BACK TO WORK

Disability management and return-to-work strategies in Canada

COMMUNICATIONS-BASED RTW KEY TO DISABILITY PREVENTION

Medical interventions are not the answer to the escalating rates of work disability due to low back pain, says Dr. Glenn Pransky, director of Liberty Mutual's Center for Disability Research in the U.S. Instead, the answer lies in return-to-work practices that have effective inter-stakeholder communications at their core.

Dr. Pransky made these comments upon receipt of the Institute for Work and Health's 2005 Alf Nachemson Lectureship on September 19 in Toronto. Pransky, who is also an associate professor at the University of Massachusetts Medical School, has published over 50 scientific papers in the last five years, largely in the areas of disability and outcome measurement with respect to work-related musculoskeletal disorders.

Focusing his lecture on low back pain within the workers' compensation system, Pransky points out that work disability rates have escalated over the last 20 years. The primary response has been to throw more medical treatment at the problem, but research indicates that this has not proven effective.

According to Pransky, "no recent medical intervention has had a significant impact on work disability" due to low back pain, and "most medical interventions are unhelpful or actually prolong time away from work." As a result, according to U.S. numbers, medical costs now represent 57 per cent of workers' compensation claims costs and the average cost per claim has increased three-fold in the last 10 years.

Nonetheless, "unhelpful medical interventions" continue to hold sway when it comes to dealing with low back pain. There are a number of reasons for this, says Pransky. First, family physicians suffer from what he refers to as "provider myopia." That is, they believe any clinical benefit is ample justification for a medical intervention, their belief systems parallel those of their patients' misconceptions (for example, that bed rest is best and return to work should not occur until the patient is 100 per cent), and they go along with patient requests in order to maintain their patients' allegiance.

"I am blackballed by some health care providers because I have low patient satisfaction," Pransky says as a way of explaining why doctors go along with patient requests. "My colleagues find it easier to give a diagnosis than to say there is nothing wrong."

Pransky offers a number of other explanations for the reign of the medical paradigm: an "irrational" economic model in which consumers share little of the cost burden, health care providers who are not held to a standard of performance, a disability benefits system that rewards the demonstration of sickness, and media offerings that are full of misinformation and rarely emphasize a non-medical approach.

Pransky focusing on supervisors

The answer to reducing work disability due to low back pain, Pransky believes, does not lie with medical interventions as much as it does with instituting return-to-work models that emphasize effective stakeholder communications and resolve medical issues early on while dealing with disability prevention at the workplace level.

He points to the evidence-based research of Renée Franche and her team at the IWH as confirmation of the importance of communications. That research pointed to the following key elements of effective RTW programs: early contact with the injured worker, a work accommodation offer from the employer, communications between the workplace and health care providers, ergonomic worksite visits, the presence of an RTW co-ordinator, and a co-operative labour-management environment (see *Back To Work*, October 2004).

As for de-emphasizing the medical, he points to the research of Patrick

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Loisel in Quebec, among others. Loisel's "Sherbrooke" model simultaneously combines clinical interventions with therapeutic, workplace-based rehabilitation programs (see *Back To Work*, June 1998).

The problem with many of the "excellent" and "exciting" return-to-work programs described in the research literature is that they are expensive and demand a fair amount of expertise that is not generally available at the workplace and community level, Pransky says. So he is looking for a way to prevent disability at the workplace level through improved employer responses to reports of injury. He and fellow researchers are designing and testing a management-supported supervisor training program. "We want to teach supervisors to respond more positively," he says.

The two-hour training session for supervisors teaches them how to immediately contact the worker in a positive and empathizing manner, without blame or interrogation, in order to convey the message that the worker is wanted back. Supervisors are also taught to regularly follow up with the worker, inquire about functional abilities, consider job accommodations and more. So far, Pransky reports, these training programs, where they are endorsed by management, are resulting in 20 per cent less lost time.

The biggest obstacle the training program faces, he says, is management's recognition of the problem and support for the supervisor's role in confronting it: "Only one of every three workplaces that came to us for the program was ready for it."

The Alf Nachemson Lectureship is awarded annually by the IWH to a prominent national or international individual who has made a significant and unique contribution to a number of work and health-related themes, including the interface between work and health, the role of evidence in decision-making or evidence-based practice in the prevention of work-relevant injury, illness or disability. For more information, visit the IWH website at www.iwh.on.ca/about/nach_lecture.php. •

TRENDS

RTW best practices

At the IWH Alf Nachemson Lecture this month in Toronto, Dr. Glenn Pransky listed the following future best practices in disability management:

- increasing the use of preventive approaches, such as vaccination and wellness programs, in order to decrease the number of injuries and illnesses in the first place;
- using a targeted approach to identify and respond to people at high risk of disability due to injury or illness;
- addressing all psychosocial issues and co-morbidity, such as depression and dehumanizing workplaces;
- focusing on disability independent of medical issues;
- paying for health care performance based on patients returning to work and function;
- using science-based policies.

STAYING@WORK 2005 SHOWS LTD COSTS ARE ON THE RISE

While employers' workers' compensation and short-term disability costs have remained relatively constant over the last few years, long-term disability costs have shot up, according to the most recent Staying@Work survey from human resources consulting firm Watson Wyatt Worldwide.

Staying@Work 2005, released on September 29, is the fourth survey of its kind from Watson Wyatt since 1997. This year's survey goes beyond the focus of previous surveys on absence and disability management by including broader health and productivity issues, with a special emphasis on mental health (see *Back To Work*, April 2005, for information on the survey's mental health findings). The survey analyzes the opinions of human resources professionals from 94 Canadian organizations with 250 or more employees, with half from organizations with 1,000 or more employees.

"The findings from our 2005 study demonstrate that organizations are doing a much better job than in previous years of creating robust and integrated absence and disability management programs," concludes Watson Wyatt in its survey report. "But they need to avoid applying practices in isolation. With the cost and frequency of claims continuing to rise, influenced by many factors in the workplace beyond the medical arena, it is important that absence management programs evolve into holistic action plans that allow organizations to realize the best return on their investment."

With respect to costs, the survey showed that workers' compensation costs continued to decline, while short-term disability (STD) costs remained virtually unchanged and long-term disability (LTD) costs jumped considerably. Since 2002/2003, LTD costs rose from 1.1 to 1.4 per cent of payroll. "Despite advances in early intervention and a continuing emphasis on claims management, this year's participants reported a 27 per cent increase in LTD costs compared to the level reported in 2002/2003," the report says.

Workers' compensation costs decreased from 1.2 per cent of payroll, compared to 1.3 per cent in 2002/2003 and from 2.4 per cent in 1997. As for STD costs, they stayed at 1.9 per cent of payroll, the same percentage reported in 2002/2003 and only down slightly from the 2.0 per cent reported in

1997. However, STD costs remain the highest of the three categories.

Notably, the survey showed that most organizations fail to track the costs and causes of disability claims. Just over a third of companies (35%) measure STD and LTD costs per employee, and even fewer (30% and 28% for STD and LTD costs, respectively) measure them as a percentage of payroll. Only 36 per cent of organizations track the reasons behind LTD claims and only 38 per cent the reasons behind STD claims. This leaves organizations without the information they need to identify — and head off — potential problems before they arise, Watson Wyatt remarks in its survey report.

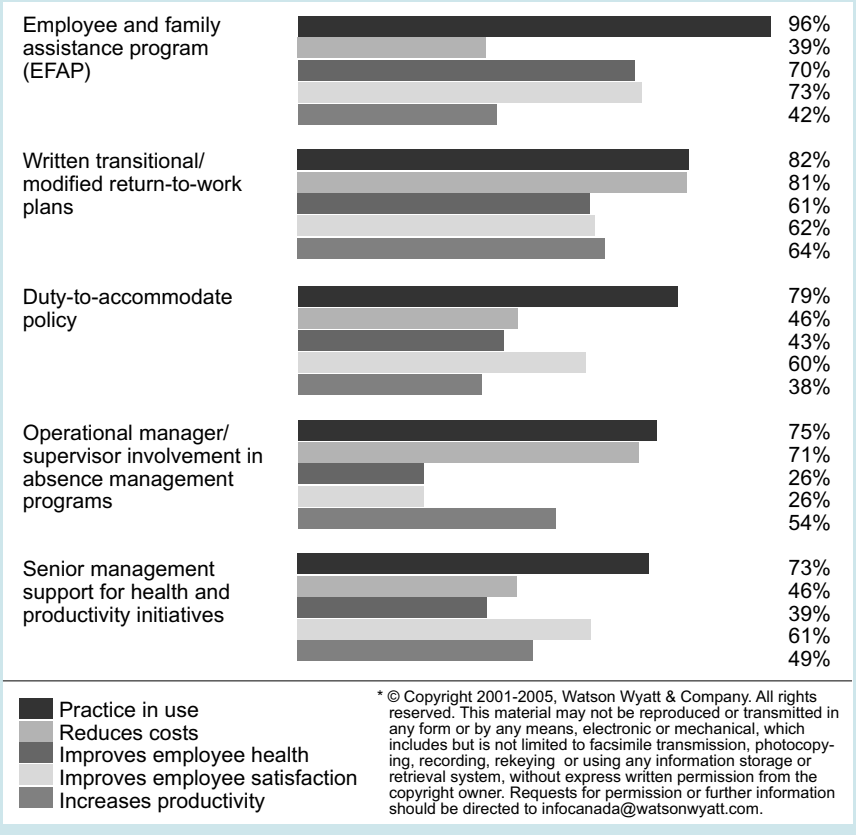
As for management practices used to control absences and disability costs, participants pointed to the following as the top five: employee and family assistance programs (96%), written transitional/modified return-to-work plans (82%), duty-to-accommodate policies (79%), operational manager/supervisor involvement in disability/absence management programs (75%) and senior management support for health and productivity initiatives (73%). Participants also indicated the effectiveness of these measures (see table below).

Mental issues top health concern

As for pressing health and productivity concerns, participants indicated the following: the rise in mental health claims (56%), an aging workforce (54%), employee engagement (48%), work/life balance (42%), medical costs (42%), shortage of new entrants into the labour market (33%) and presenteeism (28%).

SURVEY RESULTS

Effectiveness of top disability management practices *



According to the survey, the leading initiatives that employers currently have in place to deal with health issues include: immunization programs or flu shots (73%), harassment prevention (55%), fitness subsidy/on-site facility (53%), smoking cessation (51%), stress management (50%), and nutritional counselling (40%). The programs they plan to introduce on the health front include: disease management for chronic conditions (20%), questionnaire-based physical health risk appraisals (18%), questionnaire-based mental health risk appraisals (17%), stress management (17%), and wellness activities (17%).

For more information, visit www.watsonwyatt.com/canada. •

EVIDENCE LINKING DEPRESSION TO PAIN CONTINUES TO GROW

One of the "chicken-and-egg" questions that plagues the disability management world is this: What came first – the pain or the depression? According to the Institute for Work and Health's Summer 2005 issue of *Linkages*, the evidence continues to mount that each of the two conditions is a risk factor for the other.

That pain can lead to depression is the more commonly accepted link, but a recent study (Carroll et al, "Depression as a risk factor for onset of an episode of troublesome neck and low-back pain," *Pain*, 2004) indicates that the reverse can also be true: that depression can lead to pain.

"From the perspective of the health practitioner, workplace supervisor and policy-maker, efforts are needed to recognize and properly address depressive symptoms early on to prevent the development of pain," the IWH writes in its analysis of the implications of the

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COMPANY'S REHAB EFFORTS MITIGATE SIZE OF OH&S FINE

In setting the fine for an occupational health and safety offence, a Saskatchewan Provincial Court judge looked favourably upon the company's efforts to help rehabilitate and provide benefits to a disabled worker. **By Cindy Moser**

Westfair Foods' responsible and caring actions in the aftermath of a workplace accident — including its payment for extensive rehabilitation in the U.S. — carried considerable weight in determining the penalty to be levied for a health and safety breach that resulted in the partial paralysis of an employee.

Although the Saskatchewan Provincial Court judge who set the fine said general deterrence is of "paramount importance" in determining the level of the penalty, so, too, is acknowledging the positive steps taken by a company. "Just as the amount of the penalty may serve to deter others in like circumstances, hopefully, so should such acknowledgement serve to encourage other employers to respond promptly and generously with respect to the contravention and the circumstances of the employee," the judge said. In this case, the judge specifically commended Westfair for taking the initiative to fund the injured employee's attendance at a rehabilitation centre in California.

On May 3, 2001, Ava Malisiewicz, 26, was a 10-year employee of Westfair Foods who was just six weeks into a new position as the supervisor of the Home and Garden Department at a Superstore in Saskatoon. On that day, Malisiewicz was helping unload plants being delivered by a supplier. Westfair had not provided training to Malisiewicz about the risks of helping unload plants or about the work procedures needed to do the job safely.

The supplier's driver was also new to his job. He was unfamiliar with the use of a power lift gate and had received no training in its safe operation. As well, the truck and equipment he was using were not designed for the size of the plant racks being moved.

Unfortunately, a rack of plants fell off the power lift gate and onto Malisiewicz. She suffered a severe spinal cord injury that left her paralyzed from the waist down.

Following the accident, Westfair immediately put new procedures into place for unloading plants. It undertook a formal hazard analysis of all job functions in the Saskatoon Superstore's Home and Garden Department and, by March 2002, had developed and implemented a written operations and safety manual for use in similar departments in all Superstores.

> "Westfair is to be commended for having taken the initiative in funding the attendance of [the employee] at the rehabilitation centre in California."

As well, Malisiewicz received extensive rehabilitation services at a centre known as "Program Walk" in California with financial help to the tune of $46,000 from Westfair. As a result of that rehabilitation, she can now walk with a cane or walker for up to five minutes at a time.

Furthermore, at the time of the accident, Malisiewicz had not yet qualified for non-union benefits, but Westfair approved and obtained an extension of full benefit coverage from the date of the accident to the present. Malisiewicz continues to be an employee of Westfair, which is working toward finding her a suitable part-time position with the organization.

Westfair pleaded guilty to failing to make arrangements for transport and handling in a manner that protected the health and safety of its workers. In determining the level of fine, the judge took a number of factors into account, all with the understanding that "general deterrence is a paramount consideration."

In the end, in arriving at a figure of $30,000 — well below the maximum of $300,000 — the judge looked favorably upon Westfair's actions. "The manner in which [Westfair] has responded has been given considerable weight in arriving at the appropriate sentence," the judge said. "[A] fine of $30,000 reflects consideration of the positive factors, most notably [Westfair's] guilty plea …, its earlier good record in Saskatchewan, the immediate steps taken to protect its employees following the accident and the practical and financial assistance provided to the injured employee. Westfair is to be commended for having taken the initiative in funding the attendance of Ms. Malisiewicz at the rehabilitation centre in California."

According to employment lawyer David Whitten of the Toronto-based firm Rubin Thomlinson LLP, the decision illustrates how timely communication and co-operation with an injured employee can help companies not only avoid penalties associated with return-to-work obligations in workers' compensation legislation, but also help reduce a fine imposed for an occupational health and safety offence. •

Source: *R. v. Westfair Foods Ltd.*, 2005 SKPC 26, Saskatchewan Provincial Court, April 27, 2005.

BREATHING NEW LIFE INTO A MODIFIED WORK PROGRAM

An automotive parts supplier took a close look at its modified work program and learned that, with a bit of help, half of those in the program with musculoskeletal injuries could return to their full duties. **By Cindy Moser**

The automotive parts supplier, an employer of 450 people in its assembly plant north of Toronto, had a problem. All the lighter duty positions in its modified work program were full and had been for some time. Finding more light-duty positions was proving to be a challenge.

For one thing, the firm's processes were not highly automated. Although the firm was focusing on improved ergonomics and technological enhancements as it won new business, the labour-intensive work remained problematic in terms of preventing and accommodating repetitive strain injuries. As well, the person responsible for managing claims and return to work already had his hands full doing his primary job as the firm's health and safety representative, and the company was not in a position to add staff at the time. Finally, the company was about to consolidate two facilities into one, sending some of the lighter jobs offshore. In other words, the light-duty jobs were not only full; their number was about to decrease.

The company knew it was time to call in some outside help, says Melissa Levesque, the human resources manager for the automotive parts supplier. It hooked up with Sibley & Associates, a national disability management consulting firm based in Burlington, Ontario. That was two years ago. Over the next five months or so, Levesque and others at the firm worked with Sibley's representatives to "unclog" the modified work program, so to speak, to revitalize a program that had essentially stalled.

"A lot of employers think they only need a [return to work] program if they have people who are off work and not even in the building, but that is not the case," says Charlene Couture, Sibley's national director of physiotherapy and kinesiology. As she explains, employers tend to think they don't have a problem if few, if any, workers are off the job. But if they dig a little deeper, they might find they have a fair number of employees doing modified duties, and find many who have been doing them for quite some time. That, Couture says, is a problem — because it's likely the employees are not doing as productive work as they are safely capable of doing.

THE PROGRAM

At the automotive parts firm, Sibley, an ISO 9001 certified company, employed a four-step strategy (which it calls the Sibley On-Site or SOS program) to bring as many employees as possible in the modified work program back to their regular or, at least, more productive duties. The four steps included identification, assessment, on-site intervention and follow-up.

Identification: The first step, says Ian Elliott, Sibley's supervisor of physiotherapy and kinesiology for Toronto's Greater Horseshoe area, was to identify those individuals who would benefit most from the program. That meant identifying those workers in the plant who were off work or at work but not doing their full duties due to a musculoskeletal injury. (The program is tailored to physical injuries. A different approach is used for people who are off work due to a mental disability, for example.)

Nineteen people were selected to enter into the program — no small number when, according to Levesque, it represented seven per cent of the hourly employees at the time. Interestingly, all of them were still at work doing modified duties.

Assessment: The next step was to identify those among the 19 whose medical information on file was wanting. If there was only a doctor's note, for example, or a functional abilities form that had "as tolerated" ticked off repeatedly, or doctor's restrictions that didn't seem appropriate given the nature or duration of the injury, those workers were identified as potential candidates for a functional abilities assessment (FAE).

In the end, it was determined that more objective functional information was needed for 15 of the 19 injured workers. These were conducted on-site by the Sibley team using a computerized system that is standard in the industry. The automotive parts firm appreciated the on-site feature. "We didn't have to send our employees down to Toronto or Hamilton," says Levesque. "That really appealed to us."

The assessments measured consistency of effort and current levels of functioning. When compared to physical demands analyses (PDAs) also prepared by Sibley, the FAEs indicated if an employee could return to full duties, could return to modified duties for a limited period of time, needed to participate in a work hardening or job shadowing program, needed physiotherapy treatment, or needed further information from an independent medical evaluation (IME).

The assessments yielded some interesting results, says human resources manager Levesque. The company

learned that some of the employees had permanent restrictions and were already doing as productive work as possible in their modified positions. Some had restrictions that made them good candidates for on-site physiotherapy and/or work hardening that would allow them to return to regular or more productive duties.

Some were in the wrong modified jobs altogether. As Elliott explains, they had been placed in what the company considered "light" jobs, but the fine finger work involved was not suited to their injury; for example, carpal tunnel syndrome or elbow tendonitis.

Some had nothing wrong with them anymore at all. "As you can appreciate, over the years, there is a turnover of [supervisory and management] staff," says Levesque. "[Supervisors] inherit people who they assume are still injured and needing modified work." But as the company learned, "if you investigate further, you find out that, yes, there was an injury three of four years ago, but it's better now and with appropriate therapy and work hardening, it doesn't have to affect their ability to work in a regular role."

On-site intervention: The next step was to develop and implement individualized treatment programs for each of the program's participants. The treatment plans, implemented by Couture (a certified kinesiologist) and Elliott (a registered physiotherapist), may have included on-site physiotherapy, stretching and strengthening exercises, and job coaching and shadowing to ensure correct work procedures were being adopted to minimize flare-ups. The treatment plans were updated weekly and given to participating employees, supervisors and managers to keep everyone abreast of the employees' progress.

Including supervisors and affected employees in the development of the plans is essential, says Elliott. "For us coming in from the outside, we might say a certain job task is appropriate based on the PDA, but we need to know if will really work in practice. We might say a person should rotate from one job task to another, but that might not work practically on the line. So the supervisor's involvement is key to the success of this type of program."

Indeed, Sibley educates supervisors about the process at the outset because they tend to be a bit hesitant initially, largely because they are uncertain about what will be expected of them. "With proper coaching, they become comfortable with the process," says Couture. "We're not feeding them to the wolves. We're training them so they can take it forward."

"As you can appreciate, over the years, there is a turnover of [supervisory and management] staff," says Levesque. "[Supervisors] inherit people who they assume are still injured and needing modified work."

Follow-up: The average length of the treatment programs was 12 weeks, and following up with employees and supervisors on a weekly basis was a key component of the program. "We needed to know if each of the programs was working or not, and, if not, why not," says Elliott. "Was there a component of the job that was causing problems? Or was there an ongoing medical issue?"

For example, if an employee was not improving in the program and the Sibley team could see no objective reason for the lack of improvement, it might be decided that more medical information was needed. An FAE, if not already conducted, or IME might be suggested. Based on the information in the new assessment, the RTW plan would be amended.

THE RESULTS

Of the 19 people who participated in the program, 11 returned to their previous job on a full-time basis. A 12th person was cleared for full duties but not assigned to them because he was needed in another area due to production demands. Six were unable to return to the pre-accident jobs because their injuries were such that they required modified work on a permanent basis. Nonetheless, some of these people were given more meaningful and productive work and, through physiotherapy and education about proper working procedures, some of their discomfort on the job was alleviated. *

According to Levesque, the program was very successful. "From a financial standpoint, we felt we broke even within three months," she says. The company invested about $40,000 in the program, she says, and, in the end, saved about $200,000 by getting its employees either back onto the regular production line or doing more productive work in their modified jobs.

However, more important than that, says Levesque, the program resulted in increased morale among the injured employees because they felt like they were being taken care of. Although a few employees resisted the program,

* It's interesting to note that Sibley implemented this same program at a well-known food and beverage production company with remarkably similar results. Following the file review, 18 people, all on modified work, were entered into the program. Among them, five were deemed to have permanent restrictions and 11 of the remaining 13 returned to full duties.

for the most part, workers were very receptive. "Think about it: you hurt yourself and there's somebody available to you on staff to take a look at what is going on and to offer you some treatment. … Some employees felt instant relief."

Furthermore, that relief extended beyond the workplace. "They feel better because they are doing more things with their kids at home or doing more sports," says Couture. "That kind of information spreads quickly around a plant."

The program was also welcomed by Levesque and the health and safety representative because it freed them up to concentrate on their core job responsibilities. "We all know that human resources and health and safety people are often stretched to the max," says Couture. "They may know that injured workers need follow up and constant monitoring, but they don't have the time. When you're looking at 19 people, that becomes an overwhelming burden. So, although they are involved, we take that burden off their plate."

Now, as the automotive parts supplier is actively consolidating the two facilities into one — which will bring the number of employees up to 1,000, 650 of them hourly — it is turning to Sibley again. "We had things happening at the other facility that were similar to what we had already dealt with," says Levesque.

The lesson, in the end, is to check in on the modified work program from time to time to ensure that employees are not languishing there. Couture estimates that most companies that have not taken a close look at their modified work program for some time will find that about half the employees in it could otherwise be more productively, and safely, employed.

For more information, contact Couture at charlene_couture@sibley.ca. •

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study. "Clinicians should be aware that patients who present with depression are more likely to develop disabling neck or low back pain."

However, the recommendation in the wake of this or any other research finding that early intervention is needed to identify and respond to mental health risk factors is "rather like hearing another scientific report on the verity of global warming," writes Dr. Deborah Cowman, a consultant in rehabilitation psychology for Work Able Centres Inc. Commenting on the study in *Linkages*, Cowman argues that "researchers are largely an audience of the converted" and what is needed now is a way to translate knowledge about the link between depression and pain into a political will to fund needed interventions.

"As psychologists, we wait eternally for the mandate to do what we know must be done, to treat those who are suffering from depression as it arises, before or after the pain," she says. "Most pain/depression sufferers arrive at our door when their depression is so profound that their healthy personality functioning has dissolved into dependency, apathy and even suicidality, and their family and vocational supports are often eroded." The *Linkages* report is at www.iwh.on.ca/archive/linkage.php. •

STUDY EXAMINES RTW PREDICTORS

The most consistent predictors of return to work are workers' perceptions of the initial severity of their injuries and the effectiveness of their recoveries, says a study by the U.S. Workers Compensation Research Institute (WCRI).

According to the study, "Return-to-Work Outcomes of Injured Workers: Evidence from California, Massachusetts, Pennsylvania and Texas" (June 2005), workers reporting more severe injuries are one to eight per cent less likely to return to work and, if they do, are out of work 28 to 50 per cent longer than workers with injuries of average initial severity. Workers reporting less effective recoveries are also four to 16 per cent less likely to return to work and are out of work as much as 50 per cent longer than workers reporting recoveries that are more typical.

"Policies that impact the physical consequences of an injury by minimizing injury severity and promoting more effective recoveries have the potential to improve average return-to-work outcomes by as much as 15 weeks," the WCRI says in the study's abstract.

The study, based on data from about 750 injured workers in each of the four states named in the report's title, also concludes the following.

- Older workers are less likely to return to work and are out of work for a longer period than younger workers. When compared to workers between the ages of 25 and 39, workers over the age of 55 are 12 to 35 per cent less likely to return to work and are out of work 62 to 276 per cent longer. The aging workforce, therefore, will "create unique demands on employers' return-to-work programs," the WCRI says.
- Education levels have an impact on RTW, especially the length of time off work. Workers with a high school diploma return to work 10 to 16 weeks faster than high school dropouts. Workers with only a grade school education are especially affected, being out of work two to 4.5 times longer than high school graduates.
- Type of injury also affects RTW outcomes. Workers with back injuries are out of work 35 to 108 per cent longer than workers with inflammation, laceration and contusions.

For more information, visit www.wcrinet.org/whats_new.html. •

Mental health booklets available in English

Laval University's three-booklet series on workplace mental health (see *Back to Work*, April 2004) is now available in English from the Industrial Accident Prevention Association. Called "Mental Health at Work: From Defining to Solving the Problem," the booklets are available free from www.iapa.ca/resources/resources_downloads.asp.

Feds conducting on-line disability consultation

Social Development Canada is asking people with disabilities and other stakeholders to take part in an on-line consultation on disability issues. Participants are asked to either share their experiences and ideas or fill out a consultation workbook that lets them respond to various scenarios affecting people with disabilities. The input from the on-line consultation, which is open until December 30, 2005, will culminate in a report in the new year. To take part, go to www.sdc.gc.ca and click on "Participate in our consultations with Canadians."

Conference line-up: What's coming your way this fall

A fair number of workplace health and disability conferences are taking place this fall. Here are a few to choose from:

- October 20-22, 2005: MONTREAL Ñ **9th Annual Health Work and Wellness Conference: The NEXT Generation .** How to make workplace health an integral part of an organization's strategic vision. Contact: Health Work and Wellness. Phone: (604) 605-0922 or 1-877-805-0922. E-mail: workwell@healthworkandwellness.com. Web: www.healthworkandwellness.com.

- October 24-26, 2005: TORONTO Ñ **9th Annual Managing Absenteeism in the Public & Private Sectors.** Strategies for preventing, managing, tracking and dealing with absenteeism in the workplace. Contact: Federated Press. Phone: (416) 665-6868 or 1-800-363-0722. E-mail: info@federatedpress.com. Web: www.federatedpress.com.

- November 1-2, 2005: TORONTO — **Health Benefits Management.** Cutting the cost of claims. Contact: Insight Information. Phone: (416) 777-2020 or 1-888-777-1707. E-mail: order@insightinfo.com. Web: www.insightinfo.com.

- November 21-22, 2005: TORONTO Ñ **Corporate Culture 2005: Building a High Performance Workplace.** Understanding the contribution culture makes to employee engagement and high performance. Contact: Conference Board of Canada Phone: (613) 526-4249 or 1-800-267-0666. E-mail: registrar@conferenceboard.ca. Web: www.conferenceboard.ca/conf.

- November 21-23, 2005: OTTAWA Ñ **Practical Workplace Accommodation Strategies.** Tools and strategies for meeting the duty to accommodate. Contact: Canadian Information Exchange. Phone: (416) 516-7833 or 1-866-516-7833. E-mail: info@informationexchange.ca. Web: www.informationexchange.ca.

- November 22-23, 2005: HALIFAX Ñ **Meeting Your Duty to Accommodate.** Strategies for building a proactive approach to meeting the duty to accommodate. Contact: Infonex. Phone: 1-800-474-4829. E-mail: register@infonex.com. Web: www.infonex.ca.

- November 24-25, 2005: TORONTO Ñ **Pre-Employment Screening Methods.** Avoiding lawsuits, security breaches and costly hiring through effective pre-employment screening. Contact: Federated Press. Phone: (416) 665-6868 or 1-800-363-0722. E-mail: info@federatedpress.com. Web: www.federatedpress.com.

- December 5-7, 2005: SAN DIEGO Ñ **Practical Health & Productivity Solutions.** A joint forum on health, productivity and absence management. Contact: U.S. National Business Group on Health/Integrated Benefits Institute. Phone: (202) 624-1763. Web: www.businessgrouphealth.org or www.ibiweb.org. •

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