

Integrated approach to worker health: what could it mean for MSDs?

Professor Niki Ellis

Australian Physiotherapy Association

Victorian Branch

11 November 2014



Safety metaphors & theories 19th & 20th centuries

Robert Owen (1771-1858)

A parental philanthropist



- ★ In the first industrial revolution the environmental hypothesis prevailed
- ★ Is the basis for modern-day CSR

Modern safety theory arose at the beginning of the 20th century

- ★ 'The second industrial revolution'
- ★ The Safety First Movement, 1906, US Steel: individual hypothesis

Source: Swuste P, van Gulijk C, Zwaard W, Safety Science, 2010

We have always neglected disease in occupational health because of workers compensation

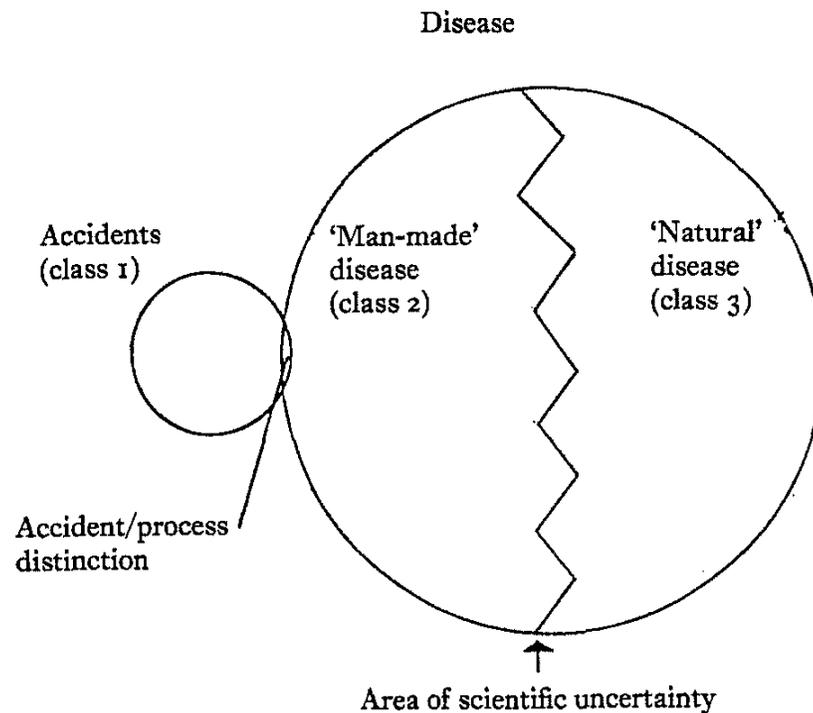


Figure 1. Classes of disablement.



Get your credit card debt under control with an ANZ Balance Transfer.



Apply now



Get a response in 60 seconds

Terms and conditions available on application. Fees and charges apply.

National

Investigations Environment Education Multimedia Photos Blog Central

You are here: Home > National > Article >

Search here...

theage.com.au

Search

Workers fined \$115,000 over bullying of cafe waitress

Steve Butcher
February 8, 2010

Join the conversation

You're the only person reading this now. Tell your friends

Tweet 0

GET 70% BACK FOR AROUND 70¢ A DAY.
medibank Find out how.

Related Coverage



VIDEO Cafe bullies' walk of shame



VIDEO Cafe bullies hit with fines



PLAY

Cafe bullies' walk of shame
Four cafe workers sentenced over the bullying of a waitress who later killed herself are 'cowards', say her parents.

Video feedback Video settings

Top National articles

Four men responsible for the relentless bullying of a teenage

Advertisement

2.9%
Apply now 60 second response ANZ

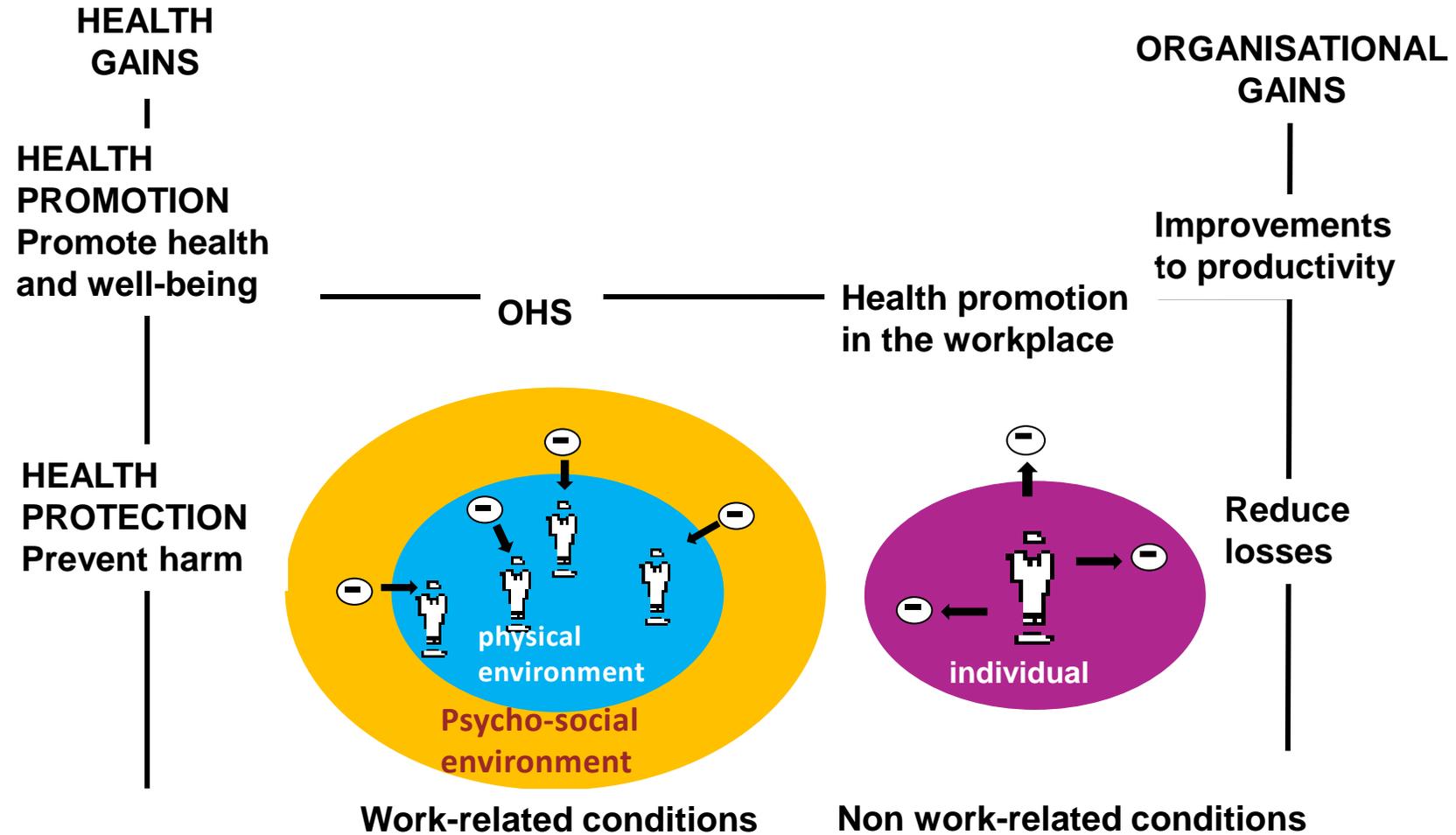
Latest Video

National News Video

More video



Traditional OHS: Injury prevention



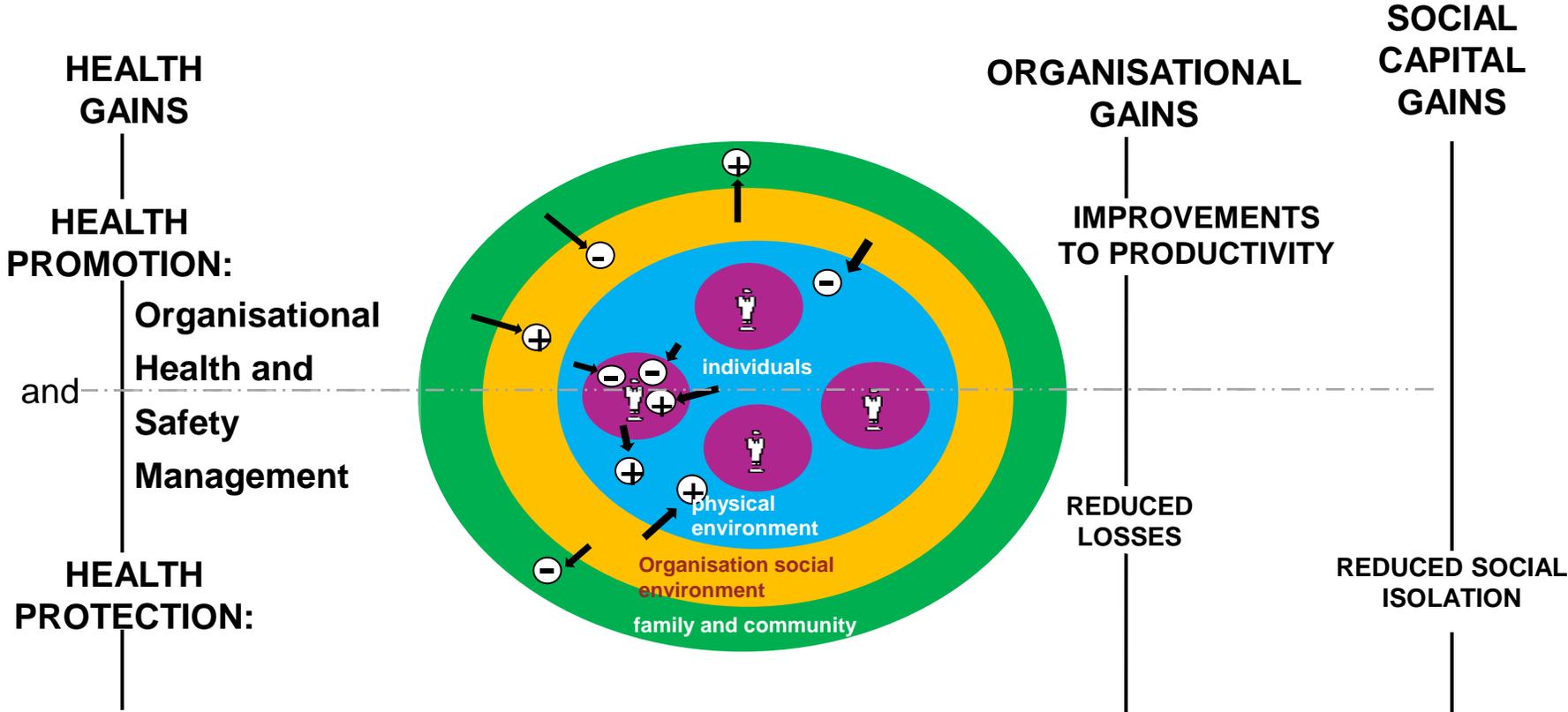
“Employees who feel that workplace hazards are ignored may be understandably unreceptive to employer advice about their activities during personal time. Conversely, managers have blamed MSDs and CVD on worker obesity, smoking, and other personal risk factors. Combining the two sets of concerns may offer 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



- Traditionally, workplace health and safety programs have been compartmentalised.
- A growing body of science supports the effectiveness of combining these efforts through workplace interventions that integrate health protection and health promotion programs.
- 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.

Integrated approach to OHS

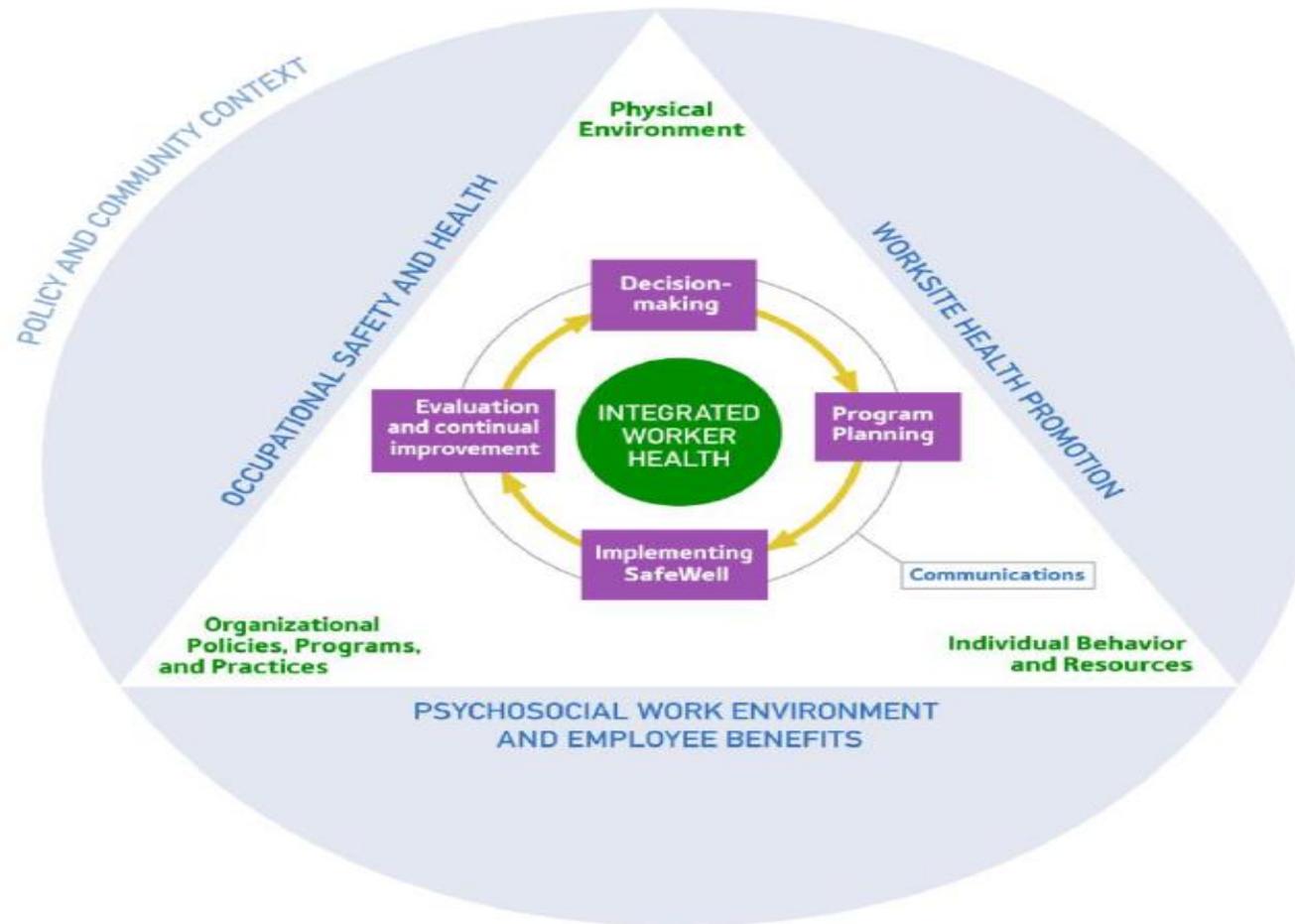


Evidence based model for integrated approach



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

Integrated Management System for Worker Health



SafeWell, <http://centerforworkhealth.sph.harvard.edu/sites/default/files/safewell-resources>

Discussion of selected slides Total Worker Health Conference, 4-6 October, 2014

Gloria Sorensen

#Definition

#Conceptual model

#Assessment framework

#Work contexts

Jack Dennerlein

#Model adapted for construction industry

#Interventions

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

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

Do Workplace Health Promotion (Wellness) Programs Work? Johns Hopkins study, JOEM, September 2014

Best and promising practice:

- Health education
- Supportive social and physical environments
- Integration with HR, infrastructure and environmental health and safety
- Links between HP and related programs, EAP

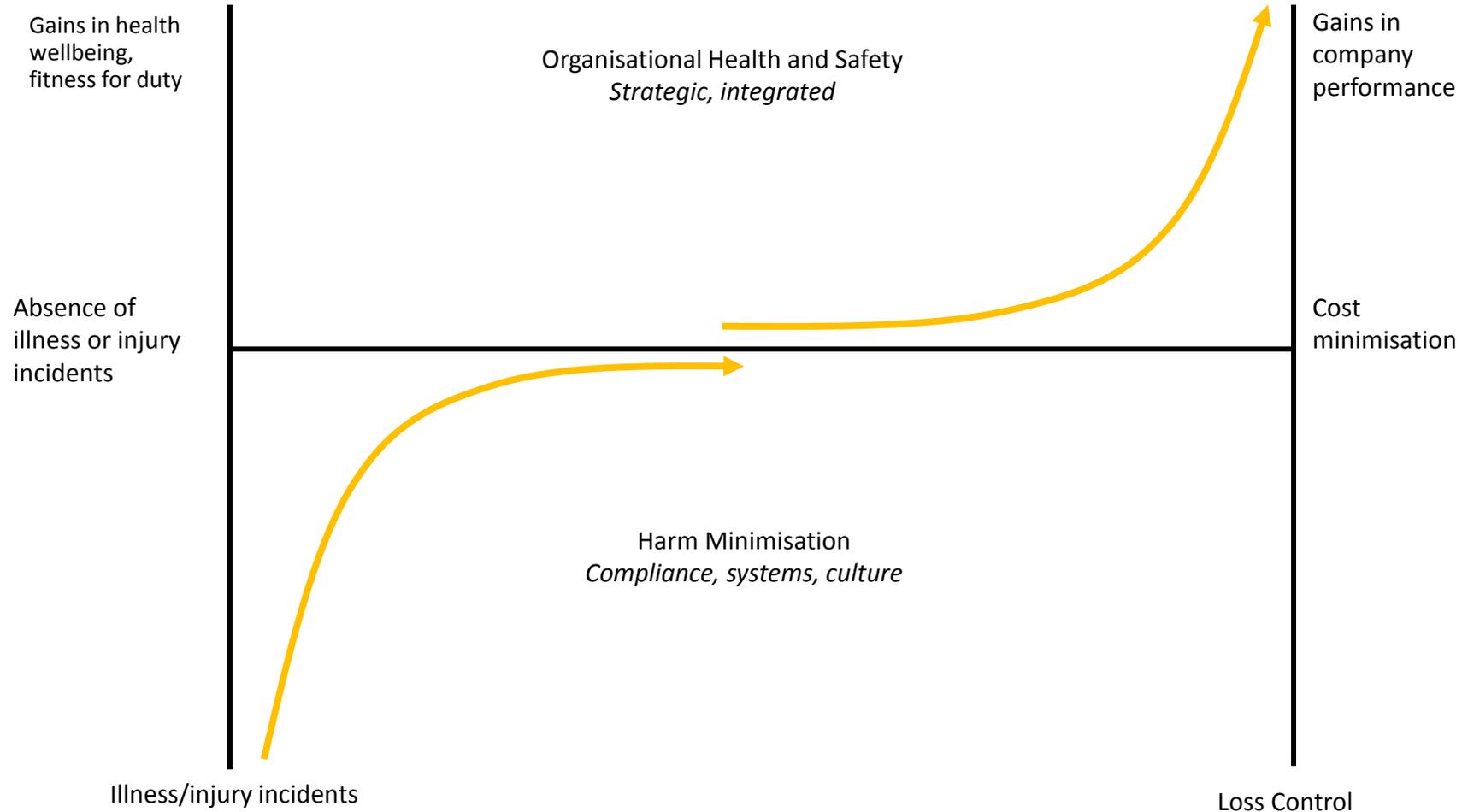
Works if:

- Goals aligned to business
- Program design is evidence-based
- Theory-based implementation
- Ongoing evaluation

If only goal is to save money, maybe not worth it



Occupational Health in the 21st century.... An expanded value chain goes beyond absence of injury



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-related costs/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

An example of a new approach using the new paradigm by an Australian OHS regulator and workers comp insurer, Victorian WorkCover Authority

Discoveries from WorkHealth

- Interrelationship between worker health, well-being & safety
- Maintenance of a healthy lifestyle is influenced by the workplace
- Culture of care vs. culture of compliance

'Complex' problem, shared responsibility

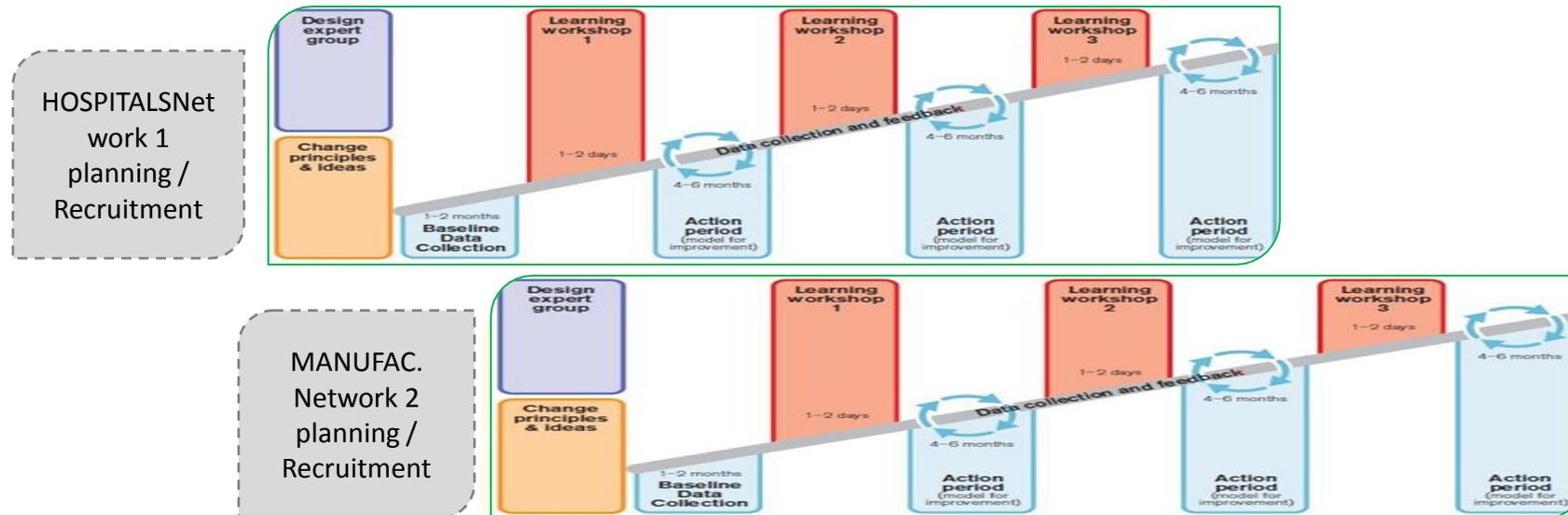
- Complex OHS issues (e.g. MSDs, MWB) are influenced by work and non-work factors
- Costs associated predicted to increase with ageing workforce

Innovative Regulator behaviour

- Opportunities for new ways of working:
 - Partnerships
 - Co-design

WorkHealth Improvement Network Project Victorian WorkCover Authority

July 2014 Oct 2014 Jan 2015 June 2015 Jan 2017



ISCRR MONITORING AND EVALUATION

Reporting milestones:

- Baseline
- End of Activity Period
- End of Learning Workshop
- End of Program



My call to action

1. Integrated worker health is now an international movement gaining momentum
2. It seeks to build on the well-established focus on control of risks in the working environment and address the reality of multifactorial health conditions and the potential of gains associated with a healthier workforce
3. It has a solid evidence base, but the reasons for the synergy are not well understood
4. MSDs are a stubborn problem in workplaces, and they lend themselves well to this approach
5. Macro-ergonomics is being touted as a useful underpinning theory – see CPH-NEW (Centre for Promotion of Health in the New England Workplace) for more
6. It may be an opportunity for occupational physiotherapists