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Institute welcomes new scientific director

Dr. Benjamin Amick became Scientific Director of the Institute for Work & Health (IWH) in January 2007, but he is no newcomer to IWH. He has collaborated with Institute scientists on a number of projects and has held appointments as adjunct or part-time scientist since 1997.

"We are delighted to have Dr. Amick join us on a full-time basis," says Institute President Dr. Cameron Mustard. "His commitment to high-quality research and knowledge transfer activities, as well as his familiarity with the Institute's work, will ensure a smooth transition in the scientific leadership at IWH."

Most recently, Amick led a systematic review of studies on interventions to prevent musculoskeletal injuries in health-care settings, which was completed in December, 2006.

A multi-disciplinarian from the outset of his career, Amick earned a PhD from John Hopkins University in social epidemiology. His doctoral studies on the health effects of technological change combined epidemiology, organizational sociology and ergonomics. The latter was a relatively new discipline in the early 80s. He completed his doctoral studies while working at the U.S. National Institute for Occupational Safety and Health and spent five years working in the U.S. Congress, translating research into policy.

He has published widely, and his most recent appointments were as Associate Professor at the School of Public Heath, University of Texas, Houston, as well as Associate Director for Education, Training and Leadership Development at the Texas Institute for Society and Health.

"The Institute for Work & Health represents my view of how research should be conducted. People don't work in silos of academic expertise, but rather as teams, to try to solve real-world problems in the workplace," he says.

Under Amick, the IWH mandate will remain committed to conducting top-quality research relevant to its various stakeholder communities, and to build communication channels to share research findings, as knowledge transfer is one of Amick's many interests.

"The Institute for Work & Health represents my view of how research should be conducted."

– Dr. Benjamin Amick III, Scientific Director

Amick is excited that both IWH scientists and the community they serve are unafraid to integrate approaches. "The IWH is probably one of the few places in the world that has achieved what many scientists and funding bodies have wanted – a trans-disciplinary research environment." Amick looks forward to working in an environment where stakeholders want collaboration. He credits this strong collaborative culture to early IWH leadership, and its ongoing commitment in this area.

"My greatest hope is that I can continue the tradition, and use my expertise and knowledge to foster innovation and support people with their diverse talents and skills," he says.

Amick will also continue research in his own areas of interest. One area is organizational practices, and how organizations construct policies that effectively support return to work, prevention and safety.

Another area of interest is in communicating best practices, conducting the types of literature reviews that are

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In this issue

INSTITUTE FOR WORK & HEALTH
INSTITUT DE RECHERCHE SUR LE TRAVAIL ET LA SANTÉ

Research Excellence Advancing Employee Health

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The Institute for Work & Health operates with the support of the Ontario Workplace Safety & Insurance Board.

WSIB Workplace Safety & Insurance Board
CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

What researchers mean by …

confidence intervals

Imagine that you are trying to find out how many Canadians have taken at least two weeks' vacation in the past year.

You could ask every Canadian about his or her vacation schedule to get the answer, but this would be expensive and time consuming.

To save time and money, you would probably survey a smaller group of Canadians. However, your finding may be different from the actual value if you had surveyed the whole population. That is, it would be an estimate. Each time you repeat the survey, you would likely get slightly different results.

Commonly, when researchers present this type of estimate, they will put a confidence interval (CI) around it. The CI is a range of values, above and below a finding, in which the actual value is likely to fall. The confidence interval represents the accuracy or precision of an estimate.

How confidence intervals are used

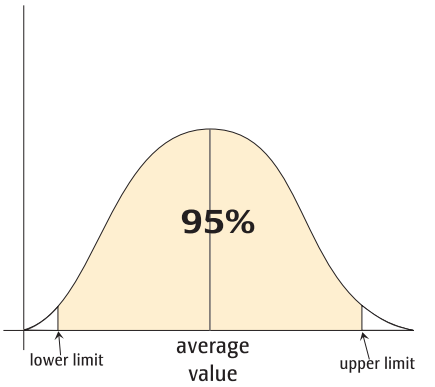
We often see CIs in newspapers when the results of polls are released. An example from the *Globe and Mail* newspaper regarding the mayoral race in Toronto last fall read, "52 per cent [of survey respondents] said they would have voted for Mr. Miller if the election had been held last week. The margin of error is plus or minus 4.4 percentage points, 19 times out of 20."

The "margin of error" represents the confidence interval. It is the range from 47.6 to 56.4 per cent - that is, 52 per cent plus or minus 4.4 percentage points. The researchers are confident that if other surveys had been done, then 95 per cent of the time - or 19 times out of 20 - the findings would fall in this range.

The 95 per cent confidence level is used most often in research; it is a generally accepted standard. However, researchers can calculate CIs at any level of significance, such as 90 per cent or 99 per cent. The significance level simply indicates how precise they are willing to be.

What factors influence a confidence interval?

A narrow or small confidence interval indicates that if we were to ask the same question of a different sample, we are reasonably sure we would get a similar result. A wide confidence interval indicates that we are less sure and perhaps information needs to be collected from a larger number of people to increase our confidence.



A 95 per cent confidence interval (CI)

The CI is a range of values, above and below a finding, in which the actual value is likely to fall. The confidence interval represents the accuracy or precision of an estimate.

Confidence intervals are influenced by the number of people that are being surveyed. Typically, larger surveys will produce estimates with smaller confidence intervals compared to smaller surveys. Other factors will include the accuracy of the measurements in a survey. If measurements are less accurate, it will likely increase confidence intervals.

Why are confidence intervals important?

Because confidence intervals represent the range of scores that are likely if we were to repeat the survey, they are important to consider when generalizing results. In the example with David Miller, how confident would you be in saying that more than half of Torontonians would vote for Miller?

If you repeated the survey again, you may get a value of 47.6 per cent, which lies within your 95% CI. Therefore, you may not be comfortable with such a statement. On the other hand, you would likely be more confident saying that at least 45 per cent of voters will cast their vote for Miller. ✪

Research explores health and safety issues in immigrant workers

For the third time this month, she's received a flash burn from the machine. But rather than report it, she quietly nurses her wound and continues with her job. She doesn't want to be seen as a troublemaker.

The hours he works outside are long and he's not getting enough sun protection or hydration, putting him at risk for several heat-related conditions. The problem is that he doesn't know how to say this in English.

Workplace health and safety issues may have different implications when they involve immigrants, as illustrated by the cases described above. With an increasing immigrant population in Canada, this is becoming a growing area of research and policy attention.

"There hasn't been much research on certain aspects of immigrants' work, such as the types of occupations or industries they're in," says Peter Smith, an associate scientist with the Institute for Work & Health (IWH). "Some studies have looked at work injuries in the immigrant population, but they haven't been of very high quality."

As immigrants are gradually comprising a larger proportion of the workforce, it becomes important to understand the particular issues they face. Between 1991 and 1996, immigrants accounted for 70 per cent of all

labour force growth, according to Human Resources and Development Canada. In fact, immigrants are expected to account for almost all net growth in the Canadian labour force by 2011.

Smith, along with IWH President Dr. Cameron Mustard, has received a grant from the Workplace Safety & Insurance Board to examine immigrant working conditions, primarily in Ontario, but also selectively throughout Canada. This work is commencing in 2007.

"We'll look at factors such as the availability of work for immigrants, how they obtain employment, the type of employment they obtain, and the risks posed in terms of physical and psychological demands of work," says Smith. "We will also look at the injury rates of immigrants versus the Canadian-born population."

The focus on Ontario is logical, explains Smith: according to the 2001 Census of Canada, 56 per cent of recent immigrants – defined as those who have been here five years or less – settled in Ontario.

Stéphanie Premji has also noted the lack of research in this area while completing her PhD at the University of Quebec in Montreal. Premji, who received a Syme Fellowship from IWH in 2006, is conducting a mixed method study. This approach combines quantitative information from the Quebec workers' compensation board and the Census, and qualitative information from interviews of immigrant workers in a clothing factory in Montreal.

To date, Premji has preliminary findings from her qualitative work. One key issue she has observed is the language barrier. Couple that barrier with fear, and it creates complicated work situations.

"In the factory where I am conducting my research – unlike most workplaces employing immigrants – there is lots of information about recourse in the event of a work-related accident or illness," she says. "But people don't exercise their rights when they're afraid. And they're afraid because they don't want to lose their jobs, and because of their other responsibilities."

In Brief ...

Immigrant and migrant workers face different issues than Canadian-born employees, such as language barriers and lack of knowledge about their rights. As the immigrant population increases, this is becoming a growing area of research and policy attention.

Those other responsibilities include second and even third jobs, plus sending money to family in their home countries. "It's important to understand the reality for immigrants – which can include precarious work situations, communication issues, family responsibilities and financial responsibilities – and how all of these aspects have an impact on their health," says Premji.

Janet McLaughlin, also an IWH Syme Fellow, is familiar with these issues as well. McLaughlin, a PhD student at the University of Toronto, is currently examining both physical and mental health concerns among workers through Canada's Seasonal Agricultural Workers Program (SAWP). This program employs some 20,000 Mexican and Caribbean

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Have you visited our website lately?

Click on www.iwh.on.ca to find these new features:

- our dynamic new home page
- a new Research Highlights section with easy-to-read summaries of the latest workplace research from IWH
- a new systematic review on youth occupational disease
- our winter plenary schedule with experts speaking on topics such as neck pain in injured workers, low-back pain and return to work, and flexible work hours

Ontario, B.C show different declines in work injury rates

Is the workplace becoming safer? This question heads a recent report that examined workplace injury claim rates in Ontario and British Columbia.

The study, which was authored by several researchers at the Institute for Work & Health, was published in Statistics Canada's journal *Perspectives on Labour and Income*.

"We knew injury rates were declining, and one reason we did this work was to make the provinces comparable, to see whether one province was showing more or less improvement than another," says IWH Scientist Dr. Curtis Breslin, the lead researcher.

The researchers examined claims between 1990 and 2001 from Ontario's Workplace Safety & Insurance Board and British Columbia's WorksafeBC. They used information from Canada's Labour Force Survey to estimate the total number of workers and calculate injury rates.

In Ontario, between 1990 and 2001, work injury claim rates dropped by 4.6 per cent per year, while there was a three per cent drop per year in B.C. The study also showed that in both provinces, the service-producing sector – which encompassed industries such as transportation, communication, education, and food and beverages – had a lower injury rate than the goods-producing sector, which included agriculture, fishing, manufacturing and construction.

Also noteworthy was the age factor: the study showed that the injury rates were still the highest for workers in the 15 to 24 age category, whereas workers over 50 years of age experienced the lowest rates.

What also stood out were the declining rates in both provinces and how they compared, says Breslin (see tables below).

"It was interesting to see the changes over time by industry," says Breslin. "Generally, we saw that British Columbia starts at a higher rate and shows less of a percentage change than in Ontario."

He notes that the "why" behind the differences isn't examined in this study. "One possible explanation that kept coming back to us was that even within an industry, the kinds of work done in B.C. may be different than the work done in Ontario in the same industry," he says.

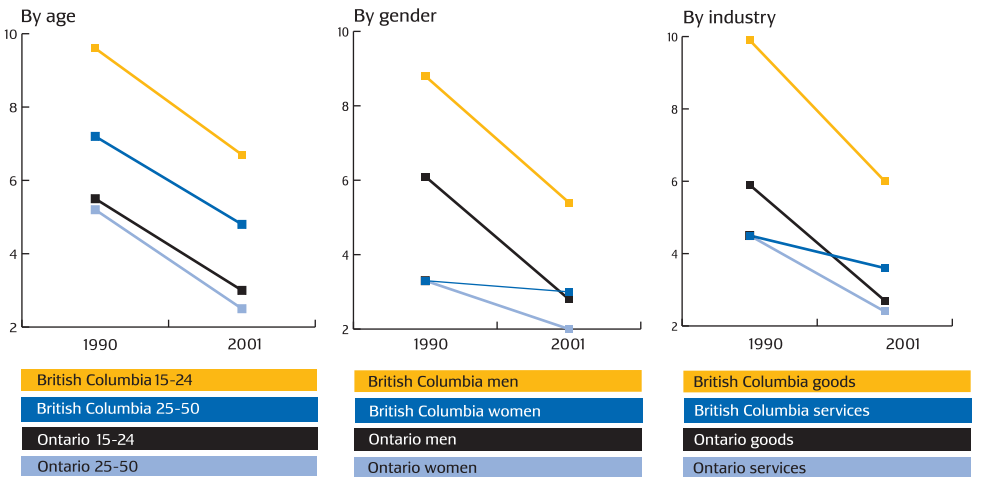
The study also revealed differences in injury rates between men and women. In both provinces, women had fewer reported injuries. The women's claim rates seem to be dropping faster in Ontario than those in B.C., says Breslin.

In the end, Breslin notes this study moves us closer to the goal of some meaningful comparisons of rates between provinces.

"This study was a demonstration that you can bring together claims from different provinces and come up with rates with common denominators to see who's performing better. It can also generate ideas on why the trends differ between provinces," he says.

He suggests, "An organization such as the Association of Workers' Compensation Boards of Canada could take a look at this approach to see whether it could be expanded to start comparing other provinces. That's one of the main motivations for doing this work." ✪

Lost-time claims per 100 employees (full-time equivalents)



In Brief ...

In both Ontario and British Columbia, work injury rates dropped between 1990 and 2001. However, B.C. generally showed less of a decrease. By comparing rates among provinces, we can see who is performing better and start to explore why rates differ.

Institute welcomes new scientific director (continued from page 1)

useful for different groups, and creating information that can be used by stakeholders.

Finally, he is also interested in the idea that health improvements could improve productivity. For instance, he conducted a study to evaluate the effect of ergonomics training and a new, highly adjustable chair at two worksites. The study showed that the combination of both practices not only reduced musculoskeletal injuries, but also improved productivity by about 18 per cent.

Amick anticipates that the coming years will be fun, with plenty of work. His biggest challenge? "Not messing up," he quips. "Helping a lot of very creative people continue to be creative and productive. That's going to be my enjoyment."✪

Flexible work in the high-tech sector: does it really meet workers' needs?

Flexible work arrangements are often regarded as a positive development. When employees can work from home or set their own hours, for instance, it appears to accommodate their needs. However, flexible work may also be associated with a lack of stability or security, which has been linked with poor health.

To gain greater insight into this area, Dr. Ellen MacEachen, a scientist and sociologist at the Institute for Work & Health, conducted a study of flexible work in the high-tech sector. She and her colleagues interviewed managers and some employees at 30 software sales and service companies in southern Ontario.

One theme that emerged was that flexibility had, in a way, become a means to govern workers. While managers believed that flexibility gave employees greater independence and reduced stress, it also catered largely to the needs of the firm. Workers were expected to be available to meet deadlines in a highly competitive environment, and the concept of overtime didn't exist.

As one manager put it, "…because we are financially driven we say as long as we hit targets, certain targets, then people can do almost what they want to get to those targets. Whether they work 14 hours a day or whether they work six the next day, however it works out to be, we are very flexible in that way."

"What appears to be a long leash is actually a short leash," says MacEachen.

In these companies, which all had fewer than 300 employees, the line between home and work was also blurred. While flexibility was believed to promote work-life balance, MacEachen says, "What we were seeing was that work always came first, and family was made to fit into work."

The high-tech sector is not required to register with the Workplace Safety & Insurance Board (WSIB), Ontario's workers' compensation agency but can choose to do so. Many companies in the study opted not to have WSIB insurance, and it is unknown what the implications are.

Because these employees were well-paid and accepted the long hours, one might question why these issues are relevant. But MacEachen points out, "The work conditions they agree to set the tone for many other workers within related industries." This influence on the broader work culture, therefore, might extend to employees in less favourable circumstances – those who earn much less money, or those who can't work 14-hour stretches, for example.

This type of study, which is called a qualitative study, is useful in investigating new and emerging areas of interest. This study, for instance, points to the fact that we don't know the long-term health implications of intense working hours and job instability in such a competitive environment.

MacEachen has presented her findings at several conferences, including the American Public Health Association's Annual Meeting in Boston last November. ✪

In Brief …

While flexible work arrangements are often seen in a positive light, there is a flipside.
In this qualitative study in the high-tech sector, workers were always expected to be available to meet deadlines, and work came first over family.

Research explores health and safety issues in immigrant workers (continued from page 3)

migrant workers annually in farming and rural communities.

"My goal is to gain a broad and general understanding of various health problems experienced by workers, since these issues have remained largely unstudied among this population," she says. Some of these issues include hours of work, rest periods, access to protective clothing and gear, musculoskeletal problems, and exposure to the elements and agrochemicals. McLaughlin notes that some measures are being taken to address migrants' working conditions.

"In 2006, for the first time, Ontario farm workers, including migrant workers, were covered under the Occupational Health and Safety Act. This was an important first step in addressing health and safety concerns endemic to the agricultural sector," she says. "It remains to be seen, however, how effective this act will be in protecting migrant workers, many of whom don't speak English or are illiterate, tend to lack knowledge of their rights, and have no job security or mobility. All of this puts them in a particularly vulnerable position and limits their ability to stand up for better conditions."

As a whole, the purpose of this research is to highlight common issues among this almost invisible working population, and bring them to light for legislators and governing bodies. ✪

infocus

Seven key principles support an employee's successful return to work

When workers need time off from their jobs because of a work-related injury, their recovery and return to work can be a complex process.

The seven principles of successful return to work (RTW) were developed to provide some guidance on how to approach this process. The principles were developed by the Knowledge Transfer and Exchange (KTE) team of the Institute for Work & Health, in collaboration with the Workplace Safety & Insurance Board's RTW team.

"These principles pull together the messages from research, making them more tangible," says Jane Gibson, Director of KTE at the Institute. "We felt that the principles would be useful to a range of players in the field, including disability managers, employers, insurers and of course, workers."

Each principle has been shown to contribute to successful RTW, which was measured as a drop in the duration of a worker's disability and in costs.

The principles are based on findings from a 2004 Institute systematic review of RTW practices, as well as current research in the field. The review, conducted by IWH Scientist Dr. Renée-Louise Franche and colleagues, provided particularly helpful insights, as it analysed both the quantitative and qualitative research.

"The quantitative research answered the question, 'What works' and the qualitative answered 'How does it work, in terms of the context and processes?'" says Franche.

"We felt that the principles would be useful to a range of players in the field, including disability managers, employers, insurers and of course, workers."

– Jane Gibson, Director of KTE at IWH

The principles provide a starting point to engage organizations in a dialogue about RTW, as employers and workers can see how the principles apply to their setting, she notes. "These principles are related, and when more than one is in place, there is a synergy that strengthens the impact."

Below is a description of the principles and a brief description of the research behind them. For the complete version and references, please visit www.iwh.on.ca

Principle 1: The workplace has a strong commitment to health and safety, which is demonstrated by the behaviours of the workplace parties.

There is a saying that "actions speak louder than words," and in the case of RTW, this is borne out by research. Certain actions or behaviours of employers, labour unions and others in the workplace are associated with good RTW outcomes. These behaviours include the following:

- Senior management has invested company resources and people's time to promote safe and co-ordinated return to work.
- Labour supports safety policies and RTW programming. For example, RTW job placement practices might be included in policies, procedures and/or the collective agreement.
- A commitment to safety issues is the norm that is accepted across the organization.

Studies of disability management interventions, where there was strong union support, showed reductions in work disability duration and costs. In addition, qualitative studies indicated that a collaborative approach to RTW between labour and management helped ensure there was no conflict between the collective agreement and the RTW process. Andy King, a department leader for Health and Safety, United Steel Workers of America, has suggested that creating a RTW strategy could be a point of collaboration for organized labour and management.

Principle 2: The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return as early as is feasible to work activities suitable to their temporary abilities.

Accommodated work is a core element of disability management, which leads to favourable outcomes. "We all know work accommodation is critical," says Franche. "However, it needs to be acceptable to all parties involved, but most importantly to the worker and the employer." Several studies have shown that an awkward fit between the worker and a modified work environment can contribute to breakdown of the RTW process and should be avoided.

In some cases it will be helpful to consult with an ergonomics expert. The systematic review also suggests that another core disability management component is ergonomic work site visits. When RTW planners face difficulty in creating an appropriate modified job, ergonomic expertise should be available.

Principle 3: RTW planners ensure that the RTW plan supports the returning worker without disadvantaging co-workers and supervisors.

Return-to-work planning involves more than matching the injured worker's physical restrictions to a modified job.

The planning must acknowledge that RTW is a "socially fragile process" in which co-workers and supervisors may be thrust into new relationships and routines. If colleagues are put at a disadvantage by the RTW plan, this can lead to resentment rather than co-operation. Two examples illustrate where RTW plans may cause problems:

1. When co-workers resent taking on tasks of the injured worker and feel that he or she has managed to get an "easier" job.
2. When supervisors still need to fulfill production quotas while accommodating a returning worker, and there isn't a full acknowledgement of the work that this requires.

"We all know work accommodation is critical. However, it needs to be acceptable to all parties involved, but most importantly to the worker and the employer."

– Dr. Renée-Louise Franche, IWH Scientist

Workplaces that create individual RTW plans that anticipate and avoid these pitfalls will have better results.

Principle 4: Supervisors are trained and included in RTW planning.

Supervisors are important to the success of RTW because of their proximity to the worker and their ability to manage the immediate work environment, according to the review. When supervisors are left out of RTW planning, they feel ill-equipped to accommodate returning workers.

"Because RTW is not a static event, supervisors are in the best position to monitor changes, and explain or smooth over issues that arise in the work area," says IWH Scientist Ellen MacEachen, who led the qualitative part of the systematic review.

Educating managers and supervisors in areas such as safety training or participatory ergonomics also contributes to successful RTW. Dr. Glen Pransky, director of the Liberty Mutual Research Institute for Safety in the U.S. reports positive results from an ergonomic and safety training program for supervisors. In this program, supervisors were also taught to be positive and empathetic in early contacts with workers, and to arrange accommodations, follow-up and problem solve regularly.

Principle 5: The employer makes early and considerate contact with injured/ill workers.

"Early" contact is a core component of most disability management programs. It is associated with better RTW results. The actual time frame for making contact may vary, depending on the worker's situation.

Ideally, the immediate supervisor should make initial contact to ensure the worker feels connected to the workplace and colleagues. This contact should signify that the employer cares about the worker's well-being, and should not involve discussions on the cause of injury or on laying blame. The worker's general perception about the workplace and its concern for workers will influence how he or she responds to employer contact.

"Early contact is most successful when pre-existing conditions in the workplace are positive," says MacEachen.

Principle 6: Someone has the responsibility to co-ordinate RTW.

Successful RTW programs involve an RTW co-ordinator, either based at the company or externally, to manage the process. This role involves:

- providing individualized planning and co-ordination adapted to the worker's initial and ongoing needs
- ensuring that the necessary communication does not break down at any point
- ensuring that the worker and other RTW players understand what to expect and what is expected of them

Considering the needs of all players will facilitate the RTW process and help ensure its success.

Principle 7: Employers and health-care providers exchange information with each other as needed.

Contact between workplaces and health-care providers reduces the length of work disability, several studies showed.

Depending on the situation, one or more health-care providers might be involved, including physicians, chiropractors, ergonomists or kinesiologists, occupational therapists, physiotherapists or nurses.

Health-care providers can play a significant role in the RTW process. The injured worker often looks to them for information and advice about their condition and return to work. When employers have contact with health-care providers, they are in a better position to understand the worker's abilities and can be more confident about health and recovery decisions, says MacEachen.

The more these players understand about the worker's job and the workplaces' ability to provide accommodation, the better able they are to advise workers and participate in informed RTW decision-making.

This contact may only be necessary in complex cases. It may include telephone conversations, written communication about job demands and/or work accommodation options from the employer to the family doctor, or a workplace visit by a health-care provider. In some cases a health-care provider may be involved in delivering a fully integrated clinical and occupational approach to RTW, including medical assessment, follow-up and monitoring plus job-site evaluations and ergonomic interventions.

When family physicians lack time to consult with or visit the workplace, other rehabilitation and occupational health professionals – who may have more worksite experience – can act as a "bridge" between the workplace and health-care system. ✪

Dr. Alf Nachemson passes away

Dr. Alf Nachemson, who was a founding member of the Institute for Work & Health's (IWH's) Scientific Advisory Committee, passed away on December 4, 2006. Nachemson was a distinguished orthopaedic surgeon and researcher from Sweden. He also served as the co-editor of the Institute-based Cochrane Collaboration Back Review Group from 1995 to 2002.

Nachemson was involved in basic and clinical research on spinal disorders for more than 50 years. He conceived his first experiment while still a medical student in the 1950s. During his illustrious career, he published more than 400 papers and supervised more than 80 PhD theses in orthopaedics.

Nachemson was well known and admired internationally. In recognition of his work, he received prestigious awards from more than 20 orthopaedic societies over the years.

The annual Alf Nachemson Lectureship, held each fall in Toronto, was established in 2002 by IWH to honour his significant contribution to promoting the use of research evidence in clinical decision-making.

Expert panel reviews IWH's work

Every five years, the Institute's Board of Directors commissions an external review by an expert panel to assess the quality, relevance and impact of the Institute's work. The next review will take place in 2007.

The panel is being chaired by **Ralph McGinn**, former President and Chief Executive Officer of WorkSafeBC. Other panel members are:

- **Walter Eichendorf**, Deputy Director General of the German Federation of Institutions for Statutory Accident Insurance and Prevention (Hauptverbandes der gewerblichen Berufsgenossenschaften)
- **Gary Franklin**, Research Professor, Department of Environmental and Occupational Health Sciences and Medicine (Neurology) and Medical Director, Washington State Department of Labor and Industries
- **Linda Nkemdirim**, Manager of Occupational Health Services, Canadian Pacific Railway
- **David Robertson**, Director of Work Organization and Training, Canadian Auto Workers
- **Emily Spieler**, Dean of the School of Law, Northeastern University; former commissioner of West Virginia's Workers' Compensation Fund
- **Timothy Walker**, Scientist and engineer; former Director General of the Health & Safety Executive in Great Britain.

Panel members will visit the Institute from March 22-23, review background materials prepared by Institute staff, and meet with or receive written feedback about the Institute's work from about 100 research and non-research stakeholders.

The panel will submit a written evaluation to the Board. In addition to assessing IWH's programs, panel members will also provide guidance on priority areas for the future and on strengthening relationships with external partners.

The Research Exchange series

A new workshop series is being held to increase awareness of workplace research among Ontario's health and safety associations (HSAs). The workshops are hosted by the Industrial Accident Prevention Association (IAPA), with the IWH, and the Centres of Research Expertise in Occupational Disease and for the Prevention of Musculoskeletal Disorders (CREOD and CRE-MSD).

The first workshop featured IWH Scientist Dr. Curtis Breslin, speaking on young workers. The second workshop, led by Dr. Richard Wells, Director of CRE-MSD, addressed MSD prevention in the workplace.

For more information on future workshops, contact Monika Sharma at msharma@iapa.ca.

Grant Round-up

Grant Round-up: In addition to the Institute's core funding from the WSIB, Institute scientists receive peer-reviewed grants and awards from funding agencies.

Operating Grants

PRINCIPAL INVESTIGATOR(S)	TITLE	GRANTING AGENCY	AMOUNT
Dwayne Van Eerd Donald Cole	Systematic Review of Process & Implementation of Participatory Ergonomic (PE) Interventions	WorkSafeBC 2006-2007 Manitoba WCB[1] 2006-2007	$21,500 $10,700
Philip Bigelow	Ontario Safety Climate Monitoring	WSIB: Bridging the Gap[2] 2007	$29,981
Lynda Robson	Prevention system OHS management audit tools: description, content validation and an assessment of the feasibility of measurement research	WSIB: Bridging the Gap[2] 2007	$59,894
Emile Tompa	Adequacy and equity of workers' compensation benefits	WorkSafeBC 2006-2008	$163,200

Career Awards (awarded to an individual)

Garry Gray	Post-Doctoral Fellowship	Institute for Work & Health, 2006-2007
Agnieszka Kosny	Post-Doctoral Fellowship	CURA[3], 2006-2007
Irina Rivilis	Training Award	CIHR[4], 2006-2009

[1] WCB: Workers' Compensation Board, [2]WSIB: Workplace Safety & Insurance Board, [3]CURA: Community-University Research Alliance, [4]CIHR: Canadian Institutes of Health Research