Institute for Work & Health

THE CHANGING NATURE OF WORK AND THE WORKFORCE

ANNUAL REPORT 2013

CONTENTS

THE CANADIAN WORKFORCE HAS CHANGED OVER THE LAST 25 YEARS.

Today's workers are, on average, older, better educated and more likely to be immigrants.

The type of work they do has also changed.

Compared to 15 years ago, Canadians are more likely to be working in the service and knowledge sectors and less likely in the manufacturing and resource sectors.

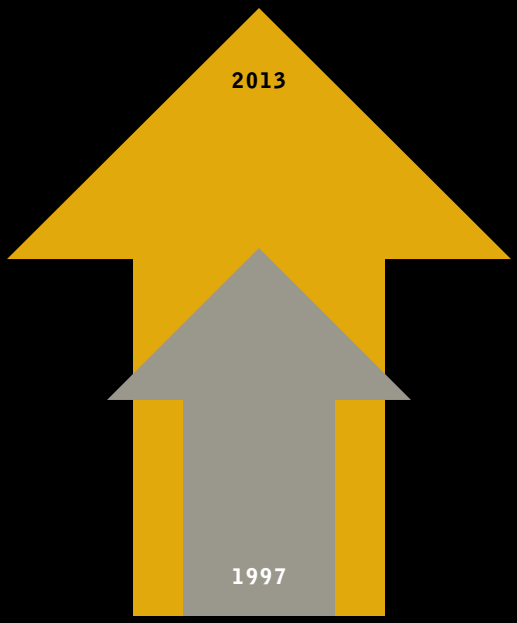
And "typical" nine-to-five, full-time jobs are on the decline.

THE NUMBERS TELL THE STORY*

*Numbers come from Canada's *Labour Force Survey* and census data.

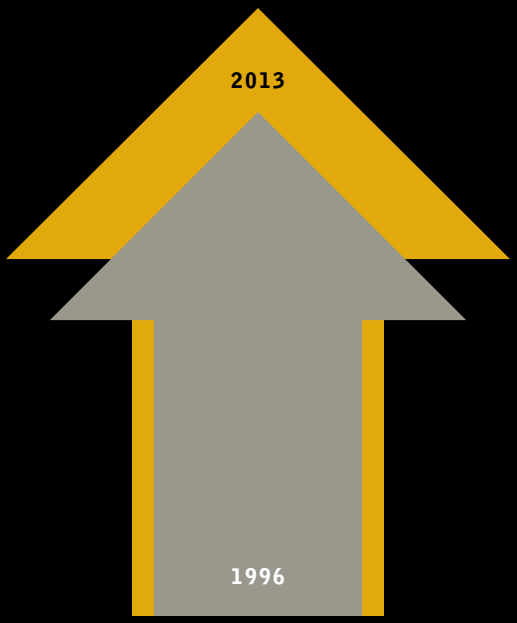
AGED 50 OR OLDER IN THE WORKFORCE

People aged 50 or older accounted for 31.5 per cent of the workforce in 2013, compared to 19 per cent in 1997.



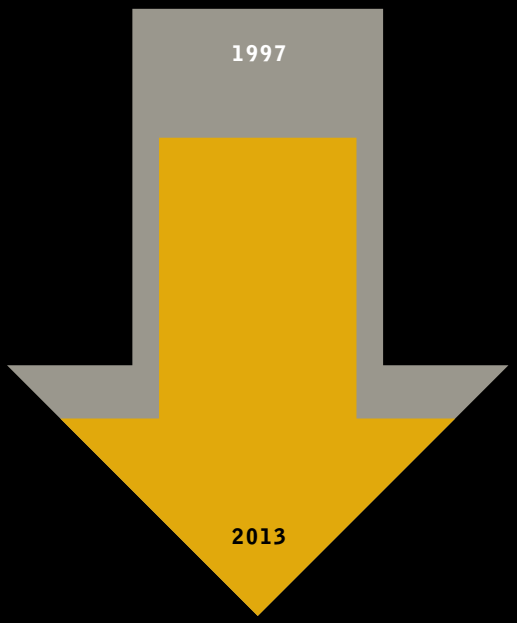
IMMIGRANTS IN THE WORKFORCE

The share of immigrants in the workforce has grown steadily, from 19.1 per cent in 1996 to 21.7 per cent in 2013. About 13 per cent of immigrant workers in 2013 had been in Canada for less than five years.



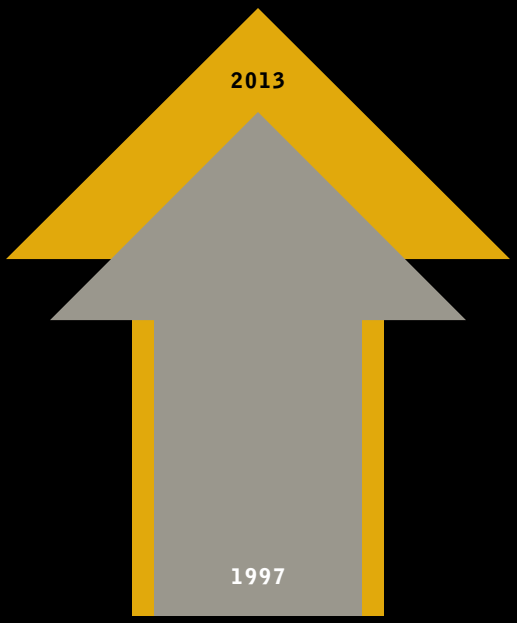
THE MANUFACTURING SECTOR

The share of employment in the manufacturing sector in Canada declined from 16.8 per cent to 11 per cent between 1997 and 2013.



TEMPORARY WORK

Although regular, full-time jobs still make up a large share of total employment, non-standard work—including part-time, temporary or contract work—has become more common. Temporary work, which accounted for 11.2 per cent of jobs in 1997, had risen to 13.4 per cent by 2013.



THE INSTITUTE FOR WORK & HEALTH (IWH) HAS BEEN PAYING ATTENTION TO THESE TRENDS.

We are particularly interested in whether and how these trends may affect the risk of work injury, and what implications they may have for the prevention and management of work disability.

In this report, we highlight IWH projects active in 2013 that relate to the changing nature of work and the workforce.

HIGHLIGHTS

FOR PEOPLE WITH
both heart disease and diabetes, the risk of not being in the labour market is at least eight times as high as it is for those with neither condition.

OLDER WORKERS AND CHRONIC CONDITIONS

Many Canadians live and work with ongoing health conditions such as arthritis and diabetes that are not caused by work, but are relevant to work and may be aggravated by employment. These conditions are chronic, episodic health problems. That is, they have sporadic or intermittent symptoms, unpredictable flare-ups or periods of more severe disease, and symptoms that are not readily visible to others.

IWH Associate Scientific Director and Senior Scientist Dr. Monique Gignac is leading a program of research related to chronic or episodic health conditions, especially among middle-aged and older workers whose risk of acquiring these conditions is greater than that of younger workers. One study in the program looked at over 350 workers with arthritis and the ways their disease affected work, as well as the ways work affected their ability to care for their health and meet personal demands.

The research showed that, despite having some difficulties with their jobs, workers with arthritis value their work and the important role it plays in their lives, so they make accommodations that allow them to continue working. In fact, another study in the program highlighted the benefits of work among workers with arthritis, including the physical activity it afforded that, for some, helped reduce symptoms of pain and fatigue.

DESPITE HAVING SOME DIFFICULTIES with their jobs, workers with arthritis value their work and the important role it plays in their lives, so they make accommodations that allow them to continue working.

Dr. Gignac and her research team are continuing to explore this area, having received funding in 2013 from the Canadian Institutes of Health Research to examine the employment experiences of "baby boomers" (born 1946–1964), and compare workers with arthritis or diabetes to those with no episodic disabilities. The team is examining factors that may be aggravated by employment, as well as job accommodations, policies and strategies that may help aging workers remain employed.

Dr. Peter Smith (who is returning to IWH in 2014 following a two-year stint at Australia's Monash University) led a team of researchers looking at the relationship among age, chronic health conditions and various indicators of work disability in a large sample of working-age adults. One study, which analyzed data from Statistics Canada's Canadian Community Heath Survey between 2000 and 2005, found that people with heart disease, arthritis and other conditions associated with older age are less likely to be working than those without these conditions.

For example, people with heart disease are three times more likely not to be working than those without the condition. People with more than one chronic condition are even more likely not to be working. For those with both heart disease and diabetes, in particular, the risk of not being in the labour market is at least eight times as high as it is for those with neither condition.

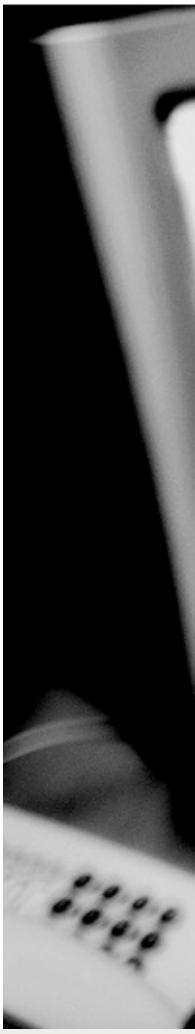
AGING AND RETURN TO WORK

The aging of the labour force has focused attention on how well our workplaces are able to accommodate the needs of older workers, including those who experience work injuries. Helping older workers stay employed is good for their health, their finances and the economy. The established consensus of "good work" having a positive effect on health and well-being has encouraged clinicians and policy-makers to focus on improving work participation among injured or ill older workers by preventing an early end to work—that is, before the standard retirement age—and encouraging return to work (RTW).

A project funded in 2013, led by IWH Associate Scientist Dr. Ivan Steenstra, is systematically reviewing the literature on older workers to identify factors that may help them stay on the job, avoid reinjury and successfully return to work.

IWH researchers led by Dr. Peter Smith, using data from British Columbia, examined the impact of pre-existing chronic conditions on health-care expenditures and days of wage replacement following a work-related injury. They found that some conditions associated with older age, such as osteoarthritis and diabetes, were linked to greater health-care expenditures or wage replacement following injury, while others (e.g. hypertension) were not.

Both in-person and online training ***improved worker practices and postures. However, both methods were significantly more effective when followed up by enhanced training that helped learners apply their new skills and guided supervisors on how to support them in doing so.***



RECENT IMMIGRANTS

Several years ago, an IWH project looked at the experiences of recent immigrants with complex workers' compensation claims. Led by Dr. Agnieszka Kosny (who is also returning to IWH's scientific team in 2014 after two years at Monash University in Australia), the research showed that newcomers are largely unfamiliar with their rights and responsibilities regarding occupational health and safety (OHS) and workers' compensation.

In light of this finding, Dr. Kosny and her team developed a toolkit called Prevention is the Best Medicine, which is designed to help settlement agencies teach newcomers to Ontario about OHS and workers' compensation through existing language, job search and employment programs. The toolkit was developed with the help of both a multi-stakeholder advisory committee and a large settlement service organization in Toronto called Skills for Change.

In December 2011, the complete toolkit was made available for free download on the IWH website (www.iwh.on.ca/pbm). In 2013, a version adapted to the Manitoba context was published by Manitoba's Workers Compensation Board (WCB). According to a WCB manager, the response to the toolkit has been "tremendous" from both employers and settlement services.

However, IWH has also learned that some service providers in both Manitoba and Ontario feel uncertain about presenting the information to newcomers because they are not subject-matter experts in OHS and workers' compensation. The IWH research team is assessing ways to overcome this barrier. One option is redesigning the toolkit to facilitate its delivery in a stand-alone workshop. Another is modifying the format and language so that newcomers can access and absorb the information themselves, rather than have the information delivered to them.

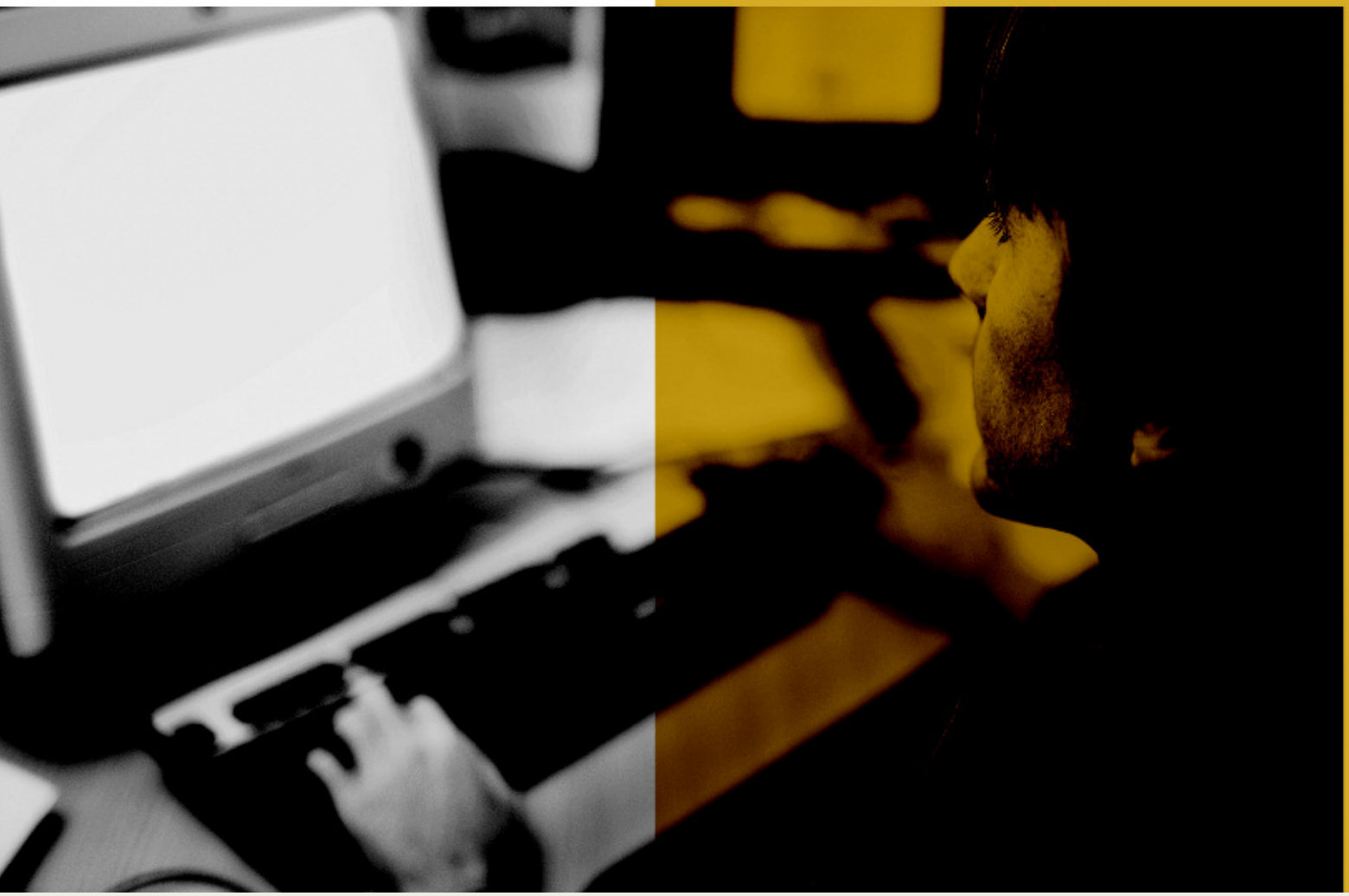
INSPECTIONS AND THE CHANGING NATURE OF WORK

OHS laws and policies are only effective if they are complied with. In the context of a changing labour market—where subcontracting, franchising, third-party management and non-standard forms of employment are increasingly common—ensuring compliance with OHS regulatory standards faces new challenges.

A study led by IWH Senior Scientist Dr. Ellen MacEachen explored these issues through interviews with those on the front lines of OHS enforcement: inspectors and their managers at the Ontario Ministry of Labour. Interviews were conducted in 2013, and findings are expected to be publicly available in 2015.

OFFICE ERGONOMICS

With the growth in the service sector and the large number of people working mainly at their desks, helping workplaces prevent work injuries among office workers is of growing importance.



A research team led by IWH Senior Scientist Dr. Ben Amick and Associate Scientist Dwayne Van Eerd evaluated different ways of delivering ergonomics training to office workers.

The team recruited more than 400 office workers at five different multi-site education, municipal and utility organizations in the Greater Toronto Area. Workers participated in one of five training alternatives: in-person training only, online training only, in-person plus enhanced training (involving follow-up sessions with workers and supervisors), online plus enhanced training, or none of these (the control group, which was given instead a link to an ergonomics information page on the Ontario Ministry of Labour's website).

The study showed that both in-person and online training improved worker practices and postures. However, both methods were significantly more effective when followed up by enhanced training that helped learners apply their new skills and guided supervisors on how to support them in doing so. It increased the confidence of workers and supervisors in their ability to successfully identify problems and implement solutions.

IN 2013, IWH'S TOOLKIT *for newcomers was adapted to the Manitoba context by Manitoba's Workers Compensation Board (WCB). According to a WCB manager, the response to the toolkit has been "tremendous" from both employers and settlement services.*

NEW RESEARCH CENTRE ON WORK DISABILITY POLICY IN CANADA

2013 saw the groundwork laid for the new Centre for Research on Work Disability Policy (CRWDP), which was formally launched in

IN 2013, AN IWH RESEARCH *team developed a pilot survey based on a systematic search of the scientific literature for existing measures related to the concept of vulnerability, and held discussions with focus groups of workers, employers and policy-makers.*

February 2014. The centre, led by IWH Senior Scientists Dr. Emile Tompa and Dr. Ellen MacEachen, is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). Its headquarters are located at IWH.

Work disability policy refers to any government program that shapes income security and labour market participation for work-disabled individuals. That includes workers' compensation, Canada and Quebec Pension Plan Disability, social assistance for people with disabilities, disability tax credits, Employment Insurance Sickness Benefits, Veterans Benefits, various private disability pension plans, motor vehicle accident insurance and compensation for victims of crime. Work disability policy also includes workplace programs because employers play an important role in shaping opportunities for work-disabled individuals.

According to the co-leads of the centre, the current system has not kept pace with the changing nature of work and the workforce. An aging population means chronic and episodic disabilities are on the increase, and people with these types of illnesses often struggle to find accommodation or access support. As well, the long-term, full-time jobs that predominantly characterized the labour market are increasingly being replaced by part-time, temporary and/or casual work. As a result, parts of the working-age population are not supported very well by the current system if they fall ill or get injured, and some fall through the cracks. The

THE NEW CENTRE FOR RESEARCH ON WORK DISABILITY POLICY (CRWDP) aims to identify problems associated with disability support program coordination and complexity, and identify approaches to improve the ability of people with disabilities to participate in the workforce.

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CRWDP will support research taking place in 15 research/academic institutions across Canada, grouped into four regional clusters: British Columbia, Ontario, Quebec, and Newfoundland and Labrador. It is also working with almost 50 partners from across Canada, including disability and injured worker community organizations, provincial and federal-level disability support program providers, labour organizations and employers.

OHS VULNERABILITY

As we noted in last year's annual report, a team led by Dr. Peter Smith is working on ways to better understand the factors that underlie an individual's risk of work injury or illness. It is broadening the focus from identifying the types of workers who are more likely to sustain injuries, to understanding and measuring the work these workers do and the characteristics of the workplaces or industries in which they do them.

The team has defined "vulnerable workers" (in the context of OHS) as those who are more likely than other workers to become injured or ill as a result of their work. This higher risk arises because of greater exposure to occupational hazards, as well as one or some combination of the following:

- inadequate workplace policies and procedures to control hazards, encourage communication about OHS or respond to OHS issues;
- lack of worker awareness of hazards and/or of OHS rights and responsibilities; and
- a workplace culture that discourages workers to speak up about OHS concerns.

In 2013, the team developed a pilot survey based on a systematic search of the scientific literature for existing measures related to this concept of vulnerability, and held discussions with focus groups of workers, employers and policy-makers. The survey is being tested and refined, and is being sent to a wider sample of workers in 2014.

OTHER PROJECTS

OTHER IWH PROJECTS IN 2013

IWH continued in 2013 to conduct a wide range of research and knowledge exchange to help prevent work injury, illness and disability. Here we highlight some examples of this work.

LEADING INDICATORS OF OHS PERFORMANCE

Work on the Ontario leading indicators project (OLIP) continued in 2013, led by Dr. Ben Amick and Associate Scientific Director and Senior Scientist Dr. Sheilah Hogg-Johnson. Working in partnership with four Ontario health and safety associations—Workplace Safety and Prevention Services (WSPS), Workplace Safety North (WSN), Public Services Health and Safety Association (PSHSA) and Infrastructure Health and Safety Association (IHSA)—the study is assessing five different potential leading indicator tools through a survey administered to employers across Ontario.

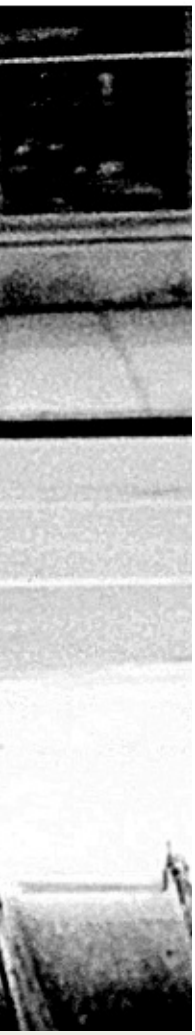
In the fall of 2013, the earliest participants from among these employers received benchmark reports based on their survey scores. The benchmark reports let participants know how they're doing relative to the other organizations that took part in the survey. In industry sectors and subsectors with at least 10 participating employers, the reports also indicated how well participants stacked up against their peers. Meanwhile, work is ongoing to identify the scores that correlate the most with the organizations' workers' compensation claims rates.

BREAKTHROUGH CHANGE

IWH Scientist Dr. Lynda Robson's project on "breakthrough change" (BTC)—large and intentional improvement in a workplace's rate of injury and illness—continued in 2013. Work during the year included analysis of an in-depth study of four medium-sized workplaces from varied sectors, including manufacturing, group home services and grocery. The team also conducted interviews at multiple plants of a manufacturing firm, exploring the factors that seem to explain different OHS outcomes at the different plants. Final results of the first BTC project are expected in 2014.

PROGNOSTIC TOOL TO IMPROVE RETURN TO WORK

A team led by Dr. Ivan Steenstra is examining which combination of factors best predicts outcomes for injured workers with low-



In the fall of 2013, the earliest employers *participating in the Ontario Leading Indicators Project (OLIP) received benchmark reports based on their survey scores. The benchmark reports let participants know how they're doing relative to the other organizations that took part in the survey.*

back pain who enter a rehabilitation program aimed at improving function and return to work. It is developing a prognostic tool that will project different injured worker outcomes such as return to productivity, return to function, job satisfaction, successful return to work and recurrences.

ECONOMIC EVALUATION WORKSHOPS

Dr. Emile Tompa, in collaboration with WSPS (the health and safety association in Ontario covering the manufacturing, service and agriculture sectors) developed and piloted a full-day training workshop for workplace parties (managers, labour representatives and OHS practitioners) on the economic evaluation of OHS initiatives. The process of developing the workshop included in-depth interviews with OHS managers and decision-makers in the manufacturing and service sectors.

IMPACT OF WORK LIMITATIONS ON PRODUCTIVITY

IWH Senior Scientist Dr. Dorcas Beaton is leading a project aimed at improving our ability to measure the impact of limitations in health status on productivity. The goal is an international consensus on the best self-report measures to use in clinical trials, research and/or workplace applications. Much of the analysis was completed in 2013 and is being presented in 2014 to the conference of OMERACT (Outcome Measures in Rheumatology).

SYSTEMATIC REVIEWS: RTW, MSD PREVENTION AND ENFORCEMENT

A systematic review of workplace-based return-to-work interventions was published by IWH in 2004. Dr. Ben Amick is leading a team of researchers at IWH and the Institute for Safety, Compensation and Recovery Research (ISCRR) in Australia to update the initial review. The research team is not only incorporating evidence that has emerged since the first review, but also extending the scope of the review to include interventions at the system or jurisdictional level. This research will determine whether the Institute's popular Seven Principles of Successful RTW—a globally recognized action tool—needs to be changed or modified based on the latest evidence.

The burden of disabling musculoskeletal disorders (MSDs) arising from work-related causes in many Ontario workplaces is substantial. The Institute has produced a series of systematic reviews on the effectiveness of occupational health and safety interventions in the prevention of MSDs. Dr. Amick, Director of Research Operations Emma Irvin and Dwayne Van Eerd have been leading a new systematic review that builds on the last five years of research in the field and the previous IWH systematic reviews. This research will be completed in 2014.

Work on updating another IWH systematic review also began in 2013. Drs. Emile Tompa and Ellen MacEachen are co-leading

ONTARIO ACUTE-CARE HOSPITALS RESPONDED with integrity to a regulation requiring the adoption of safety-engineered needles, yet needlestick injuries continued to occur.

an update of a 2007 review on the effectiveness of OHS regulatory enforcement. Results are expected in 2014.

LONG-TERM USE OF OPIOIDS

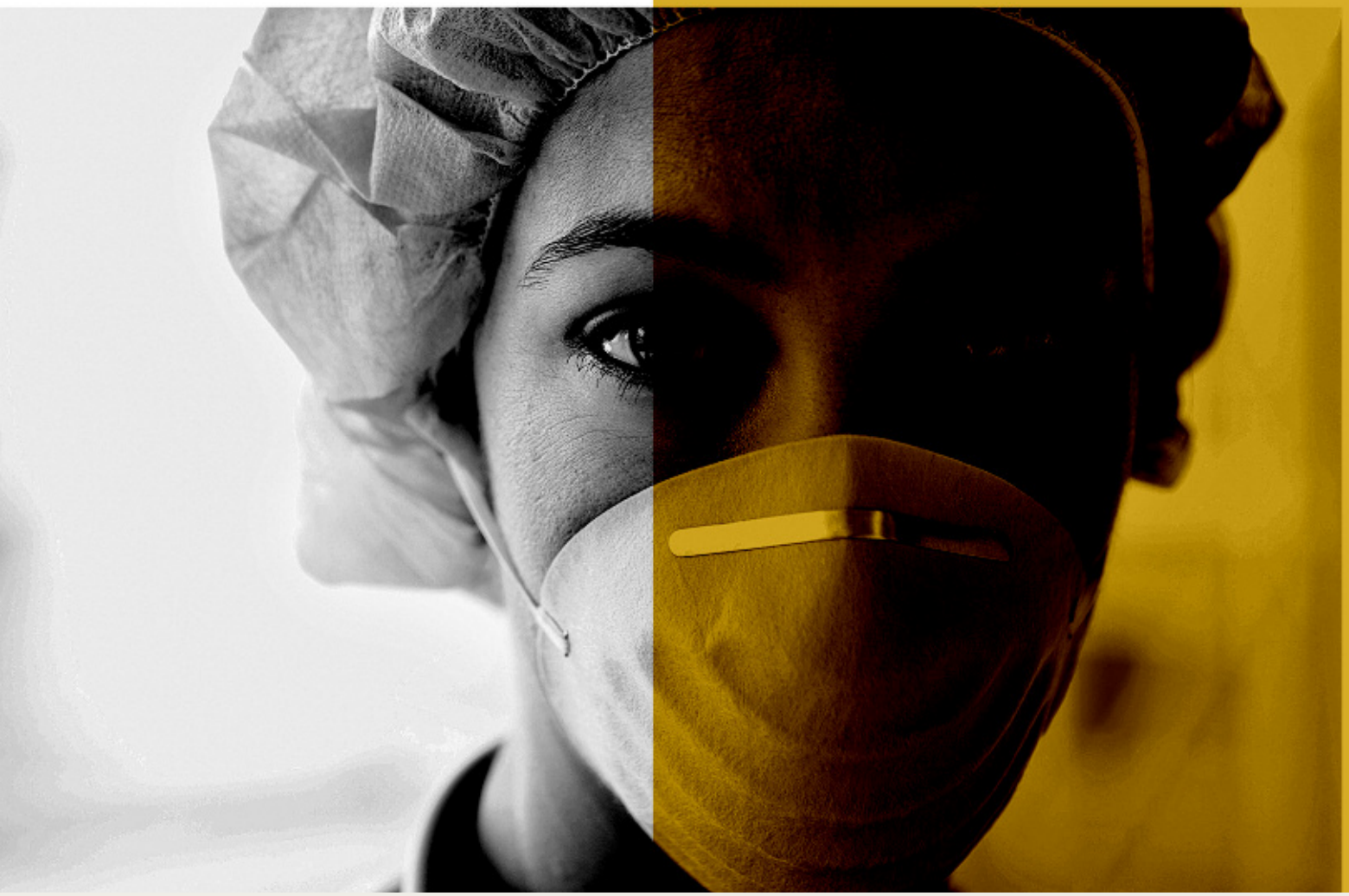
Opioids are potent analgesics. One of their uses is to help people with chronic pain, including back pain, osteoarthritis and neuropathic pain, decrease their pain, improve their function and quality of life, and increase their participation in society. IWH Scientist Dr. Andrea Furlan led the development of the Canadian clinical practice guideline on how to use opioids safely and effectively for chronic non-cancer pain, which was released in May 2010. However, significant uncertainty remains about whether long-term opioid therapy is beneficial or harmful for chronic non-cancer pain. In 2013, Dr. Furlan led a systematic review of the scientific literature to find out, and results are expected to be available in 2014.

ORGANIZATIONAL CHANGE IN HEALTH CARE

A project led by IWH President and Senior Scientist Dr. Cameron Mustard is measuring the impact of a three-year organizational change initiative to reduce the burden of work-related injury and illness in Ontario's largest multi-site acute-care community hospital system: the Niagara Health System (NHS). NHS has seven sites in the Niagara region, employing more than 4,300 staff. NHS's management and labour unions undertook the initiative, with technical support from the Occupational Disability Response Team of the Ontario Federation of Labour, the Occupational Health Clinics for Ontario Workers and the Public Services Health and Safety Association. In 2013, the IWH research team studied manager, supervisor and union perspectives on the early stages of implementing the return-to-work/accommodation policy at NHS. It conducted 30 semi-structured interviews with union RTW coordinators and managers/supervisors who had been involved in the planning and management of individual RTW episodes.

PERMANENT INJURY AND MARRIAGE RATES

2013 saw the publication of a study led by IWH Associate Scientist Dr. Heather Scott-Marshall on the effects of work injuries that result in permanent impairments on the chances of marriage. Dr. Scott-Marshall's study was motivated by research that shows social support and intimate partnerships are key to effective rehabilitation post-injury. She found that women who are permanently injured in a work accident are less likely to marry than their uninjured counterparts. Permanently disabled men were also at a disadvantage in the marriage market, but this was largely driven by their tendency to earn less. Once earnings were taken into account, the effect of work disability on the



likelihood of men getting married disappeared. By contrast, women with a permanent disability were less likely to get married no matter how much they earned.

PARENTS OF WORKING 12- TO 14-YEAR-OLDS

Half of Ontario 12- to 14-year-olds work for pay outside the home during the school year. Over a 12-month period, six per cent of these young workers had a work injury requiring medical attention. IWH Scientist Dr. Curtis Breslin led a study to examine the perspectives of parents of 12- to 14-year-olds who are working, specifically the parents' understanding of risk and perceived costs and benefits of working. Four focus groups were conducted with a total of 34 parents. Parents held overwhelmingly positive attitudes about their 12- to 14-year-olds working. Although certain risks were identified, on balance these were far outweighed by the perceived benefits of working.

NEEDLESTICK INJURIES AND REGULATORY IMPLEMENTATION

As part of her doctoral work conducted at IWH, Dr. Andrea Chambers examined how three Ontario acute-care hospitals responded with integrity to a regulation requiring the adoption of safety-engineered needles. Dr. Chambers found that, although needlestick injuries continued to occur, greater success in reducing needlestick injuries was associated with such factors as: a gradual transition to use of the new needles (starting early and introducing the new needles in phases); active communication with staff to explain the rationale, timing and process for the change; and support from vendors of the safety-engineered needles, including needs assessments, staff communications and product training.

APP FOR ASSESSING UPPER EXTREMITY FUNCTION

Under the direction of Dr. Dorcas Beaton, IWH's most popular tool—the DASH (Disabilities of the Arm, Shoulder and Hand) Outcome Measure—was made available as an app for use on an iPad. The app reduces errors by letting patients directly enter their responses to the 30-item DASH or shorter 11-item *Quick*DASH, then automatically calculating their scores and summarizing them in a report.

We conduct actionable research that is valued by employers, workers and policy-makers.

A MESSAGE FROM THE CHAIR AND THE PRESIDENT

The mission of the Institute for Work & Health is to promote, protect and improve the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers. To fulfil this mission, we pay close attention to trends in the labour market that shape the context in which regulators, health and safety professionals, employers, unions and workers take steps to prevent work injury and minimize work disability. Our annual report for 2013 focuses on research related to these trends, in particular the changing nature of work and the changing demographics of the workforce.

2013 was an important year for the Institute on many fronts. We completed a new strategic plan to guide our work through 2017. The plan outlines a two-part vision for the Institute. First, we will be known as a global leader in multidisciplinary research on the prevention of work injury, illness and disability. Second, our stakeholders will report that they have strong relationships with us, are engaged in our research processes, consider our findings accessible and relevant, and use our research to inform policy and practices that prevent work injury and disability.

2013 also marked our first year with the Province of Ontario as our primary funder, under the stewardship of the Ministry of Labour. In December 2013, the Ministry released "Healthy and Safe Ontario Workplaces: A Strategy for Transforming Occupational Health and Safety." IWH is committed to supporting the priorities identified in the prevention strategy.

For example, we have a longstanding commitment to research on vulnerable workers (the theme of our annual report for 2012), as well as research on the hazards associated with the risk of work injury and illness and the most effective interventions to mitigate them. We support the efforts of our system partners to understand the needs of small businesses. We conduct collaborative research and knowledge exchange with Ontario's health and safety associations, the Centres for Research Expertise and workplace parties. We also promote a culture of health and safety through the development of leading indicators of workplace occupational health and safety performance.

We continued to conduct research in 2013 to support the prevention of work disability. And we continued to build strong connections with researchers and stakeholders in other provinces and countries.

The Institute's Board of Directors welcomed five new directors in 2013: Melissa Barton, director of occupational health, wellness and safety at Mount Sinai Hospital in Toronto; Mark Dreschel, vice-president of health, safety and environment at Bird Construction; Dr. David Henry, a senior scientist and former chief executive officer at the Institute for Clinical Evaluative Sciences; Kevin Wilson, former assistant deputy minister of policy at the Ontario Ministry of Labour; and Dr. Michael Wolfson, Canada Research Chair in Population Health Modelling in the Faculty of Medicine at the University of Ottawa.

The Board of Directors also acknowledged the valued service of directors who completed their terms in 2013: Dev Chopra, executive vice-president of corporate services and redevelopment at the Centre for Addiction and Mental Health; Daniel McCarthy, the Canadian director of research and special programs for the United Brotherhood of Carpenters and Joiners of America; Carolyn Tuohy, professor emeritus of political science at the University of Toronto; and, especially, Ian Anderson, vice-chair of the Ontario Labour Relations Board, who served on the IWH Board for ten years and was our chair from December 2011 to September 2013. On a sad note, we mark the passing of Board member Jane Davis, a director at the Deposit Insurance Corporation of Ontario, in February 2014. She was a stellar Board member, vigilant in her attention to risks and challenges.

As always, we thank the staff of the Institute for their professionalism and dedication.

We also gratefully acknowledge the funding support of the Province of Ontario.

Jerry Garcia
CHAIR, BOARD OF DIRECTORS

Dr. Cameron Mustard
PRESIDENT AND SENIOR SCIENTIST
INSTITUTE FOR WORK & HEALTH

SPOTLIGHT

SPOTLIGHT ON IWH SCIENTISTS

Institute scientists made their mark in 2013, receiving awards, research chairs, appointments and promotions.

A joint paper from the Institute for Work & Health and the U.S. National Institute for Occupational Safety and Health (NIOSH) on a systematic review of the effectiveness of health and safety training won an honourable mention in the Education and Guidance Category of the 2013 NIOSH Alice Hamilton Award competition. The systematic review behind the paper, published in the *Scandinavian Journal of Work and Environmental Health*, was led by the Institute's **Dr. Lynda Robson**.

Dr. Emile Tompa and his research team won the *Applied Ergonomics* Best Paper Award for 2013. The award goes out annually to a paper in the journal *Applied Ergonomics* that best demonstrates the comprehensive application of ergonomics in a clear and interesting fashion. Dr. Tompa and his team's winning paper focused on the economic evaluation of a participatory ergonomics intervention in an Ontario textile plant.

Dr. Dorcas Beaton received the 2013 Helen Saarinen Lectureship from McMaster University's School of Rehabilitation Science. Named after the co-founder of the school and the first chair of the undergraduate program in physiotherapy at McMaster, the award is a significant honour in the field of rehabilitation. Dr. Beaton delivered the 14th annual lecture at McMaster in October.

Two IWH scientists were recognized for their contributions to arthritis and rheumatology research at the American College of Rheumatology annual scientific meeting held in October in San Diego. **Dr. Claire Bombardier** was designated a "Master of the American College of Rheumatology," one of the highest honours the College bestows. It recognizes long-serving researchers who have made outstanding contributions to the field of rheumatology through scholarly achievement and/or service to their patients, students and profession. **Dr. Monique Gignac** received the "ARHP Distinguished Scholar Award." The award is presented to a member of the Association of Rheumatology Health Professionals who demonstrates exceptional achievements in scholarly activities pertinent to arthritis and rheumatic diseases.

Dr. Tompa and **Dr. Ellen MacEachen** were the successful recipients of a $2.76-million, seven-year Partnership grant from the

THE YEAR IN NUMBERS

PEOPLE

86 total staff (67 full-time, 19 part-time)
35 adjunct scientists
08 PhD students
02 post-doctoral appointments
01 completed PhD

FUNDING

$4,690,370 Province of Ontario funding
$2,746,674 research grant and other funding

PROJECTS

50 active research projects
110 papers published or in press
80 presentations of results/stakeholder consultations
15 external grants awarded
22 national/provincial project collaborations
11 international project collaborations
23 national/provincial policy advisory roles
03 international policy advisory roles

Social Sciences and Humanities Research Council (SSHRC) to study work disability policy in Canada. They recruited more than 50 academic collaborators and more than 45 partner organizations to join this initiative, which is funding the new Centre for Research on Work Disability Policy.

Dr. Peter Smith was awarded one of nine Gender, Work and Health Chairs from the Canadian Institutes for Health Research (CIHR). The chair will provide salary and training support for a five-year period.

Dr. Chris McLeod, who joined IWH in 2013 as an associate scientist, received a five-year (2013–2018) CIHR New Investigator Award to conduct research on the social, economic and workplace policies that can help reduce health inequities over a working life.

As part of a comprehensive review announced in December 2013 to improve the health and well-being of workers in Ontario's mining sector, the province's Chief Prevention Officer, George Gritziotis, asked **Dr. Cameron Mustard**, IWH's president, to join an advisory panel of health and safety experts. The panel will evaluate a range of topics, including the use of technology, health and safety regulations, and training of employers, supervisors and staff on injury prevention. The review will also examine the sector's internal responsibility system.

This year saw a lot of upward movement in the ranks of Institute scientists. In October, **Dr. Gignac** joined the Institute's executive team as associate scientific director. **Drs. Beaton**, **MacEachen** and **Tompa** were promoted from scientist to senior scientist in November.

Also in November, **Dr. Andrea Furlan** was promoted from associate scientist to scientist at IWH. Earlier in the year, she was named one of two co-ordinating editors of the Cochrane Back Review Group (CBRG), housed at the Institute. Dr. Furlan replaced **Dr. Bombardier**, a senior scientist at IWH, who took on the role of Founding Editor Emeritus at CBRG.

TO THE DIRECTORS OF THE
INSTITUTE FOR WORK & HEALTH

We have audited the accompanying financial statements of the Institute for Work & Health, which comprise the balance sheet as at December 31, 2013 and the statements of operations, net assets and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

BOARD OF DIRECTORS' RESPONSIBILITY

The Board of Directors is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as the Board of Directors determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

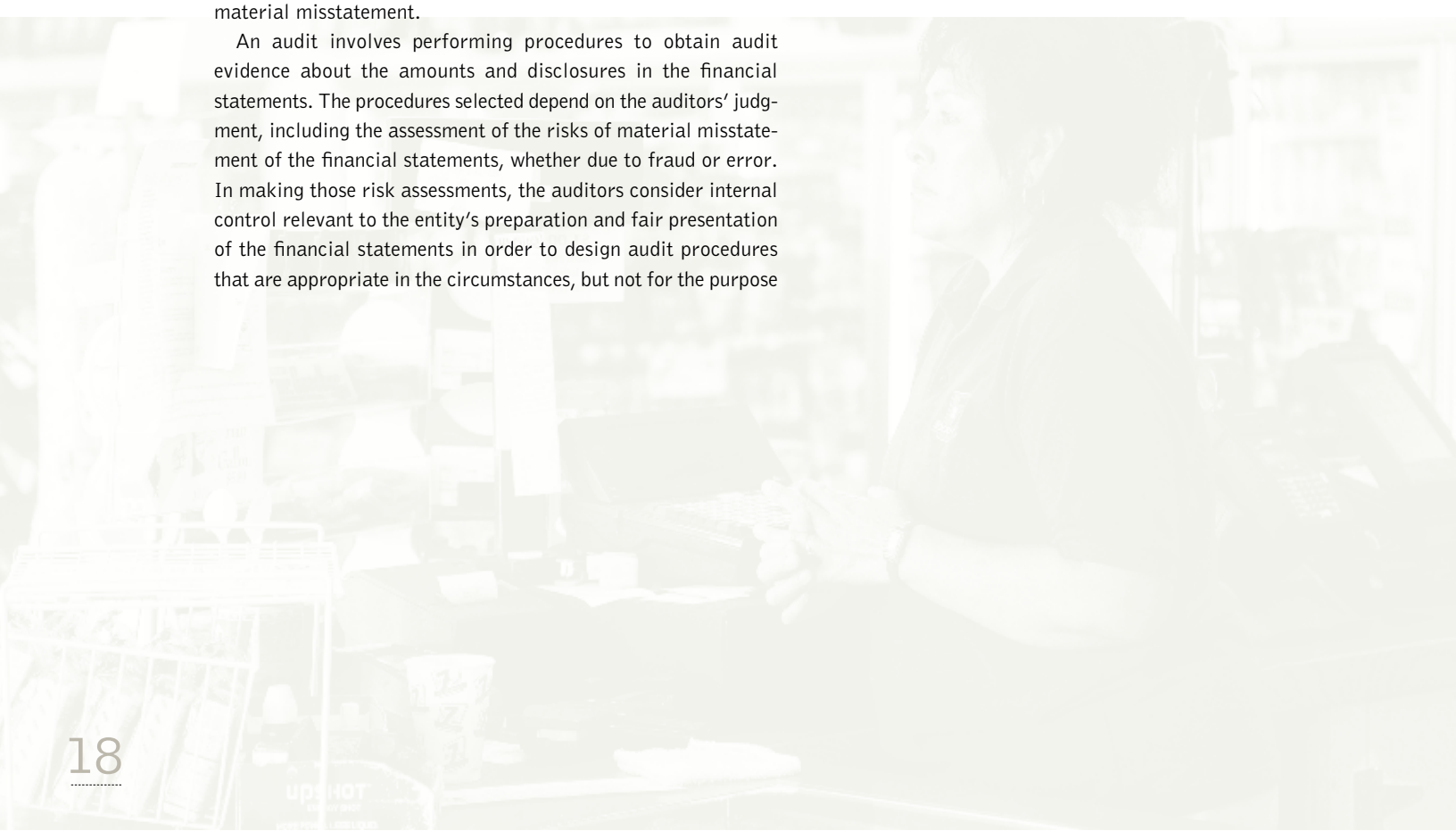
We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Institute for Work & Health as at December 31, 2013 and the results of its operations and its cash flow for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Stern Cohen LLP

Chartered Professional Accountants
Chartered Accountants
Licensed Public Accountants
Toronto, Canada
April 22, 2014



STATEMENT OF OPERATIONS

For the year ended December 31,	**2013 $**	2012 $
REVENUE		
Ontario Ministry of Labour (in 2012, Workplace Safety and Insurance Board of Ontario)	4,690,370	4,690,370
Grant revenue (Note 6a)	2,542,147	1,663,918
Other	163,766	230,427
Investment income (Note 6b)	40,761	19,835
	7,437,044	6,604,550
EXPENSES		
Salaries and benefits	6,021,369	5,184,310
Travel	123,969	159,193
Supplies and service	100,700	88,093
Occupancy costs	620,382	608,833
Equipment and maintenance	120,932	107,055
Publication and mailing	73,528	81,291
Voice and data communications	40,878	52,113
Staff training	41,507	33,714
Professional services	142,815	138,287
Other	53,021	61,070
Amortization of capital assets	56,735	53,566
	7,395,836	6,567,525
Excess of revenues over expenses for the year	41,208	37,025

See accompanying notes.

STATEMENT OF NET ASSETS

For the year ended December 31,			**2013 $**	2012 $
	Invested in capital assets $	Unrestricted $ (Note 6c)	Total $	Total $
BEGINNING OF YEAR	75,381	718,156	793,537	756,512
Excess (deficiency) of revenue over expenses for the year	(56,735)	97,943	41,208	37,025
Investment in capital assets	97,143	(97,143)	—	—
End of year	115,789	718,956	834,745	793,537

See accompanying notes.

STATEMENT OF CASH FLOW

For the year ended December 31,	**2013** **$**	2012 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	41,208	37,025
Items not involving cash		
Amortization of capital assets	56,735	53,566
Adjustment to fair value of short-term investments	(9,712)	(245)
Working capital from operations	88,231	90,346
Net change in non-cash working capital balances related to operations		
Accounts receivable	255,285	25,555
Prepaid expenses and deposits	37,735	(18,027)
Accounts payable	31,757	79,322
Deferred revenue	51,310	28,755
Cash from operations	464,318	205,951
INVESTING ACTIVITIES		
Purchase of capital assets	(97,143)	(50,044)
Short-term investments	(671,204)	(24,277)
	(768,347)	(74,321)
CHANGE IN CASH DURING THE YEAR	(304,029)	131,630
Cash beginning of year	559,644	428,014
Cash end of year	255,615	559,644

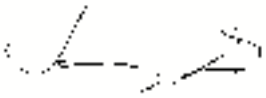
See accompanying notes.

BALANCE SHEET

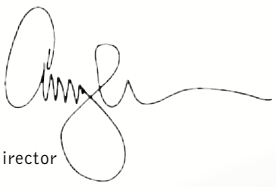
As at December 31,	**2013** **$**	2012 $
ASSETS		
Current assets		
Cash	255,615	559,644
Short-term investments (Note 2)	1,448,152	767,236
Accounts receivable (Note 3)	462,541	717,826
Prepaid expenses and deposits	112,117	149,852
	2,278,425	2,194,558
Capital assets (Note 4)	115,789	75,381
	2,394,214	2,269,939
LIABILITIES		
Current liabilities		
Accounts payable	393,714	361,957
Deferred revenue (Note 5)	1,165,755	1,114,445
	1,559,469	1,476,402
NET ASSETS		
Invested in capital assets	115,789	75,381
Unrestricted	718,956	718,156
	834,745	793,537
	2,394,214	2,269,939

Other information (Note 6)
See accompanying notes.

Approved on behalf of the Board:



Director



Director

The Institute for Work & Health was incorporated without share capital on December 20, 1989 as a not-for-profit organization.

The Institute is an independent, not-for-profit research organization with a mission to promote, protect and improve the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers.

The Institute is predominantly funded by the Ontario Ministry of Labour (MOL) up to the Institute's approved MOL budget. (In the previous fiscal year, the Workplace Safety and Insurance Board of Ontario predominantly funded the Institute.) Other revenues are generated through research activities and certain interest earned.

1. SIGNIFICANT ACCOUNTING POLICIES

These financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Capital assets

Capital assets are stated at cost. Amortization is recorded at rates calculated to charge the cost of the assets to operations over their estimated useful lives. Maintenance and repairs are charged to operations as incurred. Gains and losses on disposals are calculated on the remaining net book value at the time of disposal and included in income.

Amortization is charged to operations on a straight-line basis over the following periods:
Furniture and fixtures — 5 years
Computer equipment — 3 years

The Institute has a policy to derecognize capital assets when fully amortized.

(b) Revenue recognition

The Institute follows the deferral method of accounting for contributions. Restricted contributions, which are contributions subject to externally imposed criteria that specify the purpose for which the contribution can be used, are recognized as revenue in the year in which related expenses are incurred. Unrestricted contributions, which include contributions from the MOL, are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Revenue in excess of expenditures from fee-for-service contracts is recognized at the completion of the contract.

Investment income from interest and dividends is recognized on an accrual basis, and changes in fair value of investments are recognized in excess of revenue over expenses.

(c) Short-term investments

Short-term investments are recorded at fair value.

(d) Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires the Institute to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenue and expenditures during the year. Actual results could differ from these estimates.

(e) Financial instruments

The Institute's financial instruments consist of cash, short-term investments, accounts receivable, accounts payable and deferred revenue. The Institute has elected to measure all financial instruments, other than investments, at cost or amortized cost.

2. SHORT-TERM INVESTMENTS

	2013 $	2012 $
Guaranteed Investment Certificates	1,041,893	599,848
Money Market Mutual Fund	406,259	167,388
	1,448,152	767,236

The Guaranteed Investment Certificates earn an average interest of 2.09% and mature at various dates between 2014 and 2015.

3. ACCOUNTS RECEIVABLE

	2013 $	2012 $
Foundation for Research and Education in Work and Health Studies	138,974	36,638
Other	323,567	681,188
	462,541	717,826

4. CAPITAL ASSETS

	Cost $	Accumulated amortization $	Net 2013 $	Net 2012 $
Furniture and fixtures	38,217	18,177	20,040	6,645
Computer equipment	265,050	169,301	95,749	68,736
	303,267	187,478	115,789	75,381

5. DEFERRED REVENUE

The Institute records restricted contributions as deferred revenue until they are expended for the purpose of the contribution.

	2013 $	2012 $
Opening balance — deferred revenue	1,114,445	1,085,690
Less: revenue recognized	(2,542,147)	(1,663,918)
Add: current year funding received	2,593,457	1,692,673
Ending balance — deferred revenue	1,165,755	1,114,445

The details of the deferred revenue balance are as follows:

	2013 $	2012 $
Canadian Arthritis Network	17,241	65,674
Canadian Institutes of Health Research	543,138	464,365
Ontario Chiropractic Association	—	6,559
Workers Compensation Board — Manitoba	42,995	7,877
WorkSafeBC	26,225	77,932
Ontario Ministry of Labour Supplemental	161,371	—
World Health Organization	97,968	—
Workplace Safety and Insurance Board — Research Advisory Committee	209,608	347,759
Other	67,209	144,279
	1,165,755	1,114,445

6. OTHER INFORMATION

(a) Grant revenue

	2013 $	2012 $
Canadian Arthritis Network	48,433	—
Canadian Institutes of Health Research	793,336	513,203
Foundation for Research and Education in Work and Health Studies	76,922	—
Harvard	26,791	—
Ontario Ministry of Labour Supplemental	693,629	—
Ontario Chiropractic Association	6,559	15,000
Ontario Construction Secretariat	67,165	—
Social Sciences and Humanities Research Council	15,522	16,919
Workers Compensation Board — Manitoba	23,382	31,270
WorkSafeBC	84,501	354,833
Workplace Safety and Insurance Board — Research Advisory Committee	685,417	684,181
Other	20,490	48,512
	2,542,147	1,663,918

(b) Reconciliation of investment income

The investment income of the Institute includes the following:

	2013 $	2012 $
Interest	31,049	19,590
Gain on adjustment to fair value	9,712	245
Total	40,761	19,835

(c) Unrestricted net assets

Unrestricted net assets are not subject to any conditions that require they be maintained permanently as endowments or that otherwise restrict their use.

	2013 $	2012 $
Total assets	2,394,214	2,269,939
Invested in capital assets	(115,789)	(75,381)
	2,278,425	2,194,558
Liabilities	(1,559,469)	(1,476,402)
Unrestricted net assets	718,956	718,156

(d) Pension

For those employees of the Institute who are members of the Healthcare of Ontario Pension Plan, a multi-employer defined benefit pension plan, the Institute made $324,954 contributions to the Plan during the year (2012 – $305,193).

(e) Commitments

The Institute is committed under a lease for premises that expires July 31, 2019, with annual rents, exclusive of operating costs, as follows:

	$
2014	267,000
2015	267,000
2016	279,000
2017	302,000
2018	302,000

(f) Financial instruments

It is management's opinion that the Institute is not exposed to significant interest rate, currency, market or credit risks arising from these financial instruments.

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TFH Canada Inc.

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(until September 2013)
Vice-Chair
Ontario Labour Relations Board

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Prevention Specialist
Working for Health

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Health and Safety Policy Branch
Ontario Ministry of Labour

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Research Services and Knowledge
Exchange
York University

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Manager
Organizational Wellness
Tim Hortons

ABOUT THE INSTITUTE

The Institute for Work & Health (IWH) is an independent, not-for-profit research organization. Our mission is to promote, protect and improve the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers.

WHAT WE DO

Since 1990, we have been providing research results and producing evidence-based products to inform those involved in preventing, treating and managing work-related injury and illness. We also train and mentor the next generation of work and health researchers.

HOW WE SHARE OUR KNOWLEDGE

Along with research, knowledge transfer and exchange is a core business of the Institute. IWH commits significant resources to put research findings into the hands of our key audiences. We achieve this through an exchange of information and ongoing dialogue with our audiences. This approach ensures that research information is both relevant and applicable to their decision-making.

HOW WE ARE FUNDED

Our primary funder is the Province of Ontario. Our scientists also receive external peer-reviewed grant funding from major granting agencies.

OUR COMMUNITY TIES

The Institute has formal affiliations with four universities: McMaster University, University of Toronto, University of Waterloo and York University. Because of our association with the university community and our access to key data sources, IWH has become a respected advanced training centre. We routinely host international scientists. In addition, graduate students and fellows from Canada and abroad are also associated with IWH. They receive guidance and mentoring from scientific staff, and participate in projects, which gives them first-hand experience and vital connections to the work and health research community.

Concept & Design: HM&E Design Communications Photography: Ted McGrath (cover); Ned James (P.4), Robert Totaro (P.10)

Research Excellence
Advancing Employee
Health

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