The Future of Occupational Medicine
Challenges and Opportunities

Dr John Kerr
President NZ Branch ANZSOM
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 i.e. 6000/yr
Occupational Disease in NZ

- 2-4% all deaths >20 years of age due to occupational disease
- 3-6% all cancers >30 years 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?
<table>
<thead>
<tr>
<th></th>
<th>Vietnam</th>
<th>Egypt</th>
<th>NZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>80+ mill</td>
<td>75+ mill</td>
<td>4+ mill</td>
</tr>
<tr>
<td>GNI/capita</td>
<td>US $690</td>
<td>US $1390</td>
<td>US $26,000</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>70yrs</td>
<td>69yrs</td>
<td>79yrs</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>26/1000 live births</td>
<td>29/1000 live births</td>
<td>5.6/1000 live births</td>
</tr>
<tr>
<td>Occupational Fatality Rates</td>
<td>27/100000</td>
<td>22.5/100000</td>
<td>5.3/100000</td>
</tr>
</tbody>
</table>
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

- Health & Safety
- Managing Ill Health
- Prevention and Promotion
# Commercial Benefits of Wellness Programmes

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

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

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

*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!