

Integrating Workplace Health Promotion and OH&S: Promise and Practice

**kNOw Cancer in the Workplace
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Presentation Summary

- Renewed government interest in WHP to address rising chronic disease burden
- What is international best practice WHP?
- Do recent government initiatives represent international best practice?
- Can government WHP initiatives be improved to better prevent chronic disease?

Addressing the Chronic Disease Burden

- Renewed government interest in workplace health promotion (WHP) to address rising chronic disease burdens
 - Cancers
 - Cardiovascular disease
 - Cardio-metabolic syndrome & diabetes
 - Depression
 - Anxiety



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Recent Government WHP Initiatives: Victoria

- March 2008: *WorkHealth* workplace chronic disease screening and lifestyle intervention
 - Targets diabetes risk factors—body mass index, diet, physical activity
 - Also presumes BMI-mediated reduction in MSDs
 - 2.6M working Victorians
 - \$218M over 5 years



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Recent Government WHP Initiatives: Tasmania

- ~Jul 2008: *Healthy@Work* WHP program for public servants
 - Will include a range of strategies designed to:
 - influence organisational culture
 - develop organisational policies
 - provide a supportive workplace environment that encourages health and wellbeing
 - increase employee and employer knowledge and awareness of health and wellbeing issues
 - provide opportunities for individual behaviour change
 - ~29,000 employees + 2300 casuals in Tas State Service
 - \$3.3M



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Recent Government WHP Initiatives

- COAG, Nov 2008: Health Prevention National Partnership “to improve the health of all Australians”
- \$448M over 4 years
- 5 major elements, including:
 - “Provision of incentives for workplaces and local communities to provide physical activity and other risk modification and healthy living programs”
- State and territory governments planning implementation strategy now



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What is international best practice WHP?



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International best practice WHP

- European Network for Workplace Health Promotion, 1997 Luxembourg Declaration:
- “The combined efforts of employers, employees, and society to improve the health and well-being of people at work...
- ...can be achieved through a combination of
 - improving work organisation and the working environment
 - promoting active participation, and
 - encouraging personal development.”



International best practice WHP

- Integrated intervention on OH&S and health behaviour, or ‘integrated health protection and health promotion’ (Sorensen et al 2002)
- ‘Comprehensive’ WHP... “in which both individual and organisational influences on health are targeted simultaneously” (Shain & Kramer 2004)



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International best practice WHP

- Current US NIOSH *WorkLife* Initiative
- ‘Comprehensive approach to reduce workplace hazards and promote worker health & wellbeing’

www.cdc.gov/niosh/worklife/essentials.html



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International best practice WHP

- “The premise of this initiative, based on sci research and practical experience in the field, is that...
- ...comprehensive practices and policies that take into account the work environment—both physical & organizational—while also addressing the personal health risks of individuals, are more effective in preventing disease and promoting H&S than each approach taken separately.”



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www.cdc.gov/niosh/worklife/essentials.html



Integrating Health Promotion and Health Protection: Rationale

- Both health behaviours and occupational exposures contribute to chronic diseases...
- ...so both should be targeted. (*WHO Ottawa Charter for Health Promotion*)
- Ethical, credibility issues
- Limited success of WHP interventions addressing only health behaviours—need for new approaches



Burden of Occupational Injury & Disease

- Hazardous working conditions and associated disease burden disproportionately borne by lower paid/lower skilled workers—the same groups with worst health behavioural profiles...
- 5-10 occupational disease deaths for each death from occup injury (developed countries)
- Leading occup disease groups:
 - Cancers, renal (kidney), cardiovascular, neurological, respiratory



Contributions of Occupational Hazards to Common Chronic Diseases

- 11% of incident cancers in males
- 2% of incident cancers in females
- 5000 cancers each year
- Plus ~34,000 non-melanoma skin cancer

Fritschi & Driscoll 2006



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Contributions of Occupational Hazards to Common Chronic Diseases

- Depression attributable to job strain (low control, high demand jobs)
- 13% of prevalent depression cases in working males
- 17% of prevalent depression cases in working females
- ~21,000 cases per year in Victoria alone

LaMontagne et al, 2008



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Integrating Health Promotion and Health Protection: Rationale

- Working conditions can influence health behaviours
- Smoking
 - Job stress, shift work, long working hours, hazardous substance exposures
- Body mass index (BMI)
 - Job stress, shift work, long working hours
- Alcohol consumption
 - Job stress, work culture

Integrating Health Promotion and Health Protection: Rationale

- Awareness of combined effects of health behaviours and occup exposures (*'the talk'...*)
 - May increase worker motivation to change health behaviours...
 - Should increase employer and government motivation reduce occup exposures
- Simultaneous intervention on working conditions increases worker motivation to change health behaviours (*'the walk'...*)



Integrated OH&S and WHP: Wellworks-2 Example

- Aimed to reduce cancer risk by integrated intervention on:
 - Smoking and eating habits
 - Hazardous substance exposures
- RCT involving 15 large Boston-area manufacturing sites (~9,000 employees)
- Sites randomly assigned to integrated versus HP-only



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Wellworks-2 Findings: Health Behaviour Change

- Double the smoking quit rate at integrated intervention sites versus HP-only controls
- No significant change in nutritional behaviours



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Wellworks-2 Findings: OH&S

- Organisational Level: OH&S Management Systems
 - Greater improvements in integrated versus control group in OHSMS overall, but not statistically significant
 - Significantly greater improvement in “Management commitment & employee participation”
- Physical Work Environment Level: Measure of Exposure Prevention effort
 - Slightly greater improvements in hazardous substance exposure control at integrated versus control sites, but not significant

Healthy Direction/Small Business Study

- RCT in 24 Boston area manufacturing SME
- Integrated intervention versus minimal-intervention control (smoking only)
- Health behaviour targets:
 - fruit and vegetable consumption
 - red meat consumption
 - multivitamin use
 - physical activity
 - smoking
- OH&S targets: hazardous occupational exposures and OH&S management



Healthy Direction/Small Business Study

- Greater health behaviour improvements for integrated intervention for every outcome (compared to control group)
- Improvements statistically significant, however, only for multivitamin use and physical activity
- Greater changes in hourly vs salaried workers for fruit and vegetable consumption and for physical activity



Do recent government initiatives represent international best practice?



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Current government initiatives fall short on:

- Acknowledging OH&S contributions to chronic disease burden
- Optimising behaviour change effectiveness by also addressing working conditions
- Preventing chronic disease by addressing working conditions



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Risks of Over-emphasis on Individual Health Behaviour

- Worker resentment/resistance
- Trade union (and some employer) resistance
- Sub-optimal participation
- Low behaviour change effectiveness
- Sidelining of occup disease prevention
- Exacerbating health inequalities



Current government WHP initiatives could be improved by:

- Making chronic disease prevention the primary goal, with two main objectives:
 - Improvement of relevant health behaviours
 - Improvement of relevant working conditions
- Articulating and addressing OH&S contributions to targeted chronic diseases as well as individual

Workplace Preventive Intervention Targets for Cancers

Health Behaviours	Occupational Hazards
<ul style="list-style-type: none">• Smoking• Physical activity• Diet• Sun exposure• Alcohol	<ul style="list-style-type: none">• ETS (e.g., Canberra hosp workers)• Asbestos (bldg trades, removalists)• Sun exposure• Various haz subs• (Job stress)



Preventive Intervention Targets for Cardio-Metabolic Health (CVD & Type II Diabetes)

Health Behaviours

- Physical activity
- Diet
- Smoking

Occupational Hazards

- Sedentary work
- Long working hours
- Shift work
- Job control
- Job demand



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Preventive Intervention Targets for Depression/Anxiety

Health Behaviours/ Awareness

- Coping, time mgmt skills
- *beyondblue* workplace program
 - raise awareness, destigmatise, develop assistance skills

Occupational Hazards

- Job control
- Job demands
- Social support
- Job insecurity
- Bullying
- Sexual harassment



Current government WHP initiatives could be improved by:

- Highlighting links between individual and occupational risks (to optimise motivation for change in both workers and orgs)
- Ensuring that legal OH&S obligations met for addressing preventable occupational risks
- Prioritising intervention on OH&S contributions
 - Clear duty of care and legal mandate on known work-related risks (employer responsibility)
 - Increases the effectiveness of health behaviour change intervention



International Best Practice WHP

- Integrated/blended/comprehensive approach combining person-directed and work-directed strategies:
 - Mutually reinforcing
 - Person-directed more central to health behaviour change (which also requires supportive org/envt)...
 - Work-directed more central to improving OH&S (which also requires individual participation and safe work practices)
- Evidence-based, feasible, international precedents
- Would represent world's best practice in WHP

National Preventative Health Strategy—September 2009

- Primarily a behavioural focus
 - but with acknowledgement of need to engage on social determinants of health behaviour
- Workplace a priority setting
- Workplaces “...the new frontier for prevention...” (Health Minister Roxon, Sep 2009 report launch)

<http://www.preventativehealth.org.au/>



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National Preventative Health Taskforce: *Hopeful signs*

- Recognition of:
 - links between working conditions and health behaviours
 - working conditions as preventable determinants of common chronic diseases
- Recommendation in “prevention frameworks” of new WHP approaches that integratively target working conditions and health behaviours



National Preventative Health Taskforce: *Hopeful signs*

- Recent announcement of new National Preventative Health Agency
 - \$133M
 - Details forthcoming
- Will this help to promote integrated WHP/OHS approach to the prevention of chronic disease?



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