

State of transition

NIKI ELLIS says WorkSafe’s health strategy reflects the state of transition in which health & safety finds itself, however reluctantly.

I am used to innovation from New Zealand so I had high hopes of the Strategic Plan for Work-Related Health 2016-26. A client of mine, in engaging me recently, admitted they were so far behind their competitors their strategy was going to be to take a risk with a big innovation, in the hope that would bring them up to pace. They had nothing to lose.

WorkSafe New Zealand could have done that. New Zealand is justifiably famous for its world leading ACC scheme, which provides ‘comprehensive, no-fault personal injury cover for all New Zealand residents and visitors to New Zealand’. So perhaps with this separation of health from injury it is not surprising that worker health is behind the eight-ball. This is a country to go bungy jumping in, not to have a job with significant mental stressors.

To its credit the strategic plan acknowledges this, saying that deaths from diseases caused by health risks associated with work have not changed since 1999, and that the HSW Act 2015 was passed to address this.

H&S IN TRANSITION

Internationally the discipline of workplace health and safety is in a reluctant transition from mandated action by employers to create a safe and healthy working environment, to one where, in addition to this, employers and workers are encour-

aged to improve worker health with a view to obtaining gains in productivity. This transition is being driven by a number of factors including the failure of workplace health and safety to usefully contribute to the tsunami of mental ill health, now causing significant waves in workplaces; and the growing recognition of the value of workplaces as a setting to tackle the prevention of chronic disease.

CONCEPTUAL ISSUES

The strategic plan reflects this state of transition. It is not clean conceptually. For a start it is called ‘Healthy Work’ and says “the common approaches to good safety risk management can be applied to health risks”. These ideas arise from health protection theory – with a focus on minimising harm arising from health risks in the workplace. Yet the model underpinning the plan (see Figure below) says as well as a mandated responsibility for health and safety protection there is a voluntary focus on health promotion. For the former, WorkSafe will engage, educate and enforce; and for the latter, WorkSafe may encourage employers and workers.

The separation of mandatory and voluntary action by the regulator is useful, and it is good to see recognition of the shared responsibility by employers and workers in health promotion. However the model gets a bit strange after that

with seemingly random phrases related to health promotion and wellbeing, in which to my mind inputs and outcomes are confused. Over the page, efforts to elaborate on what is meant by the term work-related health seem to weight the emphasis once more on health protection. Figure 3 (in the Strategy) classically categorises risks arising from work into biological, psychosocial, physical, ergonomic and chemical, to describe how work can affect health; and then points out that health also has an effect on work through various impairments. In other words, people bring health problems into the workplace. However this model is rather limited and does not at all explore the important issue of the role of workplace health in public health and social capital, and the considerable benefits of exploiting the workplace health and public health interface.

MODELS AVAILABLE

Fortunately when it comes to describing the case for change the plan takes a broad brush to describing potential benefits, listing them in terms of:

- Fewer preventable deaths
- Improved quality of life
- Reduced societal burden
- Increased workplace productivity
- Reduced workplace absence.

Models inspired by NIOSH’s Total Worker

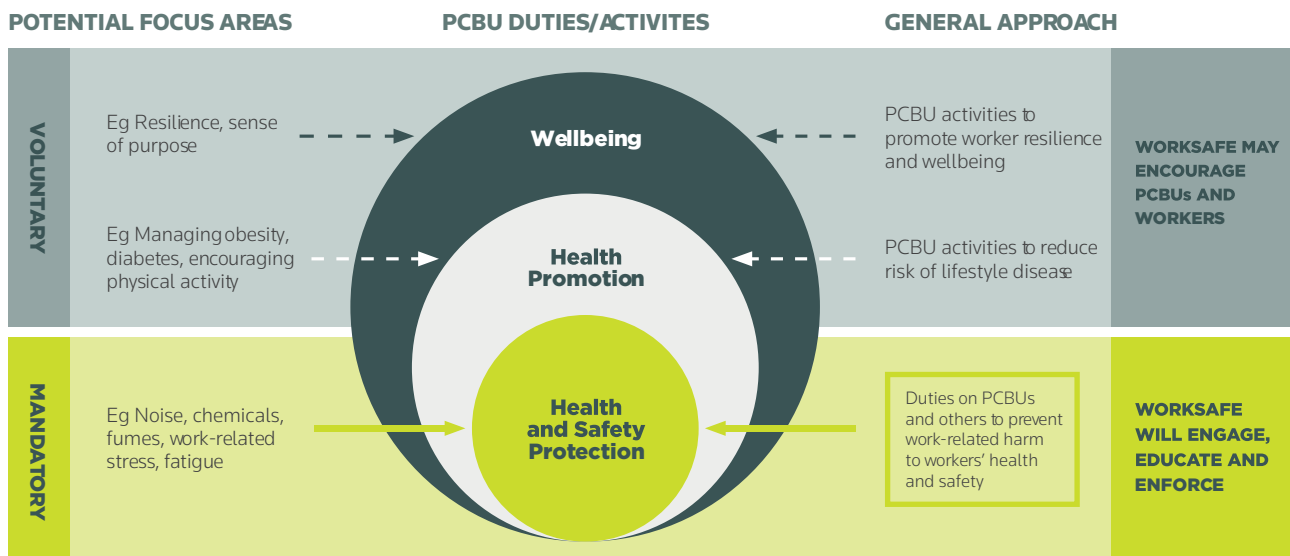


Figure: A broad workplace health and wellbeing agenda



Health, Harvard's SafeWell or the World Health Organisation's Healthy Workplaces might have provided a better underpinning if these are the expected benefits.

Maybe I am being too picky. Another indication that WorkSafe does not really expect to limit its approach to health protection is its willingness to broaden its partners. The partners specifically mentioned include the Environmental Protection Authority, Health Promotion Agency and the Ministry of Health as well as the usual employer groups and trade unions.

REGULATOR'S ROLE

One of the most critical issues testing WHS regulators is rethinking their role to suit modern times. We really don't know the optimal balance between enforcement and education activities, but suspect the weight on that see-saw needs to shift from left to right. For the health of working-aged populations we also have yet to determine the best role of WHS regulators in relation to other government and health agencies. So it is good to see a chapter on regulator effectiveness in the plan, and a commitment to evidence-based policy. WorkSafe NZ could usefully invest in the evaluation of its own work in this area, along the lines of the evaluations of work health that ISCRR has done and is doing for WorkSafe Victoria.

PRIORITIES

The strategic plan has prioritised the following: carcinogens, noise at work, psychosocial risks, musculoskeletal risks and impairment risks, including fatigue. A good list. Evidence would suggest integrated health promotion and protection interventions would be effective for cancer,

HEALTHY WORK

musculo-skeletal disorders and fatigue. Psychosocial risks have predominantly been addressed by health promotion up until now, and are crying out for health protection through the design of good work and better people management, for which there is an evidence base. Best practice for noise control is well-established.

I don't think the answers to work-related health will be found by looking backwards. This plan reflects the state of transition worker health is in, but with a commitment to broad outcomes, new partnerships, and a relevant set of priorities it has scope to improve the health of working aged New Zealanders and to contribute to knowledge about WHS regulator effectiveness in this area. ■



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