

New centre aims to improve return-to-work outcomes

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Research Excellence
Advancing Employee Health

Chronic musculoskeletal pain and disability takes a huge toll on workers, their families and employers. Finding out how best to treat and rehabilitate workers who experience these conditions is a fundamental step in reducing the burden of disability experienced by both the individual and society.

A new research centre, whose leadership includes a number of IWH scientists, hopes to address these issues and find the best approaches to return individuals with chronic pain to work.

The Centre for Research Expertise in Improving Disability Outcomes (CREIDO) will focus on the diagnosis, treatment and rehabilitation of chronic musculoskeletal (MSK) pain and its related disability.

The new Centre, led by Director and co-principal investigator Dr. J. David Cassidy (Toronto Western Hospital Research Institute Senior Scientist and IWH Adjunct Scientist), together with co-principal investigators Dr. Pierre Côté (IWH Scientist) and Dr. Simon Carette (University Health Network Head of Rheumatology), will be based at Toronto Western Hospital, University Health Network. CREIDO is the newest of three centres of research expertise funded by the Research Advisory Committee (RAC) of the Workplace Safety & Insurance Board of Ontario (WSIB).

The Centre's research will address all aspects of return-to-work (RTW) practices in the management of chronic pain, including treatment and rehabilitation, organization and design of work and the workplace, and insurance policies and practices as they affect individuals with chronic MSK pain and disability.



CREIDO will be based at Toronto Western Hospital, University Health Network.

“Our efforts will be concentrated on injured workers and their interaction with health-care providers, the workplace and the WSIB,” says Côté. “We’ll be looking at the factors that facilitate or hinder safe and sustainable return to work.”

While early intervention for musculoskeletal disorders is important, understanding whom the interventions should be targeted to, the right mix of clinical and workplace intervention, and when intervention will be most helpful, are also critical, explains Côté. The new Centre will design and test interventions that:

- target injured workers shortly after their injury, before they develop chronic pain and disability
- target injured workers who have already developed chronic pain and disability in order to promote safe RTW and minimize negative health impacts
- promote clinic-workplace interaction

Along with its research agenda, the Centre has a strong knowledge transfer and exchange responsibility. “We will identify and invest in our stakeholder groups by listening, learning and

qualitative research

The Institute for Work & Health is an independent, not-for-profit organization whose mission is to conduct and share research with workers, labour, employers, clinicians and policy-makers to promote, protect and improve the health of working people.

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Professor, Department of Political Science
University of Toronto

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481 University Ave., Suite 800, Toronto, ON Canada M5G 2E9
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and available on our web site, send your e-mail address to
atwork@iwh.on.ca. Our web site address is www.iwh.on.ca

Director, Knowledge Transfer & Exchange: Jane Gibson

Editor: Robert Van Kruistum

Layout & Design: Carol Holland

Contributors: Kathy Knowles Chapeskie, Reshma Mathur,
Ellen MacEachen, Evelyne Michaels, Katherine Russo

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Qualitative research is increasingly recognized as an integral part of any well-rounded multi-disciplinary research program. Qualitative methods contribute meaningfully to research through fostering understanding of social conditions as well as the qualities and relationships between observable events.

Qualitative research provides rich descriptions of events to enhance the understanding of both the context of the event and the event itself. The use of qualitative methods tends to broaden the scope of the initial inquiry, which is especially important during the early stages of investigation. Qualitative methods also help to identify patterns and configurations among variables. Qualitative methods, therefore, do not simply describe a relationship – they provide theoretical explanations of social behaviour and the nature of the interactions.

Let's take a concrete example. A systematic review of peer-reviewed literature on workplace-based return to work (RTW) included both qualitative and quantitative literature. The quantitative studies examined the effectiveness of workplace-based interventions for RTW, while the qualitative studies generally focused on the process of the interventions – that is, how interventions were implemented and which social dynamics were affected by these interventions.

For instance, the quantitative studies found that early employer contact with an injured worker is associated with a more successful return to work. In contrast, the qualitative studies drew attention to the conditions of early contact that are required for it to be successful. They examined the timing and nature of early contact including the conditions that influence its meaning for employers and workers.

From the same review, while the quantitative studies found that a work accommodation offer is associated with a more successful RTW, the qualitative studies drew attention to the range of players affected by RTW arrangements and to competing stakes each may have in its success. For instance, the qualitative studies examined conditions of



work accommodation, including structural conflicts such as workplace managers' monthly production targets that may be at odds with the time needed to accommodate an injured worker.

Using a third example from the systematic review, the quantitative studies found that educating supervisors and managers is associated with a more successful RTW. The qualitative literature pointed to how and why supervisors are important to RTW. It also identified how the success of work accommodation is affected by a workers' experience of being separated socially and physically from colleagues and the job itself. It reinforced the importance of having someone on hand to explain a worker's injury and its effects on the local organization of work.

Qualitative research is useful because it can identify conditions in social and work environments that are important to work and health but that can be difficult to measure and quantify. As we have seen with the systematic review of literature on RTW, qualitative research can provide context for quantitative findings and explanations for outcomes. The exploratory focus of qualitative research can also be applied to research problems that are new or not fully conceptualized.

In the next issue of At Work, we will explain what researchers mean by "generalizability."

Systematic reviews now under one umbrella

For many years, Institute for Work & Health (IWH) researchers have undertaken systematic reviews (in-depth search and analysis of existing scientific literature) on interventions for the treatment of work-related musculoskeletal disorders. Since 1996, the Institute has co-ordinated the Cochrane Back Review Group. This Group is part of the international Cochrane Collaboration, the world's leading source of evidence about the effects of healthcare on health.

More recently, the Institute consolidated its various review activities into a new Systematic Reviews Program, with special emphasis on preventive interventions in the workplace (with funding provided by the Workplace Safety & Insurance Board) and with a new emphasis on consulting stakeholders.



“Training workshops are an important component of this new program”

– Emma Irvin, Manager of the Systematic Reviews Program

“Given our growing expertise in the systematic review arena, the next step was to initiate a program that would continue to benefit all of our stakeholders. It just made sense that these various strands of activity fall under one umbrella at IWH,” says Institute Chief Scientist Dr. Tony Culyer.

The Institute's Systematic Reviews Program was formally launched in the fall of 2005, and already it's off to a very busy and productive start.

To date, several systematic reviews have been completed on important work-and-health topics such as risk factors for work injury among youth,

occupational health and safety management systems, and the effectiveness of workplace ergonomic programs.

The program comprises three connected elements

Products: Following the completion of each systematic review, a scientific report is written, which includes a general summary for non-technical readers. Scientific articles are also prepared and submitted to peer-reviewed journals.

Training: The Institute shares its expertise in systematic reviews through training opportunities for stakeholders. “Training workshops are an important component of this new program,” says Emma Irvin, Manager of the Systematic Reviews Program.

Methods: IWH research staff are developing new methods for conducting systematic reviews and for synthesizing the evidence.

How are systematic review topics chosen at IWH?

Institute staff conduct a comprehensive stakeholder consultation process that includes input from health-and-safety organizations, clinicians, policy-makers, employers and workers. Visitors to the IWH web site can also submit their suggestions for review topics online.

“We wanted to make sure that what we spend our time on will be relevant and useful to our stakeholders,” says Culyer.

Once a topic is selected and the lead researcher chosen, the literature review begins. (For more information about how systematic reviews are conducted, see *Infocus*, Summer 2004). After the review is completed, a scientific report and a general audience summary are written and made available through the IWH web site (see sidebar, this page.)

The key messages from each review are then communicated to those stakeholders who can use the results in practice or in policy making (see related article on page 6.)

“We are in the first quarter of 2006 and already we are actively carrying out reviews on topics such as the effectiveness of training and educational interventions, and the economic evaluation of workplace interventions,” adds Irvin. “There is no prospect of this activity slowing down in the foreseeable future.”

IWH web site offers new features for systematic reviews

www.iwh.on.ca



A number of new features have been added to the IWH web site to keep you up to date on the Systematic Reviews Program.

If you would like to be alerted of the results from completed systematic reviews, you can sign up for the new SR-@lert service. You are also invited to submit topic ideas for future consideration. In addition, you can find:

- Products – such as general summaries and scientific reports of systematic reviews carried out by IWH staff
- Topics that IWH staff are currently researching
- A list of web sites with detailed information about systematic reviews and the role they play in evidence-based practice
- Information about how to sign up for the systematic review workshops.

Visit www.iwh.on.ca/research/systematic-reviews.php for more information.

Our partners provide important guidance to systematic reviews

The Institute's Knowledge Transfer & Exchange (KTE) Department recently brought together a group of practitioners to discuss how the results of a newly completed systematic review may be relevant to their practice. This group included eleven kinesiologists from across Ontario whose practices focus on workplace ergonomics.

Practitioners can bring their expertise to the table and provide important feedback at several stages in the systematic

Moderate evidence was found that:

- workstation adjustments, as implemented in the studies reviewed, have NO impact on MSK or visual outcomes
- rest breaks with exercise have NO impact on MSK outcomes
- alternate pointing devices have a POSITIVE effect on MSK outcomes

Mixed evidence was found that:

- ergonomic training, arm supports, alternative keyboards and rest breaks have an impact on MSK outcomes
- screen filters have an impact on visual outcomes

Moderate levels of evidence require at least two studies of medium or greater quality with consistent findings.

Mixed levels of evidence require at least two studies of medium or greater quality with inconsistent findings.

review research process. This feedback includes suggesting ideas for review topics, providing input on the research question and, in some cases, participating as a member of the research team. When the review is nearing completion, stakeholders can play a key role in pulling the messages from the findings.

"One of the main objectives of this meeting was to outline to the practitioners how the systematic review was conducted and to discuss the kinesiologists' views on what the results might mean in practice," said Rhoda Reardon, a KTE Associate.

The systematic review examined whether workplace interventions – such as workstation adjustments, rest breaks and screen filters – could help prevent the most common occupational health complaints of computer users. These health problems are most often visual symptoms, such as eye discomfort, and musculoskeletal (MSK) disorders, such as pain in the upper limbs and neck. The results of the review were mixed. The review team found medium-to-high-quality studies with inconsistent findings. While a positive outcome from the review was found, the overwhelming message is that more high-quality intervention research is needed. (For findings, see sidebar).

While the findings show mixed results, "this does not mean that the interventions should not be implemented, but rather that more research is required before we can conclude when

and under what circumstances these interventions are most effective," says Reardon.

"We had quite a vigorous discussion about the results and the kinesiologists provided some excellent feedback around why the results potentially came up the way they did," says Reardon.

These results "were important statements for kinesiologists to hear both as rehabilitation professionals and as researchers," said Angela Pereira, President of the Ontario Kinesiology Association (OKA), who attended the KTE meeting.

"As kinesiologists, we would like to be consulted by researchers as research projects are being designed and carried out," says Pereira. "We would also like to be informed about the results of research that would be relevant for our practices."

The OKA is committed to working with the Institute to aid knowledge transfer. "Through this linked communication, we can help kinesiologists become more successful as researchers, assessors, ergonomists and clinical kinesiologists," says Pereira.

Involving stakeholders in the Institute's systematic review program is an important part in the success of the reviews and transfer of the results.

In Brief ...

Practitioners bring their expertise to the table and provide important feedback at several stages of the systematic review process.

New centre aims to improve return-to-work outcomes (continued from page 1)

responding to their needs for RTW practices and policies," says IWH Knowledge Transfer Associate and CREIDO co-investigator Rhoda Reardon.

CREIDO is scheduled to open in the summer of 2006. Two other Centres – the Centre for Research Expertise in Musculoskeletal Disorders (CRE-MSD) and the Centre for Research Expertise in

Occupational Disease (CRE-OD) – have been conducting research since 2004.

"Our collaborative role with this Centre will foster the development of effective prevention, rehabilitation and sustainable RTW programs for injured workers who develop chronic pain," says IWH President Dr. Cameron Mustard.

In Brief ...

The newly-opened Centre for Research Expertise in Improving Disability Outcomes (CREIDO) will focus on the diagnosis, treatment and rehabilitation of chronic MSK pain and disability.

Young worker injury – it's the job that matters

Why are young workers at a higher risk of workplace injury?

Studies have shown that teenagers are twice as likely as older workers to be injured on the job. When these injuries are serious, they can have long-term implications both for the individual's health and subsequent work and the health of society as a whole.

Many risk factors were thought to contribute to this elevated risk including age, developmental level and risk-taking behaviour. But a new Institute for Work & Health (IWH) systematic review suggests it might not be the characteristics of the young worker that matter most, but the workplace itself.

"You often read and hear that young workers are more likely to get injured because of attributes related to being young," says IWH Scientist Dr. Curtis Breslin, who led the systematic review. "Our review set out to understand exactly

what individual, job and workplace factors are associated with work injuries and illness among young people 12 to 24 years of age."

The review included 46 relevant studies that assessed the evidence on risk and protective factors for teenaged and young adult workers. A risk factor was defined as a characteristic of an individual person or the work performed that was associated with the increased likelihood of a work injury.

"We found that when it comes to injury risk, the type of job or workplace mattered more than the nature of the young workers themselves," says Breslin. "There was consistent evidence that increased exposure to work hazards and perceived work overload were associated with a higher injury risk among young workers."

Although developmental factors, such as risk-taking behaviour, are often

cited as a reason for higher injury risk for young workers, the review did not find any studies that examined this factor. Breslin says more research is needed to provide further insight and clarity into this and other risk factors studied.

At the same time, he believes the review did generate findings that can inform evidence-based prevention of injuries among young workers. "Our results suggest work-related factors should be a priority for workplace parties. Future interventions, programs and policies aimed at reducing youth injury should target these factors," he says.

In Brief ...

In terms of injury risk, the type of job or workplace matters more than the nature of the young workers themselves.

IWH News

New members join IWH Board of Directors

Two new members have recently been appointed to the Institute's Board of Directors.

Dr. Carolyn Tuohy is a Professor in the Department of Political Science at the University of Toronto. Her research and teaching focuses on comparative public policy with an emphasis on health and social policy. She has authored numerous journal articles and book chapters on health and social policy, professional regulation and comparative approaches in public policy.

Tuohy has held senior academic leadership positions at the University of Toronto, including Vice-President, Policy Development, Associate Provost and Vice-President, Government and Institutional Relations. She is a Fellow of the Royal Society of Canada and Vice-Chair of the Board of Trustees of the Canadian Health Services Research Foundation. She is also a member of the Board of Directors of the Institute for Clinical Evaluative Sciences.

Kenneth Deane is the President and CEO of St. Joseph's Health Centre in Toronto. He has had an extensive career in senior management at teaching and community hospitals in Canada and has authored several articles related to health care management.

Previously, Deane was President and CEO of Hotel Dieu-Grace Hospital in Windsor, Ontario and Vice-President of Finance and Chief Financial Officer at Hamilton Health Sciences. He also led the initial integration efforts of North York General and North York Branson hospitals.

He currently sits on the Board of Directors for several other organizations including the Ontario Workplace Safety & Insurance Board and Hospital Business Services.

Mustard Fellowship appointment

The 2006/2007 Mustard Fellowship has been awarded to Dr. Ivan Steenstra. Steenstra is a senior researcher at the Coronel Institute for Work and Health in Amsterdam and has several journal publications to his credit.

An epidemiologist by training, his PhD was on low back pain management. His recent work has been on the evaluation of RTW interventions. He will be joining the Institute in July.

Cochrane news

The Cochrane web site has been updated with the following new reviews: "Superficial heat or cold for low back pain" and "Herbal medicine for low back pain" as well as a new protocol "Manual Material Handling Advice and Assistive Devices for Preventing and Treating Back Pain in Workers." Visit www.cochrane.iwh.on.ca for more details.

The XIV Cochrane Colloquium will be held in Dublin, Ireland from October 23-26, 2006. Visit www.colloquium.info for more information.

Work Congress 2006

The 7th International Congress on Work Injury Prevention, Rehabilitation and Compensation will be held from June 27-29, 2006 in Hong Kong. Visit www.workcongress7.hk for more information.

Four roundtables, 50 voices: Moving from research evidence to action

Each year thousands of studies are published in scientific journals and presented at meetings and symposiums (*for examples, see sidebar*). The studies are generated by researchers from a wide variety of disciplines who each share a common goal: to learn more about some aspect of workplace health and safety that will ultimately improve the health of workers and contribute to overall productivity.

Many findings are of potential interest to governments, policy-makers and others involved in Ontario's occupational health and safety system. But is the research evidence actually getting into the hands of those who could use it?

"It is a vital question that all applied research organizations, like our own and those who fund workplace health research in Canada, should be asking," says Dr. Cameron Mustard, president of the Institute for Work & Health (IWH). "That's why we, together with the WSIB research secretariat, decided it would be good to gather the key players around

the table and ask for their experiences and opinions."

"There is growing recognition that we need to maximize the reach of our research evidence," adds Jane Gibson, director of Knowledge Transfer and Exchange at IWH. "We should aim to produce findings that are relevant by engaging audiences in research early and also to make sure we are communicating this knowledge productively."

The Institute and the Research Secretariat of Ontario's Workplace Safety & Insurance Board (WSIB) organized a series of Roundtables. The four, half-day sessions, held in Toronto, were attended by more than 50 key representatives from at least a dozen organizations. These included organizations such as the Ontario Ministry of Labour, the WSIB, Ontario's Health and Safety associations, the Canadian Union of Public Employees, the Ontario Labour Federation and the Business Council on Occupational Health & Safety.

The intent of the Roundtables was to identify common research needs and

to discuss better ways to cultivate the researcher and decision-maker relationship. These included:

- understanding how research is produced and funded
- looking at options for building capacity to use research evidence
- exploring new ways for research organizations and decision-makers to interact to ensure that research is "most relevant" for users
- identifying effective ways for researchers to communicate their results to decision-makers
- defining roles and responsibilities for all stakeholders (such as decision-makers, policy developers, researchers and research-funding agencies).

Who produces and funds research in the area of workplace health and safety?

Participants learned that the main suppliers of workplace health and safety research* in Ontario include the IWH, the Centres of Research Expertise, and health and safety-focused researchers who are often located in university environments.

In Ontario, the WSIB has been the main source of funds for this research. Other sources of funding include agencies such as the Canadian Institutes of Health Research (CIHR), the Social Sciences and Humanities Research Council of Canada (SSHRC), the Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) in Quebec, and workers' compensation boards in other Canadian jurisdictions.

*Roundtable participants agreed on the following definition of research: systematic investigation that is carefully conceived, rigorous in its conceptual/theoretical framework, complete and accurate in its collection and analysis of data and conclusive (even if the conclusion is "We don't know.")

Sample studies

Perceived job overload, along with workplace hazards, are linked to a higher risk of injury in young workers, according to a recent systematic review by Institute for Work & Health (IWH) Scientist Dr. Curtis Breslin. Employers and organized labour should focus on reducing unsafe working conditions among high-risk subgroups such as young males, the researchers say. They added that greater awareness about work overload as a contributor to risk of injury among young workers is needed.

Workplace ergonomic interventions such as improving the physical design of workplaces and equipment, changing job tasks and improving work organization have a "small, positive impact" on musculoskeletal symptoms among workers. A recent systematic review by IWH Scientist Dr. Donald Cole also found evidence that ergonomic interventions had a positive impact in reducing injuries and workers' compensation claims.

How to increase the uptake of research evidence

Clinicians who treat workplace illness and injury have a history of using research evidence in their practice. The uptake of research findings is less common among other decision-makers, such as employers and policy makers. Roundtable participants identified a variety of barriers that currently exist (see sidebar on page 8 “Barriers to accessing research”).

Three broad areas for change emerged from the Roundtable discussions:

1. Renewing the strategic framework for research. Through the WSIB’s Research Advisory Council (RAC) research grants program, research priorities have been articulated. These priorities, which were identified through consultation with the stakeholders, fall within five broad categories:

- occupational disease, injury and health services research
- prevention, workplace design and intervention research
- fair compensation and Ontario workers’ compensation system research
- organizational, management and policy research
- research on the transfer of scientific knowledge to the workplace

Since knowledge of the RAC’s research priorities is not widespread, Roundtable participants agreed that opportunities need to be found to make the framework better known and to engage stakeholders in discussions of priorities.

Discussions would focus on what kind of research is needed, who will conduct it, how links to workplaces are to be made, and how knowledge transfer and exchange activities would be structured.

An inventory of all on-going policy and program priorities and research initiatives could be developed to help guide researchers. This process would allow for “horizon scanning” – the systematic identification of potentially researchable issues.



Partners and stakeholders in Ontario’s occupational health and safety system are increasingly seeking research evidence as a basis for policy development, designing prevention programs, and other health and safety decision-making. The demand for relevant, useable and accessible research evidence is growing.

“The advantage of working collaboratively on research priorities and questions is that researchers and decision-makers can interact before the research gets underway,” says IWH Chief Scientist Dr. Tony Culyer.

For decision-makers, this may lead to better understanding of what questions are researchable. For researchers, this interaction should help make their work more relevant and timely for those who will ultimately put it to practical use. “Not all questions require new primary research,” Culyer adds. “Indeed, some advice can be given immediately based on the extensive knowledge already in people’s heads.”

2. Build relationships to improve information exchange. Employers who took part in the Roundtables emphasized the need to build trust, saying it was important to them that workplace health research is done in a fair and unbiased way. Research-users also wanted to know that research organizations were in touch

with one another so that the same information would be shared locally and nationally.

3. Help research-users/decision-makers understand research findings. Researchers and decision-makers lack a common language and both need to develop shared understandings. Research results are often expressed as findings. Expressing these results as recommendations would be more meaningful to decision-makers.

An idea put forward at the Roundtables was the creation of a quick response service for users, where researchers and other experts in workplace health would be available to do quick searches of the literature and/or answer specific questions from employer groups and labour organizations.

In addition, the IWH currently has a systematic review program, in which researchers look at existing primary research and summarize the body of evidence for specific research

(continued on page 8)

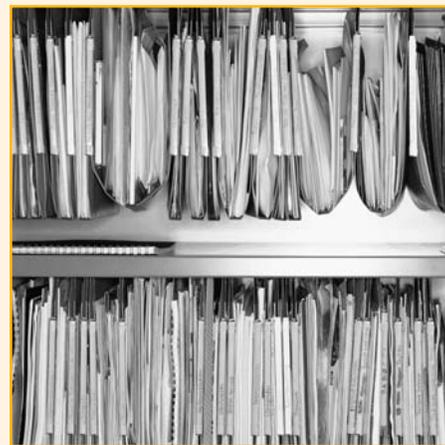
Barriers to accessing research

Evidence from research studies is certainly available, so why aren't more decision-makers using it? Participants in the four Evidence To Action Roundtables identified several barriers currently blocking or reducing the movement from evidence to action:

- It's not always easy to find relevant research. For research-users, it is often not clear which researcher, or even which research organization, to contact about a particular subject. Potential users want the ability to contact experts to discuss the state of the evidence or the gold standard that should be considered in assessing the suitability of research evidence in decision-making.
- Enhance the skills needed to understand research. In general, policy-makers and other non-scientists may not have the skills and knowledge required to distinguish high-quality research evidence from findings that are less reliable, or even completely false. This means researchers must provide results in clear, non-technical language and offer context and interpretive guidance.
- Users want evidence, but they also need advice. Even when the research findings are made available in a format that is

easily understandable, users say they aren't always sure what the findings mean or how best to apply them in the real world. As one participant said, "We are looking for advice, not more research findings."

- Information on the costs and benefits of workplace health and safety interventions is needed. For example, Health and Safety associations and employer participants recognized the importance of workplace injury prevention programs based on best evidence. But having information related to costs and returns on investment would help them build a business case for change.
- Research takes time and policy-makers can't always wait. When it comes to waiting for new information, policy-makers typically defined short term as "anywhere from three hours to three months." To the average researcher, short term means around 18 months. This implies that it may not be possible for scientists to undertake new research to inform short-term policy or operational questions. Also, since research agendas are usually planned well in advance, new research questions may not be able to be accommodated immediately. But a surprising



fact emerged during the Roundtable discussions: researchers don't always understand that often what users need to make a certain decision is not new (primary) research, but simply "the research knowledge already in the scientists' heads."

- Decision-makers who have research ideas do not know how to get on the research agenda. Researchers and potential users of evidence are not always on the same page about what needs to be studied. Users say that they are not aware of the process for raising research questions, and they have no idea how and when to get their own interests on the agenda of those who fund and carry out workplace health research.

Four roundtables, 50 voices: Moving from research evidence to action (continued from page 7)

questions and identify potential directions for new research.

Research organizations might also develop and share a directory of experts in the workplace health field who could be consulted when either data or advice are needed.

Roundtable participants also agreed that a good research program ought to offer:

- a quick response drawing on what is in the researchers' heads
- a slightly less quick response through focused literature searches/references
- systematic reviews of existing literature (6-12 months)
- primary research (6 months - 5 years)

To read the full text of *Evidence to Action: Report of Roundtable Discussions on the Use of Evidence in Decision-making to Improve Workplace Health*, go to: www.iwh.on.ca/kte/images/roundtable.pdf.

What are the next steps for implementing ideas from the Roundtables?

Now that the Roundtable discussions are complete, representatives from the IWH and the WSIB Research Secretariat will meet to determine how to integrate these ideas into their existing agendas. They will also discuss developing new initiatives.

New Working Papers Available

The effects of deficits in health status in childhood and adolescence on human capital development in early adulthood. Mustard C, Tompa E, Etches J. Working paper #318; 2006.

Development of a performance measurement report for the Ontario Prevention System. Robson LS, Speers JC, Kusiak RA, Burns BB. Working paper #307; 2005.

Key factors in back disability prevention. Guzman J, Frank J, Hayden J, Cassidy D, Flannery J, Loisel P, Furlan A, Gibson J, Jones D. Working paper #314; 2005.

For more information on these publications, or to place an order, visit our web site at www.iwh.on.ca/products/wp.hp or email us at info@iwh.on.ca