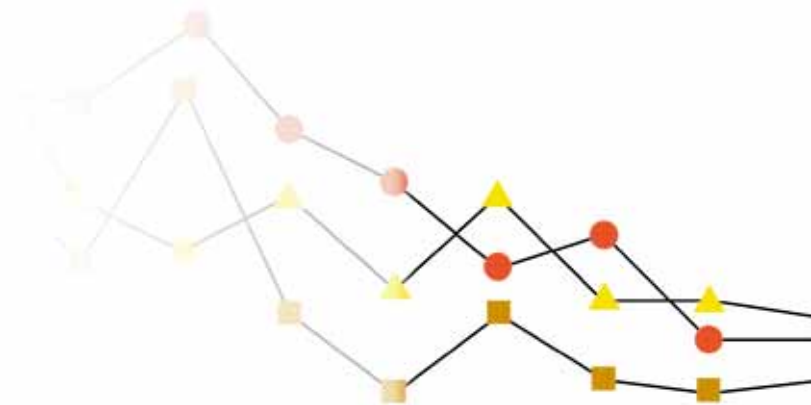


NOHSAC

National Occupational Health
and Safety Advisory Committee

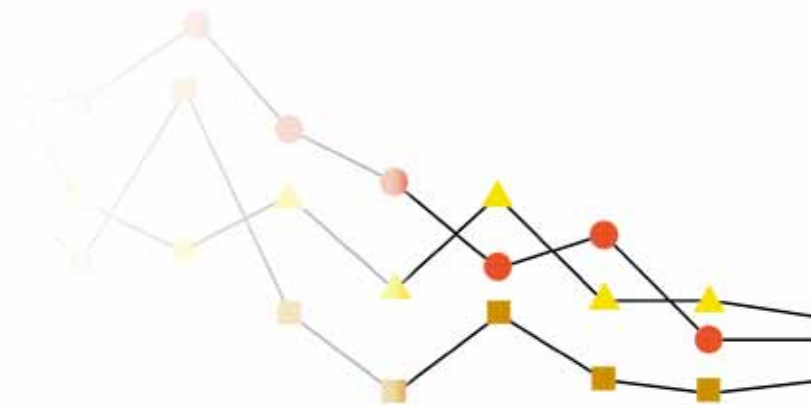
Komiti Tohutohu Mahi A-Motu Hauora me te Haumaru

National Occupational Health Safety Advisory Committee (NOHSAC)



The Committee

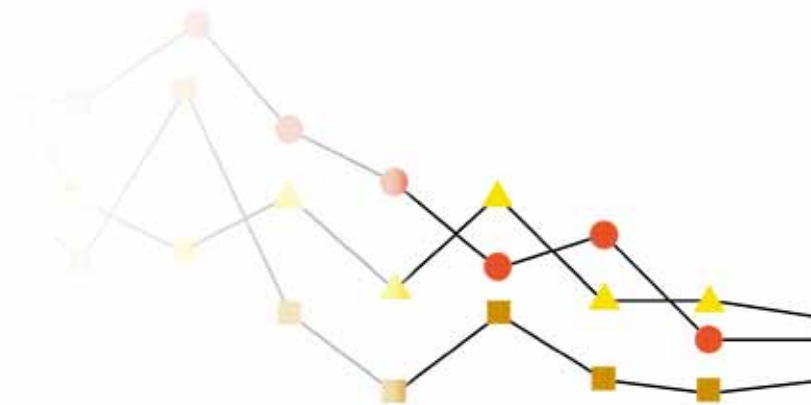
- Professor Neil Pearce
Centre for Public Health Research, Massey University
- Dr Evan Dryson
Occupational Medical Specialists Ltd, Auckland
- Professor Philippa Gander
Sleep/Wake Research Centre, Massey University
- Professor Anne-Marie Feyer
Director, Health Advisory Practice, PricewaterhouseCoopers, Sydney
- Mr Selwyn McCracken/Professor John Langley
Injury Prevention Research Unit, University of Otago



The role of the Committee

NOHSAC:

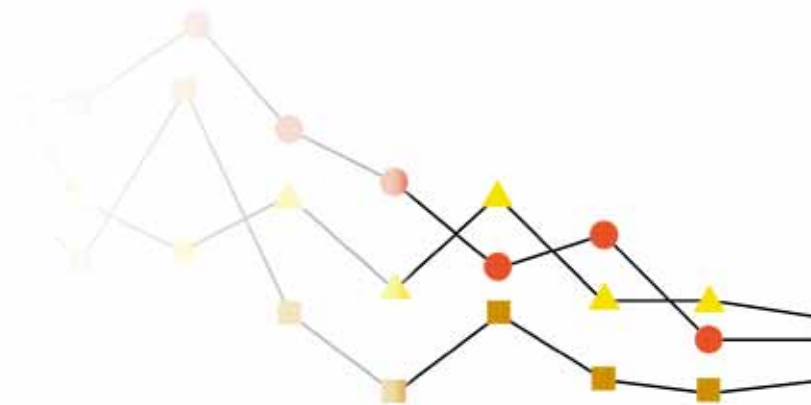
- provides an independent assessment to the Associate Minister of Labour on the major occupational health and safety issues for the New Zealand workforce.
- advises on the measures that would deliver the greatest benefit for the prevention of occupational disease and injury, and in developing an evidence-based approach to occupational health and safety issues.



NOHSAC Published Reports

- Burden of Occupational Disease and Injury (1)
- Surveillance of Occupational Disease and Injury (2/3)
- Social and Economic Costs of Occupational Disease and Injury (4)
- Surveillance of Workplace Exposures (5/6)
- National profile of occupational health and safety in New Zealand (7/8)

- Efficacy of OSH Instruments (9)
- The changing work environment (10)



NOHSAC

National Occupational Health
and Safety Advisory Committee
Health, Disability, Safety & New Zealanders at Work

THE
**BURDEN of
OCCUPATIONAL
DISEASE and
INJURY**



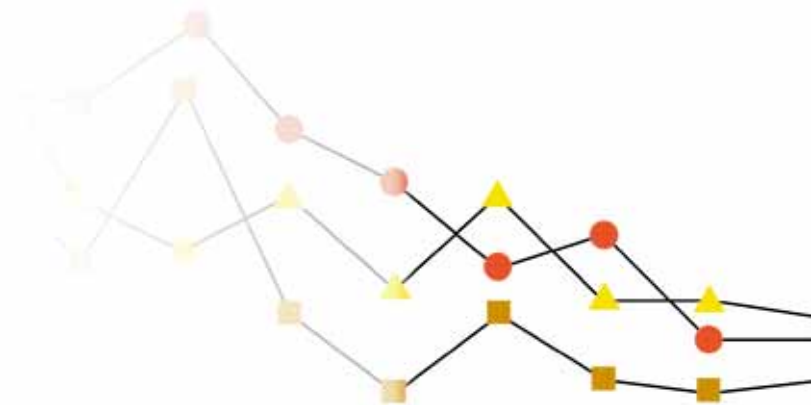
IN
New Zealand

REPORT TO THE ASSOCIATE MINISTER OF LABOUR

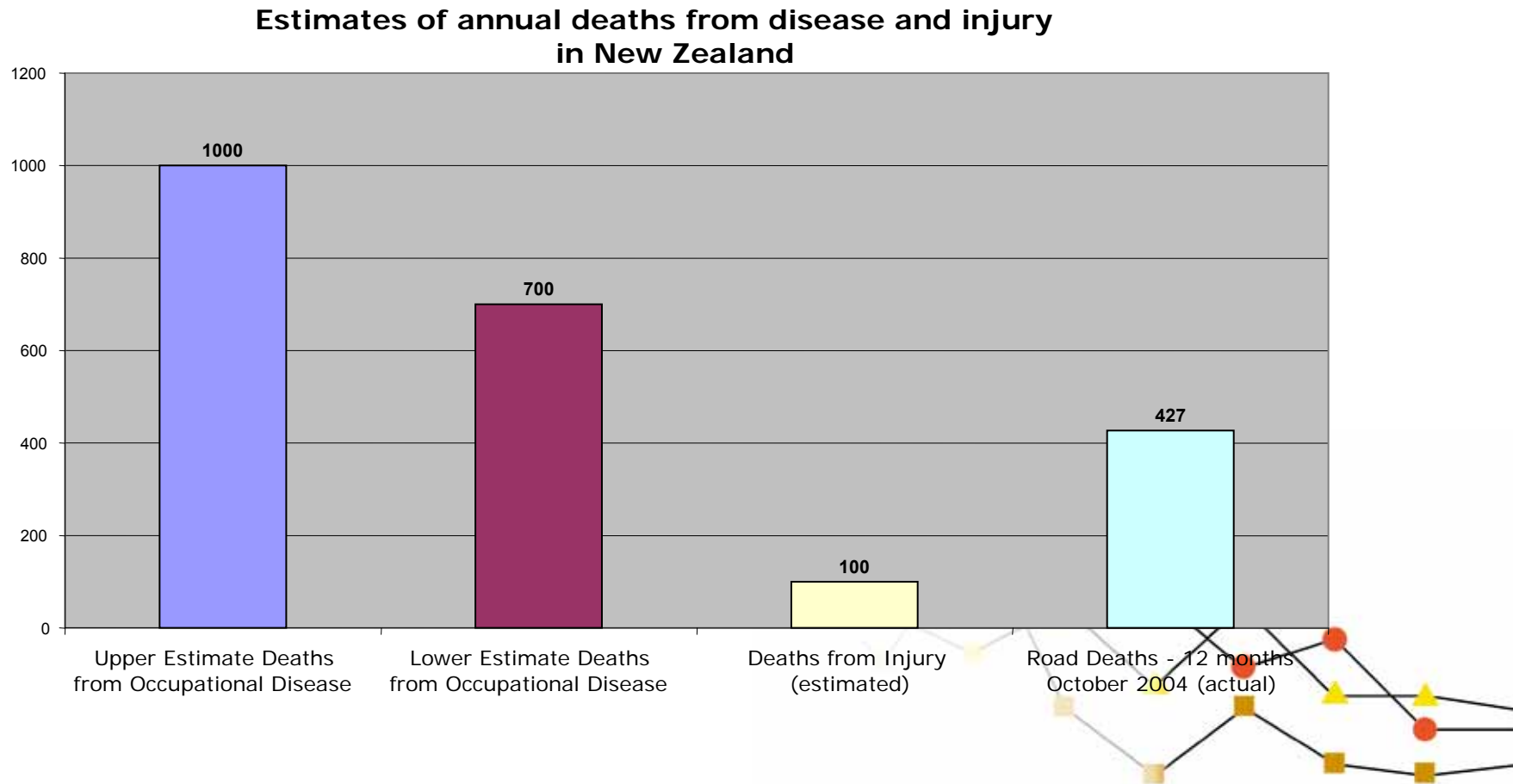
NEIL PEARCE
EVAN DRYSON
ANNE-MARIE FEYER
PHILIPPA GANDER
SELWYN McCracken
MARK WAGSTAFFE

Burden of Disease and Injury in New Zealand

- The overall aim of the project was to provide a thorough and critical review of the burden of both fatal and non-fatal occupational disease and injury in New Zealand.
- This report is a starting point, based on what is currently known, or can be reasonably inferred from international evidence.

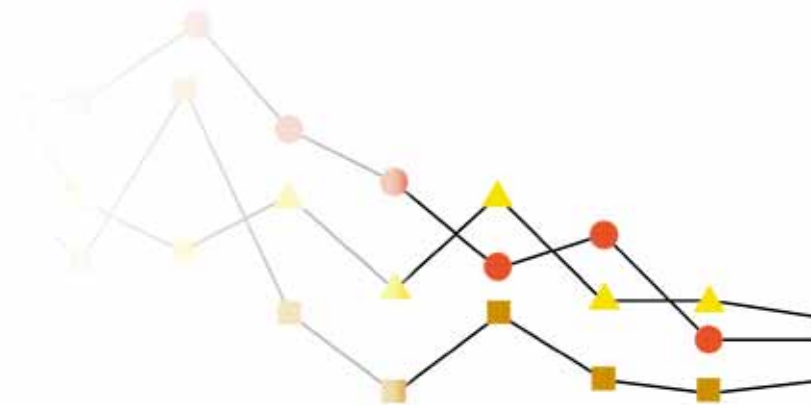
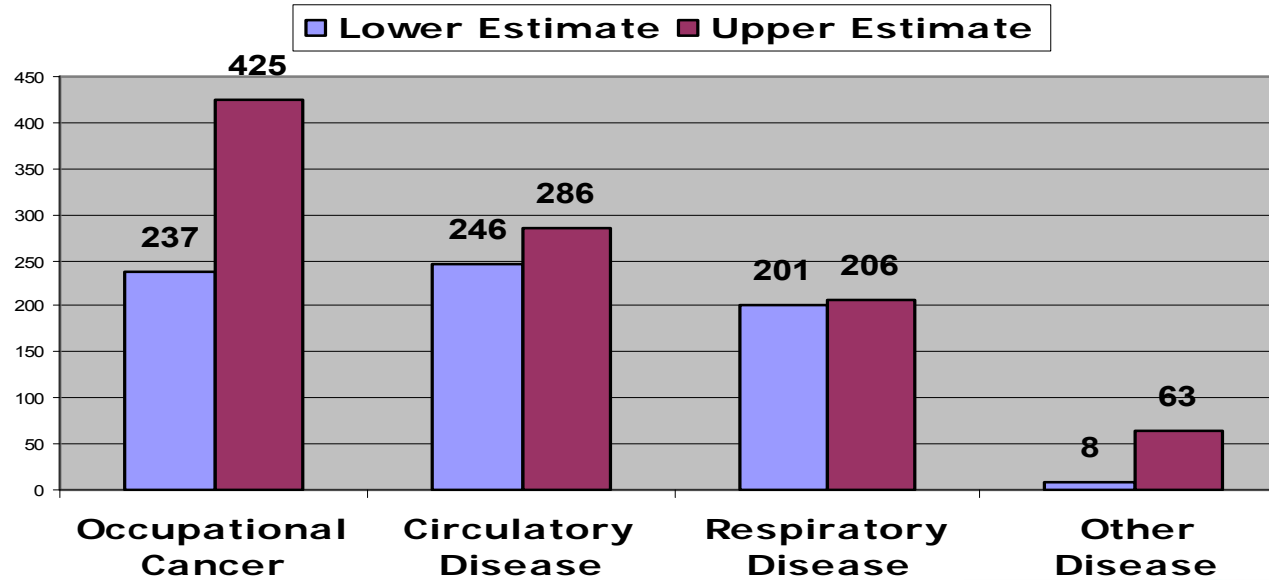


Summary findings



Summary findings

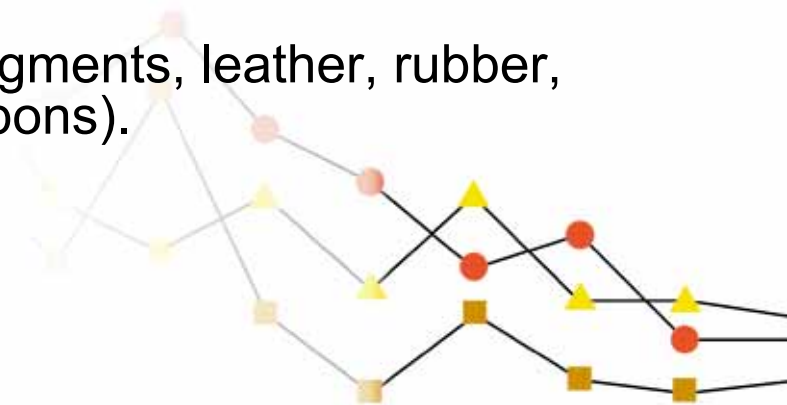
Annual Deaths from Work Related Disease



Cancer Exposures

The 237-425 work-related deaths from occupational cancer each year are caused by:

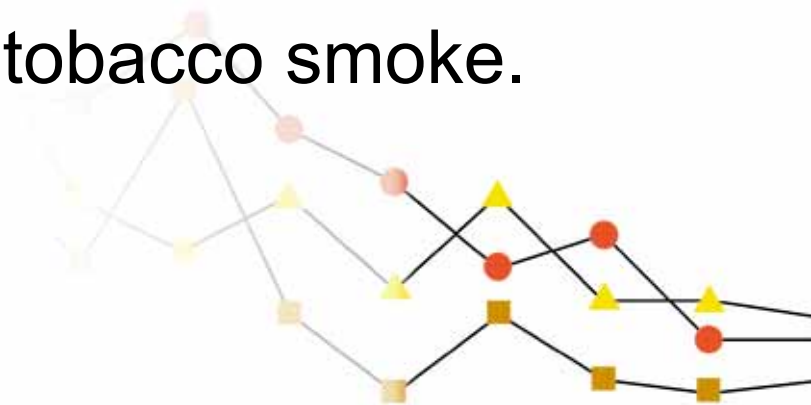
- lung cancer due to exposure to asbestos, arsenic, beryllium, cadmium, chromium, diesel fumes, nickel, silica and environmental tobacco smoke
- mesothelioma due to asbestos exposure
- leukaemia from benzene exposure and low-frequency electromagnetic field exposure
- bladder cancer (from textile dyes, paints, pigments, leather, rubber, solvents and poly-cyclic aromatic hydrocarbons).



Circulatory Disease Exposures

The 246-286 work-related deaths from circulatory diseases each year are primarily due to:

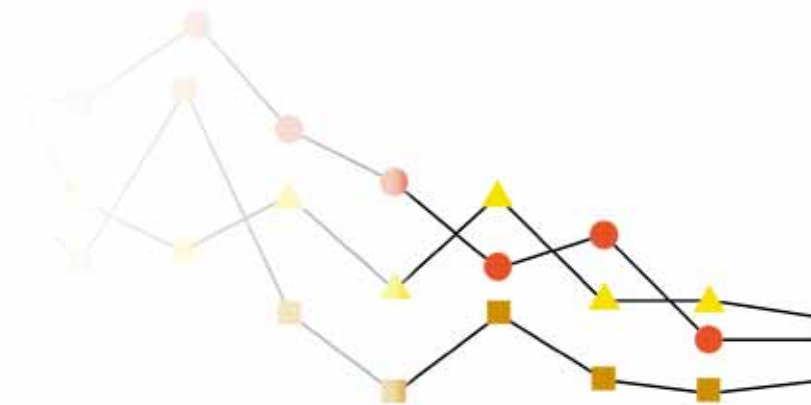
- work strain (including the effects of shift work)
- exposure to carbon monoxide from engine exhausts
- exposure to environmental tobacco smoke.



Respiratory Disease Exposures

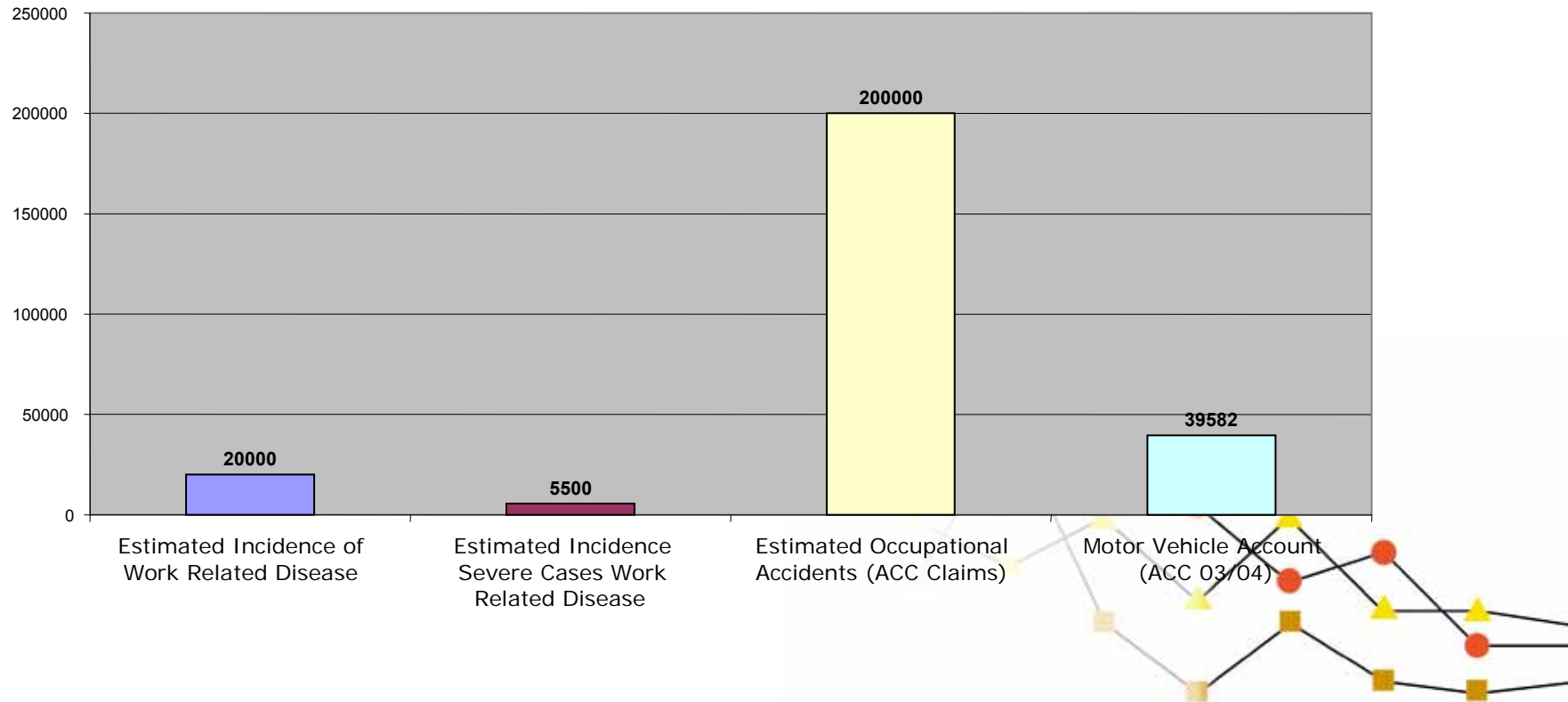
The 200-205 work-related deaths from respiratory disease each year are caused by:

- chronic obstructive pulmonary disease due to exposure to organic dust, microbial dust, endotoxins, welding fumes and environmental tobacco smoke
- occupational asthma
- asbestosis.



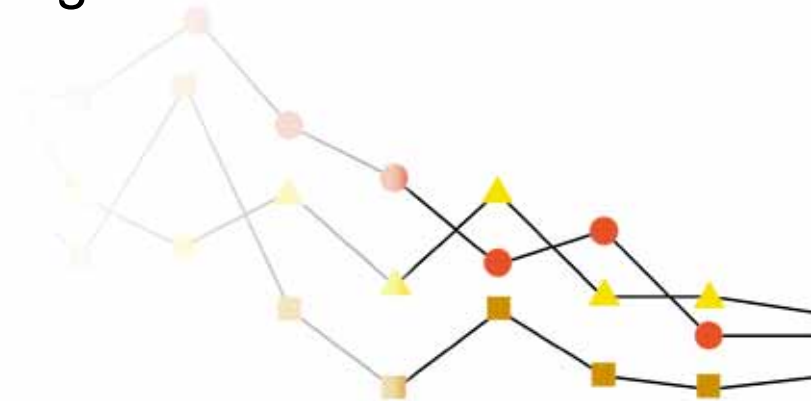
Summary findings

Estimates of the Annual Incidence of Work Related Disease and Injury



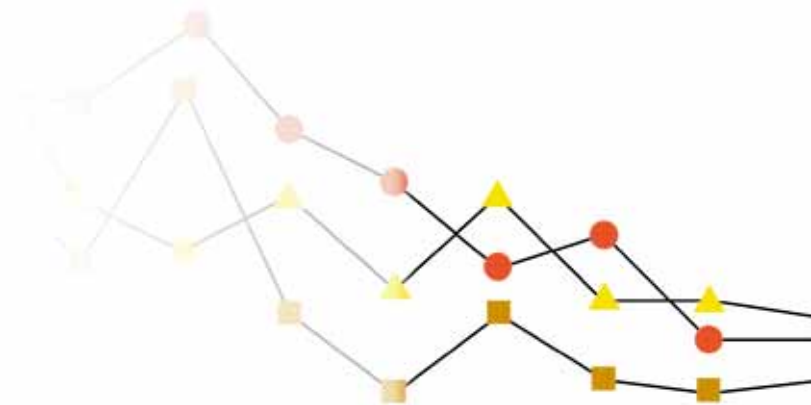
Recommendations from the report

- It is essential that a single clearly identifiable organisation, such as OSH, takes the lead in, and ultimate responsibility for, occupational health and safety, rather than this task being handled by a variety of agencies for which occupational health and safety is a secondary responsibility.
- The work of OSH should involve of an “all of government” approach, with OSH complementing rather than duplicating the work of other agencies such as the Ministry of Health and ACC.



Recommendations from the report

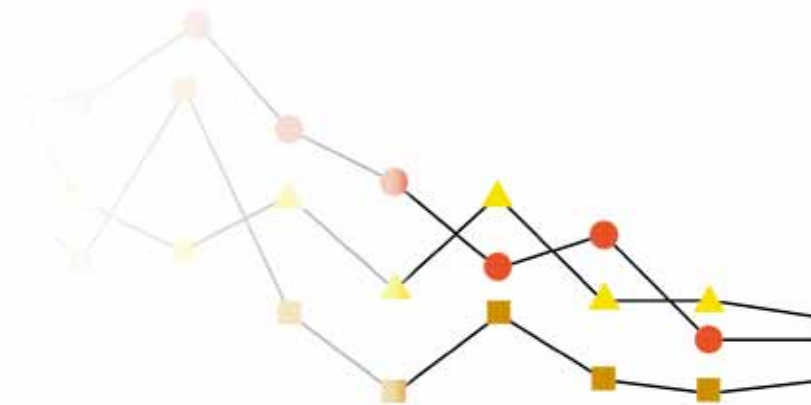
- There should be a markedly increased focus on occupational health. Work-related cancer, respiratory disease, musculoskeletal disease and work place fatigue should be particular priorities.
- This should not be at the expense of reducing current activities undertaken by OSH in relation to health and safety.



NOHSAC Published Reports

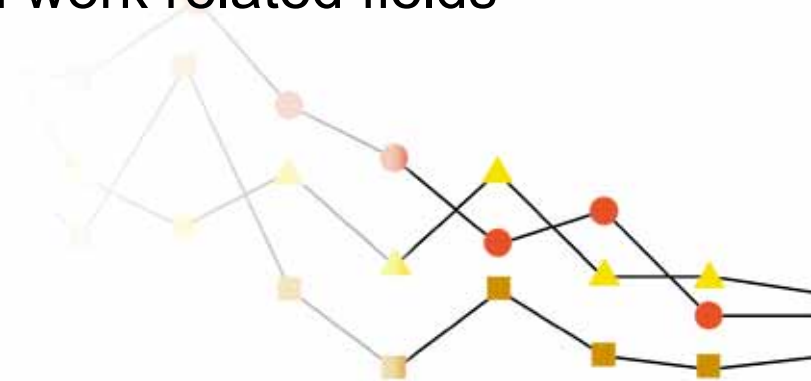
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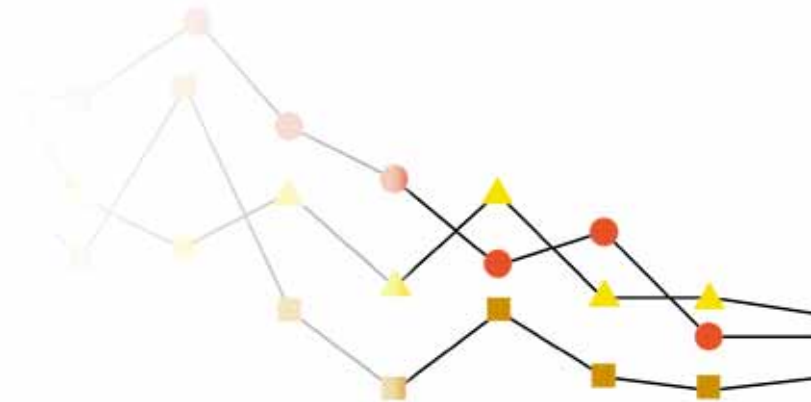
Barriers to effective surveillance

- Lack of expertise to manage and administer surveillance systems
- Inadequate hazard/exposure assessment
- Data ownership and access issues
- Knowledge gaps
- Reporting
- Primary purpose of data collection
- Standardisation, accuracy and integrity and work related fields



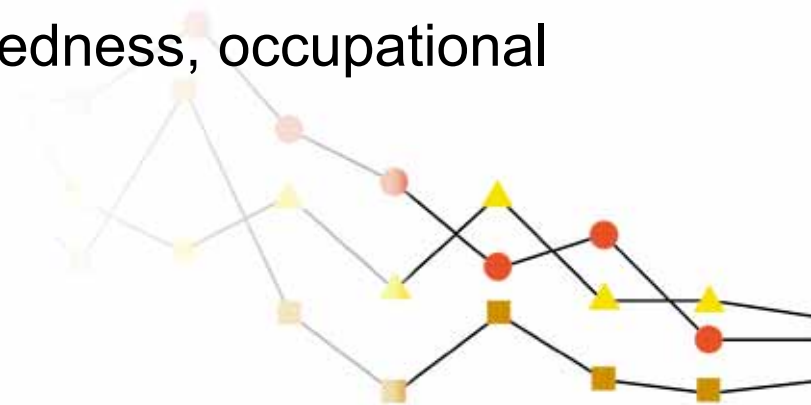
General Recommendations

- Establish an expert group
- Establish an independent unit for the surveillance of occupational disease and injury
- Establish an independent agency for the surveillance of occupational disease and injury
- Establish an integrated concept driven occupational disease and injury surveillance system (ODISSY) within the independent agency



Specific Recommendations

- Improve recording of Occupation in NZHIS data
- Extend and improve the coding of Industry in NZHIS and DoL data
- Improve data accuracy
- Extend and improve NODS
- Improve recording and investigation of work related disease and injury
- Collect additional information on work relatedness, occupational history and exposure history.





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WORKPLACE HEALTH AND SAFETY STRATEGY FOR NEW ZEALAND TO 2015

Rautaki mō te Haumarū me te Hauora o te
Wāhi Mahi mō Aotearoa ki te 2015

Hon Ruth Dyson, Associate Minister of Labour

June 2005





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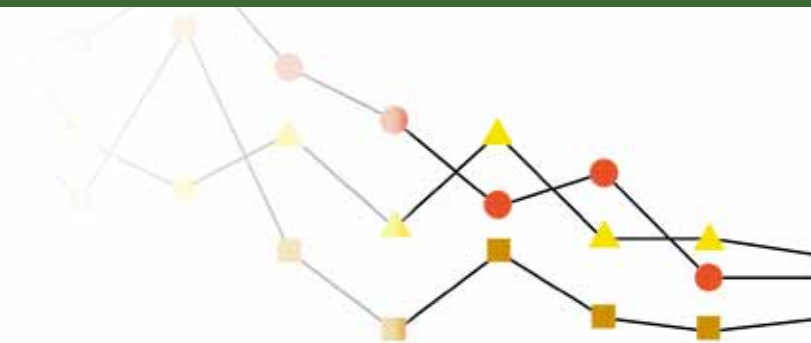


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in Occupational Health

in New Zealand



Centre for Public Health Research: PIs on Programme Grant

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Neil Pearce



Jeroen Douwes



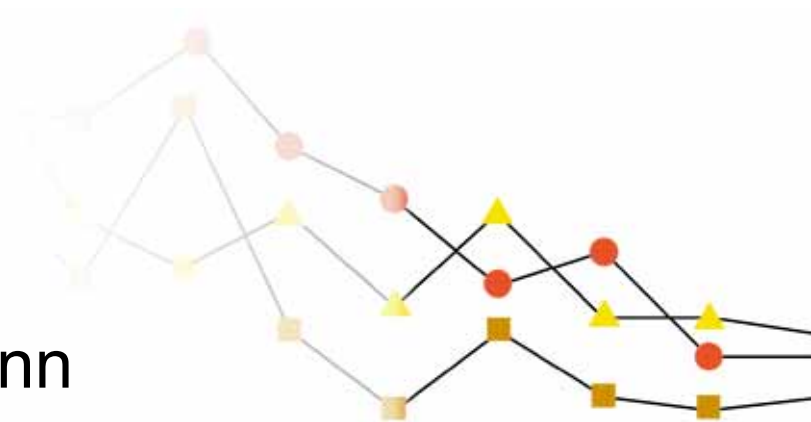
Andrea 't Mannetje



Dave McLean



Lis Ellison-Loschmann





Centre for Public Health Research: Co-investigators on Programme Grant

BROTHN



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Evan Dryson



Chris Walls



Sunia Foliaki



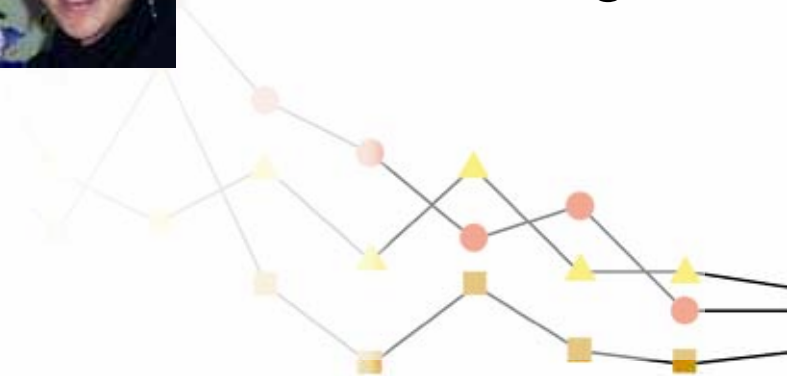
Christine van Dalen



Amanda Eng



Tania Slater

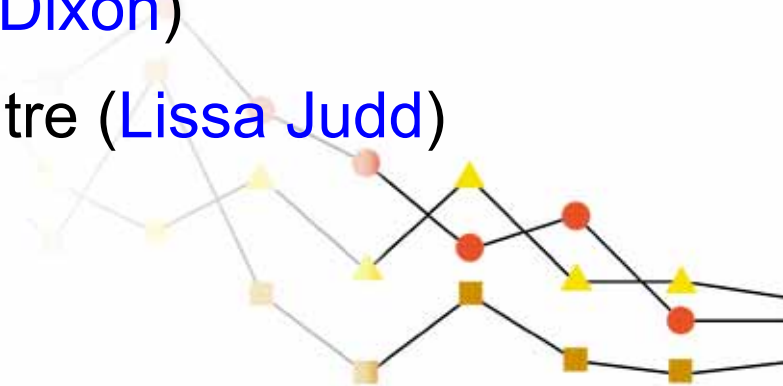




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New Zealand collaborators

- Research Centre for Māori Health and Development ([Chris Cunningham](#))
- Malaghan Institute of Medical Research ([Graham Le Gros](#))
- University of Auckland ([Innes Asher](#))
- Public Health Intelligence, Ministry of Health ([Barry Borman](#))
- Wellington Hospital ([Joanne Dixon](#))
- Anwyl Specialist Medical centre ([Lissa Judd](#))





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HIN

International collaborators

- Utrecht University Institute for Risk Assessment Sciences (IRAS) ([Hans Kromhout](#))
- US National Cancer Institute ([Aaron Blair](#))
- International Agency for Research on Cancer ([Paolo Boffetta](#))
- Centre de Recerca en Epidemiologia Ambiental (CREAL), Barcelona ([Jan-Paul Zock](#))
- University of California, Berkeley ([Allan Smith](#))
- University of British Columbia, Vancouver ([Paul Demers](#))
- University Medical Centre Groningen, The Netherlands ([Pieter Jan Coenraads](#))

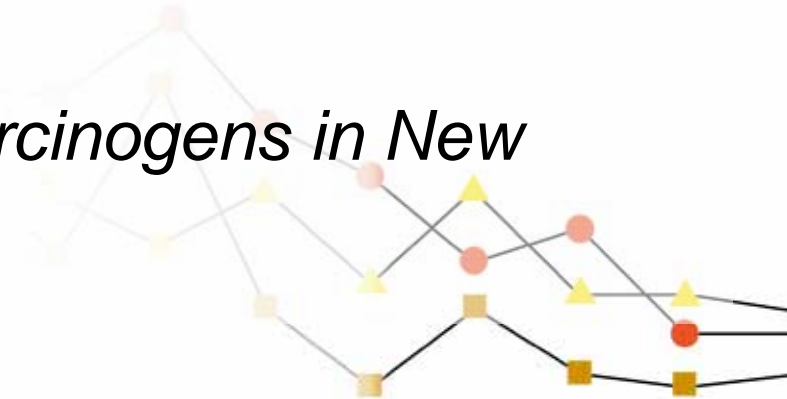




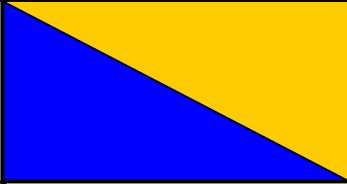
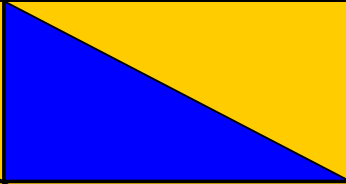


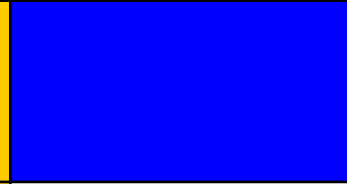
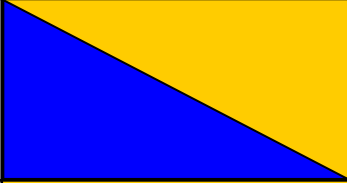
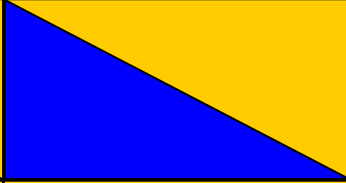








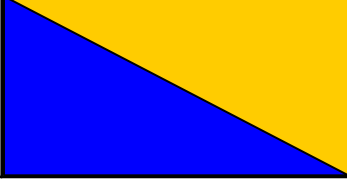
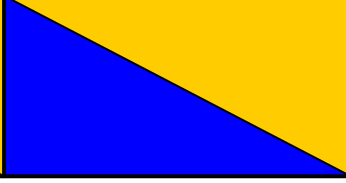



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Building Research in Occupational Health in New Zealand (BROHNZ)

- Occupational asthma in New Zealand sawmill workers
- Occupational dermatitis in New Zealand cleaners
- Case-control study of potentially modifiable risk factors for congenital malformations
- Occupational exposures and occupational health in Māori
- *Workplace exposure to carcinogens in New Zealand*



Building Research in Occupational Health in New Zealand (BROHNZ)

	Asthma in saw mill workers	Dermatitis in cleaners	Congenital malformations	Occupational health in Māori	Workplace exposure to carcinogens
Study	A	B	C	E	“F”
Exposures					
Risk factors					
Mechanisms					
Burden/policy					



Building Research in Occupational Health in New Zealand (BROHNZ): what will the programme contribute?

- New scientific knowledge in well-established areas of occupational health research, particularly occupational asthma, occupational cancer and exposure assessment
- The application of existing 'technologies' to the development of new programmes of research in occupational dermatitis, congenital malformations and occupational health in Māori
- Synergies between these different fields of occupational health research
- Retention of existing occupational health research expertise
- Workforce development



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Building Research in Occupational Health in New Zealand (BROHNZ)

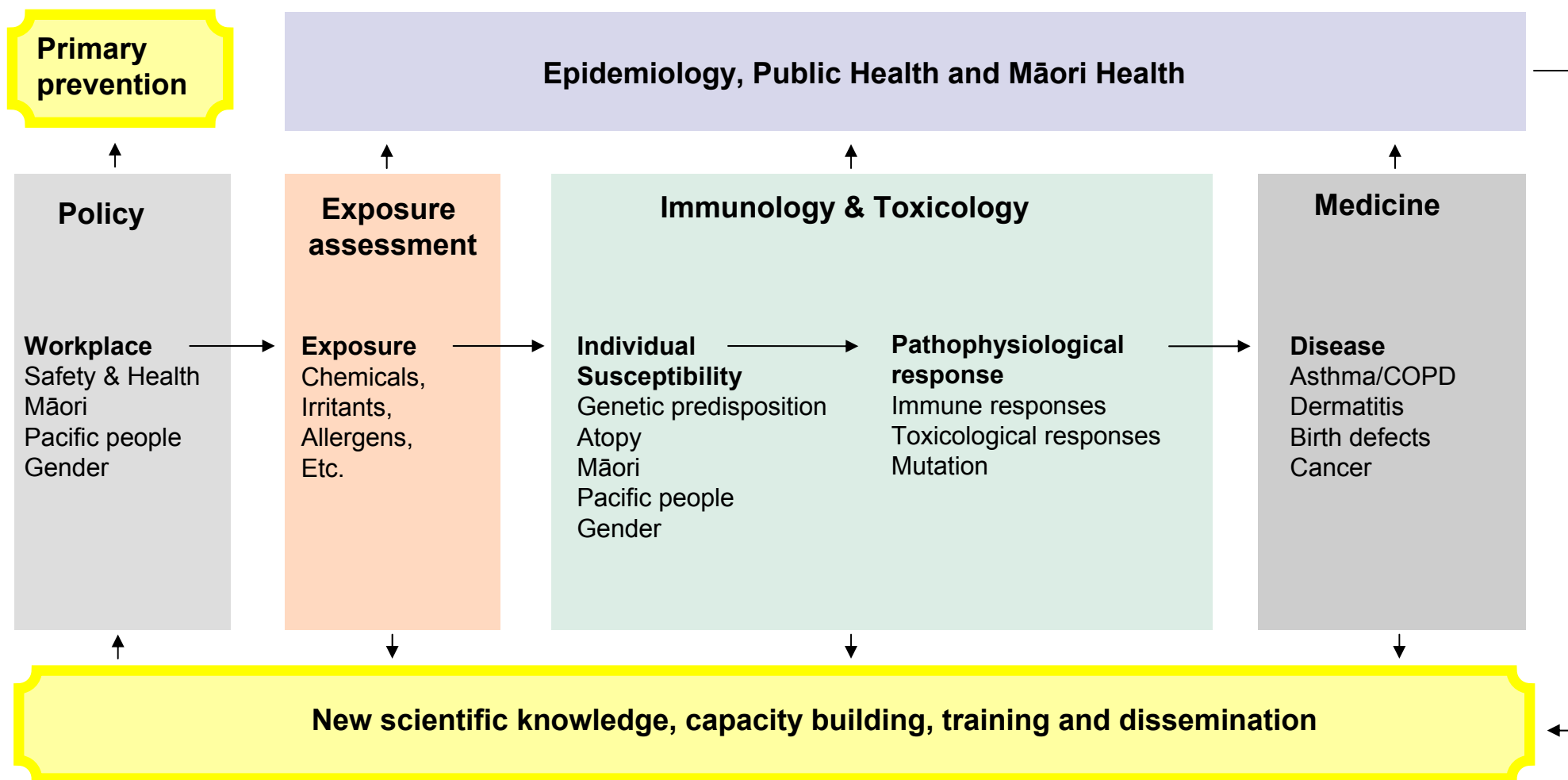
Unique mix of expertise and experience:

- Epidemiology
- Occupational hygiene
- Exposure assessment
- Occupational medicine
- Māori health
- Pacific health
- Public health and occupational health policy
- Immunology
- Biostatistics



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Building Research in Occupational Health in New Zealand (BROHNZ): An Interdisciplinary Approach





Occupational Health in New Zealand

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