

Integrated Workplace Health Protection & Health Promotion: An Asia-Pacific Perspective

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Anthony D. LaMontagne, ScD, MA, MEd
Centre for the Study of Health & Society,
School of Population Health, University of Melbourne
AUSTRALIA

Integration Principles

- WHP should combine person-directed and org/environment-directed strategies:
 - Mutually reinforcing
 - The former more central to health behaviour change (which also requires supportive org/envt)...
 - The latter more central to improving OHS (which also requires individual participation and safe work practices).
- Intervention development & implementation should involve participation from employees at all levels

XVIII World Conference on Health Promotion & Health Education Melbourne 2004

- Integration a major focus of Workplace Health Stream (planned by ADL, Cordia Chu, Gregor Breucker, Karl Kuhn)
- Symposia:
 - *Integrating Health Promotion and Health Protection in the Workplace*
 - *Building Workplace HP Capacity*
- Sub-Plenary:
 - *Globalization and Cross-Linkages to Work and Family Life*
- Speakers from: Singapore, Vietnam, Australia, Phillipines, Canada, Germany, Italy, Sweden, WHO

Integrated Workplace HP in Vietnam

- Joint effort of Ministry of Health and National Institute of Occ & Env Health with WHO support
- Based on *healthy workplaces* model: 'Healthy corners' with materials on working conditions, workers' health protection, 'lifestyle', and more. Also provided stocked First Aid cupboards.
- Piloted in SME '97-'99 in Haiphong and Hue
- Now implemented in >2000 SME
- National guidelines on workplace health promotion, national steering committee, workforce development effort
- From 2001, training courses for district health workers (guide for health care of workers), enterprise managers, and workers
- Expanding into larger firms, joint venture foreign capital enterprises, and agricultural sector
- Model adapted by Vietnam Chamber of Commerce and Industry

Capacity Building in Integrated Workplace HP: A-P Region

- *WHO Health-promoting or Healthy Workplaces and WHO/WPRO Regional Guidelines ('97-'99)*
 - HP/disease prevention, OHS, org development, human resource management =~ 'integrative workplace health management'
 - Vietnam, China, Philippines, Singapore, PNG...
- Griffith Uni (Brisbane) B. Behav. Sci. (Work & Health)—started in 1990 by Dr. Cordia Chu
 - Interdisciplinary approach including occ hygiene, OHS management, WHP, IR
- Intervention research

Integration Applied to Cessation Programs for Former Asbestos Workers

- Power industry region of Victoria (~55,000 living former employees)
- Qualitative interview study on community views of issues, and what could/should be done about them
- Focus on smoking--problems with cessation efforts:
 - Mistrust of government (both former employer and current protector of public health) suspicion regarding government focus on smoking due to...
 - History of suppression of hazard information and denial of asbestos-relatedness of disease
 - Lack of consultation with key community groups (e.g., unions, community support group)
 - Government plans underway for cessation program ONLY for workers who still turn up for lung function screening (of original 3500 in 1980).

Integration Applied to Cessation Programs for Former Asbestos Workers

- Integration: what can complement *essential* health behaviour change focus?
 - Health—screening/early detection no use
 - Apology or acknowledgement as first step
 - Social justice: compensation rights
- International best practice: Cessation integrated with *independent* high risk notification program of *all* former exposed workers on:
 - Past exposure and risk
 - Lack of justification for screening/early detection
 - Legal rights for those affected by disease
 - Further information through trusted sources

Job Stress, Smoking, & Integration: Developmental Research

- Job stress & health behaviour findings mixed
- Promise of Wellworks-2 (haz subs) applied to more common OHS hazard?
- Survey of 1100 working Victorians complete, ~60 in-depth qual interviews on-going
- Job stress measures: DCM, ERI, Org Justice
- Health behaviours: smoking, physical activity, BMI, OHS participation
- Other working conditions, demographics, etc.
- Preliminary findings for smoking

Job Stress, Smoking, & Integration: Smoking (Current/Non) in Men

FINAL MODEL—MEN (n = 331)	Odds Ratio	95% CI
Job strain	2.46	1.15-5.27
Passive jobs	2.34	1.13-4.84
Active jobs	2.14	1.02-4.51
Non-exposed (reference)	1.00	
Effort-reward ratio:		
>1 (imbalance)	0.88	0.47-1.65
<=1 (reference)	1.00	
Over-commitment to work:		
Upper tertile	0.83	0.46-1.49
Two lower tertiles (reference)	1.00	
Adjusted for physical demand, hours worked/week, shift work, marital status, age, and educational level (model goodness of fit = 0.78)		

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- Cited work:
 - Dr. Cordia Chu, School of Public Health, Griffith University, Brisbane AUSTRALIA
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 - Hannah Walker, University of Melbourne
 - Dr. Samia Radi, University of Melbourne
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Resources

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