IMPROVING THE HEALTH OF WOMEN IN THE WORKFORCE

Action Plan

developed by participants
at the Symposium on the Health of Women in the Workforce
held at the Université du Québec à Montréal
March 26-28, 1998

The Action Plan was developed at the Colloquium on the Health of Women in the Workforce.
To obtain a copy of the colloquium proceedings, contact the Women's Health Bureau : 3rd floor, Jeanne Mance Building, Tunney's Pasture, Postal Locator 1903C , Ottawa, Canada, K1A 0K9 or women_femmes@hc-sc.gc.ca.

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The opinions expressed in this report are not necessarily those of the Government of Canada or any of the other organizations represented.

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Introduction

At the invitation of CINBIOSE, a group of researchers, practitioners and representatives of women workers gathered March 26-28, 1998 to take part in a symposium at the Université du Québec à Montréal. Participants were all actively involved in research or in initiatives in collaboration with women workers. They work in a variety of fields, including occupational health and safety, ergonomics, biological sciences, law, sociology, public administration and unions. Participants were active at the federal level and in five Canadian provinces. An expert from Sweden also took part in the meeting. A list of participants is provided in Appendix 1.

The symposium, which was sponsored by the Women's Health Bureau, Health Canada, and the Women's Bureau, Human Resources Development Canada, followed on activities which were initiated in 1991 by Health Canada in co-operation with a group of researchers. Appendix 2 provides a list of the principal publications and activities which have resulted from this consultation process.

At the 1996 Canada-USA Women's Health Forum, the following concerns emerged from a workshop on occupational health: musculo-skeletal disorders, violence in the workplace, the impact of changes in the workplace on women, including family responsibilities, neglected problems, such as work-related cancers, mental health, sexuality and reproductive health, the links between occupational health and environmental health, compensation for work-related stress, the development of appropriate data bases on the health of women workers, the establishment of appropriate standards for women's occupations, unionization, occupational health training, neglected populations such as women of colour, farm women, older women, disabled women, First Nations women and refugees. Workshop participants also agreed on the need for "worker/community involvement in occupational health research design and implementation." With respect to the important issue of standards, emphasis was placed on the need to consult and involve unions.

In this document, we present the action plan developed at the 1998 symposium in Canada. The goal of this symposium was to consult with as many people as possible from a range of fields who are familiar with the needs of women workers, in order to ensure coherence between research efforts and workplace priorities for action.

Specifically, the aim of the symposium was to:

1. arrive at a list of priorities for action and research in the area of women's occupational health; and

2. suggest which of these priorities could best be approached in co-operation with the United States, in the spirit of the Program of Co-operation signed in 1996 by Canada's Minister of Health and the U.S. Secretary of Health and Human Services.

The purpose of the symposium was not to supplant the decision-making process within research organizations and unions, but rather to offer workers and their organizations, as well as decision-makers, a new perspective on these issues, while also taking into account the work pursued in various sectors and in various regions of Canada.

The proceedings of the *Improving the Health of Women Workers/Améliorer la santé des travailleuses* symposium include the various presentations made by participants. The goal of this document is not to summarize the content of these presentations but rather to outline, with a brief introduction, the action plan proposals that emerged from the three-day meeting and which participants agreed upon. Arguments in support of these proposals can be found, for the most part, in the symposium proceedings and in the publications listed in Appendix 2.

Our initial focus is on priorities in the area of prevention. It should be noted that these issues cannot be entirely divorced from the question of compensation, which is addressed in the second section. The sections that follow deal with proposals to involve women workers, occupational health services, research, and Canada-USA initiatives. The final section outlines proposed legislative changes.

Participants expressed the desire to have the action plan distributed to those responsible for women's occupational health, including federal and provincial departments and ministries in charge of health, labour, agriculture, industry and the status of women.
They also felt that granting agencies should be made aware of plan aspects which deal with research.

We hope that this document will encourage and guide research and action at various levels and promote co-operation among those who are concerned about the occupational health of women. We also hope that it will influence legislation and policies in order to better protect and promote the health of working women.

Basic Orientation

The following ideas have oriented our analysis and proposals.

Work is a central determinant of women's health. Women's workplaces include the labour market, the home and the community.

Women's occupational health therefore includes, but is not limited to, traditional occupational health and safety concerns. It also includes all aspects of work organization, relations and conditions, as well as the repercussions of the interdependence of work and family life. This last issue should be included in research and action in the area of women's occupational health.

The gender division of labour is a characteristic of the labour market which has consequences not only in terms of health but also in terms of equality in employment. Research and policy must be based on the premise that most women and men perform different kinds of work in different workplaces. Even when women and men do the same work or find themselves in the same workplace, women often experience their work in ways that are different from men. This is why gender-based analysis is necessary.

Since there are significant differences among groups of women, these disparities, as well as regional disparities, must be taken into account.

Finally, we wish to emphasize that women workers and their unions should not only be consulted, but also associated with the design and implementation of research and with decisions which concern them. This is not simply a matter of democratic practice, but also a way of ensuring good quality research and effective prevention measures.

Priorities for Prevention in the Workplace

1. Musculo-skeletal disorders

Musculo-skeletal disorders, a common and serious problem among women workers, have often been attributed to personal factors or hormones. Such prejudices notwithstanding, musculo-skeletal disorders are the most frequently compensated occupational illnesses among women.

In order to reduce these kinds of problems in the workplace, as well as the morbidity rates associated with these disorders and their effects, we propose the following measures:

1. The risks associated with women's traditional occupations should be identified and prevention programs should be established for such risk factors as repetitive movements, prolonged standing, and conditions that may potentiate exposure to such risks, including job control, supervisor support, and flexibility in work schedules.

2. Ergonomic standards should be developed that take into account the work parameters of many of the jobs performed by women, such as repetitive movements and prolonged standing. These standards should build on such approaches as the British Columbia Workers' Compensation Board ergonomic requirement and Saskatchewan's ergonomic regulations.

3. Diseases associated with repetitive strain injury should be included in the scheduled diseases presumed to be work-related. Among the diseases to be included are tendonitis, carpal tunnel syndrome, bursitis, tenosynovitis, epicondylitis and other related diseases. The work associated with these diseases should include all repetitive work including work involving highly repetitive low force tasks.

4. Women workers should be entitled to participate in efforts to adapt the workplace, as well as other occupational health and safety initiatives.

2. Stress and violence

Women's work involves many forms of exposure to stress. Workplace stress, such as that experienced by teachers and nurses, can result from an unbearable accumulation of small-scale stressors, each of which is insignificant on its own. The health care and income replacement costs that result can be considerable.

Due to budget cuts in the public sector, women who work with clients, patients and students feel that they must make up for deficiencies in the system, by working ever harder, but with diminishing results.

Women are also exposed to the risk of physical violence, particularly in health and social services, retail sales, and while working alone.

These risks are not always effectively managed in the workplace. Policies and information are not always adequate and women workers are often made to feel at fault when acts of violence are committed against them.

In order to reduce women's exposure to stress and violence, we propose the following measures:

1. Research and prevention strategies should be developed to document and counter the effects of sexual and psychological harassment, workplace aggression and violence, demanding (irregular, rigid or unpredictable) work schedules, and other factors which produce psychological stress.

2. These approaches should be based on a systemic analysis of stress and violence, rather than a prescriptive set of rules and behaviours.

3. Legislative measures should be taken to prevent people from being required to work alone, or if this is unavoidable, to ensure the safety of those who work alone.

4. Regulations designed to prevent violence and sexual harassment should be adopted.

5. Incidents of violence against service workers, including caregivers, should not be viewed as a reflection on their professional competence. Systemic analysis should follow every incident. Incidents should be promptly identified and named, and procedures for post-traumatic counselling and prevention should be initiated.

6. Disability attributable to workplace stress, including chronic stress, should be compensable. Measures should be taken to reverse the exclusion of stress-related disability in Ontario, Manitoba and New Brunswick.

3. Toxic exposures

Women are exposed to toxic substances in many situations: agriculture, manufacturing, and service professions such as hairdressing, cleaning, laboratory work and health care, to name only a few. In some cases, symptoms related to chemical exposure are attributed to "hysteria" or "fads."

The analysis of the effects of these exposures is complex and must take into account cumulative effects on mental and physical health.

In order to reduce women's exposure to toxic substances such as organic solvents and pesticides, we propose the following measures:

1. Agricultural workers should be included in all occupational health and safety legislation and all legislation governing workers' compensation.

2. All chemical substances and compounds should be considered hazardous until proven otherwise.

3. Exposure to toxic substances should be eliminated or reduced at source through workplace and equipment engineering, as well as work organization. Individual protective devices should be provided as required, although efforts in this direction should not serve as a substitute for efforts to eliminate hazards at source.

4. Since most of the scientific information on toxic exposures relates to men, research should be undertaken to study the effects of toxic exposures on women workers and gender-based analysis should be done on mixed populations.

5. Research should be undertaken on the effects of chronic low-level mixed exposures on women (and men). Laboratory and epidemiological methodologies should be developed for this purpose.

6. Interactions between toxic exposures and work organization should be studied. The consequences of neurotoxin-induced mental health changes on family and social life should be investigated.

4. CONTROVERSIAL ILLNESSES

The point of view of women workers is often disputed in the case of illnesses which give rise to medical controversy (multiple chemical sensitivity, sick building syndrome, fibromyalgia, etc.). For example, teachers may have trouble gaining recognition for air quality problems in their work environment. A number of measures should be considered in order to address these problems:

1. When a substantial number of workers complain of a problem this should be sufficient to warrant a thorough investigation, especially in the case of a controversial illness.

2. Given the possibility of complex chemical interactions, failure to find that a threshold limit value of a particular chemical has been exceeded should not prevent serious investigation if a worker feels that her problems are inherent to, or related to her work. Nor should it constitute sufficient reason to call into question her right to compensation.

3. Support groups should be established to assist women who may face difficulty in having their occupational illnesses recognized and to support them in their compensation and prevention efforts.

5. ATYPICAL WORK AND IRREGULAR SCHEDULES

"Atypical work" is employment other than full-time, permanent employment. Non-standard, contingent work may include, for example, full-time temporary work, part-time or on-call temporary work, short-term contract work, or "self-employment." The work may be performed at the employer's place of work or off-site.

This type of work is on the rise, especially among women and in the public service. Added to or combined with industrial restructuring, which has brought about a reduction in the number of jobs and a weakening of employment contracts, contingent work is a great source of stress and also poses problems for professional work organization. Private life may also be affected, especially for those with family responsibilities.

In addition, contingent workers may be insufficiently protected by legislation, including that governing compensation for workplace injuries and illnesses.

The situation may vary depending on the region or the employment sector. For example in rural-based hinterland regions, companies that move all or part of their operations elsewhere (their administrative functions, for example) can affect not only women's employment and working conditions, but also their access to health care, since the remaining population base many not be sufficient to retain the necessary resources.

In the public sector, an important employer of women, there has been a deterioration of working conditions and a rise in contingent work (close to 50% in some jurisdictions), with social, financial and psychological repercussions. The importance to working women and their families of a stable income and a satisfactory home life is not given due consideration.

The effects of evening, night, and shift work on health are well documented. When they are necessary in some sectors, these work schedules are not always organized to allow sufficient rest. Often unpredictable, last-minute or irregular, these kinds of schedules can lead to fatigue, insecurity and extreme demands on extra-professional life. Although these problems especially affect those in atypical work, they can also be found in permanent, full-time employment.

The following objectives should be pursued: promote regular, permanent employment; where this is not possible, women with atypical employment should be guaranteed access to the full protection of the compensation and prevention systems, as well as to employee benefits; schedules should be arranged with a view to protecting health and personal/family life.

1. Measures should be taken to promote regular, permanent employment.

2. The deterioration of working conditions in the public sector should be stopped and measures should be instituted to guarantee adequate staffing and proactive scheduling of work, with due consideration for workers' need for a fulfilling life and their children's need for family time.

3. Workers who perform atypical work should be given employee benefits, pro-rated on the basis of the time worked.

4. In order to qualify for vacation pay, workers should be obliged to take vacation time. They should never be required to take the pay and keep on working.

5. Measures should be taken to eliminate irregular and unpredictable work schedules and to ensure that workers have better control over work time (including shift changes and minimum hours of work per day); workers should also have the right to refuse to work overtime.

6. A legislative framework should be introduced to guarantee that on-call workers and others required to remain available to their employer receive minimum financial benefit; there should also be limits to the number of hours of continuous availability that can be required of employees.

7. When a worker is called in to work, she should have the right to be paid for a minimum of four hours.

6. Reproductive Health

Reproductive health, defined in the broadest sense and covering all aspects of balancing the demands of reproduction and production, concerns all women. In general, women take on most of the responsibility for this balancing. This defines women's relation to paid work, their place in the labour market and what paid work means in their lives, be it for circumscribed periods or throughout their professional lives.

Pregnancy gives visibility to reproduction in the workplace. It is unlike parental responsibility, which is less visible, but both aspects are very important to women.

In the field of occupational health, attention has largely focused on the effects of certain working conditions on pregnancy and especially on foetal development. Much less attention has been paid to the effects of working conditions on the reproductive health of men. More recently, researchers have begun to adopt an occupational health perspective in considering workplace policies that affect the balancing of paid work and family responsibilities.

Instead of simply promoting women's workplace participation, we must attempt to adapt social and work organization so that all of these issues are taken into account and workers are allowed to have a healthy family life.

In order to reduce women's exposure to risks to their reproductive health, we propose the following measures:

1. Occupational health prevention and compensation programs should address risks to male and female reproduction, including fertility, sexual functioning and menstrual health.

2. Legislation in all federal and provincial jurisdictions should allow for the protective reassignment of pregnant or nursing workers whose working conditions pose a threat to their health or to the health of their foetuses or infants.

3. Such programs should build on Quebec's protective reassignment legislation, which allows for the reassignment of women to non-hazardous work or a period of paid precautionary leave, and also protects their right to return to work. They should also include provisions for the payment of benefits equal to worker's compensation benefits when reassignment is impossible.

   The programs should be designed in such a way as to avoid adverse effects on the hiring and remuneration of working women.

4. Working conditions that pose a risk to pregnant women, their foetuses or their nursing infants also pose a risk (to varying degrees) for all workers. Prevention programs should address these risks.

5. The right to nurse infants should be protected.

6. Research should be undertaken to identify occupational risks to the reproductive functioning of women and men.

7. WORK, QUALITY OF LIFE, PERSONAL AND FAMILY LIFE

Occupational health is not limited to the elimination of hazards, but also seeks to improve quality of life. As a result, it covers all aspects of work, including the interdependence of work, personal life and family life. The whole person is at work.

According to this holistic approach, both women and men are considered to be gendered and to have a family life, and the human characteristics of both sexes need to be accommodated in the workplace. The interaction between personal and professional life should be considered in light of the fact that the sum of a person's responsibilities varies at different times and under different circumstances.

The relationship between worker and occupation can vary considerably, based on a range of factors, including the nature of the work. Often, men and women perform different duties in different sectors of employment. They may experience work differently depending on whether they are in male-dominated (automobile, metallurgy) or female-dominated (teaching, nursing) sectors.

Accordingly, women in nursing tend to feel responsible—and are held responsible—for the impact of restructuring on the quality of the service they provide. We are not speaking of women's tendency to blame themselves. On the contrary, women are aware that budget cuts and new management practices are responsible (less autonomy, manager/worker relations, labour relations, monitoring of production with quantitative standards). These factors produce enormous stress, as well fatigue from work overload, and the feeling that one cannot perform up to one's own standards.

Women in the home are also affected by restructuring, since it is they who do the unpaid work of caring for discharged patients.

We propose that the following measures be adopted in order to ensure that human values are respected at work, and in order to protect family life and the right of working women to have a personal and social life.

1. Life quality issues should be integrated into occupational health interventions. Such issues should be integrated into workplace design and work organization, as well as workplace policies.

2. Research in the area of occupational heath and safety should address issues relating to life outside the workplace.

3. Research and practice should take into account the fact that the relationship between service providers and their clients involves the whole person and is profitable to employers. The complexity and special demands of this relationship should be studied.

4. The invisible work of the caring professions (nursing, education, social work, etc.) should be recognized. Its hazards should be identified through research and countered through prevention programs.

5. Workers should not be required to use their own resources to compensate for gaps in care and services.

6. Minimum standards legislation should provide measures to facilitate reconciling work and family obligations. This means that:

    - paid short-term leave for family emergencies should be provided for;

    - workers with family obligations should have the right to unpaid long-term leave while retaining their employment;

    - all workers must be able to be reached directly by telephone and must have access to a telephone to deal with family responsibilities.

- workers should have better control over their hours of work, including shift work. Minimum hours of work per day and the right to refuse overtime should be legislated.

8. Workplace Design and Organization

Contrary to the traditional approach, the goal in prevention is to ensure, at the onset, that work sites, equipment and work organization are designed to protect the health of women workers and allow women workers access to all jobs. For this to work and for workplaces to be more worker-friendly, input from women workers is essential at the design stage.

The following measures are proposed:

1. Research should be conducted on the workplace design and organization process as an occupational health and safety prevention strategy.

2. The effects of workplace design and organization on the health of women workers should be explored.

3. A legislative framework should be developed to promote and ensure the participation of women workers in the workplace design and organization process, in workplace assessment and redesign, and in other occupational health and safety initiatives.

4. Experienced workers, including women, should be involved in all stages of workplace design and technology, in order to protect health and safety and ensure productivity.

5. Tools, instruments and procedures in traditionally male workplaces should be re-examined and, if necessary, redesigned to facilitate women's safe entry into the workplace.

Workers' Compensation

Why discuss workers' compensation in the context of occupational health? Because it is a major issue which is closely linked to prevention in a number of ways:

1. Compensation provides workers with the financial assistance they need in order to stop working and attend to their health.

2. Compensation provides a forum for working women to speak out about the health problems they attribute to their work. Every time a claim is declined, the system is denying, (at least implicitly), the legitimacy of the worker's physical and psychological pain.

3. From a collective viewpoint, the non-recognition of injuries contributes to the under-estimation of the real impact of working conditions on health, since a condition which is not compensated is not included in occupational health statistics.

4. Finally, the costs associated with compensation exert an influence on prevention strategies. Organizations mandated to prevent occupational injury have a tendency to establish their priorities for intervention on the basis of the cost of providing compensation. If the health problems of women workers are not compensated, there is no economic incentive to prevent such problems.

Women encounter discrimination when they apply for compensation for certain kinds of occupational illnesses. Research has shown a bias in the treatment of women's claims, particularly in the case of stress-related illnesses or injuries caused by repetitive work. Discrimination has also been shown in the area of rehabilitation.

Changes to workers' compensation legislation were proposed earlier and are reiterated in the section entitled *Proposed legislative changes*. Other proposed measures are:

1. All workers, in all federal and provincial jurisdictions, should be covered by occupational health and safety and workers' compensation legislation, including agricultural workers, women who do paid work in their homes, domestic workers and in all other sectors of activity, regardless of the size of the workplace or the place the work is carried out.

2. Given the discrimination encountered by women in workers' compensation review and appeal decisions, decision-makers should be given training in non-sexist practices in order to enable them to adjudicate compensation and rehabilitation claims in a fair manner.

3. Unions should ensure that those who defend workers before tribunals, as well as those named by unions to sit on tribunals, have an awareness of these discriminatory practices.

4. Occupational health legislation and regulations should be screened for provisions which lead to systemic discrimination against women workers, particularly in the area of rehabilitation.

5. Organizations that administer the compensation regimes should gather information by sex on illnesses, injuries and the treatment of claims.

6. Mechanisms should be developed to support women who have difficulty obtaining recognition for their occupational illnesses.

7. Researchers should be made aware of the ends to which their work may potentially be used before tribunals. This concern should be taken into account at the project-design stage.

Getting Women Involved

Several obstacles stand in the way of women workers' involvement in health and safety issues: their employment sectors are not considered to be priority sectors; they are sometimes discriminated against in the area of compensation; they have atypical employment conditions; and they must balance work and family responsibilities. However, women must participate so that their concerns will be taken into account when working conditions are examined and to encourage their involvement in collective action to improve these conditions.

Accordingly, unions must work specifically to ensure the active participation of women workers and must take into account the issues which are important to women. Specifically, unions should:

1. support women's efforts to protect their health and provide support for women faced with occupational health or compensation problems;

2. encourage women to get involved in union occupational health and safety activities at all levels;

3. influence the culture of trade unions and remain open to new definitions of occupational health, as well as to the range of options available to deal with occupational health problems.

Some unions have already begun to undertake this work by calling for or conducting studies of occupational health problems. Some have implemented counselling services which provide information on prevention and assistance to women who have sustained occupational injuries. Unions have also sought to influence the practices and decisions of public-sector occupational health departments and decision-making bodies. These union initiatives have inspired the measures proposed here:

1. Women's committees in the unions should work with health and safety committees in all workplaces to ensure that women participate in the work of these committees and that their concerns are taken into account.

2. Unions should link occupational health concerns to community and environmental health issues which are of concern to women and their families.

3. Education and training should be made available to health and safety committee members.

4. Given the discrimination encountered by injured and ill women workers, particularly those with controversial diseases (repetitive strain injury, multiple chemical sensitivity, sick building syndrome, fibromyalgia), social support should be provided to them, for example in the form of support groups and assistance in gaining recognition for their work-related illnesses.

5. Given the difficulties women encounter in attempting to reconcile pregnancy with some working conditions, support should be provided to pregnant workers who experience difficulties, including those who avail themselves of protective reassignment provisions.

Legislators also have a role to play in promoting the involvement of women, by introducing concrete measures to recognize and promote women workers' right to get involved on an equal basis, as well as measures to end systemic discriminatory practices which place women at a disadvantage in the area of occupational health.

To this end, the following measures are proposed:

1. All women workers in all federal and provincial jurisdictions should be covered by occupational health and safety and workers' compensation legislation, including agricultural workers, homemakers, domestic workers and all other sectors of activity, regardless of the size of the workplace or the place the work is carried out.

2. Government prevention programs should cover all women workers.

3. Inspectors from organizations which administer occupational health and safety legislation should be made aware of the hazards found in women's workplaces.

4. The number of women inspectors should be increased.

5. Women workers' right to participate on an equal basis should be recognized.

6. There should be a requirement for joint union-management health and safety committees in all workplaces, including small workplaces and the service sector. Worker representatives should have access to paid release time in order to consult the membership and discuss problems.

7. Labour legislation should be modified to encourage unionization in the service sector and in small workplaces where many women work. Particular attention should be paid to the problems associated with unionizing immigrant women.

Occupational Health Services

In addition to the services and support they themselves provide, unions in some provinces have established union-affiliated or union-supported clinics. These clinics help women workers protect their health, support them, conduct research, and provide a range of services to women workers with occupational health problems.

1. Workers' health clinics such as those in Ontario and Manitoba should be established. These should play a role in setting up support for women workers with controversial

health problems, women who have difficulty obtaining protection from occupational hazards during pregnancy, and women who have difficulty obtaining compensation.

2. These clinics should co-operate with researchers and women workers in order to identify occupational health problems and health care needs.

3. Information on occupational health risks should be provided to women in contexts (places of work, community groups) that allow them to take action. This issue merits close examination, so that approaches that succeed in bringing about improvements in health services can be replicated in the future.

4. Current moves toward the reduction or privatization of health services should be halted while the effects of these changes on health services, health-service workers and women's ability to reconcile personal and professional responsibilities are studied.

5. Women's strategies for reconciling professional obligations and the health care needs of their families should be studied and measures should be taken to facilitate such strategies.

Research

In recent decades, researchers have not only developed the field of women's occupational health but also questioned research methods that ignore gender, as well as methods that are poorly suited to women or do not sufficiently involve women workers in the planning and execution of projects.

The following measures are proposed to allow researchers access to information from working women, as well as to allow women to speak out and assume a measure of control over their work situation, including any research in which they may take part. These measures are also designed to redress an imbalance in the area of research and obtain necessary data on the health effects of women's work.

1. Co-operation between unions and their women's committees and university occupational health researchers should be facilitated through agreements such as the one which exists at the Université du Québec à Montréal and in some labour studies programs.

2. Health ministries should fund research programs in partnership with those who are pursuing research, including labour unions, an example being the program funded in Quebec by the ministère de la Santé et des services sociaux through the Conseil québécois de la recherche sociale.

3. Participatory and action-oriented research such as that undertaken with casino workers in Manitoba and Ontario should be encouraged, since such an approach empowers women workers, allows them ownership of the research process and leads to change.

4. Steps should be taken so that research in occupational health which is funded through other sources includes women as subjects and focuses on issues of concern to women workers, issues arising in jobs usually held by women, as well as biological parameters specific to women.

5. Qualitative research methods should be used as a complement to quantitative methods, in order to ensure that women's voices are heard, that complex situations are understood, and that important parameters of work are recognized.

6. Given the difficulty inherent in identifying risks in women's jobs, observation of the work process is an important component of occupational health research into these jobs.

7. Quantitative methods should be grounded in qualitative approaches, as was done in the CINBIOSE bank teller study, in order to provide reliable and valid quantitative information and allow workers access to more meaningful results.

8. Qualitative research should examine workplaces with strong health protection records, as well as those with weak records, in order to identify winning strategies and good design.

9. In studies of work organization, workloads, the double workday, and stress, ways should be developed to take into account the fact that many women's jobs and domestic tasks require multiple simultaneous operations.

10. Given that many measurement techniques, instruments and tests have been developed and standardized with male subjects and only later applied to women, measurements should be developed specifically for women and out of women's experience.

11. The right of workers to participate freely in research on their health should be recognized and workers should not be required to obtain the consent of their employers in order to participate in occupational health studies. Access to the workplace should be allowed for legitimate research purposes. Worker-controlled funds for occupational health research should be made available.

12. Organizations which administer workplace health and safety legislation, Statistics Canada, and other data bases should improve the quality of the information they provide on work exposures. For example, more attention should be paid to classifying women's jobs (since more detailed classification is often done for jobs primarily performed by men). Special attention should be paid to classifications in which data on women has frequently been shown to be erroneous (e.g. occupational information provided on death certificates).

13. Research granting organizations should produce guidelines that cover the following issues:

- Data on women should be included in occupational health investigations. Studies of occupational disease which include only men should be justified by researchers.

- Research tools should be developed, validated and standardized for both sexes.

- Data on sex and ethnicity should not be treated as independent determinants of health without reference to working and living conditions. Specifically, researchers should not adjust for sex without examining the impact of such adjustments on their analysis. They should demonstrate an awareness of the fact that age and ethnicity may relate differently to working conditions for women and men (and vice versa), such that age may be a "confounder" for one sex or ethnic group but not another.

- In data analysis, data on women and men should not be merged before analysis has ensured that there will be no loss of information.

- Researchers in occupational health should be required to produce a short report summarizing their results in non-technical language to be given to workers.

14. Research granting organizations should use their influence whenever possible to encourage record-keeping that includes information on the sex of subjects (e.g. work accident and illness data; hours of work data).

15. Researchers should be made aware of the ends to which their work may potentially be used before tribunals. This concern should be taken into account at the project-design stage.

Canada-USA Initiatives

The 1998 meeting was intended to build on the Canada-USA Forum on Women's Health. After having identified priorities in the area of women's occupational health, we were asked to indicate which of these priorities could best be approached in collaboration with the United States, in the spirit of the Program of Co-operation signed in 1996.

We are of the opinion that occupational health should be included as a separate (fifth) joint initiative among the Canada-USA initiatives in women's health, under the auspices of the Canada-USA Program of Co-operation. Such an initiative should include co-operation to guide and support research, information dissemination, standard-setting, and workplace policy development in the area of women's occupational health.

We also believe that occupational and environmental health should be included with other concerns in the four existing initiatives. For example, occupational and environmental causes of breast cancer should be included in the breast cancer initiative, occupational exposure to tobacco

smoke should be included in the tobacco initiative, the links between cardiovascular disease and certain kinds of working conditions should be included in the initiative dealing with this health problem, and occupational and environmental health information should be included in the information initiative.

In addition, while developing the specific field of women's occupational health, issues of occupational and environmental health should be given greater attention in all other governmental or institutional initiatives which focus on women's health.

Proposed Legislative Changes

The following is a list of proposed changes to legislation, or to the mechanisms of application of current legislation, that were deemed by the group to be priorities for the purpose of promoting women's occupational health and safety.

The proposed changes address three types of legislation:

1. workers' compensation legislation;
2. occupational health and safety legislation;
3. minimum standards legislation.

Consensus was reached as to the importance of striving to achieve these legislative objectives in our respective jurisdictions.

WORKERS' COMPENSATION LEGISLATION

1. All workers should be covered in all jurisdictions, including agricultural workers, those who do paid work in their homes, domestic workers and all other types of employment (e.g. bank tellers, teachers, etc.), regardless of the size of the workplace or the place the work is carried out.

2. Disability attributable to workplace stress, including chronic stress, should be compensable. Measures should be taken to reverse the exclusion of stress-related disability in Ontario, Manitoba and New Brunswick.

3. Diseases associated with repetitive strain injury should be included in the scheduled diseases presumed to be work-related. Among the diseases to be included are tendonitis, carpal tunnel syndrome, bursitis, tenosynovitis, epicondylitis and related diseases. The work associated with these diseases should include all repetitive work including work involving highly repetitive low force tasks.

OCCUPATIONAL HEALTH AND SAFETY LEGISLATION

1. All workers in all federal and provincial jurisdictions should be covered by occupational health and safety and workers' compensation legislation, including agricultural workers, those who do paid work in their homes, domestic workers and all other sectors of activity, regardless of the size of the workplace or the place the work is carried out.

2. Legislation in all federal and provincial jurisdictions should allow for the protective reassignment of pregnant or nursing workers whose working conditions pose a threat to their health or to the health of their foetuses or infants.

   Such programs should build on Quebec's protective reassignment legislation, which allows for the reassignment of women to non-hazardous work or a period of paid precautionary leave, and also protects their right to return to work. They should also include provisions for the payment of benefits equal to worker's compensation benefits when reassignment is impossible.

   Such programs should also be designed in such a way as to avoid adverse effects on the hiring and remuneration of working women.

3. Workers should have the right to participate in workplace redesign and other occupational health and safety initiatives.

4. The right to refuse unsafe work or work which is dangerous to the health of others should exist in all jurisdictions and should include the right to refuse work overload.

5. There is a need for regulations in the areas of ergonomics, violence, sexual harassment and working alone.

6. Legislative measures should be taken to prevent people from being required to work alone or, if this is unavoidable, to ensure the safety of those who work alone.

7. Government inspectors should be made aware of the hazards found in women's workplaces.

8. The number of women inspectors should be increased.

9. Enforcement of legislation when women are injured should be promoted; this may include the introduction of the power to impose administrative penalties.

10. Legislative mechanisms should be developed to recognize the responsibility of employers to create a healthy work environment, as well as to recognize workers' expertise in workplace health promotion.

Minimum Standards Legislation

1. Minimum standards legislation should apply regardless of the size of the workplace.

2. When a worker is called in to work, she should have the right to be paid for a minimum of four hours.

3. The employer should be obliged to facilitate communication among workers when work organization requires social isolation (i.e. homecare workers, those who do paid work in the home etc.).

4. Workers who perform atypical work should be given employee benefits, pro-rated on the basis of the time worked.

5. A legislative framework should be introduced to guarantee that on-call workers and others required to remain available to the employer receive some form of minimum financial benefit and that there be limits to the number of hours of continuous availability that can be required of employees.

6. Workers should have better control over work time, including shift changes and minimum hours of work per day, and the right to refuse to work overtime.

7. In order to qualify for vacation pay, workers should be obliged to take vacation time. They should never be required to take the pay and keep on working.

8. Minimum standards legislation should provide measures to facilitate the reconciliation of work and family obligations. This means that:

    - paid short-term leave for family emergencies should be provided;
    - workers with family obligations should have the right to unpaid long-term leave while retaining their employment;
    - all workers must be able to be reached by telephone and must have access to a telephone to deal with family responsibilities.

Appendix 1

List of Participants

NATIONAL LEVEL

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Appendix 2

Major Publications and Meetings Organized by or with the Support of Health Canada

1991, Labour Canada publication, *Occupational Health and Safety Concerns of Canadian Women: A review.*

1992, *Research Round Table on Gender and Occupational Health*, sponsored by the Women's Health Bureau, Health Canada.

1993, Health Canada publication, *Proceedings of the Round Table on Gender and Occupational Health.*

1993 and 1994, Two part symposium on the same subject, jointly funded by the National Health Research and Development Program and the Social Sciences and Humanities Research Council of Canada.

1995, publication, Messing K., Neis B., Dumais, L. (directors*) Invisible: Issues in Women's Occupational Health and Safety*, Gynergy Books, Charlottetown, PEI.

1996, Occupational Health Workshop, *Canada-USA Forum on Women's Health.*

1996, Health Canada publication, *USA-Canada Forum on Women's Health . Report. Workshop on Occupational Health.* See, in particular, the chapter dealing with *Occupational Health Impacts,* p. 135.

1998 Consultative meeting, theme: *Improving the Health of Women in the Workforce.*