

Stories from California – Innovation in Occupational Health Part 1 - UCLA

The allure of Los Angeles is always bright – the sprawling suburbs, beaches and hills brought to fame by films, stories and art. Yet many forget the presence and stronghold of the healthcare industry where research, high quality healthcare and innovation attract healthcare professionals worldwide.



In the heart of Westwood suburb is the University of California Los Angeles (UCLA) campus which boasts a diverse staff and student population; posing a challenge to even any seasoned Occupational Health Physician in promoting and sustaining wellness programmes. My inquiries took me to Fitwell UCLA; an organisation responsible for campus wellness who do so by focusing on staff empowerment, education and providing healthy lifestyle choices.

Fitwell run up to 50 free classes a week scheduled around working periods which include aerobic classes, staff retreats for workstation exercises, health education, nutrition advice and morning exercises. Specialist programmes like “Warm up to Work” for high risk groups with high injury rates which prove popular include a 10-15 minutes exercise period in the morning with resulting reduction in injury rates. Other core components of programmes include weight loss, nutrition, industrial fitness and mindfit – stress reduction and meditation.

I spoke with Kelly Shedd, Fitwell Assistant Programme Director, who has experienced Fitwell since she was a student at UCLA over 8 years ago. She described how the programmes have exponentially grown over the years thanks to innovation, ongoing funding and an overarching support from the top down. The main objective is to promote UCLA as the healthiest campus in America whilst overcoming the challenge of reaching individuals who really need their services.

Work Strong; an innovative collaborative programme between Fitwell and Occupational Health UCLA certainly meets this objective. The programme offers free Occupational Health services, a dietician, personal trainer and access to exercise facilities to any worker that has 2 or more work-related injuries in 24 months. This selection criteria is based on evidence which demonstrates that this population is more likely to suffer more injuries than the standard population.

Whilst Kelly runs the Fitwell side of the programme, Dr. Warner Hudson, Occupational Health Physician and Alison Frink, UCLA Workstrong Wellness Coach is at the forefront of the design and implementation of the programme which commenced in 2012. The programme enrolls up to 100 staff members a year from a broad demographic with respect to age and role, and is funded by workers compensation.

Early outcome data illustrates a 36% reduction in injuries among Work Strong graduates compared with controls, which translated to 56% dollar savings over what would have been expected.

This means millions.

Notably the US has the highest caloric intake per capita per year, and 2/3rds of employees at UCLA are overweight or obese. When asked about how to address this issue Dr Hudson replied, "The challenge is to get a culture to move towards appreciating these issues and avoid cannibalising spending in other sectors. It can take 18-20 weeks to achieve real individual change during the workforce program... It is very much about changing human individual behaviours in the long term."

As a trainee, I would be keen to connect with Occupational Health Physicians in the UK who are directly involved in health promotion initiatives. Common obstacles to any health and wellbeing project include funding, buy-in and a clear vision from senior leadership and providing services which are needed and utilised by the target population. The multidisciplinary requirements of delivering a sustainable holistic service designed to empower staff is another factor to consider; having recently organised the Health and Wellbeing Day at King's College Hospital, I was largely impressed by the breadth of the initiatives available around the trust, hence now pondering ways one could strengthen relationships with stakeholders to provide a bespoke service similar to that at Work Strong.

Stories from California – Innovation in Occupational Health Part 2 - Motion Picture Television Fund (MPTF)

The [Motion Picture Television Fund \(MPTF\)](#) is a unique philanthropic organisation founded 90 years ago by Charlie Chaplin & colleagues, where the movie industry looks after its own.. for life! They provide services which range from healthcare and wellness to elderly residential care, with a campus which is located in Calabasas on the famous Mulholland Drive.

I connected with Dr Scott Kaiser who works as the Chief Innovation Officer for MPTF. His current role is founded on setting the strategic direction for the organisation which includes creating a data driven organisation, managing the campus' 'Living Lab'; a useful cohort populous for longitudinal studies which could be used to introduce new technologies, and to focus on the non-clinical factors impacting health and wellbeing, e.g. health behaviours, socioeconomic and physical environment.

I accompanied Scott in his geriatric clinic, largely impressed by the stories regaled by each patient on the sets they'd worked on, cinematography, stars they knew and the auditions they were still getting

in their late 90s! This was distracting from the reality that there is a significant deficit in geriatric psychiatrists, let alone geriatricians in California, despite the overwhelming need for these specialists. Managing and support mental health and dementia is an ongoing challenge which extends to supporting their care givers.



Sustaining the wellness of the 300+ staff at MPTF is high priority for the organisation. Deborah Conocenti, Wellness Manager, explained how she successfully plans and develops their corporate wellness program. Culture and engagement is an extremely important factor considering evidence of high correlation between happy employees and engagement in wellness programs. Simple points such as “Do they like coming to work” or “do they like their boss” has a great impact on key outcomes. Leadership structures include ensuring that managers at all levels are involved and supportive with commitment from senior leadership and a wellness steering committee creating a positive health culture. I was particularly impressed with the idea of a walking meeting, later inviting Deborah to a hike around one Fryman Canyon which just happens to pass by George Clooney’s house.

The MPTF is largely funded through voluntary contributions from monthly salaries of those working in the movie industry. Without a widely available public healthcare system in the US, and an aging population, this initiative is an excellent model which should be replicated in other sectors. Identifying that there is an emerging need for providing easy access Healthcare for Healthcare Professionals; a similar model in the NHS could prove beneficial if at least part funded through voluntary and charitable contributions.

Occupational Medicine Training in the US

On a trip to San Francisco, I caught up with Dr. Robert Kosnik at the new state-of-the-art University of California San Francisco, Mission Bay Campus. He runs one of the two Occupational Medicine training programmes in California; the other based at UC Irvine.

The training programme for Occupational Medicine is 2 years, ideally after time spent in Internal Medicine, however this is not mandatory. Applicants are usually a minimum of 3 years postgraduate, however on occasions it can be even less than this. Acquiring funding to continue running the program is quite tough at times, which negatively impacts on the quality of applicants coming through. Originally funding was received through the National Institute for Occupational Safety and Health (NIOSH), however this has been cut back during the Obama administration. Currently funding is obtained from the Veterans Administration who recognise that their health interests are closely related to Occupational Medicine.

A 2 year Masters in Public Health or alternative relevant research is completed during the programme which is funded by the department. Trainees' clinical experience include covering a hotline for queries from the hospital, once a week clinics, attending clinical case conferences and completing rotations in Musculoskeletal, policy, dermatology, allergy and other chosen specialties. Some trainees work in toxicology parallel to that in Occupational Medicine. The exit exam can be sat once they have accrued a defined number of hours working in the specialty.

Similar to that in the UK, one of the biggest draws for a candidate applying to an occupational medicine programme is geographical. In the selection process, preference is given to doctors who have demonstrated that they are able to critically review articles and write theses. In Dr. Kosnik's opinion, these skills and work habits define how they fit into the specialty by demonstrating that they have an ability to accomplish.

Unfortunately due to the nature of the fly-by visit, I was unable to visit his department, however discovered that he is jointly responsible for the care of inpatients in the Mission Bay Campus Hospital who are admitted with illnesses related to environmental exposures such as elevated mercury, chromium, cobalt and pesticides.

So, the question formulating in my mind relates to whether there is any significant difference in the quality or competencies of a US trained Occupational Medicine Physician after 2 years compared to that trained in the UK in 4 years. The ability to successfully complete scientific research and professional exams is the final common pathway in both programmes, however there is a greater emphasis on the need for prolonged clinical experience in the latter.

If we could train high quality UK Occupational Physicians in half the time, would this address the relative deficit in the workforce and attract more doctors to the specialty?

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