OHCOW Research

General inventory

Clinic Specific

Hamilton

Sarnia

Windsor

An Inventory of OHCOW Research

2000 - 2005

Outside Funded Research Projects

Ongoing

- Research Grant from Workplace Safety and Insurance Board entitled "Evaluation and sustainability of ergonomic interventions". **C$ 270,059 for 2 years (2004-2006) - TO**
  Partners: U of Waterloo, Institute for Work and Health

- Seed grant to Centre of Research Expertise for the prevention of Work-related Musculoskeletal disorders and disability-CRE-MSD" at the University of Waterloo entitled "Evaluation of the impact of a participatory ergonomic intervention"
  C$7,500 over one year (2004-2005)- TO
  Partners: CAW, U of Waterloo, Institute for Work and Health

- Working with Queens University for a Research Grant from Workplace Safety and Insurance Board entitled "A comparison of posture and back and upper extremity muscle activity during standardised computer work between pregnant and non-pregnant women" **C$ 113,661 (2004-2006) - TO**
  Partners: Queens University, IRSST, Kingston General Hospital

- Princial Investigator for a RAC proposal #980049 - **Bendix** "A collaborative investigation of the incidence of cancer among workers in an auto parts plant." Final report outstanding. **C$ 71,895 over one year (Sept 1999-2000) – TO**
  Partners: CAW, London District Labour Council, McMaster Univ., U of T.

- "Lifetime Occupational and Environmental History Research" (LOEHR) (2004-2006): Based on the findings from the LOHR study, a case control studies, the goal of which is to interview 1000 women with breast cancer and 1000 women in the community without the disease. **C$300,000+ (2004 – 2006) - SA**
- **Partners: Canadian Breast Cancer Foundation, the Breast Cancer Society of Canada, the Green Shield Foundation, the Windsor Essex Cancer Centre Foundation.**

- "*Community Health Study in the Sarnia Area of Concern"*, is principally led by Dr. Isaac Luginaah. This research is a qualitative and quantitative study regarding the community of Sarnia's concerns and perceptions regarding health related issues. **C$113,000 by Social Sciences and Humanities Research Council of Canada (SSHRC) - SA**
  Partners: Univ. of Western Ontario and Univ. of Windsor

- **Respiratory Disease Related to Metalworking Fluid Exposure** - Asthma, chronic bronchitis, & lung symptom investigated with respect to metalworking fluid exposure. ELISA testing of selected workers for mycobacterium chelonae. Associated area mapping data to symptoms (dose-response curve determination)- RAC funded. Report pending. **(2000 – 2003) C$299,882 - HA**
  Partners: CAW, GM, McMaster and assisted by NIOSH, & the Gage Occupational Health program

- **Firefighter exposure/health surveillance** – As a result of Plastimet Fire July 1997, assisted in developing exposure/health surveillance system. Analyzed results of blood, urine and lung function tests for association with exposures. Measured dioxins/furans & selected heavy metals in blood to compare exposed firefighters with non-exposed. Report pending. **C$? – completely funded by City of Hamilton.**
  Partners: **IAFF, McMaster University & City of Hamilton**

Completed

- Seed grant to Centre of Research Expertise for the prevention of Work-related Musculoskeletal disorders and disability-CRE-MSD" at the University of Waterloo entitled "Investigation of Ergonomic Tools used by practising ergonomists, JHSC and Trainers" **C$7,500 over one year (2005-2006) - TO**
  Partners: None

- Co-investigator for a Research Grant from Human Resource Centre Canada (HRDC) for Labour Management Partnership Program entitled "Participatory Ergonomics: Prevention and reduction of work-related musculoskeletal disorders in the clothing industry". The purpose of the grant was to sustain an Ergonomics Change Team at two Clothing Plants in Ontario. The Grant also resulted in the production of an Ergonomic handbook for Clothing Industry covering the topic of Participatory ergonomics and ergonomic interventions. **C$ 100,000 over 1 year (2003-2004) - TO**
  Partners: UNITE, U of Waterloo, Institute for Work and Health

- Co-investigator for a Research Grant from Workers Safety and Insurance Board of Ontario, Canada for project entitled "Prevention of Work-related Musculo-skeletal Disorders in the Ontario Clothing Industry: A Focus on Small Business" November 2000. **C$ 262,000 over 2 years (2002-2004). - TO**
  Partners: UNITE, U of Waterloo, Institute for Work and Health

- **Partners with** Workplace Safety and Insurance Board to set-up/establish Centre of Research Expertise Entitled "Centre of Research Expertise for the prevention of Work-related Musculoskeletal disorders and disability-CRE-MSD" at the University of Waterloo. **C$ 2 Million over 5 years (2004-2008). Centre Established. - TO**
  Partners: U of Waterloo, U of Toronto, York University, University of Windsor, Institute for Work and Health etc.

- Occupational histories of cancer patients in a Canadian cancer treatment centre and the generated hypothesis regarding breast cancer and farming.
  Partners: Univ. of Windsor, Windsor Cancer Treatment Centre – WI

- "**Lifetime Occupational History Research (LOHR)"** - funding provided by the WSIB RAC - a two year case control study was completed that examined the possible occupational risks associated with female breast cancer and male head and neck cancer. **C$250,000** plus additional financial support from the Windsor Essex Cancer Centre Foundation and several CAW Locals. **(2000-2002) – SA**

- **"CAW / McMaster Work Related Health and Safety Risks" –** To understand the relationship between work organization, psychosocial stressors and health outcomes in the auto parts and automobile sector. RAC funded. **C$$300,000. (1999- 2001) – TO & PROV.**

OHCOW Funded Research Projects

Current Research

- **"A Study of Mortality and Cancer Incidence in Inco's Thompson, Manitoba, Nickel Workers" and "A Study of Mortality and Cancer Incidence in Inco's Ontario Nickel Workers"** contributing to a study of mortality rates and cancer incident rates among men who worked for the Thompson Division of the International Nickel Company of Canada, from 1960-1997. These rates are then to be compared to general population. Both simple and complex statistical analyses are being performed as are job matrixes. – **(2005) - SU**
  Partners: USWA, Cancer Treatment Centre- Sudbury, Inco.

- **Canada Post Anti-slip Cleat Study –** Study to determine if there was a preferred type of anti-slip footwear for use during winter months**.** The data collection has been completed and will answer the cleat quality question and the electromyography will be used to record what the muscles do when a slip occurs. - **(2005) - SU**
  Partners: Laurentian Univ.

- **CAW Smelter Workers Research Project - S**tudy to determine musculoskeletal disorders among workers in the smelter. Surveys will be conducted to identify any musculoskeletal disorders and jobs with an increased risk for the development of these disorders. Nordic questionnaire and other possible survey tools. The Michigan 3D Static Strength Prediction Program is being examined as a method to quantify biomechanical requirements during manual materials handling tasks. **(2005) – SU**
  Partners: CAW

- **Exposures in a pulp and paper mill construction project.** From investigations into the health concerns of various trade workers from a recovery boiler construction project at a pulp and paper mill in Dryden, Ontario. Results from questionnaires, body mapping and worker interviews are reported. Discussions on likely exposures encountered and recommendations on preventative measures for construction projects, to minimize risk of potential exposures. **(2005) - SU**
  Partners: Thunder Bay Construction and Building Trades Council

- **Minimal Lift Study-** Implementing a training program for a minimal lift program which has been put in place at a local area hospital. Developing research protocol for identifying the success of educational and training programs. Looking to examine pre-post compensation costs and surveys on effectiveness of training program. Training commences in September-October 2005. Video presentation has been completed. **(2005) - SU**

Partners: Sudbury Regional Hospital

- **Heat stress**- translated WBGT into Humidex. Analyzed 7000 measurements to determine accuracy of translation. Produced protocol for investigating measures of acclimatization. Produced calculator for WBGT estimates.
  Partners: CAW, WH&SC, CSAO, & ESAO – (2001 and ongoing) - HA

- **Aamjiwnaang Community Health Study**. This is a very involved process that includes investigations into the general health of the community; toxic substances in the land and sentiment; birth ratios; and possible air and water exposures to hazardous substances. First Nation's representatives are currently administering a health survey. They have collected information on over 400 of the 650 reserve residents.
  Partners: Aamjiwnaang First Nations,

- **Lung screening project with Princess Margaret Hospital**. There are over 700 workers diagnosed at the Sarnia clinic with either asbestosis or pleural plaques. We are reassessing their health and maintaining a database that documents their current health status and employment history. Workers will be sent to Toronto for High Resolution CT Scanning.
  Partners: Princess Margaret Hospital,

- **London Labour Council confidential cancer hotline**. There has been a series of discussions with representatives of the London Labour Council about establishing a cancer hotline to document possible incidences of occupational cancer. The Labour Council has given its support, in principle. Meeting further to refine the questionnaire and pamphlet about this research undertaking.
  Partners:

Completed – Since 2000

- Identifying and Prioritizing Gaming Workers' Health and Safety Concerns Using Mapping for Data Collection. - **WI**
  Partners: Manitoba Occupational Health Centre, CAW

- "HAVS" - Determine the prevalence of hand-arm vibration syndrome (HAVS) in 617 workers at a base metal mine in northern Ontario and to educate, advise, and make recommendations on the prevention of HAVS. **C$10,000 (2001)** - **SU**
  Partners: McMaster Univ., USWA,

Research – Published

- Brophy J, Gorey KM, Keith MM, Laukkanen E, Hellyer D, Watterson A., Reinhartz A., Gilbertson M. (2002). Occupational histories of cancer patients in a Canadian cancer treatment centre and the generated hypothesis regarding breast cancer and farming. **International Journal of Occupational and Environmental Health, 8(4):346-53.**

- Keith M, Cann B, Brophy J, Hellyer D, Day M, Egan S, Mayville K, Watterson A. (2001a). Identifying and Prioritizing Gaming Workers' Health and Safety

Concerns Using Mapping for Data Collection. **American Journal of Industrial Medicine, 39: 42-51.**

- Keith M, Brophy J, Kirby P, Rosskam E. (2002). *Barefoot Research: A Work Security Manual for Workers*. Geneva: **International Labour Organization** (ILO).

- Keith M and Brophy J. (2004). Participatory mapping of occupational hazards and disease among asbestos-exposed workers from a foundry and insulation complex in Canada. **International Journal of Occupational and Environmental Health, 1:144-153.**

- Joel E. Andersen, Msc, MD, CCBOM, CIME and Nancy Keller, (1999/2000). Occupational Hygienist. Darkroom Disease. **Occupational and Environmental Medical Association of Canada Liaison, Volume 14#4**

- Colleen E Hill, Wendy J Langis, John E Petherick, Donna M Campbell, Ted Haines, Joel Andersen, Kevin K Conley, Jason White, Nancy E Lightfoot and Randy J Bissett (2001). Assessment of Hand-Arm Vibration Syndrome in a Northern Ontario Base Metal Mine. **Chronic Diseases in Canada, Volume 22, No. ¾.**

- **J.T. Brophy. (**2004). Response tot Cancer Care Ontario regarding breast cancer and farmin hypothesis. **International J Occup Environ Health, 10 (1):104-106**

- **M. Gilbertson** and **J. Brophy.** (2001) Community Health Profile of Windsor, Ontario, **Environmental Health Perspectives Vol. 9, Suppl. 6 December: 827-843**

- **J. Brophy** and **M. Parent.** (1999) Documenting the Asbestos Story in Sarnia. **New Solutions: A Journal of Environmental and Occupational Health Policy, Vol. 9 No.3: 297-315.**

OHCOW - Hamilton

1. Respiratory Disease Related to Metalworking Fluid Exposure
2. Dupuytren's Contracture and Occupation: A Case-Control Study
3. Brain Cancer Cluster
4. Humidex Validation
5. Pilot Study of Manganese Accumulation in Ontario Workers
6. Firefighter Occupational Health and Exposure Program (OHEP)
7. Noise in Operating Rooms
8. Dioxin in Firefighters at Plastimet Fire
9. Asthma Education for Primary Care Physicians
10. CAW blood pressure study
11. Asthma education for Health Professionals
12. OHN Nurse Inflluentials
13. Neuropsychiatric Evaluation of Solvent Exposed Traffic Line Painters
14. Evaluation of Office Ergonomic Interventions

OHCOW – Sarnia

- **Brophy JT,** Keith MM, Schieman, J. (2007) Canada's Asbestos Legacy: Home and Abroad. International Journal of Occupational and Environmental Health. (in press).
- **Brophy JT,** Keith MM, Gorey KM, Laukkanen E, Luginaah I, , Hellyer D, Reinhartz A, Watterson A, Abu-Zahra H, Park RM. (2007) Cancer and construction: what occupational histories in a Canadian community reveal. Int J Occup Environ Healt. (In Press).
- **Brophy JT,** Keith MM, Gorey KM, Luginaah I, Laukkanen E, Hellyer D, Reinhartz A, Watterson A, Abu-Zahra H, Maticka-Tyndale E, Schneider K, Beck M, Gilbertson M. (2006). Occupation and breast cancer: a Canadian case-control study. *Annals of the New York Academy of Sciences. 1076:765-777.*
- Keith MM and **Brophy JT**. (2006). Identification of work-related asbestos disease in a Canadian community. *Annals of the New York Academy of Sciences. 1076:932.*
- Mackenzie C, Lockridge A, **Keith M**. (2005). Declining sex ratio in a first nation community. *Environmental Health Perspectives,* 113(10):1295-8**.**
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- **Brophy JT** (2004) Cancer and work in Canada with particular reference to occupational risk factors in breast cancer patients in one community and related selected research methods used to investigate those factors. *PhD dissertation, University of Stirling* Scotland.
- **Brophy JT**, Keith M, Gorey KM, Laukkanen E, and Hellyer D, Watterson A, Reinhartz AD, and Gilbertson M. (2002) Occupational histories of cancer patients in a Canadian cancer treatment centre and the generated hypothesis regarding breast cancer and farming. *International Journal of Occupational and Environmental Health, 8:342-349.*

- Gilberston M and **Brophy J**. (2001) Community Health Profile of Windsor, Ontario, *Environmental Health Perspectives* Vol 9, Suppl 6 December: 827-843.
- Keith M, Cann B, **Brophy J**, Hellyer D, Day M, Egan S, Mayville K, Watterson A. (2001). Identifying and Prioritising Gaming Workers' Health and Safety Concerns Using Mapping for Data Collection. *American Journal of Industrial Medicine*, 39:42-51
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- **Brophy J**. and Parent, M. (1999) Documenting The Asbestos Story in Sarnia *New Solutions: A Journal of Environmental and Occupational Health Policy,* Vol.9, No.3: 297-315.
- **Brophy J.** (1995) Compensation and Occupational Disease: Submission to the Royal Commission on Workers' Compensation. *New Solutions: A Journal of Environmental and Occupational Health Policy,* Fall 1995: 3-11.

OHCOW – Windsor

Migrant Worker Project: Migrant and other Seasonal workers are concentrated in low-paying, non-unionized jobs that are also unpleasant and dangerous. There is ample reason to believe that these workers with poor to non-existent English skills are being killed and injured on the job at higher rates than any other workers. They work at high-risk jobs; jobs that most citizens refuse to do and have less information about the hazards of their jobs due to language barriers and lack of legislation enforcement. This is compounded by the fact that Ministry of Labour inspectors are poorly equipped to deal with the language issue.

Beginning in February of each year there is an estimated two thousand (2,000) migrant workers arriving from outside the Essex-Windsor area. Most of these workers will come from Mexico with smaller numbers coming from Jamaica, Quebec and the Maritime Provinces. There is an estimated equal number of one thousand (1,000) who are current residents of the South Essex area or who will travel to the area on a seasonal basis from Windsor and other closer urban centres.

There have been many reported cases of workplace accidents and injuries involving migrant and seasonal workers. Language barriers and lack of training makes general farm safety a grave concern.

In conjunction with its community partners, OHCOW – Windsor engaged in a pilot project to address health & safety and other general social justice concerns.

Since the summer of 2001 our clinic has joined with the Hamilton clinic to provide educational workshops each summer. We also worked with the Toronto clinic to publish a health & safety guide book written in both English and Spanish, which was made available to the workers.

The Windsor and Hamilton Clinics were also instrumental in establishing support centres for the Seasonal/Migrant workers in the Leamington and Simcoe areas.

We have also lobbied the Ministry of Labour fervently for rights for these workers under the Occupational Health & Safety Act. The ministry has announced that legislation will be in effect as of June 30, 2006.

Brain Cancer Mortality Investigation: A series of five claims for brain cancer were recently submitted on behalf of workers from a single work place. We have studied the correlation of brain cancer and exposures at a local chemical plant.

OHCOW has provided the WSIB with an 80-page table summarizing occupational brain cancer studies that may be relevant to this workplace and group of workers. This summary table included 131 cohort studies, 8 case-control studies, 15 review papers and a handful of animal studies and case reports. With this summary, OHCOW also provided a 750-paper bibliography of occupational brain cancer papers.

An occupational hygienist at WSIB reviewed the exposures. An adjudicator and an epidemiologist; an external medical reviewer and someone from the Medical Occupational Disease Branch (MODB) were also involved. Each worked independently of one another and there was no sign of interaction between them. One claim was accepted. The other four decisions are being appealed.

IAQ Survey (Mould): The Joint Health & Safety Committees (JHSCs) from a local hospital and health unit asked the Windsor clinic to survey building occupants regarding their indoor air quality. In order to adequately evaluate their concerns, the Clinic needed to know the symptom experiences of the building occupants. To collect this information in a systematic fashion, the Clinic requested that the workers of the respective workplaces complete a questionnaire.

We compared the pattern of environmental factors disturbing the occupants and pattern of symptoms. The results were graphed and compared to reference values, which represent the outcome of the questionnaire in "healthy buildings" (i.e., buildings with no known indoor climate problems). In some cases, information suggested that the worker see their family physician in order to proactively reduce the risk of further ill health. We prepared a report summarizing the analysis, conclusions and recommendations of the investigation.

Creutzfeldt-Jacob Disease (CJD): Sodium Hydroxide is the method of decontaminating surgical instruments, operating rooms to kill the disease (CJD). The only other method of decontamination is by incineration. Sodium Hydroxide is a highly corrosive liquid of 4% strength that is poured over the surgical instruments to cover them in a basin and then autoclaved. The employer upon hearing of a **possible** case of CJD at an area hospital, exposed workers at the hospital by trying to decontaminating the instruments by using sodium hydroxide in the autoclaving process. The JHSC came to OHCOW to investigate the incident, the health of the workers and make recommendations to Health Canada. Through our intervention, recommendations were submitted for " Draft # 21 – Infection Control Guidelines for Creutzfeldt-Jacob Disease (CJD) in Canada". Prior to our involvement Occupational Health and Safety concerns were negligible in this draft.

Fire Fighter Intake Clinic: OHCOW Windsor held an intake clinic for retired and active fire fighters initiated by the Windsor Provincial Fire Fighters Association (WPFFA). There were 14 fire fighters and 1 widow who participated in the intake clinic. The fire fighter's union had expressed concern with the high incidence of occupational disease within their ranks. At the present time WSIB will accept the

following if they occur in fire fighters: brain cancer with 20 years of service, leukemia with 30 years of service, Non-Hodgkin's Lymphoma with 15 years of service, bladder and kidney cancer with 30 years of service or 20 years of service prior to 1990, and Parkinson's Disease has been accepted in a case by case basis.

The intake clinic had a number of valuable purposes:

- Encourage fire fighters to bring forward any disease processes or illnesses including, cancer, heart and/or neurological conditions that would be assessed and claims would be submitted to the WSIB
- Build a statistical foundation with the WSIB to encourage the recognition of future claims for fighters
- To further facilitate a positive working relationship between OHCOW, WPFFA, the OPFFA, and the WSIB

The intake was held at the Windsor Clinic, where an intake process was completed for the fire fighters individually. The fire fighter then went to our board room and was interviewed by OPFFA Worker Advocates, where work histories and medical releases of information were obtained. The worker was then interviewed by our Nurse for a complete medical and work history. A WSIB adjudicator from Toronto then saw each fire fighter and discussed their diagnosis with them, explained the WSIB process and provided disease related information to the fire fighters from the Canadian Cancer Society.

The firefighter Worker Advocates then submitted claims to WSIB and awaited the outcome. Four claims have been accepted for bladder and kidney cancers and the fire fighters are awaiting NEL assessments. Four claims have been denied with diagnosis of: laryngeal cancer, multiple myeloma, skin cancer, and a cardiac condition. We have been advised that 3 of the 4 fire fighters are willing to proceed with an appeal and OHCOW will review and work on each of these files. We are waiting for the outcome of the remaining claims and will assist the claimants if they wish.

MORE FIREFIGHTER RESEARCH: OHCOW Windsor held a Windsor Fire Fighter Pilot Project that included all staff and all disciplines. The purpose of this project was to review and discuss the exposures and injuries/illnesses that fire fighters are exposed to on the job and ask for potential solutions to reduce injuries and illnesses. The workers provided information about their fire fighting history and exposures that they thought were of a significant nature. They educated us about their job tasks, terminology and exposures since the 1950's. Body mapping for occupational disease and illness and musculoskeletal conditions was done.

At the present time we are waiting for the fire fighters to complete the information that had been collected and sent to them regarding major fires and exposures in the Windsor area. Once we have received this information, we are hoping to have a large intake clinic for retired and active fire fighters in the Windsor area. At the completion of the information gathering from the large intake clinic we would like to write a report with a summary of our findings with recommendations for improving health and safety among fire fighters and possibly put it forward to be published.

Dental Hygiene Research Project: Windsor has developed a questionnaire to study the prevalence of musculoskeletal injury among Ontario dental hygienists, as well as investigating the correlation between those injuries and workplace factors

that could be contributing. To date, the questionnaire was piloted and sent to 90 dental hygienists in the Windsor/Essex County region. Among the questionnaires mailed out, approximately 50 percent were returned.

For the next step of the research, the questionnaire is being updated based on the information obtained from the pilot. In order to complete this study, a data analysis program needs to be obtained in order to analysis the questionnaire data. The plan is to send out the questionnaire to ALL dental hygienists in Ontario. The Ontario Dental Hygiene Association has agreed to send out the questionnaire in their newsletter mail out to their members. There are 8000 ODHA members; therefore, the compiling of data from the returned questionnaires will be labour intensive. We estimate that approximately 40 to 50 percent of the questionnaires will be mailed back. The OHCOW Windsor clinic will also require access to a software program in order to analyze the extensive amount of data to complete the study.

Scleroderma: The Windsor Clinic has written and published an Article on slceroderma for OOHNA, which required extensive literature review to research and complete the article.

Chlorine Exposure at area College: Local high school swimming team students were practicing at the local college when they were exposed to extreme levels of chlorine. The automatic mechanism for chlorination malfunctioned. The clinic performed spirometry and lung function examinations. A tumour was discovered on one student's lung which was medically removed. Recommendations were made to the college JHSC to ensure this wouldn't happen again.

ISO: Initiated a pilot project to compile a listing of workplaces with isocyanate exposure.

Kids, Computers, and RSIs: As an affluent society, more and more Canadian homes and schools are equipped with the latest in computer technology. Unlike their parents' generation, our Canadian children are using computers at home, at school and in their part time jobs. Ontario has 1.2 million elementary and high school students who are exposed to these *new* computers, *new* risk factors, and *new* injuries.

This prevention initiative increased awareness about repetitive strain injury (RSI) issues with respect to children who use computers and promote education of successful ergonomic intervention strategies. We reported on recent research, findings, and recommendations on the issue of Children, Computer Use, and RSIs from Canada and around the globe.

OCCUPATIONAL ASTHMA IN SMALL INDUSTRY*:* Through our environmental scan exercise we identified a significant need for the development of prevention and education strategies, targeting the smaller non-unionized industries such as autobody repair shops, agricultural workers and acrylic nails salons. Workers are often unknowingly exposed to elevated levels of respiratory sensitizers and irritants that predispose them to the development or aggravation of occupational asthma. These workers are often female and include recent immigrants who do not have access to appropriate health and safety training. Suitable worker health and safety training, correct personal protective equipment and adequate techniques to reduce exposure are frequently not available. Workers often do not seek medical attention when symptoms develop due to fear of repercussion, including job loss, or will leave the workplace environment prematurely without reporting the difficulties.

This project consists of four elements including worker/employer education and outreach, physician education and outreach, work site visits/enhancement of the present medical surveillance programs and the development of three, five-minute videos. All elements of the project are expected to be completed on schedule.

STRESS PREVENTION IN THE WORKPLACE: The hot topic in occupational health has become violence, harassment and stress in the workplace. In this last decade there have been an increasing number of incidents of violence by disaffected workers in Canada. The most shocking results of the high levels of stress experienced by workers have resulted in deaths in the workplace. The aggressors have been subjected to multiple stressors in the workplace, including introduction of new technologies, a greatly intensified pace of work, sweeping administrative changes and poorly designed and executed labour relation practices.

The Windsor clinic designed and conducted a health questionnaire survey that involved leadership of the CAW union. We have been working closely with CAW to develop a deliverable program to their members.

This proposed project seeks not only to educate workers about stress but also to reduce stress by involving workers in a fundamentally active role in the design and development of their own stress prevention and abatement program. Such an approach will maximize the relevancy of the program to workers' needs, improve its effectiveness and enhance its acceptance as a bona fide stress prevention program.

The purpose of this initiative was to develop a labour-based "stress prevention and abatement" pilot program that can become a model for developing an effective strategy for combating workplace stress in Ontario workplaces.