OCC HEALTH CARE POLICIES

ONTARIO CHAMBER of COMMERCE | 100 YEARS of advocacy

2011 - 2012

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AGENDA

OCC HEALTH CARE POLICIES: 2011-2012

TOWARDS A SUSTAINABLE HEALTH CARE SYSTEM

Health care reform is imperative to returning to a balanced fiscal position. Health care spending currently accounts for 46 cents of every dollar collected by the Ontario government in taxes or received from the federal government in transfer payments, and is rising at a rate of five to seven percent per year. At the current growth rate, spending on health care will account for 80 percent of Ontario's budget by 2030. With such a large portion of revenue flowing towards health care, investments in critical economic levers like infrastructure renewal, innovation, and human capital will take a back seat.

The health care picture is far from straightforward. Health care in Ontario covers a range of interconnected activities, from prevention, to diagnosis, to treatment, and the costs are borne directly and indirectly by numerous individuals in society, from families, to workers, to employers, to health care professionals.

Employers in Ontario are currently hit with many layers of health care costs. The management of the system and efficiency and effectiveness of service delivery not only have a bearing on remaining government expenditures, but can affect the ability of communities to attract and retain qualified workers, acting as a constraint on economic growth. In addition to the impact on investment and jobs, costs directly eat into employer profit margins through high health care and workplace safety and insurance premiums.

In response to the challenge of controlling health care spending, the provincial government announced that it would attempt to hold increases to just three percent year over year from 2012-13 to 2017-18. Delivering on this promise will be no small feat given the demographic shift Ontario is about to experience. Although seniors account for only 14 percent of Ontario's population, they currently make up 44 percent of total health care spending. With the proportion of the population over 65 years of age set to reach historic proportions as baby-boomers age and life expectancy increases, Ontario's public services will face unprecedented pressures.

Tackling this situation requires all levels of government to outline and adopt a comprehensive strategy, something that has been absent in the past. Greater co-operation within and between all levels of government is necessary to ensure that resources are allocated efficiently and advances in one area are not offset by ineffective policies in other parts of the system. Only when all government ministries and stakeholders with collective responsibility for the system work together will a successful strategy for reform be possible.

The Government of Ontario has taken notable steps to put Ontario's system on a more positive track. In 2010 the government made serious advances in the area of drug pricing through removing the market-distorting effects of professional allowances on generic drugs. In the 2011 Budget, the government set the stage for greater specialization within the system through greater flexibility for pharmacy and long-term care services. Following this announcement, the government took further steps to better ration existing health care resources through increasing the scope of practice for nurse practitioners.

In what follows, creative solutions are outlined that will allow the government to build on its recent efforts to achieve a more detailed and comprehensive long-term health care strategy.

MAXIMIZING EFFICIENCY THROUGH BETTER SYSTEM INTEGRATION

The provincial government's efforts to create a more integrated and streamlined health care system are evident in its recent reorganization of primary care and prevention activities into inter-professional health teams. Over

the past few years the government has worked to establish 150 Family Health Teams (FITs), expand the number of Community Health Centres across Ontario, and create 25 Nurse Practitioner-led Clinics.

The focus on team development has been accompanied by the allocation of additional responsibilities to nurse practitioners and pharmacists. In addition to the creation of new medical school spaces, these policies have provided more Ontarians with access to care.

With the adoption of a new model of care focused on inter-professional teams comes a need to update the existing compensation model to provide each class of health care professional with the necessary incentives to contribute to the full extent of its capabilities.

The current compensation model for primary care provides physicians, who are paid on a fee-for-service basis, with financial incentives to perform a comprehensive array of activities, including activities which are also performed by nurse practitioners. In contrast, nurse practitioners, including those in nurse practitioner-led clinics, are paid a flat salary. As such, the work of nurse practitioners is rendered invisible, providing little incentive for them to participate in the system on a level playing field.

Now that the government has provided the necessary infrastructure to strengthen on the potential of Ontario's primary care system, it must work to develop compensation models that will enable nurse practitioners and all partners in Ontario's health care system to put their skills to the best possible use (see *Doctor Shortage in Ontario* and *Nurse Practitioners and the Doctor Shortage*, Appendix).

The government faces a similar challenge when it comes to the allocation of resources to hospitals. In the late 1990s, many hospitals in Ontario were amalgamated by the provincial government resulting in the creation of many multi-site facilities. Although the hospital funding formula (originally designed to compare costs at single site hospitals) subsequently underwent refinement, it still does not fully account for the additional and unavoidable costs (for example, transportation between sites and the duplication of mid-level management) associated with operating a multi-site hospital.

The list of hospitals which are currently at a disadvantage due to the existing framework is long and includes small and large communities from across Ontario. Given that equity is a founding principle of Canada's Medicare system, the Ontario government must adopt a funding model that takes into account additional costs at multi-site hospitals in making all future funding decisions (see *Funding Formula Inequities for Rural and Multi-Site Hospitals*, Appendix).

A COMPREHENSIVE STRATEGY FOR WORKPLACE HEALTH AND SAFETY

The performance of Ontario's Occupational Health and Safety (OH&S) system is inseparable from that of its publically funded health care system and vice versa. A significant cause of the Workplace Safety and Insurance Board's (WSIB) unprecedented $13 billion unfunded liability is rising health care costs. Factors such as drug costs and wait times which are targets for greater cost-savings within the provincial health care system must also be advanced by the WSIB in improving its return-to-work strategy.

On the flip side, efficiency-producing measures such as greater specialization and co-ordination of health care professionals have their corollary in the OH&S system in the need for specialized clinics and doctors trained to specifically evaluate workplace injuries. More focused resources for specialized professionals would lower the overall cost of the system by allowing for the separation of work-related injuries (which are the responsibility of employers) from chronic conditions (which are the responsibility of the provincial government) and prevent double-dipping.

Likewise, the co-ordination of province-wide prevention efforts with a comprehensive strategy for workplace injury and illness prevention would ensure that the benefits are spread to all stakeholders within the province. The Ministry of Labour has recently taken steps to enhance the prevention function of Ontario's OH&S system by acting on the Dean Panel's recommendation to create a multi-stakeholder prevention authority with the same powers as the Deputy Minister.

The creation of a clear prevention mandate is an important first step. To contribute to the creation of a new health care paradigm for Ontario, the top priority for the new prevention authority should be to develop, in co-ordination with the federal government and the provincial ministries of Health and Long-Term Care and Health Promotion and Sport, a workplace health and safety strategy featuring the dissemination of accurate information, practices, policies and workplace strategies throughout the private sector. The success of this initiative will be contingent on the active participation of employers and employees in the development and management of prevention programs (see *Promoting Workplace Health in Ontario*, Appendix).

In taking workplace prevention to the next level, the provincial and federal governments must acknowledge the crucial importance of mental health to improved system outcomes. One in five Canadians suffers a mental illness every year, and mental health claims have overtaken cardiovascular disease as the fastest growing category of disability cost. The annual cost of mental illness and addictions in Ontario today is estimated to be $39 billion.

With evidence mounting that mental health cannot be separated from other types of disabilities, there is a pressing need for the province to look at its programs and infrastructure for addressing mental health issues. The province's 10 year mental health strategy has commenced with a three year strategy for children's mental health. This focus needs to be situated in the context of a comprehensive focus on mental health across all age groups and sectors.

Billions per annum could be saved by preventative measures aimed at the workplace. Due to the direct link between mental health and productivity, opportunities exist to tackle employee mental health through corporate leadership, improved management practices, and improved treatment and return-to-work practices. The provincial government has a key role to play in generating awareness and transmitting knowledge, training services, and intervention techniques which can help employers play a more proactive and effective role in the management of workplace mental health (see *Workplace Mental Health Strategy*, Appendix).

REFORMING THE WSIB

The Workplace Safety and Insurance Board (WSIB) administers the provincial Workplace Safety and Insurance System on behalf of employers and employees. Through incentives and programs to help keep and restore workers to good health, the WSIB plays an important role in the overall health care system.

Like the Medicare system as a whole, the WSIB has not undergone meaningful reform since its inception in 1914. One of the most evident outcomes of this is the widening gap between what the Board's base funding model is able to generate in terms of revenue and the mounting cost of benefits and services it is required by legislation to deliver. If the Board was required today to come up with the funds to pay for all of its outstanding claims, it would be short approximately $13 billion. As a result, employer premiums in Ontario have skyrocketed, with a number of sectors experiencing double digit increases in 2011 and a further two percent increase announced for 2012. As it stands employer premium rates in Ontario are higher than in any other part of the country.

The WSIB has taken steps to address its financial position through initiating an internal value-for-money audit and a third-party funding review. The funding review's mandate suggests that the Board's unprecedented

Unfunded Liability can be addressed solely through reviewing the assumptions of the Board's investment strategy, adjusting premiums, and tweaking the design of existing programs.

In contrast, employers believe that fixing an organization that has grown out of touch with its original mandate, industry best practices and principles of good governance requires visionary thinking with respect to the key attributes of the system. In particular, achieving a winning model for Ontario is predicated on initiating an open and honest discussion with stakeholders about the design of the WSIB's legislative framework, governance structure, administrative policies and procedures, and service-delivery model (see *Fixing the WSIB*, Appendix).

APPENDIX: POLICY RESOLUTIONS

Doctor Shortage in Ontario

(Adopted May 2, 2009)

ISSUE

Given the continuing shortage of family physicians across the Province of Ontario, steps need to be taken to expedite the process for training and recruiting family physicians who have an interest in practicing family medicine in Ontario.

BACKGROUND

According to the Ontario Medical Association (OMA), the Province's health care system is short approximately 2500 physicians, leaving almost 140 Ontario communities and more than 850,000 people in Ontario without a family doctor.

Despite constant publicity and a number of public awareness campaigns regarding the shortage of family physicians, there continues to be a serious shortage, which, according to an OMA report in August 2008, threatens the economic well-being of our communities. In an unprecedented move, Ontario doctors asked municipal leaders at the 2008 Associate of Municipalities of Ontario Annual Conference to join them in calling on the provincial government to take any measures necessary to ensure the every Ontarian has access to a family doctor. Support for a petition urging government action was overwhelming with close to 400 signatures received. Dr. Ken Arnold, OMA President, raised concerns not only about the impact on the health of patients across the province, but also the negative economic impact that the doctor shortage is having on many communities. A poll conducted by the OMA showed that 83% of Ontarians believed that the doctor shortage negatively affects the economic growth of their community. Doctors want to make sure that all municipalities have an adequate number of doctors to:

- Ensure their citizens are healthy and have timely health care
- Attract businesses and skilled employees so that their economies are able to grow and prosper
- Reduce unnecessary emergency room visits and hospital admissions
- Ensure quality care for an aging population

"Ontario's doctors want to ensure patients in Ontario – regardless of where they live – have access to physician care" said Dr. Arnold. "We received great support from the municipalities in terms of pushing forward the ban on smoking in cars with children legislation, and we are calling for their support again to ensure all Ontarians have access to the health care they deserve."

According to the OMA, Ontario's doctors with the help of the provincial government have taken on 630,000 patients who were previously without a doctor; however, the Province is still short 2500 physicians leaving over 850,000 patients without their own family physician. The OMA fears that as competition from other provinces and the United States continues to grow, Ontario could see a net loss of physicians for the third year in a row. To compound this, the OMA found that Ontario would lose another 2500 doctors today if all those 65 and older decided to retire.

"Communities in Ontario have already devoted great energy and resources towards attracting more family doctors" said Dr. Arnold. "It is our hope that by opening the discussion and partnering with communities we will be able to build on this work and effect some positive change."

RECOMMENDATIONS

The Ontario Chamber of Commerce urges the Government of Ontario to:

1. Continue to increase the number of family medicine training positions in Ontario medical schools.
2. Enhance and market the strategy for recruiting Ontario-trained doctors back to Ontario
3. Develop a repatriation program aimed at recruiting Canadians trained as physicians in other countries
4. Continue to develop and implement primary care delivery models that will include the use of nurse practitioners and other health care professionals to help reduce the workload on family physicians.
5. Work efficiently to certify foreign trained doctors

Fixing the WSIB

(Adopted May 1, 2010)

ISSUE

The Workplace Safety and Insurance Board (WSIB) has become a vast provincial government bureaucracy that is quickly becoming a danger to the Ontario government, taxpayers, businesses and insured workers. In fact, over the course of the last 25 years, the WSIB have had significant challenges fulfilling its obligations.

BACKGROUND

In the 2009-2010 Annual Report of the Auditor General of Ontario, the Workplace Safety and Insurance Board (WSIB) was identified as being severely underfunded. In fact, the WSIB's target date for eliminating the liability has now been pushed back from 2014 to 2022.

According to the report, as of December 31, 2008, the WSIB underfunded liability topped $11.5 billion – an increase of $3.4 billion or 42% over the previous year. Furthermore, if WSIB operations were included in the province's financial statements, Ontario's reported accumulated deficit of $113.2 billion would be increased by more than 10%.

As a trust, the WSIB has been overlooked when the auditor general prepares his report, but given the unique economic situation and recent public management challenges with the WSIB, it is time to review its role, structure, and overall success.

There are three ways to address the liability: raise premiums, reduce benefits, or increase investment income. At the same time, it is obvious that increasing premiums or reducing benefits will continue to prove difficult, since experience has shown the inherent political, social, and economic sensitivity of implementing changes to either.

Similarly, the third option – increasing investment income – remains a sensitive issue. In the wake of last year's market meltdown, the WSIB lost 15.5% of its investments.

What is clear is that the continued practice of shifting money from investments toward paying ongoing benefits is unsustainable. In fact, Section 1 of the Workplace Safety & Insurance Act states that the WSIB is to administer the system "in a financially responsible and accountable manner." It is time the Ontario government directly addressed the problem by passing legislative changes to reduce benefits and employer premiums and refocus the system on prevention and an early return to work.

It is important to promote safe workplaces in Ontario and broad insurance coverage for workplace-related injuries and illnesses. However, a legislated monopoly for the WSIB on workplace insurance is not the only best answer for enhancing workplace safety and protecting worker's income. The Ontario Chamber of Commerce supports competition in the marketplace and the ability for employers to choose from a range of options to achieve these results. If the WSIB model truly represents the best coverage at the lowest price, employers will choose WSIB coverage over others. Competition, flexibility and choice are the hallmarks of a good system.

RECOMMENDATIONS

The Ontario Chamber of Commerce urges the Government of Ontario to:

1. Approve legislation that prescribes the reduction of benefits and employer premiums and compels the Workplace Safety and Insurance Board (WSIB) to focus on prevention and worker rehabilitation
2. Ensure that the Workplace Safety and Insurance Board (WSIB) is included in all subsequent annual auditor general reports
3. Immediately initiate a study to determine the benefits and consequences associated with privatizing the Workplace Safety and Insurance Board (WSIB)
4. Withdraw the impending regulation that will require all construction-related businesses to pay for Workplace Safety and Insurance Board (WSIB) coverage and reinstate the current policy of allowing employers the option to participate
5. Allow employers to opt out of WSIB and use private insurers where there is equal or better coverage, to allow for competition in the marketplace

Funding Formula Inequities for Rural and Multi-site Hospitals

(Adopted May 7, 2011)

ISSUE

Over three million Ontarians are served by multi-site hospitals. Many multi-site hospitals across Ontario are being unfairly compared to single site hospitals, leading to funding penalties through the government's hospital funding formula.

BACKGROUND

In the mid 1990s, the government announced a hospital funding formula to ensure a fairer and level funding mechanism that compared hospital costs by case across all hospitals. The formula was intended to use quantitative information to reward efficient hospitals and penalize those whose costs were above those of "efficient" hospitals.

In the late 1990s, many single site hospitals in Ontario were ordered to amalgamate by a government Commission. Although the hospital formula (originally designed to compare single sites hospitals) has undergone some refinements, it continues to ignore the unavoidable, additional costs of operating multiple sites, many in rural areas.

These costs include transportation between sites, unavoidable mid-management duplication, and inefficient/smaller but necessary services (security, patient & staff meals, equipment, utilities etc…). The Joint Policy and Planning Committee (JPPC) was made up of senior Ministry of Health and Long-term Care, and Ontario Hospital Association representatives. An expert panel was appointed by the JPPC to review the impact of the hospital funding formula on multi-site hospitals.

The panel identified a negative impact on multi-site hospitals in: Walkerton, Chesley, Durham, Kincardine, Fort Francis, Emo, Rainy River, Lion's Head, Markdale, Meaford, Owen Sound, Southampton, Wiarton, Parry Sound, Belleville, North Hastings (Bancroft), Prince Edward (Picton), Trenton, Bowmanville, Port Perry, Oshawa, Fort Erie, Niagara Falls, Niagara-on-the-Lake, Port Colborne, St. Catharine's, Welland, Milton, Oakville, Brampton, Etobicoke, Georgetown, and Toronto.

The panel agreed and recommended to the Minister of Health and Long-term Care that "This [addition of a multi-site adjustment] shifts the question from "if" to "how" a factor should be introduced."[1]

The current disregard of this real and important factor disadvantages rural and multi-site hospitals across the province delivering healthcare to over three million Ontarians.

RECOMMENDATION

The Ontario Chamber of Commerce urges the Government of Ontario to:

> Immediately recognize the funding inequity for rural and multi-site hospitals by having the Ministry of Health and Long-term Care include rural and multi-site hospital factors in the hospital funding formula for future funding decisions

Nurse Practitioners and the Doctor Shortage

(Adopted May 1, 2010)

ISSUE

Given the severe shortage of family physicians across the Province of Ontario, can nurse practitioners be used more effectively?

BACKGROUND

According to the Ontario Medical Association (OMA), the province's health care system is short nearly 2,000 physicians, leaving almost 140 communities and more than one million people under-serviced. For example, the City of Oshawa needs 44 physicians – one of the highest in the province. The Region of Durham needs more than 100 physicians, a need that is expected to take many years to fill.

Nurse practitioners can alleviate some of the stress on our health care system. According to reports, family physicians can take between 1,300 and 1,500 patients. With a nurse practitioner on staff, they could see another 150 patients. Many NPs have graduated but are not working as NPs.

The interest in nurse practitioners has traditionally been highest when the availability of family physicians is lowest. In addition to greater provincial endorsement of Nurse Practitioners, prescribing greater authority to other existing professions, such as physician assistants and pharmacists to broaden the scope of practice is a way to address the gaps in the health care system.

Several barriers – including our current fee-for-service funding model and social perceptions – must be overcome if our health care system is going to benefit from the expertise of nurse practitioners. Certainly, not all physicians are in favour of nurse practitioners. Some believe it will diminish their responsibility for patients and they will be left to treat only the sickest patients – not the wide range of patients that attracted them to family practice. Liability is another concern.

What is a Nurse Practitioner?

Nurse practitioners are expert nurses with additional education and skills that allow them to provide front-line primary health care.

In Ontario, the term is used interchangeably to describe a number of advanced practice nursing roles, such as primary health care nurse practitioners and acute care nurse practitioners. Nurse practitioners always work closely with family physicians and other health care professionals. They emphasize the importance of staying healthy and preventing disease and can serve as the first point of contact in Ontario's health care system.

Nurse practitioners are not meant to replace physicians. They can work collaboratively with physicians to promote health, monitor chronic conditions like asthma and diabetes, and deal with some ailments. Nurse practitioners can assess common episodic illnesses, conditions and injuries, order some x-rays and lab tests, prescribe certain medications, and suture lacerations. They can also perform initial detailed histories and physical examinations for more urgent health problems. The Nurse Practitioners Association of Ontario (NPAO) reports that nurse practitioners can diagnose and treat 50% to 80% of all problems seen in hospital emergency rooms.

Timeline

1975: The Ontario Council of Health published The Nurse Practitioner in Primary Care, a report that recommended legislative and remuneration changes

Early 1980s: The province's first nurse practitioner initiative ended for a number of reasons: perceived physician oversupply and lack of remuneration mechanisms, legislation, public awareness regarding the role and support from both medicine and nursing

1993: The NDP government announced a new nurse practitioner initiative that paved the way for a new nurse practitioner education program

1998: The Expanded Nursing Services for Patients Act amended the Regulated Health Professions Act and Nursing Act to provide nurse practitioners in Ontario with an expanded scope of practice. They're able to:

- Provide wellness care, such as monitoring infant growth and development and health screening services
- Diagnose and treat minor illnesses, such as ear and bladder infections
- Diagnose and treat minor injuries, such as sprains and lacerations
- Screen for chronic diseases like diabetes
- Monitor people with stable chronic disease such as hypertension

2004: The Liberal government released the Nurse Practitioner Integration Study in which the Ontario Minister of Health and Long-Term Care Minister described a "roadmap for integrating nurse practitioners in family health and community care" across the province

Barriers

Former Health Minister George Smitherman said many barriers must be overcome if our health care system is going to benefit from nurse practitioners. Funding is top among those barriers, but not the only one, says Theresa Agnew, chair of NPAO.

The fee-for-service funding model is a major barrier to nurse practitioner employment. Physicians provide most primary care in Ontario and bill OHIP for each time they treat a patient. Nurse practitioners are salaried.

Another barrier to fully realizing the potential of nurse practitioners is the length of time it takes to update the medications they can prescribe. For example, a list of antibiotics approved in September 2004 took three years to approve.

Nurse practitioners are currently working well in a variety of settings, including Lakeridge Health Oshawa and Whitby, a community health center in Oshawa and a teen health center in Ajax. At Lakeridge Health, they are working in numerous departments, including oncology, palliative care, acute pain and stroke care. An acute care nurse practitioner in a critical care/cardiopulmonary program, for example, works with cardiologists, internists, and respirologists to help diagnose and treat such conditions as heart attacks, angina, heart failure, and lung disease.

In 2005 former Health Minister Smitherman announced the establishment of over 145 family health teams' (FHTs): interdisciplinary teams of health care professionals that will be available to serve groups of patients around the clock. Many teams include nurse practitioners – including those in the nine FHTs in the Central-East LHIN. As of 2008, over 145 specific proposals were approved for the FHTs.

RECOMMENDATION

The Ontario Chamber of Commerce urges the Government of Ontario to:

> Enable family physicians to increase patient load and assist in relieving the family physician shortage by approving funding and accelerating a Nurse Practitioner Model that will provide sole practitioners and physician groups the ability to incorporate nurse practitioners into their practices

Promoting Workplace Health in Ontario

(Adopted May 7, 2011)

ISSUE

To encourage healthy workplaces in Ontario, the availability of consistent messaging at the provincial level regarding recommended policies, practices, and tangible supports is needed.

BACKGROUND

The impact of healthy workplaces goes beyond influencing the well-being of employees and their families. The World Health Organization states, "it is of paramount importance to the productivity, competitiveness and sustainability of enterprises, communities, and to national and regional economies".[1] According to Duxbury and Higgins, "at this point in time, governments pay the lion's share of the costs associated with poor workplace health practices through their support of the country's health care system."[2]

Current legislation aids employers in providing work environments that are physically and psychologically safe for employees (e.g. the Occupational Health & Safety Act along with the Bill 168 amendments re: violence and harassment, Human Rights).

However, evidence demonstrates that healthy workplace initiatives are more effective when a wider comprehensive approach is used.[3] Specifically, personal health resources (e.g. flexible work schedules to accommodate physical activity, refrigeration to store healthy foods, etc.) and enterprise community involvement (e.g. what a workplace does to support the well-being of their community, such as sharing their expertise with small and medium-size businesses, or reducing their environmental footprint) are also important avenues of influence that must be integrated with other healthy workplace practices as part of how a workplace operates at a strategic level.

According to a Canadian Council on Integrated Healthcare report, "employers who are inconsistent in their approach to workplace health, and rely on ad hoc, non-strategic approaches, are less likely to achieve or sustain success".[4]

A provincial approach to workplace health could integrate the gaps between existing legislation and best practice. Such an approach would not be another piece of legislation, but a time saving reference point for Ontario businesses to help them determine their course of action.

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[1] World Health Organization (2010). Healthy workplaces: a model for action for employers, workers, policy-makers and practitioners. Retrieved from: http://www.who.int/entity/occupational_health/publications/healthy_workplaces_model.pdf.

[2] Duxbury, L., and Higgins, C. "Work-Life Conflict in Canada in the New Millennium: Key findings and recommendations from the 2001 National Work-Life Conflict Study". Retrieved from: http://www.hc-sc.gc.ca/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/occup-travail/balancing_six-equilibre_six/sum-res-eng.pdf.

[3] The Health Communication Unit (2004). An Introduction to Comprehensive Workplace Health Promotion. Retrieved from: http://www.thcu.ca/workplace/documents/intro_to_workplace_health_promotion_v1.1.FINAL.pdf.

[4] Canadian Council on Integrated Healthcare (2002). A Discussion Paper on Workplace Health. Retrieved from: http://www.ccih.ca/docs/CCIH_DiscussionPaper_on_WorkplaceHealth_LastVersion.pdf.

In its document, "Proposal for an Ontario Comprehensive Workplace Health Strategy",[5] the Ontario Healthy Workplace Coalition outlines several guiding principles and strategy components to consider:

- Guiding principles: visible provincial leadership; broad stakeholder engagement; relevance to businesses of all sectors and size; linkages to mandates of key organizations and provincial Ministries; a strong business case demonstrating the savings for both businesses and the province; and an economically viable solution with resource contributions from many stakeholders
- Strategy components: leadership to develop and implement; social marketing to promote; tools and resources; policy and incentives development; and research and evaluation to monitor the effectiveness

A provincial approach to workplace health should also monitor the workplace relevant aspects that may emerge from the "Mental Health Commission's framework for a national mental health strategy", as well as the proposed provincial mental health and addictions strategy from the report: "Respect, Recovery, and Resilience: Recommendations for Ontario's Mental Health and Addictions Strategy."

As the Ontario Healthy Workplace Coalition's guiding principles suggest, successfully launching a provincial approach to workplace health requires commitment from government in the form of visible leadership.

Engagement of Chambers of Commerce, employers and private insurers by senior bureaucrats and politicians is necessary not only for developing a provincial approach, but also for developing healthy public policy in order to maximize conditions to improve employee health. Take transportation for example, which has health implications for employers and employees. Research shows that people who use public transit are three times more likely to obtain 30 minutes of moderate physical activity five days a week than non-users.[6]

Another study found that transit users spend a median of 19 minutes daily walking to and from transit. Twenty-nine percent achieve the recommended 30 minutes of physical activity a day solely by walking to and from transit.[7]

Workplaces could improve employee health by promoting mass transit use and through having an opportunity to inform policies that can help facilitate effective use of transit by their employees

[5] Ontario Health Workplace Coalition (2010). "Proposal for an Ontario Comprehensive Workplace Health Strategy." Retrieved from: http://www.ohwc.ca/pdf/2010_05_17_Provincial_Workplace_Strategy_v11.pdf.

[6] U. Lachepelle and L.D. Frank. "Transit and Health: Mode of Transport, Employer-Sponsored Public Transit Pass Programs, and Physical Activity." Journal of Public Health Policy 30 (2009): S73-S95.

[7] L.M. Besser and A.L. Dannenberg. "Walking to Public Transit: Steps to Help Meet Physical Activity Recommendations." American Journal of Preventative Medicine 29, 4 (2005): 273-280.

RECOMMENDATIONS

The Ontario Chamber of Commerce urges the Government of Ontario to:

1. Develop a provincial approach for workplace health that can be used a reference point for policy and practice in Ontario
   a. Consider using the guiding principles and strategy components outlined in the Ontario Healthy Workplace Coalition's "Proposal for an Ontario Comprehensive Workplace Health Strategy"
   b. Incorporate the workplace relevant aspects that may emerge from the proposed provincial and national mental health strategies
2. Ensure public policy is set by senior bureaucrats and politicians in consultation with Chambers of Commerce, employers, and private insurers in order to maximize opportunities to increase employee health
3. Advocate that the federal government:
   a. Designate a lead agency for workplace health policy, programs, and research using existing resources (e.g. strengthen or expand mandates, better coordination within the current system, etc.); and
   b. Develop a nation-wide comprehensive workplace health strategy that recognizes the interrelationships between work, health, and community that links to or is based on the proposed approach for Ontario as per the first recommendation
4. Provide employers with:
   a. A strong business case for healthy workplaces
   b. A catalogue of best practices and policies that take into account the diversity of work (e.g. non-standard employment) and the differences in needs from businesses of different sizes and sectors in Ontario
   c. Clear standards for healthy workplaces by using benchmarking criteria set out by national/international agencies and academic centers on workplace organization and health (e.g. World Health Organization, National Quality Institute (NQI), Groupe de promotion et de prévention en santé (GP2S), Healthy Scorecard, Workplace Health Research Unit) that employers can use as a guide

Workplace Mental Health Strategy

(Adopted May 7, 2011)

ISSUE

Mental health issues and chronic job stress negatively impact workplaces in the form of disability costs, absenteeism, productivity, quality of work, and employee safety incidence rates. Opportunities exist for improved business success, especially in today's knowledge-based business economy.

BACKGROUND

One in five Canadians suffers a mental illness every year, often in the form of depression and/or anxiety. Currently, mental health claims (especially depression) have overtaken cardiovascular disease as the fastest growing category of disability costs. Today in Canada disability represents 4% to 12% of payroll costs[8] and the World Health Organization predicts depression to be the number one form of disability by the year 2020. This is alarming – especially in today's knowledge-based economic culture – since mental disorder interferes with a person's cognitive skill and therefore impacts their ability to work.

The causes of mental illnesses such as depression and anxiety are complex but consistently stress is found to be a factor. The health of today's workplace has been negatively impacted by an era of downsizing, doing more with less, and the 24/7 expectations associated with technology. These factors led to increases in job stress, poor people management practices, and the resulting cost of mental ill-health.

Overwhelming stress and mental illness also impact employee physical safety. The National Institute for Occupational Safety and Health (NIOSH) reports on research indicating that stress due to work overload or time pressure increases the chances of safety procedures and safety gear being neglected. Stress compromises a person's ability to think clearly; therefore, stressed-out employees are more likely to act without thinking.

Employee mental ill-health leads to absenteeism, decreased productivity, and quality of work issues, which in turn impact business success. This is critical at a time when brain-based cognitive skills are required to provide competitive advantage locally and globally.

Opportunities exist to protect employee mental health through corporate leadership, improved management practices, and improved treatment and return-to-work practices. Every $1 spent on mental health and addictions saves $7 in health costs and $30 in lost productivity and social costs.[9]

[8] Mental Health Commission of Canada

[9] http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/pdf/discussion_paper.pdf

Health conscious workplaces can promote early diagnosis and reduce the impact of mental health problems, mental illness, and addictions. If a person receives effective treatment in the first few months of their illness, the duration, frequency, and severity of symptoms will be reduced. In addition, early and effective treatment

increases the chances of the individual making a full recovery. When short-term disability becomes long-term, there is a lesser chance that the person will be able to return to previous levels of proficiency.

The annual cost of mental illness and addictions in Ontario today is estimated to be $39 billion. Billions per annum could be saved by discretionary modifications to the organization and management of work to make it less injurious to employee mental health. At one time a similar crisis existed with workplace physical safety. Measurement and tracking of incidence rates, coupled with public awareness, played a strategic role in turning the tide – proving the adage that 'what you measure is what you get'. The same can be true of workplace mental health.

The Mental Health Commission of Canada (MHCC) was established in 2007 to develop a mental health strategy for Canada. The Workforce Advisory Committee, one of eight MHCC committees, is developing a work plan to help improve the workplace's capability to deal with mental health issues – for the betterment of both the workforce and the workplace.

Provincial leadership in the form of a Mental Health Workplace Strategy, building on the work of the MHCC, can impact workforce health and business success through the delivery of more effective prevention and treatment programs. Synergy can be gained by coordinating national and provincial policy and programs where applicable.

Ontario's mental health centers provide valuable treatment and support to individuals but too often are challenged by inadequate funding when initiating or attempting to sustain innovative programs to reach further out into the community.

Augmenting these mental health centers with a workplace focus and enhancing their skill set to include mental health service and support to local workplaces could result in sustainable partnerships between regional health centers and local businesses.

Workplace services would include awareness education, mental health treatment and rehabilitation for employees, return-to-work case management, and crisis intervention.

Corporate awareness messages should include the business case that improved profits, growth, and employee retention are more likely in psychologically healthy workplaces. Without awareness and knowledge, mental health issues may be mistaken for performance, attitude, or motivation issues and the management strategies meant to improve these outcomes may unintentionally worsen the illness and the workplace.

Employee awareness messages should include the research finding that work is healthy and can be a part of treatment and recovery programs, and that recovery from mental illnesses, such as depression and anxiety, is possible and likely with early intervention and treatment.

Investing in human capital is a necessary part of competing in the global economy, and as such, protecting human capital – or "mental performance" – should be encouraged and rewarded.

RECOMMENDATIONS

The Ontario Chamber of Commerce urges the Government of Ontario to:

1. Develop a comprehensive Workplace Mental Health Strategy, as a part of Ontario's mental health system, building on the existing work of the Mental Health Commission of Canada (MHCC)
2. Establish metrics by tracking the incidence of employee disability due to mental disorders in organizations with a large number of employees. This includes collecting periodic data stating the number of employees, number absent due to disability, number of disability cases related to mental health, number of days absent due to disability, for the specified period
3. Broaden the focus of regional mental health centers to include workplace mental health issues enabling them to refer to agencies or for-profit local providers or to treat employees of local workplaces by providing workplace-oriented programs. These programs would include mental health awareness education with a focus on anti-stigma, mental health treatment and rehabilitation services for employees, reintegration back into the workplace, and crisis intervention
4. Create a public education and awareness campaign on the social and economic value of workplace mental health and the availability of community workplace-oriented resources
5. Introduce tax-based incentive programs to encourage employers to develop their own workplace mental health plan utilizing existing public domain websites for guidance and incorporating the services of mental health agencies and centers. Investments should be based on evidence-based approaches that promote psychological health of employees

180 Dundas Street West, Suite 505
Toronto, ON M5G 1Z8
occ.on.ca @OntarioCofC