Rehabilitation and the Public Health Agenda

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Worklessness and not disease is the biggest cause of health inequality, social exclusion, deprivation, and mortality.
Scotland 2007

- Ageing population which has given up reproduction
- Declining population 5.2 mill> 5million
- Poor health record
- Areas of deprivation and inequality
- Relatively full employment- hotel and leisure industries rely on migrant workers
Scottish Population Projection 2002-2018
(GROS, 2005)
People aged 50 to 64 in EU, millions

Source: Eurostat yearbook – A statistical eye on Europe – Data 1988-98
Where are People Working?

Changing work patterns

- From factories back to cottages
- At home
- In cars
- In customer premises
- No personal office
- Shift patterns
- Changes in work
- Contracts
National employment

- Growth in SMEs
- Growth in self employed
- EU - 80Million in SME’s
- EU - 18 million self employed
- 85% in small scale enterprises
- Short term contracts
Road Worker case study
A Case Study – a 45 year old distribution worker

- Contractor
- Minimal health and safety
- No eye protection
- No ear muffs
- Early noise induced hearing loss
- Vibration white finger
- Several Eye injuries in past
- Irritant dermatitis
- Back injury in past
- Osteoarthritis of spine, shoulders, elbows and knees
- 6 visits to accident and emergency
- One hand fracture
- Getting a bit past it
Case Study

- Average housing
- Poor diet, not much fruit, veg or fish
- 4 pints of beer a night (occas drink at lunchtime)
- 20 cigs a day
- No leisure exercise

- Left school with no qualifications
- Jobs on building sites
- Frequently does overtime
- Sometimes in black economy
- Few of his employers have occup health and safety resource
Case Study

- Separated lives with partner and two stepchildren
- Two children by ex wife
- Financial problems
- Child care issues
- Has been on courses to use power tools
- No other education
- Reads paper occasionally
Case Study

- He has an accident - pipe rolled on leg fracture of right tibia and fibula
- Taken to hospital – transferred to orthopaedics – surgery, plated, discharged on crutches after two days
- No record of job in the hospital notes
- No physiotherapy
- Attends GP given sick note
- No guidance about rehabilitation
Case Study

- Rests at home, watches TV
- Progresses to walking with a stick
- Wasting of quadriceps and reduction in power both legs, pain at fracture site
- After 2 months GP organizes physio- once per week for six weeks
- Pain and weakness still a problem, GP says job will be too much for him
- Follow up hospital appointment- no discussion about work
Case Study - Options

- Friendly with the boss - given job driving the dump truck
- Sacked – goes on to Incapacity Benefit after six months
“If we treated our professional footballers the same way as we treated our workers – there would be no football played on a Saturday”
Exposure at work to various factors in the EU (Source Paoli 2001)

Occurrence of work-related stress factors

- Pace dictated by external demands: 69%
- Monotonous work: 40%
- Working at least 25% of time at high speed: 25%
- Machine dictated work pace: 20%
- Bullying and victimization: 9%
- Physical violence: 4%
- Sexual harassment: 2%
- Affected by work-related stress: 28%
- Percentage of all sickness absenteeism: 55%

Source: Cox T, Rial Gonzales E: OSHA.EU.int.EW/2002
# Working Conditions in Europe

2,000 Survey Workers - 21,500

**Poor Working Conditions**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painful or Tiring Positions</td>
<td>47%</td>
</tr>
<tr>
<td>Handling Heavy Loads</td>
<td>37%</td>
</tr>
<tr>
<td>Exposed to Intense Risk</td>
<td>27%</td>
</tr>
<tr>
<td>No Control over Work</td>
<td>33%</td>
</tr>
<tr>
<td>Working over 45 hours per week</td>
<td>20%</td>
</tr>
<tr>
<td>Repetitive Movement</td>
<td>57%</td>
</tr>
<tr>
<td>Work at Night</td>
<td>19%</td>
</tr>
<tr>
<td>Harassment at Work</td>
<td>9%</td>
</tr>
</tbody>
</table>
Working conditions in Europe

- 2,000 Survey

Symptoms

- 21,500 Workers
- Self Reporting
- Backache
- Stress
- Neck & Upper Limbs
- Fatigue
- Headaches
- Lower Limb
Occupational ill health - the big issues

- Psychological stress 20-50% of EU workers
- Musculo-skeletal disorders
- Sickness Absence in UK -£12 Billion a year
- Rehabilitating the sick worker
- Reproductive issues
- The ageing worker
Economy

Loss by injuries and diseases 4% of GNP
Loss by poor work ability and poor work environment 20% of GNP
Workers covered by OHS

(Source: Hämäläinen et al 2001)
Problems for our road worker

- Lack of rehabilitation
- Lack of systematic health promotion
- Employer doesn’t explore redeployment adequately
- Employer and employee don’t think about planned career change and life long learning
- Employee does not know where to get vocational advice
- Employee care and development is not holistic
- Employer not participating fully in process of return to work
- Culture of tolerance of absence
IB growth 1979-2001

Working age recipients of Invalidity and Incapacity Benefits, including NI Credits Only, 1979-2001

Thousands

Year

Incapacity in the UK

- 1 million report sick each week; 3000 remain off work at 6 months and 80% of these will not work again in next 5 years
- 2.6 million people of working age on a state incapacity benefit [335,000 in Scotland]
- Scotland 100,000 job vacancies
- Sickness Absence
  - industry costs £11 bn pa (underestimate)
  - 16% of salary costs
  - best management practice and occupational health meagre
Total stock IB claimants in Glasgow, West of Scotland and Glasgow as % of the working age population in 2000 & 2005.
Total IB/SDA claimants by main disabling condition (expressed as % of total claimants) in Glasgow City

Reason on IB

Mental & Behavioural Disorders
Diseases of the Nervous System
Diseases of the Circulatory or Respiratory System
Diseases of the Musculoskeletal System and Connective Tissue
Injury, Poisoning and certain other consequences of external causes
Other

Main disabling condition

June 99 - August 99
Dec 05 - Feb 06
Length of time on IB

Total IB/SDA claimants by duration of claim (expressed as % of total claimants) in Glasgow City

Duration of claim

- < 3 months
- 3-6 months
- 6 months – 1 year
- 1-2 years
- 2-5 years
- > 5 years

June 99 - August 99
Dec 05 - Feb 06
Facts about Incapacity Benefit in Scotland

- 2.5% of Working age population go on to IB each year
- (3.5% in Glasgow)
- 55-59 yr olds- 18% on IB
- (35% in Glasgow)
- Mental Health problems cause 50% of IB
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Occupation</th>
<th>Mortality Rate (per 100,000)</th>
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</thead>
<tbody>
<tr>
<td>50-59</td>
<td>Professional occupations</td>
<td>615</td>
</tr>
<tr>
<td></td>
<td>Managerial and technical occupations</td>
<td>605</td>
</tr>
<tr>
<td></td>
<td>Skilled occupations - non-manual</td>
<td>944</td>
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<tr>
<td></td>
<td>Skilled occupations - manual</td>
<td>1,248</td>
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<tr>
<td></td>
<td>Partly skilled occupations</td>
<td>1,242</td>
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<tr>
<td></td>
<td>Unskilled occupations</td>
<td>2,362</td>
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<tr>
<td>Social class based on occupation</td>
<td>All cause</td>
<td>Ischaemic heart disease (410-414)</td>
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<td>----------------------------------</td>
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<td>-----------------------------------</td>
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<tr>
<td>I</td>
<td>Professional occupations</td>
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<tr>
<td>II</td>
<td>Managerial and technical occupations</td>
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<tr>
<td>IIIIN</td>
<td>Skilled occupations - non-manual</td>
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<tr>
<td>IIIIM</td>
<td>Skilled occupations - manual</td>
<td>463</td>
</tr>
<tr>
<td>IV</td>
<td>Partly skilled occupations</td>
<td>465</td>
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<tr>
<td>V</td>
<td>Unskilled occupations</td>
<td>987</td>
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<tr>
<td></td>
<td>Not classified</td>
<td>205</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>385</td>
<td>113</td>
</tr>
</tbody>
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**Table 3.4** Cause specific age standardised mortality (per 100,000 population) within each social class. Men aged 20-59, Scotland 1990-92.
Figure 3.5 Male age specific mortality rates by occupational social class. Scotland 1990-
Relationship between mortality (age/sex standardised rates per 100,000 population) and deprivation (as measured by the SIMD) in 2005
Evidence for the overall benefits of Work

- “Health, Work and Well-being” by Waddell and Burton
- Most work is beneficial
- Healthy and safe job prolongs life
Benefits of Work

- Health - employed better than unemployed
- Money - more money better health
- Sense of Purpose
- Social Inclusion
- Reduces Inequality
What is Work?

- Paid employment
- Self Employment
- Voluntary work
- Carer
- Homemaker
- Child rearer
- Full time/ part-time
- Community activities, clubs, church
- Etc
Historical Perspective

- Galen - work is nature's physician
- Freud - work binds the individual to reality
- Szasz - work is the closest thing to a genuine panacea known to man
"A healthy working life is one that continuously provides working age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allows them to sustain and improve their health and well-being. It means that individuals are empowered and enabled to do as much as possible, for as long as possible, or as long as they want, in both their working and non-working lives."
Finnish workability model

Physical Capacity
- Skills
  - Mental capacity
    - Knowledge
  - Social capacity

Work environment
- Work organisation
  - Work ability
  - The workplace

Professional competence
Promotion of Workability, the Quality of Work and retirement - Tuomi and Ilmarinen Occ Med 2000

- Workability Index
- Promotion of working health and Functional capacity
- Promotion of professional competence
- Predicted active retirement
- Improved Job satisfaction
- Increased workability
Essentials of Healthy Working Lives

Everyone at some time or another needs

- Health improvement
- Health protection
- Rehabilitation
- Life long learning
- Employability services

Whether they get it at the right time or not depends more on CHAOS theory
Principle of Healthy Working Lives

- All services should be aimed at maximizing functional capacity of the working age population - physical, mental, social, spiritual

- It's not their diagnosis that is important - it's what can they DO
HEALTHY WORKING LIVES

- Integrates the provision of occupational health and safety,
- rehabilitation of the injured or ill worker
- improvement of competence-life long learning,
- promotion of health and wellbeing of the individual
- modification of work to enable the less able to remain productive,
- as a managed process throughout life
THE TASK OF REHABILITATION SERVICES SCOTLAND

Maximise functional capacity in all the population

- For those in employment and out of employment
- Voluntary workers
- Carers
- Keep the elderly active
Worklessness and not disease is the biggest cause of health inequality, social exclusion, deprivation, and mortality.
The solution is in our hands. Thankyou