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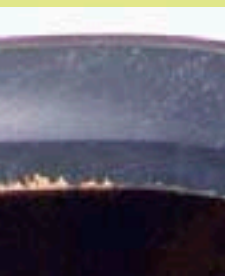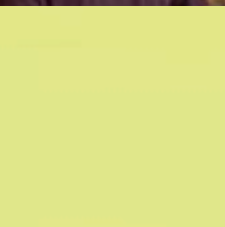
Department of Health and Ageing

National Male Health Policy
Supporting Document

HEALTHY WORKERS

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HEALTHY WORKERS

The National Male Health Policy has a focus on raising awareness about preventable health problems that affect males and targeting males with the poorest health outcomes. This document addresses some of the issues for males regarding work and their health. It does this by considering the health needs of males and the role of workplaces in promoting good health.*

What's in this document?

This document first looks at various **issues** to do with male health in the workplace:

- Employment and male health
- Optimal health outcomes for males, and
- Equity between groups of males

It then looks at **action** that is being taken:

- Government action – policies and initiatives, and
- Community action – working together.

Employment and male health

Employment is a key measure of socioeconomic status and a key social determinant of health. Unemployment and under-employment can have a significant adverse impact on mental and physical health, and this is compounded by gender issues in our culture. Where men have an expectation of full-time work and of being the main provider for their family, unemployment can have a gendered impact beyond that which women may experience.

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* Most of the discussion refers to 'males', but on occasions the term 'men' is used to remain consistent with wording used in research papers. Wherever possible, male data is used but, when not available, data has been used for both males and females for particular population groups or issues where inferences for male health can reasonably be drawn.

Work may also have a significant impact on male health. A fulfilling job can offer psychological benefits which flow on to physical benefits, and a job which is unfulfilling, stressful or unpleasant can be harmful to mental and physical health.[1]

Work can also be physically hazardous, and the risky nature of male work was raised as a concern in the consultations. Participants also highlighted the potential for using the workplace as a setting for health promotion.

Optimal health outcomes for males

The nature of work in our culture is gendered, with the majority of full-time work and risky occupations being undertaken by males.[2]

Australian males have much higher rates of work-related injury than females. In 2005–06, 438,000 males experienced a work-related injury compared to 252,000 females.[3] When the higher numbers of males in work and the longer hours spent working are accounted for, employed males still experienced an injury rate that was 74 per 1000 compared to 51 per 1000 for employed females in 2005–06. In addition, the injury rate of young males aged 20–24 (98 per 1000) was the highest work-related injury rate of any age group, and almost double that of employed females of the same age group (51 per 1000).[4]

Australian Social Trends (2007) lists the 'typically male dominated' industries with the highest work-related injury rates for males as agriculture, forestry and fishing (128 per 1000 employed men); personal and other services industries, such as public order and

safety (101 per 1000), including police, manufacturing (98 per 1000), and construction at slightly lower.[5] The highest work-related injuries by occupation group were for intermediate production and transport workers, tradespersons and related workers, and labourers and related workers.

The highest number of work-related deaths was also recorded for the male-dominated industries: agriculture, forestry and fishing; transport and storage; and construction.[6]

Safe Work Australia recently updated the 2004 report on the *Cost of Work-related Injury and Illness*, and estimated that the total economic cost of work-related injuries and illnesses for the 2005/06 financial year was $57.5 billion, representing 5.9 per cent of GDP for that financial year.[7] This represents a significant increase in costs as a proportion of GDP from the 2000/01 estimates, which was 5 per cent of GDP.

The workplace as a setting for prevention: awareness and help-seeking

As outlined in the *Access to Health Services* supporting document, full-time work, overtime and commuting time can be a key barrier faced by many males in accessing health care services. Many participants in the consultations supported the idea of health checks, services and information in the workplace as a means of enabling males to access health care.

Health checks and male-focused health promotion in the workplace are seen as an important 'male-friendly' health care initiatives, raising awareness about health issues and addressing help-seeking issues by bringing health messages and services to males.

Foundation 49 provides a Workplace Men's Health Program and suggests that employers offer annual health and wellness checks to employees to identify health risks and provide educational materials and referrals to health care services.

Foundation 49's Decades of Life health assessment program provides an age-specific health assessment with a focus on male health issues. It identifies risks and early warning signs for major illnesses experienced by males. Males are referred to a general practitioner for a follow-up if needed, and 'positive ideas' are offered for health improvement.

The program has an online component which is easy to use, and a face-to-face assessment which provides an opportunity to talk about concerns or issues.

Need for follow-up

It is important that participants of workplace programs are followed up to ensure that referrals are acted on, and follow-up may also be needed to help facilitate any recommended lifestyle changes.

In addition, it has been found that where men are referred to a GP from a workplace health check 'it is essential that GPs be aware that men would appreciate concrete lifestyle behaviour advice, rather than simply being told to lose weight or eat more healthily'.[8]

Evaluations should also be conducted to assess the outcomes of workplace health checks.

Need for confidentiality

The need for confidentiality around workplace health checks is of particular concern to some workers. Workers need to be assured that the outcomes of workplace health checks will remain confidential, as they would if the health check was conducted in a medical setting. Any doubts about employers misusing the results of health checks would significantly impact on the program's success.

The workplace as a setting for health promotion in general

The success and popularity of health checks for males in the workplace are part of wider moves to capitalise on the workplace as a setting for health promotion.

Nearly 11 million Australian adults are in paid employment, with around 70 per cent in full-time employment. The workplace is a setting where most adults spend around half of their waking hours, and there is potential through the workplace to reach a substantial proportion of the population who may not otherwise respond to health messages, may not access the primary health care system, or may not have time to make sustained changes to their behaviour, such as taking more regular exercise.

There is increasing recognition of the scope for preventive health measures to be delivered in or through the workplace. These measures can complement and reinforce initiatives in the wider community, and those delivered through the health care system. Work health programs which successfully address both lifestyle health factors and systematically address workplace risk factors have higher participation rates and ultimately are more effective at changing health behaviours.

Many work health programs have been implemented in large businesses where there are the financial and human resources to support such programs. A challenge for policy delivery is to develop work health programs which suit the needs of small to medium enterprises, which employ over 80 per cent of Australian workers.

In 2004/05 approximately 5 million Australian employees were overweight (3.7 million) or obese (1.3 million), and males have higher levels of obesity than females, including at younger ages.[9] Obesity was associated with an excess 4.3 million days lost from the workplace in 2001.[10] Obesity rates are highest among workers aged 45–64, who comprise almost a third of the labour force.[11] As obese people age, sick leave increases at twice the rate of those who are not obese.[12]

Research also indicates that sedentary lifestyles can lead to more work-related illness and prolonged recovery periods, as well as increased morbidity and mortality.[13] The serious potential occupational health and safety (OHS) implications of an increasingly obese Australian workforce was acknowledged in a 2008 report by Safe Work Australia.[14]

Of all those employed in Australia, around 70 per cent are sedentary or have low levels of exercise.[15] With the growth of the knowledge and services sector, technological changes in the workplace environment, increased car dependence, and the decline of manual work, it is common for most individuals to spend at least half of their waking day sitting and inactive.

Self-reported measures of sedentary time have been shown to be significantly associated with metabolic risk, independent of structured exercise taken.[16] This is an area where small but widespread changes could yield significant health improvements.

There is a growing evidence base demonstrating the efficacy and cost-effectiveness of workplace-based programs.[17] Research commissioned for the UK Black Review found 'considerable evidence that health and wellbeing programmes produced economic benefits across all sectors and all sizes of business: in other words, that good health is good business'.[18]

In addition to the health benefits for individual workers, workplace health programs can produce a range of benefits, such as:

- Decreased illness/absence
- Reduction in rate of early retirement due to ill health
- Improved productivity
- Reduction in occupational injury/workers compensation claims, and
- Improved attraction/retention, and reduced turnover.

Foundation 49 cites a Wesley Corporate Health Study on health in the Australian workplace which found that the average worker has almost three health 'risks'.[19] As outlined in the *Healthy Routines* supporting document, multiple health risk factors significantly increase the risk of developing chronic diseases. The study estimated that lost productivity due to ill health costs the Australian economy $34.8 billion per annum.

Equity between groups of males

A key way of achieving health equity between groups of males is to ensure that health promotion activities, including health checks, are delivered in workplaces where they are most needed.

It is well established that males in many of the industries and occupations which are associated with high levels of physical injury are staffed by workers with high levels of risk factors for ill health, high levels of chronic disease, and lower life expectancies.[20]

Those industries and occupations with the highest numbers of workers, the highest levels of risk factors for chronic disease and the poorest health outcomes should be targeted.

Long, inflexible hours may particularly prevent males working in some of these industries from accessing health care during normal opening hours, and health checks in these industries may be particularly beneficial. Employer-led health promotion activities and health checks are encouraged as a practical way of maintaining and improving the health of workers and, of benefit to both employers and employees. Health checks and follow-up would need to be tailored to the interests and needs of males in these industries.

Other initiatives would also need to be targeted in a way that ensures that they effectively reach men in these industries, including tackling 'norms' of behaviour.

Some participants in the consultations reported that peer group pressure around not leading a healthy lifestyle was pervasive in some sectors and that eating a salad at lunch rather than the 'usual' fast food would be ridiculed. One participant in the consultations stated that targeting key people in these industries was an effective way around these barriers, and stated that a respected foreman on a building site could set a powerful example to other workers by attending a health check onsite or eating a healthy lunch at work.

Injury prevention also needs to be targeted at these industries and occupations with the highest levels of injury. This need is recognised by Safe Work Australia and is noted as a priority under the National OHS Strategy 2002–2012.[21]

Impact of work on mental health

Working conditions can also significantly impact on mental health. As a result, the more effective prevention of work-related mental disorders is a national OHS priority area.

In 2005–06, stress or mental health conditions were leading injuries requiring days off work in Australia.[22] In 2003–04, new workers compensation claims for mental stress accounted for 6 per cent of total claims.[23] However, between 1996–07 and 2003–04, mental stress claims increased by 83 per cent, in contrast to a 13 per cent reduction for other claims.

It is well established that low job control has a significant adverse impact on workers' mental and physical health. According to VicHealth's *Workplace Stress in Victoria: Developing a Systems Approach* (2006):[24]

> Job control reflects the way employees are able to use their skills and how much input they have in deciding how their work is done. Job demands can be physical – involving frequent lifting for example – and psychological, such as excessive workload.

> Job strain, a specific measure of job stress, is the combination of low job control with high job demands.

Job strain has been shown to have a strong relationship with cardiovascular disease, depression, anxiety and other health problems.

Another combination of control and demands shows how work can be health promoting. Jobs with both high demand and high job control are called 'active'. These jobs are stimulating and challenging and are sometimes linked to positive health and wellbeing.

The WHO report *Closing the Gap in a Generation* identifies low levels of control and power over life as key determinants of physical and mental health.[25]

Workplace Stress in Victoria outlines the extensive evidence that stress in the workplace, as measured by factors such as job control and job demands, is a major issue in Australia and internationally, and that it disproportionately impacts on workers in occupations and industries which involve low job control and high job demands, such as the male-dominated industries mentioned above, which also tend to involve high levels of physical injury.[26]

However, there is also evidence that males report less workplace stress than females, and that workers in some occupations and industries, such as 'blue collar' industries, and in industries where employment is not secure, have low levels of stress-related workers' compensation claims.

As outlined in the *Healthy Minds* supporting document, males may not recognise symptoms of mental health problems, and generally seek help for mental health problems at lower rates than females. Instead, psychological distress may be reflected in alcohol and drug abuse, and in aggressive behaviour.

Workplace stress in Victoria notes that:

Evidence is accumulating on the relationships between working conditions and health behaviours, or between 'job risks' and 'life risks'.[27] Numerous studies have documented relationships between working conditions, including job stress, safety risks, and exposure to hazardous substances, and health behaviours, such as smoking, sedentary behaviour, poor diet and alcohol consumption.

Professor Ian Hickie, Executive Director of the Brain and Mind Research Institute, has called for greater investment by employers in the mental health and wellbeing of employees as a means of saving billions of dollars in lost productivity and health expenditures.[28] He highlights that businesses should make more use of online mental health tools such as the MoodGYM (www.moodgym.anu.edu.au).

Workplace flexibility is also an important key to the mental health of workers. Long working hours can adversely impact on the family life of males, prevent fathers from spending time with their children, and impact on mental health.

Government action – policies and initiatives

National Partnership Agreement on Preventive Health

In 2008, the Council of Australian Governments (COAG) agreed to the National Partnership Agreement on Preventive Health, which aims to address the rising prevalence of lifestyle related chronic diseases by:

- Laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll-out of programs supporting healthy lifestyles, and

- Supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.

The National Partnership aims to address the rising prevalence of lifestyle-related chronic diseases, and, as has been outlined, one of its initiatives addresses the health of workers.

Healthy Workers

Delivering health programs in workplaces is complex. To be successful and accepted by employers, unions and state and territory governments, programs need to be developed in close collaboration with the community and OHS policy agencies.

The Healthy Workers initiative under the National Partnership will provide $294.6 million over six years from 2009–10 to support workplace health interventions. Of these funds, $289.4 million will be provided to state and territory governments to fund healthy living programs in workplaces over four years from July 2011. The remaining $5.2 million is being used by the Commonwealth to develop a national healthy workplace charter, nationally agreed standards, and awards to recognise best practice in workplace programs.

Safe Work Australia

Safe Work Australia is the principal national body responsible for improving OHS and worker's compensation arrangements across Australia. It works in partnership with Commonwealth, state and territory governments, employees and employers to:

- Achieve significant and continual reductions in the incidence of death, injury and disease in the workplace

- Achieve national OHS laws complemented by a nationally consistent approach to compliance policy and enforcement policy, and

- Improve national workers compensation arrangements.

Safe Work Australia is jointly funded by the Australian, state and territory governments. This funding arrangement promotes collaboration with jurisdictions on policy development, implementation, compliance and enforcement and communication activities.

On 1 November 2009, Safe Work Australia began operating as an independent statutory agency with primary responsibility to improve occupational health and safety and worker's compensation arrangements within Australia. This gives effect to the *Intergovernmental Agreement for Regulatory and Operational Reform in Occupational Health and Safety*, agreed by COAG on 3 July 2008. The agency will operate under the Australian Government's accountability and governance frameworks.

Safe Work Australia will comprise 15 members, including an independent chair, nine members representing the Commonwealth and each state and territory, two members representing the interests of workers, two representing the interests of employers, and the CEO of Safe Work Australia.

Together, the members and agency staff will work together to achieve the goals outlined in the Strategic and Operational Plans of Safe Work Australia.

This arrangement ensures all parties are equally represented and have the opportunity to consult on all progressive OHS and workers compensation arrangements with the aim of reducing death, injury and disease.

National OHS Strategy 2002–2012

The work of Safe Work Australia is guided by the National OHS Strategy 2002–2012. This provides a basis for developing sustainable, safe and healthy work environments and for reducing the number of people hurt or killed at work. The National Strategy was agreed by all Australian governments, the Australian Chamber of Commerce and Industry (ACCI) and the Australian Council of Trade Unions (ACTU). It sets very clear and ambitious goals for OHS and is a key initiative for improving Australia's OHS performance.

As a step towards achieving its national vision of Australian workplaces free from death, injury and disease, the National Strategy has set the following targets:

- To sustain a significant, continual reduction in the incidents of work-related fatalities with a reduction of at least 20 per cent by 30 June 2012 (with a reduction of 10 per cent being achieved by 30 June 2007), and

- To reduce the incidence of workplace injury by at least 40 per cent by 30 June 2012 (with a reduction of 20 per cent being achieved by 30 June 2007).

The five priorities identified by the National Strategy to achieve short- and long-term OHS improvement and to nurture longer-term cultural change are to:

- Reduce the impact of high-incidence/severity risks at work

- Improve the capacity of business operators and workers to manage OHS effectively

- Prevent occupational disease more effectively

- Eliminate hazards at the design stage, and

- Strengthen the capacity of government to influence OHS outcomes.

The more effective prevention of occupational diseases is one of the priority areas of the National OHS Strategy 2002–2012. Work-related mental disorder is one of the eight priority occupational diseases and disorders.

The National Strategy focuses on particular OHS risks and industry sectors to maximise the impact of its initiatives. The risks targeted are musculoskeletal disorders, falls from heights, and hitting or being hit by objects. These three risks account for more than half of the worker's compensation claims across Australia. The four priority industry sectors originally targeted were building and construction, transport and storage, manufacturing, and health and community services. More recently, agriculture, forestry and fisheries was added as a priority sector. Safe Work Australia members are responsible for implementing the National Strategy.

Community action – working together

Tradies Tune Up project

The Tradies Tune Up is managed through the OzHelp Foundation and aims to provide men working in the building and construction industry in the ACT and regional NSW with a 20-minute health tune-up and information about related men's health issues.

A fully equipped mobile van is used by a registered nurse to conduct a 20-minute assessment of a worker's cholesterol, blood pressure, blood glucose, alcohol consumption, diet, waist measurement and mental health.

Each participant receives a wallet card with their results, recommendations for improvements, and referral to other health professionals if necessary.

In August 2008, the OzHelp Foundation received $219,510 from the Australian Government to deliver the OzConnect – Tradies Tune Up project in the ACT and regional NSW.

Transport Workers Union – Healthbreak

The Transport Workers Union Healthbreak Screening program that took place between 2003 and 2005 involved 11,992 transport workers. There were 3975 individual health checks, and around 1900 drivers were referred to follow-up for medical problems. Healthbreak reports that 215 were urgent. Along with drivers and

permanent staff, the checks include casual, office and management.

Healthbreak reports that the program resulted in a 17 per cent reduction in new lost time injuries for participating companies in the first year of screening. Importantly, when considering OHS in the workplace, up to 43 per cent of those screened between 2003 and 2005 were found to be experiencing poor sleep, with 24 per cent at a high or very high risk of having sleep apnoea.

The screening is done by a registered medical practitioner and the results of the screening are kept strictly confidential between the medical practitioner and the worker, which is critical to the integrity and success of the program. One of the other success factors is that the checks are carried out in a setting workers trust. A visit to the site ahead of the checks to gain the support of key people like union delegates helped in this, as did making use of 'ambassadors' such as the boxer Sam Soliman.

The 2010 program will focus on sleep apnoea.

Bendigo Livestock Exchange Health Program

Bendigo Community Health Services (BCHS) is reaching men in rural Victoria where they work by providing a health assessment program at the Bendigo Livestock Exchange.

Participants are recruited through advertisements in local papers, a sandwich board displayed at the exchange, and a BCHS staff member actively engaging participants.

The project has been successful in providing in-depth health assessments of individuals' physical and emotional wellbeing. In 2007–08 BCHS conducted a total of 124 health assessments, mostly males, at no cost to participants.

The assessments are completed by qualified Community Health Nurses; it takes 40 minutes to conduct screening tests, interpret and analyse the results, and provide feedback and advice on any lifestyle changes required.

Each participant receives a 'Health Assessment Kit' with a copy of their results and information about risk categories and risk factors. Over 50 per cent of attendees were referred on to a GP for further testing.

Endnotes

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Note:

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