

Injury Schemes Seminar

Balancing Outcomes

10-12 November 2013
Sheraton Mirage Gold Coast

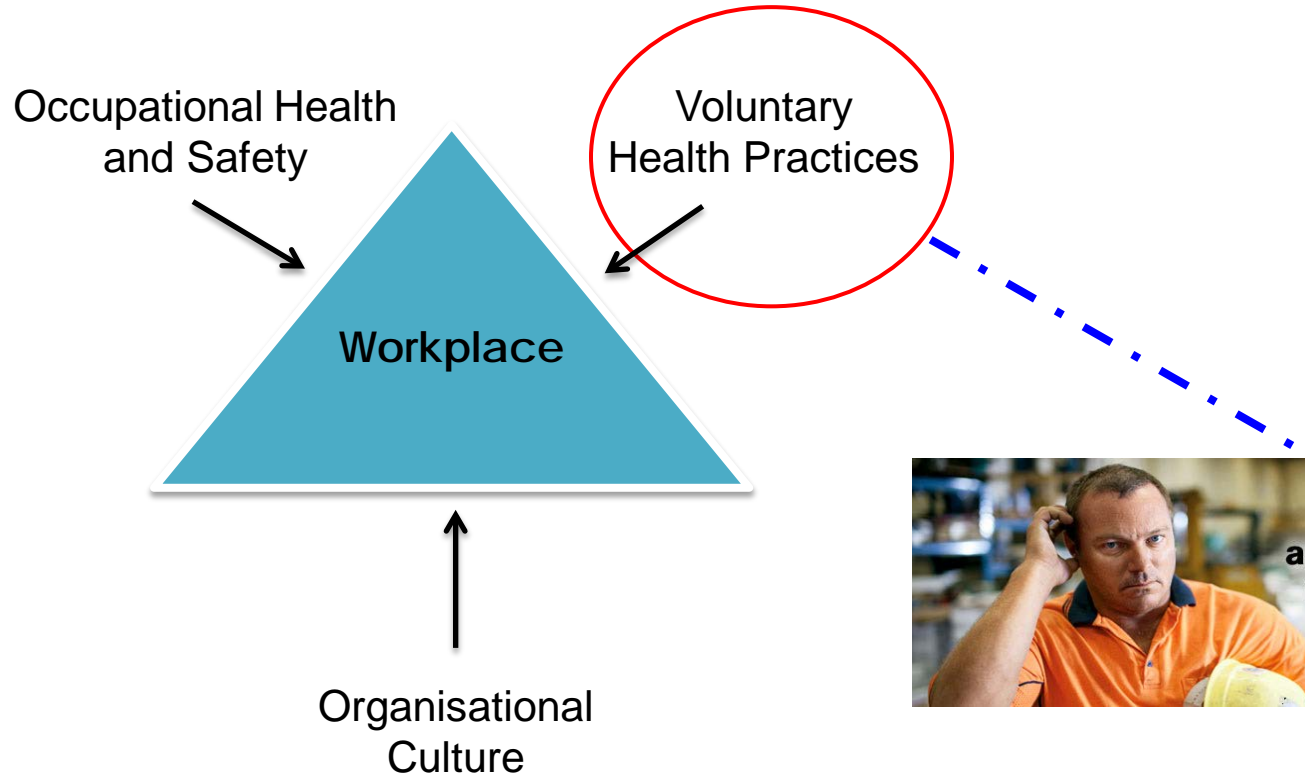


The Victorian Experience

Ms Pam Anders

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*This presentation has been prepared for the Actuaries Institute 2013 Injury Schemes Seminar.
The Institute Council wishes it to be understood that opinions put forward herein are not necessarily those of the Institute
and the Council is not responsible for those opinions.*



Call to action

10-12 November 2013 • Sheraton Mirage Gold Coast

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Let's do the maths on WorkHealth checks.

Annual cost of sick leave.



Cost of WorkHealth checks.



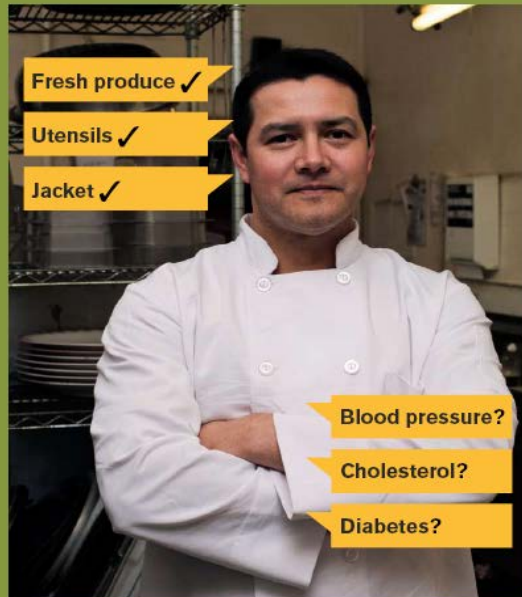
WorkHealth checks can reduce your costs of absenteeism due to sickness. But it goes beyond the bottom line. The checks are free for small and medium businesses and are an excellent way to show that you care for your workers and are listening to what they want. Businesses with health and well-being programmes can reduce their employees' health risks by up to 66%. To show you care, sign your business up today at workhealth.vic.gov.au



Because you care, sign up now. workhealth.vic.gov.au



*Direct Health Solutions 2010 Absence Management Survey. †Weekly Corporate Health, the Future@work health report: Employees and their Workplace (2008).



Get a health check at work.

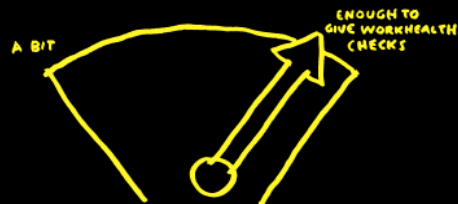
Now Victorian workers can have a health check at their workplace. These checks are quick, easy and completely confidential. Get your workplace to sign up today at workhealth.vic.gov.au



workhealth.vic.gov.au

WorkHealth **WorkSafe**

How much do you care about your workers' health?



It's alarming how many preventable illnesses are lying undiscovered in Victorian workers. Of those who have undergone WorkHealth checks over 66%* were found to be at medium to high risk of developing type 2 diabetes or heart disease over the next 5 years. With one signature you can help them spot risks before they become health problems. The checks are quick, easy to organise and needn't cost a cent. To show you care, sign your business up today at workhealth.vic.gov.au



Because you care, sign up now. workhealth.vic.gov.au



*WorkHealth analysis of 200,000 checks from 1 July 2009 to 31 July 2010.



786,995 workers

37,981 workplaces

22,331 at risk workers

1,759 active
workplace grants



Workers' worry

Health check shows up poor diet, lack of exercise

Workplace check-up and survey program reveals A health time bomb

Wine, women and work

MORE THAN 40% of workers have a high risk of type 2 diabetes or cardiovascular disease
10% of workers are at high risk of health issues
HALF of the workers with the highest risk of type 2 diabetes considered themselves in good health
49% of females and **24%** of males reported drinking alcohol at risky levels
70% of workers reported insufficient exercise
32% of males and **19%** of females had high blood pressure
WORKERS AGED UNDER 24 were at a low risk of rising levels, compared to those aged 25 and over. Men, women, men and women all had the same risk of rising levels
WORKERS AGED ABOVE 24 had higher blood pressure and were more at risk



It takes guts to be building industry's 'Biggest Loser'

Photo: © iStockphoto.com



Tradies are fatter, boozier heart risks

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Actuaries Institute

October 2013 • Sheraton Mirage Gold

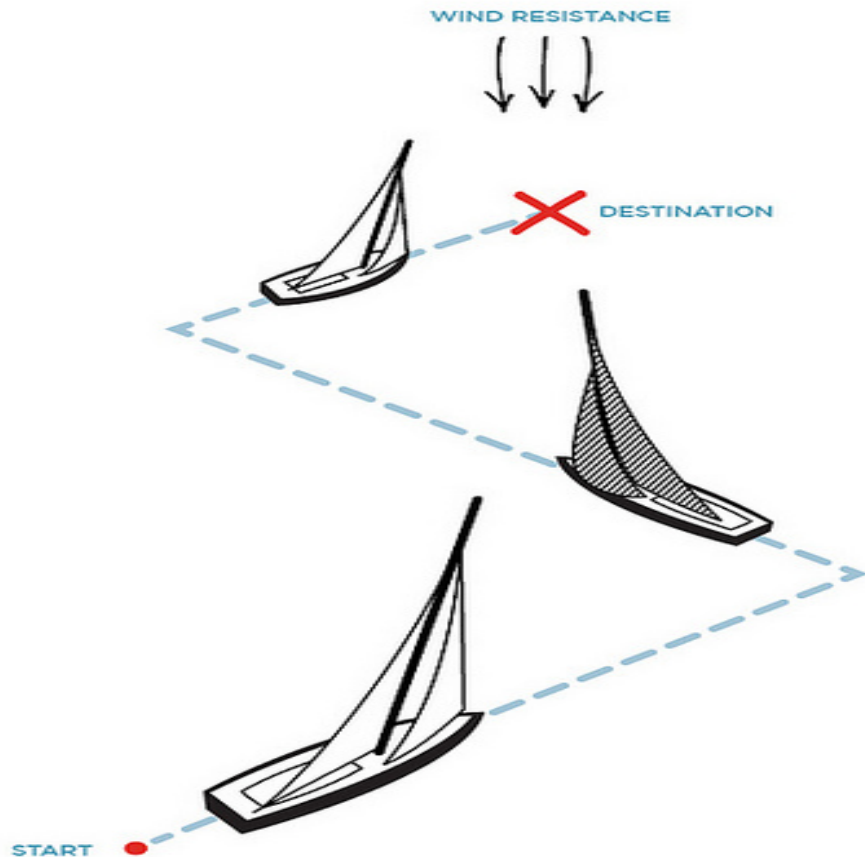
STRATEGIES

FIT FOR WORK

THE KEY TO A HEALTHIER WORKPLACE

WorkSafe Victoria Chief Executive Greg Towse explains why the state's 1.5 million workers need to be fit for work. He says that the state's 1.5 million workers need to be fit for work. He says that the state's 1.5 million workers need to be fit for work. He says that the state's 1.5 million workers need to be fit for work.

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In the beginning diverse & at times divergent views



Employers

- Workers will now demand gyms?
- “But I already offer filtered water”
- Increased claims costs leading to higher premiums
- Is it really voluntary?
- Shifting goal posts for compensation
- Not WorkSafe’s job - \$\$ should lower premiums

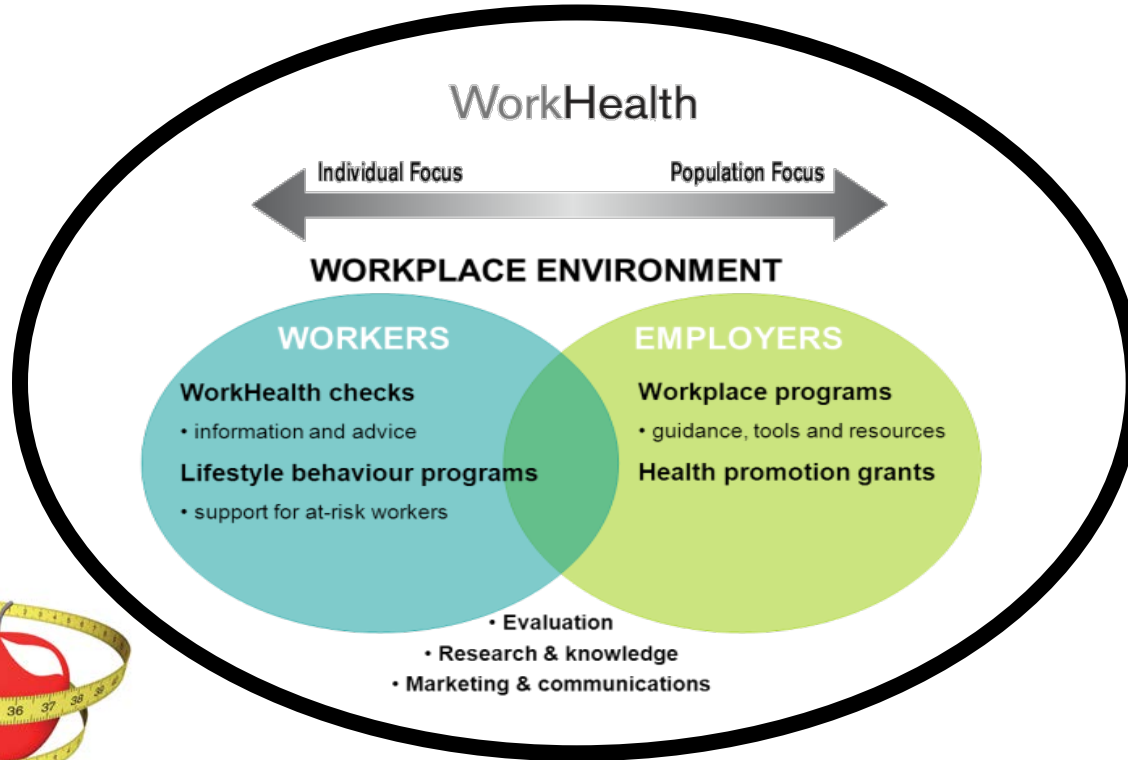
- Pick me!
- Health system won’t cope with referrals
- Gold standard interventions
- No chronic disease is out of scope regardless of link to injury

- Leads to discrimination
- Erodes onus on employer to provide safe workplace
- Privacy concerns over use of data
- Would “water down” claims
- Lead to increase pre-employment screening
- Not WorkSafe’s job – \$\$ more inspectors
- Health departments job

Health
Groups



Workers



KEY DESIGN PRINCIPLES

- Voluntary
- Privacy & confidentiality
- De-identified
- Low-cost & quick – 15-20 minutes
- Ease & convenience – delivered in the workplace
- Multi-component
- SNAP, T2D and CVD risk
- Clear referrals to health system
- Clear value workplaces & workers



The logic behind WorkHealth

Effective health promotion activities in the workplace

↑ Participation

Risk Awareness

Capacity and Skills ↑

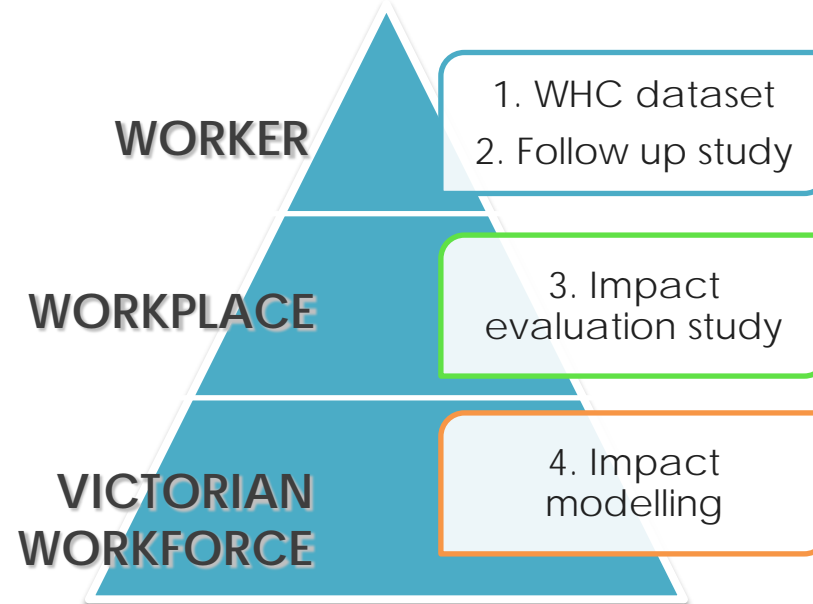
Maintenance of healthy lifestyle behaviour

↓ Risk factors & impact of chronic disease across workforce

↑ Workforce health, safety and productivity



The research





What we know from WorkHealth checks

93% of workers don't eat enough fruit/veg

30% of males are at high risk for type 2 diabetes; females 17%

Older workers have healthier lifestyles but have more biomedical risks

27% of workers high total cholesterol

5,223 (1%) of workers advised to see their GP within 24 hours

Males 2x more likely to receive an urgent GP referral

32% of males high blood pressure; females 16%

rural workers have a higher risk of heart disease and type 2 diabetes

90% rated their health as good to excellent



WorkHealth impacted on workplaces in multiple ways

1st opportunity to participate in on-site health program

Powerful for health awareness

The workplace is an effective setting to target men's health

50% of workplaces say their culture is proactive towards health and wellbeing

Workplaces that had WorkHealth checks *and* a grant were 3x more likely to make changes

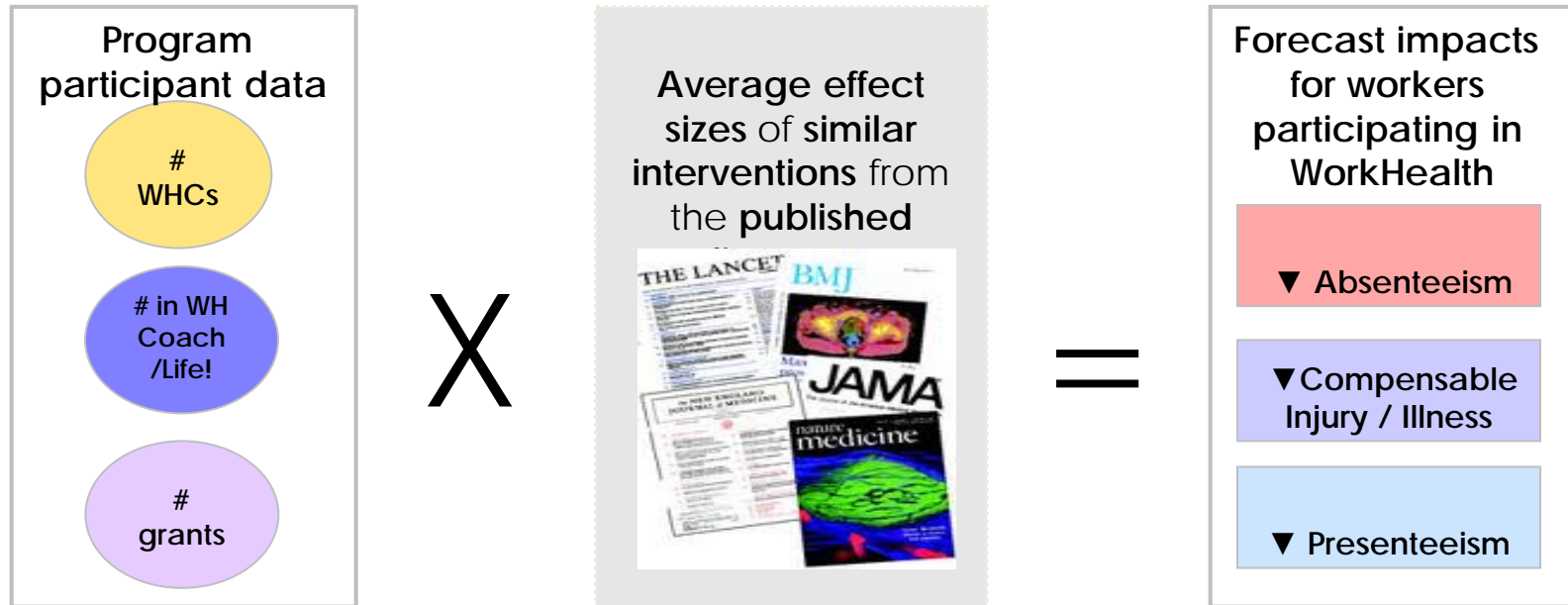
Shared responsibility: employers support healthy choices, but change is up to the individual

There has been a ripple effect beyond CVD and T2D into other areas, e.g. mental health

Interaction between safety and health in the workplace



The Research: Modelling future impact





The Research: Modelling future impact

Absenteeism

11-15%

Presenteeism

up to
5%

Injury claims

3-5%



A mix of interventions will have the best impact on workplace productivity.



Our research team:

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Monash School of Public Health and Preventive Medicine, ISCRR, Baker IDI



More information: workhealth.vic.gov.au or iscrr.com.au



Challenges better defined as opportunities

- WorkHealth program has built momentum and shifted attitudes on health and wellbeing in the workplace
- WorkHealth has improved health outcomes for individuals and gains in workplace culture and workforce productivity
- The value and acceptance of wellbeing focus in the workplace is flourishing
- There are now relationships and networks established and flourishing due to the large scale investment of WorkHealth in Victoria

Can we leverage this to drive the improvements we need in safety outcomes and return to work?

We do know

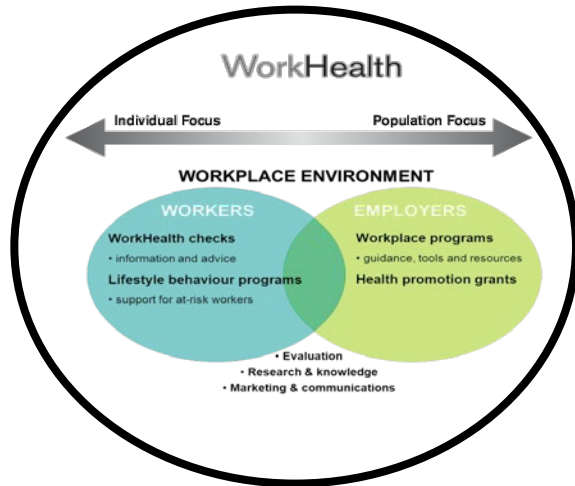
- The workplace is a relevant setting for health promotion
- Workplace health promotion works best when built on sound OH&S



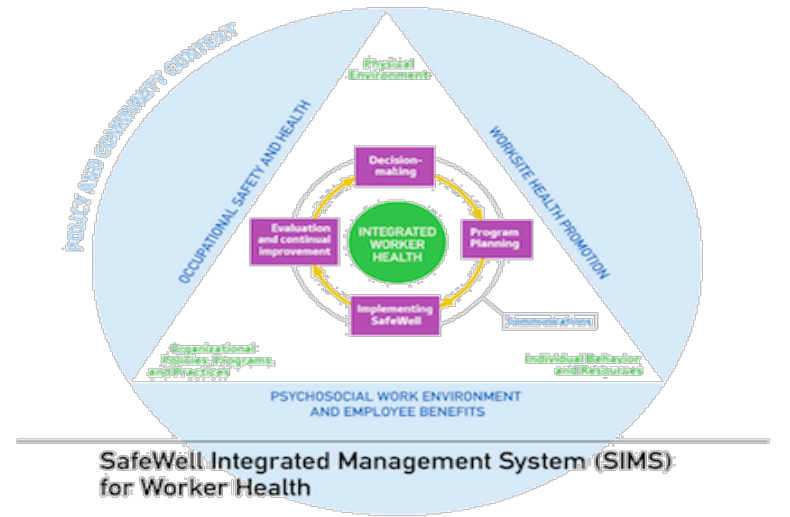


An evolving approach

Promotion of health



Integrated Approach





- The majority of 'lead employers' are integrating OHS and WHP to some extent – with large employers the most developed/sophisticated

BUT:

- They're not necessarily doing it on purpose/strategically
- Integration tends to be more in messaging/ branding than embedded in organisational systems
- Encouraging signs / interest in further engagement on integrated approaches





The next steps

- Pivotal opportunity exists now to build on what we know BUT also the relationship we've built across Victorian workplaces
- The evidence supports the effectiveness of combining traditionally compartmentalised areas of OHS, HR and health promotion programs in the workplace to improve safety performance and advance health and wellbeing

BUT

- What is a feasible and optimal role for WorkSafe?
- Who and what are the other critical roles?
- What are the costs and benefits to WorkSafe of this approach compared to traditional practice as an OHS regulator and insurer?
- What are the costs and benefits to employers and employees?
- What are critical barriers and enablers to the uptake of the evidence-based integrated approach by industry, unions, workplaces?
- How best to implement at multiple levels systems, networks, workplaces ?



The whole is greater than the sum of its parts

- Safety Regulators and Compensation Authorities have to evolve traditional ways of working with workplaces to deal with today's complexities in the workplace

