

# Rehabilitation and the Public Health Agenda

Dr Ewan B Macdonald OBE

Healthy Working Lives Research Group,  
University of Glasgow

Director of Salus, NHS Lanarkshire

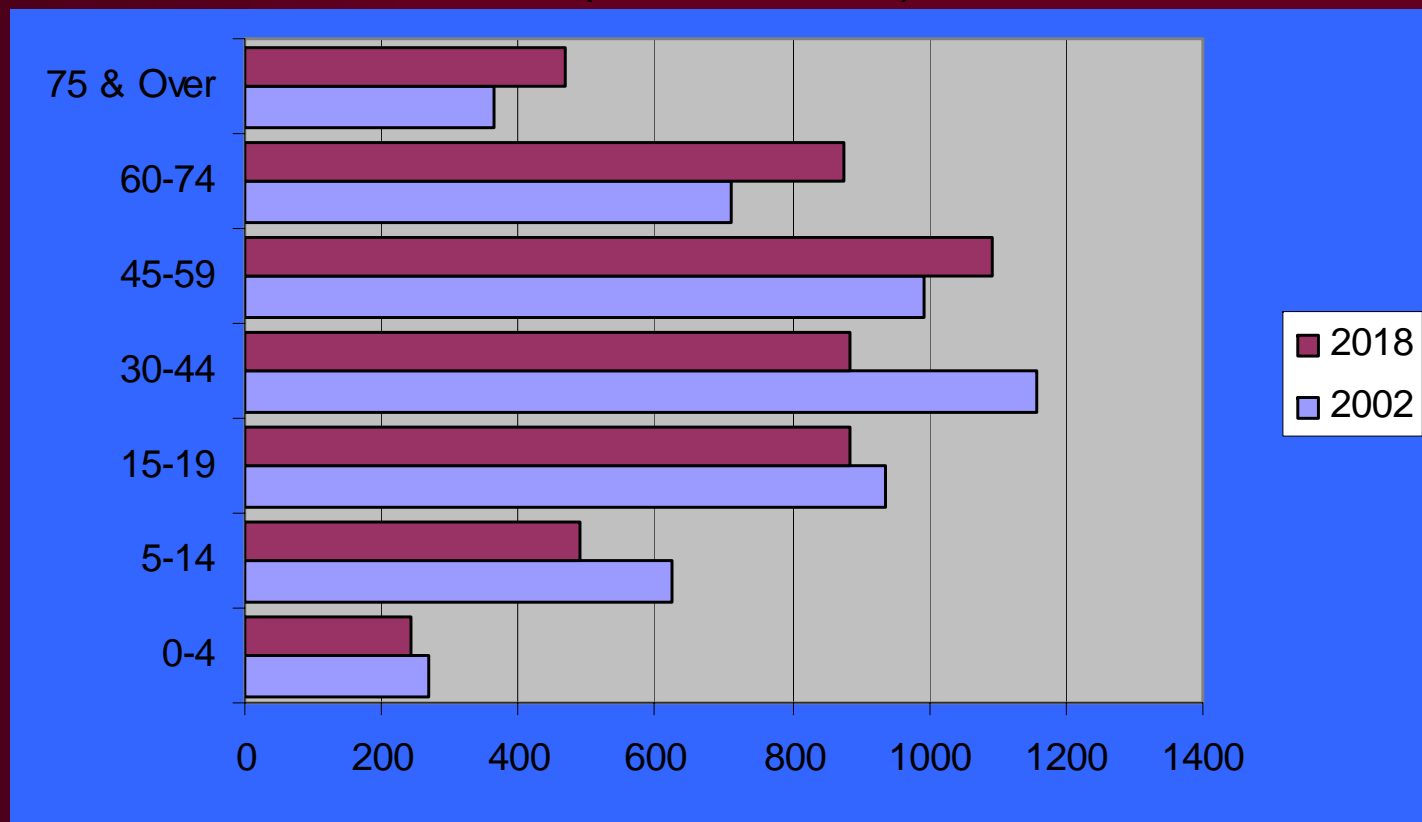
**Worklessness** and not disease  
is the biggest cause of health  
inequality, social exclusion,  
deprivation , and mortality

# 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

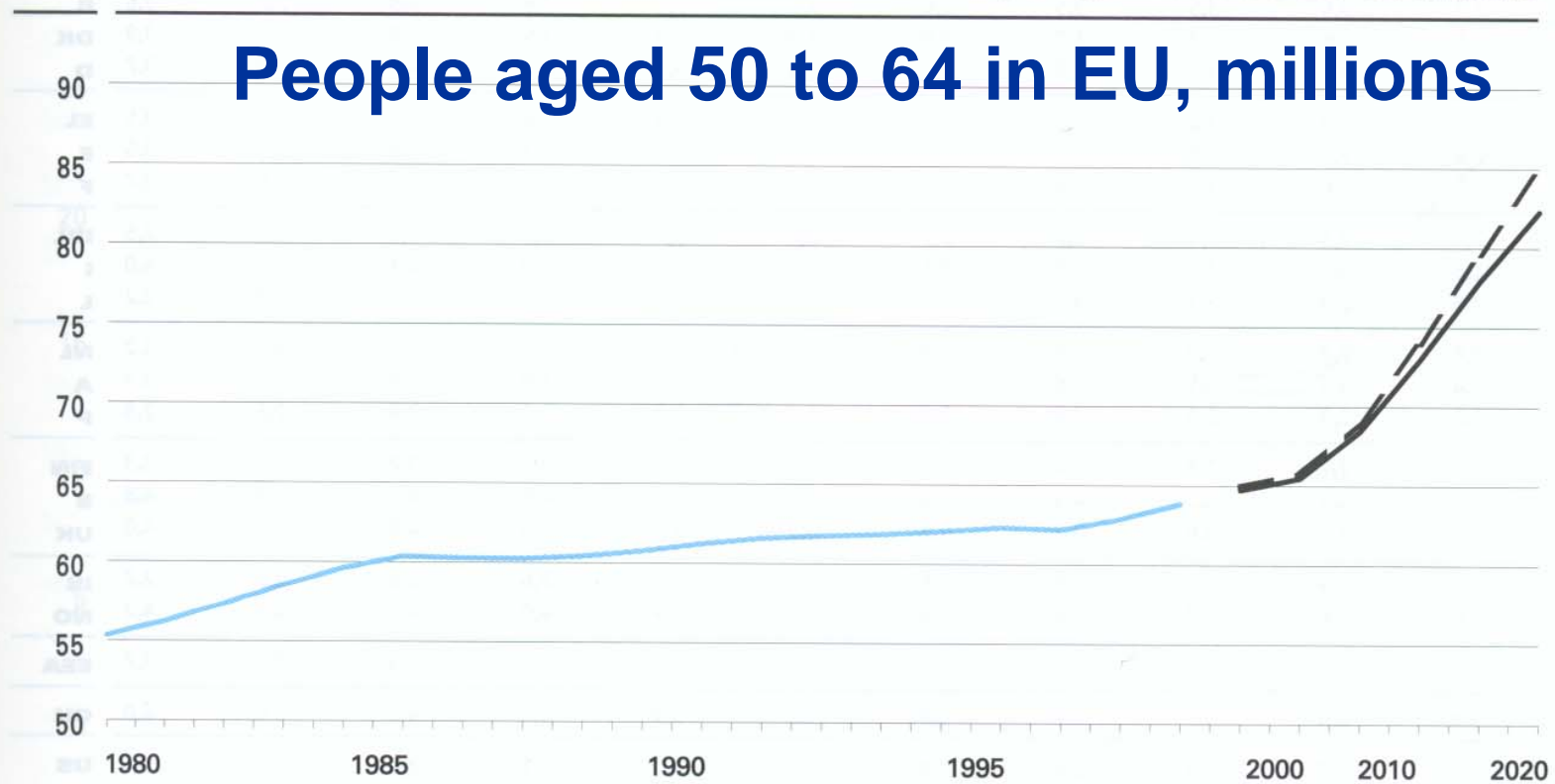
# Scottish Population Projection 2002-2018

(GROS, 2005)



People aged 50 to 64. EU-15, millions

## People aged 50 to 64 in EU, millions

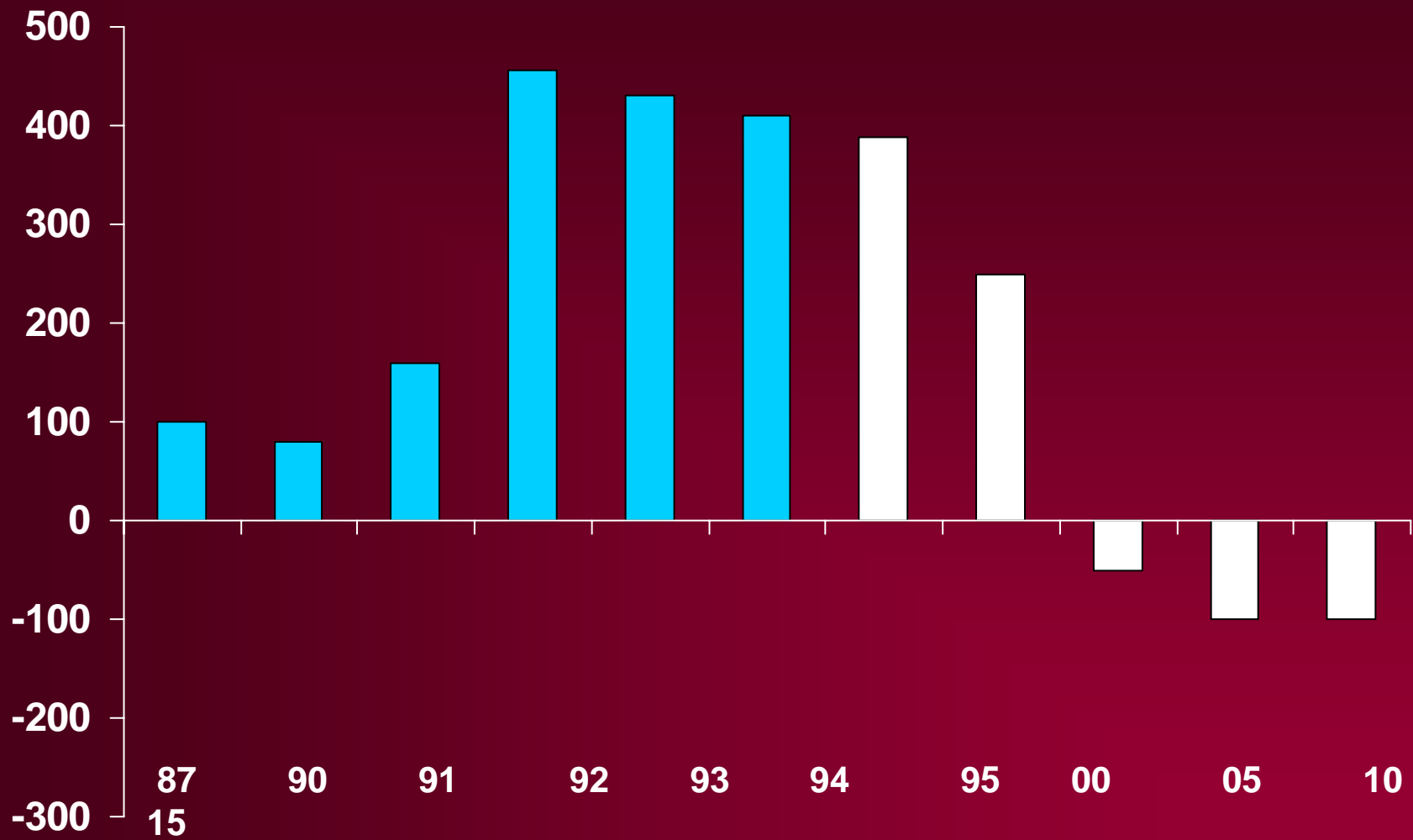


Black: high and low scenario; colour: observed.

FURTHER READING Demographic statistics, 1999. Eurostat. Beyond the predictable: demographic changes in the EU up to 2050; statistics in focus, population and social conditions, 1997/7. Eurostat.

Source: Eurostat yearbook – A statistical eye on Europe – Data 1988-98

# Workforce balance



# 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)
- 20cigs 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 organises 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

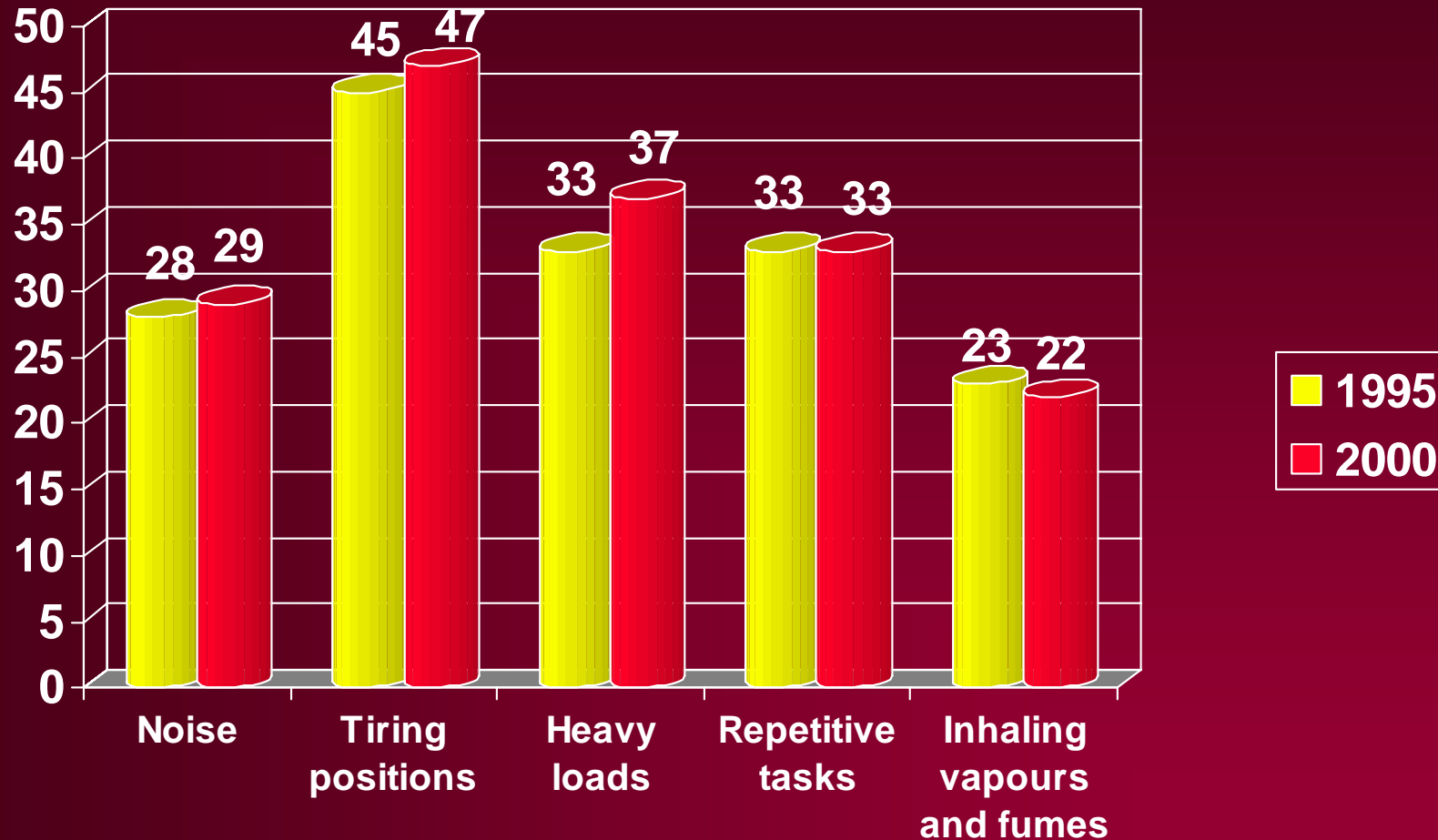
# Case Study - Options

- Friendly with the boss- given job driving the dump truck
- Sacked – goes on to Incapacity Benefit after six months

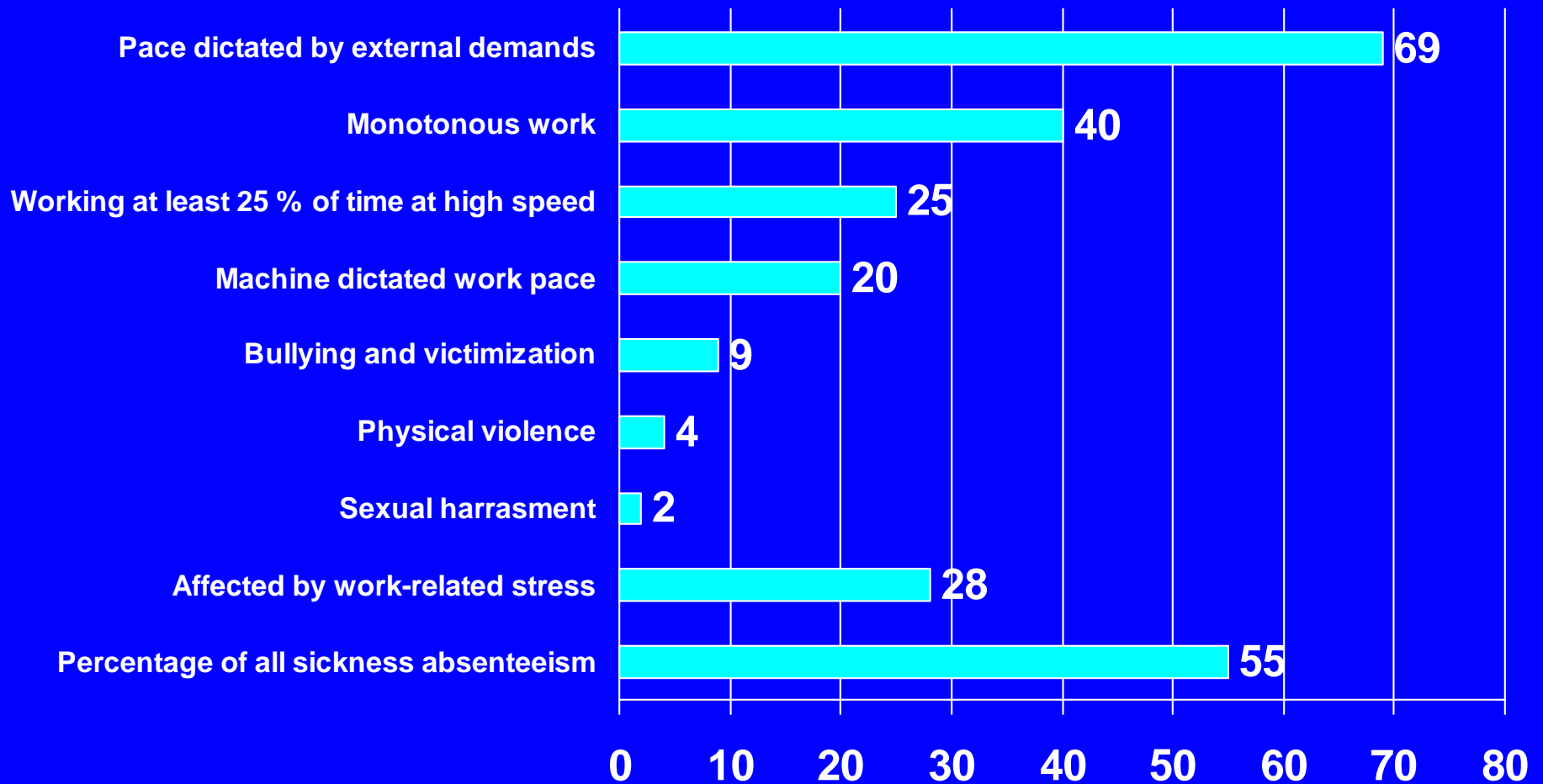
“If we treated our professional footballers the same way as we treated our workers –there would be no football played on a Saturday”



# Exposure at work to various factors in the EU (Source Paoli 2001)



# Occurrence of work-related stress factors



Source: Cox T, Rial Gonzales E: OSHA.EU.int.EW/2002

# Working Conditions in Europe

**2,000 Survey  
Workers - 21, 500**

## Poor Working Conditions

**Painful or Tiring Positions - 47%**

**Handling Heavy Loads - 37%**

**Exposed to Intense Risk - 27%**

**No Control over Work - 33%**

**Working over 45 hours per week - 20%**

**Repetitive Movement - 57%**

**Work at Night - 19%**

**Harassment at Work - 9%**

# Working conditions in Europe

2,000 Survey

- 21,500 Workers

Symptoms

- Self Reporting

**33%**

- **Backache**

**28%**

- **Stress**

**36%**

- **Neck & Upper Limbs**

**23%**

- **Fatigue**

**15%**

- **Headaches**

**12%**

- **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**

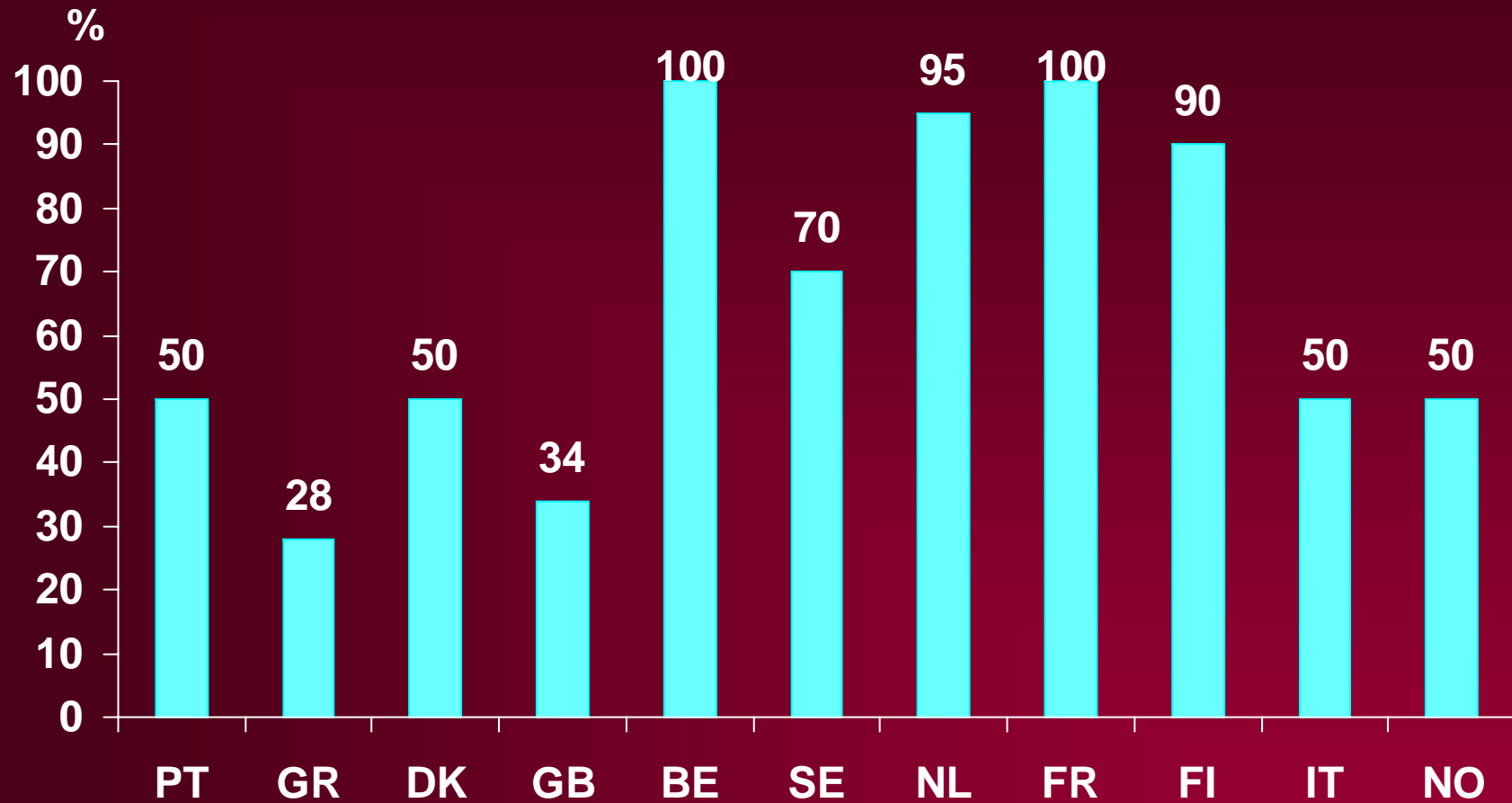
**4% of GNP**

**Loss by poor work  
ability and poor work  
environment**

**20% of GNP**

# Workers covered by OHS

(Source: Hämäläinen et al 2001)



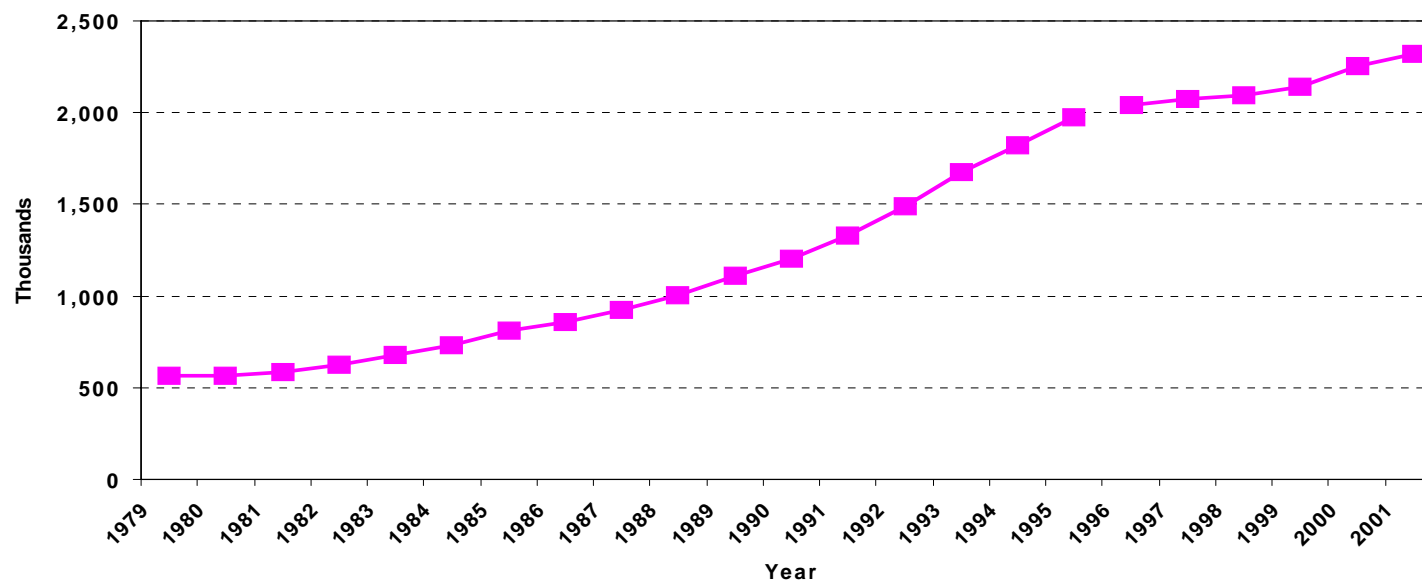
# Problems for our road worker

- **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 Invalidation and Incapacity Benefits,  
including NI Credits Only, 1979-2001

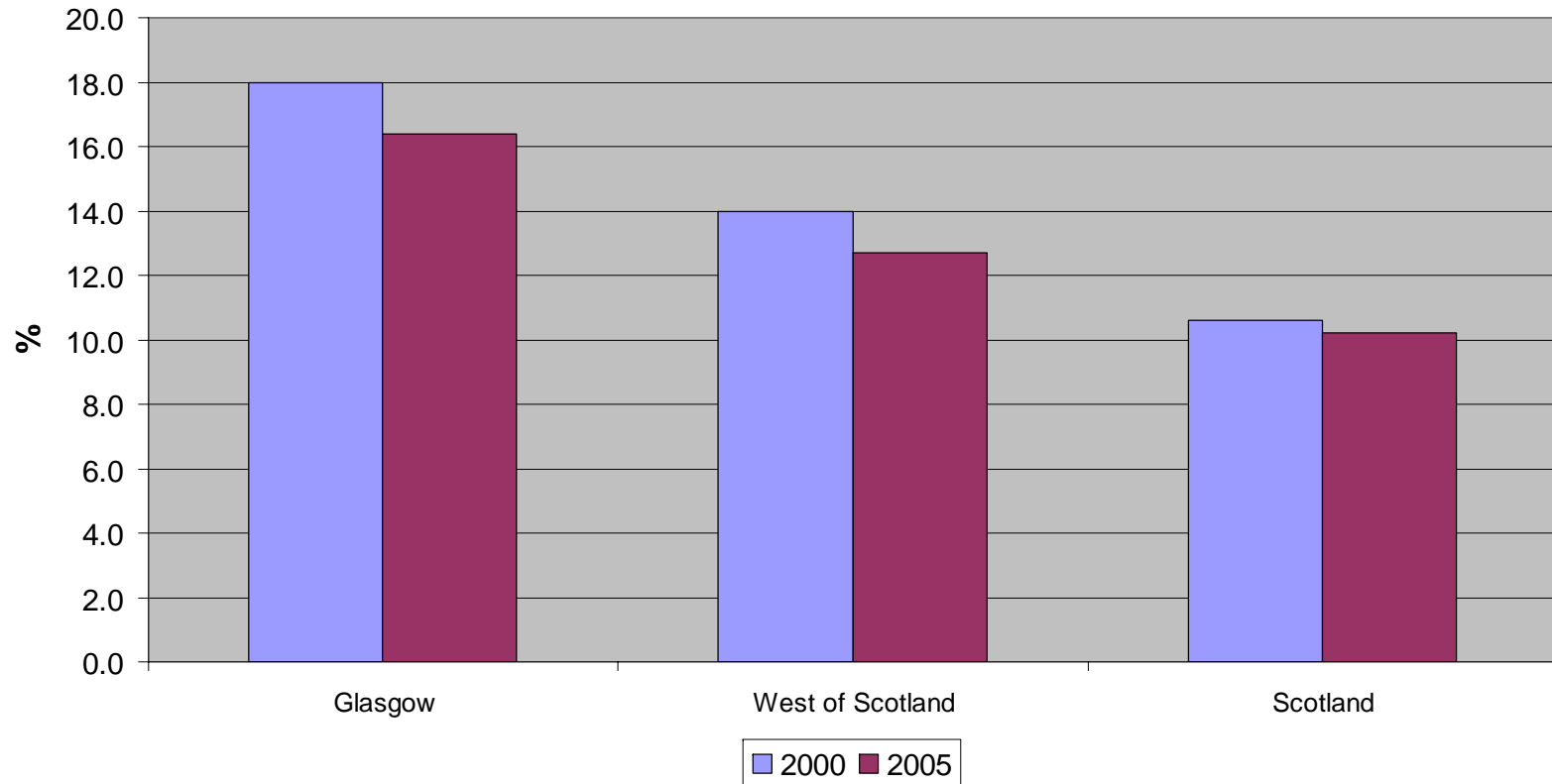


# Incapacity in the UK

- 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 100000 job vacancies
- Sickness Absence
  - industry costs £11 bn pa (underestimate)
  - 16% of salary costs
  - best management practice and occupational health meagre

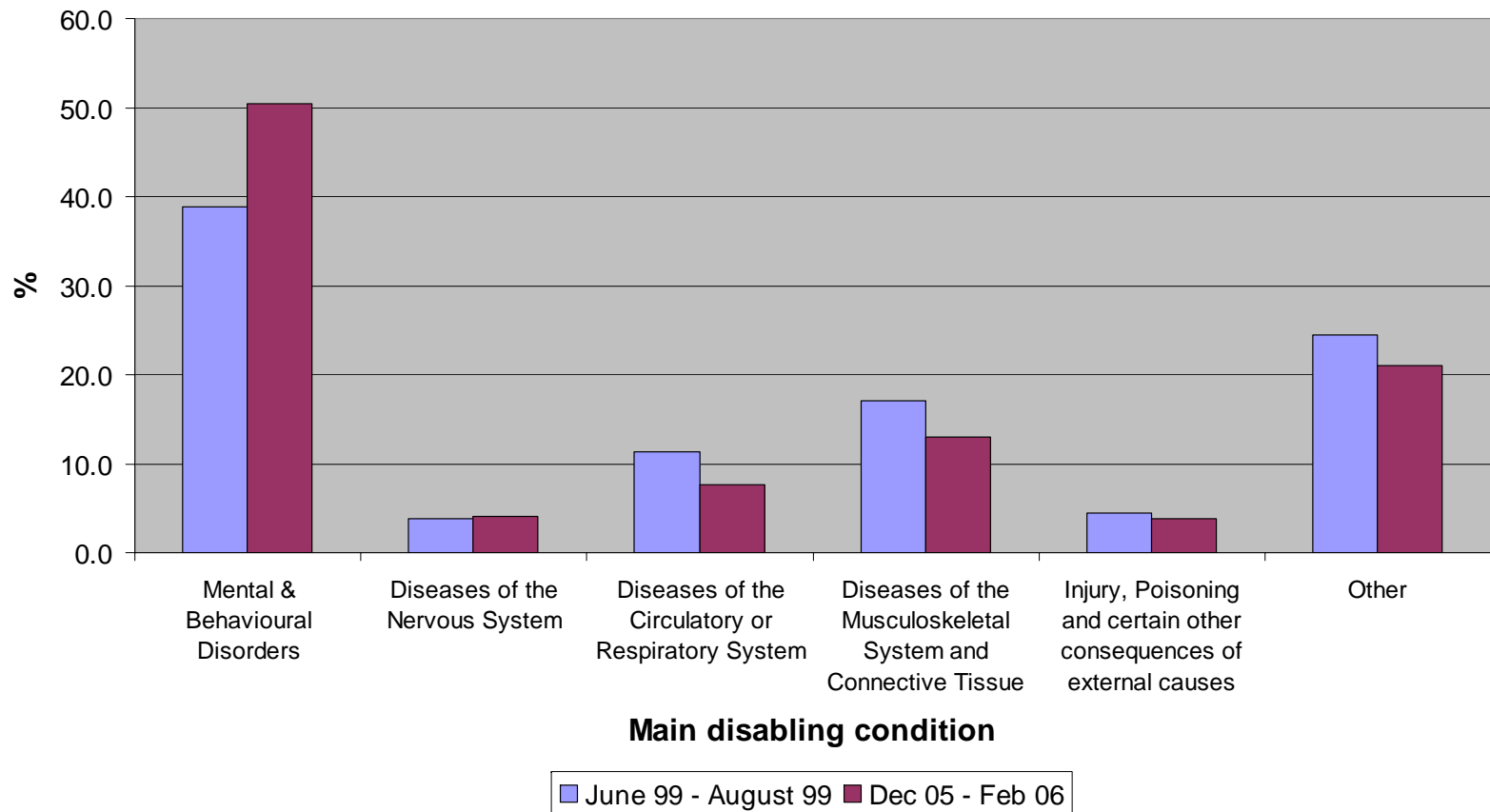
# IB population as % of working age population

**Total stock IB claimants in Glasgow, West of Scotland and Glasgow as % of the working age population in 2000 & 2005**

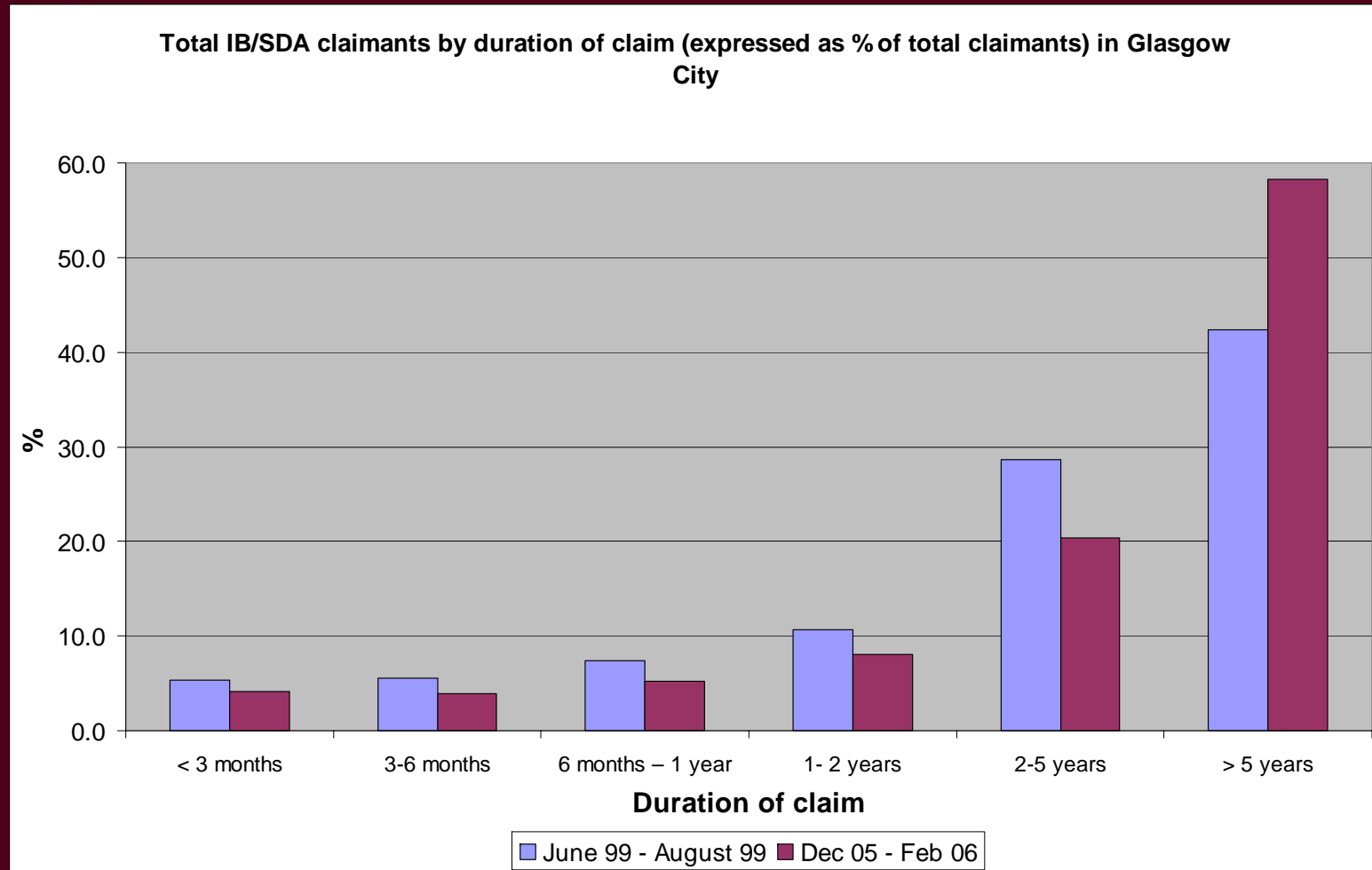


# Reason on IB

Total IB/SDA claimants by main disabling condition (expressed as % of total claimants) in Glasgow City



# Length of time on IB



# 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

# Age standardised mortality (Men) per 100,000

50-59	I	Professional occupations	615
	II	Managerial and technical occupations	605
	IIIN	Skilled occupations - non-manual	944
	IIIM	Skilled occupations - manual	1,248
	IV	Partly skilled occupations	1,242
	V	Unskilled occupations	2,362

Social class based on occupation		Cause of death			
		All cause	Ischaemic heart disease (410-414)	Cerebro-vascular disease (430-438)	Malignant neoplasms (140-208)
I	Professional occupations	228	63	8	73
II	Managerial and technical occupations	233	68	10	68
IIIN	Skilled occupations - non-manual	352	106	18	93
IIIM	Skilled occupations - manual	463	144	22	131
IV	Partly skilled occupations	465	144	23	133
V	Unskilled occupations	987	288	43	222
	Not classified	205	31	9	31
All		385	113	18	104

**Table 3.4** Cause specific age standardised mortality (per 100,000 population) within each social class. Men aged 20-59, Scotland 1990-92.



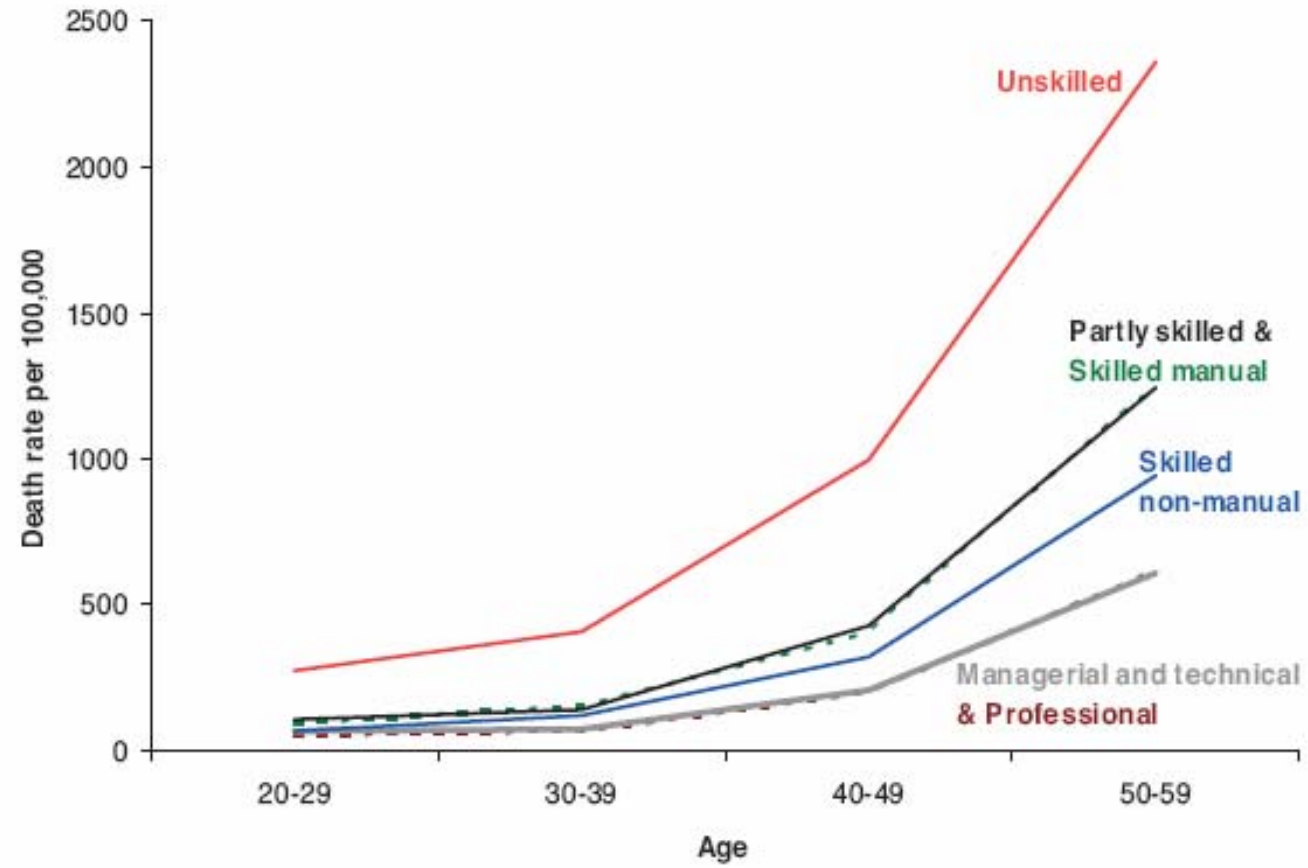
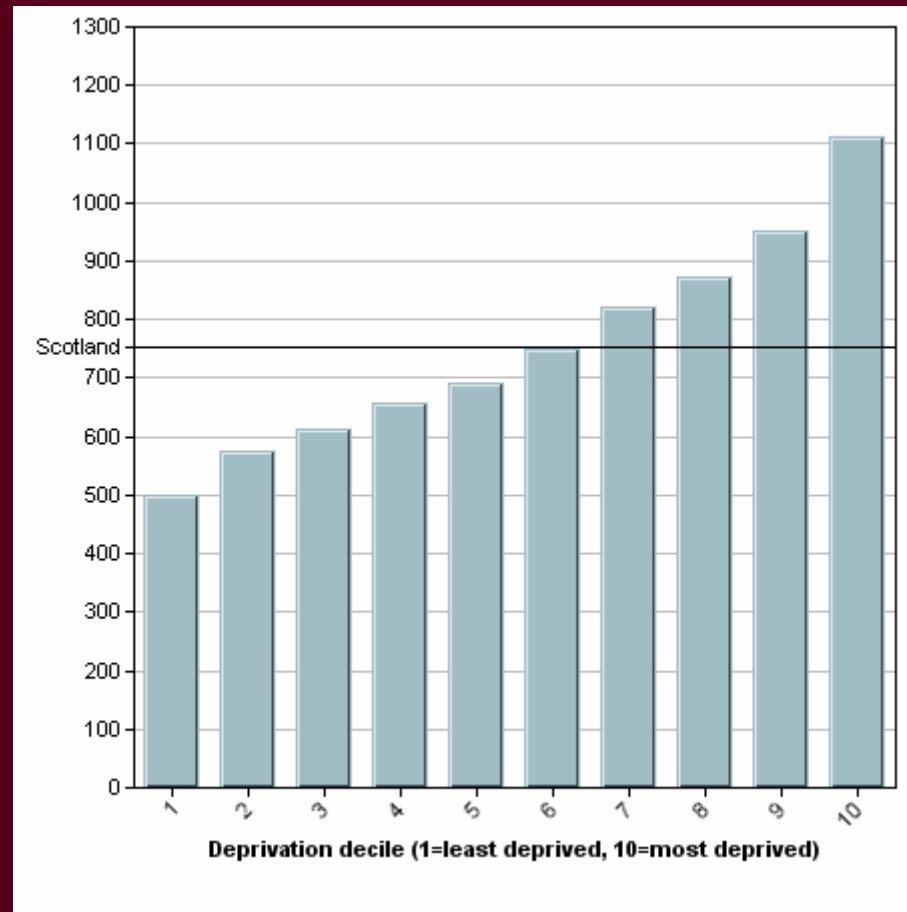


Figure 3.5 Male age specific mortality rates by occupational social class. Scotland 1990-

## 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

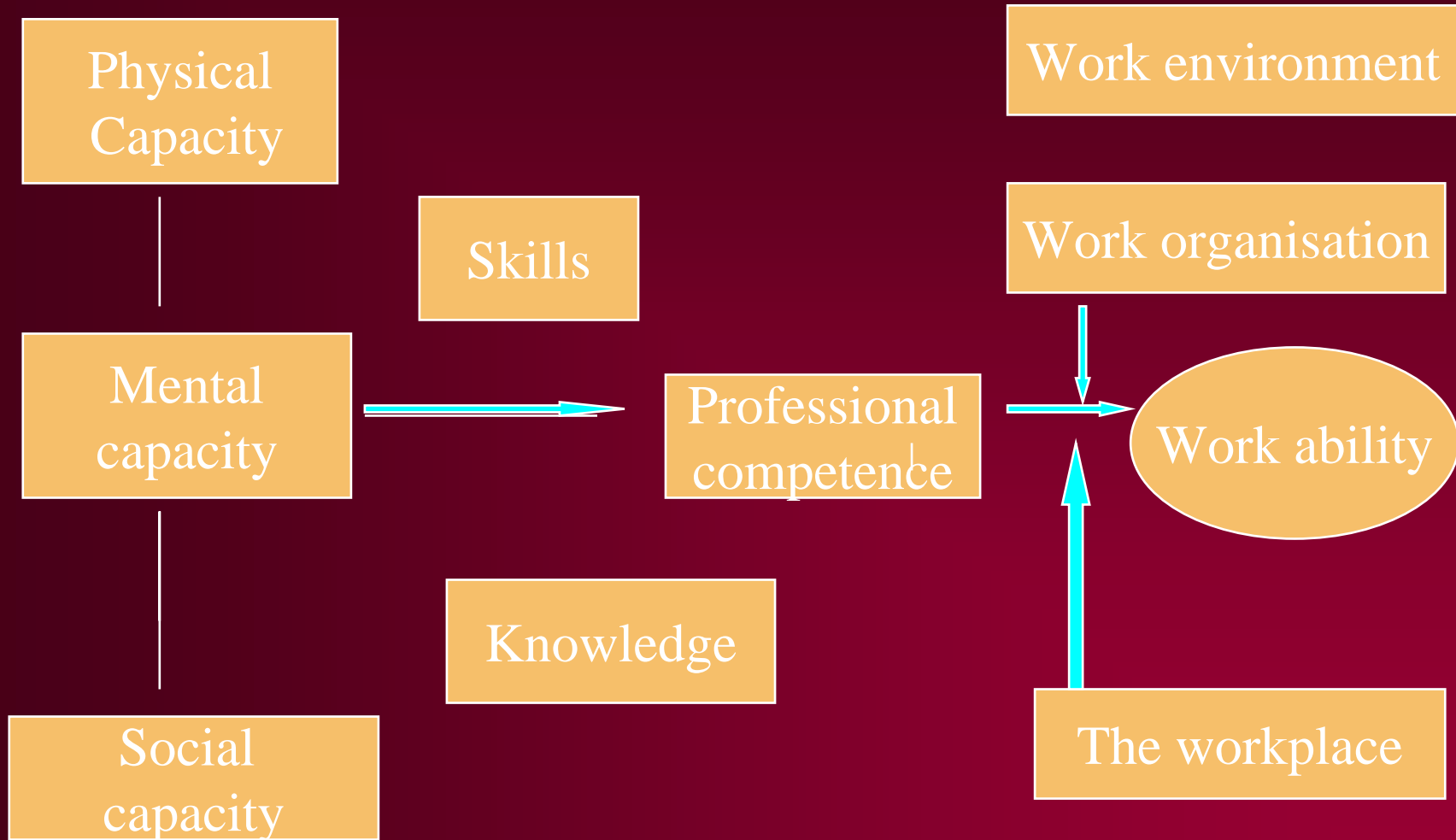
# Historical Perspective

- 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

# THE HEALTHY WORKING LIVES STRATEGY

- “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





## 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 **maximising functional capacity of the working age population** - physical, mental, social, spiritual
- Its not their diagnosis that is important- its 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