

outwork

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Ontario's working-at-heights training led to safer practices, reduced injury claims rates

Institute for Work & Health's multi-part evaluation of province's mandatory training standard found claims reduction greatest among small employers and high-risk construction subsectors

Ontario's mandatory training program for construction workers who work at heights has led to a modest yet significant reduction in the rate of lost-time claims due to falls from heights—especially in small construction businesses and construction sectors with the most frequent fall injuries.

That's according to a multi-part evaluation study by the Institute for Work & Health (IWH), which found a 20 per cent decline in falls targeted by the training. The study also found that the mandatory training had high uptake across the province and led to changes in safety practices among employers and workers.

"We found that the effects of the intervention were greatest in the groups that most needed it—the smallest employers and the construction sectors with the highest rates of fall-related claims," says Dr. Lynda Robson, an IWH scientist and lead researcher on the project. "According to our study, it does seem that the regulated

training program is moving the bar upwards in Ontario in terms of protecting construction workers from falls from heights."

Findings from the study, published in an online report available from the IWH website, were also shared at an IWH Speaker Series presentation that Robson gave in February.

Mandatory training announced in 2013

Working at heights is a common job task on Ontario construction projects. It is also a significant occupational health and safety hazard. While construction workers make up about eight per cent of Ontario's labour force, they account for 22 per cent of injury claims related to falls from heights that result in time off work. In December 2013, in response to a number of high-profile work-related deaths due to falls from heights, the government of Ontario announced a new training program standard that came into force April 2015.

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Long-time IWH senior scientist receives lifetime achievement award

Congratulations to **Dr. Claire Bombardier** for being recognized at The Arthritis Society's March 2019 gala honouring Canada's 'trailblazing women in arthritis'. Bombardier was named the inaugural recipient of the lifetime achievement award and the society's gala honouree at the special 70th anniversary event. Bombardier, a senior scientist and clinical research coordinator at the Institute for Work & Health (IWH) from its inception to 2014, is currently an IWH adjunct scientist. She's also the former co-editor at Cochrane Back and Neck (1995-2013), where she still serves on the group's editorial board as a founding editor emeritus. For more details, go to her bio page: www.iwh.on.ca/people/claire-bombardier.

IWH welcomes new member of Scientific Advisory Committee

The Institute welcomes **Dr. Jack Dennerlein** to its Scientific Advisory Committee, which provides guidance on Institute research activities. Dennerlein is professor in the Department of Physical Therapy, Movement and Rehabilitation Sciences at Northeastern University's Bouvé College of Health Sciences in Boston. For details about members of the Committee, go to: www.iwh.on.ca/scientific-advisory-committee.

Announcing new Mustard Fellow 2019/20

Congratulations to **Faraz Vahid Shahidi**, recipient of the 2019/20 Mustard Post-Doctoral Fellowship. Shahidi holds a PhD in social and behavioural health sciences from the University of Toronto (U of T). His research examined the effects of unemployment benefit programs on the health of jobless workers. He's a past recipient of a Syme Fellowship from IWH, a Lupina Fellowship from U of T's Munk School of Global Affairs' Comparative Program on Health and Society, and a Canadian Institutes for Health Research (CIHR) Strategic Training Fellowship in Public Health Policy. For information on IWH fellowships, go to: www.iwh.on.ca/opportunities.

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What Research Can Do

How IWH findings, methods and expertise are making a difference

IWH collaboration with partners led to safety culture and system audit tool

In 2013, the Ontario Ministry of Labour appointed an advisory group to review health and safety conditions in the province's mining sector. Public consultations during the review brought to light the shortcomings of the sector's internal responsibility system (IRS). The IRS concept is that everyone in an organization—from president to frontline worker—has the right and responsibility to participate in decisions affecting their health and safety.

When the advisory group reported in 2015, it recommended that the employer group, the Ontario Mining Association (OMA), work with labour representatives to develop IRS best-practice guidelines as an industry benchmark. The result was the development of a unique tool called the Internal Responsibility System Climate Assessment and Audit Tool (IRS CAAT)—designed to be both an audit tool of an organization's occupational health and safety management system (OHSMS) and a measure of perceptions of its safety culture. It's the product of collaboration across the prevention system, with the Institute for Work & Health (IWH) playing a strong supportive role in creating and testing the tool.

The development of the tool began with a set of 56 best-practice statements describing a well-functioning IRS. That work drew on review consultations, interviews with subject-matter experts, academic publications, and documents prepared by standards or regulatory authorities. IWH President and Senior Scientist Dr. Cameron Mustard, a member of the advisory group, then led an IWH team that worked with the health and safety association Workplace Safety North (WSN) to turn the statements into a climate assessment questionnaire.

To test the questionnaire for its measurement properties, WSN and the OMA piloted the tool in six Ontario mining operations. IWH analysis of the results found that IRS perception scores were strongly correlated with the incidence of work-related injuries and illnesses. Mining operations that had higher IRS scores had lower frequencies of lost-time and no-lost-time workers' compensation claims.

That was everything, says WSN Culture, Learning and Development Specialist Cindy

Schiewek. "The first thing we wanted to make sure with the IRS CAAT pilot was that the things we were measuring made a difference." With the link between IRS scores and injury rates established, WSN felt confident using the tool to identify aspects of an operation's OHS performance that needed improvement.

The tool has now been used by 23 mining workplaces in Ontario, with nearly 7,000 people responding to date. This strong uptake was due in part to OMA recommendations in September 2017 that member mining operations take part.

Schiewek recounted one mining operation that, while performing relatively well, was also seeing its work injury and illness incidence rate plateau. When WSN ran the IRS CAAT at the operation, the company representative said to Schiewek, "I've been doing audits for five years trying to figure out what's happening, and nobody could help me move forward. Your tool has given me new information, and we can move forward with an action plan."

The tool has had such a great response that WSN has fielded requests from mining workplaces and associations across Canada, the United States and Russia. And WSN has also developed a leaner version, called CAAT Essentials, for workplaces outside the mining sector.

"People are excited to have a new way of looking at things. The tool is giving them new information," says Schiewek, adding that it's unlike anything on the market. "It measures two sides of the coin. It measures systems and culture. The systems piece tells organizations what they need to do; the culture piece tells them what they actually do," she says.

WSN Vice President of Prevention Services Mike Parent credits the joint efforts of many different stakeholders. "The IRS CAAT would not exist today without the collaborative partnership between IWH and WSN, and the support of organized labour and the Ontario mining industry," he says.

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

Women's work more likely than men's to be disrupted due to caring for older relatives

IWH study finds women 73 per cent more likely than men to permanently leave a job due to eldercare

For close to five years, Tracy worked during the week and spent weekends visiting her parents in their different homes. Until her father's death just over a year ago, Tracy (who does not want to share her real or full name) spent every Saturday with him at his long-term care facility, taking him out on walks and serving him the dishes of his birth country. Sundays were spent with her mother, who was living independently at first, even though she struggled with routine house chores.

The weekly routine left Tracy, in her 50s, on the brink of burnout. She kept asking her brother to help but he felt their parents didn't need that much attention. Tracy never took time off work because she feared her bookkeeping job at a bank wasn't secure. When she was, indeed, laid off during a restructuring, it was just before her father passed away and her mother moved into a long-term care home. As a result, Tracy devoted even more time to parental care instead of looking for a new job.

Tracy is not alone in finding her work taking a backseat to family caregiving responsibilities. According to an Institute for Work & Health (IWH) study published in April 2019 in *The Journals of Gerontology* (open access at doi:10.1093/geronb/gbz026), women continue to bear the greatest responsibility when it comes to the impact of eldercare on work. As a result of their caregiving duties, women are much more likely than men to stop working, to work part-time or to take time off work, the study found.

"In a household where both a man and woman are working, it's more likely that her work is going to be affected should an ill parent need care with washing, dressing, feeding and getting around," says IWH Senior Scientist Dr. Peter Smith, the lead scientist on this study. "And this would be the case even if both were working in

similar jobs, earning similar pay. Who is expected to do non-paid caring work remains very gendered."

Women twice as likely to take time off

Smith and his team looked at the Statistics Canada Labour Force Survey (LFS) responses from 1997 to 2015 of over 5.8 million working people who were 40 years of age and older. The LFS asks people to choose from a list of options to indicate why they are not currently working when they had worked in the previous year, why they are working part-time and, if they had taken time off work in the previous week, the amount of time they took off and why.

One of the options to indicate why in all cases is "caring for an elderly relative (60 years of age or older)."

The research team then looked at these work outcomes attributed to caring for an older relative, comparing trends over time by gender, and taking into account gender-based factors that might be associated with eldercare affecting work. These factors included the degree of sex-segregation in occupations (i.e. male- versus female-dominated jobs), being the main wage earner, and usual hours of work per week. The researchers also considered other work factors such as job permanency, time in job, unionization and size of workplace, as well as personal factors such as marital status and number of children.

Taking all of these factors into account, the study found that, when it comes to taking care of older relatives, women compared to men are:

- 73 per cent more likely to permanently leave work,
- five times more likely to be working part-time,
- twice as likely to take time off during a work week, and
- if they do take time off, likely to take off about 2.5 hours more per week.

Work disruptions due to eldercare increasing

Overall, the percentage of workers who have permanently left work or changed to part-time work to care for an older relative increased over the 19-year period of the study: from 3,300 respondents in 1997

(0.07 per cent of the labour force) to the high in 2012 of just under 15,000 respondents (0.2 per cent of the labour force).

Temporary work absences due to eldercare also increased over the 19-year period. On average in 1997, about 1,890 workers per week took time off to care for an older relative (0.04 per cent of the labour market), accounting for just over 30,500 lost working hours per week. This increased to 10,600 workers per week in 2012 (0.14 per cent of the labour market), representing just over 174,025 hours lost per week in 2012, reducing slightly to just over 164,060 hours in 2015. In 2015, these percentages equated to just over 8.5 million hours lost from work in total among Canadian workers aged 40 and over.



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Worker surveys indicate sustained change in safety practices many weeks after training

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Under the new program—spelled out in regulations under the *Occupational Health and Safety Act*—employers are required to ensure that workers on construction projects who may use certain forms of fall protection successfully complete working-at-heights (WAH) training. The regulations specify that the training must include a basic theory module of at least three hours in length and a practical, hands-on module of at least 3.5 hours in length, delivered to no more than 12 learners at a time. Employers must use training providers and training programs approved by Ontario’s Chief Prevention Officer. The regulations included a transition period for workers who had previously completed fall protection training; employers had until October 1, 2017, to ensure those workers had taken the new training.

With funding from the Ontario Ministry of Labour (MOL), Robson and her research team at IWH set out to answer two questions: to what extent has the province’s WAH training reached the target population, and what impact has the introduction of WAH training requirements had on fall prevention on construction projects? To answer these two main questions, the team examined data from six different sources, namely:

- MOL administrative records of WAH training (anonymized);
- an IWH survey of 87 training providers;
- an IWH survey of 390 employers of varying sizes and from different construction sectors;
- IWH surveys conducted one week, four weeks and seven weeks post-training of 633 workers, of varying levels of experience and from different construction sectors, all trained by the Infrastructure

Health & Safety Association (IHSA) or their training partners;

- IWH interviews with 10 labour inspectors from five different Ontario regions; and
- workers’ compensation administrative records of lost-time claims, from Workplace Safety and Insurance Board (WSIB).

Training reach

According to the employer survey, conducted in the summer and fall of 2017, more than 90 per cent of construction companies reported that all employees who ever used fall protection equipment had enrolled in or completed their WAH training. That level of compliance was found for both large and small employers.

According to MOL administrative records, 420,000 Ontario workers had been trained by the October 2017 training deadline. Of these, 78 per cent were from the construction sector, as estimated by the study’s survey of training providers. Putting those two numbers together—78 per cent of 420,000—suggests that about 70 per cent of all workers

in Ontario’s construction sector completed the training. “This suggests a high degree of uptake by the target population,” says Robson.

Job knowledge

The team’s survey of 633 learners found a large majority reported gaining new knowledge as a result of the WAH training. When asked how much information they learned, 52 per cent said “a lot” and 34 per cent reported “some”; only 13 per cent said “a little bit,” and only one per cent reported “none at all.”

This finding of a knowledge gain was backed up by pre- and post-training test scores provided by IHSA for 429 of 633 learners who gave their consent for the IWH research team to review their scores. A large improvement in knowledge was indicated by a 40 per cent increase in test scores, from a pre-training average test score of 6.8 (out of 10) to a post-training average test score of 9.5.

The IWH worker survey also asked learners how the training affected their confidence carrying out safety-related tasks when working at heights—for example, picking the right lanyard, setting up a travel restraint, using ladders safely, etc. For each of these practices, the majority (from 60 per cent to 87 per cent, depending on the practice) reported their confidence improved as a result of the training.

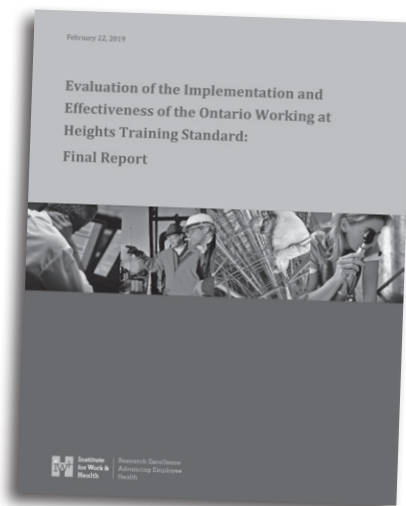
Changes in work practices

The study also found indications that the training led to safer work practices. Across the three worker surveys, respondents were asked how often they carried out 12 different safety practices targeted by the WAH training. These ranged from checking the worksite for fall hazards at the beginning of the shift to maintaining 100-per-cent tie-off of fall arrest equipment when working at heights.

The research team found statistically significant and meaningful improvements for 10 of the 12 practices. And these practices seemed to be enduring; improvements in practices were still being reported when the third survey was conducted seven weeks after the training.

For two of the 12 practices targeted by the training—using guardrails instead of fall arrest systems and using travel restraint systems—learners’ self-reported practices did not change substantially.

Employer survey responses also indicated practice changes as a result of the training. Out of 300 respondents whose employees had completed training, about 40 per cent said they bought new fall protection equipment, and 37 per cent said they made





changes to their fall protection plans. When asked about worker or supervisor practices such as inspecting fall protection equipment or tying off, about 30 per cent said these practices occurred more often now, whereas 60 to 70 per cent said they occurred just as often now as before.

Impact on injuries

According to WSIB lost-time claims rates, the types of falls targeted by the WAH training—i.e. falls from ladders, off roofs or scaffolding, through openings in flooring, and other falls from heights—declined by 19.6 per cent between the 2012-2014 period and 2017. To make sure they were looking mostly at the effects of the training, the research team compared this decline to the trends for other types of falls not targeted by the training (e.g. falls on the same level or falls down stairs) and for other acute traumatic injuries (mostly contact with objects and equipment). Although the team found reductions in the rates of these other types of claims as well, the declines were much smaller: 2.1 per cent for untargeted falls and 7.2 per cent for other acute injuries, from 2012-2014 to 2017.

Among very small employers—those with fewer than five full-time equivalent employees (FTEs)—claim rates due to targeted falls declined by 36.7 per cent over the study

period, compared to a decline of 4.2 per cent for untargeted falls and 21.9 per cent for other acute injuries. In contrast, for employers with 50-plus FTEs, the study team found a smaller decline in the rate of targeted falls (12.3 per cent), similar to the decline in untargeted falls and other acute injuries (11.5 and 9.5 per cent, respectively).

Among employers in the high-incidence rate group, a 22.2 per cent decline for targeted falls was found, compared to a 5.2 per cent increase in untargeted falls and a 7.7

per cent decline in other acute injuries. The types of work included in the high-incidence rate group include inside roofing, masonry, home-building, form work and demolition, siding and outside finishing, and inside finishing.



Dr. Lynda Robson

The study was unable to measure the impact of the mandatory training on fatalities due to falls from heights, as these numbers are too small to hold up to statistical analysis. Robson also noted that the study could not measure the full effect of the program on injury prevention since the most recent

claims data available to the research team were from 2017, and the deadline for taking the mandatory training was October 2017.

‘Look beyond training’

The WAH evaluation study reinforces both the value of health and safety training as well as its limits, says Robson. “This training initiative met its objectives in reaching the target population, leading to safety practice changes and reducing the risk of falls on worksites,” she says.

However, the findings also support what previous research has shown about health and safety training. “Training is necessary and is effective—but only up to a certain point,” Robson says.

“Prevention efforts need to look beyond training. Preventing falls from heights is a tough challenge, in Ontario and elsewhere, especially with smaller employers in the residential sector. It will require multiple approaches and stakeholder prevention efforts to fully address it.”

To read the study report, go to: www.iwh.on.ca/scientific-reports/evaluation-of-implementation-and-effectiveness-of-ontario-working-at-heights-training-standard-final-report. To hear Robson’s presentation of the findings, go to: www.iwh.on.ca/events/speaker-series/2019-feb-26. ■

World Congress 2020, a global forum on emerging OHS issues, coming to Toronto

Congress hosted by IWH and CCOHS to explore challenges, opportunities for OHS in the connected age

The world today is highly connected—through global supply chains, digital networks and broad uptake of personal digital devices. This connected age brings new challenges, as well as opportunities, to the global occupational health and safety (OHS) community.

Challenges arise around governance and regulation, the roles and responsibilities of stakeholders (including workers, employers, designers, suppliers and importers), and the scope and limitations of “system-based” prevention approaches. Opportunities arise from the sharing of data, knowledge, processes and practices, which can facilitate the rapid exchange of effective prevention innovations and strategies—and elevate local issues into global concerns.

The XXII World Congress on Safety and Health at Work, coming to Toronto October 4 to 7, 2020, will explore these opportunities and challenges. Organized by the International Social Security Association (ISSA) and the International Labour Organization (ILO) every three years since 1954, the 2020 event—themed “Prevention in the connected age: Global solutions to achieve safe and healthy work for all”—is being hosted nationally by the Institute for Work & Health (IWH) and the Canadian Centre for Occupational Health and Safety (CCOHS).

The first program, released in March, outlines three main topics:

1. Innovations in addressing long-standing safety and health challenges. While significant progress has been made to reduce the incidence of work-related injury and disease, traditional hazards in high-risk sectors continue to exist. In addition, new and young workers continue to be at greater risk. Identifying innovations in tackling such long-standing challenges in worker health protection will be a focus of the World Congress.

The Congress will present key advances in protecting workers in high-hazard occupations and industries around the globe and include strategies for safely integrating young and new workers into the workplace.

2. Implications of the changing world of work. Digitalization, globalization, demographic change and the increasing flexibility of work are trends that are currently shaping the world of work. This has brought new forms of work and work organization, and new challenges and opportunities for prevention. The Congress will consider the implications of the changing world of work for workers, employers, policy-makers, regulators, researchers and OHS professionals. It will explore the opportunities to take action on what are now global challenges.

3. Advancing a culture of prevention. The global movement to embrace a mindset that all injuries and ill health arising from work are preventable requires a paradigm and culture shift across all aspects of working life. Injuries at work and occupational diseases are neither predetermined nor unavoidable; they always have causes. By building a strong prevention culture, these causes can be eliminated, and work-related physical and mental harm and occupational diseases can be prevented.

More than 4,000 attendees from more than 150 countries are expected to attend this global forum. Among them will be high-level government officials and decision-makers from the public and private sectors; labour leaders; CEOs; OHS professionals such as safety engineers,

safety technicians, occupational hygienists, and occupational health physicians and nurses; health and safety inspectors; union and employer representatives; academics and researchers in the OHS realm; and many others.

“World Congress participants are thought leaders,” says Dr. Cameron Mustard, IWH president and senior scientist. “When they leave the office to attend the World Congress, they come because they’re curious and motivated to think differently about the global challenges in protecting the health of workers. They go because the Congress is a festival of ideas—offered in a stimulating and creative environment where people are invited to share their experiences.”

The conference will focus not so much on taking stock of where we are now, but rather on paying attention to where we will be in the future, adds Mustard. In addition to being forward-looking, Mustard says World Congress 2020 will also showcase the value of joint labour-management collaboration to solve health and safety challenges.

“Throughout the program, conference sessions will feature examples of employer and worker representatives working together, whether in response to regulatory incentives or spontaneously and independently of a regulator’s prompting,” adds Mustard. Such frameworks are not common in the prevention systems of jurisdictions outside Canada and much of Europe. “We hope that the spotlight we put on this dimension of occupational health and safety will be one of the distinguishing features of this World Congress,” says Mustard.

To receive regular updates on preparations for the World Congress, visit www.safety2020canada.com and click on the ‘Stay Connected’ button. ■



Workplace violence against women rising, driven by growing rates in education sector

Risks of workplace violence for men in health care on the decline, now lower than risks for female educators

Rates of workplace violence experienced by women are on the rise in Ontario's education sector, making them four to six times more likely than their male counterparts to require time off work due to physical assaults on the job.

This is according to a study by the Institute for Work & Health (IWH), published in the January 2019 issue of *Occupational and Environmental Medicine* (doi: 10.1136/oemed-2018-105152). The study drew on about a decade's worth of data (up until 2015) from two population-based sources: the number of lost-time claims due to assaults accepted by Ontario's Workplace Safety and Insurance Board (WSIB) and the number of emergency room (ER) visits across all Ontario hospitals due to assaults at work.

In Ontario's health-care sector, the study found men are almost twice as likely as women to have lost-time workers' compensation claims due to assaults. However, the study also showed rates of workplace violence declining more sharply among men than among women over the timeframe examined, thus narrowing the gender gap in the health-care sector.

Outside the health-care and education sectors, the study found the much lower risks of workplace violence to be similar for men and women.

"When it comes to workplace violence, our research suggests that the differing risks among men and women depend on sector and type of violence," says IWH Senior Scientist Dr. Peter Smith and principal investigator on this research project.

"Our research also found that the rates of workplace violence among men and women are changing over time," adds Smith, who holds one of nine Canadian Institutes of Health Research (CIHR) research chairs in gender, work and health. "Data from both the province's workers' compensation board and hospital emergency departments indicate that workplace violence is stable among men and increasing among women."

Although workplace violence prevention efforts in recent years have tended to focus on health-care workers, the risk of experiencing violence has been rising for over a decade among women in education—now surpassing absolute risk levels for both men and women in health care, notes Smith (see the graph below).

Two population-based sources

To conduct the study, the research team looked at WSIB lost-time claims attributed to workplace violence from 2002 to 2015,

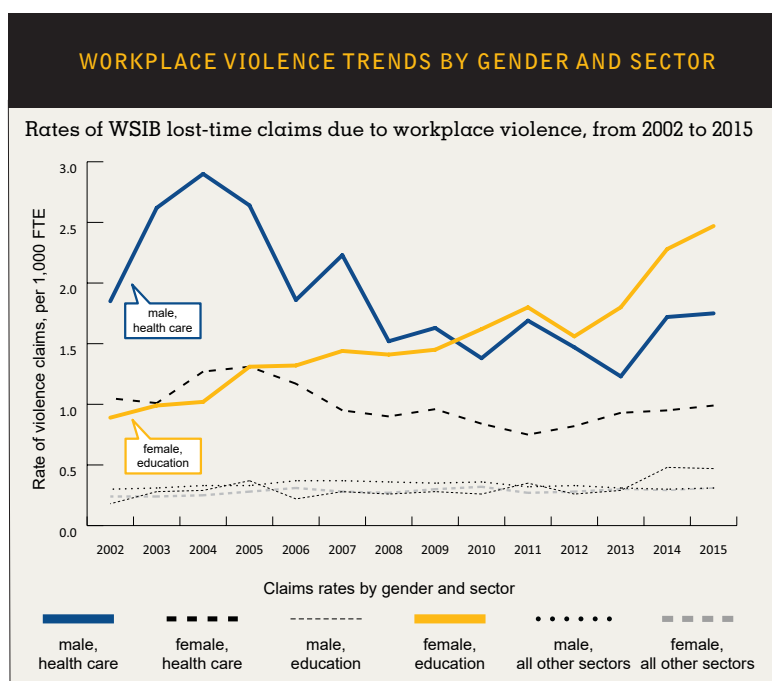
as well as the number of emergency room visits across all Ontario hospitals from 2004 to 2014 due to assaults at work. (Since 2000, it has been mandatory for all hospitals in Ontario to report to a national database on the number and nature of ER visits, including whether visits are due to work-related injuries or illnesses—regardless of whether these injuries or illnesses would be accepted by a workers' compensation board or not.)

Based on the WSIB lost-time claims data, the research team noted marked differences between men and women in two sectors: education and health care. In education, rates of lost-time claims related to violence climbed for women—from 0.89 per 1,000 full-time equivalent employees (FTEs) in 2002 to 2.47 per 1,000 FTEs in 2015. In comparison, rates of violence-related claims among men in education rose from about 0.18 per 1,000 FTEs in 2002 to 0.47 in 2015.

Rates of violence-related claims among men in health care went down from 1.85 per 1,000 FTEs in 2002 to 1.75 in 2015. Rates also declined for women in health care, from 1.05 to 0.99 per 1,000 FTEs over the same time period.

With respect to rates of workplace violence across all sectors, violence-related WSIB claims among men remained relatively stable, ranging around 0.3 to 0.4 per 1,000 FTEs. Over this same period, rates for women increased from 0.4 per 1,000 FTEs in 2002 to 0.64 per 1,000 FTEs in 2014. Although lost-time claim rates for women were consistently higher than for men, the difference between them also widened during the study period. In 2002, women had 30 per cent more lost-time claims than men; by 2015, they had 86 per cent more.

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AT WORK

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Eldercare responsibilities resulted in 8.5 million hours of lost work in 2015

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“Given the forces at play—the growing population of older adults and increasing longevity—the effects of informal eldercare on labour market participation will very likely continue to increase in the years ahead,” says Smith, who holds a research chair in gender, work and health from the Canadian Institutes of Health Research. “Despite the greater participation of women in the labour market, we will likely still see the responsibility for unpaid caregiving falling disproportionately on women.”

This has important implications for supervisors, managers, human resources professionals and employers in general, says Smith, recommending that they recognize, and respond to, the gendered experience of caregiving.

“Organizations can’t change the amount of care needed by workers’ older family members, but their policies around flexibility and autonomy may reduce the impact that

caregiving has on workers’ ability to stay in the labour market or on their need to take hours off work and how many,” he says.

“While female workers would benefit most from such policies, progressive workplaces know that all workers benefit when policies make it easier to take time off work to tend to non-work responsibilities, be they related to eldercare work or other personal needs.”

Tracy says caring for her parents often took a toll on her physical and mental health. “It was like holding down two full-time jobs. I was exhausted for months upon months, but I felt I couldn’t ask for a break at work,” she says. Although she doubts that her off-hour responsibilities affected her performance at work or played a role in her layoff, Tracy is now pretty certain that she can’t go back to a full-time job. “As long as I still have my mom to care for, the only kind of work I can take on at this point is a part-time job,” she says. ■

Despite differences in levels, data from WSIB and ERs show similar trends

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When it came to hospital ER records, the study team found men had slightly higher rates of ER visits than women, though that difference narrowed over the study period. In 2002, rates of visits were 0.28 per 1,000 FTEs among men and 0.20 per 1,000 FTEs among women. By 2014, rates for both men and women stood equal at 0.27 per 1,000 FTEs, confirming the trend seen in the WSIB data of women experiencing more workplace violence.

Cynthia Chen, an IWH research associate and lead author of the journal article, offers potential reasons why the two datasets show different patterns of reporting between men and women. “It may be that acts of aggression experienced by men are more likely to result in severe injuries that require emergency department treatment,” she says. As well, it could be that a proportion of WSIB claims do not require emergency

department treatment, but still result in time off work due to their psychological consequences.

“Although the two data sources pick up different rates of violence, what’s key is that both are showing an increase among women,” Chen says.

This study reinforces the need for better records on workplace violence, says Smith. “Although the sources used in this study represent some of the best available data we have at the population level, the vast difference between the two highlights the need for a surveillance system across the country. That’s something researchers and prevention stakeholders have been calling for, for many years,” he adds. “If we want to get serious about addressing workplace violence, we need first to understand how much violence is occurring. If we don’t, how can we know if our efforts are effective?” ■