

# otwork

## IN THIS ISSUE

2 / What researchers mean by... statistically adjusted

3 / Dyslexia linked to higher risk of work injury among youth

4 / Grant round-up: IWH research to provide practical answers to OHS/RTW questions

5 / **in**focus: The wide reach of IWH research

7 / Nachevson lecture: Health and safety in small workplaces

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## Economic crisis taking toll on worker health, IWH research suggests

Work insecurity and unemployment can have a negative effect on the physical and mental health of workers. This is according to new research and analysis from the Institute for Work & Health.

How has the economic crisis of the past year affected the health of workers? Recent work by the Institute for Work & Health (IWH) sheds some insight into this complex issue.

Workers who have kept their jobs during the recession may have had to face more unpaid overtime, wage freezes or cutbacks, roll-backs of benefits and general job insecurity – heightening a trend in the labour force that has already been occurring in recent decades. Over time, such insecurities have negative effects on how workers rate their health, according to research by Dr. Heather Scott-Marshall, which was published online in August by *Social Indicators Research* (e-pub ahead of print: DOI 10.1007/s11205-009-9480-3).

In particular, workers who deal with long hours of unpaid overtime, low wages and no raises year after year steadily report worse health. “The economic crisis may exacerbate these types of insecurities, as cutbacks in organizations are frequently manifested at

the level of workers’ jobs,” says Scott-Marshall, a post-doctoral fellow at IWH.

For those who have lost their jobs – and their numbers are high, with a September 2009 unemployment rate just above nine per cent in Ontario – their mental health may also be affected, which can have implications for future re-employment prospects. IWH has explored this topic in its most recent *Issue Briefing* (see sidebar on page 8).

### Unpaid overtime leads to poor self-reported health

Scott-Marshall looked at how work-related insecurity affected the health of more than 2,300 workers over five years from 1999 to 2004. Work-related insecurity included low pay, no annual pay increases or job promotions, lack of pension coverage or union protection, and working long overtime hours.

continued on back page



### IWH co-hosts CARWH conference

Hold the dates May 28-29, 2010. That's when the next biennial conference of the Canadian Association for Research on Work and Health (CARWH) is to be held in Toronto. Co-hosted by the Institute for Work & Health (IWH), the conference will share research findings in the area of work and health. The theme of the 2010 conference is "Worker Health in a Changing World of Work." For details on submitting abstracts and other information as it becomes available, go to: <http://carwh2010.iwh.on.ca>.

### WorkCongress9 cancelled

The host organizations of WorkCongress9 — the Ontario Workplace Safety and Insurance Board and the Institute for Work & Health — regret to announce the cancellation of the planned ninth international meeting of WorkCongress in Toronto next spring. Ongoing monitoring indicated that registration numbers were not going to reach needed targets. Both organizations remain committed to the vision of WorkCongress — to bring together policy-makers, practitioners and academics from around the world to discuss and debate optimal approaches to the prevention, management and fair compensation of work-related disability.

### IWH awards Syme Fellowships

IWH has awarded S. Leonard Syme Fellowships for the 2009/2010 year to three young researchers at the master's or doctoral level who are studying work and health:

- **Ken Tang** holds a combined MSc in physical therapy and rehabilitation science from the University of Toronto. His research focuses on measuring disability due to work-related musculoskeletal disorders and its impact on work performance.
- **Craig Ervine** is a PhD candidate in work and health at the University of Western Ontario. He is interested in measuring social capital in the workplace (i.e. positive interpersonal relationships) and its influence on absenteeism and injury rates.
- **Paula Van Wyk** is a PhD candidate in kinesiology at the University of Waterloo. Her research aim is to determine the safest and most effective procedures for training nurses about the use of manual patient transfers in hospitals.

WHAT RESEARCHERS MEAN BY...

## Statistically Adjusted

**When determining the relationship between two factors, scientists need to take into account other factors that may affect that relationship. When they do, they statistically adjust their findings to reflect the impact of these other factors.**

Let's say you need surgery and are asked to choose between two hospitals in which to have it performed. You have information about post-surgery survival rates in each hospital during the past two years, and it looks like this:

	Hospital A	Hospital B
<i>Died</i>	63 (3%)	16 (2%)
<i>Survived</i>	2,037 (97%)	784 (98%)
<b>Total</b>	<b>2,100 (100%)</b>	<b>800 (100%)</b>

At first glance, you would likely choose Hospital B for your surgery. After all, your chances of dying after surgery in Hospital B are only two per cent compared to three per cent in Hospital A.

Scientists may express this to you as an **odds ratio** (OR). Comparing the risk of dying post-surgery in the two hospitals (two versus three per cent), they will tell you the odds ratio is 0.66. In other words, relatively speaking, there is a 34 per cent lower risk of dying in Hospital B than in Hospital A.

What these scientists will also tell you, however, is that this is an **unadjusted** or **crude** odds ratio. No other factors are taken into account when looking at the relationship between the hospital and the likelihood of dying. However, other factors may certainly affect the outcome. How old were the patients at each hospital? Were they in good health before surgery?

These other factors are called **confounding variables**. They are the "something else" that could affect the relationship between two other things — in this case, the relationship between the hospital and post-surgery outcomes.

Let's look again at the two hospitals and, this time, take into account the health of the patients going into surgery: either "good" or "poor."

#### GOOD HEALTH

	Hospital A	Hospital B
<i>Died</i>	6 (1%)	8 (1.3%)
<i>Survived</i>	594 (99%)	592 (98.7%)
<b>Total</b>	<b>600 (100%)</b>	<b>600 (100%)</b>

#### POOR HEALTH

	Hospital A	Hospital B
<i>Died</i>	57 (3.8%)	8 (4%)
<i>Survived</i>	1,443 (96.2%)	192 (96%)
<b>Total</b>	<b>1,500 (100%)</b>	<b>200 (100%)</b>

With this information, you would be wise to change your mind and choose Hospital A. That's because you can now see that, for patients in good health, 1.3 per cent of patients died in Hospital B compared to only one per cent in Hospital A. Interestingly, Hospital B also did

worse for patients in poor health, with four per cent dying compared to 3.8 per cent in Hospital A. The confounding variable — condition of the patient — makes a big difference.

(How can Hospital A do better for patients in both good and poor health, yet do worse overall? It could be that Hospital A is a teaching hospital with leading-edge surgeons, which serves seriously ill people from a wide geographic region. It attracts a much higher number of patients in poor health, who are more likely to die. As a result, Hospital A has a higher death rate overall, despite its better performance for each type of patient.)

Again, scientists may express this to you in a different way. This time, they will tell you that the odds ratio has been **statistically adjusted** to incorporate the effect of patient condition at the time of surgery, and is now 1.14. In other words, there is a 14 per cent higher risk of dying post-surgery in Hospital B than in Hospital A after taking the health of patients into account.

If other potentially confounding factors, such as age of patient, socioeconomic background, etc., are also taken into account, scientists will give you an odds ratio that they call **fully adjusted**. A fully adjusted odds ratio strips away the effects of other factors, theoretically leaving only the relationship between the two studied factors standing.

Let's apply these concepts to the health and safety field. Dr. Curtis Breslin, a scientist at the Institute for Work & Health, recently completed a study on learning disabilities and work injury rates among young people (see next page). He reported a **crude odds ratio** of 2.7 when comparing work injury rates among young people with dyslexia to those without a learning disability; i.e. a 2.7 times greater likelihood of being injured on the job. This represents a straightforward calculation comparing the number of injuries among youth with and without dyslexia.

After taking school status, age, gender, province of residence, number of working hours and job type into account, the **fully adjusted odds ratio** stands at 1.9. Even after adjusting for other factors known to increase work injury rates among youth, dyslexia is left standing as the explanation for the 1.9 times greater likelihood of being hurt on the job.

For more research term explanations, go to: [www.iwh.on.ca/what-researchers-mean-by](http://www.iwh.on.ca/what-researchers-mean-by).

# Dyslexia linked to higher risk of work injury among youth

A recent Institute for Work & Health study suggests that young people with dyslexia may be at greater risk of work injury due to their learning disability. This early finding underscores the importance of accommodating different learning styles in health and safety training.

Young workers with dyslexia may be at an increased risk of getting hurt on the job because of their learning disability.

So says a new study from the Institute for Work & Health (IWH), the first to explore the relationship between learning disabilities, attention deficit/hyperactivity disorder (ADHD) and work-related injuries among youth. Led by IWH Scientist Dr. Curtis Breslin, the study was published in the August 2009 issue of the *American Journal of Public Health* (vol. 99, no. 8, pp. 1423-1430).



Dr. Curtis Breslin

dyslexia make it more difficult to understand and remember safety training or contribute to poor supervisor-worker communications.”

“Learning disabilities” is a term used to describe a range of problems that result in language or math difficulties. Dyslexia is one of them. It is earmarked by particular problems with reading, spelling and writing, and may include problems with memory, abstract reasoning and spatial orientation. ADHD is a disorder characterized by difficulty paying attention, impulsiveness and excessive energy.

The study was based on the 2003 Canadian Community Health Survey compiled by Statistics Canada. Researchers compared information on learning disabilities, ADHD, school status, work, work-related injuries and personal characteristics such as age

and gender among more than 14,000 15- to 24-year-olds who had worked at some point during the previous year. Overall, 4.4 per cent of young people in the survey had some type of learning disability or ADHD.

Young people with dyslexia were 2.7 times more likely to have been injured on the job than those without a learning disability. After taking into account other factors that could explain a higher injury rate — such as being male, being out of school and working in a manual job — young people with dyslexia were still 1.9 times more likely to be hurt on the job. “Dyslexia seems to have something unique, apart from demographics and work situations, to contribute to work injury rates among youth,” says Breslin.

“The early indicators are that dyslexia contributes to higher injury rates among young workers,” says Breslin. “It could be that the information-processing problems that characterize

that characterize dyslexia make it more difficult to understand and remember safety training or contribute to poor supervisor-worker communications.”

The same was not found for ADHD. Although young people with ADHD were twice as likely to have been hurt on the job than their peers without a learning disability or ADHD, their increased risk disappeared after factors such as gender, school status and occupation were taken into account.

## Workplaces need to accommodate differences

Breslin believes the association between dyslexia and injury rates underscores the important role of the education system in workplace health and safety. “The accommodation of diverse learning styles found in schools, where learning disabilities are a high-profile issue, drops off the map in the workplace,” he points out. “That leaves the education system in the best position to improve the literacy of all students, including those with learning disabilities, so they can get the most out of the training they receive in the workplace.”

Nonetheless, employers should also be aware of the need for different training and communication styles in the workplace, Breslin adds. He suggests health and safety training incorporate the principles of universal design and make materials usable by all people, regardless of their age, ability or situation, to the greatest extent possible.

This would help address the fact that people with dyslexia typically do not tell their employers. “They would rather do their best with the learning disability than ask for help because of the stigma,” he says. “Yet this *is* an issue in the workplace, as this study shows.”

## Researcher calls for larger study

Breslin calls these findings with respect to dyslexia “preliminary” because the number of young people with dyslexia who had also experienced a work-related injury was relatively small. However, he believes the association between dyslexia and injury rates is meaningful, and certainly an indication that a larger study is needed.

Notably, the study also confirmed an earlier finding of Breslin’s that young workers who are no longer in school, whether they obtained their high school diploma or not, are at an increased risk of work injury. The study points to an 80 to 86 per cent higher risk of work-related injury among out-of-school youth. “A conclusive finding of this study is that school status is related to work injury,” Breslin says.

For more information, go to [www.iwh.on.ca/research-highlights](http://www.iwh.on.ca/research-highlights). ■

## In Brief

Dyslexia may contribute to higher workplace injury rates among youth.

# GRANT ROUND-UP

## IWH research to provide practical answers to OHS/RTW questions

Practical research findings from the Institute for Work & Health will be coming your way in future, thanks to research grants from several external funders. Here's a snapshot of just some of what's ahead.

Evidence-based answers to occupational health and safety and return-to-work questions are important to workers, employers and policy-makers alike. To find these answers, the Institute for Work & Health (IWH) is supported by core funding from Ontario's Workplace Safety and Insurance Board (WSIB). But it also turns to research funding agencies and programs to further its exploration of important injury and disability prevention issues.

Over the past year, the Institute got the thumbs-up from a number of these agencies and programs to do just that. Many of the funded studies will produce findings of practical importance. Here is a quick look at some of these.

### Examining job injuries among older workers

The workforce in Canada is aging. More Canadians than ever before are over the age of 55, and they're staying at work – either by choice or out of necessity. We know from previous research that older workers don't get injured as often as younger workers. Yet, when they do, their injuries tend to be more severe, requiring more health care and time off work.

Why? Are chronic conditions often associated with aging — e.g. arthritis, vision and hearing problems, hypertension — affecting the type and duration of work injuries among older workers?

This is one of the questions IWH Scientist Dr. Peter Smith is setting out to answer through a study funded by WorkSafeBC. Using British Columbia data, Smith and his fellow researchers will examine injury trends and consequences among older workers compared to their younger counterparts.

"The aging workforce is one of the biggest issues we face today," says Smith. "We hope to provide information that will help with policy development related to the prevention and consequences of work injuries among older workers in B.C. and Canada."

### Developing a tool to predict time off work

When workers injure their backs on the job, knowing when they might return to work could help on many fronts. Workers might feel less anxious about what the future holds. Workplaces would be in a better position to know if they need to make alternate work arrangements and for how long. Workers' compensation boards would know what help they need to offer, and when, to ensure workers' early and safe return to work.

Such a tool is now in the works. Thanks to a grant from the WSIB Research Advisory Council (RAC), IWH Scientist Dr. Ivan Steenstra is leading a team that will determine what combination of factors best predicts how long a worker will remain off the job.

This information will give rise to "prediction rules," as Steenstra calls them. "The final product will be a computerized tool that projects different injured worker outcomes, such as time remaining on benefits and the likelihood of a recurrence," he adds.

### Understanding OHS, RTW among temporary work agencies

Temporary work agencies are a growing trend, responding to the need of businesses to quickly and easily increase or decrease their workforces relative to product demand. However, the use of these agencies gives rise to a three-way employment relationship among the agency, client employer and the worker. This introduces difficulties into the management of occupational health and safety (OHS) and return to work (RTW).

Just how temporary work agencies are organized and how they manage OHS and RTW is the focus of a study being led by IWH Scientist Dr. Ellen MacEachen. She and her team, with funding from WSIB RAC, will explore OHS and RTW responsibilities,

communications and current practices among temporary work agencies and client firms.

"In the end, we want to identify practices for employers and worker representatives that can help protect and restore the health of workers hired by temporary work agencies," says MacEachen. "The study will also help WSIB and Ministry of Labour policy-makers, case managers and inspectors respond to the challenges in this growing, non-standard work arrangement."

### Mapping work injury rates across Canada

Wouldn't it be helpful if workers' compensation boards, health and safety associations and other members of the workplace injury prevention system knew where, geographically, to target their limited resources, and with what kind of program? IWH Scientist Dr. Curtis Breslin hopes to provide this type of information through a study funded by the Canadian Institutes of Health Research.

Breslin and his team are going to map work injury rates across the country, at both provincial and regional levels. They are going to provide rates for both traumatic injuries and musculoskeletal disorders at the provincial level, compare how work injury rates differ between men and women, and look at how rates relate to regional socio-economic and labour market differences.

"Regions with lower-than-expected injury rates would give rise to the question: What is happening here that is not happening elsewhere?" says Breslin. "The information could also help prevention systems target resources on regional 'hot spots,' so to speak." ■

**Note:** The studies profiled here are just the tip of the iceberg. For the full list of grants funded during the 2008/2009 year, go to [www.iwh.on.ca/grant-round-up](http://www.iwh.on.ca/grant-round-up).

**Organizations near and far rely on Institute for Work & Health research to improve their workplace injury prevention and disability management programs and policies. Here’s a sampling of recent initiatives in which IWH research results were put into action.**

The research generated by the Institute for Work & Health (IWH) doesn’t simply get published in journals and then sit on a library shelf waiting to be retrieved by future researchers and academics. No, IWH research has a very real – and far-reaching – impact on front-line work in occupational health and safety (OHS).

“Active knowledge transfer is part of our corporate culture here at the Institute,” says Jane Gibson, director of knowledge transfer and exchange (KTE) at IWH. “Through active engagement with stakeholders to strategic alliances with other organizations, the research findings generated by our scientists are put into the hands of key decision-makers in a timely, accessible and useful manner.”

This is shown by the many ways in which public institutions both here and abroad use IWH research to improve their delivery of injury prevention and return-to-work services. Included below are some examples, by no means exhaustive, that illustrate just how far that reach is.

### **Ontario WSIB’s new service delivery model**

When the Workplace Safety and Insurance Board (WSIB) in Ontario decided to introduce a new service delivery model to help injured workers recover and return to work more quickly, it wanted to incorporate procedures based on the best evidence available. IWH research played a pivotal role.

“When designing staff protocols and determining what to do when in the life of a claim, we certainly relied on the Institute’s research,” says Judy Geary, WSIB’s vice-president of program development. “Indeed,

researchers from the IWH met regularly with WSIB staff during the design and development of the model to offer advice about the appropriate use of research evidence.”

In particular, IWH research on return to work, recovery, claim complexity and interventions was “quite formative in WSIB’s thinking,” says Geary. This included the work of IWH scientists such as Drs. Renée-Louise Franche (now an IWH adjunct scientist), Ellen MacEachen, Sheila Hogg-Johnson, Emile Tompa and Ivan Steenstra.



The WSIB began rolling out its new model across Ontario last fall and into the spring of 2009. The model includes a number of features that Geary can trace back to IWH research. She gives some examples.

The model adopts a case management framework, in which a case manager assesses, very early in the life of a claim, the degree of WSIB involvement needed to ensure an injured worker’s return to work. “IWH research and researchers helped frame the ‘powerful questions’ we ask to determine if an injured worker’s return to work is likely to be straightforward or problematic,” says Geary. “We pulled the questions from the research, developed a guide for our staff and then ran it by researchers for confirmation.”

If the injured worker and workplace are having difficulty developing a return-to-work (RTW) plan, the case manager can call in

an RTW specialist. A newly created role, the RTW specialist acts as an onsite facilitator and mediator between the workplace parties to unearth what the RTW problems are and what it will take to resolve them.

“The IWH research leading to the *Seven Principles for Successful Return to Work* showed that RTW co-ordination is key,” says Geary. “The RTW specialist was created directly as a result of that research.”

As well, the new model is designed to ensure that an injured worker quickly learns if his or her claim for workers’ compensation benefits has been accepted. This is based on several IWH studies that showed the time to a first decision is related to recovery and return to work.

“We’re not sure why an injured worker who has to wait a long time to get a decision is more likely to encounter problems down the road, but the research shows a long delay results in poorer outcomes,” says Geary. “So we put a lot of effort into re-engineering the process to enable timely first decisions.”

IWH even played a role in the actual roll-out of the new model. KTE Director Jane Gibson, for example, was a member of the team that helped train consultants from the province’s health and safety associations on the model and its basis in research evidence.

For information on the WSIB’s new service delivery model, go to: [www.wsib.on.ca/wsib/wsbsite.nsf/public/NSDM](http://www.wsib.on.ca/wsib/wsbsite.nsf/public/NSDM).

### **OSSA’s fieldwork by regional injury rates**

In some regions of Ontario, injury rates for young workers in the service sector are as high as 12 injuries for each 100 full-time equivalent positions (FTEs). In other regions, however, the rate is much less than one per 100 FTEs.

A map of these findings triggered the province’s service sector health and safety association (HSA) to take action. The findings are based on research by IWH Scientist Dr. Curtis Breslin, who estimated

“THE IWH RESEARCH LEADING TO the *Seven Principles for Successful Return to Work* showed that RTW co-ordination is key,” says the WSIB’s Judy Geary. “The RTW specialist was created directly as a result of that research.”

service-sector work injury rates for 15- to 24-year-olds in 46 regions across Ontario.

Sandra Miller of the Ontario Safety Service Alliance (OSSA) picked up on the practical implications of Breslin’s work after hearing about it at a meeting of the HSA Liaison Committee — a research exchange forum for HSAs hosted by IWH and including the Centres of Research Expertise. Then OSSA held a workshop, in which Breslin presented the findings to field consultants. The research has since tied into OSSA’s work in a number of ways.

“It provoked our field consultants to think about what was going on, especially when

they saw big differences in regions that were side-by-side,” says Miller, who is OSSA’s acting vice-president of corporate services, and executive director of innovation. “They know the firms in these areas, and it helped begin a conversation with them.”

Trudi Farquhar, OSSA’s regional manager of client services for North Eastern Ontario, concurs. “I find this type of analysis to be most helpful because it helps me to better understand my region and its related risks,” says Farquhar, whose team deals directly with 800 to 1,000 firms each year. “We discussed this in our regional team meetings,

and tried to understand where there may be opportunities to focus efforts to better understand injury rates.”

She also presented the findings to Ministry of Labour and WSIB staff in Thunder Bay. “We had a robust discussion about the research, and brainstormed some ideas and tried to understand some rationale that would make that area of the province generally more at risk than others,” she says. “Our intent was to bring more awareness to customers in that region, to open them up to greater prevention opportunities.”

One of the goals of this research is to identify regions with higher rates, to help target service delivery. This is, in a way, what OSSA has done. At the time the research was released, OSSA was redesigning its service delivery model and was able to use this knowledge in its decision-making.

There are also opportunities to continue to use this type of information in the future. OSSA staff are building a detailed profile of the service sector across Ontario and plan to capture information on firms’ intent (such as their motivation and knowledge) and abilities (such as their systems or practices) on OHS, says Dean Hamilton, OSSA’s marketing manager.

“When we can map injury rates against intents and abilities, it will be a really valuable tool,” he says. For example, if OSSA finds high injury rates and low intent within a particular region, it might signal the need for targeted social marketing campaigns to try and change attitudes, he says.

Miller also points out that the opportunity to hear about research first-hand through IWH’s regular meetings is invaluable, particularly when there are plans to put findings into practical use. “We can build relationships directly with the researchers and ask them, ‘We’re going to apply the information this way. Are we interpreting it appropriately?’”

## EUROPE BOUND: EU-OSHA’S GUIDE ON MSDs AND RETURN TO WORK

The European Agency for Safety and Health at Work (EU-OSHA) is essentially the European Union’s technical agency on OHS matters: monitoring scientific research on workplace risks, and identifying and sharing good practices for addressing those risks. So when EU-OSHA produces a report, it wants to get it right.

This was the case in 2007, when EU-OSHA published a report on the retention, rehabilitation and reintegration of workers who suffer musculoskeletal disorders (MSDs), the most common work-related health problem in Europe. Called *Work-Related Musculoskeletal Disorders: Back to Work Report*, the guide first looked at the research evidence on effective workplace interventions before summarizing activities at the policy level within member countries.

IWH research was prominent among the cited research. “EU-OSHA’s use of IWH evidence is telling,” says IWH President Dr. Cam Mustard. “The guidance in the report is anchored to high quality research evidence, and many of the core references for the guidance document are based on systematic literature reviews conducted by the Cochrane Back Review Group housed at IWH.”

Vicki Pennick, managing editor of the Cochrane Back Review Group, points out that

the EU-OSHA report is just one of many in past years to rely on the group’s reviews to disseminate evidence-based guidelines and best practices. Unlike the EU-OSHA report, which is directed to workplace parties and policy-makers, most of the other guidelines are directed at clinicians. Examples include:

- a 2009 guideline on the early management of non-specific low back pain by the National Collaborating Centre for Primary Care and Royal College of General Practitioners in the United Kingdom;
- a 2009 clinical practice guideline on intervention therapies, surgery and rehabilitation for low-back pain from the American Pain Society; and
- 2008 neck pain guidelines from the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders, sponsored by the World Health Organization.

“Because neck and back pain are such important issues and because our reviews really get used a lot around the world, we’re very diligent,” says Pennick. “Our reviews have to be of the very highest quality.”

To download the full EU-OSHA report on RTW and MSDs, go to: <http://osha.europa.eu/en/publications/reports/7807300/view>. To access Cochrane Back Review Group information, go to: [www.cochrane.iwh.on.ca](http://www.cochrane.iwh.on.ca).

## Nachemson lecture: Health and safety in small workplaces



Breslin recently received funding to continue his mapping project on a national scale (see story on page 4). For more information on OSSA, visit: [www.ossa.com](http://www.ossa.com) (note that OSSA will soon be part of Safe Workplace Promotion Services Ontario as a result of the province's realignment of HSAs).

### Manitoba's immigrant safety program

While anecdotes often point to emerging problems, statistics can help confirm the extent of a problem, and give extra purpose and support to the solutions.

Such was the case with the Manitoba Immigrant Worker Safety Initiative (MISI), which drew from IWH research on immigrant workers. The initiative, which launched in 2009, offers a variety of free, downloadable resources for immigrant workers, employers and others to help prevent injury and illness.

Manitoba has a high number of immigrants each year relative to its population. At the International Centre of Winnipeg, staff members at its language bank were noticing a growing number of requests to help translate workers' compensation forms, says Richard Nordrum, project manager of the initiative.

Mike Waite, president and CEO of Safety Services Manitoba, together with the International Centre, applied and received two-year funding from Manitoba's

Workers Compensation Board (WCB).

The initiative's first phase was to research the extent of the problem and investigate safety training programs for immigrants.

"What we struggled with was that there was lots of anecdotal information, but we couldn't find any scientific, Canadian information," says Nordrum. "Even the WCB did not have stats on immigrant workers."

It was timely, then, that last summer IWH published studies comparing immigrants' working conditions and injury rates with those of Canadian-born workers. One pertinent finding of the research, led by IWH Scientist Dr. Peter Smith, was that immigrant men were twice as likely to seek medical care for work-related injuries than Canadian-born men.

"It really supported the need for this kind of programming and initiative," says Nordrum. "The studies also enabled us to increase the level of awareness about our program." The initiative's research also showed that there was no cohesive regional immigrant safety program in Canada.

The resources developed by MISI include fact sheets in eight languages, and four manuals about safety and cultural issues that could affect safety. Two manuals are for workers, at two different levels of English proficiency, while two are targeted at employers, OHS professionals and others involved with immigrant workers.

Based on the MISI model, a national initiative called the Canadian Immigrant Safety Initiative (CISI) is being developed by Safety Services Canada. "We really would like to share what we've learned and experienced with other provinces," says Waite.

To access the MISA fact sheets and manuals, go to: [www.safetyservicesmanitoba.ca](http://www.safetyservicesmanitoba.ca) under "Occupational Safety." For information on the national CISI initiative, contact: [mwaite@safetyservicesmanitoba.ca](mailto:mwaite@safetyservicesmanitoba.ca). +



Dr. Joan Eakin

Dr. Joan Eakin is an expert on occupational health and safety (OHS) in small workplaces. She has devoted much of her research career to understanding how working conditions and health-related practices in small firms are shaped by their distinct features and social relations of work. She has also explored the institutional services and regulatory/policy structures that govern them.

This is important research. The majority of workers in Canada and internationally are employed in small and medium-sized enterprises, and protecting the health and safety of these workers continues to pose unresolved challenges to our OHS systems.

Here's your chance to find out all about that research and its implications. The Institute for Work & Health (IWH) is pleased to announce that Dr. Eakin, professor in the Dalla Lana School of Public Health and director of the Centre for Critical Qualitative Health Research at the University of Toronto, will deliver this year's Alf Nachemson Memorial Lecture. The lecture takes place on Wednesday, November 25 in Toronto.

Drawing on a series of studies that have included workers, employers, health-care professionals and compensation service providers, Dr. Eakin will challenge some of the prevailing assumptions and approaches to prevention, return to work and service provision to the small-business sector, and suggest how they might be reframed. She will conclude with recent examples of how findings from this research have been taken up by the injured worker community and by Ontario's Workplace Safety and Insurance Board.

The Alf Nachemson Memorial Lecture was established in 2002 by IWH to honour Dr. Nachemson's significant contribution to advancing the use of research evidence in clinical decision-making.

### 2009 Alf Nachemson Memorial Lecture Dr. Joan Eakin

"No small matter: Unpacking the problem of health and safety in small workplaces"  
Wednesday, November 25, 2009, 5.30 p.m.  
Design Exchange, 2nd Floor  
234 Bay St., Toronto, Ontario

To register for this free lecture, visit:  
[www.iwh.on.ca/nachemson-lecture](http://www.iwh.on.ca/nachemson-lecture).

## AT WORK

*At Work* is published by:  
Institute for Work & Health  
Director, KTE: Jane Gibson  
Editor: Cindy Moser  
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Issue #58 / Fall 2009 / ISSN # 1261-5148  
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## INSTITUTE FOR WORK & HEALTH

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## MISSION

The Institute for Work & Health conducts and shares research that protects and improves the health of working people and is valued by policy-makers, workers and workplaces, clinicians, and health & safety professionals.

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The Institute for Work & Health operates with the support of the Ontario Workplace Safety and Insurance Board.



Economic crisis taking toll on worker health...  
continued from front page

Using information collected through Statistics Canada's Survey of Labour and Income Dynamics (SLID), she began with a group of healthy workers, who rated their health as good to excellent in 1999. She also broke down her findings to look at patterns among several groups: women, older workers aged 45 to 54 and visible minorities, all of whom make up an increasing percentage of the Canadian labour force.

The most striking finding concerned the effect of overtime on health. When workers reported working more unpaid overtime hours than the average for a given year, their self-reported health declined more rapidly over time than the self-reported health of workers who reported fewer unpaid overtime hours. (The average number of overtime hours per week ranged from 6.8 to 8.7 hours.)

The health of older workers who had no pension coverage also declined more rapidly over time than the health of older workers with pension benefits. So, too, did the health of workers earning low wages or having no annual pay increases compared to that of workers with higher wages or annual pay increases.

"Workplace policies and practices matter to the health of employees, particularly in relation to how these policies and practices affect job quality," says Scott-Marshall.

Interestingly, she did not find any significant differences between men and women, although women were more likely to be in insecure work situations. Indeed, compared to men, women experienced less rapid declines in health over time.

Scott-Marshall's study also shows that it is not just jobs considered insecure, such as part-time or contract work, that can affect health. "Insecurity can affect individuals in employment arrangements typically defined as secure, such as full-time, permanent jobs," she says.

For more information, go to [www.iwh.on.ca/research-highlights](http://www.iwh.on.ca/research-highlights). ■

## AT ISSUE: HOW UNEMPLOYMENT AFFECTS MENTAL HEALTH

Since the Great Depression of the 1930s, research has consistently shown that becoming unemployed harms a worker's mental health. The impact is larger on certain groups; in particular, on men and on workers aged 30 to 55. And people with mental health problems are more likely than others to become unemployed.

"For these reasons, it's important not only to help laid-off workers find new jobs quickly, but also to help workers manage mental distress," says IWH Senior Scientist Dr. Ron Saunders, who wrote the latest *Issue Briefing* summarizing key research on this topic.

Mental health symptoms can hinder a person from functioning or working. These symptoms can result from financial stresses as well as non-financial stresses, such as a loss of self-esteem and social contacts.

"This is why adequate access to employment insurance benefits, and adequate benefit levels, are so important when a job is lost," says Saunders. By reducing the financial impact of unemployment, such benefits may help prevent mental health problems and ultimately facilitate re-employment.

The full *Issue Briefing* can be downloaded from [www.iwh.on.ca/briefings/unemployment-and-mental-health](http://www.iwh.on.ca/briefings/unemployment-and-mental-health).

## What's new at [www.iwh.on.ca](http://www.iwh.on.ca)

The IWH 2008 annual report, titled *Impact*, outlines last year's research contributions to IWH's two central goals: preventing work injuries and illnesses, and helping injured workers recover and return to work. Of course, if you're looking for numbers, it also provides the audited financial statements: [www.iwh.on.ca/annual-report](http://www.iwh.on.ca/annual-report)

You now have access to the references, abstracts and, in some cases, full papers of many peer-reviewed journal articles written by IWH scientists. A new searchable database currently includes 500 articles, reports, books and book chapters — and it's updated regularly: [www.iwh.on.ca/biblio](http://www.iwh.on.ca/biblio)

After a brief summer break, the IWH plenary program is up and running again for the fall season. Don't forget to check the site regularly to find out about upcoming talks from IWH and related scientists about their newest research findings: [www.iwh.on.ca/plenaries](http://www.iwh.on.ca/plenaries)

New Research Highlights summarizing published IWH research tackle the benefits of massage, the health of injured youth, return to work and lots more: [www.iwh.on.ca/research-highlights](http://www.iwh.on.ca/research-highlights)