

HEALTH, SAFETY & PROSPERITY

Nova Scotia's 21st-Century Challenge

a novaknowledge report card · June 2010



novaknowledge
Behind forward thinking.



PROGRAM

1:00 pm	Welcome & introductions
1:10 pm	Opening remarks
1:15 pm	Findings & conclusions
1:45 pm	Recommendations
2:15 pm	Closing remarks





PURPOSE OF THIS REPORT

- What would be the economic impact of improving -
 - the overall health of Nova Scotia's workforce;
 - the safety record of Nova Scotia's workplaces; and
 - the timelines of safe and early return to work following an injury?
- What can Nova Scotia employers, unions, governments, communities, educators and individuals do to achieve and sustain the improvements necessary to affect the economic impact?





WORKFORCE

- ‘Workforce’ is defined more broadly than those who are currently employed. It includes:
 - Those individuals who are currently working, employable, and/or available for employment; and
 - The emerging workforce, those who are currently in high school or in a post-secondary institution and entering the workforce in the next 5 to 10 years.





CONTEXT

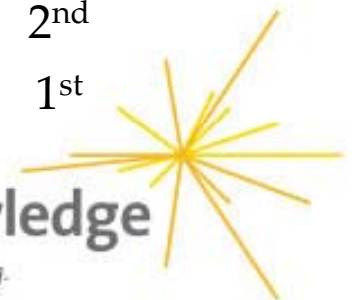
- CFIB: top 3 business challenges for the next 5 years –
 - Aging population
 - Out-migration of youth
 - Shortage of qualified labour
- The need to improve productivity in Nova Scotia
- Increasing costs of healthcare delivery, worker's compensation and insurance premiums





HOW HEALTHY ARE WE?

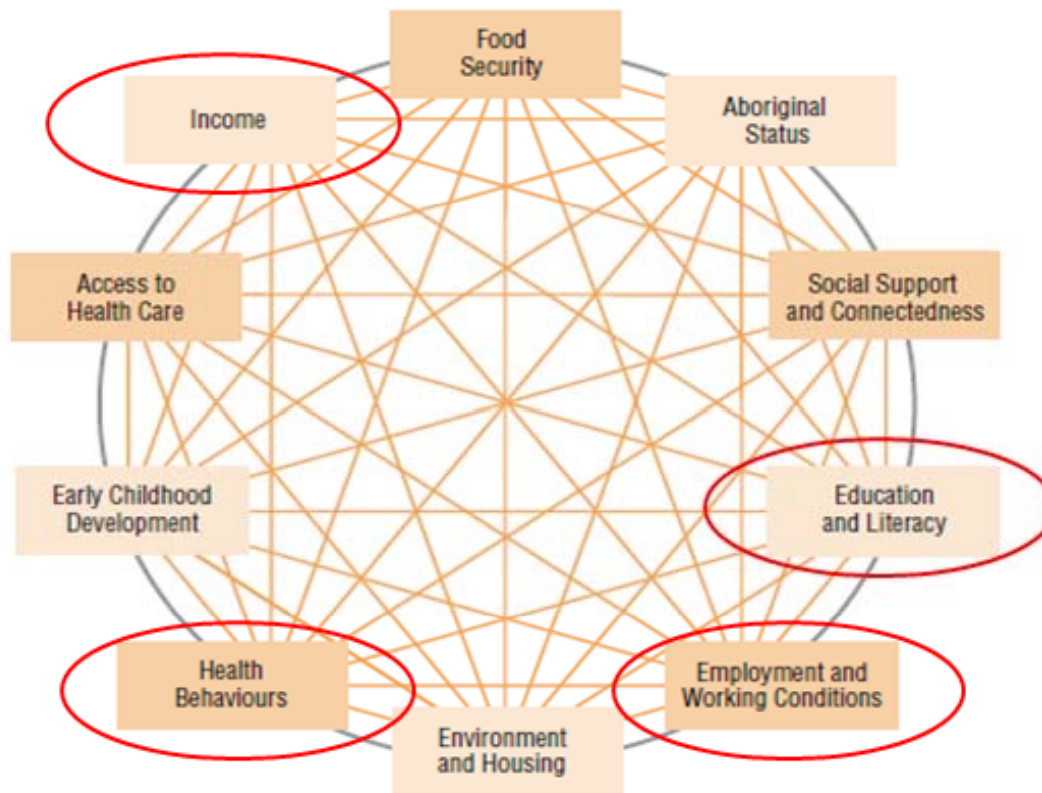
INDICATOR	% OF NS POPULATION	RANKING IN CANADA (1 st = highest/worst)
Excess weight	63.1	2 nd
Diabetes	7.4	3 rd
Cardiovascular disease / high blood pressure	20.4	1 st
Mental health		
Mood disorder	8.1	1 st
Perceived mental health – fair or poor	5.7	2 nd
Cancer	ACTUAL CASES	
Mortality due to lung cancer *	700	1 st
Mortality due to colorectal cancer *	320	2 nd
New reported cases (all cancers) **	5,700	1 st





SOCIO-ECONOMIC DETERMINANTS OF HEALTH

Exhibit 1
Socio-Economic Determinants of Health



Source: The Conference Board of Canada; Chief Public Health Officer.





INCOME

- The lower one's income, the poorer one's health will be
 - 8.2 % of the population were below the low income cut-off (LICO) after tax, a proxy for the poverty rate
 - NS is in the middle of the pack compared to other provinces
- Low income levels persist despite increases in minimum wage and targeted tax measures





HEALTH BEHAVIOURS

INDICATOR	% OF NS POPULATION	RANKING IN CANADA (1 st = highest/worst)
Smoking (age 12 and older)	23.5	4 th
Alcohol consumption (heavy drinkers)	20.6	2 nd
Physical Inactivity	51.6	4 th
Nutrition (fruit and vegetable consumption)	36.7	4 th





EMPLOYMENT & UNEMPLOYMENT

- In 2009, NS had the second lowest rate of employment in the country at 58.6%
 - Saskatchewan had the 2nd highest rate at 67%
- NS had the 8th highest unemployment rate in the country at 9.2%
 - Saskatchewan had the lowest rate at 4.8%





LITERACY & EDUCATION

INDICATOR	% OF NS POPULATION (age 16 - 65)	RANKING IN CANADA (1 st = highest/worst)
Prose literacy below level 3	38	average
Numeracy literacy below level 3	50	average
College or university degree	50	average
Less than high school attainment	26	5 th





HEALTH CONCLUSIONS

OBESITY

+

SMOKING

+

HARMFUL ALCOHOL USE

+

PHYSICAL INACTIVITY

\$2.1 BILLION / YEAR





HEALTH CONCLUSIONS

- Department of Health Promotion and Protection
 - Vision: *Helping Nova Scotians to be healthier and safer*
 - Various strategies, including:
 - Provincial Alcohol Strategy
 - Nova Scotia School Food and Nutrition Policy
 - Health Promoting Schools Program (with Department of Education)
 - Tobacco Control Strategy Renewal
 - Injury Prevention Strategy Renewal





HEALTH CONCLUSIONS

- Outcomes over last 10 years –
 - Smoking - 10% reduction
 - Fruit & vegetable consumption – 5% increase
 - Physical activity in grade 11
 - Males: 10% increase
 - Females: 4% increase
 - **Body Mass Index – 10% increase**





HEALTH CONCLUSIONS

- We all have a role to play
 - Government
 - Workplaces
 - Schools and communities
 - Workers
- There is a direct link between health and injury
- Healthy lifestyle choices have been linked to education levels





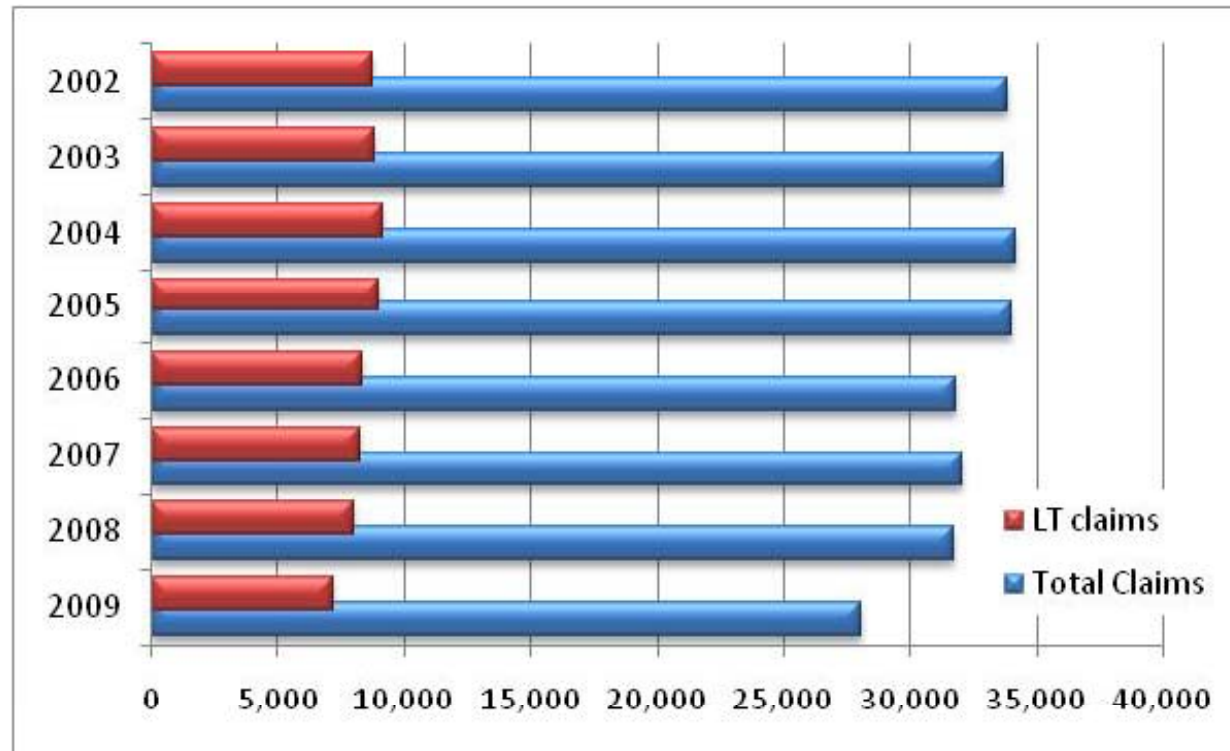
HOW SAFE ARE OUR WORKPLACES?

- The math is simple:
 - The greater the number and severity of injuries in the workplace, the higher the cost to the employer
- Our mindset must shift from passive acceptance of workplace injury and illness to taking positive steps to prevent injury and illness in the workplace.

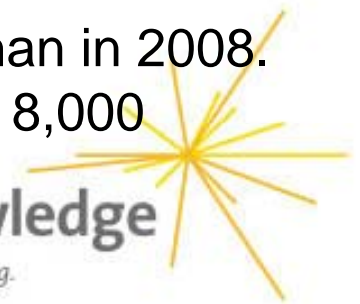




WCB CLAIMS REGISTERED

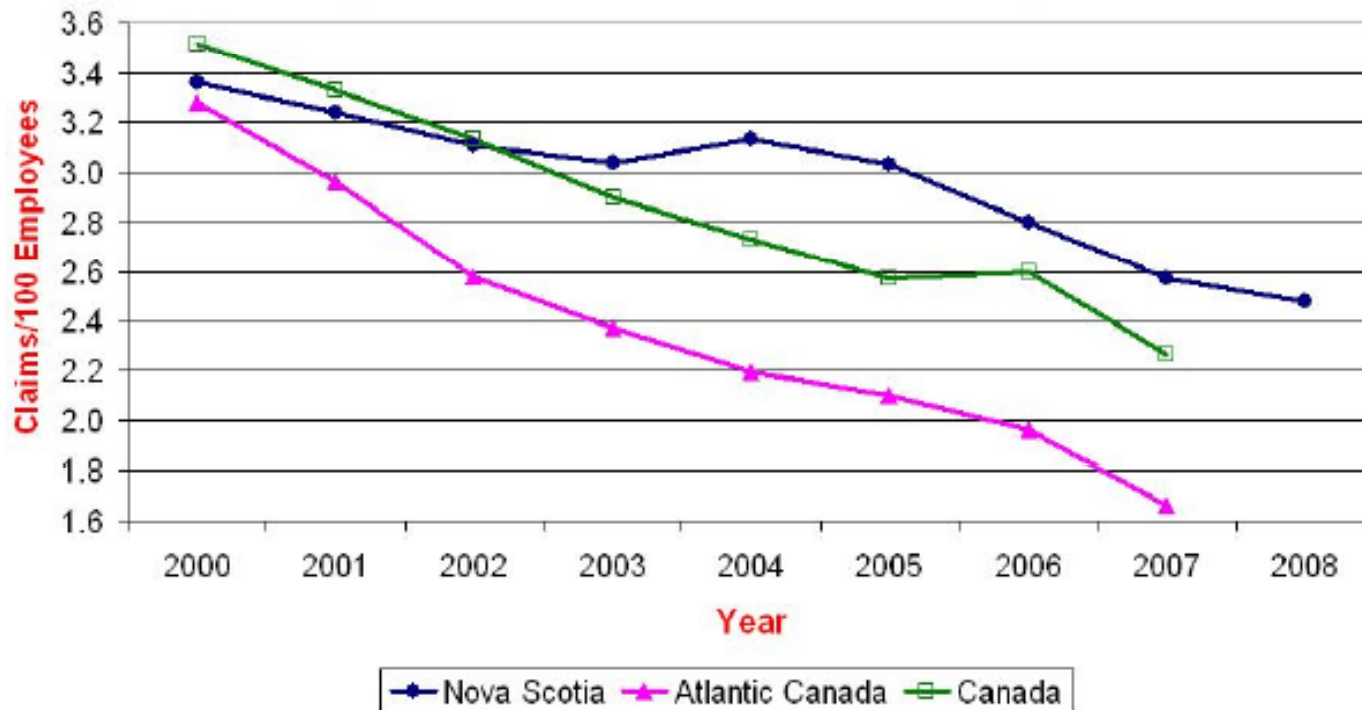


In 2009, the WCB registered 28,089 claims, 3,664 fewer than in 2008.
For the 1st time in 10 years, time-loss claims fell below 8,000





TIME-LOSS CLAIMS

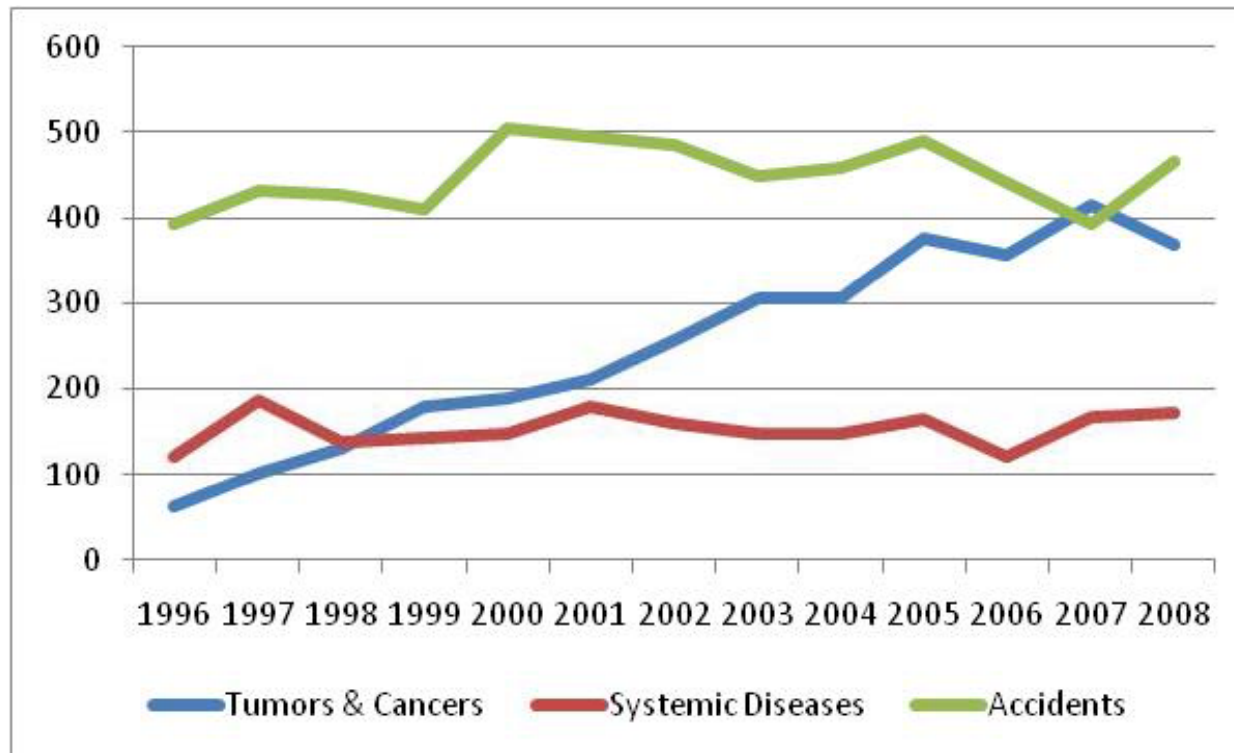


Time-loss claims have declined since 2000 but NS continues to be higher than both Canada and Atlantic Canada





FATALITIES & OCCUPATIONAL DISEASE

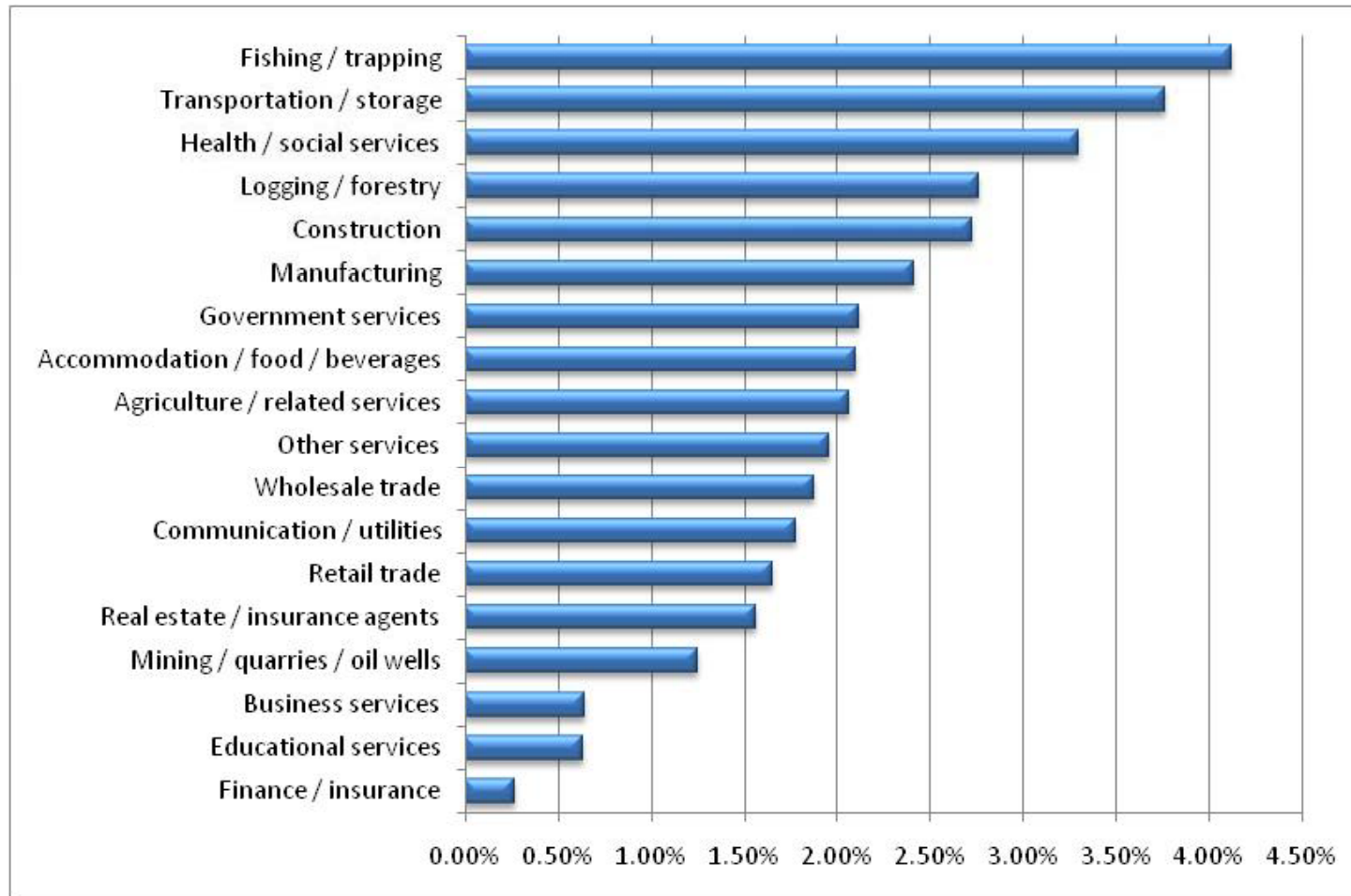


32 workers died due to injuries at work or as result of occupational disease in 2009





INJURY FREQUENCY





WORKERS' COMPENSATION COVERAGE

PROVINCE	% OF THE WORKFORCE COVERED BY WORKERS' COMPENSATION
New Brunswick	94
Newfoundland and Labrador	98
Nova Scotia	70
Prince Edward Island	96





INTERNAL RESPONSIBILITY SYSTEM (IRS)

- The IRS is a system within an organization where everyone has direct responsibility for health and safety as an essential part of their work
- Both employer and employees have responsibilities with regard to safety
- Compliance ranges from 59 – 71%





INJURY PREVENTION

- The WCB has a variety of programs to assist employers with their safety and injury-prevention initiatives.
- The Priority Employer Program focuses on employers with consistently high WCB costs
 - Coaching from WCB helped reduce the number of claims by 3% and cost of time-loss claims by 7.7%





SAFETY ASSOCIATIONS

- There are 7 safety associations and more than 100 other organizations involved in safety training in NS
- Even so, small businesses report difficulty –
 - in accessing the safety system
 - limited understanding of requirements
 - limited ability to release staff for training”





SAFETY CONCLUSIONS

- WCB paid out \$187 million in 2009 in claim payments
- Employers paid \$273 million in premiums
- On average 1 in 11 workers covered by workers' compensation submitted a claim based on a workplace incident in 2009!





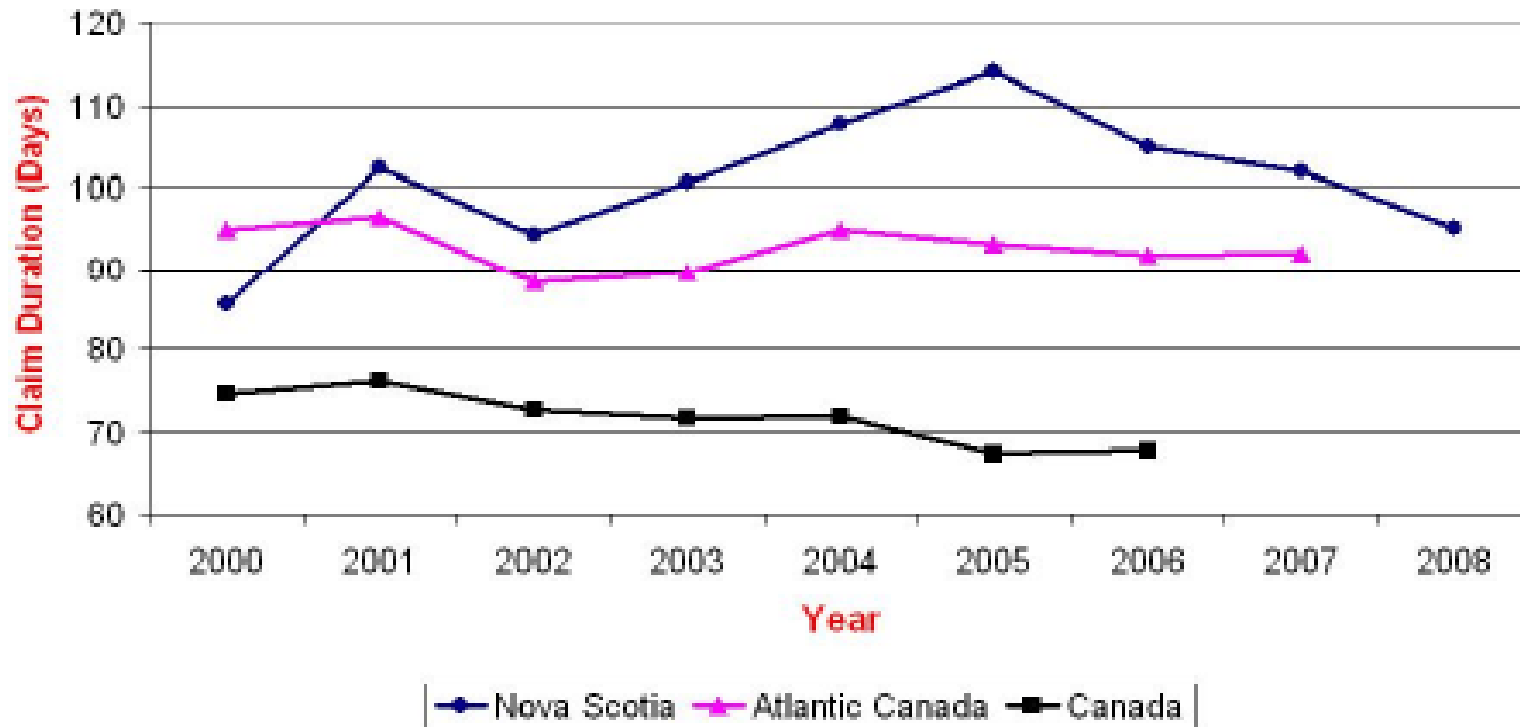
SAFETY CONCLUSIONS

- Safety Culture
 - 45% of Nova Scotians feel that workplace injuries are an inevitable part of life
 - During the H1N1 pandemic, deaths made headline news
 - During this same period, 32 workers died on the job in NS and few of these deaths received the same coverage





HOW QUICKLY ARE WE GETTING BACK TO WORK?



In NS, duration of time-loss claims over the period 2000 to 2008 was consistently higher than the Atlantic Canadian and Canadian averages





HOW QUICKLY ARE WE GETTING BACK TO WORK?

- In 2009, the WCB paid out more than 109,000 weeks of benefits due to lost time
 - This is equivalent to more than 2,100 full-time equivalents





RETURN-TO-WORK MANAGEMENT

- The majority of workers return to work within 6 months
- After 2 years away from the job, the likelihood of return to work is remote
- WCB adopted the SPICE model in 2005
 - all parties involved with an injured worker work collaboratively to achieve a common goal
 - The model is showing some promising results





WAIT TIMES

- Timely access to medical attention is key to return-to-work management
- Example – carpal tunnel surgery
 - 47% of injured workers living in Cumberland and Pictou counties would have had surgery within 30 days
 - Only 14 per cent would have been as lucky in the Annapolis Valley.
 - In Colchester East Hants at 360 days, 14% still had not had their surgery
- Wait time to see a specialist and recovery not included





RTW CONCLUSION

- **Benefits of early RTW**
 - For the employer –
 - minimal lost productivity
 - reduction in WCB premiums
 - For the worker –
 - minimized disruption to life and pay cheque
 - maintenance of social network



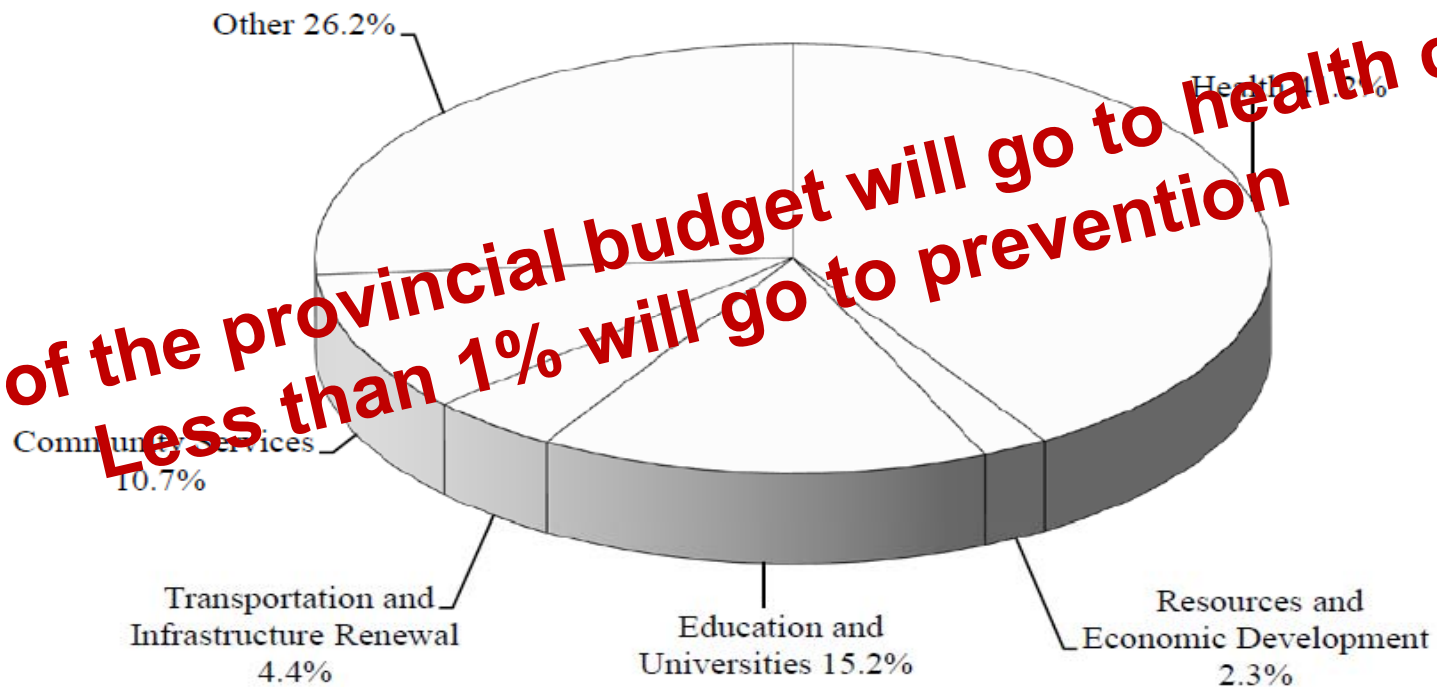


CASE FOR INVESTMENT

2010-2011 ESTIMATE

2010-2011 BUDGET

**41.2% of the provincial budget will go to health care
Less than 1% will go to prevention**





TAXES

Personal income taxes = \$1.9 Billion

+

15% HST = \$1.4 Billion

TOTAL = \$3.3 Billion

Does not pay for the health budget

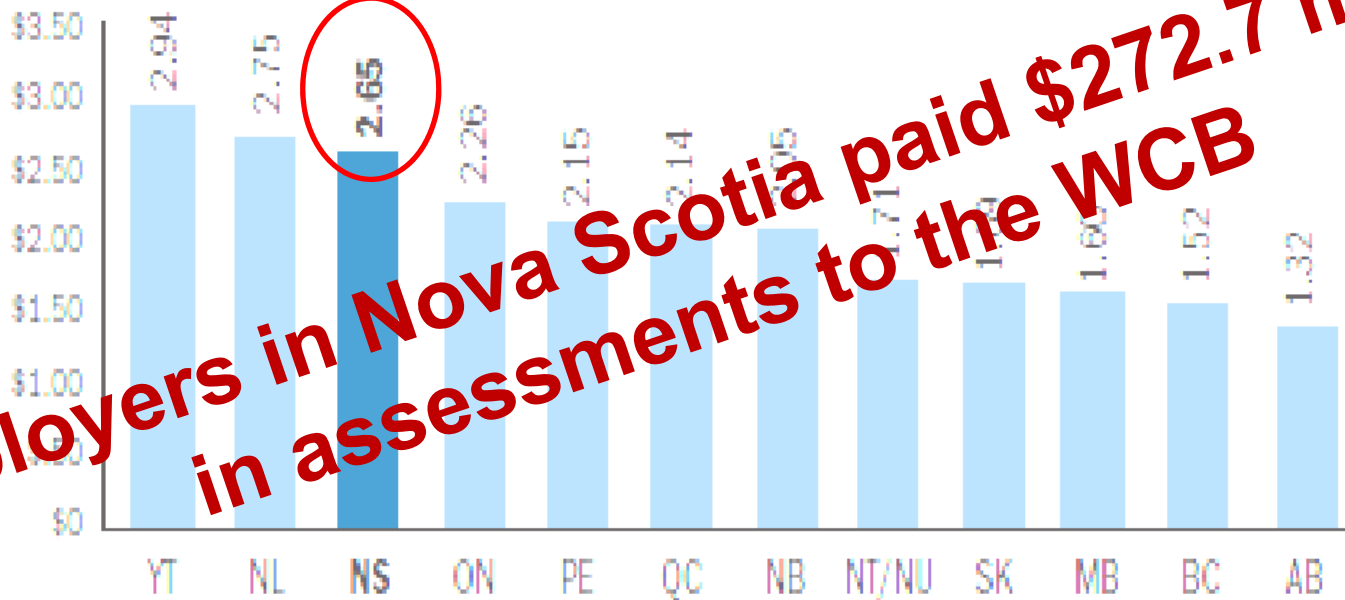


WCB PREMIUMS



Targeted Average Assessment Rate

All provinces per \$100 of assessable payroll, 2008



Employers in Nova Scotia paid \$272.7 million in assessments to the WCB





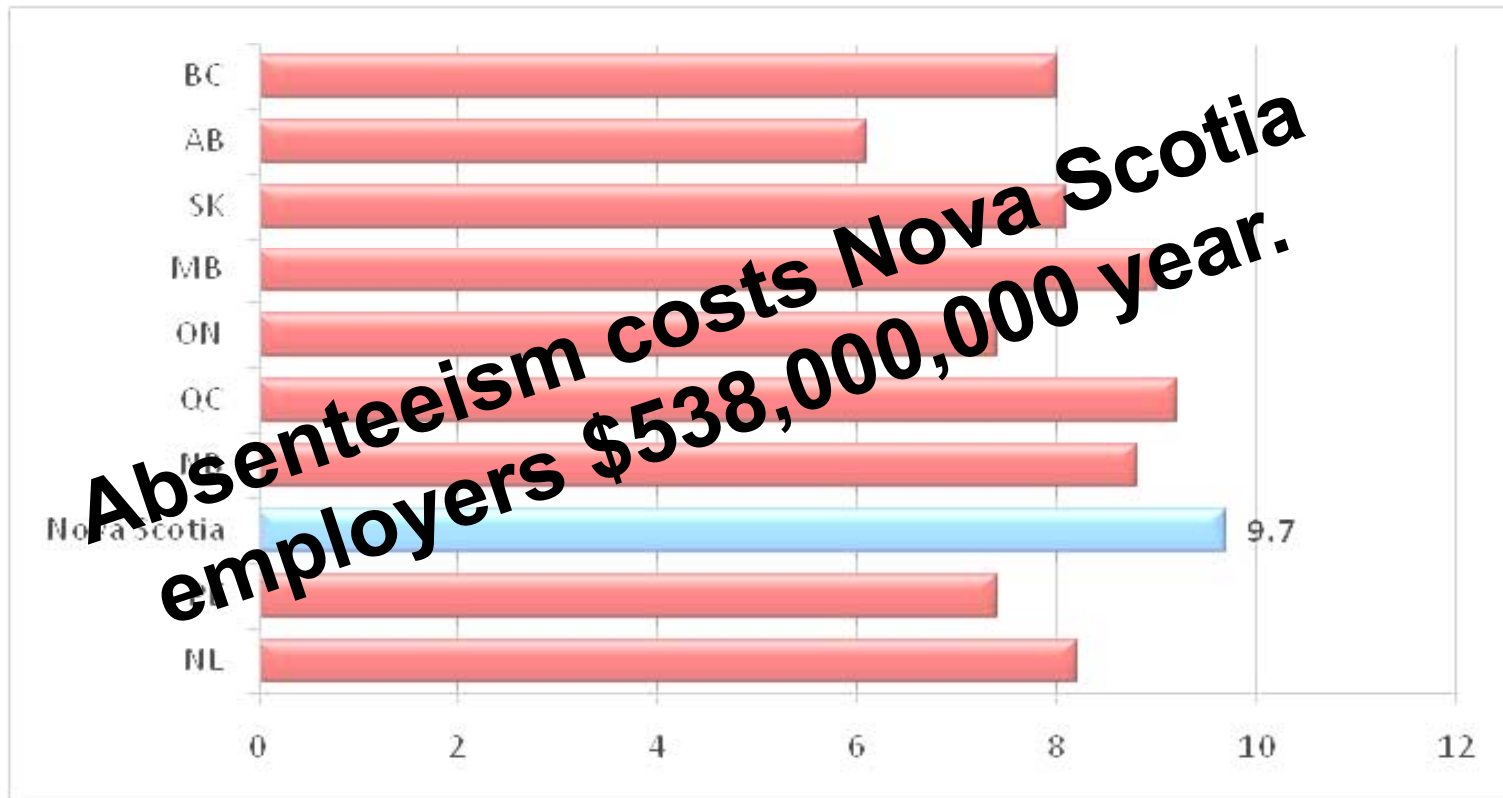
HEALTH INSURANCE

- Nova Scotians paid \$633 million in premiums for health insurance to pay for –
 - products and services not covered by government
 - income-replacement insurance due to disability
- \$489 million was paid out in health benefits





NON-PRODUCTIVE WORKERS



Absenteeism costs Nova Scotia employers \$538,000,000 year.





INDIRECT COSTS TO EMPLOYERS

- The costs associated with losing, even temporarily, an experienced worker include:
 - Loss of productivity, quality and efficiency
 - Potential impact on employee morale and confidence
 - Costs of hiring and training replacement workers and overtime
 - Erosion of customer confidence, satisfaction, and loyalty
 - Impact on competitiveness – monies diverted to illness and disability represent lost opportunities for businesses





DIRECT COSTS TO INDIVIDUALS

- Canadian Breast Cancer Network survey:
 - 80 % of respondents experienced a financial impact
 - gap of 23 weeks without EI coverage
 - 44% used savings
 - 27% took on debt
 - 16% were terminated from their jobs
 - 12% were unable to return to previous job



INDIRECT COSTS TO INDIVIDUALS

- The indirect costs associated with being unhealthy or disabled are many and varied
 - Pain and suffering
 - Family and social impacts
 - Quality of life
 - Loss of security
 - Loss of self-esteem
 - Increased stress
 - Social isolation



ORGANIZATIONS ON THE MOVE

- Emera and Nova Scotia Power
- Collaboration between WCB, Departments of Education, and Labour and Workforce Development + partners
- Boyne Clark
- College of Registered Nurses of NS
- Northwood Care
- Nova Scotia Government Employees Union
- Clearwater Seafoods



SOCIAL CHANGE MODEL

PHASE 4 – FACILITATE OPERATION AND CONTINUOUS IMPROVEMENT

- Data collection and sharing
- Communication and information flow
- New targets

PHASE 3 – IMPLEMENT

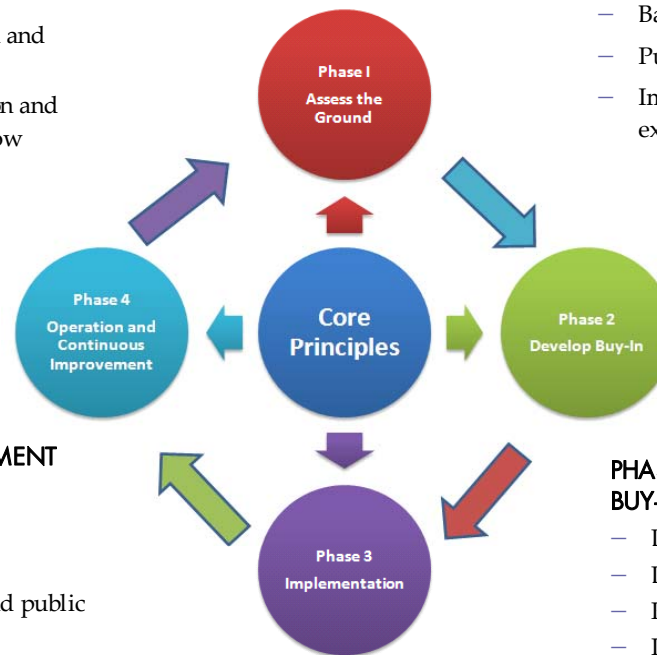
- Leadership
- Innovation
- Consultation
- Stakeholder and public engagement
- Incentives and penalties
- Benefits and resources

PHASE 1 – ASSESS THE GROUND

- Social context
- Background
- Public knowledge
- Impact of previous experience and events

PHASE 2 – DEVELOP BUY-IN

- Leadership
- Long-term goals
- Research
- Public education
- Dialogue
- Information sharing
- Grassroots' activism
- Pilot projects





RECOMMENDATIONS

- We all have a role to play -
 - **Government** – The Health, Safety, and Prosperity Initiative & Partnership
 - **Employers** – create an environment where healthy behaviours are recognized and unsafe work practices are not tolerated
 - **Unions** – promote and reinforce healthy behaviours and safe work practices





RECOMMENDATIONS

- We all have a role to play –
 - **WCB** – work with employers to integrate wellness, safety and RTW programs
 - **Educators** – expand health and safety education and promote through parents and students
 - **Community organizations** – inspire community leaders to effect change
 - **Individuals** – refuse to perform unsafe work and practice health and safety at work and at home





RECOMMENDATIONS

- Novaknowledge
 - Bring together representatives from all constituencies to help Government form the Health, Safety and Prosperity Partnership
 - Revisit and report on indicators
 - Initial target – achieve Canadian average
 - Overall goal – become the healthiest, safest province in Canada





INDICATORS

INDICATOR	BENCHMARK	NS	CANADA
Unhealthy eating	% of population who eat fruits and vegetables five times a day	37%	40%
Physical inactivity	% of population who are physically inactive	52%	50%
Obesity	% of population with BMI > 30	25%	21%
Absenteeism	days lost due to illness or disability per worker per year	9.7	8
Injury frequency	injury frequency for 100 workers of assessable employers	2.6	2.1

