



Working Together to Create a Clear Path for Persons with Disabilities

Moving from Talk to Action

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Good morning. Welcome to the Fourth Forum of the Round Table Project. A special welcome to those of you who are here for the first time.

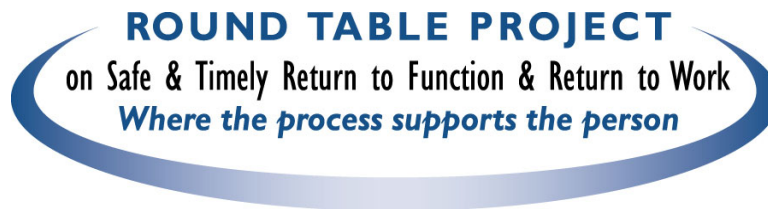
People in Canada who have disabilities must navigate a chaotic, complex system to meet their needs and participate as citizens in our society. We are here today because we believe that there's a better way.

The vision of the Round Table Project is to improve the system that helps people with illness, injury or disability from any cause, to develop and improve their social, personal and economic self-sufficiency, and to help system stakeholders identify and overcome barriers together."

I want to emphasize from the beginning, that today and tomorrow, though we will be meeting each other, learning and discussing and planning together, this Round Table Project Forum will be concerned with moving from talk to action. We've talked and learned a lot over the past few years. We want to move to action. The next two days should take us there.

This morning I will cover the following topics in my opening remarks:

1. Why we need a multi-stakeholder process to resolve this chaos
2. The thinking behind this Forum
3. How we will move from talk to action over the next two days



4. What it means to be a stakeholder of the Round Table Project

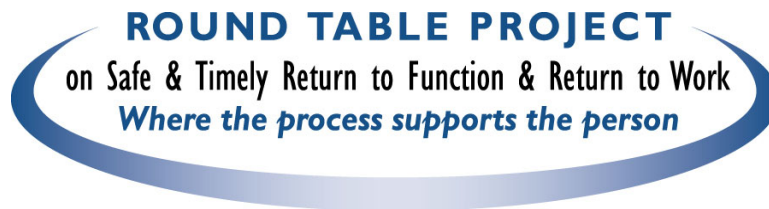
1. Why a multi-stakeholder process to resolve chaos

In December 2002, the government of Canada released a report that provided a snapshot on the status of persons with disabilities. An estimated 3.6 million Canadians or one in eight have a disability. The numbers – in fact, pages and pages of disheartening numbers -- are all there in stark black and white:

- Persons with disabilities face social and economic disadvantages and barriers that prevent access to opportunities that other Canadians have.
- They are more likely, for example, to have lower education levels and to be socially isolated and discriminated against in the workplace.
- They often face economic hardship in their daily lives and many live below the poverty line.

My experience as a physician over the past 30 years has told me that, in part, the very sectors and professionals that have been trying to help, have, in fact, helped create barriers that persons with disabilities face. I can treat illness or injury but my efforts are undone when the supports that should be provided by other players don't kick at the appropriate time. These supports include rehabilitation, counseling, workplace accommodation, income support, family, housing, to name a few of the services that a person may need. Fifteen sectors have been identified through our process.

We have evolved, designed and managed our individual systems and sectors in isolation from one another and have inadvertently created a system that contributes to poor health, social isolation, discrimination in the workplace, economic hardship and poverty. Many of you will remember this slide from our last meeting. It depicts what persons with disabilities face when



they try to navigate services provided by only two sectors – the Federal and Provincial governments. If we mapped all the sectors, imagine the chaos.

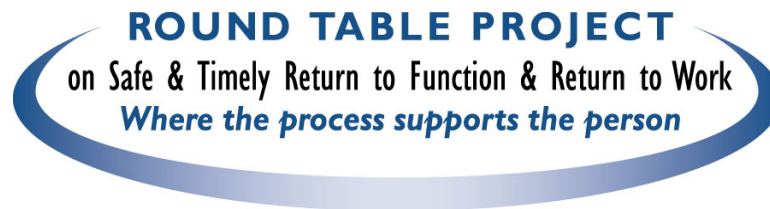
We created the chaos because we tried to meet the needs of persons with disabilities in return to work and return to function in isolation from another. At our Forum in February, Wayne Levin, a systems consultant, told us that problems arise when the interdependent components of a system attempt to work in isolation. The solution lies in an action-oriented, multi-stakeholder approach, such as the Round Table Project.

Research, experience and policy have all confirmed my belief that the solution will be found in a multi-sectoral approach. In a paper published by the Canadian Medical Association Journal in 1998, John Frank and a team of researchers at the Institute for Work & Health in Toronto concluded that piecemeal approaches to managing disability from low back pain will not work well if efforts are based at only one stakeholder site, address only one phase of disability and target only one of the underlying factors. The researchers identified the different sectors that must be involved to prevent disability from low back pain.

The federal, provincial and territorial ministers responsible for social services recognized disability as a systemic issue when they wrote: “The full participation of persons with disabilities requires the commitment of all segments of society.” (In *Unison: A Canadian Approach to Disability Issues*, 1998”).

The Canadian Medical Association recognized return to function/return to work as a systemic problem in 1997 when it endorsed a policy on the role of physicians in return to work. The CMA President at that time wrote that the development of a Canadian approach to return to work must involve physicians, workers, employers, and the public, in an equitable, effective system that contributes to the economic productivity of the country.

2. Thinking behind our Forum program



I want to turn now to my second point, the thinking behind the Forum program. As always, achieving the vision of the Round Table Project guided us in developing the program and process for the next two days. Our facilitator Michael Rowland will spend some time reviewing Forum objectives later on but for now I would like to make a few remarks.

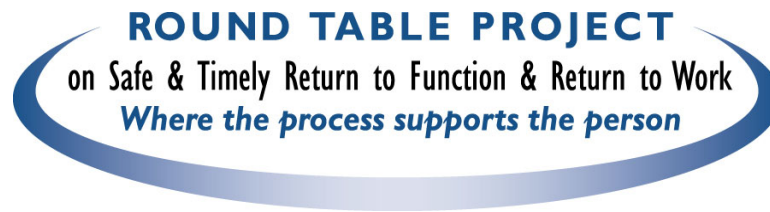
Getting to know one another is the first step to working together. And, we've come a long way. At the first Forum in 1999, many stakeholders were not even aware of the other sectors, much less the people involved. At our last Forum in February, stakeholders told us that they wanted even more time to get to know one another. In response, we have provided more opportunity to become better acquainted during this Forum.

In a panel discussion this morning, persons with disabilities themselves will put a human face and a human dimension to the numbers in the December 2002 report.

But we need to keep their voices front and center in all our discussions. So, over the course of the next two days, the stories of PWDs will be posted on the far right screen to remind us -- the system -- of the urgency to respond and remove the barriers. (A special thank you to the Canadian Injured Workers Alliance for providing the quotes. They are voices of CIWA members.)

As we continue to work toward removing barriers for PWDs, we must also hear and incorporate new knowledge that will help us in re-designing the return to function/return to work system.

Our keynote speaker, Dr. Graham Lowe will talk about forging links between people, health and productivity and will identify the framework for an action plan in Canada. His comments will set the tone for the next phase of the Round Table -- ACTION.



Every system must be measured. We are very fortunate to have with us Dr. Patrick Loisel. Dr. Loisel has led some evidence-based research that shows the outcomes of disability prevention at the level of the individual.

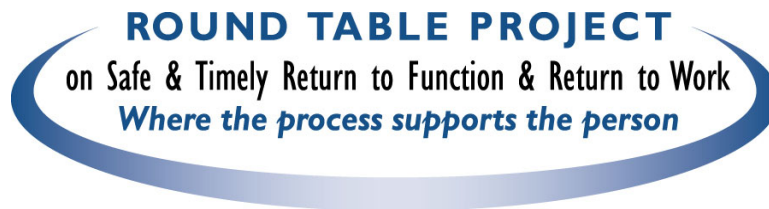
We'll have an opportunity to think about how to integrate these rehabilitation outcomes with the productivity measures that business can relate to. Three of our expert speakers - Dr. Debra Lerner, Sean Sullivan and Zorianna Hyworon – will talk about innovative tools that are being developed to measure people, health and productivity

Tomorrow morning, we will concentrate on the bigger picture of costs. Dr. Cameron Crawford from the ROEHER Institute at York University will talk about the cost of disability in one province, British Columbia. His presentation will raise an important question: If unacceptably high costs are a catalyst to change – to improving the system – can we agree on the costs to be identified?

What will we do with this leading-edge information? We will use the information to do move to action, the most important objective of the Forum. Information presented by our expert speakers will be integrated into the two projects that have been identified.

Before I talk further about the third topic of my presentation – moving from talking to doing through projects -- I want to quickly provide an overview of where we started, and where we are today, to remind us of the tremendous progress that this Table has made and to demonstrate that we are indeed on the move. As Sean Sullivan is fond of saying: *The train has left the station.*

In April 1998, the first Round Table Project Forum was held. Eight sectors representing 22 organizations met together for the first time to see if there was interest in working together. At that April 1998 Forum, stakeholders didn't even know the other system players. Yet, they were able to quickly agree on the importance of taking three next steps: develop a vision, work on a common language and develop a client-centered service delivery model -- together.



At the Second Forum September 1999, a draft vision was developed. The meeting was attended by 11 sectors representing 28 organizations.

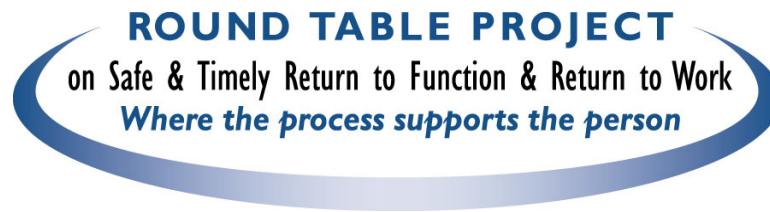
Notice that the vision reflects systems thinking: stakeholders understand they must work “together” to make meaningful and effective change possible.

At that Forum, we asked “*Can we work together?*” and the answer was an overwhelming “Yes”.

Following the Second Forum, we conducted an environmental scan of recent trends and developments in return to function/return to work. I expect that the six developments identified by the scan will have significant implications on the design and implementation of a service delivery model by the Round Table Project and on our work over the next two days. Those six are:

1. A systems approach to solving community problems.
2. Alignment of visions, values of the Round table with the vision and values of Canada.
3. Paradigm shift from disability and mortality to ability and life
4. Re-definition of medicine by medicine to include return to work
5. Evidence-based models in return to function/return to work
6. The concept of people, health and productivity

At the Third Forum earlier this year in February, 66 stakeholders and other participants from 15 sectors learned from expert speakers about the six themes. At the meeting, stakeholders identified two strategic directions: strengthening the role of the Round Table Project and developing the return to function/return to work system and its capabilities.



This brings us to today and the third topic in my presentation – why and how we will use our time to move from talk to action.

3. Moving from talk to action

These two days are very important for the Round Table Project. We must move on, from the previous stages of meeting each other and exploring whether or not we could work together to take action.

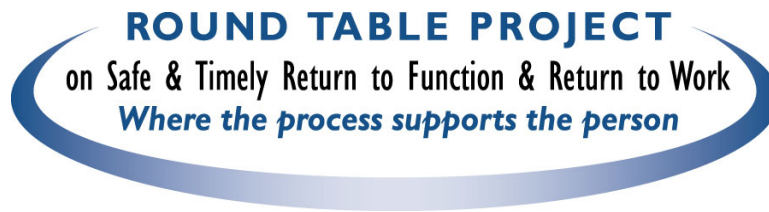
Many stakeholders of the Round Table Project believe there is a window of opportunity now. Over the past several years, I have noticed greater awareness among stakeholders that we are a system and interdependent. I've also noticed a recognition amongst stakeholders that change must occur. They've indicated willingness to design a better system based on new and stronger principles and our best available evidence and experience.

Over the next two days, we will hear about **two** potential projects that are now on the table for discussion. The projects have evolved from the discussions at our February Forum.

One – The Round Table Project has an opportunity to facilitate a strategic planning process around the design and the implementation of an evidence-based disability prevention model here in Ontario.

Stakeholders are particularly interested in the transportability of the PREVICAP model in Ontario and we are fortunate to have Dr. Patrick Loisel here to talk to us about that very topic. Dr. Loisel has also agreed to act as a consultant to that process. I am also pleased to announce that the Round Table Project has identified a funding source for the strategic planning process.

Two – The second project that will be on the table for discussion is a series of regional workshops across Canada. The workshops will provide additional feedback to the discussions surrounding the disability prevention model and create awareness of our action-oriented

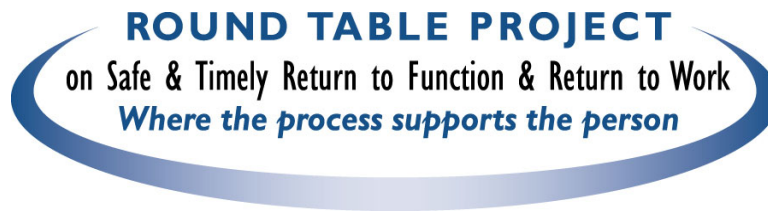


systems approach to solving disability problems. The Canadian Injured Workers' Alliance has proposed to work with the Round Table Project to organize the workshops. Later in the program, executive director of the CIWA, Robert Lindsay will tell us more.

If there are other projects that serve to fulfill the vision and align with the strategic direction identified during the February Forum, then, by all means, please identify them during our discussions.

Before I move on to the role of stakeholders in the Round Table Project, I want to briefly review the role of the Round Table Project itself in these initiatives and others. I have referred to some of these roles in my presentation already but I'll summarize them here so the big picture is clear. The Round Table Project plays several important roles. These roles are to:

- Transfer knowledge about developments, trends and research in safe and timely return to function/return to work among stakeholders. Because stakeholders are often unaware of innovations and research that occurs in other sectors, the Round Table Project will facilitate knowledge transfer through the Forums and other communication vehicles.
- *Facilitate cooperative relationships and collaborative projects among stakeholder groups.* The Round Table will 'connect' stakeholders who are interested in working together to create and/or manage change.
- *Identify and help support collaborative projects.* Our role on this point is demonstrated at this Forum as we bring two projects to the table for discussion.



- *Act as a feedback loop.* We want to ensure our collective experience and wisdom is built into any new approach. So, for example, during the process of arriving at an appropriate evidence-based disability prevention model, the Round Table Project will act as a continuous feedback loop to everyone involved in the change process.

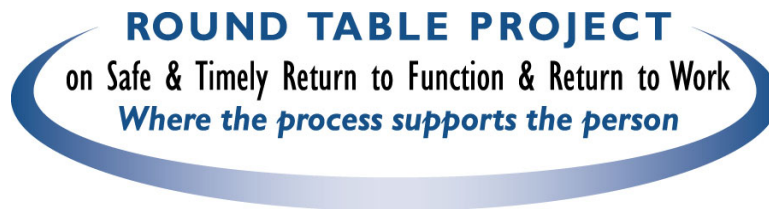
I want to point out that there are some things we can't do because of the very nature of the Project. The Round Table is a project; it is not a legal entity. Our accountability is legally and strictly to our funder, Human Resources Development Canada. Some of these issues were raised at our Forum in February, have since been clarified, and they will be addressed later on in this meeting.

We have developed a process at the Round Table Project based on continual learning, collaboration, a feedback loop and a systems approach. We believe that our systems-based approach will work to bring appropriate changes for persons with disabilities, to the entire return to function/return to work system.

4. What it means to be a stakeholder of the Round Table Project

If we are going to move from talk to action, we must be very clear about what it means to be a stakeholder on the Round Table Project on Return to Function/Return to Work. This leads to the final point: What does it mean to be a stakeholder of the Round Table Project?

We all know that the system that provides services to persons with disabilities is dysfunctional. We know that the dysfunctional system contributes to social isolation, discrimination in the workplace, economic hardship and poverty. The strength of the Round Table Project is its ability to keep the needs of PWDs front and centre of our efforts to create a clear path from chaos and complexity to social, personal and economic self-sufficiency for disabled Canadians.



In everything we do, we must continually look at the vision and the stories to remind ourselves why we have undertaken this task. We want to remove barriers that keep people from moving from disabled to abled. So in answering the question, what does it mean to be a stakeholder of the Round Table Project, the first answer is very simple: Stakeholders must believe in the vision of removing barriers for PWDs.

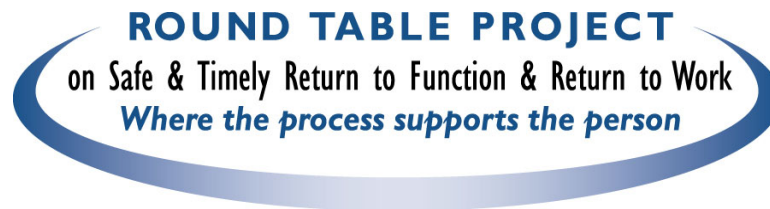
I encourage stakeholders to do the following:

- embrace the value of collaboration and cooperation
- accept responsibility and be accountable for outcomes
- support/build in knowledge transfer and exchange in everything they do
- promote and actively participate in Round Table Project activities
- dialogue/reach out to others for collective action
- reinforce initiatives which advance Round Table Project goals

At a very practical level, the funder of the Round Table Project expects that over time sectors and organizations around this Table will start to consider committing time, resources and in-kind support to the process. If I have not starting talking to you about what your organization and sector can contribute, then I soon will.

Before closing, I would like to make a few additional points:

Our work is urgent. The existing dysfunctional system is a public health and economic emergency. I urge you to reflect on the recent case of the young Ontario man who survived serious burns at work in an electrical accident and then died during the “great blackout” last month because no one was with him to make sure his needs were met. The system failed him.



In my clinical practice as an occupational health physician, I work with addicted individuals, and with various companies on their return to work processes. Every week I see the reasons why we must act now to remove barriers that face people who have disabilities.

Our work will take time. Jim Collins in his book “Good to Great” says it takes 14 years to move a company from good to great. It may take us 14 years, or more, to move our system from chaos and complexity to a clear path and removal of many barriers for PWDs. And there will be a lot of work for everyone to do, on the way.

Removing barriers for persons with disabilities will test our leadership. Removing barriers for persons with disabilities will test the mettle of our institutions against our values and the willingness of leadership to change and improve what clearly needs to be changed and improved. Do we have what it takes to do the right thing?

No one can do it alone. This is worth repeating. The federal, provincial and territorial ministers responsible for social services recognized this when they wrote: “The full participation of persons with disabilities requires the commitment of all segments of society.” (In Unison: A Canadian Approach to Disability Issues, 1998”.)

It’s time to act.

Our hope today is that you will share the Round Table Project’s enormous enthusiasm for *moving from talk to action*. We hope you will engage your organization to commit to the Round Table Project process. We need your commitment of time to engage leaders in your organizations in the Round Table Project process.

We are counting on each of you to be leaders, to engage your organizations in partnership with the Round Table Project, so that together, we can build a better safe and timely return to function/return to work system for persons with disabilities.

ROUND TABLE PROJECT
on Safe & Timely Return to Function & Return to Work
Where the process supports the person

Before closing I would like to thank individuals who have supported our process. I thank Julyan Reid for her guidance and wisdom. I thank Barb Taylor for her many efforts on behalf of the Round Table Project. I thank the Advisory Group members who have given their time and advice.

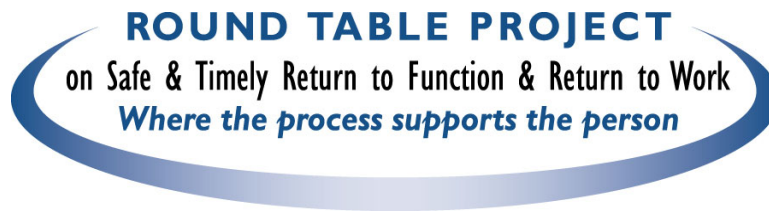
I also want to acknowledge and thank the Round Table's partners -- Human Resources Development Canada and the Ontario Medical Foundation. A special thank you goes to stakeholders who supported this Forum: the Ontario Medical Association, Dofasco, the Canadian Injured Workers' Alliance; our friends south of the border, Institute for Health & Productivity Management, the Academy for Health & Productivity Management and our international sponsor, Aventis.

Considerable thought and preparation occurred in order to provide this opportunity for all of us to continue to work together toward the goal of removing barriers for persons with disabilities. I thank the Round Table team who worked very hard since the last February's Forum to bring you this Forum. They are: Frances Makdessian, Liz Leach, Elizabeth Fleming, Grace Davidian, Denise Storer, Irene Wolfson and Joseph MacDonald. I thank Michael Rowland for facilitating the Forum.

I'd like to conclude with a quote from John Henshaw of the Occupational Safety & Health Administration in the US, from a speech that he gave to the American Occupational Health Conference in May. He said:

"We're going to focus on the long-term vision by using the down-to-earth process of building bridges of cooperation and understanding with those who share our vision and strive to reach the same goals."

That is what the Round Table Project will continue to do. We'll keep our eyes on the vision but work daily, to move the process forward, with those who share our goals.



I thank all of you for coming to this Forum.

END.