Institute for Work & Health

CHANGE

SUPPORTING CHANGE IN WORKPLACES

ANNUAL REPORT 2016

COVER PHOTO, FROM LEFT TO RIGHT
Co-chairs of Kitchener-Wilmot Hydro Inc.'s Ergonomics Wellness Team: Tim Beyer, Power Line Technician Brian Hollatz, Distribution Foreman with George Minow, Manager of Health, Safety and Wellness
(see case study on page 6)

Promote, protect and improve the health and safety of working people—this mission guides the research of the Institute for Work & Health (IWH).

To accomplish this, our evidence must contribute to more effective injury, illness and disability prevention practices in workplaces. Sometimes that route is indirect: our findings inform the policies and regulations governing workplaces. And sometimes our findings are taken up directly by the workplace parties themselves.

Workplaces incorporate IWH research in any number of ways. They adopt our evidence-based tools. They integrate research findings into their policies and procedures. They take part in studies and realize benefits for years to come.

In this annual report, we introduce you to five workplaces that have used IWH research to better their occupational health and safety (OHS) or return-to-work (RTW) programming, and describe other IWH research in 2016 designed to support workplace change.

CASE STUDY 1 | **BGIS** | **Adoption of IWH leading indicators improves subcontractor health and safety**

BGIS, a global real estate management services company based in Markham, Ont., is using an Institute for Work & Health leading indicators survey to monitor and improve its workplace health and safety programs, and those of its subcontractors. Leading indicators of work injury and illness are characteristics of workplaces that precede occupational health and safety outcomes. They can help workplaces identify and address factors affecting the risk of injury before injuries occur.

With over 7,000 team members globally, BGIS (the new name for Brookfield Global Integrated Solutions) provides services through its own technical workforce and a supplier network of 3,500 subcontracting companies employing their own staff. Up until a few years ago, the company had been using mostly lagging indicators to track the success of its health and safety program.

"**We measured lost-time** and no-lost-time injury rates and other indicators that measure after the fact," says Rich Coleman, the company's former director for business continuity and quality, health, safety and security. He and colleagues realized that those were not the best measures of safety and began a transition to using leading indicator information.

MARY LOU SINCLAIR
Director, Health, Safety and Environment
BGIS, Markham, Ont.

THE BENCHMARKS HELPED US UNDERSTAND IF OUR STRUGGLES WERE THE SAME STRUGGLES AS THE INDUSTRY OVERALL."

In 2013, BGIS participated in the Ontario Leading Indicators Project (OLIP), a research program by IWH to determine the best, most practical leading indicators for assessing and supporting OHS program improvements. Coleman completed an online survey about the company's processes and practices. He later received a benchmarking report outlining where the company was performing well in OHS and where improvements could be made.

The report prompted the company to take a closer look at its OHS programs with assistance from Workplace Safety & Prevention Services (WSPS), one of Ontario's four sector-based health and safety associations and a partner with IWH on the OLIP project.

The company's OLIP report identified potential improvements that could be made in communicating, monitoring and reviewing internal OHS programs. But the biggest opportunity lay in the use of OLIP to improve its processes for choosing subcontractors.

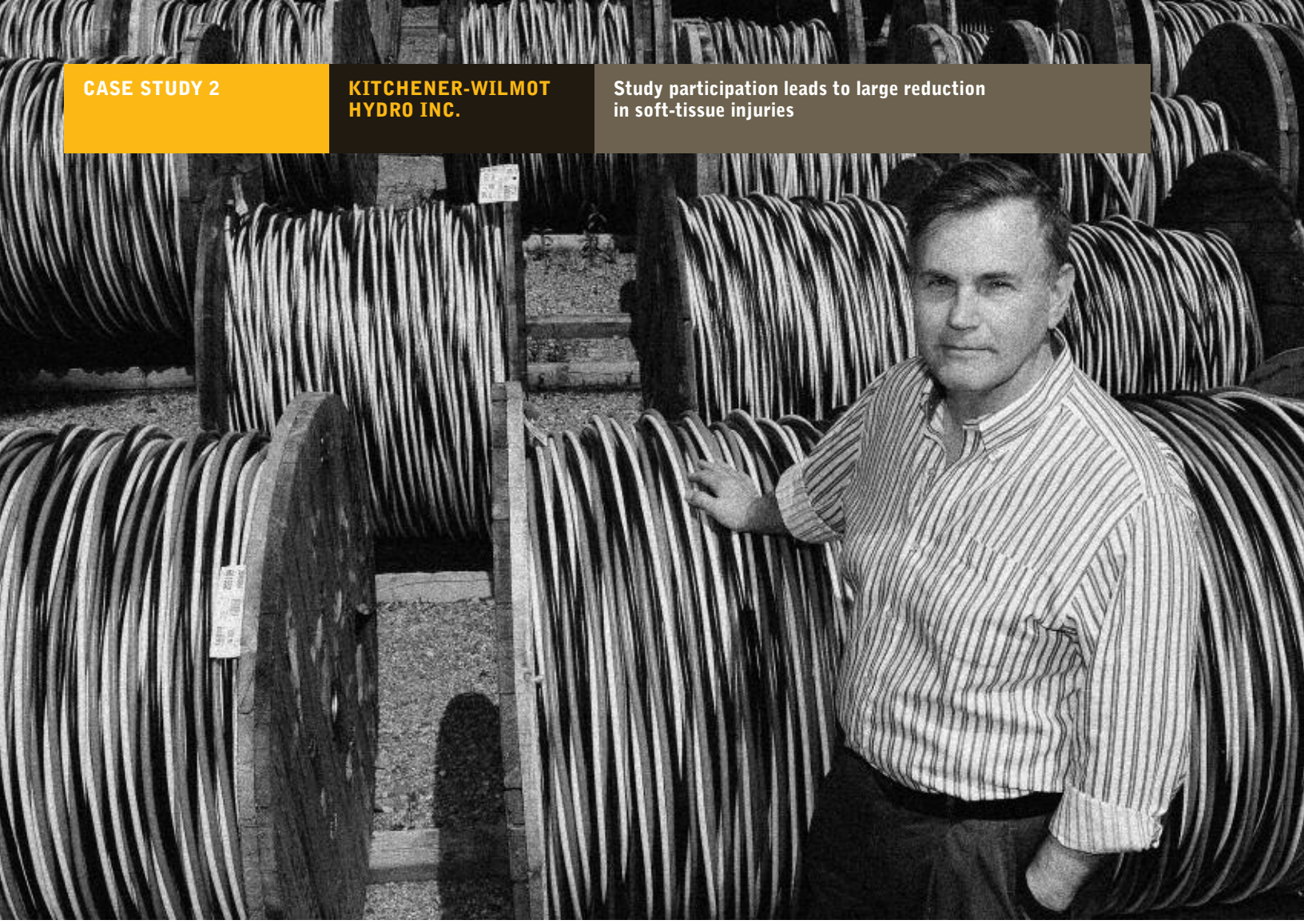
"**Our prequalification audits** for subcontractors primarily measure compliance and lagging indicators," says Mary Lou Sinclair, BGIS's Director, Health, Safety and Environment — North America, who took over from Coleman in 2015. "But going forward, our strategy will consider some of the OLIP questions to audit existing and potential contractors."

The company also found the sector benchmarks provided in the OLIP report useful. "It's often difficult to directly ask competitors for data," says Sinclair. "So the nice thing about participating in OLIP [was getting] some of that industry data. The benchmarks helped us understand if our struggles were the same struggles as the industry overall."

CASE STUDY 2

KITCHENER-WILMOT HYDRO INC.

Study participation leads to large reduction in soft-tissue injuries



In 2005, Kitchener-Wilmot Hydro Inc. joined five other utilities to take part in a research project on preventing musculoskeletal disorders (MSDs). "At that time, soft-tissue injuries were regularly the number-one or number-two cause of injury," says George Minow, Manager of Health, Safety and Wellness at Kitchener-Wilmot Hydro. The electrical utility today employs about 185 people and serves 91,000 homes and businesses in southwestern Ontario.

The project set out to examine the implementation of participatory ergonomics programs in small and medium-sized utilities. Participatory ergonomics is an MSD prevention approach that involves active participation of employees in developing solutions and implementing change. The research was conducted by a team from IWH, along with the Centre of Research Expertise for the Prevention of Musculoskeletal Disorders and the Electrical & Utilities Safety Association, which has since become part of the Infrastructure Health & Safety Association (IHSA), one of Ontario's sector-based health and safety associations.

Ten years after the project concluded, it continues to have a lasting effect: participatory ergonomics is still going strong at Kitchener-Wilmot Hydro. "We have sustained a 30-per-cent reduction in soft-tissue injuries over the years, even with an increase

GEORGE MINOW
Manager of Health, Safety and Wellness
Kitchener-Wilmot Hydro Inc.
Kitchener, Ont.

ERGONOMICS IS NOW CONSIDERED IN ALL THAT WE DO, BY TEAM MEMBERS AND NON-TEAM MEMBERS ALIKE."

in staff, and in 2016 that reduction hit 50 per cent," says Minow. "The severity of MSDs has also decreased, as staff report symptoms earlier and so are helped faster."

At the outset of the project, the participating utilities each created an ergonomics change team made up of staff from different departments. All members of the team, called the Ergonomics Wellness Team at Kitchener-Wilmot Hydro, received training. "They learned about soft-tissue injuries, how to fit work to the worker, how to get the most bang for the buck from an ergonomics program by making good purchases on new equipment, and how to choose cost-effective changes," says Minow.

The ergonomics team helped bring in significant changes in how work was done. For example, job procedures were changed to reduce injury risk, ergonomics principles were applied to the purchase of new tools, as well as to the specification and customization of new trucks, and a stretching program was introduced.

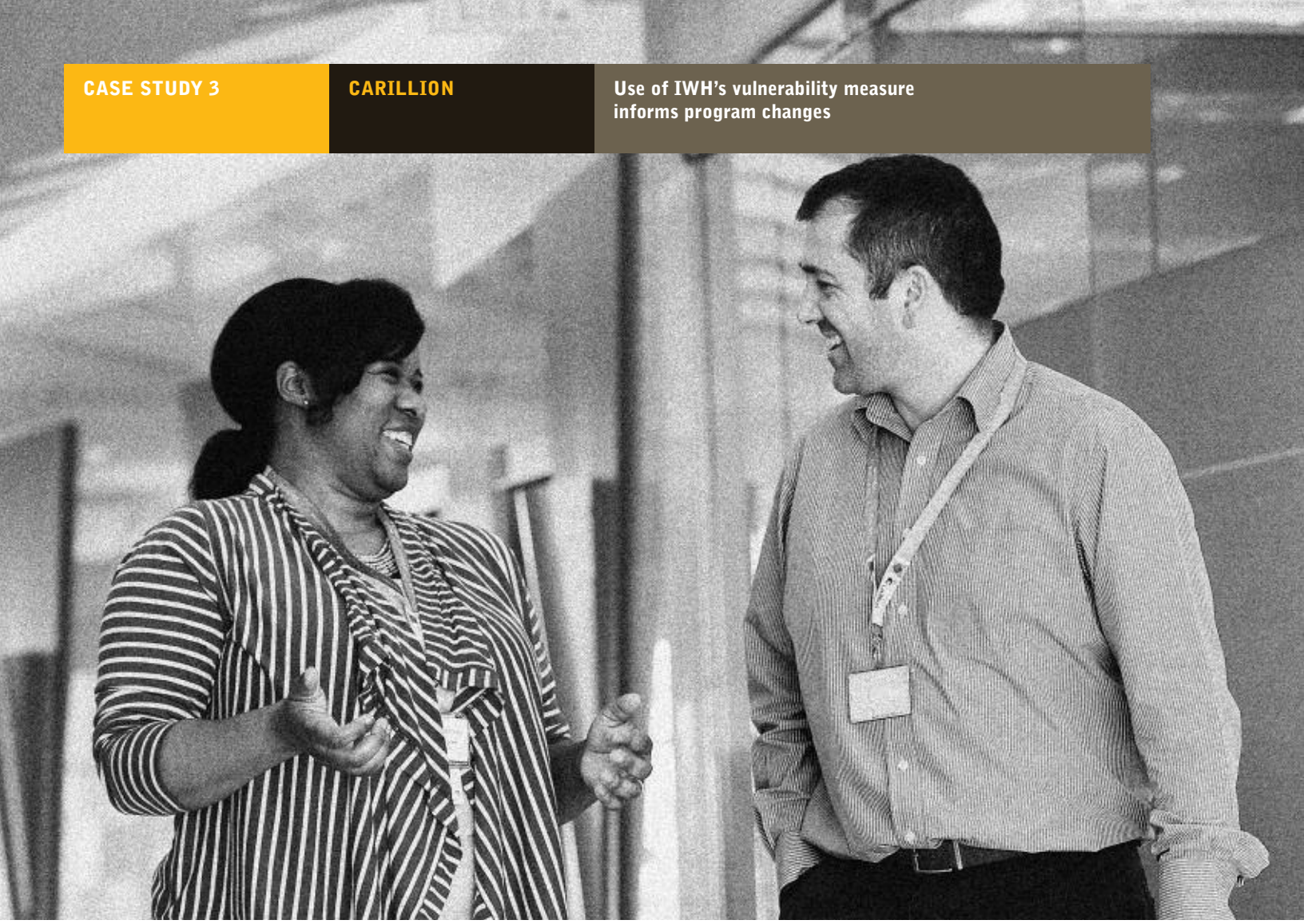
Today, it's not just Ergonomics Wellness Team members who look out for and take steps to reduce MSD hazards. "Having the team helped highlight the importance of ergonomics issues throughout the workforce," says Minow. "Ergonomics is now considered in all that we do, by team members and non-team members alike."

Minow credits the research project for introducing participatory ergonomics to Kitchener-Wilmot Hydro. "It led to the creation of a team that works well and attracts those who are interested in helping others take steps to reduce hazards," he says. "Our company has won safety and wellness awards, and this team is a jewel in the organization. It's one of the most proactive things we do."

CASE STUDY 3

CARILLION

Use of IWH's vulnerability measure informs program changes



Carillion has a strong record on health and safety, so much so that it won a Canada's Safest Employers award from *Canadian Occupational Safety* magazine two years in a row, 2014 and 2015. "Health and safety is really at the forefront of everything," says Lee-Anne Lyon-Bartley, Vice-President, Health and Safety, at Carillion in Canada, an infrastructure support services and facilities management company headquartered in North Toronto and employing more than 9,000 people in the country.

But employers with good health and safety records know continuous improvement is essential. So when Lyon-Bartley learned of IWH's OHS Vulnerability Measure in June 2015, she wanted to find out more.

The OHS Vulnerability Measure is a 27-item employee survey that assesses vulnerability to risk of work injury. It considers workers vulnerable when they are exposed to hazards and not aware of health and safety issues, or not empowered to speak up or refuse work, or not adequately protected by the organization's OHS practices and policies.

Lyon-Bartley heard about the measure when she was approached by Workplace Safety & Prevention Services to take part in research. WSPS was helping IWH recruit workplaces for a study on the application and feasibility of the measure, and Carillion agreed to take part.

LEE-ANNE LYON-BARTLEY
Vice-President, Health and Safety
Carillion in Canada
Concord, Ont.

PHOTO, FROM LEFT TO RIGHT
Lyon-Bartley with Andy Jones
President and CEO
Carillion in Canada and the Caribbean

THE IDEA OF LOOKING AT VULNERABILITY BEYOND THE INDIVIDUAL IS WHAT I APPRECIATE."

"We're interested in being engaged and involved in research—in providing real-life, on-site opportunities for research," she says. "We also know we might benefit from the information we get, and others as well."

Although based on a relatively small sample size, the study results at Carillion confirmed some positives. For example, most respondents said their supervisors were aware of workplace hazards, and nearly all respondents said they had received training in the past 12 months, both evidence of the company's investment in regular, ongoing training.

There were a few surprises. "Many respondents did not know about Ontario's mandatory health and safety awareness training, even though they all went through it," Lyon-Bartley says. "So that has us thinking: Did we not communicate it properly?" There was also room for improvement around employee empowerment. "Some people felt they did not have enough authority over their own work."

These findings helped inform recent changes in Carillion's policies and procedures, Lyon-Bartley says. "For example, we're already thinking differently about how we communicate our training, and whether our messages get to all employees effectively."

Lyon-Bartley likes how the IWH measure frames vulnerability. "Overall, the idea of looking at vulnerability beyond the individual is what I appreciate," she says. "When you hear 'vulnerable workers,' you associate it with certain groups of people. This takes that perspective away and allows you to look at vulnerability more objectively, putting the issue back on the workplace and not the worker."

CASE STUDY 4

NIAGARA HEALTH

Unions and management partner to improve return-to-work practices

When management and union representatives at Niagara Health (NH) set out to design and implement a new return-to-work (RTW)/accommodation policy, the Institute for Work & Health made two contributions. Its research evidence was incorporated into the design of the new policy. And an Institute research team was invited to work alongside the organizational change process to describe the progress of the policy implementation and to measure the impact of these changes on the duration of work disability episodes.

NH is the regional acute-care community hospital system in Ontario's Niagara region, employing more than 4,800 workers. Employees are represented by three unions: Ontario Nurses' Association (ONA), Ontario Public Service Employees Union (OPSEU) and Service Employees International Union (SEIU).

Recognizing that its disability management policy needed renewal, NH management and union representatives jointly committed in 2011 to develop a new RTW/accommodation policy, with support from not-for-profit external advisors (including the Ontario Federation of Labour's Occupational Disability Response Team). In developing the new policy, external advisors incorporated components identified in IWH's Seven "Principles" for Successful Return to Work. The new policy included

FLO PALADINO
Executive Vice-President
People and Organizational Development
Niagara Health
St. Catharines, Ont.

PHOTO, FROM LEFT TO RIGHT
Members of Niagara Health's RTW Steering Committee:
Jody MacDonald
Manager, OHS
Brenda Allan
President, OPSEU Local 215
Dan Tanguay
Chief Representative, SEIU
Loretta Tirabassi
President, ONA Local 26

IWH RESEARCH MADE AN IMPORTANT CONTRIBUTION TO THE DESIGN OF THE NEW [RTW] POLICY."

an emphasis on early contact, the integration of supervisors in the development of RTW plans, the provision of education and training to managers and supervisors, and the designation of disability case managers and (a distinctive feature) union representatives as RTW coordinators.

"**The RTW/accommodation policy** we implemented in 2012 has enabled important improvement in the consistency of efforts to return our valued staff to work after a health absence," says Flo Paladino, Executive Vice-President, People and Organizational Development, at NH. "IWH research made an important contribution to the design of the new policy."

Following the implementation of the policy in January 2012, IWH participated as a member of the NH RTW Steering Committee to document and evaluate the change process. Using qualitative and quantitative measures, IWH reported that the quality and consistency of disability management practices had improved and that the new RTW/accommodation policy was well received by employees returning to work following a health absence.

Furthermore, NH's strengthened RTW/accommodation policy resulted in a reduction in average numbers of days off following a work-related injury—from 19.4 days in the three years before the program to 10.9 days in the three years after. This is a 45-per-cent improvement, considerably higher than the 25-per-cent improvement among a peer group of 29 hospitals over the same time period.

CASE STUDY 5

WELLINGTON COUNTY

Participation in research will identify innovative disability management practices

Wellington County is a rural municipality in southwestern Ontario, serving a population of 85,000. As an important regional public-sector employer, the County of Wellington is proud of its record of excellence when it comes to human resources practices, including being named one of Canada's Top 100 Employers in 2008.

So when the County was invited in the fall of 2015 to join an Institute for Work & Health research team in identifying opportunities to strengthen disability management practices in the Ontario municipal sector, its human resources leaders immediately accepted. "We could see the potential of important benefits coming from this collaboration," says Michele Richardson, Health and Safety Coordinator for the County. "And it fit with our culture of seeking opportunities for continuous improvement within our human resources programs."

Wellington County is one of six leading Ontario municipalities that have joined IWH in this collaborative research. Over the past year, an IWH project team has conducted interviews with program leaders,

MICHELE RICHARDSON
Health and Safety Coordinator
Wellington County
Guelph, Ont.

THIS PARTNERSHIP WITH THE INSTITUTE BUILDS ON A STRONG TRADITION OF COLLABORATION IN THE ONTARIO MUNICIPAL SECTOR."

case managers, supervisors and representatives of organized labour in each municipality to better understand the strengths and the challenges of disability management in the municipal sector.

As in Wellington County, the project team found strong disability management programs in the partner municipalities, built on clear policy foundations and led by talented, experienced managers. Some of the municipal partners are currently engaged in renewing or strengthening their disability management practices.

In the coming months, the partner municipalities will work with the Institute to identify innovative practices that each municipality may be able to adopt and evaluate. A number of practices are already being considered. One is an evaluation of the costs and the benefits of expedited access to work-linked mental health treatment services for municipal employees on short-term disability leave for a mental health condition. Another is the development and implementation of a brief interactive curriculum for front-line managers and supervisors to strengthen their knowledge and skill in supervising and supporting work accommodations.

"**This partnership** with the Institute builds on a strong tradition of collaboration in the Ontario municipal sector," says Richardson. "I'm looking forward to seeing where the research takes us in terms of improving our disability management practices."

WORKPLACE-BASED PROJECTS IN 2016

Conducting research to help workplaces improve practices related to the prevention of work injury or work disability was a leading focus of IWH's work in 2016. Here is an overview of some of those projects.

EFFECTIVENESS OF MANDATORY AWARENESS TRAINING

On July 1, 2014, Ontario introduced a mandatory awareness training program to increase worker and supervisor knowledge of basic occupational health and safety rights and responsibilities under the province's *Occupational Health and Safety Act*. Using the IWH's OHS Vulnerability Measure, a team led by Senior Scientist Dr. Peter Smith evaluated the impact of the program on worker awareness of their rights and responsibilities and on worker empowerment (willingness to speak up about OHS hazards and/or refuse to do unsafe work).

OHS POLICIES AND PRACTICES IN CONSTRUCTION FIRMS

An IWH study completed in 2015 led by Senior Scientists Dr. Ben Amick and Dr. Sheilah Hogg-Johnson found that unionized firms in the industrial, commercial and institutional construction sector in Ontario have fewer lost-time, musculoskeletal and critical injury workers' compensation claims compared to non-union firms. In 2016, the research team worked on a follow-up study to examine whether OHS policies and practices in this sector differ between union and non-union firms. The team also examined differences in the frequency of orders by Ministry of Labour inspectors among union and non-union firms.

THE JOINT MANAGEMENT OF OHS AND OPERATIONS

IWH researchers, including Senior Scientist Dr. Emile Tompa and Scientist Dr. Lynda Robson, participated in a team led by Dr. Mark Pagell of University College Dublin that used survey data and workers' compensation claims information to determine if best practices in operations and OHS can co-exist without compromising safety or productivity. The research found that workplaces that jointly manage operations and OHS perform well at both, and no worse on either than workplaces that focus on only one. There was no evidence of a trade-off.

EMPLOYER INVESTMENTS IN OHS

IWH President and Senior Scientist Dr. Cameron Mustard is leading research to obtain detailed estimates of firm-level expenditures and investments in health and safety in Ontario. Working with a sample of over 300 employers, the study is using an approach pioneered by the International Social Security Association (ISSA) and German Social Accident Insurance (DGUV) to obtain estimates of OHS expenditures and investments in the following five areas: management and supervision, employee training, personal protective equipment, OHS consulting services, and new capital (only the share expected to improve health and safety).

ORGANIZATIONAL CHANGE PROGRAM

Scientist Dr. Dwayne Van Eerd along with a team from IWH are evaluating the implementation of a Public Services Health & Safety Association organizational change program called Employees Participating in Change (EPIC). EPIC engages workers in a participatory approach to provide them with the skills and tools they need to identify, assess and control musculoskeletal disorders and slip, trip and fall hazards. IWH's research will help determine how to best implement EPIC to maximize its impact and the sustainability of hazard reduction and injury prevention programs in the workplace.

ESSENTIAL SKILLS GAPS AND OHS TRAINING

Senior Scientist and Director of Knowledge Transfer & Exchange Dr. Ron Saunders continued a project to modify an OHS training program to address essential skills gaps and assess whether this improves training outcomes. In 2016, the team completed changes to the curriculum for a hoisting and rigging training program delivered by Local 506 of the Labourers' International Union of North America.

WORKPLACE-BASED RETURN-TO-WORK INTERVENTIONS

IWH and the Institute for Safety, Compensation and Recovery Research in Melbourne, Australia, have been collaborating on an update of an IWH systematic review on the effectiveness of workplace-based return-to-work interventions. The IWH team is led by Director of Research Operations Emma Irvin (who also leads the Institute's systematic review program) and Dr. Ben Amick. Analysis was completed in 2016. An article on the findings in the quantitative literature, authored by Associate Scientist Dr. Kim Cullen, was published early in 2017. Current work is extending the review to include system/jurisdictional interventions and to look at the qualitative literature.

WORKPLACE ACCOMMODATION OF EPISODIC DISABILITIES

Many chronic physical and mental health conditions do not cause continuous problems but, instead, episodic or intermittent problems (e.g. depression, arthritis, diabetes, HIV and some forms of cancer). Privacy legislation has shifted disability management away from disease diagnoses (which workers are not obligated to disclose) to activity limitations as the means of guiding accommodations. For episodic conditions where symptoms fluctuate, and are often unpredictable and invisible to others, accommodation needs can be difficult to assess and implement. Dr. Monique Gignac, IWH Senior Scientist and Associate Scientific Director, is leading a research team that is working with the Ontario Public Service, the Mental Health Commission of Canada and other partners to increase the understanding of the impact of episodic disabilities on workers and workplaces, and to begin developing a toolkit to help employers and workers better communicate and implement accommodations.

OTHER PROJECTS IN 2016

Workplaces were not the only focus in 2016. IWH also conducted a wide range of research at the systems or societal level to help prevent work injury, illness and disability. Some of these projects active in 2016 are described here.

VIOLENCE PREVENTION IN HEALTH-CARE WORKPLACES

Health-care workers experience high rates of work-related violence, including physical abuse and harassment. IWH Scientist Dr. Agnieszka Kosny is leading research on the implementation of workplace violence legislation in the Ontario acute health-care sector. The study is examining the measures organizations use to address workplace violence, perceptions of how these measures have played out in practice, and contextual factors that have supported or challenged implementation of violence prevention policies and practices.

In 2016, IWH also contributed to the work of the Leadership Table on Workplace Violence Prevention in Health Care established by the Ontario Ministry of Labour and the Ministry of Health and Long Term Care. Dr. Cameron Mustard was a member of the Leadership Table, Dr. Peter Smith co-chaired the working group on indicators, evaluation and reporting, and Dr. Ron Saunders was a member of the working group on communications and knowledge translation.

WORK-RELATED EXPOSURES AND OSTEOARTHRITIS

Osteoarthritis is the most common type of arthritis, and the personal and environmental factors (including occupational factors) that contribute to the development or aggravation of the condition are of growing interest to the health and safety system. Dr. Monique Gignac and Emma Irvin led a systematic review of the research on the relationship between work-related activities/exposures and the development of osteoarthritis.

HEALTH-CARE PROVIDERS AND RTW WITHIN WORKERS' COMPENSATION

Dr. Agnieszka Kosny conducted a qualitative study on the role of health-care providers in the return-to-work process within the workers' compensation system. She found that health-care providers find the process relatively straightforward when treating patients with visible and acute physical injuries. However, they tend to face challenges when treating workers with multiple injuries, complex or gradual-onset illnesses, chronic pain or mental health conditions.

COSTS OF LUNG DISEASES DUE TO WORK-RELATED ASBESTOS EXPOSURES

Dr. Emile Tompa conducted research to estimate the costs to society of illnesses associated with asbestos exposures. He found that newly diagnosed cases of mesothelioma and lung cancer in 2011 due to work-related asbestos exposures cost Canadians $831 million in direct and indirect costs and $1.521 billion in quality-of-life costs.

TAILORING RESEARCH EVIDENCE FOR LOCAL CONTEXTS

Emma Irvin co-led (along with Dr. Stephen Bornstein of Memorial University in Newfoundland and Labrador) the development of an innovative method for synthesizing current scientific knowledge and tailoring it for use in specific provincial and local contexts. They applied the method by contextualizing the findings of an updated systematic review on workplace interventions to prevent and manage depression to the Manitoba context.

DASH OUTCOME MEASURE 20TH ANNIVERSARY

2016 marked the 20th anniversary of the DASH Outcome Measure, a 30-item, self-report questionnaire developed by a team now led by Senior Scientist Dr. Dorcas Beaton. The questionnaire, which measures physical function and symptoms in people with musculoskeletal disorders of the upper limb, is now used around the world, having been translated into more than 50 different languages and dialects.

PREMUS 2016

In June 2016, the Institute hosted the 9th International Scientific Conference on the Prevention of Work-Related Musculoskeletal Disorders, known as PREMUS. Over four days, about 400 delegates from around the world convened in Toronto to share and discuss the latest research on preventing and managing MSDs, and on applying this research for the benefit of workers everywhere who already have, or are at risk of developing, MSDs.

CARWH 2016

In October 2016, IWH co-hosted (along with the Occupational Cancer Research Centre) the 9th biennial conference of the Canadian Association for Research on Work and Health (CARWH). Over 180 people came together to learn more about the latest work and health research emerging from academic and research organizations across the country.

THE YEAR IN NUMBERS

PEOPLE

56
total staff
(47 full-time, 9 part-time)

33
adjunct scientists

6
PhD students

1
post-doctoral appointment

2
completed PhDs

FUNDING & PROJECTS

$4,539,484
Province of Ontario funding

$2,275,040
research grant and other funding

45
active research projects
(12 completed, 33 ongoing)

51
papers published or in press

10
external grants awarded

STAKEHOLDER ENGAGEMENT

49
project advisory committee meetings

11
formal stakeholder networks

235
formal stakeholder network members

WEBSITE & SUBSCRIBERS

1,316,269
unique website page views during year

1,018,475
unique website users during year

26,825
unique document downloads from website during year

4,956
IWH News subscribers at year end

SOCIAL MEDIA & MEDIA

2,496
Twitter followers at year end

1,880
LinkedIn followers at year end

8,027
YouTube video views during year

215
media mentions (website, print, radio/TV) during year

A MESSAGE FROM THE CHAIR AND THE PRESIDENT

The Institute for Work & Health is dedicated to conducting research that can be applied in workplaces to improve the health of safety of working people.

How does our research get applied in workplaces? Sometimes our evidence informs changes in government laws and policies affecting employers and workers. Sometimes intermediary organizations that support workplaces, such as health and safety associations, incorporate our findings into their services. And sometimes our research messages get taken up by the workplace parties directly. This annual report focuses on examples of the latter.

IWH uses several vehicles to facilitate the adoption of research findings by workplaces. We include workplaces in relevant research projects. We reach them through our stakeholder networks and their professional conferences. We keep them up to date via our monthly e-bulletin, quarterly newsletter and social media channels — all of which point people to our plain-language research summaries and evidence-based tools and guides.

In this report, we also provide highlights of IWH projects active in 2016 that contributed in some way to the prevention of work injury and illness or the prevention and management of work disability in the workplace.

We are pleased to note the addition of two new members to the Institute's Board of Directors in 2016: Kelly Jennings, a management consultant with a focus on health-care practice, and Dr. Louise Lemieux-Charles, a professor emeritus in (and former director of) the Institute of Health Policy, Management and Evaluation at the University of Toronto.

We again offer our appreciation to the staff of IWH for their professionalism and dedication to the Institute's mission: to promote, protect and improve the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers.

We also gratefully acknowledge the core funding we receive from the Province of Ontario, which continues to advance evidence-informed policy and practice in occupational health and safety.

Kevin Wilson
Chair, Board of Directors
Institute for Work & Health

Dr. Cameron Mustard
President and Senior Scientist
Institute for Work & Health

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, 2016, the statements of operations, net assets and cash flow 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 accounting standards for not-for-profit organizations, 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' judgment, 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 in our audit 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, 2016, and the results of its operations and its cash flow for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Stern Cohen LLP

Chartered Professional Accountants
Chartered Accountants
Licensed Public Accountants

Toronto, Canada
April 10, 2017

STATEMENT OF OPERATIONS

For the year ended December 31,	2016 $	2015 $
Revenue		
Ontario Ministry of Labour	4,539,484	4,514,481
Grant revenue (Note 6a)	1,589,937	1,876,419
Other (Note 6b)	649,675	355,808
Investment income (Note 6c)	35,428	17,240
	6,814,524	6,763,948
Expenses		
Salaries and benefits	5,107,176	5,312,860
Travel	93,205	82,095
Supplies and service	86,393	68,414
Occupancy costs	644,887	639,885
Equipment and maintenance	126,159	108,102
Publication and mailing	60,138	55,284
Voice and data communications	34,362	33,579
Staff training	27,530	32,142
Professional services	136,580	212,107
Other	387,585	107,367
Amortization of capital assets	50,427	55,864
	6,754,442	6,707,699
Excess of revenues over expenses for the year	60,082	56,249

See accompanying notes.

STATEMENT OF NET ASSETS

For the year ended December 31,			2016 $	2015 $
	Invested in capital assets $	Unrestricted $	Total $	Total $
		(Note 6c)		
Beginning of year	77,680	791,664	869,344	813,095
Excess (deficiency) of revenue over expenses for the year	(50,427)	110,509	60,082	56,249
Investment in capital assets	52,920	(52,920)	—	—
End of year	80,173	849,253	929,426	869,344

See accompanying notes.

STATEMENT OF CASH FLOW

For the year ended December 31,	2016 $	2015 $
Operating activities		
Excess of revenue over expenses for the year	60,082	56,249
Items not involving cash		
Amortization of capital assets	50,427	55,864
Increase in interest receivable	—	(9,150)
Adjustment to fair value of short-term investments	(1,321)	7,343
Working capital from operations	109,188	110,306
Net change in non-cash working capital balances related to operations		
Accounts receivable	(20,878)	86,301
Prepaid expenses and deposits	64,593	(49,745)
Accounts payable	(31,006)	28,820
Deferred revenue	60,813	1,224,044
Cash from operations	182,710	1,399,726
Investing activities		
Purchase of capital assets	(52,920)	(42,519)
Short-term investments	(34,108)	(1,024,287)
	(87,028)	(1,066,806)
Change in cash during the year	95,682	332,920
Cash beginning of year	647,765	314,845
Cash end of year	743,447	647,765

See accompanying notes.

BALANCE SHEET

As at December 31,	2016 $	2015 $
Assets		
Current assets		
Cash	743,447	647,765
Short-term investments (Note 2)	2,134,400	2,098,971
Accounts receivable (Note 3)	437,250	416,372
Prepaid expenses and deposits	93,090	157,683
	3,408,187	3,320,791
Capital assets (Note 4)	80,173	77,680
	3,488,360	3,398,471
Liabilities		
Current liabilities		
Accounts payable	220,677	251,683
Deferred revenue (Note 5)	2,338,257	2,277,444
	2,558,934	2,529,127
Net assets		
Invested in capital assets	80,173	77,680
Unrestricted	849,253	791,664
	929,426	869,344
	3,488,360	3,398,471

Other information (Note 6)
See accompanying notes.

Approved on behalf of the Board:

Director

Director

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

The Institute is an independent, not-for-profit research organization with a mission to promote, protect and improve the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers.

The Institute is predominantly funded by the Ontario Ministry of Labour (MOL) up to the Institute's approved MOL budget. Other revenues are generated through research activities and certain interest earned.

1. SIGNIFICANT ACCOUNTING POLICIES

These financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Capital assets

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

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 MOL, 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.

Investment income from interest is recognized on an accrual basis and changes in fair value of investments are recognized in excess of revenue over expenses.

(c) Short-term investments

Short-term investments are recorded at fair value. These investments are classified as short-term because they are highly liquid and available for sale prior to maturity date.

(d) Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires the Institute 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.

(e) Financial instruments

The Institute's financial instruments consist of cash, short-term investments, accounts receivable, accounts payable and deferred revenue. The Institute has elected to measure all financial instruments, other than investments, at cost or amortized cost.

2. SHORT-TERM INVESTMENTS

	2016 $	2015 $
Guaranteed Investment Certificates	1,695,623	1,694,307
Money Market Mutual Fund	438,777	404,664
	2,134,400	2,098,971

The Guaranteed Investment Certificates earn an average interest of 1.95% (2015—1.85%) and mature at various dates between 2017 and 2021.

3. ACCOUNTS RECEIVABLE

	2016 $	2015 $
Foundation for Research and Education in Work and Health Studies	78,182	64,372
Other	341,425	321,057
HST rebate	17,643	30,943
	437,250	416,372

4. CAPITAL ASSETS

	Cost $	Accumulated amortization $	Net 2016 $	Net 2015 $
Furniture and fixtures	19,126	13,388	5,738	9,563
Computer equipment	249,888	180,130	69,758	61,630
Leaseholds	9,051	4,374	4,677	6,487
	278,065	197,892	80,173	77,680

5. DEFERRED REVENUE

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

	2016 $	2015 $
Opening balance — deferred revenue	2,277,444	1,053,400
Less: revenue recognized	(1,589,937)	(1,876,419)
Add: current year funding received	1,650,750	3,100,463
Ending balance — deferred revenue	2,338,257	2,277,444

The details of the deferred revenue balance are as follows:

	2016 $	2015 $
Canadian Institutes of Health Research	990,228	938,665
Cancer Care Ontario	80,024	—
Ontario Ministry of Labour — Research Opportunities Program	871,938	849,608
World Health Organization	25	51,180
Workers Compensation Board of Manitoba	8,920	50,077
Max Bell	14,867	48,828
Parachute	—	35,500
Public Services Health and Safety Association	39,064	34,493
Memorial University	10,129	32,844
WorkSafeBC	138,893	25,017
Workplace Safety & Insurance Board — Other	184,169	211,232
	2,338,257	2,277,444

6. OTHER INFORMATION

(a) Grant revenue

	2016 $	2015 $
Canadian Institutes of Health Research	658,330	760,243
Cancer Care Ontario	6,844	45,299
Employment and Social Development Canada	38,327	—
Foundation for Research and Education in Work and Health Studies	59,877	47,387
Max Bell	75,211	33,672
Memorial University	22,715	26,696
Ontario Ministry of Labour — Research Opportunities Program	504,375	282,484
Ontario Ministry of Labour	—	397,500
University of Texas	—	23,119
Workers Compensation Board of Manitoba	51,157	120,959
WorkSafeBC	27,535	35,686
World Health Organization	51,155	11,293
Workplace Safety & Insurance Board — Research Advisory Committee	2,687	27,326
Public Services Health and Safety Association	27,288	30,993
Other	64,436	33,762
	1,589,937	1,876,419

(b) Other revenue

	2016 $	2015 $
Conferences	384,505	—
Other	265,170	355,808
Total	649,675	355,808

During the year, the Institute hosted two separate conferences, which generated the one-time revenues noted above. The expenditures associated with hosting these conferences have been recorded with other similar expenses of the Institute in the statement of operations.

(c) Reconciliation of investment income

The investment income of the Institute includes the following:

	2016 $	2015 $
Interest	34,107	24,583
Gain (loss) on adjustment to fair value	1,321	(7,343)
Total	35,428	17,240

(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.

	2016 $	2015 $
Total assets	3,488,360	3,398,471
Invested in capital assets	(80,173)	(77,680)
	3,408,187	3,320,791
Liabilities	(2,558,934)	(2,529,127)
Unrestricted net assets	849,253	791,664

(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 $335,381 in contributions to the Plan during the year (2015 — $321,671).

(f) Commitments

The Institute is committed under a lease for premises, which expires July 31, 2019, with annual rents, exclusive of operating costs, as follows:

	$
2017	302,000
2018	302,000
2019	176,000
	780,000

(g) Financial instruments

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

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Policy Program and Dispute Resolution Services
Ontario Ministry of Labour

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Association of Workers' Compensation Boards of Canada

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Principal
Building Smarter Organizations

The Institute for Work & Health (IWH) is an independent, not-for-profit research organization. Our mission is to promote, protect and improve the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers.

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 Province of Ontario. 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.

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Institute for Work & Health

Research Excellence Advancing Employee Health

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

www.iwh.on.ca