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**Health trajectories and health-care utilization among permanently impaired injured workers:
initiation of a longitudinal survey**

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Project abstract

Thousands of Ontario workers are injured on the job each year. Many workplace accidents result in permanent impairments and a cascade of negative consequences for the injured worker and his or her family: employment insecurity, health insecurity, family instability, and income insecurity. We initiated a longitudinal survey to document the trajectories of health and health care utilization and deficits of a representative sample of Ontario workers who sustained a permanent impairment following a workplace accident.

To date, we have accomplished the following:

- 1) The development of a questionnaire with the following content: health status, health care utilization and deficits, insurance or benefit coverage for needed health care, and key social determinants of health: employment status, income and income sources and family and social status. Some questions are specific to the injured worker experience, while others are drawn from national surveys on health, participation and activity limitations and employment and income security. The questionnaire is available for download on this website.
- 2) With the assistance of the Ontario Workplace Safety and Insurance Board (WSIB), we recruited a sample of ~ 500 injured workers with permanent impairments. Participants were recruited to a longitudinal (long-term, follow up) survey, as we aim to conduct follow up surveys on this same group of injured workers so as to document their health and other outcomes over time.
- 3) We contracted with York University's Institute for Social Research for Panel 1 data collection which was completed in between May 2008 and May 2009. A pharmacy audit of a sub-sample of participants was undertaken in the spring/summer 2010, with ~ 150 original survey participants.
- 4) Data analysis is in progress. We have published a short summary of responses to some key questions (available at our publications link). Our inclusion of exact or slightly modified questions from existing Statistics Canada health and labour market surveys will enable comparability of many analyses from the RAACWI survey to broader Ontario populations. We have collected original data on the out-of-pocket costs (and insurance coverage) of health care for injured workers, and we seek to document the extent to which employment or unemployment following workplace injury is associated with heightened need for health care services of various kinds, and impeded access to such services. We have initiated data analysis, with the assistance of a post-doctoral fellow at Trent University, and a doctoral student at McMaster University.

Literature review

Injury in the workplace has been associated with significant negative health impacts and reduced participation in daily life activities. Recent research indicates that injured workers frequently suffer further physical and mental health declines after an initial workplace injury (Lippel, et al., 2007; Ballantyne, 2001), a process described by Ballantyne as "injury cascading." Other studies have shown that workers who are unable to return to work, or who experience persisting employment instability following a workplace injury, often experience a decreased sense of well-being and self-worth, depression, anger, role disruption and powerlessness, marital and family stress, financial strain, and substance abuse (Ballantyne, 2001; Beardwood *et al.*, 2005; Cacciaccaro & Kirsh, 2006; Franche *et al.*, 2003; Gamborg *et al.*, 1992; Kirsh & McKee, 2003; Lippel et al., 2007; MacEachen *et al.*, 2004; Stone, 2003; Stone *et al.*, 2002). Lippel (1999 a, b) suggests that the institutional system itself can promote increased disability by questioning the legitimacy of a condition and the resulting stigmatisation that such inquiry brings. Alternatively, on the basis of their recent research, Lippel and colleagues report the positive aspects of receiving (in Quebec, Commission de la sante et de la securite du travail or CSST) benefits when a workers' compensation claim is immediately accepted and no conflict arises (Lippel et al., 2007). That is, upon injury, a successful claimant can benefit



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from rapid access to insured health care, income replacement, information, support and respect. However, Lippel et al. describe the unlikely configuration of events that is required to produce these beneficial outcomes of filing a work-injury claim. These and other researchers have highlighted the ways in which many injured workers experience a lack of respect from employers, the compensation system, community and society in general (Kirsh & McKee, 2003; Stone *et al.*, 2002), such that the experience of living as an injured worker claimant becomes more incapacitating than the injury itself.

In our research, we sought to increase our knowledge of the nature and extent of the health effects of workplace injury, and to document the health care utilization patterns of a representative sample of injured workers who have been identified as having permanent impairments resulting from a workplace injury. We reason that injured workers with permanent impairments face a significant risk of spiraling physical and mental health declines – hence our interest in expanding our initial survey into a longitudinal study on this segment of the Ontario injured worker population.

The general focus of the survey is on health status, health care utilization and health care deficits of injured workers with permanent impairments. A particular focus of the survey content will be on access to and use of pharmaceutical drugs for the management of physical and mental health problems– an issue that has emerged in on-going research as a particular concern for some injured workers (Ballantyne, 2001; MacEachen et al., 2006).

Through the health/health care utilization survey, we aim to:

- 1) provide a comprehensive profile of the health and social status (marital stability, social ties and support; employment stability, financial security), health care utilization, and self-reported health care deficits of a representative sample of injured workers with permanent impairments resulting from a workplace injury;
- 2) describe how the health and social status, health care utilization, and self-reported health care deficits of this population change over time (in initial analyses based on Panel 1 data, change since the injury will be assessed).
- 3) A third objective of this study is to provide health and health care utilization data in a format that is comparable to existing population health data, enabling comparison of the injured worker population to the general population.

Community involvement

We discussed our interest in seeking WSIB involvement in identifying a representative sampling frame of eligible injured workers at a RAACWI whole group meeting. RAACWI's injured worker community expressed serious concern regarding any involvement of the WSIB in the survey. Their concern was based on the idea that if survey participants believed the Board would have access to their health/health care utilization or other information provided as part of survey participation then injured workers wouldn't agree to participate. We explained that inviting and including all eligible injured workers would lend tremendous legitimacy to our findings, as compared to conducting a survey based on a sample drawn via word-of-mouth, snowball sampling or convenience. We explained the steps we would take to determine, without compromise, that the WSIB would have no role beyond identifying the sampling frame, initiating contact to inform eligible injured workers of their entitlement to participate in the RAACWI survey, and providing us with a telephone contact number for eligible injured workers. The script we developed with the WSIB illustrating the specific nature of the contact between injured workers and the Board as it related to sample identification, is attached ('Appendix C: WSIB Script').



Pat ***** interacted with her own network of injured workers (through Women of Inspiration and Bright Lights) to get injured worker input into the survey itself. Injured worker input to the survey was related to such issues as the type of questions, the ordering of questions, and the wording of questions. Injured worker activists in the Thunder Bay & District Injured Worker Support group members also provided input to the survey content. Finally, Marion Endicott, an injured worker advocate with Injured Worker Consultants, provided important input into the questionnaire development, especially pertaining to questions on the nature of the workplace injury and initial activities around the workers' compensation claim.

Interest to community

This study is important because health and ability status is important for getting back to a regular life, including employment. Yet, many injured workers suffer initial injuries that deteriorate over time. For some, the loss of employment and related benefits like income, pensions, and extended health insurance, results in emotional difficulties and serious mental health problems such as depression. Our findings will be important for injured workers, for social justice advocates; for labour groups, employers, occupational health and safety policy makers, and workers' compensation boards.

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Published works on the project

RAACWI Injured Worker Health Survey Panel 1 (2008-2009) – Overview.

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