

## Institute leads evaluation of patient lift program

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**Research Excellence**  
**Advancing Employee Health**

Will the installation of 11,000 new patient lifting devices in Ontario hospitals and nursing homes lead to fewer injuries and health problems among health-care workers and improve the quality of patient care?

The Institute for Work & Health is lending its expertise in evaluation to help answer this question.

The new lifting devices, which are being installed in over 500 facilities across the province, are used mainly in institutional settings like nursing homes and hospitals. They are designed to help nursing staff lift and reposition patients who cannot otherwise be moved safely and comfortably—for example, to transfer a person from bed to wheelchair and back again.

Patient handling (including lifting, transferring and repositioning) is one of the leading causes of injuries among health-care workers in Ontario. Work-related musculoskeletal disorders (MSDs), like low-back pain, are the most frequently reported type of injury, and accounted for 54 per cent of all lost-time injuries in the health-care sector in 2003.

In 2004, the Government of Ontario announced it would invest \$60 million in the new equipment. An additional \$20 million contribution was announced in August, 2005. Earlier this year, the Ministry of Health and Long-Term Care (MOHLTC) entered into a research agreement with the Institute to evaluate the effectiveness of the program.

The research team, led by Institute Scientists Dr. Cameron Mustard and Dr. Mickey Kerr, will evaluate how well the lifts function in several key areas:



Overhead patient lifts, like the one above, are being used at Toronto Rehab's Lyndhurst Centre

- Is there evidence that the new equipment prevents and reduces lifting-related injuries among health-care staff in Ontario?
- What impact does using the patient lifts have on the quality of work life for those directly involved in lifting heavy or disabled patients?
- Finally, what effects do the lifts have on the quality of patient care?

"The patient lift initiative is a very large capital program focused on protecting the health of the health-care workforce. The program has the potential to reduce the large burden of MSD disability in the institutional health-care sector," says Mustard, IWH President.

A total of 50 facilities will take part in the evaluation. Researchers have developed a questionnaire which will be administered to nursing staff in each setting to learn their perspective on the new lifting equipment.

The research team will also do a "before and after" examination of claims data from the Ontario Workplace Safety & Insurance Board, and look at administrative quality of care data from the participating facilities.

(continued on page 4)

The Institute for Work & Health is an independent, not-for-profit organization whose mission is to conduct and share research with workers, labour, employers, clinicians and policy-makers to promote, protect and improve the health of working people.

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& Insurance Board.**

## What researchers mean by...

### cohort study, case control study, randomized controlled clinical trial

When people read about a research study, they may not pay attention to how the study was designed. But to understand the quality of the findings, it's important to know a bit about study design.

According to the widely-accepted "hierarchy of evidence," the most reliable evidence comes from systematic reviews (see *Infocus*, Summer 2004), followed by evidence from randomized controlled clinical trials, cohort studies and then case control studies.

Research studies typically fall into one of two main categories:

#### Observational studies

Here researchers observe the effect of a risk factor, diagnostic test or treatment without trying to influence what happens. Such studies are usually "retrospective"—the data are based on events that have already happened. Most workplace health research falls into this category.

- **Cohort study** For research purposes, a cohort is any group of people who are linked in some way and followed over time. Researchers observe what happens to one group that's been exposed to a particular variable—for example, the effect of company downsizing on the health of office workers. This group is then compared to a similar group that hasn't been exposed to the variable.
- **Case control study** Here researchers use existing records to identify people with a certain health problem ("cases") and a similar group without the problem ("controls"). *Example:* To learn whether a certain drug causes birth defects, one might collect data about children with defects (cases) and about those without defects (controls). The data are compared to see whether cases are more likely than controls to have mothers who took the drug during pregnancy.

#### Some strengths of observational studies

This may be the only way researchers can explore certain questions. For example, it would be unethical to design a randomized

controlled trial (see below) deliberately exposing workers to a potentially harmful situation.

**But...**The results of observational studies are, by their nature, open to dispute.

*Example:* A cohort study might find that people who meditated regularly were less prone to heart disease than those who didn't. But the link may be explained by the fact that people who meditate also exercise more and follow healthier diets.

#### Experimental studies

Here researchers introduce an intervention and study the effects. Experimental studies are usually randomized, meaning the subjects are grouped by chance. While not all controlled studies are randomized, all randomized trials are controlled.

- **Randomized Controlled Trial (RCT)** Eligible people are randomly assigned to two or more groups. One group receives the intervention (such as a new drug) while the control group receives nothing or an inactive placebo. The researchers then study what happens to people in each group. Any difference in outcomes can then be linked to the intervention.
- **Controlled Clinical Trial (CCT)** This is similar to an RCT, except that subjects are not randomly assigned to the treatment or control groups. This increases the chance for "bias"—that is, that people with similar qualities ended up in each of the groups which could influence the final results.

#### Some strengths of experimental studies

The RCT is still considered the "gold standard" for producing reliable evidence because little is left to chance.

**But...**There's a growing realization that such research is not perfect, and that many questions simply can't be studied using this approach. Such research is time-consuming and expensive—it may take years before results are available.

*In the Winter 2006 issue of At Work, we will look at what researchers mean by "primary" and "secondary" prevention.*

# New review finds acupuncture helps relieve chronic back pain

**B**ack pain is a major health problem and a leading cause of disability and absenteeism among Canadian workers. While it's usually a temporary condition, some people develop chronic low-back pain that doesn't respond positively to conventional treatments like pain medication and exercise.

In some cases, they turn to alternative therapies like acupuncture in an attempt to seek relief from their symptoms. But just how effective is acupuncture as a treatment for low-back pain?

Dr. Andrea Furlan, an evidence-based practice coordinator at the Institute for Work & Health, recently conducted a new systematic review in order to address this question. Besides updating previous literature searches, Furlan and her colleagues also searched the Chinese Cochrane Centre database of clinical trials and a number of Japanese databases.

"It is very unusual for a systematic review to include evidence from Chinese and Japanese databases," says Furlan. "We also tried Korean databases but had difficulty gaining access to them."

The researchers identified 35 randomized clinical trials (20 published in English, seven in Japanese, five in Chinese, and one each in Norwegian, Polish, and German), all of which were included in the systematic review.



The review found some evidence that people with chronic low-back pain—lasting three months or longer—did benefit from acupuncture and a related therapy called "dry-needling" if these methods were used in combination with other more conventional treatments. These treatments included pain medication, TENS (transcutaneous electrical nerve stimulation) and various back-relieving exercises and techniques.

"The studies showed that people who used acupuncture along with other treatments felt better and experienced more pain relief than those who used conventional treatments alone," says Furlan.

She adds that while the review uncovered some positive results for acupuncture as a treatment for chronic low-back pain, the size of the effect was small. There was no evidence that

acupuncture was any more effective than conventional or other alternative treatments.

Acupuncture, which is rooted in ancient Chinese philosophy, is one of the oldest forms of therapy. Many different styles of acupuncture have developed since it was first introduced to the West several hundred years ago. However, acupuncture typically includes the manual insertion of tiny needles into specific acupuncture points on the body.

Dry-needling also appears to be a useful adjunct to conventional therapies for chronic low-back pain. "However, we couldn't make any clear recommendations about it because the sample sizes were too small and the methodologic quality of the studies was poor," says Furlan. In dry-needling, needles are inserted into painful trigger points in the muscles. The needles are removed once the trigger points have been "inactivated."

People who suffer from acute low-back pain may also be interested in trying these alternative therapies to relieve their symptoms. But Furlan says that there wasn't enough evidence to reach any "convincing conclusions" about effectiveness for this group of patients.

"However, we should keep in mind that even though this systematic review found no evidence of effectiveness for acupuncture in treating acute low-back pain, there are people who do respond positively to acupuncture," she adds.

## Message from the Editor

We've made some changes to our quarterly newsletter as a result of a re-design process that was undertaken this year. Many of the changes were made in response to feedback from our readers.

### Here's what you'll find:

- We have merged our two existing publications into one convenient package. You'll now find our in-depth supplement, *Infocus*, inside the pages of *AtWork*.
- To help readers better understand bottom-line findings, stories about our research now end with a summary statement called "In Brief..."

We would be interested in hearing what you think about our "new look" and about anything else you read in *AtWork*. Please send comments to [rmathur@iwh.on.ca](mailto:rmathur@iwh.on.ca).

## In Brief ...

People with chronic low-back pain can benefit from acupuncture and a related therapy called dry-needling. But that's only when these are combined with conventional treatments like painkillers or exercise. There is no evidence that acupuncture alone is any more helpful than other treatments – either for chronic or for acute low-back pain.

# University grads working below their skill level report poorer health

University graduates who can't find a job that matches their skill level are more likely to report that their health suffers over time, according to a new study by researchers at the Institute for Work & Health.

Researchers found that university graduates who were overqualified for their jobs were twice as likely to report declining health over the next four years compared to graduates who were working at jobs which matched their skills.

Peter Smith, the IWH Research Associate who led the study, says it's likely that more and more Canadians will find themselves in this situation. "While the percentage of the labour force with a university degree has doubled over the past 25 years, the demand for educated workers has not kept pace," he says.

Smith and Dr. John Frank, a Senior Scientist, analyzed data on nearly 3,000 individuals who had rated themselves as being in excellent or very good health when they took part in the first phase of the Canadian National Population Health Survey in 1994.

Respondents were asked what level of education they had achieved – a bachelor's degree or higher, a post-secondary diploma, some secondary (high school) education or no high school at all. They were also asked about their current occupations.

Researchers then used the self-reported education and occupational skill requirements to group respondents



***"Employers and policy-makers need to find ways to make better use of the educated workforce..."***

*– Peter Smith, PhD Candidate and Research Associate, IWH*

into those who were underqualified, overqualified or qualified for their current jobs.

"We know that people who have completed university tend to report better health than their peers with no post-secondary education," Smith says. "They typically earn higher incomes and also benefit from an accompanying sense of self-esteem and mastery of skills."

But Smith's study suggests that any health gains associated with higher education are eroded over time if the labour market can't accommodate graduates' career expectations.

There was no evidence that people without a university degree experienced any decline in health if they found them-

selves in jobs which didn't match their level of education.

Smith believes people with less formal education may have fewer expectations that they will get a "good job." They may also experience other stresses and pressures outside of work which makes having a "good job" of lesser consequence to their health status.

Smith says the findings don't mean young people should give up on the idea of higher education. "University should be viewed as a life experience that provides many benefits to the individual, not just a key to a good job. Research shows that, overall, people with a university education are generally better off."

He thinks employers and policy-makers need to find ways to make better use of the educated workforce to possibly avoid some of the health problems linked to mismatches in skill and job requirements. For example, workers might be given more autonomy in how they do their jobs.

*The results of the study were published in the August 2005 issue of International Journal of Epidemiology.*

## ***In Brief ...***

**University graduates who are overqualified for their jobs are twice as likely to report a decline in their health over time compared to graduates who are working at jobs which match their skills.**

*Institute leads evaluation of patient lift program (continued from page 1)*

"In addition to collecting detailed information during the site visits, one of the other things we will do to study the impact of the lift program on health-care workers is to track how much reported MSD rates change before and after installation in all the facilities that receive the new lifts," says Kerr.

"We hope to explore the relationship between the new lifts and changes in

health outcomes of staff," says Project Manager Nisha Walibhai, who is coordinating the study at the IWH. "We'll also examine some quality of care outcomes. For example, if patients can be moved more easily now that the new lifts are there, are they being moved more frequently? If so, does this mean they spend less time in bed which reduces the number and severity of bed sores?"

A project advisory committee will offer guidance to the research team. The committee includes representatives from the public and private long-term care sectors, organized labour, Ontario's Health Care Health and Safety Association and the MOHLTC.

The evaluation, which began in April of 2005 is expected to take two years.



## A common interest in prevention research links Institute with Germany's HVBG

What do researchers in Ontario and Germany have in common? One answer is a shared interest in preventing workplace injury and disability, along with a focus on evaluating the usefulness of prevention activities.

Earlier this year, staff from the Institute for Work & Health met with research representatives from Germany's HVBG—the consortium of integrated prevention and insurance funds which serves the needs of 43 million German workers. The purpose of the meeting was to share information on a new HVBG initiative to evaluate the effectiveness of prevention initiatives undertaken in workplaces throughout Germany.

“Germany may be the only nation which can provide an international benchmark for Ontario in the area of prevention effectiveness. Germany and Ontario spend a similar amount on worker health protection, in the range of \$30 per worker per year,” says IWH President Dr. Cameron Mustard.

HVBG has a similar mandate to that of the Workplace Safety & Insurance Board in Ontario in the areas of prevention services, medical rehabilitation and disability income insurance. In addition, HVBG plays an inspection and enforcement role. (see sidebar “A closer look at HVBG and its success”)

### “Germany and Ontario spend a similar amount on worker health protection...”

— Dr. Cameron Mustard, IWH President

For decades, HVBG's funding for prevention services was steady because there was evidence that the number of workplace injuries and deaths was dropping dramatically. “But German employers who fund prevention programs are no longer quite so impressed,” says Dr. Walter Eichendorf, the Deputy Director General of HVBG. “They want to know about the quality of prevention interventions and whether their money is being well spent. To respond to this



Dr. Anthony Culyer, Dr. Thomas Kohstall, Dr. Walter Eichendorf, Dr. Cameron Mustard.

interest, we are taking steps to evaluate the effectiveness of workplace prevention initiatives.”

Several Institute projects have a similar focus to what HVBG is doing in Germany, says Chief Scientist Dr. Anthony Culyer. For example:

- Institute researchers are now taking part in a study evaluating how using newly-installed patient lifts will affect the health of Ontario health-care workers. (see lead story on page 1)
- Institute staff are involved in identifying options for evaluating the Ministry of Labour's High Risk Firm Initiative—a program targeting the two per cent of Ontario employers with the poorest health and safety records who are responsible for ten per cent of lost-time injuries and 20 per cent of work-related disability costs.
- Scientist Dr. Emile Tompa is undertaking a systematic review of the literature on the effectiveness and economic impact of interventions to prevent work-related musculoskeletal disorders in the upper extremity (shoulder, arm and hand).
- Associate Scientist Lynda Robson has been working with the Occupational Health and Safety Council of Ontario (OHSCO) to develop new and better ways to measure and evaluate a wide range of injury prevention strategies and activities.

Over the next year, HVBG staff will contribute ideas and support for an international workshop focused on economic evaluations of prevention initiatives to be hosted by the Institute in 2006.

## A closer look at HVBG and its success

Since 1883 the German Berufsgenossenschaften (HVBG) has served the interests of German workers and employers. (There is no direct English translation for the organization's name.)

HVBG is made up of 26 insurance funds (called BGs) covering specific trade and industrial sectors in Germany. The interests of employers and insured workers are equally represented by the governing committee of each BG, and their activities fall under the legal supervision of the German government.

The HVBG Prevention Division directs approximately 700 million euros of services for the German labour market. A core activity is developing and conducting training and qualification courses for workplace health service providers, such as occupational health and safety trainers, inspectors and company doctors. These programs reach 400,000 people per year.

HVBG's Prevention Division also includes a substantial complement of scientists from a number of interdisciplinary research institutes with expertise in the fields of psychology, ergonomics, sociology, industrial medicine and economics.

The Prevention Division also helps design highly visible and successful workplace safety interventions. For example, just a few years ago, injuries sustained in “slip and fall” incidents in German workplaces produced some 5,000 new compensation pensions per year at an annual cost to German companies of 8 billion euros.

HVBG launched a two-year, nation-wide campaign—including TV spots featuring European sports celebrities—hoping to reduce this toll. After one year, the number of falls had dropped by between 11 and 36 per cent (depending on the job sector), and there was evidence of economic benefits as a result.

## New booklet designed to help doctors and patients manage acute low-back pain

It's an all-too-common scenario: an anxious patient hobbles into the doctor's office following a sudden attack of excruciating back pain.

"Most people experiencing their first episode of acute low-back pain are concerned that something is terribly wrong, that they need an immediate X-ray and that they will be told to go home and rest until they feel better," says Rhoda Reardon, a Knowledge Transfer Associate at the Institute for Work & Health. "Educating patients about their condition can be a challenge for busy clinicians."

Last year staff from the Institute's Knowledge Transfer & Exchange department began developing an evidence-based patient education tool aimed at solving this problem. The result, published last month, is a new pocket-sized, 22-page, illustrated booklet entitled: *So your back hurts...Learn what works, what doesn't and how to help yourself*.

The project was a partnership between the Institute and Ontario's Guidelines Advisory Committee (GAC). The mission of the GAC, which is supported by both the Ministry of Health and Long-Term Care and the Ontario Medical Association, is to help doctors use the best available research evidence in their decisions about treatment and patient care.

Reardon explains why and how the new booklet was developed:

### Q. Why did the Institute develop this new booklet?

**Reardon:** Low-back pain is one of top five reasons that people see their family doctors. There's a lot of non-evidence-based advice about back pain out there, especially on the Internet, which is a problem for clinicians. We wanted to

develop a simple, evidence-based, up-to-date education tool that family doctors could recommend to patients who come into their offices with an episode of acute low-back pain.

### Q. What will doctors and patients like about the acute low-back pain booklet?

**Reardon:** First and foremost, patients will appreciate that it's fairly short and written in plain language. We think doctors will welcome it because they can use it to reinforce the advice they are already giving to their patients. Also, the content is based on a practice guideline about acute low-back pain which the GAC is recommending to Ontario physicians.

### Q. Exactly what role did the Institute play in developing the back pain material?

**Reardon:** The content was reviewed by several of our researchers who are familiar with the best evidence for managing and treating low-back pain. We included up-to-date advice, based largely on the Institute's own research in this area, about returning to work after an episode of acute low-back pain. Our own experienced medical writer and editor created the text in keeping with well-established principles for communicating effectively with patients.

But what makes the project unique is that we utilized an existing network of Ontario family physicians in the process of developing the booklet and other related materials. These doctors told us what they and their colleagues could and would use, and we relied on their guidance and feedback." (see *About the Educationally Influential Physicians' Network* on page 7)



The new booklet is designed to facilitate discussion about back pain between patients and physicians

### Q. You mentioned other materials. Can you give an example?

**Reardon:** From our discussions with our physician group, we learned that there is a natural rhythm to an office visit. At the end, the doctor often hands the patient a slip ordering lab tests or a prescription for medication. Patients have almost come to expect this. We thought it would be helpful to create something clinicians could hand patients at the end of the visit which would give details about how to manage their condition. We also developed a tear-off pad that includes an area filled in by the doctor stating "If you are not feeling better by such and such a date, come back to my office."

### Q. How is the new booklet being used?

**Reardon:** We are already starting to distribute copies through our network of 200 educationally influential physicians throughout Ontario. The materials may eventually be shared with other groups, depending on their interest and also on the feedback we receive. [Click here to continue...](#)

## Read an excerpt from “So Your Back Hurts ... Learn what works, what doesn’t and how to help yourself”

### Test yourself: How much do you really know about low-back pain?

What people think about low-back pain can affect how quickly they will recover. Here are some common beliefs:

**“I can hardly move. Something must be seriously wrong with me.”**

Many people who suffer a first attack of low-back pain think something is seriously wrong. Of course it's natural to be concerned, especially if the pain is severe and you can't function normally at home and at work. But in most cases, even though your back hurts a lot, your doctor will rule out any serious causes and reassure you that your condition is not medically serious.

**“If I just take it easy for a week and rest on the sofa, the pain will go away.”**

Many people believe that resting is the best way to heal. This is true for other kinds of injury such as a sprained ankle. But when it comes to low-back pain, it's important to understand that “hurt doesn't equal harm.” Resting in bed is not helpful and can actually make your back pain worse over time. Stay as active as possible, even if moving around is painful. This will help you feel better sooner.

**“I have to see my doctor right away or maybe even go to the hospital.”**

If this is your first attack of low-back pain, you have done the right thing by seeing your family doctor. He or she will make sure nothing is seriously wrong and give you advice about how to manage your pain.

### Are you a patient or a physician who would like to see the full text of the new back pain booklet?

- You can download a free copy in portable document format from the Institute web site at [www.iwh.on.ca/archive/pdfs/IWH\\_back-book.pdf](http://www.iwh.on.ca/archive/pdfs/IWH_back-book.pdf).
- You can order a limited number of printed and bound copies at no charge (except for shipping and handling) by downloading and completing an order form which can be mailed or faxed back to us. Go to [www.iwh.on.ca/products/back\\_book.php](http://www.iwh.on.ca/products/back_book.php).
- Family physicians can also download a free copy of the “Prescription for Low-back Pain” pad and other materials at [www.iwh.on.ca/products/back\\_book.php](http://www.iwh.on.ca/products/back_book.php).

### Q. How does this project fit in with the Institute's concept of effective knowledge transfer and exchange?

**Reardon:** I think this type of two-pronged approach to delivering research-based messages is potentially quite powerful. Besides putting evidence-based materials in the hands of clinicians, we're also educating patients, hopefully with a sort of “multiplier effect.” If patients read and understand the booklet, they will be more aware, less fearful, more accepting of the fact that they probably won't be given an X-ray, and more receptive to their doctor's advice about staying active as the key to feeling better faster. In the long-term, we really feel this approach has the potential to reduce disability, to ease the load on clinicians, and maybe even to reduce health-care costs.

## About the Educationally Influential Physicians' Network

The new booklet on acute low-back pain was developed with the help of Ontario family physicians who are part of the Institute's Educationally Influential (EI) Physicians' Network.

In recent years the Institute's Knowledge Transfer & Exchange (KTE) staff have been working to establish meaningful relationships with clinicians who treat low-back pain and work-related musculoskeletal disorders.

“The idea was to develop a two-way exchange of information,” explains KTE Director Jane Gibson. “Once we identified the educationally influential clinicians, we could then deliver our research-based messages about low-back pain, repetitive strain injury and return to work. They would be encouraged to incorporate this evidence into their practices and to share this knowledge with their colleagues. At the same time, we would have the ability to tap into their real-world experiences which might be useful for us as we develop future research projects and products.”

But how could a small team of scientists and KTE specialists build ties with thousands of clinicians across Ontario?

“We relied on a concept originated by American medical educator Roland Hiss,” explains Knowledge Transfer Associate Rhoda Reardon who heads the EI clinical networks project. “Using his standardized questionnaire, we obtained the names of clinicians who were selected by their peers as being educationally influential—that is, their colleagues saw them as natural teachers and sharers of information. These clinicians were then approached to see if they were interested in becoming part of our clinical knowledge exchange network.”

So far about 370 EIs have been identified in the areas of family medicine, physiotherapy, occupational health nursing and kinesiology. Discussions are now underway to identify educationally influential chiropractors and a project to identify occupational therapists is nearly complete.



## Board of Directors appoints new chair

Dr. Roland Hosein, Vice-President of Environment, Health and Safety at General Electric Canada, has been appointed as the new chair of the Institute's Board of Directors.



Dr. Roland Hosein

Hosein, who was appointed to serve a two-year term beginning this summer, is also a professor in the Department of Public Health Sciences at the University of Toronto.

"I have always been aware of the work

being done at the Institute and have been impressed by the high caliber of both the research and researchers there, along with the outreach done by the Knowledge Transfer & Exchange team," he says.

Hosein holds a PhD in epidemiology from the University of Western Ontario. He serves on the Boards of organizations including Prime Mentors Canada, a charitable organization that matches children with mentors in the teaching profession; the Canadian Manufacturers & Exporters Association; and the Industrial Accident Prevention Association. He is also a member of the Research Advisory Council of Ontario's Workplace Safety & Insurance Board.

Hosein replaces outgoing chair Dr. Mark Rochon who served on the Board of Directors since 1998.

"Over the years, I have witnessed the continued development of an organization with a unique and important mission in our society. I have learned a great deal through my association with the IWH," says Rochon, who is currently the President and Chief Executive Officer of Toronto Rehab.

During Rochon's tenure as chair, the Board undertook the first major review and renewal of bylaws since the Institute was founded in 1990. The Institute also recruited Chief Scientist Dr. Anthony Culyer, who joined the staff in fall of 2003.

## Syme Fellowship appointments

The Institute has awarded two *S. Leonard Syme Fellowships* in Work & Health for 2005/2006. The Fellowship awards are intended to support young researchers at the masters' or doctoral level who intend to do research in the field of workplace health.

- **Garry C. Gray**, a PhD candidate in the Department of Sociology, University of Toronto is the recipient of the major award. Garry's interests in occupational health and safety focus on near miss accidents, the right to refuse unsafe work and the ticketing of health and safety violators. His dissertation is entitled "The Construction of Health and Safety: Government Regulation and Everyday Experiences of Health and Safety."
- **Anjali Mazumder**, PhD candidate in the Department of Statistics at the University of Oxford is the recipient of the minor award. Anjali's thesis topic is "Graphical models and patterns recognition applied to identification problems in health and medical sciences."

## Fall plenary session

Each year from September to June, the Institute hosts a series of external plenaries devoted to discussing new or ongoing research related to workplace health.

The usual format is a presentation followed by discussion. The presenter may be an Institute scientist or an outside expert. Our Plenary Committee invites potential speakers from various fields— including occupational health and safety, epidemiology, health economics, compensation policy, return-to-work and clinical care— to share their knowledge and insights with Institute scientists, student, staff and guests.

*Plenaries are held at the Institute for Work & Health, 481 University Avenue, Suite 800, Toronto. They are usually held from 10:45 a.m. to noon.*

*Seating is limited. To confirm your attendance, please contact Lyudmila Mansurova at 416-927-2027 ext. 2137.*

**Tuesday, October 4, 2005**

Topic: NIOSH, Canada Inc.? A short history of what is and could have been, and some

thoughts and questions for the future  
Presenter: Cathy Walker, Director, Health and Safety Department, Canadian Auto Workers, Canada (CAW)

**Tuesday, November 1, 2005**

Topic: Research on accident investigators  
Presenter: Kathryn Woodcock, Ryerson University

**Tuesday, November 15, 2005**

Topic: History of injured worker movement in Ontario  
Presenter: Robert Storey, Sociology & Labour Studies, McMaster University

*To view a complete list of upcoming plenaries, visit our web site at [www.iwh.on.ca/about/plen.php](http://www.iwh.on.ca/about/plen.php).*

## New publications

The following publications are now available on the Institute web site.

**Media Room**— Read our briefing on non-fatal injuries in young workers at [www.iwh.on.ca/media/youngworkers.php](http://www.iwh.on.ca/media/youngworkers.php).

**Products & Publications**— The Institute's 2004 Annual Report, *Dedicated to change: Fifteen years of advancing worker health* is available at [www.iwh.on.ca/products/ann-report.php](http://www.iwh.on.ca/products/ann-report.php).

## Working Papers

Are the results of a systematic review of treatment effectiveness sensitive to review method used? A comparison of a Cochrane Back Review Group Guidelines' review and best-evidence synthesis (#292) G van der Velde, M van Tulder, P Côté, S Hogg-Johnson, P Aker, J D Cassidy and Members of the Scientific Secretariat of The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders

Review of Confidence Intervals for a Poisson Mean (#282) M B Swift

Job satisfaction, pain intensity, and absenteeism in work-related upper extremity musculoskeletal disorders: an investigation using path analysis (#112) J Smith, D Cole, S Ibrahim

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