

# Listening to Our Stakeholders:

## Stakeholder views on research priorities for worker health protection in Ontario

December 2011



Institute  
for Work &  
Health

Research Excellence  
Advancing Employee  
Health

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## Listening to Our Stakeholders

### Purpose

From September to November 2011, the Institute for Work & Health (IWH) consulted with its stakeholders in Ontario as the foundation for developing a strategic plan for the period 2013-2017. The objectives of the consultation, titled **Listening to our Stakeholders**, were to:

- 1) learn the perspectives of IWH's stakeholders on research priorities;
- 2) identify how the Institute's knowledge transfer and exchange (KTE) services can better serve the needs of its stakeholders; and
- 3) identify ways to strengthen relationships between IWH and its stakeholders.

### Background

In the first phase of the consultation, IWH invited more than 400 professional leaders in Ontario with responsibilities in worker health protection or in disability management and return to work to provide their perspectives on research priorities over the period 2013-2017. Professional leaders were drawn from a cross-section of the Institute's valued stakeholder communities: worker representatives, employer representatives, health and safety professionals, disability management professionals, clinicians, and policy and program staff in the Ministry of Labour (MOL) and the Workplace Safety and Insurance Board (WSIB).

In the second phase, the Institute for Work & Health hosted a one-day forum to discuss research priorities and knowledge transfer and exchange needs over the period 2013-2017. Participants in this forum also included a cross-section of professional leaders in Ontario.

### How the survey was done

To gather the perspectives of its stakeholders, IWH prepared a web-based questionnaire. The questionnaire focused on two broad areas:

- 1) the prevention of work-related injury and illness (primary prevention); and
- 2) the prevention, management and compensation of work disability (secondary prevention).

Approximately 220 professional leaders representing the Institute's stakeholder communities were invited to complete the survey, and more than 45 per cent responded.

Individual members of advisory committees supporting the work of the four health and safety associations (HSAs) in Ontario were also asked to take part in the survey, as were visitors to the IWH website. More than 160 people from this combined group of HSA advisory committee members and website users responded to the survey (and this group is simply referred to as "HSA advisory committee members" from here on in).

Within each of the two focus areas, survey respondents were presented a list of issues, clustered around themes (see Table 1). The primary prevention section of the questionnaire focused on four research themes:

- 1) the monitoring and surveillance of working conditions and workplace exposures;
- 2) the health effects of work exposures;
- 3) effective workplace practices to protect the health of workers; and
- 4) effective regulatory practices and workplace incentives to protect the health of workers.

The secondary prevention section of the questionnaire also focused on four research themes:

- 1) return to work and disability management;
- 2) health care to improve outcomes for disabled workers;
- 3) the compensation of work disability; and
- 4) effective regulatory practices and workplace incentives for return to work.

These themes and issues were drawn from a number of sources, including the Institute's Strategic Research Plan, the research priorities of WSIB's Research Advisory Council (RAC) and the recommendations of the MOL's Expert Advisory Panel on Occupational Health and Safety (EAP).

Survey respondents were asked to nominate up to 10 issues in each of the primary prevention and secondary prevention focus areas. Respondents were also asked to rank their nominated issues by priority (from one to 10). IWH computed a summary score for each issue by multiplying the number of votes the issue received by its average ranking. The survey provided open-text boxes to record comments and clarifications offered by survey respondents.

## What did IWH hear from the survey?

IWH received survey responses from more than 250 stakeholder leaders and HSA advisory committee members in Ontario, from a balanced cross-section of worker representatives, employer representatives, health and safety professionals, disability management professionals, clinicians, and MOL and WSIB policy and program staff.

In the area of **preventing work-related injury and illness (primary prevention)**, seven topics were ranked highly by both the invited stakeholder participants and the HSA advisory committee members:

- 1) internal responsibility system, worker participation and management commitment;
- 2) hours of work, workload and work schedules;
- 3) occupational illness;
- 4) occupational health and safety training standards;
- 5) labour inspection and enforcement practices;
- 6) performance measures and leading indicators; and
- 7) the surveillance and monitoring of physical, chemical or noise exposures.

Note that three of these issues—occupational health and safety training standards, labour inspection and enforcement practices, and performance measures and leading indicators—were also identified as priorities by the MOL's Expert Advisory Panel.

The priority rankings for the 23 issues in the primary prevention section of the survey are reported in Chart 1A (invited survey participants from stakeholder groups) and Chart 1B (members of HSA advisory committees).

In the area of **preventing, managing and compensating work disability (secondary prevention)**, seven topics were ranked highly by both the invited stakeholder participants and the HSA advisory committee members:

- 1) workplace practices for sustainable return to work;
- 2) the role of clinicians in supporting workplace return-to-work practices;
- 3) regulatory standards and practices in return to work;
- 4) performance measures and leading indicators of workplace return-to-work practices;
- 5) design of vocational rehabilitation and work reintegration services;
- 6) employer incentives for improved return-to-work outcomes; and
- 7) benchmarking return-to-work practices in Ontario workplaces.

The priority rankings for the 17 issues in the secondary prevention section of the survey are reported in Chart 2A (invited survey participants from stakeholder groups) and Chart 2B (members of HSA advisory committees).

### **What did IWH hear at the forum?**

In the second phase of the consultation, the Institute for Work & Health hosted a one-day forum, on November 1, 2011, to discuss research priorities and knowledge transfer and exchange needs over the period 2013-2017. Participants in this forum included a cross-section of professional leaders in Ontario who had responded to the survey. About 60 non-IWH participants attended the forum.

During the morning, participants were asked to identify the factors that influenced their views about the most prominent research priorities. Four factors were seen as important contributors to making an issue a priority:

- 1) a large number of workers and workplaces are affected;
- 2) the economic consequences are large;
- 3) progress in addressing the challenge seems to be slow; and
- 4) strong differences of opinion exist on how best to respond to the challenge.

Participants were then asked to review the survey responses in small-group discussions and identify their top three to five research priorities in each of the two focus areas: primary prevention and secondary prevention.

In the area of primary prevention, a clear consensus emerged across the five discussion groups about the top-ranked priority: “internal responsibility system, worker participation and management commitment.” In addition to broadly endorsing the top-ranked priorities obtained from the survey responses, forum participants also emphasized “effective occupational health and safety practices in small business” as a research priority.

In the area of secondary prevention, there was also widespread agreement about the top-ranked priority across the five discussion groups: “workplace practices for sustainable return to work.” Again, in addition to broadly endorsing the top-ranked priorities in this area from the survey

responses, forum participants also emphasized another research priority—“the treatment of mental health and substance use disorders.”

In the afternoon, forum participants were invited to discuss opportunities for the Institute to strengthen its knowledge transfer and exchange services. The central message was that the Institute’s stakeholders have a strong appetite for more KTE services. Stakeholders said they are interested in being partners in IWH research and want to engage in an ongoing dialogue about research plans. Three primary recommendations from forum participants emerged:

- 1) Build and maintain strong relationships with stakeholders, which is critical to effective knowledge transfer and exchange.
- 2) Continue the knowledge transfer and exchange approaches and activities that IWH already pursues.
- 3) Consider adopting new and innovative approaches to knowledge transfer and exchange in future work.

### **Next steps**

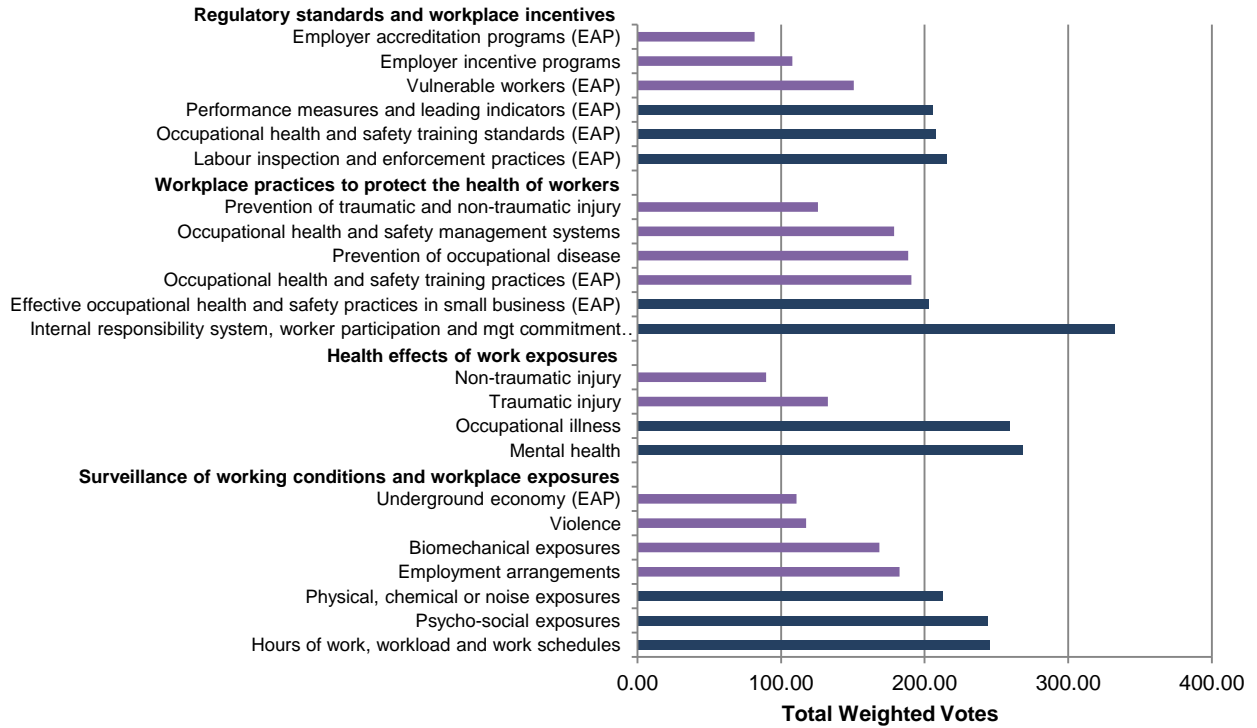
The results of the consultation will be considered during the Institute’s strategic planning process and integrated into its strategic plan for the period 2013-2017.

**Chart 1A: Priority ranking—prevention of work-related injury and illness**

**Invited survey participants from stakeholder groups, N=77**

Total weighted votes = number of votes x average priority ranking. Dark bars = top ten priorities

(EAP) indicates the issue was also identified by the Ministry of Labour’s Expert Advisory Panel on Occupational Health and Safety

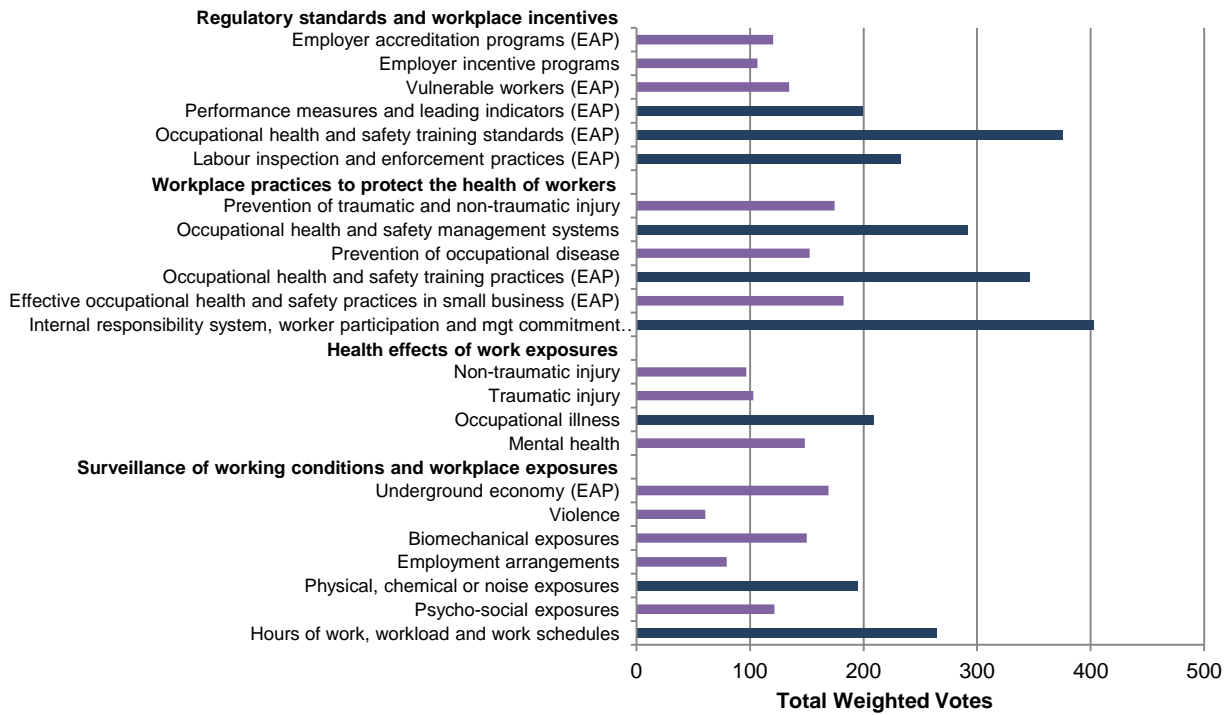


**Chart 1B: Priority ranking—prevention of work-related injury and illness**

**Health and safety association advisory committee members, N=187**

Total weighted votes = number of votes x average priority ranking. Dark bars = top ten priorities

(EAP) indicates the issue was also identified by the Ministry of Labour’s Expert Advisory Panel on Occupational Health and Safety

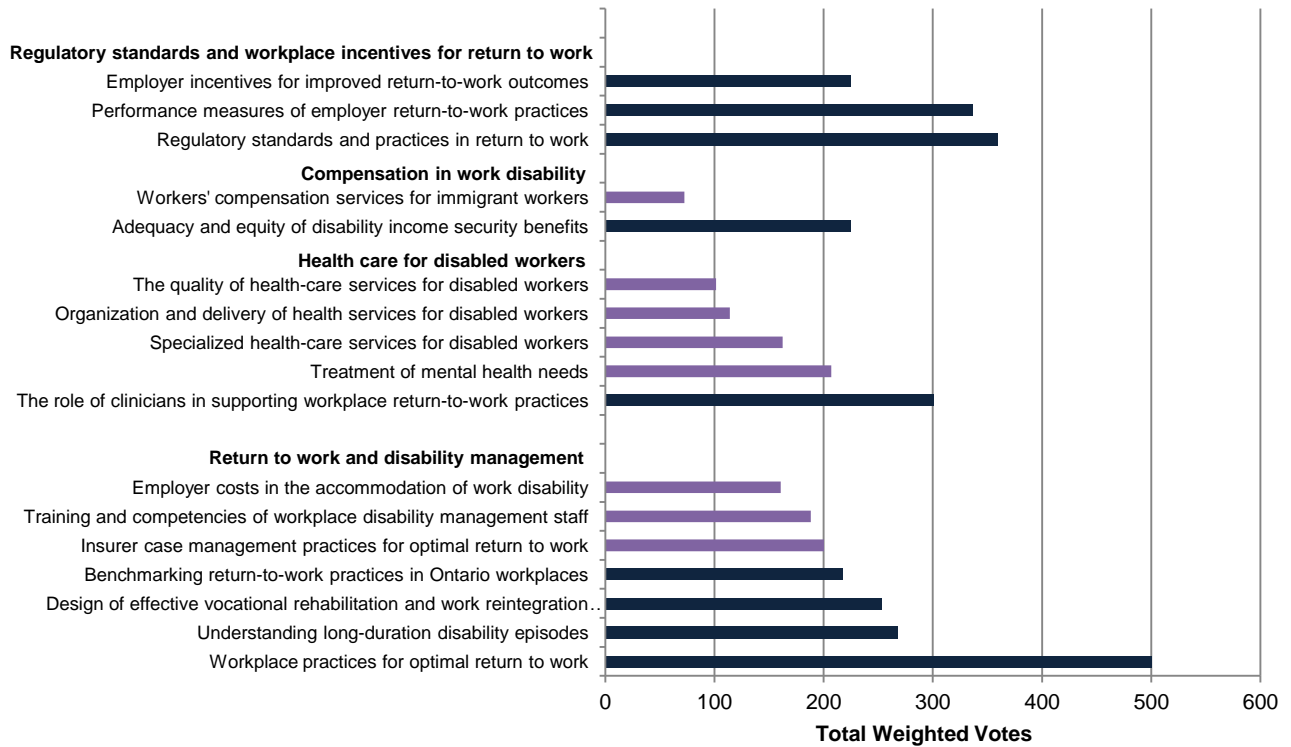




**Chart 2A: Priority ranking—prevention, management and compensation of work disability**

**Invited survey participants from stakeholder groups, N=64**

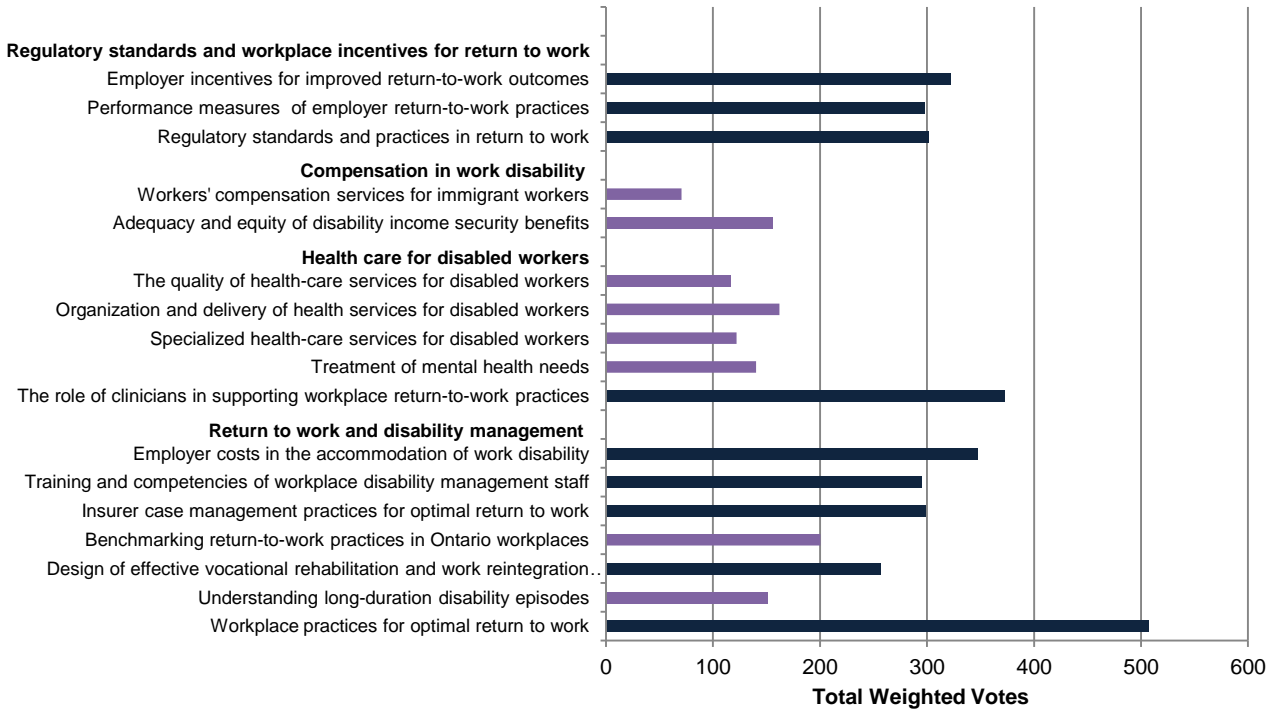
Total weighted votes = number of votes x average priority ranking. Dark bars = top nine priorities



**Chart 2B: Priority ranking—prevention, management and compensation of work disability**

**Health and safety association advisory committee members, N=132**

Total weighted votes = number of votes x average priority ranking. Dark bars = top nine priorities



## **Table 1: Questionnaire topics**

### **The prevention of work-related injury and illness**

*(“EAP” indicates the issue was identified by the MOL’s Expert Advisory Panel on Occupational Health and Safety)*

#### **Monitoring and surveillance of working conditions and workplace exposures**

- Hours of work, workload and work schedules
- Employment arrangements
- Underground economy (EAP)
- Physical, chemical or noise exposures
- Biomechanical exposures
- Psycho-social exposures
- Violence

#### **Research on the health effects of work exposures**

- Traumatic injury
- Non-traumatic injury
- Occupational illness
- Mental health

#### **Research on effective workplace practices to protect the health of workers**

- Occupational health and safety management systems
- Internal responsibility system, worker participation and management commitment (EAP)
- Occupational health and safety training practices (EAP)
- Prevention of traumatic and non-traumatic injury
- Prevention of occupational disease
- Effective occupational health and safety practices in small business (EAP)

#### **Research on effective regulatory practices and workplace incentives to protect the health of workers**

- Occupational health and safety training standards (EAP)
- Vulnerable workers (EAP)
- Employer incentive programs
- Labour inspection and enforcement practices (EAP)
- Employer accreditation programs (EAP)
- Performance measures and leading indicators (EAP)

## **Prevention, management and compensation of work disability**

### **Research on return to work and disability management**

- Workplace practices for sustainable return to work
- Design of effective vocational rehabilitation and work reintegration services
- Case management practices for sustainable return to work
- Training and competencies of workplace disability management staff
- Benchmarking disability management practices in Ontario workplaces
- Understanding the causes of long-duration disability episodes
- Employer costs in the accommodation of work disability

### **Research to improve health care for disabled workers**

- Specialized health-care services for disabled workers
- Benchmarking the quality of health-care services for disabled workers
- The role of clinicians in supporting workplace return-to-work practices
- Treatment of mental health and substance use disorders
- Organization and delivery of health services for disabled workers

### **Research on compensation in work disability**

- Adequacy and equity of disability income security benefits
- Workers' compensation services for immigrant workers

### **Research on effective regulatory practices and workplace incentives to return to work**

- Employer incentive for improved return-to-work outcomes
- Regulatory standards and practices in return to work
- Performance measures and leading indicators of employer return-to-work practices