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100th
issue

IN THIS ISSUE

- 2 / How IWH research is responding to the COVID-19 pandemic
- 3 / Anxiety levels among health-care workers during COVID-19 linked to inadequate PPE
- 4 / Advice for setting up a temporary home office with ergonomics principles in mind
- 6 / Supporting settlement agencies to raise OHS awareness among newcomers
- 7 / At-work use of cannabis reported by 1 in 12 workers—no change since legalization

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Coronavirus: The risks to essential workers with hidden health conditions

It's a time of great uncertainty for many people across the workforce, but we can't forget about workers who have invisible health conditions, writes IWH Scientist Dr. Arif Jetha in an op-ed

The COVID-19 pandemic has left many in Canada's workforce worried about their health and finances. Those worries are even greater for workers living with an underlying and invisible chronic health condition.

In the planning of health and safety responses to COVID-19 and the ultimate reopening of workplaces, employers should be aware of the unique needs of this potentially vulnerable group of workers.

Data show that some of the most commonly reported chronic health conditions experienced by Canada's working population have no visible signs or symptoms and may go unnoticed by employers.

According to the 2019 Sanofi Canada Healthcare Survey on workplace benefit plans, 54 per cent of workers reported having such a condition, with high blood pressure, arthritis and diabetes among the top five. In the same survey, employers estimated that only 29 per

cent of their staff had a chronic condition, pointing to a gap in awareness within workplaces.

Our growing understanding of COVID-19 illustrates that the virus poses a particular threat to workers with underlying health conditions.

A review of 46,000 people with COVID-19 in China found that the odds of having severe symptoms were two or more times higher for people with an underlying health condition. Although the data are limited, a recent analysis conducted by the Centers for Disease Control and Prevention also shows that 38 per cent of COVID-19 cases in the United States had an underlying health condition such as diabetes, cardiovascular disease, chronic lung disease and immunocompromised conditions.

Going to work, therefore, could mean being exposed to a virus that disproportionately targets those with underlying health conditions.

continued on page 8



Research associate joins scientist ranks

Dr. Basak Yanar has been promoted to the position of associate scientist, effective March 2020. Yanar, who joined the Institute for Work & Health (IWH) as a research associate, holds a PhD in organizational behaviour from the Rotman School of Management at the University of Toronto (UoT). Her current research program is centred around immigrant employment experiences and health and safety. To see Yanar's bio, please go to: www.iwh.on.ca/people/basak-yanar

Dalla Lana alumni award goes to IWH scientist

IWH Scientist **Dr. Arif Jetha** has been named recipient of the Emerging Public Health Leader Award, given out by UoT's Dalla Lana School of Public Health (DLSPH) Alumni Association. The award recognizes a DLSPH graduate for demonstrating leadership in bringing about measurable positive change, using innovative approaches to change and motivate others to improve the field of public/population health in Canada. To see Jetha's bio, go to: www.iwh.on.ca/people/arif-jetha

CIHR scholarship awarded to IWH PhD student

Gemma Woticky, a research assistant with IWH's Accommodating and Communicating about Episodic Disabilities (ACED) project, has received a three-year Frederick Banting and Charles Best Canada Graduate Scholarship from the Canadian Institutes of Health Research (CIHR). Woticky, a PhD student at the DLSPH, is studying the lived experiences of employees with a disability and their co-workers. Her goal is to understand communication and behavioural strategies, as well as workplace cultures, related to disability support and accommodation at work. For details about the project, go to: <https://aced.iwh.on.ca>

World Congress 2020 rescheduled to 2021

In light of public health guidance regarding COVID-19, the International Organizing Committee (IOC) of the XXII World Congress on Safety and Health at Work has decided to move the event to September 19-22, 2021. The rescheduled event, co-hosted by IWH and the Canadian Centre for Occupational Health and Safety (CCOHS), will still take place at the Metro Toronto Convention Centre in downtown Toronto. It is also being expanded to include virtual options, including livestreaming to facilitate further global engagement.

Given the impact of COVID-19 on workplaces around the world, the IOC has also decided to convene a virtual meeting of global thought leaders focused on COVID-19 on October 5, 2020. More information about this meeting will be posted to the Congress website in the coming weeks. Go to: www.safety2021canada.com

What Research Can Do

How IWH findings, methods and expertise are making a difference

How IWH research is responding to the COVID-19 pandemic

The Institute for Work & Health (IWH) is marking this, the 100th issue of our flagship newsletter *At Work*, during extraordinary times—the COVID-19 pandemic. The pandemic has brought into high relief just how important it is to understand the work-and-health interface.

There is little debate that COVID-19 is dramatically affecting the work and health of people in Canada and around the world. And their experiences are varying widely. Some are still at their physical workplace, potentially risking exposure to the virus as they provide health-care and other essential services to the public. Others are working remotely in new work environments, perhaps balancing caregiving responsibilities or dealing with isolation. And many have lost their employment altogether or seen large reductions in their work hours, possibly facing an uncertain financial future.

Conducting research to understand the experiences of all these workers, and the effects of these experiences on both their physical and mental health, is essential—both now and into the future as economies reopen. This research knowledge base will help guide policy-makers and workplace parties in the development of labour-market and worker health policies and programs, and help them understand if these programs and policies are effective over time.

At IWH, we have begun filling this need through research aimed at understanding how work is affecting health, and how health is affecting work, during the largest disruptive event of the 21st century. We are modifying some of our ongoing studies, where appropriate, to capture new information about the impact of COVID-19 on work and health

among our study participants (see next page). We are also applying for new funding to undertake work specifically focused on the work and health effects of COVID-19 in Canada.

Our research will address the impact of COVID-19 on different types of work, including workers in precarious job contexts; changes in workplace exposures and injury claims; the ways that workplaces are adapting, and their successes and challenges in sustaining productivity while providing support and protection to workers; and the ongoing impact of COVID-19 on the mental and

physical health of workers.

Whether adapting current or conducting new research, we promise, as always, to use rigorous and trusted scientific methods to ensure the research we produce is of the highest quality. We will use validated approaches and methods with respect to who we

Whether adapting current or conducting new research, we promise, as always, to use rigorous and trusted scientific methods to ensure the research we produce is of the highest quality.

collect data from, how we collect that data, what questions we ask, how we analyze the data, and how we interpret the findings. We will also ensure our studies are critiqued by our peers, both internally at IWH and externally as part of the peer-review process. While our insistence on rigour will take more time, it assures you that our studies will add to the evidence base in important and trusted ways, and not add to the noise and confusion as much information is currently doing.

When our findings are ready for wider dissemination, we will share them with you through our normal channels: this newsletter, IWH News, our website, and our IWH Speaker Series. And, as always, we will also publish them in peer-reviewed journals to ensure rigorous standards of scientific oversight are met.

Anxiety levels among health-care workers during COVID-19 linked to inadequate PPE

Study by OHCOW, with IWH support, draws on survey of 4,000 workers during April 2020

Nearly six in 10 surveyed health-care workers in Canada reported anxiety at levels surpassing an accepted threshold for clinical screening for the condition, according to a survey of 4,000 workers conducted in April.

Analyses of survey responses found anxiety levels were associated with the availability of personal protective equipment (PPE): workers who reported more unmet PPE needs also reported higher levels of anxiety.

The Healthcare Worker Pandemic Experience survey was conducted by the Occupational Health Clinic for Ontario Workers (OHCOW) with support from Institute for Work & Health (IWH) Senior Scientist Dr. Peter Smith. Preliminary findings were shared by lead researcher John Oudyk at OHCOW's May Day, May Day event.

Conducted between April 6 and 30, the survey asked health-care workers about their need for, and access to, a range of PPE such as gloves, gowns, eye protection, face shields, masks and respirators. It found 18 per cent of workers said all their PPE needs were met, 35 per cent said more than half their needs were met and 38 per cent said less than half their needs were met. The remaining eight per cent said none of their PPE needs were met.

The study also asked health-care workers about nine policies and practices related to COVID-19 prevention. (Examples included patient-screening policies, house-cleaning practices, and the use of masks for symptomatic patients.) The breakdown of responses was similar to that of the PPE responses: 16 per cent said their workplace policies and practices met all their needs, 39 per cent had more than half their needs met, 30 per cent had less than half their needs met and 12 per cent had none of their needs met.

Participants were also asked two questions from each of the Generalised Anxiety Disorder screener (GAD-2) and the Patient Health Questionnaire screener (PHQ-2).

For both questionnaires, scores of 3 and higher indicated the potential for anxiety and depression, respectively.

In the survey, those reporting none of their PPE needs were met were the most anxious, with 65 per cent reporting anxiety levels higher than the cut-off score of 3. In comparison, of the 18 per cent of the

respondents who said all their PPE needs were met, only 43 per cent scored higher than 3. Anxiety levels also increased as workers reported inadequate COVID-19 policies and practices, but less steeply.

A similar pattern was seen for depression: 38 per cent of responding health-care workers who had all their PPE needs met reported depression scores higher than 3, whereas 56 per cent of those who said none of their PPE needs were met scored higher than the threshold.

continued on page 8

IWH RESEARCHERS ADAPTING RESEARCH FOR COVID-19

It will likely take time for researchers, workplace parties and policy-makers to understand the impact of the COVID-19 pandemic on the intersection between work and health. In addition to submitting new grant proposals to study the impact of COVID-19, Institute for Work & Health (IWH) scientists are also responding to the pandemic by adapting studies already underway. Here are some examples.

A study exploring **how Canadian baby boomers decide whether or not to communicate their job accommodation needs**, led by IWH Senior Scientist Dr. Monique Gignac, is incorporating questions to learn if workers' pandemic experiences are a factor in their decision-making. "For example, are workers now more willing to communicate their needs if they see their employers have been more understanding and supportive of accommodations during the pandemic?" says Gignac. "Or, conversely, are workers less willing than ever to communicate their needs?"

IWH Scientist Dr. Arif Jetha is examining the **transitional work experiences of young adults with rheumatic conditions**, and he and his research team had already surveyed a group of millennials twice over the two years before the pandemic hit. Now, these millennials will be asked about the impact of COVID-19. "We want to learn if they were working at jobs where they could be exposed to COVID-19, their perceptions of COVID-19 risk on their health, the organizational support offered to them during the pandemic, and the impact of COVID-19 on the availability, need and use of accommodations," says Jetha.

Another research project led by Jetha is examining the signals of change that will characterize **the future of work for people living with disabilities**. The pandemic arrived after Jetha and his team had already conducted interviews with young people with disabilities about their perceptions of the future of work. The team decided to conduct additional interviews to capture emerging themes related to COVID-19, such as worry about job losses and work accommodation.

A project looking at **return to work (RTW) in policing**, led by Scientist Dr. Dwayne Van Eerd, has added COVID-19 questions to learn if RTW procedures have changed as a result of the pandemic. A study led by Associate Scientist Dr. Nancy Carnide on **Canadian workers' use of, and perceptions about, cannabis at work** is adding survey questions to learn if COVID-19 (and related changes in work arrangements) have influenced workers' use of cannabis at work and/or their perceptions of that use.

In addition, IWH Mustard Fellow Dr. Faraz Vahid Shahidi is part of a team at the University of Toronto's Dalla Lana School of Public Health examining **the social determinants and social impacts of the pandemic in Canada**. The project aims to understand patterns of health behaviour and labour market impact across different social and economic groups. "We're particularly interested in looking at inequalities according to income, sector, occupation, gender, race and immigrant status," says Shahidi.

Advice for setting up a temporary home office with ergonomics principles in mind

What can office workers do to make their kitchen table workspaces as comfortable as possible during the pandemic lockdown? We ask Dr. Dwayne Van Eerd for advice

Due to the COVID-19 pandemic, workplaces across Canada have undergone a massive change at a scope and speed we've seldom seen. Practically overnight, office workers in a broad swath of industries across the country were told to pack up their files and documents and work from home. Many have had to fashion workstations out of dining tables, TV couches and kitchen chairs—all on the fly, and often in cramped or shared spaces.

In ordinary circumstances, remote office workers would need the right adjustable equipment to work in comfort and health. But these aren't ordinary days. Not only were home offices set up with little warning or prep time but, to respect social distancing directives, people couldn't simply run out to buy furniture and accessories to create ergonomic workspaces.

So what can you do to make your workstation as ergonomically sound as possible, with the things you might find around the house? We turned to Institute for Work & Health (IWH) Scientist Dr. Dwayne Van Eerd for advice. Van Eerd, who's trained in biomechanics and kinesiology, co-led the development of IWH's eOfficeErgo, an online training module on office workstation ergonomics. Below are his suggestions.

Aim for a neutral sitting posture

While there is no single correct working posture for computer work, one common and relatively easy-to-achieve neutral working posture includes the following:

- feet flat, on a sturdy surface
- knees at 90-degree angle (i.e. the seat is at or below knee height)
- hips at 90-degree angle
- elbows at 90-degree angle
- wrists straight, in a neutral posture
- neck straight, eyes looking slightly down into top third of computer/laptop screen.

If you can easily change the height of your chair or work surface to achieve neutral hip, knee and wrist postures, then do so. If not, here are some step-by-step tips on how to achieve that:

- Since you may not be able to change the

height of your work surface

(e.g. your kitchen table), let's start here. Place your open laptop (or computer monitor, if using a desktop) on your work surface.

- Now set up your chair to achieve a **neutral (straight) wrist posture** while typing at the laptop. If your chair is too low (which is more likely to be the case than too high), put a **pillow or folded towel on your chair** so you are sitting high enough to type with your wrists straight. This can also make your chair a lot more comfortable to sit on.
- If your chair seat is too deep to allow you to use the backrest for support while still keeping your knees a few inches in front of the seat edge, try using a **rolled towel to provide lumbar support**. Place the rolled towel between your chair and lower back (in the "small of your back"). This is especially helpful for reducing slouching and preventing lower back pain.
- Now, sitting on your chair, if you cannot (or barely) reach the floor with your feet flat, use a **footrest** to raise them. Use a makeshift one like a big thick book, as long as what you choose is

sturdy. If your chair seat is too low, consider the pillow solution noted above *if* you can maintain the correct elbow angle.

- When setting up the computer monitor, aim for a **neutral posture for your**

neck. Place the screen about an arm's length in front of you, at a height that's just below eye level. You should be looking slightly downward at the top third of your screen. This won't be possible if you're using a laptop (see more on that below).

- If you wear glasses with progressive lenses, you may wish to

start with an arm's length distance (as noted above), but adjust accordingly to reduce eye strain. If you view your computer screen through the lower part of your glasses, you should lower the monitor and/or tilt the screen, so your neck posture is neutral.

Using a laptop

If you're using a laptop, placing your laptop at the distance and height discussed above will raise your keyboard. This will cause you to reach awkwardly with much less than 90 degrees at the elbow and put strain on your shoulders. The truth is: **laptops cannot offer an ergonomically sound solution** that allows for a neutral posture for both your neck and wrists. Either the monitor is going to be too low or the keyboard will be too high.



Here are a few options to consider when using a laptop:

- Ensure a neutral position for your wrists first, then tilt the screen up to allow a comfortable gaze angle. This is generally considered the best way to go, given the non-adjustable limitations of laptops.
- You can also **change the laptop height**

depending on the work you are doing. If you are reading, place your laptop on something sturdy and tall enough that the top of the laptop is just below eye level. (Make sure that the surface you use to raise your laptop is stable and cannot be easily knocked over.) Remember to move your laptop back to allow for a neutral

wrist position for typing and navigation (i.e. using your trackpad or mouse).

- If you have a **standalone keyboard (USB or wireless)** to use with your laptop, then you can place your laptop screen at the height appropriate for your neck (remember to place it on something sturdy), while using the keyboard at the appropriate height for your wrists. In this set-up, you should also use a wireless mouse or trackpad for navigation (at the same height as the keyboard).

And here is the **most important advice**: Make sure to **take breaks or change your working posture often**.

You should take breaks for about three to five minutes, ideally once every 30-45 minutes or every 60 minutes at a minimum. This is especially important if you cannot set up a workstation that allows you to achieve a neutral posture. In that case, you should vary your posture at least every 30 minutes. To remind yourself to take these breaks, set a timer using your cellphone.

One way to change your posture is to work while **standing for a while**. Note, though, that it is even more challenging to ensure neutral positions for the neck, the wrists and elbows when setting up a standing desk. You might want to use your standing time for reading or attending meetings. You should minimize the time typing, writing or navigating while in a standing posture if you do not have a separate keyboard and mouse. Stand no more than 45 minutes at a time.

For more in-depth information on setting up an ergonomically sound workstation, don't forget about IWH's web-based eOfficeErgo training program. Although eOfficeErgo assumes you are sitting at an adjustable workstation, its principles apply to all workstations. And remember, while the advice offered in this article may be helpful temporarily as we try to halt the spread of the coronavirus, if you work from home on a more permanent basis, you will need adjustable office equipment. 📌

ADDITIONAL TIPS FROM IWH NETWORK MEMBERS

In addition to Dr. Dwayne Van Eerd, we also reached out to members of the Institute for Work & Health's educationally influential networks for ideas on safe and healthy work-from-home practices. Below are a few of their tips:

- Don't be tempted by the portability of laptops into working anywhere in the house. Set up one or two dedicated workspaces to get a consistent arrangement.
- Use bar stools with plenty of caution. Even though you might like the height of your kitchen counters for working, on a prolonged basis, bar stools offer very little back and foot support.
- Neck, shoulder and back strains may be caused by sitting off-centre before a screen and by having poor keyboard placement. Your monitor should be centred with your body. If you have a portable keyboard, the "h" key on your keyboard should line up with the middle of your body and the middle of your monitor.
- Use hands-free options as much as you can to give your neck and arms a break. Use the speaker, earbuds or a Bluetooth headset during phone calls and teleconferences.
- Stand for teleconferences or phone calls and walk during parts of them if possible. When standing to work, don't stand for more than 30-45 minutes at a time.

They also have tips on what to do when you feel aches or pains:

- When your wrist, neck or shoulder begins to ache, try using the mouse with your other hand. Do wrist circles and wrist stretches to get the blood flowing.
- For a tight or achy neck or shoulder, do chin tucks, shoulder rolls and side neck bends.
- If your lower back is sore, stand at least every half hour. Extend your lower back to reduce disc bulging. To extend the spine, place your hands on the lower back, slowly arching backward as far as you can without discomfort. Hold for about five seconds, and return to starting position. Be sure to keep your head in line with your shoulders. (Do not tip your head back.)
- When coming out of a flexed (seated) posture, do the same back extensions, and stand or walk to loosen the hips and lower back.
- Take advantage of the opportunity to move and stretch throughout the day. While it may not be appropriate to perform the downward dog in the middle of your busy work environment, you have the freedom to do just that—and stretches of all kinds—at your home workspace.
- Do short bouts of moderate- or high-intensity exercise (exercises that you have difficulty talking through) throughout the day. Examples are jumping jacks, squats and walking lunges. Even short bouts can have the benefit of improving mental health and reducing the risk of cardiovascular diseases.

The advice and tips above were submitted by: Maureen Dwight, registered physiotherapist and musculoskeletal clinical specialist; Nancy Gowan, registered occupational therapist; Bahram Jam, registered physiotherapist; Erika Pond Clements, registered occupational therapist; Cheryl Witoski, registered physiotherapist and ergonomics consultant; Wendy O'Connor, registered physiotherapist and ergonomics consultant; and Gabriele Wright, registered occupational therapist.

Supporting settlement agencies to raise OHS awareness among newcomers

A collaboration involving IWH highlights the need to fill a knowledge gap in the settlement services sector

At a recent focus group led by Institute for Work & Health (IWH) Associate Scientist Dr. Basak Yanar, a newcomer spoke about doing tasks in his construction job that he felt may have put him in danger. “At the work I was at, I would find myself in situations where I would say, ‘Why am I doing this? I shouldn’t be doing that, right?’”

Another newcomer, a warehousing worker at the same focus group, talked about how he would carry by himself items that were heavy enough to be carried by two people—all because he was eager to impress his employer with his capabilities. “At that time, I had no idea; I didn’t attend any safety and health (training). Nobody advised me. When I fell from a forklift, I didn’t make any complaint because I had no idea,” he said.

“These stories confirm research conducted in recent years at IWH showing that newcomers have limited knowledge about workplace health and safety and worker rights, and that they’re unsure about how to handle dangerous work situations and what to do if they are injured,” says Yanar. “The stories also point to a knowledge gap that settlement service agencies can help fill.”

Yanar shared the above anecdotes at a January IWH Speaker Series presentation, which she gave alongside Eduardo Huesca of the Occupational Health Clinics for Ontario Workers (OHCOW). In their presentation, Yanar and Huesca talked about the development, delivery and assessment of capacity-building workshops designed to help settlement service agencies deliver occupational health and safety (OHS) information to newcomers.

The workshops were an initiative of a working group formed in 2018, with representatives of Ontario’s OHS system partners. These included Ontario’s Ministry of Labour, Training and Skills Development (MLTSD), Ministry of Children, Community and Social Services, the Workplace Safety and

Insurance Board (WSIB), Workplace Safety & Prevention Services, OHCOW and IWH.

The goal of the working group was to build capacity in the settlement services sector to deliver OHS information to newcomers. “Whether in one-off workshops or as part of English-as-a-second-language or job search



Dr. Basak Yanar

training, settlement agencies are in a good position to teach newcomers about their OHS rights and responsibilities and how to handle concerns without worrying about job security,” Yanar says. “However, settlement agency staff may

lack the OHS knowledge and resources to support their clients.”

As part of the initiative, OHCOW held workshops for about 50 settlement sector staff in Hamilton, Ottawa and Toronto. The sessions drew on several system resources, including IWH’s Safe Work Toolkit.

Discussions during the workshops underscored the need for greater resources for the settlement services sector. Participants spoke of a vulnerability among refugees and newcomers, resulting in many being intimidated to raise health and safety concerns. Although OHS awareness training is mandatory in Ontario, some participants said many newcomers were not getting this training.

Workshop participants also spoke of a need for resources in different languages or in easier-to-understand formats, as well as resources on certain topics such as mental health and stress, violence and harassment, and OHS for newcomer youths.

The value of the workshops was evaluated in two ways. One was a follow-up survey of attending settlement agency workers,

conducted about four months after the workshops. Most agency workers who responded said they had delivered the training they received to newcomer clients, using a variety of methods such as slides, lectures, discussions and role-play. Some had hoped for more advanced-level, train-the-trainer workshops. “A few still had reservations about presenting the material themselves and opted instead to bring in speakers from the prevention system to present the information,” says OHCOW’s Huesca.

The second evaluation was the focus group with newcomers, led by Yanar. Composed of 38 newcomers who took part in the settlement agency training programs, the focus group confirmed the value of being given OHS and work injury information. The newcomers spoke of having previously received little OHS training at their workplaces and of not knowing what to do when they got hurt. Because of the settlement agency workshops, some said they were more confident about their OHS rights and responsibilities, especially the right to refuse unsafe work and the right to participate in making work safe.

As one focus group participant put it, “Before the program, I didn’t know a lot of things I can get involved in. I can also volunteer to become a representative or worker member of joint health and safety committee. And I can always help with health and safety inspection by pointing out possible hazards in the work area.”

Overall, capacity-building efforts have led to an increase in service providers’ OHS knowledge, says Yanar. “Participating settlement agency workers told us that they now feel more confident answering OHS questions from newcomer clients. They’ve also expressed an interest in connecting with, and receiving information from, the OHS prevention system,” says Yanar.

She adds that this initiative highlighted the value of collaboration between Ontario’s OHS system and settlement service sector in reaching newcomers with key OHS information. ■

At-work use of cannabis reported by 1 in 12 workers—no change since legalization

In follow-up study of cannabis use before and after legalization in Canada, IWH research team found a rise in casual use, but no increase in at-work or daily use

Despite concerns that the legalization of recreational cannabis in 2018 would result in greater cannabis use at work, interim findings from an ongoing Institute for Work & Health (IWH) study suggest this isn't the case.

The study's findings do point to a change in overall use following legalization: a greater percentage of workers reported having used cannabis in the past 12 months. However, there is no evidence that more workers are using cannabis more frequently or that there's an increase in at-work use.

The findings were presented by IWH Associate Scientist Dr. Nancy Carnide at an IWH Speaker Series presentation in March. They were drawn from two survey cycles with Canadians—the first conducted four months before legalization took effect on October 17, 2018, and the second conducted nine to 11 months post-legalization.

In the first (pre-legalization) survey, 30 per cent of workers said they had never used cannabis. That number remained practically unchanged in the second (post-legalization) survey, with 29 per cent saying they had never used cannabis.

What changed more noticeably—and significantly—was the share of people who said it had been more than a year since they used cannabis (42 per cent said so before legalization versus 33 per cent after) compared to those who reported using it within the past 12 months (29 per cent before legalization versus 38 per cent after).



“The results suggest that, since legalization, workers who have used cannabis in the past may have tried again, but not as a daily habit,” says Carnide.

Encouragingly for employers, results also indicate that workplace use of cannabis has not increased. When asked whether they had used cannabis within two hours before work, at work, during work breaks, or at the workplace at the end of a work shift, the percentage of workers who said yes remained stable at eight per cent.

“That said, it still means one in 12 workers are using cannabis at a time that may affect their work. That number is about one in five if we look specifically at workers who reported using cannabis in the past year,” says Carnide. “The results speak to the continued need to educate workers about the potential risks of at-work use.”

Carnide also notes that not all workers use cannabis just for recreation. In the most recent survey, 16 per cent said they used cannabis to manage a work-related injury or illness, whether physical or mental. In

both surveys, 24 to 27 per cent of people who used cannabis said they did so for both recreational and medical reasons, and an additional seven to eight per cent said they used it exclusively for medical reasons.

Taking pulse of workers' perceptions

The study also asked workers about their perceptions of cannabis use at work. In both pre- and post- surveys, workers predominantly thought it would be difficult to get, buy or sell cannabis at work or to use cannabis while working. But they were split about whether it was difficult or easy to bring cannabis to work or to use cannabis during lunch or other breaks. Compared to pre-legalization, workers post-legalization were slightly more inclined to think their colleagues used cannabis at or just before work. However, the percentage difference was very slight—all in the single digits for questions of that nature.

Larger differences were found for questions related to organizational policies around cannabis. When asked if their employers had formal policies on substance use in the workplace, the share of workers who said yes went up, from 63 to 79 per cent. Also up was the share of workers who said their workplace policy explicitly mentioned cannabis (from 32 to 73 per cent).

However, even after legalization (the question wasn't asked in the first survey), only 30 per cent of workers said their employers had a reporting protocol they would be comfortable using if they suspected co-workers of impairment. Also, only 25 per cent of workers said their employer had provided education or information about cannabis use or the effects of cannabis.

“Some research literature suggests that having a policy is important, but not necessarily sufficient,” says Carnide. “Workplaces probably need to be more proactive in providing education on the topic.” ➤

HOW THE SURVEYS WERE CONDUCTED

The study was conducted using a pre-existing panel of 100,000 households run by EKOS Research Associates. A small sample was also recruited via random dialing, to help spot potential sampling biases in the panel. Altogether, surveys were completed in June 2018 by about 2,000 individuals who worked at least 15 hours a week in workplaces of five or more employees.

Surveys were sent out again in July through September 2019, and were completed by 1,099 of those who completed the first survey and 3,002 newly recruited respondents. The research team will continue to run the survey twice more, in the summer of 2020 and the summer of 2021, to track changing habits and attitudes of Canadians related to cannabis use at work.

AT WORK

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Editor: Uyen Vu

Contributors: Monique Gignac, Arif Jetha, Cindy

Moser, Peter Smith, Dwayne Van Eerd

Layout: Uyen Vu, Jan Dvorak

Director of Communications: Cindy Moser

President: Cameron Mustard

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INSTITUTE FOR WORK & HEALTH

481 University Avenue, Suite 800

Toronto, Ontario M5G 2E9

Phone: 416.927.2027 Fax: 416.927.4167

Email: atwork@iwh.on.ca

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Adjunct Professor, Epidemiology and Law

University of Ottawa



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Some workers reluctant to reveal they face higher risks of having severe symptoms

continued from page 1

Even after the provinces ordered the closure of businesses, people in a large cross-section of essential services found themselves having to continue to show up for work. These include people who work in health care, grocery stores, drug stores, warehouses, gas stations, hotels, long-term care homes, among many others.

Despite the provinces encouraging workers who feel unwell to stay home and the availability of emergency relief for compensation, workers with chronic health conditions may not want to sacrifice a paycheque during a period of economic uncertainty. They may decide to accept the risk of going to work.

As the lockdown continues, people who have been off work may feel the urgent need to start earning an income again. Likewise, cash-strapped businesses may feel the mounting pressure to reopen their operations and resume their services as soon as they are allowed. As financial pressure builds, it may be especially difficult for individuals who fear the health impact of a COVID-19 infection to voice their concerns.

Growing research conducted by the Institute for Work & Health (IWH) highlights the challenges that workers with chronic health conditions face when asking for

accommodations that will allow them to continue working productively while maintaining their health. This is especially the case for those living with invisible health conditions that may fluctuate in severity, and for young workers, those new to their jobs and other vulnerable groups.

These are trying times, and from many accounts, employers are doing their best to keep essential services running while safeguarding the health and safety of workers. As they continue to navigate the way forward and develop back-to-work plans, employers should acknowledge that they may have workers with a chronic health condition who are reluctant to ask for support.

Employers should also be encouraged to open up the lines of communication with all workers so that those with underlying conditions feel supported in bringing forward their concerns. While workers are not obligated to talk about their health, more than ever, supportive workplace environments are needed to encourage people to communicate what assistance they need to stay healthy while working productively. ■

This article has been adapted from a version that first appeared in The Conversation, on April 15, 2020.

Need for study identified early in the year

continued from page 3

“We expected to see heightened anxiety and depression during this pandemic, but we didn’t expect to see levels this high,” says Oudyk. “What’s notable is that, if PPE protection and infection control policies and practices are adequate, then this mental health burden can be reduced.”

As with any survey where recruitment is done by word of mouth, results could be over-represented by people motivated to report negative experiences, Smith notes.

“However, while this may lead to higher levels of anxiety and depression in the survey population compared to the health-care worker population at large, it is less likely to affect outcomes showing the relationship between PPE and policy and procedure needs,” he adds.

Oudyk credits the ongoing relationships among stakeholders and researchers for the speed with which this study was launched. Oudyk, who had partnered previously with Smith on research related to psychosocial work conditions, has also been involved in a research network with several health-care unions since the 2003 SARS-1 outbreak.

It was this latter group that saw, in January and February of this year, a need and an opportunity to conduct this study—in time, says Oudyk, “to capture health-care workers’ perceptions and experiences of the risks as events were unfolding.”

To watch a slidecast of Oudyk’s presentation, go to: www.ohcow.on.ca/mayday-mayday-2020.html ■