Building Front Line Capacity to Prevent Occupational Disease in Ontario

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Centre for
Research Expertise
in Occupational Disease

Research that makes a Difference

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Outline

- Overview of occupational disease (OD)
- HSA consultant study
- Ongoing work

OCCUPATIONAL DISEASE OVERVIEW

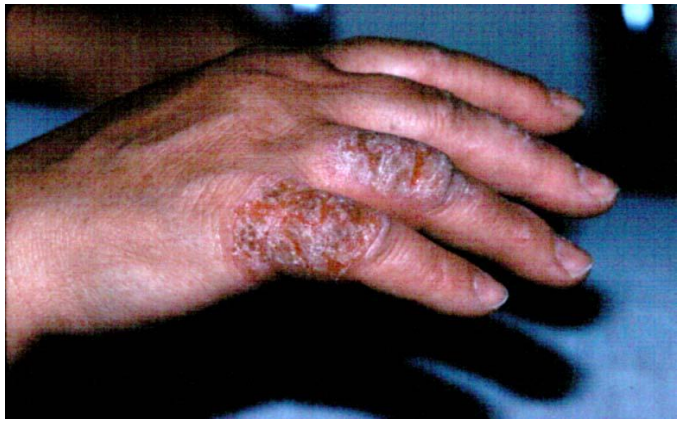
Exposures that cause OD

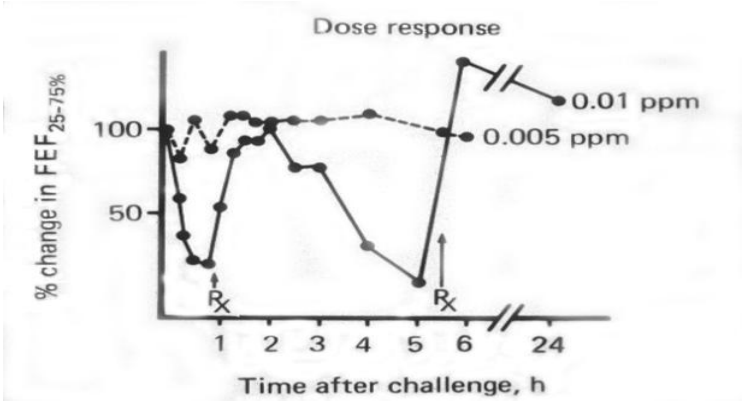
- Chemicals
- Physical agents
- Biological agents
- There are hundreds of agents that can cause OD

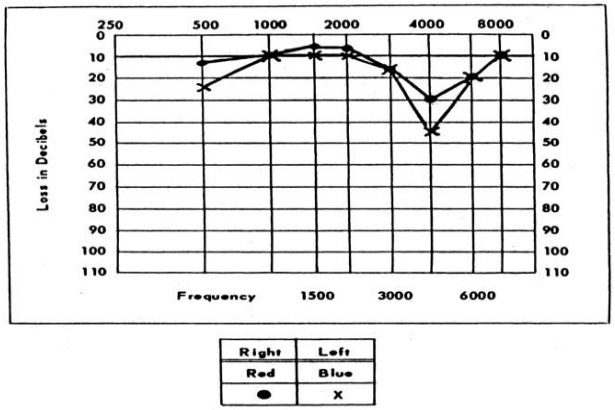
Site of exposure and effect

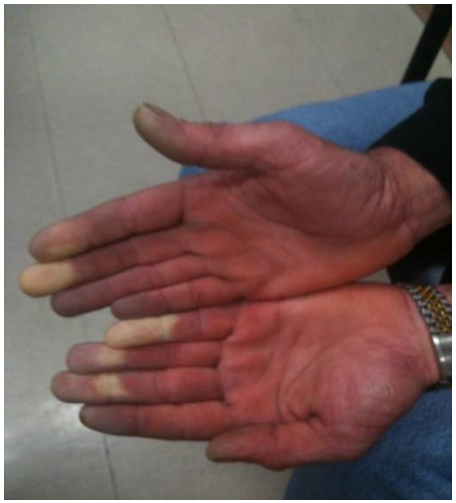
- Exposures cause disease at the site of exposure
  - Skin
  - Respiratory tract
- Exposures causes disease via systemic distribution

Diseases




Dose response
% change in $FEF_{25-75\%}$
100
50
0.01 ppm
0.005 ppm
Rx
Rx
1 2 3 4 5 6 24
Time after challenge, h


250 500 1000 2000 4000 8000
Loss in Decibels
0 10 20 30 40 50 60 70 80 90 100 110
Frequency 1500 3000 6000
Right Left
Red Blue
● X



Outcomes

- For many OD, the earlier the definitive diagnosis and management the better the outcome

Prevalence

- Disease claims 2008-2012 - healthcare, education, municipal and schedule 2
  - Number of claims – 3,881
  - Dermatitis – 1,036
- Recent studies of healthcare workers
  - One year prevalence – 20%-25%
- Healthcare institution in Ontario
  - 59% mild, 13% moderate/severe

The Problem: Making the Link

- Occupational disease is under-recognized and under-reported
- The link between exposure and disease is not made
  - General lack of awareness
  - Healthcare providers - work history
  - Claims: under-recognition and reporting
  - Statistics suggest that OD is not a problem

The Solution

- Awareness
- Prevention
- Recognition

Background

- CREOD was launched in 2004
- 4 research foci
  - Skin
  - Lung
  - Noise and vibration
  - Biologics

Background

- Strong H&SS engagement built over 10 years
  - Advisory Committee
  - regular consultation sessions
  - research pilots/projects
    - OSSA pilot – occupational skin disease in services sector – low awareness, lack of prevention

Consultation Feedback

- Awareness of diseases and associated hazards very low
- To date, little focus on OD prevention at the system level or workplace level
- Focusing our efforts on those working pm the front lines of the H&SS
- Appreciating the current H&SS context and working within it is important

WSIB RAC Funded Study

- To identify and assess gaps in awareness, knowledge, skills and resources of HSA consultants and explore potential barriers to implementation
- To inform the development of education programs and tools that bring knowledge to the point of practice in OD prevention (and occupational skin disease)

Methods

Phase 1 – Needs Assessment

- 64 participants
- Survey
- 8 focus groups

Phase 2 – Workshop to Explore Findings

- ½ day workshop - 20 (OHS) participants
- Presentation of findings for validation
- Discussion of recommendations

Survey Results: HSA Consultants

- 77% consult across multiple sectors
- 75% more than 10-15 yrs experience OHS
- 73% formal OHS training
- Clients with issues with OD – 69%
- Clients with issues with OSD – 59%
- Clients aware that their employees are at risk of OSD – 36%

RESULTS:
FOCUS GROUPS +
WORKSHOP DISCUSSION

Consultant Visits

- “Generalists”, role has changed over the past 3 years (specialized to generalist)
- Historically, focus on reactive visits to clients with poor performance
- Now, focus on proactive visits - prevention
- Visits - address a concern, assess a program, site visit, sales (OHS products)
- Employers driven by top safety hazards

Consultant Visits for OD

- Infrequent
- Usually reactive, WSIB claim, MOL order, worker problem
- Education
  - Informal: fact sheets, tailgate safety talks
  - Formal: certification training and other courses
  - Focus on hazards and controls
    - risk assessment and hierarchy of controls
- If disease, refer workers to physician
- Need to keep it simple

Client Characteristics

- Range of sectors covered
- Mix from very small to very large
- Range of sophisticated and well resourced to nothing
- Unionized, non-unionized, subcontractor
- One site, many sites, office plus sites, site that move

Worker Characteristics

- Just starting to very experienced
- Some mobile, underground
- Varied levels of education, training and languages spoken
- Some workers in one sector work in another (construction in manufacturing)

Workshop Discussion

- Challenge serving diverse range of clients
- The change in mix of clients (cross sectors and new assignment by postal code) has strained capacity at the front-line
- Need to work together as a team to address all needs (topics and sectors)

OD Knowledge

- Consultant
  - Varying levels of knowledge overall
  - Varying level of knowledge with different aspects – cause, prevention, disease
  - Have to prioritize time
- Client
  - Variation by size and sector
  - Knowledge generally low

Source of Information on OD

- Most health-related information is statistics in reports
  - "don't get a list of ODs" (do for injury)
    - Believe that WSIB has its own list
    - Believe MOL does not have a list but think that it should given Section 52
- Rely on team members with expertise

Clients' OD Knowledge

- Variation by size and sector (resources)
- Knowledge level low
- Many clients barely understand legislation and injury problems
- If have a specific incident become very knowledgeable

Workshop Discussion

- There is too much to know and not a reliable and accessible way to find out what they need, when they need it
- Focus on priorities: top hazards – safety not health
- Clients may see a health issue as a worker's problem rather than a workplace problem

BARRIERS TO ADDRESSING OD/OSD

Barriers

- Lack of awareness
- Lack of knowledge
- Focus on safety, OD seen as low risk
  - lack of valid statistics
- Lack of regulation/policy/enforcement
- Workplace culture – “it’s part of the job”
- Disease develops slowly, attributed to age or problem with the worker (allergy)
- Cost
- Issue fatigue

Facilitators

- Regulatory/policy attention
  - Blitz
  - Inclusion in legislated training
  - Experience rated
  - Make hazard identification part of WSIB clearance process
- Younger workers – ask more questions, IT
- Campaigns (sun safety)
- Concern re: wellness increasing
- If build something they will come

Workshop Discussion

- Need multiple forms of information
- Opportunity with workplace culture changing with more educated workforce and less peer pressure
- Need an OD champion (person or group) with a clear direction
- Enforcement has an impact
- Educate supervisors and managers
- Educate healthcare providers
- Develop a broad campaign that connects the issue to community priorities

RESOURCES

Available Resources

- HSA colleagues and specialists within HSA
- Information – mostly held individually, some at organization level but not well organized
- Problem of conflicting information
- Training – used to have more content training, now more focus on how to teach and sell

Use of Research

- Generally not aware of research
- Keeping up with research is challenging
- Generally don’t use – time pressures
- Challenge of access
- Refer to experts

Resource Needs

- Access
  - quick and easy
- Trust in source
  - their legacy organization
  - colleagues
- Applicability – usefulness
  - Applied
  - Sector specific
- Core competencies

Resources Needs for Clients

- Need information suitable for client
  - By sector
  - 5-10 top OD, OSD
  - Top 5 things they need to know
- Need anecdotes and stories
- Format
  - Fact sheets, tools
  - Short, free downloads
  - Simple terms
  - Lots of pictures
  - Assessment tools
- Resource documents
- Whole program (campaign)

Workshop Feedback

- Need core competency training
- More than knowledge; must link with how to apply (integrate into HSA training)
- Importance of central repository concept: building trust is critical – a “go to” place
- Develop a broader campaign
- Discussed OHSCO OD Working Group
- Do not start over but build on past efforts with what already exists

Summary Findings

Consultants felt that:

- ✓ Their role has changed over the past three years moving from a more specialized role (i.e. via sector) to a more generalized approach, mainly focusing on client support and revenue generation.
- ✓ Despite a deep commitment to occupational health, many stated they have a cursory knowledge of OSD and rely upon their internal experts.
- ✓ Employers and HSAs are driven by the top safety hazards (i.e. accidents and injuries), not OD.
- ✓ Historically, consultants have been directed to focus their efforts on reactive visits to clients with sub-standard performance, however, participants suggested that more time is now being spent on prevention and proactive strategies.
- ✓ Serving such a diverse mix of workplaces and workers is a challenge. The consolidation of HSAs has also strained the capacity of front-line workers.

Implications

Participants suggested:

- More robust OD training
- Accessible, trusted and applicable (i.e. sector specific where necessary) resources on OD in a “central repository” to be used across occupational health and safety system partners.
- An overarching occupational disease prevention framework that the Ministry of Labour and the Chief Prevention Officer can use to identify and tackle system priorities in an integrated manner.

NEXT STEPS

Our Recommendations

1. Build a business case for occupational disease prevention.
2. Develop awareness materials for workplaces.
3. Develop and provide easy access to core generic information on diseases and exposures, using existing occupational disease resources within the health and safety associations, OHCOW and research centres.
4. Develop core basic competencies for consultants and establish education modules to integrate into existing training forums.
5. Continue to conduct research in areas of high need.
6. System-level group to champion the occupational disease prevention work and identify priorities for the MOL prevention strategy.
7. Identify a lead within each HSA to help align the development of the resources above and serve as a conduit for sharing consultants' day-to-day field issues
8. Develop a 2-3 year work plan to ensure momentum is maintained long enough to make the change required.

TOOL BOX DEVELOPMENT

SKIN EXPOSURE

Principles

- Locate and validate existing resources using both OSD research and practice evidence and revise as required
- Build on existing local and international resources (fact sheets, training modules, products/tools, awareness campaigns)
- Refine resources to reflect current best practices for delivery and use considering accessibility, use of new technologies, learning considerations including use of visuals and language levels, etc
- Build trust in the materials by working locally where interest and expertise exists while engaging widely in use through customization and personalization options

Elements of the Tool Box

- Awareness: Posters and Visual Products
- Information: Fact Sheets
- Education: e-Learning, training programs
- Resource Documents