

QUEENSLAND MINING INDUSTRY HEALTH & SAFETY CONFERENCE 2013

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Obesity within the Workplace

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Health, Safety and Human Resource Perspective

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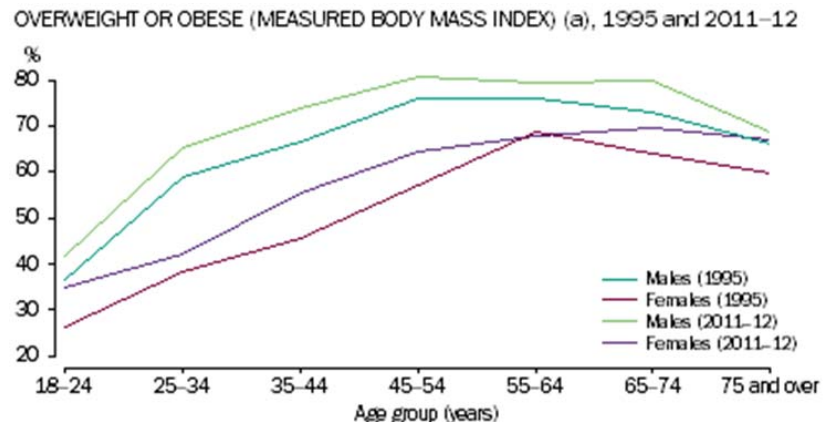
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OBESITY STATISTICS

In 2008, the total annual cost of obesity to Australia, including health system costs, loss of productivity costs and carers' costs, was estimated at around \$58 billion.

Obesity within Australia is a growing concern with recent statistics indicating in 2011-2012 a higher proportion of males aged 18 years and over were overweight or obese (70%) compared with females (56%).

These overweight/obesity rates were up five and six percentage points respectively on the 1995 results. These estimates are based on people's measured height and weight and have been age standardised to account for differences in the structure of the population over time.



(a) Excludes persons for whom measured height or weight data was not available.

Source: ABS Australian Health Survey: First Results, 2011-12 (cat. no. 4364.0.55.001).
ABS National Health Survey: Summary of Results, 2007-08 (cat. no. 4364.0).

BMI

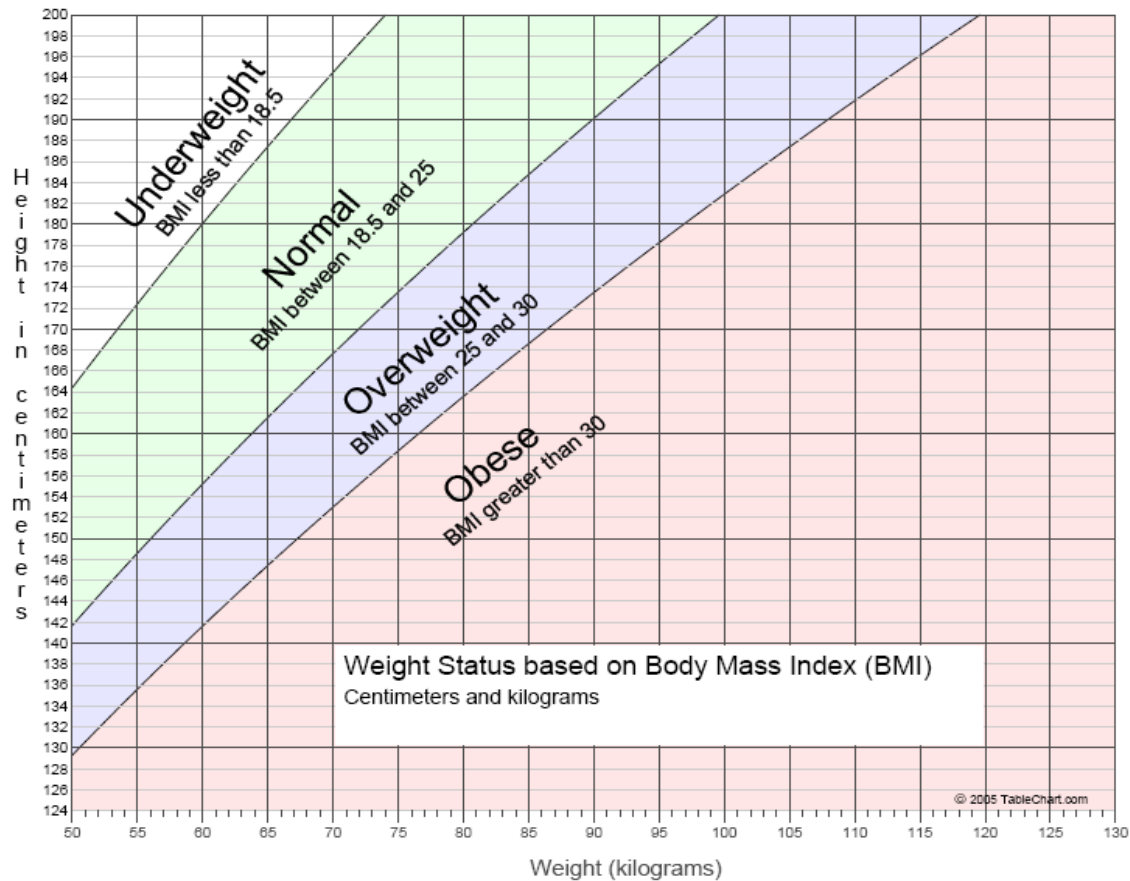
Over the last two decades, there has been a steady shift in the Australian population towards the higher end of the Body Mass Index (BMI), driven mainly by weight gain rather than by changes in height.

The BMI, a simple index of weight for height, is commonly used to classify people as overweight and obese. It is defined as the weight in kilograms divided by the square of the height in metres (kg/m²).¹ A BMI index score of 30 or more is classified as being obese.

Category	BMI range – kg/m ²
Very severely underweight	less than 15
Severely underweight	from 15.0 to 16.0
Underweight	from 16.0 to 18.5
Normal (healthy weight)	from 18.5 to 25
Overweight	from 25 to 30
Obese Class I (Moderately obese)	from 30 to 35
Obese Class II (Severely obese)	from 35 to 40
Obese Class III (Very severely obese)	over 40

BMI Chart

Where do you fit in?





Dealing with Obesity

In dealing with obesity in the workplace it is better to focus on the "overall picture".

Focus should be on the associated health risk factors that impact on an individual's health including their ability to perform work within the workplace safely and avoiding unnecessary costs to both the employee and employer:

- Absenteeism (obese workers shown to be 1.7 times more likely to be absent from work)
- Presenteeism (total cost estimated to Australia economy at \$34.1 billion in 2009/2010)
- Work compensation claims (increase in injury numbers, claim duration and medical costs)
- Lost work days
- Recruitment

With increasing obesity and associated health conditions it is certain to impact on the Australian workplace, increased body weight has been reported amongst shift workers in developed countries



Health Risk Factors/Conditions

Health risk factors and conditions associated with obesity may include:

- Hypertension
- Diabetes
- Cardiovascular Heart Disease (CHD)
- Osteoarthritis/Joint conditions
- Sleep Apnoea
- Poor renal function
- Decreased mobility

These associated health conditions may have an impact on individual's ability to perform work safely.

Obesity may restrict personal functioning including mobility, flexibility which may consequently lead to a higher risk of injury compared to individuals without such limitations.



Safety issues to be kept in mind when dealing with obesity and associated health conditions include:

- Personal Protective Equipment
- Vibration exposure
- Equipment and Workplace setup
- Heat/environmental factors
- Fatigue
- Emergency response procedures, equipment and training

Functional Job Task Analysis (JTA)

Determine following regarding various roles:

- Possible physical movements
- Frequencies in which both specific movements and tasks were performed
- Organisational and environmental demands required of the role

Provides information regarding particular physical and medical conditions which would not be suited to the job, potential suitable duties available



Workplace Health and Safety

Employer has a responsibility to safeguard its employees from unreasonable risks. It is permissible to do an act that is reasonably necessary to protect the health and safety of people at a place of work. For this exemption to apply there must be an unacceptable risk and the action must relate to that risk.

Workplace Health and Safety Act 2011

- Employer may do an act that is reasonably necessary to protect the health and safety of people at a place of work.
- Commonly argued exemption, and again it would be necessary for the respondent to provide an analysis of the work and the implications of not discriminating against a person, both for the workplace and other people.
- Cases do exist where a employer can avoid discrimination in the workplace based on an individual's health condition and ability to perform the inherent job tasks required.



Process

If an individual is classified and diagnosed as having obesity and suffering from associated health conditions and these affect their ability to perform the inherent tasks for a specific job.

- What are the policies and principles within your workplace in dealing with these individuals
- How should you approach these individuals as obesity may be a sensitive issue?
- How does the Anti-Discrimination legislation in Queensland deal with obesity and associated health conditions in the workplace?

The QLD Anti-Discrimination Act 1991

Queensland Anti-Discrimination Act, obesity is not classified as impairment, therefore cases relating to obesity and termination of employment may not be able to seek discriminatory claims based on obesity

Justify an individual who is obese cannot perform the genuine occupational requirements due to their obesity and physical limitations



The QLD Anti-Discrimination Act 1991

- unlawful to discriminate against a person because of their impairment
- health conditions are classified as impairment according to the Act, and therefore it is unlawful to discriminate against any individual with such health conditions as stated in the Act

Impairment covers all types of impairment including:

- physical: including the total or partial loss of a person's bodily functions; the malfunction, malformation or disfigurement of a part of a person's body
- psychiatric: including mental illnesses; depression; anxiety; schizophrenia; bipolar disorder; anorexia
- sensory: including visual impairment and blindness; hearing impairment and deafness
- other conditions: including learning more slowly; epilepsy; autism and intellectual disabilities.



Dealing with obesity, associated health conditions and Human Resources procedures

Following needs to be explored to ensure a employer has completed “reasonable” adjustments to try and ensure they are able to accommodate the individual within an organisation, and if they are unable to what are the employers justifications:

- Genuine occupational requirements (section 25)
- Unjustifiable hardship (Section 5)
- Supplying special services or facilities (Section 35)

Factors that are relevant in determining whether unjustifiable hardship applies include:

- the nature of the special services or facilities
- the cost of supplying the special services or facilities and the number of people who would benefit or be disadvantaged
- the financial circumstances of the person
- the disruption that supplying the special services or facilities might cause
- the nature of any benefit or detriment to all people concerned



Reasonable Adjustments

May include:

- modifying premises or equipment (e.g. changing SWL of a workstation/machine seat from 130kg to 150kg)
- adjusting recruitment and selection procedures (e.g. BMI vs. functional assessment specific to a job role)
- changing the job design and work practices (e.g. allowing regular meal breaks for a worker with diabetes)
- providing training and other assistance (e.g. weight management programs with Exercise Physiologist, Nutritionist, Psychologist) s

Setting an appropriate timeframe with initial review at 3 months minimum and follow up at 6 – 12 months.

Termination

Employers and organisations cannot terminate a person's employment because of discriminatory reasons.

Termination of employment must only occur on valid non-discriminatory grounds.



Prevention

There is strong evidence that multi-component workplace interventions are effective for increasing physical activity, promoting healthy eating and preventing non-communicable illnesses like obesity.

The following activities have been previously trialled with varying success:

- Provision of exercise facilities, memberships
- Health promotion incentives
- Dietary changes, and plan
- Health bulletins
- Routine medical clinics focusing on associated health conditions
- Routine medical and functional assessments

The overall results and follow up regarding these activities are questionable and there is discussion for and against the use of these interventions



Bellew's (2008) conducted a review for the Victorian Department of Human Services identified a range of success factors for Workplace Health Promotion:

- senior management involvement
- participatory planning
- integrating Health Productivity Management/Workplace Health Promotion programs into the organisation's operations
- strengthening the organisational climate for implementation by making sure that targeted employees have easy access to high-quality training, technical assistance and documentation
- providing incentives for use and providing feedback on innovation use (all of which enhance motivation) and by making the innovation easily accessible or easy to use
- giving targeted employees time to learn how to deliver and use the innovation, and redesigning work processes to fit innovation use (all of which increase opportunities or remove barriers)



Bellew's (2008) continued...

- simultaneously addressing individual, environmental, policy, and cultural factors affecting health and productivity
- targeting several health issues
- recognition that a person's health is determined by an interdependent set of factors
- focusing primarily on employees' needs
- tailoring programs to address specific needs
- attaining high participation
- optimising the use of on-site resources
- ensuring long-term commitment to the program
- rigorously evaluating programs
- disseminating successful outcomes/promising practices to key stakeholders



Questions to be asked:

If we want to move past the rhetoric that such programs are beneficial and confirm that these programs are making a difference then some basic questions need to be asked:

- What are the benefits and/or outcomes being sought?
-
- Once implemented, has the program been successful in achieving its objectives?
-
- How do we know the program has been successful?
-
- How was the program evaluated?
-
- What works/is best practice?



The Future

Statistics show that issues surrounding obesity and associated health conditions will continue to impact the Australian workplace in the future.

Employers and employees work together to mitigate the costs to both parties and engage in meaningful communication, development and maintenance of wellness programs that achieve set goals and objectives.

The choice for employers towards health, safety and wellbeing in the future is to be either:

- Proactive
- Reactive

OBESITY MANAGEMENT FLOW CHART PROVIDED