

Final: Board approved December 15, 2011

OHCOW Strategic Plan: 2012 – 2014

How OHCOW developed this plan

For over two decades, OHCOW has played a unique role in improving the health and safety of Ontario workers, particularly through the work of our inter-disciplinary team of health and safety professionals. We have responded to the needs of workers in all sectors and from all parts of the province. This has included support to individual workplaces as well as vital work with many partners to support workers and their families involved in large clusters of occupational diseases. We have served and protected some of the most vulnerable workers in Ontario, including migrant farm workers.

In our last strategic plan, from 2008 – 2011, OHCOW built on our proud history as we faced new and complex realities. During 2010, that plan was reviewed at mid-term, resulting in the prioritization and focusing of strategic priorities. Much progress has been made in the three years covered by that plan, within the broader context of unprecedented changes in the prevention system. This new strategic plan, covering 2012 – 2014, builds on that progress and maps out the next stage to strengthen OHCOW's capacity and effectiveness to serve Ontario workers and workplaces.

OHCOW's plan is positioned as best possible to contribute to the new structure and strategy which result from the transfer of responsibility for the prevention system from the Workplace Safety and Insurance Board (WSIB) to the Ministry of Labour (MOL) as of April 1, 2012. This will occur pursuant to the 2011 Bill 160 amendments to the Occupational Health and Safety Act (OHSA). The plan also ensures that OHCOW will continue to be labour governed and able to maintain the deep trust which workers and their unions have in the support and services which we provide to them.

To build this plan, during 2011 we embarked on an ambitious strategic planning process. We engaged the worker and employer communities, our Local Advisory Committees, our many partners, our staff, leadership and Board in the best possible ways, to explore key issues and develop a clear plan to move forward together. There were two key components to the planning process – a broad stakeholder survey from April – June 2011 and a series of focused consultations with key stakeholders, partners, bargaining agents, leadership group and Board members. In addition, OHCOW had the benefit of strategic input from stakeholders and partners working with us through joint worker community/OHCOW working groups established during 2009. All of this culminated in approval of the foundational elements of this plan by OHCOW's Board in September 2011 and the full detailed plan on December 15, 2011.

Overview of the strategic plan

The plan begins with a scan of key environmental factors. This is not meant to be comprehensive, but selective in identifying factors of particular importance in developing

OHCOW's strategic plan. Even this basic scan illustrates the complexity and challenges of the environment within which OHCOW and other prevention organizations must find the best way to move forward.

Next is a summary of input received during the consultation period. This shows the passion and thoughtfulness of OHCOW's stakeholders, partners, staff, leadership and Board members, as they helped us address our challenges and map out future directions.

Following the input summary is a revised mission statement. While our vision has not changed, the revised mission statement reflects the significant changes which have taken place since OHCOW's last strategic plan was formulated in 2008.

The heart of the plan is the set of key strategic directions which respond to the environmental factors and consultation input, and which will focus OHCOW's work over the next three years.

The final section lays out the approach to implementation.

Key environmental factors

External factors

Economic, social and demographic

- Following the economic downturn of 2008/09, there was some recovery but overall there has been a continuing erosion of Ontario's traditional industrial base. This includes severe threats from foreign competition and the high dollar. Some of the lost jobs have been replaced with the growth of green industries. There is also great concern that slow growth and protectionism in the United States, combined with stagnation and high debt levels in the European Union, will make it very difficult for Ontario to recover strongly from the downturn.
- Growing interest in ensuring that Ontario's trade competitors be required to operate on a level playing field – to meet the same OHS standards as we achieve in Ontario. However, there are contrary pressures coming from anti-regulation sentiment in the US, free trade negotiations with the European Union and other key trading partners.
- There are also significant fiscal challenges within firms, both private and public sector, which mean that investment in health and safety may be seen as a lower priority.
- The economy continues to evolve toward a more fragmented situation with an increase in small and medium sized workplaces.
- There are increasing numbers of vulnerable workers in the Ontario economy – especially immigrant and migrant workers, those working for labour brokers or temporary agencies and a growing number of sole proprietors or independent operators. Some of these independent operators have little real independence or bargaining power with the employers who engage them. During 2012 – 2014, it

is anticipated that up to 100,000 independent operators in the construction industry will enter into mandatory coverage by WSIB and will need support around occupational health conditions and prevention.

- There is a growing population of aging workers as many Ontarians delay retirement. Some of these workers are in new jobs and thus face the additional risks associated with being a new worker.
- Ontarians are concerned about the environment – both climate change and environmental pollution. This includes growing awareness, concern and media attention to occupational exposures, particularly carcinogenic ones. In addition, during 2009 – 2011, there was probably more media attention to asbestos disease than at any previous time, leading to growing awareness of the dangers of occupational exposures. Workers and unions are concerned about new chemicals and compounds regularly entering the workplace with insufficient information on the health hazards which they may pose. However, the situation is complex, as many Ontarians are also equally or even more concerned about their jobs and thus may be reluctant to draw attention to exposure issues. This is of course particularly true of vulnerable workers.
- There is less hesitancy in raising issues involving workplaces which are closing down or downsizing as a result of the economic situation. Labour partners are asking that OHCOW support them in “exit assessments” of workers in such workplaces, as workers retire or are laid off, with concerns about their current and future health status. There are tens of thousands of workers in these situations, primarily in manufacturing.
- During 2010 and 2011, requests have come from many unions for strengthened prevention efforts around psycho-social hazards. Interest in this was heightened with the implementation of the 2010 Bill 168 amendments to the OHS Act around workplace violence. OHCOW has been working with an innovative partnership called the Labour/OHCOW/Academic Researcher Collaboration, developing and testing prevention tools and resources around these issues. It is anticipated that from 2012 – 2014, the call for OHCOW involvement in these areas will grow significantly. Often, psycho-social hazards are encountered in combination with MSD and/or exposure hazards, creating significant complexities in developing prevention interventions.

The prevention system

- During 2009 – 2011, Ontario’s prevention system has undergone an unprecedented period of change. It began with the merger of 12 sectoral safe workplace associations into 4 larger organizations, which along with OHCOW and the Workers’ Health and Safety Centre (WHSC) constitute the current system. Then came the tragic deaths in December 2009 of a group of vulnerable immigrant workers on a Toronto construction site. This put Ontario’s health and safety system in the spotlight, as many members of the public asked how something like this could still happen in the 21st century.
- During 2010, an intensive review process of our health and safety and prevention systems was carried out by an expert panel from the employer, labour and

academic communities, led by former Secretary of Cabinet Tony Dean. OHCOW participated actively in the review process. The panel reported in late 2010, with a comprehensive set of recommendations. The primary recommendation was a shift of leadership and funding responsibility from WSIB to MOL, including development of a system wide prevention strategy.

- In 2011, this shift was legislated by Bill 160 and a new Chief Prevention Officer was appointed by the provincial government in September 2011. Prevention system organizations have submitted business plans to the MOL for 2012/13, in preparation for the beginning of MOL's leadership of prevention on April 1, 2012. All of this has opened the door to a new phase of collaboration and alignment in prevention planning, including more clarity in system roles and responsibilities.
- At the same time, worker stakeholders have expressed concern that this shift should not lead to any threat to labour governance of OHCOW nor to reduction in the trusted support and services which they have relied on from us.
- An integrated planning process during 2011, led by MOL, has incorporated recommendations from the expert panel and from partner organizations and stakeholders. Among the system priorities where OHCOW can make a major contribution are prevention of work-related musculo-skeletal disorders (MSDs) and prevention of occupational asthma, dermatitis, hearing loss and hand-arm vibration syndrome (HAVS).
- During 2008 and 2009, OHCOW played the lead role in facilitating system discussions about performance measures and data/information needs. We then participated actively in the expert panel working group which addressed these issues in 2010 and the Bill 160 implementation working group in 2011. Through all of these processes, system partners and stakeholders have addressed the need to develop alternative and improved performance measures to supplement or replace the current use of WSIB lost time injury rate as the primary measure of health and safety performance. OHCOW has argued for the use of performance indicators which would be more supported by the worker community (e.g., deeper leading indicators of strong health and safety programs in workplaces, indicators of MSD or exposure hazards). We have also argued for improved information sharing, to strengthen targeting and monitoring of system prevention interventions. Interest and support for these types of indicators has increased over the past few years, but strategic decisions still remain to be made in 2012 and beyond about which ones will be used.
- During 2009 and 2010, OHCOW co-led with an employer community representative a system working group tasked to develop a proposed occupational disease prevention strategy. This proposal was tabled with WSIB senior management in 2010 and now awaits consideration by the new Chief Prevention Officer for inclusion in the overall prevention strategy. During 2012 – 2014, this should open up significant opportunities for OHCOW to have an increased impact on disease prevention.
- As well, OHCOW has played an active role in system efforts (led by Workplace Safety Prevention Services - WSPS) to develop a prevention strategy around ergonomics and MSD prevention. It is anticipated that a more comprehensive

approach to MSD prevention will be developed in 2012 – 2014 and that OHCOW will be able to play a major role in addressing the huge human and financial costs related to MSDs.

- There is growing interest in Ontario’s workers’ compensation system to improve the linkage between return to work and primary prevention. The objective is to improve early and safe return to work by making changes in the working conditions which contributed to the injuries; and to systemically address those working condition to reduce injury hazards to other workers. During 2009 and 2010, OHCOW played the lead role in bringing together partners in an innovative pilot project to better link return to work and primary prevention. This project, at Niagara Health System, has involved a partnership where the Occupational Disability Response Team (ODRT) has supported the workplace parties in developing a joint to return program; OHCOW has provided clinical services to workers facing more significant challenges in returning to work as well as participatory ergonomic interventions; the Public Service HSA has supported improvements in the employer’s health and safety management system; and evaluation is provided by the Institute for Work and Health. During 2012 – 2014, it is anticipated that there will be opportunities to extend this approach to other workplaces. However, to do this, resources will be a crucial issue.
- Bill 160 has opened new possibilities to extend the use of standards and codes of practice in Ontario workplaces. This opens up the possibility of putting a label of good performance on healthy and safe workplaces in Ontario – and then being able to demand a similar standard of performance from foreign competitors. For OHCOW, during 2012 – 2014, this will have the potential to allow us to work with workplace parties to help them achieve a recognized level of performance consistent with these standards.
- The expert panel report included significant recommendations to strengthen protection of vulnerable workers. Throughout 2009 – 2011, OHCOW has put a very high priority on protecting and working with vulnerable workers, particularly migrant farm workers in the Niagara Peninsula and southwestern Ontario. It is anticipated that from 2012 – 2014, this work will be even more necessary and important.

Internal factors

Prior to 2008, OHCOW had gone through a lengthy period of internal difficulties and then an extended period of recruitment of a managing director. Although good leadership was in place for that time period, there were a number of outstanding internal issues which needed to be addressed in the 2009 – 2011 strategic plan. The most important of these are listed below, in each case with a summary of the progress made during this three year period:

Services and resources

- OHCOW’s local clinics developed from the ground up, in their communities. They sometimes took very different approaches to similar service issues. This

- meant that there was a need for greater consistency in service delivery approach across the province. During 2009 – 2011, OHCOW has carried out a thorough review of its service delivery model, in collaboration with its staff and key worker representatives. A consistent model has been developed and is ready for detailed implementation in 2012, including incorporation into a new activity management system and database on the CRM platform.
- OHCOW has faced major challenges during a period of fiscal constraint in determining the allocation of scarce resources to many competing needs – individual cases, clusters of cases, workplace support and intervention, knowledge transfer and various types of investigations and research projects. And more generally, finding the right balance of OHCOW’s clinical and prevention work. To accomplish this, during 2009 – 2011 OHCOW reduced non-core staffing to allow maintenance of frontline services. This included an increase in staffing to the Toronto clinic, which serves the GTA, part of central Ontario and eastern Ontario. OHCOW is a lean organization with most of our resources at the front line. There is little non-core staffing left to be cut, so this approach will not be possible during 2012 – 2014 if resources remain flat or are reduced. There would be a significant frontline impact. This means as well that resource allocation would be governed even more stringently by the priorities established in this strategic plan.
 - Through most of the 2000s, OHCOW faced a flatlined base budget. This meant that all 5 clinics lost frontline resources. In spite of its own fiscal pressures, WSIB extended support to OHCOW to address our most crucial resource needs during 2009 – 2011 – including \$100,000 annually during all three of those years for services to migrant farm workers and \$250,000 on an annualized basis in 2010 and 2011 for a new clinic in Thunder Bay. These continuing resource needs will now be addressed by MOL during 2012 – 2014 during its budgetary process. There has been strong stakeholder support for clinics in Ottawa and London as well as Thunder Bay. The success of Thunder Bay clinic will be an important factor in making the case for other new clinics.
 - In our 2009 – 2011 plan, OHCOW identified the need for additional resources related to clinical services, to provide some capacity to deal with workload from individual and group cases. During all three years, WSIB continued funding through a clinical services agreement at the level of \$120 - \$150,000 annually. The issue of whether to continue and perhaps enhance this agreement will be addressed in the near future and will of course be critical to providing OHCOW with “surge capacity” to deal with groups and clusters of cases.

Human resources

- OHCOW faced major human resources challenges in the past, and the 2009 – 2011 plan aimed to support major improvements in this area. Very significant progress has been made, including improvements in performance planning and review; modernization of collective agreements; development of new frontline and provincial office job descriptions; and substantial renewal of OHCOW’s health and safety policy and program. During 2012 – 2014, more progress needs

- to be made, including a review of job descriptions and roles for the rest of the frontline positions, a comprehensive learning strategy and a succession planning strategy.
- The 2009 – 2011 plan identified the need to address longstanding issues related to OHCOW’s doctors, to ensure a good cooperative relationship between OHCOW and the doctors who work with us on a contracted basis. Very major progress has been made in supporting collegial discussions among the doctors and collaboration on initial stages of identifying best practices in report writing. This will need to be built on in 2012 – 2014. There will also be the challenge of negotiating a new fee agreement with the Ontario Medical Association.

Information management, communications and technology

- The 2009 – 2011 plan identified the need to address issues around technology infrastructure and hardware as well as longstanding issues around OHCOW’s case management system and database. Very significant progress has been made. This includes replacement of antiquated hardware and acquisition of new servers; major increases in bandwidth; major improvements in back up arrangements; stabilization of the legacy database in preparation for the planned shift to a new CRM platform, which will be complete in early 2012. During 2012 – 2014, new challenges will arise, particularly as the prevention system moves toward a common database and more extensive information sharing, as recommended by the expert panel.
- The 2009 – 2011 plan addressed the lack of a comprehensive OHCOW communications plan and protocols for dealing with sensitive and high profile issues. This included making OHCOW’s website more dynamic and responsive to client and partner needs. The communications protocol issues were resolved early in the time period, and OHCOW has been much more proactive since then in dealing with high profile and potentially volatile issues. The initial steps towards improving the website have been taken. More progress must be made from 2012 – 2014.
- The need to strengthen OHCOW’s internal communications was identified as a high priority for 2009 – 2011. This was intended to resolve longstanding disconnects across the organization. Breakthrough progress on these issues has been made during this time period, including implementation of regular meetings of OHCOW’s disciplines (nurses, physicians, hygienists, ergonomists and client service coordinators) and development of annual discipline plans linked with the overall strategic and operational plans. Collaboration within OHCOW’s disciplines has never been stronger. Nevertheless, further progress needs to be made from 2012 – 2014, particularly to improve the process for development and review of prevention tools.

Partnerships

- The expert panel identified the roles and responsibilities and partnerships of prevention system organizations as a major area where progress needs to be made.

During 2009 – 2011, OHCOW made tremendous progress developing and strengthening our partnerships, both with the worker community and within the prevention system.

- In the worker community, OHCOW succeeded in including a much wider range of labour unions on our Board during this planning period, including addition of the Provincial Building Trades, Ontario Nurses' Association, United Food and Commercial Workers, Provincial Firefighters, Teamsters and Ontario Secondary School Teachers Federation. At an operating and local level, OHCOW renewed its Local Advisory Committees (LACs) and developed a comprehensive set of joint working groups on intake clinic protocol, information sharing, prevention tool development and best practices in report writing. During 2012 – 2014, more progress needs to be made on institutionalizing the joint working groups and continuing to renew and strengthen the LACs.
- Within the prevention system, OHCOW, in spite of our modest size and resources, has developed and maintained significant involvement in prevention system partnerships. As documented earlier in this plan, this has included leadership roles around performance measures and occupational disease prevention, specific leadership around heat stress and asbestos disease detection and prevention, active participation in the integrated planning process and extensive involvement in expert panel and Bill 160 implementation working groups and participation along with labour representatives in an innovative best practices collaboration with WSIB. Strengthening these partnerships even further will be the challenge during 2012 – 2014.

What we heard

During 2011, OHCOW stakeholders, partners, staff, leadership and Board members participated very actively in the consultation around our strategic plan. Their input and recommendations responded to the many environmental factors outlined above. A summary of key input is set out below. The strategic directions are based very largely upon the consultation input.

The stakeholder survey was a very important component of the process. It engaged over 400 respondents, with balanced representation from all regions of Ontario. Approximately half the respondents were from the labour movement, with the other half including employers, prevention system partners, health organizations, community groups and other partners. They covered a very broad range of sectors and economic activities. Respondents were asked to identify their priorities for service and support from OHCOW. These responses epitomized the challenges facing OHCOW – basically, respondents identified a broad range of services which they valued highly. This included high priorities on clinical services such as investigating potential work-relatedness of health conditions of individual workers and groups of workers; partnering with workplaces on exit health assessments; serving vulnerable workers such as migrant farm workers. It also included high priorities on OHCOW support and services for participatory prevention interventions – including ergonomics and prevention of musculo-skeletal disorders, identification and prevention of hazardous chemical and

substance exposures, interventions around workplace violence and psycho-social hazards, and interventions to protect various types of vulnerable workers. Survey respondents strongly supported a partnered approach, where OHCOW and other prevention partners worked together to maximize impact.

In an environment of scarce resources, the survey responses starkly posed the fundamental challenge for OHCOW: where best do we deploy our resources to have the strongest possible impact on improving the health and wellbeing of Ontario's workers and workplaces?

Clinical services

- Very strong support from unions, staff and BOD members, for continuing and strengthening OHCOW's role as a resource to individual workers, groups of workers and unions, to help them investigate potentially work-related health conditions. OHCOW is seen as a vital, unique and trusted resource to work with workers, unions and communities.
- Several unions proposed to partner with OHCOW to carry out health assessments and take occupational histories, for workers exiting industrial or construction employment or whose workplaces are closing down permanently. Current estimates are that there are over 20,000 workers in this potential pool. There are also major workplaces where unions want to do intake clinics.
- A significant call for OHCOW to expand its intake clinic approach to cover ergonomics and psycho-social hazards as well as the traditional focus on hazardous exposures.
- The ODRT proposed to partner with OHCOW on expanding the innovative workplace based joint return to work project which has been launched at Niagara Health Services. However, OHCOW staff, Board and stakeholders expressed continuing concern that OHCOW might be swamped by individual return to work cases, and lose our focus on the detection and prevention of injury and disease. This means that expansion of this work would require new resources.
- Many want OHCOW to make better links between the detection of exposures/disease and injury and prevention, including proposals for using our patient database and linking OHCOW's data with that of other partners, to identify emerging prevention priorities.
- In addition, labour unions have called very strongly for OHCOW to work with them on the profiling and monitoring of hazardous exposures, including historical and current exposure registries.
- There have been very strong calls from the worker community for restoring resources which OHCOW's original 5 clinics have lost, and for establishing OHCOW clinics in other parts of the province – Thunder Bay, Ottawa and London as the highest priorities.
- Support for OHCOW's current support and services to vulnerable workers such as immigrant workers and migrant farm workers, and a call to increase and strengthen these services.

- An appreciation that OHCOW has worked hard to make its service delivery consistent across the province, but that we need to continue and complete the process.

Prevention services

- The consultation process revealed strong support for OHCOW's approach to working with workers, unions and many other partners to identify and analyze workplace hazards, and to help the workplace parties work for prevention. There was strong support for OHCOW's participatory approach.
- There was also a confirmation that workers and their unions value their access and confidential trust relationship with OHCOW to explore potential prevention interventions, in a workplace environment where many workers are hesitant to raise prevention issues without expert support.
- There continued to be a very strong negative reaction to any move by OHCOW to generate significant revenue from our prevention work. Unions report that their employers have very scarce resources and that there is a strong sense that employers have already paid for OHCOW's services through their WSIB assessments.
- A significant number of unions called for OHCOW to strengthen its capacity to work with them on dealing with psycho-social issues and hazards in workplaces, often in combination with interventions around more traditional hazards such as MSDs and chemical exposures.
- Support for OHCOW to do more around prevention in small workplaces and for vulnerable workers.

Participating in prevention initiatives which address environmental or public health as well as occupational health.

- Looking towards 2012 – 2014, environmental groups want to work with OHCOW and the worker community on toxic use reduction and on local community issues which involve combined occupational and environmental exposures. This is the case in Sarnia and in various other communities which are part of the LINKS project being coordinated by the Canadian Environmental Law Association (CELA). In general, OHCOW is often involved in dealing with exposures and health problems which have both an occupational and environmental or public health dimension.
- Organizations in the health care system want to develop better links with OHCOW, for example around early detection of mesothelioma and lung cancer from asbestos exposure. There are important opportunities for partnerships with the health care system and related organizations, for example, the Canadian Cancer Society, Cancer Care Ontario, Ontario Lung Association (around work related asthma) and Local Health Integration Networks.

Research and tool development

- Workers and their unions have expressed the desire that OHCOW work with them during 2012 – 2014 on participatory research and tool development on a number of hazards – including MSD hazard discomfort surveys, identification and assessment; MSD prevention tools for specific sectors or occupations (such as construction, EMS and health care); tools for assessment and control of chemical exposures; user friendly tools for assessing psycho-social hazards; awareness materials on nanotechnology; workers working in hazardous plumes; and comprehensive tools for detecting and mitigating asbestos in institutional buildings such as schools, universities and hospitals.
- Entering the 2012 – 2014 period, a number of unions have already asked OHCOW to work with them incorporating prevention tools into sectoral health and safety initiatives. Many of these involve psycho-social hazards such as stress and harassment, as well as related physical hazards from workplace violence.
- There is a strong desire for OHCOW to engage with worker representatives and researchers on an ongoing basis through the LOARC partnership. Generally speaking, the priority is development of tools, resources and strategies which will support workers in improving workplace health and safety conditions - collective action for the recognition and prevention of work-related health conditions – what some have called “action research”.
- Worker representatives have argued strongly for OHCOW to be better funded for research, and more broadly for the funding of research projects relevant to workers and unions.

Knowledge transfer and exchange

- Local partners and activists appreciated the improvements in OHCOW communication about activities and the service delivery review. However, they highlighted the continuing need for better communication and knowledge transfer on specific local high profile situations which OHCOW is involved in.
- Unions and local activists also appreciated the many occasions during 2009 – 2011 where OHCOW carried out knowledge transfer at local, provincial and national union conferences. They still believed that OHCOW could do better, and expressed the desire that OHCOW develop a more systematic and comprehensive approach to knowledge transfer in the 2012 – 2014 period, including labour councils, WHSC, ODRT and OFL, on local and provincial level.
- More respondents expressed awareness and use of OHCOW’s website but wanted it to become more dynamic and effective in the 2012 – 2014 period. A number of those consulted identified OHCOW’s website as an underused knowledge transfer resource.

Partnerships

Workplace and labour based partnerships

- Strong input that workers and their unions need to have a trusted source of service, support and advice, to help them participate fully and equally with employers and with the prevention system in detecting and ultimately eliminating occupational disease and injury. This means that workers and unions will often want to bring their concerns to OHCOW before they take them anywhere else, to help them prepare for engagement with the employer and other partners in resolving those concerns.
- Workers and unions see OHCOW as “their” place, just as employers have many resources, some funded by the WSIB, which they can turn to. Many unions, all through 2011 in fact, expressed these sentiments and some sent letters to the WSIB and MOL highlighting this issue. This includes very strong support for the continuing labour governance of OHCOW.
- Several unions expressed the desire to develop more strategic and province wide partnerships with OHCOW, to have an impact on major health and safety issues such as MSD prevention and psycho-social hazards. This included working through sectoral union collaborations (health care and educational unions in particular) on issues of common concern.

Prevention system partnerships

- From virtually every participant in the planning consultation, we heard about the importance of partnerships and OHCOW’s role within the prevention system. A common theme was that OHCOW has a dual role – a trusted resource for the worker community and a bridge/facilitator of worker and especially union partnerships with the prevention system.
- Worker and union representatives emphasized their opposition to measuring success of the prevention system by reliance on lost time injury statistics. Many reported experience with claims suppression and manipulation by their employers. They argued for the use of leading indicators of good health and safety. This point of view has gotten stronger since the 2008 strategic plan consultation, as unions have gained experience with audits, surveys and other techniques for digging below the surface of workplaces to determine the true state of health and safety.
- Worker and union representatives want approaches which will fully involve workers and their unions, and recognize and reward true investment and commitment to health and safety rather than claims management efforts.
- Union activists recommended strengthening OHCOW’s partnership with the two other labour directed organizations - WHSC and the ODRT.
- Many prevention system organizations want to partner with OHCOW, especially around occupational disease prevention and participatory workplace interventions where OHCOW’s inter-disciplinary approach and clinical services would add value, such as MSD prevention.

Commitment to service excellence and to the wellbeing of our staff

- OHCOW staff expressed concerns about the future impact of funding constraints, especially in terms of job security. The lack of a pension plan at OHCOW is a significant issue in that light.
- OHCOW staff have a high expectation that OHCOW will be an exemplary healthy and safe organization.
- Staff want to have continued involvement in review of the service delivery model and the related issues around job roles.
- OHCOW's staff and Board are passionately committed to an inter-disciplinary approach to our services and to a participatory approach to prevention initiatives in the workplace. They see this as a vital element of the unique nature of OHCOW's role.
- OHCOW staff want to continue with the improved level of collaboration within their disciplines but would like more formalization of processes around the development of prevention tools and resources.
- OHCOW's physicians expressed the desire for more opportunities for interchange, professional development and sharing ideas on best practices and approaches, especially among their physician colleagues but also with OHCOW staff.
- All of OHCOW's disciplines noted the need for recruitment and succession planning as a significant component of OHCOW's leadership, staff and physicians approach retirement.
- Unions appreciated the progress on orientation and opportunities for mutual interchange of ideas with OHCOW, but wanted to see more done to equip OHCOW staff and physicians to understand and work with vulnerable workers and with the labour movement.
- Worker representatives, along with WSIB and WSIAT representatives, highlighted the need for OHCOW's reports and other materials to be appropriate and useful for their purposes; and on the other hand, OHCOW staff and physicians expressed concerns about the need for dialogue on these issues and regarding the expectations and roles of these partners.
- Staff expressed significant concerns about the deficiencies of OHCOW's legacy database and the desire to develop an improved system.

Strategic direction from OHCOW's Board

After the intensive consultations reported above, OHCOW's Board met in September 2011 and endorsed a set of strategic priorities to direct the development of this plan.

OHCOW's core focus and role

- OHCOW is and must remain labour governed and able to respond to the priorities of workers and unions as well as those of the prevention system.
- OHCOW's core focus is on occupational health and primarily on gradual onset illnesses and injuries. This includes occupational disease, MSDs and psycho-social hazards

- OHCOW's role is unique: we are the only prevention system organization able to directly address individual and group worker health concerns through inter-disciplinary teams and clinical services
- OHCOW will only get involved when the workers/union are fully involved, in a participatory intervention with the employer/JHSC. Where necessary, we will also work directly with the workers/union.

The workers we serve

- OHCOW has a unique track record and role in service to vulnerable workers
- Proposed to increase the proportion of our work and resources serving and supporting vulnerable workers

Small business

- Proposed to increase the proportion of our work with small (under 20 workers) and medium sized (under 100 workers) employers

Allocation of resources

- Ensure balance between clinical and prevention work

Partnerships

- Solidify our current labour base and reach out to the rest of the labour movement

Increased resources and capacity building

- We need to build even stronger support for more resources – we cannot fulfill all of the needs for OHCOW services with a flat or shrinking resource base

OHCOW's key challenges and strengths

Like all organizations, OHCOW faces multiple challenges, pressures and uncertainties. It also has a strong base to build from – its expert and dedicated staff, a strong leadership group, its passionate and committed Board of Directors, its significant local and provincial level of support and its partnerships within the prevention system and beyond. In particular, OHCOW has probably never had such broad, deep and informed support from the labour movement as it does now.

After a period of significant progress and consolidation during 2009 – 2011, OHCOW is poised to move forward in the challenging period from 2012 - 2014. It will be vital to fully engage OHCOW's staff, leadership, Board and partners in the process as the strategic plan is implemented.

Revised vision and mission statements

OHCOW's original vision and mission were strong and clear and provided much to build on. They were revised in 2009 based on the strategic planning consultation and on the

evolution of the prevention system, primarily to recognize a broader and partnered approach to prevention.

The overall objective is to focus our resources on the objective of eliminating occupational injuries and illnesses.

OHCOW plays a unique dual role in the system. First, we have a substantial direct involvement in occupational injury and disease cases and clusters through our clinical services. This puts us at the front line in the detection of work-related health conditions and supports our second major role, prevention.

Second, OHCOW is a vital bridge between the worker community and the prevention system. Many of OHCOW's initiatives begin with the recognition by a group of workers or their union that their workplace or sector has a serious occupational health and safety problem. When workers and unions are informed and supported, they are able to work effectively with employers and prevention system partners towards the elimination of occupational disease and injury. This includes finding the most effective prevention strategies on a number of fronts – including prevention of occupational diseases and MSDs, addressing psycho-social hazards, linking return to work and primary prevention, and supporting individual workplace interventions.

In this context, the worker community expects OHCOW to maintain our unique role while contributing strongly to prevention efforts.

The 2011 review confirmed the vision adopted by OHCOW in 2009, but did identify the need to revise and re-work the mission statement and the strategies and key elements related to them. The main change was to more tightly link participatory research with tool development; and to make clear that knowledge transfer and exchange covers much more than research findings. There is also a change to clinical services to confirm that these are provided to both individual workers and groups of workers. The revised text is set out below.

OHCOW's vision, mission and key strategic directions

Vision statement

The detection, prevention and elimination of occupational injuries and illnesses, and the promotion of the highest degree of physical, mental and social well-being for all workers.

Mission statement

To protect all workers and their communities from occupational injuries and illnesses, support capacity building to address occupational hazards and promote the social, mental and physical well-being of workers and their families through:

Clinical services

- Providing inter-disciplinary services to workers and groups of workers who are concerned about their occupational health and to the families of workers who fall victim to occupational disease

Prevention services

- Identifying and analyzing occupational hazards and exposures, and developing effective programs for prevention and elimination.
- Participating in prevention initiatives which address environmental or public health as well as occupational health.

Participatory research and tool development

- Conducting and supporting participatory research and promoting its contribution to the development of prevention tools, resources and strategies.

Knowledge transfer and exchange

- Transferring knowledge, building capacity and learning from workers, workplaces and the community about occupational hazards, exposures and prevention solutions

Partnerships

- Building and maintaining strong relationships with workers, unions and other organizations advocating for workers, and wherever possible, with employers through joint health and safety committees, trades committees and health and safety representatives.
- Building and maintaining strong partnerships within the Ontario prevention system, in the common cause of elimination of occupational injuries and illness and to further our vision and mission.

Commitment to service excellence, the wellbeing of our staff and organizational effectiveness and accountability

- Dedicating ourselves to the highest degree of service and respect to those we serve
- Ensuring that we are an exemplary healthy, safe, supportive and respectful workplace
- Focusing our resources on the most important priorities and operating in a cost efficient, accountable and effective way.

Strategic directions

1) Clinical services: Providing inter-disciplinary services to workers and groups of workers who are concerned about their occupational health and to the families of workers who fall victim to occupational disease

OHCOW faces many pressures in continuing to improve its clinical services to workers. We made historic progress from 2009 – 2011 to continue and complete work on the 38 clusters (including 9 with over 100 cases each since 2003) which had emerged since 2000. This workload had almost paralyzed OHCOW by 2007. We also dealt with significant demands for involvement in new clusters and other group situations, including those stemming from the closing of many industrial workplaces in Ontario. This involved discussions with key labour partners requesting them to focus on the very highest priorities.

Basically, by year end 2011, OHCOW will have successfully reduced or eliminated historical backlogs while dealing effectively with new incoming cases. This positions OHCOW to take on a limited number of new groups or clusters during 2012 – 2014. With current resources, new case capacity is around 1000 annually, which means that unless the WSIB services agreement is continued and new resources are provided through the MOL funding process, decisions on new clusters and intake clinics will have to be carefully considered and serious situations may not be addressed.

At the same time, OHCOW needs to better link its clinical work with its prevention work. The solution is the multi-faceted approach to clinical services laid out below. Therefore we will:

- Maintain and strengthen OHCOW's capacity to provide inter-disciplinary services to workers and groups of workers.
- Seek the restoration of resources to existing clinics, continuation of the new clinic in Thunder Bay (for northwestern Ontario), plus new clinics in Ottawa (for eastern Ontario) and London.
- Develop a plan to carry out exit health assessments and occupational history taking in Ontario workplaces which are at risk of closing down or have recently closed down.

Background: Currently, requests for exit health assessments and/or intake clinics emerge ad hoc from various unions. This contributes to a crisis driven environment for OHCOW and our system partners, particularly WSIB which receives any resulting workers' compensation claims. Some unions have delayed bringing clusters forward during 2009 – 2011 while OHCOW has struggled with the continuing workload from the major clusters which emerged in 2003 – 2005. OHCOW is committed to working with our stakeholders and partners to develop a more orderly and planned approach, especially by:

- Consulting with labour partners to develop an organized multi-year approach to providing exit health assessments and occupational history taking.
- Considering this potential workload in the context of requests for intake clinics where there may be potential clusters of injury or illness and develop integrated plan including both components.
- Developing tools and resources to help build capacity in workers and unions to handle a greater proportion of the work related to exit assessments and intake clinics.
- Strengthen capacity and accessibility to deal with vulnerable worker populations, including a specific focus on immigrant, migrant and first nations workers as well as vulnerable independent operators and temporary agency workers.
- Expand involvement of inter-disciplinary OHCOW teams in joint return to work initiatives, in partnership with the Occupational Disability Response Team. The focus would be maximizing OHCOW's impact on improving the collective health and safety of workers in the workplace, while supporting individual workers in disability prevention and return to work. All of this would be contingent on increased resources for this critical area of work.
- Strengthen the link between OHCOW's clinical casework and its prevention work, particularly through improvements in data collection and analysis; working with MOL, WSIB and other prevention partners; and ensuring that prevention is built into future intake clinics and other case related activities. The focus is on early identification of emerging occupational health issues which may require prevention interventions.
- Explore funding models with WSIB which would support the significant ongoing need for OHCOW's individual case and cluster related services.

Background: Approximately 50% of OHCOW's current resources are directed at providing clinical services to individual workers and groups of workers. WSIB has recognized this to a significant extent through establishment of funding from its Operations Division through a services agreement. This is much appreciated. OHCOW will work with WSIB to review and model options for continued funding from Operations Division for OHCOW's clinical services.

Clinical services implementation framework – while OHCOW will strive to achieve all of these strategic directions during the 2012 – 2014 period, the order of priorities will be as follows:

- maintain and strengthen OHCOW's capacity to provide inter-disciplinary services
- strengthen capacity to work with vulnerable worker populations
- seek restoration of lost resources, continuation of Thunder Bay clinic and new clinics in Ottawa and London, along with a new clinical services funding model with WSIB
- strengthen link between clinical services and prevention
- explore involvement of OHCOW in linking return to work and prevention. This depends on availability of new financial resources.

2) Prevention services

a) Identifying and analyzing occupational hazards and exposures, and developing effective programs for prevention and elimination.

OHCOW has a long history of identifying and analyzing occupational hazards and exposures, and moving from there to prevention and elimination of the related injuries/illnesses. Historically, prevention interventions have tended to emerge on a workplace or regional level and on a somewhat ad hoc basis. OHCOW's Board has identified several ways to focus OHCOW's contribution, to best leverage the strengths of our inter-disciplinary, participatory approach and strong links to workers and their unions. Therefore we will:

- Continue and renew the emphasis on participatory approaches to prevention.
- Build capacity to address the full range of health and safety issues, including especially psychosocial issues such as workplace violence, stress and mental illness but also infectious disease.
- Identify a small number of existing or emerging high hazard exposures for special focused initiatives.
- Develop approaches to serve smaller workplaces, but with the assurance that the foundation is that workers in those workplaces are fully and freely involved in the process.

Implementation framework: during the 2012 – 2014 period, the order of priorities will be as follows:

- continue and renew the emphasis on participatory approaches to prevention, with a focus on occupational disease and ergonomics.
- build capacity to address psychosocial issues such as workplace violence, stress and mental illness, but establish careful parameters, within partnerships, for OHCOW's work on infectious disease.
- develop approaches to serve smaller workplaces
- identify a small number of existing or emerging high hazard exposures for special focused initiatives, with a focus on partnerships for the emerging hazards.

b) Participating in prevention initiatives which address environmental or public health as well as occupational health.

Many of the hazardous exposures which contribute to occupational diseases are present in the broader environment as well as the workplace. Effective prevention and elimination strategies will often involve partnerships with environmental and/or public health organizations. OHCOW's focus is on the occupational dimension. We will:

- Participate in the development of integrated prevention strategies, particularly around occupational disease.
- Develop related partnerships with public sector partners outside the prevention system, in particular the health care system.

Implementation framework: during the 2012 – 2014 period, the order of priorities will be as set out above. OHCOW will focus its role very carefully to identify a small number of priority areas and focus its role to avoid duplication.

3) Participatory research and tool development: Conducting and supporting participatory research and promoting its contribution to the development of prevention tools, resources and strategies.

OHCOW has conducted or supported very extensive research efforts over the past two decades. While some has been formal, sometimes supported by research grants, much has been participatory and workplace or sectorally based. During 2009 – 2011, major progress was made both in expanding individual research partnerships and through LOARC. Stakeholders and partners pressed OHCOW to ensure that its research was participatory and focused on development of prevention tools, resources and strategies. We will:

- Continue to implement best practices and maximize the participatory focus and related positive outcomes in workplaces.
- Develop a more systematic and consistent link between OHCOW's case related and prevention activities and research objectives and outcomes. Include as a high priority the implementation of a more robust database which can better support research.
- Leverage research findings and outcomes to identify emerging occupational health trends and related prevention priorities, and to develop prevention tools, resources and strategies. Based on its unique model of inter-disciplinary teams working at the frontline with workplace parties, play a leading role within the prevention system in tool development, ensuring that the tools are user-tested in workplaces and are useful and accessible to vulnerable workers and small business as well as larger ones.
- Contribute to the development of research capacity within the union and worker community.
- Pursue funding and support for occupational health research from other partners, such as the health care system.

Implementation framework for 2012 – 2014:

- Maximize the participatory development of prevention tools, resources and strategies
- Contribute to the development of research and tool development capacity within the union and worker community, including especially on a sectoral and provincial level
- Identify emerging occupational health trends
- Link case related and prevention activities to research and develop a more robust database to support research
- Pursue funding and support for occupational health research from other partners, such as the health care system.

4) Knowledge transfer and exchange: transferring knowledge, building capacity and learning from workers, workplaces and the community about occupational hazards, exposures and prevention solutions

Because of its strong base in the worker community and in local communities where its clinics are located, OHCOW has played a significant role in workplace and knowledge transfer and exchange (KTE) on occupational hazards, exposures and solutions. Historically, these efforts have tended to develop from local priorities rather than on a provincial level. In 2008, OHCOW's Board identified the need to maximize OHCOW's impact by better focus and planning of its KTE activities. The Board also identified the need to get more public attention to successful prevention interventions. Much progress was made in 2009 – 2011, including especially engagement with labour stakeholders on a provincial and sectoral level. For 2012 – 2014, we will:

- Continue to integrate KTE into all key activities
- Implement a more effective approach to communicating research activities and findings and getting tools, resources and strategies into the hands of workers and workplace parties
- Strengthen capacity for KTE, particularly through the website and related mechanisms, including a strong focus on how OHCOW's involvement has made a positive difference in workplace health and safety.
- Work with key partners to strengthen OHCOW's involvement in worker and union community KTE initiatives.

Implementation framework, 2012 – 2014: as above.

5) Partnerships

- a) Building and maintaining strong relationships with workers and unions and, wherever possible, with employers through joint health and safety committees, trades committees and health and safety representatives.**

OHCOW has historically had very strong links with workers and their unions. However, our Board identified for the 2009 – 2011 plan that there was no comprehensive overall strategic framework to allow identification of priorities and ensure application of resources to initiatives which will have greatest impact. This meant that injury/illness detection and prevention projects were developed somewhat ad hoc, often on a local level, and sometimes well after the emergence of clusters of significant health conditions. Major progress was made during 2009 – 2011 on strengthening OHCOW's strategic relationship with unions and identification of provincial and sectoral priorities. During 2012 – 2014, we will build on this progress as follows:

- Ensure a continuation of broad, comprehensive representation of the labour movement on the OHCOW Board of Directors.

- Continue to strengthen OHCOW's capacity and resources to work on a strategic, province-wide level with unions on key OHS concerns. This includes ensuring an OHCOW link with individual unions, sectoral union groups, labour councils and a presence at major labour conferences and events.
- Implement best practices and protocols to partnering with unions.

Implementation framework, 2012 – 2014: as above

b) Building and maintaining strong partnerships within the Ontario prevention system, in the common cause of elimination of occupational injuries and illness and to further our vision and mission.

2009 – 2011 was a time of tremendous change in Ontario's prevention system. OHCOW played a major role in strengthening system partnerships and developing clarity about our role within the system. Most important was OHCOW's role around performance measures and developing proposed approaches to occupational disease prevention; along with our general focus on vulnerable workers. OHCOW also succeeded in implementing a collaborative approach with key system partners in responding to sensitive and potentially volatile situations. 2012 - 2014 will be a very important time for strengthening system coordination while also maintaining OHCOW's trusted independent role for workers (especially vulnerable workers) and unions. We will:

- Contribute actively to the development of improved coordination and a system wide prevention strategy, in the framework established by Bill 160. This will include a specific focus on performance measures, information sharing, occupational disease and MSD prevention, addressing psycho-social hazards and protecting vulnerable workers.
- Continue a systematic approach to OHCOW's dual role with the worker community and prevention system. This includes participation in the prevention system's intervention strategy for the elimination of occupational injury and disease, working towards outcomes and using performance measures viewed as valid by the worker and labour community.
- Support efforts to identify and recognize workplace parties with truly good health and safety programs.
- Strengthen OHCOW's approach to evaluating the success of our own workplace interventions, to identify those which have led to sustained improvements in health and safety.
- Continue to strengthen OHCOW's partnership with the WHSC and ODRT, focusing on how the three organizations can complement each others' roles and provide comprehensive services to workplaces.
- Develop new and enhanced partnerships with the health care system

Implementation framework, 2012 - 2014 – order of priorities

- Contribute actively to the development of improved coordination and a system wide prevention strategy, in the framework established by Bill 160, especially in the identified focus areas
- Continue a systematic approach to OHCOW's dual role with the worker community and prevention system.
- Continue to strengthen OHCOW's partnership with the WHSC and ODRT
- Strengthen OHCOW's approach to evaluating the success of our own workplace interventions
- Develop new and enhanced partnerships with the health care system
- Support efforts to identify and recognize workplace parties with truly good health and safety programs

6) Commitment to service excellence, the wellbeing of our staff and organizational effectiveness and accountability

In our 2009 – 2011 strategic plan, OHCOW's Board directed that OHCOW itself must walk the talk externally in terms of the way we serve our clients and internally in the way we function as an organization and work with our own staff. For 2012 – 2014, three key focus areas have been identified. We will:

a) Dedicate ourselves to the highest degree of service and respect to those we serve

- Implement an exemplary approach and standard for OHCOW's services to workers, unions and workplaces, including in particular respect and empathy for the situation faced by the most vulnerable workers and their families. This will build on extensive work done during 2009 – 2011, especially articulating OHCOW's values and service philosophy.
- Work with staff, partners and stakeholders to complete the review of the service delivery model and approaches, to implement best practices and ensure consistency across the organization.
- Partner with worker representatives, WSIB and WSIAT to identify best practices and improve mutual understanding of the best role for OHCOW in the workers' compensation system.
- Ensure that OHCOW services are free of charge to workers and workplaces. Cost recovery will only be approved in exceptional circumstances, in consultation with the Board, where the extent of service requested by the workplace is so great that it would impair OHCOW's capacity to serve other workers and workplaces, and where the employer would ordinarily expect to pay for these services.

Background: OHCOW's Board has confirmed the great importance of free services. A detailed protocol was implemented in 2009 – 2011 and will continue in 2012 – 2014. The principle is that where cost recovery is done, it shall not impair the quality and quantity of the service to other clients. Hard copies and web versions of OHCOW tools will be free to individual workers and workplaces, with cost recovery only for multiple

hard copies. The Managing Director will report quarterly on any cost recovery situations.

Implementation framework for 2012 – 2014: as above

b) Ensure that we are an exemplary healthy, safe, supportive and respectful workplace

- Complete the development of a comprehensive human resources strategy, including a focus on organizational and staff wellness and health and safety; a collaborative relationship with staff; employment and pay equity; a learning and career development plan; and a recruitment and succession plan.
- Complete the review of the inter-disciplinary team approach, in collaboration with staff, identifying best practices and ensuring consistency across the organization.
- Continue to strengthen the relationship with OHCOW's physicians, taking into account the different nature of their relationship with the organization, to strengthen their vital role in OHCOW's team approach and support them in their work and career development.
- Continue to foster an environment of information sharing and collaboration within and between OHCOW's disciplines.

Implementation framework for 2012 – 2014: as above

c) Focus our resources on the most important priorities and operate in a cost efficient, accountable and effective way.

- Continue to strengthen and improve organizational reporting and accountability issues, to ensure consistency, comparability and the capacity to determine that resources are being allocated appropriately.
- Continue the progress on strengthening OHCOW's information technology infrastructure, including completion of a new CRM database, standardizing hardware, increasing bandwidth, and enhancing website capabilities. This includes measures necessary to include OHCOW in the prevention system database, with appropriate protections for client confidentiality.

Implementation framework, 2012 – 2014 – as above

Overall approach to implementing this plan

The test of any plan is whether it can be implemented, in an ever changing environment and with limited financial resources. This means that each component of the plan will have to be examined in terms of priority according to the specific implementation frameworks and timing. The resource implications will be the subject of discussions with

the WSIB and MOL during the final quarter of 2011 and first quarter of 2011. Annual operational plans, along with related clinic, discipline and staff workplans, will be developed by early 2012. Major implementation steps will be achieved in the operational plan for 2012 and further progress in 2013 and 2014. While all strategic plans are subject to ongoing review, it may be necessary to engage in an early review of this plan during 2012, as prevention system priorities and plans are reviewed. A formal review will take place during late 2013 and early 2014, to allow a new strategic plan to be prepared by mid-2014.