

Equity in Accident Compensation in Ontario

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Wellesley Institute works in research and policy to improve health and health equity in the Greater Toronto Area through action on the social determinants of health.

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Introduction

In Ontario people who are injured in accidents are compensated through a wide range of income and health support programs. It is a complex mix of federal, provincial and private supports available to Ontarians. However, within the existing system people with the same injury can be compensated completely differently depending on how they are injured. For example, someone who incurs a spinal injury from a fall at work receives different levels of compensation than someone who incurs their spinal injury from a fall at home. This inequity means that some Ontarians are covered after an injury while others are not. An equitable approach means that everyone who is injured in an accident, regardless of where the incident took place, can be compensated.

Ontario can improve the comprehensiveness of compensation for people injured in accidents. This report identifies Ontario's different programs and the gaps within them, reviews jurisdictions that have more comprehensive models of coverage and analyzes these models to determine which provides the most support and could be a model for Ontario. There is an opportunity to replicate a more comprehensive model of coverage to enable health and health equity for all Ontarians who are injured.

The Cost of Accidents in Ontario

Accidents are commonplace, often unpredictable and can have life altering effects. According to Statistics Canada, in 2013, 16 percent of Canadians aged 15 to 74, roughly 4.2 million, sustained injuries in the previous year that limited their normal activities.¹ The costs of injuries to the Canadian economy are substantial. In 2010, the total cost of injuries to Canadians was \$26.8 billion. In Ontario alone that cost was \$8.8 billion.² The Canadian Institute for Health Information estimates that by 2035 injuries will cost Canadians a total of \$75 billion, a near \$50 billion increase.³ The increasing cost can be partially attributed to the ageing population. According to Public Health Canada, falls were the leading cause of injury-related hospitalizations among Canadian seniors in 2010, and seniors, 65 and older, are more likely to sustain long term injuries due to a fall.⁴ With a fast growing aging population in Canada, it is important to consider these increasing costs.

The cost of injury to the Canadian economy goes far beyond hospital visits and medical interventions to include the loss in productivity. The loss of productivity due to an injury has had significant impacts on the Canadian economy. A recent study by the Conference Board of Canada demonstrates that loss of productivity caused by both minor and long-term illness and disability cost the Canadian economy \$16.6 billion in 2012.⁵ The lack of support after an accident will continue to cost the economy as those who are injured are not adequately compensated and supported in a way that promotes recovery.

The individual costs of injury have had considerable impacts. The ability to participate in work and social

1 <http://www.statcan.gc.ca/pub/82-625-x/2015001/article/14148-eng.htm>

2 <https://www.cihi.ca/en/spending-and-health-workforce/spending/national-health-expenditure-trends/nhex2015-topic6>

3 Canadian Institute for Health Information

4 http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/index-eng.php#s2-1-2

5 http://www.conferenceboard.ca/press/newsrelease/13-09-23/absent_workers_cost_the_canadian_economy_billions.aspx

activities is drastically reduced after an injury, which has a big impact on health and well-being. It is well documented that long-term medical conditions are considered a risk factor for depressive conditions. For example, the psychological trauma of suffering an accident and management of chronic pain have often resulted in anxiety from financial insecurity and depression from being removed from daily life and routines.⁶ Ontario's system of fragmented supports that do not adequately compensate accident victims often creates financial insecurity and undue hardship. *Women Living with Long Term Disability*, a recent study by Wellesley Institute, documents the social isolation experienced by women living on long-term disability. After paying for everyday necessities, the study participants did not have enough left over for transportation or any other costs associated with social engagement. Participants expressed embarrassment over their financial situations, which hindered their ability to interact with others.⁷

Compensation for Accidents in Ontario

In order to assess the different types of accident compensation in Ontario, we examined the various ways that Ontarians may be injured and what compensation they may receive in these situations. By examining occupational injuries, non-occupational injuries, vehicle injuries and the different compensation provided within these situations, we identified a patchwork approach to accident compensation. A variety of programs provide different types of compensation and medical coverage dependant on how a person was injured.

In Ontario, there are four possible compensation routes that provide income replacement and health benefits for accident victims: Workplace Safety and Insurance Board (WSIB), Employment Insurance (EI), Ontario Disability Support Program (ODSP) and private insurance.

Employees who are injured on the job may be eligible for coverage under the Workplace Safety and Insurance Board (WSIB), which seeks to compensate and provide benefits for injuries that are a direct result of employment. Most businesses with employees in Ontario must register with the WSIB within 10 days of hiring their first full- or part-time worker.⁸ Benefits under WSIB include; loss of earnings, non-economic loss (physical, functional, or psychological loss), loss of retirement income (after 12 months of loss of earning benefit, WSIB will pay 5 percent of subsequent benefits), future economic loss, and health care costs.

Employment Insurance (EI) may provide temporary financial assistance in case of unemployment. EI premiums are mandatory and paid both by the employee and by the employer at a rate 1.4 times what the employee pays. If unable to return to work because of sickness or injury, workers may be eligible to receive up to a maximum of 15 weeks of EI sickness benefits. To be eligible, normal weekly earnings must be reduced by more than 40 percent and workers must have accumulated at least 600 hours of insurable

6 Gagnon LM, Patten SB. Major Depression and its association with long-term medical conditions. *Can J Psychiatry* 2002;47(2):149-52

7 <http://www.wellesleyinstitute.com/wp-content/uploads/2015/06/Women-Living-with-Long-Term-Disabilities-in-Ontario.pdf>

8 http://www.wsib.on.ca/WSIBPortal/faces/WSIBArticlePage?fGUID=835502100635000250&_af-Loop=2772878454370919&_afWindowMode=0&_afWindowId=null#%40%3F_afWindowId%3Dnull%26_afLoop%3D2772878454370919%26_afWindowMode%3D0%26fGUID%3D835502100635000250%26_adf.ctrl-state%3Dykmbana43_4

employment during the qualifying period.⁹ In addition to these eligibility requirements, EI payments are capped at 55 percent of weekly earnings¹⁰ and as a result, many of those unemployed due to injuries are left without adequate income replacement. EI sickness benefits do not include any kind of health benefits.

The Ontario Disability Support Program (ODSP) is intended to compensate for long-term disability. To be eligible for ODSP, the recipient's disability must meet four strict conditions:

1. The person has a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more;
2. The direct and cumulative effect of the impairment on the person's ability to attend to his or her personal care, function in the community and function in a workplace, results in a substantial restriction in one or more of these activities of daily living;
3. The impairment and its likely duration and the restriction in the person's activities of daily living have been verified by a person with the prescribed qualifications;
4. The budgetary requirements for the person and any dependents must exceed their income and their assets must not exceed prescribed limits.¹¹

The amount of income support available from ODSP is based on an assessment of basic needs and shelter costs that are calculated on a monthly basis. According to their website, the calculation for basic needs and shelter for a single adult with no dependents is capped at \$1110 this is determined by a calculation of \$631 for basic needs and \$479 for shelter.¹² In addition to income benefits, those receiving ODSP are entitled to health benefits that include; prescription drug coverage, dental coverage, vision care, coverage for medical supplies, coverage for medical transportation, pregnancy allowance and an extended health benefit which provides health coverage for those who are no longer financially eligible to receive income support but have high health costs.¹³

The final compensation possibility in Ontario for injured individuals is through private insurance (long-term disability or vehicle insurance). Private insurance is paid for by individuals, although long-term disability insurance is sometimes provided as an employment benefit, and may provide income replacement and health supports to aid in the injury recovery process. The premiums for private insurance can often be high and are therefore only available to individuals who can afford to pay.

Ontario has a patchwork of programs that compensate people with injuries in substantively different ways. This may contribute to health inequities in Ontario, where people with injuries receive differing levels of compensation and medical coverage depending on how or where they were injured. These health inequities are avoidable by developing a comprehensive accident compensation scheme that provides coverage for all types of injuries.

Jurisdictional Scan

There are comparable jurisdictions around the world that have developed accident compensation schemes that provide more comprehensive coverage and therefore produce more equitable health outcomes.

9 <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/clcltng/ei/hstrc-eng.html>

10 <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/clcltng/ei/hstrc-eng.html>

11 http://www.mcass.gov.on.ca/en/mcass/programs/social/odsp/income_support/assets.aspx

12 http://www.mcass.gov.on.ca/documents/en/mcass/social/directives/odsp/income_support/6_1.pdf

13 http://www.mcass.gov.on.ca/en/mcass/programs/social/odsp/income_support/benefits/odsp_Health.aspx

During our jurisdictional scan, we identified countries that provide government-run compensation for accidents both inside and outside of the workplace. In order to get a full picture of the coverage that was provided, we extracted information on eligibility, income supports, health supports, terms of coverage and how the program is funded from government websites. We identify models of coverage and have tested their comprehensiveness by applying coverage to three scenarios in which individuals are injured in a variety of settings.

Table 1 shows the seven jurisdictions that comprise three distinct models of providing accident compensation to the public.

Table 1. Jurisdictions with Comprehensive Accident Compensation Schemes

Country & Program Name	Eligibility	Health & Other Benefits	Income Benefits	Max. Period of Coverage	Funding
Sweden Social Insurance	Any resident whose capacity to work has been reduced by at least 25%. ¹	Health: Prescription costs, rehabilitation, medical costs, dental Other: Car allowance, home modifications, assistive devices, assistance allowance and travel	Income replacement for 80% of salary Max. Amount: 17,914 SEK (CDN \$2,827) per month before taxes	364 days with possibility of extension.	A combination of employer and employee contributions and through general taxes.
Sweden Work Injuries Insurance Act ²	All employees, including persons undergoing training or education, no minimum qualifying period.	Medical aid is covered by social insurance WIIA covers the full cost of appliances or other aids necessary to treat the effects of the injury	Income replacement for 75% of salary No maximum	Unlimited duration, 70% of salary after 365 days.	Financed through contributions from employers based on a payroll levy
Denmark Social Insurance	All residents ³	Health: Rehabilitation, medical treatment, prescriptions, dental Other: Death/funeral benefits, assistive devices, travel/accommodation	Income replacement for 90% of salary Max. Amount: 16,720 DKK (CA \$3227.77) per month ⁴	Sickness: 22 weeks within a 9 month period. Following this claimants are transferred to disability support.	A combination of employer and employee contributions and through general taxes.

Country & Program Name	Eligibility	Health & Other Benefits	Income Benefits	Max. Period of Coverage	Funding
Denmark Workers' Compensation Act ⁵	All employers are liable to provide protection	Health: Medical costs, prescriptions, dental, rehabilitation, retraining and aids Other: Survivors pension, funeral costs, travel/accommodation, guide dog allowance	Income replacement for 90% of salary	Unlimited duration	Private insurance paid for by employers and contributions made to the Labour Market Occupational Diseases Fund (AES)
Finland Social Insurance ⁶	All residents	Health: Dental, prescriptions, rehabilitation, and occupational health Other: Travel costs, accommodation and interpretive services	Income replacement up to 70% of salary Max. Amount: No max. amount, varies on person	Maximum 300 days, wherein the claimant move to disability support	Taxes, quarterly charges and insurance contributions by employers and employees
Finland Employment Accidents Insurance Act ⁷	All employers are liable to provide protection	Health: Dental, prescriptions, rehabilitation, related medical costs Other: Household management, clothing allowance, guide dog allowance, survivor's pension, funeral assistance	Income replacement up to 85% of salary	Unlimited	Private insurance paid for by employers.

Country & Program Name	Eligibility	Health & Other Benefits	Income Benefits	Max. Period of Coverage	Funding
Norway Social Insurance ⁸	Any resident who is temporarily unable to work and impaired by at least 50%	Health: Medical costs, dental and rehabilitation Other: Assistive technology, guide dog, travel, assistant allowance	Tax-free monthly income replacement that is individually assessed Max. Amount: 3,346 KR (CDN \$511.11 ⁹) per month	Three years, wherein the claimant moves to disability support	General taxes and a national insurance contribution, which amounts to 7.8% of wage
Norway Occupational injury insurance ¹⁰	All employers are liable to provide protection reduced by at least 50%.	Health: Doctor, physiotherapist dental, prescriptions, rehabilitation Other: Medical equipment, travel/accommodation, survivors grant, funeral expenses	66% of income Max. Amount: 46,290 ¹¹ (CAD \$ 7098.88 ¹²) per month.	Four years maximum, wherein the claimant moves to disability support	Private insurance paid for by employers
New Zealand Accident Compensation Corporation (ACC) ¹³	All residents and visitors injured in New Zealand	Health: Ambulance, surgery, prescriptions, dental, loss of hearing/vision, counseling, artificial limbs Other: Car allowance, home modifications, travel for treatment, childcare, assistant allowance, survivors grant, funeral expenses	Income replacement for 80% of salary Max. Amount: Maximum amount is adjusted each year.	Life	Funded through taxes and levies dedicated to four different accounts: Motor Vehicle Non-earners account Earners account Workers account.

Within the five jurisdictions identified there are two distinct models of coverage: the Scandinavian model and the agency model.

The first is the Scandinavian model which is based on a blend of social insurance and workers' compensation. In Scandinavian countries, accident victims are eligible for a wide range of benefits that fall under social insurance. This coverage is state run and funded through general taxation. Injuries often fall under "sickness benefit" coverage that provides accident coverage on a temporary basis, generally from one to three years. The sickness benefit provides income replacement that ranges from 70-90 percent of one's salary, plus health care benefits such as rehabilitation costs, prescription costs, dental and other associated medical costs. There are other benefits provided under the Scandinavian model which range from services such as home modifications and assistance allowance to assistive technology and guide dogs. Within this model they have a separate system for workplace accidents, wherein individuals receive the same types of support under a separate insurance scheme which is similar to the Workplace Safety and Insurance Board in Ontario. Most employers in the Scandinavian countries are obligated to provide this coverage.

New Zealand, the agency model, on the other hand, offers a comprehensive, no-fault injury compensation scheme that provides coverage for anyone injured in New Zealand. It is managed by the Accident Compensation Corporation (ACC) and funded by a mix of user levies and general taxation. The ACC is a stand-alone scheme that was specifically designed for accident compensation that intends to provide coverage for anyone injured in New Zealand and is not time-limited. The ACC offers coverage for New Zealanders and visitors in case of an accident, whether it is an industrial, vehicle or domestic accident, on a no-fault compensation basis. The ACC covers a number of services: treatment costs, ambulance and emergency care, surgery, prescription costs, dental treatment, services for hearing loss, services for visual impairment, counselling, help after sexual abuse or assault, travel and accommodation for treatment, approved treatment providers and registered counsellors. Additionally, an injured person can seek personal care at home, with funds for home modifications to assist their disability, transportation costs for travel and accommodation to treatment, and homecare attendants.¹⁴ The ACC will also provide support for loss of income by providing a weekly compensation of up to 80 percent of wages.¹⁵

Scenarios

In order to assess the comprehensiveness and effectiveness of each of the jurisdictions, we developed three scenarios wherein people were injured and needed support. To gauge what was covered and to identify gaps we assessed the scenarios against the Scandinavian model, the Agency model and Ontario's model. To represent the different models of compensation, we used New Zealand, Finland and Ontario. Finland was chosen as the representative of the Scandinavian model owing to its position in the middle of the field – its coverage was neither the most nor least generous of this type and is therefore representative. The

¹⁴ <http://www.acc.co.nz/making-a-claim/am-i-covered/index.htm>

¹⁵ <http://www.acc.co.nz/about-acc/overview-of-acc/introduction-to-acc/index.htm>

scenarios are used to assess possible injuries that occur in public, at work or by way of a motor vehicle.

Scenario A

Samantha, a 38 year-old computer engineer, who earns \$85,000 per year, sustained a moderate traumatic brain injury in a motor-vehicle accident. As a result, she developed mild upper-limb spasticity, which causes her muscles to become stiff and sometimes her arms twitch or move in a way she can not control. She is currently unable to return to work and the recovery process from traumatic brain injuries can last anywhere between six months to three years.

Scenario B

Amina, a 53 year-old floor and carpet installer, who earns \$ 38,000 per year and immigrated 10 years ago, has developed bursitis in both knees as a result of her work. She is unable to continue in her current job and may be forced to change her career or retire early. Before she retired she was hoping to have a total of 20 years worth of pension contributions, so she could retire comfortably.

Scenario C

Michael, a 26 year-old business professional, who earns \$58,000 per year, was sexually assaulted by a colleague outside of work. He is scared to go back to the office, and now has to find a new company to work for. This has resulted in lost time in his career development as well as lost earnings. He suffers from anxiety and PTSD, which limits his ability to find new employment.

How each model of coverage compensates the individuals in each scenario is described in Table 2.

Table 2. Scenarios

	New Zealand		Finland		Ontario	
	Income	Health	Income	Health	Income	Health
Case A Samantha: moderate traumatic brain injury in a motor-vehicle accident.	Income replacement of up to 80% (\$5,666.67 per month)	Treatment costs, home assistance, physiotherapy, rehabilitation, accommodation to treatment facilities, prescription costs.	Income replacement of up to 70% (\$4,958.33 per month)	Rehabilitative costs, prescription costs, and work aids or equipment	ODSP Payments are based on an assessment of basic needs (\$1110.00 per month) ¹⁴	Essential medical benefits as documented by a medical professional including prescription costs.
Case B Amina: bursitis in both knees as a result of her work.	Income replacement of up to 80% (\$2,533.33 per month) Eligible for state paid (not contributions-based) national pension plan at 65 years old.	Medical supports and medication for bursitis, home assistance or modifications to help better adjust to the pain.	Income replacement of up to 70% (\$2216.67 per month) Pension coverage's are arranged by the employer.	WSIB: Rehabilitative costs, prescription costs, and work aids or equipment	WSIB: income replacement of up to 85% (\$2,691.67 per month) Pension payments are only allowed on taxable income. WSIB is not taxable income.	Physiotherapy, chiropractic treatment and medications prescribed for the injury.
Case C Michael: sexually assaulted by a colleague outside of work.	Income replacement of up to 80% (\$3,866.67 per month)	Sexual assault survivors receive free counseling and medical services, prescription medications for anxiety and depression.	No income replacement for sexual assault through program. Possible criminal injury compensation	No coverage for care through program.	No income replacement for sexual assault through program. Possible criminal injury compensation	No coverage for care through program.

Discussion

Ontario's approach to compensating people who have been injured in accidents is a patchwork of public and private coverage that means that the level of income, health and social supports that people receive depends on a variety of factors, including how and where they were injured and whether they were privately insured either independently or through their employer. This system is an inequitable way of supporting people who are injured in accidents. Accidents are unpredictable but common and there is a need for a more comprehensive approach to supporting Ontarians who are injured in accidents.

The present systems in Ontario for those who do not have private insurance almost guarantees that people receiving support from public programs will live in poverty or face barriers to accessing medically necessary care. This is evident in ODSP where individuals are required to liquidate their savings and assets before being eligible, but even the relatively more generous CPP-D does not include basic health benefits like prescription drug coverage.¹⁶ This can create a difficult situation in which people who are injured in accidents may have to choose between living in poverty but having access to prescription drugs or having greater income but no guaranteed access to medications. People who are injured at work in Ontario may receive coverage through WSIB, but this is a complex system that is heavily policed and is increasingly focused on returning people to work. Returning to work can be an important step in recovering from an accident but this must occur at the right time in an individuals' recovery.

The jurisdictions reviewed in this report show that there are a variety of other models of providing accident compensation. The model used in Scandinavian countries blends a social insurance and workers' compensation approach to supporting people who are injured in accidents. This model provides medical and financial benefits that seek to promote recovery and well-being for people injured in accidents. The benefit of this model is that there is a system that compensates accidents and provides medical coverage for injuries both in public and in the workplace. The major drawbacks, however, are that there is a separate system for workers and non-workers and this split can result in health inequities. For example, the levels of financial compensation for people injured at work are higher than for those injured in the community.¹⁷ There is no policy rationale for this. People who are injured should be compensated in a way that supports their recovery regardless of how they were injured.

The Accident Compensation Corporation (ACC) in New Zealand model stands out as the most comprehensive and equitable program reviewed in this report. The New Zealand model provides coverage to all people in the country regardless of how they were injured. This universal approach means that all injuries are treated equally and the level of support that people receive is not dependent on how or where they were injured. Of particular note is the comprehensiveness of ACC's approach to compensating

16 www.servicecanada.gc.ca/eng/services/pensions/cpp/pdf/disability-2013.pdf

17 <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2014.302223> Diverging Trends in the Incidence of Occupational and Non-occupational Injury in Ontario, 2004–2011 Andrea Chambers, PhD, Selahadin Ibrahim, MSc, Jacob Etches, PhD, and Cameron Mustard, ScD

victims of physical and sexual assaults. This is a recognition that mental injuries can be incurred as a result of external factors and that victims of crime are deserving of compensation and support. New Zealand's ACC is largely self-funding through levies which are directed into different injury accounts. The ACC has four distinct accounts through which revenues are collected. The Work Account, which covers workers' compensation, is funded by payroll taxes levied on employers and employees. The levies paid differ based on the level of risk and cost of injuries associated with the industry. Individuals or companies in high-risk industries pay higher levies than those in low-risk industries. This risk loading means that contributors pay based on how likely it is that they will make a claim and the cost of those claims. In the Earners' Account levies are paid by everyone in the workforce (employees and employers) and cover non-occupation injuries for those who are employed. The third account, the Non-Earners' Account, is funded by government revenues, using money collected from general taxation to cover non-occupational injuries for those who are not in paid employment, including seniors, children, students and people who are unemployed. Finally, the Motor Vehicle Account is funded through a motor vehicle licensing fee and a levy included in the price of gasoline.¹⁸

The New Zealand model of coverage is currently being replicated by Australia, which provides an interesting example of how this model might be suited to a federal context. In Australia, in 2011 the Productivity Commission recommended the establishment of a National Injury Insurance Scheme (NIIS/NDIS) with the intention to provide necessary and reasonable medical treatment, rehabilitation and care after an injury or illness.¹⁹ The scheme would be modeled after New Zealand's ACC, wherein all injuries and accidents occurring in Australia would be covered by a state and territory funded corporation, in collaboration with the federal government. The recommendation called for the NIIS to develop coverage for catastrophic injuries caused by four types of accidents: motor vehicle accidents, workplace accidents, medical accidents and general accidents (occurring in the home or community).²⁰ Currently, all Australian states and territories, except Queensland, have implemented a motor vehicle NIIS equivalent scheme. They have established federal minimum benchmarks for state and territory motor vehicle accident compensation, but there is no national coverage. According to their website, the development of these schemes will ensure coverage for every Australian who has, or might acquire, an injury. The roll out of the full scheme in all states and territories (except Western Australia) will start progressively from July 2016.²¹

In Australia, their scheme would not be intended to replace other mainstream systems such as disability support. Instead, the scheme's financial sustainability would depend on other systems continuing to support people with disability. The different states have agreed to work on developing key principles that determine whether the scheme or another (for example, motor vehicle insurance or workers compensation) system is more appropriate for compensation.²² An agency will be established to help build relationships with mainstream service providers and the local community, as part of the plan to improve their understanding about how they can assist people with disability.²³ The Australian model will provide similar benefits to

18 <http://www.acc.co.nz/about-acc/overview-of-acc/how-were-funded/>

19 <http://www.treasury.gov.au/Policy-Topics/PeopleAndSociety/National-Injury-Insurance-Scheme>

20 <http://www.treasury.gov.au/Policy-Topics/PeopleAndSociety/National-Injury-Insurance-Scheme>

21 <http://www.ndis.gov.au/about-us>

22 http://www.ndis.gov.au/sites/default/files/documents/fact_sheet_how_ndis_works_other_mainstream_systems.pdf

23 http://www.ndis.gov.au/sites/default/files/documents/fact_sheet_how_ndis_works_other_mainstream_systems.pdf

the New Zealand model, including wheelchairs, hearing aids and adjustable beds, prosthetics, artificial limbs, home modifications, personal care and domestic assistance and income replacement. These are established with the goal of assisting patients exiting the health system to live independently in the community or move back into their own home allied health and other therapy.

Australia provides an interesting case for how a program like New Zealand's could be applied in a federal setting. It is also worth considering, however, the relative size of the economies of New Zealand and Ontario. If New Zealand were substantially wealthier than Ontario it would raise questions about the sustainability of the New Zealand model in Ontario. To assess this we compared the GDP's per capita of each place. In 2015, Ontario's GDP per capita is \$54,218,²⁴ in comparison, New Zealand's GDP per capita, in 2015, was \$44,342.²⁵ Ontario has a higher income per capita than New Zealand, which suggests that a comprehensive accident compensation scheme like that in New Zealand is a viable, affordable and realistic option for Ontario. There are many opportunities for Ontario to look to New Zealand for how to better care for its residents.

Conclusions & Recommendations

People who are injured in accidents in Ontario often face challenges accessing adequate income and health supports, which can contribute to health inequities. The available supports for those injured or disabled stem from a fragmented system where individuals often live in or near poverty with limited economic, medical and social support. Maintaining a realistic balance between compensation and living standards is not always easy, but it is time for Ontario to re-evaluate its "basic living standards" and implement a more sustainable financial support system that helps people injured in accidents. The current systems may create and maintain health inequities as higher earning individuals and families are able to support themselves through LTD insurance or other private means and those who are unable to afford these rely instead on less adequate public programs such as ODSP or CPP-D.

This report recommends that Ontario replicate the New Zealand model of accident compensation. Their model provides the most accessible and equitable compensation, has been in operation since 1974 and is being replicated by Australia. A comprehensive system would allow people the time and opportunity to recover from injuries. An Ontario accident compensation program should cover income replacement, prescription medication, medical treatment, travel to medical treatment and other services such as chiropractic, physiotherapy, therapy and rehabilitation and should last either until complete recovery or for life, with an emphasis on rehabilitation and reintegration. The impact of a comprehensive model for injuries would be substantial and could alter the lives of many injured Ontarians.

Injured people seeking support in Ontario experience an array of complications starting from the process of applying for support, maintaining support over time and coming to terms with the broader impacts that result from this transition in their lives. Economic inequalities have a direct link to health inequities and poor health outcomes. This discussion piece aims to start a conversation around the health inequities that arise out of accidents in Ontario. There is an essential role for the government to play

²⁴ <http://www.fin.gov.on.ca/en/economy/ecupdates/factsheet.html>

²⁵ <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>

in supporting and caring for people in need. Accidents are common, unpredictable and can happen to anyone and therefore provide an important opportunity for governments to demonstrate how they care for their residents. When it comes to recovering from injury, financial costs should not be a barrier. A comprehensive accident compensation scheme would significantly decrease the financial burden of having an accident in the community or at work and could have huge impacts on the lives of accident victims.

There is an opportunity for Ontario to set the precedent for the rest of Canada by developing a no-fault accident scheme that reduces health inequities and poverty and increases social supports as sufficient rehabilitative and income supports are vital for real, long-term recovery.

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