Promoting musculoskeletal health in the workplace: the need for a new paradigm?

Professor Niki Ellis
Bone and Joint Decade
Global Alliance for Musculoskeletal Health
World Summit 2014
London 12-12 October 2014
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

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

**Figure 1.** Classes of disablement.

Workers fined $115,000 over bullying of cafe waitress

Steve Butcher
February 8, 2010

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

Four men responsible for the relentless bullying of a teenage
Traditional OHS: Injury prevention

- **HEALTH GAINS**
  - HEALTH PROMOTION
    - Promote health and well-being
  - HEALTH PROTECTION
    - Prevent harm

- **ORGANISATIONAL GAINS**
  - Improvements to productivity
  - Reduce losses

- **OHS**
  - Health promotion in the workplace

- **Work-related conditions**
  - **Physical environment**

- **Non work-related conditions**
  - **Psycho-social environment**

- **Ellis, OUP, 2001**
• 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

- **Health Gains**
  - Health Promotion:
    - Organisational Health and Safety Management
  - Health Protection:

- **Organisational Gains**
  - Improvements to Productivity
  - Reduced Losses
  - Reduced Social Isolation

- **Organisational Health and Safety Management**

- **Social Capital Gains**

Ellis, OUP, 2001
Evidence based model for integrated approach

Source: NIH and CDC workshop, 2010, Am J PH
Integrated Management System for Worker Health

SafeWell, 2012
Examples of predicted economic gains from integration

• Increase in benefits:
  o Physiological – Addressing the combined effect of smoking and hazardous exposures to chemicals on lung disease
  o Psychological – Addressing work organisation factors that combine with work-family imbalance to result in stress-related disorders

• Reduction in costs:
  o Economies of scale – Ergonomic consultation that address work design, joint health and arthritis prevention and management strategies
  o 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
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

- Gains in health wellbeing, fitness for duty
- Absence of illness or injury incidents
- Illness/injury incidents
- Organisational Health and Safety
  - Strategic, integrated
- Harm Minimisation
  - Compliance, systems, culture
- Cost minimisation
- Loss Control
- Gains in company performance

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-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

<table>
<thead>
<tr>
<th>Discoveries from WorkHealth</th>
<th>‘Complex’ problem, shared responsibility</th>
<th>Innovative Regulator behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interrelationship between worker health, well-being &amp; safety</td>
<td>• Complex OHS issues (e.g. MSDs, MWB) are influenced by work and non-work factors</td>
<td>• Opportunities for new ways of working:</td>
</tr>
<tr>
<td>• Maintenance of a healthy lifestyle is influenced by the workplace</td>
<td>• Costs associated predicted to increase with ageing workforce</td>
<td>• Partnerships</td>
</tr>
<tr>
<td>• Culture of care vs. culture of compliance</td>
<td></td>
<td>• Co-design</td>
</tr>
</tbody>
</table>
Improvement Network overview

ISCRR MONITORING AND EVALUATION

Reporting milestones:
- Baseline
- End of Activity Period
- End of Learning Workshop
- End of Program
Conclusion

1. A model of worker health in which health protection and health promotion are combined is gaining ground.

2. Musculo-skeletal disorders lend themselves well to this approach, but it is early days …..

3. This represents an opportunity for The Bone and Joint Decade …
Conclusion

4. Evidence indicates ..........
   • 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