GUEST EDITORIAL

Aspirational targets for occupational health

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The new Occupational Health Strategy for Great Britain will have national aspirational targets. These will be common goals that all partners can work to, and should help to inspire local and specific targets for action. More attention needs to be paid to looking at outcomes, so that we can reduce the number of people suffering from work-related ill-health, as well as improving the health of the workforce. Both local and national targets will need evaluating, so that progress can be seen. Organisations who share their success, as well as challenges in making progress will help to spread improving practice.

Key words: Evaluation; outcome targets; partnership; strategy.

INTRODUCTION

During its work to develop a new Occupational Health Strategy for Great Britain, HSE (Health & Safety Executive) has become convinced that if a new strategy is to make a difference, targets are needed, and national aspirational ones should be published when the strategy is launched. These will be common goals that everyone can work to, and could help inspire local and specific targets, so that workplaces and organisations will set their own targets for improvements for health in their workplaces. Therefore, a new strategy will require two types of target: national aspirational ones and more lower level, local specific targets.

BACKGROUND

In the discussion document published in August 1998, HSE asked for views on setting priorities and having targets for occupational health. Some of those who did respond on this issue felt uncomfortable about setting targets without more accurate occupational health data being made available. There were concerns too about measuring events when the causes are not necessarily clear, and in some cases latency complicates how progress is measured. Nevertheless, the setting of some national targets was felt to be important in order to focus action on health issues. Several respondents felt that any targets for occupational health should be specific, measurable, achievable, realistic, and time-based (SMART), but also challenging. Many felt that targets should be specific, e.g. on health risks or sectors, and some were concerned about setting a broad target given that there was not a common understanding of what is meant by occupational health. Some felt that baselines would be needed before targets were agreed in order for some type of monitoring to be possible.

Several respondents thought that if partnerships with key players like a range of Government departments, the CBI, the TUC, local authorities, as well as different professional groups were going to help improve occupational health, the partners would need to agree common goals or national aspirational targets. In the responses to HSE’s discussion document, areas mentioned most frequently as suggestions for more specific targeting included: management of occupational health risks, raising awareness and training in occupational health, stress and mental health, musculoskeletal disorders, access to occupational health support, and ensuring compliance with current health and safety legislation.

Although there are diverse views on what should be the detailed programmes of a strategy, everyone seems to want to improve the situation, by improving health in the workplace and stopping people being made ill through work activity, both employees and the public. People want to address how health affects work as well as the effect of work on health, so that the overall health of the workforce in Great Britain can improve, and workers ill or injured for any reason can return to work. Having common national aspirational targets reflecting a wide view of occupational health that everyone can feel they are contributing to, would enable a wide range of partners to have the spur to work better together.
NATIONAL TARGETS FOR A NEW OCCUPATIONAL HEALTH STRATEGY

As HSE has been preparing a new occupational health strategy, we have concluded that we need national aspirational targets which state what we are trying to achieve over ten years. Such aspirational targets need to be outcomes, and not just outputs, to ensure that everyone is focused on making a difference, and changing the current situation. It can be relatively easy to count outputs and actions like risk assessments which people believe are linked to outcomes. It is more difficult to assess outcomes like reducing the number of people suffering from work-related ill-health. Nevertheless, we think that the new strategy needs to focus on outcomes, so that we are clear what we are trying to achieve. National aspirational targets for the new strategy as a whole would be helpful to focus attention. However, these would not be for HSC/E to achieve alone, but would be for everyone trying to improve occupational health. Certainly, without a wide range of stakeholders taking action towards the aspirational targets, the strategy will not help make a difference. The action programmes to achieve the targets will be an act of faith initially (based on what stakeholders have told us will make a difference). The actions will then be evaluated so that progress towards the targets can be monitored.

LOCAL OR SPECIFIC LOWER LEVEL TARGETS

A national strategy may be able to set high-level aspirational targets, but to be successful, lower level targets to help achieve the overall goals will be needed. These lower level targets will need to be developed by discussion with relevant partners, and individual workplaces may want to set their own. Thinking about how this could be done, there are different types of targets that could be considered:

- ‘primary’ targets could be measures of health outcomes like a reduction in a specific work-related ill-health endpoint, e.g. hand-arm vibration syndrome;
- ‘secondary’ targets could be measurements of health risks that workers are exposed to, e.g. measuring exposure to noise which causes deafness, by designing and building new workshops in which noise exposures will be reduced;
- ‘tertiary’ targets could be those which measure activities that will lead to a reduction in exposure but not the actual measure of the health risk exposure. e.g. increasing ventilation rates where solvents are being used (but not measuring the solvents in air, which would be a secondary target).

NEED FOR LOCAL OR SPECIFIC ACTION

To make a difference and improve occupational health, the way in which lower level targets are set and whether to have combinations of the different types of targets will need discussion with those involved first hand. Management, employees, health and safety representatives, occupational health and safety professionals (including occupational physicians and occupational health nurses) will need to be involved in deciding what targets to agree and how to measure them. It will be vital that many organisations or workplaces, be they large, medium or small, all join in if we are to make progress towards the aspirational targets. Organisations will need to ask themselves whether they have the right type of information about what is happening to their workforce. They need this to help them set targets which will improve the health of that workforce. For example, is sickness absence information collected in the optimal way to provide information about occupational health problems in the workplace? Clearly some organisations will feel that they have excellent information systems and have been setting and working to targets for some time. We hope that as well as reviewing their procedures to see how they fit with the new occupational health strategy, these organisations will be willing to share their successes and challenges with others to spread improving practice.

A great deal of work will be needed to set up systems whereby both progress towards achieving lower level targets as well as the aspirational targets is achieved. When HSC/E publishes the new occupational health strategy for Great Britain in Spring 2000, we hope that it will help those wanting a stimulus to improve occupational health, and many will want to work closely with us in implementation of the strategy.

REFERENCE