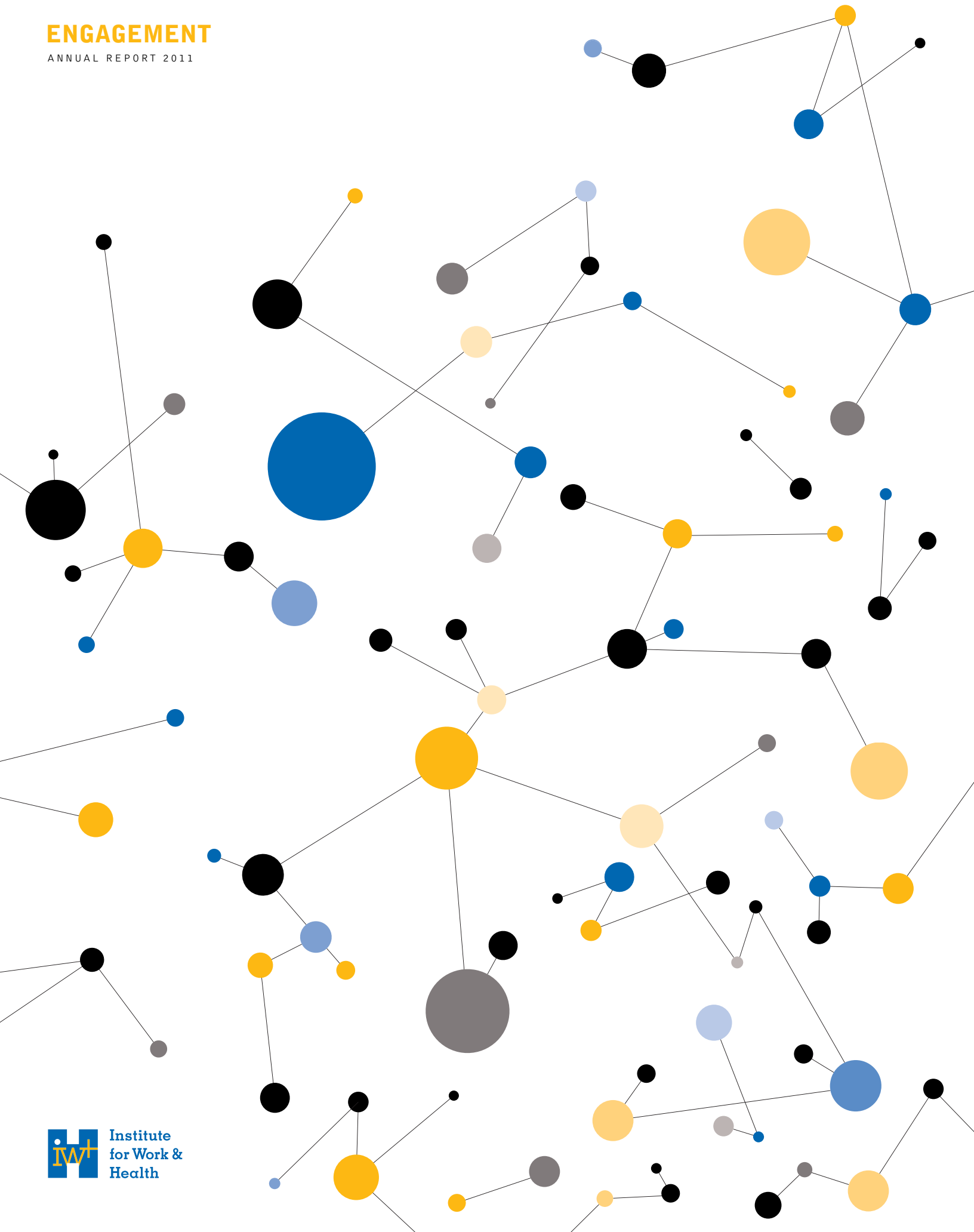



# ENGAGEMENT

ANNUAL REPORT 2011





Contents

02 Engaging with our stakeholders

04 Engagement and IWH research in 2011

10 Engagement and tools for practitioners

12 Consulting on research priorities for 2013-2017

14 A message from the Chair and President

16 The year in numbers

18 Auditors' report and financial statements

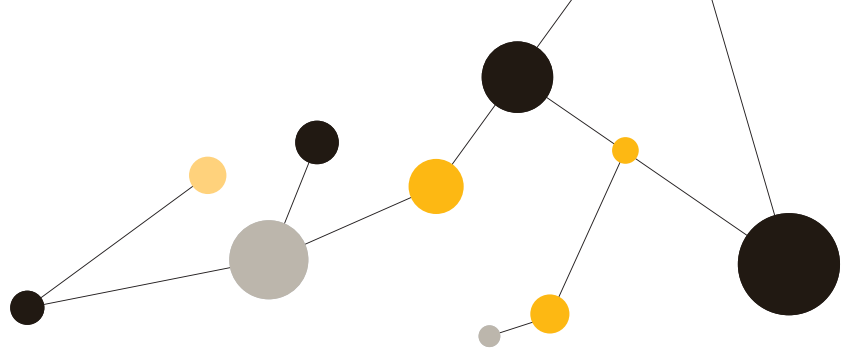
24 Governance



Consulting on research priorities. Engaging stakeholders in the research process. Collaborating with system partners.



Engaging with our stakeholders is central to the way we do research and exchange knowledge at the Institute for Work & Health.



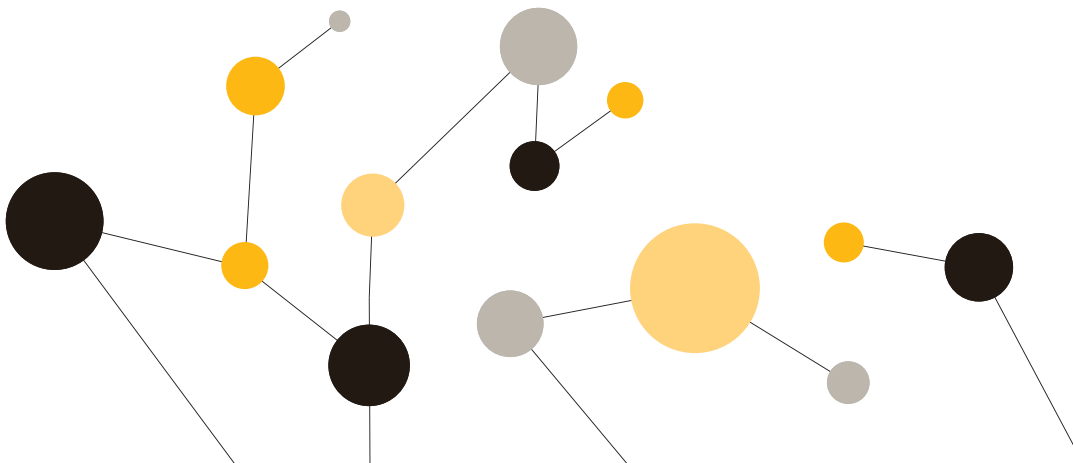
## ENGAGING WITH OUR STAKEHOLDERS

Engaging with our stakeholders—policy-makers, health and safety associations, employers, unions, injured worker groups, clinical practitioners, occupational health and safety professionals, disability managers and others—is not only a regular activity at the Institute for Work & Health (IWH); it is integrated into our research process. Often the advice of stakeholders helps us to identify research priorities, frame research questions and communicate findings in ways that are useful for policy and practice. And ongoing relationships with our stakeholders help to ensure that our findings are used.

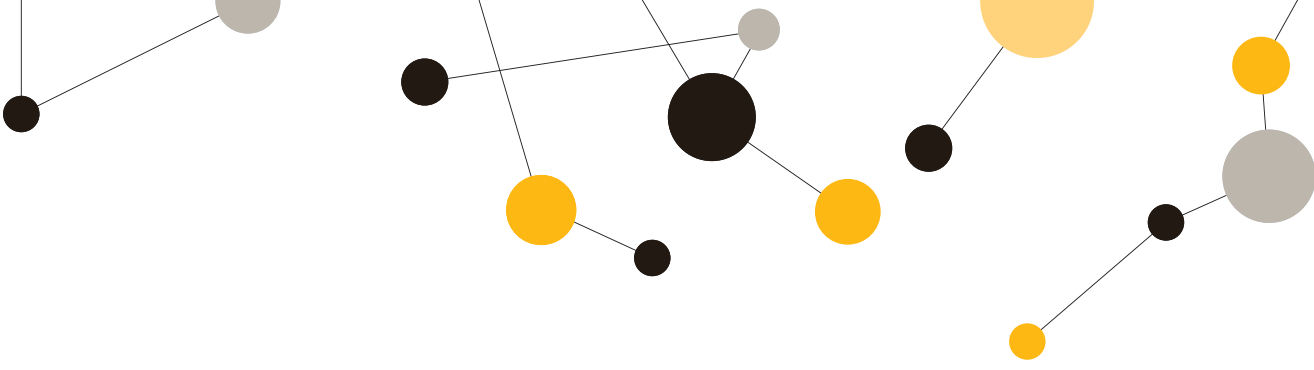
The scope and depth of our stakeholder engagement stand out from that of most research organizations. “It would be difficult to find another research institution that works as closely with stakeholders as IWH does,” says Dr. Graham Lowe, a member of the Institute’s Scientific Advisory Committee.

We engage with stakeholders in many different ways. Some are project-specific. For example, we involve stakeholder committees in our systematic reviews on the prevention of occupational injury and illness. Our process for engaging stakeholders in these reviews has been published [Keown, Van Eerd and Irvin, *Journal of Continuing Education in the Health Professions*, 2008, 28 (2)] and emulated by others. We also rely on multi-stakeholder advisory committees to inform many other research projects. In 2011, IWH hosted over 15 project-specific stakeholder engagements.

Some of our engagement occurs through regular forums for knowledge exchange, such as networks of educationally influential (EI) practitioners in the fields of ergonomics, kinesiology, chiropractic care, physiotherapy and occupational therapy. Every month, we share information with our EI networks about the latest publications in their field. At least once a year, we meet with them to present and discuss recent research, and to talk about current and emerging issues. In 2011, we laid the groundwork for a new network of disability management professionals.







We also chair a quarterly meeting of health and safety system partners to exchange information on research findings and explore opportunities to collaborate on research projects. The meetings include representatives from IWH, the Centres for Research Expertise (for musculoskeletal disorders, occupational disease and occupational cancer) and the six health and safety associations in Ontario. The latter comprises the four sector-based associations (Workplace Safety and Prevention Services, Public Services Health and Safety Association, Infrastructure Health and Safety Association and Workplace Safety North), as well as the Workers Health & Safety Centre and the Occupational Health Clinics for Ontario Workers.

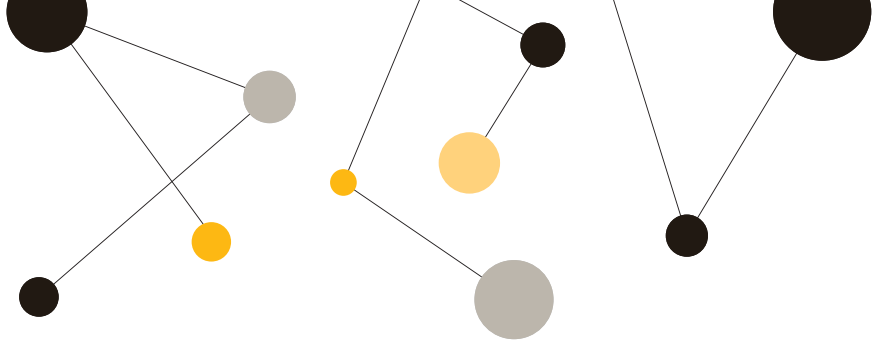
Among our regular forms of engagement with stakeholders are the workshops we offer on systematic reviews and measurement methods. These workshops are designed to increase the capacity of participants to conduct and use research.

We also make it easy to access the results of IWH research by providing plain-language summaries of our work. These include articles in our quarterly newsletter *At Work*, one-page “research highlights,” our *Issue Briefing* series on policy-relevant research, and our *Sharing Best Evidence* summaries of findings from our systematic reviews.

Stakeholder engagement has improved the quality and relevance of our research. And, quite often, our stakeholders are not just providing advice about our research – they are members of the research team.

Our impact on policy and practice has grown over the Institute’s history. We have built relationships with our key stakeholders and strengthened our commitment to, and the capacity for, collaborative research and knowledge exchange.





## ENGAGEMENT AND IWH RESEARCH IN 2011



**Many of our 2011 research projects illustrate our commitment to building stakeholder engagement into the research process. Here are a few examples.**

### LEADING INDICATORS OF HEALTH AND SAFETY PERFORMANCE

Our efforts to help prevent work injury and illness by identifying leading indicators – workplace characteristics that predict occupational health and safety (OHS) performance – continued in 2011. Chief among these was the initiation of a drive to recruit organizations into one of the largest workplace prevention studies ever undertaken in Ontario, funded by the Research Advisory Council (RAC) of the Workplace Safety and Insurance Board (WSIB). Led by IWH Senior Scientist Dr. Ben Amick, the recruitment effort illustrates how engagement and collaboration with key stakeholders have become critical to IWH research.

Three health and safety associations – Workplace Safety and Prevention Services, Public Services Health and Safety Association and Workplace Safety North – joined forces with IWH in an effort to engage more than 5,000 organizations in the study. These organizations were asked to complete a survey about their safety climate, health and safety management systems, joint health and safety committees, and organizational policies and practices. “The partnership with the HSAs has been essential to the progress of the study,” says Amick. Kiran Kapoor, Manager of Research & Program Evaluation





at Workplace Safety and Prevention Services (WSPS), says “WSPS is reaching out to workplaces to raise awareness of the study, including the value and importance of participating in it. This research has huge potential to improve injury prevention.”

The goal is to have a set of accurate leading indicators that all workplaces can use to assess their safety performance. Each participating organization will receive a report showing how it compares with other organizations in the province. Collectively, the information will create an extensive knowledge base for Ontario.

Recruitment into the “5,000 Firms Study,” as it is known, began in March 2011 and ended in May 2012. IWH expects to have preliminary findings by the end of 2012. Reports for participating organizations are expected to be ready some time in 2013.

#### **HEALTH, SAFETY AND RETURN-TO-WORK PRACTICES IN TEMPORARY WORK AGENCIES**

IWH Scientist Dr. Ellen MacEachen is leading a qualitative research study, funded by the WSIB RAC, exploring how the prevention of work injury and illness and return-to-work (RTW) issues are addressed by temporary work agencies, with a focus on low-skill jobs in this sector. The project

exemplifies the use of multi-stakeholder advisory committees to provide advice on the scope of the research and the interpretation of findings, and to provide an informed and engaged audience when results of the study are ready to be shared.

In this case, the advisory committee included representatives from the policy community, organizations providing services to temporary workers, bodies advising workers and employers on workers’ compensation issues, and a health and safety association. The advice given by the committee influenced the research design by emphasizing the importance of interviewing client employers, as well as temporary agency managers and temp workers.

Work on this study continued throughout 2011. Findings will be reported in 2012.

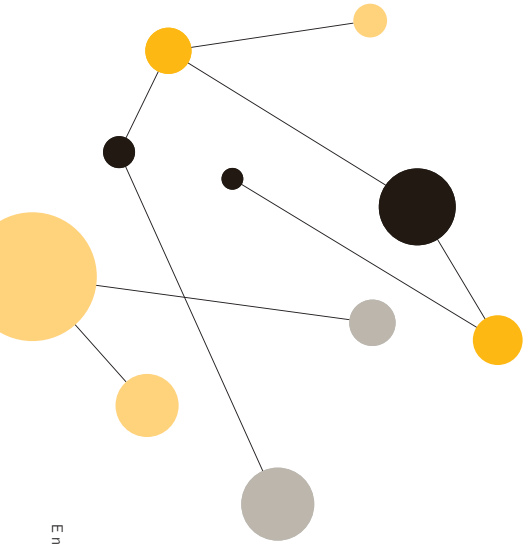
#### **ONLINE TRAINING FOR OFFICE ERGONOMICS**

Ontario’s growing knowledge and service industries are driven by computing and communication technologies. Consequently, more workers will be exposed to health and safety hazards related to frequent computer work, and they will need training to help prevent musculoskeletal disorders.

**“IT WOULD BE DIFFICULT TO FIND ANOTHER RESEARCH institution that works as closely with stakeholders as IWH does.”**

Dr. Graham Lowe, Member  
IWH Scientific Advisory Committee






Online training (also known as e-learning) in office ergonomics has been shown to be just as effective as in-person training, but at a lower cost. With funding from the WSIB RAC, Dr. Ben Amick and his team are developing an online office ergonomics training program that incorporates the latest scientific evidence and complies with current standards (such as those of the Canadian Standards Association).

Toronto's Centre for Addiction and Mental Health (CAMH) is partnering with IWH in the development of the program. Instructional system design theory and usability assessment methods are guiding the design and development. The final product will be a training program that can be used by workplace parties in combination with other office ergonomic hazard control methods. "Our work with the Institute was a collaborative effort that provided us with a useful electronic resource for staff to work in a safer way," says Cheryl Peever, Manager, Health, Safety and Wellness at CAMH. "Staff who participated in the study all felt that the training tools were extremely helpful, accessible and easy to use. We look forward to making this resource available to all our staff."

#### **VISUAL SYMBOLS TO HELP PREVENT WORK INJURY**

IWH has partnered with Workplace Safety and Prevention Services to assess a novel way to inform and protect





vulnerable workers from musculoskeletal disorders (MSDs). The project looked at the effectiveness of using pictograms – pictorial representations of safety messages – along with corresponding safety training in kitchen prep work. This study is another example of both health and safety professionals and workplace parties being involved in IWH research.

Pictograms are often used as warning labels because they are considered a universal language and, as such, can be used to help explain prohibited or desired actions to workers with low literacy skills or those for whom English is a second language. In the WSPS/IWH project, funded by the WSIB, pictogram prototypes were created and tested, first with an ergonomics advisory committee and then with kitchen prep workers in a focus-group setting.

In conjunction with the pictograms, a training program was developed with the help of experts in ergonomics and instructional design. Trevor King, Knowledge Transfer Associate at IWH, served as the coordinator of the project and conducted an evaluation of the program among kitchen prep workers using tools that included a daily symptom survey, observational assessments and a before-and-after knowledge test. The evaluation confirmed that pictograms had a positive effect on employee MSD

risk knowledge and specific risk-related practices. “As a result of this research, we are improving the kitchen prep training component and assessment tools, and taking what we’ve learned about pictogram effectiveness and applying it to other sectors,” says Kim Grant, Manager, Innovation and Knowledge Solutions at WSPS, and a member of the project team.

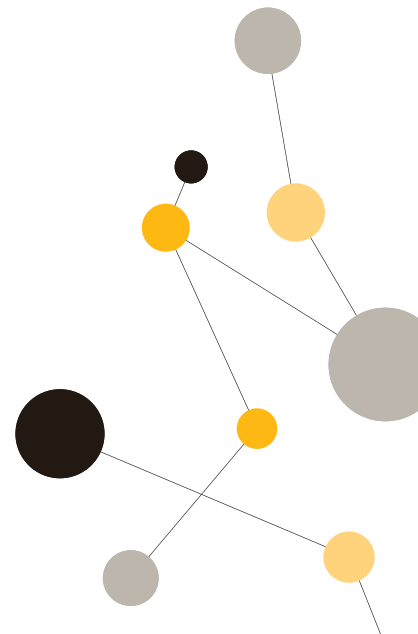
#### **RETURN TO WORK FOR WORKERS WITH LOW-BACK PAIN**


In the fall of 2011, a team led by IWH Associate Scientist Dr. Ivan Steenstra completed a systematic review of the literature on factors that affect how long it takes workers to return to work following an episode of acute low-back pain – a common cause of work absence in industrialized countries. Although most injured workers with acute low-back pain return to work following a relatively straightforward path, some do not; their disability episodes are long-term and costly.

This study, funded by the Workers Compensation Board of Manitoba, found strong evidence that the following factors predict the likelihood and timing of return to work: workers’ recovery expectations (i.e. their predictions about how likely it is they will return to work and/or how long it will be before they are able to return); interactions

**“OUR WORK WITH THE INSTITUTE WAS A COLLABORATIVE effort that provided us with a useful electronic resource for staff to work in a safer way.”**

Cheryl Peever, Manager  
Health, Safety and Wellness  
Centre for Addiction and Mental Health




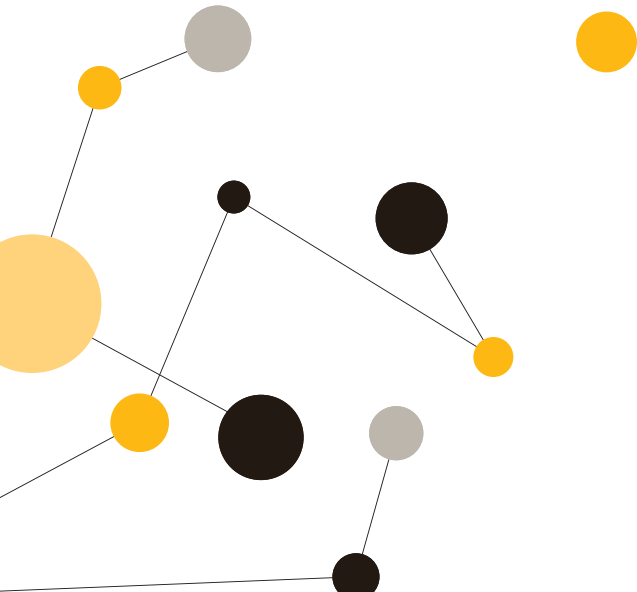


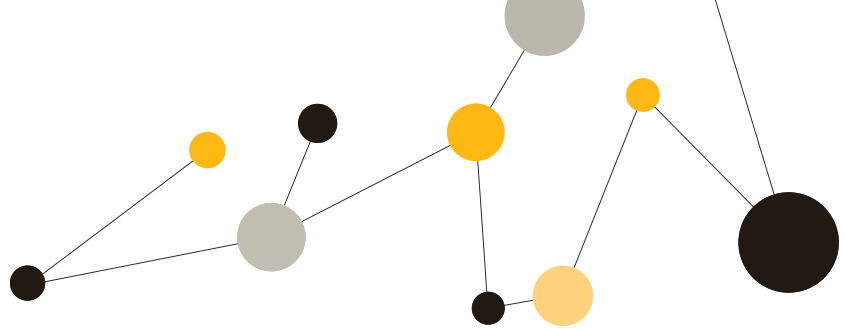
with health-care providers (e.g. type of provider and possibly the nature of their message); workers' self-reported pain and functional limitations; presence of radiating pain; and work-related factors, including physical demands, job satisfaction and the offer of modified work.

"By identifying these factors, we can potentially use them to screen those workers at high risk of long-term work absences," says Steenstra. "We can also potentially identify what needs to be done before they reach this point to help them recover and return to work sooner."

The study team not only sought stakeholder advice at different stages of the research, it also investigated how its findings compared with the views of those on the front lines of helping workers with low-back pain. The team conducted a workshop in Winnipeg, Manitoba, with 34 participants – clinicians, work-disability professionals, workers' compensation case managers and medical examiners. This engagement of the practitioner community helped inform the key messages that were included in the IWH's plain-language summary of the study (part of our *Sharing Best Evidence* series).

"The workshop on prognostic factors for return to work after an episode of acute low-back pain was a great learning





experience,” says Sylvia Horvath, Musculoskeletal Injury Prevention Specialist, Winnipeg Regional Health Authority. “I’ll be using the findings in my practice.”

**SYMPOSIUM OF THE RESEARCH  
ACTION ALLIANCE ON THE CONSEQUENCES  
OF WORK INJURY**

The Research Action Alliance on the Consequences of Work Injury (RAACWI) was a joint community-university research initiative to investigate how the workers’ compensation system helps and/or hinders injured workers. Funding was provided through a \$1 million grant from the Social Sciences and Humanities Research Council in 2006.

RAACWI’s academic lead was IWH Scientist Dr. Emile Tompa. Several other IWH scientists (including Dr. Ellen MacEachen and Dr. Agnieszka Kosny), as well as IWH Adjunct Scientist Dr. Joan Eakin, were active participants in RAACWI. The community lead was Steve Mantis, Secretary, Ontario Network of Injured Workers Groups.

Since receiving funding in 2006 until the completion of the project in March 2012, RAACWI not only supported more than 25 research studies, but also held numerous capacity-building activities in the injured worker community

and many forums linking researchers, policy-makers and injured workers.

A good example of the latter was a RAACWI symposium held in November 2011 to talk about key accomplishments of the project and issues affecting outcomes for injured workers. Over 130 people attended. “I applaud you for this symposium and the information you provide today,” said Ontario Minister of Labour Linda Jeffrey as she delivered her first official address to the symposium participants, 23 days into her new job. “Together we will ensure that injured workers in this province are treated with fairness, dignity and respect.”

Support also came from the Workplace Safety and Insurance Board. “RAACWI’s work is important and groundbreaking. It has already been influential and will continue to be,” said Judy Geary, Vice-President, Work Reintegration, WSIB.

**“I APPLAUD YOU FOR THIS SYMPOSIUM AND THE INFORMATION  
you provide today. Together we will ensure that injured  
workers in this province are treated with fairness,  
dignity and respect.”**

Linda Jeffrey  
Ontario Minister of Labour



## ENGAGEMENT AND TOOLS FOR PRACTITIONERS

The IWH commitment to produce work that is relevant for policy and practice includes the development of practical, evidence-based tools and guidelines. Tools such as *Seven Principles for Successful Return to Work*, *Reducing MSD Hazards in the Workplace: A Guide to Successful Participatory Ergonomics Programs*, *Red Flags/Green Lights: A Guide to Identifying and Solving Return-to-Work Problems* and *Neck Pain Evidence Summary* are cases in point; they have been downloaded thousands of times from the IWH website.

The content and form of our tools typically reflect engagement with key stakeholders. 2011 was no exception. The manual for one of our tools was substantially updated, and two new tools were developed – all with the help of stakeholders to ensure these tools are useful to, and known by, their intended audiences.

### DASH MANUAL

Late 2011 saw the release of the third edition of the manual for the *Disabilities of the Arm, Shoulder and Hand (DASH) Outcome Measure*. The DASH was developed by a team led by IWH Scientist Dr. Dorcas Beaton, and it is the most popular clinical tool developed by IWH researchers to date.

The DASH gives clinicians a reliable and responsive instrument to assess upper extremity joints. It is a 30-item questionnaire that includes questions about physical function, symptoms and social/role function. A shorter version, the *QuickDASH*, is also available. Both have been translated into 30 languages.

At 300-plus pages, the third edition of the DASH manual includes over 60 published articles on measurement properties of the DASH, a new chapter on the *QuickDASH*, new chapters on cross-cultural adaptations, and two optional modules – one for athletes and performing artists, and one for workers whose jobs involve a high degree of physical performance.

“The DASH outcome measure is of great benefit to clinicians around the world and to their patients with upper extremity injuries,” says Angela Harth, Chair, Education Committee, German Society of Hand Therapy. “The new manual is a treasure trove of information incorporating the latest research on the DASH.”

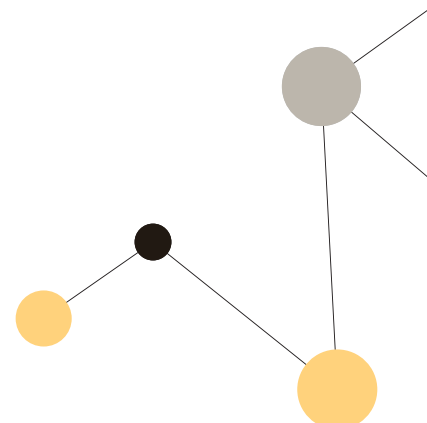
### PREVENTION IS THE BEST MEDICINE

*Prevention is the Best Medicine* (PBM) is a new toolkit from IWH developed by Dr. Agnieszka Kosny and her

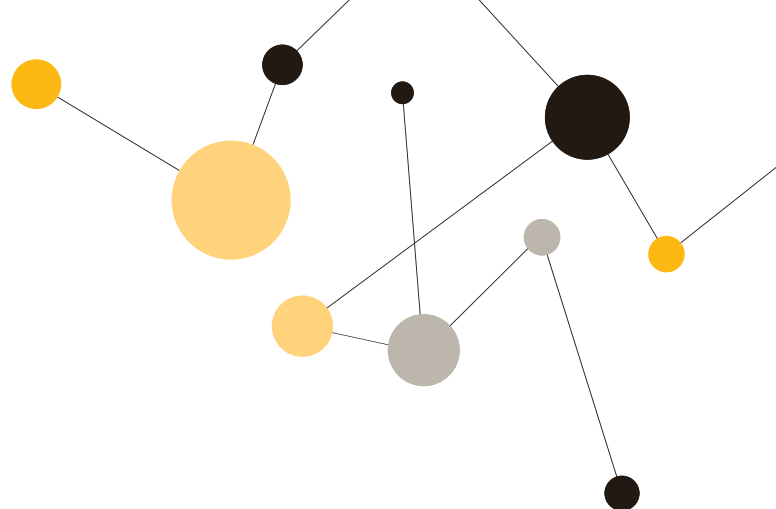
**“THIS IS A VALUABLE TOOL FOR MANITOBA WORKPLACES.**

**It provides an easy-to-use platform for systematic tracking of incidents and evaluation of health and safety projects.”**

Bruce Cielen, Manager  
Research and Workplace Innovation Program  
Workers Compensation Board of Manitoba







team. It is designed to help settlement agencies and others teach newcomers to Ontario about basic rights and responsibilities regarding occupational health and safety and workers' compensation. The 11-item toolkit includes fact sheets and a vocabulary list for learners, as well as sample lesson plans, presentation slides and advice on handling difficult issues for workshop leaders.

The development of the PBM toolkit was highly engaging. It involved: consultations with professionals working in the immigrant settlement, injured worker and health and safety fields; focus groups with settlement agency service providers and new Canadians; and a pilot test at an immigrant settlement agency in Toronto. The end result was a tool written specifically to address newcomers' needs using accessible language and true-to-life examples.

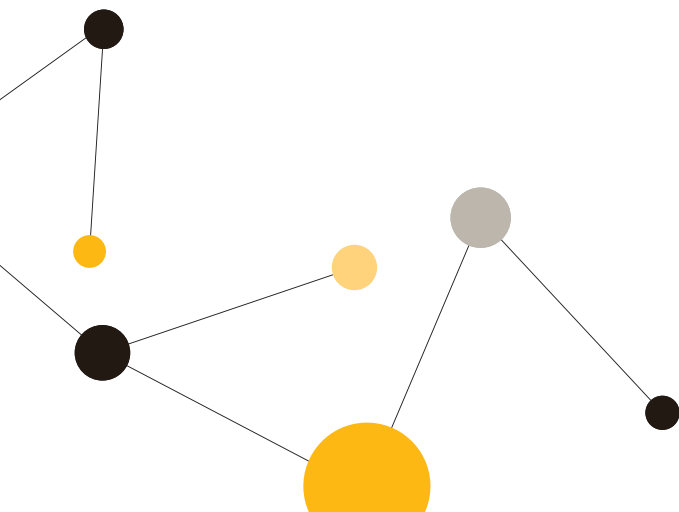
"This is a very helpful tool: it meets a need identified in the research and is easy to use," says Roland Rhooms, Director, Programs and Services at Skills for Change, a settlement services agency. "Having a community organization involved in its development was important—it brought a client perspective to the table."

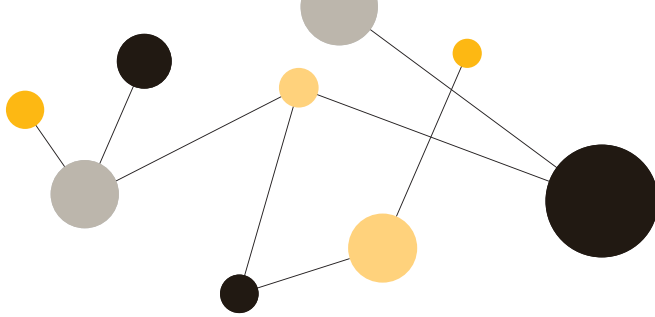
#### **HEALTH & SAFETY SMART PLANNER**

The *Health & Safety Smart Planner* is a software program designed to help workplaces understand the benefits and costs of occupational health and safety programs and interventions. IWH Scientist Dr. Emile Tompa led the team that developed the program. The Ontario version of the *Smart Planner* has seen over 900 downloads.

A Manitoba version was developed in 2011 (and launched in 2012) with some new features, including an option that allows users to track multiple incidents and enter combined incident data. New instructional videos for making the best use of the software were also created. The creation of a version tailored to Manitoba meant substantial engagement with the province's Workers Compensation Board.

"This is a valuable tool for Manitoba workplaces," says Bruce Cielen, Manager, Research and Workplace Innovation Program, Workers Compensation Board of Manitoba. "It provides an easy-to-use platform for systematic tracking of incidents and evaluation of health and safety projects."





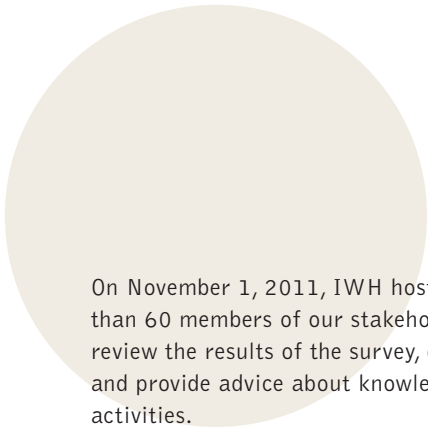
## CONSULTING ON RESEARCH PRIORITIES FOR 2013-2017

While engaging with stakeholders is a regular part of the Institute for Work & Health's research and knowledge exchange process, 2011 saw a special form of engagement: we asked our stakeholders in Ontario for their advice on research priorities for 2013-2017. This was in anticipation of the Institute's current five-year strategic research plan coming to an end in 2012.

In September and October of 2011, IWH invited over 400 professional leaders in Ontario with responsibilities in worker health protection, injury prevention, disability management and/or return to work to provide their perspectives on research priorities for 2013-2017. Those invited included worker and employer representatives, OHS professionals, disability management professionals, clinicians and policy officials.

We used a structured, web-based questionnaire to ask each respondent to select 10 priorities from a list of 24 prominent challenges in the prevention of work-related injury and illness, and to select 10 priorities from a list of 20 issues in the prevention, management and compensation of work disability. Over 260 people provided advice on the former, and almost 200 on the latter.





On November 1, 2011, IWH hosted a forum with more than 60 members of our stakeholder communities to review the results of the survey, discuss research priorities and provide advice about knowledge transfer and exchange activities.

We heard that our professional colleagues see a great need for research that is focused on helping workplaces improve and strengthen their practices. In the area of primary prevention, our stakeholders gave the highest ranking to research focused on strengthening the internal responsibility system by enhancing worker participation and management commitment. In responding to the consequences of work-related injury and illness, our professional partners gave the highest ranking to research efforts that assist workplaces in strengthening sustainable return-to-work outcomes.

Our stakeholder communities want us to continue our research efforts to provide benchmarking measures of current workplace practices in Ontario. They want help in understanding and using leading indicators of optimal workplace performance both in the prevention of work-related injury and in the accommodation and management of disability.

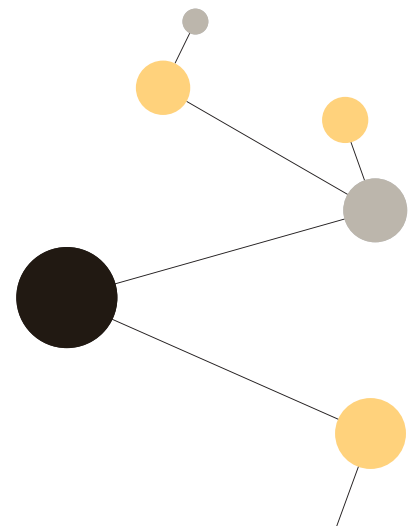
They expressed strong interest in more research on effective labour inspection and enforcement practices, as well as more research on the effectiveness of regulatory standards to ensure the workplace accommodation of disabilities arising from work-related injury and illness.

Many of our stakeholders expressed concerns that the monitoring and surveillance of physical, chemical and noise exposures in Ontario workplaces are insufficient. Many stakeholders also encouraged more research on the health effects of hours of work, workload and work schedules. At the November forum, our stakeholders noted the importance of research related to the treatment of mental health and substance abuse disorders.

At the forum, participants also reinforced the importance of continuing to integrate knowledge exchange into our research program. Stakeholders said they are interested in being partners in our research and want to be part of an ongoing dialogue about research plans.

IWH will give careful consideration to the advice of our stakeholders as we develop a strategic research plan for the next five years.

**OUR STAKEHOLDER COMMUNITIES WANT US TO CONTINUE**  
our research efforts to provide benchmarking  
measures of current workplace practices  
in Ontario.



## A MESSAGE FROM THE CHAIR AND PRESIDENT

There were important developments in Ontario's occupational health and safety system in 2011. In June, Bill 160 received Royal Assent, establishing the legislative framework for the Ministry of Labour to implement key recommendations of the Expert Advisory Panel on Occupational Health and Safety. In October, George Gritziotis became Chief Prevention Officer (CPO). Among his many responsibilities, he will be leading the development of a provincial occupational health and safety strategy. The Institute for Work & Health will continue to conduct research in support of system priorities. An example is our work on leading indicators of OHS performance, which is among the projects highlighted in this report.

The timing of work on the new provincial OHS strategy coincides with the development of a new strategic plan at the Institute for Work & Health. 2011 marked the fourth year of our current five-year strategic plan. As the Institute began to gather information and ideas to help develop the next five-year plan, we first turned for advice to our stakeholders in Ontario: worker representatives, employer representatives, health and safety professionals, disability management professionals, clinicians, and policy and program staff in the Ministry of Labour and the Workplace Safety and Insurance Board. Through a survey and a day of dialogue in the fall of 2011, we sought advice on priorities for research and knowledge exchange, and on how to strengthen our stakeholder relationships.

Engaging with stakeholders – whether for advice about research gaps and priorities, as partners in the conduct of research projects, or to help us communicate key research findings – is a central part of the work of the Institute for Work & Health. This annual report profiles several Institute projects in 2011 that exemplify our commitment to stakeholder engagement.

During 2011, IWH scientists published 76 articles in peer-reviewed journals and made more than 75 presentations to conferences and professional groups in Ontario, Canada and internationally.



Towards the end of 2011, Ian Anderson, Vice-Chair, Ontario Labour Relations Board, became chair of the Board of Directors of IWH, having previously served as vice-chair. Our past chair, John O'Grady, remains a member of the Board. We thank John for his wise stewardship as chair. Carolyn Tuohy, Professor Emeritus of Political Science and Senior Fellow, School of Public Policy and Governance, University of Toronto, is our new vice-chair.

The Institute's Board of Directors welcomed two new directors in 2011: Jerry Garcia, Executive Consultant, TFH Canada Inc.; and Melody Kratsios, Senior Vice-President, Global Security, SNC-Lavalin Inc. The Board of Directors also acknowledged the valued service of directors who completed their terms in 2010: Janice Dunlop, who was Senior Vice-President, Ontario Power Generation, before her retirement; and Roland Hosein, Vice-President, Environment, Health & Safety, GE Canada, who was a longstanding member and former chair of the Board of Directors at IWH.

We warmly acknowledge the staff of the Institute for Work & Health across all parts of the organization: research, knowledge transfer and exchange, library services, information services and administration. Their talent and hard work keep IWH among the leading organizations in the world engaged in research and knowledge exchange on worker health.

We gratefully acknowledge the support of Ontario's Workplace Safety and Insurance Board, our primary funder. We look forward to another year of working closely with our partners and to building our relationship with the new prevention organization at the Ministry of Labour that was created in response to the recommendations of the Dean Report. Our aim remains to identify ways to prevent workplace injury and illness and to help injured workers recover and return to work through the prevention of work disability.



Ian Anderson  
Chair, Board of Directors



Dr. Cameron Mustard  
President and Senior Scientist

THE YEAR IN NUMBERS

813462



**PEOPLE**

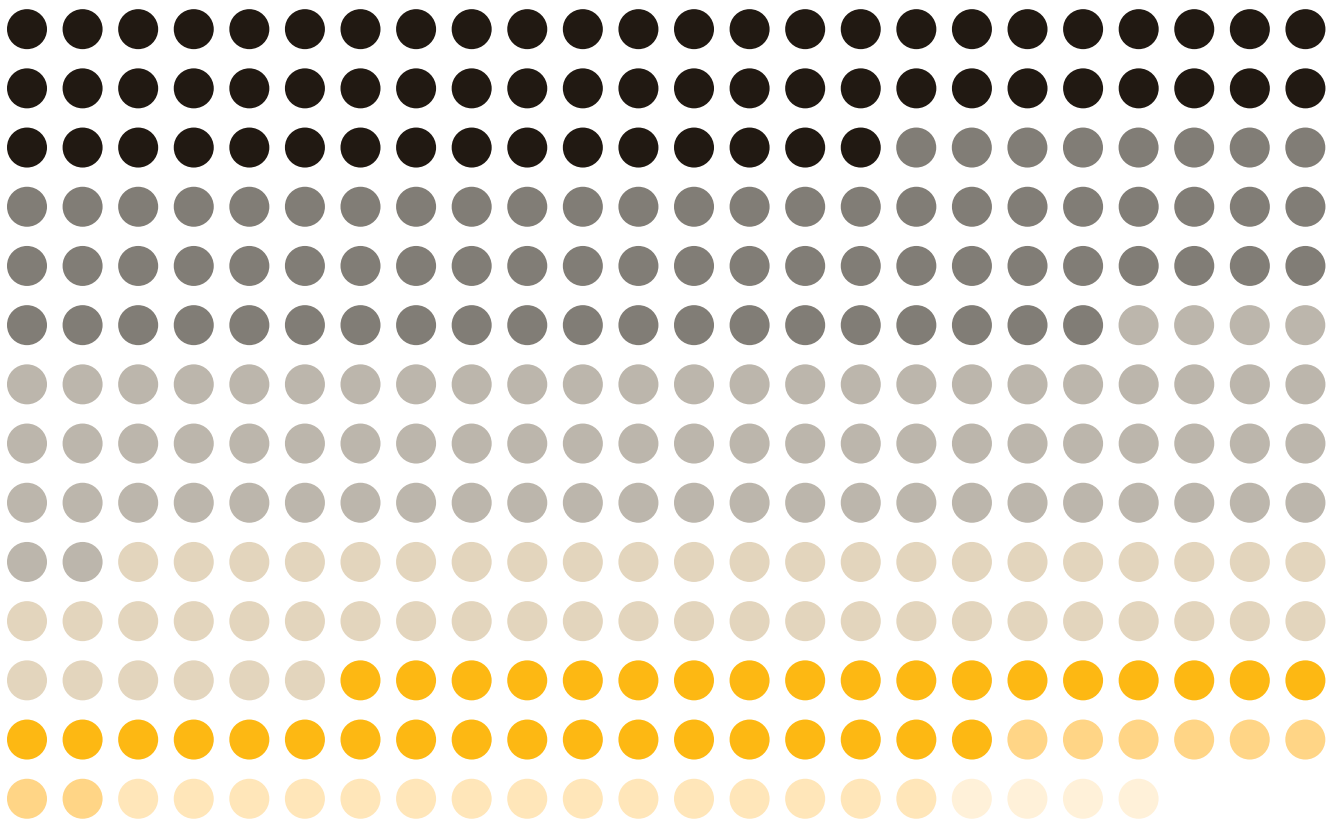
- 81 TOTAL STAFF (58 FULL-TIME, 23 PART-TIME)
- 34 ADJUNCT SCIENTISTS
- 6 PHD STUDENTS
- 2 POST-DOCTORAL APPOINTMENTS

---

**FUNDING**

- \$2,146,361 RESEARCH GRANT FUNDING
- \$4,690,370 WORKPLACE SAFETY AND INSURANCE BOARD FUNDING

64767852368154



**PROJECTS**

- 64 ACTIVE RESEARCH PROJECTS
- 76 PAPERS PUBLISHED OR IN PRESS
- 78 PRESENTATIONS OF RESULTS/STAKEHOLDER CONSULTATIONS
- 52 EXTERNAL GRANTS AWARDED
- 36 NATIONAL/PROVINCIAL PROJECT COLLABORATIONS
- 8 INTERNATIONAL PROJECT COLLABORATIONS
- 15 NATIONAL/PROVINCIAL POLICY ADVISORY ROLES
- 4 INTERNATIONAL POLICY ADVISORY ROLES



## AUDITORS' REPORT

### TO THE DIRECTORS OF THE INSTITUTE FOR WORK & HEALTH

We have audited the accompanying financial statements of the Institute for Work & Health, which comprise the balance sheet as at December 31, 2011 and the statements of operations, net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### BOARD OF DIRECTORS' RESPONSIBILITY

The Board of Directors is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as the Board of Directors determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### AUDITORS' RESPONSIBILITY

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the

financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

### OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Institute for Work & Health as at December 31, 2011 and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting standards.

*Stern Cohen LLP*

Stern Cohen LLP  
Chartered Accountants  
Licensed Public Accountants  
Toronto, Canada  
April 3, 2012



## STATEMENT OF OPERATIONS

For the year ended December 31,	2011 \$	2010 \$
<b>REVENUE</b>		
Workplace Safety and Insurance Board of Ontario	4,690,370	4,690,370
Other (Note 6a)	2,146,361	2,431,823
Investment income (Note 6b)	22,642	32,707
	<b>6,859,373</b>	<b>7,154,900</b>
<b>EXPENSES</b>		
Salaries and benefits	5,503,802	6,008,078
Travel	116,307	134,862
Supplies and service	93,183	107,219
Occupancy costs	622,102	573,550
Equipment and maintenance	88,044	111,291
Publication and mailing	99,066	57,181
Voice and data communications	47,180	44,378
Staff training	29,540	59,623
Professional services (Note 6c)	127,797	121,072
Other	71,041	139,051
Amortization of capital assets	60,746	59,368
	<b>6,858,808</b>	<b>7,415,673</b>
<b>Excess (deficiency) of revenue over expenses for the year</b>	<b>565</b>	<b>(260,773)</b>

See accompanying notes.

## STATEMENT OF NET ASSETS

For the year ended December 31,	Invested in capital assets \$	Unrestricted \$	2011 Total \$	2010 Total \$
		(Note 6d)		
<b>BEGINNING OF YEAR</b>	105,372	650,575	755,947	1,016,720
Excess (deficiency) of revenue over expenses for the year	(60,746)	61,311	565	(260,773)
Investment in capital assets	34,277	(34,277)	—	—
<b>End of year</b>	<b>78,903</b>	<b>677,609</b>	<b>756,512</b>	<b>755,947</b>

See accompanying notes.

**STATEMENT OF CASH FLOW**

For the year ended December 31,	2011	2010
	\$	\$
<b>OPERATING ACTIVITIES</b>		
Excess (deficiency) of revenue over expenses for the year	565	(260,773)
Items not involving cash		
Amortization of capital assets	60,746	59,368
Adjustment to fair value of short-term investments	9,457	3,446
Working capital from (required by) operations	70,768	(197,959)
Net change in non-cash working capital balances related to operations		
Accounts receivable	75,353	(232,566)
Prepaid expenses and deposits	38,202	(95,795)
Accounts payable	(210,416)	66,078
Deferred revenue	(188,012)	240,221
Cash required by operations	(214,105)	(220,021)
<b>INVESTING ACTIVITIES</b>		
Purchase of capital assets	(34,277)	(59,364)
Short-term investments	311,356	192,448
	277,079	133,084
<b>CHANGE IN CASH DURING THE YEAR</b>		
Cash beginning of year	365,040	451,977
Cash end of year	428,014	365,040
See accompanying notes.		

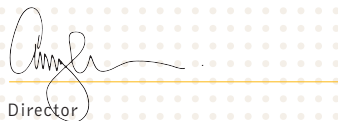
## BALANCE SHEET

As at December 31,	2011	2010
	\$	\$
<b>ASSETS</b>		
Current assets		
Cash	428,014	365,040
Short-term investments (Note 2)	742,714	1,063,527
Accounts receivable (Note 3)	743,381	818,734
Prepaid expenses and deposits	131,825	170,027
	<u>2,045,934</u>	<u>2,417,328</u>
Capital assets (Note 4)	78,903	105,372
	<u>2,124,837</u>	<u>2,522,700</u>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable	282,635	493,051
Deferred revenue (Note 5)	1,085,690	1,273,702
	<u>1,368,325</u>	<u>1,766,753</u>
<b>NET ASSETS</b>		
Invested in capital assets	78,903	105,372
Unrestricted	677,609	650,575
	<u>756,512</u>	<u>755,947</u>
	<u>2,124,837</u>	<u>2,522,700</u>
Other information (Note 6) See accompanying notes.		

Approved on behalf of the Board:



Director



Director

## NOTES TO FINANCIAL STATEMENTS

December 31, 2011

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

The Institute is a knowledge-based organization that strives to research and promote prevention of workplace injury and disability, improved treatment, optimal recovery and safe return to work.

The Institute is dedicated to research and the transfer of research results into practice in clinical, workplace and policy settings.

The Institute is predominantly funded by the Workplace Safety and Insurance Board of Ontario (WSIB) up to the Institute's approved WSIB budget. Other revenues are generated through research activities and certain interest earned.

### 1 / SIGNIFICANT ACCOUNTING POLICIES

#### (A) AMORTIZATION

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

Amortization is charged to operations on a straight-line basis over the following periods:

Furniture and fixtures – 5 years  
Computer equipment – 3 years

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

#### (B) REVENUE RECOGNITION

The Institute follows the deferral method of accounting for contributions. Restricted contributions, which are contributions subject to externally imposed criteria that specify the purpose for which the contribution can be used, are recognized as revenue in the year in which related expenses are incurred. Unrestricted contributions, which include contributions from the WSIB, 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.

#### (C) SHORT-TERM INVESTMENTS

Short-term investments are recorded at fair value.

#### (D) USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenue and expenditures during the year. Actual results could differ from these estimates.

### 2 / SHORT-TERM INVESTMENTS

	2011	2010
	\$	\$
Guaranteed Investment Certificates	580,922	703,145
Corporate Note	161,792	165,464
Money Market Mutual Fund	—	194,918
	742,714	1,063,527

The Guaranteed Investment Certificates earn an average interest of 3.25% and mature at various dates between 2013 and 2014. The Corporate Note earns interest of 4.5% and matures in 2012.

### 3 / ACCOUNTS RECEIVABLE

	2011	2010
	\$	\$
Foundation for Research and Education in Work and Health Studies	99,427	99,819
Other	643,954	718,915
	743,381	818,734

### 4 / CAPITAL ASSETS

	Cost	Accumulated amortization	Net 2011	Net 2010
	\$	\$	\$	\$
Furniture and fixtures	39,628	26,195	13,433	23,405
Computer equipment	244,437	178,967	65,470	81,967
	284,065	205,162	78,903	105,372

### 5 / DEFERRED REVENUE

	2011	2010
	\$	\$
CAN	23,875	32,253
CIHR	308,761	374,208
OCA	(2,941)	27,453
WCB Manitoba	147	59,095
WorkSafeBC	260,249	290,328
WSIB-RAC	425,274	432,595
Other	70,325	57,770
	1,085,690	1,273,702

## 6 / OTHER INFORMATION

### (A) OTHER REVENUE

	2011	2010
	\$	\$
CIHR	825,285	767,883
Mustard Foundation	72,445	76,702
OCA	30,394	81,504
SSHRC	2,235	27,699
WCB Manitoba	98,448	30,998
WorkSafeBC	205,492	237,355
WSIB-RAC	626,453	789,952
Other	285,609	419,730
	<u>2,146,361</u>	<u>2,431,823</u>

### (B) RECONCILIATION OF INVESTMENT INCOME

The investment income of the Institute includes the following:

	2011	2010
	\$	\$
Interest	32,099	36,153
Loss on adjustment to fair value	(9,457)	(3,446)
Total	<u>22,642</u>	<u>32,707</u>

### (C) PROFESSIONAL SERVICES

	2011	2010
	\$	\$
Data linkage	10,977	28,857
Transcription	10,058	13,563
Staff survey	19,076	—
Outside project coordinators	3,118	4,476
Outside analyst	53,064	17,273
Audit fees	20,651	21,280
	<u>127,797</u>	<u>121,072</u>

### (D) UNRESTRICTED NET ASSETS

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

	2011	2010
	\$	\$
Total assets	2,124,837	2,522,700
Invested in capital assets	(78,903)	(105,372)
	<u>2,045,934</u>	<u>2,417,328</u>
Liabilities	(1,368,325)	(1,766,753)
Unrestricted net assets	<u>677,609</u>	<u>650,575</u>

### (E) 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 contributions of \$346,436 to the plan during the year (2010—\$329,481).

### (F) COMMITMENTS

The Institute is committed under a lease for premises which expires July 31, 2014 with annual rents, exclusive of operating costs, as follows:

	\$
2012	267,000
2013	267,000
2014	156,000

### (G) FINANCIAL INSTRUMENTS

The organization's financial instruments consist of cash, short-term investments, accounts receivable and accounts payable.

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

Unless otherwise noted, it is management's opinion that the carrying amount of the company's financial instruments approximates fair value.

### (H) COMPARATIVE FIGURES

The fiscal 2010 figures have been reclassified where necessary to conform to the presentation adopted in the current year.



## BOARD OF DIRECTORS

### CHAIR

#### **Ian Anderson**

(from December 5, 2011)  
Vice-Chair  
Ontario Labour Relations Board

#### **John O'Grady**

(until December 5, 2011)  
Partner  
Prism Economics and Analysis

### DIRECTORS

#### **Dev Chopra**

Executive Vice-President  
Corporate Services and  
Redevelopment  
Centre for Addiction and  
Mental Health

#### **Jane Davis**

Director  
Deposit Insurance Corporation  
of Ontario

#### **Janice Dunlop**

(to September 2011)  
Senior Vice-President  
Human Resources (retired)  
Ontario Power Generation

#### **Jerry Garcia**

(from December 2011)  
Executive Consultant  
TFH Canada Inc.

#### **Roland Hosein**

(until December 2011)  
Vice-President  
Environment, Health & Safety  
GE Canada

#### **Melody Kratsios**

(from December 2011)  
Senior Vice-President  
Global Security  
SNC-Lavalin Inc

#### **Daniel McCarthy**

Canadian Director of Research  
and Special Programs  
United Brotherhood of Carpenters  
and Joiners of America

#### **Lisa McCaskell**

Senior Health and Safety Officer  
Ontario Public Service  
Employees Union

#### **Cameron Mustard**

President & Senior Scientist  
Institute for Work & Health

#### **Barbara Silverstein**

Research Director  
Safety and Health Assessment  
and Research for Prevention  
Program  
Washington State Department  
of Labor & Industries

#### **Carolyn Tuohy**

Professor Emeritus of  
Political Science  
Senior Fellow, School of Public  
Policy and Governance  
University of Toronto

## ADVISORY COMMITTEES

### SCIENTIFIC ADVISORY COMMITTEE

#### CHAIR

#### **Barbara Silverstein**

Research Director  
Safety and Health Assessment  
and Research for Prevention  
Program  
Washington State Department  
of Labor & Industries  
U.S.A.

#### COMMITTEE MEMBERS

#### **Les Boden**

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

#### **Walter Eichendorf**

Deputy Director General  
German Social Accident  
Insurance (DGUV)  
Germany

#### **John W. Frank**

Director  
Scottish Collaboration for Public  
Health Research and Policy  
United Kingdom

#### **Jody Heymann**

Director  
Institute for Health and  
Social Policy  
McGill University  
Canada

#### **Jeffrey Katz**

Professor  
Harvard Medical School  
U.S.A.

#### **Graham Lowe**

President  
The Graham Lowe Group Inc.  
Canada

#### **Emily A. Spieler**

Dean and Edwin W. Hadley  
Professor of Law  
Northeastern University  
U.S.A.

#### **Eira Viikari-Juntura**

Research Professor  
Finnish Institute  
of Occupational Health  
Finland

#### **Margaret Whitehead**

W.H. Duncan Chair of  
Public Health  
Faculty of Medicine  
University of Liverpool  
United Kingdom

### KNOWLEDGE TRANSFER & EXCHANGE ADVISORY COMMITTEE

#### CHAIR

#### **David Clements**

Director  
Corporate Planning and  
Accountability  
Canadian Institute for Health  
Information

#### COMMITTEE MEMBERS

#### **Peter Birt**

Manager  
Communications and  
Government Relations  
Ontario Nurses' Association

#### **Judy Geary**

Vice-President  
Work Reintegration  
Workplace Safety and  
Insurance Board

#### **Paul Kilbertus**

Communications Manager  
Ontario MD

#### **Ann Morgan**

President  
Working for Health

#### **Jill Ramseyer**

Manager  
Organizational Wellness  
Tim Hortons

## ABOUT THE INSTITUTE

The Institute for Work & Health (IWH) is an independent, not-for-profit research organization. Our mission is to conduct and share research that protects and improves the health of working people and is valued by policy-makers, workers and workplaces, clinicians, and health and safety professionals.

### 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 Ontario Workplace Safety and Insurance Board. 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.

481 University Avenue, Suite 800  
Toronto, Ontario M5G 2E9  
T: 416.927.2027 F: 416.927.4167  
E: info@iwh.on.ca

[www.iwh.on.ca](http://www.iwh.on.ca)

