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Hanks Review (review into accident compensation act)

- www.compensationreview.vic.gov.au
- Increase step down payments to 80% not 75% from 13 weeks.
- Tighter definition of reasonable and appropriate management action regarding stress claims. Significant opposition from Trades Hall.
- Provisional liability based on similar to the NSW model.
- Voluntary claims excess to enable Employers to have some spending discretion.
- Hanks recommended that Victoria become the first Australian jurisdiction to compensate long-term injured workers for the superannuation that would have accrued if they had been able to continue working. (post 52 weeks)

WISE – WorkSafe Incentive Scheme for Employers

- 12 month financial incentive of up to \$26,000 that is payable to employers who offer ongoing employment of 15 hours or more to workers with a WorkSafe Victoria entitlement who cannot return to work with their pre-injury employer
- Employers can receive up to \$26,000 depending on the number of hours of the job and how much the worker is paid per week (i.e./ \$26,000 for annual remuneration of \$100,000
- If worker re-injures in relation to original claim, all costs and any premium impact rests with the previous employer. Even if it is decided that it is a new claim, this will not impact on the new employer's premium.
- To ensure the right person is chosen for the position, an occupational rehabilitation provider will complete a workplace assessment to confirm the worker's capacity and skills match the job and the workplace.

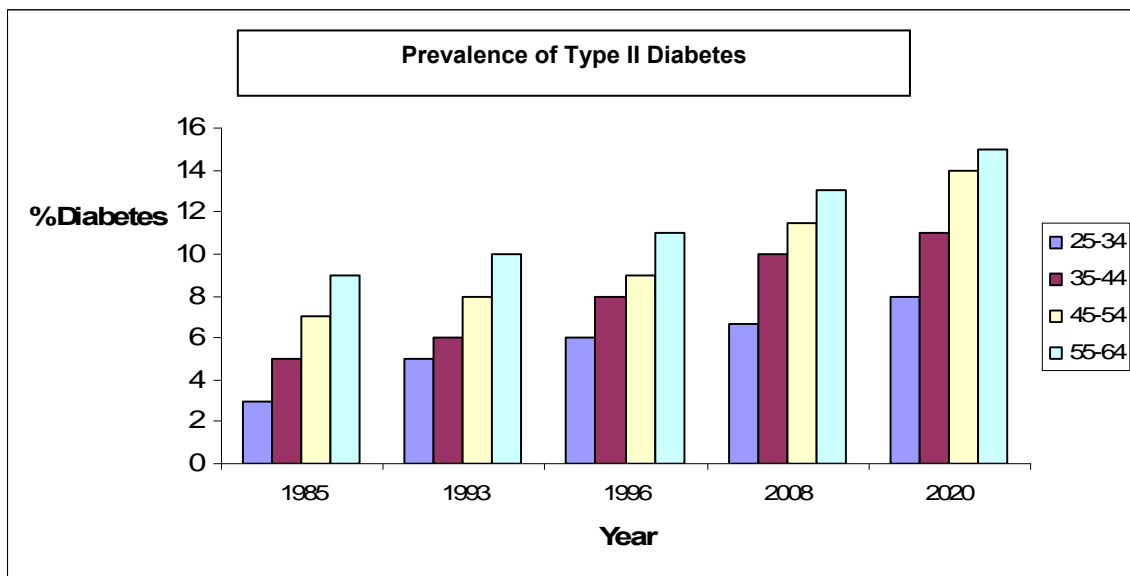
Vic Worksafe performance from insurance operations

- Preferred measure of scheme health, free from investment fluctuations.
- WorkSafe posted a profit from insurance operations of \$958m for 2007-2008
- Taking into account investment turmoil in the past 12 months, the regulator sustained a substantial after tax loss of about 587m.
- Injury incidence claims reduced to 11.1 claims per 1,000 workers in 2007-2008. Slightly down from 11.3 in 2006-2007 although the regulator admitted it missed its own target of 10.6.

Obesity Classification using BMI (Weight/height²)

World Health Organisation classification

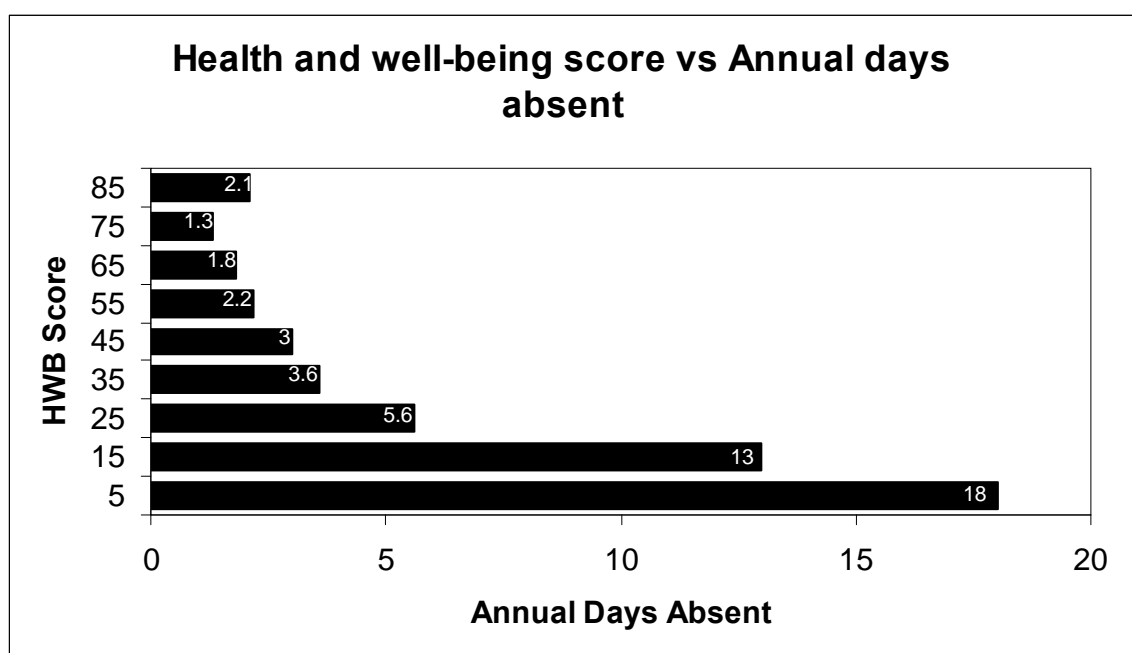
Classification	BMI (kg/m ²)
Underweight	≤ 18.5
Normal range	18.5 – 24.9
Overweight	25 – 29.9
Obese class I	30 – 34.9
Obese class II	35 – 39.9
Obese class III	≥ 40



Busselton 1981 Survey, Medical Journal of Australia, 1985, 143, 436-440.

O'Dea *et al.*, Diabetes Care, 16, 1004-1010, 1993

Gault *et al.*, Diabetes Care, 19, 1269 - 1273, 1996



Medibank Private 2005

WorkHealth Initiative (www.workhealth.vic.gov.au)

Why do we need WorkHealth?

There is no escaping the fact that Australians and Victorians are becoming unhealthier.

- over one million Victorian workers are at risk of developing a potentially preventable chronic disease
- the prevalence of diabetes jumped by 77% between 2001 and 2006, and continues to increase in association with increases in obesity, lack of physical activity and poor diet
- Absenteeism costs the Victorian economy over \$440 million annually
- Chronic diseases are placing an unsustainable burden on the state's health system - together, cardiovascular (heart) disease and diabetes costs the Victorian health system \$600 million per year
- workers with chronic diseases may be more likely to be injured at work or recover more slowly from injuries
- Australia's workforce is ageing and skills are in short supply. Keeping older workers and workers who are at risk of chronic diseases in the workforce for as long as possible is a key to maintaining Victoria's economy
- Many chronic diseases are preventable, or their onset can be delayed by relatively simple measures such as regular exercise and a healthy diet.

Why the workplace?

- With workers spending about one third of their total hours at work, the workplace provides significant opportunities for promoting health and wellbeing.
- Greatest opportunity to assess the health of males who traditionally will not see their GP regularly.
 - WorkHealth, the new division of Worksafe focusing on employee health testing, are currently in the process of consulting stakeholder groups prior to rollout in late February 2009.
 - The voluntary health testing will occur at the workplace and comprise of a self-administered questionnaire and a biomedical test including cholesterol and diabetes screening.
 - Data will be collected by an independent third party to avoid privacy issues and large employers will receive a summary report based on demographics.
 - Ongoing health promotion programs will be based on best practice programs currently in place such as Life and Quit. WorkHealth are planning graduated rollout over two years, commencing in regional Victoria.