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at work

IN THIS ISSUE

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A tough nut to crack: Understanding no-lost-time claims in Ontario

Ontario's no-lost-time claims increased from 56 per cent of all accepted claims in 1991 to 68 per cent in 2006, according to new research from the Institute for Work & Health. But it's too soon to say what's driving this phenomenon.

Dr. Peter Smith

Accepted lost-time claims fell much more rapidly than no-lost-time claims in Ontario from 1991 to 2006. This is a key finding of a project led by Institute for Work & Health (IWH) Scientist Dr. Peter Smith, and the subject of the latest IWH *Issue Briefing*.

Although the study was unable to confirm the reasons behind the increasing share of no-lost-time claims, it did lead researchers to an important conclusion: Both lost-time and no-lost-time claims should be used to monitor trends in workplace injuries and illnesses and to target enforcement and prevention strategies. "This study highlights that whether or not time is lost from work may not be the distinguishing factor between serious and less serious injuries," says Smith.

The ratio between types of claims

Workers' compensation claims fall into two main categories: those that involve taking time off work, or "lost-time claims" (LTCs); and those that do not involve taking time off work, or "no-lost-time claims" (NLTCs). LTCs should typically be less frequent and more serious than NLTCs.

But does the ratio between the incidence of LTCs and NLTCs stay constant from year to year? If it varies, what could explain this?

- Have the types of injuries changed over time?
- Is more attention paid to preventing LTCs than NLTCs when workers' compensation premiums depend on the employer's claims experience?
- Are injured workers better accommodated to avoid taking time off?

continued on back page

IWH NEWS

IWH scientists contribute to publications

IWH Scientific Director **Dr. Ben Amick** and Senior Scientist **Dr. Sheilah Hogg-Johnson** contributed a chapter to a 2010 publication, *Use of Workers' Compensation Data for Occupational Injury & Illness Prevention*, edited by David Utterback and Teresa Schnorr. The book was published by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health and U.S. Department of Labor, Bureau of Labor Statistics. The publication is available at: www.cdc.gov/niosh/docs/2010-152.

Dr. Emile Tompa, IWH scientist, has contributed to a new Springer publication, *Health Services for Cancer Survivors: Practice, Policy and Research*, edited by Michael Feuerstein and Patricia A Ganz. "Chapter 15: Health Economics and Cancer Survivorship" was co-authored by Emile Tompa. The chapter reviews the methodology of economic evaluation and evidence from the literature. For more information, go to the publisher's website at: www.springer.com.

Next systematic review workshop

IWH offers two-and-a-half-day systematic review workshops, and the next one is set for November 16 to 18, 2011, in Toronto. For more information and to register online, go to: www.iwh.on.ca/workshops/systematic-review.

IWH plenaries start up again

IWH's 2011 plenary session is up and running, and the next one is set for Tuesday, October 18. The topic is "Work injury risk by time of day in Ontario," presented by the Institute's President and Senior Scientist Dr. Cam Mustard, and PhD Student and Research Assistant Andrea Chambers. Check the website for future plenaries at: www.iwh.on.ca/plenaries.

WHAT RESEARCHERS MEAN BY...

DOI

If you've been reading published research over the past few years, you've probably noticed a new vehicle for permanently housing scholarly material: the DOI or Digital Object Identifier. An alphanumeric code, it solves a lot of problems for anyone searching for documents in the vast arena of cyberspace.

A DOI is a permanent name given to documents, publications and other resources on the Internet, which is used rather than a URL (i.e. a typical web address). A URL can change over time but a DOI cannot. The International DOI Foundation, which invented and controls the system, defines a DOI as "a name, not a location, for an entity on digital networks."

Because a DOI is meant to never change, it provides a permanent link to any electronic article. Most electronically available articles have DOIs, and they can usually be found printed on the article itself. DOIs look something like this: **DOI: 10.1136/oem.2010.062562.**

DOIs are not dissimilar to a book's ISBN —that is, the idea of having a number associated with a document is not new. But for libraries, the change is meaningful because it makes things easier. DOIs solve a lot of problems and allow those in library sciences to locate and verify electronic documents quickly and efficiently. They allow librarians to focus and provide a unique identifier to others who would like to locate specific documents.

DOIs are particularly helpful for several reasons:

- URLs are not stable and often disappear;
- print journals often have standard bibliographic information (volume, issue, page numbers) that help track down articles, but electronic journals and documents may not;
- researchers sometimes use titles for conferences, lay articles and reports that are very similar to those used for journal articles, and it can be difficult to differentiate between them when searching by title; and
- Google-type searches can lead to hundreds of hits, making it hard to locate and verify documents.

How to find an article using a DOI

When you see a DOI, most of the time you can click on it to access the article, provided you have the necessary access rights. In case you see a DOI in a print document, you can do the following three steps:

1. Copy the DOI of the document you want to open.
2. Go to: www.doi.org.
3. Enter the entire DOI in the text box provided, then click 'Go.'

Otherwise you can type the DOI into a search engine, such as Google, and the relevant study usually comes up.

DOI adoption has been rapid. The International DOI Foundation was established in 1998. Elsevier, the Amsterdam-based health and science publisher, started using DOIs on all of its journal articles around 2003. By late April 2011, more than 50 million DOI names had been assigned by some 4,000 organizations.

However, unlike URLs, the DOI system is not open to everyone. Only organizations that meet the necessary contractual obligations and are willing to pay can assign DOIs.

Although some journals are not yet participating in the move to DOI, it is expected that they may do so in time, as part of the larger electronic continuum.

To see other columns, go to: www.iwh.on.ca/what-researchers-mean-by.

HEALTH-CARE RX:
Reducing work absences among Canadian nurses

Creating non-violent and supportive health-care workplaces might help prevent prolonged work absences among nurses. This is the upshot of a new study from the Institute for Work & Health.

With the health-care sector having the highest rate of lost-time claims and work absence in the country, disability managers in Canada's health-care organizations may want to join forces with their counterparts in human resources to implement violence prevention and respectful workplace programs. A new study from the Institute for Work & Health (IWH) shows that emotional and physical abuse at work, as well as disrespectful and unsupportive work environments, are associated with prolonged work absences among nurses.

"Our findings suggest that violence prevention is also work absence prevention," says IWH Adjunct Scientist Dr. Renée-Louise Franche, a clinical psychologist at Vancouver General Hospital who led the study looking at the impact of worker and workplace factors on absenteeism among nurses. "According to our study, being abused or assaulted on the job is strongly associated with nurses having prolonged work absences. It is also indirectly connected by creating a poorer workplace culture and lower respect and support from co-workers, both of which are associated with increased work absence duration."

The study, published in the August 2011 issue of the *Journal of Occupational and Environmental Medicine* (vol. 53, no. 8, pp. 919-927), collected information on almost 12,000 female, direct-care Canadian nurses from Statistics Canada's 2005 National Survey of the Work and Health of Nurses. Factors related to nurses' personal health and their workplaces were examined relative to three categories of work absences: none, short-term (one to 10 work days) and prolonged (11 or more work days).

Worker health factors—namely pain that interfered with the ability to work, more severe pain, depression and having a higher number of chronic health conditions (such as arthritis, migraine and back pain)—had the biggest effect on the length of nurses' work absences. Workplace factors had a smaller effect overall, with those having the most impact being emotional or physical abuse by a patient, visitor or co-worker, and low respect and low support at work.

The combined effect of worker and workplace factors was the most novel finding in this study, as few previous studies have examined this. Take pain-related work interference, for example, the factor most strongly associated with prolonged absences among nurses. "It looks like pain interference is a product of both worker and workplace factors," says Franche. "That is, the degree to which pain interferes with work may depend not only on a nurse's pain level, but also on the demands, both physical and social, of the environment in which she works."

Potential strategies to reduce long absences

The study's findings suggest a number of ways in which health-care organizations can help decrease time away from work among nurses. Franche points to these potential strategies:

- Implement or augment violence prevention programs. Among those in the 2005 Statistics Canada nurses' survey that were included in this study, 57 per cent reported being emotionally abused at work and 31 per cent reported being physically assaulted at work during the previous year. Abuse or assault at work by a co-worker was particularly common, with 55 per cent of nurses reporting abuse or assault by a co-worker, compared to 25 per cent reporting abuse or assault by a patient or visitor. "Many health-care organizations have implemented violence prevention programs since then," says Franche. "But they need to keep vigilant on this front."
- Address respect, support and organizational culture. This includes nurses' feelings of control over their practice and autonomy at work, as well as their relationships with doctors and co-workers.
- Focus disability management practices on workers who are still on the job but struggling with multiple physical and mental health conditions.
- Offer self-management programs that address pain and depression, focusing on the work environment. "The workplace doesn't have full control of workers' pain and depression, but it can help deal with issues by offering self-management approaches," says Franche. "For example, more workplaces are offering relaxation and meditation courses, and these could be extended to include strategies on how to manage symptoms and episodes at work."

What's new at www.iwh.on.ca

"Prevention is the Best Medicine" is a new toolkit from IWH to teach recent immigrants their occupational health and safety and workers' compensation rights and responsibilities:
www.iwh.on.ca/pbm

The results of a systematic review looking into workplace programs to address workers' depression are summarized in the Institute's latest *Sharing Best Evidence*:
www.iwh.on.ca/sharing-best-evidence

The newest *Issue Briefing* from IWH examines the increasing proportion of work-related injuries registered as no-lost-time claims:
www.iwh.on.ca/briefings

IWH's 2010 Annual Report highlights the Institute's role in informing policy:
www.iwh.on.ca/annual-report

New Research Highlights:
www.iwh.on.ca/research-highlights

Researching workplace depression: Where to go from here

More high quality research is needed to determine what types of programs will most effectively address depression in the workplace. But at least we know this type of research is possible.

Randomized controlled trials (RCTs) are possible when studying depression in the workplace.

This is one of the key findings of a systematic review completed by the Institute for Work & Health (IWH) in February. The review, led by IWH Associate Scientist Dr. Andrea Furlan, looked at the effectiveness of programs to address workplace depression.

"The RCT finding is important because RCTs are considered the gold standard for determining the effectiveness of health, safety and disability prevention interventions," says Furlan.

Depression in the workplace is widespread. Not surprisingly, employers are increasingly concerned about the effects of depression on their employees and their workplaces. Yet, workplace-sponsored programs that target depression remain uncommon.

This systematic review was conducted to determine the range of possible evidence-based programs that could be implemented in workplaces to improve workers' depression and reduce associated productivity losses. In the end, however, the review team could recommend no intervention as being effective because the evidence from the studies reviewed was considered to be of very low quality.

Some interventions feasible

However, the review did solidify the questions that stakeholders want answered by future research: What programs work? When is the best time to intervene? Why do some interventions work in the short-term, but not the long-term? It also confirmed that RCTs can be used to help answer these questions.

And it did find that some intervention approaches are feasible and, therefore, could be further evaluated in future studies. These included enhanced primary care, enhanced psychiatric care, enhanced role for occupational health physicians, psychological interventions, work stress reduction and integrated care.

"Perhaps the solution lies in layered approaches that aim to break down both individual and organizational barriers in order to prevent the occurrence and reoccurrence of disability and absence due to depression," says Furlan.

Both a full and summary report are available at: www.iwh.on.ca/sys-reviews/workplace-depression-interventions.

Change is possible: Ontario youth WSIB claim rate declining

A recent study from the Institute for Work & Health shows that, in Ontario, the youth lost-time claim rate is declining more steeply than, and converging with, the adult rate. This shows these rates are not static and can be potentially improved through prevention strategies.

Fewer youths in Ontario are getting hurt on the job, according to new research at the Institute for Work & Health (IWH) that examined the decline in lost-time claim rates across age groups in the province between 1991 and 2007. This is contrary to one of the most consistent findings in occupational health and safety research in the last two decades: that younger workers have more work injuries compared to adults.

"This is a good news story beyond the obvious that fewer young people are getting hurt," says IWH Scientist Dr. Curtis Breslin, who led the research. "It means that elevated work injury risk among young workers is not static and can, in fact, come down to mirror that of adults." Breslin's study was published online in March by *Occupational & Environmental Medicine* (DOI: 10.1136/oem.2010.062562).

Trend among the first for North America

In the study, Breslin and his team merged approximately 1.2 million lost-time claims reported to Ontario's Workplace Safety and Insurance Board (WSIB) from 1991 to 2007 with labour force data to compute lost-time claim rates by age group. They found that young Ontario workers (ages 15 to 24) showed a much steeper decline in lost-time claim rates from 1999 to 2007, compared to older adults.

Specifically, 15- to 24-year-old males showed minimal declines prior to 1999, and steeper declines in the 1999 to 2007 period, while the reverse was true for older males. A similar, but less marked, pattern was found among younger and older women over the same time period. The study is one of the first to show a convergence in youth and adult workers' compensation claim rates in a North American jurisdiction.

In order to help explain these changing trends, the study also examined claim rates by industry and job tenure—two factors known to affect the risk of work injury. Interestingly, they did not appear to explain the converging youth and adult rates.

"These results leave open the possibility that youth-specific interventions begun in Ontario in 1999-2000 contributed to the steeper decline in rates among young workers," says Breslin. However, Breslin notes that the findings don't provide direct evidence that current prevention strategies are working; other labour force factors could be at play.

"More than anything, this research tells us that there's something different, or more malleable, about youth workplace injuries compared to other injury settings," Breslin says. "Now we just have to figure out why so that we can target interventions and resources to ensure the continued safety of young workers."

For more information, see the research summary at: www.iwh.on.ca/highlights/youth-work-injury-rate-declining.

THE CRYSTAL BALL:

Predicting return to work following low-back pain

What factors affect how long it will take workers to return to work following an episode of acute low-back pain? A just-completed systematic review from the Institute for Work & Health points to a number of them, including workers' recovery expectations and their interactions with health-care practitioners.

It began with a question: "What influences return to work among workers in the early phase of a disability due to low-back pain?" It ended with some concrete answers, and then took one step further: a workshop to see if the answers rang true for case managers, medical examiners and clinicians.

The "it" was a systematic review led by Institute for Work & Health Associate Scientist Dr. Ivan Steenstra. Completed in September, the review updated an earlier 2005 version. The newest review identified a number of factors present at the beginning of a work absence due to low-back pain that affect the length of time before return to work (RTW).

"By identifying these factors, we can potentially use them to screen those workers at high risk of long-term disability," says Steenstra. "We can also try to modify those practices that are shown to negatively affect return to work in order to improve outcomes."

Low-back pain is a common cause of work absence in industrialized countries. Most injured workers with low-back pain return to work following a relatively straightforward path. However, some disability episodes are long term and costly.

The research team hypothesized that certain factors present at the beginning of a sick-leave absence for acute low-back pain would affect the duration of the leave. The team searched the literature for studies that reported on low-back pain and sick leave that lasted more than one day but less than six weeks. In the end, the team identified 30 relevant publications from 25 studies.

Potentially modifiable factors

There was strong evidence showing that the following factors influence RTW among those with acute low-back pain:

- workers' recovery expectations;
- interactions with health-care providers (e.g. type of provider);
- workers' self-reported pain and functional limitations;
- presence of radiating pain; and
- work-related factors, including physical demands, job satisfaction and the offer of modified work.

Some of these factors are potentially changeable, Steenstra says. That means RTW outcomes could be improved. He points to the first finding about the importance of recovery expectations. "Health-care providers can provide patients with positive information about prognosis in low-back pain," he says. "By doing this, they can influence a patient's recovery expectations and help the patient in his or her return to work."

Interestingly, the evidence did not point to depression as a factor affecting RTW in these cases. "It appears that mental health is not a predictor of return to work until back pain becomes chronic," says Steenstra.

And age, surprisingly, was shown not to be playing a prognostic role. "This seems partially caused by non-report of this factor in most studies," Steenstra says, who is dissatisfied with the way age is currently reported in RTW studies. "It is taken for granted because we can't modify age, but aging is complex. It will become increasingly important in our [aging] society."

Discrepancies with practice

Armed with these prognostic factors, the researchers decided to investigate if these factors were also understood on the front lines of helping workers with low-back pain. Earlier this year, the team conducted a workshop in Winnipeg, Manitoba, with 34 participants—clinicians, work-disability professionals, workers' compensation case managers and medical examiners.

Participants were given cards that represented the most important prognostic factors identified in the systematic review. They were asked to discuss each factor and determine how relevant it was to RTW. "There were discrepancies between research and practice," says Steenstra (see table below).

Important according to practice	Evidence from review
Psychosocial	Insufficient evidence*
Fear avoidance beliefs	Insufficient evidence
Work relatedness of back pain	Insufficient evidence
Kinesiophobia (fear of movement/reinjury)	Insufficient evidence
Depression	Moderate evidence for NO effect
Treatment related: content	Moderate evidence
Workplace-psychosocial	Moderate evidence
Claim-related factors	Moderate evidence
Workplace modified duties	Strong evidence
Pain	Strong evidence

*Insufficient evidence: only one study available or inconsistent findings in multiple studies.

This will change how people view acute low-back pain and RTW. "People working in practice have heard, over the last decade, how important psychosocial factors are," says Steenstra. "Unfortunately, it is not very clear what those factors are. Through the workshops, we now know what our message for practice should look like."

infocus IWH tools in action

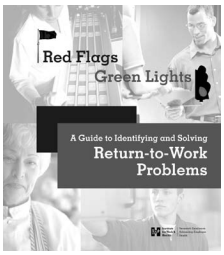
With workers' health and safety top of mind, the Institute for Work & Health has developed easy-to-use resources designed for workers, employers, clinicians, and health and safety professionals. With some tools seeing close to 3,000 downloads, it's an understatement to say that they have struck a chord in the "real world" of work.

Research at the Institute for Work & Health (IWH) is driven by two things: (1) to prevent work-related injury and illness, and (2) to improve the health and recovery of injured workers. That means research findings need to get into the hands of front-line people directly involved in preventing work injury and disability.

The tools developed by IWH are designed to do just that. Three IWH resources illustrate this perfectly: *Red Flags/Green Lights: A Guide to Identifying and Solving Return-to-Work Problems*, the *Health & Safety Smart Planner* and the *Neck Pain Evidence Summary*. But just how are these tools resonating in "the real world"? We decided to talk to a few users of these resources to find out.

Red Flags/Green Lights

Red Flags/Green Lights is a research-based guide that was developed for all those who play a key role in helping injured workers return to work (RTW). Since its release in June 2009, it has generated national and international interest. Indeed, as of the fall of 2011, it has been downloaded more than 2,900 times, largely by people from government, hospitals and other health-care organizations, universities, workers' compensation boards, insurance companies and unions.



This return-to-work guide was developed to help decision-makers identify and manage RTW problems in four domains: workplace, vocational rehabilitation, health and workers' compensation claims. It originated from a study led by IWH Scientist Dr. Ellen MacEachen that explored why workers do not return to work as expected.

Red Flags/Green Lights has found a home at Ontario's Workplace Safety and Insurance Board (WSIB). Maureen McDonald, an RTW program specialist at WSIB, posted the guide on a shared drive at WSIB so it could be used across the organization.

"The feedback from staff members who have used *Red Flags/Green Lights* has been quite positive," McDonald says. "We are enjoying the use of the content. In particular, it is an appropriate tool for employers to help understand case management and key concepts of RTW." Users found the layout of the guide to be convenient, with sections for different problems and lots of examples.

Another fan of this RTW guide is Arden Langille, a safety officer with the Department of National Defence. He used it as the "meat and potatoes" of a presentation at the Canadian Society of Safety Engineering's Professional Development Conference last year. He showcased the guide in his presentation because it was one of the best, and first, resources he had found.

"I like its simplicity," Langille says. "The guide provides clear examples and truly demystifies return to work."

To download *Red Flags/Green Lights*, go to www.iwh.on.ca/rtw-problems-guide.

MEASURING THE SUCCESS OF THIS RTW GUIDE

A study evaluating the use of *Red Flags/Green Lights* was released in July. It looked at how the guide was used by different stakeholders; 24 RTW decision-makers from eight partner organizations participated.

The evaluation, led by IWH Scientist Dr. Ellen MacEachen, found that all partners used the guide as a resource, and most as a problem-solving tool to increase communication and reduce formal conflicts. It also showed that the guide provided support to different RTW actors in different ways, revealing their unique needs and concerns.

"Unions were trying to solve problems on the shop floor, worker reps were trying to avoid formal appeals, health clinics were trying to coordinate with workplaces about modified work, and workplaces were balancing the workers' needs with the business costs and schedules," says MacEachen.

While workplaces found this RTW guide helpful, it did not help them to manage RTW as a business cost. "The strong feedback about how the guide opened up lines of communication indicates a lack of adequate social exchange when RTW problems arise," says MacEachen. "As well, the workplace concern for a more business-oriented focus on RTW shows that communication needs are layered, with potential conflicts between business and worker needs."

To see the evaulation study, go to: www.iwh.on.ca/other-reports.

Health & Safety Smart Planner

The *Health & Safety Smart Planner* is a software program designed to help workplaces understand the benefits and costs of occupational health and safety programs and interventions. Dr. Emile Tompa, an IWH scientist and economist, led the team that developed the program. Released in 2010, the Ontario version of the *Smart Planner* has seen over 900 downloads to date.

Donna McTaggart Carlson, a health and safety coordinator at the Royal Canadian Mint, participated in two focus groups for the Manitoba version of the *Smart Planner,* held in June 2010 and April 2011. These focus groups got input on how to best customize the software for Manitoba workplaces and to determine the guidance needed by workplaces on economic evaluation.

"The *Smart Planner* is a tremendous tool," Carlson says. "A lot of times, it's very hard to quantify the costs and benefits of safety. This tool provides a way to insert relevant numbers, while creating a business plan. It's an up-front tool that sees or determines potentially hidden costs, and it is as accurate as possible."

Carlson also likes the tool because it allows her to speak the language of upper-level management. "I can talk about things like profit margins," she says. "It helps make a business case for safety."

Some important upgrades are in the works for the *Smart Planner*. A new instructional video will be included in the latest version of the software re-launch this fall. This tutorial will offer a visual guide on how to get the most out of the tool.

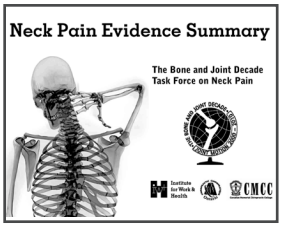
As well, the research team is planning to develop an economic evaluation workshop in 2012. Sara Macdonald, IWH knowledge transfer associate and a key member of the team, describes it as a "training workshop for workplace parties—managers, labour representatives, and health and safety (H&S) practitioners—on economic evaluation methods for H&S initiatives."

As a testament to the value of the *Smart Planner,* the French research organization, l'Institut national de recherché et de sécurité pour la prévention des accidents du travail et des maladies professionnelles, has recently adopted the *Smart Planner* and licensed the software for three years. Tompa will be working with this group to develop the tool for the French economy.

The *Health & Safety Smart Planner* is available at: www.iwh.on.ca/smart-planner.

Neck Pain Evidence Summary

IWH created the *Neck Pain Evidence Summary* to share the evidence synthesis completed by The Bone and Joint Task Force on Neck Pain. IWH worked in concert with the Canadian Memorial Chiropractic College, the Ontario Chiropractic Association and some members of the Executive Committee of the 2000-2010 Bone and Joint Task Force on Neck Pain and Its Associated Disorders to prepare this summary.



This resource is designed for health-care professionals who treat patients with neck pain, ranging from mild pain to whiplash. It presents helpful and unhelpful treatments, as well as guidance on assessing patients. To date, it has been downloaded almost 2,300 times.

One of the users of the *Neck Pain Evidence Summary* is Martha Bauer, an occupational therapist based in Ontario. She likes the fact that it brings the latest evidence together in one resource. "I frequently use this guide with patients in the field," she says. "I like it because the research is very clear, and it supports the best strategies. In particular, Appendix C [on the use of x-rays in Canada] helps me to explain to clients why an x-ray may not be needed in their cases."

The *Neck Pain Evidence Summary* is available at www.iwh.on.ca/neck-pain-evidence-summary.

All three of these free IWH resources embody IWH's ongoing mandate to protect workers and improve the health and recovery of injured workers. These tools are proving invaluable in the "real world" of work. The users have spoken. Loud and clear.

Nachemson lecture: The impact of research on public policy

Dr. Robert T. Reville

The Institute for Work & Health is pleased to announce that Dr. Robert T. Reville, a senior economist at the RAND Corporation, will deliver this year's Alf Nachemson Memorial Lecture. This lecture takes place on Thursday, October 27 in Toronto.

Like Ontario, California is a global leader in supporting research on workers' compensation and applying this research to improve public policy. Reville has conducted a range of innovative studies examining the performance of the state's workers' compensation system.

In this lecture, Reville will show how his work and that of his colleagues at RAND have helped shape policy reform in California, including improving return-to-work outcomes for workers with disabilities, addressing the adequacy of benefits for workers with permanent impairments, and ensuring fairness in the adjudication of workers' compensation claims. His lessons learned will be relevant to the Canadian context.

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

2011 Alf Nachemson Memorial Lecture

Dr. Robert T. Reville
Research informing public policy:
Workers' compensation in California

Thursday, October 27
5:30 p.m. – 7:30 p.m.
Design Exchange, 2nd Floor
234 Bay St., Toronto, Ontario

To find out more or to register for this free lecture, visit:
www.iwh.on.ca/nachemson-lecture

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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.

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

WSIB Workplace Safety & Insurance Board
CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

A tough nut to crack...
continued from front page

- Are LTCs being suppressed, or serious injuries being reported as NLTCs, to avoid higher insurance premiums?

This is the somewhat unsettled terrain in which Smith's research unfolded. Using claims data from the Workplace Safety and Insurance Board (WSIB) and data on hours worked from Statistics Canada's Labour Force Survey, the IWH team computed the rate of LTCs and NLTCs per full-time-equivalent worker for each industry from 1991 to 2006.

Sharp contrast between trends

The principal finding of Smith's team is the sharp contrast between the trends in LTCs and NLTCs: LTCs fell much more rapidly than NLTCs in Ontario from 1991 to 2006—a decrease of 46 per cent compared to a decrease of nine per cent.

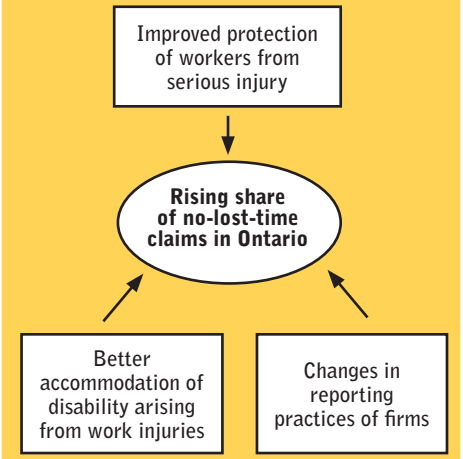
The team also looked at the pattern of claims across different sectors of the economy, trends in health-care costs for NLTCs, and trends in types of injuries reported as NLTCs. The team's key findings were the following:

- The highest ratios of NLTC rates to LTC rates were found in mining/utilities, construction and manufacturing/transportation/warehousing—sectors with above-average premium rates.
- Health-care expenditures per NLTC slightly decreased between 1991 and 1997 and increased between 1998 and 2006. The increase in health-care costs per claim after 1998 was greater for medium-sized and larger firms than for smaller employers.
- The study did not find evidence of a change over time in the types of injuries registered as NLTCs.

The question still remains: Why are fewer workers absent following work-related injuries? This is not clear; the possible sources of the rising share of NLTCs are hard to tease apart (see figure in the next column).

"We can't distinguish between changes in the injury reporting practices of firms and better employer accommodation of disability arising from work injuries," says Smith. "Using administrative records of compensation claims, it is not possible to separate these things using the data available.

Possible sources of rising share of no-lost-time claims in Ontario



Collecting information on modified duty practices for claims where no time is lost from work would be helpful."

Implications for the future

Two implications arise from this study. First, injury prevention strategies that are based on claims data may be wise to rely on information on both more serious and less serious compensable injuries. "Both LTCs and NLTCs ought to be included in assessing trends in occupational health and safety outcomes and in targeting particular groups for injury prevention strategies," says Smith.

The second implication speaks to the quality of information available on the use of modified duty practices. "Given the increasing adoption of these practices in workplaces in all economic sectors," says Smith, "it may be prudent to consider means by which workers' compensation records could include information on the use of modified duties and the outcomes of disability episodes managed by these arrangements."

The *Issue Briefing* can be found at: www.iwh.on.ca/briefings/no-lost-time-claims. This study was also the focus of IWH's Research 101 series, which allowed readers to follow the path of a research project. The series is available at: www.iwh.on.ca/research-101.

More information on the study findings was published in the February 2011 issue of the *Journal of Occupational and Environmental Medicine* (vol. 53, no. 2, pp. 211–217). ✚