

## Global Occupational Health from Two Perspectives:



Economic Development is not just for the "Less Developed"



Tee L. Guidotti, MD, MPH, DABT, FACOEM

## Two Approaches in Two Books

### Economic Development

*Global Occupational Health*

Oxford Univ. Press, 2011  
34 authors, 600 pp.  
Topic of entire book.



### Enterprise Support

*The Praeger Handbook of OEM*

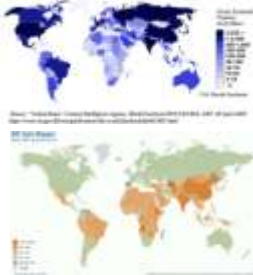
Praeger, 2010  
Solo author, 1600 pp., 3 vv.  
Chapter 26 on "Global OEH"



Disclosure: I am responsible for both books and much of what I say will be in one or the other.

## Premise

- All countries are developing countries.
  - Some countries are poor and developing.
  - Some countries are middle-income and developing through industrialization.
  - Some countries are industrialized and developing "post-industrial" economies.
- The world is full of special cases.



## Economic Development as Behavior Change

"The offering of a shilling, which to us appears to have so plain and simple a meaning, is in reality offering an argument to persuade one to do so and so."

—Adam Smith



"Freedoms are not only the primary ends of development, they are also among its principal means."

—Amartya Sen



## Development

- All nations and all economies are developing
- Advanced industrial economies are also now developing into something else, "postmodern"
  - Service-dominated
  - Information- and innovation-driven
  - "New Economy" has its own problems
    - Concentration of risk
    - Risk of creating an economic underclass
    - Adjusting to globalization



## Economic Development and Health Protection

<i>Economic Development</i>	<i>Environmental Health</i>	<i>Occupational Health</i>
Subsistence	Clean water, sanitation	Basic OH Services, injury prevention
Commodity	Pesticides, land use	Rural services, BOHS
Industrial	Air, hazardous materials	Specialization
Postindustrial	Risk assessment, precautionary	Productivity

### However....

- Occupational health often seen as a consumptive cost
- Policy of deferring investment because:
  - Cost of healthcare is low early in development
  - Cost of labour is cheap
  - Competing priorities for investment: job creation, primary health care
  - No constituency for giving oh priority
- Need a fuller understanding of oh in development

### What does ill health mean for the individual?

- Risk of disability or death
- Loss of livelihood or income
- Loss of opportunity, expectations
  - Self
  - Family
  - Social role in community
- Loss of capacity (Amartya Sen)
- Security of future in doubt
- The lower you are, the further you can fall!



### A Political View

“The health of the people is really the foundation upon which all their happiness and powers as a state depends.” —Benjamin Disraeli



### Environmental and occupational health.



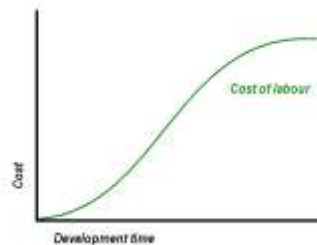
### Health and Productivity

“Workers are less likely to work productively when they are frequently sick than when they are generally in good health....[Sickness] cannot fail to diminish the produce of their industry”

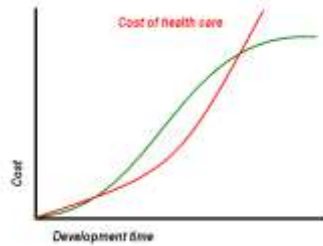
—Adam Smith



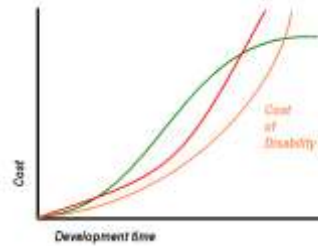
### Cost of Labour



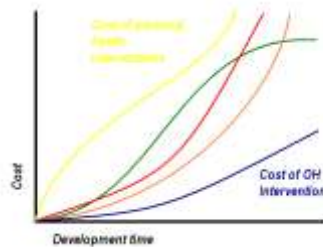
## Cost of Health Care



## Cost of Disability



## Costs of Prevention



## Burden of Occupational Disease

- Liang Youxin studied burden of silicosis in PR China in 1986
- 310,000 prevalent cases
- Costs per person per year (yuan)
  - ¥ 2,869 direct
  - ¥ 12,896 indirect
  - ¥ 3,285 per death
- Total cost to economy: ¥5 billion!
- 0.4% GDP, after 1990 reevaluation of the yuan!
- Silicosis is a chronic disease, generational burden

## Conclusions

- Occupational health services conserve value
- May add value as foundation of a healthcare system
- Treated as a cost: should be considered an investment
- Marginal return is probably highest in the early years of industrial development
- Effect on productivity in later years of industrial and postindustrial development

## My Opinion.

- Economic development without occupational health protection is exploitation.
- Occupational health brings together:
  - Health
  - Income stability
  - Social security
  - Social capacity
  - Economic productivity
  - Health care costs



Progress in Trinidad and Tobago, 2005.

## Transition to Developed Economies

- The demographic transition
  - Higher birth rate, younger age structure
  - Lower birth rate, older age structure
- The epidemiologic transition
  - Higher mortality from infectious disease
  - Higher mortality from chronic disease
  - Led to dangerous complacency in last decades

## Global Health for Developed Economies

- |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Traditional View</b></p> <ul style="list-style-type: none"> <li>• Management of the health affairs of the enterprise in foreign operations                             <ul style="list-style-type: none"> <li>– Policies</li> <li>– Compliance</li> <li>– Recruitment of personnel</li> </ul> </li> <li>• Travel medicine</li> <li>• Emergency care</li> <li>• Public health agenda, basic services, and liability</li> </ul> | <p><b>Heterodox View</b></p> <ul style="list-style-type: none"> <li>• Global health applies to all countries, including US</li> <li>• Rationalization of health standards with local situation:                             <ul style="list-style-type: none"> <li>– Mergers and acquisitions</li> <li>– Contractors</li> </ul> </li> <li>• Visitor (as well as traveler) health</li> <li>• Productivity agenda</li> </ul> |
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## Paradigm Busters

SARS: New and scary disease outbreaks out in and spreads from three highly developed countries! (Canada, HK, Singapore)

Diabetes and metabolic syndrome: World's worst prevalence in some of world's richest countries (KSA, UAE, Kuwait) but rising fast in developing world!



World leader in organized management of HIV/AIDS treatment: AngloAmerican, a South African company!

## The Health of Wealth

The Obvious Agenda

- Productivity
- Protecting value
  - Human assets
  - Social equity
- Health protection and wellness
- Reduced health care costs

The Hidden Agenda: Demographics!

- Keep workers productive until > 70 yo
- Severe skilled labor shortages
- Dependency ratio:

1950	18:1
1965	4:1
2005	3:1
2080	2:1

Compare:  
Italy  
Quebec  
Japan  
Scandinavia

## Health Promotion and Productivity

- US approach v. WHO, global approach to health promotion
- Productivity is just HP for a different stakeholder.
- Critical priority is control of impairment burden!



The Ottawa Charter (1986) was a landmark in global health promotion. In US, not so much.

## What is it really about?

- The corporate practice of health promotion, wellness, and productivity management is:
  - A means of applying the resources of the organization to the benefit of individual health
  - An incentive for shared stakeholder involvement, drawing in employers, employees
  - An economic necessity
- Hidden issue is worker accountability

## The Seven Social Sins

"The seven social sins [are]

- politics without principle,
- wealth without work,
- commerce without morality,
- pleasure without conscience,
- education without character,
- science without humanity, and
- worship without sacrifice."



— Mohandas Gandhi