The Australian Workhealth Program for Arthritis – Bringing the Business Case to the Public Health Agenda

Abstract:
Arthritis affects over 6 million Australians and is a major contributor to lost productivity and premature exit from the workforce. This paper describes the initial development of a workplace education program aimed at reducing the risk of arthritis and minimizing arthritis-related absenteeism and presenteeism. The program will be evidence based, practical, whole of system and widely applicable.

Program design is informed by structured concept mapping, a program logic model, and a realist literature review. To gain high-level cross sector information systematically at a national level a structured concept mapping workshop with over 40 participants from across Australia was undertaken. This generated program principles, service delivery modes and constituent elements of the education program. Participants were asked to generate statements in response to the seeding statement: Thinking as broadly as possible, what changes in education and support should occur in the workplace to help in the prevention and management of arthritis? Concept System™ software was used to analyze the patterns among these in order to generate an outline ‘cluster map’ which included a list of statements sorted according to cluster membership. This list facilitates cluster naming. Further review yielded 10 clusters: Management education and awareness, Working practices/environment, Program specialization and flexibility, Financial/business Case, Healthcare consultation and management, Integration of workplace services, Workplace evaluation/Quality Assurance, Public Education, Employee self-management, and Disease management – evidence-based programs.

The concept map then informed the development of a program logic model, consisting of the guiding principles, service providers, services, training models, program elements and the causal processes of benefit to participants. This was used as the basis for a realist synthesis of the literature answering the research question: What is it about education and self-management programs that work, in what circumstances, in what respects and why? Strengths and weaknesses of various approaches were identified in health education, peer coaching, organisational learning, workplace interventions, workforce development and arthritis disability prevention. These methodological approaches inform program design, program planning and program evaluation.

The systematic and genuine process of gaining information from industry leaders (mining through to manufacturing and law enforcement), education experts, academics, ‘coal face’ clinicians and policymakers has provided a solid foundation for the pilot phase of the program.