VicHealth
LETTER

WORK

WORK AND HEALTH

Making the workplace a setting for health promotion

For many of us, work is where we spend up to a third of our day, so it makes sense that our experience of work can have a major impact on our health and wellbeing.

Today's workplace has changed enormously in just a few decades – smoke-filled workplaces are gone, but so too are many of the light and intensive activity jobs, replaced by more sedentary occupations.

In the same way our understanding of the workplace helped to transform occupational health and safety, so too can we use our knowledge of the work environment to achieve better health outcomes, enhance job satisfaction and improve productivity outcomes.

In addition to managing the physical environment at work, health and safety actions in the workplace now also address individual behaviours and conditions that either positively or negatively influence health and the risk of developing chronic disease. Alcohol consumption, smoking or physical inactivity can be modified through programs within the workplace.

A good first step is the systematic approach to raising awareness of health risk factors. For example, WorkSafe Victoria's pioneering *WorkHealth* program is finding that offering health risk assessments to workers, such as the *WorkHealth* checks, which are funded by the program and are available to every Victorian workplace, can be an effective way of raising awareness about health among both individual workers and organisations. Such risk assessments get people talking about their health at work. Inevitably, although the checks are confidential, workers often discuss their results among themselves, and talk about ways they can improve their health.

Analysis of the results from the first 100,000 *WorkHealth* checks shows a concerning picture of health among the Victorian working population, with 40% of workers having a high or very high risk of type 2 diabetes or cardiovascular disease, 93% not eating enough fruit and vegetables and 73% reporting insufficient physical activity.

With a heightened awareness of health across the organisation and staff considering health issues they may not have known about before, initiatives like the *WorkHealth* checks can result in workers being more receptive to ongoing health and wellbeing programs (more on *WorkHealth* in the next page).

The next step should engage employers to consider the broader influences on health because the workplace is a potent setting for driving improvements in health. Influencing the physical, mental and emotional wellbeing of employees will in turn influence the health of their families and communities.

If the workplace is to be a catalyst for change, it needs to be acknowledged that change is better if it occurs at multiple levels. Examples include: workplace health promotion that acknowledges the importance of workplace design and job design; wellbeing programs that address reduction of stress levels; policies that encourage reduction or elimination of risky behaviours; and multicomponent programs to help high-risk individuals. Evidence is building for the effectiveness of some of these interventions (see Box 1). Equally important is participation across the organisation. Among the known success factors for effective workplace health promotion are senior management involvement, participatory planning, and integrating such programs into the organisation's operations.

This *VicHealth Letter* explores the broad picture of healthy workplaces and hopes to promote further discussion of what makes for positive changes and what some organisations do to implement positive programs. The interventions are not necessarily costly – the examples in this issue show that they can be easy to implement, and there are tools and guides available to support organisations along the way. The key is to look at a settings-based approach to health promotion in the workplace in order to maximise results.

We hope you enjoy reading this *VicHealth Letter* and gain some useful insights to generate further discussion and debate on how the workplace can be an environment for positive change to all aspects of our health.

Todd Harper
CEO
VicHealth

Pam Anders
Director, *WorkHealth*
WorkSafe Victoria

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The *WorkHealth* program – a world-first

To date, more than 240,000 Victorian workers have completed a *WorkHealth* check, and more than 11,000 businesses have signed up to participate in the program. The main reasons for employers participating in *WorkHealth* are that they want to show they care about their staff and want to support them. It's also an opportunity to build upon existing health and safety initiatives.

WorkHealth checks take 15 minutes and are delivered in the convenience of the workplace. Employees have their cholesterol, blood pressure, blood glucose and waist measurements taken, and they learn about their risk of type 2 diabetes and cardiovascular disease. The checks are completely confidential and participants receive their results on the spot. Those deemed at high risk will be advised to see their GP for further testing and advice.

Research into the immediate effects of *WorkHealth* checks in Victorian workplaces is interesting. One month following completion of the checks, 53% of employers reported making a change to enhance workplace health and wellbeing, most commonly providing more information on healthy lifestyle behaviour to workers (23%). Many employees reported an intention to change their behaviour, mainly through increasing their level of physical activity (64%) or eating more fruit and vegetables (60%).

The challenge for WorkSafe Victoria, through the *WorkHealth* program, and Victorian employers is to help translate the good intentions of workers to make changes to their health into sustained healthy behaviours.

Healthy work = healthy lives

"Australia's workplaces ... the new frontier for prevention."[1]

The concept of workplace health promotion is recognised internationally from the auspices of the World Health Organization (WHO) to the European Union and beyond. Our workplace is now considered a prime arena in which to promote and encourage positive healthy behaviours. Given the amount of time so many of us spend in our workplace, the creation of sustainable workplace health promotion programs has become critical to improving and promoting public health. There are several key areas that incorporate a broad picture of workplace health promotion:

- acknowledging the myriad of changes that continue to affect the workplace and their short- and long-term impact individually and collectively
- facilitating work opportunities for everyone in the community regardless of socioeconomic status, race, gender or physical or mental ability
- workplace design as well as the design of work itself
- encouraging mutual respect and individual responsibility within the workplace
- tackling any form of workplace discrimination
- managing workplace stress
- decreasing alcohol consumption (and understanding all forms of substance abuse)
- addressing sedentary behaviour.

Research demonstrates strong links between working conditions and mental and physical wellbeing; common chronic diseases, especially as the population ages, can be addressed and their impact lessened by powerful workplace health promotion.[2]

The conditions under which we work are influential on health equity.[3] Long-term and relatively secure work may promote confidence, independence and social inclusion.[4] While being out of work for any length of time can be detrimental to health and wellbeing.[5]

However, work is not without downsides. Work conditions can make people ill, with a high price for individuals, businesses, governments and society in general. Research shows that mortality is significantly higher among temporary workers compared to permanent workers[6] and workers in unstable and insecure employment experience adverse effects on both physical and mental health.[7] In Victoria alone, there were 28,689 injury and illness claims in 2008-09 (10.8 claims per 1,000 workers) and within the same year 27 workplace deaths.[8] A Victorian study also found that 'job strain' (high job demand and low control) accounted for 13% of depression among working men and 17% among working women.[9]

Consequently a healthy working life is important to everyone – employees, employers and our community as a whole. 'Healthy work' impacts on the quality of our working and non-working lives and contributes to the level of health and wellness of populations.

Ensuring everyone has access to healthy work is not necessarily straightforward. In recent decades industrialised countries like Australia have experienced significant changes to their labour markets that were previously protected by progressive policy-making and a greater prevalence of permanent full-time employment.[10]

Reforms such as the liberalisation of trading hours, anti-discrimination legislation, labour market deregulation and enterprise bargaining have changed the way we work. We now see an increased range of working arrangements, greater diversity in the composition of the workforce, and significant restructuring of industries through outsourcing and off-shoring. While the new arrangements have enabled greater flexibility for institutions, employers and individuals to compete in a global market they also come with a number of health-related changes in jobs and working conditions.[11]

WHO IS WORKING?

At the end of 2009, 65.2% of the Australian population aged 15-65 were in paid work. Of those employed, over 7.5 million were full-time and 3.2 million part-time. At the same time, over 600,000 people were looking for work.[12] While the idea of working eight hours a day, five days per week may still ring true for three-quarters of all employees with paid holiday leave and/or sick leave, it no longer resonates with casual employees or owner managers (18% of whom work every day).[13]

The number of people working part-time in Australia has almost doubled in the past 30 years—from 16% in 1979 to 30% in 2009 (see graph).[14] An ageing workforce and an increasing percentage of women in the labour market have also contributed to this casualisation of the workplace. Today's workforce covers the seven days of the week, particularly in the hospitality sector with 72% of people working on the weekend.[15]

Victorian labour force as at October 2009

- Working age population (15-64): 3,662,200
- Employment rate (15-64): 71.8%
- Unemployment rate: 5.7%
- Participation rate: 65.1%
- Teenage full-time unemployment rate (15-19): 28.7%
- Teenage full-time unemployment to population ratio: 4.1%

Area profile source: ABS *Labour Force Survey*. The working age population and employment rate are October 2009 data, the unemployment rate and participation rate are seasonally adjusted October 2009 data and the teenage full-time unemployment rate and teenage full-time unemployment to population ratio are 12 month average data to October 2009.

TRENDS IN SELECTED WORKING ARRANGEMENTS AND TYPES OF JOBS OVER RECENT DECADES

Legend:
- Part-time workers(a)
- Casual employees(a)(b)
- Owner managers(a)(b)
- Trade union members(b)(c)

PROPORTION OF WORKFORCE: 15% – 50%
Years: 1979, 1982, 1985, 1988, 1991, 1994, 1997, 2000, 2003, 2006, 2009
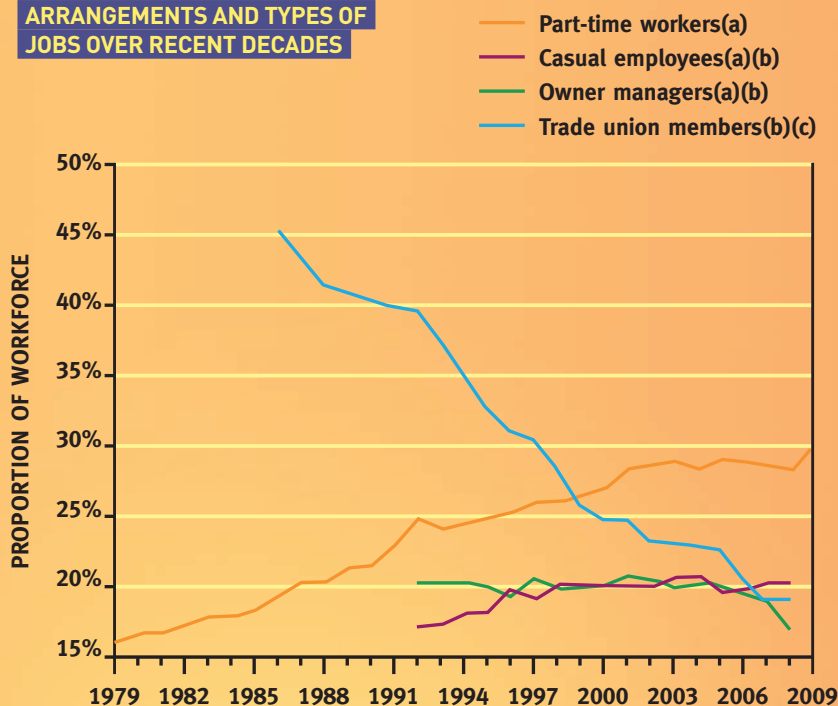
(a) as a proportion of all workers, (b) in main job if a multiple job holder,
(c) as a proportion of all employees and owner managers of incorporated enterprises.

Source: *Labour Force, Australia, November 2009* (ABS cat. no. 6202.0); *Australian Labour Market Statistics, October 2009* (ABS cat. no. 6105.0); Trade Union Members, Australia, August 1992 (ABS cat. no. 6325.0); *Employee Earnings, Benefits and Trade Union Membership, Australia, August 2008* (ABS cat. no. 6310.0)

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THE WORKPLACE AS A SITE FOR PROMOTING HEALTH

Workplaces are important sites for promoting health and safety. Victoria enacted the first occupational health and safety (OH&S) statute in Australia in 1873, the *Supervision of Workrooms and Factories Statute 1873*.[16]

Public health practitioners have long acknowledged the significance of workplace health, as have many progressive employers who connect a healthy workforce with increased productivity. However, the uptake of comprehensive workplace health improvement programs for employees in Australia has taken much longer. In Australia, legislative initiatives and the advocacy of unions and employers have shaped the working environment more than public health advocacy. It is only in recent decades that the concept of workplace health promotion (WHP) has gained momentum after a long and evolutionary process.

Definition of workplace health promotion

"Workplace health promotion is the combined efforts of employers, employees and society to improve the health and wellbeing of people at work. This can be achieved through a combination of improving the work organisation and the working environment, promoting active participation and encouraging personal development." [The Luxembourg Declaration, EU (www.enwhp.org)]

Australian WHP in the 1980s and 1990s was largely focused on individual behavioural change.[17] The earlier interventions offered corporate fitness programs and provision of fitness facilities (more suited to larger organisations) and over time expanded to programs offering a range of interventions such as screening, education and counselling. This focus on individual behavioural change was combined with acknowledgement that the environments in which people work, along with social and economic factors, influence workers' health. It is also accepted that many occupational hazards and health behaviours contribute to many of the same chronic diseases (for example, sedentary behaviour is related to risk factors for heart disease and type 2 diabetes).

In 2006, the WHO released its *Declaration on Workers Health* noting

the "increasing evidence that workers' health is determined not only by the traditional and newly-emerging occupational risks, but also by social inequalities, such as employment status, income, gender and race, as well as by health-related behaviour and access to health services".[18] In the Declaration, the WHO advocates for a holistic approach, combining occupational health and safety with disease prevention, health promotion and tackling social determinants of health if further improvements in the health of workers are to be achieved. Contemporary WHP now integrates issues arising from:

- occupational health and safety
- lifestyle diseases
- productivity and absenteeism
- ageing population
- mental health
- employer/employee relations.[19]

The new approach recognises that in addition to individual employee behaviours there are organisational dynamics that can improve the health of both individuals and companies. For example, unstable or inappropriate staffing arrangements incur additional direct and indirect costs that compromise service quality and efficiency as well as employee wellbeing.

The success of greater integration of workplace health promotion and OH&S interventions has been supported through broad research. Associate Professor Tony LaMontagne from the McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing (University of Melbourne) and several collaborators observed a trial which was undertaken in Boston, USA that assessed and evaluated the effectiveness of the Wellworks2 intervention program at 15 manufacturing workplaces. Overall this program assessed a variety of occupational health and safety interventions combined with workplace health promotions. For instance a workplace smoking cessation program was integrated with an intervention on occupational carcinogen exposures for cancer prevention – the smoking quit rate doubled at workplaces which had utilised the integrated approach, compared to sites that provided health promotion only. OH&S improvements were evident at workplaces with integrated programs.[20]

An organisation's culture, its systems of operation, human resource management and workplace environment all play vital roles in both the health of individuals and the health of the company. Good organisational health requires success

factors, including: leadership; effective management; valuing of human capital; a supportive environment; and contribution to social and community outcomes.[21]

The importance of leadership in organisations for creating a healthy workplace should not be underestimated. Perceived poor managerial leadership increases not only the amount of sick leave taken at a workplace, but also the risk of sickness among employees later on in life. The longer a person has a 'poorer' manager, the higher his or her risk of, for example, suffering a heart attack within a ten-year period.[22] "The bottom line is that our results show that there's a relationship between how employees find their managers and how they feel, physically and mentally, and not just while at work but also later in life," says Anna Nyberg, Department of Public Health Sciences, Karolinska Institutet, Sweden.

The Victorian Employers' Chamber of Commerce (VECCI) also acknowledges the importance of managing healthy workplaces, particularly in meeting future workforce needs. At a Victorian Summit on workplace futures, VECCI called for additional funding by government in work-health research, including the health and safety implications of an older workforce; continued health checks and support for active lifestyles.[23] VECCI CEO, Wayne Kayler-Thomson, says "there is a key role for government and industry to identify and promote best practice models of workplace flexibility that address the needs of a workforce with changing personal responsibilities, including caring for children, ageing relatives, or older workers requiring flexible hours."

PUBLIC POLICY ADOPTS WORKPLACE HEALTH PROMOTION

The Victorian State Government, recognising the significance of improving workplace health, introduced WorkHealth in 2008. The new program is a world leader as it targets the connection between chronic disease and workplace injury across the workforce. A key component is the delivery of voluntary health checks, designed to empower workers with information to make lifestyle changes or seek further medical attention and support where necessary.

Tim McLean, a manager from WorkHealth says "employers' interest in and uptake of WorkHealth checks has been above expectations," and "this has been across all sectors and throughout Victoria". During the health checks, 40% of participants were identified as

having at least one factor for type 2 diabetes and/or cardiovascular disease.[24] "The next step," says Tim "is enabling employers to introduce programs into their workplace that deliver and sustain long-term health improvements." The WorkHealth initiative offers small grants and other web-based information resources to businesses to assist with strategies to promote better health in the workplace and support workers in making lifestyle changes.

Interest in learning from WorkHealth was shown by other states and territories in Australia. The Council of Australian Governments' National Partnership Agreement has identified the workplace as a key setting for health promotion and will implement a 'Healthy Workers' initiative in 2011. This initiative will build on the Victorian WorkHealth program. "Ensuring that workplaces have access to proven strategies for supporting workers to make healthy choices is the key to success of these workplace initiatives, which will offer multiple benefits to workers, their families and the wider community," notes Dr Nicky Welch of the Victorian Department of Health.

The National Preventative Health Taskforce also reiterated the importance of healthy workplaces for achieving overall health improvement in the population. These national strategies are premised upon a connection between better health and economic productivity, noting that a failure to acknowledge illness prevention as a first order economic challenge would result in a long-term negative impact on workforce participation and productivity growth.[25]

A report commissioned by VicHealth in 2009, demonstrated that the distribution of direct health sector costs and indirect costs from reduced productivity varied by risk factor (see graph on page 7).[26] This research indicated that alcohol and tobacco use particularly contribute to losses in workforce productivity.

PHOTO: This image is reproduced courtesy of WorkSafe Victoria

DISTRIBUTION OF PRODUCTIVITY LOSSES AND HEALTH SECTOR COSTS ATTRIBUTED TO EACH UNCORRECTED RISK FACTOR, PLUS TOTAL WITH CORRECTION FOR JOINT EFFECTS[27]
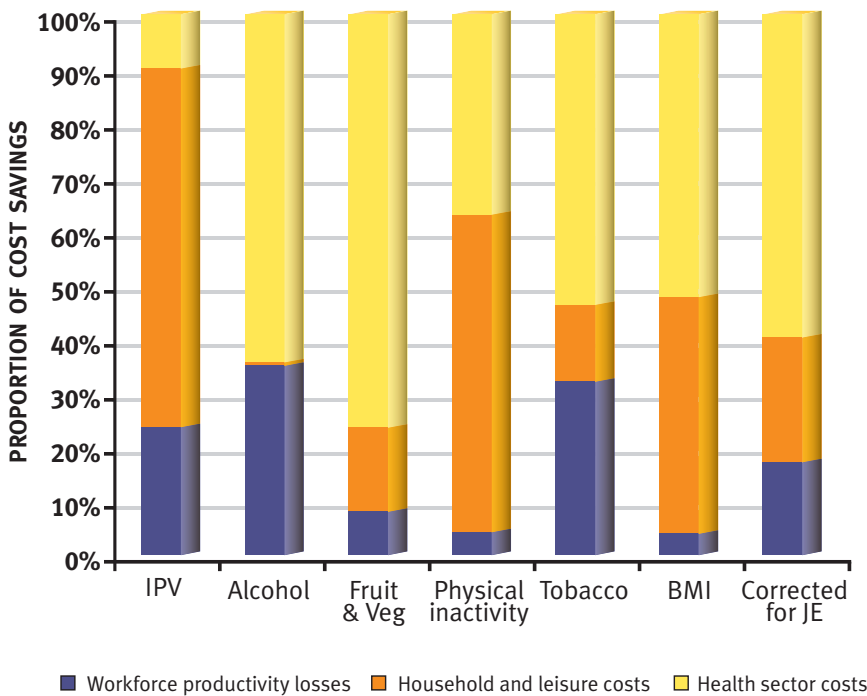
(IPV: Intimate Partner Violence; BMI: Body Mass Index; JE: Joint Effects)

WHAT IS VICHEALTH DOING?

Workplace health issues are complex, multi-faceted, interlinked and dynamic. They also manifest in various ways in different industry sectors and in different organisational, cultural and geographic contexts. More research is required to better understand the context-specific nature of these challenges, and to explore the different models and strategies required to promote healthy people and healthy workplaces.

VicHealth is supporting workplace health by investing in this research and promoting informed policy-making and practice in organisations. In particular, VicHealth is concerned that WHP interventions are comprehensive and address the working conditions and needs of all employees, regardless of job type, socioeconomic status, sex, age, ethnicity and physical or intellectual capacity. "Often it is the most socially and economically disadvantaged workers who will benefit most from workplace health promotion, yet these workers typically have the least access to programs in the workplace, and often, for a range of reasons, are less likely to participate when they do,"

notes Kellie Horton, VicHealth's Health Inequalities program manager.

In 2010, VicHealth is reviewing the evidence for good practice in workplaces that will decrease stress, alcohol consumption and sedentary behaviour, and tackle workplace race-based discrimination and address violence against women (by developing workplace environments that support women's participation).

"We are extremely keen to engage all stakeholders in the area of workplace health," says Irene Verins, VicHealth's manager of Economic Participation, who will be overseeing this project. "Already WorkSafe, VECCI, the Department of Health, researchers, industry groups and unions have expressed an interest in pulling together the most comprehensive, international evidence analysing what works and how to implement this in a Victorian context."

CONCLUSION

With most adult Australians spending a large proportion of their lifetime at work, it is a public health strategy perhaps long overdue.

It is also a strategy where all stakeholders can be winners – employees

(and their families), employers and communities. This reward is only likely to come with the application of an integrated approach to workplace health interventions which require: senior management engagement; participatory organisational planning; a primary focus on employee's needs; optimal use of onsite resources; and customising a program to each specific work environment.

Barb Mouy is a health promotion advisor.

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The changing face of work

Over the last few decades, Australians have experienced some major changes to the way we work. The days of the lifelong nine-to-five job, with a golden handshake at 65, have given way to an era of flexible contracts, dual-earner families, longer hours, and growing pressure to perform. Technological developments have helped to accelerate these changes, while contributing to a blurring of the boundaries between work and home life.

"There has been a huge shift in the social contract of work," says Associate Professor Tony LaMontagne from the McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing (University of Melbourne). "And there is evidence that some of these changes may be impacting on health."

Indeed, there is a growing body of research showing how the way we work is an important influence on the health and wellbeing of individuals, families and society as a whole.

PRECARIOUSLY PLACED

For wealthy Western nations, working life since the end of the Second World War has been dominated by the so-called 'standard employment arrangement'. Jobs were commonly full-time and permanent, with benefits like sick leave, health insurance and holiday pay built into them. During the 1980s and 1990s, however, many governments saw a need to reshape their labour policies to stay competitive in an increasingly globalised economy. Flexibility became the catchcry; the labour market was rapidly deregulated, and we saw a rise in casual, short-term contracts and outsourcing.

Australia was at the forefront of these shifts, and today we have one of the highest rates of casualisation in the OECD, with around a quarter of the working population in some form of casual employment.[1] No longer limited to industries like retail and hospitality, 'casual' (also known as 'precarious') work has been on the rise in the manufacturing, communications and finance sectors.[2]

For many workers, this has come at the cost of entitlements and protections, as well as the constant threat of being out of work. "Even for people who have nominally permanent jobs there's been a lot of outsourcing and downsizing, so many don't feel particularly secure," says Professor Michael Quinlan of the School of Organisation and Management at the University of New South Wales.

In recent years, many researchers have begun looking into the health impacts related to this rise in job insecurity and precarious employment. "There is accumulating evidence that precarious employment is linked with inferior working conditions and adverse health effects," says Associate Professor LaMontagne.

According to the World Health Organization's Employment Conditions Knowledge Network, precarious workers are more likely to experience poor quality work environments, and to suffer poor health and injuries related to their work.[3] Studies have shown that even the perception of job insecurity intensifies job strain, which is itself associated with a range of mental and physical health problems like cardiovascular disease, depression and anxiety, as well as risky behaviours like smoking and unhealthy eating.[4] In fact, some researchers have argued that the standard 'demand-control' model for measuring job strain – which looks at the demand placed on workers versus the amount of control they have on how and when the demands are met – should be expanded to include job insecurity or precariousness as a third variable.[5,6]

According to one study, "the stress and uncertainty associated with precarious employment, and workers' lack of access to community, family and workplace supports consistently emerged as more central and frequent sources of poorer health."[7]

ILLUSTRATION: iStockphoto

WORK INTENSIFICATION TECHNOLOGY AND THE 24/7 ECONOMY

As the nature of work changes in Australia, so does the quantity of work we are doing. In 2002, around 1.7 million Australians worked 50 hours or more per week, twice as many as in 1982.[8] We are also working *harder*, with work intensification occurring across the board.

It is a historical irony that Australia has some of the longest working hours in the OECD, according to Dr Lyndall Strazdins, of the National Centre for Epidemiology and Population Health at the Australian National University. "What's fascinating is that Australia was among the first countries to grant the eight-hour day, and now we've emerged as a country with some of the longest working hours, including unpaid overtime, among the wealthy nations. There has almost been a reversal in the national psyche," she says.

The increase in work demands has been aided by the recent explosion of information technology. The internet, email and mobile phones have increased the phenomenon of 'work creep', where many people find they are expected to be on call or to keep working after they have signed off for the day – even when they are on holidays. Personal time and recreation are being colonised by the 24/7 economy.

There is plenty of evidence that this kind of 'work creep', as well as our growing dependence on technologies like computers and laptops, is causing problems, being associated with increased stress, increased sedentary behaviour and lifestyle habits like unhealthy eating and smoking.

FAMILIES AND INDIVIDUALS

Changes to work hours and flexibility have not all been bad for workers; in dual-earner households, casual work can have advantages for family life, for example. Recent amendments to Victoria's Equal Opportunity Act have made it easier for employees to take time off work to accommodate their parental or carer responsibilities.

OUR WORKING ENVIRONMENT TODAY:

- Around a quarter of Australia's working population are casually employed – one of the highest rates among developed nations. This has come at the cost of entitlements and protections as well the constant threat of being out of work. There are adverse health impacts related to this corresponding rise in job insecurity.
- In addition to a doubling of hours worked since the 1980s, Australians are also working harder, with work intensification occurring across the board.
- The 24/7 economy, aided by technology, has brought about issues such as 'work creep' outside working hours and increased sedentary behaviour.

But according to Dr Strazdins, this is only one aspect of the relationship between work and families. Since we are seeing more households with both parents working, the effects of working conditions and job strain are seeping more and more into family life.

"There is a lot of research showing that people's working conditions are really important to their mental health, and we know that parents' mental health is a very important determinant of how children fare. So what happens at work is consequential for children – an inter-generational footprint if you like," says Dr Strazdins.

Studies have shown that children are more likely to have emotional or behavioural problems when one or both parents regularly works evenings or weekends. Other research indicates that parents' poor quality jobs are likely to impact on children's mental health.[9]

"In a way this adds a new dimension to the idea of family friendliness," says Dr Strazdins. "We've thought about family friendliness as giving mothers some flexibility about working time. But

if we really want to think about jobs that support parents, we're going to have to think a bit bigger – about jobs with good conditions, which are not precarious, and which have reasonable pay."

UNDERSTANDING THE ISSUES

Despite long work hours and a higher rate of precarious employment in the local setting, Australian employees are certainly not the worst off. "There are some things that we have in our favour here that may mean that precarious employment isn't as harmful to health and wellbeing as it is in other places," says Associate Professor LaMontagne. Government safety nets, as well as things like penalty rates for some casuals, can serve to mitigate some of the negative effects of precariousness, for example.

Nevertheless, the evidence certainly stacks up; some of the changes to the way we work, despite their economic justifications, are almost certainly making us less healthy and happy as a nation. And we need to develop a more complex understanding of the relationship between work and health if we are to create a healthier and more just society.

"We need to develop the idea that a healthy working environment is a goal of society which is as important as the economic system," says Professor Michael Quinlan.

"It's not just about whether we can afford it, or if we can have it without too much trouble. Work quality and work health should be among our primary social objectives."

Adam Ferguson is a freelance journalist specialising in social justice issues.

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Many people find they are expected to be on call or to keep working after they have signed off for the day – even when they are on holidays.

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A foot in the door

Innovative pathway programs are helping disadvantaged people get work

For many of Australia's Indigenous people, new arrivals, women returning to the workforce, young people and those nearing retirement, people with disabilities or struggling with their mental health, the job market holds few opportunities.

It is not only the challenge of garnering confidence, skills and experience. "Access to work is not evenly distributed," says Helen Szoke, Commissioner, Victorian Equal Opportunity and Human Rights Commission. Despite the unprecedented economic boom of the past decade, "we're going backwards" in terms of discrimination and equal opportunity, she says. In 2010, instability arising from the global financial crisis has again hit hardest those who are marginalised or already disadvantaged.

"We need to encourage employers to understand how they can achieve equality and what it looks like," says Szoke. It is about employers "proactively seeking diversity" in their application processes to make sure people have equal access to employment. Szoke believes a mix of 'stick and carrot' in regulations is key. "We need to try and achieve equality rather than just trying not to discriminate."

Clearly, employment goes a long way to redressing disadvantage but it is not just about money. "Employment is a link to a social network, and public life, and being able to participate in the community. Provided it's a positive work environment, it's also linked to general health and wellbeing," says Szoke.

In Shepparton, a school-to-work program for Indigenous students is creating sustainable pathways to meaningful employment. The 'holistic' program works with around 250 students per year, mostly in high school, providing training and leadership development. "Our strategy is to help the kids realise their aspirations, their goals," says Adrian Appo, CEO of Ganbina Koori Economic Employment and Training Agency.

The program helps with life skills too, such as driving and banking, and links work-ready students with local businesses to get experience and build their employment history. It is already making a positive impact, says Appo. "We're seeing a greater number of kids actually staying engaged in education."

As a result, young Koori people are also getting jobs outside the 'traditional Indigenous sector' – government agencies servicing the Aboriginal community – and moving into retail and other roles where skills and qualifications are more competitive. "Young people holding jobs in their own right is one of the huge successes of the program," says Appo.

A TRANSITIONAL WORKPLACE

Getting that first job is the main issue for many recently arrived refugees and migrants, says Cath Scarth of the Adult Multicultural Education Services (AMES), a specialist provider of initial settlement, training and employment to people from culturally and linguistically diverse backgrounds. Poor English skills and education, or qualifications that are not recognised can be interpreted – unreasonably – as too 'high risk'. Once a person gets the chance to demonstrate their skills and capacity, however, it becomes a different story, says Scarth, who is AMES' General Manager for Community and Policy.

"Employers talk about the benefits in terms of diversity and skills, but also having people who think in a different way is often very useful."

"We find that refugees are highly motivated," she says. "They're highly resilient – many arrive here against amazing odds. They want to work and be able to support their families."

AMES supports social enterprises such as 'micro-businesses' including Magic Green Clean, the Sorghum Sisters and Cultural Cooks that provide employment, training, mentoring and industry-specific English language skills to new arrivals.

"We're providing a real job in a very stable environment," says Scarth, "and we're able to add in extra support when it's needed most."

"Our social enterprises are a transitional workplace," says Scarth. "We want to help people find a pathway to sustainable employment and become established in the community."

"IT'S TRANSFORMATIONAL"

Like many new arrivals, women who are re-entering the workforce often experience challenges. Those who face barriers need confidence, self belief – and something to wear to a job interview. It sounds simple, but it's crucial. "One of the greatest challenges women face is about being able to present themselves in a way that demonstrates to the employer that they can do their work," says Jane Hunt, CEO of not-for-profit organisation Fitted for Work.

Women can be referred to Fitted for Work if they don't have enough money, or face other disadvantages such as

around housing, health, finances and personal development 'life skills' as well as pre-employment and pre-vocational training, as 'stepping stones' to mainstream options. But the challenges aren't only from within.

"On the whole, young people really do want to participate and contribute," says Sharon Fisher, Acting General Manager, Community Development. But if school "isn't for them," or they lose their job or apprenticeship in a vulnerable job market, they quickly lose confidence, she says. "And once they slip away, it can be difficult to re-engage them."

What's needed is more "youth-friendly, youth-oriented preliminary steps back into school and jobs," says Fisher. Work experience, for example, ought to be the 'cultural norm'. This would help young people begin to navigate the working world, and also help shape employer attitudes that growing up is not a "linear pathway", says Fisher.

> ❝Women re-entering the workforce may face challenges about being able to present themselves in a way that demonstrates to the prospective employer that they can do their work.❞

insecure housing or difficulties in securing childcare. "Some have experienced family violence, and others are exiting prison," says Hunt. "Many present with very low self-confidence and self-esteem."

"Our job is primarily to support that person being able to picture themselves in the position, and part of that is dressing appropriately," says Hunt. As well as providing an outfit for work, the organisation's volunteers help with interview practice and resume writing, "translating what is often a really diverse skill set into the workplace."

"For some women, it's the first time they have had somebody pay such close attention to them," says Hunt. "It is an experience that is transformational."

STEPPING STONES

Melbourne Citymission wants to help disadvantaged young people get a foothold into meaningful work. It offers support

"We need to recognise that young people are in a time of change and experimentation. Experiential learning is very important: young people will often change their mind and they should have the option to do that."

A 12-month state government-supported youth traineeship is another pathway that is helping young people access employment. "It's a good way to sort out what you want and get experience at the same time," says VicHealth trainee Andy McKernan. For former trainee Greta McMahon, it's a springboard to a bigger and brighter future. "I didn't finish school and was working in a café and not getting anywhere. My training at VicHealth helped me get a job and I'll go back to school one day and study law, hopefully. The traineeship … it's a good thing to do."

Krista Mogensen is a freelance writer and editor specialising in education, health and the environment.

WORKPLACE WELLBEING
FROM THE GROUND UP

I t's not surprising that 'green' buildings are better for you, not just the environment. Workers in Australia's leading eco-friendly buildings are anecdotally taking less sick days, recording higher productivity and suffering fewer headaches, colds and fatigue.

Technology and the changing nature of work have also inspired new approaches to workplace design, often improving employee health and wellbeing. The next generation office provides a far healthier physical environment, with more workplaces adopting health promotion initiatives. Offices are designed to provide opportunities for more movement, breathing fresh air, facilitating group exercise and encouraging staff to enjoy their work space.

"In the past decade, workplace change in concert with environmental awareness has impacted on building design," says Dr Scott Drake, Senior Lecturer in environmental and workplace design at The University of Melbourne.

Dr Drake says contemporary offices have a different typology to buildings of the 1950s and 1960s, when offices were built around a central lift core. The modern office is more open plan, with breakout areas for workers to meet, relax, read the paper, have lunch, as well as places to go outside for sunlight and fresh air.

While buildings can create unhealthy workers, Dr Drake believes it is not easy to show the positive outcomes of healthier work environments. "Most productivity studies have focused on menial tasks, not creative or intellectual productivity," he states.

One of the key health benefits of green building design comes from natural airconditioning. "To maintain good work output, concentration and health you need a slight change of environment regularly. If you are in a standard airconditioned building and the temperature is the same all the time, your body suffers from 'thermal boredom'," he explains. "You would think it is common sense to open a window and get some fresh air but it's an extremely complex issue when you are looking at commercial buildings," Dr Drake says.

THE GREEN BUILDING

At the City of Melbourne's showcase green building CH2, a complex combination of mechanisms filter in fresh air and regulate the air quality, largely heating the building using body and computer heat and cooling it with shutters, chilled panels and beams, ceiling exhausts, shower towers and windows that open at night.

"It's a fantastic model of how it can be done," says John Smithies, Director of the Cultural Development Network, who moved from the old council offices to the CH2 building in 2007. "It's the air quality you notice. It's fresh and it never feels stale and because the air is only used once, you feel more secure than in an old building where you know once someone gets sick it's going to spread … I've also noticed

that I haven't had that after-lunch dozy feeling. In the old building I used to find that around 2.30pm I would have to take a walk or grab a coffee."

The open plan layout allows natural light, air and people to circulate, encouraging more social connection and interaction. There are green balconies on every level, a roof garden and external sheltered stairs connecting the floors. "A lot of people have built that into their daily fitness routine, they take the stairs instead of the lift because it feels good," Smithies says.

Smithies' response to the building is reflected in an independent report that found a 10.9% annual improvement in staff wellbeing and productivity compared

> *The next generation office is designed to provide opportunities for more movement, breathing fresh air, facilitating group exercise and encouraging staff to enjoy their work space.*

to the old building, which equates to a $2.4 million saving per year over 500 occupants.[1] Based on productivity increases and energy savings, the extra $11 million spent on environmental and health features at CH2 would be paid back in five to six years.

GREEN IS GOOD

"We see that it has been a good investment," says Professor Rob Adams, Director of City Design for the City of Melbourne, adding that staff turnover and absenteeism have continued to fall since the building opened. "The best source of feedback is anecdotal, but people prefer being in this building. They believe it has a positive effect on their health, for instance some say they've not had sinus issues that they've had in the past."

Healthy plants – one for every person on the floor – have been a telling indicator of the healthier air quality. "Many haven't changed since they were put in, whereas in most office buildings plants need to be changed regularly," Professor Adams notes. "It's like the canary down the mine – it's a visual expression of the health of the work environment."

BEING HEALTHIER IN THE WORKPLACE

While the cost of cutting-edge green buildings make them the preserve of the corporate and government sector, smaller workplaces can still reap health benefits through contemporary design and health initiatives. The Melbourne headquarters of publisher Lonely Planet reflects the culture of the organisation – and the Generation X office.

The converted Footscray warehouse with open plan offices for 350 staff includes communal kitchens on each level and a health-conscious canteen opening onto a massive rooftop terrace. There's a free gym, yoga and boxing classes, an indoor soccer team and monthly 'beep tests' conducted on the roof for people to track their fitness level.

"The age of the staff and the culture demands these health and wellbeing initiatives," explains Lonely Planet Senior Employee Relations Consultant Paul Kearney. "The variety of food and healthy options is being driven by the needs of staff. It's not a typical canteen; it's more of a café with healthier options, including gluten free and vegetarian food." Kearney says the building was designed as a social, collaborative workplace that encouraged creativity and innovation.

At South Melbourne-based IT-company Unico, staff have free use of a gym, personal trainers and a range of activities from Pilates and yoga to boxing and boot camps in the park. They run weight loss campaigns, healthy eating seminars and have a subsidised in-house osteopath as many people sit at computers all day. "These days we are more explicit about making it a healthy workplace for our staff," explains Unico Managing Director John Rowland.

"We actively try to get people to eat healthily. We have fresh fruit delivered three times a week and plenty of fresh milk as many staff have breakfast here." Rowland abolished the office 'junk club' stash of chocolates, chips and soft drink and says 30 to 40 per cent of staff take up some form of physical activity at work. The company spends more than $100,000 per year on equipment, training and exercise programs for its 150 employees.

"People spend so much time at work, how do they get the time to exercise and be healthy if you don't make it easy for them?"

Victoria Kyriakopoulos is a freelance journalist and editor based in Melbourne.

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PHOTO: Sam Russell

Respect and responsibility at work

When it comes to the safety and wellbeing of Australian women, respect and responsibility are things that must extend beyond the privacy of home and into the broader community.

WOMEN'S HEALTH VICTORIA (WHV) AND LINFOX

At WHV – a statewide women's health promotion, information and advocacy organisation – VicHealth funding has been used to assist in changing the attitudes of the male-dominated workforce at transport and logistics multinational organisation, Linfox.

Although the work in this area is still in its early stages, WHV's Executive Director, Marilyn Beaumont, believes that VicHealth's leadership, in collaboration with a wide range of organisations in this area of work, is crucial. VicHealth is linking important networks together and building sector capacity as well as making funding available for projects to test primary prevention approaches. "Without VicHealth funding, WHV would not be able to make available the dedicated resources needed to progress this important work," says Beaumont.

It is work that is developed and re-assessed over time, with key aspects of the issues around violence against women inspiring different strategies along the way. "In 2006, we selected as a strategic activity for WHV to develop ways of using workplace settings for the primary prevention of violence against women," Beaumont says.

Also at WHV, Rose Durey, Senior Policy Officer says "the goal of the *Working Together Against Violence* project is to prevent violence against women by raising awareness and strengthening the organisational capacity of male-dominated workplaces. The project is underpinned by a 'bystander approach' to violence prevention – a vital element of ensuring the success of the project."

"The bystander approach targets men, not as perpetrators of violence against women, but as positive role models who stand up and speak out against violence. It increases the capacity and skills of all employees to challenge violence-supporting attitudes and behaviours within the workplace and in their own networks and communities."

For Linfox management, the use of a bystander approach has made the implementation of a violence against women prevention program something more palatable and tied in with the company's family-centric ethos.

By designing organisational policies, promotional material and delivery of a training program (parts of which have already been implemented at Linfox), the project's aim is to raise awareness of violence against women, provide employees with the skills to stand up to violence and ensure that the violence prevention message is embedded within policies and procedures at Linfox.
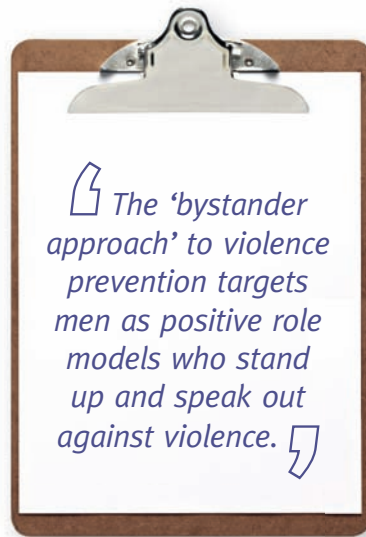
Although Beaumont says "a full evaluation has not yet taken place as we are only halfway through the project", feedback from staff about the involvement of Linfox in this project, and the training itself, has been "very positive".

Looking to the future, Beaumont and Durey say that WHV plans include embedding the project further into Linfox to ensure its sustainability; developing a set of transferable tools that other organisations can use – getting violence against women to be regarded as a workplace issue; seeing the increased focus on workplaces as a setting for violence prevention work in government policies that deal with violence against women at a state and national level.

VicHealth is about to commission a review of the work in the area, including internationally, to explore ways to support workplaces in developing policies, procedures and programs that create environments where equal, respectful and safe relationships are actively promoted. This includes understanding how to support women where the abuse at home has followed them to work through emails, phone calls or text messages. "Bystander policies can help women in this situation," Beaumont says.

MARIBYRNONG COUNCIL

At Maribyrnong Council, their *Respect and Equity: Preventing Violence Against Women* project is establishing a whole-of-local government approach to preventing violence against women to

> ❝ The 'bystander approach' to violence prevention targets men as positive role models who stand up and speak out against violence. ❞

be used for all councils. Rebecca Mangan is Project Coordinator of the Council's safer communities and health promotion team under which the project is run.

"According to international evidence, local government is an effective setting to address the primary prevention of violence against women, although, traditionally they have not seen a role for themselves in this issue," Mangan says. "Primary prevention of violence against women is about identifying and addressing the underlying causal factors to prevent violence from occurring in the first instance."

"Funding from VicHealth for the Maribyrnong *Respect and Equity: Preventing Violence Against Women* project," says Mangan, "has been critical to exploring this complex social issue". "Subsequent funding from VicHealth recognises that the issue of violence prevention requires a longer term commitment and sufficient allocation of resources to have a sustainable impact on the key determinants of violence at the municipal level."

THE AFL

The Australian Football League (AFL) is more than the sum of its clubs, it is also a workplace with some 150 staff members. In 2007, the AFL assessed its own policies regarding sexual discrimination and anti-discrimination as part of their *Respect and Responsibility Policy*. The AFL consulted with the Equal Opportunity Commission (now the Victorian Equal Opportunity and Human Rights Commission) to get them revised. "The aim," says the Commission's education consultant Peter Gourlay "was to build the capacity of the whole organisation in terms of respectful workplace behaviour."

"We were approached by the AFL to develop a customised training strategy for all AFL staff," Gourlay says. "Looking at issues of sexual harassment, discrimination and bullying," he says "they questioned how that linked to the *Respect and Responsibility Program* banner. That was about safe and inclusive environments for women and girls."

Sue Clark, who previously managed AFL's *Respect and Responsibility Program*, is a former police officer who has worked in the area of violence against women and says that it is all about 'shifting attitudes'. In tackling this shift, Clark says she started with a 'top-down, bottom-up' approach that looked at the culture from executive management to grass roots local clubs.

"It's about having a more holistic approach to club culture – engaging wives and partners of players and female family members around players and people involved in the game," she says. Clark points out that such shifting of ingrained attitudes is constantly evolving and will take more time to show significant change. It is a commitment, though, that Clark says the AFL is more than willing to make.

"We start at TAC Cup level (16-18 years old)," she says. "Once they are in the AFL elite competition you have young men with a firm understanding of expected behaviour, you are educating men to change and have a flow-on effect to the broader community."

"Without VicHealth support," Clark says, "the program would not have been as viable. To have programs to support clubs navigate through really difficult subject matter is imperative," she says.

Claire Halliday is a freelance journalist.

PHOTO: This image of the *AFL Record* is reproduced courtesy of the Australian Football League

A chance to contribute
Facing up to discrimination in employment

When Melika Sheikh-Eldin arrived in Australia in the early 1990s after fleeing her war-torn homeland of Eritrea, she had high hopes for her new life. "When I came to Australia I was very optimistic that with my education and my skills I would be able to find a good job," she says.

Melika already had both a bachelor degree and a Masters in marine biology. She began a PhD soon after arriving in Australia, believing that a local qualification might be looked upon more favourably. After graduating from Deakin University in Warrnambool in 1998, she moved to Melbourne to look for work. But despite her credentials and excellent English, she found she was unable to get even an interview.

"I applied everywhere – universities, research organisations, government departments. And everywhere I got the response that I was either overqualified or that my skills were not sufficient," says Melika. "I think it is very clear that there is some kind of discrimination going on here. For me it was maybe worse, being a refugee, a woman, and also a Muslim who wears a veil."

Desperate for work to support herself and her three children, Melika accepted a one-day-a-week job at a refugee centre, where she began helping other migrants who were struggling to find work. "They would start out with a lot of hope, do their best and get their degrees, but then they would end up just roaming around aimlessly because they couldn't get employment," she says.

There is strong evidence that people are denied work due to their background or ethnicity. Many who do find jobs will face other forms of discrimination: in a survey of people from non-English speaking backgrounds, two in five people

> *Two in five people from non-English speaking backgrounds experience some form of discrimination in their workplaces.*

reported experiencing some form of discrimination in their workplaces at some level of frequency.[1]

According to Dr Val Colic-Peisker, Senior Research Fellow at RMIT, discrimination around work has serious repercussions. "Our research has shown that employment discrimination affects the general life satisfaction of migrants to a much greater degree than other forms of discrimination," she says. "Employment is a very serious matter because it has such massive effects on your family life, your finances, and your feelings of self-worth."

WHAT'S IN A NAME?

Employment discrimination is a difficult thing to measure objectively, according to Dr Yin Paradies, Research Fellow at the McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing. "You can look for disparities, but it's quite difficult to attribute them directly to true discrimination."

In 2007, however, a group of researchers came up with a simple way of measuring one aspect of discrimination in hiring practices. In response to job ads, 5000 CVs were sent out, with only the applicants' names changed. Those 'applicants' whose names identified them as belonging to a minority group ended up getting far fewer interviews than those with Anglo-Australian names, despite having CVs showing identical experience and qualifications.[2] "This study very cleverly, and in a very objective way, showed that there is discrimination going on," says Dr Paradies.

As well as leading to more unemployment for certain groups – particularly Indigenous people and refugees – discrimination impacts on the *kinds* of work people end up in. Research shows that many people of refugee background suffer a huge loss of occupational status when they move to Australia, for example, often ending up in jobs with the lowest pay and

poorest conditions, regardless of their qualifications or skills and experience.[3]

This is a result of a combination of systemic and interpersonal discrimination, says Dr Colic-Peisker. "Even if people's degrees are recognised formally by the government – which they aren't always – it is also about how the labour market or how individual employers are going to react to your qualifications."

"We spoke to former doctors who are now taxi drivers, and teachers who are cleaning offices. You can imagine how that feels for a person."

THE COSTS OF DISCRIMINATION

This kind of discrimination has clear impacts on health and wellbeing, according to Dr Paradies. If people are denied access to work because of discrimination, this compounds disadvantage and the health problems associated with it – financial strain, self-worth issues, access to decent health services, social connection and general life satisfaction.

There are also health risks for those who experience discrimination in their workplace. Studies have repeatedly shown that there is a strong relationship between exposure to ethnic and race-based discrimination and poor mental and physical health.[4]

"There's lots of evidence to show that racism is a stressor, so people suffer all those mental and physical health effects of stress – lowered self-esteem, anxiety, cardiovascular issues," says Dr Paradies. "Then you've got an increase in maladaptive coping mechanisms like higher rates of smoking and drinking."

There is growing evidence that cultural diversity has benefits for businesses. Diversity in workplaces has been associated with higher productivity, creativity and innovation, greater market share and greater profits.[5]

Organisations also need to be equipped to address discriminatory attitudes both among their staff and in their policies and procedures.

ENCOURAGING DIVERSITY

There are a number of ways to go about countering discrimination and engendering more diversity in workplaces. The Australian Employment Covenant (AEC) offers a promising example; a creation of businessman Andrew Forrest, it aims to secure 50,000 sustainable jobs for Indigenous Australians. Businesses are signing up to provide the jobs, while the government has committed to providing training and support for Indigenous participants. Meanwhile, other organisations set themselves up as role models by committing to inclusive hiring policies.

But the problem is not just about how to get people in work. Organisations also need to be equipped to address discriminatory attitudes both among their staff and in their policies and procedures, according to Dr Paradies.

Building on our Strengths, an anti-discrimination framework produced in 2009 by VicHealth and other organisations, looks at some ways that discrimination can be countered in workplaces. Two approaches are particularly effective: diversity training, which can include both cultural awareness and anti-discrimination approaches; and organisational accountability, in which anti-discrimination measures are built into the functioning of an organisation – everything from recruitment to staff training. The evidence shows that the best results are achieved when both approaches work together.

A CHANCE TO CONTRIBUTE

Melika Sheikh-Eldin has found her feet in a new career – she is now the manager of settlement partnership at refugee resettlement organisation AMES, and has represented Australia as part of a United Nations delegation on refugee issues. But her experiences have left her in no doubt about the importance of addressing employment discrimination.

"We are not asking for special treatment just because we are refugees," she says. "We want nothing more than to be given a chance to contribute."

Adam Ferguson is a freelance journalist specialising in social justice issues.

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STRESS & WORK

It's time to focus the debate ... and the solutions

High demand job + low job control ≠ wellbeing
Secure job + satisfactory control = wellbeing

The relationship between mental health and workplace stress has been the subject of many chicken-or-the-egg discussions over the years. Which comes first? Are people with poor mental health more likely to become stressed at work, or do stressful workplaces exacerbate and cause mental health problems?

According to one of Victoria's leading authorities on workplace stress, Associate Professor Tony LaMontagne, there is now a convincing body of evidence that stressful working conditions contribute to the development of depression, anxiety and other common mental health issues.

Associate Professor LaMontagne from the McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing (University of Melbourne) moved into researching the impact of the psychosocial work environment several years ago.

"I got drawn towards that because it's been understudied, particularly in Australia, and the burden of the problem is under-estimated," he says. "This is in part due to the fact that psychosocial working conditions, such as job stress, harassment, or long working hours, can affect *all* working people.

"When we looked at five job stressors in a population sample of working Victorians (high job demands, low control over how your work gets done, high job insecurity, long working hours, and unwanted sexual advances), we found that most working people were exposed to one (42%) or two (31%) stressors in their current job. This means that even small increases in the risk of mental and physical illnesses translate to substantial preventable disease burdens."

INSECURE EMPLOYMENT

While research into the social determinants of health shows that having a job can bring important benefits for health, Associate Professor LaMontagne says it is also true that when people feel insecure in their employment, have little control in the workplace or are subject to unreasonable pressures and conditions, their health can suffer. "Really bad jobs are worse for your health than unemployment," he says. "Colleagues at the Australian National University, led by Professor Dorothy Broom, have empirically demonstrated that."

People in lower status jobs with poor psychosocial working conditions, who are also more likely to smoke and to have other risk factors for poor health, should be a priority group. Interventions should be tailored to their needs and

THE FIVE JOB STRESSORS OF WORKING VICTORIANS:

1. **High job demands***
2. **Low control over how work gets done***
3. **High job insecurity**
4. **Long working hours**
5. **Unwanted sexual advances**

*Workplace stress is often measured through the 'demand and control' model, which views damaging stress as an interaction between the amount of work demanded of an employee (including time pressures) and the degree of control they have over how that work is done. Jobs that combine high demand with low control are linked to a range of health problems.

circumstances, and – acknowledging that health behaviours are partly determined by working and living conditions – should avoid a 'blame-the-victim' approach.

"Those with the worst working conditions also have some of the worst health behavioural profiles and also might be disproportionately affected by poor housing, poor nutrition, and poor food security," he says. "Thus, integrated intervention on more than one of these social determinants of health, such as job stress and smoking, is one strategy for reducing health inequalities."

Associate Professor LaMontagne believes more policy attention should be focused on lower status workers, and that "policymakers need to be careful not to exacerbate health inequalities by overemphasising interventions on health behaviours without addressing the social determinants – living and working conditions – of those health behaviours."

"There are strong ethical arguments in favour of this sort of approach, as well as empirical evidence that such approaches are more effective in reducing chronic disease risks," he says.

YOUNG WORKERS

Young workers are another group who deserve special attention, Associate Professor LaMontagne adds. "Young workers are disproportionately exposed to many job stressors, and the onset of depression, anxiety, and other high burden common mental disorders is in the teens and twenties."

"A recent study from New Zealand showed that almost half of incident depression in a cohort of 32-year old workers was attributable to job stress.[1] Another European study found that when you start young workers out in stressful

jobs with high demands and low control, it increases their risks of subsequent mental disorders, and also inhibits their learning.[2] Scandinavian studies have shown that high stress jobs predict early exit from the labour force onto disability pension schemes, with substantial societal costs."[3]

"In short, this suggests that improving the psychosocial quality of jobs for young workers could prevent mental and physical illness, and help them to remain healthy and productive members of society over the life course."

EMPLOYMENT INTERVENTIONS

Associate Professor LaMontagne says interventions need to focus on improving the quality of the work environment, as well as on building employees' capacity to cope with stress. Unfortunately, however, much of the focus to date, especially in Australia, has been directed towards the individual level rather than on the work environment or working conditions.

"There is, of course, a role for strengthening workers' resilience, time management, and coping skills," he says, "but efforts to make workers better able to withstand stressors can be easily overwhelmed by unreasonable workloads, nasty managers, or other unaddressed stressors. It's crucial to address the source of stress as well as the worker's ability to withstand stressors."

Really bad jobs are worse for your health than unemployment.

As both job stressors and health behaviours contribute to depression, cardiovascular and other chronic disease burdens, opportunities for integrating job stress interventions with workplace health promotion offer a novel approach to chronic disease prevention.

More will soon be known about the merits of such an approach, as the result of a project that Associate Professor LaMontagne has been conducting in collaboration with the national depression initiative, *beyondblue*.

The project, funded by ACT Health, involved delivering *beyondblue's* National Workplace Program (an early intervention mental health training program) to 10 public and private sector worksites in the ACT, combined with workshops and other interventions on job stress.

Worksites developed an action plan for their individual workplaces, to address some of the factors contributing to job stress and the management of mental health issues in the workplace, independent of whether they are work-related or not.

Clare Shann, a psychologist and Deputy CEO of *beyondblue*, says an evaluation of the project is nearing completion. Ms Shann says that while workplace stress is just one factor that can contribute to someone developing depression, it is important because it can be controlled. "You can't change someone's biology, but as a manager or an employer you can look at the work system in your organisation, and minimise any risks that might be there."

She believes workplaces could do more when it comes to embracing a systems-approach to tackling job stress and mental health. "That means looking at the system of work and organisational and cultural factors that might impact upon peoples' experience of work stress," she says.

Melissa Sweet is a freelance journalist, health writer and moderator of the health blog, Croakey.

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PHOTO: iStockphoto

The effect of alcohol on the workplace

With alcohol such a significant part of our Australian culture – used to celebrate, commiserate and socialise – it is hardly surprising alcohol also makes its presence felt in the workplace. Speak to experts, though, and the assessment is clear – alcohol and the workplace is an unhealthy cocktail, with tangible impacts on work performance, occupational health and safety and the economy.

'SICKIES'

According to a report by Ann Roche, Professor and Director at the National Centre for Education and Training on Addiction, Flinders University, Adelaide, very strong data shows that "there is a direct correlation between risky levels of drinking and absenteeism". This data was derived from secondary analyses of the National Drug Strategy Household Survey (NDSHS) – the largest national alcohol and drug population survey conducted in Australia, carried out every three years, most recently in 2007.

"One of the questions asked on the NDSHS is 'Have you had a day off work in the last three months because of your drinking?' Risky drinkers are up to 21 times more likely to report a day off work specifically because of their drinking," says Professor Roche. "Moreover, risky drinkers also had more days off work for other reasons; this may be due in part to the fact that heavier drinkers are also likely to be smokers and smokers tend to have more sick days off work."

BRAIN DAMAGE

No matter what the factors contributing to risky drinking, Professor Roche says that the growing number of young Australians presenting with alcohol-related brain damage is a disturbing trend. "One of the defining characteristics of alcohol-related brain damage is the inability to learn new information or undertake tasks that require slightly complex cognitive processing. For employees in almost all work environments this represents a major concern, as the world now changes rapidly and all workers are required to continually learn new skills and will be severely hampered in doing so if suffering from alcohol-related brain damage," she says.

To help raise awareness, Professor Roche considers one of the key issues is persuading employers to realise the
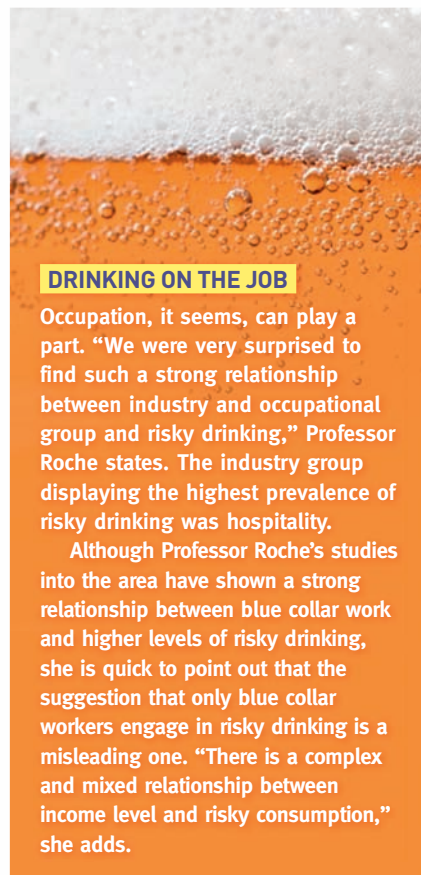
DRINKING ON THE JOB

Occupation, it seems, can play a part. "We were very surprised to find such a strong relationship between industry and occupational group and risky drinking," Professor Roche states. The industry group displaying the highest prevalence of risky drinking was hospitality.

Although Professor Roche's studies into the area have shown a strong relationship between blue collar work and higher levels of risky drinking, she is quick to point out that the suggestion that only blue collar workers engage in risky drinking is a misleading one. "There is a complex and mixed relationship between income level and risky consumption," she adds.

PHOTOS: iStockphoto

importance of this issue to them. "Stressing that it is alcohol, and not illicit drug use of their workers, that has the greatest salience for them is often very challenging but factually correct," she says.

AFTER WORK DRINKS

Drinking that occurs after work (often as part of end of day debriefs or wind-downs) and some workplace norms around drinking behaviour may not only condone risky drinking but may also actively facilitate it.

"There is also the increasing concern over 'presenteeism'; that is, where workers turn up for work but are still affected by alcohol from a heavy drinking session the night before," says Professor Roche. "This may be in the form of a positive blood alcohol level or a hangover. There is relatively little research on this but anecdotal evidence suggests that it has an important impact on workplace productivity and efficiency, worker morale (as colleagues pick up the slack for their workmates) and safety."

From an employer perspective, experience shows that even small interventions can make a big difference. A quiet chat and some tailored counselling can often resolve the issue and equip the worker with the strategies and tools required to return to work as a fully functioning employee.

OH&S AND ALCOHOL DON'T MIX

Wayne Kaylor-Thompson is CEO of the Victorian Employers' Chamber of Commerce and Industry (VECCI) and believes that occupational health and safety is always a front-of-mind issue for employers.

"Generally speaking, the vast majority of employers are diligent about their obligations under the applicable legislation. Reducing the prospect of alcohol-related harm in the workplace increasingly forms a focus of such diligence," says Kaylor-Thompson. "Many businesses have policies in place that prescribe the drinking of alcohol during working hours, along with other strategies intended to reduce the likelihood of alcohol-related harm."

GOOD HOSTS

In 2009, the Australian Drug Foundation (ADF) launched the *Good Hosts* program in response to findings that corporate events and hospitality functions are potentially high-risk environments for alcohol misuse, drink-driving, illicit drug use and drug-related harms.

The aim of *Good Hosts,* says the ADF's National Innovation and Sector Support Manager, Richard Colbran, is to aid employers in managing duty of care and health and safety obligations at employer-endorsed social functions. Based on similar health rationale and modelling as the ADF's *Good Sports* program, *Good Hosts* requires a cautious approach.

"The workplace is a prime setting to enable better health outcomes but has

traditionally been a difficult environment for public, NGO and charitable health promoters to access. In addressing alcohol in the workplace, it is first necessary to investigate and promote an understanding of what it is within any organisation's culture or environment that is working to maintain, increase or reduce the likelihood of alcohol-related harm," says Colbran.

THE COST OF ALCOHOL

"It was estimated that alcohol abuse accounted for approximately $3.6 billion in productivity-related costs in Australia in 2004-05," Colbran states. "Alcohol contributes to at least 4–5% of all Australian workplace deaths, and 4–11% of non-fatal workplace injuries."[1] This finding is corroborated in a study funded by VicHealth, estimating the financial savings to work productivity if Australians reduced their alcohol consumption.[2]

In an effort to reduce these figures in 2010, Colbran says the ADF will, thanks in part to the supportive partnership it has with VicHealth, further pilot *Good Hosts* delivery to maximise the effectiveness of the model in reducing the harms associated with alcohol use in the workplace and improving the health and wellbeing of employees. "The eventual outcomes," he predicts, "could be even more significant. The workplace is a vehicle which, if harnessed appropriately, could drive the change needed to alter the Australian drinking culture."

Claire Halliday is a freelance journalist.

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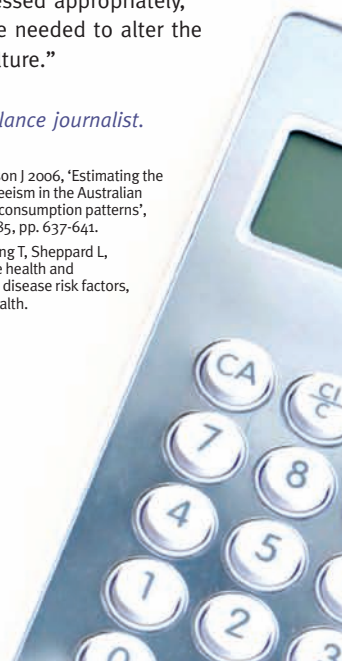
GET MOVING AT WORK
Sedentary behaviour linked to disease

As VicHealth Research Fellow and Head of the Physical Activity Laboratory at Melbourne's Baker IDI Heart and Diabetes Institute, Associate Professor David Dunstan has a professional interest in being on the move. His working time is spent researching this area as the recipient of a VicHealth-funded five-year fellowship.

Research on health risks associated with prolonged sitting has uncovered a direct association between the amount of television watched (the average Australian watches around three hours per day) and elevated cardiovascular disease-related (CVD) death. Associate Professor Dunstan wants to encourage Australians to look at the way sedentary practices in the workplace can also have a dramatic effect on health and use these findings as the impetus to explore better options for healthy work environments.

In 2008, VicHealth participated in Baker IDI Heart and Diabetes Institute and the University of Queensland's ground-breaking *Stand Up Australia* study – initially established to better understand sedentary time of office-based workers.

Now, with a number of companies and organisations, including Telstra and Medibank, having been part of the pilot project, Associate Professor Dunstan believes that there are healthier ways to work. He is keen to see his research findings evolve into practical solutions.

"Most people spend about seven or eight hours a day in their workplace and could be sitting down for long periods – up to 75% or more – of their day," he says. "It identifies the workplace as a place for prolonged sitting and potentially a key target for preventative work."

According to *The Health and Economic Benefits of Reducing Disease Risk Factors Research Report* (VicHealth, July 2009), opportunity for avoiding disease burden is possible if we achieve 'feasible' reductions in the prevalence of nominated risk factors and one of these is physical inactivity. For Associate Professor Dunstan and his research team, the next stage of research is to look at whether it is feasible to change people's work habits.

> *Most people at work could be sitting down for long periods – up to 75% or more of their day.*

PHOTO: The Slattery Media Group

Although changes in individual behaviours may offer some help, Associate Professor Dunstan believes real change will only come with a major shift in Australian workplace culture: "Employers needing to re-think the layout of offices, meeting rooms and the way technology is used to create workplaces that are more activity-permissive."

Associate Professor Dunstan suggests:

- headsets for telephones that allow employees to move around the office while they talk
- stationary bikes replacing traditional office chairs to turn time spent answering emails into exercise
- acceptance of boardroom-based progress meetings as gatherings undertaken on the move with participants walking up and down a hallway or around a room
- 'hot desks' (one desk shared between several people who use the desk at different times and are often easily moveable).

"*Stand Up Australia* is a simple message. People should avoid prolonged sitting. It's a consequence of our modern life – we move from chair to chair throughout our day. By standing, more energy is being used," says Associate Professor Dunstan.

"There are some studies that show energy expenditure is doubled when standing. Some studies say less," he says. "It is true, though, that you are using more muscles to keep yourself standing in an upright position." Some businesses are already setting what he hopes will be a sweeping trend.

"I haven't seen it yet but at Macquarie Bank's Wharf Street building they have re-fitted their office to provide an activity-permissive office. There are no designated workspaces. People move around throughout the day to find a free working area," he says.

Claire Halliday is a freelance journalist.

VicHealth News

Launches

Healthy Sporting Environments demonstration project

Launched on 1 June 2010, VicHealth teamed up with the Geelong area regional sports assembly Leisure Networks to pilot the $2 million program. The two and a half year program will involve more than 100 sporting clubs. To paraphrase VicHealth's CEO, Todd Harper: clubs will have to meet standards in responsible alcohol use, healthy eating, reduced tobacco use, UV protection, creating safe and inclusive environments for women and reducing race-based discrimination. This project is the result of a VicHealth community attitudes survey: *Healthy community sporting environments*. The survey found, for instance, that 83% of Victorians think it's time to end alcohol sponsorship of local sports clubs if there was financial support to replace the lost sponsorship revenue. The results suggest that improved approaches to alcohol and junk food would make clubs more family-friendly and increase participation.

Localities Embracing and Accepting Diversity (LEAD) – Shepparton and Whittlesea

The three-year program LEAD, being trialled in Victoria, was launched on Harmony Day, 21 March 2010, at the Whittlesea Community Festival. LEAD was developed in response to VicHealth research which showed that despite widespread support for diversity in Victoria, people from migrant, refugee and Indigenous backgrounds continue to experience unacceptably high rates of race-based discrimination. Whittlesea and Shepparton were selected due to their strong histories of supporting diversity and their ability to trial new and innovative approaches to complex social problems.

Localities Enhancing Arts Participation (LEAP) program

The Mildura community celebrated with the launch of a ground-breaking program encouraging community members to participate in arts activities. LEAP was launched at the Mildura Wentworth Arts Festival's Mardi Gras Parade and River Festival on 27 February 2010. LEAP is a VicHealth initiative encouraging community participation in the arts, as research shows participating in the arts and other social activities has big benefits for the health and wellbeing of local communities. Mildura is one of three local government areas to receive funding as part of VicHealth's LEAP program. The two others are the City of Ballarat and the City of Casey.

National Alliance for Action on Alcohol (NAAA) formed

One in five Australians aged 14+ drinks at short-term risk/high-risk levels at least once a month. This equates to more than 42 million occasions of risky or high-risk drinking each year. A new national coalition of health and community organisations from across Australia was announced on 14 March 2010. Comprising an initial 26 major organisations with a focus on public health and alcohol, the NAAA will focus on reducing alcohol problems in the community. The NAAA strongly supports a push to apply a volumetric tax scheme to alcoholic beverages on an increasing scale, by alcohol percentage per litre.

Anti-smoking campaign cleans up

In April 2010, VicHealth applauded the Federal Government's proposed legislation forcing the sale of cigarettes in plain and unappealing packaging by 2012. CEO Todd Harper said this was a "bold world-first initiative" and "combined with increased cigarette prices would prove to be effective in reducing consumption". After health concerns, price is the biggest motivator for smokers to quit. Interestingly, both smokers and non-smokers strongly support non-smoking environments, according to research published by international health journal *The Cochrane Library* in April which brought together results from 50 international studies examining changes in health of the general public from six months after smoking bans were enforced.

New resources

Food for All

VicHealth launched a series of 10 micro-movies and 10 information sheets on food security: *Food for All*. Food security is the ability to consume quality, affordable, culturally appropriate nutritious food from non-emergency sources. The series, 'Ten ways local government can act on food security', is the result of valuable learning gleaned from individual *Food for All* projects, including local project evaluations and the abundant practice wisdom accumulated by participating councils. This resource is designed to assist local governments to advance a food security agenda. It outlines 10 broad categories of action that can be taken to ensure residents, especially those vulnerable to food insecurity, have regular access to healthy food.

New online media

A number of new movies can be viewed from our website. Check out our video gallery on the home page for our new titles on physical activity and food security.

Are you on our email list? Register at www.vichealth.vic.gov.au/register-user

VicHealth

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