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Annual General Meeting Agenda

- 9:00 AM Welcome
- 9:05 AM Special Webinar: An Integrated Approach to Knowledge Transfer and Communication for Occupational Health and Safety, Dr. Dwayne Van Eerd and Dr. Ron Saunders
Institute for Work & Health
- 9:45 AM Live Audience & Online Q&A
- 10:00 AM Annual General Meeting Business
- Approval of Agenda
 - Minutes of AGM 2016 – November 24, 2016
 - Board Chair Report
 - Treasurer Report
 - Audited Financial Statement Fiscal Year Ending June 30, 2017
 - Appointment of Auditors
 - President & CEO Report
 - New Business
- 10:45 AM AGM Meeting Adjourns

Minutes of Last Annual General Meeting

November 24, 2016

8:00 AM – 9:30 AM

St. Paul's Hospital, 1081 Burrard St, Vancouver, BC V6Z 1Y6

Participants at AGM

Members: Kelly Williams-Whitt, Pat Thorton, Marc White, Cori Ng, Nora Spinks, Joan Meidl, Asami Tsuda, Steve Horvath, Rebecca Devereaux, Balbinder Sall, and 90 non-members.

1. Welcome
2. Presentation & Discussion: Nora Spinks – *Caregiving and Work* (The presentation recording and related resources will be posted on CIRPD website)
3. Annual General Meeting
 - a. MSC Approved Minutes of Annual General Meeting, November 23, 2015
 - b. MSC Approved Treasurer's Report
 - c. MSC Approved Appointment of Auditors – Dale Matheson Carr-Hilton Labonte, LLP.
 - d. MSC Approved CEO & President's Report
 - e. MSC Approved Nomination Committee Report
 - f. MSC Approved Election of Directors
 - i. Paddy Meade
 - ii. Normand Cote
 - iii. Elisabeth Ballermann
 - iv. Nina Mankowitz

Thank you to outgoing board members. Special thanks to Dr. Kenneth Craig for his long time dedication as a board member since 2001 and continued participation on CIRPD committees and research projects.

 - g. No new business
4. Meeting Terminated at 9:48am

Board Chair Report

Paddy Meade

This past year culminated with finalizing the Board Strategic Plan 2017 - 2022. The strategic planning process considered where the organization is now, where it would like to be in the future, and how it intends to get there. It is process that involved the review and renewal of its long term goals (i.e., mission, vision and values) and objectives which reflect the relationship that the organization wishes to have with its different stakeholder groups. The strategic planning process considered how the organization intends to address important stakeholder needs, and identified the scope of the activities or programs through which those goals and objectives are to be achieved. It was an opportunity to invigorate and strengthen the organization by establishing longer range objectives and re-visioning its mandate in the context of current and future needs and opportunities.

Arising from the Strategic Plan is a new name for the organization - Work Wellness and Disability Prevention Institute / Institut sur le bien-être au travail et la prévention de l'incapacité. The new name reflects the organization's mandate to create and sustain work wellness, prevent disability, eliminate impairment-caused job loss, and worklessness for those with, or at risk of, chronic and episodic health-related challenges. The legal objects of the organization have not changed.

The new name and restatement of its mandate recognizes the growing evidence that "good work environments" have a direct positive impact on employee health as well as important benefits to society at large. Conversely, poor work environments have a detrimental effect on employee health, contribute to impairment-related job loss and worklessness, and poor productivity. There is strong evidence that worklessness and job loss arising from chronic and episodic health-related challenges results in poorer health outcomes including increases the risk of premature death.

Public and private sector employers face challenges related to an aging population, shortages of workers across many sectors with growing concerns about work absenteeism, presenteeism, worklessness, and the rising prevalence of chronic disease in the population. These demographic changes and corresponding concerns about Canada's productivity levels have led to increased interest in initiatives to improve job recruitment, job retention and workplace renewal.

We believe the best way to address these challenges is the incorporation of best practices based on high quality research evidence and to build communities of practice to support individual and organizational change. Together we can make a difference.

Treasurer's Report



Cori Ng, CPA, CGA / Vancouver

Highlights of Audited Financial Statement 2016/2017

I am pleased to report that the organization continues to receive a clean audit opinion.

Statements of Operations

The Community Gaming Grant program operated under the BC Government, one of the primary sources of revenue, is received typically in late February or early March of each year. This year CIRPD received its regular Community Gaming Grants for a total of \$200,000. As this grant was received in the last trimester of our fiscal year, only a portion of revenue received was recognized in this fiscal year offsetting project expenses for the year. The balance was held in a restricted account which will be expensed in the next fiscal year.

Overall, CIRPD had a surplus of \$17,078 (2016 - \$7,688).

Statements of Financial Position

The cash position was stronger than last year's with combined cash and restricted cash at \$121,550 (2016 - \$115,386).

The deferred contributions, which are contributions received and recorded as deferred liabilities until such a time as it is "earned" as revenue, were \$106,591 versus \$111,610 in 2016 with a difference of \$5,019.

This year CIRPD held a conference at the University of British Columbia. This resulted in conference revenue of \$75,467 and expenses of \$43,211, generating a net surplus of \$32,256 (excluding staff and overhead costs). This surplus helped to offset reduction in grant revenue as CIRPD was not successful with a research grant application for the fiscal year.

Cash flow

This year's net increase in cash was \$6,164 to \$121,550. This year's surplus provided an opportunity to reduce the outstanding amount owing to the CEO to \$9,547 (from \$19,700, a net payment of \$10,153).

Cash flow continues to be a high priority due to the annual funding nature of our programs and services. CIRPD and its Board is committed to finding solutions to raise additional funding as needed to ensure the operations remain self-sustaining and address program delivery needs. The Health and Work Productivity Portal project is ready to move from beta-development into full production. Securing seed funding is a primary goal of the Board of Directors, and its CEO.

To this end the Board completed its strategic plan which has resulted in a new name for the charity and has set the foundation for renewed fundraising activities.

The success of our partnership and sponsorship activities are critical to ensure there are adequate funds in place to deliver needed programs and services and to address cash flow needs

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President's Report



Marc White PhD

We enter our 32nd year with a new name – The Work Wellness and Disability Prevention Institute / Institut sur le bien-être au travail et la prévention de l'incapacité – and bold restatement of purpose.

Mission Statement

The Work Wellness and Disability Prevention Institute (WWDPI) is a global centre of excellence with a mandate to create and sustain work wellness, prevent disability, eliminate impairment-caused job loss, and worklessness for those with, or at risk of, chronic and episodic health-related challenges.

Objectives

The objects of WWDPI are to:

- Facilitate the adoption of research evidence to create and sustain work wellness, eliminate impairment-related job loss, and worklessness
- Provide credible, science-informed, practical tools and educational resources to facilitate stay at work, return to work, and re-integration of people with impairments and disabilities
- Work collaboratively with government, organizations and individuals who play a role in creating, and sustaining safe, healthy, inclusive and productive workplaces
- Provide relevant and useful evidence-based services and resources to stakeholders seeking research-based information and practical resources. Stakeholders include:
 - governments, employers, labour organizations, occupational health and safety professionals, public and private insurers, educators, workers including vulnerable populations, and the general public.
- Partner with the global community of researchers, professionals and other stakeholders committed to work wellness, the prevention of disability, job loss and worklessness

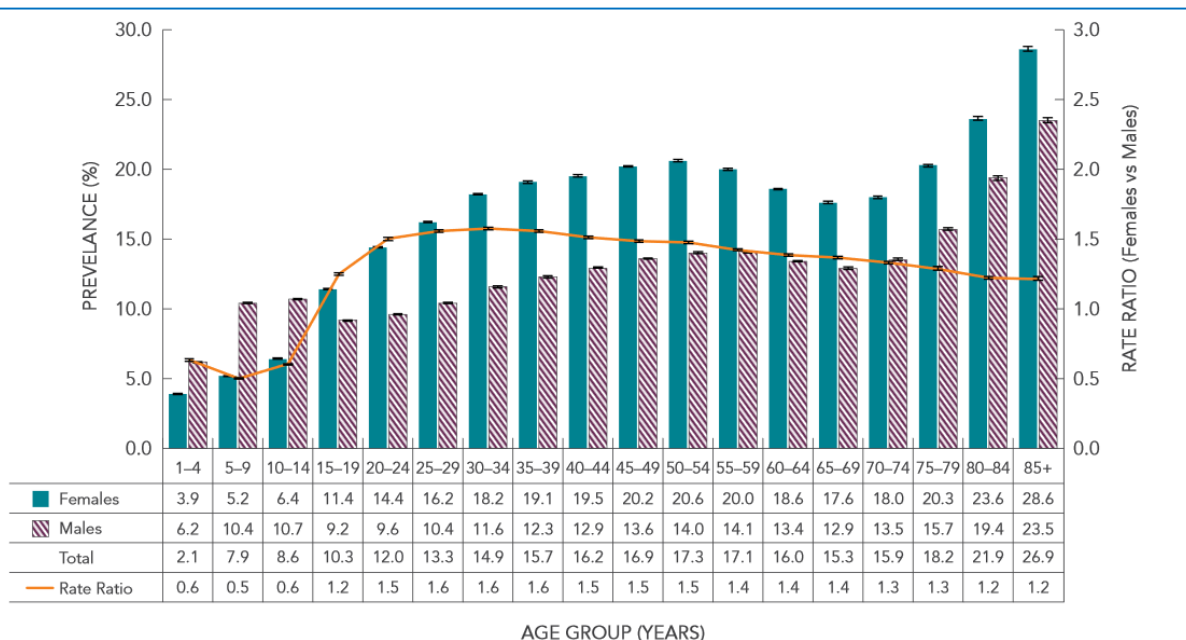
- Support work participation for those at risk, or with, chronic and episodic health-related challenges including chronic pain.

We are taking a broad view when we define the workforce, as we recognize that this encompasses individuals who are employers, self-employed, employed, underemployed, or volunteer.

Environmental Scan

The results of the environmental scan highlighted changes in demographics and challenges facing the workforce. An aging population and the high prevalence of chronic disease, including chronic pain, in Canada (and around the world) requires policy-makers, employers, labour representatives, workers, health professionals, human resource professionals, wellness coordinators and insurers to recognize that the new normal is that in most work environments typically a minimum of 25% of their workforce will have at least one chronic health disease (excluding mental health) and 80% will have at least one modifiable risk factor for chronic disease. The prevalence of mental health conditions including substance abuse was estimated at 12% of the working age population in a study published in 2004. More recent data published by Stats Canada Chronic Disease Surveillance system shows that prevalence increases with age. Young workers, those between 15 – 19 year has a prevalence rate of 10.3% increasing to 17.3% between 50 – 54 years (see Figure 1. Below).

Figure 1. Age-specific annual prevalence (%) of the use of the health services for mental illness among people aged 1 and older by sex, Canada. *2009/10.



NOTES: The 95% confidence interval shows an estimated range of values which is likely to include the true prevalence 19 times out of 20. * Data do not include NU and YT.

SOURCE: Public Health Agency of Canada, using Canadian Chronic Disease Surveillance System data files contributed by provinces and territories, as of September 2013.

An aging population creates other challenges. Statistics Canada's 2016 census figures found that seniors outnumber children in Canada. The population experienced its greatest increase in the proportion of older people. Canadians aged 55 and above are increasingly participating in the labour force. Over 36.5% of Canadians 55 years and over are engaged in the labour force. In 2000 one out of ten was an older worker, today that number has risen to one in six. This change in demographics is expected to continue to rise. By 2036, the proportion of the labour force that will be 55 and over is projected to be 18.7%, as compared to 16% in 2009.

In 1966, there were twice as many people entering the labour market as there were heading for retirement. Today, however, there are just 4.3 million Canadians between ages 15 and 24, compared to 4.9 million Canadians 55 to 64.

[<http://www.cbc.ca/news/politics/2016-census-age-gender-1.4095360>]

These demographic changes and corresponding concerns about Canada's productivity levels have led to increased interest in initiatives to improve mental health, job recruitment, job retention and workplace renewal. Business health is more than merely an engine for creating and maintaining individual and societal wealth. At the population level, business health and healthy workplaces are recognized as key social determinants of overall health. There is also growing recognition of the link between workplace issues and broader issues of health and well-being.

In discussions with stakeholders we have found that creating safe, psychologically healthy and productive workplaces is a shared goal across many stakeholders. Stakeholders are interested in utilizing research evidence in their decision-making, however need assistance in identifying, translating and operationalizing research evidence.

This year we are reaching out to our constituents to refresh our understanding of their information needs and how best to assist them in utilizing current research knowledge to inform changes in policy and practice to create safe, healthy, and productive workplaces.

Programs and Activities

Research to Practice Public Access Webinars Top 170,000 Views

Since we launched our Research to Practice Webinar Series, we have hosted 175 webinars. The webinars have been viewed or downloaded over 170,000 times. The table below provides an overview of the number of people who registered for events, those who attended live events, and the number of online or downloaded views.

Table 1. Total Webinar Views

Webinar Series	Number of Webinars	Registered	Attended	Online Views
Chronic Pain	103	18,601	9,112	153,598
Effective Workplaces	72	11,141	5,991	19,432
Total	175	29,742	15,103	173,030

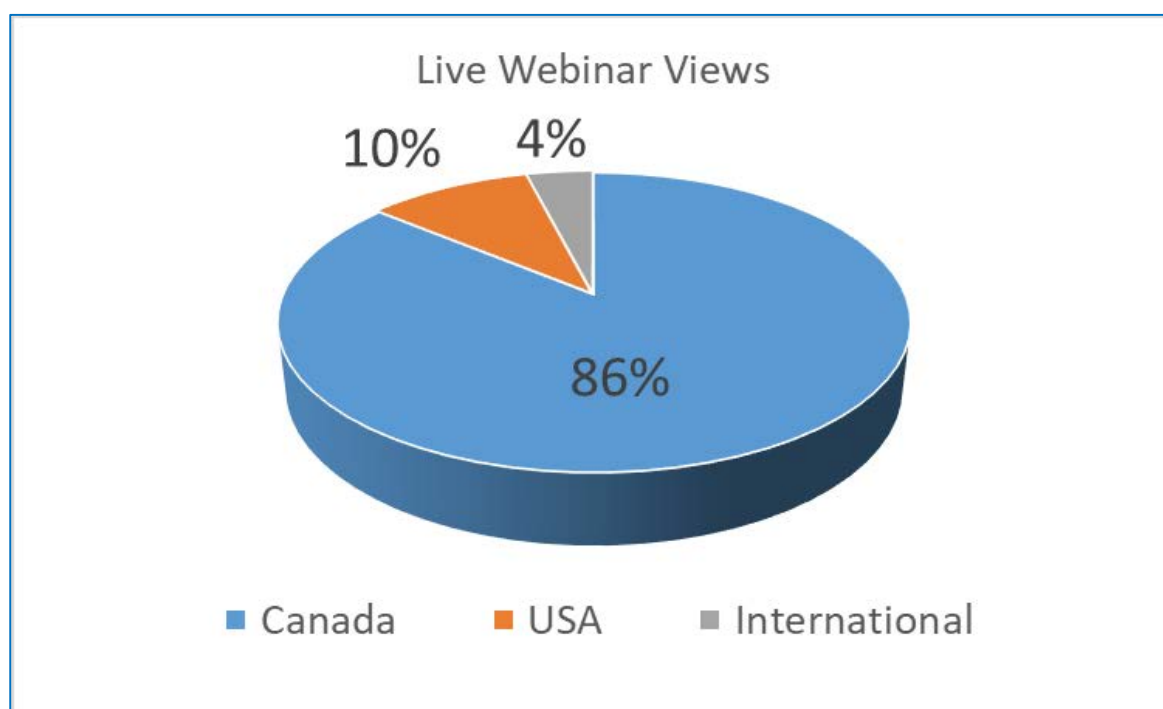
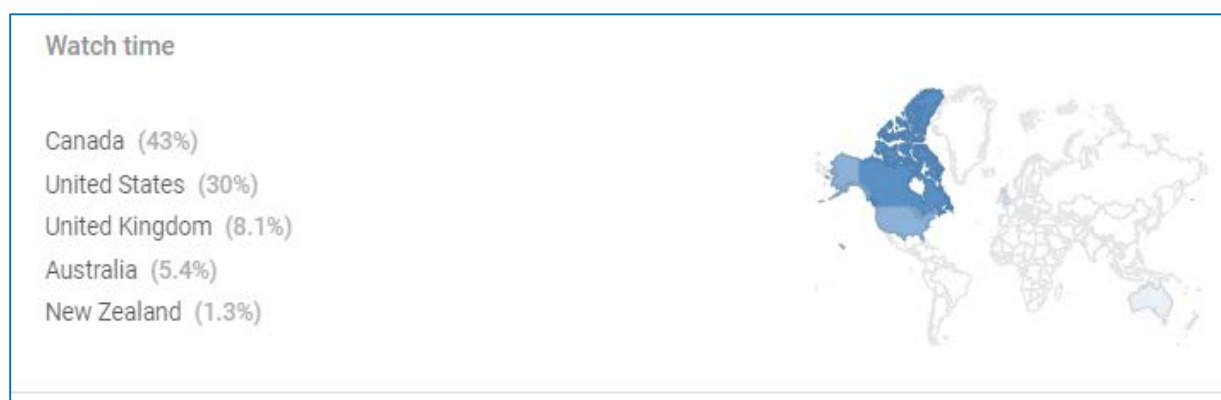
This past fiscal year we hosted 26 Effective Workplace Webinars and 15 Chronic Pain Webinars between July 1, 2016 to June 30, 2017, our fiscal period. Below is the list of webinars produced from July 1, 2016 to the end of September 2017.

Table 2. Webinars Hosted Since Last AGM

Title	Presenter	Date	Registered	Live Attendance	Online Views
Organizational Stress and Wellbeing Interventions	Caroline Biron, PhD	9/28/2017	256	139	139
A Mindfulness Program Adapted for Adolescents with Chronic Pain	Danielle Ruskin, PhD, CPsych	9/26/2017	98	47	47
Prevention Of Depression At Work: Creating Mentally Healthy Workplaces	Mark Deady, PhD	9/14/2017	382	121	121
Why is My Pain Getting Worse? Central Sensitization Diagnosis and Management	Joel Kailia, MD	9/13/2017	258	111	111
The Effectiveness of Occupational Health and Safety Regulatory Enforcement	Emile Tompa, PhD	9/7/2017	84	45	45
The Association Of Post Motor Vehicle Crash Pain And Longer Term Health Outcomes	Ian Cameron, PhD	8/14/2017	231	83	83
Mindfulness for Cancer Survivors Living with Chronic Neuropathic Pain	Patricia Poulin, PhD	8/8/2017	182	83	83
Traumatic Brain Injury, Sleep Disorders and Return to Work	Angela Colantonio, PhD & Dr.Tatyana Mollayeva, PhD	7/20/2017	348	188	188
Motivational Interviewing Compliments Work Rehabilitation Practice With Injured Workers	Douglas Gross PhD, BScPT & Joanne Park PhD	7/20/2017	164	81	121

Utilizing Science, Technology and the Arts to Transform Pain: An Update	Diane Gromala, PhD	7/5/2017	61	23	54
Employer and Employee Opinions About Workplace Health Promotion Programs	Kate McCleary, MS, CHES	6/22/2017	206	120	169
The Social Consequences of Chronic Pain	Claire Ashton-James, PhD	6/19/2017	193	61	128
Current Evidence For Workplace-Based Interventions On Return to Work	Kim Cullen PhD & Emma Irvin	6/8/2017	101	49	77
Pain Management in Indigenous People: Through the Lens of Culture, Society and Medicine	Jonathan Bertram, MD	6/7/2017	109	52	93
Collaboration between BC Transit, their unions and WorkSafeBC to improve RTW outcomes	Ben Anderson, Brian Williams, Ian Munroe	6/2/2017			24
Building Resilience	Brock Bastian, PhD	5/30/2017	211	94	158
From Pain to Pleasure: How Painful Experiences May Benefit Our Lives	Graham Lowe, PhD	5/26/2017	99	31	94
Reducing Catastrophizing to Prevent and Treat Chronic Pain	Beth Darnall, PhD	5/17/2017	397	181	477
Workplace Managers: View of the role of Co-workers in RTW	Debra Dunstan, PhD	4/26/2017	39	12	41
The Chronic Pain Network: Update and Future Plans	Norm Buckley, PhD	4/25/2017	105	52	124
Pain and Therapeutic Movement: Is a Paradigm Shift Required?	Neil Pearson, PT	4/5/2017	215	98	387
Building a Workplace Peer Support Program Getting Started	Julia Kaisla	3/30/2017	108	65	126
Stand By Me Using Adjustable Workstations	Justine Leavy, PhD	3/23/2017	98	29	103
Predicting and Preventing Chronic Pain After Surgery	Stephan Schug, MD	3/20/2017	110	34	165
Employer Policies and Practices to Prevent Disability	William S. Shaw, PhD	3/10/2017	66	175	211
Using Drawings to Convey Health and Safety Messages for Immigrant Workers	Janet Parsons, PhD, MScM, PT, BSc, BA	2/24/2017	37	25	41
How Do Mental Disorders Affect Workplace Productivity?	Carolyn S. Dewa, MPH, PhD	2/16/2017	171	105	156
Understanding Interstitial Cystitis/Bladder Pain Syndrome	J. Curtis Nickel, MD	2/15/2017	180	72	495
How to Thrive Despite Chronic Pain	Afton L. Hassett, Psy.D	2/9/2017	288	153	523
Interventions to Enhance Work Participation of Workers with a Chronic Disease: A Systematic Review	Marloes Vooijs, MSc, PhD Candidate	2/2/2017	85	59	59
Understanding Fear-Avoidance Beliefs and Chronic Pain	Robert J Gatchel, PhD	1/31/2017	328	170	560
Productive Aging and Work: A Framework for Developing Age-Friendly Workplaces	Juliann C. Scholl, PhD, James Grosch, and Bermang Ortiz	1/31/2017	149	73	172
What are the Three Vital Drivers for Change in Pediatric Chronic Pain?	Gillian Lauder, MB BCH, FRCA,	1/24/2017	93	39	106

	FRCPC, CPE.				
Mindfulness in the Workplace Series	Ellen Choi	1/19/2017	1100	550	710
Understanding the Impact of Job Demands and Job Control on Work Outcomes	Kelly Williams-Whitt, PhD	1/13/2017	154	95	188
Pain and Addiction: Challenges and Controversies	Mel Pohl, MD	1/10/2017	228	133	290
Contact With the Workplace During Long-Term Sickness Absence	Åsa Tjulin, PhD	12/8/2016	148	86	194
Clinical Decision Support Tools for Managing Work-Related Musculoskeletal Disorders	Douglas P. Gross, Ph.D., BScPT	12/1/2016	91	56	98
The Impact of Caregiving on Workers and Workplaces	Nora Spinks	11/24/2016	164	96	121
Charting the Brain's Pain Map: Why Mine is Different Than Yours	Karen Deborah Davis, PhD	11/22/2016	165	84	224
Back Pain Prevention and Management in the Workplace	Frederieke Schaafsma, PhD	11/17/2016	202	94	134
Chronic Pain Self-Management Support with Pain Science Education and Exercise	Jordan Miller, PhD	11/16/2016	216	122	569
Total Worker Health: Evaluating the Evidence	Shelly Campo, PhD	11/10/2016	132	72	119
Can You Train Your Brain to Cope with Pain?	Tim Salomons, PhD	10/26/2016	318	137	740
The 'Work' of Workplace Mental Health Webinar	Tim Salomons, PhD	10/26/2016	124	69	131
The Role of Leaders in Creating Psychologically Healthy Workplaces	Arla Day, PhD	10/20/2016	117	67	452
Work and Mental Health: Developing an Integrated Approach	Cindy Malachowski PhD	10/14/2016	251	142	172
Identifying the Differences between Depression and Pain-Related Distress	Tamar Pincus, PhD	9/20/2016	161	71	366
The Role of Healthcare Providers in the Workers' Compensation System	Agnieszka Kosny, PhD	9/14/2016	177	93	249
Exercise Management for Chronic Fatigue Syndrome – The Evidence and Current Approaches	Suzanne Broadbent, PhD	8/23/2016	311	92	519
The Difference Gender and Sex Make to Work Disability Outcomes	Mieke Koehoorn, PhD	7/13/2016	142	88	141
Total			9,653	4,817	10,874

Figure 2. Geographic Location of Webinar Participants.**Figure 3. Global Views Via YouTube - Fiscal Year July 1, 2016 – June 30, 2017**

Webinar Feedback

We receive comments and feedback from post seminar surveys completed by program participants as well as unsolicited feedback. We have provided a sample of comments below:

General Comments

- I have attended several of your webinars. They are very professional and informative and I would recommend them to others who are suffering from chronic pain as well as workplace managers/supervisors.
- Just keep on doing it. These webinars get better and better thank you thank you thank you
- Love the webinars for easy access to education
- Really enjoyed the speaker, very concise and informative
- Thank you for this exceptional website and the fact that it is so easily and freely accessible .
- These one hour presentations are very useful and accessible
- This presenter was AWESOME! Engaging, easy to listen to, enthusiastic.
- This was a really well-thought out and well-presented session, very easy to follow, and having some tools to take away and try so useful and motivating. Thank you so much!
- What a great service ... very much appreciated, thank you. You've also chosen an application/program that works on both my laptop and my tablet, so I appreciate that as well ☺
- I find that your presenters, including the one today, are very knowledgeable about their topic and, for the most part, communicate in a manner that accommodates the lay person.

Key Messages Learned - Service Providers, Human Resource Professionals, Labour Representatives

- There is a researched method of RTW [Return to Work] interventions. Myths get cleared.
- Excellent RTW research & suggestions for involving coworkers in the process
- Single component has no effect and CBT [cognitive behavioural therapy] does not work if not focused on workplace solutions
- The importance of ensuring that your organization is resilient, as it makes for a healthy workplace.
- Resilience diminishes over time so ongoing work in this area is important.
- Role of leader in influencing others' wellbeing
- I appreciated the focus on the employer and the policies and practices in the workplace to help to prevent and /or manage disability in the workplace. The focus is often on the worker.
- Options to help employers accommodate older workers.
- This is the first seminar I have attended on aging in the workplace. The talk was interesting and I liked that it was interactive with polls.
- Wonderful take home points and potential ideas for future staff meetings and overall staff development.
- The benefits for a wide range of employee needs. Will encourage employees to consider this through our EAP carrier or other local programs.
- Just to beef up our resources at our site to support workers coming back. I do like the control theory for health and agree that improving the feelings of control whether real or perceived will improve staff attendance etc.

Comments from Attendees with Chronic Health Challenges

- I hope to develop ways that allow me to lower high levels of chronic pain, as none of the currently available treatment options have been successful. This was both inspirational webinar, and super educational. I will look up the studies
- You did great! Thanks for teaching! Love your study! Very interesting! I would love to attend more in the future. I think my brother might have something like this and I would love to keep attending these so I can better help him.
- I will mention it on twitter and to patient groups
- I will try to keep my emotions in check whenever I feel like giving up or cancelling my exercise. I will keep in mind to treat exercise as an appointment.
- inspiring to me to motivate me when pain is becoming too much of a barrier..... I love to exercise and know that I NEED to keep active now more than ever (mobility and heart benefits).
- I'll share the strategies with my husband
- I will wait for the seminar to come out as a recording and listen to it again then make a game plan on how to manage. Until then I will avoid naps even more but now I can tell people there is a good reason why I do it. I will also set an alarm for the morning rather than just trust my internal clock.
- i hope to put it into practice in terms of my own sleep habits and difficulties with insomnia.
- I was interested in learning more about dealing with flares appropriately and the level of exercise that is safe during a flare.

We would also like to extend a huge thank you to many organizations that have been promoting the webinar series including:



Social Media – Facebook, Twitter, YouTube, and LinkedIn

We have been using various social networks as modes of sharing research-based resources. We share our webinars, online resources, and activities through the use of Facebook, Twitter, YouTube, and LinkedIn.

We also use these channels to share the content of other trusted organizations. We have made lasting connections with other community-based organizations and shared a wide variety of credible resources with people who need it most. Our social media strategy focuses on creating dialogue around issues of chronic pain and disability as well as being a consistent source of credible information.

We currently have the following social statistics:

- 4414 Followers on Twitter
- Posted over 5600 resources to Twitter
- 1,731 Followers on Facebook
- 1.8K Likes on Facebook
- 1557 Followers on LinkedIn
- 751 Subscribers on YouTube
- Posted 170 videos on YouTube with 130,297 views total (over 170,000 overall though other media streaming sites)



Donation of Software, Professional Services, Office Volunteers

Under Techsoup Canada WWDPI receives donated software. In reviewing our software donation, we would like to thank Microsoft Canada. Since 2004, **Microsoft Canada** has donated a **whooping \$361,281.95** (Fair Market Value). This includes software for our IT servers, SharePoint™, Microsoft Dynamics CRM™, Microsoft Office Professional Plus™ as well software for our program developers, such as Visual Studio Professional with MSDN™ – this past year. We greatly appreciate this tremendous level of support.

Table 3. Donation of Software, Professional Services, Office Volunteers, Academic (Verified Market Value)

SOFTWARE	
Adobe Elements and Premiere Elements	148
Adobe Acrobat Professional	485
Visual Studio Professional with MSDN X 2	3,046
	3,679
IT CONSULTING SERVICES	
Sibble Computing/Surefire Cloud	2,166
Spotlight Knowledge Management Design Inc (TRCA)	3,188
ESharp Technologies	10,037
Ratio BE Consulting Inc	3,701
	19,093
PROFESSIONAL SERVICES (NON-ACADEMIC)	
Dale Matheson Carr-Hilton Labonte LLP Chartered Professional Accountants	2,000
ACADEMIC	
41 Webinars - @ 3 hours prep, 1 hour delivery, 30 minute orientation (valued at \$100/ hour)	18,450
OFFICE VOLUNTEERS	
3 - Office Interns @ 35 hours average (valued at \$20 per hour)	2,100
TOTAL VALUATION	\$ 45,322.33

Current Research Activities

SSHRC-CIHR Healthy and Productive Work: Phase II – 5 Year Grant – The EMPOWER Partnership

This past year we have joined The EMPOWER Partnership lead by Professor Arla Day and have been planning the submission of a Phase II SSHRC-CIHR grant.

The EMPOWER partnership utilizes the scientist-practitioner model and evidence-based practices to identify critical healthy workplace challenges, and create and validate initiatives to develop the knowledge, skills, behaviours, and goals that foster a healthy workplace. The project objectives are to:

- Create connections and collaborations between researchers and practitioners by engaging and involving the international and interdisciplinary advisory board of health & safety experts, psychologists, researchers, unions, military members, insurance providers, and health professionals.
- Identify, develop, and validate the mechanisms and/or trans-diagnostic initiatives that improve individual and organizational functioning and well-being, increase retention, and reduce workforce withdrawal.
- Develop and validate mechanisms to facilitate transfer of learning to the workplace.
- Disseminate our research to academic, organization, and community audiences, including findings on the physical and psychological health issues facing workers in Canadian organizations and mechanisms to improve worker health and functioning.
- Establish a stakeholder-centred process and outcome evaluation framework for quality improvement and renewal

The application will be submitted at the beginning of November 2017.

Update on Identification, Control and Prevention of Work-related Psychosocial Hazards and Social Conditions Contributing to Mental Health Disorders and Prolonged Work Absence.

We are in the final synthesis process for this project. We anticipate finishing this project by the end of February 2018. The project commenced October 1, 2015. The study is part of a series of projects arising from an academic stakeholder partnership to facilitate the identification and translation of credible research to support and sustain safe, psychologically healthy, inclusive and productive workplaces. All projects in this series are associated with the content population of the Health and Work Productivity Web-Portal.

This study aims are to: (i) identify effective intervention components and instruments used in high quality primary research, (ii) compare and contrast implementation characteristics of the high quality primary studies included in these syntheses, (iii) search new literature and resources relevant to high priority information needs of participating stakeholders, (iv) create stakeholder-specific implementation resource guides and tools to identify, control and prevent work-related psychosocial hazards and improve social support using the best evidence available, and (v) actively disseminate these resources including an evaluation framework to support future research.

We had some delays in this project due to some health issues with project staff. We are looking forward to the completion of this project working with our stakeholder partners.

Safe, Healthy and Productive Workplaces: Learning from Research and Practice Conference
June 1-3, 2017, University of British Columbia Awards for Research/ Case Study Excellence

We are pleased to announce the winners of the Awards for Research / Case Study Excellence:

Motivational Interviewing - Plus Rehabilitation - Gets Employees Back to Work Faster Than Rehabilitation Alone

Doug Gross, professor of physical therapy, and **Joanne Park**, occupational therapist and recent rehabilitation science PhD graduate received an award for their workshop:

This groundbreaking work involves a new approach to helping employees with muscle and joint problems or injuries, successfully return to work. Motivational interviewing, in the workplace setting, is an employee-centered counselling approach that assists in resolving their doubt and/or contradictory ideas regarding work ability. The presentation provided strong evidence that adding motivational interviewing to a rehabilitation program dramatically assisted employees in returning to work and then staying at work [following their work participation one year later]. The results found that the addition of this behavioural approach led to a 47.4% greater success of returning to work [than those who participated in a clinical rehabilitation program alone]. Not only was there twice the likelihood that they returned to work as compared to those without the motivational interviewing, but one year later, more people who had motivational interviewing, remained at work vs. those who had not had motivational interviewing.

Collaboration to Improve Return-To-Work Outcomes: Implementation of Work Disability Prevention Best Practices at BC Transit

Brian Anderson, VP and COO, BC Transit; **Ben Williams**, President, Unifor Local 333BC, one of the participating unions; and **Ian Munroe** from WorkSafeBC

The case study provided evidence that companies can address many of the barriers injured workers face that can delay recovery and dramatically reduce loss time injuries while improving organizational culture.

Facts in the presentation include:

- Pre-program context at BC Transit: over 200,000 hours of time lost to injuries and illness, an average age of BC Transit's workforce at 50+, and a previously stressed relationship with the union
- The ripple effect of being at home with an injury impacts not only the recovery, it can cause financial problems, loss of experience, knowledge, and family issues to name a few
- After launch of the program – called Stay Onboard – results were dramatic in the first month:
- There were 29 reported injuries since program launch (occupational and non-work-related injuries). 28 of these workers participated in the program - with 22 workers back to full duties within 17 day

What's different about the new program than previous practices at BC Transit:

- If you are injured at work or home you will receive the same treatment and support to facilitate functional recovery.
- The focus is on providing rehabilitation services on the job versus staying at home, regardless whether the injury is occupational or non occupational.
- Strong engagement of business and labour leadership, and management in program planning and program implementation was critical to improving organizational culture.
- WorkSafeBC Consultative Services provided current research information, and support to redesigning policies and procedures to enhance stay at work and return to work.

These initial results are very promising and may lead a paradigm shift in how employers manage work absence in Canada.

The jurors concluded that both studies are relevant to employers, labour/unions, human resources professionals, return-to-work coordinators, physiotherapists, occupational therapists, psychologists, and others who work with injured workers as well as workers' compensation boards, and other public and private insurers.

Congratulations!

Planned Activities for 2017/ 2018 and beyond

The strategic planning process provided short term and long term tasks and activities. During the next year we plan to set the foundation in partnership with our stakeholders and constituents. As part of this process we plan to undertake the following activities:

- Renew needs assessment of key stakeholders to update information priorities and collaboratively create action plan linked to stakeholder and funders' needs.
- To conduct an update and rapid review to critically appraise current research on the question - *Is work good for your health and well-being?* in the North American context.
- To formalize partnerships with key stakeholders and memorandum of understanding to strengthen relationships and funding.
- To strengthen government relations across provinces and federally, and opportunities to support program development and delivery of services relevant to our mutual interests.
- To expand partnerships with other consumer health organizations that share interests in the prevention of job loss and worklessness for their target population (pain, diabetes, heart disease, cancer, respiratory disease, episodic diseases, etc.)
- To continue to evolve our educational initiatives. This would include:
 - To create bundled programs for specific target audiences to support core competencies.
 - To create and launch a device-friendly new interface for Health and Work Productivity Portal.
 - To provide health professionals with patient-centred resources to improve health outcomes and mitigate unnecessary impairment-related job loss.
 - To plan and implement educational programming directed at business and labour leadership, supervisors and managers based on priorities arising from the stakeholder needs assessment process.
 - To update content population of Health and Work Productivity Portal for a target audience in collaboration with target professional bod(ies) to demonstrate features and functionality of the portal project and partnership relations and to incorporate vetted and reviewed existing Internet-based resources.

CIRPD/ WWDPI Board of Directors

We would like to thank all our board members for their contribution to the Strategic Planning Process and guidance over the past year.

Executive Board Members

Paddy Meade – Board Chair



Paddy Meade served as Deputy Minister of Yukon Health and Social Services from February 2013 to March 2016 and has more than 25 years of experience with western and northern governments. Prior to her arrival in Yukon, Paddy was the Chief Executive Officer for the Institute for Health System Transformation and Sustainability, a not-for-profit, independent organization with a mandate to create evidence in support of innovation in health and health care. She has also served as the Deputy Minister for Health and Social Services in the Northwest Territories where she also began to implement innovative changes to policy and program development. Paddy served the Alberta government as Deputy Minister of Health and Wellness. Prior to that she was CEO for the Alberta Alcohol and Drug Abuse Commission, Deputy Minister, Alberta

Aboriginal Affairs and Northern Development, and Executive Officer Alberta Health Services. She also has experience with the Justice system. She was a former Director with the Canadian Patient Safety Association.

Steve Horvath – Board Secretary

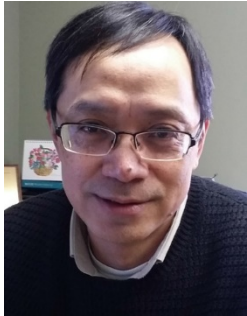
*President and Chief Executive Officer
Radiation Safety Institute of Canada*



Steve Horvath is currently the President and CEO of the Radiation Safety Institute of Canada. Prior to this, Steve held the position of President and CEO of the Canadian Centre for Occupational Health and Safety, Canada's only national resource for the advancement of workplace health and safety. Steve has held senior executive positions with companies in the technology, manufacturing and service sectors including responsibilities as President and CEO of multi-national companies.

For more than 25 years, he has held and currently holds a number of Directorships on public and private sector Boards and global technical committees, including Chairing committees at the International Labour Organization (ILO) and World Health Organization (WHO), Director on the Board of Governors of Pacific Coast University for Workplace Health Sciences and past Chairman of the Board of Directors for the Workplace Safety and Prevention Services.

Cori Ng, CPA, CGA – Board Treasurer
Partner, PNC Consulting, TaxAccounting Advisory



Cori. Ng has been working in public practice and industrial accounting and tax advisory for over 20 years. He managed and served a wide range of clientele, from small-to-medium business, tax planning for private enterprises, NPO, trust and estate compliance, and with high net value individuals. Cori is member of the Institute of Chartered Secretaries and Administrators and the Association of Chartered Certified Accountants of Great Britain. He practiced predominately in audit and assurance, pre-IPO and advisory, and taxation in Hong Kong.

His experience and qualifications landed him CGA designation in 2006. Cori is knowledgeable in corporate and NPO financial reporting, tax compliance and planning, trust and estate, and small business advisory. Cori has been serving as finance committee member in a non-profit charity, treasurer in Richmond Toastmaster Club (2009), and member of Richmond Chamber of Commerce.

Board of Directors

Terri Aversa
Health and Safety Officer
Ontario Public Service Employees Union



Theresa (Terri) Aversa currently works as a Health and Safety Officer at the Ontario Public Service Employees Union (OPSEU). Her role includes providing health and safety assistance and advice to OPSEU's 130,000 members and participating with other stakeholders to improve workplace health and safety in Ontario. Prior to coming on-staff at OPSEU in 2005, Terri worked for 16 years in Correctional Services. Altogether, Terri brings over 25 years of experience in the labour movement dealing with various issues including her current focus on occupational health and safety. Most recently

Terri spearheaded the development of the 2012 Mental Injury Tool Kit, a resource tool developed by unions, workers, and organizations to identify and address organizational factors that may cause or contribute to mental distress for workers. Terri has completed a Specialist B.A. in Employment Relations at University of Toronto and is pursuing a Masters in McMaster University's Work & Society program.

Elisabeth Ballermann
Secretary-Treasurer
National Union Public and General Employees



Elisabeth Ballermann was acclaimed as the Secretary-Treasurer of National Union of Public and General Employees at its June 2016 Convention. She has been a labour activist most of her working life. From 1995 to 2016, Elisabeth was President of Health Sciences Association of Alberta (HSAA), the NUPGE Component that represents over 24,000 health professionals in more than 200 occupations. In 2003, under her leadership, her home union, HSAA, joined NUPGE and the House of Labour, and has become a highly respected participant in Alberta's labour and progressive communities. In addition to fulfilling the mandate of advocating for excellent wages, benefits, workplace safety, general working conditions and work-life balance for union members, she has been a staunch advocate for social justice and the public health system.

Elisabeth served as a Vice-President of both the Alberta Federation of Labour (AFL) and NUPGE, as well as a board member of the Parkland Institute, Friends of Medicare (Alberta), and Public Interest Alberta (PIA). She has been the co-chair of the Canadian Health Professionals Secretariat (CHPS) for almost 10 years. Elisabeth earned a Bachelor of Science in Physical Therapy in 1980 and a Bachelor of Laws in 1991, both from the University of Alberta. Her work has been recognized with several awards, including the Alberta Centennial Medal, the Alberta Federation of Labour's International Women's Day Award (2008) and May Day Solidarity (2016) Award, and the 2016 PIA Public Interest Award. In October 2015, Elisabeth was appointed to the Premier's Advisory Committee on the Economy by Alberta's Premier Rachel Notley.

Terrance J. Bogyo
Independent Researcher and Speaker
Recently Retired from WorkSafeBC



Terry Bogyo is an independent researcher, speaker and commentator with an international reputation for his knowledge of workers' compensation, occupational health, and disability management issues. He is a member of the U.S. based National Academy of Social Insurance and is a Canadian Certified Rehabilitation Counselor (CCRC). He recently retired from WorkSafeBC as the Director of Corporate Planning and Research after a thirty year career ranging in responsibilities from work as a vocational rehabilitation consultant to senior management positions in policy, strategy and administration. Terry continues to instruct disability management and program evaluation courses for the National Institute of Disability Management and Research.

Jennifer Christian, MD, MPH *President and Founder*
Webility Corporation



Dr. Jennifer Christian is an internationally-known thought leader and advocate for improving health and functional outcomes and for preventing needless work disability in healthcare, workers' compensation, and disability benefits systems. Jennifer is board-certified in occupational medicine with medical and public health degrees from the University of Washington in Seattle. She is a Fellow of the American College of Occupational & Environmental Medicine and chairs its Work Fitness & Disability Section. Jennifer is President of Webility Corporation. She also founded the award-winning 60 Summits Project, a nonprofit initiative to propagate the work disability prevention model. It produced 20 multi-stakeholder events in two Canadian provinces and 12 states in the United States.

Normand Côté
Vice President and Practice Leader
Organizational Psychology, Ontario



Normand Côté is an executive with 38 years of banking and consulting experience in both line banking and various staff functions. His last position at BMO Financial Group (Bank of Montreal) was as head of employee relations and he had the dual challenge of protecting the legal and legislative rights of both employees and the bank across North America and abroad. He managed teams in Toronto, Montreal, Chicago and Milwaukee. Normand is a certified ADR mediator and labour arbitrator and a professionally trained executive coach. He also possesses extensive experience in commercial and personal lending, staffing, training and compensation. He played a leading role for over 20 years at the Canadian Bankers Association by representing the banking industry and all federally regulated employers at numerous parliamentary and senatorial committee

hearings and at the United Nations' International Labour Organization in Geneva acting as the Canadian employer spokesperson, delegation head and employer chair for all 180 member-states. He currently is an executive providing consulting support to executives going through career transition or requiring executive coaching for the firm of Optimum Talent. Some of his current and past activities, include: Chairman of the Canadian Employers Council, Member of the Advisory Board to the Canadian Minister of Labour, Ministerial appointee as governor of the Canadian Centre for Occupational Health & Safety, Board of Directors - Safe Communities Canada.

James Henry, PhD

Professor, Department of Psychiatry and Behavioural Neurosciences

Professor, Department of Anesthesia

Faculty of Health Sciences, McMaster University



James (Jim) Henry is a cellular and systems neurophysiologist with a focus on physiological and chemical mechanisms of transfer of information at the first sensory synapse in the spinal cord, and the changes in phenotype of dorsal root ganglion neuron in animal models of chronic pain. He spent his career at McGill and was recruited in 2002 to the University of Western Ontario as the inaugural Chair of the Department of Physiology and Pharmacology.

Jim is a past President of the Canadian Pain Society, current President of the Canadian Pain Foundation, and he sits on a number of national and international committees in the field of pain. He is on the editorial boards of Pain Research & Management, Osteoarthritis and Cartilage, and Pain Research and Treatment.

Nina Mankovitz

General Manager of Health and Safety

Canada Post Corporation



Nina Mankovitz is the General Manager of Health and Safety at Canada Post Corporation. In this role, Nina provides professional expertise and leadership in the design, development and implementation of safety and health strategies, programs and policies that contribute to the overall well being of Canada Post employees and customers. Before joining Canada Post, Nina worked for DuPont Canada where she has held progressively responsible roles in Engineering, Operations, Management and Corporate Leadership. Nina holds a Bachelor of Science (Honours) in civil engineering and a Master of Science in environmental engineering, both from Queen's University,

and is a licensed Professional Engineer. Nina currently serves on the Minerva Canada Safety Management Inc. Board of Directors and is a member of the Federal Occupational Health and Safety Advisory Committee.

Martine Oliveira
*Senior Director of Operations Acclaim
 Ability Management, Inc.*



Martine Oliveira is a Certified Disability Management Professional through NIDMAR, the National Institute of Disability Management and Research. With Martine's many years of extensive rehabilitation experience, she finds time to teach part-time at Seneca College in their Rehabilitation Services Program. Her passion, knowledge and many professional partnerships in rehabilitation help prepare today's students for the ever-evolving field of Disability Management. In her role as Senior Director of Operations, Employer Services, Martine ensures that service standards are consistently met by her case management team. Martine is also responsible for the on-going training and professional development of Acclaim's case managers, guaranteeing them the necessary understanding of today's

industry needs.

Nora Spinks
 CEO
Vanier Institute of the Family



Nora Spinks is a renowned speaker, consultant and thought-leader, she has spent more than 25 years working with progressive organizations as well as business, labour, government and community leaders across Canada and abroad to strengthen families, create productive and supportive work environments, and build healthy communities. Nora has earned a reputation as one of Canada's top authorities on work-life quality, families and family life.

Kelly Williams-Whitt, PhD
 Associate Professor
Faculty of Management, University of Lethbridge



Kelly. Williams-Whitt is a labour relations professor and practicing arbitrator. Her most significant scholarly activity has been in the arena of disability accommodation. This was the focus of her PhD dissertation which, to date, has culminated in 2 academic journal publications, 2 published conference proceedings, an edited book, 3 book chapters, a national conference, and numerous presentations. Most research on return-to-work is conducted in medicine and law. In a recent review an external examiner stated: "Disability management and accommodation is a unique focus of research in management schools and Dr. Williams-Whitt is chartering new grounds." All of her disability-related academic work translates medical and legal research for labour-

management audiences. Kelly has also made a distinct effort to reach practitioners by decoding technical scientific terminology in her book chapters and public presentations.

Our Staff

Marc White, PhD
CEO and President



Marc White co-founded WWDPI 32 years ago. He holds an appointment as Clinical Assistant Professor with the Department of Family Practice at the University of British Columbia. His doctoral work at the University of British Columbia and post-doctoral work at Harvard Medical School focused on the use of socio-cognitive theories, participatory processes and research evidence to improve knowledge exchange and research utilization within and across health professionals and stakeholders with the goal of reducing the gap between what is known from high quality research and what is done in policy, training and practice. Marc is the scientific and organizational lead for the Health and Work Productivity Portal project, an international online academic stakeholder platform to identify, translate and disseminate credible knowledge and resources on disability prevention, disability management and work productivity.

Angie Hunt
Project Manager/ Administrative Coordinator



Angie Hunt is WWDPI's web and digital marketing coordinator, project manager and office manager. She is the moderator for our public access webinar program and is responsible for implementation of online and face-to-face learning activities. Angie manages WWDPI website and works with our IT team to ensure that the web portal and information analytics run efficiently. In collaboration with Lisa Mighton, Angie is responsible for managing our social media messaging. She works closely with our bookkeeper and prepares documentation for accounts payable and receivable.

Lisa Mighton
Education Coordinator and Public Relations Coordinator



Lisa Mighton working with our Education Advisory Committee, identifies prospective experts participating in WWDPI's webinar series. She is a media expert and successfully secures and manages media interest in our activities. She is also involved with the Health and Work Productivity Portal project, and updates resources on WWDPI websites.

Nominating Committee Report

Paddy Meade and Steve Horvath

We would like to thank the following board members who have completed for their term of office and greatly contributed to the Board of Directors: Terri Aversa (2014), Terry Bogyo (2013), Jennifer Christian (2013), and Nora Spinks (2014). Under the new Canada Not For Profit Act it is recommended that the organization have a 1/3rd rotation annually. Martine Oliveria (2015) will be leaving as part of this rotation.

Jennifer Christian MD as our US Representative is Standing for Re-Election

New Nominations

J. Thomas Keogh BSc, MD, CCFP, FCFP, CCBOM, FCBOM, CIME, CAME

Tom Keogh is a seasoned and highly knowledgeable primary care physician (including 30 years in private, group clinic and hospital practice) with specialized expertise in occupational health and safety planning in a wide range of industries. He has both his Canadian Board Certification and Fellowship in Family Medicine and Occupational Medicine. Tom brings a comprehensive understanding of best practices in health and productivity management and medical surveillance. Dr. Keogh builds strong, collaborative relationships with corporate executives, unions, staff and multidisciplinary medical professionals and is acknowledged by medical peers as a pre-eminent expert in the field of occupational and environmental medicine. Tom is an Occupational Health Resource, College of Family Physicians of Canada, Ontario Chapter; Peer Assessor, College of Physicians & Surgeons of Ontario, since 1992; a Medical Investigator, Investigations & Resolutions Department, College of Physicians & Surgeons of Ontario; Chair of the Problem Solving Committee, OMA & Workplace Safety Insurance Board and member of the City of Toronto Pandemic Planning Committee & Anti-Viral Vaccine Sub-Committee.

Other Nominations Pending Acceptance

APPENDIX 1

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY
Financial Statements
June 30, 2017

Expressed in Canadian Dollars



DALE MATHESON CARR-HILTON LABONTE LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Members of Canadian Institute for the Relief of Pain and Disability:

We have audited the accompanying financial statements of the Canadian Institute for the Relief of Pain and Disability, which comprise the statements of financial position as at June 30, 2017 and June 30, 2016, and the statements of operations, changes in net assets and cash flows for the years then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management 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 management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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 auditor's 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 auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Canadian Institute for the Relief of Pain and Disability as at June 30, 2017 and 2016, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Vancouver, Canada
September 28, 2017

DALE MATHESON CARR-HILTON LABONTE LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

An independent firm associated with
Moore Stephens International Limited
MOORE STEPHENS

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Statements of financial position

Expressed in Canadian dollars

		June 30, 2017 \$	June 30, 2016 \$
	Notes		
ASSETS			
Current assets			
Cash		13,272	2,390
Restricted cash		108,278	112,996
Receivables		6,564	7,863
Prepaid expenses		9,290	8,565
		137,404	131,814
Non-current assets			
Equipment	3	12,499	16,335
TOTAL ASSETS		149,903	148,149
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	5,6	23,038	30,697
Deferred contributions	4	106,591	111,610
		129,629	142,307
Non-current liability			
Deferred contributions	4	2,166	4,812
TOTAL LIABILITIES		131,795	147,119
NET ASSETS			
Retained earnings		18,108	1,030
TOTAL LIABILITIES AND NET ASSETS		149,903	148,149

Commitments (Note 9)

Approved by directors:

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The accompanying notes are an integral part of these financial statements

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Statements of operations and changes in net assets

Expressed in Canadian dollars

		Years ended	
		June 30, 2017	June 30, 2016
	Note	\$	\$
Revenue			
Community gaming grants	4	207,665	202,379
Membership revenue		8,085	8,824
Other grants		11,364	49,802
Donations and other income	8	2,717	13,460
Conference Revenue		75,467	-
		305,298	274,465
Expenditures			
Advertising		101	-
Amortization	3	6,197	6,104
Bank charges and interest		3,707	2,366
Consulting and other projects		72,452	53,714
Dues and membership		308	268
Insurance		3,215	3,264
Meals and entertainment		130	72
Office and general		3,977	5,105
Professional fees		8,495	10,333
Rent		18,715	18,762
Telecommunications		36,794	28,658
Travel		1,180	2,650
Wages and benefits	7	132,949	135,481
		288,220	266,777
Excess of revenues over expenditures		17,078	7,688
Net assets, beginning		1,030	(6,658)
Net assets, ending		18,108	1,030

The accompanying notes are an integral part of these financial statements

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Statements of cash flows

Expressed in Canadian dollars

	Year ended	
	June 30, 2017 \$	June 30, 2016 \$
Operating activities		
Excess (deficiency) of revenue over expenditures	17,078	7,688
Adjustments for items not affecting cash:		
Amortization	6,197	6,104
Interest on capital lease	-	162
Changes in non-cash working capital items:		
Receivables	1,299	(6,430)
Prepaid expenses	(725)	(2,473)
Trade payables and accrued liabilities	(7,659)	(762)
Deferred contributions	(5,019)	27,809
Net cash flows from (used in) operating activities	11,171	32,098
Investing activities		
Expenditures on property and equipment	(2,361)	(8,188)
Deferred contributions	(2,646)	4,812
Net cash flows used in investing activities	(5,007)	(3,376)
Financing activities		
Repayment of capital lease	-	(1,929)
Net cash flows used in financing activities	-	(1,929)
Increase in cash	6,164	26,793
Cash, beginning	115,386	88,593
Cash, ending	121,550	115,386
Cash consists of:		
Cash	13,272	2,390
Restricted cash	108,278	112,996
	121,550	115,386

The accompanying notes are an integral part of these financial statements

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

1. Nature of operations

The Canadian Institute for the Relief of Pain and Disability (the "Institute") was incorporated in 1985 under Part II of the Canada Corporations Act, is a registered charitable organization for income tax purposes and is exempt from income taxes. On November 27, 2014, the Institute transitioned to the Canada Not for Profit Corporations Act as required by federal legislation. The Institute objectives are to: promote public health by (1) identifying high priority needs to more effectively prevent, reduce, and mitigate the effects of chronic pain, suffering, functional impairment, and work disability due to chronic health conditions (especially common mental health and musculoskeletal conditions) on quality of life and full participation in society; (2) supporting and sustaining safe, psychologically healthy, accommodating, and productive workplaces; (3) funding, conducting, translating, developing, and disseminating high quality research, reports, guidelines, implementation tools, methods, educational resources, programs, and services to private/public sectors, professionals, consumers, business and labour organizations, and the general public.

As a registered not-for-profit organization, the Institute is dependent on various government, foundation, and corporate entities for grants and donations to subsidize operations. The Board of Directors is confident that support from these entities will continue throughout the next fiscal year.

These financial statements have been prepared on the assumption that the Institute will continue as a going concern, meaning it will continue in operation for the foreseeable future and will be able to realize assets and discharge liabilities in the ordinary course of operations. The Institute's continuation as a going concern is dependent upon the Institute obtaining provincial government grant funding as it has in the past. This factor indicates the existence of a material uncertainty that may cast significant doubt about the Institute's ability to continue as a going concern. Should the Institute be unable to continue as a going concern, the net realizable value of its assets may be materially less than the amounts on its statement of financial position.

2. Significant accounting policies

Statement of compliance

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

Restricted cash

Restricted cash represents cash received from the British Columbia Government's Direct Access Program. These funds may only be spent to cover eligible costs as described in Note 4.

Equipment

Equipment are carried at cost less accumulated amortization. Amortization is calculated annually as follows:

Computer equipment	30% declining balance
Computer equipment	30% declining balance
Furniture and equipment	20% declining balance
Computer hardware	55% declining balance
Computer software	2 years straight line

Revenue recognition

The Institute follows the deferral method of accounting for contributions. Restricted contributions received for expenditures that will be made in the future are initially recorded as deferred contributions and are recognized as revenue in the same period as the related expenditures. Restricted contributions received for purchase of capital assets is to be deferred and recognized as revenue over the depreciable life of the asset. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Symposia revenue is deferred until the event is held.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

2. Significant accounting policies (cont'd)

Contributed services and materials

A number of volunteers contribute a significant amount of their time and services to the Institute each year. Because of the difficulty in determining fair value, these contributed services are not recognized in the financial statements. The Institute records the fair value of contributed materials at the time of receipt, where such fair value is determinable, and the materials would otherwise have been purchased.

Financial instruments

Measurement of financial instruments

The Institute measures its financial assets and liabilities at fair value at the acquisition date, except for financial assets and financial liabilities acquired in related party transactions. Transaction costs related to the acquisition of financial instruments subsequently measured at fair value are recognized in the statement of operations when incurred. The carrying amounts of financial instruments not subsequently measured at fair value are adjusted by the amount of the transaction costs directly attributable to the acquisition of the instrument.

The Institute subsequently measures all of its financial assets and liabilities at amortized cost.

Impairment

Financial assets measured at amortized cost are assessed for indicators of impairment at the end of each reporting period. If impairment is identified, the amount of the write-down is recognized as an impairment loss in the statement of operations. Previously recognized impairment losses are reversed when the extent of the impairment decreases, provided that the adjusted carrying amount is no greater than the amount that would have been reported at the date of the reversal had the impairment not been previously recognized. The amount of the reversal is recognized in deficiency of revenues over expenditures.

Significant estimates and assumptions

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the period. Actual results could differ from those estimates.

Significant judgments

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make judgments, apart from those involving estimates, in applying accounting policies. The most significant judgments in applying the Institute's financial statements include:

- The assessment of the Institute's ability to continue as a going concern and whether there are events or conditions that may give rise to significant uncertainty.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

3. Equipment

	Cost	2017 Accumulated Amortization	Net	2016 Net
	\$	\$	\$	\$
Computer equipment under capital lease	14,727	11,722	3,006	4,294
Computer equipment	55,692	50,447	5,244	4,625
Computer hardware	6,636	4,471	2,165	4,812
Furniture and equipment	32,910	30,826	2,084	2,604
Computer software	24,881	24,881	-	-
	134,846	122,347	12,499	16,335

4. Deferred contributions

Deferred contributions represent unspent resources for education and research purposes. These resources will be used in subsequent periods. Community gaming grants must be used to cover eligible costs essential for the direct delivery of an approved program within the community. All other project grant funds are restricted by the terms and conditions established by grantors related to project deliverables.

Among the \$235,000 grant the Institute received during the year ended June 30, 2016, \$6,636 was used for purchase of capital asset and classified as non-current deferred contributions which will be recognized as revenue over the depreciable life of the asset. As at June 30, 2017, \$2,166 (June 30, 2016 - \$4,812) remained as deferred contributions.

In 2017, the Company received further funding of \$200,000 from the BC Community and Consumer Health Education Program to assist with wages, rent and telecommunications costs essential to the direct delivery of the program.

	2016 Deferred	Received	Earned	2017 Deferred
	\$	\$	\$	\$
Community gaming grants	116,422	200,000	(207,665)	108,757

	2015 Deferred	Received	Earned	2016 Deferred
	\$	\$	\$	\$
Community gaming grants	83,801	235,000	(202,379)	116,422

5. Accounts payable and accrued liabilities

	2017	2016
	\$	\$
Accounts payable (Note 6)	18,038	25,697
Accrued liabilities	5,000	5,000
	23,038	30,697

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

6. Related party transactions

At June 30, 2017, \$9,547 (2016 - \$19,700) is payable to a member of key management and is included in accounts payable (Note 5)

Key management compensation includes \$76,765 in wages and benefits to a member of key management (2016 - \$74,565).

7. Financial instruments

Items that meet the definition of a financial instrument include cash, restricted cash, receivables, accounts payable.

The following is a summary of the significant financial instrument risks:

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Institute is exposed to liquidity risk arising primarily from its accounts payable.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Institute is exposed to credit risk in connection with its cash and receivables. The Institute limits the exposure to credit risk by only investing its cash with high-credit quality financial institutions. The Institute provides credit to its clients in the normal course of its operations. Credit risk is assessed as medium.

Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of its changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk, and other price risk. It is management's opinion that the Institute is not exposed to significant other price risk.

Currency risk

Currency risk is the risk that the fair values of future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Institute undertakes transactions in foreign currencies and, consequently, certain of its financial instruments are exposed to foreign currency fluctuations. Financial instruments include the following amounts, presented in Canadian dollars, which are denominated in United States Dollars:

	2017	2016
	\$	\$
Cash	417	1,077

Interest rate risk

Interest rate risk is the risk that the fair values of future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Fixed-interest and non-bearing financial instruments are subject to changes in fair value, while floating rate financial instruments are subject to fluctuations in cash flows. The Institute is not exposed to interest rate risk

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

8. Endowment Fund – Ian A. Barclay Chronic Pain Fund

In 1996, the Institute established the Vancouver Foundation, a permanent open endowment fund called the Ian A. Barclay Chronic Pain Fund (the “Fund”). The Institute contributed \$45,000 of capital to the Fund. The capital of the Fund is held permanently and invested by the Vancouver Foundation.

The Institute does not reflect the Fund in its financial statements because it lacks discretion over the expenditure and investment of the capital of the fund. The quoted market value of the securities underlying the Fund’s capital as at June 30, 2017 is \$48,494 (2016 - \$45,670). During the year ended June 30, 2017, the Institute received \$1,661 in interest income from the fund (2016 - \$1,240). The income available for distribution is \$1,294.96.

9. Commitments

In August 2014, the Institute entered into a rental lease that expires August 31, 2018. The Institute is committed to rental payments for the premises over the next three years as follows:

	\$
2018	19,782
2019	3,297
	<u>23,079</u>

A clause in the lease allows for a four month cancellation notice if the Institute’s funding from the government is reduced by 50% or greater from current funding.