



CONNECTING HEALTH AND LABOUR:

WHAT ROLE FOR OCCUPATIONAL HEALTH IN GENERAL HEALTH CARE?

**A healthcare contribution
to poverty prevention &
to a healthy work force:
Paying attention to ‘work’
and keeping/getting a job**

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For workers, employers, economy and society as a whole, work related health problems often are a heavy burden, that probably will increase the coming years, because of aging, having to work longer, and an expected sharp rise of chronic and life style diseases, endangering the work ability and productivity of the work force. (See also EU Commissioner Tonio Borg)

Causal or conditional work-relatedness

Work-relatedness can be *causal* – work(ing conditions) causing health problems: the classical occupational diseases - or *conditional*: working conditions and their adaptivity highly determine the possibility to continue or resume work, especially regarding chronic health problems - for millions of (potential) workers, it can be decisive for the options: work or no work.

Table 2. Worldwide occupational risk factors were responsible for:

37% of back pain

16% of hearing loss

13% of COPD

11% of asthma

9% of lung cancer

8% of injuries

(Source: Global burden of disease, WHO)

Workers with health problems first use to visit treating physicians, who often:

- = don't pay attention to work relatedness;**
- = don't have enough workrelated expertise**
- = don't collaborate with OPs**
- = have logistic problems (9-5;waiting lists)**
- = don't make use of patient empowerment**

Positively formulated: much room for improvement



Dutch studies:

- = invest 1 euro -> more euro's back (e.g. LBP);**
- = astma: PHC vs selfmanagement on sick leave;**
- = 2 billion savings/year (TNO)**
- = even much more (Klink)**

So minor smart investments can result in major savings

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World Health
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What 'Therapy'?

- * **Better medical education/CME**
- * **Medical guidelines including work**
- * **Evidence based occupat. history taking**
- * **Inventory of toolkits**
- * **Inventory of good practices**
- * **Focus on PHC first**
- * **Start experiments/implementing toolkits, e.g. on work related mental problems;**
- * **More research (we know too little for evidence based policies)**

Patient-oriented' GP core values (NHG 2011)

- 1. The GP takes into account the patient's individual characteristics and his context, such as his living and work environments and family circumstances**
- 6. The GP also has the task of indicating (impending) work-related health problems and of working together with the OP when necessary.**

Admitting that many GPs don't act like that yet.....

Thank you for your attention!

Principles for integrating OHC in PHC.

- a. Workers' health is part of general health and life;
- b. Health systems should facilitate local strategies to meet workers' health needs;
- c. In moving towards universal OHC coverage, target first those at greatest risk or needs;
- d. Involve all relevant stakeholders when developing policies about workers' health;
- e. Training in health and work should be part of all health care professionals training;
- f. Workers empowerment and encouraging decision-makers are critical for promotion of workers' health and safety.