

# outwork

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## Temp agency workers falling through cracks in OHS system

The complex employment relationship between temporary agency workers, temp agencies and client employers creates loopholes and incentives that may leave low-wage temp agency workers more vulnerable to workplace injuries, says new research from the Institute for Work & Health.

Stephen, a construction site manager, is forthcoming about his use of temporary agency workers. "I'll hire a couple of guys for a half a day to unload a container," he says. "It's just heavy-duty work that I'd rather not have *my* guys doing."

Vince, the owner of a large temp agency, agrees that the use of agency workers to take on the more hazardous work is not out of the norm: it helps his clients keep their own workers' compensation records clean. He remembers being asked to provide industrial labour to a client who happened to be receiving an award for best health and safety practices. "That day, I had two people ... rolled out the back door in an ambulance," he says. "The client kept his health and safety record up high because he outsourced to staffing companies all the ... jobs that required any type of dangerous work ...."



Dr. Ellen MacEachen

These were among the comments heard by Institute for Work & Health Scientist Dr. Ellen MacEachen and her team during their research into job safety and return to work in temporary work agencies. They highlight the structural problems that underpin occupational health and safety (OHS) in these agencies, as reported this spring in *Policy and Practice in Health and Safety* (vol. 10, no. 1, pp. 77-95).

"Our main finding was that low-wage temp agency workers are less well protected because of the complex working relationship in which they find themselves," says MacEachen.

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### IWH scientist guest edits special issue

A special issue of *Policy and Practice in Health and Safety* on experience rating, published in May, was guest edited by Institute for Work & Health (IWH) Scientist **Dr. Emile Tompa**. The issue also includes studies led by IWH Scientist **Dr. Ellen MacEachen** and IWH Research Associate **Dr. Liz Mansfield**. For more information, go to: [www.ingentaconnect.com/content/iosh/pphs/2012/00000010/00000001](http://www.ingentaconnect.com/content/iosh/pphs/2012/00000010/00000001).

### IWH research in the spotlight

IWH researchers made quite a name for themselves this spring. Here are a few highlights:

Associate Scientist **Dr. Carlo Ammendolia's** systematic review of nonoperative treatment of lumbar spinal stenosis was the subject of *The Spine Blog* (May 13): [www.journals.lww.com/spinejournal/blog/SpineBlog/pages/post.aspx?PostID=179](http://www.journals.lww.com/spinejournal/blog/SpineBlog/pages/post.aspx?PostID=179). Ammendolia was also appointed to the first "professorship in spine" at the University of Toronto.

Research Associate **Carol Kennedy's** presentation on the systematic review of the outcome properties of the *QuickDASH* was named the "best scientific paper" at the Canadian Society of Hand Therapists Conference in May.

Associate Scientist **Dr. Lynda Robson's** systematic review of the effectiveness of occupational health and safety training was the "editor's pick" in a recent issue of the *Scandinavian Journal of Work, Environment and Health* (see article, page 5).

### Hold the date: Nachemson Memorial Lecture

The IWH's annual Alf Nachemson Memorial Lecture will take place on November 15, 2012, at Toronto's Design Exchange. This year's speaker is **Dr. Michael Silverstein** (University of Washington). For information, go to: [www.iwh.on.ca/nachemson-lecture](http://www.iwh.on.ca/nachemson-lecture).

### Experience rating symposium set for November

IWH Scientists **Drs. Emile Tompa** and **Ellen MacEachen** are co-chairing a symposium on experience rating and other financial incentives in work injury prevention. The *International Symposium on the Challenges of Workplace Injury Prevention through Financial Incentives* takes place November 29 to 30 in Toronto. For information, go to: [www.iwh.on.ca/prevention-incentives-2012](http://www.iwh.on.ca/prevention-incentives-2012).

### Next systematic review workshop

IWH offers three-day systematic review workshops, and the next one is set for November 21 to 23, in Toronto. The registration deadline is November 7, 2012. For more information and to register, go to: [www.iwh.on.ca/systematic-review-workshops](http://www.iwh.on.ca/systematic-review-workshops).

WHAT RESEARCHERS MEAN BY...

# Survival Analysis

Researchers in work and health can use survival analysis—a branch of statistics that often predicts the timing of death—to calculate other things that are far more life affirming: return to work after an injury, for example.

**Survival analysis** is a branch of statistics that allows researchers to study lengths of time.

Historically, it was developed to study/predict time to death of patients with a disease or an illness, and it typically focused on the time between diagnosis ('start' time) and death ('end' time). As such, it is used to answer questions such as: What fraction of a population will survive past a certain time? How do particular circumstances (e.g. taking a new medication) or characteristics (e.g. age of patient) increase or decrease time to death?

However, survival analysis techniques do not always entail timelines leading to death.

They can be used to study the probability of a wide range of time outcomes. For example, in the social sciences, researchers may study the "survival" of marriages, high school drop-out rates (time to drop-out), spells of unemployment and, as we will see, time to return to work following a workplace injury.

Survival times are data that measure follow-up time from a defined starting point to the occurrence of a given event or end point. However, if a study stops before all participants have reached the end point, survival analysis can accommodate this partial information; i.e. that these participants survived at least so long. For example, a researcher studying the effectiveness of a new treatment for a disease considered terminal would not want to exclude patients who survived the entire study period, because their survival reflects on the effectiveness of the treatment.

### Kaplan–Meier survival curve

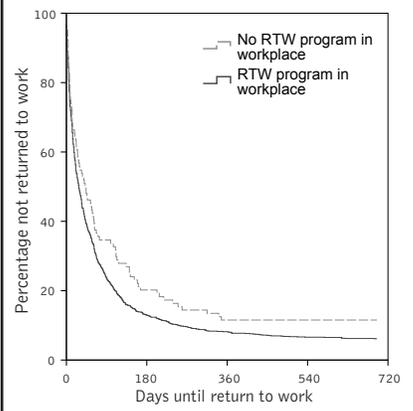
Researchers have a number of methods for analyzing data in order to show the distribution of lengths of time taken to reach a certain end point. One of the more widely used methods is the **Kaplan–Meier survival curve**, named after its creators Edward Kaplan and Paul Meier.

To show how this curve conveys this information, let's say you were studying return to work (RTW) among a group of injured workers with low back pain (LBP). Based on your findings, you might want to show what percentage of workers with LBP will return to work by certain points over time and how particular

circumstances affect the timing of RTW.

The Kaplan–Meier curves (left) show workers who had no workplace RTW program (the lighter curve) and workers with an established RTW plan at work (the darker curve) and the number of days it took to return to work after a sick leave due to LBP. As shown in the graph, approximately 15 per

**Kaplan–Meier curve showing workers with and without RTW programs, and the time it took for both to return to work**



cent of injured workers with an RTW program had not returned to work by 180 days, but an even greater percentage—20 per cent—had not yet returned to work by 180 days where there was no RTW program. This suggests that RTW programs are helpful in getting more injured workers back to work.

So survival analysis can do more than predict death. It can aid decision-making in a wide variety of situations, including work and health.

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

# Study finds persistence of higher injury risk for new workers

**We know that newly hired workers face a higher injury rate. Recent research from the Institute for Work & Health finds that the higher risk of work injury among new workers has persisted over the past ten years. This suggests workplaces need to do more to ensure new workers get the training and supervision they need to stay safe on the job.**

While lost-time claim (LTC) rates for work injury and illness in Ontario have been declining, workers new to a job remain at much higher risk of a lost-time injury than is the case for more experienced workers. This is the finding of recent research from the Institute for Work & Health (IWH), which underscores the importance of workplaces paying particular attention when any worker is new in the job.

“The higher injury rate among new workers is a persistent problem,” says IWH Scientist Dr. Curtis Breslin, who led the research and co-authored the related paper that’s currently under review by the journal *Occupational and Environmental Medicine (OEM)*.



Dr. Curtis Breslin

## Study provides decade-long review

This research is the first to examine work injury risk by job tenure over a time period during which overall claim rates generally declined. It is an extension of earlier work completed in 2006 by Breslin and fellow IWH Scientist Dr. Peter Smith, which formed the basis of an *OEM* article (vol. 63, no.1, pp. 27-32) with the memorable title “Trial by fire.” That article examined the relationship between job tenure and work injuries, and showed that workers in their first month on the job had much higher LTC rates than workers with more than one year in the job.

The current study extended the research by describing the association between job tenure and work injury

over a decade (1999 to 2008). Researchers used Ontario’s Workplace Safety and Insurance Board LTC records, and calculated claim rates per 1,000 full-time equivalents.

IWH Coordinator of Research Operations Sara Morassaei, who is lead author of the paper that’s currently being reviewed at *OEM*, points out an important distinction between the two studies: “The ‘Trial by fire’ research was a snapshot at one point in time, while this new research tells us what’s happened over a 10-year period.”

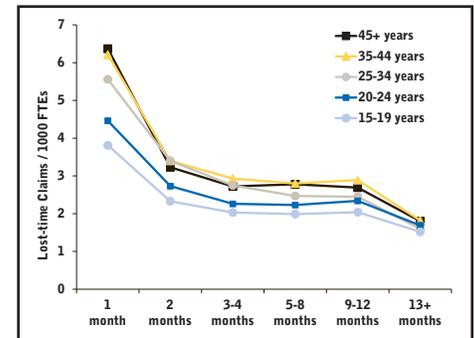
## Risk highest first month in the job

The new research gives rise to two main findings:

1. Over a 10-year period, the risk of work injury for workers with shorter job tenure has consistently remained higher compared to those employed at a job for more than one year. Risk is particularly elevated among those in the first month on the job, with over three times the risk of a lost-time injury as workers with over a year’s job experience.
2. The risk of work injuries among new workers is greater among older workers, men and those in the goods sector, which includes construction and manufacturing, among others.

The age-based findings are striking, says Breslin (see graph to the upper right). While all workers in their first month have elevated injury risk, the risk of a lost-time injury is highest among workers over 45 years of age compared to all other age groups. Indeed, youth injury rates have been converging with adult rates (see *At Work*, Fall 2011). “The key risk factor is newness, not youth,” says Breslin.

## Differences in effects of job tenure: LTC rates per 1,000 full-time positions by age (1999-2008)



New workers may be at greater risk on the job due to a number of things, including a lack of job experience and inadequate safety training, Breslin says. And contemporary work trends are exacerbating the problem. “The growth of precarious forms of work means more temporary employment, a higher proportion of workers with shorter job tenure, and higher rates of job turnover,” he says. “If frequent job changing continually puts a worker at high risk, then job turnover becomes a potential health and safety issue.”

## Prevention activities and training will help

So how do we help newly hired workers? “Developing effective safety management systems may help,” says Morassaei. “Prevention activities should involve employers creating strategies at an organizational level.”

Researchers also suggest promoting policies and practices that reduce job turnover, encourage permanent employment and improve job security. They also propose increasing new workers’ knowledge of their workplace by ensuring that they get proper safety training and supervision. ■

# CHANGE WITH THE TIMES:

## Chronic conditions hint at the need for tailored injury prevention efforts

**Workplaces may need to tailor their injury prevention efforts to address the rising prevalence of chronic conditions, says new research from the Institute for Work & Health.**

The higher prevalence of chronic conditions among older workers may have important implications for the prevention of workplace injuries, suggests new research from the Institute for Work & Health (IWH).

The research, just published in the *Journal of Occupational and Environmental Medicine* (vol. 54, no. 7, pp. 841-846), examined the relationship between five chronic conditions—arthritis, hypertension, heart disease, diabetes and back problems—and work-related injuries, including repetitive strain injuries (RSIs). It showed that rates of work-related injuries were higher in those with chronic conditions than in those without.

The study hints at the need for more tailored injury prevention efforts, according to IWH Scientist Dr. Peter Smith, who led the research team. “We know that the percentage of workers in the labour market with chronic conditions is going to increase due to an aging workforce, and prevention programs may need to more adequately take these changes into account,” he says. “If companies want to remain competitive and retain their most experienced people, they’ll need to think about injury prevention for those workers with chronic disease.”

### Increasing prevalence of chronic conditions

There’s no doubt that chronic conditions are on the rise. According to the Health Council of Canada, one third of Canadians have one or more long-term chronic diseases, and the prevalence of some of these conditions has increased in the past



Dr. Peter Smith

20 years. The prevalence rates of arthritis, hypertension, heart disease, diabetes and back problems have all increased between 1994 and 2007 in the working population, with some (hypertension and diabetes) more than doubling in frequency.

To date, relatively little research has examined the association between chronic disease and the risk of work injury in older workers. One objective of this research was to address this gap in knowledge. “Workers who have chronic conditions are often the same workers with the greater levels of experience and institutional knowledge,” says Smith. “So from a workplace perspective, as well as a societal perspective, it’s vital to keep these people injury-free and in the labour market.”

### Study focused on five conditions

The study examined the relationship between five medically diagnosed chronic conditions and the risk of work injury using two population-based samples from Statistics Canada: the 2003 and 2005 Canadian Community Health Surveys (CCHS). For this study, the samples were restricted to respondents ages 15 or older who had been employed in the last year.

CCHS respondents were asked if they had experienced a work-related injury other than an RSI in the past 12 months that required medical attention and that limited their normal activities. They were also asked if they had experienced an RSI that they attributed to work. In this study, the researchers examined the association between work-related traumatic injuries

and RSIs and the prevalence of arthritis, hypertension, heart disease, diabetes and back problems—chronic conditions associated with aging.

### Pattern of elevated risk

The study found that 2.5 per cent of respondents reported traumatic work-related injuries and a further 7.2 per cent of respondents reported RSIs. Rates of work-related injuries were higher in those with chronic conditions compared to respondents without chronic conditions, with the highest rates among those reporting chronic back problems (4.0 per cent) followed by respondents with arthritis (3.6 per cent) and diabetes (3.5 per cent).

Similar patterns were observed among those with RSIs. The highest rates were seen in respondents with arthritis and back problems (over 14 per cent) followed by those with heart disease (over 10 per cent).

There is a need for more research to identify how health and safety programs may need to change to prevent injuries among workers with chronic conditions. As an example, Smith notes that the study showed the percentage of injuries due to falls was higher for people with arthritis and back pain compared to those without these conditions. That may have implications for workplace slip, trip and fall prevention programs. ■

## SIGN UP

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## Training promotes safer practices

A systematic review led by the Institute for Work & Health shows that training positively influences worker practices, making it an important part of multi-component health and safety programs.

A systematic review of the effectiveness of occupational health and safety (OHS) training conducted by the Institute for Work & Health (IWH) was selected as the “editor’s pick” in a recent issue of the *Scandinavian Journal of Work, Environment and Health* (vol. 38, no. 3, pp. 193-208). That means readers can access the full journal article for free.

The review, covered in an earlier issue of *At Work* (Winter 2010), concluded that health and safety training promotes safer practices among workers and, as such, should be delivered by workplaces as part of a larger OHS program. On its own, however, training will not necessarily prevent injuries and illnesses.

This makes sense, says IWH Associate Scientist Dr. Lynda Robson, who led the review: “Workplaces are complex systems. You can’t just change one part of a system and expect to have a large impact. Other components need to be working toward the same goal; in this case, preventing workplace injuries and illnesses.”

Conducted in partnership with the American National Institute for Occupational Safety and Health (NIOSH), the systematic review assessed relevant studies of sufficient quality to determine the impact of training in four areas: knowledge, attitudes/beliefs, behaviours and health (the latter referring to the absence of workplace injuries, illnesses and early symptoms).

The review team found strong evidence that training is effective in changing behaviours or practices. There were not enough studies of sufficient quality to conclude that training affects knowledge or attitudes/beliefs. However, in the few studies that were included, the evidence points toward training being effective in both of these areas. With respect to health, the review team could not say OHS training has an effect. The studies were inconsistent in their findings about effectiveness, and the effects found were small.

The study confirms a message that has been emerging from other IWH systematic reviews: that multi-component programs are the key to effective prevention. As Robson puts it, “You can educate people to sit properly in order to reduce musculoskeletal disorders, but if they’re sitting on a wooden stool or at a poorly designed workstation, there’s only so much the education can achieve.” Hazard elimination and reduction must work hand in hand with training to fully protect workers’ health, she adds.

To read the article, go to:  
<http://dx.doi.org/10.5271/sjweh.3259>. ■

## New IWH senior scientist highlights chronic disease

**The health of older workers is a focus of research for the Institute for Work & Health and its newest senior recruit.**



Dr. Monique Gignac

Chronic disease, increasingly policy-relevant in an aging society, is an emerging priority at the Institute for Work & Health (IWH). This spring, the Institute reinforced its commitment to this area by engaging a senior scientist who’s a leading authority: Dr. Monique Gignac.

An IWH adjunct scientist since 2003, Gignac is well-known at the Institute. “Over the course of her career as a social scientist in health and work, Monique Gignac has become very

familiar with the central ideas in the work that we undertake,” says IWH President and Senior Scientist Dr. Cameron Mustard.

There’s a lot of common ground. “Chronic disease, older workers and labour force participation has been her focus, and this is an emerging focus of ours,” says Mustard. “We’ve identified this as an area in which we want to have strength.” He adds that Gignac’s expertise in health interview surveys (which allow researchers to see how working conditions influence health, and vice versa) will be a major asset to IWH.

Outside IWH, Gignac wears many hats. She is a senior scientist with the Division of Health Care & Outcomes Research at the Toronto Western Research Institute, an associate professor in the Dalla Lana School of Public Health at the University of Toronto and, in 2008, she became co-scientific director of the Canadian Arthritis Network.

With such diverse experience, Gignac works comfortably with colleagues from a variety of disciplines—epidemiology, statistics and clinical practice—and has published broadly. Gignac’s communication skills have, no doubt, aided these scientific collaborations, but she is also skilled at engaging with non-research audiences through a communication style that Mustard describes as “clear and thoughtful.”

### Vulnerability over the life course

Gignac is pleased to be joining IWH. “The researchers here are very creative,” she says.

While underscoring the invisible and unpredictable nature of chronic conditions and the duty to accommodate workers with disabilities, Gignac hopes to apply a life-course perspective to issues around employment, to look at vulnerability at different times in a person’s working life, and to explore the interrelationship between physical disability and mental health.

Joining IWH has changed Gignac’s outlook. She formerly approached research from the clinical side (disease/illness), and now she’s approaching it from the other side: how work affects health. “It flips my perspective; it balances me,” she says. “It’s a way to get me thinking differently. It’s a really exciting learning opportunity.” ■

# Show and tell:

## Visual symbols inform vulnerable workers about MSDs

Visual symbols or pictograms, along with training, are a promising approach to protect vulnerable workers from musculoskeletal disorders, according to a collaborative evaluation involving the Institute for Work & Health.

A novel method to safeguard vulnerable workers from musculoskeletal disorders (MSDs) is showing promise. This is the take-away message from a pilot evaluation of pictograms, or visual symbols, by the Institute for Work & Health (IWH) and Workplace Safety & Prevention Services (WSPS), an Ontario health and safety association serving the manufacturing, services and agricultural sectors.

These two organizations worked together to assess the effectiveness of pictograms and corresponding safety training for workers in prep kitchens. MSDs were selected because they account for 30 per cent of long-term claims, 53 per cent of lost-time days and 49 per cent of benefit costs in Ontario's service sector.

The project, funded by Ontario's Workplace Safety and Insurance Board (WSIB), was described as "groundbreaking" by WSPS Innovation and Knowledge Solutions Manager Kimberly Grant, co-principal investigator, when it was first getting off the ground (see *At Work*, Spring 2010). Two years later, the results are positive. The pictograms led to an increase in knowledge about MSDs among prep kitchen employees and a decrease in risk-related work practices—effectively confirming that the use of pictograms within a health and safety context is a good idea.

Because pictograms use a universal language, they are particularly helpful in explaining prohibited or desired actions to workers for whom English is a second language or those with low literacy skills. "The pictogram approach has proven to be a successful way to share important messages across various barriers, including culture, language, age and education," says

PICTOGRAMS FOR KITCHEN PREP WORKERS		
Task	Hazard Pictogram	Control Pictogram
Chopping		
Handling large containers of food to be prepared		General Handling:  Hot Prep:  Cold Prep: 
Moving prepped food to the cooking area		
Reaching for stored materials		

IWH Senior Scientist Dr. Ben Amick, co-principal investigator.

### Creating a universal language

In the project's first phase, pictogram prototypes were created and tested with an ergonomics advisory committee and prep kitchen workers. As shown above, hazard and control pictograms were developed for four task-specific MSD risks: chopping, handling large containers of food to be prepped, moving prepped food to the cooking area, and reaching for stored materials.

In conjunction with the pictograms, a training program was also developed at a Grade 6 reading level. For both employees and managers, the training goals were:

- to identify MSD hazards;
- to explain what can be done to reduce the risk of being hurt;

- to talk about where to get help at work; and
- to talk about ways to avoid injury.

For managers, the training objectives also included where and how to place the pictograms and how to provide coaching and support for workers.

### Evaluating the pictograms

To assess the effectiveness of the pictograms, IWH and WSPS recruited seven kitchens where observations were conducted over three months. The following measurement tools were used, which were adapted by IWH from previously validated tools and methods:

- a **daily symptom survey** with a body map containing nine body parts identified with and connected to a pain/discomfort scale, which was completed by workers;

- **observational assessments** in which an observer recorded whether participants were engaged in risky behaviour; and
- **a 14-item knowledge test**, which was completed by workers immediately before and after their training session.

The goal of the evaluation was to assess the changes in knowledge among prep kitchen staff, their MSD risk practices, and their pain and discomfort reports after having received MSD and pictogram-specific training, and having the pictograms posted in their work areas.

Challenges included participants having a limited understanding of the study's purpose and the consent form, and low trust and high turnover rates in prep kitchen work. Additionally, since the employee training was 60 minutes and the manager training was 90 minutes, both parties did not always have time to complete the training.

Workplace attitudes were also a hurdle. "This is not a workplace culture that readily admits to pain and discomfort. Injuries are often seen as a badge of honour," says IWH Research Coordinator Trevor King, who was responsible for the observations and played a key role in the evaluation. Fear of job loss or creating a poor relationship with management and/or co-workers may have also influenced behaviour.

### Pictograms "a promising intervention"

Despite the challenges, the evaluation confirmed that the pictograms had a positive effect. "We found a decreased risk related to work-specific practices (chopping and general handling) and an increase in MSD- and pictogram-related knowledge, although pain/discomfort was not improved," says Amick. "It was encouraging to see pictograms, with corresponding training, as a promising intervention."

For more information, see the slides from an IWH plenary on the topic:

[www.iwh.on.ca/plenaries/2012-jan-10](http://www.iwh.on.ca/plenaries/2012-jan-10). 📄

As she explains, agency workers have two employers: the temp agency and the client employer. But temp agencies don't have control over the worksites to which workers are sent, and often don't fully know the risks. While both temp agencies and client employers have responsibilities under Ontario's *Occupational Health and Safety Act*, only temp agencies are considered the employer under the province's workers' compensation legislation, which weakens the incentives for client employers to protect these workers.

"This is not about bad apples," MacEachen adds. "It's about a structural weakness in the regulatory system that leaves temp agency workers without the same protection as regular workers."

In light of this, MacEachen proposes three key changes:

- experience rating prevention incentives should be applied to client employers;
- the requirement to set up joint health and safety committees should be applied to temp agencies; and
- workplaces that regularly hire large numbers of temp agency workers should be subject to proactive inspections by health and safety officers.

### Study looks at OHS/RTW in temp agencies

The temp agency sector is an established part of today's flexible labour market. Yet temp agency work can be risky. For example, in the United States, temp agency

workers have higher injury claim rates than those in standard work arrangements, and double the rates in construction and manufacturing. (Comparable statistics for Canada are not collected.)

IWH researchers wanted to understand how temp agencies manage health, safety and return to work, with a specific focus on low-wage workers. They undertook a study that included legal and documentary analysis, as well as focus groups and interviews with agency workers, temp agencies (both multinational and smaller agencies), client employers and key informants, such as inspectors and policy-makers. Sixty-four people took part, in four Ontario locations.

The research team made a number of important findings.

**Temp agency efforts to prevent injuries are largely ineffective.** This is the case because:

- they can't adequately manage health and safety risks when they don't control the work or own the equipment;
- although temp agencies may inspect a worksite before placing a worker, work conditions may change from day to day; moreover, temp agencies are not trained to recognize hazards or enforce changes when hazards are found;
- temp agency workers often face the challenge of being new to worksites and unfamiliar with the work flow, hazards, etc.;
- agencies rely on workers to report hazards at client worksites, but low-wage

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## AT WORK

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Temp agency workers...  
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temp agency workers may not speak up for fear of losing their job placement or chance of being hired on permanently;

- even when agencies learn of a hazard, they can do little but withdraw from the workplace (thereby giving up the contract) or “ask nicely” for improvements, leaving workers exposed; and
- agency workers have no systematic way to provide input on their OHS conditions because temp agencies are not required in practice to have joint health and safety committees.

**Client employers have little incentive to improve safety for temp agency workers.** Because temp agencies are the employers under Ontario’s *Workplace Safety and Insurance Act*, they are the ones subject to experience rating surcharges when worker injuries occur—not client employers who actually control the worksite.

**Temp agencies can manage work accident costs.** Temp agencies, by and large, prefer to maintain responsibility for claims

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

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[www.iwh.on.ca/biblio](http://www.iwh.on.ca/biblio)

The most recent issue of *Sharing Best Evidence*, the IWH newsletter on systematic review findings, reports on the factors that affect the likelihood and timing of return to work for workers with acute low-back pain:

[www.iwh.on.ca/sbe/factors-affecting-rtw-following-acute-low-back-pain](http://www.iwh.on.ca/sbe/factors-affecting-rtw-following-acute-low-back-pain)

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[www.iwh.on.ca/nachemson-lecture](http://www.iwh.on.ca/nachemson-lecture)

and costs because it increases business. And they can generally manage accident costs and consequences, as follows:

- some agencies (involved in this research) discourage injury reports by requiring extensive written accounts of the accident and/or questioning the injury’s legitimacy;
- agency workers are mostly short-term and rarely subject to the duty to rehire after a workplace injury, and, in any case, rehiring only means putting workers back on the roster, not into jobs with clients;
- because temp agencies can operate with very little physical infrastructure—“you can run one with a Blackberry,” noted one workers’ compensation regulator—smaller agencies can close and reopen in the face of very high fines or experience rating surcharges, thus avoiding these costs if company directors have no identifiable assets; and
- because their workers’ comp premiums are sometimes lower than those of their client employers, temp agencies can build these premiums into their contract prices.

“Low-wage temp agency workers are less well protected than workers in a standard employment relationship,” MacEachen says. “Our research identifies ways that legislation and policies need to catch up with the reality of today’s work conditions.”

For more information, see the research presentation at: [www.iwh.on.ca/plenaries/2012-apr-10](http://www.iwh.on.ca/plenaries/2012-apr-10). To order the article in *Policy and Practice in Health and Safety*, go to: [www.ingentaconnect.com/content/iosh/pphs/2012/00000010/00000001/art00006](http://www.ingentaconnect.com/content/iosh/pphs/2012/00000010/00000001/art00006). ■

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