

Annual Report 2009
The Systematic Review
Program

Solutions

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Disability management programs are effective and have economic benefits.

Workplace training and education programs have a positive effect on workers' safety practices.

There is evidence supporting OHS programs in small businesses.

The messages may seem straightforward. Yet it's important to know that each one is supported by consistent findings from well-designed studies. This evidence confirms that it's worth investing time and effort into such programs to protect the health of workers. These few messages are among the many tangible results of systematic reviews conducted by the Institute for Work & Health (IWH).

A Message from the Chair and President

Economic conditions in 2009 were dominated by the continuing impact of the global financial crisis. In most Canadian provinces there were abrupt reductions in employment, particularly in the first half of the year. The volume of workers' compensation claims also declined, substantially more so than the reductions in hours worked, providing another barometer of the impact of the global financial crisis on economic activity in the Canadian labour market. The deterioration in economic conditions has heightened concerns about the labour force participation of people with disabilities, the impact of unemployment on worker health and well-being, and the adequacy of retirement benefits for older workers. Each of these issues aligns with the broad framework of our research priorities at the Institute for Work & Health: to identify effective approaches to prevent work-related injury, and to assist disabled workers in recovering and returning to work.

Over the course of 2009, the Institute for Work & Health made a number of contributions in support of initiatives within the Workplace Safety and Insurance Board. Institute scientific staff contributed to the development of options for the renewal of vocational rehabilitation services for disabled workers. And we continued to support our partner associations that provide health and safety services to Ontario workplaces as they moved through a substantial consolidation in 2009.

Evidence

In this year's annual report, we have highlighted our work as a research organization in the publication of reviews of research evidence on the effectiveness of interventions to protect and improve the health of workers. Over the past number of years, with funding support from the Workplace Safety and Insurance Board, the Institute has completed more than a dozen reviews on the prevention of workplace injury and illness. Decision-makers across a range of policy spheres increasingly seek to integrate the findings from high quality research evidence in their deliberations. In this annual report, we've included testimonials from professional leaders whose comments speak to the value of these reviews.

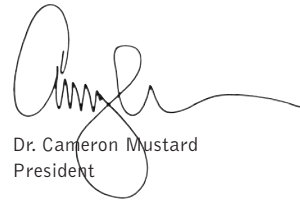
During 2009, IWH scientists published 64 articles in peer-reviewed journals and made 55 presentations at conferences or to professional groups in Ontario, Canada and internationally. We also increased our efforts to produce evidence-based tools to support both primary and secondary prevention, working closely with our stakeholder partners.

The Institute's Board of Directors welcomed Ms. Lisa McCaskell, Senior Health and Safety Officer, Ontario Public Service Employees Union, to a three-year appointment to the board. We were very pleased that Dr. John Frank, Director of the Scottish Collaboration for Public Health Research and Policy, University of Edinburgh, accepted the board's invitation to join the Institute's Scientific Advisory Committee. In 2009, we also acknowledged the conclusion of four years of service in the role of Board Chair by Dr. Roland Hosein, Vice-President, Environment, Health & Safety, GE Canada. We are pleased that Dr. Hosein has agreed to continue as a member of the board.

We appreciate the efforts of all of our staff for another productive year. They are a dedicated group with expertise in research, knowledge transfer and exchange, library services, information services and administration. 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, to achieve our collective goals of preventing workplace injury and illness and of helping injured workers recover and return to work.



John O'Grady
Chair, Board of Directors



Dr. Cameron Mustard
President



The Systematic Review Program

Systematic reviews answer specific questions, drawing from what's already been researched. Review teams seek and appraise relevant studies of sufficient quality, and then synthesize the findings. The resulting messages, therefore, can be used with confidence by anyone responsible for workers' health and safety.

Archie Cochrane, a British medical researcher, laid the groundwork for systematic reviews with his influential 1972 book, *Effectiveness and Efficiency*. Cochrane's ideas, which influenced the field of medicine throughout the 1980s, led to the formation of the Cochrane Collaboration, a coordinating centre for systematic reviews, in 1993. These ideas spread to many other fields including education, crime and justice, and IWH's area of expertise—occupational health and safety.

At IWH, we have been conducting systematic reviews since 1994. A year later, IWH became the site of the Cochrane Back Review Group, one of more than 50 groups in the now-international Cochrane Collaboration. More recently, with multi-year funding from the Workplace Safety and Insurance Board (WSIB), IWH research teams have completed more than a dozen reviews on the prevention of workplace injury and illness. Unique to our approach is bringing in key stakeholders for each review to seek their feedback on the relevance of the research question and clarity of final messages. The final review in this series was published in early 2010.

It seems timely, therefore, to take some time to reflect on our systematic reviews in this year's annual report.



A COMMITMENT TO SYSTEMATIC REVIEWS

Today, systematic reviews are published every day on different topics throughout the world. Decision-makers are, increasingly, seeing their value and using their findings. Dr. Tony Culyer, IWH's former chief scientist, puts it succinctly: "The systematic review is a short-cut for those who want to keep up on the latest research but can't regularly comb through journals and databases. It delivers a concise and relatively unbiased synthesis of the research evidence that busy people can apply in their own decision-making."

As examples, the Canadian Institutes of Health Research (CIHR) together with three provincial ministries of health, as well as WorkSafeBC, provide grants for specific reviews related to their priorities. "Systematic reviews are important to us in two ways," notes Ed McCloskey, director of WorkSafeBC's Research Secretariat. "They provide authoritative summaries of scientific information on important policy questions. Where the information is insufficient for decision-making, they provide clear direction for future research."

In fact, IWH's earliest reviews were commissioned to answer specific questions posed by the WSIB. The first review, from 1994, was on the case management of low-back pain. The second was an extensive review on chronic pain in 1998. After synthesizing this evidence, IWH staff worked closely with an advisory panel that published a series of articles in a supplement to the *Clinical Journal of Pain* in 2001 (vol. 17, no. 4).

With the establishment of the Cochrane Back Review Group in 1995, IWH's commitment to systematic reviews strengthened. The Back Review Group coordinates reviews on the prevention and treatment of back and neck pain. Some recent treatment reviews are on electrotherapy, acupuncture and Chinese herbal medicine. The Back Review Group's editorial team is overseen by Senior Scientist Dr. Claire Bombardier and Adjunct Scientist Dr. Maurits van Tulder, and run by Managing Editor Vicki Pennick.

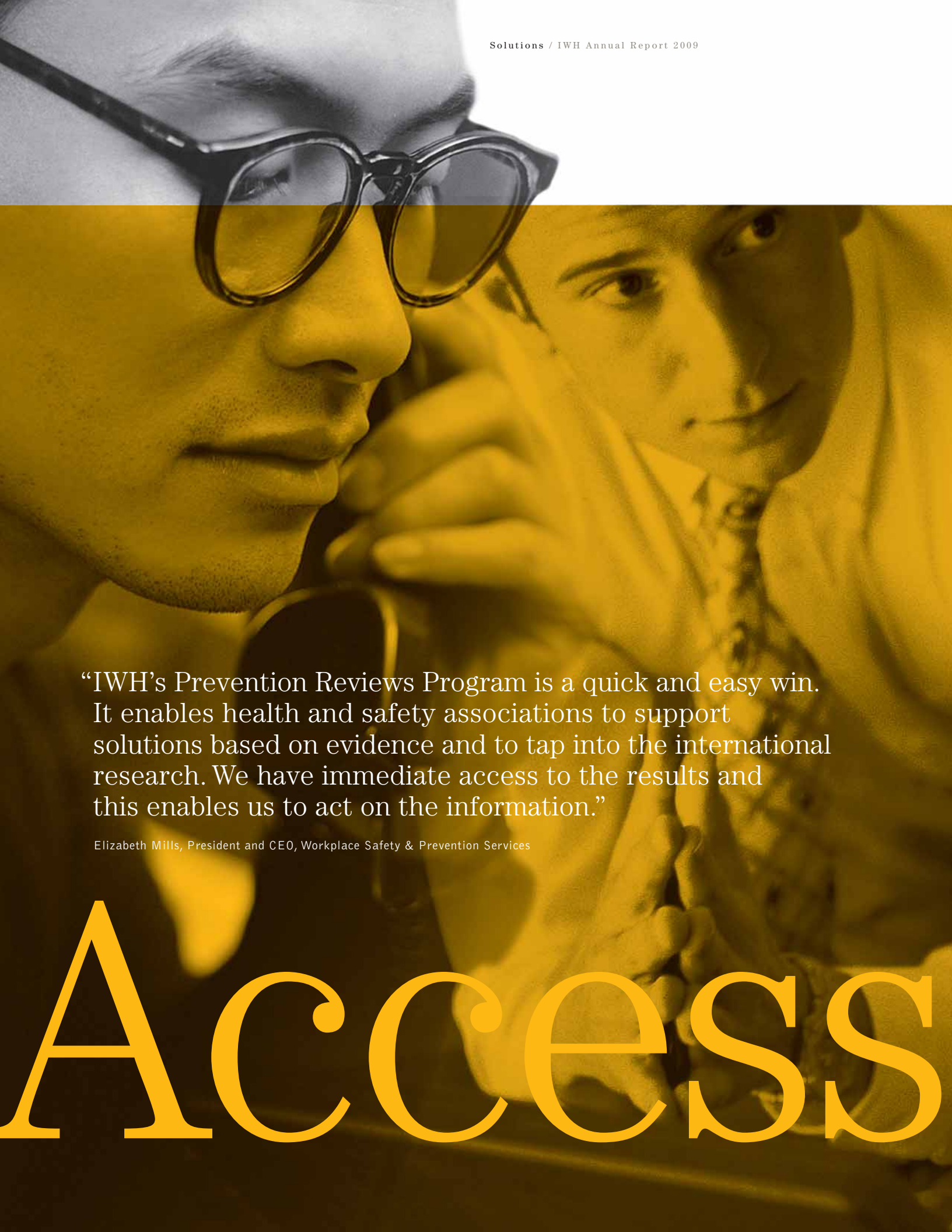
By the early 2000s, the need for reviews in occupational health was recognized. Under the direction of President and Senior Scientist Dr. Cam Mustard, IWH proposed a four-year pilot project to the WSIB on the effectiveness of interventions to prevent workplace injury, illness or disability. Through WSIB's funding, these prevention reviews have generated evidence on many topics.

More than one review has provided evidence in favour of return-to-work/disability management programs, exercise programs and multi-component programs that could include, for example, training, policy and equipment changes. Other reviews have debunked myths or shown what doesn't work. For instance, young workers have a higher risk of injury because of their exposure to hazardous work – not because of their youth. In several reviews, it was found that simply adjusting a workstation, in the absence of training, would not prevent injury.

COLLABORATING WITH IWH HELPED ENSURE

a high level of quality in conducting the systematic review of the occupational safety and health training literature...The review is important to supporting the international investment in OHS training."

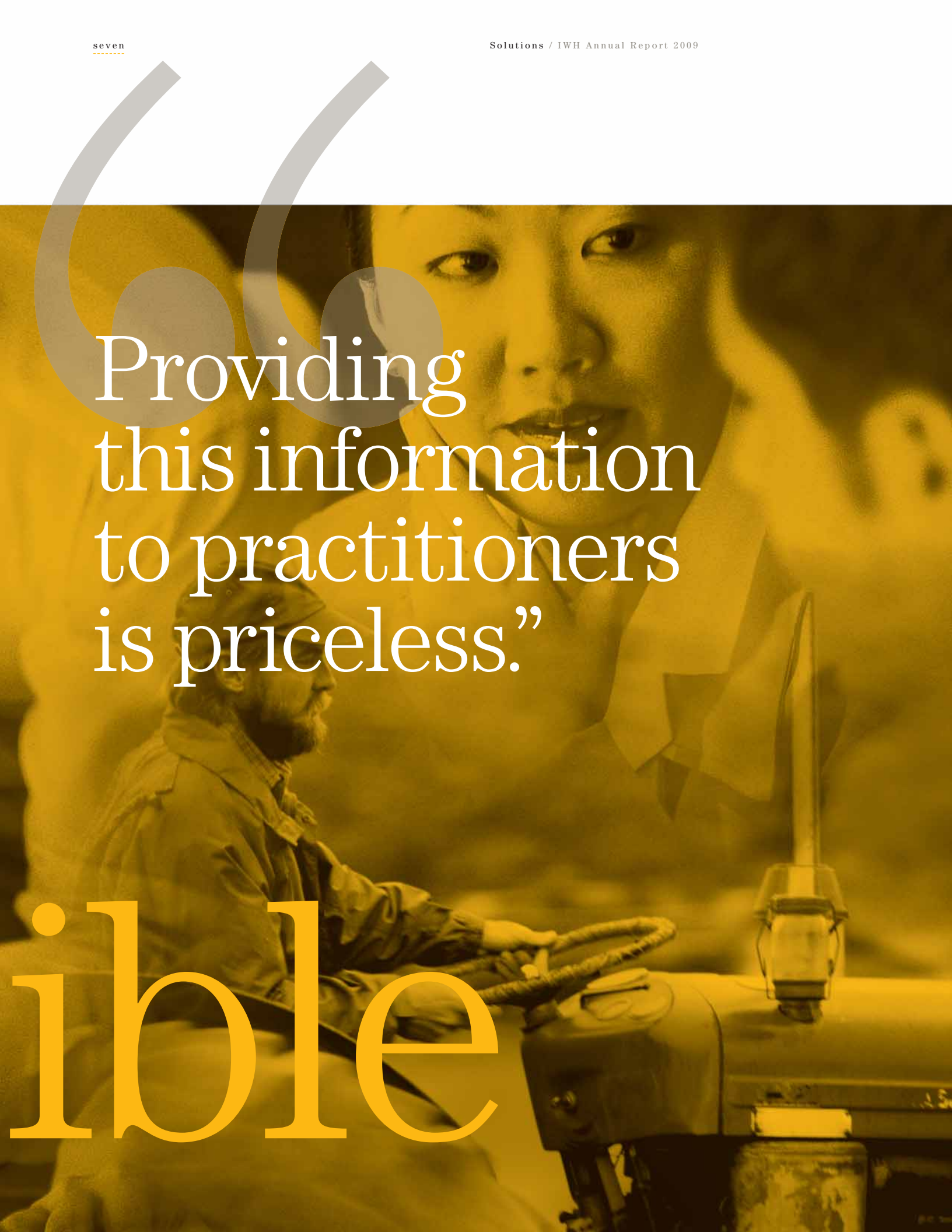
Dr. Paul A. Schulte, Director, Education and Information Division,
U.S. National Institute of Occupational Safety and Health



“IWH’s Prevention Reviews Program is a quick and easy win. It enables health and safety associations to support solutions based on evidence and to tap into the international research. We have immediate access to the results and this enables us to act on the information.”

Elizabeth Mills, President and CEO, Workplace Safety & Prevention Services

Access

A woman in a white lab coat is looking towards a man in a workshop. The man is wearing a cap and a work jacket, and is operating a piece of machinery. The scene is lit with a warm, yellowish light. There are large, faint, grey circular graphics in the upper left corner of the image.

Providing
this information
to practitioners
is priceless.”

ible

“The Institute for Work & Health does a huge service in that they review the literature in a systematic way and are able to summarize the findings into a few pages. Providing this information to practitioners is priceless.”

Dr. Graham Lowe,
Organizational Consultant,
The Graham Lowe Group

AN INNOVATIVE REVIEW PROCESS

IWH’s approach to doing systematic reviews is unique in several ways. Foremost is involving stakeholders. Initially, IWH held a broad consultation with stakeholders to help decide which topics to pursue for reviews.

“Stakeholders” refers to people who understand the review topic and whose work would benefit from the findings. During an early review on participatory ergonomics (PE), the advantages of including stakeholders became obvious. PE is an approach that involves workers, supervisors and others in assessing and deciding how to create safer work environments.

“We included stakeholders with ergonomics expertise to help us focus, as the amount of information on PE was vast,” says Emma Irvin, IWH’s director of research operations, who also manages the systematic review program. “This experience confirmed how valuable it was to include stakeholders with content expertise, which we continued to do with each review.”

In addition to helping focus the review question, stakeholders are the first to hear the results, and they provide guidance on framing the messages for a wider audience. “Engaging stakeholders this way increases the likelihood that they will use the evidence, and it improves their ability to understand and use research in general,” says Kiera Keown, a knowledge transfer associate who coordinated stakeholder meetings and helped develop messages.



IWH scientists also offer diverse content expertise. For example, Dr. Curtis Breslin, a psychologist who researches young worker issues, headed two reviews on workplace injury and illness among young workers. Dr. Lynda Robson, who specializes in program evaluation, led reviews on training and education programs, and on occupational health and safety management systems. Sociologist Dr. Ellen MacEachen oversaw qualitative research reviews on return to work (RTW) and small business. Review teams also include KTE and library staff.

As IWH Scientific Director Dr. Ben Amick sums up, “Not only do we have first-rate scientists from different disciplines, but an innovative review process that involves stakeholders from the beginning. Our reviews are both scientifically sound and practically useful. This work benefits immensely from our library staff’s in-depth knowledge of the OHS literature and our KTE staff’s ongoing relationships with stakeholders. To me, this combination adds extra value to each review.”

MAKING THE EVIDENCE MORE ACCESSIBLE

Although they certainly are a “short-cut” to a vaster amount of research, most IWH systematic reviews are longer than 100 pages. Some decision-makers need that amount of detail. For others who simply want the results, IWH has made further efforts to make the evidence more accessible.

For each review, a four-page *Sharing Best Evidence* summary presents key messages and a brief sweep of the main findings. “The Institute for Work & Health does a huge service in that they review the literature in a systematic way and

are able to summarize the findings into a few pages,” says Dr. Graham Lowe, an organizational consultant. “Providing this information to practitioners is priceless.”

In cases where the evidence might be useful as a workplace reference, IWH has produced several popular guides. The *Seven ‘Principles’ for Successful Return to Work* resulted from a review on RTW interventions led by Adjunct Scientist Dr. Renée-Louise Franche. *Reducing MSD Hazards in the Workplace: A Guide to Successful Participatory Ergonomics Programs* drew from a review headed by Associate Scientist Dwayne Van Eerd. Based on consistent evidence from several reviews, the *Six Messages for Preventing MSDs* provides some overarching recommendations for workplaces.

IWH made its first foray into software development with the *Health & Safety Smart Planner: A Cost-Benefit Tool for Ontario Workplaces*. This tool was partly based on a review led by Scientist Dr. Emile Tompa of OHS interventions that also included an economic evaluation.

All of these items—full reviews, summaries and guides—are available to download from the IWH website, from literally anywhere in the world, as Dr. Barbara Silverstein, research director at Washington State Department of Labor and Industries, points out. “I’ve found the systematic reviews very helpful in my ergonomics workshops in developing countries in Asia. They are accessible and provide the ‘bottom line’ regarding what we do and do not yet know.”

THE SYSTEMATIC REVIEW IS A SHORT-CUT

for those who want to keep up on the latest research but can’t regularly comb through journals and databases. It delivers a concise and relatively unbiased synthesis of the research evidence that busy people can apply in their own decision-making.”

Dr. Tony Culyer, former Chief Scientist, IWH



“Systematic reviews are important to WorkSafeBC in two ways. They provide authoritative summaries of scientific information on important policy questions. Where the information is insufficient for decision-making, they provide clear direction for future research.”

Ed McCloskey, Director, Research Secretariat, WorkSafeBC

Author

[Systematic reviews] are accessible and provide the ‘bottom line’ regarding what we do and do not yet know.”

initiative

“Occupational health nurses appreciate practical information. The reviews on small business, economic evaluation, return to work and OHS management systems offered very practical, usable information.”

Frances MacCusworth,
Associate Executive Director,
Ontario Occupational Health
Nurses Association

Through relationships with external organizations, IWH has been involved in reviews leading to other types of practical guidance. Associate Scientist Dr. Andrea Furlan led a systematic review that was used to develop a national guideline on opioid use in the management of chronic non-cancer pain. An international collaboration on neck pain, involving Senior Scientist Dr. Sheilah Hogg-Johnson, resulted in a series of reviews and, eventually, the practitioner-friendly *Neck Pain Evidence Summary*.

Currently, several systematic reviews are underway at IWH. Associate Scientist Dr. Ivan Steenstra is updating a review on the prognostic factors for low-back pain, funded by the Workers Compensation Board of Manitoba. Furlan and Scientist Dr. William Gnam are leading a review on depression in the workplace for Ontario's Ministry of Health and Long-term Care, through the CIHR's "Evidence on Tap" program. Another team, led by Van Eerd, is reviewing which measures are best for assessing the performance of knowledge transfer initiatives.

As confirmation of their scientific merit, shorter versions of each review have been published in peer-reviewed academic journals. In addition, in 2009, the *Journal of Occupational Rehabilitation* devoted a special section to five IWH systematic review articles and an overview of the program's methods (vol. 20, no. 2).



This type of synthesis is also valuable to students, says Dr. Judi Hunter, assistant professor, Department of Physical Therapy, University of Alberta and University of Toronto. "In this Internet-based world, students want information fast. They want it already synthesized and easy to access. If the evidence isn't at their fingertips, they resort to Dr. Google or go to Wikipedia. We want to be better than Dr. Google. That's why we need the type of evidence that IWH and the Cochrane Back Review Group provides."

REVIEWS SPAWN TRAINING AND COLLABORATION

Systematic reviews raise the bar on research quality. Through a two-day workshop, IWH trains other researchers, clinicians and students how to conduct systematic reviews. This workshop has also been presented by invitation to physicians in Belgium, Portugal and Brazil.

Several students completed systematic reviews for their PhDs, and two—Furlan and Dr. Jill Hayden—consequently improved upon approaches in doing reviews. Currently, PhD candidate Nancy Carnide is completing a review on opioid treatment for injured workers with acute musculoskeletal disorders, which will have implications for compensation boards, health-care providers and RTW specialists.

Reviews also enable collaborations among different organizations, as was the case with a recent review by IWH and the U.S. National Institute for Occupational Safety and Health (NIOSH). Notes Dr. Carol Stephenson, chief of NIOSH's Training Research and Evaluation Branch, "In any endeavour such as this, peer collaboration is valuable. It was useful to have participants with differing perspectives and backgrounds from IWH and NIOSH. This diversity tends to avoid any 'group-think mentality' when critiquing the data, and leads to a better product."

Indeed, Irvin notes that these reviews provide a venue for discussion in the OHS community. "At review meetings hosted at IWH, we've seen open and productive dialogue among stakeholders who might not otherwise have opportunities to speak together," she says.

BUILDING CONSENSUS

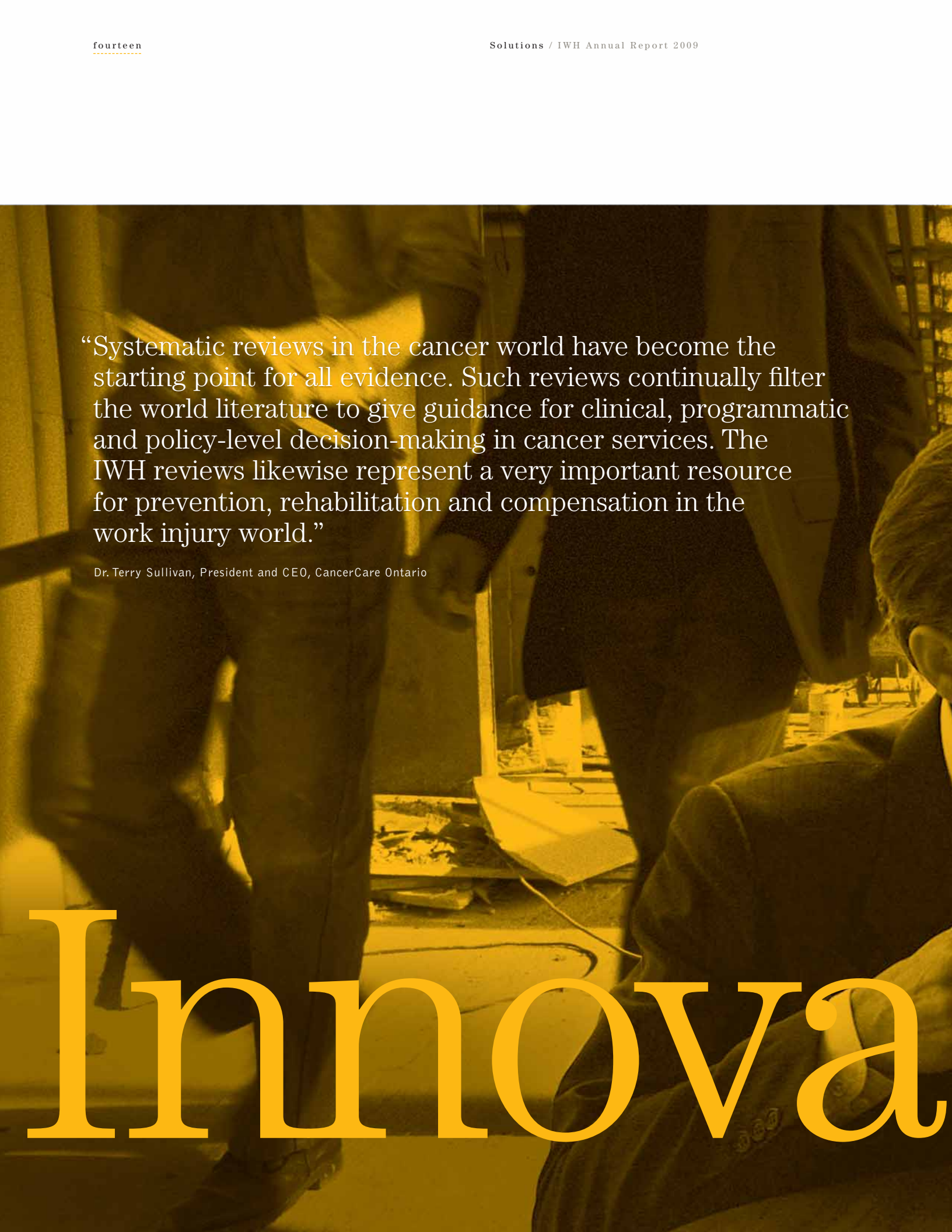
"The Institute for Work & Health has been fortunate," says Mustard, "to have received sustained funding support from the WSIB for our Prevention Reviews Program. We have received broad recognition among our international research peers for the original contributions of this work. More importantly, the reviews have made a real contribution to building consensus among our non-research partners in Ontario, Canada and internationally about the most effective elements of programs to protect the health of workers."



SYSTEMATIC REVIEWS ALLOW ERGONOMISTS

to tap into the research information in one spot, and they can affect our practice. For example, the participatory ergonomics review provided six key elements to successful programs, allowing us to design appropriate training programs across companies."

Don Patten, President, Association of Canadian Ergonomists
Ergonomics Specialist, Workplace Safety & Prevention Services



“Systematic reviews in the cancer world have become the starting point for all evidence. Such reviews continually filter the world literature to give guidance for clinical, programmatic and policy-level decision-making in cancer services. The IWH reviews likewise represent a very important resource for prevention, rehabilitation and compensation in the work injury world.”

Dr. Terry Sullivan, President and CEO, CancerCare Ontario

Innova

In this Internet-based world, students want information fast.”

tive

The Year in Numbers

Staff

75 total staff (57 full-time; 18 part-time)

36 adjunct scientists

Students

5 PhD students

3 post-doctoral appointments

1 completed PhD

Projects

69 active projects

31 national/provincial project collaborations

7 international project collaborations

11 national/provincial policy advisory roles

10 international policy advisory roles

Funding

\$1,894,779

research grant funding

\$4,879,185

Workplace Safety and Insurance Board funding

63802952

Financial Statements

Auditors' Report
Statement of Operations
Statement of Net Assets
Statement of Cash Flow
Balance Sheet
Notes to Financial Statements

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Auditors' Report

TO THE DIRECTORS OF INSTITUTE FOR WORK & HEALTH

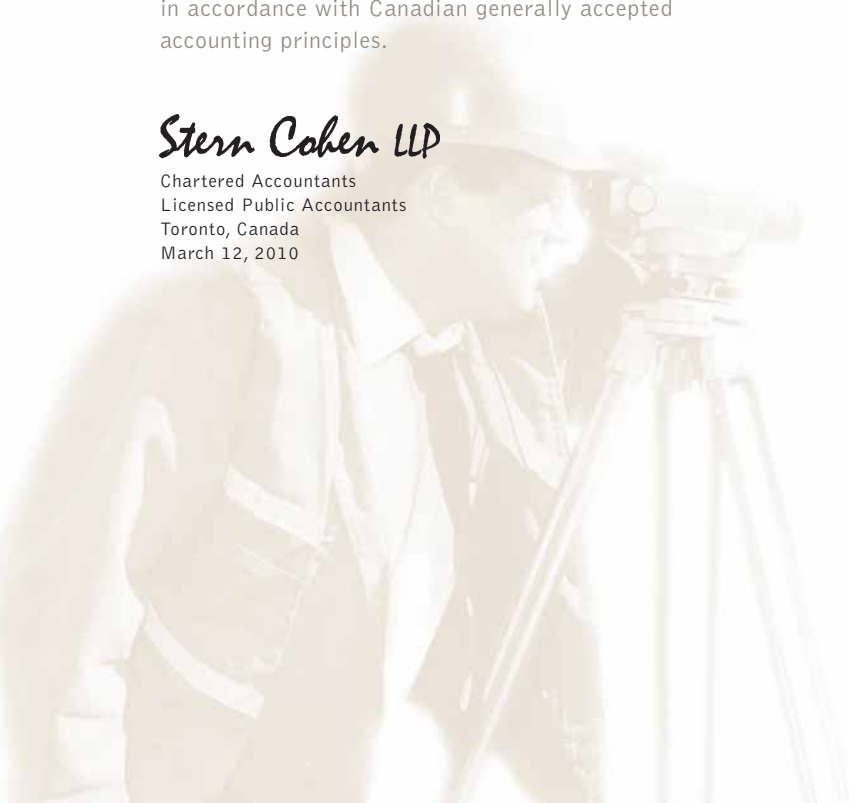
We have audited the balance sheet of Institute for Work & Health as at December 31, 2009 and the statements of operations, net assets and cash flow for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 2009 and the results of its operations and cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Stern Cohen LLP

Chartered Accountants
Licensed Public Accountants
Toronto, Canada
March 12, 2010



Statement of Operations

For the year ended December 31,	2009 \$	2008 \$
REVENUE		
Workplace Safety and Insurance Board of Ontario	4,879,185	4,922,275
Other (Note 6a)	1,894,779	1,787,24
Investment income (Note 6b)	42,942	53,840
	6,816,906	6,763,356
EXPENSES		
Salaries and benefits	5,332,089	5,258,573
Travel	123,929	137,994
Supplies and service	106,228	119,110
Occupancy costs	541,474	568,131
Equipment and maintenance	96,464	77,940
Publication and mailing	72,609	76,795
Voice and data communications	45,631	37,532
Staff training	38,587	53,730
Professional services (Note 6c)	154,848	168,218
Other	77,276	90,127
Amortization of capital assets	76,866	98,939
Amortization of deferred rent	—	(45,264)
	6,666,001	6,641,825
Excess of revenue over expenses for the year	150,905	121,531

See accompanying notes.

Statement of Net Assets

For the year ended December 31,	2009		2008	
	Invested in capital assets \$	Unrestricted \$	Total \$	Total \$
BEGINNING OF YEAR	119,801	(Note 6d) 746,014	865,815	744,284
Excess (deficiency) of revenue over expenses for the year	(76,866)	227,771	150,905	121,531
Investment in capital assets	62,441	(62,441)	—	—
End of year	105,376	911,344	1,016,720	865,815

See accompanying notes.

Statement of Cash Flow

For the year ended December 31,

	2009 \$	2008 \$
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	150,905	121,531
Items not involving cash		
Amortization of capital assets	76,866	98,939
Amortization of deferred rent	—	(45,264)
Deferred revenue	211,343	(111,617)
Adjustment to fair value	(13,011)	(20,850)
Working capital from operations	426,103	42,739
Net change in non cash working capital balances related to operations	(10,881)	274,339
Cash from operations	415,222	317,078
INVESTING ACTIVITIES		
Purchase of capital assets	(62,441)	(74,107)
Short-term investments	(424,358)	(26,826)
	(486,799)	(100,933)
CHANGE IN CASH DURING THE YEAR	(71,577)	216,145
CASH		
Beginning of year	523,554	307,409
End of year	451,977	523,554

See accompanying notes.



Balance Sheet

As at December 31,	2009 \$	2008 \$
ASSETS		
Current assets		
Cash	451,977	523,554
Short-term investments (Note 2)	1,259,421	822,052
Accounts receivable (Note 3)	586,168	494,514
Prepaid expenses and deposits	74,232	38,488
	2,371,798	1,878,608
Capital assets (Note 4)	105,376	119,801
	2,477,174	1,998,409
LIABILITIES		
Current liabilities		
Accounts payable	426,973	310,456
Deferred revenue (Note 5)	1,033,481	822,138
	1,460,454	1,132,594
NET ASSETS		
Invested in capital assets	105,376	119,801
Unrestricted	911,344	746,014
	1,016,720	865,815
	2,477,174	1,998,409

Other information (Note 6)
See accompanying notes.

Approved on behalf of the Board:



Director



Director



Notes to Financial Statements

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

The Institute is a knowledge based organization that strives to research and promote prevention of workplace 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
Leaseholds – term of the lease

(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

	2009	2008
	\$	\$
Guaranteed Investment Certificates	855,479	533,041
Government of Canada Bond	—	125,925
Corporate Note	168,481	163,086
Mutual Fund	235,461	—
	1,259,421	822,052

The guaranteed investment certificates earn an average interest of 3.56% and mature at various dates between 2010 and 2014. The Corporate note earns interest of 4.5% and matures in 2012.

3 / ACCOUNTS RECEIVABLE

	2009	2008
	\$	\$
The Foundation for Research and Education in Work and Health Studies	78,925	62,535
Other	507,243	431,979
	586,168	494,514

4 / CAPITAL ASSETS

	Cost	Accumulated amortization	Net 2009	Net 2008
	\$	\$	\$	\$
Furniture and fixtures	323,507	293,808	29,699	28,472
Computer equipment	379,158	303,481	75,677	84,449
Leaseholds	503,131	503,131	—	6,880
	1,205,796	1,100,420	105,376	119,801

5 / DEFERRED REVENUE

	2009	2008
	\$	\$
CAN	36,959	11,447
CIHR	290,912	156,853
MOHLTC	—	49,000
NIOSH	—	14,694
OCA	83,957	475
WorkSafeBC	208,688	156,376
WSIB – RAC	325,666	345,954
Other	87,299	87,339
	1,033,481	822,138

6 / OTHER INFORMATION**(A) OTHER REVENUE**

	2009 \$	2008 \$
ACC	67,713	37,772
CAN	—	11,823
CIHR	507,809	580,418
CREIDO	—	18,083
CRE-MSD	—	16,743
MOHLTC	49,000	6,230
Foundation for Research and Education	71,295	40,634
NIOSH	14,694	29,333
OCA	16,518	11,928
University of Maryland	—	2,823
WCB Manitoba	17,801	34,534
WorkSafeBC	207,383	106,521
WSIB Contract	—	2,141
WSIB RAC	714,995	707,668
Other	227,571	180,590
	1,894,779	1,787,241

(B) RECONCILIATION OF INVESTMENT INCOME

The investment income of the Institute includes the following:

	2009 \$	2008 \$
Interest	29,931	32,990
Gain on adjustment to fair value	13,011	20,850
Total	42,942	53,840

(C) PROFESSIONAL SERVICES

	2009 \$	2008 \$
University co-investigators	14,000	4,000
Other project-related services	91,341	125,069
Other services	49,507	39,149
	154,848	168,218

(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.

	2009 \$	2008 \$
Total assets	2,477,174	1,998,409
Invested in capital assets	(105,376)	(119,801)
	2,371,798	1,878,608
Liabilities	(1,460,454)	(1,132,594)
Unrestricted net assets	911,344	746,014

(E) PENSION

For those employees of the Institute who are members of the Hospitals of Ontario Pension Plan, a multi-employer defined benefit pension plan, the Institute made \$313,147 contributions to the Plan during the year (2008 – \$295,463).

(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:

	\$
2010	259,000
2011	262,000
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 option that the carrying amount of the company's financial instruments approximates fair value.



Board of Directors

CHAIR (to September 2009)

Roland Hosein
Vice-President
Environment, Health & Safety
GE Canada

CHAIR (from September 2009)

John O'Grady
Labour Market Consultant

DIRECTORS

Ian Anderson
Vice-Chair
Ontario Labour Relations Board

Janice Dunlop
Senior Vice-President
Human Resources (retired)
Ontario Power Generation

Steve Mahoney
Chair
Workplace Safety and Insurance
Board

Rosemary McCarney
President & CEO
Plan International Canada

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

Moir McIntyre
Vice-President
Strategic Communications,
Policy and Research Division
Workplace Safety and Insurance
Board

Cameron Mustard
President & Senior Scientist
Institute for Work & Health

Barbara Silverstein
Research Director, Safety and
Health Assessment and
Research for Prevention
(SHARP) Program
Washington State Department
of Labor & Industries

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About the Institute

The Institute for Work & Health (IWH) is an independent, not-for-profit research organization. Our mission is to 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 & 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 (WSIB). Our scientists also receive external peer-reviewed grant funding from major granting agencies.

OUR COMMUNITY TIES

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



**Institute
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Research Excellence
Advancing Employee
Health

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