

Pursuing Our Vision

*Safer, healthier
workplaces
for all*



Institute for Work & Health
Annual Report 2002

About the Institute for Work & Health

"The Institute has been providing research and evidence-based, practical tools for clinicians, policy-makers, employers and labour since 1990."

The Institute for Work & Health is an independent, not-for-profit research organization with a commitment to reduce injury, illness and disability in the Ontario workforce. We have two core businesses: research, and knowledge transfer and exchange.

Our researchers are examining primary prevention in the workplace; effective and efficient treatment and safe, timely return to work for people with work-related injury and illness; labour market experiences and their health consequences; and the effects of disability insurance systems on decisions made by employers and workers.

We also support an active knowledge transfer and exchange program. The Knowledge Transfer & Exchange department implements interactive strategies to transfer research findings to key decision-makers in health care, workplace and policy setting environments. These strategies involve an exchange of information and a dialogue that ensures the research information is both relevant and applicable to stakeholder decision-making.

Our history:

The Institute has been providing research and evidence-based, practical tools for clinicians, policy-makers, employers and labour since 1990. The Institute was established in 1990 by the Ontario Workplace Safety & Insurance Board (WSIB), originally as the Ontario Workers' Compensation Institute. In 1994 it was renamed to recognize its broader focus.

The WSIB is the Institute's primary funder. In addition, IWH researchers attract numerous grants from external peer-review funding agencies.

Our affiliates:

The Institute has formal affiliations with the University of Toronto, University of Waterloo, McMaster University in Hamilton and York University in Toronto. These academic affiliations support the Institute's research mission and contribute to its role as a respected training centre. Graduate students, scientists and policy-makers from around the world come to consult and study at the Institute.

A vision for the future



“We look forward to working with the members of the board, researchers and staff at the Institute, and our many stakeholders and partners...”

– Mark Rochon & Cameron Mustard

These are very exciting times for the Institute for Work & Health. There was much activity and change in 2002 and these developments will serve as a strong foundation for the future directions of this leading-edge research and knowledge transfer organization.

As Ontario’s largest single research program focused on the primary and secondary prevention of work-related injury, illness and disability, we are committed to a vision of healthy and safe working environments for all workers. This past year, the Institute’s very talented, multidisciplinary team of scientists and staff generated a substantial amount of high quality research in this regard. In this report, we highlight just a few of the more than 70 projects under way.

Ensuring this research is accessible and used by our stakeholders and in workplaces is an important part of our mandate. In 2002, the Institute’s Knowledge Transfer & Exchange staff made significant strides toward increased partnerships and exchange with key audiences and organizations that can benefit from the research knowledge. One of the primary partnerships has been with Ontario’s Health and Safety Associations (HSAs). The HSAs’ existing networks will enable us to collaboratively reach thousands of workplaces in the province to improve health and safety. They will also enable us to hear first hand about the leading issues facing our system partners.

With the leadership of the organization firmly established last September and the results of the Institute’s five-year review delivered in the spring of 2002, IWH was ready to begin

discussing its vision for the future. As a result, strategic planning for our next five years was an important focus this past year.

The international panelists who conducted the review examined the organization's research and knowledge transfer and exchange initiatives. Led by Dr. Robert Elgie, the panel members were enthusiastic in their evaluation of the calibre and the relevance of the Institute's work. Their recommendations on the governance, research and knowledge transfer activities generated a great deal of discussion among IWH Board members and among the scientists and staff of the Institute.

At the Board level, one of the outcomes of the review process has been an examination of the Institute's governance structure. This includes terms of reference, board structure and bylaws. This renewal will be completed in 2003.

The recommendations have led to the entire staff of the Institute reviewing the organization's mandate, vision,

and goals, as well as the research programs. There has been a lot of dialogue about the role of knowledge transfer in this new plan, with a focus on strengthening this core activity, creating new and sustained partnerships, and moving the knowledge exchange process upstream in the research cycle.

As we conclude such a successful year, there are many people and partners we would like to acknowledge and thank for their past contributions and ongoing assistance as we strategically plan for our next five years. Several of the members of our Board and Scientific Advisory Committee have completed lengthy terms of service, including the previous Chair of the Board, Dr. Lorna Marsden, who stepped down in 2002 after a three-year term. On behalf of the Board members and Institute staff, we extend our thanks and appreciation to Dr. Marsden for her significant contributions. We are pleased she will stay involved with the Institute as a Board member.

We would also extend our appreciation and gratitude to the Institute's researchers, staff and students for their continued dedication to our mandate. The Institute's scientists attract increasing levels of external funding from peer reviewed granting agencies and are published in respected journals internationally. We are very proud of the team, the quality of their research and their achievements.

Our future is bright. We are now on the cusp of a new strategic plan and direction that will carry us through the next five years and will build on our expertise in musculoskeletal disorders. At the same time, we will be looking to further strengthen our partnerships and contribution to the prevention agenda of the Ontario health and safety system.

We look forward to working with the members of the board, researchers and staff at the Institute, and our many stakeholders and partners as we move into the future together to prevent work-related injury and illness, and reduce disability in Ontario.



Mark Rochon



Dr. Cameron Mustard

Chair, Board of Directors

President & Scientific Director

2002 at the Institute in numbers



People

- 81 staff in total at the Institute for Work & Health including:
 - 17 scientists
 - 15 students
- 18 Adjunct Scientists are affiliated with the Institute
- 2 visiting scholars joined the Institute in 2002

Research

- 73 active research projects in 2002
- 109 presentations given on IWH research
- 18 external researchers spoke at IWH External Plenary series
- 12 IWH staff presented at the Internal Plenary series
- 9 research grants were awarded; 1 new personnel award was granted
- \$906,677 in total peer-reviewed grant dollars received

Trainees

- 3 students completed theses while affiliated with IWH
 - 2 at the PhD level
 - 1 at the MSc level

Publications

Working Papers

- 27 working papers were completed
- 10 of these were published in peer reviewed journals
- 7 of these were in press

Peer-Reviewed Journals

- 15 articles published in peer-reviewed journals
- 34 articles submitted or in press

Knowledge Transfer & Exchange

- 16 active KTE projects in 2002
- 13 organizations partnered on KTE initiatives
- 373,974 web pages were viewed
- 79,499 unique web site visitors
- 3,211 information requests
- 120 articles in the media

Generating solid evidence for practice

“Evidence-based practice is no longer a buzz word, but an aspiration and way of life for most practicing clinicians,” says rheumatologist and IWH Senior Scientist Dr. Claire Bombardier.

Demand for evidence-based practice has come from all corners—clinical, administrative, policy—to ensure the most effective and cost-efficient treatments are provided to patients.

“Generating systematic research evidence that can help busy clinicians wade through the hundreds of clinical studies published each year, so they can integrate the evidence more easily into their practice, has been a major role for the Institute since its inception,” says Bombardier.

The work of the Institute in evidence-based practice for musculoskeletal disorders is world renowned. Central to this is the Cochrane Back Review Group (BRG) which started in 1993 under the administrative umbrella of IWH. The BRG coordinates international reviews of the literature on primary and secondary prevention and treatment of neck and back pain, and other spinal disorders.



Dr. Bombardier is co-editor of BRG, along with Dr. Lex Bouter of the Netherlands. Former and founding co-editor, Dr. Alf Nachemson of Sweden, retired as editor in 2002.

“Dr. Nachemson has made an enormous contribution to evidence-based practice through the BRG, his research and practice,” says IWH President and Scientific Director Dr. Cameron Mustard. “To honour his contributions, the Institute announced an IWH lectureship in his name.”

Partnerships and collaborations with other researchers and organizations are key to the Institute’s contribution to evidence-based practice. One of the regular reviewers for the BRG, Dr. Maurits van Tulder, spent 2002 at IWH as a visiting scientist. van Tulder is an epidemiologist with the Vrije University Medical Centre and the Institute for Research in Extramural Medicine in the Netherlands. His expertise was a welcome addition when the Institute was asked to update its extensive review of the chronic pain literature. “Spending a year at the Institute was a wonderful opportunity to work closely with IWH researchers and staff to exchange and compare ideas and information from our two countries,” says van Tulder.

The Institute was also a partner in the Fifth International Forum for Primary Care Research on Low-back Pain held in Montreal in May 2002. The Forum is the largest global event devoted to primary-care research and treatment of patients with low-back pain. The event drew more than 100 researchers from around the world and resulted in a series of articles in the *Medical Post*.

Beyond scientific meetings, getting evidence to busy clinicians and

“Evidenced-based practice is no longer a buzz word, but an aspiration and way of life for most practicing clinicians.”

- Dr. Claire Bombardier,
IWH Senior
Scientist



decision-makers takes a multifaceted approach. Through a special agreement, the journal *Spine* publishes all of the BRG systematic reviews, including two in 2002. A web site (www.cochrane.iwh.on.ca) and targeted media activity complement this activity. The Institute also publishes *Linkages*, a critical review of the best evidence on soft-tissue injury, twice a year.

Several evidence-based practical tools have been developed as well. These include the *DASH (Disabilities of the Arm, Shoulder and Hand) Outcome Measure* and *Backguide.com*.

The evidence-based practice research at the Institute will grow over the next few years. The BRG hopes to increase the number of reviews each year, provide more targeted and enhanced services for users, and expand the communication on the web site.

Improving the health of health-care workers



“These health problems also have implications for the quality of patient care, as well as for the overall health of the health-care system itself, as it tries to cope with absent and unhappy workers.”

– Dr. Michael Kerr, IWH Scientist

There have been dramatic changes in the health-care system in the past decade—restructuring, reorganization, and recruitment and retention difficulties. Recent studies have shown that health-care workers, especially nurses, have among the highest rates of work-related injuries and absenteeism of any group of workers in Canada for both physical and stress-related illnesses. One in four nurses report having pain in their back, neck or both most or all of the time.

“The statistics are staggering,” says Dr. Michael Kerr, a Scientist at the Institute whose primary focus is research on health-care workers. “We know a lot about the physical and workplace organizational problems these workers face. The question now is, how do we make it better?”

Kerr, who is also an Assistant Professor in the School of Nursing at the University of Western Ontario, says the effect of an unhealthy health-care workforce goes far beyond the individual worker. “These health problems also have implications for the quality of patient care, as well as for the overall health of the health-care system itself, as it tries to cope with absent and unhappy workers.”

Research collaborations have been central to the Institute’s work in this area. Kerr has teamed up with local and international researchers, including scientists from the University of Toronto and the University of Western Ontario, Health Canada, and The Ottawa Hospital.

One of the outcomes is a model of the factors that contribute to nurses’ health. The model demonstrates the link between 15 factors at the

workplace, job and individual level, and their subsequent impact on nurses’ physical and mental health, sense of well-being and job satisfaction.

“When we met with health-care leaders and policy-makers during a consultation workshop in mid-2002, the response to the model was very positive,” says Kerr.

The nurse health model is the basis of an evaluation of a new nursing care delivery model being introduced at the merged campuses of The Ottawa Hospital. The three-year study will determine what impact the introduction of the model has had on nurse work stress and well-being, patient care and organizational climate.

Kerr is also looking at a unique way to measure stress by analyzing nurses’ saliva. “There is some evidence to suggest that stress causes levels of a hormone called cortisol to increase.” He’s currently exploring the use of salivary cortisol as a biomarker for stress among nurses at an acute-care teaching hospital. Saliva is being collected from about 150 participating nurses at several times during two working and two non-working days.

For those on the frontlines of health-care policy, the next step is implementation of solutions. Dr. Judith Shamian, Executive Director of the Office of Nursing Policy at Health Canada and an Adjunct Scientist at the Institute, has been involved in many of the Institute’s health-care projects. “Effective solutions should lead to a healthier, more satisfied nursing workforce. And, a healthier nursing workforce will contribute to both better nurse and patient health outcomes,” she says.

Reaching Ontario workplaces with our partners

How does an organization like the Institute for Work & Health effectively reach Ontario's more than 250,000 workplaces with research information that may prevent work-related injury and decrease disability?

"It is a challenge for knowledge transfer," says Jane Brenneman Gibson, Director, Knowledge Transfer & Exchange. "That's why Ontario's Health and Safety Associations (HSAs) are such important partners in our knowledge transfer and exchange activities."

Research has shown that knowing the intended audience and their decision-making processes, working closely with them to exchange information and ideas, and developing materials that are audience specific are key to effective transfer. "The HSAs are working closely with the companies and businesses within their sectors, so their expertise, knowledge and existing networks are invaluable," says Gibson. "By collaborating to exchange knowledge and ideas, we can help each other reach our mutual goal of injury prevention."

The idea of "exchange"—both partners learning from each other—is an evolution in the practice of research transfer, which began with a model of "pushing" information to audiences. The evolution to an "exchange" model was the reason behind the IWH Research Transfer team's name change to Knowledge Transfer & Exchange in 2002.

One way to enhance exchange is through secondments, an approach the

KTE group tried for the first time in 2001-2002 with great success.

Electrical & Utilities Safety Association (E&USA) consultant Steve Oakley spent one year with the team on a part-time basis. He believes the exchange model is effective.

"The secondment was a tremendous learning experience for E&USA and the Institute," says Oakley. "I learned about the concepts and practice of effective knowledge transfer and exchange. At the same time, I was able to offer the perspective of a front-line health and safety organization when the Institute was planning and implementing knowledge transfer activities for HSAs."

Oakley is also a member of the Institute's HSA Liaison Committee, another KTE initiative that is forging ties with HSAs. The committee provides a forum for discussion between IWH and the five HSAs whose mandates most closely map onto the Institute's current research agenda. The Committee's advice helped shape the inaugural workshop for HSA consultants held in November 2002 on the use of leading indicators, such as workplace organizational factors, to improve health and safety.

One of the other links to the HSA community is the Institute's recent invitation to participate in the Occupational Health and Safety Council of Ontario, which comprises all of the Health and Safety Associations, the Workplace Safety & Insurance Board and the Ministry of Labour.

"It is a challenge for knowledge transfer. That's why Ontario's Health and Safety Associations (HSAs) are such important partners in our knowledge transfer and exchange activities."

- Jane Brenneman Gibson, Director of Knowledge Transfer & Exchange



Looking forward

The goal is to “achieve evidence-based prevention at work (which) will not only benefit Ontario’s economy and its workplaces, but also its workforce...”

– Dr. John Frank, IWH Senior Scientist

When the Institute was launched in 1990, one of its first challenges was to define and implement the research agenda. Over the past 13 years, this agenda has been continuously adjusted to address important and emerging issues.

“Our broad, overall message—that work influences health in many, many ways—has already been delivered and is largely accepted out in the community, so the framework is there,” says Dr. Clyde Hertzman, the Chair of the IWH Scientific Advisory Committee and a Professor in the Department of Health Care and Epidemiology at the University of British Columbia. “But well-designed work-health research can take many years to mature, simply because the questions are so complex and far-ranging.”

Some of the maturing research in 2003 will address leading concerns in Ontario’s health and safety system, including youth injury, successful return to work, and prevention.

Understanding youth injury

Young workers 15 to 24 years of age have a higher-than-average risk of being injured on the job. Research shows they have 1.5 to two times the rate of injury compared to workers 25 years and older, says IWH Scientist Dr. Curtis Breslin, who leads the Institute’s youth injury research. The question now is: “Why?”

“There are several things that may contribute to higher injury rates among this age group including inexperience, lack of training and working conditions common in the types of jobs where youth tend to be employed,” says Breslin. “As well, young people often don’t stay at the same job for long.”

Some early findings from Breslin’s work show that all new employees—regardless of age—are at four times the risk of injury in their first month on the job. “If young workers are changing jobs as frequently as we believe, it may partially explain the higher injury rates,” he says.

While more research will help scientists better understand these rates, Breslin says the work to date has implications for policy settings and prevention programs focusing on young workers. It also sends an important message to employers.

“Employers must ensure young workers—and all new workers—are trained early about handling equipment safely, safety procedures, and the risks associated with the job, especially in small workplaces,” he says. “This training, combined with active workplace policies and procedures, such as graduated entry and close supervision, will help prevent injuries and keep our young workers safe.”

Breslin and his colleagues, including Associate Scientist Dr. Mieke Koehoorn, will also be comparing youth injury rates among job sectors and provinces. They are also interested in whether certain age-related psychological factors, such as “risk-taking” behaviours in young males, and biological factors (for example, growth spurts during adolescence) play a role in work injury.

Learning more about successful return-to-work experiences

Once someone has been injured on the job, the focus is on finding the most effective strategies—from the workplace, health care and insurance systems—and preparing that worker for a return to work.

IWH scientists, including Dr. René-Louise Franche, want to learn more about this process. Their recently completed, cross-sectional pilot study involved two populations of workers (about 200 in each group) who made claims for lost time after sustaining a job-related back, neck or upper-limb injury. One group is being surveyed about their return-to-work experience four weeks after injury; the other group is being interviewed much later (six months after injury).

“We are particularly interested in the role of ‘work accommodation’—where returning employees are temporarily given lighter or different duties, or else gradually increase their hours—in successful return to work,” she says.

Franché hopes that her research, which also involves colleagues at the Ontario Workplace Safety & Insurance Board and the University of Toronto Survey Research Unit, will provide the basis for an extended study of successful return to work.

Taking a fresh look at prevention strategies

For many years, health and safety experts have tried to reduce workers’ exposure to chemical and physical hazards, which could cause health problems. But studies suggest that the declining rate of workplace injuries has slowed in recent years, and long absences from work continue to persist after a job-related injury.

IWH Senior Scientist Dr. John Frank is taking a fresh look at injury prevention. “We want to see what works, what doesn’t, and whether efforts can be merged to create a more effective holistic strategy,” he explains.

For example, “primary prevention” strategies focus on workers before an adverse event occurs, such as increasing the worker’s resistance to injury or illness by providing education and other training. Primary prevention is also concerned with making the immediate workplace environment safer.

“Secondary prevention” approaches begin after injury or illness occurs—they involve providing access to quality health care and modifying job tasks for a successful return to work.

Frank, who is also affiliated with the Canadian Institutes of Health Research and the University of Toronto, hopes to integrate these two approaches. The goal is to “achieve evidence-based prevention at work (which) will not only benefit Ontario’s economy and its workplaces, but also its workforce, by ensuring that it remains healthy and productive,” he says.

Preparing the next generation of workplace health researchers

The field of work and health research requires a constant infusion of new energy, skills and people. The Institute is committed to attracting and mentoring the next generation of Canada’s workplace health researchers.

With this goal in mind, two new initiatives were launched in 2002:

Work Disability Prevention CIHR Strategic Training Program

Funded by the Canadian Institutes of Health Research (CIHR), this program offers exciting new opportunities for doctoral students and fellows whose research focus is on work disability and prevention. Through a combination of e-learning and summer courses, work placements and

mentoring, participants will gain important skills and a transdisciplinary knowledge of the work disability field.

The program, which is being led by Dr. Patrick Loisel at the Université de Sherbrooke, includes advisors and mentors from the IWH and other organizations across Canada.

S. Leonard Syme Research Training Fellowships

These new fellowships provide opportunities for work and health research training. Candidates are drawn from all disciplinary backgrounds, with preference given to those with interests in the social determinants of health, illness in work environments and evaluating workplace interventions to improve health.

The fellowships honour the contributions of Dr. S. Leonard Syme, who chaired the IWH Research Advisory Committee from 1995 to 2002.

Recognizing significant and unique contributions to workplace health research

The month of June, 2003 will mark the inaugural Alf Nachemson Lectureship. Launched in the spring of 2002, the lectureship is given to a nationally or internationally prominent scientist who has made significant and unique contributions to a number of work and health-related themes.

The new lectureship honours the work of Dr. Nachemson, a distinguished Swedish orthopedic surgeon and researcher, who was a founding member of the IWH Research Advisory Committee. He was also co-editor of the Institute-based Cochrane Back Review Group from 1995 to 2002.

Auditors' report

We have audited the balance sheet of Institute of Work & Health as at December 31, 2002 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, 2002 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.
Toronto, Canada.
February 28, 2003.

Statement of Operations

For the year ended December 31,

	2002 (\$)	2001 (\$)
Revenue		
Workplace Safety & Insurance Board of Ontario	4,995,000	4,500,000
Other (Note 6a)	877,252	1,237,810
Interest	20,728	45,177
	5,892,980	5,782,987
Expenses		
Salaries and benefits	4,133,706	3,879,261
Travel	143,692	136,075
Supplies and service	159,410	127,712
Occupancy costs	492,874	415,850
Equipment and maintenance	59,136	85,228
Publication and mailing	106,609	113,109
Voice and data communications	36,647	33,527
Staff training	84,023	51,746
Outside consultants (Note 6b)	407,429	235,148
Other	105,094	166,857
Capital assets amortization	268,396	237,064
	5,997,016	5,481,577
Excess (deficiency) of revenue over expenses for the year	(104,036)	301,410

See accompanying notes

Statement of Net Assets

For the year ended December 31,

	2002			2001
	INVESTED IN CAPITAL ASSETS	UNRESTRICTED (NOTE 6C)	TOTAL(\$)	TOTAL(\$)
Beginning of year	783,688	167,474	951,162	765,752
Excess (deficiency) of revenue over expenses for the year	(268,396)	164,360	(104,036)	301,410
Investment in capital assets	68,550	(68,550)	—	—
Awards to Foundation (Note 6f)	—	(50,000)	(50,000)	(116,000)
End of year	583,842	213,284	797,126	951,162

See accompanying notes next page.

Statement of Cash Flow

	2002(\$)	2001(\$)
For the year ended December 31,		
Operating activities		
Excess (deficiency) of revenue over expenses for the year	(104,036)	301,410
Items not involving cash		
Amortization of capital assets	268,396	237,064
Amortization of lease inducements	—	(56,792)
Deferred revenue	98,004	415,656
Working capital from operations	262,364	897,338
Net change in non-cash working capital balances related to operations	(63,528)	(107,853)
Cash from operations	198,836	789,485
Investing activities		
Purchase of capital assets	(68,550)	(706,713)
Short-term investments	(32,658)	109,173
	(101,208)	(597,540)
Financing activities		
Loan payable	(38,830)	197,055
Awards to Foundation	(50,000)	(116,000)
	(88,830)	81,055
Change in cash during the year	8,798	273,000
Cash		
Beginning of year	647,910	374,910
End of year	656,708	647,910

See accompanying notes.

Balance Sheet

Notes to the 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 & 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:

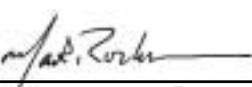
Furniture and fixtures	- 5 years
Computer equipment	- 3 years
Leaseholds	- term of the lease

(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.

As at December 31,	2002(\$)	2001(\$)
Assets		
Current assets		
Cash	656,708	647,910
Accounts receivable - related foundation	67,887	72,600
- other	47,918	171,845
Prepaid expenses and deposits	126,004	71,092
Short-term investments (Note 2)	572,931	540,273
	1,471,448	1,503,720
Capital assets (Note 3)	583,842	783,688
	2,055,290	2,287,408
Liabilities		
Current liabilities		
Accounts payable	66,704	203,960
Deferred revenue (Note 4)	1,033,235	935,231
Current portion of loan payable (Note 5)	41,500	39,000
	1,141,439	1,178,191
Loan payable (Note 5)	116,725	158,055
	1,258,164	1,336,246
Net Assets		
Invested in capital assets	583,842	783,688
Unrestricted	213,284	167,474
	797,126	951,162
	2,055,290	2,287,408
Other information (Note 6)		
See accompanying notes.		

Approved on behalf of the Board:



 Director Director

(c) Investments

Short-term investments are carried at cost.

2. Short-term investments

	2002(\$)	2001(\$)
GICs	472,931	-
Ontario Savings Bonds	100,000	-
Hollis Receivable Term Trust	-	540,273
	572,931	540,273
Estimated fair value	573,000	552,000

The GICs earn interest between 2.35% and 3.45% per annum and mature in 2003 and 2004. The Ontario Savings Bonds yield between 2.5% and 5.5% and mature in 2007

3. Capital Assets

Cost	Accumulated amortization	Net	
		2002 (\$)	2001 (\$)
Furniture & fixtures			
458,021	307,220	150,801	195,536
Computer & equipment			
939,075	810,063	129,012	197,257
Leaseholds			
434,328	130,299	304,029	390,895
1,831,424	1,247,582	583,842	783,688

4. Deferred revenue

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

	2002(\$)	2001(\$)
NIOSH	400,049	270,261
CIHR	261,405	71,285
HEALNet	47,727	109,214
SSHRC	65,387	38,160
OCHS	27,761	230,969
CHSRF	17,356	59,481
OCA	136,861	-
University of Arizona	34,046	18,994
Other	42,643	136,867
	1,033,235	935,231

5. Loan payable

The loan payable, from the organization's landlord, bears interest at 9% per annum and is repayable \$4,486 monthly on account of principal and interest until maturity May 2006.

Principal payments are due as follows:

	(\$)
2003	41,500
2004	45,000
2005	49,500
2006	22,225
	158,225

6. Other information

(a) Other revenue

	2002(\$)	2001(\$)
NIOSH	34,264	149,217
CIHR	78,522	33,493
HEALNet	81,737	88,140
SSHRC	32,268	32,761
OCHS	258,489	87,676
HRDC	1,206	65,693
NHRDF	26,646	48,347
CHSRF	138,045	92,818
Ministry of Health	29,828	25,247
OAC	-	21,345
University of Saskatchewan	29,110	34,331
Relocation costs	53,619	361,184
Other	113,518	197,558
	877,252	1,237,810

(b) Outside consultants

	2002(\$)	2001(\$)
University co-investigators	94,130	191,010
Other project-related services		
	278,591	20,179
Other services	34,708	23,959
	407,429	235,148

(c) 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.

	2002(\$)	2001(\$)
Total assets	2,055,290	2,287,408
Invested in capital assets	(583,842)	(783,688)
	1,471,448	1,503,720
Liabilities	(1,258,164)	(1,336,246)
Unrestricted net assets	213,284	167,474

(d) Commitments

The Institute is committed under a lease for premises which expires May 31, 2006 with annual rents, exclusive of operating costs as follows:

	(\$)
2003	189,000
2004	189,000
2005	189,000
2006	79,000
	646,000

(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 \$144,590 contributions to the Plan during the year (2001- \$83,976).

(f) Related party transactions

The financial statements include the following balances and transactions with The Foundation for Research and Education in Work & Health Studies.

	2002(\$)	2001(\$)
Transactions		
Awards to Foundation	50,000	116,000
Balances		
Accounts receivable	67,887	72,600

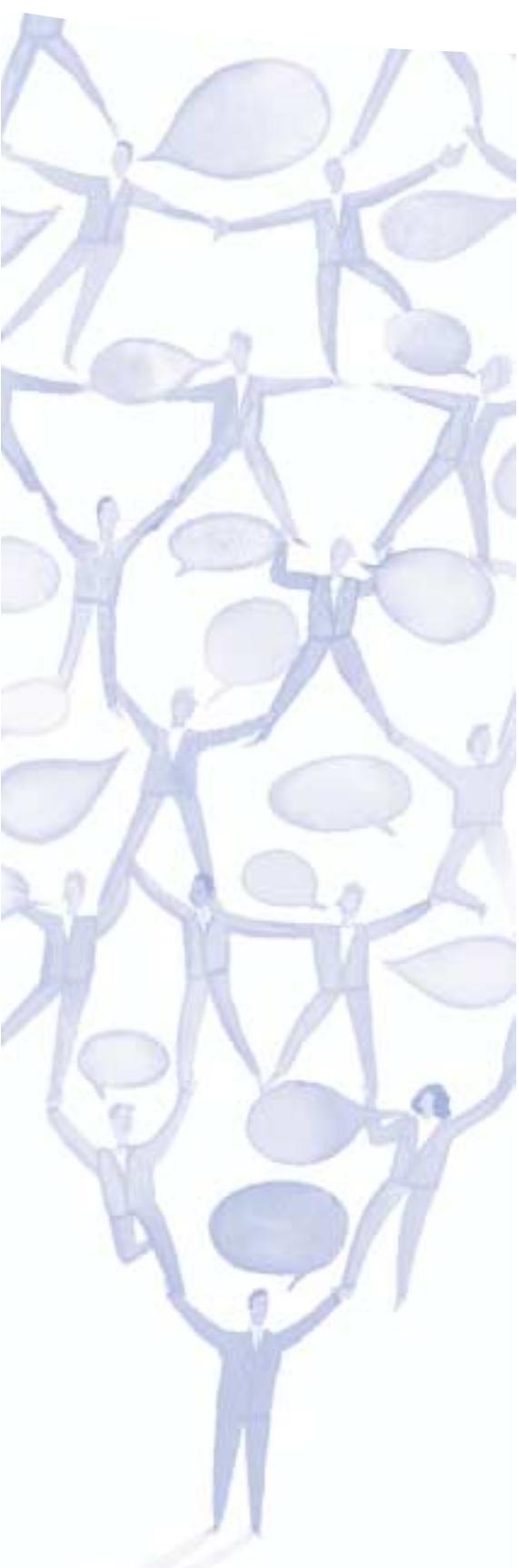
These transactions and balances are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

Subsequent to year-end the Institute awarded \$50,000 to the Foundation. The award was made from the Institute's surplus which had accumulated from revenues earned to December 31, 2002.

(g) Financial instruments

The organization's financial instruments consist of cash, short-term investments, accounts receivable, accounts payable and loan payable. It is management's opinion that the organization is not exposed to significant interest, currency or credit risks arising from these financial instruments. Except as otherwise noted, the fair value of these financial instruments is approximated by their carrying value.

Board of Directors



With our appreciation

In 2002, there were a number of changes in the membership of the Board and the Scientific Advisory Committee (SAC). The Board and the Institute gratefully acknowledge the wise counsel and valued contributions of these individuals.

- Dr. Lorna Marsden, stepped down as Board Chair but remains as a Director
- Marilyn Knox, retired after nine years of service, including four as Vice-Chair
- Dr. Heather Munroe-Blum, completed an eight-year term on the Board
- Dr. S. Leonard Syme, completed a two-year term on the board in his role as Chair of SAC

Chair

Mark Rochon
President & CEO
Toronto Rehabilitation Institute

Vice-Chair

Marilyn Knox
President, Nutrition
Nestlé Canada Inc.

Lorna Marsden
President and Vice Chancellor
York University

Directors

Lesley Bell
Chief Executive Officer
Ontario Nurses' Association

Rosemary McCarney
Executive Director
Street Kids International

Clyde Hertzman
Professor, Department of Health Care and
Epidemiology
University of British Columbia

Heather Munroe-Blum
Vice-President, Research and
International Relations
University of Toronto

Ron Hikel
Acting Chair
Workplace Safety & Insurance Board

John O'Grady
Labour Market Consultant

Linda Jolley
Vice-President,
Policy & Research
Workplace Safety & Insurance Board

Dorothy Pringle
Professor, Faculty of Nursing
University of Toronto

Andrew King
Department Leader
National Health, Safety & Environment
United Steelworkers of America (Canada)

S. Leonard Syme
Professor Emeritus
School of Public Health
University of California at Berkley, USA

Pearl MacKay-Blake
Executive Vice President
*United Food & Commercial Workers,
Local 1000A*

Edward M. Welch
Director, Workers' Compensation Center
Michigan State University

Scientific Advisory Committee



Dr. Clyde Hertzman and Dr. S. Leonard Syme

The Institute for Work & Health's Scientific Advisory Committee (SAC) is a sub-committee of the Board of Directors. The committee comprises senior national and international scientists whose expertise mirrors the disciplines within the Institute. The SAC meets each spring to review the research and knowledge transfer activities and directions of the Institute.

The Board and the Institute gratefully acknowledge the wise counsel and valued contributions of these individuals.

- Dr. S. Leonard Syme, retired from SAC after serving on the committee since 1994, including the last two years as Chair
- Dr. Michele Crites Battié, completed a two-year term on SAC
- Jean-Pierre Voyer, completed a two-year term on SAC

Chair

Clyde Hertzman
Department of Health Care and
Epidemiology
University of British Columbia

Committee Members

John Burton
School of Management and Labor Relations
Rutgers University, USA

Michele Crites Battié (until May 2002)
Department of Physical Therapy
University of Alberta, Canada

Tony Culyer
Department of Economics and Related
Studies
University of York, England

Richard Deyo
Back Pain Outcomes Assessment Team
*University of Washington Medical Centre,
USA*

Robert Norman
Research Advisory Council
*Workplace Safety & Insurance Board,
Canada*

Johannes Siegrist
Institute of Medical Sociology,
University of Düsseldorf, Germany

Cameron Mustard
Institute for Work & Health, Canada

Barbara Silverstein
*Safety & Health Assessment & Research for
Prevention Program, USA*

S. Leonard Syme (retired May 2002)
*School of Public Health
University of California at Berkeley, USA*

Tores Theorell
*The National Institute for Psychosocial
Factors and Health (IPM), Sweden*

Jean-Paul Voyer (until May 2002)
*Social Research and Demonstration Corp.,
Canada*

Research Excellence Advancing Employee Health

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