

**IMPLEMENTING HEALTH EDUCATION PROGRAMMES  
AT AUSTRALIAN PAPER MANUFACTURERS LIMITED,  
BOTANY MILL**

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**ABSTRACT**

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Part of the occupational health nurse's role is to assess the need for health education for fellow workers, and to convince management of the validity of introducing health education programmes. In this paper an occupational health nurse in a Sydney paper mill discusses this aspect of her work, in particular on health education for apprentices, anti-smoking programmes, drug/alcohol dependence and protection against environmental hazards.

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In occupational health nursing we are concerned with primary and secondary issues. Primary issues are those that affect the worker daily, on the job and in private life. Secondary issues are those concerned with winning the support, sympathy and understanding of management to enable us to deal effectively with the primary issues.

Australian Paper Manufacturers Ltd is a company that employs 6 000 people throughout Australia. I am the sole occupational health nurse at the Botany plant in Sydney, where 1030 personnel are engaged in manufacturing paper and paperboard, the major packaging materials used in Australia. After joining APM in October 1973, I spent the first year learning about the industry, updating equipment and record systems in the health centre, generally establishing contact with health personnel in the community and identifying those areas in which preventive health care programmes would be of value.

During the past five years a need has been felt for a number of programmes dealing with the primary issues. These include: health education for apprentices, anti-smoking programmes, drug/alcohol dependence, and protection against environmental hazards. In dealing with these issues at the secondary level, we found that it was not always possible to handle them in order of priority.

One of the important factors in dealing with secondary issues is a breakdown in communications, and you may have to carry a plan further than

your immediate superior. For any one of a dozen reasons, your superior may have failed to convey the essence of the programme to top management. Naturally, the normal channels are followed as far as possible, because it is necessary to retain the sympathy and co-operation of your immediate superior. There are times, however, when it is essential to find some means of establishing contact with top management to check that your point has been conveyed.

The region I have been working in fortunately has several community health centres, all of them employing health education officers, and including on the staff drug/alcohol counsellors and mental health counsellors. These people proved invaluable when setting up initial programmes at APM, and they are still very valuable resource contacts. Encouragement and support also come from members of my department, and the safety adviser and I combine health/safety sessions whenever possible.

In 1975, with the assistance of the training officer, a series of health education talks and group discussions were organised for the sixteen apprentices at Botany. Topics included "roles and relationships" – with peer groups, parents and others at work; sex education; drug dependence; and communications. Since the success of the first programme, the training officer has integrated health education into apprentice training. At the request of the apprentices, guest speakers were subsequently invited to attend their meetings. Later on, assessment of their individual levels of fitness was arranged, and an appropriate exercise programme worked out for each person.

There are many non-smoking areas in the mill, and the first anti-smoking programme was held during a drive to reinforce the regulations. "Chemical safety" was the safety theme for the month, and considering the toxic substances in cigarettes it seemed an appropriate time to offer the programme. Forty people attended three two-hour sessions during working hours. A team of anti-smoking employees promoted the campaign throughout the workplace by distributing literature from the National Heart Foundation and other organisations, and displaying posters. The sessions were led by a thoracic physician, who spoke on ill health associated with smoking; a health education officer who showed films on heart disease and cancer; and I, as occupational health nurse, conducted the third session of the programme, in which advertising and its effect on cigarette consumption were discussed.

Advertising can do three things: it can raise fresh recruits; it can induce established consumers to transfer their loyalty from one brand to another; and it can persuade them to increase their consumption. Anyone who doubts this might watch a company of smokers in front of a television screen light up in sympathy with the actors. The advertisements promote images of attractive young people, engaged in joyous physical sport, of the man of distinction, of the successful sportsman: all of them healthy, and all of them performing to the accompaniment of cigarettes.

Follow-up questionnaires eight months, and then two years later indicated that 20 per cent of those who attended the sessions had stopped smoking. Some of the converts from that particular campaign have since persuaded five other

employees who did not take part, to quit, and interest generated by that programme has prompted others to ask for referral to group sessions conducted in the community. In the past year two lunch-time "reinforcing" sessions have been held.

Many of those who are employed in heavy industry know only too well the devastating effect noise can have on hearing. APM has an overall programme: the "Equivalent Continuous Sound Level" or, to use its acronym, the ECSL approach. Wherever possible, high noise levels have been reduced by engineering means. Operators who a few years ago were exposed continuously to high noise levels, now spend many hours on each shift working from noise-reduced booths or control rooms.

In 1975, a scientific officer with the New South Wales Division of Occupational Health and Radiation Control, helped make a video tape at APM. He also supplied a cassette tape on which the high middle frequency sounds had been eliminated. I used these aids initially when talking to small groups of employees about noise. The video equipment is now periodically set up in the waiting room of the health centre, with an accompanying display board on noise. The cassette tape is particularly useful when played after audiometry while protective equipment is being fitted on individuals. It demonstrates how clearly the person suffering from noise-induced deafness loses the essential core of communication.

We again used video to record a session in which a scientific officer talked about the hazards associated with welding processes. One of our employees had been exposed to cadmium fumes when welding in a confined area, and as a result was admitted to hospital for two days suffering from transient pneumonitis. With the approval of unions and management, the discussion session was arranged which was videotaped for future use.

It may go against the "preventive" grain, but a session like this will work if people relate it to a recent incident. It is very important to be able to take advantage of a situation while it is still fresh in the minds of those involved. Occupational health nurses are well prepared if they know the resources within their organisations, and have established contact with occupational health advisory bodies in the community.

When proposing any preventive programme, one must be prepared to justify its viability. In my experience, one that seems the most worthwhile of all – both from a human relations and a cost benefit point of view – has proved the most difficult to establish. This was an employee assistance programme, initially proposed to deal with drug/alcohol related problems.

At APM Botany we have an informal programme, and for two years the health centre has received referrals from both supervisors and union representatives. A committee was set up and, though since disbanded, some of the members have met and formulated a policy that we hope others will accept. I believe that in the long run it will be a far more successful programme for the set backs we have experienced; if nothing else, a number of people have been exposed to the notion of a very constructive plan. (Strange how two branches of

one organisation can have such different experiences. A similar programme was introduced at one of our mills in Victoria, and has flourished.)

Fifty-six employees have taken part in a weight reduction programme. Forty-two per cent of these have lost between three and thirteen kilograms. They visit the health centre regularly to have weight and blood pressure recorded and to discuss problems with the diet. There are a number of people with elevated blood lipids who also have supervised diets. When necessary this is done in conjunction with dietitians at a nearby hospital.

Health bulletins are an excellent medium for promoting good health, and occasional articles on occupational health, immunisation, etc., in the mill newsletter are welcome.

In order to keep up to date with current trends in other health care areas, it is essential to liaise with personnel in clinics and hospitals and to update one's knowledge. In 1977-78, for example, films on infant hygiene and childbirth were shown to groups varying from 20 to 300 people - consisting mainly of couples expecting their first child. The films were screened in the evening, mostly in hospitals.

It has taken between six months and two years to implement the programmes mentioned here: health education for apprentices; anti-smoking campaigns; to increase awareness of the need for programmes concerned with drug/alcohol dependence; and protection against environmental hazards. I feel confident that the people who rejected the programmes in the initial stages were later satisfied with the results. Once approval has been given to instigate a programme, people at all levels give the whole-hearted support to ensure its success. However, it is up to the occupational health nurse to convince those at APM of the validity of introducing new programmes and the viability of expanding existing programmes.