

EAPA-SA 2018 CONFERENCE

21th September

Presentation by: **Ben Chuma Ian Brown**

Director at:



***Education, Training and
Counselling***





Executive Director – ETC

**BA (Human and Social Studies) with specialisation in
Community Development**

BA honours in Social Behaviour in HIV/AIDS



**Currently studying
BA honours in Development
Studies**

ETC PROVIDES...

- Education,
- Training,
- Counselling,
- Testing,
- Consulting and
- Auditing services

Member of Toastmaster International



SABS

South African Bureau of Standards

- 1. SABS/TC 201 Member - Wellness and disease management systems (including HIV, TB and non-occupational diseases).**
- 2. SABS/TC 283 Member - Occupational health and safety management.**

SETTING THE SCENE



World of Best Practice



Best Practice is our Destination



Working towards best practice



What will be covered

1. Introduction of SANS 16001:2013 – The South African National Standard for Wellness and disease management systems (including HIV, TB and non-occupational diseases) - requirements
2. Burden of disease as the required SANS 16001 risk assessment
3. Dimensions of health and wellness included in the standard

LET US



Who develops management system standards?

- At an international level?

- ISO



- At national level?

- SABS



What is a management system?

- A **management system** is the framework of processes and procedures used to ensure that an organization can fulfill all tasks required to achieve its objectives.
- **The standard** enables the organization to check how far their achievements meet their objectives and show conformity to the standard usually via an audit

But Professions also has a standard too!

- This is a standard developed by a professional body to give **guidance** to that group of professionals
- It gives 'scope of practice' to that group of professionals
- Professions likely to have a 'standard of practice' – lawyers, doctors, nurses, psychologists, social workers, accountants, teachers, etc.

Focus of workplace health programmes – in the PAST

1. Occupational health and safety issues due to legislation – Occupational Health & Safety Act/Mine Health & Safety Act
2. HIV – due to Social Responsibility or high HIV prevalence – never legislated for workplaces to manage this issue
3. EAP – psychological & social issues also not legislated

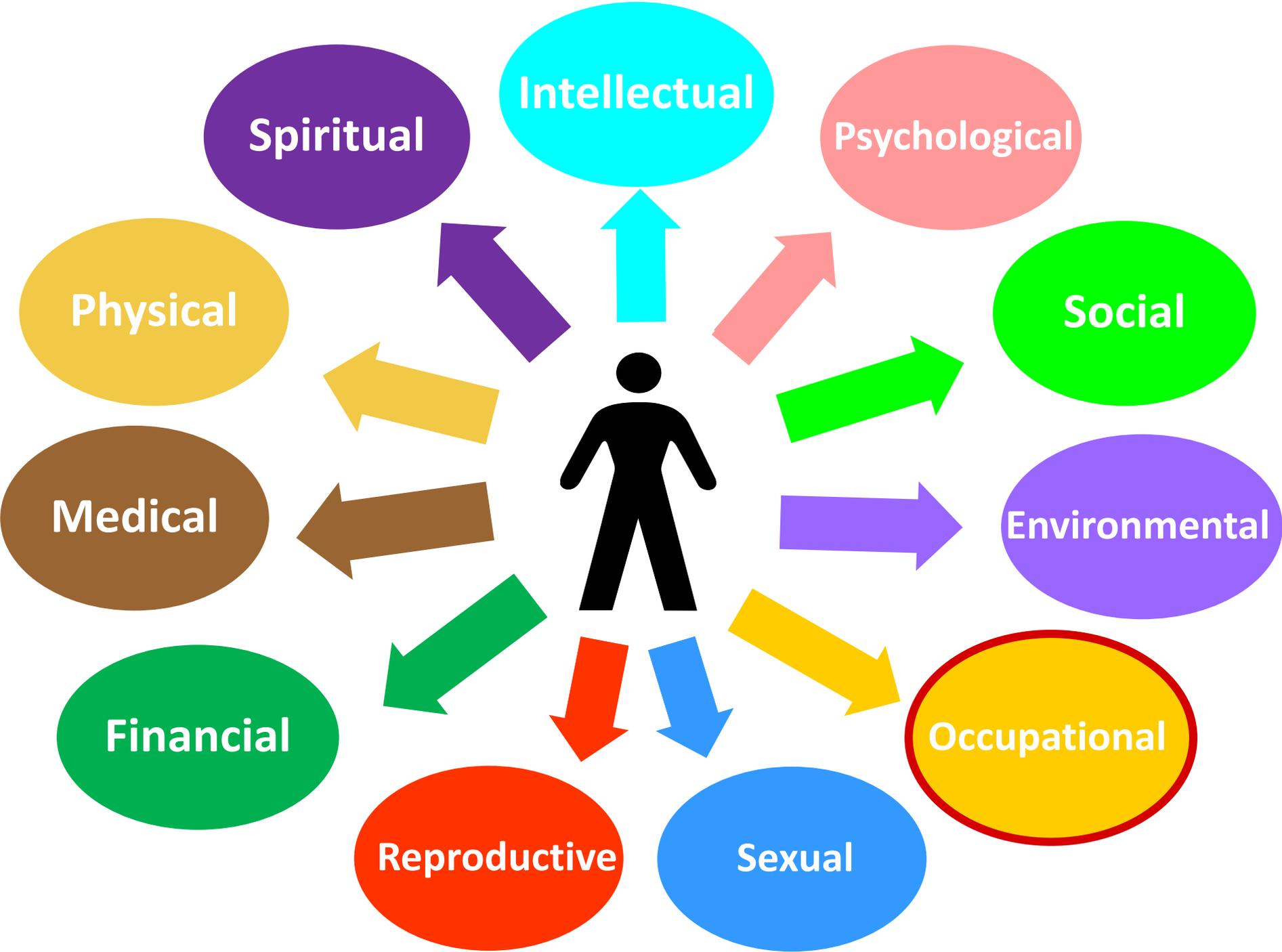


“workplace wellness/wellbeing”
is the new ‘fashion’



But.....

is based on a
comprehensive health risk
assessment of all the
dimensions of human health
and wellness



What is a burden?



Something heavy to carry

Defining Burden of disease:



Disease burden is the **impact of a health problem** on an area or organisation as measured by **financial & social impacts:**

- Morbidity (sickness & injuries) causing absenteeism & presenteeism
- Disability claims (temp & permanent)
- Mortality (deaths)

WHO (World Health Organisation) classifies burden of disease into three broad groups:

- **Group I:** Communicable, maternal, perinatal and nutritional conditions (a disease that is transmitted through direct contact with an infected individual or indirectly through a vector. Also called contagious diseases).
 - **Group II:** Non-communicable diseases (hypertension, diabetes, mental illnesses, cancers, cardio-vascular disease, asthma, obesity, etc.).
 - **Group III:** Injuries (intentional and non-intentional).
 - **Group IV: South Africa includes HIV and TB as a separate group due to the high prevalence**
- 

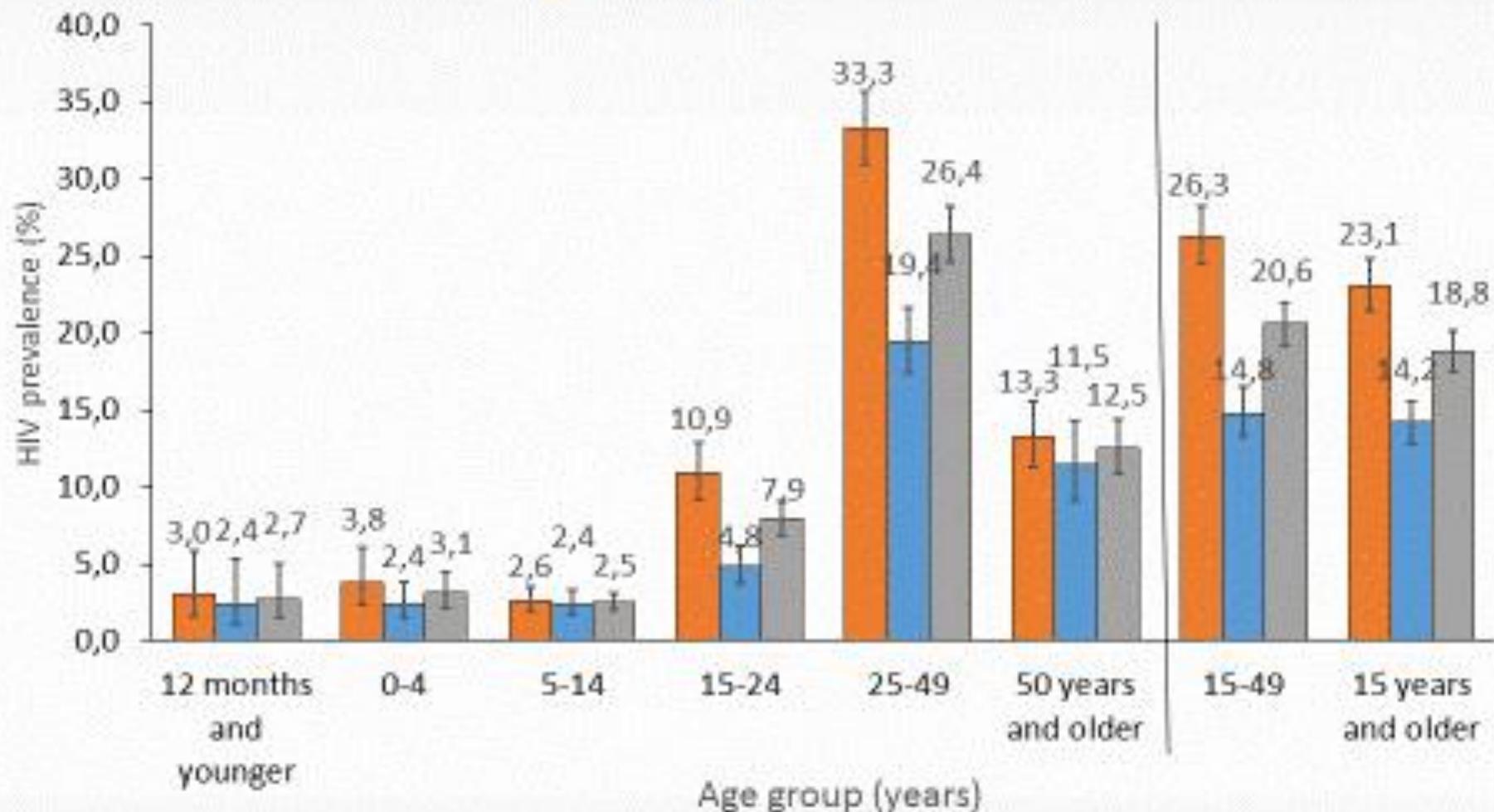
Top ten leading underlying natural causes of death

(Stats SA 2016 – P0309.3)

Rank	Cause of death based on the international classification of diseases.	
1	TB including MDR and XDR TB	grp 1
2	Diabetes mellitus	grp 2
3	Other forms of heart disease	grp 2
4	Cerebrovascular diseases like stroke	grp 2
5	HIV related diseases	grp 1
6	Hypertensive related diseases	grp 2
7	Influenza and Pneumonia	grp 1
8	Other viral diseases	grp 1
9	Ischaemic heart diseases	grp 2
10	Chronic lower respiratory diseases like emphysema & asthma	

HIV by age and sex, South Africa, 2017

Female Male Total



Top ten leading underlying natural causes of death for the population aged 15–24 years, 2016

(Stats SA 2016 – P0309.3)

Rank	Cause of death based on the 10 th revision, international classification of diseases.
1	TB including MDR and XDR TB
2	Human immunodeficiency virus [HIV] disease
3	Other viral diseases
4	Influenza and pneumonia
5	Certain disorders involving the immune mechanism
6	Other forms of heart disease
7	Episodic and paroxysmal disorders
8	Inflammatory diseases of the central nervous system
9	Intestinal infectious diseases
10	Malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic and related tissue

The call



“This year, we will take the next critical steps to **eliminate HIV** from our midst. By scaling up our testing and treating campaign, we will initiate an additional two million people on **antiretroviral treatment by December 2020**. We will also need to **confront lifestyle diseases** such as high blood pressure, diabetes, cancers and cardiovascular diseases” State of the Nation Address: 16/02/18

Thuma Mina Campaign

In order of burden in the workplace (cost – morbidity, disability & mortality)

1. HIV and CDL's – hypertension, high cholesterol, heart disease, stroke, diabetes type 2, obesity and some cancers - caused by a sedentary lifestyle (little or no exercise), poor nutrition and substance abuse.
2. Musculo-skeletal injuries (vast majority of which are non-work related)
3. **S**tress, **A**nxiety disorders and **D**epression (SAD)

None of these conditions is legislated for workplaces to assess or manage

Wellness and Disease Management System

- Is an organised employer-sponsored system that is designed to:
 - Identify and promote positive organisational behaviour
 - Improve individual employee's health and quality of life and
 - Enhance their strengths and effectiveness in order to mitigate wellness and disease related issues that would negatively affect:
 - organisational development
 - employee engagement and
 - productivity

Aim of the WDMS

- The purpose of a WDMS is to provide a framework for **managing** the prevention of non-occupationally induced illnesses and promote higher levels of wellness.
- This standard was developed to assist, encourage and support organizations to implement minimum standards for a wellness and disease management system (WDMS) (including HIV, TB and non-occupational diseases) with a philosophy of continual improvement to work towards best practice.

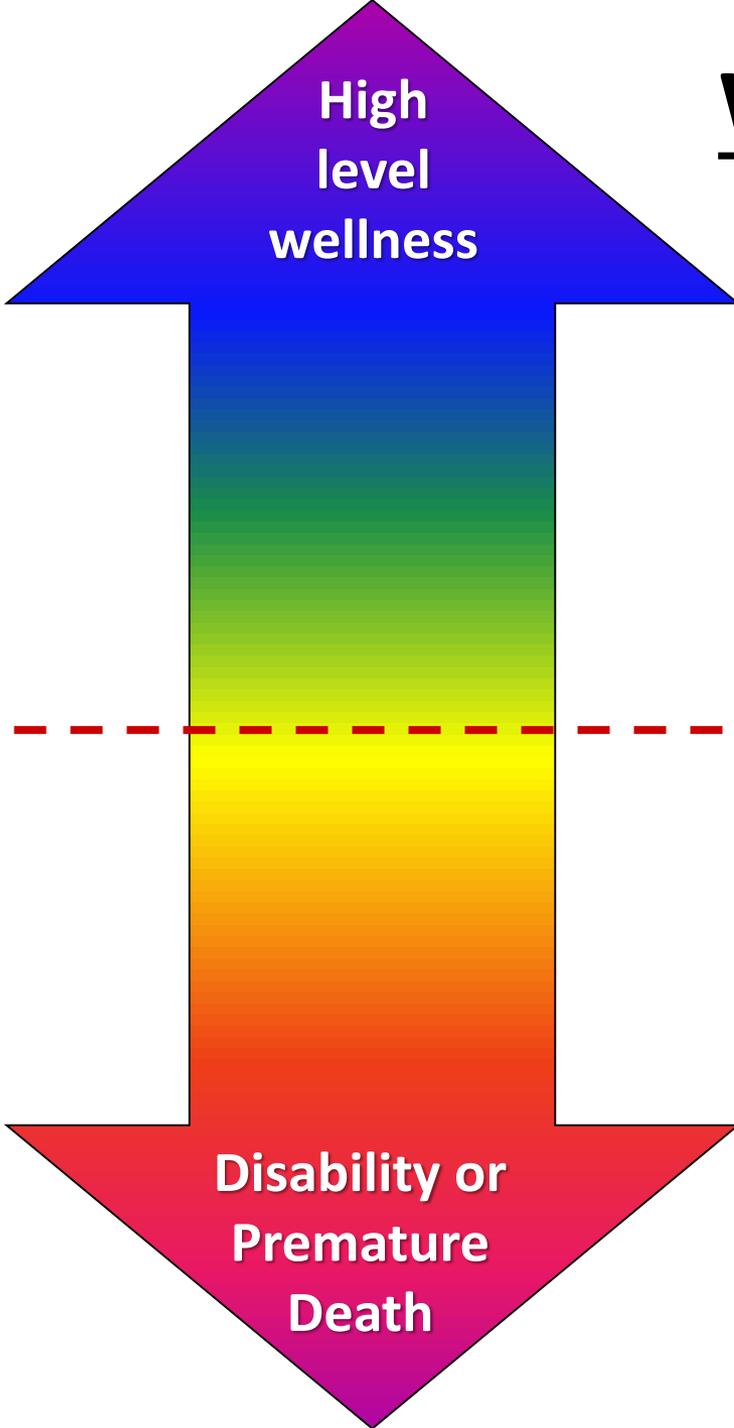
Components of the WDMS

- The **wellness component** of this standard implies the proactive interventions that an organization can implement to prevent ill health and improve upon or maintain the health of its employees.
- The **disease component** implies all those health conditions that are not commonly occupationally induced but rather conditions of lifestyle.

The intended outcome for an organisation's WDMS

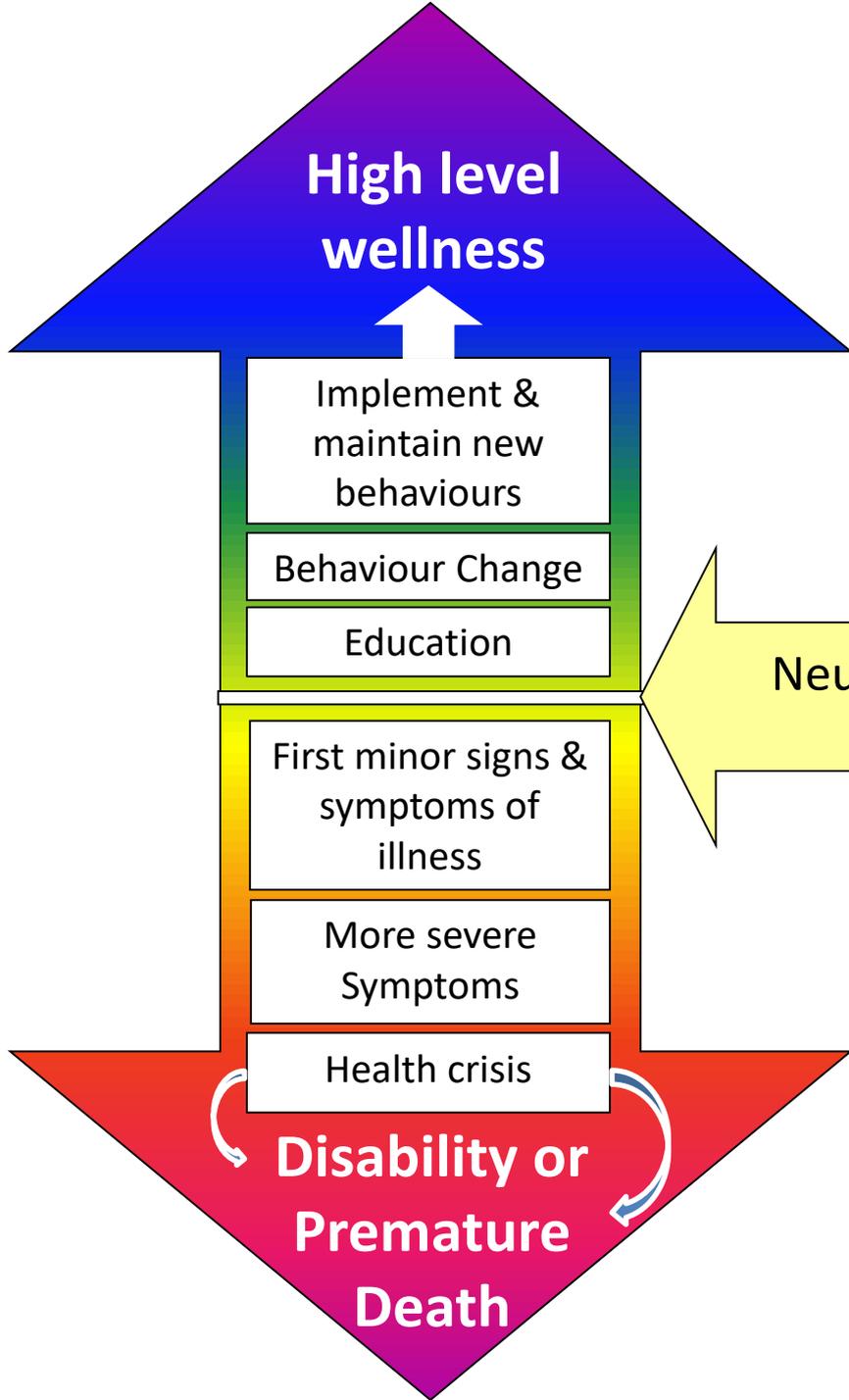
- Is to prevent non-occupational diseases and conditions and
- To improve employee engagement and productivity and
- To reduce absenteeism and presenteeism.
- To improve and strive for **higher levels of wellness**

Wellness/Disease
Continuum



High
level
wellness

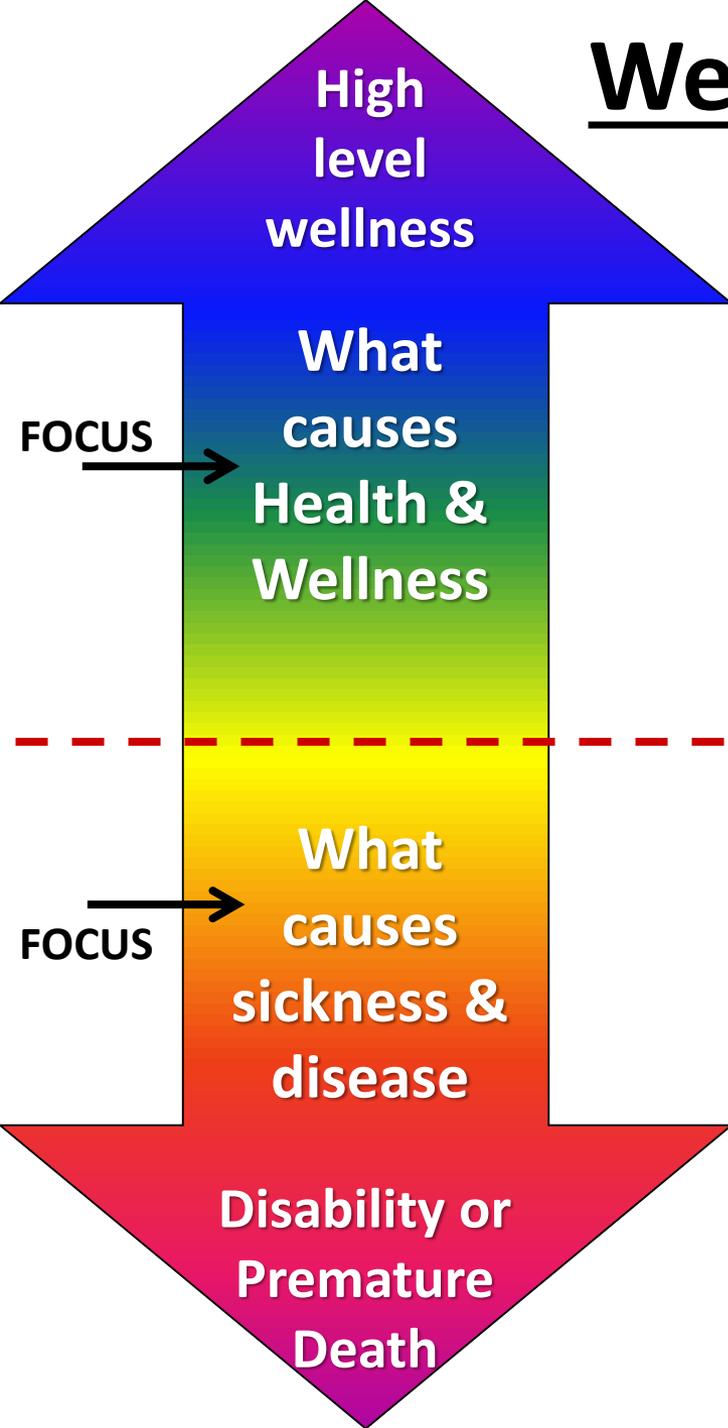
Disability or
Premature
Death



Neutral Point. No visible illness or wellness
Just living life.....

**Wellness/Disease
continuum**

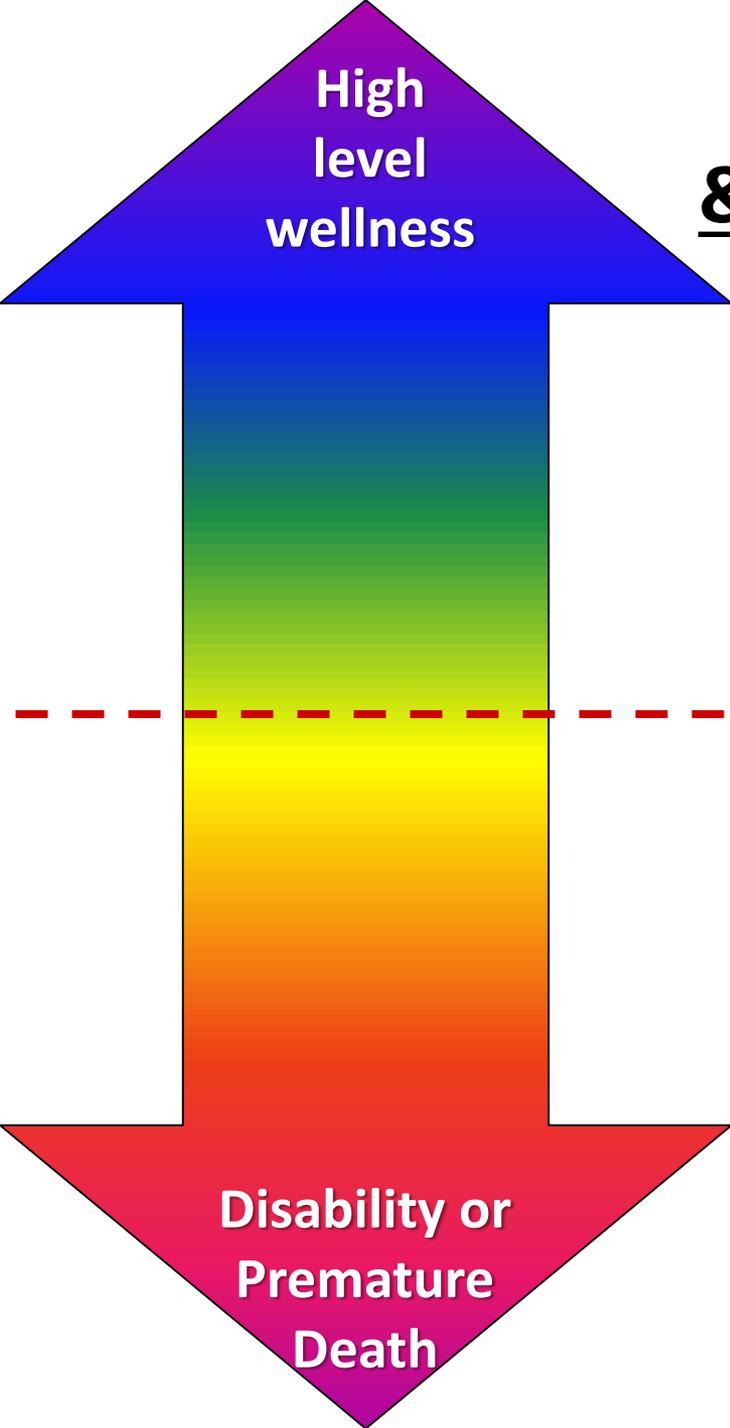
Wellness/disease Continuum



SANS 16001:2013 Programmes

1. Prevention of ill health
2. Promotion of wellness

3. Diagnosis, treatment, care & support
4. Rehabilitation back to work

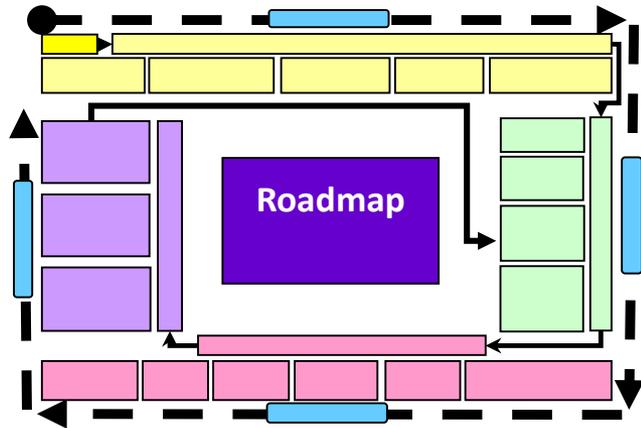


Wellness/Disease Continuum & related workplace programmes

Programmes:

Prevention of ill health and
Promotion of high levels of wellness
according to the comprehensive health
risk assessment of burden of disease

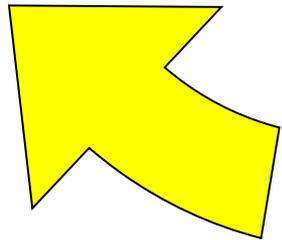
**Treatment and rehabilitation
programmes for diagnosed illness**



Using the
SANS 16001:2013
APIME
'roadmap' to manage the
burden of disease

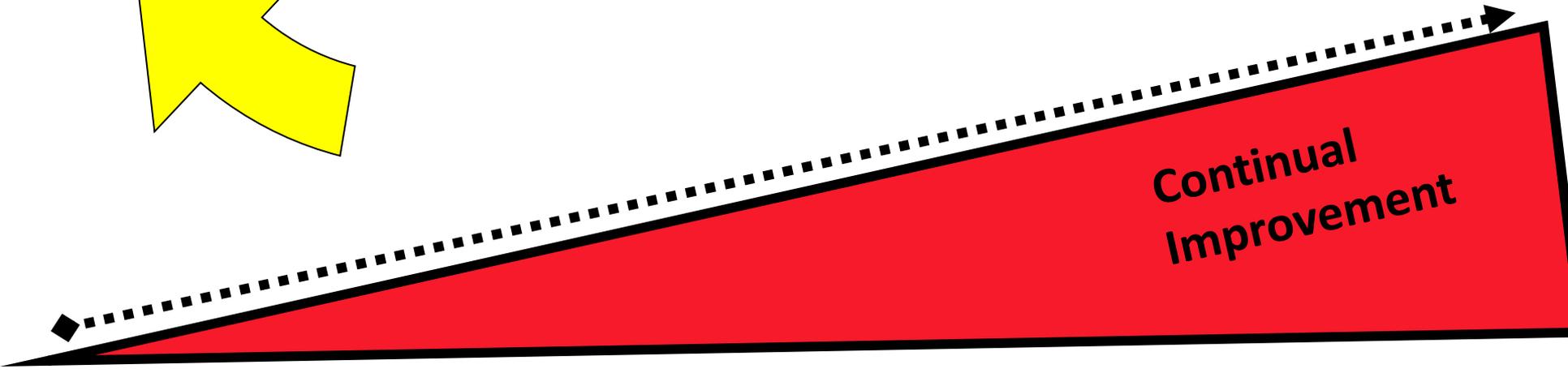
The SANS 16001 APIME Cycle

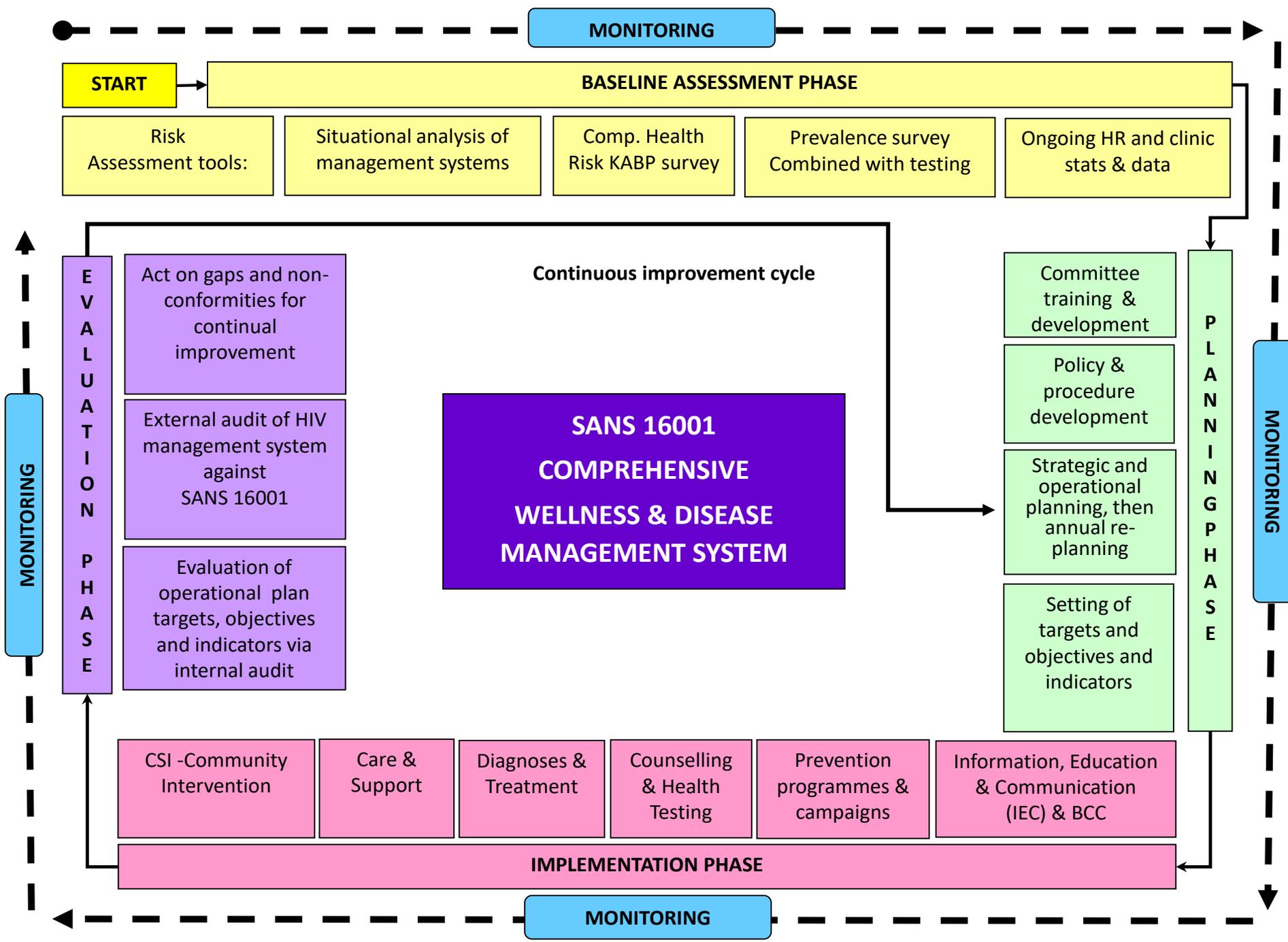
1.
Assessment



Cumulative
gains

Continual
Improvement





MONITORING

START

BASELINE ASSESSMENT PHASE

Risk Assessment tools:

Situational analysis of management systems

Comp. Health Risk KABP survey

Prevalence survey Combined with testing

Ongoing HR and clinic stats & data

EVALUATION PHASE

Act on gaps and non-conformities for continual improvement

External audit of HIV management system against SANS 16001

Evaluation of operational plan targets, objectives and indicators via internal audit

Continuous improvement cycle

SANS 16001 COMPREHENSIVE WELLNESS & DISEASE MANAGEMENT SYSTEM

PLANNING PHASE

Committee training & development

Policy & procedure development

Strategic and operational planning, then annual re-planning

Setting of targets and objectives and indicators

MONITORING

MONITORING

IMPLEMENTATION PHASE

CSI -Community Intervention

Care & Support

Diagnoses & Treatment

Counselling & Health Testing

Prevention programmes & campaigns

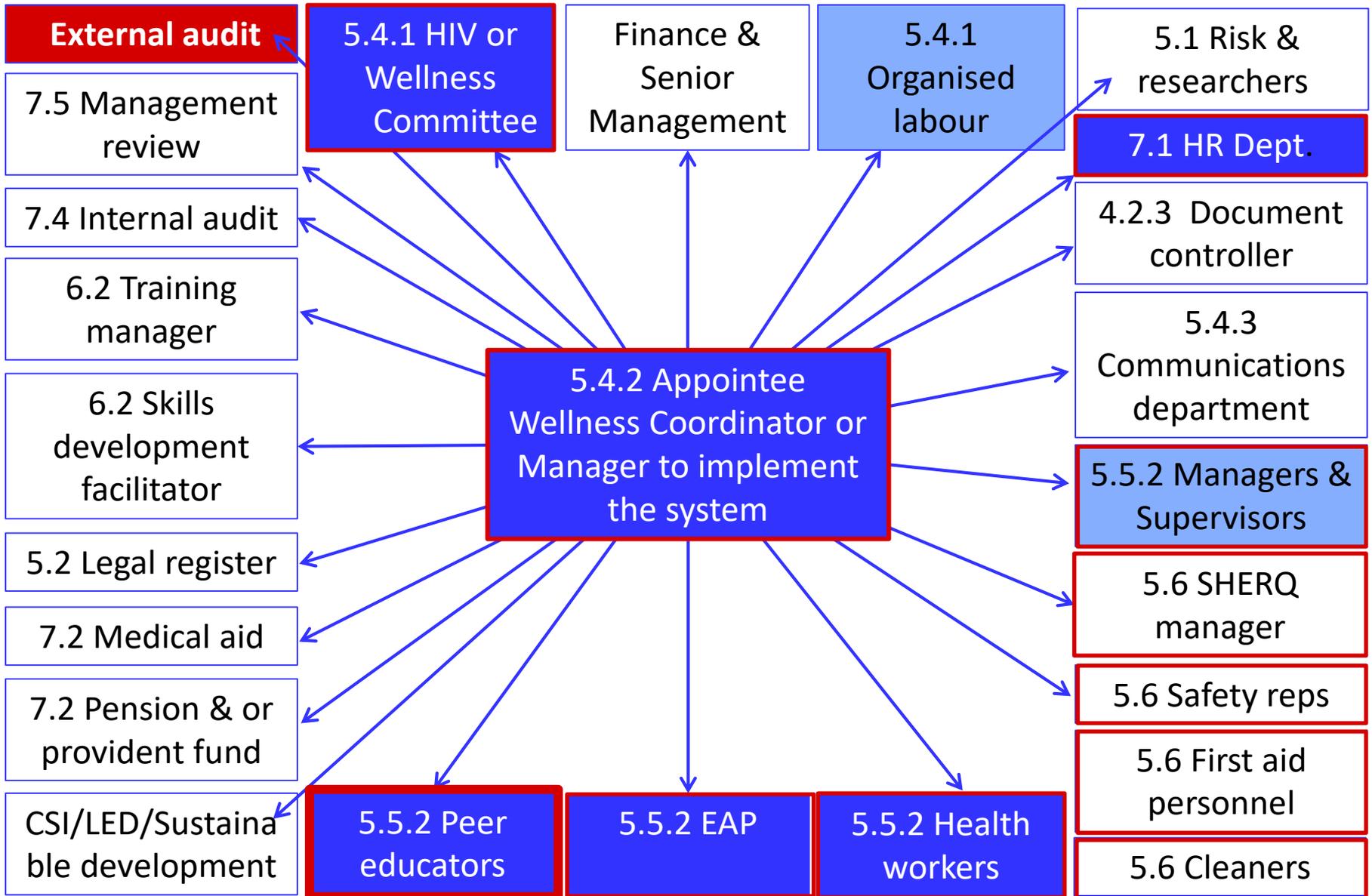
Information, Education & Communication (IEC) & BCC

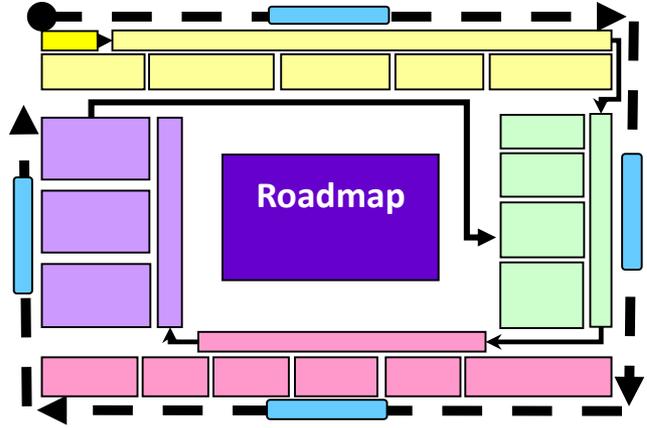
MONITORING

People within the workplace who
have roles and responsibilities
within the SANS 16001:2013
management system



The interacting depts. & employees in SANS 16001





Assessment phase.

BASELINE ASSESSMENT PHASE

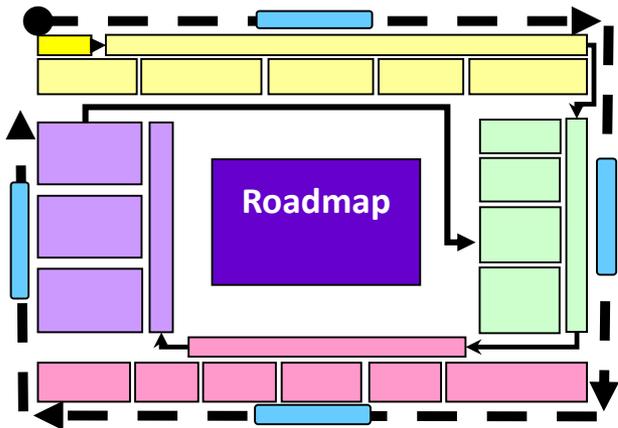
Risk Assessment tools:

Situational analysis of management systems

Comprehensive Health Risk Assessment KABP Survey – **employees**

Health Screening via annual medicals and or screening campaigns

Ongoing assessment via monthly statistics:
 HR - Absenteeism, poor performance management for ill health, dismissal for incapacity ill health, disability claims, abscondment due to ill health, deaths & clinic/medical aid data.



Committee training & development

Policy & procedure Development

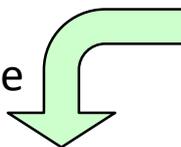
Strategic and operational planning, then annual re-planning

Setting of targets and objectives and outcome indicators

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Examples on the next slide

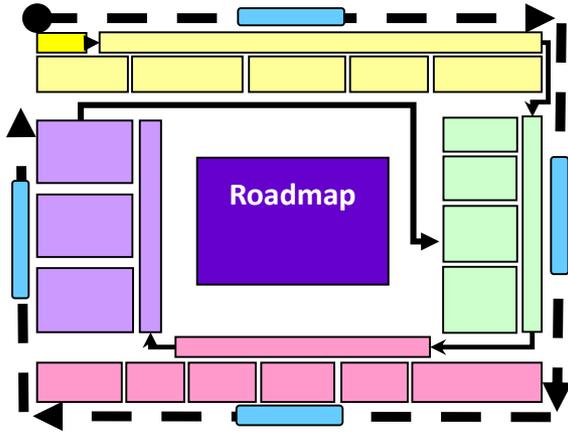


Example of indicators over 3 years

- 2018 - 70% uptake of screening for non occupationally induced illnesses with 80% of those identified registering for treatment...
- 2019 – 80% uptake of screening for non-occupationally induced illnesses with 85% of those identified registering for treatment...
- 2020 – 90% uptake of screening for non-occupationally induced illnesses with 90% of those identified registering for treatment...

Other indicators to measure to demonstrate success and ROI to management:

1. Wellness program utilization levels
2. Decrease in risk (measured by comprehensive health risk appraisal (CHRA) responses, decreased healthcare costs, and decreased absenteeism)
3. Reduction in specific identified medical issues (BP)
4. Comparison of healthcare costs to benchmarks
5. Employee work satisfaction
6. Actuarial analysis of participant vs. nonparticipant medical claims
7. Adherence to recommended treatment protocols
8. Disability claims reduced
9. Return to work increased



Implementation

1. Information, Education & Communication (IEC)

← NB: Behaviour Change Communication

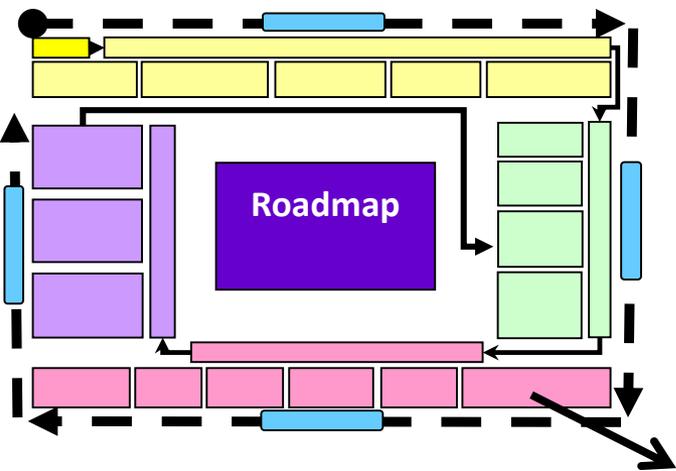
2. Prevention programmes and campaigns

3. Counselling & testing/ health screening

4. Treatment & Absenteeism /performance management

5. Care & Support (EAP)

6. CSI - Community Intervention (optional if capacity)

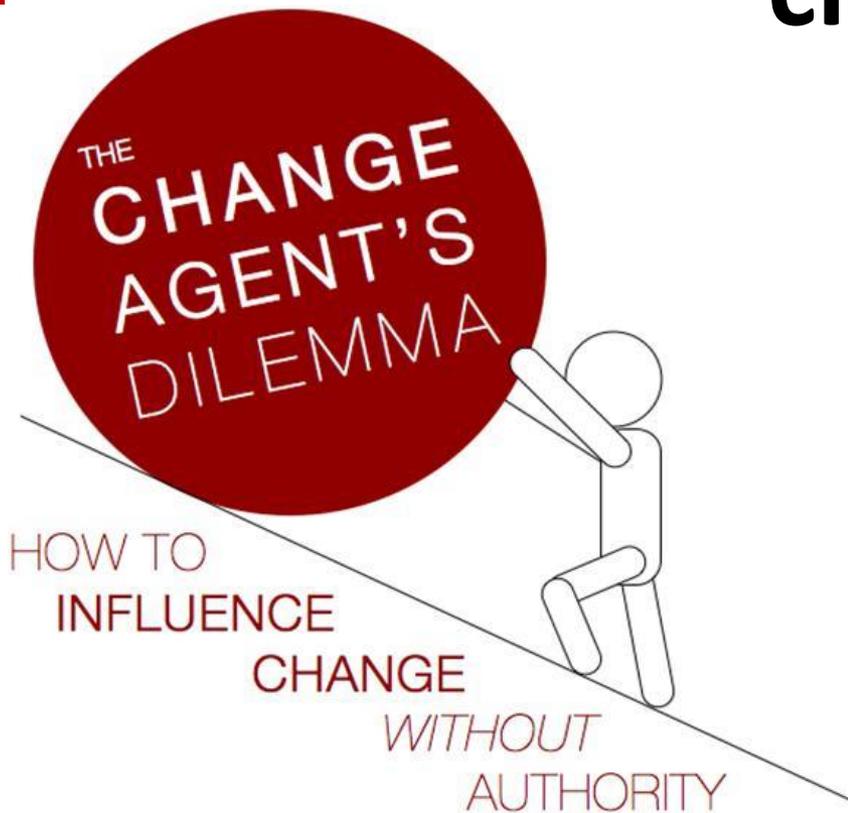


Step 1. IEC & BCC (training)
Information, Education & Communication
&
Behaviour Change Communication

1	Development of Wellness committee – 3 days (part of the planning phase)
2	Implementing SANS 16001:2012(5 days) For Wellness coordinator & HR
3	Senior management training – ½ day
4	Training for middle management, supervisors and union leaders – 2 days
5	Peer educator/Wellness educator/champion training (7 to 10 days) Accredited against SAQA US's
6	Peer educator mentorship and coaching (1 day per month)
7	Induction (SANS 16001 components only)
8	SHE manager and SHE reps (SANS 16001 components only)
9	First aid personnel (SANS 16001 components only)
10	Cleaners (SANS 16001 components only)
11	SANS 16001:2007 Auditor training (5 days)
12	Counsellor training (if relevant)

Peer educators as change agents

**Not mere givers
of information**



BUT...Most organisations are disappointed in the outcomes of their HIV peer education programmes.

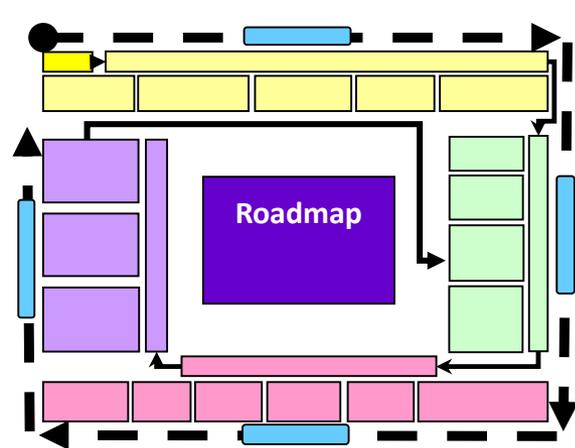
WHY???



Findings in order of priority

- Poor line management &/or supervisor support
- No specific time slot give for peer educator activity
- Training too short with little depth and focus on information and awareness
- Little or no coordination or mentorship for sustainability
- No programme or curricula for them to follow
- No monitoring and evaluation for continual improvement
- Little or no involvement of the Wellness committee and the clinic staff or HR
- Poor initial selection process
- No on-going training

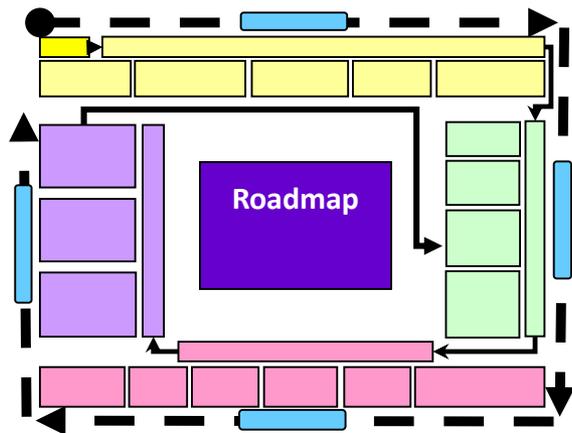
Clause 2.6 – Standard 25 in the EAPA standard –
Preventive services to mitigate employee behavioural
and organisational risks.



2nd step in Implementation phase

2. Prevention activities & interventions

1. Weight loss campaign
2. Nutrition education and counselling
3. Cough and sneeze campaign
4. Hand-washing and hygiene campaign
5. Good air flow to avoid cross infection of respiratory infections (colds, flu & TB)
6. Condom distribution
7. Promotion of Male Medical Circumcision
8. Smoking cessation
9. Exercise promotion and activities
10. Responsible alcohol intake programme
11. Substance abuse programme
12. Stress management campaign



3rd step in Implementation phase

3. Counselling & testing / health screening

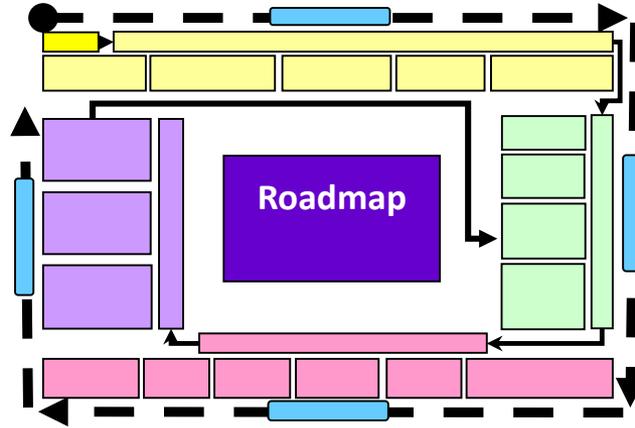
1. HIV
2. Glucose
3. Cholesterol
4. Hb for anaemia
5. Blood pressure
6. BMI – Body Mass Index & WHR
7. STI screen
8. TB screen
9. Depression & Anxiety disorder screen
10. Cancer screens

ONGOING MONITORING & EVALUATION

ONGOING MONITORING & EVALUATION

ONGOING MONITORING & EVALUATION

**ONGOING
MONITORING &
EVALUATION**



Act on gaps, non-conformities, corrective and preventive actions
for continual improvement

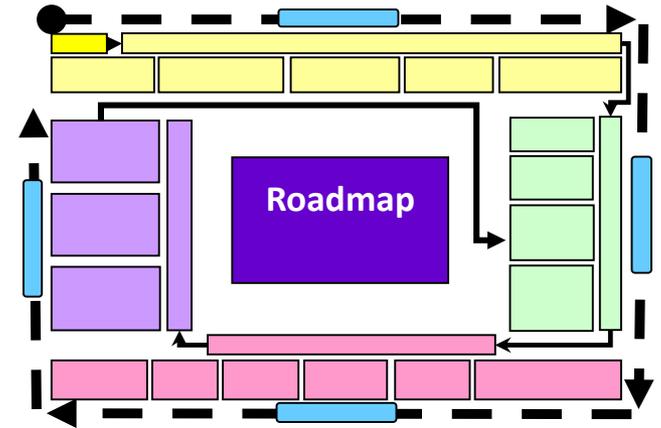
Certification audit

Management review

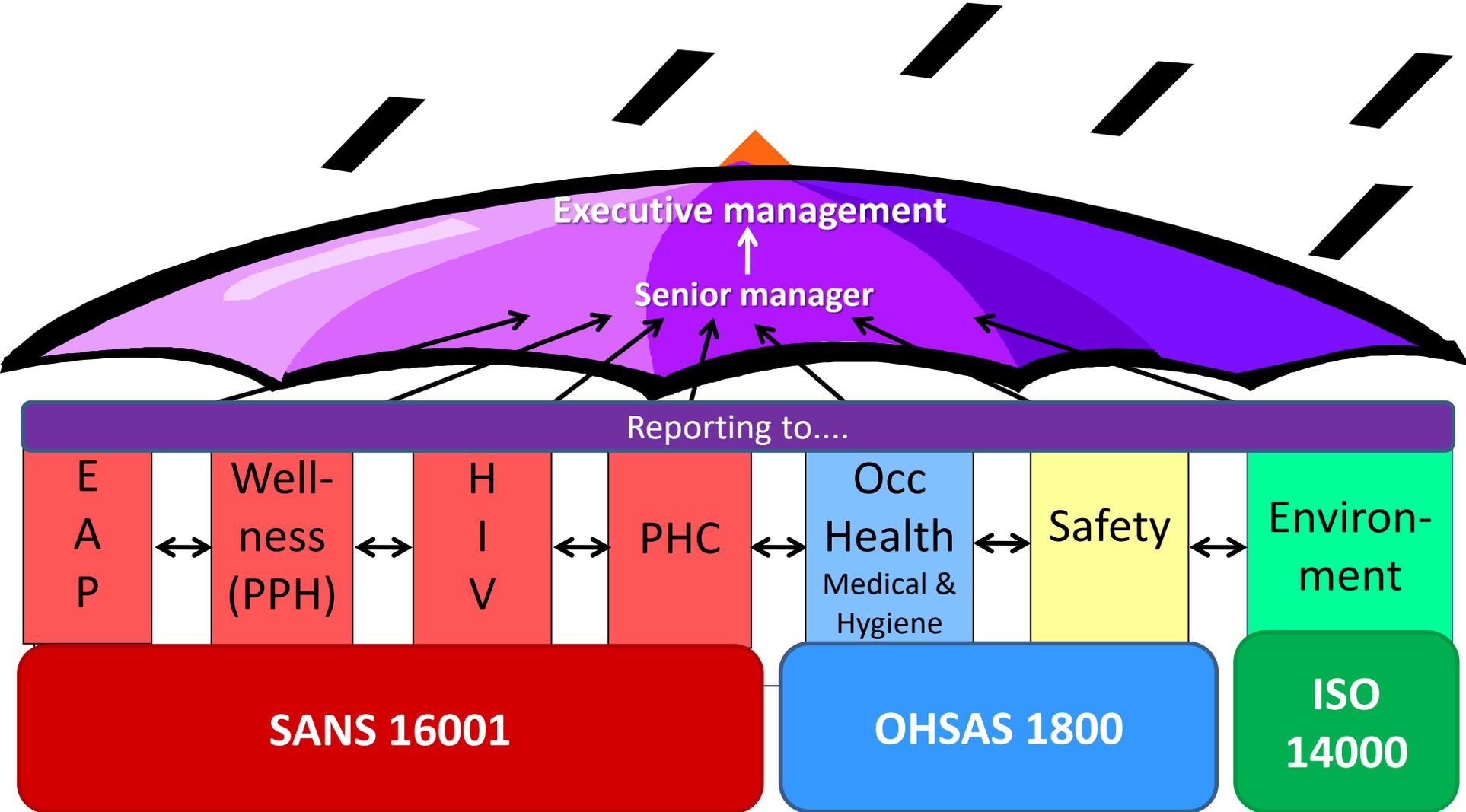
First party audit -
Conformance with own
policy, procedures
targets, objectives,
indicators, legislation and
this standard

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Integrated Employee Wellness & Disease management model - Creating an umbrella of protection for employees



Integrated & interconnected employee wellness & disease management components

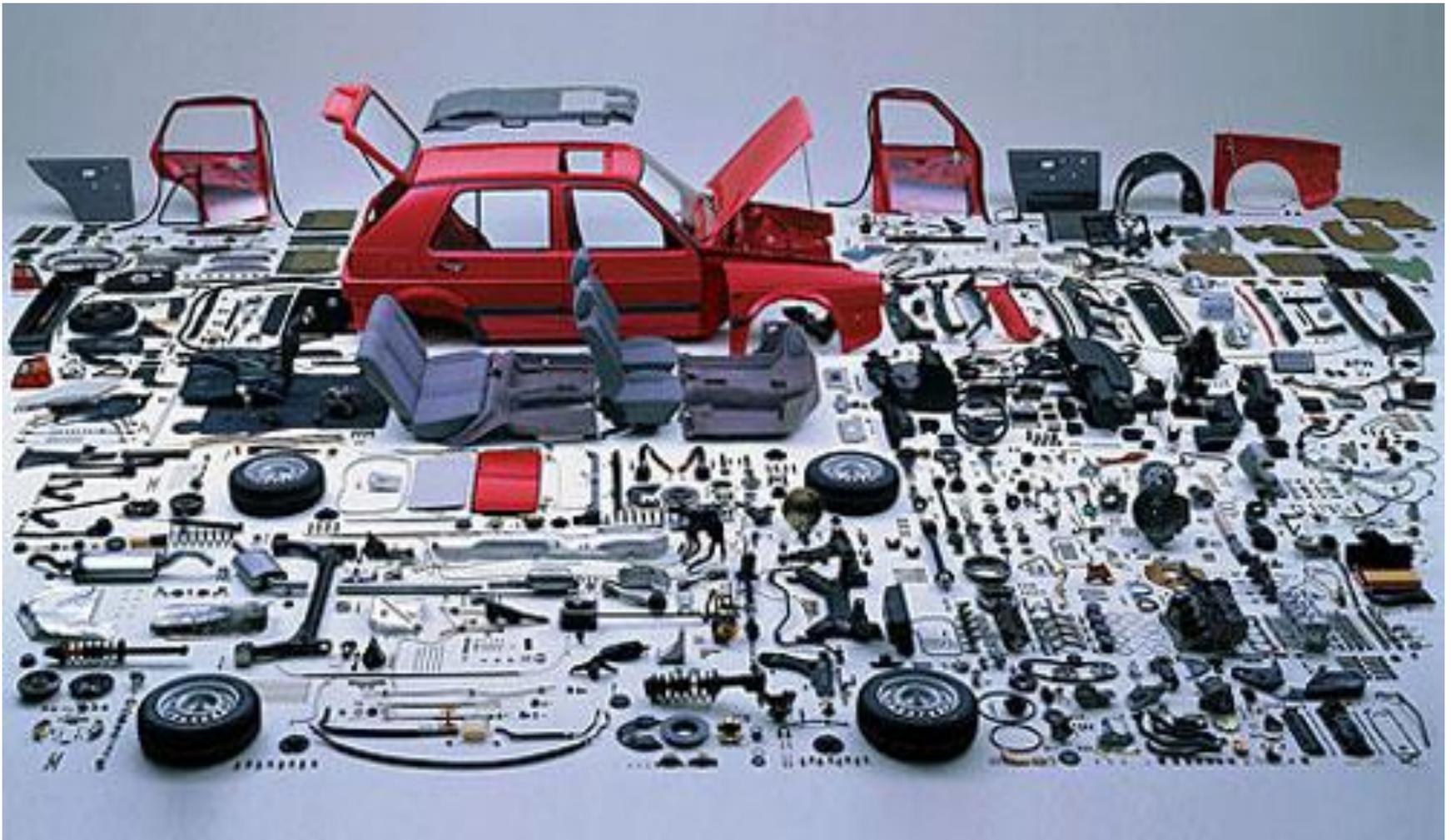
A *system* is all of the following:

- A set of elements that are **interrelated or interact** with one another.
- A functionally related group of elements.
- A social, economic, or political organizational form.
- A naturally occurring group of objects or phenomena: E.g. the solar system, telecommunications system, etc.
- A set of objects or phenomena grouped together for classification or analysis: DSM – Diagnostic & Statistical Manual for Mental illness
- A condition of harmonious, orderly interaction.
- An organized and coordinated method; a procedure.
- The prevailing social order; the establishment. For example: “You can't beat the system”.

- A pile of sand is not a system.
- If you remove a sand particle, you have still got a pile of sand.
- The components are therefore not INTERCONNECTED and RELIANT on one another.



All the components required to make up a VW Golf 16001 are in the picture below. Is this a car?



Systems approach

When managers use a *systems approach*, it means that they treat the interrelated processes that make up an organization as an integrated system and then they use this system to achieve its objectives and targets.

Systematic approach to our destination

WOERTHERSEE TOUR 2013





Driving towards best practice



Benefits of utilizing WDMS

A WDMS can enable an organisation to improve its wellness and disease performance by:

- Developing and implementing a W & D policy and W & D objectives
- Establishing systematic processes which consider its “context” and which take into account its risks and its opportunities, its legal requirements and the other requirements to which it subscribes
- Determining the wellness and disease risks, seeking to reduce or eliminate them and implementing interventions to minimise such identified risks.
- Establishing policies, procedures, interventions/campaigns, health promotional activities and education
- Compliance with applicable legal and other requirements
- Increasing awareness of its W & D risks
- Evaluating its W & D performance and seeking to improve it
- Establishing the necessary competencies
- Developing a positive wellness culture in the organisation
- Ensuring the consultation and participation of the employees

Do you have any questions?



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