

outwork

IN THIS ISSUE

2 / SAFE Work Manitoba incorporates IWH tool into safety culture framework

3 / Seeking broad input on strategy to improve work choices for people with disabilities

4 / Boomers with and without chronic conditions have similar needs for workplace supports

5 / Supported job placements help young adults with disabilities find work: review

7 / Progress seen in occupational disease prevention, but data still lacking: speaker

Photo ©iStockPhotos/SolStock

Supportive supervisors help reduce risks when workers face hazards, lack protection

Study using Institute for Work & Health's OHS vulnerability framework finds supervisor support can lower injury risks among workers reporting hazards and inadequate protection

Even when workers experience occupational health and safety (OHS) vulnerability, the support of a supervisor who's committed to health and safety can reduce their risk of injury. This is the finding of a recent study from the Institute for Work & Health (IWH) published November 2018 in *Safety and Health at Work* (doi:10.1016/j.shaw.2018.11.001).

People are vulnerable to OHS risks when they're exposed to hazards at work without the protection of OHS policies, awareness and/or empowerment. That's according to previous research at IWH, which has also found that OHS vulnerability, conceived this way, is linked to a higher prevalence of self-reported injuries and illnesses.

This new study found that injuries are less prevalent among vulnerable workers who have supportive supervisors than among those without, even though supportive supervisors may not entirely remove the effects of OHS vulnerability.

"Our findings suggest that, even in workplaces where workers experience OHS vulnerability, a supportive direct supervisor can reduce the risk of injuries," says Dr. Basak Yanar, a research associate at IWH and the lead author of the study. "A supervisor committed to health and safety can protect workers who may not know about their rights, who lack the power to speak up, or have little recourse via organizational policies to lessen the risks they face."

The study offers a new analysis of results that were collected as part of a larger research project on an OHS vulnerability framework developed by IWH Senior Scientist Dr. Peter Smith. It involved a sample of 2,390 respondents in Ontario and B.C. who were older than 18 and worked at least 15 hours a week. They were asked to complete a 27-item survey—later named the OHS Vulnerability Measure—as well as two questions on supervisor support and two questions on work-related injuries or illnesses in the previous 12 months.

continued on page 8



IWH updates

Two post-doc fellows join IWH scientist ranks

Congratulations to **Dr. Nancy Carnide**, who was named an associate scientist at the Institute for Work & Health (IWH) in January. Previously a post-doctoral fellow at IWH, Carnide was also the recipient of a Canadian Institutes of Health Research (CIHR) Vanier Canada Graduate Scholarship and a CIHR Strategic Training Fellowship in Work Disability Prevention. Her current research interests focus on substance use and mental health problems among working populations.

Congratulations as well to **Dr. Aviroop Biswas**, who will join the Institute as associate scientist in March, when he completes his two-year Mustard post-doctoral fellowship. Biswas holds a PhD in health services research at the University of Toronto's Institute of Health Policy, Management and Evaluation. He was a recipient of a doctoral research fellowship from the Toronto Rehabilitation Institute and the University of Toronto's Ted Goldberg Award for academic excellence and promise in health services research. For details about IWH scientists, go to:

www.iwh.on.ca/scientists.

IWH's eOfficeErgo available in French

On February 28, International Repetitive Strain Injury (RSI) Awareness Day, the Institute unveils the French version of eOfficeErgo, an evidence-based and standard-compliant online ergonomics training program designed for people who regularly use computers on the job. This version, which can be accessed via a web browser, was created with the support of l'Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales (ASSTSAS). To access the free tool in French or in English, go to: www.iwh.on.ca/tools-and-guides/eofficeergo-ergonomics-e-learning-for-office-workers.

Watch for World Congress 2020 program and registration announcements

Hopefully you have already marked your calendar for the XXII World Congress on Safety and Health at Work, coming to Toronto on October 4-7, 2020. Keep an eye out for the first program announcement, which will be posted in March, when registration will also open. World Congress 2020 is being organized by the International Labour Organization and the International Social Security Association, in conjunction with the Canadian co-hosts, IWH and the Canadian Centre for Occupational Health and Safety. For more information on this international conference, and to sign up for updates, go to: www.safety2020canada.com.

What Research Can Do

How IWH findings, methods and expertise are making a difference

SAFE Work Manitoba incorporates IWH tool into safety culture framework

'Credibility' a reason provincial agency uses IWH-OPM to define safety culture and measure improvement efforts

It was the year 2013, and Manitoba's workplace injury rates had been declining for a decade. To make sure this trend continued, the province set out to renew and strengthen its injury and illness prevention strategy, as spelled out in Manitoba's Five-Year Plan for Workplace Injury and Illness Prevention. One of the strategy's four principles was the importance of building a strong culture of workplace safety that prioritizes genuine injury prevention. Tasked with changing the safety culture in the province was SAFE Work Manitoba.

"We had a five-year operational plan that laid out initiatives related to building a culture of safety," says Sue Roth, safety culture specialist at SAFE Work Manitoba. "But we were missing a definition of safety culture. So we had to determine what we meant by it, and how we would evaluate if we were making progress."

That was when SAFE Work Manitoba turned to the Institute for Work & Health (IWH). "We knew of the Institute's work on the IWH Organizational Performance Metric," says Roth, referring to an evidence-based, eight-item questionnaire that helps organizations assess and improve their health and safety performance. "And the fact that it was being used across jurisdictions in Canada was of interest to us. We saw some prospects for using it in Manitoba to assess our own safety culture."

SAFE Work Manitoba contacted IWH's Dr. Ben Amick, a senior scientist and the researcher leading the Institute's work on the IWH-OPM tool. SAFE Work Manitoba entered into a formal agreement with Amick to provide support in a number of areas, including defining "safety culture," developing evaluation frameworks and recommending ways in which the IWH-OPM could fit into the initiative. "We wanted to be able to leverage work that already had credibility and scientific validity," says Rick Rennie, a safety culture specialist working alongside Roth. He adds that working with a research organization brought important benefits.

"Incorporating advice from an established research organization was a way we could reassure stakeholders, such as employers and

industry associations, that we weren't engaging in some kind of experiment with our safety culture strategy," he says. "It was based on sound research by a solid research provider."

With support from Amick, the safety culture team at SAFE Work Manitoba built a number of important components of the safety culture framework, which was introduced to the province in the summer of 2017. First was a clear definition of a positive safety culture, along with a list of the values and beliefs incorporated in the definition. Second were two evaluation frameworks: one was for evaluating success in building a strong safety culture and the other was for evaluating a certification program designed to make workplaces safer and provide financial incentives to employers for doing so—a key component of the safety culture initiative.

Third was the development of what the team colloquially referred to as the "IWH-OPM plus four," which was subsequently rebranded the Safety Culture Assessment. This assessment is used to help workplaces understand and improve their safety culture and its relationship to their safety and health efforts, and to assess whether or not safety certification is helping to improve a workplace's safety and health management system in reducing the risk of injury and illness. The assessment is completed twice prior to certification, and then annually with each maintenance audit. At this point, it is not used to determine whether or not an employer becomes certified.

Early results of the Safety Culture Assessment and the annual Safety Culture Index indicate positive assessments for most safety culture indicators. However, because these initiatives are fairly new, not enough information is available to identify trends over time. As SAFE Work Manitoba enters a new five-year planning cycle, it will continue to track results and monitor progress. "We certainly have the building blocks in place, and we hope to continue," says Roth.

This column is based on an IWH impact case study, published in November 2018, available at: www.iwh.on.ca/impact-case-studies.

Seeking broad input on strategy to improve work choices for people with disabilities

Draft unveiled by cross-country coalition aims to spur voluntary action in four key areas

Advocates for greater inclusion of people with disabilities in Canadian workplaces are gathering input on, and broad-based support for, a new draft pan-Canadian strategy for building an inclusive workforce.

The draft strategy, unveiled ahead of the Disability and Work in Canada (DWC) conference in Ottawa last December, is designed to promote and guide efforts and initiatives across the country that can be undertaken by various stakeholders to improve employment opportunities for people with disabilities.

The authors of the document—representatives of the Centre for Research on Work Disability Policy (a research initiative housed at the Institute for Work & Health), the Canadian Council on Rehabilitation and Work, the Ontario Network of Injured Workers Groups and InclusionNL—are now gathering feedback on the draft strategy. Their plan is to integrate the input into the

final revision of the strategy, which is set to be released in late 2019.

Strategy includes four pillars

The vision set out in the draft strategy, called *Moving Forward Together: A Canadian Strategy for Disability and Work*, is that of an inclusive labour market, one where people with and without disabilities have the same opportunities and choices in careers, jobs and work. To achieve that, the draft strategy calls for voluntary initiatives that are focused on the following four key pillars:

- **disability-confident and inclusive workplaces**—initiatives that address workplace design, accessibility, supports for employers and culture change;
- **comprehensive supports**—initiatives focused on government supports for people with disabilities (including those aimed at education-to-work transitions), and the navigability and alignment of such programs;

- **effective partnerships**—initiatives that build partnerships among governments, workplace parties, educational institutions, service providers, researchers and people with disabilities; and
- **measurement and accountability**—initiatives related to establishing baseline measures, setting goals, identifying indicators of progress, developing data sets, and monitoring and reporting by objective third parties.

Getting feedback on this draft strategy was one of the main objectives of the DWC national conference held December 4-5, 2018 in Ottawa, hosted by the same organizations that drafted the document. The event was a follow-up to the DWC conference held in 2017, where the themes and issues addressed in this draft strategy were identified.

Building on the first conference

Both conferences were attended by a broad cross-section of stakeholders, including people with disabilities, injured workers, activists, support agencies, employers, unions, researchers, and policy-makers from the federal and many provincial governments. Also present to deliver her remarks was the Honourable Patty Hajdu, federal minister of employment, workforce development and labour. She spoke of new federal initiatives aimed at greater inclusion, but also of the need for cultural change before true inclusion becomes a reality.

In their feedback, some conference attendees commended organizers for a program that built on the first conference and delved deeper into the issues discussed the year before. Several said they appreciated the opportunity to collaborate and connect with stakeholders outside their usual networks. Some noted that the diverse backgrounds, viewpoints and experiences of the stakeholder organizations and their representatives at the conference enriched the conversations about labour-market accessibility, providing

continued on page 6



Members of the Disabilities and Work in Canada 2018 Steering Committee, from left to right: Monica Winkler, Cindy Moser, Dr. Ron Saunders, Maureen Haan, Alec Farquhar, Kathy Hawkins, Kathy Padkapayeva, Dr. Emile Tompa and Steve Mantis. Photo: Scott White

Boomers with and without chronic conditions have similar needs for workplace supports

IWH study of older workers finds those in good health similar to those with arthritis or diabetes in using—and benefiting from—programs such as flex time and telework

Thanks to longer life expectancy and the elimination of mandatory retirement policies, Canadians are now working into traditional retirement years in greater numbers than before. This shift to later retirement can benefit working individuals financially; it can also help alleviate employer concerns about skills shortages and loss of institutional memory.

But an older workforce does present other challenges related to health and accommodation issues. Research to date has shown that age-related chronic health conditions such as diabetes and arthritis can create problems for workplaces in the form of increased absenteeism and lost productivity.

To understand some of those challenges, a study led by Institute for Work & Health (IWH) Senior Scientist Dr. Monique Gignac focused on the need for, and use of, workplace supports and accommodation practices, as well as differences in work outcomes when such supports are available.

“We know from research that people with arthritis or diabetes often struggle at work and are more likely to have to give up their jobs,” says Gignac, author of an open-access, peer-reviewed article on this research, published in the April 2018 issue of *Work, Aging and Retirement* (doi: 10.1093/workar/way004). “In this study, we aimed to find out whether the accommodation needs of baby boomers with chronic conditions are being met through the use of common policies and practices that many organizations already have in place and, if so, whether that makes a difference to work outcomes.”

The study found that, despite their poorer health, respondents with chronic conditions were similar to healthy peers in reporting little or only occasional need for workplace supports. The study also found that the supports they needed were typically the ones already available at many workplaces for all to use: think flex time, work-at-home



arrangements, extended health benefits, among others.

“This study reminds us to stop focusing exclusively on the disease or health condition and, instead, look at what supports are already available or can be provided at the workplace,” says Gignac. “Some supports, such as flex time, aren’t necessarily onerous for employers. But a lot of the time, when they are available, workers make use of them and find them helpful—and that’s the case whether people have young kids or chronic health conditions or some other needs.”

Nine workplace supports examined

To conduct this study, the team sent out 13,500 email invitations across Canada to working people born between 1945 and 1964. Of the 7,965 people who responded, 1,566 respondents were eligible and agreed to participate. About 40 per cent had arthritis, 18 per cent had diabetes, seven per cent had both conditions and 34 per cent had neither. People were excluded from the study if they worked less than 15 hours a week, reported having other chronic health conditions prior to their arthritis or diabetes diagnosis, or were recovering from a surgery or an injury.

In this cross-sectional study (i.e. a snapshot in time), study participants were asked about the availability of a range of accommodation or supportive practices or

policies in their workplaces. The top nine supports reported were flexible hours, special equipment/adaptations (e.g. built-up keyboards), modified job duties, altered work schedules, compressed work weeks, more breaks and rest periods, work-at-home arrangements, extended health benefit plans, short-term leave, and wellness programs.

Beyond asking people whether these supports were available at their workplace, the survey also asked participants which ones they needed as well as which ones they used. Based on the answers, the research team determined whether respondents’ support needs were met (supports were needed, available and used), unmet (supports needed, but not available) or exceeded (supports available and used beyond what was needed).

The team found about 70 per cent of participants—whether with arthritis, diabetes or no chronic conditions—said they had access to three or more accommodations at their workplace. The most widely available accommodations were flex time, special equipment and extended health benefits. Least available were work-at-home arrangements. About two-thirds of respondents—across all health conditions—said they used two or fewer accommodations in the previous 12 months. Also encouragingly, 60 per cent of respondents across all conditions said their accommodation needs were met, and another 16 per cent said their accommodation needs were exceeded.

Work outcomes studied

The study also examined what factors were associated with available supports meeting, not meeting or exceeding respondents’ needs. It also looked at differences in work outcomes across the three groups.

Supported job placements help young adults with disabilities find work: review

In terms of associated health and work factors, respondents whose needs were unmet reported significantly more pain, fatigue and health variability than those whose needs were met. They were also more likely to work part-time and had less physically demanding work, greater job stress and less job control. On the other hand, compared to those whose needs were met, respondents whose needs were exceeded reported significantly less fatigue and health variability. They also had physically less demanding work and more job control.

In terms of work outcomes, the researchers were surprised to find respondents with needs met and those with needs unmet experienced similar levels of job disruption, productivity loss and absenteeism. In contrast, the ones with needs exceeded had fewer workplace activity limitations, fewer job disruptions and less productivity losses.

Referring to the lack of difference in outcomes between those with met and unmet needs, Gignac points to previous research indicating that workers may avoid using accommodations until they have experienced declining job performance or health crises.

“When people say their needs were met, they had probably waited and delayed a fair bit of time before they did something about the problem, perhaps even delaying until there was a crisis—something workers with these episodic chronic conditions do too often,” Gignac says. “In contrast, people whose needs were exceeded had likely been more proactive in using supports to address their needs soon after these needs arose.”

A takeaway message for workplaces is to encourage a supportive climate at all times, Gignac adds. “More proactive discussions about needs may have the potential to improve workplace planning, help workers avoid crises and sustain high levels of productivity,” she says. Although more research is needed, “this study is a promising first step in supporting employers who have made efforts to improve the health and well-being of workers through a range of policies and practices.” +

IWH systematic review finds strong evidence for job placements offered with personalized coaching

For many 20-somethings about to leave school and enter the current labour market, finding a stable job with good career prospects can be a challenge. For young adults who also have a disabling health condition, the undertaking is all the more daunting. Indeed, according to data from Statistics Canada, young adults with a disability are only half as likely to participate in the labour force as their peers without a disability.



That was why Institute for Work & Health (IWH) Associate Scientist Dr. Arif Jetha set out to examine the research evidence on programs or interventions that are effective in helping young people with disabilities find work once they leave school.

His systematic review found that work placement programs, offered in tandem with a suite of tailored employment supports, do help.

“For young adults with chronic disabling health conditions, tailored supported employment interventions are recommended,” says Jetha, who conducted the review as part of the Canadian Disability Participation Project (<https://cdpp.ca>). “The evidence suggests that young adults with mental health conditions in particular

may benefit from these types of programs.” The open-access review was published online in January by *Occupational and Environmental Medicine* (doi: 10.1136/oemed-2018-105454).

Type of support can vary

Tailored supportive employment refers to job training programs in which people with disabling health conditions are integrated within a workplace. Program participants receive tailored vocational coaching in a number of areas, including working with others, self-monitoring behaviours, solving problems, asking for help, getting to and from work, and understanding workplace policies and procedures. As well, disability-awareness training is conducted within the workplaces in which participants are placed.

The approach is collaborative and involves a multidisciplinary support team (e.g. vocational rehabilitation service providers, health-care professionals, families, educational agencies and employers).

Pointing to similar findings from other reviews focused on supporting work outcomes for adults with an injury or a health condition—including a systematic review on return to work by IWH—Jetha says the multidimensional nature of these programs may be the key to their effectiveness.

“These programs integrate different components that, together, help young people with disabilities address the physical or psychosocial barriers they may face,” he says. “I think that’s why they work.”

continued on next page

Review suggests multidimensional and personalized support key to better work participation outcomes

continued from previous page

Research to date highlights the importance of work experiences in early adulthood in laying a foundation for future employment.

“Promoting employment at this stage has long-term benefits,” says Jetha, who also shared findings at an IWH Speaker Series presentation in November.

Besides examining which work-focused interventions are effective in improving the labour market integration of young adults with disabilities, the team also wanted to learn whether program effectiveness varied across different disabling health conditions and across different phases of the transition into employment.

The team conducted a search of the literature published from January 1990 to July 2018 on work-focused interventions aimed at young adults, aged 18 to 35 years, living with a disability. The team ended up with 10 studies that met the criteria for inclusion and were of sufficient quality in the way they were conducted—three of high and seven of medium quality. Six were conducted in the U.S., two in Australia, and one each in the United Kingdom and Japan—none in Canada. Six focused on young people with a mental health condition, and three on young adults with an intellectual disability such as autism. The duration of studies ranged from six months to three years.

Of the 10 studies, all were interested in the early phases of preparing to enter the labour market or being hired; none looked at sustaining employment or advancing in a career, for example. Eight were interested in what’s called “competitive employment.” That refers to “meaningful, integrated employment that is consistent with a person’s career interests and skills, and where wages are at the market rate,” explains Jetha. Two studies were interested in any type of employment at all.

The review found **strong evidence**—based on three high-quality and four medium-quality studies—for the use of

tailored supported employment to help young adults with a disability enter competitive employment.

It found **moderate evidence**—based on two studies of high quality and one of medium quality—for the use of tailored supported employment to help young adults with a disability get any job at all.

And it also found **moderate evidence**—based on two high-quality and three medium-quality studies—for the use of tailored supported employment to help young adults with mental health conditions gain competitive employment.

Due to a lack of studies, the review team could not answer the question about the effectiveness of interventions for different disabilities or health conditions (except for the finding noted above about young adults with mental health conditions) or the question about the effectiveness of interventions at different phases in the careers of young adults.

Research gaps identified

The systematic review highlighted important gaps in the research literature, Jetha adds. “I was surprised by the absence of research on policy-level interventions to help support employment across this transitional life phase,” he says, citing as an example incentive programs such as income support waivers, which would allow income-support recipients to earn income up to a certain amount before clawbacks come into effect.

Jetha says he is also surprised by the absence of research on at-work experiences and career advancement. “We know the barriers young people face are not just about getting hired, but also about being successful and advancing within a job,” he says.

He also notes the lack of research on the ability of existing programs to offer the support needed for young people with disabling health conditions to navigate the changing, and increasingly precarious, labour market. ❖

Consultation ahead to employ surveys, meetings, webinars



The Honourable Patty Hajdu, federal minister of employment, workforce development and labour, speaks at the conference. Photo: Scott White

continued from page 3

context, history and first-hand experiences from multiple perspectives.

The task ahead for attendees is to take the draft strategy back to their home communities and invite as many individuals and organizations as possible to reflect and remark on it, says Alec Farquhar, chair of engagement on the conference steering committee.

“The engagement to date has been tremendous,” he says. “We’ve reached a number of key activists and organizations in the disability community, but we know there are many important stakeholders and potential partners we still need to hear from.”

The consultation process will include a survey, face-to-face meetings and webinars. Stakeholder groups to be consulted include people with disabilities, injured workers, community agencies, Canadian businesses, provincial and federal governments and researchers. The consultation process takes place March and April, but input received after May 3 will still be considered, since the steering committee will be revising the draft strategy for release later in the year. A policy roundtable is set to take place in the late spring or early summer of 2019 to solicit input from government policy-makers.

The draft strategy is available at: www.crwdp.ca/en/disability-and-work-canada-national-conference-2018. To provide feedback, email: feedback@DWCstrategy.ca. ❖

Progress seen in occupational disease prevention, but data still lacking: speaker

At IWH's 2018 Nachemson lecture, occupational cancer expert Dr. Paul Demers highlights need for improved exposure surveillance, and more evaluation studies

With the continued rise in the number of deaths due to occupational disease and work-related cancers, disease prevention is moving to the top of the agenda in many jurisdictions, including Ontario.

However, to push forward on this prevention agenda, policy-makers and prevention systems need more data, especially in hazard and exposure surveillance, said Dr. Paul Demers, who took to the podium at the 2018 Alf Nachemson Memorial Lecture, hosted by the Institute for Work & Health (IWH).

Also needed is more research to identify the most effective ways to reduce exposures, said Demers at the November 28 public event, now available as a slidecast (see: www.iwh.on.ca/events/nachemson-lectures/2018-nov-28). Demers, director of the Occupational Cancer Research Centre, based at Cancer Care Ontario, is internationally recognized for his expertise on the health effects of workplace exposures. Subsequent to the lecture, he was appointed by Ontario's Ministry of Labour to lead a review of the recognition and compensation of occupational cancer, an appointment welcomed by IWH President Dr. Cam Mustard.

In Canada, it has been 15 years since compensated deaths from occupational disease overtook the number caused by work-related traumatic injuries and disorders. The International Labour Organization estimates that, worldwide, for every person who dies from a traumatic work-related injury, about six people die from occupational diseases. That ratio is even higher in countries such as Canada, where traumatic injury rates have gone down.

In Ontario, the issue is considered an occupational health and safety priority, as seen in the creation of the Occupational Disease Action Plan (ODAP) in June 2016. The implementation team, with representatives from across the province's prevention system, as well as Public Health Ontario and the Lung Association, identified noise, allergens/

irritants and diesel exhaust as the initial priorities, followed by asbestos and silica.

Such initiatives may signal progress, but Demers noted that recognition of occupational disease continues to be a challenge for several reasons. Diagnosis can occur long after exposure, so a full work history is needed. Dose is a strong predictor of the likelihood of diseases, but people may not know the extent of their past exposures. Most of these diseases have multiple causes, making work attribution a matter of debate. And, finally, individuals vary in how susceptible they may be.

To illustrate ongoing challenges around the recognition of work-related diseases, Demers pointed to his team's research on the burden of work-related exposure to asbestos. Estimates drawn from modelling put the national number of newly diagnosed cases of lung cancer in 2011 attributable to work-related asbestos exposure at 1,900 and the number of newly diagnosed cases of mesothelioma at 500. And yet, across Canada, less than 10 per cent of lung cancers caused by work-related asbestos exposure are compensated. Even for mesothelioma, the proportion of cases that are compensated stands at about 60 per cent nationally.

Some progress seen

Demers also spoke of some progress being made on disease surveillance. One example is the Occupational Disease Surveillance System, set up in 2017 to follow 2.2 million lost-time claimants in Ontario since 1983 to track their risk of disease. This dataset, importantly, has information about occupation and industry, which allows researchers to measure the risks of specific work-related diseases for specific occupational groups. This system has already helped reveal notable findings, such as the elevated risks of asbestos-related diseases among custodians and skilled trades workers in the education system. That's

due to the presence of asbestos in schools built before the mid-1970s, he noted.

While acknowledging the progress made on disease surveillance, "to get ahead of the game, we've got to start figuring out some way to do exposure surveillance," Demers emphasized. Such a surveillance system would allow policy-makers to monitor trends in exposure, identify at-risk populations or geographic areas, and set priorities for prevention efforts.

He pointed to a few promising examples of exposure registries, including Health Canada's National Dose Registry or the Ontario Asbestos Worker Registry, set up by Ontario's Ministry of Labour. For an example of a program with great potential on exposure reduction, Demers singled out Ontario's Toxics Reduction Program, which requires manufacturing and processing facilities to report their use of toxic substances and encourages these facilities to set out a yearly plan to reduce these substances. "With a few tweaks to this, we could actually be collecting more useful data for workplaces, making it not just environmentally focused, but also workplace focused," he said. (Demers made these remarks before the province announced plans to scale back the program, including the reporting requirement for certain facilities.)

Turning his attention to exposure prevention programs, Demers highlighted a few examples, ranging from legislation to workplace controls. "A challenge with many of these initiatives is we don't do enough evaluation to know how effective they are," said Demers, emphasizing the need for more prevention research with a strong evaluation component.

"There's a misconception that exposure to hazards at work affects only a limited number of blue-collar occupations, but it hits a wide variety of occupations and a wide variety of workers," said Demers in closing. "It's a major societal problem." ■

AT WORK

At Work is published by:

Institute for Work & Health
Editor: Uyen Vu
Layout: Uyen Vu, Jan Dvorak
Communications Manager: Cindy Moser
Director, KTE: Monica Bienefeld
President: Cameron Mustard
Issue #95 / Winter 2019 / ISSN # 1261-5148
© Copyright 2019

INSTITUTE FOR WORK & HEALTH

481 University Avenue, Suite 800
Toronto, Ontario M5G 2E9
Phone: 416.927.2027 Fax: 416.927.4167
E-mail: atwork@iwh.on.ca

MISSION

The Institute for Work & Health promotes, protects and improves the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers.

BOARD OF DIRECTORS

CHAIR

Kevin Wilson
Former Assistant Deputy Minister, Policy, Program and Dispute Resolution Services
Ontario Ministry of Labour

VICE-CHAIR

Lewis Gottheil
Former Director, Legal Department, Unifor

DIRECTORS

Melissa Barton
Former Director, Organizational Development and Occupational Health, Safety and Wellness
Sinai Health System

Andréane Chénier
National Representative, Health and Safety
Canadian Union of Public Employees (CUPE)

Mark Dreschel
Senior Vice-President, Organizational Excellence
Bird Construction

Kelly Jennings
Senior Consultant, Jennings Health Care Consulting

Melody Kratsios
Senior Program Manager, AECOM

Louise Lemieux-Charles
Professor Emeritus, Institute of Health Policy, Management & Evaluation, University of Toronto

Cameron Mustard
President & Senior Scientist
Institute for Work & Health

Norman Rees
Former Chief Financial Officer, Public Health Ontario

Emily A. Spieler
Chair, IWH Scientific Advisory Committee
Edwin W. Hadley Professor of Law
Northeastern University School of Law

Michael Wolfson
Adjunct Professor, Epidemiology and Law
University of Ottawa



The Institute for Work & Health operates with the support of the Province of Ontario. The views expressed in this publication are those of the Institute and do not necessarily reflect those of the Province of Ontario.

Supervisor support lowers injury stats even for workers not deemed vulnerable

continued from page 1

The questions in the OHS Vulnerability Measure cover four dimensions: respondents' exposure to nine common hazards, access to protective policies and procedures, awareness of OHS rights and responsibilities, and empowerment to act on these rights. From these four dimensions, respondents were considered vulnerable if they reported weekly exposure to two or more types of hazards (or weekly exposure to just one of the following: heavy lifting, bullying, working at heights and working with hazardous substances), as well as inadequate protection of any type.

A third of the sample was found to experience at least one type of OHS vulnerability, with vulnerability due to inadequate policies and practices being the most common. Nearly one in five (17.8 per cent) reported having a work-related injury or illness in the year prior, including 11.9 per cent who required time off or medical attention due to the injury or illness. Nine in 10 respondents said they worked for a supervisor who was aware of the hazards involved in their jobs, and 86 per cent said their supervisor was engaged and did everything reasonable to protect them from being injured at work. When respondents said their supervisor was both aware and engaged, they were defined as having supervisor support.

As one would expect, the latest analysis found that, across all three types of OHS vulnerability, injuries and illnesses (grouped as a single category) were most prevalent among respondents who were vulnerable and had no supervisor safety support. Indeed, for these respondents, the risk of

injury was at least 3.5 times higher than it was for those without OHS vulnerability and with supervisor support (once factors such as age, gender, contract type, workplace size and industry were taken into account).

Among those who were vulnerable, 50 per cent of respondents who lacked supervisor support had experienced an injury in the previous year—twice the prevalence of those with supervisor support (25 per cent).

Respondents who were vulnerable but had supervisor support still tended (depending on the type of vulnerability) to report a higher prevalence of injuries than those who were not vulnerable but didn't have supervisor safety support. In other words, vulnerability remains the most important factor when it comes to risk of injury, even though a supportive supervisor can help reduce the risk when vulnerability is present.

This study reinforces research that has been done at IWH and elsewhere on the importance of a safety-conscious supervisor, says Yanar. She adds that focusing on training, assisting and expecting supervisors to provide safety support may be worthwhile.

“Our findings suggest that building supervisors' capacity may be an important component of an injury prevention plan, especially in workplaces where it can be difficult to reduce hazards or implement organization-wide policies,” says Yanar.

“It's worth noting that supportive supervisors made an impact on injury risks not just when workers experienced vulnerability, but also when workers were not experiencing vulnerability.” ■

SUPERVISOR SUPPORT, OHS VULNERABILITY AND INJURIES

This table shows the prevalence of injuries and illnesses across four groups of respondents, broken down by vulnerability status and supervisor support.

	Respondents injured in previous year (%)
Not vulnerable, with supervisor support	9.7
Not vulnerable, with no supervisor support	19.1
Vulnerable, with supervisor support	25.3
Vulnerable, with no supervisor support	50.0