

Improving legislation that governs employment and working conditions in Ontario can positively impact important social determinants of health

Submission to the Changing Workplaces Review

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I. Employment, working conditions and the social determinants of health

The health of individuals and communities is determined by a large number of factors. Canadian health professionals and policy makers have traditionally focused on ensuring patients have adequate access to health services. Increasingly, there is broad interest in addressing the social factors that relate to health outcomes.¹⁻³ These have been called the **social determinants of health** (SDOH), “the conditions in which people are born, grow, live, work and age”.⁴ For example, the Canadian Medical Association conducted a series of townhall meetings in 2013 across the country, entitled “What makes us sick?” Key recommendations that emerged focused on SDOH, including the need for governments to take action on poverty, on the lack of affordable housing and on food insecurity in order to improve the health of Canadians.⁵

Employment and working conditions are key social determinants of health. As noted in the Final Report of the World Health Organization Commission on the SDOH, “Employment and working conditions have powerful effects on health and health equity. When these are good they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial hazards – each important for health”¹ (p.72) Employment is related to important health outcomes, including mortality. A study of over 90,000 men and women in Finland who were followed for over a decade found that mortality is significantly higher among temporary workers compared to permanent workers. Moving from temporary to permanent employment was associated with a lower risk of death.⁶

Employment and working conditions influence health through several mechanisms. First, employment determines a person’s **income**, through the wage rate and the number of hours of work a person is given.⁷ Living on low income means being unable to afford basic necessities that are important for healthy living, including food, stable housing, clothing and medications to treat acute and chronic conditions.⁸ In a study of 331 families in Toronto, among those who were living in market-rent households, families with adults who gained full-time employment experienced a significant decrease in food insecurity.⁹ Second, working conditions can determine a person’s exposure to **physical injury**. Certain workers in Ontario are at particularly high risk of injury, such as migrant workers in the agricultural sector.¹⁰⁻¹² One study of temporary workers showed a rate ratio of 2.94 for non-fatal occupational injuries (95% CI 2.40 to 3.61) and 2.54 for fatal occupational injuries (95% CI 1.88 to 3.42).¹³ Third, working conditions also determine exposure to **stress and mental strain**.¹⁴ There is robust evidence that perceived job insecurity is closely linked to psychological morbidity and likely follows a dose-response relationship.¹⁵ A study of 5,679 temporary and permanent workers in Spain found a strong gradient association between the degree of employment precariousness and poor mental health, even after adjusting for age, immigrant status, socioeconomic position and previous unemployment.¹⁶ Fourth, the cumulative stress associated with precarious work likely exacerbates **chronic diseases**, such as heart disease.¹⁷ Access Alliance conducted in-depth interviews with ten families dealing with precarious work, finding that bad jobs were reported as the cause of physical illness, musculoskeletal pain, gastrointestinal complications, mental illness and worsening of chronic conditions.¹⁸

Health professionals frequently witness the negative impact of poor working conditions in their clinical encounters.

- *A newcomer who has struggled to have her credentials recognized in Canada and can only find work at a chain restaurant. With four children, her minimum wage salary means she can never earn enough to make ends meet. The stress of this situation takes a toll on her mental health.*
- *A man in his 50s who experienced a heart attack and was subsequently laid off from his non-unionized job that had few protections. He has struggled to re-enter the workforce and has gone on welfare.*
- *A man in his mid-40s, working in the hospitality industry. Only obtaining temporary positions, he has worked for several employers over the past five years. He struggles with inconsistent hours, irregular shifts and is required to be on-call for work almost all the time. He has developed tendonitis and lower back from repetitive motions but is worried about taking any time off to address these health issues, let alone raise them with his current employer.*

Motivated by such patient stories, front-line health professionals have become engaged in working toward decent work for all. Building on the definition used by the International Labour Organization, by “decent work” we mean *work that is productive, delivers an income that provides social protection, ensures security in the workplace, leads to personal development and social integration, allows people to express their concerns, organize, participate in decision-making that affects their work, and provides equality of opportunity across gender, race/ethnicity, age and sexual orientation.*¹⁹ Engaging in advocacy on decent work fits with other initiatives to address SDOH, including actions at the individual patient-provider level, the development of clinical tools focused on alleviating poverty, and education sessions on social determinant interventions for all levels of medical trainees and practicing physicians. The Ontario Medical Association⁸ and the Canadian Medical Association²⁰ have called on members to address SDOH and improving access to decent work is a natural extension of these efforts.

Recommendation 1. The Changing Workplaces Review should be guided by the principle of decency and ensuring decent work for all Ontarians.

Recommendation 2. The Changing Workplaces Review should also be guided by the concept of the SDOH.

II. Precarious work in Ontario

Precarious employment has been increasing in Ontario since the early 1990s.²¹ However, this trend has accelerated following the 2008 recession, with many Ontarians remaining shut out of the job market.²²⁻²⁴ Most of the new jobs created during the process of economic recovery are considered precarious.²⁵ An increasing number of Ontarians report living pay cheque to pay cheque²⁶ and precarious work particularly impacts racialized immigrant families in Ontario.¹⁸ An analysis of Labour Force Survey data for Ontario found that in 2014, 33% of all workers had low wages (1.5x minimum wage), compared to only 22% a decade earlier.²⁷

As recognized in the documents published by the Changing Workplaces Review, such changes are occurring in a historical context. Globalization and increased automation has lead to fewer

manufacturing jobs and more service sector jobs, which tend to be temporary, have lower wages and be characterized by “flexibilized employment”.²⁸ The increase in precarious work has matched a growing power imbalance between workers and employers. Workplaces are less likely to be organized, related to a long-term decline in union membership, and with it a decline in the power of workers. Workers in Ontario are in urgent need of laws that protect and facilitate their right to unionize and to exercise the rights of collective bargaining and collective action. As noted in the World Health Organization Commission on SDOH report, “Unions are powerful vehicles through which protection for workers – nationally and internationally – can be collectively negotiated”.^{4(p.77)} Without unions – and the collective agreements that are put in place as a result of unionization – employers in Ontario are highly likely to employ temporary, part-time, contract and casual staff in order to reduce human resource costs. Employers also benefit from hiring such workers as they can fit their labour supply to demand. Such workers, particularly temp agency workers, are unlikely to receive the same wages, benefits, and working conditions as workers doing comparable work that are hired permanently by a company.

Recommendation 3. Workers in Ontario require strong legislative protection to be able to engage in meaningful processes when seeking resolution of concerns and labour standard violations.

Recommendation 4. There should be no differential treatment in pay, benefits and working conditions for workers who are doing the same work but are classified differently, such as part-time, contract, temporary, or casual.

Recommendation 5. In terms of scheduling and work insecurity, employers should be required to post worker’s schedules (including when work begins, ends, changes and meal breaks) at least 2 weeks in advance.

III. Sickness policies governing work in Ontario

The Changing Workplaces Review has noted that concerns have been raised about how to address an employee’s need for short-term absences from work, for example for an illness. This is an area that is particularly relevant to health providers. We realize many workers cannot stay home if they are ill if it means losing income and potentially putting their job at risk, even when going to work means the worker may have a longer recovery period and may put others at risk if they have an infectious disease.

A number of studies have identified the benefits of paid sick leave policies. Econometric modelling suggests that sick leave policies are an important predictor of behaviour around episodic illness²⁹ which fits with clinical experience. In other words, people without protected sick leave tend to work while they are ill, what has been called “presenteeism”.³⁰ In a Centers for Disease Control study of almost 500 workers in almost 400 restaurants from across the United States found that almost 60% had worked while ill and a common reason given was fear of job loss, after controlling for other factors.³¹ In a study of 171 nursing homes in New York state, the risk of a nosocomial respiratory or gastrointestinal disease outbreak was significantly lower if the nursing home had paid sick leave policies.³² A study of 38,000 working adults in the

United States found that those with access to paid sick leave were 28% less likely to experience nonfatal occupational injuries.³³

Paid sick leave can also mean that workers can attend to preventive care needs and more quickly recover from illness. In a study of almost 12,000 adult workers in the United States, those with paid sick leave were much more likely to have completed important cancer screening (e.g. mammography, Pap tests and endoscopy for colon cancer screening) and visit a physician than those without paid sick leave, even after controlling for social, economic and health-related factors.³⁴ For those without paid sick leave, attending medical appointments means losing income and may simply be an unaffordable option for many. A study of 289 employed women who experience a heart attack or angina, those with paid sick leave were more likely to return to work than those without paid sick leave.³⁵ Other economic benefits have been found. Paid sick leave is associated with a reduced probability of job separation, both involuntary (e.g. laid off, job ended or business dissolved) and voluntary (e.g. retired, illness or injury and quit)³⁶ International comparative research has found no significant relationship between the duration and generosity of sick leave and national economic indicators, including GDP, unemployment rates and national competitiveness.³⁷

Finally, as called for by the Ontario Medical Association, requiring sick workers to obtain physician notes as proof of their illness is a practice that should end.³⁸ First, it presupposes that workers will lie about illness and does not foster a sense of trust between employee and employer. Second, it places the burden of regulating workers on physicians and other health providers. Frequently, the only reason for a visit to a health centre is to obtain a sick note, not to obtain medical advice. This takes up appointment slots and may mean that other patients cannot see their health providers. Third, the cost of obtaining these notes falls on the health care system, when physicians bill for such visits, or on the patient, if their physicians charges for doctor's notes. There are often additional costs born by the patient when seeking health care, including parking, paying for transit and obtaining child care if required. Fourth, there is a risk that by attending a health care facility, a worker may either transmit an infectious disease to others or be exposed to infection.³⁹

***Recommendation 6.* All workers, regardless of the size of the business, should have the right to emergency leave. The ESA be amended to repeal the exemption for employers of 49 or less workers from providing emergency leave.**

***Recommendation 7.* All employees in Ontario should be entitled to a minimum of one hour of paid sick time for every 35 hours worked. For a full-time 35 hour per week employee, this works out to approximately seven paid sick days per year.**

***Recommendation 8.* The ESA be amended to prohibit employers from requiring evidence from a worker to entitle them to personal emergency leave or paid sick days.**

IV. Work, poverty and health

People living at low income in Ontario live shorter lives, with more disability. Their work is more precarious, and they tend to have worse working conditions, that place them at higher risk of illness and injury. People living at the bottom end of the wage scale are suffering, and the ability to protect their health is in the hands of our legislators.

That patients have to live in this way with a full-time job, in a wealthy country, is a tragedy. That we set our minimum wage to benefit, first, companies' bottom lines, and not to ensure low-wage workers are able to stay healthy, and to afford the basics of food, shelter, clothing and other necessities, is both a tragedy and a public health travesty.

This is why call for a \$15/hour minimum wage. \$15/hour will not make low wage workers rich, but it will help establish the basic foundation for health we should expect for every working person in Ontario, and for the families that depend on them.

As health providers, we see this as an essential step towards reducing poverty in Ontario, and towards improving the health of our most vulnerable neighbours. If we don't pay for it upfront, we will pay for it and much much more – recent studies have shown that poverty costs us \$3 billion per year in Ontario, and \$7 billion per year in Canada. The lost productivity and increased health dollars are avoidable, through key health interventions such as a living minimum wage of \$15 an hour.

Recommendation 9. We call for the minimum wage to be raised immediately to \$15 per hour in 2015.

Recommendation 10. We support the recommendations contained in the Workers' Action Centre report, "Still Working On The Edge: Building Decent Work From The Ground Up".⁴⁰

V. Conclusion

The health of our patients, their families and the communities that they live, work and play in are in your hands as you advise on how this legislation should be updated and amended. Thank you for your efforts and dedication to ensure that all Ontarians have access to decent work.

VI. References

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