



Setting the Framework

- ✓ OH&S in the Australian workplace
- ✓ The importance of Health
- ✓ Define a Health Management Strategy
- ✓ Case Study - *ahm*



What does OH&S really mean?

- ✓ **Why is Safety important?**
 - ✓ Legislative
 - ✓ Worker's compensation
 - ✓ Bottom line return
- ✓ **How does the H fit in?**
 - ✓ Not employer's responsibility
 - ✓ Woolly programs
 - ✓ No documented return on investment



So Why Health?

- ✓ **Movement from injury management to 'whole person' approach**
- ✓ **Healthy culture generates advantages**
 - ✓ Motivated employees
 - ✓ Better applicants
 - ✓ Higher Retention levels
- ✓ **Improved Productivity**



A Health Management Strategy should;

- ✓ Identify program objectives
- ✓ Identify an evaluation framework
- ✓ Identify appropriate measurement tool to deliver base line health status of
 - ✓ Individual
 - ✓ Population
- ✓ Identify communication strategies
- ✓ Engage staff in process



The Health Risk Assessment

- ✓ Validated questions
- ✓ Assesses baseline health status
- ✓ Correlates with productivity outcomes
- ✓ Tracking changes over time
- ✓ Incorporate psychosocial issues and work environment
- ✓ Incorporate self-reported productivity loss which can be linked to health conditions and work environment



The Engagement Strategy

- ✓ Ensure that the message is received by the broader staff
 - ✓ Emails, tool box briefings, letters in pay packets
- ✓ Encourage staff to get involved
 - ✓ Participation rates – 50% annually & 80% accumulative over 3 years
- ✓ Self responsibility



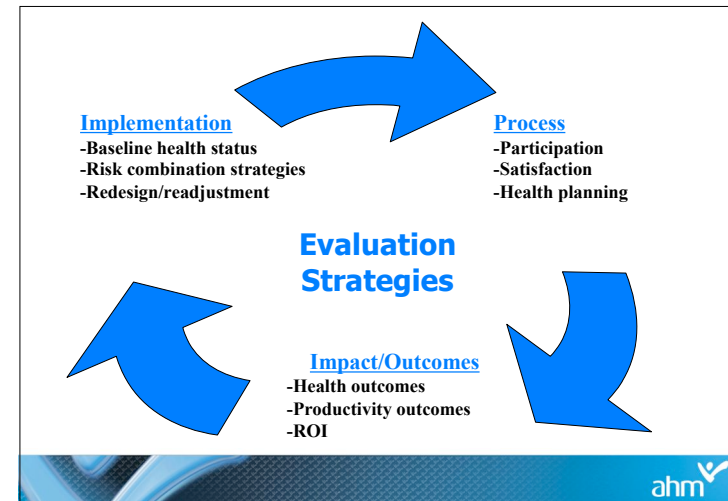
The Intervention Options

- ✓ Based on information from HRA and reflect culture and budget
 - ✓ Health seminars
 - ✓ Structured physical activity programs
 - ✓ Telephonic counselling
 - ✓ On-line services
 - ✓ Health checks
 - ✓ EAP



Evaluation Framework

- ✓ Documents health changes and what works
- ✓ Provides for data-driven decision support
- ✓ Establishes best practices and industry benchmarks
- ✓ Enables return on investment calculations (presenteeism and/or absenteeism)



ahm case study 2004/5

- ✓ What HRA
- ✓ The Engagement Strategy
- ✓ The Intervention Options
- ✓ The Evaluation Framework



What did the data look like?

- ✓ The four top risks in *ahm* corporate population
- ✓ The health status of *ahm* corporate population
- ✓ The linkages between health status and self-reported productivity
- ✓ Specific work environment issues



Top 4 Risks



Health Risk	ahm in 2004	ahm in 2005
Excess weight	34.4%	29.5%
Stress	23.1%	28.2%
Excess illness days	23.1%	21.8%
Low physical activity	20.6%	17.6%



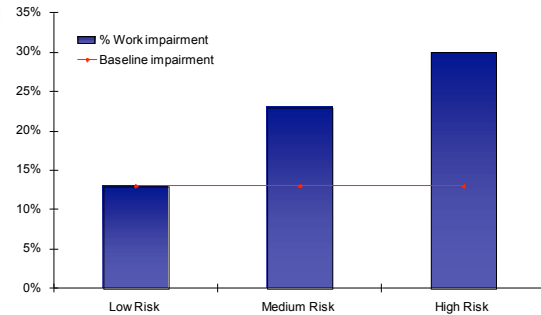
Health Status



Risk Status	ahm in 2004	ahm in 2005
Low Risk (0-2 risks)	64%	72%
Medium Risk (3-4 risks)	25%	16%
High Risk (5+ risks)	11%	12%



On-the-job productivity loss due to Health Status



Changes in Corporate Environment Factors



Health Risk	ahm in 2004	ahm in 2005
Work-life Balance	14%	9%
Work Conditions	22%	26%
Leadership/Management	15%	16%
Career Opportunity	29%	32%

%with High Score – Adverse Conditions



Staff Satisfaction Survey

- ✓
- ✓ **75% of ahm staff participated in at least one activity.**
- ✓ **65% staff reported they participated in more than 5 onsite Total Health activities during 2005**
- ✓ **94% reported that the program made an impact on their health.**
- ✓ **Over half (53%) of staff attributed their health changes during 2005 entirely to the Total Health program.**



What do these changes mean?

- ✓
- ✓ **Health Promotion Program was successful**
 - ✓ Some programs had a higher impact
 - ✓ Areas not targeted had negative impact
 - ✓ Staff engagement and satisfaction was high
 - ✓ ROI was measured and showed positive return
- ✓ **New Health Promotion Program in progress – will be measured 2007**



So Why Health?

- ✓ **Improved workplace**
- ✓ **Improved perception of work environment**
- ✓ **Improved Productivity**

✓ **Health is Free!**

