


T A K I N G S T O C K

THIS IS THE SECOND
INSTITUTE FOR WORK & HEALTH (IWH)
ANNUAL REPORT
PUBLISHED DURING A GLOBAL
PANDEMIC.

WE'RE NOT OUT OF IT YET.

COVID-19 VARIANTS CONTINUE
TO CHALLENGE US,
AND CASE NUMBERS ARE
STILL HIGH IN
TOO MANY PARTS OF THE WORLD.
VIGILANCE REMAINS
NECESSARY.

YET THINGS FEEL DIFFERENT
THIS TIME.

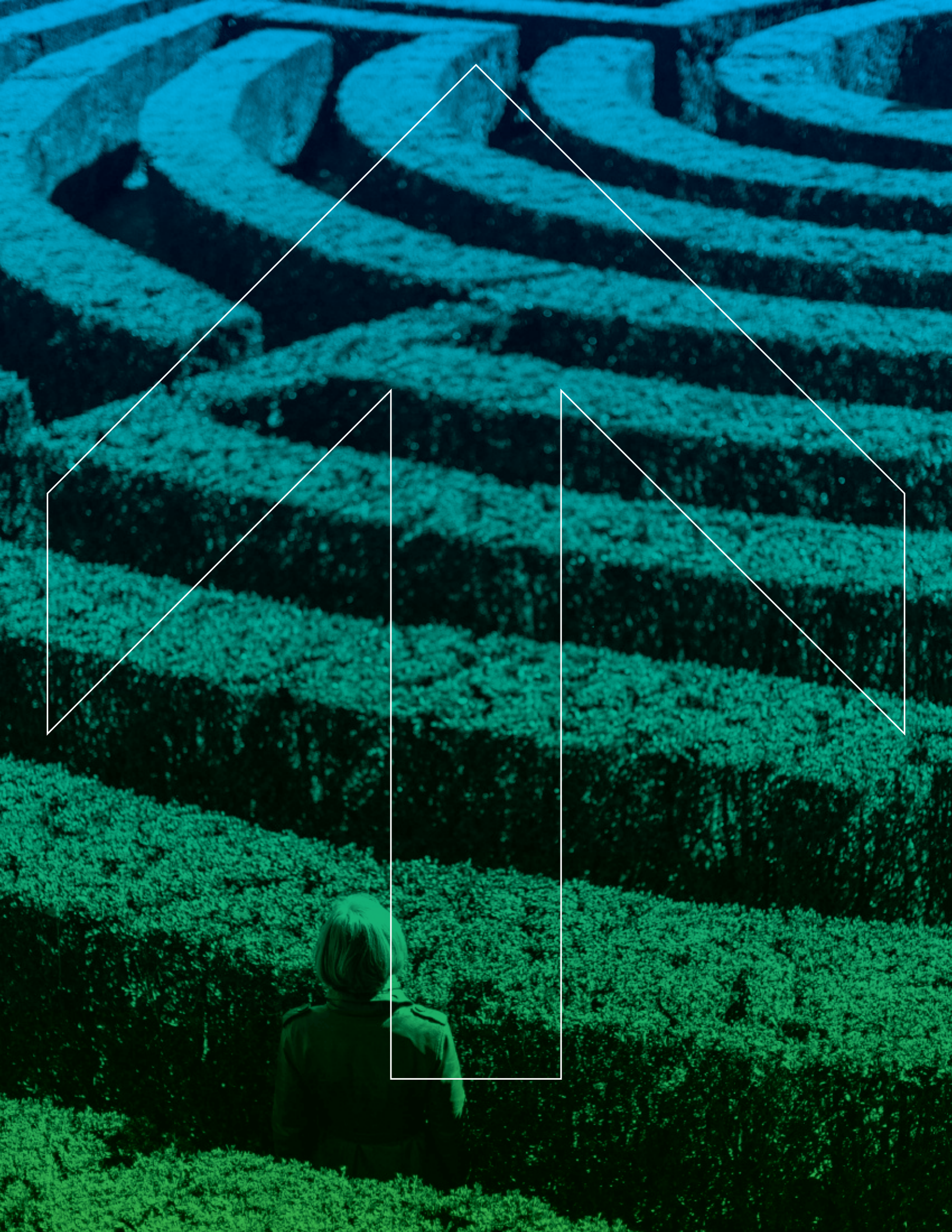


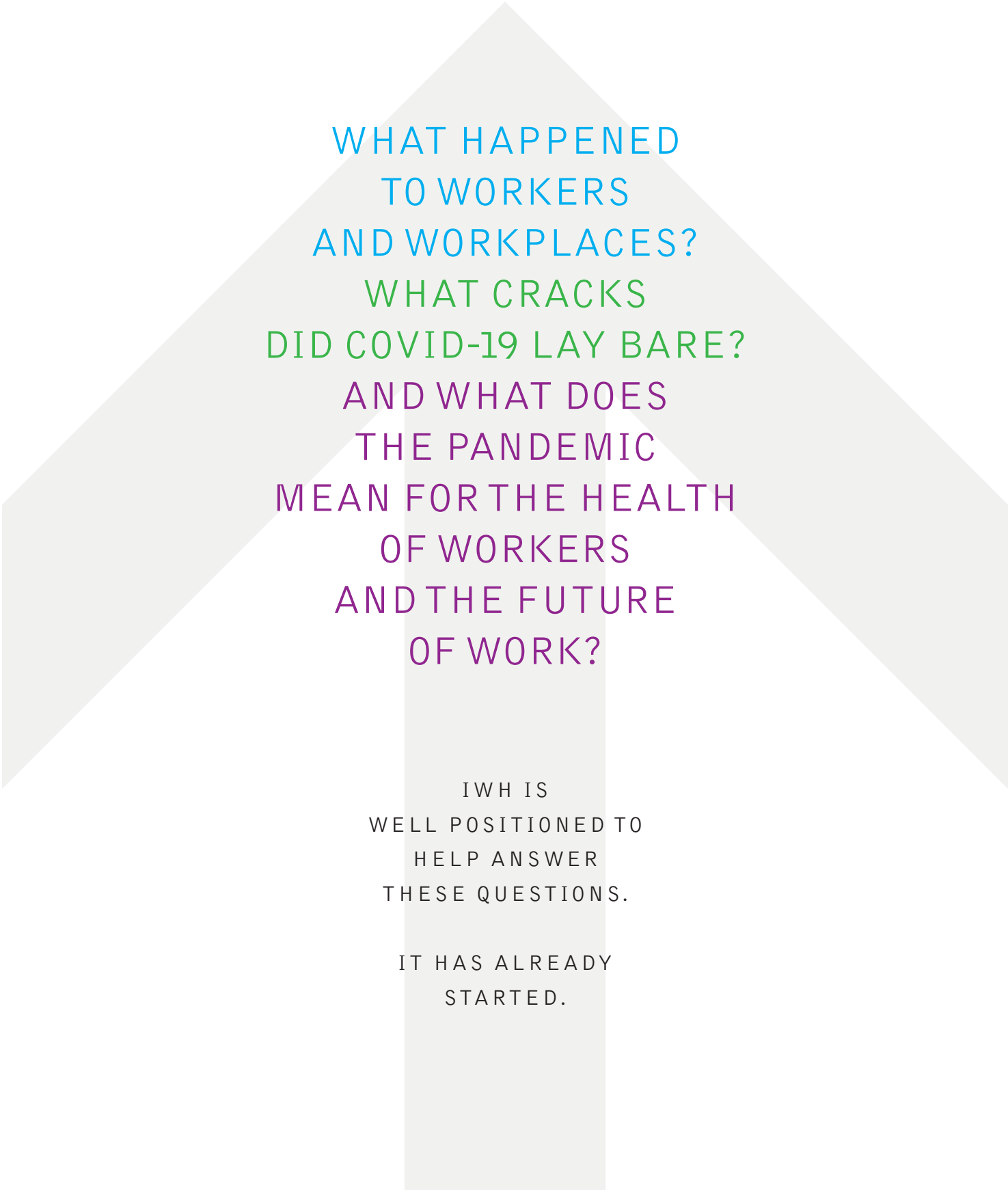
VACCINATION RATES
ARE CLIMBING.
BUSINESSES ARE
OPENING.
PEOPLE ARE GATHERING
IN LARGER
NUMBERS. THERE'S
HOPE WE ARE
ENTERING A MORE
STABLE
'NEW NORMAL!'

AS WE START
CONTEMPLATING WHAT OUR
POST-COVID WORLD
WILL LOOK LIKE, WE ARE
ALSO REFLECTING
ON WHAT WE'VE BEEN
THROUGH.

WE ARE BEGINNING
TO TAKE STOCK.





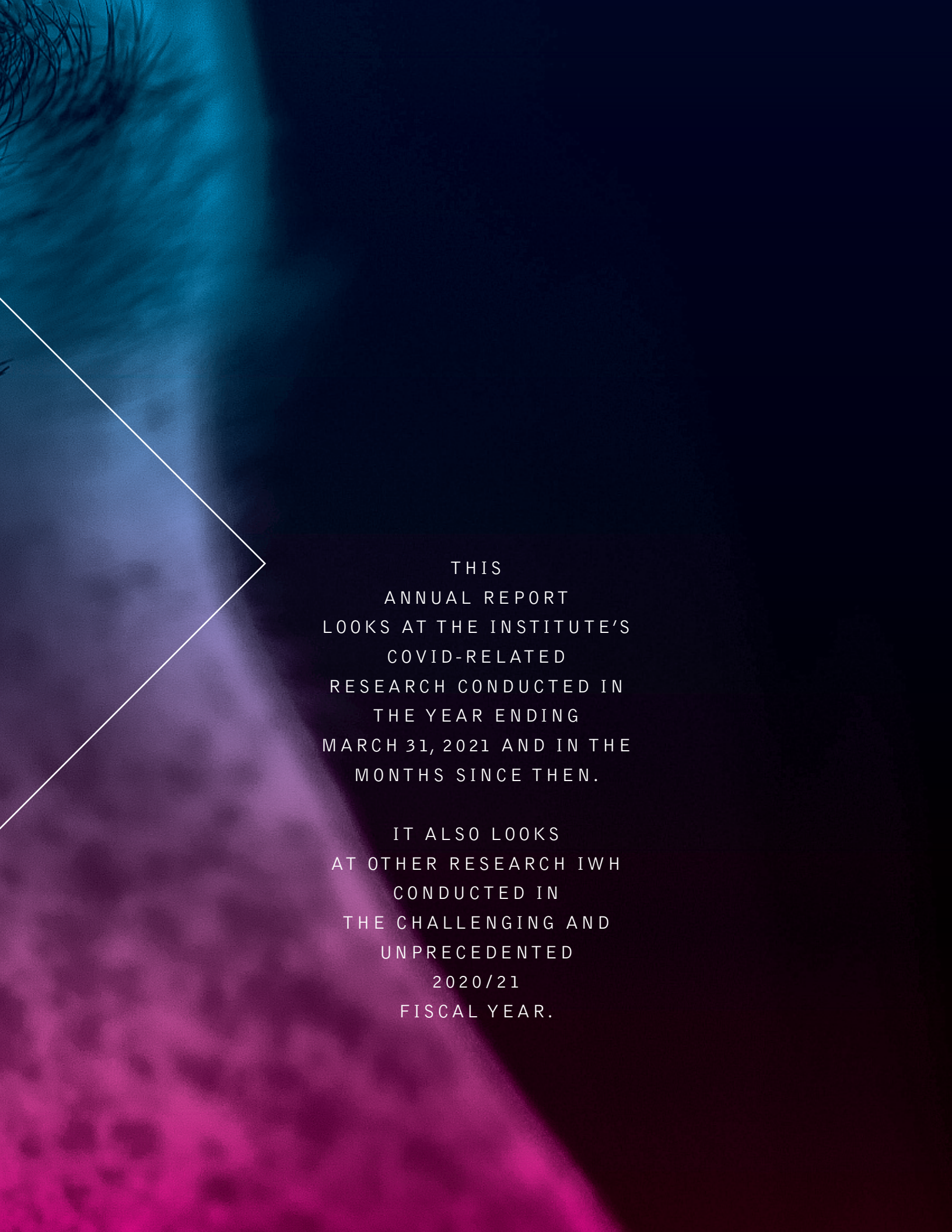


WHAT HAPPENED
TO WORKERS
AND WORKPLACES?
WHAT CRACKS
DID COVID-19 LAY BARE?
AND WHAT DOES
THE PANDEMIC
MEAN FOR THE HEALTH
OF WORKERS
AND THE FUTURE
OF WORK?

IWH IS
WELL POSITIONED TO
HELP ANSWER
THESE QUESTIONS.

IT HAS ALREADY
STARTED.





THIS
ANNUAL REPORT
LOOKS AT THE INSTITUTE'S
COVID-RELATED
RESEARCH CONDUCTED IN
THE YEAR ENDING
MARCH 31, 2021 AND IN THE
MONTHS SINCE THEN.

IT ALSO LOOKS
AT OTHER RESEARCH IWH
CONDUCTED IN
THE CHALLENGING AND
UNPRECEDENTED
2020/21
FISCAL YEAR.



COVID-19 AND
THE WORK-HEALTH
INTERSECTION

THE COVID-19 EMERGENCY dramatically changed the way people work and their potential exposure to health threats—from the virus itself to mental health and musculoskeletal challenges. IWH scientists explored these changes in 2020/21, often in collaboration with researchers in other organizations also taking a close look at work and health in the pandemic.

FIVE ONTARIO SECTORS HAD RATES OF COVID-19 CASES
 higher than the rate of the working-age population overall: agriculture,
 health care and social assistance, food manufacturing,
 education, and transportation and warehousing. The majority
 of sectors “experienced COVID-19 rates lower than
 in the working-age population...”

Dr. Peter Smith, Senior Scientist and Scientific Co-Director

INCIDENCE OF COVID TRANSMISSION IN ONTARIO WORKPLACES

Quantifying the contribution of workplaces to the transmission of COVID-19 is challenging for many reasons. IWH President Dr. Cameron Mustard and Scientific Co-Director Dr. Peter Smith took up this challenge in two Ontario-based studies.

The first used workplace outbreak data to understand the role of workplace transmissions during the second wave of the pandemic. Mustard and Smith estimated that outbreaks in essential service workplaces (excluding health-care, congregate-living and educational settings) contributed approximately six per cent of all cases among working-age adults in the province. Mustard says this finding “suggests the importance of the often-substantial adjustments to work practices implemented by employers, frequently in consultation with workers, to minimize the risks of workplace transmission.”

In a subsequent study, Mustard and Smith worked with Public Health Ontario (PHO) to estimate the rate of workplace outbreaks by industry sector, including health-care and educational workplaces, between April 2020 and March 2021. They found that cases associated with workplace outbreaks accounted for 12 per cent of all cases among Ontario’s working-age population.

The five sectors with the highest rates—where rates of COVID-19 cases per hour exposed were higher than the rate in the working-age population overall—were agriculture, health care and social assistance, food manufacturing, education, and transportation

and warehousing. The majority of sectors, Smith points out, “experienced COVID-19 rates lower than in the working-age population overall, including construction, mining and utilities, and wholesale trade.”

EXPOSURE TO COVID-19 BY OCCUPATION

During the pandemic, policy-makers and workers wanted information on the risk of exposure to the coronavirus by type of job. To fill this gap, Smith, along with Scientist Dr. Arif Jetha and Associate Scientist Dr. Faraz Vahid Shahidi, were part of a PHO-led project that developed the Occupational Exposure to COVID-19 Risk Tool. The tool allows users to examine risk of occupational exposures by industry and social equity factors. “Working on this tool connected IWH and PHO, and allowed for a better understanding of how occupational-based risks associated with COVID infection are distributed across age, gender, immigrant status and household income in the Ontario labour market,” says Smith.

PREVALENCE OF COVID-19 PROTECTIONS IN ESSENTIAL WORKPLACES

In another study with PHO, Smith and his research colleagues examined the availability of protective measures—such as infection control procedures (ICPs) and personal protective equipment (PPE)—to prevent the transmission of COVID-19 in Canadian workplaces during the summer of 2020. The study team found high levels of COVID-19 protective measures reported by over 85 per cent of essential workers. However, certain groups of workers were less likely to report protective measures: males; those with lower levels of education, shorter job tenure and

“THE REASONS PEOPLE WITH DISABILITIES WERE more concerned and perceived less support [during the early days of the pandemic] can be traced back to their work situations before the onset of COVID, which were often precarious.”

Dr. Monique Gignac, Senior Scientist and Scientific Co-Director

non-permanent work; and those in the agricultural, construction, transportation and warehousing, and education sectors.

COVID-19 AND WORKERS WITH DISABILITIES

Scientific Co-Director Dr. Monique Gignac, whose body of research focuses on the work-health intersection for people with disabilities, adapted a study already in the field to learn how concerned people with disabilities were during the early days of the pandemic about their finances, health and level of workplace support. She found two clear patterns. One was a heightened vulnerability among people with both a physical and mental health disability. The other was the importance of job conditions—not disability—in predicting workers’ COVID concerns.

The heightened concerns reported by workers with disabilities were linked to work factors such as low job control, high job stress, unmet accommodation needs, little job security and lack of work options. Once these factors were accounted for, differences among the disability groups no longer remained. “The reasons people with disabilities were more concerned and perceived less support can be traced back to their work situations before the onset of COVID, which were often precarious,” says Gignac.

The work-related experiences of a specific group of workers with disabilities—young adults with rheumatic illness—were the focus of a study led by Jetha. He found that, overall, this group appeared no more likely than other young adults in Canada to have lost their jobs during the early days of the pandemic. However, he also found that their likelihood of losing work was tied to their type of work and level of education: “Young adults with rheumatic

illness with a post-secondary education and in jobs with greater mental demands—a potential indicator of higher quality jobs—were far more likely to remain employed.”

COVID-19 PROTECTIONS AND MENTAL HEALTH

Smith collaborated with the Occupational Health Clinics for Ontario Workers (OHCOW) in the early days of the pandemic on Canada-wide surveys asking workers in and outside of health care about their experiences during the pandemic. The surveys were consistent in finding that adequate COVID-19 protections such as PPE and ICPs were associated with fewer symptoms of anxiety and depression. “The pandemic has taken a toll on people’s mental health—whether due to prolonged isolation or financial distress or fears of infection,” says Smith. “One way employers can help protect workers’ mental health is to ensure practices are in place to make work as safe as possible for those who have to continue coming into the workplace.”

OHS INSPECTORATE RESPONSES TO PANDEMIC

Mustard led an international project on how occupational health and safety (OHS) inspectorates in developed countries addressed the COVID-19 challenge. Based on the experiences of 15 jurisdictions in North America, Europe, Asia and Australia, the project found inspectorate responses evolved over the course of the pandemic, most notably by increasing coordination with public health authorities and conducting more on-site workplace inspections. “We did note some challenges facing inspectorates,” says Mustard. “Chief among them were identifying and compiling data on workplace transmission, and making firm-specific data on inspection results and workplace outbreaks available to the public.”

The frequency of cannabis use among most Canadian workers did not change after the onset of the pandemic. “On the other hand, a higher proportion of workers reported increasing their frequency of alcohol use...”

Dr. Nancy Carnide,
Associate Scientist

CANNABIS AND ALCOHOL USE DURING PANDEMIC

Using data from her ongoing study looking at trends in cannabis use patterns among Canadian workers post-legalization, Associate Scientist Dr. Nancy Carnide was able to compare frequency of cannabis and alcohol use before and after the onset of the COVID-19 pandemic among the same group of workers. Preliminary analyses suggest the frequency of cannabis use did not change for most of them, and among those who did report a change, the proportion reporting less use was equal to the proportion reporting more. “On the other hand,” adds Carnide, “a higher proportion of workers reported increasing their frequency of alcohol use after the pandemic began.”

ERGONOMICS AND WORKING FROM HOME

When the World Health Organization declared COVID-19 a global pandemic in March 2020, many office workers, almost overnight, found themselves working from home, using dining tables, kitchen chairs and laptops. Recognizing that these workers were looking for ways to set up ergonomically sound workstations using things typically available in the home, Scientist Dr. Dwayne Van Eerd—who co-led the development of IWH’s eOfficeErgo online training module—shared his advice in an At Work article titled “Setting up a temporary home office.” It was IWH’s most-read newsletter article in 2020.



OTHER
PROJECTS
IN
2020/21

DURING THE PANDEMIC, IWH didn't lose sight of the many health, safety and disability issues that were important before COVID—and remain important still. Here, we highlight some of the non-COVID-related projects conducted in 2020/21, all of them while research teams worked from home.

EMERGING RESEARCH POINTS TO A PARADOX –
 that physically demanding work can increase a worker’s risk
 of cardiovascular conditions and mortality, going
 against our understanding of the health benefits associated with
 regular physical activity. “Workplaces should not
 wait for more evidence before adopting practices to protect
 workers in physically demanding jobs.”

Dr. Aviroop Biswas, Associate Scientist

“UNION SAFETY EFFECT” IN CONSTRUCTION

In January 2021, Scientist Dr. Lynda Robson wrapped up her study to determine if the “union safety effect” seen in Ontario’s institutional, commercial and industrial (ICI) construction sector in 2006-2012 was still present in 2012-2018. She concluded it was. She found unionized construction firms, compared to non-unionized ones, had a 25 per cent lower rate of lost-time injuries, a 23 per cent lower rate of musculoskeletal injuries and a 16 per cent lower rate of critical or severe injuries. “This study was not designed to examine reasons for the observed union safety effect,” says Robson. “That said, the results are consistent with the focus of many unions on protecting workers from injury.”

EMERGENCY DEPARTMENT RECORDS AND WORK INJURY SURVEILLANCE

By linking Workplace Safety and Insurance Board (WSIB) claims data with records of hospital emergency department visits in Ontario, Dr. Cameron Mustard found that approximately 50,000 annual emergency department visits attributed to a work-related cause do not match to a parallel record in the provincial workers’ compensation data. This suggests that 35 to 40 per cent of work-related emergency department visits may not be reported to the provincial workers’ compensation authority—“a finding that is generally consistent with evidence of under-reporting in many jurisdictions in North America,” says Mustard.

THE HEALTH PARADOX OF PHYSICALLY DEMANDING WORK

Emerging research points to a paradox—that physically demanding work can increase a worker’s risk of cardiovascular conditions and mortality, going against our understanding of the health benefits

associated with regular physical activity. Associate Scientist Dr. Aviroop Biswas contributed to this growing body of evidence with respect to Type 2 diabetes—a risk factor for heart disease.

Biswas found workers in sedentary jobs who met Canadian physical activity guidelines had a 37 per cent lower risk of developing diabetes over 15 years, while workers in non-sedentary occupations who were frequently on the move and handled light or heavy loads did not see the same benefits. “Workplaces should not wait for more evidence before adopting practices to protect workers in physically demanding jobs,” cautions Biswas. “These practices include encouraging workers to do warm-ups before starting a physically strenuous job task and to take frequent breaks to give their bodies time to recover.”

PREVENTION OF UV-RELATED SKIN CANCER IN CONSTRUCTION WORKERS

An economic evaluation conducted by Post-Doctoral Fellow Dr. Amir Mofidi calculated that almost 6,000 cases of non-melanoma skin cancers among construction workers in Ontario could be averted over the next 30 years if these workers were protected from the sun by appropriate clothing, and another 3,000 cases averted if protected by shade structures. The costs of providing these protective measures would be outweighed by the resources saved in averted skin cancers by the mid-2040s. “Most of the costs would be borne by employers, and most of the savings would be realized by the health-care system, workers and their families,” Mofidi points out. “It would be good to have stakeholders negotiate an acceptable distribution of prevention costs, as the total benefits substantially outweigh the total costs.”

“ANTICIPATING CHANGES [IN THE FUTURE OF WORK]
can inform the development of
policies and programs that offer longer-term
protection to at-risk groups of workers.”

Dr. Arif Jetha, Scientist

EMPLOYMENT STANDARDS, OHS VULNERABILITY AND RISK OF INJURY

A study led by Dr. Peter Smith suggests inadequate employment standards are a risk factor for work-related injuries. The study found self-reported physical injuries were more common among workers who didn't have regular pay, meal breaks, paid vacation or paid sick leave. What's more, the study found risk of injury increased five-fold when workers experienced both inadequate employment standards and OHS vulnerability (i.e. were exposed to hazards at work and lacked at least one or any combination of three types of protection—health and safety policies, awareness of OHS, and individual empowerment to take preventive measures). Smith says this synergistic effect “suggests that employment standards should be part of what's considered when assessing a workplace's OHS program.”

FUTURE OF WORK AND VULNERABLE WORKERS

Heading into the next 15 years, some forecasters anticipate a confluence of system-wide pressures—such as large-scale digitization and automation, demographic shifts and climate change—that will have ripple effects across social, political and economic domains. A team led by Dr. Arif Jetha conducted a ‘horizon scan’ to identify the changes most likely to affect people already facing labour market barriers. It found nine trends, some pointing to opportunities and others pointing to potentially adverse outcomes for these vulnerable workers. “Anticipating changes to the working world can inform the development of policies and programs that offer longer-term protection to at-risk groups of workers,” says Jetha.

INNOVATION IN FEDERALLY REGULATED WORKPLACES

At the invitation of Labour Canada, Associate Scientist Dr. Basak Yanar prepared specifications for two potential studies in

federally regulated workplaces. One would measure workplace safety climate in the federally regulated road transport sector, representing approximately 9,000 employers with over 230,000 employees in over 11,000 worksites. A second potential study would identify characteristics of effective workplace health and safety committees in the federally regulated, non-unionized private sector, representing approximately 2,000 employers in air transportation, road transportation and telecommunications.

EPISODIC DISABILITIES, DISCLOSURE AND AT-WORK SUPPORT

Dr. Monique Gignac completed a study examining workers' reasons for disclosing (or not) their episodic disability at work and the outcome of that decision on the reactions and support they receive at work. Episodic disabilities are long-term health conditions such as arthritis, depression, multiple sclerosis and more that are characterized by periods of good health interrupted by periods of poor health.

The study found that, when their reasons for disclosure—whether they disclose or not—are based on trying to avoid something negative (like losing a promotion opportunity), they are more likely to report negative outcomes. When workers' reasons are tied to achieving something positive (like maintaining high job performance), they are more likely to report better reactions and more support. “It wasn't disclosing or not disclosing that mattered as much as the reasons why people were making their decision,” says Gignac.

This research was conducted to provide part of the evidence base for tools being developed to help people living with episodic disabilities grapple with disclosure decisions and seeking accommodations. The tools are being developed as part of a multi-



AN INNOVATIVE

ECONOMIC EVALUATION “SHEDS LIGHT on the substantial economic benefits that could be realized by society by moving toward greater inclusion [of persons with disabilities]. It’s not based on the premise that impairment and disability are eliminated—but rather on the premise that barriers to inclusion are.”

Dr. Emile Tompa, Senior Scientist

year partnership led by Gignac called Accommodating and Communicating about Episodic Disabilities. (aced.iwh.on.ca)

COST BENEFITS OF INCLUDING PERSONS WITH DISABILITIES

Persons with disabilities still face discrimination and other barriers to full participation in society. Senior Scientist Dr. Emile Tompa devised an innovative economic evaluation method to estimate the economic benefits to society if this was not the case. He found that the benefits would amount to about \$337.7 billion in 2017 dollars—about 17.6 per cent of the gross domestic product. “This study sheds light on the substantial economic benefits that could be realized by society by moving toward greater inclusion,” says Tompa. “It’s not based on the premise that impairment and disability are eliminated—but rather on the premise that barriers to inclusion are.”

FINANCIAL INCENTIVES AND EMPLOYMENT OF PERSONS WITH DISABILITIES

A project co-led at the Institute by Tompa and Director of Research Operations Emma Irvin, along with Dr. Rebecca Gewurtz from McMaster University, is looking at when and how financial incentives work to promote the sustainable employment of persons with disabilities. A key outcome of the project is a policy brief that offers evidence-informed guidance on the design and administration of funding programs for employment services for persons with disabilities. “The design and packaging of funding programs can influence the behaviours of the key system actors in this complex arena,” says Irvin. “The briefing suggests that funding envelopes allow customization so that agencies have the flexibility to contextualize the services they provide and offer comprehensive supports throughout the employment journey of people with disabilities.”

RETURN TO WORK IN POLICING

Dr. Dwayne Van Eerd is leading a project that is describing and synthesizing the best available research evidence on, and current practices in, return to work (RTW) in police services. Early analysis is pointing to three overarching themes: the importance of accommodation, communication and trust. The team is now working on a guide to support the implementation of effective RTW programs in police services in Ontario. “The project’s findings and guide will help the province’s police services and the Workplace Safety and Insurance Board target supports for police officers and staff,” says Van Eerd.

ONTARIO LIFE AFTER WORK INJURY STUDY (OLAWIS)

What are the health recovery and labour market outcomes for workers no longer receiving workers’ compensation services? OLAWIS, led by Dr. Cameron Mustard, is tackling this question based on the experiences of a cohort of workers’ compensation claimants in Ontario. The OLAWIS team found that the likelihood of still working for the injury employer, to which most claimants returned, dropped by the 18-month mark, with the drop-off increasing among those on benefits longer. Two-thirds left the injury employer voluntarily, one-third for health reasons. “We also found claimants at the 18-month mark, compared to the general population, had poorer sleep quality and were more likely to have a physician-diagnosed chronic condition,” says Mustard.

Using the same cohort of workers, a second phase of this study is now underway at the Institute. Led by Dr. Nancy Carnide, this new study is looking at cannabis use and its impact on recovery and return to work, and will interview workers again 36 months after their injury. Carnide notes that, based on results from the first phase of OLAWIS, the use of cannabis among this group of injured workers is about the same as it is among Canadian workers

“PEOPLE SAY THEY LEARN MORE
in Project ECHO mentoring sessions than they
do from textbooks and journals [because]
they discuss real-life cases, which can be messy
and complicated.”

Dr. Andrea Furlan, Scientist

in general. However, she adds, “a large proportion of the injured workers who reported using cannabis indicated they were using it to treat the symptoms of their injury.”

EI BENEFITS AND MORTALITY

Previous research has shown that unemployment is associated with an increased risk of mortality. In a new study following a nationally representative sample of 2.1 million Canadians, Dr. Faraz Vahid Shahidi wanted to know whether income support such as Employment Insurance (EI) can buffer this negative impact of unemployment. His findings suggest it can: unemployed people who received EI benefits had lower death rates over a 10-year period than unemployed people who did not receive EI benefits. “The pandemic has exposed gaps in Canada’s social safety net,” says Shahidi. “Our findings are a timely reminder that unemployment benefits and related income support policies play an important role in improving population health and promoting health equity.”

DEPRESSION AND EARNINGS

As part of her doctoral research, Associate Scientist Dr. Kathleen Dobson found working-age Canadians who experience a major depressive episode go on to face a loss in earnings that persists for at least a decade. Dobson points to potential reasons for the loss. “It may be that employers are more reluctant to promote or offer pay increases to people they see as less productive,” she says. “Or it may be that workers with depression stay in lower paying jobs to keep their health benefits, don’t switch to higher paying jobs for fear their potentially more stressful demands will exacerbate depressive symptoms, or don’t have stable employment following a depressive episode. Understanding more about these potential pathways is critical to inform policy to reduce the earnings gap after a depressive episode.”

PROJECT ECHO—OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ECHO OEM)

A pilot project in Ontario is bringing the Project ECHO mentoring model to family physicians and other frontline health-care providers to improve their knowledge of work-related injuries and illnesses, return to work, and the workers’ compensation system. The project, co-led by Institute Scientist Dr. Andrea Furlan, uses videoconferencing to bring experts together with frontline providers to discuss problematic cases. The aim is to build health-care capacity, especially in remote and underserved communities, and to reduce inequities in service delivery across the province. Furlan, who was the first to bring the Project ECHO model to Canada, wants to see the success she saw in sessions on chronic pain extend to occupational medicine. “People say they learn more in Project ECHO mentoring sessions than they do from textbooks and journals,” says Furlan. “They discuss real-life cases, which can be messy and complicated. What they learn in these sessions, they don’t learn anywhere else.” (echooem.iwh.on.ca)

CORE MEASURES FOR INTERVENTION RESEARCH TOOLS

As the lead scientist on work involving the Institute’s most popular tool—the DASH Outcome Measure to assess upper extremity functioning—Scientist Dr. Dorcas Beaton has a keen interest in the quality of tools selected and used by researchers and clinicians around the world. In 2020/21, as a member of the international OMERACT (Outcomes Measures in Rheumatology) Executive Committee and co-chair of its methodology and technical advisory groups, Beaton made important contributions to its aims of ensuring that researchers have access to core sets of outcomes for use across musculoskeletal intervention studies so that studies can be compared and combined in meta-analyses. That included chairing the OMERACT Handbook Group and contributing chapters to the revised edition published in the fall of 2020.



INSTITUTE CO-HOSTS
SUCCESSFUL
VIRTUAL XXII WORLD
CONGRESS

FROM SEPTEMBER 20-23, 2021, the Institute for Work & Health and the Canadian Centre for Occupational Health and Safety (CCOHS) welcomed almost 2,000 occupational health and safety professionals, policy-makers, and labour and employer representatives from 120 countries to the virtual XXII World Congress on Safety and Health at Work.

“THERE WERE OVER 240,000 LIVE INTERACTIONS,
over 1,000 exchanged business cards and
over 10,000 questions asked in Q&A sessions
at the Congress—all virtual.”

Dr. Cameron Mustard, President and Senior Scientist

Delegate comments show the XXII World Congress on Safety and Health at Work—held every three years by the International Labour Organization (ILO) and the International Safety and Security Association (ISSA)—was a success: “Lots of innovative ideas.” “Superb ... high-quality presentations.” “Interactive and insightful.” “Rich content and plenty of take-aways.” “Paved the way for the new norm and connecting digitally.” These comments were among the many that suggest the Congress’s content and opportunities to connect were, in particular, highly valued.

Chosen well before the global pandemic, the Congress theme, ‘Prevention in the Connected Age: Global solutions to achieve safe and healthy work for all’ was prescient. “Unable to travel, we found a way to gather, meet, share, exchange, learn and connect in ways that we could not have imagined even a decade ago,” says IWH President Dr. Cameron Mustard, who was also president of the XXII World Congress. “It’s a testament to the global OHS community’s ability to adapt and come together despite a challenging new reality.”

Getting to this point was a tremendous feat for the Congress’s International and National Organizing Committees, the latter housed at the Institute, as well as for the many IWH employees supporting the work of these committees.

“When IWH and CCOHS were named the national co-hosts in 2017, we immediately set to work, preparing to bring people from all over the world to Toronto in 2020,” says Mustard. “Then the pandemic hit, and we had to pivot—sharply and fast.” Congress organizers pushed the dates ahead a year, moved the

conference online, reorganized the program, lined up and reoriented speakers, and reimagined the Congress’s opportunities for delegates to engage with each other.

The result was the first fully digital World Congress, which featured more than 250 speakers delivering four keynotes, 21 symposia, six technical sessions, and ILO and ISSA reports. It also featured 400 posters and the International Media Festival for Prevention.

“There were over 240,000 live interactions, over 1,000 exchanged business cards and over 10,000 questions asked in Q&A sessions at the Congress—all virtual,” says Mustard. “These numbers demonstrate the relevance of the Congress to the global OHS community.”

“REKINDLED PASSION” FOR CAREERS, PREVENTION MISSION

One Canadian OHS leader shared the Congress experience of the six people on her team who took part. “They were absolutely enamoured by the experience—so much so, that they have all described a rekindled passion for their careers and their mission of prevention,” she said. “My team has been fighting an epidemiological forest fire with buckets for 18 months. So, to see the inspiration return to their spirits was the best therapy for both them and me!”

It’s that kind of reaction that makes Mustard smile. “None of this would have been possible without the creativity, dedication and hard work of the 25 people at the Institute who were involved as committee members, session organizers and project team members,” he says.



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THE YEAR
IN
NUMBERS
2020/21

453948225528863811
4066608191107011260
719000241576472786
6534074338113884274

PEOPLE

60
TOTAL STAFF
 (FULL-TIME: 48, PART-TIME: 12)

35
ADJUNCT SCIENTISTS

07
PHD STUDENTS

03
**POST-DOCTORAL
 STUDENTS/APPOINTMENTS**

01
COMPLETED PHD

**FUNDING &
 PROJECTS**

\$4,539,482
**PROVINCE OF ONTARIO
 FUNDING**

\$2,552,886
**RESEARCH GRANT
 AND OTHER FUNDING**

38
**ACTIVE RESEARCH
 PROJECTS
 (COMPLETED: 13,
 ONGOING: 25)**

114
PAPERS PUBLISHED

06
**RESEARCH GRANTS
 AWARDED**

**STAKEHOLDER
 ENGAGEMENT**

66
**PROJECT ADVISORY
 COMMITTEE MEETINGS**

08
**FORMAL STAKEHOLDER
 NETWORKS**

191
**FORMAL STAKEHOLDER
 NETWORK MEMBERS**

1,070
**IWH SPEAKER
 SERIES ATTENDEES
 (SIX WEBINARS)**

COMMUNICATIONS

1,126,071
**UNIQUE WEBSITE
 PAGE VIEWS**

900,024
**UNIQUE WEBSITE
 USERS**

15,764
**UNIQUE DOCUMENT
 DOWNLOADS FROM
 WEBSITE**

7,278
**TOTAL SUBSCRIBERS
 AT YEAR END**

6,653
**IWH NEWS
 SUBSCRIBERS AT
 YEAR END**

**SOCIAL MEDIA
 & MEDIA**

4,074
**TWITTER FOLLOWERS
 AT YEAR END**

3,381
**LINKEDIN FOLLOWERS
 AT YEAR END**

13,884
YOUTUBE VIDEO VIEWS

274
**MEDIA MENTIONS
 (WEBSITE, PRINT,
 RADIO, TV)**



Q&A
WITH RETIRING IWH
PRESIDENT
DR. CAMERON MUSTARD

IN 2002, AFTER THREE YEARS in the role of scientific director, Dr. Cameron Mustard became president of the Institute for Work & Health. Twenty years later, at the end of 2021, Mustard is retiring from the position. Here, Mustard looks back on his years at the helm of the Institute.

“AN IMPORTANT THEME THAT JOINS MY TIME IN WINNIPEG to the CIFAR Population Health Program and to the Institute for Work & Health is the unique privilege to work with excellent, committed scientists from different disciplines.... It is the mixing of perspectives across disciplines that makes the work of the Institute relevant and useful.”

WHAT INITIALLY PROMPTED YOU TO PURSUE A CAREER IN WORK AND HEALTH RESEARCH?

That’s a good question. I had to reflect back a couple of decades to recall the influences. I did have work experiences as a young adult that gave me an appreciation of, and respect for, some of the hard jobs in Canada. I cut pulpwood in Quebec and worked as a carpenter’s helper in an underground zinc mine in Newfoundland. In my 30s, I was enjoying work as a self-employed graphic designer in St. John’s when it seemed a good time to get some graduate education. When I enrolled in the School of Public Health at Johns Hopkins University in Baltimore, Maryland, I was curious about work and health, and had the benefit of faculty mentors who understood this curiosity.

HOW DID YOU GET FROM GRADUATE SCHOOL TO THE INSTITUTE?

After completing my doctoral degree, I returned with my young family to Canada, and I joined a new research group at the University of Manitoba. That research group was focused on the organization and delivery of publicly funded health-care services. Everyone says Winnipeg is a great place to raise a family, and in our case, that was absolutely true.

My time in Winnipeg led to a connection with the Population Health Program of the Canadian Institute for Advanced Research (CIFAR), where again I had the benefit of mentors who understood my curiosity about work and health. And it was those mentors, and their role in the founding of the Institute for Work & Health, that brought me to Toronto in 1999.

There are more details to this back story—more than room here allows me to include. But one important theme that joins my

time in Winnipeg to the CIFAR Population Health Program and to the Institute for Work & Health is the unique privilege to work with excellent, committed scientists from different disciplines. It can be hard work for an epidemiologist to understand what an economist is talking about (and vice versa). But it is the mixing of perspectives across disciplines that makes the work of the Institute relevant and useful to representatives of workers, employers and regulators.

WHAT ARE YOU MOST PROUD OF IN YOUR TIME AS PRESIDENT OF IWH?

That’s another good question. I’m personally proud of the respect that workplace parties and policy-makers have for the work the Institute does. Earning this respect comes from two related commitments: our commitment as an independent not-for-profit research institute to do our work to the highest standards of scientific excellence, and our commitment to speak to questions that matter to our stakeholders.

Behind the reputation that the Institute has earned is the very hard work of dedicated and talented people. And research is very hard work. The review processes by which research grant funding is awarded and journal articles are published are gruelling. There are many more rejections than acceptances.

Research sometimes involves long hours and late evenings, worked by the Institute’s scientists and the research, operational, administrative, and knowledge transfer staff who support them. Yet despite how hard this work is, the Institute is a place where people love to work, are resilient in face of the challenges, and are proud to be a part of the success of our collective contributions to protecting and improving the health of workers.

“OVER THE PAST 20 YEARS, WE’VE WORKED HARD on opening our door wide [to non-academic stakeholders]. ...This effort has paid off. Earlier this year, we asked our stakeholders to tell us how we were doing: 90% of more than 1,000 stakeholders told us our work was relevant, useful and trustworthy.”



HOW HAS WORK AND HEALTH RESEARCH CHANGED OVER THE PAST 20 YEARS?

Although research on work and health has continued to focus on addressing longstanding risks to health arising from work exposures and the consequences of work-related disability on participation in work, it has also responded to new areas of concern. These newer areas include the safe integration of new Canadians into the world of work, the implications of worker health in the transition to the green economy, and the ambiguity of employer occupational health and safety obligations among workers in the platform economy.

AND HOW HAS THE INSTITUTE CHANGED?

I believe we’ve changed for the better. Twenty years ago, the Institute’s Board of Directors commissioned an external review of the work of the Institute. The review panel’s central finding and recommendation had two parts. First, research stakeholders told the review panel that the Institute was seen as a centre of global excellence in work and health. This commitment to excellence, the review panel said, must be maintained. That was the good part.

The second part wasn’t so good. The Institute’s non-research stakeholders told the review panel that they couldn’t find the door to the Institute. They said they didn’t know how to get in to find out what our research was saying, didn’t know how to give us advice about the research questions important to them, or even if we were interested in that advice. This, the review panel said, had to change.

Over the past 20 years, we’ve worked hard on opening our door wide. All our research contributions are freely shared and summarized on our website, in language that everyone can understand. Individual research projects now begin with invitations to leaders among our non-research partners to provide their advice as part of tripartite advisory committees. This effort has paid off. Earlier this year, we asked our stakeholders to tell us how we were doing: 90% of more than 1,000 stakeholders told us our work was relevant, useful and trustworthy.

WHAT HAPPENS NEXT FOR YOU?

I’ll continue to do some research at the Institute. However, without the responsibilities of president, I’m especially looking forward to more personal time—and that means more time with my grandkids, and more time doing the outdoor activities I enjoy so much, like canoeing and hiking.

A MESSAGE FROM THE CHAIR OF THE BOARD

I didn't imagine when I was working on last year's annual report letter that I would, once again this year, be writing a letter during a pandemic. Yet here we are. COVID-19 is still with us and likely to remain in some form.

However, as the opening pages of this annual report point out, things are different this year. We are beginning to contemplate a new post-COVID normal as we consider its endemic implications. And with that contemplation comes the task of "taking stock."

"Taking stock" is the theme of this year's annual report. It looks at the ways research at the Institute for Work & Health is helping answer the questions that COVID has prompted society to ask. This year's report also highlights the non-COVID-related research conducted at IWH during the 2020/21 fiscal year.

All research took place while the Institute's staff worked largely from home—except when, during the summer of 2020, IWH moved down the road from 481 to 400 University Ave. The research also took place while the Institute, as the national co-host of the virtual XXII World Congress on Safety and Health at Work, organized one of the most important global gatherings of occupational health and safety policy-makers and professionals.

I sincerely thank all Institute staff for their remarkable and productive work in these extraordinary circumstances.

One person at the Institute deserves extra thanks and recognition this year—not just for the year's work, but for his many years' work. Dr. Cameron Mustard is retiring from his 20-year role as president. When we began our search for a new president, the Board of Directors took the opportunity to connect with many partners and organizations that rely on IWH research. Dr. Mustard's accomplishments as president were reflected in the feedback we got. We found widespread validation of the quality of IWH research and its high degree of integrity, balance and independence from influence. We also found widespread validation of Dr. Mustard's professionalism in his interactions with peers and partners. It has been a distinct pleasure working with Dr. Mustard.

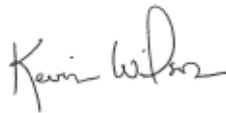
I, too, am changing my long-time association with IWH. After six and a half years, I am leaving my role as chair of the Board and will continue on as a Board member for a final year. I leave the chair's role knowing that a very capable team is taking the helm. The Board chair duties as of September 2021 go to Kate Lamb, a lawyer and head of Client and People Services at the Law Society of Ontario. Current member Dr. Louise Lemieux-Charles, professor emeritus at the University of Toronto becomes the vice-chair.

These Board officers are joined by three new members in 2021: Dr. Maurice Bitran, a faculty member at the University of Toronto's Munk School of Global Affairs and Public Policy and former CEO and Chief Science Officer of the Ontario Science Centre; Dr. Deborah Parachin, Chief Physician at Hydro One; and George Gritziotis, CEO at the Ontario College of Trades.

Stepping off the Board in 2021 are Mark Dreschel, Director of Talent and Culture at Coldbox Builders, and Melody Kratsios, a Senior Program Manager at the engineering firm AECOM. I thank these departing Board members for their valued guidance over the years. I also thank the members who continue to serve the Board for their important oversight.

On behalf of the Board and Institute, I also recognize and appreciate the core funding IWH receives from the Province of Ontario. This funding reflects the government's commitment to finding evidence-based policies and practices to protect the health of workers.

As I leave the chair's role on the Board, I want to again express my sincere appreciation to all IWH staff. The past two years of COVID have presented the most unique and unwanted challenge, yet they found ways to deliver on the research agenda in admirable fashion.



KEVIN WILSON
Chair, Board of Directors
Institute for Work & Health



INDEPENDENT AUDITOR'S REPORT

TO THE DIRECTORS OF THE INSTITUTE FOR WORK & HEALTH

We have audited the financial statements of the Institute for Work & Health, which comprise the statement of financial position as at March 31, 2021, the statements of operations, changes in net assets and cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Institute for Work & Health as at March 31, 2021, its operations and its cash flow for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

BASIS FOR OPINION

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

RESPONSIBILITIES OF MANAGEMENT AND THOSE CHARGED WITH GOVERNANCE FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going

concern, disclosing, as applicable, matters related to going concern and using the going-concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 organization's internal controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going-concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Stern Cohen LLP

Stern Cohen LLP

Chartered Professional Accountants
Chartered Accountants
Licensed Public Accountants
Toronto, Canada
September 13, 2021

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31,

	2021 \$	2020 \$
REVENUES		
Ontario Ministry of Labour*	4,539,482	4,539,482
Grant revenue (Note 8a)	1,862,966	1,925,262
2021 World Congress (Note 8g)	176,503	636,335
Other (Note 8b)	459,787	463,398
Investment income	53,630	54,282
	7,092,368	7,618,759
EXPENSES		
Salaries and benefits	5,550,460	5,239,342
Travel	2,072	62,015
Supplies and service	39,699	56,554
Occupancy costs (Note 5)	637,759	642,496
Equipment and maintenance	145,275	137,182
Publication and mailing	54,257	29,331
Voice and data communications	40,295	36,078
Staff training	10,719	24,971
Professional services	427,278	465,208
Other	4,951	45,527
2021 World Congress (Note 8g)	615,088	556,910
Amortization of capital assets	82,229	40,073
	7,610,082	7,335,687
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES BEFORE THE FOLLOWING:	(517,714)	283,072
Loss from non-recurring event (Note 8i)	61,460	—
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR	(579,174)	283,072

See accompanying notes.

*Now known as the Ministry of Labour, Training and Skills Development

STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED MARCH 31,

	Invested in capital assets \$	Unrestricted \$ (Note 8c)	2021 \$ Total \$	2020 \$ Total \$
BEGINNING OF YEAR	75,265	1,126,650	1,201,915	918,843
Excess (deficiency) of revenues over expenses for the year	(82,229)	(496,945)	(579,174)	283,072
Investment in capital assets	810,422	(810,422)	—	—
END OF YEAR	803,458	(180,717)	622,741	1,201,915

See accompanying notes.

STATEMENT OF CASH FLOW

FOR THE YEAR ENDED MARCH 31,

	2021 \$	2020 \$
OPERATING ACTIVITIES		
Excess of revenues over expenses for the year	(579,174)	283,072
Items not involving cash:		
Amortization of capital assets	82,229	40,073
Amortization of lease inducement	(22,879)	—
Working capital (required by) from operations	(519,824)	323,145
Net change in non-cash working capital balances related to operations:		
Accounts receivable	(107,573)	(113,246)
Prepaid expenses and deposits	156,616	(212,885)
Accounts payable	143,366	77,771
Deferred revenue	1,414,820	(41,530)
Cash from operations	1,087,405	33,255
INVESTING ACTIVITIES		
Purchase of capital assets	(810,422)	(58,409)
Deferred lease inducement	457,590	—
Purchase of short-term investments, net	(567,293)	(804,242)
	(920,125)	(862,651)
FINANCING ACTIVITIES		
Loan payable— CCOHS	100,000	100,000
Loan payable— Foundation*	(160,000)	110,000
	(60,000)	210,000
CHANGE IN CASH DURING THE YEAR	107,280	(619,396)
CASH		
Beginning of year	505,161	1,124,557
End of year	612,441	505,161

See accompanying notes.

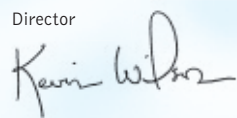
*Foundation for Research and Education in Work and Health Studies

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31,	2021 \$	2020 \$
ASSETS		
Current assets		
Cash	612,441	505,161
Short-term investments (Note 2)	3,389,825	2,822,532
Accounts receivable (Note 3)	622,138	514,565
Prepaid expenses and deposits	94,933	251,549
	4,719,337	4,093,807
Capital assets (Note 4)	803,458	75,265
	5,522,795	4,169,072
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	426,086	282,720
Deferred revenue (Note 6)	3,462,852	2,049,136
Deferred revenue—2021 World Congress	276,405	275,301
Deferred lease inducement—short-term portion (Note 5)	45,759	—
2021 World Congress loans (Note 7)	300,000	160,000
	4,511,102	2,767,157
2021 World Congress loans (Note 7)	—	200,000
Deferred lease inducement—long-term portion (Note 5)	388,952	—
	4,900,054	2,967,157
NET ASSETS		
Invested in capital assets	803,458	75,265
Unrestricted (Note 8c)	(180,717)	1,126,650
	622,741	1,201,915
	5,522,795	4,169,072
Other information (Note 8) See accompanying notes.		

Approved on behalf of the Board:

Director



Director



NOTES TO FINANCIAL STATEMENTS

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. 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) 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 is recognized on an accrual basis and changes in fair value of investments are recognized in excess of revenue over expenses.

(B) SHORT-TERM INVESTMENTS

Short-term investments are recorded at fair value. These investments are classified as short-term because they are highly liquid and available for sale prior to maturity date.

(C) 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
- Leaseholds—term of the lease

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

(D) LEASE INDUCEMENTS

Lease inducements received are deferred and amortized on a straight-line basis over the term of the lease.

(E) 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. Significant items subject to such estimates and assumptions include the valuation of accounts receivable, the estimated useful life of capital assets, and recognition of deferred revenue relating to the 2021 World Congress. However, future events and their effects cannot be determined with certainty, and actual results could differ from these estimates.

(F) FINANCIAL INSTRUMENTS

The Institute initially measures its financial assets and liabilities at fair value. The Institute subsequently measures all its financial assets and financial liabilities at amortized cost, except for investments that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in excess of revenue over expenses.

The Institute's financial instruments that are measured at amortized cost consist of cash, short-term investments, accounts receivable, accounts payable and accrued liabilities, deferred revenue, and 2021 World Congress loans.

2. SHORT-TERM INVESTMENTS

	2021 \$	2020 \$
Guaranteed investment certificates	3,083,285	2,409,876
Money market mutual fund	306,540	412,656
	3,389,825	2,822,532

The guaranteed investment certificates earn an average interest of 1.77% and mature at various dates between April 2021 and October 2024 (2020 – average interest of 2.22% and mature at various dates between April 2020 and October 2024).

3. ACCOUNTS RECEIVABLE

	2021 \$	2020 \$
Foundation for Research and Education in Work and Health Studies	94,289	72,421
Projects and other	371,351	396,109
HST rebate	156,498	46,035
	622,138	514,565

4. CAPITAL ASSETS

	Cost \$	Accumulated amortization \$	Net 2021 \$	Net 2020 \$
Furniture and fixtures	49,696	4,970	44,726	—
Computer equipment	209,516	125,256	84,260	75,265
Leaseholds	709,971	35,499	674,472	—
	969,183	165,725	803,458	75,265

5. DEFERRED LEASE INDUCEMENT

During the year, the Institute entered into a 10-year lease for office premises, commencing October 1, 2020 and concluding September 30, 2030. The Institute received a cash lease inducement from the landlord in the amount of \$457,590, which has been deferred and recognized as a reduction of occupancy costs on a straight-line basis over the term of the lease. Total occupancy costs for the year were \$660,638. Of the total lease inducement received, \$22,879 has been included as a reduction in occupancy costs for 2021 (2020 – \$nil), and \$434,711 remains deferred.

6. DEFERRED REVENUE

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

	2021 \$	2020 \$
Opening balance – deferred revenue	2,049,136	2,365,967
Less: grant revenue recognized	(1,862,966)	(1,925,262)
Less: non-grant revenue recognized	(59,508)	(154,792)
Add: current year funding received	3,336,190	1,763,223
Ending balance – deferred revenue	3,462,852	2,049,136

The details of the deferred revenue balance are as follows:

	2021 \$	2020 \$
Alberta Government	172,820	—
Canadian Arthritis Society	51,228	25,097
Canadian Institutes of Health Research	1,266,471	1,160,382
Employment and Social Development Canada	51,770	39,064
European Agency for Safety & Health at Work	31,431	58,537
Human Resources and Skills Development Canada	427,283	—
Frontenac	26,092	—
Immigration, Refugees and Citizenship Canada	27,224	40,941
MOL – Research Opportunity Program	775,893	101,509
Ontario Human Capital Research and Innovation Fund	28,971	—
WorkplaceNL	6,746	—
Workplace Safety & Insurance Board – Research Advisory Committee	184,928	217,884
WorkSafeBC	51,364	187,608
Other	92,451	218,114
	3,194,672	2,049,136
Amounts related to office renovation		
Canadian Institutes of Health Research	47,404	—
MOL – Office Relocation	220,776	—
	3,462,852	2,049,136

7. 2021 WORLD CONGRESS LOANS

	2021 \$	2020 \$
Canadian Centre for Occupational Health and Safety loan, payable in full following completion and reconciliation of World Congress finances in October 2021, non-interest bearing, unsecured	300,000	200,000
Foundation for Research and Education in Work and Health Studies loan, due on demand, non-interest bearing, unsecured, repaid during the year.	—	160,000
	300,000	360,000
Less: current portion	300,000	160,000
	—	200,000

In fiscal 2018, the Institute entered into an agreement to co-host the 2020 World Congress on Safety and Health at Work with the Canadian Centre for Occupational Health and Safety. Due to COVID-19, the event was postponed to September 2021. To finance the Institute's expected cash outflows for the Congress planning secretariat over the 2017-2022 period, the Foundation for Research and Education in Work and Health Studies has established a credit facility with the Royal Bank of Canada. This facility may be drawn upon to meet the Institute's share of Congress secretariat cash outflows over the 2017-2022 period. Any outstanding amounts owed on this credit facility will be reimbursed by the Institute from Congress revenues in fiscal 2022.

8. OTHER INFORMATION

(A) GRANT REVENUE

	2021 \$	2020 \$
Canadian Arthritis Society	51,696	48,024
Cancer Care Ontario	26,436	20,113
Canadian Institutes of Health Research (CIHR)	608,438	668,031
CIHR—Office Relocation	6,275	—
European Agency for Safety & Health at Work	27,105	—
Frontenac	92,562	—
Immigration, Refugees and Citizenship Canada	34,266	94,173
Human Resources and Skills Development Canada	58,731	—
MOL—Office Relocation	29,224	—
MOL—Research Opportunity Program	96,973	231,609
OHS Futures Alberta	12,207	56,209
Ontario Human Capital Research and Innovation Fund	11,159	52,003
Public Health Agency of Canada	79,457	—
Workers Compensation Board—Manitoba	—	11,422
Workplace Safety & Insurance Board—Research Advisory Committee	464,279	368,474
WorkSafeBC	159,066	213,993
WorkplaceNL	25,336	84,081
Other	79,756	77,130
	1,862,966	1,925,262

(B) OTHER REVENUES

	2021 \$	2020 \$
DASH instrument	18,356	11,735
Other	105	7,548
Project recoveries	329,293	341,347
Salary secondment	112,033	102,768
	459,787	463,398

(C) UNRESTRICTED NET ASSETS

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

	2021 \$	2020 \$
Total assets	5,522,795	4,169,072
Invested in capital	(803,458)	(75,265)
	4,719,337	4,093,807
Liabilities	(4,900,054)	(2,967,157)
Unrestricted net assets	(180,717)	1,126,650

(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 \$337,798 of contributions to the Plan during the year (2020—\$315,390).

(E) COMMITMENTS

The Institute is committed under a lease for premises that expires September 30, 2030, with annual rents, inclusive of operating costs, as follows:

	\$
2022	790,000
2023	790,000
2024	790,000
2025	790,000
2026	803,000
Thereafter	3,676,000
	7,639,000

(F) FINANCIAL INSTRUMENTS

The Institute is exposed to the following significant financial risks:

(i) Liquidity risk

Liquidity risk is the risk that the Institute may not be able to meet its financial obligations as they become due. The Institute is exposed to this risk mainly in respect of its accounts payable and accrued liabilities. The Institute manages its liquidity risk by monitoring and managing the cash requirements to ensure the Institute has sufficient funds to meet its operational requirements.

(ii) Credit risk

The Institute is exposed to credit risk in the event of non-payment in connection with its receivables. The exposure to credit risk is the carrying value of accounts receivable on the statement of financial position.

(iii) Interest rate risk

The Institute is exposed to interest rate risk as a result of its short-term investments. However, the risk associated with these investments is low, since these assets are term deposits.

(G) 2021 WORLD CONGRESS ON SAFETY AND HEALTH AT WORK

The XXII World Congress on Safety and Health at Work will be hosted by the Institute for Work & Health and the Canadian Centre for Occupational Health and Safety as a virtual event in September 2021. The World Congress on Safety and Health at Work meets every three years and is a global forum for advancing worker health protection, jointly sponsored by the International Labour Organization (ILO) and the International Social Security Association (ISSA). The World Congress is the world's largest event for the international occupational health and safety community—attracting over 3,500 delegates from more than 150 countries. The 2021 World Congress Ministry of Labour contribution is included in the "Statement of operations" under the core Ministry of Labour funding.

(H) COVID-19

The outbreak of the novel coronavirus (COVID-19) in March 2020 has resulted in governments worldwide enacting emergency measures to combat the spread of the virus. These measures, which have included travel bans, state and country lockdowns, self-imposed quarantine periods and social distancing, have created material disruption to businesses globally, which is resulting in an economic slowdown. The duration and impact of the COVID-19 pandemic is unknown at this time and, as a result, it is not possible for management to estimate the severity of the impact it may have on the financial results of the Institute, or its future condition and operations in future periods. It is management's assumption that the Institute will continue to operate as a going concern.

(I) LOSS FROM NON-RECURRING EVENT

During the year, funds from the Institute were misappropriated by a third party amounting to \$61,460. The Institute is currently working to recover the funds from the bank that received the misappropriated funds. If this process fails, the Institute will seek coverage from its insurance carrier. Management is confident that the "Social Engineering Fraud" component of its insurance policy will respond to the loss once the U.S. bank has completed its investigation. The overall loss is within the financial limit of the coverage.

GOVERNANCE

AS AT MARCH 31, 2021

Board of Directors

CHAIR

Kevin Wilson
Former Assistant Deputy Minister
Policy, Program and Dispute
Resolution Services
Ontario Ministry of Labour

VICE-CHAIR

Melody Kratsios
Associate Vice-President
AECOM Transportation

DIRECTORS

Melissa Barton
Former Director
Organizational Development
and Occupational Health,
Safety and Wellness
Sinai Health System

Andréane Chénier
National Representative
Health and Safety
Canadian Union of Public
Employees

Mark Dreschel
Director
Talent and Culture
Coldbox Builders

Kelly Jennings
Jennings Health Care Consulting

Louise Lemieux-Charles
Professor Emeritus
Institute of Health Policy
Management and Evaluation
University of Toronto

Cameron Mustard
President and Senior Scientist
Institute for Work & Health

Norman Rees
Former Chief Financial Officer
Public Health Ontario

Emily Spieler
Edwin Hadley Professor of Law
Northeastern University (Boston)

Michael Wolfson
Adjunct Professor
Epidemiology and Law
University of Ottawa

Scientific Advisory Committee

CHAIR

Emily Spieler
Edwin Hadley Professor of Law
Northeastern University
U.S.A.

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School of Public Health
Boston University
U.S.A.

Ute Bültmann
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Department of Health Sciences
Community and Occupational
Medicine
University of Groningen
Netherlands

Jack Dennerlein
Professor
Bouvé College of Health Sciences
Northeastern University
U.S.A.

John Frank
Former Director
Scottish Collaboration for Public
Health Research and Policy
United Kingdom

Laura Punnett
Co-Director
Centre for the Promotion
of Health in the New England
Workplace
U.S.A.

Maurits van Tulder
Head
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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.



**Institute
for Work &
Health**

Research Excellence
Safe Work
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