Panel 2: Impact on Californians: Stakeholder Perspectives

- Health Professional Perspective

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Health Professional Perspective

- My role: academic occupational medicine physician
  - Chief, occupational medicine at UC Irvine
    - Two occupational medicine clinics
  - Director, occupational medicine residency program
    - Training occupational medicine specialists
- Want comments from occupational health professionals at conference

Potential Roles of Occupational Health Professionals – Medical Practitioners

- Screening
  - documentation of “exposures” and effects
- Assessment and diagnosis
  - workplace risk factors, individual risk factors, pre-clinical effects, clinical effects
- Treatment and management
- Fitness for duty and return to work
  - e.g., increased risk of future MI if return to high strain work environment following a MI
- Prevention – workplace health promotion
- Consultations for individuals and management

Current Status

- Occupational health professionals mostly work for employer clients and, therefore, base their practice on employers' "bottom line" perspective
- Occupational health care is dominated by treatment and compensation orientation, rather than prevention
- Occupational health professionals have limited influence on work environment
- Trends in field are further limiting effectiveness of occupational health professionals

Health Professional Must Understand Employers' Perspective

- Ideally, employers would be motivated by societal value of providing meaningful and healthy work. However, most work is structured based on interests of the company.
- Capital preservation – employee as human capital
  - Companies may be motivated to do good because it is in their interest to have "healthy workers"
- Must be able to show cost-effectiveness of work organization change and healthy work programs

Challenges of Employer Orientation to Bottom-line

- Prevention of chronic outcomes requires long-term perspective; most employers are oriented towards short-term economic performance
- Workers' compensation system has disincentives
  - Greater barriers for cumulative trauma and psychiatric outcomes
  - Small to mid-sized employers typically do not meet threshold for experience modification ratings, so they may not realize benefit if they do make improvements in the workplace

Trends in Occupational Medicine Practice

- Larger employers: outsourcing of occupational health professional services
  - fewer corporate or workplace-based OH professional positions
- Mid-size & small employers did not have workplace-based occupational health programs much in the first place
- Health professional positions, especially for doctors, are primarily located in medical care organizations

Trends in Occupational Medicine Practice

- Implications:
  - institutional culture: doctors work in clinic and treat individuals
  - medical care organization is likely to use “restaurant” (provide menu of services) rather than “partnership” paradigm
  - doctors are unlikely to visit workplaces
  - no team approach or only a traditional medical team

Limitations in Role of Occupational Health Professionals

- No or limited access to workplace
- Limited relationship with management and workers
- Limited incentive to prevent adverse outcomes
- Health professional in the United States do not have authority to specify workplace interventions
  - In Japan, physicians posses the right to act as direct advisors to employers on working conditions and worker health in order to prevent occupational illnesses and promote health. Employers have an obligation to consider recommendations of occupational physicians (1996 ISH Law)

Opportunities to Enhance Role of Occupational Health Professionals

- Document work environment characteristics and potential health effects in clinical practice
- Develop partnerships and increase emphasis on workplace-based practice
- Implement workplace screening and surveillance
- Increase emphasis on prevention and workplace health promotion

Healthy Work and Prevention Strategies

- **Primary prevention: organizational change**
  - assess and modify worksite stressors, generally through participatory process
- **Secondary prevention: stress reduction**
  - individual strategies for alleviating stress-related symptoms
    - e.g., progressive muscle relaxation, visualization, biofeedback, meditation, and exercise
  - focus on increased confidence and interpersonal coping skills
    - e.g., assertiveness training, conflict management, communication skills, and leadership development
  - increased intrapersonal awareness and insight of cognitive and affective reactions to job stressors
- **Tertiary interventions: stress treatment**
  - employee assistance programs, medical treatment of effects

(from: K Belkic, et al. 2000)

Health Promotion in the Workplace

- Focus is on behaviors of individual workers
  - traditional risk factors: physical activity, nutrition, weight management, tobacco control, employee assistance, and stress management
- Alternative models of health promotion incorporate focus on work environment
  - Employee health is influenced by personal health practices, physical environment, & social environment
  - European Union and some programs in Japan

Challenge of Integrating Work Organization Issues with Workplace Health Promotion

- Behavioral change paradigm emphasizes individual responsibility for health
- Work organization paradigm emphasizes work characteristics that are causally related to health
  - Some health promotion professionals are concerned that this paradigm "lets individuals off the hook"
- Studies have demonstrated that workplace health promotion programs that address <u>both</u> individual and worksite issues are more effective than programs that address only individual behaviors

Holistic Approach to Worksite Wellness
(UCI Center for Health Promotion)

- **Individually-focused strategies**
  - health risk appraisal, clinical preventive services, lifestyle change
- **Environmentally-focused strategies**
  - ergonomic workplace design, hazard recognition and control, effective facilities design, effective management practices
- **Organizational efforts to promote employee well-being and healthful workplaces**
  - policies on smoke-free worksites, flexible work schedules, employee health benefits
  - management effort to cultivate socially-responsive and responsive organizational climates, and corporate compliance with occupational safety and health regulations
- **Community programs and resources**

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Strategies to Enhance Role of Occupational Health Professionals

- Improve knowledge and skills in assessment and management of work organization factors, individual risk factors, and potential health and behavioral outcomes
- Increase emphasis on prevention paradigm, including negotiation of own work contract to provide incentives/rewards for these activities
- Understand importance of establishing ongoing relationship with employers and workers in the workplace; get outside of the clinic
- Emphasize multidisciplinary teams