Multiple channels for occupational health services to small-scale enterprises in Japan

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This study was performed to clarify the characteristics of multiple channels for occupational health services (OHS) to small-scale enterprises (SSEs) in Japan employing less than 50 workers by reviewing relevant research papers. OHS were provided to SSEs by both government organizations and non-government organizations. Government organizations included the Japanese Industrial Safety & Health Association, regional occupational health centres, prefectural occupational health promotion centres, and other health centres. Non-government organizations were parent companies, occupational health organizations, hospitals, medical associations, trade associations and health insurance societies. The quality of OHS in terms of provision of health personnel and the nature of their services differed greatly between the organizations. Health care programmes were more popular than management of the work environment or working practices in OHS to SSEs. Few organizations provided comprehensive OHS to SSEs. At present, parent companies and occupational health organizations appear to provide the best OHS available to SSEs in Japan.

In Japan, 95% of all factories are small-scale enterprises (SSEs) with less than 50 workers and they employ 60% of the working population¹. It has been repeatedly pointed out that SSEs have poorer worker health status and a higher incidence of industrial accidents². The main problems facing SSEs in Japan include a weak and variable economy, few resources and poor environmental conditions³. The provision of very poor occupational health services (OHS) to SSEs is considered one of the major weaknesses of occupational health in this country⁴. Since occupational health problems in SSEs have been fairly well identified both in Japan, as mentioned above, and throughout the world⁵, concrete models of OHS for SSEs are of worldwide concern and are currently being sought.

Although much greater efforts are needed to improve OHS to SSEs, multiple channels of OHS to SSEs exist in Japan. However, the characteristics of these channels have not been fully assessed. This study was performed to clarify the characteristics of these channels by reviewing relevant research papers.

CLASSIFICATION OF MULTIPLE CHANNELS

Oikawa et al.⁶ have reported a study on the development of a collective health care system for SSEs in Japan. They classify OHS to SSEs into five categories from the point of view of who takes the initiative, i.e. a government organization, a trade association, a medical association, a third party, or the private sector. However, the framework of their classification is limited to occupational health in the narrow sense and does not incorporate a public health perspective or activities by health centres or health insurance societies.

In classifying multiple channels for OHS to SSEs, we employed a comprehensive framework. We took into account that, in Japan, OHS are provided to SSEs by both government and non-government organizations. Government OHS organizations for SSEs may be further classified into four groups, i.e. the Japanese Industrial Safety and Health Association, regional occupational health centres, prefectural occupational health promotion centres, and other health centres. Non-government organizations providing OHS for SSEs may also be further divided into six groups: parent companies, occupational health organizations, hospitals, medical associations, trade associations and health insurance societies.
FRAMEWORK OF EVALUATION

The Ministry of Labour has adopted five basic principles of occupational health administration as follows: (i) a well-organized system of occupational health management; (ii) surveillance and control of the work environment; (iii) improvement of working conditions; (iv) health evaluation and careful follow-up of health conditions; and (v) occupational health education. In this study, the framework of evaluation of the OHS provided by each channel is based on the last four principles.

GOVERNMENT CHANNELS

Japanese Industrial Safety and Health Association

The Japanese Industrial Safety and Health Association (JISHA) is a corporation established in 1964 under the Industrial Accident Prevention Law. Its purpose is to eliminate industrial accidents through improvements in industrial safety and health levels by promoting voluntary accident prevention activities carried out by the private sector.

JISHA performs several activities, such as a total health promotion campaign, a zero-accident campaign, special programmes for SSEs, educational activities, research and surveys, publicity activities and international cooperation. In an attempt to deal with financial restrictions in developing occupational health programmes for SSEs, the Ministry of Labour has provided various subsidy programmes for SSEs through JISHA. Educational services include lectures, the publication of books and pamphlets and the development of audio-visual teaching materials.

Regional occupational health centres

Regional occupational health centres are newly established bodies whose purpose is to improve OHS to workers in SSEs. The Ministry of Labour established 47 regional occupational health centres in cooperation with regional medical associations in 1993. The final number of regional occupational health centres will be 347, i.e. one centre for each regional Labour Standards Inspection Office. Activities provided by occupational health centres include health guidance or counselling, worksite visits and information services. Regional occupational health centres are currently limited by a lack of full-time occupational physicians and occupational health nurses.

Prefectural occupational health promotion centres

Prefectural occupational health promotion centres are newly established organizations with the primary objective of supporting regional occupational health centres and providing training to occupational health personnel. The Ministry of Labour established six prefectural occupational health promotion centres in 1993. In the future, every prefecture will have one such centre, and the final number of centres will be 47. Activities provided by prefectural occupational health promotion centres include providing training and technical consultation to occupational physicians, collecting and providing information on occupational health, and supporting regional occupational health centres. Although the centres are staffed by approximately 15 personnel, including one administrative full-time physician and several part-time physicians, the performance of the centres has yet to be evaluated.

Health centres

Health centres are public organizations in the community whose primary objective is the implementation of public health services, such as health education, the prevention of various diseases, and environmental and food sanitation. There were 852 such health centres throughout Japan in 1993. Although OHS are not the primary objectives of these centres, some of them provide OHS to SSEs in the region.

Nakano Ward Health Centre is one such health centre located in the western part of Tokyo. Recognizing that the employees of SSEs are in poorer health than other residents of the ward, the health centre has provided health examinations, guidance to employers in SSEs with regard to managing the work environment and working conditions based on the results of these health examinations, and guidance to trade associations. The ward formulated a health care system in 1988, and health care measures for employees working for SSEs were accepted as one of the 15 major tasks of the ward. Health centres are limited by a lack of occupational physicians or occupational health nurses at these centres.

NON-GOVERNMENT CHANNELS

Parent companies

Some large enterprises provide OHS to their subsidiary companies. Kureha, a textile company, is a good example. Twenty-nine SSEs whose employees work for Kureha on its premises comprise the Kureha Safety & Health Association (Figure 1). Its functions are: public relations on safety and health; safety and health education for managers and supervisors; investigation of the causes of accidents and injuries; obtaining information on safety and health; safety and health patrols in the factories; planning and implementation of health examinations, etc. The advantage of this model is that both the occupational health programmes and the personnel of the parent company are utilized.

Occupational health organizations

Occupational health organizations, whose primary function is health examinations, also provide OHS to SSEs on a profit basis. As of 1994, there were 108 occupational health organizations which fulfil the membership criteria regarding quality standards for the OHS provided and
are therefore permitted to enrol in the Japanese Federation of Occupational Health Organizations. They are able to provide comprehensive occupational health services to SSEs, i.e. monitoring of the work environment, management of working practices, and health care, including health examinations, health counselling and health education. They are usually staffed by occupational physicians, occupational health nurses and other specialists.

Hospitals

Some private hospitals have an OHS section in order to provide OHS to SSEs. Dai-ichi Byoin is one such hospital in Osaka. It provides fairly comprehensive OHS to SSEs. Generally speaking, however, the emphasis in hospitals is on health examinations rather than management of the work environment or how work is performed.

Medical associations

Some municipal medical associations take the initiative for workers in SSEs. Several methods of targeting workers have been developed by medical associations (Figure 2).

For example, one municipal medical association makes a contract with a painters association. Instead of undergoing health examinations in a bus designed for mass screening at a designated place and time, workers belonging to the association can be examined at clinics or hospitals in the city over a two-month period during which they are allowed to take time off from work for the examination.

As a further example, another medical association, in lieu of contracting with a specific trade association, endeavours to increase the proportion of employees receiving health examinations by cooperating with the municipal chamber of commerce and industry.

Another municipal medical association promotes cooperation with health centres to improve OHS by integrating various health services conducted separately by the medical association and health centres.

Trade associations

Some trade associations take the initiative in providing OHS for employees in SSEs. Most are connected with traditional industries such as pottery, tableware or woodwork production in their local district. Some of them have their own health care centres and provide fairly comprehensive OHS.

Health insurance societies

Health insurance, which consists of society-managed health insurance and government-managed health insurance, is part of the medical care insurance system whose primary function is to pay the medical expenses of insured employees and their dependants in case of injury or illness. Some SSEs organize a society-managed health insurance system. SSEs which do not organize their own health insurance society participate in the government-managed health insurance system. The number of workers covered by these insurers stands at 33 million, about 60% of the total workforce.

In addition to its primary function, the health insurance society provides health examinations, health counselling, health education and health promotion activities, not only to employees but also to their dependants. Because the primary function of the health insurance society is to provide various health services under the guidance of the Ministry of Health and Welfare, it is sometimes difficult to manage the work environment or working conditions which are supposed to be the areas monitored by the Ministry of Labour, and this places limits on the OHS provided by these health insurance societies.

CHARACTERISTICS OF VARIOUS OCCUPATIONAL HEALTH CHANNELS

Based on the results of reviewing relevant articles, we have tried to characterize various occupational health channels in terms of health personnel and the kind of OHS provided. This evaluation was based on discussions among the authors.
Table 1. Characteristics of multiple channels for occupational health services to SSEs in terms of health personnel

<table>
<thead>
<tr>
<th>Organization</th>
<th>Occupational physicians</th>
<th>Occupational nurses</th>
<th>Health supervisors</th>
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<tr>
<td><strong>Government organizations</strong></td>
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<tr>
<td>Japanese Industrial Safety &amp; Health Association</td>
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<td>Occupational health centre</td>
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<td>Occupational health promotion centre</td>
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<td>Health centre</td>
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<td><strong>Non-government organizations</strong></td>
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<td>Parent company</td>
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<td>Occupational health organization</td>
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<td>Hospital</td>
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<td>Medical association</td>
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<td>Trade association</td>
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<td>Health insurance society</td>
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+: fairly well staffed; ±: poorly staffed; -: not staffed

Table 2. Characteristics of multiple channels for occupational health services to SSEs in terms of services provided

<table>
<thead>
<tr>
<th>Organization</th>
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<th>Working methods</th>
<th>Health evaluation</th>
<th>Health education</th>
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<td>Health insurance society</td>
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+: fairly well performed; ±: poorly performed; -: not performed

Table 1 summarizes the characteristics of the multiple channels for OHS provided to SSEs with regard to health personnel. The upper part of the table shows government organizations and the lower part shows non-government organizations. Parent companies and occupational health organizations appear to be the best organizations with regard to occupational health personnel.

Table 2 summarizes the characteristics of multiple channels for OHS to SSEs with regard to the services provided. Because services depend largely on the health personnel, fairly well staffed organizations, such as parent companies and occupational health organizations, provide better OHS than other organizations.

CONCLUSIONS

1. The quality of occupational health services in terms of provision of health personnel and the nature of their services varied greatly from organization to organization.
2. Health care programmes were more popular than management of the work environment or working methods in occupational health programmes for small-scale enterprises.
3. Few organizations provided comprehensive occupational health services to small-scale enterprises.
4. At present, parent companies and occupational health organizations appear to provide the best occupational health programmes available to small-scale enterprises.

REFERENCES