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RESEARCH TO ACTION: How RAACWI and WSIB came together to address the stigmatization of injured workers

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Injured workers often get labeled as “malingerers” and “fraud artists” who are abusing their rights to workers’ compensation benefits by faking the nature and extent of their injuries. This stigmatizing attitude – whether it comes from the workers’ compensation system, doctors, employers, co-workers or the community at large – causes them to feel guilty, scared, angry and depressed.

Indeed, their mental health can diminish to such a degree that their ability to return to work and function is compromised, keeping them on benefits even longer. If their downward spiral continues, their capacity to enjoy life and to contribute to their family, community and the economy decreases even further.

In 2007, the Research Action Alliance for the Consequences of Work Injury (RAACWI) and Ontario’s Workplace Safety and Insurance Board (WSIB) began working together to address the issue of stigmatization. The result was an anti-stigma initiative launched in 2009 that is changing the way the WSIB interacts with injured workers.

The birth of RAACWI and the anti-stigma initiative

RAACWI is a unique partnership between injured workers and researchers. The seeds were sown in December 2003 when a group of injured worker representatives and researchers came together to explore joint research projects. Inspired by the possibilities of this collaboration, the group applied for funding through a program called the Community-University Research Alliance.

In 2006, the group received a resounding endorsement from the administrator of the program, the Social Sciences and Humanities Research Council. The council awarded \$1 million to the group to see it through the next five years (and, thanks to matching funds, this number has grown by half again). RAACWI as a formal entity was born, with Institute for Work & Health (IWH) Scientist Dr. Emile Tompa as its academic lead and Steve Mantis of the Ontario Network of Injured Workers Groups as its community lead.

In February 2007, soon after the funding was received, Tompa, Mantis and other RAACWI members met with then-WSIB president Jill Hutcheon and other senior managers at the Board. The WSIB administers the province's no-fault workplace insurance for employers and their workers, providing disability benefits for workers injured or made ill on the job. It also oversees the province's system of workplace safety education and training.

"We had a fairly detailed meeting about who we are, what our research plans were and how we could work together," explains RAACWI's Mantis. The two organizations promised the following:

- WSIB committed to improving its use of evidence in policy and decision-making.
- WSIB senior management agreed to have ongoing, direct communication with RAACWI through half-day sessions – two or three a year – to discuss research findings.
- WSIB agreed to use ongoing opportunities to convey RAACWI research findings within the organization, through channels such as in-house professional development sessions.
- RAACWI promised to focus on what it wants to achieve with the WSIB so that it makes efficient use of senior management's time (i.e. develop a list of questions and areas of enquiry in advance).

Around this time, RAACWI noticed that a number of the researchers associated with the group had addressed the issue of stigma in their studies (whether funded by RAACWI or not). So RAACWI brought this issue to the WSIB table as part of their agreement to share research findings.

The research presented to CEO Jill Hutcheon was compelling, and she was easily convinced that something had to be done about stigma. She picked 10 people from her management team to explore the issue, appointing Judy Geary, vice-president of program development, as the WSIB lead. "Having the president as the executive sponsor was critically important," says Geary. "Everyone knew Jill had given her support."

For its part, RAACWI chose six people to look at stigma -- two representatives from each of its three main groups: researchers, injured workers and advocates. Steve Mantis was the team lead for RAACWI.

First meeting uses round-table technique

The WSIB and RAACWI representatives came together in January 2008 to begin the first of what were dubbed "blue sky discussions." Although he acknowledges the trendiness of the term "blue sky," Mantis explains that its use was meant to underscore the importance of participants coming to the

table without preconceived notions about what was to be done. “We were going to share what we knew about the issue and see where it took us,” he says. “People understood it was about thinking outside the box.”

The task of drawing up the agenda for this first meeting fell to Mantis. He took this as an opportunity to incorporate the interactive techniques commonly used when injured workers meet as a group. “In an interactive structure, everyone has an opportunity to use their voice, express their opinion. We used the go-round, or round-table, technique,” says Mantis. He first came upon this technique within the aboriginal community, where the practice is to pass around a feather or a talking-stick. The holder of the feather or stick is allowed to speak to the subject at hand, without interruption or discussion.

At the first anti-stigma meeting, each person took a turn answering two questions. First: What is your experience with injury, disease or disability? Then: What is your experience with stigma around injury disease and disability? The discussion didn’t stay centred on work. People talked about everything from their own sports injuries to their parents’ chronic illnesses to their neighbours’ mental disabilities.

“The purpose was to get people involved in the issue based on their own personal knowledge, not their organizational knowledge,” explains Mantis. “By the end of the two hours, most people understood on a personal level that stigma is an important and real issue. That really set the tone for all of our follow-up discussions, because no one had to be convinced that stigma is an issue. Everyone had seen it themselves in their own lives.”

According to the WSIB participants, the technique worked. “At first, it was hard,” says John Mutch, assistant director of the Case Management Development Branch at the WSIB. “But it became easier, and it led to the ‘ah hah’ moment in terms of understanding the impact of stigma.”

Another thing that took place at this initial meeting was a role-playing exercise. It involved Mantis playing a WSIB adjudicator and Marion Endicott, an advocate and community legal worker at Injured Workers Consultants, playing an injured worker. They demonstrated what an ideal interaction between the two parties would look like. The anti-stigma team members simply watched; there was no discussion or debate.

Second meeting focuses on research

The next meeting of the anti-stigma team in May 2008 focused on research. In anticipation of this meeting, RAACWI conducted an informal review of the literature on stigma and vulnerable populations and shared the results a couple of weeks beforehand. RAACWI highlighted three research papers in particular that it assessed to be most relevant, and posed a number of questions for the team members to think about as they read the research documents.

Two of the papers were authored by researchers affiliated with RAACWI: Joan Eakin, professor in the Department of Public Health Sciences, and Bonnie Kirsh, associate professor in the Department of Occupational Science and Occupational Therapy, both at the University of Toronto. These researchers were on hand at the May meeting to discuss their findings.

The research played an important role. As Maura Murphy, the WSIB team lead of Communications and Public Affairs, puts it, “We run on numbers, measurements and facts here at the WSIB. So it was easier to get our attention with the documented evidence and credibility provided by research.”

Now convinced that stigma was an issue, the team members decided that something had to be done. The brainstorming began. Although it was acknowledged that injured workers face stigma in four main domains – at the WSIB, in the workplace, within the health-care system and within the community at large – the group decided to focus on stigmatizing attitudes within the WSIB.

Ideas began to fill page after page on flip charts. The ideas were discussed and prioritized using a dot-mocracy system. In this system, each participant got five votes (in the form of red dot stickers), which they placed under his or her five top priorities. The priorities with the most dots were, by and large, chosen as the key ones to address.

The group then developed an action plan. It included five objectives:

- find a positive definition of the stigma issue that characterizes what the groups wants to achieve,
- identify and eliminate language and practices in WSIB communications that contribute to the stigmatization of workers,
- increase awareness within the WSIB that workers feel stigmatized,
- raise awareness externally, and
- promote action to support injured workers as they move forward to health recovery.

The plan also included nine “deliverables”:

- a description of the stigma problem,
- positive messaging for the WSIB and Ministry of Labour to use in outreach, public speaking and other communications, as well as a

process to spread awareness of, and commitment to using, the positive messaging,

- the identification of the types of venues and vehicles by which stigma can be countered,
- recruitment screening and training approaches,
- stigma audit/scan checklist tools that can be used to promote active interventions against stigma and ensure that WSIB language and processes don't stigmatize workers,
- training modules that address stigma and helps WSIB employees talk to injured workers,
- a presentation on WSIB's anti-stigma work for use both internally and externally,
- a brochure identifying stigmatizing behaviours and ways to eliminate them, and
- a stigma framework that graphically describes the arenas of stigma.

Two subcommittees were set up to tackle these deliverables. The first, headed by Maura Murphy, was responsible for communications issues such as developing the stigma framework, key messages, the anti-stigma presentations and the brochure. The second, led by John Mutch, was responsible for developing the audit tool, recruitment screen and training module.

WSIB makes substantive changes

CEO Hutcheon officially launched the anti-stigma initiative at a RAACWI symposium in May 2009, where she promised to lead the way in combating stigma. "Based on RAACWI research, we are introducing a new initiative this year to reduce stigmatizing attitudes and behaviours among WSIB front-line workers and WSIB communications," she said. "I know changing attitudes and behaviours isn't easy, but I believe that, in partnership with RAACWI, we can make change."

By May 2010, the anti-stigma team had made considerable headway. One of its biggest accomplishments was raising awareness about stigma and its effects among all WSIB employees, especially those who deal directly with injured workers. By the spring of 2010, for example, Geary had delivered the anti-

stigma message to more than 1,000 people at the WSIB, including the executive committee, all vice-presidents and their management teams, service and operations managers, local union representatives, front-line staff in a number of branches, and to the WSIB's Labour Market Re-entry partners. "I feel like I've been on the talk show circuit," Geary says.

The presentation to the exec committee was especially interesting, she says. She did a half-hour briefing on the key findings of the research and what the anti-stigma working group was doing. "The initial reaction was shock and defensiveness that we could inadvertently be causing harm. It's a difficult message to hear," says Geary. "However, Jill [the CEO]'s support was pivotal. She said stigma existed and the WSIB was going to deal with it. That removed the barriers."

A number of the deliverables are already completed, or nearly so. They include:

- **a framework describing how and where stigma occurs.** A graphically depicted framework is now available for use by WSIB and RAACWI that explains stigma, why it's harmful, what it look like within the workers' compensation system, the workplace, the health-care community and society as a whole, and what changes are needed to address it.
- **supportive language in WSIB communication about injured workers.** For example, the WSIB's recent focus on prevention in its Road to Zero campaign left injured workers feeling left in the cold. As a result, the WSIB has made its role in injury support and work reintegration more prominent in its messages.
- **a draft recruitment screen to identify damaging attitudes toward injured workers.** This screen helps identify negative attitudes toward workers with disabilities when recruiting internally and externally.
- **a tool to assist in destigmatizing WSIB forms and other documents.** A worker sensitivity check tool is used during the development or updating of new or existing written communication to help identify if the communication might promote or reinforce social stigma.
- **a draft brochure on the stigma faced by injured workers.** The brochure is called "Shame on you: The facts about injured worker stigma." It points out and corrects some of the myths about injured workers – that they're lazy, scammers, or riding the gravy train. The

brochure will be offered through the WSIB website and WSIB information centres across the province.

- **an e-learning course on stigma.** A generic e-learning course on stigma awareness is expected to roll out in October 2010. It will be embedded into the competency training that all WSIB staff are expected to complete as part of their performance evaluations. The generic course will also be customized for in-class training of new hires, managers and the WSIB's in-house training specialists.

The WSIB is going to set up a third subgroup under the direction of Karen Azzopardi, a learning and development specialist at WSIB. It will evaluate the anti-stigma initiative to see if non-stigmatizing practices have been incorporated into the front-line work of the Board. As well, WSIB has proposed that it and RAACWI get together once again in early 2011 to discuss what was learned during the process and the impact the changes are having.

Participation and research makes the difference

RAACWI's Steve Mantis refers to the process around the anti-stigma working group as "magical." The "magical" part, he says, was the way WSIB took charge and owned the issue. "I've been an injured workers' advocate for a long time, pointing out problems and asking for changes," he says. "But this was totally different. I didn't really need to advocate for anything. The WSIB just ran with it."

What made the difference? Mantis points to two things in particular: (1) the round-table process that encouraged all participants to share and listen, and (2) the role of research and researchers.

The round-table process, he says, democratized the process. "So often in discussions we're convincing others of our point of view, whether at home, at work, in the community," Mantis says. "It's not often that, in our society, we're encouraged to share and listen. But when you do, when you create an environment that allows people to work together, that's when things change."

This type of process meant the group wasn't polarized, even though injured workers and the WSIB have certainly squared off in the past. "Usually, there's an agenda," says Mutch. In this case, everyone was there to receive and learn."

As for research, Mantis says its role was invaluable. "Research was an important component of the success of this initiative," he says. "Researchers have a lot of credibility, way more than we do as injured workers or advocates. You could see the dynamics in the room change with the researchers there. Their credibility affected the way questions developed and issues were

addressed.”

Geary concurs. “I haven’t heard anyone within the WSIB say ‘this is a crock.’ No one has challenged the need to address stigma,” she says. “That’s partly because of the credibility that quoting research brings. Bringing evidence to the table makes a difference.”

Geary also valued the role of researchers on the anti-stigma team. “The presence of the researchers was neutralizing,” she says. “When ideologies emerged, the researchers played a significant role in bringing an objective, non-biased perspective. I am very grateful we had that kind of influence present. It created conversation and learning among the team members, instead of people driving to positions.”

Scientist Joan Eakin agrees that researchers played an important role as intermediaries. “We played a mediating role between the injured workers and WSIB by consistently referring to research that showed stigmatization was present within the WSIB – not deliberately, but as a function of the system. This allowed the WSIB to address the issue without being defensive.”

For Eakin, this process was also a first in that she was able to summon research findings in a working environment. “I’ve never been able to do that before,” she says. “It was a tremendous opportunity to communicate findings beyond those included in a published paper.”

She also learned to express her findings relative to WSIB needs. “We positioned the research to show that stigmatization should matter to them,” she says. “Improving the way injured workers are treated will not only make injured workers feel better, but also address delayed recovery as a result of stigmatization.”

The anti-stigma initiative gets official recognition

The anti-stigma message has begun to spread beyond the walls of the WSIB. Outgoing president Jill Hutcheon mentioned RAACWI and the anti-stigma initiative in her opening remarks in the WSIB’s 2008 annual report. Incoming WSIB President David Marshall and Deputy Minister of Labour Cynthia Morton both mentioned stigma when they appeared before the Standing Committee on Public Accounts in February 2010. And Geary and Mantis continued to bring the anti-stigma message to a larger audience throughout 2010, speaking at conferences attended by researchers, workers’ compensation executives, employers and unions, and more.

Mantis hopes this process can be recreated in other WSIB/injured worker interactions, with the support of research. “In my 25 years of experience, I have not seen a group process work as well as this one did,” he says. “There are so many spin-offs. We have new relationships between us as individuals and

organizations, and this opens up opportunities for hope. Forums that allow us to work together, to understand the issues with the help of research, and to try to find solutions the best we can, they are our best hope to make the system work.”

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AT A GLANCE: Why the anti-stigma working group worked

- The initiative focused on a “narrower” issue identified in the research as problematic for injured workers: stigma. It didn’t allow the initiative to become a catch-all for any number of other research-based grievances that injured workers may have with the WSIB.
- The initiative had the support of the WSIB president – and everyone on the WSIB anti-stigma team, within the WSIB workforce and the RAACWI community knew it. However, she gave her support and stepped back, leaving it to her WSIB team of vice-presidents, directors and managers to work with RAACWI to achieve results.
- The anti-stigma working group was made up members who could act on decisions made within the group. For example, the 10 WSIB managers had considerable decision-making authority.
- WSIB and RAACWI agreed upfront that the initiative had to be one that could be done in the course of the WSIB’s day-to-day work, not as a stand-alone project. It was also agreed that the project would have an impact or effect that was achievable within one year.
- The research evidence was introduced very early in the process, ensuring all members of the working group were starting on the same page.
- Researchers attended team meetings. Their presence legitimized the issue and had a neutralizing effect. They even played a mediating role from time to time, ensuring that advocacy issues remained off the table. In return, the researchers appreciated the opportunity to use their study findings in a

working milieu. It allowed them to communicate findings beyond those included in a published paper.

- The issue was not framed as one of blame. The research allowed the WSIB to see that stigma is a systemic issue that plagues many human service organizations, and that stigmatization is often not deliberate. This allowed WSIB to recognize the problem without feeling defensive.
- The members of the anti-stigma working group adopted the “blue sky discussion” concept and, therefore, did not come to the table with preconceived ideas or agendas. This allowed them to freely share ideas and solutions.
- Both sides came to a place of trust quickly. This was achieved in part by the WSIB showing good faith very early on . For example, it took a stigma framework developed by RAACWI and used its internal resources to turn it into a colourful, user-friendly graphic.
- The group developed concrete deliverables, with timeframes and assigned responsibilities.
- The process used by the working group was interactive and inclusive. It adopted a round-table technique in which each participant had a chance to talk without interruption, while the others listened. It also used a dot-mocracy process to prioritize ideas generated during brainstorming sessions.
- The process got participants to personally recognize the impact of stigma within their own lives. Members of the working group were asked to share their own experiences with injury, disease or disability and the resulting stigma.