The Integrated Approach: a very slow burn

WHA Webinar June 2016

Professor Niki Ellis

• Senior Advisor on WorkHealth to WorkSafe Victoria • Work For Health Advisor, Comcare

• Adjunct Professor, ISCRR and Department of Epidemiology and Preventive Medicine, Monash University

1985

Traditionally OHS and workplace health promotion (WHP) are seperate

OHS

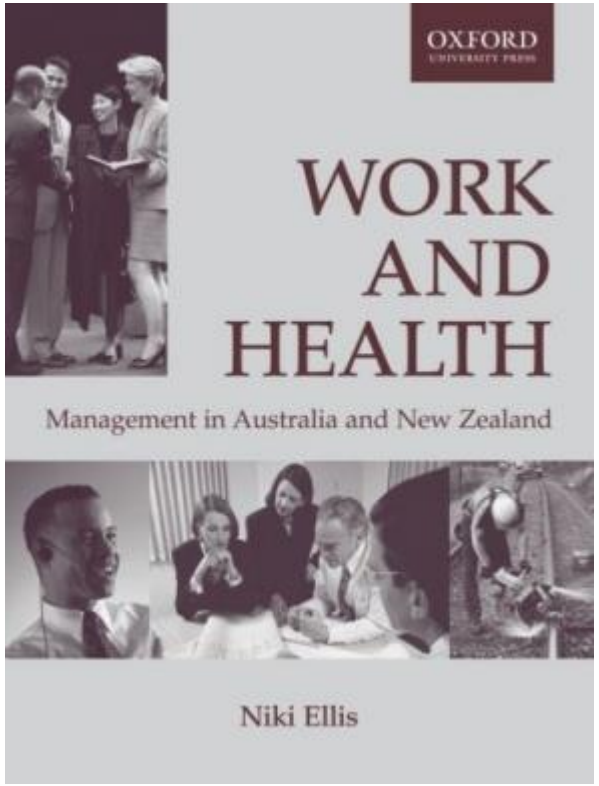
- Prevention of work-related conditions
- Health protection model (prevent injuries)
- Emphasis is on workplace environmental change
- Mandated
- Has focussed on physical risk factors, resistance to psychosocial factors.

WHP

- Prevention of non-work-related conditions
- Health protection model (prevent disease)
- Emphasis is on on individual behaviour change
- Voluntary
- Historically focussed on disease prevention, but responding to mental wellbeing agenda more rapidly than OHS.

2001

> It is proposed that workplaces now need a model for workplace health and safety which has the capacity to assess benefits in terms beyond preventing work-related injury and illness. The new model must recognise that modern-day workplace health issues do not recognise the arbitrary boundary between work-related and non work-related risks. They are a complex interplay of work and personal factors, both physical and psycho-social…
>
> Health promotion has much to offer the development of a new approach to organisational health and safety.



Case study – WellWorks 1990s

- Cancer prevention
- 24 work sites in Massachusetts
- Divided into 12 matched pairs: intervention site and control site
- Intervention site received integrated HP/OHS program
- Control site received HP program
- Outcome factors: smoking cessation and diet (fibre, fat, fruit and veg).

Case Study - WellWorks

Control Group (HP)	Intervention Group
• Smoke free policies • Healthful eating policies • Health education programs.	• Smoke free policies • Healthful eating policies • Health education programs. • Occupational risk identification, assessment and control by industrial hygienist

Case study – WellWorks

PROCESS EVALUATION

Awareness and participation higher in OHS/HP group compared to HP group

Case study – WellWorks

HEALTH OUTCOMES (AFTER TWO YEARS)

- Fat consumption significantly less in OHS/HP group
- Fibre consumption for skilled and unskilled labourers greater in OHS/HP group
- Fruit and vegetable consumption greater in OHS/HP group
- Smoking cessation twice as likely in OHS/HP group.

Case study – WellWorks

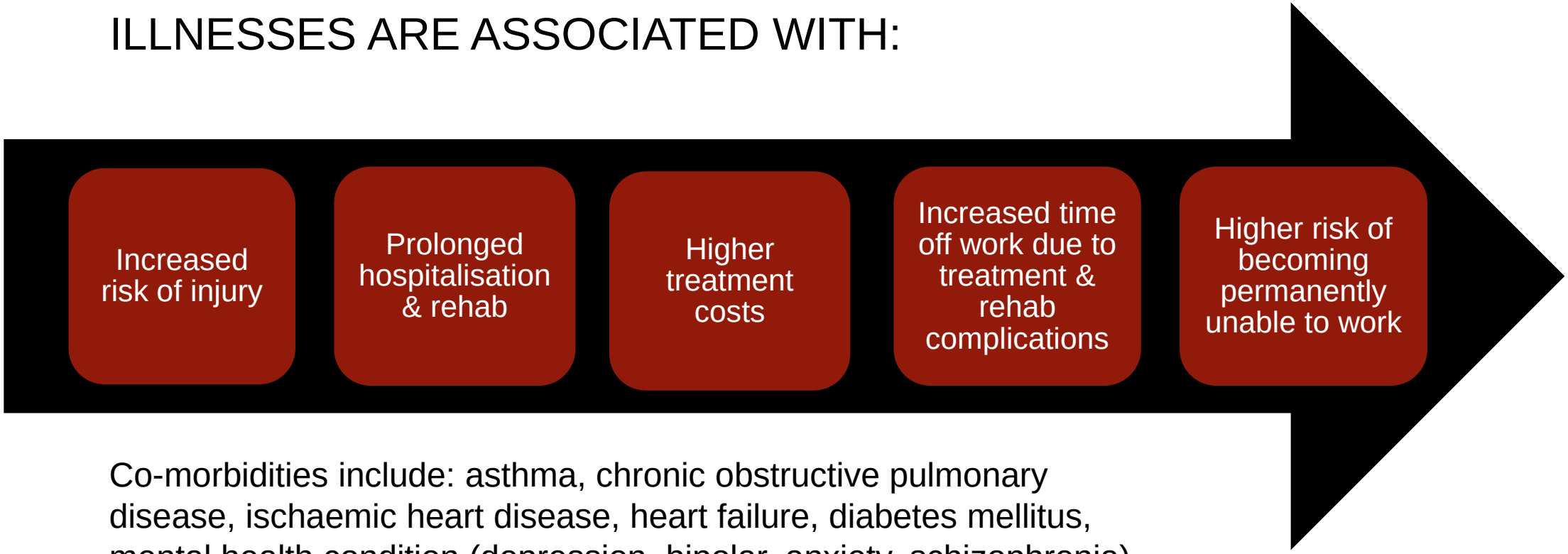
POSSIBLE REASONS FOR GREATER EFFECT OF OHS/HP COMBINED:

1. Perception that OHS risks greater threat to health
2. Awareness of OHS risks may raise sense of vulnerability
3. Addressing OHS risks may give program credibility
4. Workers see HP programs alone as futile, but if OHS risks addressed more likely to do their bit too
5. OHS interventions require more management engagement – management concern may mitigate fatalism.

Sources: Sorensen et al, Am J of PH, 1998, vol 88, 11: 1685-1690; Hunt et al, Health Education and Behaviour, 2005, 32: 10 - 26

There is a relationship between health and injury

ILLNESSES ARE ASSOCIATED WITH:



Co-morbidities include: asthma, chronic obstructive pulmonary disease, ischaemic heart disease, heart failure, diabetes mellitus, mental health condition (depression, bipolar, anxiety, schizophrenia), cancer diagnosis (lung, breast, colon, cervix, prostate), osteoarthritis.

Source: Gribben & Wren, 2012

There is a relationship between health and injury

PRESENCE OF 1+ HEALTH CO-MORBIDITIES SHOWED:

28%
more claims

346%
higher lump sum payments

59%
higher medical treatment costs

39%
more weekly compensation costs

Overall **59%**
more total ACC costs across all cost categories

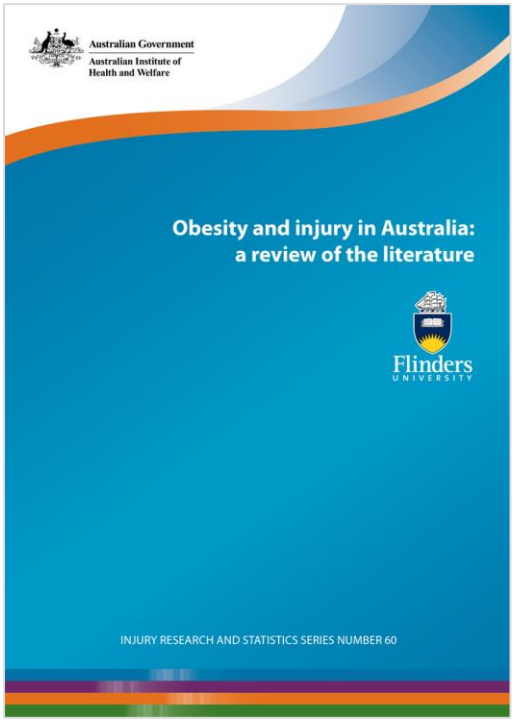
10.7%
total ACC expenditure p.a. directly attributed to the presence of the most common co-morbidities ($276m NZD 2011)

Source: Gribben & Wren, 2012

Obesity and injury in Australia: a review of the literature

WORKER OBESITY SHOWN TO INCREASE RISK OF WORKPLACE INJURIES:

- Musculoskeletal disorders
- Heat stress
- Transport accidents
- Vibration-induced injuries
- Obese injured patients have a significantly longer average length of stay in hospital
- Obese injured patients are more likely to suffer complications of hospital care
- PPE may be less likely to be worn by/less suitable for obese workers.



Source: AIHW, 2012

Case study – Work injury, British Columbia

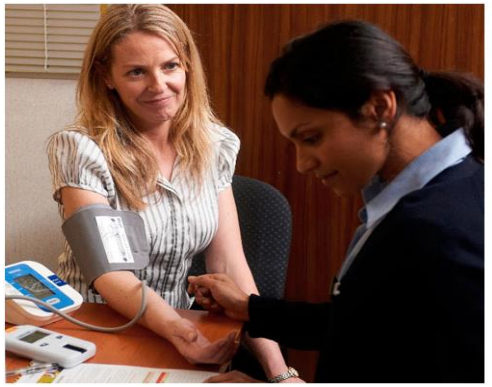
IMPACT OF INJURY TYPE, HOSPITALISATIONS AND PRE-EXISTING CHRONIC CONDITIONS ON AGE DIFFERENCES IN ABSENCE FROM WORK

- Chronic conditions, in particular osteoarthritis (OA) and diabetes are associated with an increased risk of work-related injury and greater health care expenditures and days of absence following a work-related injury
- However type of injury and age important relationship
- Mechanism for relationship between chronic conditions and injury not known.

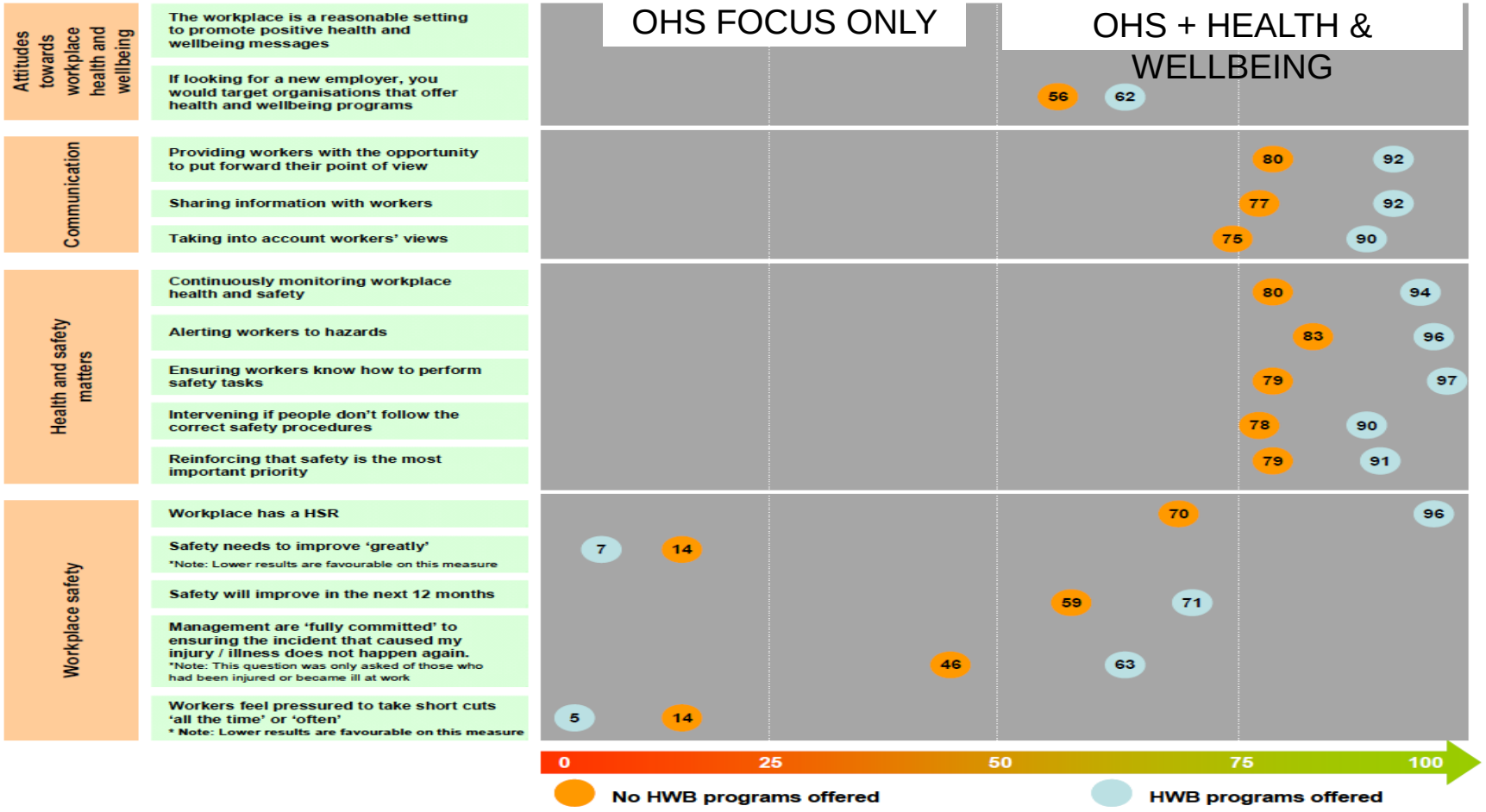
Sources: Smith et al, 2013

Key learnings from WorkHealth research

- ✓ Effective in raising awareness of worker health
- ✓ Modelling demonstrated likely to have reached goals
  - (reduction in absenteeism, presenteeism and claims)
- ✓ Quality control at point of advice should be improved
- ✓ Workplace culture and support associated with more sustainable health behavioural change
- ✓ Ripple effect in workplaces
- ✓ Interaction between WHP and OHS.



Relationship between safety, health and wellbeing in the workplace



Known knowns and unknowns

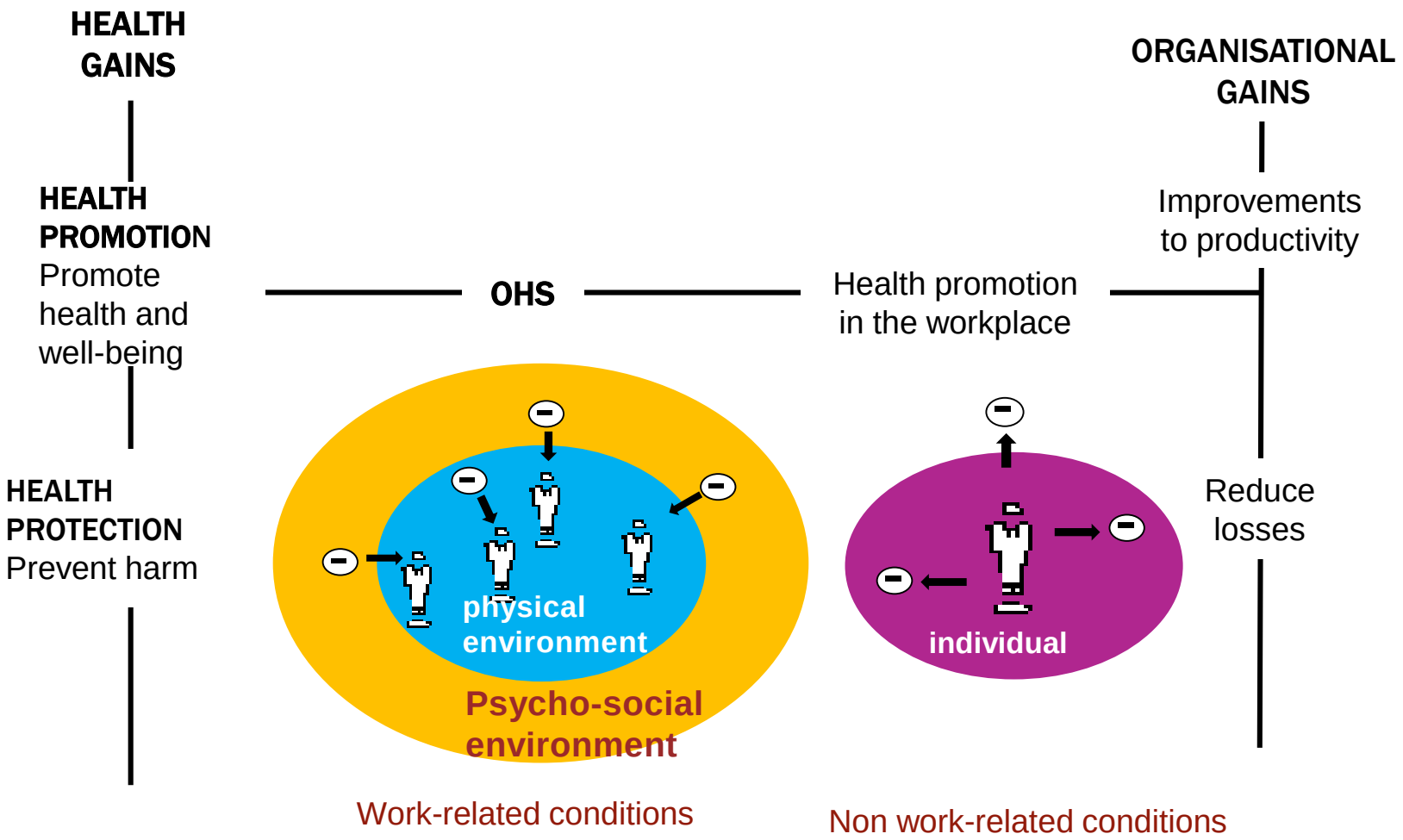
- ✓ We know that poor health has a negative effect on WHS injury rates
- ✓ We know that WHP has a positive effect on WHS injury rates (as well as absenteeism and presenteeism)
- ✗ We don't know how
- ? We hypothesise that creating a culture of care, as opposed to a culture of compliance, creates **a shared responsibility** for health and safety in which workers contribute more than through work environment controls alone.

Recent hypothesis of mechanism

> Employees who feel that workplace hazards are ignored may be understandably unreceptive to employer advice about their activities during personal time.
>
> Conversely, managers have blamed MSDs and CVD on worker obesity, smoking, and other personal risk factors.
>
> Combining the two sets of concerns may offer an equitable solution to this impasse by facilitating the sharing of responsibility between workers and employers.

Punnett, L et al, A Conceptual Framework for Integrating Health Promotion and Occupational Ergonomics Programs, Public Health Reports, 2009

Traditional OHS: Injury prevention



Ellis, OUP, 2001

Integrated approach to WHS

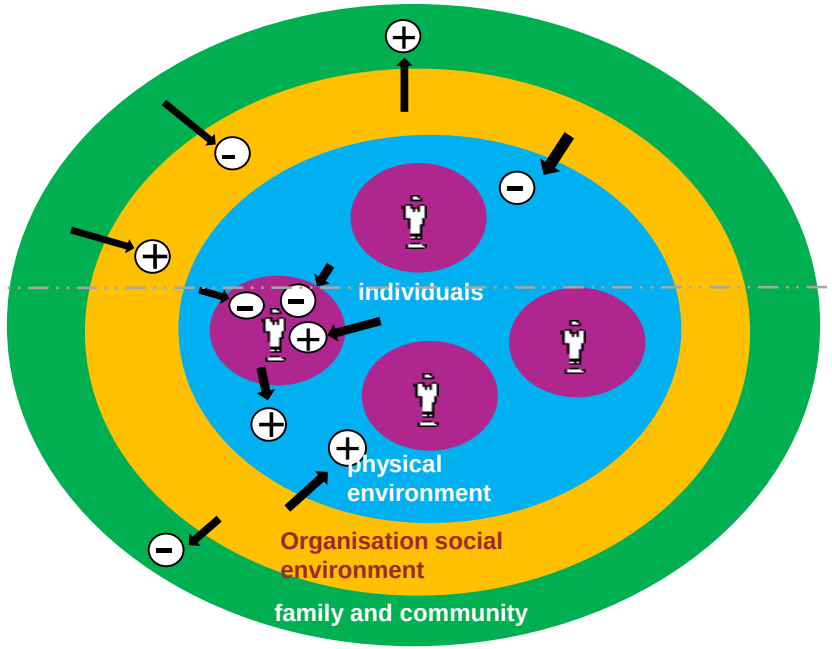
HEALTH GAINS

HEALTH PROMOTION

and

ORGANISATIONAL HEALTH AND SAFETY MANAGEMENT

HEALTH PROTECTION



ORGANISATIONAL GAINS

IMPROVEMENTS TO PRODUCTIVITY

REDUCED LOSSES

SOCIAL CAPITAL GAINS

REDUCED SOCIAL ISOLATION

Ellis, OUP, 2001

Occupational Health in the 21st century

AN EXPANDED VALUE CHAIN GOES BEYOND ABSENCE OF INJURY

Slide courtesy of Anne-Marie Feyer

Reframing value: beyond return on investment (ROI) in terms of health-related costs

- Need to broaden way we frame value to the business of worker health. Currently it is conceptualised in terms of managing health-relatedcosts/losses, not generating value/gains in terms of productivity and retention
- Need to combine HR metrics with business metrics
- Human capital (total worker value) can be expressed in terms of health, skills and motivation
- Need to shift from health as an employee responsibility to creating a culture
  \
  of health
- “My employer cares about my well-being” is central to employee engagement and employee engagement affects key business outcomes.

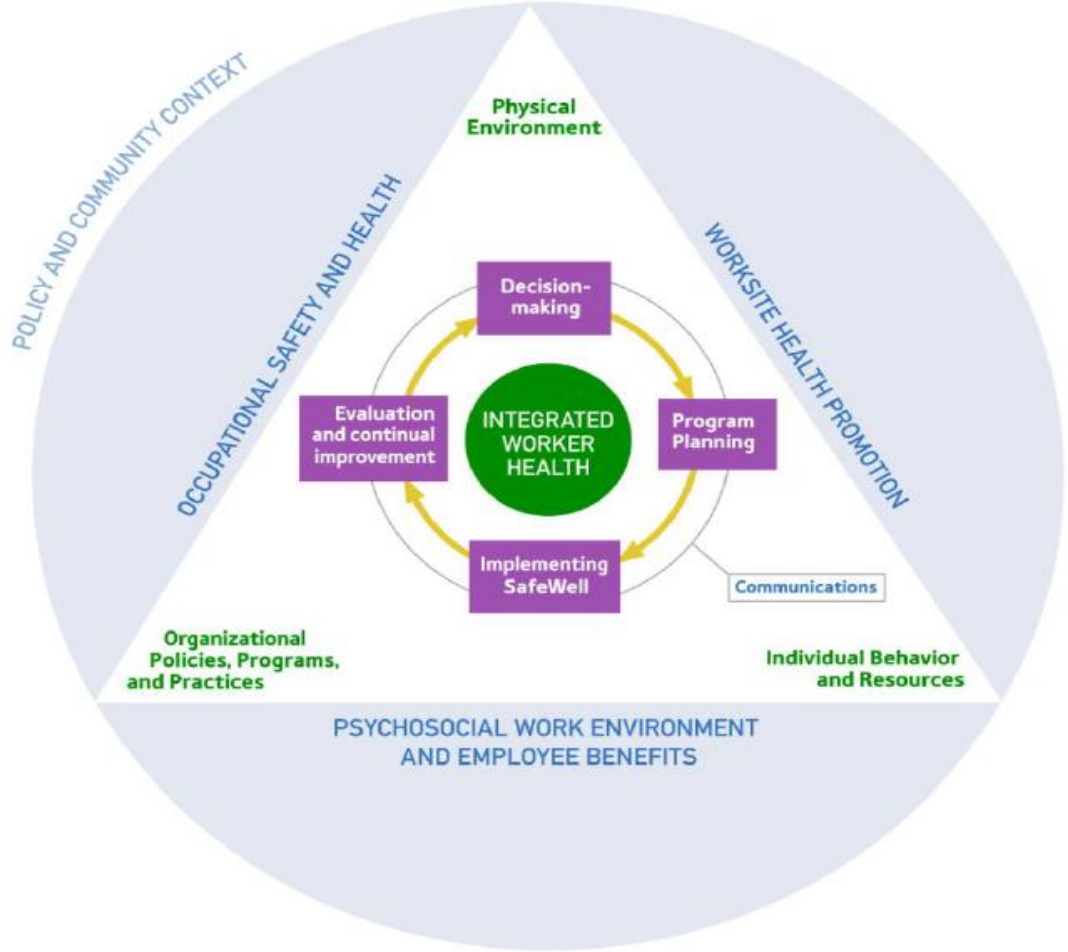
Wendy Lynch and Bruce Sherman, First International Conference on Total Worker Health, Washington, 6-9 October, 2014

- Integrating health protection and promotion will create synergy and enhance overall health and wellbeing of the workforce, while decreasing the likelihood of workplace injury and illnesses
- Having a psychologically healthy workplace and a profitable and sustainable business are linked.

Evidence based model for an integrated approach

Source: NIH and CDC workshop, 2010, Am J PH

Integrated management system for Worker Health

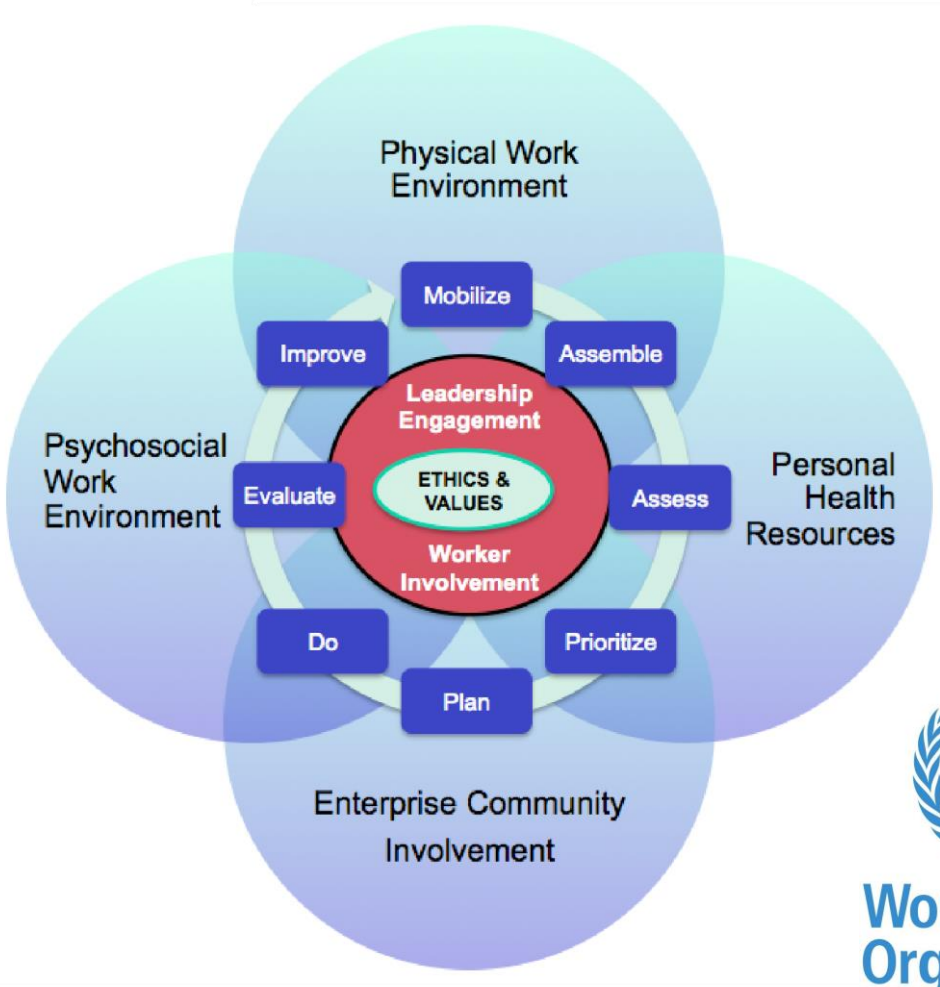


SafeWell, 2012

A holistic framework for action

1. Action in four realms
   - Physical work
   - Psychosocial environment
   - Personal health
   - Community involvement

2. A model of continuous improvement



World Health Organization

Q. Do workplace health promotion (wellness) programs work?

A. It depends.

Recommendations:

- Screening and follow up counselling and education
- Health education focussed on skills development and lifestyle behavioural change
- Supportive physical and social environments
- Integration of WHP into organisational benefits, HR, WHS
- Culture for health aligned to broader culture
- Clear goals (aligned to broader corporate goals), good program design
- Ongoing measurement and continuous improvement.

Source: Goetzel et al, JOEM, September 2014, Vol 56 (9) 927-934

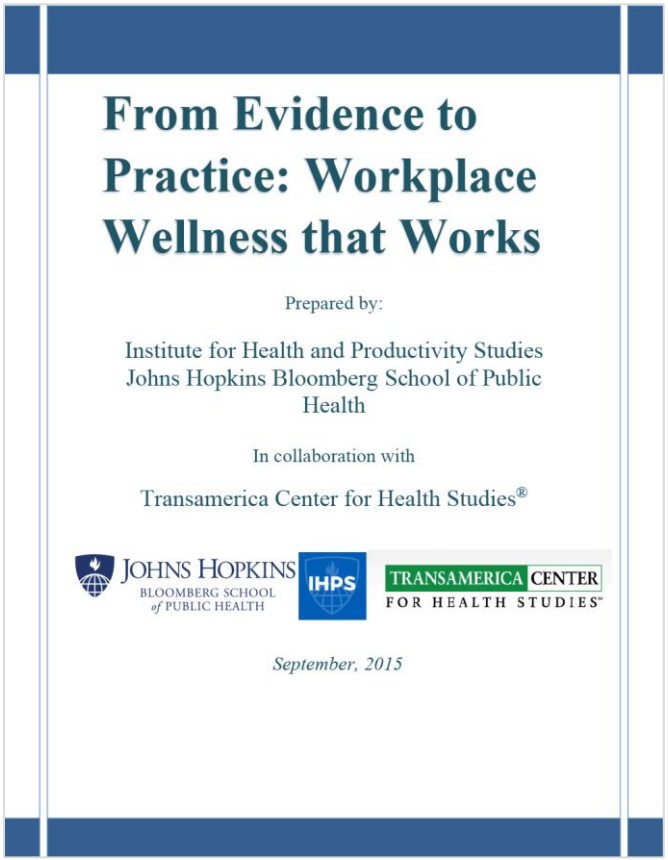
New Reference

From Evidence to Practice: Workplace Wellness that Works

Johns Hopkins Bloomburg School of Public Health and Transamerica Center for Health Studies

September 2015

https://www.transamericacenterforhealthstudies.org/docs/default-source/wellness-page/from-evidence-to-practice---workplace-wellness-that-works.pdf



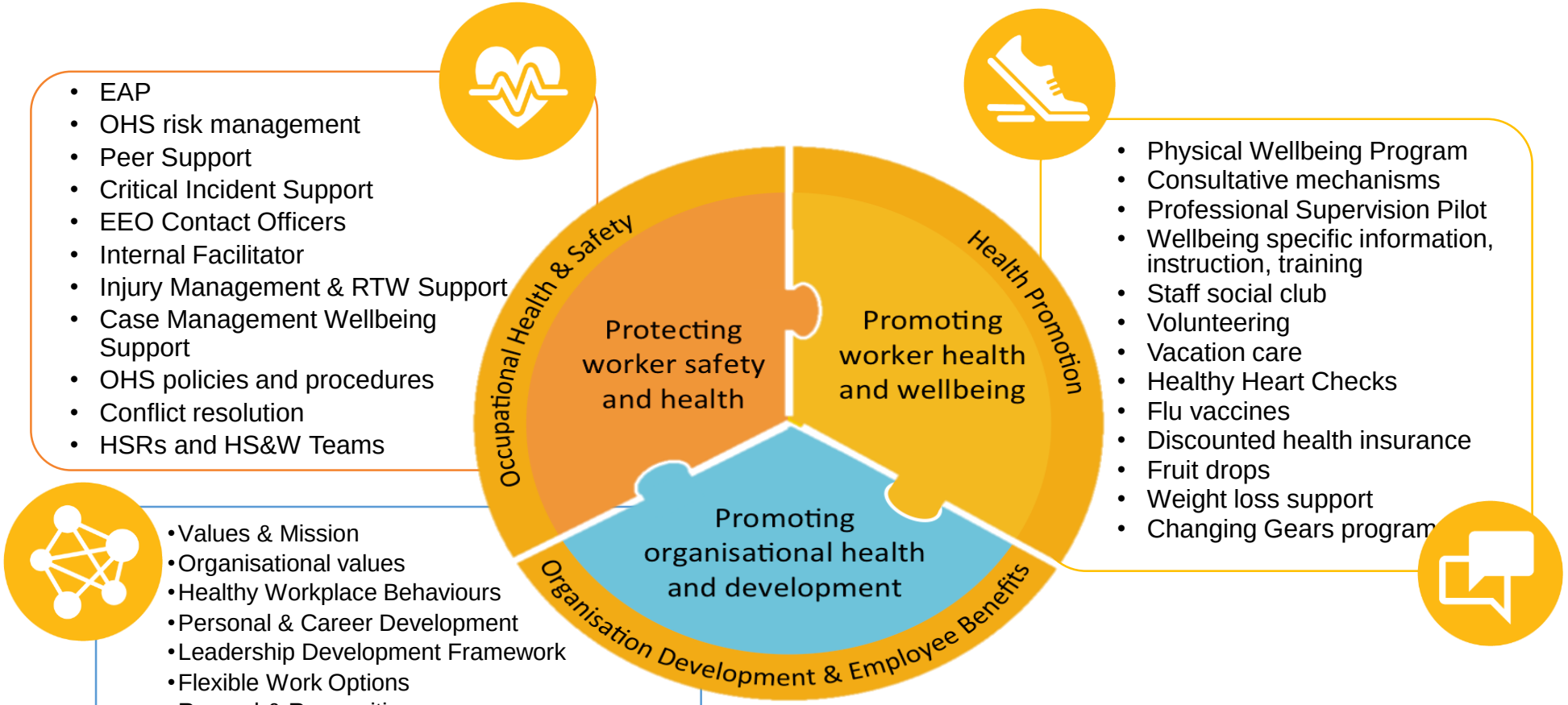
Integrated approaches to worker health, safety and wellbeing

Total Worker Health™ is a strategy integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being.

NIOSH

TWH™ TOTAL WORKER HEALTH™

Integrated approaches in practice



- EAP
- OHS risk management
- Peer Support
- Critical Incident Support
- EEO Contact Officers
- Internal Facilitator
- Injury Management & RTW Support
- Case Management Wellbeing Support
- OHS policies and procedures
- Conflict resolution
- HSRs and HS&W Teams

- Physical Wellbeing Program
- Consultative mechanisms
- Professional Supervision Pilot
- Wellbeing specific information, instruction, training
- Staff social club
- Volunteering
- Vacation care
- Healthy Heart Checks
- Flu vaccines
- Discounted health insurance
- Fruit drops
- Weight loss support
- Changing Gears program

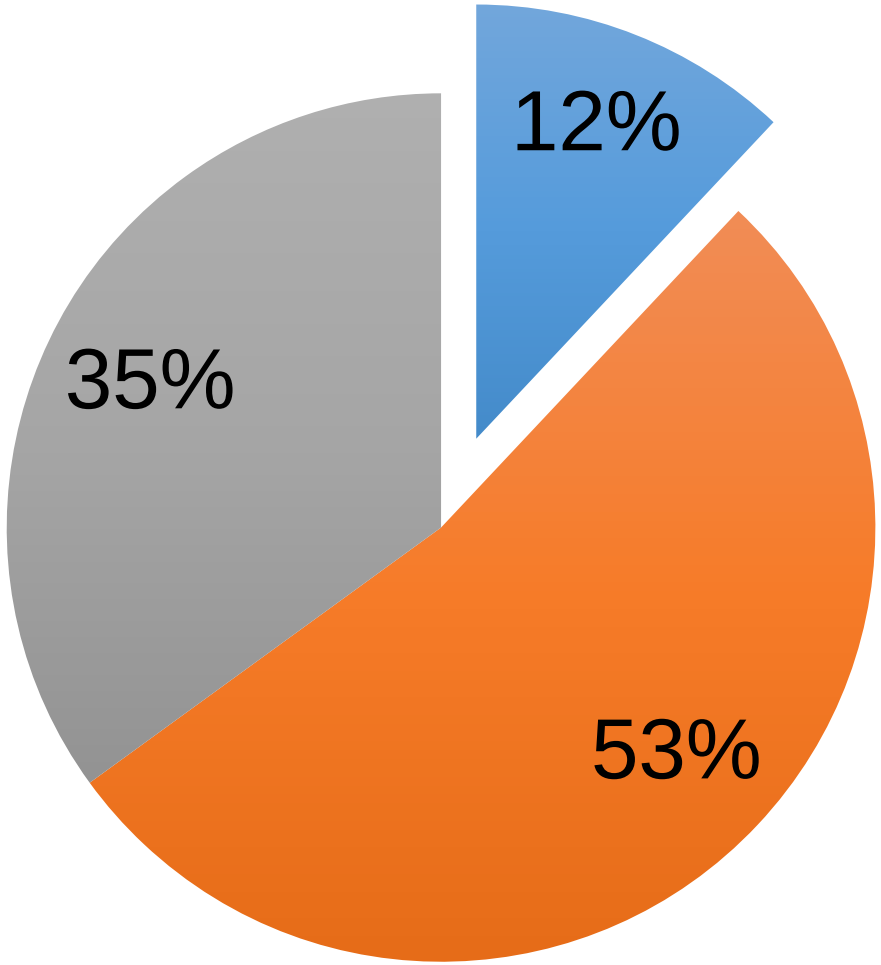
- Values & Mission
- Organisational values
- Healthy Workplace Behaviours
- Personal & Career Development
- Leadership Development Framework
- Flexible Work Options
- Reward & Recognition
- Pay & Benefits
- Staff induction
- Diversity Commitment & Strategy

Examples of predicted economic gains from integration

- ✓ Increase in benefits:
  - Physiological – Addressing the combined effect of smoking and hazardous exposures to chemicals on lung disease
  - Psychological – Addressing work organisation factors that combine with work-family imbalance to result in stress-related disorders.
- ✓ Reduction in costs:
  - Economies of scale – Ergonomic consultation that address work design, joint health and arthritis prevention and management strategies
  - Economies of scope – Management commitment to support a culture of health and safety; a systems-level co-ordinated approach reduces cost.

Source: Ray and Asfaw, Decision analysis and economic evaluation in the context of TWH, International Symposium to Advance Total Worker Health, October 4-6, 2014

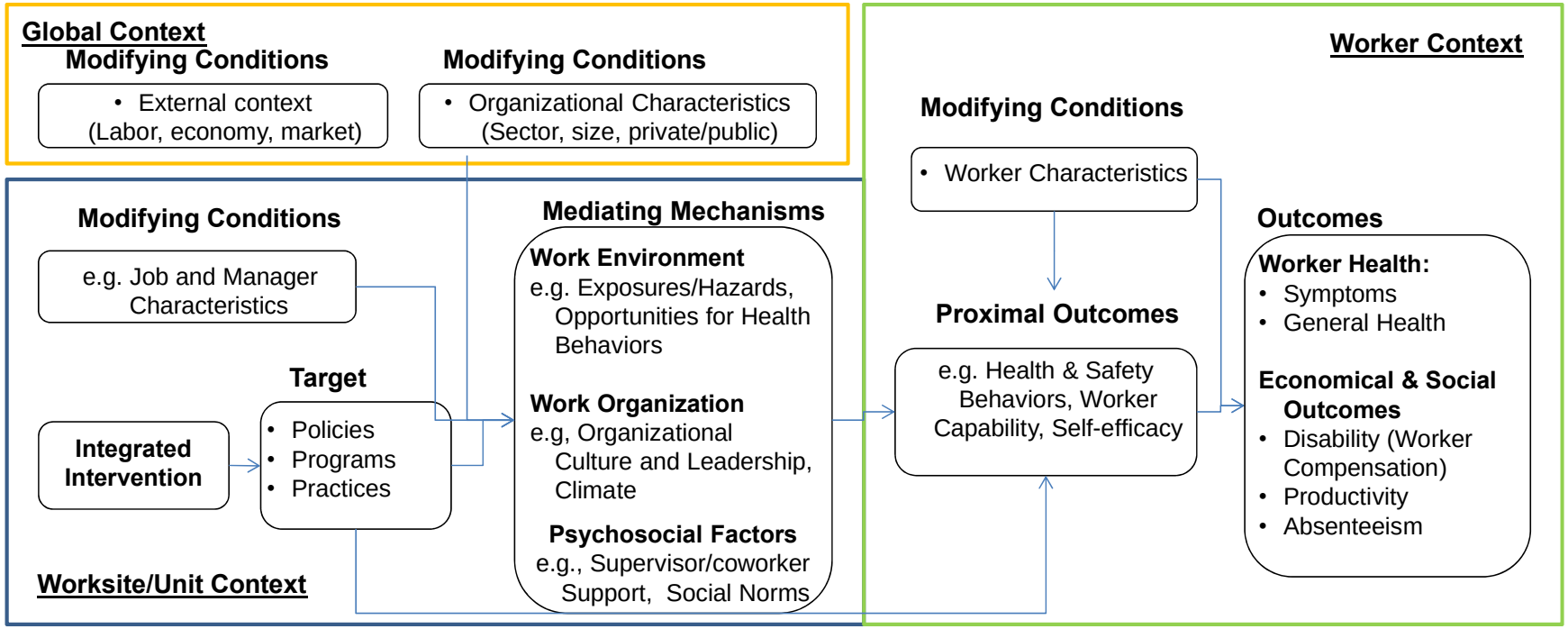
WorkSafe claims 2014-2015



Musculoskeletal disorders make up over half of all claims, and mental injury claims are rising.

Case Study 1

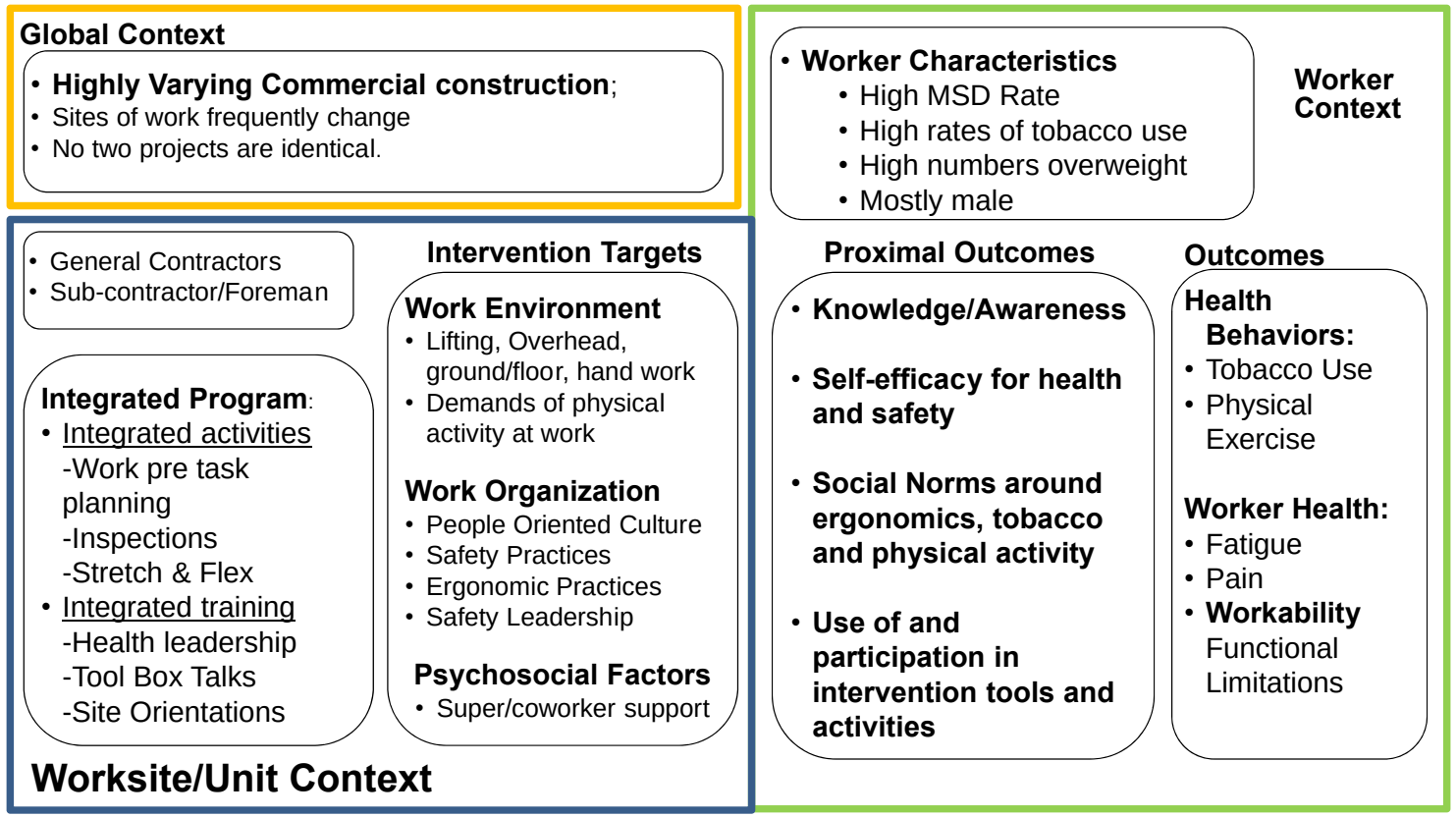
Common conceptual model



HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH | CENTER FOR WORK, HEALTH, & WELL-BEING

www.centreforworkhealth.sph.harvard.edu

Proposed conceptual model



HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH | CENTER FOR WORK, HEALTH, & WELL-BEING

www.centreforworkhealth.sph.harvard.edu

Integrated mentally healthy workplace - strategy

Operating environment: Growth in demand, environment considerations, new technology, threat to good safety performance arising from mental stress claims

Response: Grow leadership capability, supported by strong set of values, step changes in systems and workforce capability, strengthen mental health program

Quality of working life factors

- Job demands
- Personal control
- Support
- Relationships at work, including harassment
- Role definition
- Change management
- Violence (trauma)
- Career development

Intervention targets

- Design of work
- Performance culture
- Early intervention for work and non-work related mental health problems
- Claims management and RTW from work or non-work related absences
- Work life balance
- Promotion of individual mental and physical health literacy and behaviours

Other mental health factors of importance to workers:

Work life balance Life style Conflict and harassment Finance
Major life events Illness Bereavement

Proximal outcomes

- Knowledge/ awareness in leaders, managers and workers of integrated approach to mental health
- Self-efficacy for mental health at work and outside work
- Participation
- Psychological hazards in work environment
- Reporting of supportive management

Outcomes

- Mental health
- Work life balance
- Employee engagement related to factors of importance
- Performance related to factors of importance
- Workforce availability related to factors of importance
- LTIFR due to mental ill-health

Integrated mentally healthy workplace - program

Prevent psychological harm and promote mental wellbeing

System level change

- Design of work
- Confirm QofWL factors of importance
- Existing work processes – include in routine WHS risk management
- New – mental health impact assessment
- Win: win performance culture - achieving gains through health
- Leadership development
- Middle management development (build on Wellness at Work)
- Performance management system
- Include accountabilities relevant to this
- Ensure strong focus on career development as well as problems

Individual level change

- Mental health literacy – focus on specifics of Org's strategy and program as well as broader issues
- Work-life balance
- Confirm other mental health factors important to workers
- Other mental health promotion programs in keeping with above, especially via the health portal

Early intervention

- Build on services available to middle managers - assess and address unmet needs they have
- Development program for WHS staff and reps, Case Managers, HR personnel in Business Groups
- Optimise utilisation of EAP – including for management support
- Consider peer to peer program, building on R U OK day

Claims management and RTW

- Develop clear communications plan with key messages for strategy - emphasise services available for early intervention for any problems
- Review effectiveness of work accommodation to maintain at or return to work against international best practice

Summary

- The OHS model is challenged by the rise in chronic disease – caused by combination of factors in the working environment, the broader environment and personal
- There is a relationship between chronic disease and work injury – as yet not completely understood – poor health is associated with increased injury and slower recovery; work place health promotion programs are associated with a fall in work injuries
- Integrating health protection and promotion creates synergy and enhances overall health and wellbeing of the workforce, while decreasing the likelihood of workplace injury and illnesses

Summary continued

- Underpinning the approach is a shared responsibility for health between employers and workers
- We know the characteristics of effective interventions for worker health: physical and psychosocial environments, individual behaviours, link to community, aligned to business strategy and goals, with best practice design and continuous improvement
- Musculo-skeletal disorders and mental wellbeing are worth considering as priorities.

 @ProfNikiEllis

 niki@nikiellis.com.au