

NL Dialogue on Return to Work Session # 4 May 24 2023

Summary of the Post-presentation Discussion

Where do we go from here?

Research Priorities? Policy and Practice Changes/evaluations? More Dialogue?

One research question identified in the discussion was:

1. How to better understand how current health care professionals come up with their assessments of functional abilities? Are there ways WorkplaceNL might enhance their abilities?

Kim responded that she actually started out by doing functional capacity assessments. At that time, she was working in the motor vehicle insurance sector, not with injured workers. Doing this work was one of the things that drove her back to research because she would find herself at legal meetings having to defend the outcomes from the evaluations she had done and having to defend the predictive ability of these tools in terms of assessing individuals' abilities to navigate work. That was the data gap that drove her to go back to school to do her masters.

Other suggested research priorities:

1. Studying the role of external consultants in return to work. What are the checks and balances within WorkplaceNL around the role of these consultants? How do we ensure they are not using a one-size fits all model or an organization is not profiting off of challenges around ESRTW?
2. Research on the impact of negative attitudes towards workers, including comments around workers not wanting to RTW or having no desire to participate or move back into the workplace. These negative attitudes were touched on a bit in the discussion of facilitators and barriers. These negative attitudes are also encountered by worker advisors and their impact should be looked at.
3. Related to the discussion around establishing an occupational health clinic to help not only with prevention and diagnosis but also RTW, it was suggested that it would be good to do a cost-benefit analysis of occupational health clinics. These clinics have been discussed in labour circles in NL for a long time. The cost-benefit analysis could include the potential benefits of an injured worker getting access to appropriate assistance quickly, and could take into account current challenges around access to health care professionals in the province. In theory, if they get appropriate help sooner they might come off of claims and get back into the workplace sooner saving money in the system. Looking at this would help ensure the Dialogue has been a worthwhile investment. As noted in the slides, both the statutory review and the Health Accord recommended we look to establish an occupational health clinic but we have heard nothing from government or WorkplaceNL about this. PRIME is a rebate to employers who are engaged in OHS in a more serious way. That rebate costs tens of millions of dollars and we know an occupational health clinic- the estimated cost for that is about \$1.5 million a year. That should be funded by WorkplaceNL and would help with both injury and disease prevention, diagnosis

and RTW. Maybe further research would challenge WorkplaceNL to start looking seriously at it. WorkplaceNL participants indicated there had been some early discussions about the recommendation for an occupational health clinic.

Kim asked if there were any recommendations listed on the slide on research priorities they thought should not be a priority. She also asked if there were any they thought were critically important to understanding what is happening here in the province? Related to this, are there things for which we can rely on research from elsewhere versus doing research here?

4. It was suggested we add literacy level to the factors that might influence the effectiveness and outcome of ESRTW, i.e. workers' literacy in navigating ESRTW and the challenges that presents. In terms of mental health and the challenges that creates within ESRTW, that could be something where you could piggyback local research on the research from elsewhere.
5. It was also suggested that seasonal work can create challenges when it comes to RTW. When the season ends, RTW is ongoing, so what happens then? How does that play into the RTW outcomes? There can be a lot of benefit in looking at RTW from a local perspective as there are differences across contexts including as with fishermen, for example, where in some jurisdictions they are covered by workers' compensation and in others they are not. Who pays the benefits can also vary and all of those things influence RTW.
6. In addition to seasonal workers, there is also the issue of RTW for the 'vicarious workforce', i.e temporary and part-time employees. The latter don't have set hours. In the industry where this discussant works, they have more success with fulltimers than they do with temporary and part-time employees.

Kim commented that when we think about what works in return to work, it works well in standard environments and with standard employment relationships. But many situations do not fit those models.

Anya asked about the slide on policies and practices. Are there any reflections on what they learned from the environmental scan and from the panel's reflections on that and on how return to work works in NL? Are we on the right track in terms of policy-related questions?

7. There was a question for Anya asking her if she could expand on the question of individualized versus cookie-cutter RTW programs. The participant was surprised to see the focus on individualized workplans given their sense that every workplan is individualized to that particular worker and job so, is there a definition of individualized?

Anya punted the question to Kim who indicated that attention to this issue reflects the experience she had working in Ontario which may be different from here. It also came out of the systematic review that they did at the Institute for Work and Health where there are policies that sort of dictate a cookie cutter approach, and where they try to shoehorn people through the system. This may not work. They found in the systematic review that multidisciplinary approaches work the best including access to health services for rehabilitation, service coordination between the health care system and workers compensation system and third, all around work modification, accommodations, flexible work hours or location, flexibility in the types of tasks workers are doing, and modifications to equipment to make

work easier to take on. While all three things are really important, it is almost like when you go to the grocery store trying to shop for a recipe: you need proteins, vegetables, dairy. When shopping for a recipe you need to be specific in terms of what is needed in that recipe, so an individualized approach would involve picking and choosing from many types of vegetables, etc.

The questioner indicated this made more sense to them now; that what they are hearing is there is one set of processes everyone follows but that may not work for individual people/situations. They noted they have a policy guide RTW for RTW at WorkplaceNL and those involved all go through that but how they go through that might be individualized. A certain process might work well for a particular population but they might need more branches on the tree and more assistance through the process as with issues with literacy or seasonality.

A participant indicated that based on previous work, when dealing with external consultants in particular, it felt like they were using a cookie cutter approach. Workers received template letters from a consultant who did not know the work or the workplace. Separating a worker from their group creates a number of problems and contributes to a cookie-cutter approach. That is one of the reasons for recommending research on external consultants in terms of their role and how it changes things. They noted that one of the presenters on the panel in Session 3 talked about a joint union-employer committee and a more tripartite situation involving union representatives, workers and employers coming together around what ESRTW should look like. This has so many benefits relative to hiring an external consultant and that is a really interesting area to look at more closely.

8. Is there research out there on the rise of external consultants and their impact on ESRTW? They suspect it would have a demonstrably negative impact on ESRTW. Also is there research on the benefit of using joint union-management ESRTW committees that compares this with the use of external consultants?

Anya reflected on the first question on the policy and practice slide -- what do we know about how effective policies, practices are in facilitating ESRTW across diverse groups and situations? A related point is that there are general gaps in our understanding of what works in policy and there is a relatively new policy suite for ESRTW in Newfoundland and Labrador. They could tap into some of the expertise around this in Canada. Chris McLeod at UBS, who presented to the Dialogue, and his group have done interjurisdictional comparisons of RTW policies in BC, Manitoba and Australia and New Zealand. There is a potential natural experiment here: Ontario has had ESRTW policies in place longer than NL and BC is in the process of putting in place a new ESRTW program where the policies are not yet in place. There is an opportunity here to create an interesting research project that evaluates what works across these three contexts.

Kim noted that Chris McLeod, the Australian researcher Alex, and others, including her, are in the process of finalizing a proposal for WorkSafeBC dealing with this issue.

Finally, do we need more dialogue? Has this dialogue been helpful and do we need more?

One participant commented that while everyone is fully or oversubscribed, they have found this to be a worthwhile undertaking that could provide a platform or the basis for something longer term. Even if the dialogues were annual or every couple of years, if they created an opportunity for focused conversation between those who practice or deal with RTW on a relatively regular basis including

worker advisors, unions, management, WorkplaceNL and researchers that would be helpful. They would also allow access to feedback about existing policies and procedures and allow this be incorporated into ongoing research or inform future research that would be worthwhile.

9. An annual dialogue/conversation would be useful and could, perhaps, be timed around the release of key data and information by WorkplaceNL.
10. Another potential area of research/dialogue opportunity would be to bring together workers who have gone through ESRTW to discuss the challenges. This would make it possible to hear directly from the workers.

WorkplaceNL participants indicated they had done focus groups with injured workers awhile ago and results of those were also published in November 2021. They were asking for input on labour market re-entry, PRIME, etc. and as part of that process, they did focus groups with injured workers. They heard some good and bad things about people's experience with LMR.

Future research: Barb raised the issue of researcher access to WorkplaceNL data and ideally, as with UBC, the capacity to link these with MCP data to allow for a fuller and broader understanding of work-related injury/illness and its effects. She suggests this is crucial to answering basic questions such as those outlined in the slides and to do comparative research, etc. on the effectiveness of certain policies and practices across diverse groups. She had been told by someone from WorkplaceNL a few years earlier that WorkplaceNL was in the process of sorting out an agreement with NLCHI to transfer its data to that organization and wondered what had happened to that initiative. The transfer to NLCHI could have formed the basis for researcher access and independent and ultimately peer-reviewed analyses of the data and potential data linkage results as are being done elsewhere.

Kim pointed out that the Institute for Work and Health has a relationship with the WSIB in Ontario. As a data custodian they are able to do similar research to what is being done in BC.

Anya indicated that she wrote the business case for WorkSafeBC for the release of data to what is now Popdata. A critical part of that business case was the linkage between WorkSafe BC and the UBC partnership and the fact that the UBC group would have access to all of those other administrative datasets so they could answer questions WorkSafeBC could now answer with its own data. It might be useful to look at the history of that initiative.

It was pointed out that WorkplaceNL does its own analyses, they have just released their three-year strategic plan and goal # two is to focus on recovery from injury and return to work. They have also just put some data on their website and have just published some labour market re-entry data. They also have a lot of injury data and have industry fact sheets that have been available on their website for a long time. On the education front, if are specific things researchers are looking for, they can look at how they can make it available. Efforts are always in place to try to be a bit more transparent and ensure they are focused on a path that will make a difference. It was also suggested that NLCHI is going to be dissolved with management of health data moving into Eastern Health. The group was also reminded that they have a research initiatives program at WorkplaceNL. They send out a public call to 150 universities; they have money and the topics include RTW and labour market re-entry.