



The Australasian Faculty of
Occupational and Environmental Medicine



The Royal Australasian
College of Physicians

Realising The Health Benefits of Work

Deborah Lockart, Senior Executive Officer

27 July 2011



Australasian Faculty of Occupational and Environmental Medicine

Consensus Statement on The Health Benefits of Work



Consensus Statement Launch



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Occupational and Environmental Medicine



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AUSTRALIAN and NEW ZEALAND CONSENSUS STATEMENT
ON THE HEALTH BENEFITS OF WORK

POSITION STATEMENT: REALISING THE HEALTH BENEFITS OF WORK

Wednesday
30 March 2011

Consensus Statement launch



The Australasian Faculty of
Occupational and Environmental Medicine



The Royal Australasian
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Dr Robin Chase

President AFOEM



“The impetus behind the Faculty’s work in this field has been a desire to progress towards a situation in which no Australian or New Zealander is unnecessarily excluded from the substantial health and wellbeing benefits of work.”



“a shared desire to improve the welfare of individuals, families and communities.”

Dame Carol Black



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Professor Dame Carol Black



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The Royal Australasian
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- The first national Director for Health and Work in the United Kingdom.
- The second female President of the Royal College of Physicians in its 500 year history.
- She has just stepped down as Chairman of the Academy of Medical Royal Colleges.
- She is an international authority on systemic sclerosis and in 2002 was awarded the CBE for her work.
- She is the Chair of the Nuffield Trust, President of the British Lung Foundation, and Pro-Chancellor at the University of Bristol.
- In 2005 she was awarded the DBE for services to medicine.



“The purpose of the consensus statement is to bring together a wide range of stakeholder signatories who each affirm the importance of work as a determinant of health...

In truth, this is better than ours; ours only involved health professionals.

Work is generally good for Health

Slide provided by Dame Carol Black, 2011

Galen (129-200)

Employment is nature's physician
and is essential to human happiness.



Greek philosopher Galen wrote: "Employment is nature's physician, and is essential to human happiness."

Voltaire (1694-1778)

Work banishes those three great evils:
boredom, vice and poverty.

William Osler (1849-1919)

To the young it brings hope, to the middle-
aged confidence, to the aged repose: work.

Theodore Roosevelt (1858-1919)

The best prize that life offers is the chance
to work hard at work worth doing.

**Work is generally good for physical and mental
health and well-being.**

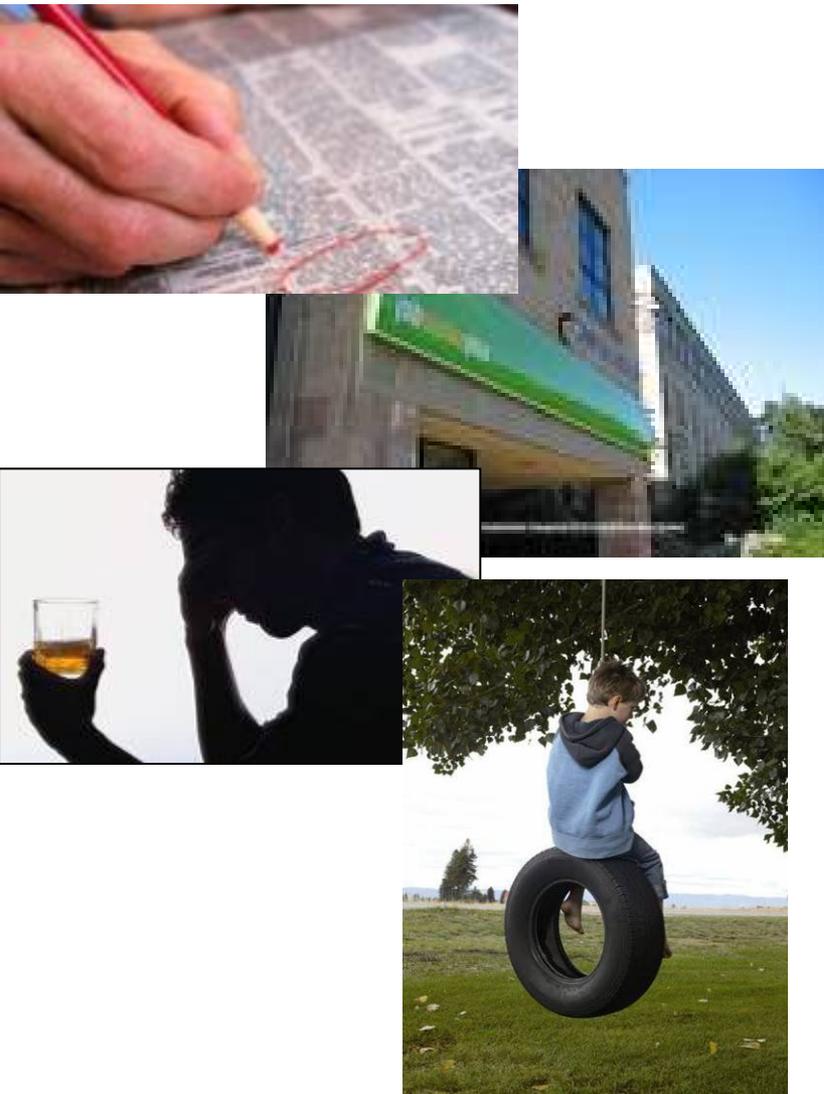
Waddell and Burton, 2006

That work is good for man is supported by evidence and consensus.

**The physician's role is to encourage work, and return to work,
as part of treatment.**

Talmage and Melhorn, AMA Press 2005

Slide provided by Dame Carol Black, 2011



Worklessness can lead to:

- poorer physical health
- poorer mental health
- more medical care
- poorer social integration
- loss of worth and self-confidence
- less monetary resources
- transgenerational effect

(Child deaths from injury correlate with low employment status and worklessness of parents)



Slide provided by Dame Carol Black, 2011

- Annual economic costs of sickness-absence and worklessness associated with ill-health are **over £100bn**, greater than the current NHS budget, an unsustainable burden in a competitive global economy.
- Left unchecked this will diminish quality of life in Britain, undermine efforts to reach full employment, and deny business the talent and contributions of a potential workforce.
- It will **condemn workless families** to a cycle of poverty and dependency that will widen inequalities, perpetuate social injustice in our most deprived communities, and obstruct efforts to eradicate child poverty.
- We must act now if we are to prevent this happening. Together we have the opportunity to deliver long-term change. We will not secure the future health of the working-age population without it.



The Consensus Statement

Signatories

The Launch – Paul O’Connor, Comcare



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For Comcare to become a signatory was
“the smart thing to do”

“Not only does it deliver on corporate social responsibility, it improves workforce participation, decreases work disability, decreases absenteeism and decreases early retirement. We think it is also important in terms of the social inclusion agenda, because it helps us support people coping with change and challenge and disability.”



The Launch – Helen Kelly, President NZCTU



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“Being a signatory to this was not without controversy for the CTU – not because of anything in the statement but because of the context in which it is being signed. We have decided we should sign it because it is a good statement, it is in the interests of workers, it has been put together by good people with good motive and we are proud to be part of it.”

The Launch – Harry Pert, Chair, RNZCGP



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The Launch – Harry Pert, Chair, RNZCGP



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“I prescribe medication everyday. I order investigations every day—laboratory investigations, radiology investigations. My ability to do that safely is based on many years of preparation—chemistry and pharmacology and a lot of decision-support throughout my career. I haven’t had that training and support in my prescribing of work and absence from work; it is a big gap in our knowledge. I think we have to do some work, in order to fix that.”

AUSTRALIAN SIGNATORIES

(As at 15 July 2011)



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The Royal Australasian
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- Adult Medicine Division of the RACP
- Association of Self Insured Employers of Queensland
- Australasian Faculty of Occupational and Environmental Medicine
- Australasian Faculty of Public Health Medicine
- Australasian Faculty of Rehabilitation Medicine
- Australian and New Zealand Society of Occupational Medicine
- Australian Association of Occupational Therapists
- Australian College of Rural and Remote Medicine
- Australian Counselling Association
- Australian Federal Police
- Australian Life Underwriters and Claims Association
- Australian Osteopathic Association
- Australian Physiotherapy Association
- Australian Psychological Society
- Australian Rehabilitation Providers Association
- Australasian Society of Aerospace Medicine
- Australian Society of Rehabilitation Counsellors
- Business Council of Australia
- Career Industry Council of Australia
- Chiropractors' Association of Australia
- Coal Services Pty Limited
- Comcare
- Committee of Presidents of Medical Colleges
- Ford Health
- Health and Productivity Institute of Australia
- Human Factors and Ergonomics Society of Australia (HFESA)
- Medibank Health Solutions
- National Aboriginal Community Controlled Health Organisation
- Police Association of NSW
- Police Federation of Australia
- Public Health Association of Australia
- Q-COMP
- Queensland Department of Justice and Attorney General
- Royal Australasian College of Physicians
- Royal Australian & New Zealand College of Psychiatrists
- Royal Australian College of General Practitioners
- Safety Institute of Australia
- SafeWork Australia
- WorkCover New South Wales
- WorkCover Queensland
- WorkCover South Australia
- WorkCover Tasmania
- WorkCover Western Australia
- WorkSafe Victoria
- WorkSafe Western Australia

NEW ZEALAND SIGNATORIES

(As at 15 July 2011)



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The Royal Australasian
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- Accident Compensation Corporation
- Adult Medicine Division of the RACP
- Association for Supported Employment in New Zealand
- Australasian Faculty of Occupational and Environmental Medicine
- Australasian Faculty of Public Health Medicine
- Australasian Faculty of Rehabilitation Medicine
- Australian and New Zealand Society of Occupational Medicine
- Blueprint, The Wise Group
- Business New Zealand
- College of Nurses Aotearoa
- Council of Medical Colleges in New Zealand
- Department of Labour
- Employers and Manufacturers Association
- Employers' Disability Network
- Framework
- Human Resources Institute of New Zealand
- Institution of Professional Engineers New Zealand
- Investment, Savings and Insurance Association
- Life and Disability Underwriters Association Auckland
- Life and Disability Underwriters Association Wellington
- Maori Health Development Organisation - Tui Ora
- Maori Medical Practitioners Association
- Ministry of Health
- Ministry of Social Development
- New Zealand Association of Accredited Employers
- New Zealand Association of Occupational Therapists
- New Zealand College of Public Health Medicine
- New Zealand Council of Trade Unions
- New Zealand Institute of Safety Management
- New Zealand Medical Association
- New Zealand Nurses Organisation
- New Zealand Occupational Health Nurses Association
- New Zealand Orthopaedic Association
- New Zealand Physiotherapy Society
- New Zealand Public Service Association
- New Zealand Rehabilitation Association
- New Zealand Rheumatology Association
- NZ Rural General Practice Network
- Pathways, The Wise Group
- Physiotherapists' Association, NZ Private
- Royal Australasian College of Physicians
- Royal Australian & New Zealand College of Psychiatrists
- Royal New Zealand College of General Practitioners
- Social Enterprise Ltd, The Wise Group
- Te Pou, The Wise Group
- Wild Bamboo, The Wise Group
- Women's Wellness, The Wise Group
- Workwise, The Wise GroupD



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Rationale for the Faculty's work

The scope of the problem



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- 18.5% of the Australian population have a disability ¹
- 17% of the New Zealand population have a disability ²
- 26% of the UK population are defined as disabled (DDA) and 29% of adults had an impairment ³

¹ Disability, Aging and Carers, Australia: Summary of findings, 2009

² Stats NZ Disability Survey, 2006

³ Life Opportunities Survey (interim report), December 2010



**Long-term work absence,
work disability and
unemployment are
harmful to physical and
mental health and wellbeing**



The chance of a person ever returning to work after a workplace injury is:

- **70% if off for 20 days**
- **50 % if off for 45 days**
- **35% if off for 70 days**

Johnson D, Fry T. Factors Affecting Return to Work after Injury: A study for the Victorian WorkCover Authority. Melbourne. Melbourne Institute of Applied Economic and Social Research; 2002



For Standard Worker's Compensation Claims Made in Victoria

- **More than 4 weeks away from work ~40% of claims**
- **More than 13 weeks away from work ~20% of claims**
- **Injuries requiring more than 2 days in hospital ~7% claims**

(VWA Annual Reports)

Position Statement – Recommendations



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- The medical community develop a consensus statement regarding the positive relationship between health and wellbeing and the negative consequences of long term work absence and unemployment;
- The education of treating practitioners incorporate training in workplace occupational health and vocational rehabilitation, and sickness certification practices, and that the medical community provides leadership on these issues;
- Health professionals responsibly promote the health benefits of work to their patients;

Position Statement – Recommendations



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- Governments obtain and publicise accurate data about the level of work incapacity in Australia and New Zealand;
- Governments launch public health campaigns, directed at employers, workers, medical practitioners and the general public, to promote the message that “Work, in general, is good for health and wellbeing”; and
- Employers move beyond legislative requirements to embrace the spirit of inclusive employment practices, workplace safety, health and wellbeing, and best practice injury management.



- Acknowledgement of the health benefits of work does not mean that all work is good. The Faculty understands that work can be harmful to health.
- The Faculty knows that more work is essential, and future policy direction will directly address these issues.

Where to now?



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Health Benefits of Work Project

Phase 1: Defining the issues – *Realising the Health Benefits of Work*

Phase 2: Achieving consensus – launch of the *Consensus Statement*

Phase 3: Managing the Paradigm Shift

- a) Internal Stakeholders (resources and positioning – Briefing Paper)
- b) External Stakeholders (agreeing the paradigm and how to get there)

Promoting the Health Benefits of Work

Michael Klim



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- **The definition of ‘Good Work’**
 - **Health and Productivity**
- **Indigenous health and work**



- The scope of these policies are broad and have enormous implications for the way we look at work and health.
- No one organisation can hope to manage change of this scope, hence the broad consensus we have obtained.
- It requires commitment from government, unions, employers, workers and the professions.
- Government and employers in particular have a responsibility to ensure that this approach will succeed, through job programs, support of disabled workers and legislative changes that protect workers' rights.



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Thank you