

Workers' Compensation Experience in Some Indigenous Northeastern Ontario Communities

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I have no relationships with profit or not-for-profit organizations.

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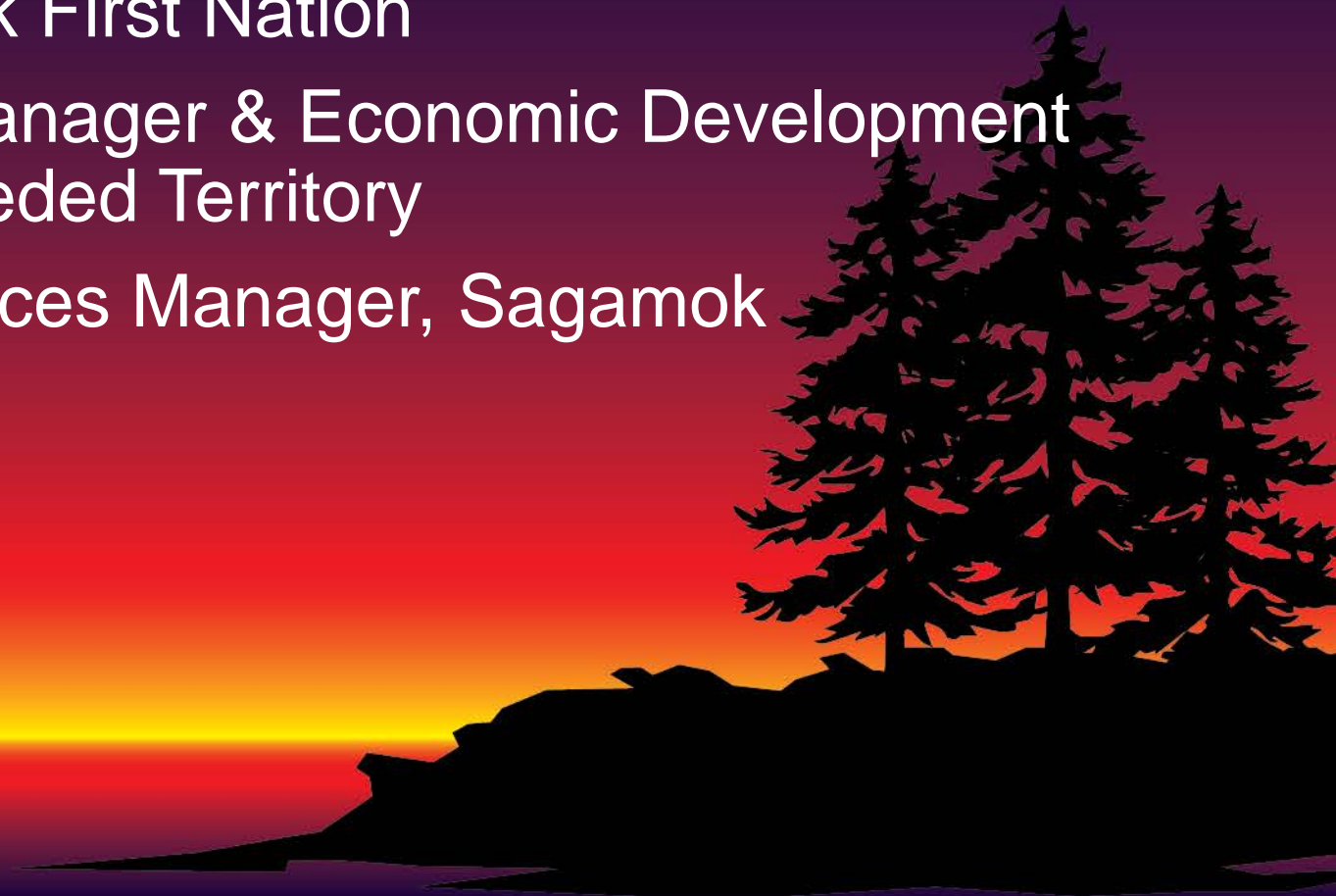
Interdisciplinary Team

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- Carmen Nootchai, Director of Health & Community Wellness, Atikameksheng Anishnawbek First Nation
- Mary Lynn Odjig, General Manager & Economic Development Officer, Wiikwemikoong Unceded Territory
- Jeff Moulton, Human Resources Manager, Sagamok Anishnawbek First Nation



Background

- Significant health disparities Indigenous vs. non-Indigenous Canadians
- NAHO 2006 re: Canadian workplaces
 - Scarcity of Indigenous occupational health & safety (OHS) research studies
 - Indigenous occupational illnesses & injuries under reported & applications for work-related compensation sparse
 - Indigenous workplace illness & injury rates high in construction & resource extraction




Study Objectives

- Community-based, qualitative descriptive research study utilized focus groups in 4 NE Ontario Indigenous communities
- Focus group questions designed to:
 - Identify types of work-related illnesses & injuries experienced & concerns
 - Determine community OHS training initiatives, policies, & plans
 - Gauge interest in collecting job titles & current & longest employers
 - Present information session about processes & tips for applying for work-related compensation
 - Target OHS issues of future interest




Focus Group Communities

Urban:

 **Sudbury** group on advice of D. Manitowabi (n=2 participants). Sudbury. 403 km NW of Toronto.

Rural:

 **Sagamok Anishnawbek** (n=6). 107 km W of Sudbury.

Rural:

 **Wiikwemikoong Unceded Territory** (n=10). 170 km SW of Sudbury.

Adjacent to Urban:

-  **Atikameksheng Anishnawbek** (n=6). 20 km W of Sudbury.



Study Methods

- Health care providers, economic development staff, employers, unions, & elders identified as possible focus group participants
- Communities chose participants
- 4 focus groups Oct-Dec 2018
 - digitally recorded
 - ~ 2 hours each
- Verbatim transcription
- Thematic analysis (Braun & Clarke)



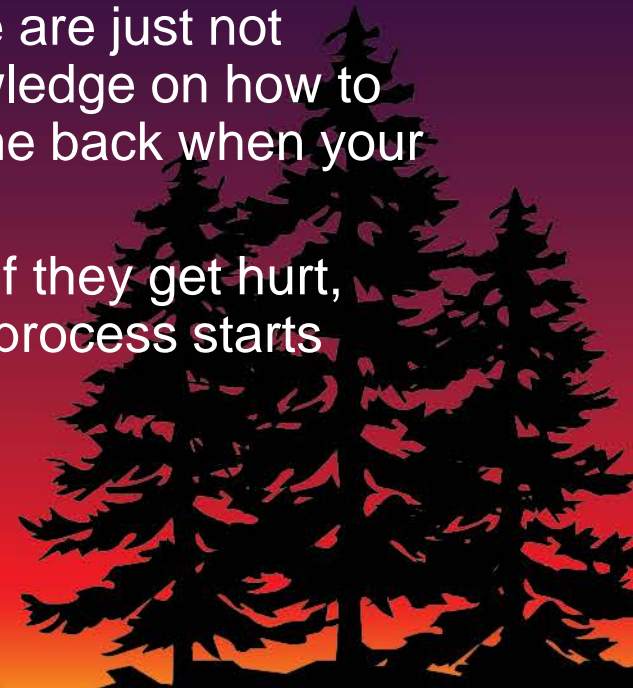
Initial Focus Group Results

- Occupationally-related mental health & injuries emphasized & of preventive interest
 - “I’ve seen it time & time again, we’ve had staff, um, take extended sick leave simply because they are so stressed.”
 - “Slips & falls.”
- No on-line health information makes health & safety monitoring challenging & some monitoring concerns
 - “But I don’t know if anyone’s even tracking the injuries.”



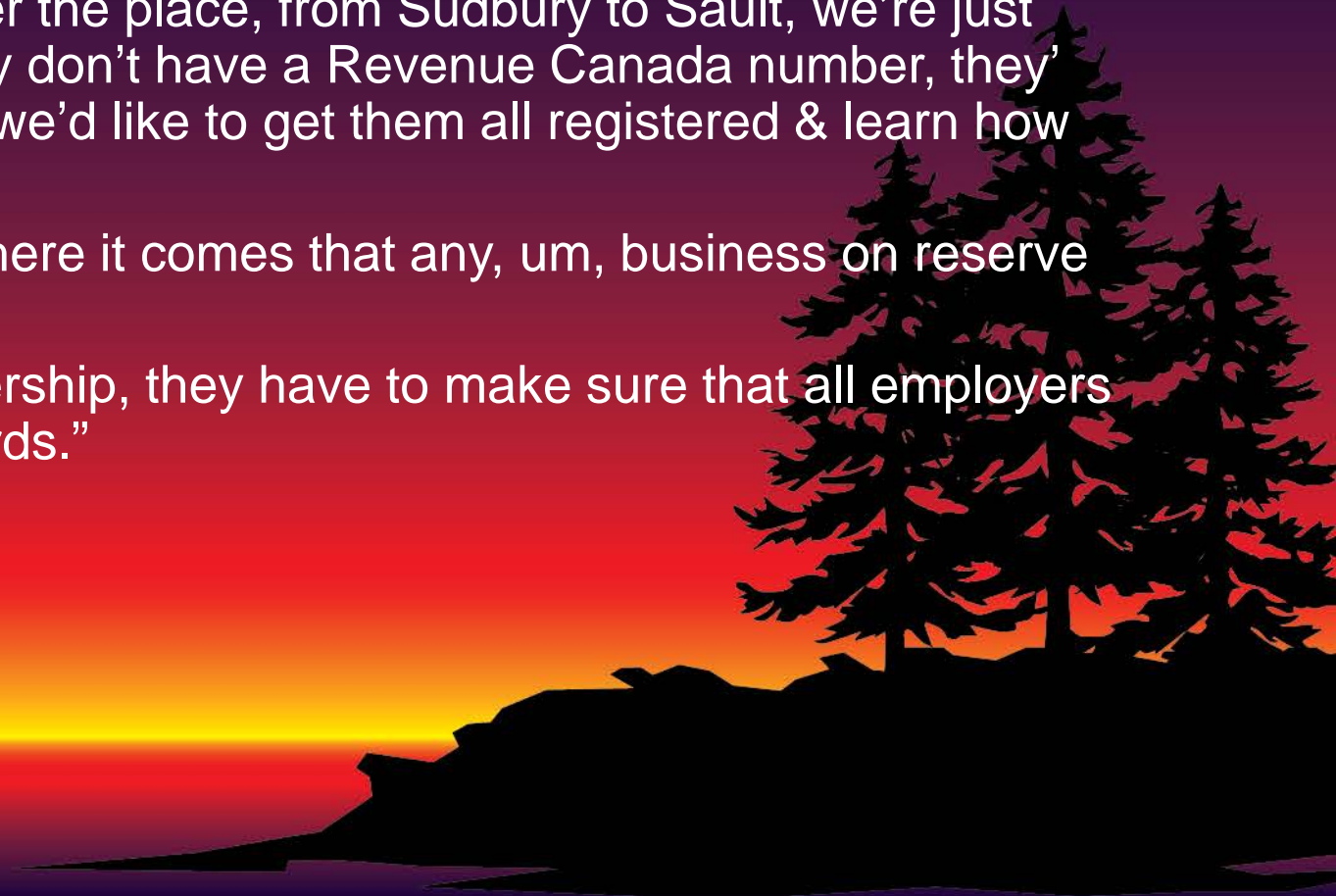
Compensation Focus Group Results

- Both lack of knowledge, & knowledge, about compensation demonstrated & form completion
 - “I know another guy who hurt his back lifting, & I think a lot of people are just not aware how to proceed, you’re an employee but you don’t have knowledge on how to process, kay, I just got hurt, I just got told to take a few days off, come back when your back’s better, well, that’s not the answer.”
 - “We give every employee [WSIB] training as soon as they get in, or if they get hurt, then we sent them off with the form, to get doctor’s signature, & the process starts there.”
 - “It’s hard to get doctors to fill out forms sometimes.”



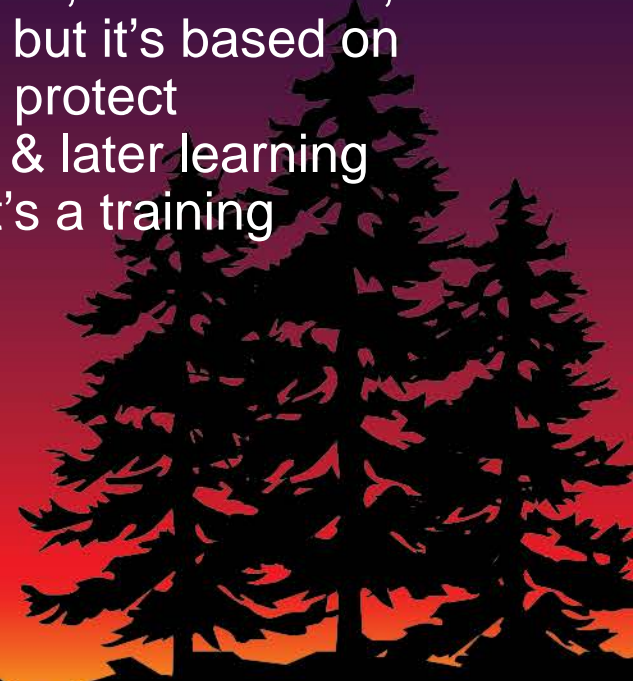
Compensation Focus Group Results

- **Impact of lack of WSIB coverage & need for universal coverage on reserve**
 - “We hire so many contractors all over the place, from Sudbury to Sault, we’re just trusting...they don’t have WSIB, they don’t have a Revenue Canada number, they’ don’t have an employer number, so we’d like to get them all registered & learn how you have to report.”
 - “I’d like to see a recommendation where it comes that any, um, business on reserve has to have WSIB.”
 - “I think it has to come from the leadership, they have to make sure that all employers are following health & safety standards.”



Compensation Focus Group Results

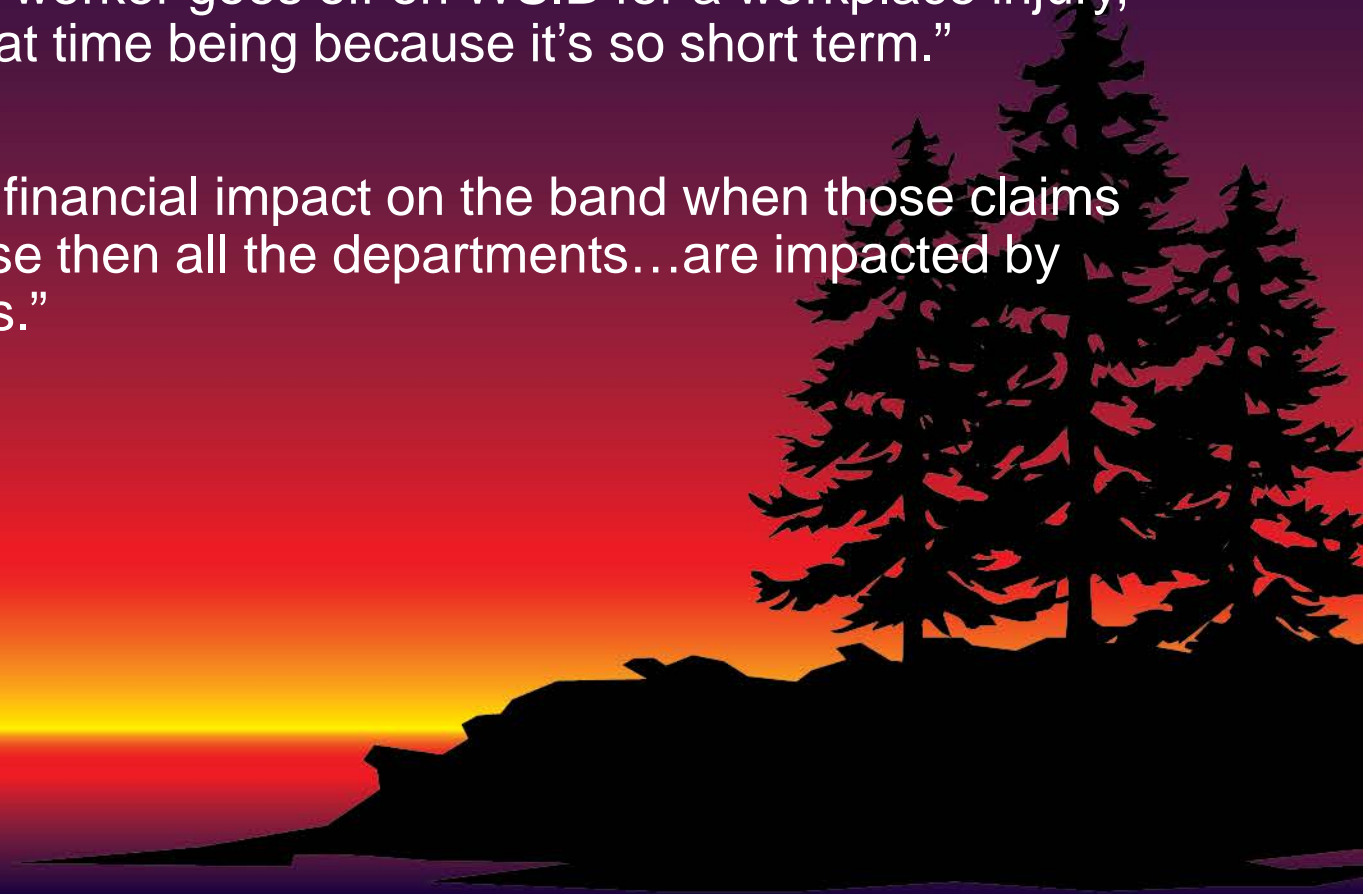
- **Need for WSIB community training sessions**
 - “I would have to say at least three times in the last year, year & a half, where I’ve had to say you need to go to the hospital, & get stitches, you need to claim, advise them, advise your manager because the WSIB process too, it’s time right, but it’s based on time, so without employees being properly trained on that, & how to protect themselves, & what process to do, then, um, I have to advise them, & later learning that some of the other, say, managers, are unaware of it as well, so it’s a training process, that, um, needs to happen in the organization.”
 - “It would be nice to have a training session...focused on it.”



Compensation Focus Group Results

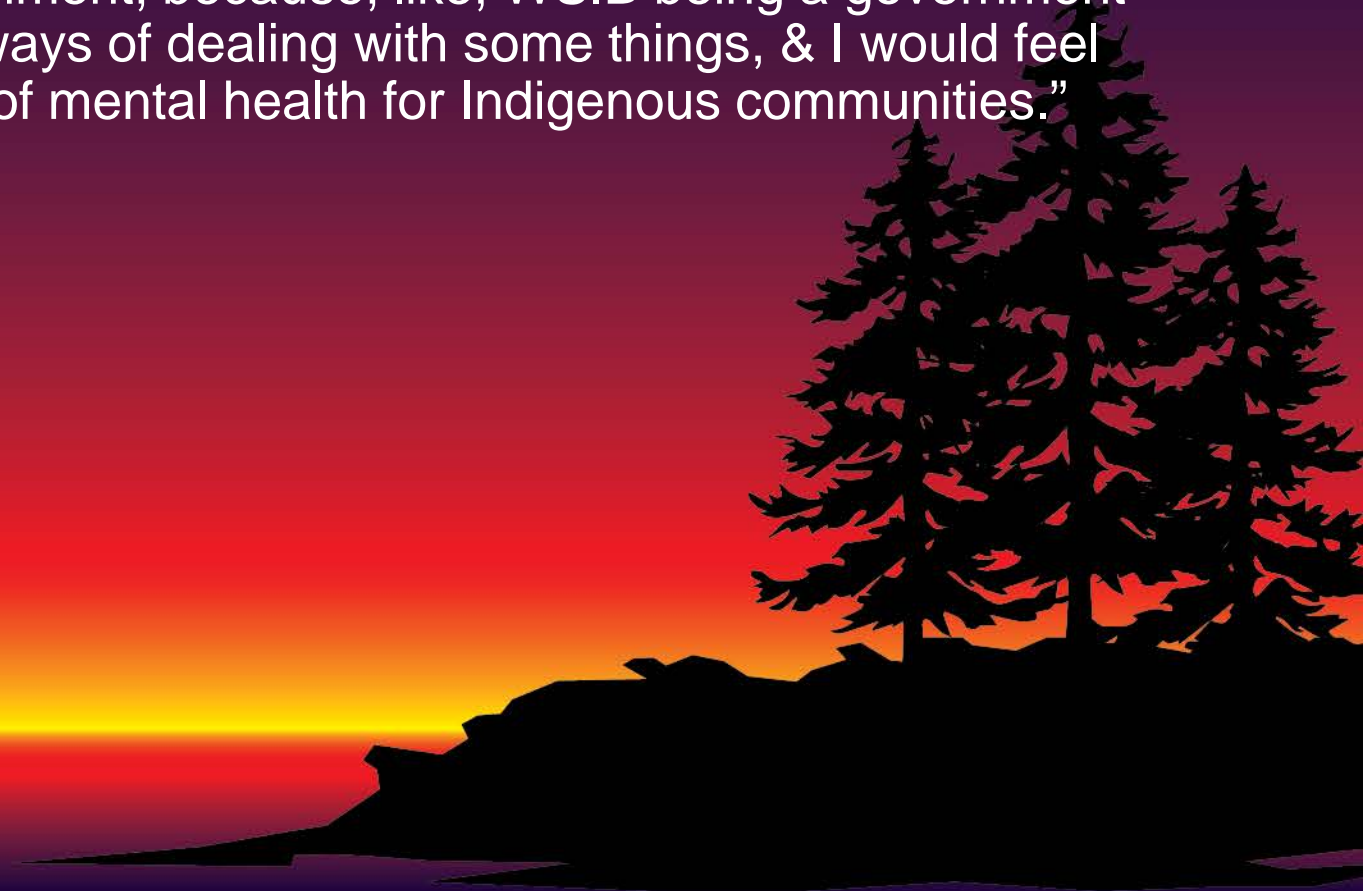
- **Workload & financial impact of WSIB on reserve**

- “That’s another challenge, is when a worker goes off on WSIB for a workplace injury, it’s hard to replace that person for that time being because it’s so short term.”
- “And I don’t know the answer, to the financial impact on the band when those claims start adding up for the WSIB, because then all the departments...are impacted by that...there’s been quite a few claims.”



Compensation Focus Group Results

- Requirement for cultural competence training at WSIB
 - “If there are services from the government, because, like, WSIB being a government service. Are they aware of, cultural ways of dealing with some things, & I would feel they need to heighten help in terms of mental health for Indigenous communities.”



Compensation Focus Group Results

- Educational information about applying for compensation
 - Slides & handout material were provided to participants about: how to file a compensation claim, steps in the compensation claim process, early & safe return to work & modified duties, & loss of earnings benefits.
- Sessions emphasized importance of:
 - seeking prompt medical attention,
 - reporting illness or injury to employer & WSIB asap,
 - ensuring medical practitioners have all facts,
 - completing necessary forms by required times,
 - ensuring prompt identification of functional abilities at work,
 - clients & employers working jointly to ensure early & safe return to work & identify associated challenges,
 - being aware of eligibility for loss of earnings benefits,
 - seeking assistance from the compensation organization for questions, &
 - appealing claims right away.



Discussion

- Doctors described as being more aware of, & often alerting employees about compensation than some employers
- Need for universal compensation coverage on reserves
- Need for greater worker & employer understanding of how to navigate compensation system
- Provincial workers compensation boards need to include Indigenous communities as part of their mandate & interact with them to provide more information, guidance, & support



Discussion

- Both cultural competence & cultural safety required attention at compensation board
- Lack of other studies that qualitatively explore Indigenous experience with compensation systems & further study in other geographical locations needed
- Compensation organizations encouraged to hire Indigenous employees to assist applicants in applying for suspected work-related compensation & in training other compensation organization employees



Discussion

- Study limited by collection of data in just 4 Indigenous communities so could be considered selected participants so repetition of study in other Indigenous communities needed
- Directly interviewing Indigenous workers about their compensation experiences required
- Nurses employed in reserve health centres well situated to provide guidance to clients about compensation process, availability, & other related resources
- Chiefs & band councils, health care providers, administrative personnel, employers, & employees on reserves could benefit from more education about compensation process
- Need to better track potential work-related illnesses & injuries in Indigenous communities



Thank you!

- Grateful for community support & funding for study received from Ontario Ministry of Labour Research Opportunities Program



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