

# outwork

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## Experience rating focuses on post-injury practices, IWH study suggests

Experience rating can lead to unintended consequences if emphasis on prevention isn't front-and-centre, says new research from the Institute for Work & Health.

Experience rating of workers' compensation premiums in Ontario seems to be encouraging employers to focus more on managing claims and/or accommodating injuries rather than on prevention.

This is one of the key findings of a new study from the Institute for Work & Health (IWH) that looked at the relationship between the degree of experience rating and various workers' compensation claim outcomes. "It seems that what happens *after* an accident, not *before*, is what's being emphasized as a result of experience rating," says IWH Scientist Dr. Emile Tompa, the principal investigator.

Tompa's study is to appear in a special issue of *Policy and Practice in Health and Safety* coming out in May. With the release of Harry Arthurs' review of funding within Ontario's workers' compensation system expected soon, Tompa's study and the special issue are timely.



Dr. Emile Tompa

"Workers' compensation boards will want to enhance the positive aspects of experience rating programs, while reducing their negative ones," Tompa says.

### Experience rating remains controversial

Experience rating is adopted by workers' compensation boards to provide fairness in insurance premium costs and to encourage vigilance around health and safety by offering financial incentives to employers for good performance. Ontario introduced its principal experience rating program, New Experimental Experience Rating (NEER), in 1984.

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## IWH president joins Veterans Affairs scientific advisory committee

Institute for Work & Health (IWH) President and Senior Scientist **Dr. Cameron Mustard** is a member of a new scientific advisory committee that will provide expert advice on specific veterans' health issues to the Minister of Veterans Affairs. This was announced in late 2011. For more information, go to: [www.veterans.gc.ca/eng/department/press/viewrelease/1298](http://www.veterans.gc.ca/eng/department/press/viewrelease/1298).

## IWH appoints interim scientific director

**Dr. Sheilah Hogg-Johnson**, a senior scientist at IWH, assumed the role of interim scientific director at the Institute on January 1, 2012. IWH Senior Scientist Dr. Ben Amick will support her in the role of associate scientific director.

## IWH welcomes new scientist

**Dr. Vicki Kristman** joined IWH in January 2012 as an associate scientist. Kristman is also an assistant professor in the Department of Health Sciences at Lakehead University and in the Dalla Lana School of Public Health at the University of Toronto.

## Mustard Fellowship accepting applications

IWH is now accepting applications for a two-year post-doctoral Mustard Fellowship in Work and Health, which aims to build capacity for studies exploring the relationship between work environments and health. The application deadline is May 11, 2012. Go to: [www.iwh.on.ca/mustard-fellowship](http://www.iwh.on.ca/mustard-fellowship).

## CARWH conference to feature IWH research

The biannual conference of the Canadian Association for Research on Work and Health (CARWH) is taking place in Vancouver, British Columbia, June 1 to 2. Fifteen IWH scientists and staff will be presenting their work. Topics range from breakthrough change in occupational health and safety to alternative methods for reaching vulnerable workers. For more information, go to: [www.carwh2012.com](http://www.carwh2012.com).

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

IWH's Knowledge Transfer and Exchange/Communications Privacy Policy was updated in 2012: [www.iwh.on.ca/ktecommunications-privacy-policy](http://www.iwh.on.ca/ktecommunications-privacy-policy)

In early 2012, IWH released an *Issue Briefing* on workers' compensation and the recession: [www.iwh.on.ca/briefings/workers-compensation-claims-and-the-recession](http://www.iwh.on.ca/briefings/workers-compensation-claims-and-the-recession)

## WHAT RESEARCHERS MEAN BY...

# Quality of Life

**Subjective but measurable, quality of life as an outcome measure provides vital clues about the success of an intervention, which is often missing from a clinical point of view.**

Let's say you're a budding health researcher. Even before you set foot in the classroom or laboratory, you know that the quality of a person's life is really important. This may be the reason why you got into health research: to improve the quality of life for people in your family, city or region.

But at the start of your studies, you notice that health research often measures the effectiveness of an intervention or program by life expectancy—literally, the impact of the intervention on the number of years that a person lives. You know that doesn't tell the whole story. You don't want to know only how long a person lives, but also how well he or she lives. You want to also measure quality of life (QoL).

The World Health Organization defines QoL as "individuals' perceptions of their position in life in the context of the culture and value system in which they live, and in relation to their goals, expectations, standards and concerns."

QoL embodies overall well-being and happiness, including access to school, work opportunities, absence of military conflict or threats, as well as good physical and emotional health (see quality of life chart). It's relative, subjective and has intangible components, such as spiritual beliefs and a sense of belonging.

### QoL builds path to better programs

A fair number of questionnaires have been developed to measure QoL as an outcome measure. These tend to ask about the items listed in the chart to the right.

QoL measures can be used to determine the effectiveness of many different types of public health, medical and workplace interventions or programs. For instance, researchers at Sweden's University of Lund studied a group of people returning to work after having had a stroke. They studied 120 patients using two self-administered QoL instruments: (1) part of the Göteborg quality of life instrument,

a subjective well-being scale with 18 items, covering things like memory and mood, where each item was scored from '1' (very bad) to '7' (very good); and (2) the assessment of life satisfaction instrument, which includes nine domains of life-related items, such as self care and family life, where each item was scored from '1' (very dissatisfying) to '6' (very satisfying).

What findings emerged from this research? Although only 41 per cent of the patients had returned to work, all of those who had returned reported a significantly higher level of well-being and life satisfaction. This indicated to the researchers the importance of return to work (RTW) to quality of life.

To see other columns, go to: [www.iwh.on.ca/what-researchers-mean-by](http://www.iwh.on.ca/what-researchers-mean-by).

## Quality of life

Domain	Facets incorporated within domains
Physical health	Energy and fatigue Pain and discomfort Sleep and rest
Psychological health	Negative feelings Self-esteem Thinking, learning, memory and concentration
Level of independence	Mobility Activities of daily living Work capacity
Spiritual/personal beliefs	Religion/spirituality/personal beliefs
Social relationships	Personal relationships Social support Sexual activity
Environmental	Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills

**Source:** Adapted from WHOQOL Measuring Quality of Life, World Health Organization, Division of Mental Health and Prevention of Substance Abuse, pages 3-4 (WHO, 1997).

# The impact of the recession on workers' compensation claims

The recent recession resulted in a substantial decline in the number of workers' compensation claims, a decline much greater than the reduction in hours of work, according to the latest *Issue Briefing* from the Institute for Work & Health.

The number of workers' compensation claims in Canada declined more sharply during the 2008-2009 recession than in years previously, and declined more than the reduction in recorded hours of work. The decline in claims was greatest in provinces and sectors that experienced the sharpest fall in employment. This is according to the latest *Issue Briefing* from the Institute for Work & Health (IWH).

"At the peak of the recent Canadian recession, hours of work declined by almost five per cent in the Ontario labour market compared to the previous year," says IWH President and Senior Scientist Dr. Cameron Mustard, who wrote the *Issue Briefing* with former IWH Research Associate Jeremy Petch. "But the number of new compensation claims declined by 18 per cent in 2009 compared to 2008, far exceeding the decline in hours worked during the same period."

As reported in the *Issue Briefing*, Mustard and Petch set out to answer a number of questions about the 2008-2009 recession in Canada: Did claim frequency decrease? Were the effects of the recession on claim frequency greater in those provinces hardest hit by the recession? Did those industries hardest hit see the biggest decreases in claim frequency?

To find answers, they examined workers' compensation claim counts and hours worked in five provinces (Ontario, Manitoba, Saskatchewan, Alberta and British Columbia) and in three economic sectors within these provinces (construction, health care and transportation). Data on hours worked and employment were acquired from Statistics Canada's Labour Force Survey. Counts of lost-time and no-lost-time claims were obtained from workers' compensation boards.

Not unexpectedly, the decline in the number of compensation claims during



Dr. Cameron Mustard

the 2008-2009 recession was greatest in those provinces hardest hit by the recession. For example, the largest decreases in hours worked were seen in

British Columbia (5.1 per cent), Alberta (5.6 per cent) and Ontario (4.6 per cent). Their decreases in number of compensation claims far exceeded the percentage drop in hours worked: 27 per cent in British Columbia, 19 per cent in Alberta and 18 per cent in Ontario. By contrast, the drop in hours worked was less substantial in Saskatchewan (2.7 per cent) and Manitoba (1.9 per cent), as was the drop in number of compensation claims (nine per cent in both provinces).

Industries hardest hit by the recession also saw the biggest decreases in claim frequency. The construction sector was substantially affected by the recent recession in most provinces and predictably saw larger drops in claim volume compared with the health-care sector, where hours of work were largely unaffected.

## Looking behind the numbers

The *Issue Briefing* points to possible reasons why the rate of compensation claims per hours worked is lower during recessions than during times of economic growth:

- Inexperienced workers have a higher risk of injury compared to experienced workers, and reduced hiring during recessions leads to fewer inexperienced workers.
- Because hazardous industries tend to be affected more by recessions, their employment numbers fall more than

others do, with a large impact on overall injury rates.

- Some workplaces will retire the oldest and least safe equipment during periods of economic slowdown.
- During economic downturns, the pace of work is slower in some sectors, reducing the risk of injury.
- Workers fearing job loss during a recession may defer filing claims.

"What we all want to know is the degree to which the very substantial reduction in compensation claims following the global financial crisis in late 2008 can be attributed to lower workplace risks, and to what degree it can be attributed to decisions made by workers and employers about filing claims," says Mustard. Although he notes that the hours of work and claim numbers reported in the *Issue Briefing* cannot completely answer this question, he suggests that lower workplace risks are probably responsible for the greatest proportion of the substantial decline in claims observed during the Canadian recession.

"Although the key drivers remain elusive, it's worth noting that measures such as safer machinery, better trained workers and attention to the pace of work may help workplaces—recession or no recession—further reduce the risk of injury and, therefore, keep workers' compensation claims on a steadily downward trend," says Mustard.

The latest *Issue Briefing* bears out what was reported in an *Issue Briefing* released in March 2009. The earlier briefing showed that, relative to the long-term trend of declining claim rates in North America, the frequency of workers' compensation claims per hours worked tends to go down in recessions and increase in times of economic recovery.

Both *Issue Briefings* are available at: [www.iwh.on.ca/briefings](http://www.iwh.on.ca/briefings). ■



# Case management potential area for return-to-work improvement

**A survey of employees and supervisors about their company's return-to-work process points to case management as both a lynchpin of the process and a potential area for improvement—a finding that may resonate beyond this one workplace.**

Workplaces looking for ways to improve their return-to-work programs—even when these programs are largely successful—may want to turn their attention to one area in particular: case management. This is the upshot of an Institute for Work & Health (IWH) study recently published by *Work*.

The study, published online ahead of print (DOI:10.3233/WOR-2011-1215), was led by IWH Scientist Dr. Jason Busse. His team surveyed employees and supervisors at a large insurance company about their firm's return-to-work program following a short-term disability leave due to a non-work-related injury or illness. Although their experiences were largely positive, criticisms seemed to focus on case managers—and not so much on their interactions with employees and supervisors, but on their ability to remove barriers and put programs into place.

"It's worth trying to better understand which case management features work better and which ones are less positively received," says Busse. "Areas that may benefit from attention include improving some aspects of case manager-employee interactions and ensuring that support during the return-to-work process is provided, including modifications to work situations when appropriate," says Busse.

## Survey captured employees' and supervisors' attitudes

In this study, researchers worked with a large Canadian insurance company with 11,000 employees to examine employees' and supervisors' attitudes towards their organization's disability management process. All 389 employees who, from January 1 to March 31,



Dr. Jason Busse

the disability management process. Their supervisors were asked to fill out a similar survey.

The questionnaire asked respondents to rate the quality of their experience overall, as well as respond to statements (from strongly agree to strongly disagree) in three specific areas:

- **the disability management process** (e.g. "Someone contacted me shortly after the case started to explain the process and offer assistance");
- **case management** (e.g. "The case manager returned my call and responded to my questions/concerns in a timely manner" and "My case manager contributed to my recovery"); and
- **overall return-to-work process** (e.g. "Co-workers supported the employee's transition back to work" and "I felt confident that the transition back to work would be successful").

Eighty-eight employees and 75 supervisors completed the survey. Almost 80 per cent of employees and supervisors reported positive experiences overall with the disability management program. Busse points out that, because surveys were administered to employees who had successfully returned to their jobs, these positive experiences are perhaps not surprising. Nonetheless, even within this group of people who returned to work successfully, some dissatisfaction was reported, most notably with certain aspects of case management.

2007, successfully returned to their job following a short-term disability leave (of more than five days and less than 26 weeks) were asked to fill out a survey about their experience with

## Case manager as 'lynchpin of the process'

Successful case management requires skills in communication, diplomacy and relationship-building, as well as in planning, coordinating and evaluating a rehabilitation plan. The case managers at the insurance firm involved in the study seemed to be very good in their interactions with employees—well over 80 per cent of employees indicated that their case manager was clear about roles and processes, prompt in returning calls, polite, respectful, and comfortable to work with.

However, it seems that their follow-through in terms of removing barriers to recovery and putting practices into place to help returning workers was more problematic: 39 per cent of employees (and 26 per cent of supervisors) reported no follow up upon returning to work to help adjust their work situation, 37 per cent of employees felt their case manager did not contribute to their recovery, 29 per cent of employees said the case manager did not remove barriers to recovery, and 27 per cent of employees said they did not receive the help they needed to plan their reintegration into the workplace.

The important role of the case manager was confirmed in the survey's written comments. More than half of survey respondents added additional comments, and more comments were made about case management than any other category. Half of these were positive, saying how much their case managers really helped them get back to work. About a third were negative, reporting conflicts with case managers that hampered recovery. The rest talked about both positive and negative experiences, with some noting how their experience improved considerably with a change in case manager.

"Case managers are the lynchpin of the process," says Busse. "How they interact with the claimants seems to have a very large impact. These findings flag areas that may present an opportunity for improving the disability management process." ■

# Getting back on the horse: Return to work has beneficial effect on health

**Returning to work after an injury is good for people, both physically and mentally, according to a new systematic review.**

Getting back to work after an injury or illness can improve the health of workers, says a recent systematic review—just the ticket for return-to-work programs.

“This systematic review is a rigorous study that fills an important gap and provides key evidence to support return-to-work programs,” says Institute for Work & Health President and Senior Scientist Dr. Cameron Mustard, who was on the committee that supervised this research. The research was led by Dr. Sergio Rueda, scientist and director of Health Research Initiatives at the Ontario HIV Treatment Network.

## **Which comes first: Good health or employment status?**

Most research to date has focused on the chicken-egg question of which comes first: good health or employment status. One theory says that employment leads to health benefits, while another says that health shapes people’s employment status. (Likely, both mechanisms reinforce each other.) Considerably less research has explored the impact of return to work (RTW) on health.

That’s where this systematic review comes in, the aim of which was to review the literature on the effects of gaining or returning to employment on the health of working-age adults. Researchers combed six electronic databases looking for controlled trials, cohort studies and case-control studies that documented a transition from unemployment to employment and included a comparison group. A total of 18 studies met inclusion criteria, including one randomized controlled trial.

## **Studies tell unified story of health benefits**

The studies that met the criteria varied in population and setting. Sixteen of the 18 studies examined mental health outcomes, including depression, anxiety and substance use, while five studies also included physical health outcomes. Some focused on women,



others on men, the elderly, people with mental illness, people with HIV, refugees and the unemployed.

But despite the variety, the vast majority of these studies told a single, cohesive story: the health benefits of returning to employment.

Fifteen of the 18 studies demonstrated a beneficial effect of RTW on health, either showing a significant improvement in health after re-employment or a significant decline in health attributed to continued unemployment. The overall weight of the RTW/health benefits link was “moderate evidence,” according to the review. Researchers also found evidence that poor health interferes with people’s ability to go back to work, as well as some evidence suggesting that earlier re-employment may be associated with better health.

Although researchers were unable to figure out the underlying connection between RTW and health, this doesn’t worry them. “The absence of proof on causality seems inconsequential,” says Rueda. “The final aim of research shouldn’t be to find a unique and ultimate cause when it comes to social determinants of health. We would expect that a web of causation is more likely where multiple factors interact.” These findings resonate with the IWH *Issue Briefing* on unemployment and mental health, released in August 2009 (see: [www.iwh.on.ca/briefings/unemployment-and-mental-health](http://www.iwh.on.ca/briefings/unemployment-and-mental-health)).

This research was published in the March 2012 issue of the *American Journal of Public Health* (vol. 63, no. 7). ■

## RESEARCH 101: Disseminating findings

**In this series, we are taking you behind the scenes of a research project at the Institute for Work & Health (IWH), from start to finish.**

We met the lead researcher, IWH Scientist Dr. Peter Smith, who told us about his study comparing trends in lost-time versus no-lost-time workers’ compensation claims in Ontario (Part 1). We learned about data collection (Part 2), early results (Part 3) and the factors considered when picking a journal for potential publication (Part 4). Now, almost three years later, journal articles are finally being published.

## **First paper in print**

In early 2012, five years since Smith submitted his grant proposal for funding, the first paper from the study is in print. Pages 84 to 91 in the January 2012 issue of the *American Journal of Industrial Medicine* (vol. 55, no. 1) carry an article titled “Comparing the risk factors associated with serious versus less serious work-related injuries in Ontario between 1991 and 2006.”

Interestingly, although the first paper to be submitted under this project, it was not the first to appear in print. That’s because the road to getting published sometimes takes a circuitous route.

Find out what papers Smith got published and when: [www.iwh.on.ca/research-101](http://www.iwh.on.ca/research-101).

## HELP DEVELOP OHS LEADING INDICATORS

You are invited to take part in the 5,000 Firms Study—an exciting research project that is developing health and safety leading indicators for Ontario to help prevent workplace injuries and illnesses before they occur. Just complete the 20-minute online survey and, in return, you will get a report benchmarking your results against other firms in your sector. The deadline for participation is May 31, 2012. To take part, contact Colette Severin at the Institute for Work & Health at [cseverin@iwh.on.ca](mailto:cseverin@iwh.on.ca) or 416.927.2027, ext. 2126.

# GRANT ROUND-UP

## IWH research aims for practical results

**Here's a quick preview of five research projects at the Institute for Work & Health that recently got the 'green light.' They promise to bring results that can help prevent workplace injury and disability.**

Without funding, research would never see the light of day, let alone be applied to policies and programs that protect and improve the health of working people. 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. From July 2010 to December 2011, IWH got the go-ahead on nearly 30 projects. Here's a glimpse at five of them.

### **Work injury, disability and poverty**

What happens to workers who sustain a permanent impairment from a work accident? Research shows they earn less, suffer long-term financial losses and are at increased risk of poverty.

This project, funded by WSIB's Research Advisory Council (RAC) and led by IWH Scientist Dr. Emile Tompa, investigates the extent of poverty among claimants with permanent impairments across different time periods and different workers' compensation programs to determine if poverty levels have increased. "It could be that changes in contracting practices have made it more difficult for these workers to maintain paid employment," says Tompa. "If so, then support structures that facilitate labour-market re-entry may need to be enhanced."

The insights gained from this study will inform compensation policies and programs so that they can better ensure that injured workers with permanent impairments do not fall into poverty.

### **Older workers and the impact of physical conditions and depression**

The Canadian population is aging. Given the importance of keeping older people in the workforce, we need to understand if declines in health associated with age affect the ability of older workers to continue working. This study, funded by the Canadian Institutes of Health Research, examines the impact of physical conditions and depression on the labour market participation of older working-age Canadians, and explores differences between men and women.

"By developing a clearer understanding of the effects that mental and physical health conditions, including multiple chronic conditions, can have on the ability to work, we will be in a better position to address the barriers faced by older workers who want to stay in the workforce," says IWH Scientist Dr. Peter Smith, who is leading this project.

### **Return-to-work prognostic factors for chronic low-back pain**

In cases of lower back injury, it's hard to say when workers can return to the job. When the pain is chronic, it adds a complicating layer.

This project will try to determine the factors that predict time away from work among people with chronic low-back pain. It builds upon an earlier study that looked at similar factors among people with acute low-back pain. That study, as is this one, was funded by the Workers Compensation Board of Manitoba.

"What's most exciting is that we plan to combine the findings from both studies to develop a practical guideline for health-care and case-management professionals who work with injured workers to help improve return-to-work outcomes for injured workers with low-back pain," says IWH Associate Scientist Dr. Ivan Steenstra, who is heading the study.

### **Literacy and occupational health and safety training**

Research has shown that as little as 10 hours of training in areas such as interpreting documents, oral communications and basic math can improve these skills. However, there is little or no research to show if adding literacy and other essential skills to occupational health and safety (OHS) training would make it more effective.

This research, funded by WSIB RAC, will determine if it is feasible to enhance literacy and other essential skills within occupational health and safety training. "If the assessment is positive, we would seek funding for a subsequent project to implement and evaluate a pilot program," says the study's lead, Dr. Ron Saunders, IWH senior scientist and director of knowledge transfer and exchange.

### **Breakthrough change in occupational health and safety**

How is it possible that one manufacturing plant sees improvements in OHS, while another plant, owned by the same company, does not see the same success? This project, funded by WSIB RAC, focuses on what it takes to make large improvements in OHS, and why some workplaces do when others don't. It compares three 'sister' plants in Alberta, Texas and Ontario—the last one showing a large decrease in its total injury rate over the previous decade.

This research builds on another project on breakthrough change in workplace OHS performance. Both projects are led by IWH Associate Scientist Dr. Lynda Robson. "This research will provide information to workplaces about what is needed to greatly improve OHS programs," says Robson.

Note: For a complete list of grants, go to [www.iwh.on.ca/grant-round-up](http://www.iwh.on.ca/grant-round-up). ■



# What's next for RAACWI?

Funding for the Research Action Alliance on the Consequences of Work Injury ended this spring, but that didn't stop the group from making plans for the future. First comes funding, then comes expansion?

After six years and with its funding period officially over, Ontario's Research Action Alliance on the Consequences of Work Injury (RAACWI) came to a close in March. But the group has been brainstorming about rebirth and expansion, and it seems likely that participants in the initiative will be seeking funding from multiple sources—some focused more on research, others more on community activities. The group remains dedicated to maintaining the research and knowledge-to-action momentum of the former alliance.

"From the start, we wanted to change the world. We did so much, but there's so much more to do. Now we need to transform ourselves based on the changing environment," says RAACWI's community lead, Steve Mantis, secretary of the Ontario Network of Injured Workers Groups. Mantis worked alongside the academic lead, Dr. Emile Tompa, a scientist at the Institute for Work & Health (IWH).

## Six-year research initiative

RAACWI was a joint community-university research initiative that came together in 2005 to investigate how the workers' compensation system helps and/or hinders injured workers. Funding was provided through a \$1 million grant from the Social Sciences and Humanities Research Council in 2006. From that time to March 2012, it supported more than 25 research studies, some of which have had uptake in the policy arena.

A symposium sponsored by RAACWI, held at the University of Toronto in mid-November 2011, afforded the group the chance to tally up its accomplishments. The alliance's activities were presented as stakeholders from across Canada (over 130 delegates) came together to talk about issues affecting outcomes for injured workers. "The goal of the symposium was to showcase the important work that has been done by the alliance," says Tompa.

These accomplishments did not go unnoticed. "I applaud you for this symposium and the information you provide today," said Ontario Minister of Labour Linda Jeffrey as she delivered her first official address, 23 days into her new job. "I am going to listen to you and learn from you."

Support also came from the Workplace Safety and Insurance Board. "The important and groundbreaking work of RAACWI is nothing short of inspiring," said Judy Geary, WSIB's vice-president of Work Reintegration, in her opening address.

## Plans for the future

Soon after the symposium, RAACWI's steering committee met to map out short- and long-term plans. Some projects will be



Left to right: Dr. Emile Tompa, RAACWI's academic lead; Ontario Minister of Labour Linda Jeffrey; Steve Mantis, RAACWI's community lead.

wrapping up and the committee will ensure they are on the road to publication. The committee also plans to publish a summary of the proceedings of the symposium in fall 2012. This report will be distributed electronically to attendees and made available on the RAACWI website.

As for more long-range plans, they must, by necessity, start with the question of funding. The grants secured will ideally encompass both aspects of the work RAACWI did: community activities and research. And so the group will most likely have to consider multiple funding sources. However, both Mantis and Tompa are committed to maintaining links between future research and community work on the consequences of work injury. "We need to consider more funding to continue the research, the community activities, and continue the partnership," says Mantis. "It's rare when all of these things can come together in one funding envelope."

Some participants in the initiative are exploring the possibility of extending the scope of activity—to include more provinces and to include research into other disability income support programs beyond workers' compensation. The team developing this idea is beginning to look internationally to see how others have successfully managed similar ventures.

Tompa sums up the final days of RAACWI. "It is an ending of sorts, but also an opportunity for new beginnings," he says. "Whatever the future holds, both groups—the researchers and the injured worker community—are deeply committed to continuing to work together."

For symposium proceedings and more information about RAACWI, go to: [www.consequencesofworkinjury.ca](http://www.consequencesofworkinjury.ca). ■

## AT WORK

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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.

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ONTARIO

Experience rating...

continued from front page

Under this program, firms pay premiums based on the industrial rate group within which they operate. At the end of the year, they receive a rebate or surcharge depending on the degree to which their actual claims costs are lower or higher than the average. This “degree” is expressed by something called “the rating factor,” which is set by the Workplace Safety and Insurance Board (WSIB) ahead of time so firms know how their claims costs will affect them financially.

The rating factor essentially defines the percentage of financial responsibility an employer will assume for compensation claim costs that are higher or lower than the average for their rate group. That is, the higher the rating factor, the higher the relative rebate or surcharge when costs differ from the average. In Ontario, 60 to 70 per cent of employers have a low experience rating factor, and approximately five per cent have the highest experience rating factor.

Experience rating tends to be controversial. Groups such as unions and injured worker organizations feel experience rating runs counter to a no-fault system in that employers can be financially penalized for having costly claims. They also feel it may encourage employers to cut costs in ways that do not result in safer workplaces (e.g. non-reporting of compensable injuries and illnesses, encouraging injured workers to return to work too early).

On the other hand, employers tend to feel that experience rating makes things fairer by rewarding them financially for keeping workers safe, and helping to ensure that their premiums more accurately reflect their costs to the workers’ compensation system.

## Incentive affects secondary prevention

Tompa and his team set out to explore just what types of employer behaviours are being encouraged by experience rating. They looked at a sample of 21,558 firms that participated in WSIB’s NEER program from 1998 to 2007. At the firm level, they looked at a range of claim outcomes that provide insights into safety and claims management activities.

The researchers found the following:

- Firms with a higher rating factor (i.e. a higher degree of experience rating) tended to have fewer lost-time claims (LTCs) and more no-lost-time claims (NLTCs) than similar firms with a lower rating factor. “This suggests that the incentive may be primarily for secondary prevention—that is, work disability reduction—through accommodation or cost-focused management of lost-time claims, or some combination of these practices,” says Tompa. “The study does not allow us to distinguish among these possibilities.”
- Firms with a higher rating factor did not have fewer permanent impairment claims. “Although the decline in LTC rates may reflect some improvement in the prevention of work injuries when firms face greater financial consequences for them, this suggests that the incentives to prevent lost-time injuries primarily affect less serious injuries that are not permanent,” says Tompa.
- Firms with a higher rating factor were more likely to have claims in categories that could be suggestive of cost-focused claims management practices. That is, a higher degree of experience rating was associated with an increase in permanent impairment claims that result in no lost time from work, denied claims (which can arise for various reasons, one of them being appeals by employers), claims with cost relief and claims that reopen after the three-year experience rating window.

For information on the *Policy and Practice in Health and Safety* issue devoted to experience rating, which also includes studies led by IWH Scientist Ellen MacEachen and IWH Research Associate Liz Mansfield, go to: [www.iosh.co.uk/pdf.aspx?page=375](http://www.iosh.co.uk/pdf.aspx?page=375). ■

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