

### The Value of Occupational Health

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### Acknowledging my colleagues

- Assoc Prof Euan Thompson, Occupational and Environmental Physician, Western Australia
- Dr Mary Obele, Occupational and Environmental Physician, New Zealand
- Dr Harry Chow, Occupational and Environmental Medicine Trainee, Victoria

Supported by Fiona Landgren from the ANZSOM Secretariat

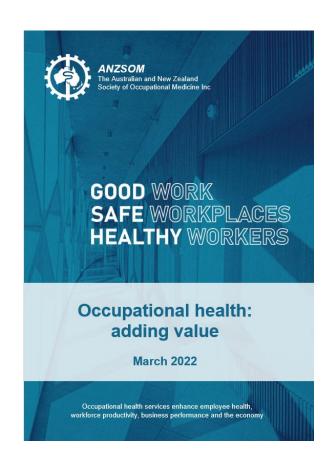
And acknowledging Melinda Miller (immediate Past President of ANZSOM) who initiated the project and the collaboration with the Society of Occupational Medicine UK.





#### Purpose of this presentation

- To launch the ANZSOM Value Proposition for Occupational Health document, coinciding with the launch today of the 2nd edition of UK document on which it is based.
- To outline the process and outputs to date and how this work will support the mission of ANZSOM being to support our members, and engage with other professionals, governments and relevant organisations to promote good work, safe workplaces and healthy workers.



# Occupational Health Value Proposition

#### There has never been a greater need to make the business case for occupational health:

- Ageing workforces
- Emerging patterns of non-standard and precarious work
- Remote work, and changing patterns of work
- Emerging public health risks, including disease pandemics
- Lack of universal access by workers to quality occupational health services
- The prevalence and costs to business of sickness absence and occupational illnesses

# Background: Society of Occupational Medicine UK

- In 2017, the Society of Occupational Medicine (UK) developed 'The Value Proposition for Occupational Medicine', a compilation of the evidence in support of occupational health interventions and services.
- In addition, they compiled short companion documents to support communication of the value of occupational health to key stakeholders:
  - Occupational health: A guide for company directors and commissioners of services
  - Occupational health: A guide for line managers and HR professionals
  - Occupational health: A guide for workers and their representatives



## Occupational health: the value proposition

Occupational health specialists enhance employee health, workforce productivity, business performance and the economy

Occupational Employee Workforce Business Strong economy

"This report provides a comprehensive analysis and evidence review of the value of occupational health. It comes at a critical time for the policy agenda for work and health, and the challenge of the productivity gap. It is essential reading for managers, clinicians and policy makers."

Lord Blunkett, SOM Patron

A report from the Society of Occupational Medicine

May 2017

### ANZSOM/SOM Memorandum of Collaboration

- Immediate Past President Melinda Miller established links with the SOM, culminating in an MoU being signed in March 2021
- The MoU commits both parties to collaborative activities and the sharing of resources
- Combined activities include the recent "Learning Together" webinars



Draft Memorandum of Collaboration between the Society of Occupational Medicine and Australian New Zealand Society of Occupational Medicine ANZSOM

#### **PURPOSE & SCOPE**

The purpose of this MOC is to enhance the partnership between the SOM and ANZSOM and develop a closer collaboration by:

- · Sharing expertise in relation to occupational health issues
- · Supporting each other's advocacy objectives regarding occupational health and medicine
- Enabling opportunities for direct engagement between the organisation's leaders and members.

This document outlines the roles and responsibilities of the parties under the MOC

#### MUTUAL RESPONSIBILITIES OF SOM & ANZSOM UNDER THIS MOC

SOM and ANZSOM shall undertake the following activities:

- Engage in a meeting of leaders at least annually to explore opportunities for collaboration and to plan specific shared activities
- · Provide organisation-level contacts to facilitate exchange of information
- Provide an opportunity for a representative to attend the respective organisation's main conferences as an invited guest
- Enable members of the respective organisations to attend webinars and other educational meetings as mutually agreed
- · Promote the reputation of the respective organisations
- · Promote the advocacy activities of the respective organisations
- Follow up mutually agreed actions.

#### IT IS MUTUALLY UNDERSTOOD AND AGREED BY THE PARTIES THAT:

- . Modification of this MOC can occur on an annual basis
- . Termination of this MOC can occur with three months' notice

#### FUNDING

. No reimbursement of funds between the two parties will occur

#### EFFECTIVE DATE AND SIGNATURE

- This MOC shall be effective upon the signature of authorised officials. It shall be in force from the 2020
- · Confidential and Non-Disclosure

Neither of the parties is to disclose, directly or indirectly, any confidential information received from the other party to any third party without written consent, unless required. The standard of care for data or information will be one where both parties will avoid unauthorised use.

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### **ANZSOM OH Value Proposition**

- The Value Proposition for Occupational Health was identified as an opportunity for ANZSOM to develop a local statement based on the evidence compiled by SOM and incorporating Australian and New Zealand data and initiatives
- This opportunity arose at a time when SOM was planning a 5-yearly review of their own document
- ANZSOM initiated a group comprising Australian and New Zealand representatives and representation from AFOEM
- The activity is an ANZSOM led activity with continued engagement with AFOEM
- Also opportunities to interface with initiatives such as HBGW, It Pays to Care and other projects from the RACP and other sources

# Occupational Health Value Proposition Group

#### Our objectives:

- Create a local, reference document for doctors, employers, employee representatives, government officials and policy makers in Australia and New Zealand that documents the value of occupational health
- Promote and disseminate the document and its messages through ongoing activities including education and advocacy
- Develop brief companion resources and website content to support these ongoing activities and general communication



## Document development - the process

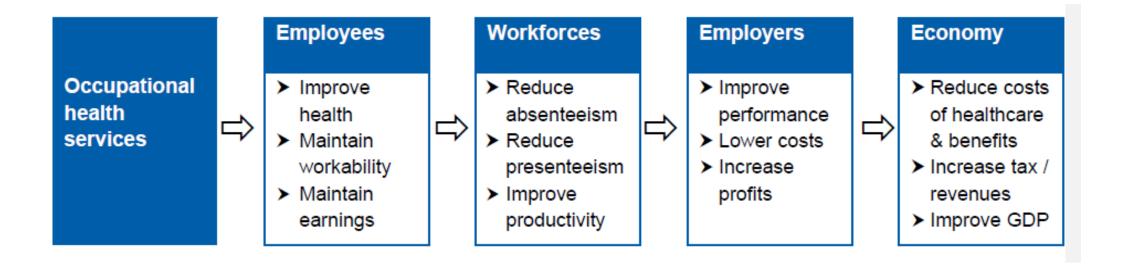


- Gathering and vetting local Australian and New Zealand evidence and information relating to prevalence of workrelated health and injury and the cost
- Blending local data with the SOM document
- Collaborating with the authors of the SOM document which has been reviewed at the same time
- Consideration of how the document will be presented and utilised by ANZSOM and stakeholders



### Purpose of the document

To demonstrate the **importance and value** of occupational health to workers, employers, insurers, governments, and the general population, by defining and quantifying the nature of the problem and providing evidence for the **benefits of OH interventions**.





### Business case for occupational health

Work-related ill health and health problems represent a significant burden to individuals, families, employers and the national economy. The business case for occupational health should reflect the three key factors that motivate employers to provide access to occupational health services:

- Legal to comply with health and safety laws and regulations
- Moral it is the right / ethical / socially responsible thing to do
- Financial to reduce costs or add value to the business

# Understanding the problem

#### **Australia**

 In 2017-18, \$1.8 billion was spent through workers' compensation agencies for work related injuries and diseases (AIHW 2019)

#### **New Zealand**

 In 2020, for ACC work related claims, there were 189,604 new claims and 280,665 active claims which cost NZD \$872,717,529, mostly in the construction and manufacturing industries

# Understanding the problem

#### **New Zealand**

- A worker is 15 times more likely to die from work-related disease than a workplace accident
- Of the work-related deaths due to workrelated disease, 50% are causes by cancers
- There are an estimated 5,000 to 6,000 hospitalisations and 75-90 deaths per years due to work-related ill health
- 1/3 of hospitalisations are caused by cancer and 2/3rds are caused by lung and heart problems including asbestos related disease.

# Understanding the problem

#### Australia – 2017/18

- More than 560,000 people had a work-related injury or disease regardless of whether any compensation claim was made.
- Most frequent causes of injury or illness were 'lifting, pushing, pulling or bending,' 'hitting or being hit or cut by an object or vehicle,' and 'slips or falls on the same level'
- Highest incidence rate of claims occurred in the agriculture, forestry and fishing industry



### Occupational health services: the evidence

- The main benefit of occupational safety and health interventions is avoided sick leave
- Ergonomic interventions are the most profitable and have short payback periods of up to two years
- Occupational health interventions have been shown to be cost-effective and have short payback periods
- The cost-effectiveness of occupational health interventions depends on suitable and sufficient risk assessments to identify those to be included in the programmes (and the use of valid and easily applied procedures)
- Occupational health disability case management interventions that include early contact with workers on sick leave and specific agreements around work modifications result in faster returns to work and are cost saving



### Occupational health services: recommendations

- Expert/skilled consideration is necessary to design and deliver effective and cost-effective services
- Evidence supports restricting post-offer health assessments to only job-specific examinations
- Health surveillance can detect some cases of occupational disease early and lead to improved long-term clinical outcomes



### Workplace health promotion: the evidence

- The workplace can be an effective setting for health promotion and prevention
- While health promotion programmes may only have a small positive effect, they
  are low cost
- Results of studies should not be taken at face value or generalised beyond the specific context of the study
- There is need for longer-term and better-quality workplace studies that use objective outcomes and/or quality assured questionnaires



### Workplace health promotion: recommendations

- Employers should invest in health interventions that are evidence based, customized for target populations and known to be effective
- Occupational health professionals can design, implement and evaluate health promotion programmes and strategies to meet the needs of the organisation and offer value
- Work organisation / environment interventions may produce more sustainable employee health benefits than interventions focused on individual behaviours

#### A call to action:



- ANZSOM website
- Communication with stakeholders
- Summary documents
- Webinars for ANZSOM members
- Case studies demonstrating OH value
- Joint activities with SOM