

***An interdisciplinary and
participatory approach to
prevention***

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Alec Farquhar
Managing Director
Occupational Health Clinics for Ontario Workers**

OHCOW'S VISION

- The detection, prevention and elimination of occupational injuries and illnesses, and the promotion of the highest degree of physical, mental and social well-being for all workers.
- Key operating principle for prevention interventions: OHCOW will only become involved where workers (and their union) are fully involved

The challenge for prevention interventions

- In each workplace, to move along the road toward eliminating occupational disease and injury requires:
 - Leadership, commitment and involvement by both workplace parties
 - A comprehensive and thoughtful evaluation of hazards and development of prevention programs
 - Sustained participation over time

The historical context

- OHCOW developed in a complex historical context including:
 - labour movement and community involvement
 - high profile disease clusters
 - increasing connections with environmental and public health
 - influence of international developments

Labour movement and community involvement

- major mobilizations beginning in the 1970s
- strikes, direct action, media, major political impact, international attention (e.g. Sarnia)
- in Ontario, Elliot Lake and Johns-Manville led to Ham and Dupre commissions and to modern OHS legislation
- As part of its campaigns, labour movement pressed for health and safety resources, resulting in funding of OHCOW

International developments and public concern

- growing concern about environmental exposures
- public awareness of OHS situation in the developing world
- dynamic international occupational health and safety community
- major international campaigns (e.g. ban asbestos)

Challenges faced by workers and employers

- employers face local and global competitive challenges and may be short term oriented
- current incentive programs (e.g. experience rating) may not reward investments in health and safety versus claims management
- workers may feel the need to trade off health for jobs

Today's context

- The tragic and preventable events of December 24 in Toronto, involving some of our most vulnerable workers, have put our prevention and enforcement systems under scrutiny
- After intense public and media attention, a government review was announced on January 27
- How best to move forward will be determined over the next year

Background on OHCOW

- Established in 1989 as a result of decade long campaign by the labour movement
- Funded by WSIB with a predominantly labour Board of Directors
- Free services
- Five Clinics: Sudbury, Windsor, Sarnia, Hamilton and Toronto. Each clinic has developed on a strong local base

OHCOW's inter-disciplinary team

- Occupational Health Physicians
- Occupational Health Nurses
- Occupational Hygienists
- Ergonomists
- Occupational Health Researchers
- Communications professionals
- Administrative professionals

Key areas where OHCOW has focused its interventions

- **Primarily gradual onset health conditions:**
 - Ergonomics/MSDs
 - Hazardous exposures

OHCOW's historic approach

- The inter-disciplinary team has enabled OHCOW to help workers and workplaces detect potentially work-related health conditions
- While OHCOW has engaged in important primary prevention initiatives, many of the most prominent interventions have focused on supporting workers' compensation for large clusters of occupational disease resulting from historic exposures
- Many of these interventions originated with unions and did not initially involve the employer

Inter-disciplinary interventions

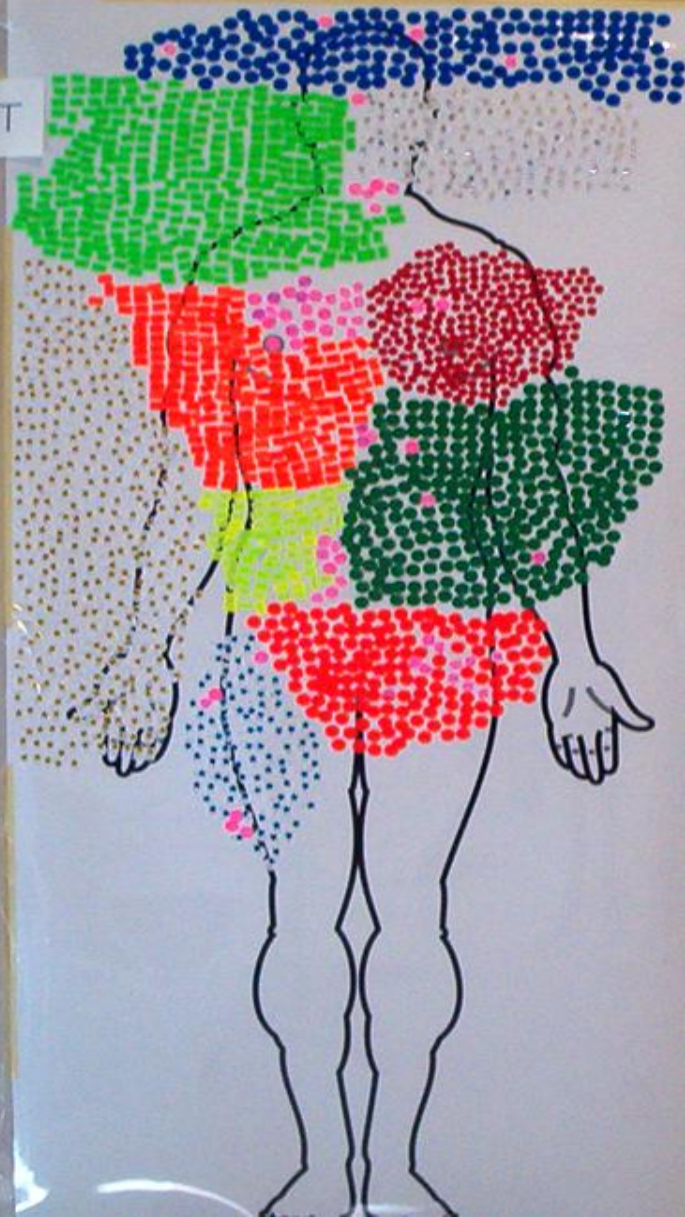
- Professional staff assess problems and provide practical solutions to empower workplaces to make changes
- The inter-disciplinary team can look comprehensively at the health conditions and the prevention options
- This can be done directly with the union/workers and/or with the employer/Joint Health and Safety Committee
- The best chance of success is where there is full worker and employer buy-in

Intake Clinics and other collective interventions

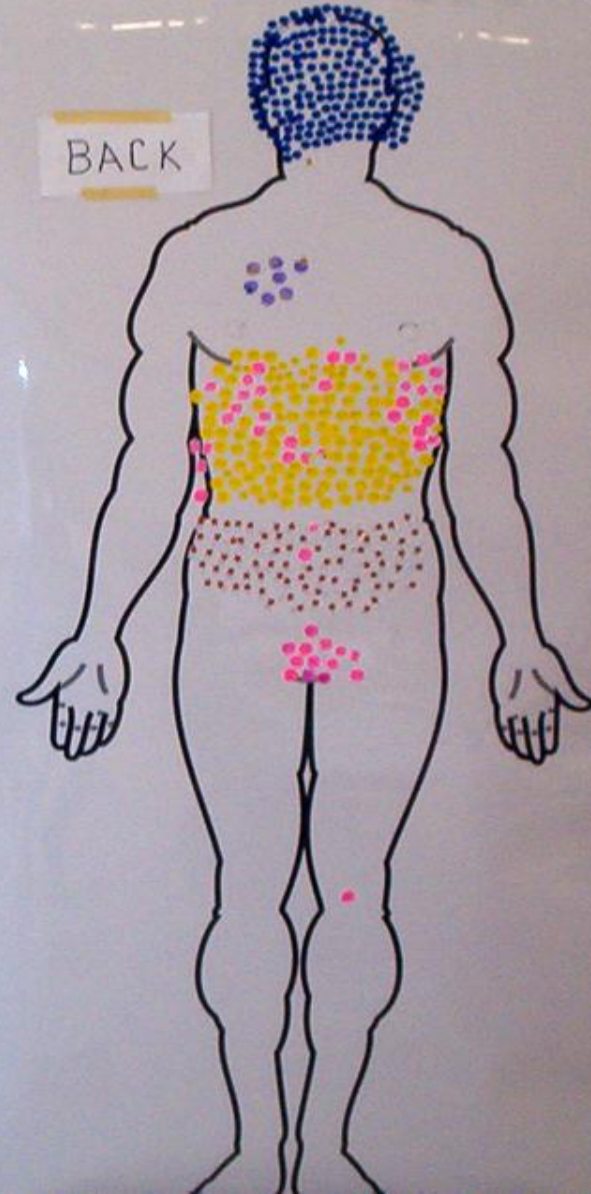
- **A powerful strategy to assess worker health and mobilize workplaces for collective action**
- The workers or workplace can develop a strategy to focus on a specific type of hazard, on a department, on a plant, or even across a whole company or sector
- The intake clinic approach helps link historic and current health conditions with exposures
- OHCOW has helped many unions and workplaces develop a collective intervention, such as intake clinics. Most commonly, the impetus has come from the workers and their unions
- Clinics can help with both compensation and prevention – but many have focused primarily on compensation

Body Mapping of Symptoms

FRONT



BACK



Examples of intake clinics

- Major occupational disease clusters:
 - Sarnia asbestos disease (Holmes Foundry, Caposite). This work has brought workers and their community together to unearth a terrible story of occupational exposures and win compensation for hundreds of workers.
 - Peterborough – GE and Ventra. Complex disease clusters, major progress on workers' compensation recognition

Intake clinics (2)

- Electrical workers in Toronto region, primarily MSD related
- Pipefitters and welders – exposures and MSDs
- Steelworkers: manufacturing plants, rubber workers, steel mill workers
- Dryden and Fort Frances pulp & paper mills – construction trades working in plumes
- Teachers and support staff- air quality and ergonomics

Examples of OHCOW prevention Interventions

- **Individual workplace interventions**
 - Safe lifting techniques for workers in a nursing home & in a child care facility
- **Sectoral or hazard focused interventions:**
 - Humidex Based Heat Response Plan
 - Ergonomics and snow shovelling

Interventions (2)

- **Interventions focused on hazardous exposures:**
 - Metal working fluids
 - Paint; solvents
 - Isocyanates
 - Asbestos; Arsenic
 - Cleaning Products

Examples of broad projects

- First Nations – occupational and environmental exposures
- Migrant/Seasonal Workers – heat stress, ergonomics, pesticides
- Occupational Asthma – Foam, automotive parts, bakeries
- Breast cancer – collecting work histories of breast cancer patients

Learnings

- Significant change can come from unilateral worker/union action. Sometimes it's the only way to move forward. But sustainable change ultimately requires a change in workplace health and safety culture.
- With leadership commitment from both workplace parties, breakthroughs can take place but the commitment must be deep and sustained to achieve lasting change

Learnings (2)

- Change is not linear. There will be breakthroughs and setbacks. This requires a robust approach with a recognition that renewal is required from time to time.
- The design of incentive programs has an important impact on employer motivation and urgently needs attention in the upcoming review.

Learnings (3)

- The community context can be extremely important – witness the vital role played in Sarnia by Mayor Mike Bradley and the First Nation.
- Workplaces are communities as well, with internal divisions among both workers and management which need to be addressed to move forward.

Learnings (4)

- The regulatory context is crucial. While some employers will do the right thing for altruistic or labour relations reasons, many will not move forward unless they know that there is a significant chance that they could face regulatory consequences if they don't.
- Partnerships are vital. OHCOW strives to engage its prevention system partners – MOL, WSIB, the Health and Safety Associations, the Institute for Work and Health and CREs – in comprehensive efforts to address issues and support workers and workplaces.

Learnings (5)

- Partnerships beyond the prevention system are important as well. This includes other government ministries and levels and non-governmental partners (for example the Canadian Cancer Society, which has become very active on the prevention front).
- Communications, and making the business and human case for change, is essential to building public and workplace support – and raising the profile of occupational health and safety during difficult economic times.

Contacting OHCOW

- **Hamilton Clinic** - **905-549-2552**
- **Sarnia Clinic** - **519-337-4627**
- **Sudbury Clinic** - **705-523-2330**
- **Toronto Clinic** - **416-449-0009**
- **Windsor Clinic** - **519-973-4800**
- **Provincial Office** - **416-510-8713**
- **Internet: office name @ ohcow.on.ca**
 - E.g., **hamilton@ohcow.on.ca**



Occupational Health
Clinics for Ontario
Workers Inc.

Centres de santé
des travailleurs (ses)
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