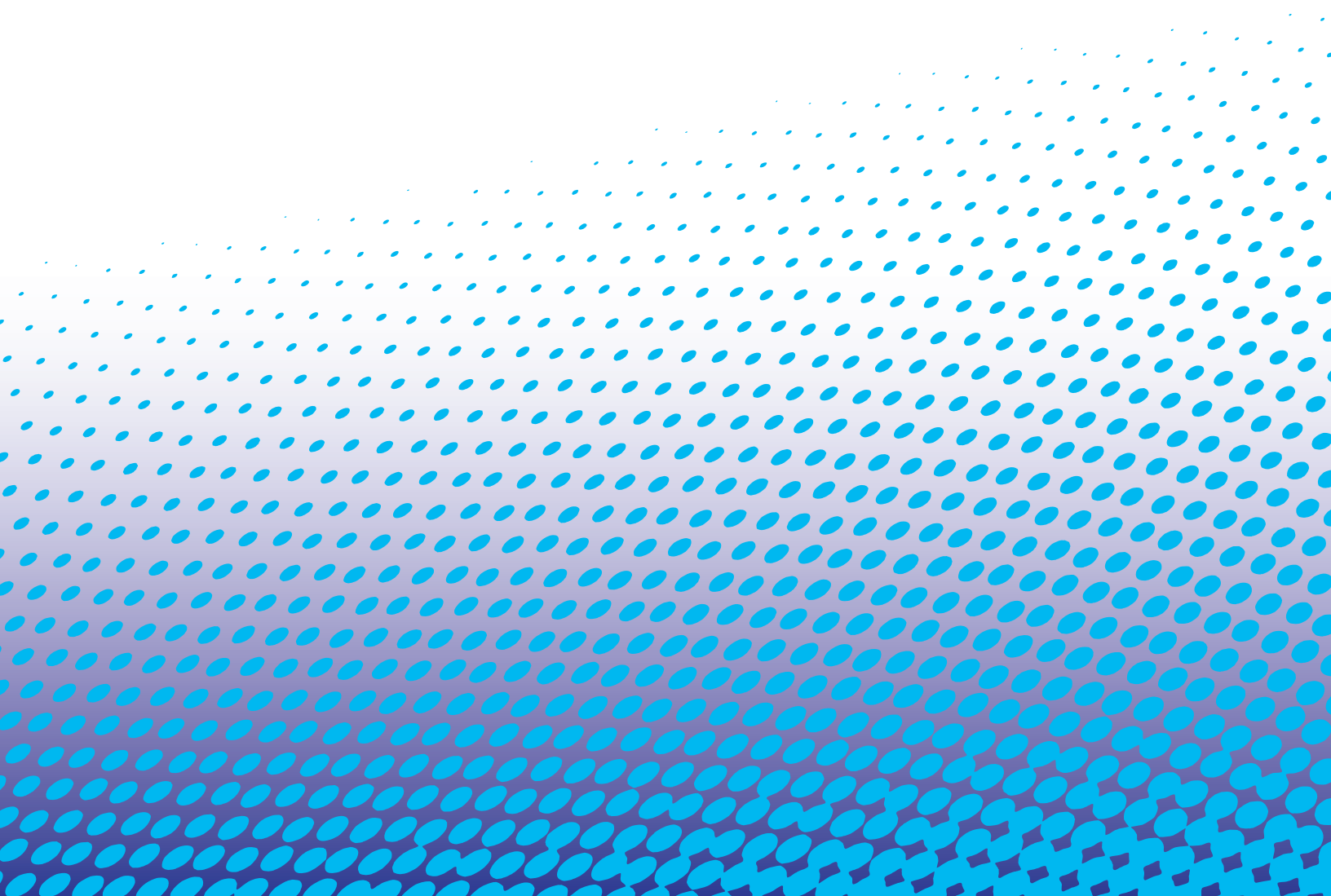




CANADIAN INSTITUTE FOR THE
RELIEF OF PAIN AND DISABILITY

AGM 2012



CONTENTS

Annual General Meeting	3
President's Report	5
Financial Report	6
Nomination Committee Report	9
Executive Director's Report	15
BC Consumer Health Resources Update	15
Educational Webinars	15
Social Media – Facebook and Twitter	18
The BC Consumer Programs, Services and Web Resources Directory	19
WhiplashPrevention.org – Update	19
Province-wide Observational Study	20
Whiplash Prevention Phone Apps to Be Launched	19
Health and Work Productivity Web-Portal Building Phase I	21
WorkSafeBC UBC Research Projects	22
Intervention Project Update	24
UBC Chronic Pain Needs Assessment Survey	25
Isocyanates and Health: Past, Present and Future	25
Personnel	26
Project Sponsors and Partners	26
Appendix I CIRPD Annual Financial Statements	
Appendix II CIRPD Budget	

ANNUAL GENERAL MEETING AGENDA

November 22, 2012
10:30 AM – 12:00 PM

Venue

Eye Care Centre Auditorium

Vancouver General Hospital
2550 Willow St.
Vancouver, BC

AGM Agenda

1. Welcome
2. Presentation & Q&A: Dr. Merv Gilbert - **Creating Psychological Health and Safety at Work**
 - o How to determine key psychological health indicators across an organization
 - o A logical approach to moving forward with psychological health & safety strategies
 - o How to evaluate the results
 - o Examples of specific actions you can take to improve psychological health and safety in your workplace
3. Minutes of Annual General Meeting, November 24, 2011
4. Annual Report
5. President's Report
6. Executive Director's Report
7. Treasurer's Annual Report
 - o Financials
 - o Approval for change of Auditors 2012
 - o Appointment of Auditors 2013
 - o Annual Review Financial Statements for the Year Ending June 30, 2012
 - o Proposed Budget 2012-2013
8. Research Committee's Annual Report
9. Nominations Committee's Report
10. Election of Directors
11. New Business
12. Motion to Adjourn (Refreshments to Follow)

MINUTES OF THE ANNUAL GENERAL MEETING

November 24, 2011

1:00 pm – 2:35 pm (PST)

Eye Care Centre Auditorium, Vancouver General Hospital, 2550 Willow St., Vancouver, BC

Attendance:

(Online) Doug Kube, Janette Lyons, Lisa McGuire, Marisa Cornacchia, Adrienne Hook, Tammy Hermary and 15 non-member attendees.

(In person) Ken Craig, Cathy Rambarran, Stan Jung, Marc White, Liz McCulloch, Linda Friesen, Ann Gillespie, and non-member representatives from BC Coalition of People with Disabilities and VGH Occupational Health and Safety.

AGM Minutes:

1. Welcome and Introduction
2. Special Presentation and Discussion (with additional attendees): Doug Kube, “Workplace Accommodation: Integrating Knowledge and Experience to Inform Decision-making and Practice”. (The presentation recording is posted on the CIRPD website)
3. MSC (Stan J) Minutes of Annual General Meeting, December 16, 2010
4. MSC (Cathy R) Acceptance of CIRPD Annual Report
5. MSC (Ken C) Acceptance of Presidents Report
6. MSC (Ken C) acceptance of Treasurer’s Report
 - Request for more detail regarding revenue and expenditures of \$336,081. Marc provided clarification regarding posting of grants and amount of BC government grant.
7. MSC (Stan J) to appoint Marsh & Marsh as accountants
 - Marc indicated they may look at alternatives
8. MSC to accept the Executive Director’s Report
 - Ken Craig expresses thanks to Marc for his remarkable contribution to the organization since its beginning. Marc also expressed his gratitude to current and past directors, many of whom have, like Ken Craig, been associated with the organization for 15 years.
9. Nomination Committee Report and Election of Directors:
 - Seeking Re-election: Sylvie Gelin, Cathy Rambarran, Janette Lyons, Stan Jung, Kenneth Craig, Adrienne Hook, Mieke Koehoorn, Doug Kube, Lisa McGuire, Marisa Cornacchia, Bill Dyer
 - New Nominee: Liz McCulloch
 - No further nominations were received from the floor.

MSC (Cathy R) to accept the Nomination Committee Report and approve by acclamation all those nominated to the Board

Meeting adjourned at 2:35 pm

PRESIDENT'S REPORT

Cathy Rambarran

It has been a rewarding experience being a board member of the Canadian Institute for the Relief of Pain and Disability since 2007 and the past two years as President.

An important goal of CIRPD is to prevent and reduce pain and disability by closing the gap between what is known from high quality research and what is done in policy and practice. To do this CIRPD engages a broad-base of stakeholders through British Columbia and across Canada in various activities throughout the year.

This current year we reached a milestone for our very successful webinar series that reached over 10,000 downloads and a minimum of 15,000 views. The BC Consumer Guide has been updated to include over 500 resources available to people in British Columbia. These resources include support groups, webinars, videos, podcasts, educational workshops, community resource centres, and referral resources. Our programming platform upgrades have led to expanding access to our programs and services in over 100 communities across BC. Our webinar series produced in partnership with PainBC and the Canadian Pain Coalition are also viewed across Canada and around the world.

This past year we conducted a needs assessment survey to better understand the information needs of young adults, working populations, and seniors concerning chronic pain and related health concerns. The results of this survey will provide CIRPD with a roadmap to identify or create meaningful and relevant resources to better service these constituents.

Under Dr. White's research appointment with the Department of Family Practice at the University of British Columbia, he received a competitive grant to conduct a best-evidence synthesis on interventions to reduce the risk of unnecessary disability and work absence. The research project was funded by WorkSafeBC bringing together academic researchers from UNBC and UBC with community partners including BC Construction Safety Alliance, The FIOSA-MIOSA Safety Alliance of BC, Healthcare Benefit Trust and Stantec.

I would like to thank the BC Government for their continued support of our program and activities and the many volunteers who are committed to CIRPD's mission – the prevention and reduction of pain, pain-related suffering and disability.

I would also like to thank the contribution of CIRPD board members who have provided strategic guidance and oversight, as well as CIRPD staff and office volunteers under the leadership of Dr. Marc White. CIRPD relies on the volunteer efforts of its academic and community partnerships to produce and disseminate high quality information to all stakeholders related to our mission.

We thank you for your interest in our mission and activities.

FINANCIAL REPORT

Janette Lyons CMA, BCom

Financial Overview of the past year

For the year ended June 30, 2012, CIRPD ended the year with cash of \$152,000 which was funded by the continued support from the Province of British Columbia's Community Grant Program. In March 2012, CIRPD received \$200,000 from the Province enabling CIRPD to continue to develop and roll out programs and activities across the province. The provincial programming supports the updating and production of educational resources to meet the needs of people with chronic pain and disability.

For the year ended June 30, 2012, total revenue was \$344,000 from current and deferred contributions. These contributions came from a variety of sources including Provincial Government's Community Grants \$154,000 as well as funding and donations from University of British Columbia, Insurance Corporation of BC, WorkSafeBC, Auto 21, and sponsors of the Isocyanates Initiative. This revenue was utilized on a variety of programs including the Health and Work Productivity Web-Portal, Isocyanates Initiative and funding the wages and salaries of the staff that deliver the CIRPD programs.

During the year, CIRPD developed a Financial Approval Policy to document the financial controls and procedures. This policy outlines the procedures and authorization requirements for expenditure requests, cash payments and management, as well as provides an overview on how various sources of funds can be utilized.

CIRPD hired a new auditor (Wolrige Mahon) to perform the year-end review (June 30, 2012). CIRPD will need to transition to new accounting standards for year ending June 30, 2013 and our new auditors will support us in this transition. In addition, the Canadian Not-for-Profit Act will require CIRPD to move to an audit (versus a review) for year ended June 30, 2015 which Wolrige Mahon can perform. CIRPD Board is seeking member's approval for this change of Auditors. This action was taken in preparation for the new regulations as Marsh and Marsh Accountants only undertakes formal audits for housing cooperatives.

CIRPD was pleased to receive continued support from the Province of British Columbia's Community Grant Program that has assisted us in the roll out of programs and activities throughout the province. The provincial programming supports the updating and production of educational resources to meet the needs of people with chronic pain and disability.

Summary of Key Project Deliverables over the past year

Health and Work Productivity Web-Portal

- This past year we continued work on developing and populating the Health and Work Productivity Web-Portal.

FINANCIAL REPORT

Continued...

- In the prior year we completed pilot-testing the literature translation process with select stakeholders to assess the potential value of HWP as a collaborative environment to find credible relevant resources and pilot test academic/stakeholder translation process.

The success of this project led to a 2nd successful application to bring together researchers and community partners to identify and synthesize research on interventions to reduce the risk of prolonged disability and work absence. The review of these interventions will then be populated on the HWP site. (Grants received via the University of British Columbia from a competitive WorkSafeBC Innovation-At-Work grant associated with Dr. White's UBC appointment and funding support from Healthcare Benefit Trust).

Our original web portal roll-out date of has been delayed by 9 months due to some technical issues, however we plan to have these issues rectified by February 2013.

Actions planned for this year:

- Rectify the technological issues with the web portal
- Engage organizational stakeholder parties to participate in HWP project – engaging their membership in knowledge translation process
- Identify and engage academic topic editors to participate in HWP project
- Identify and engage academic/ workplace librarians to join HWP IRC
- Seek funding of \$150,000 support in September/October for Phase II

CIRPD – Consumer Health Programs and Services / Disability Stakeholders

- Renewal of CIRPD resources providing relevant knowledge, tools and other resources including podcasts, video, interactive media, to prevent and reduce pain, pain-related suffering and disability
- Updated CIRPD self-management resources
- Expanded CIRPD – BC Consumer Health Directory helping people in BC find programs, services and resources to help them live well with chronic disease
- Reached the milestone of 10,000 downloads and views of CIRPD webinars

Actions planned for this year:

- Enhancing collaboration with community partners in the planning, delivery and evaluation of CIRPD webinars, programs and services to increase access for people living in rural areas in BC
- Updating – BC Consumer Health Directory helping people in BC find programs, services and resources to help them live well with chronic disease

FINANCIAL REPORT

Continued...

International Conference: Isocyanates and Health: Past, Present and Future

- Engaged Canadian and US policy/ decision-makers, involved with occupational and environmental health to create a roadmap to address high priority needs to reduce the risk of occupational asthma and other health concerns related to Isocyanates and health
- Launched an International Call for Papers and Posters for a scientific conference that will be held in April 2013
- Secured funding from the Canadian Institutes of Health Research via Dr.White's UBC research account to support the participation of Canadian scientists at the scientific conference.

Activities planned for this year:

- The conference originally scheduled for November was rescheduled to April 2-3, 2013 due to Hurricane Sandy
- Research collaboration meeting will take place April 5, 2013 to engage research funders, regulatory bodies and other stakeholders to plan mechanisms to advance research in high priority areas relevant to regulators, workers, scientists and clinicians.

Budget and Fundraising for 2012/2013

A draft of the CIRPD 2012/2013 is attached. This budget will focus on the delivery of the Health and Work Productivity Web-Portal, Consumer Health Programs and Services and Isocyanates.

CIRPD will apply for Provincial Community Grant Gaming funds of \$225,000 to better address the demand for program and services in rural communities in BC. This application will be submitted immediately following the AGM as the deadline is November 30, 2012.

Our fundraising target (excluding the Provincial funding) for the current fiscal year is \$150,000 to support the completion of additional modules for the Health and Work Productivity Web-Portal project. Fundraising efforts were delayed this year until the beta-site is populated with resources. We anticipate making this a priority for the current year.

NOMINATION COMMITTEE REPORT

Bill Dyer (Board Secretary and Chair of the Nominations Committee)

The following board members have agreed to stand for re-election: Marisa Cornacchia, Kenneth Craig, Bill Dyer, Sylvie Gelinas, Adrienne Hook, Stan Jung, Mieke Koehoorn, Doug Kube, Janette Lyons, Liz McCulloch, and Lisa McGuire.

The following are new Board nominees:

Jories Timmers



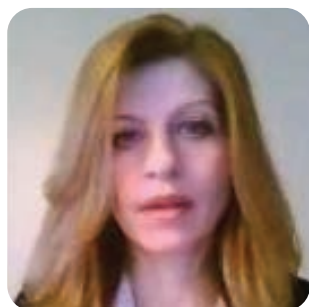
Mr. Timmers is the IT Director and CIO at Powerex, the Energy Trading arm of BC-Hydro, where he leads a team of 60 personnel in Vancouver. His specialization in IT Strategy and Security, Project Management, Compliance, Audit and Governance has been gained over 20 years while working internationally in the Netherlands, Italy, France, Spain, Switzerland and Canada. He has degrees from the Delft University of Technology in Computer Engineering, an MBA from McGill and holds PMP, CISA, CISM and CISSP certifications. Jories is past president of the CIO Association of Canada's Vancouver chapter, a not-for-profit community of IT leaders whose mission is to facilitate networking, sharing of best practices and executive development. In his spare time, Jories enjoys outdoor activities with his wife and son.

We welcome nominations from the floor.

We would like to thank outgoing member, Cathy Rambarran for her dedicated service as our president the last two years and her previous years as a board member. Her knowledge and insight have been invaluable to the organization.

Board of Directors Standing for Re-election

Marisa Cornacchia, BA, RN, COHN (C), DOHS - Occupational Health Nurse



Ms. Cornacchia is a registered nurse with a specialty in critical care and occupational health nursing. She has a Bachelor of Arts from York University with a focus in psychology and sociology, a Diploma in Occupational Health & Safety from McMaster University and is currently completing a Masters in Business Administration at Columbia Southern University. She is an active member of the Canadian Occupational Health Nurses Association and is licensed to practice nursing in Ontario, Manitoba and British Columbia.

Marisa has been recognized with several awards. In 2007 she was the recipient of the Robert Saulters Humanitarian award at the Hospital for Sick Children. She was the first ever recipient of the award from an acute care setting. She was recognized as the first acute care practitioner to provide strong compassionate care efforts with lasting effects in a short stay area.

Marisa has a strong interest in program development, project management and research. Currently she is working with emergency room team of doctors and nurses on programs for pain management in the acute care setting. With over 17 years of critical care nursing in conjunction with occupational health nursing Marisa's focus is on evidenced based care in the rehabilitation field, for both adult and youth workers, to enhance and restore functional abilities and quality of life.

NOMINATION COMMITTEE REPORT

Continued...

Kenneth Craig, PhD - Professor Emeritus of Psychology, University of British Columbia



Dr. Craig is Director of the Health Research Resource Office in the Office of the UBC Vice President Research, Chair of the Behavioural Research Ethics Board (B) and a Professor Emeritus of Psychology at the University of British Columbia.

At UBC he has served as Director of the Graduate Programme in Clinical Psychology, Associate Dean of Graduate Studies, CIHR Senior Investigator, and Distinguished Scholar in the Peter Wall Institute for Advanced Studies. Current activities at UBC include responsibility for development of health research teams. He has participated in a number of successful health research teams, including those pursuing pediatric pain, pain in the elderly and development of interdisciplinary training models for management of children's pain.

His research has pursued the application of social science methodology to population and public health challenges of pain and disability. He has challenged the biomedical focus upon pain by providing a comprehensive systems perspective on pain and disability that incorporates an understanding of social factors contributing to under-management of pain.

Bill Dyer - Manager, Workplace Claims Services, Air Canada



Mr. Dyer has a Bachelor degree in Business Administration and is a Certified Disability Management Professional as well as being a Fellow Chartered Insurance Professional. Bill has worked in the insurance sector for over 23 years, focusing primarily on early intervention and disability management programming.

Before establishing his own consulting firm of Dyer & Associates in 2008 he held a number of senior positions within the industry; a Senior Consultant with Marsh Canada's Integrated Disability Management division; the General Manager of FIDAS (Forest Industry Disability Adjudication Service), which adjudicates the LTD claims for the Forest Industry in British Columbia. Bill was responsible for the development and implementation of policies, procedures, staffing, systems and transition from the previous supplier.

Bill started his insurance career with ICBC, most notably holding the position of Manager, Injury Management Support, where he was responsible for a provincial program of early intervention protocols for clients injured in motor vehicle crashes in BC. Bill was ICBC's liaison officer for CIRPD's BC Whiplash Initiative, a province-wide multi-agency initiative working with academic leaders across the continuum of medical education.

Bill was drawn to his current occupation by interest in working with people and desire to

NOMINATION COMMITTEE REPORT

Continued...

make a difference. He is currently interested in research that touches on disability management and early intervention programming. During his time at ICBC 15 years ago, he was fortunate to be introduced to CIRPD and their relationship has continued since then! Bill finds great relaxation in hiking the Grouse Grind. His favorite books are thrillers and his favorite movies are action flicks.

Sylvie Gelinas, BSc MA - Human Resources Advisor for the Distribution Group, FortisBC



Ms. Gelinas has a Masters degree in Disability Management and is a Human Resources Advisor for FortisBC (formerly Terasen Gas). As the Human Resources Advisor for the Distribution group at FortisBC, Sylvie provides a range of integrated Human Resources consulting services to support individual, team and organizational performance. She also provides advice on employee relations, staffing, performance and attendance management, career and succession planning, collective agreement interpretation and application, and other related functions.

Ms. Gelinas has over 25 years experience in Labour Relations/Human Resources both in the private and public sector. Her major project, "The Private Health Care Option in Disability Management" examines whether financing private surgery is a viable option in disability management by analyzing some of the associated benefits and risks.

Adrienne Hook - Director of Project Coordination and Collaborative Relations, Health Employers Association of BC



Ms. Hook currently holds the position of Director, Project Coordination and Collaborative Relations with the The Health Employers Association of BC. Adrienne has in excess of 20 years of health care experience having started her career providing direct clinical care as part of the team at the Juan de Fuca Hospital Society in Victoria. For the past 15 years she has worked in progressively more complex roles; the vast majority of her career working in complex labour relations environments with multiple unions and numerous stakeholders.

Her organisational assignments have included implementing Attendance Management Programs and designing Critical Incident Response Toolkits for Managers. Her responsibilities included administration of the Employee Family Assistance Program, design and implementation of an Early Intervention Program, WCB claims management protocols and case management of long term disability claims.

Her key area of interest has been developing and implementing evidence based employee centric disability management programs. As an advocate of ability management and accommodation, Adrienne is convinced of the value of working with the employee and their union to facilitate meaningful and sustainable return to work programs.

NOMINATION COMMITTEE REPORT

Continued...



Stan Jung, DC, FCCRS (C), FABDA - Chiropractic Specialist

Dr. Jung is a Chiropractic Specialist Consultant in Rehabilitation and a Forensic Consultant. He is a Fellow of the College of Chiropractic Rehabilitation Sciences (FCCRS) and a Fellow of the American Board of Disability Analysts (FABDA). His practice is predominantly (approximately 95%) working with chronic pain patients involved in motor vehicle collisions. He was the Director of Rehabilitation at the (former) Thorson Health Centre, a multidisciplinary chronic pain facility. He has been involved with the CIRPD in various capacities (member, volunteer, conference participant) since the early 1990s. His area of academic interest includes studying motor vehicle collision injuries and how treatment and management of illness may contribute to chronicity.



Mieke Koehoorn, PhD - Associate Professor, School of Population and Public Health, University of British Columbia

Dr. Koehoorn is an Associate Professor in the School of Population and Public Health and an Associate Faculty member with the School of Environmental Health, University of British Columbia. She also holds an appointment with the Institute for Work and Health. Mieke is the Past President of the Canadian Association for Research on Work and Health and currently holds a Michael Smith Foundation for Health Research Senior Scholar award in the field of occupational health and epidemiology.

Mieke was drawn to join CIRPD's Board of Directors because of its mission and Marc White's commitment to interesting and novel approaches to achieving that mission. Her research interests are occupational health, including: the surveillance of occupational injury and disease including asthma, cancers and musculoskeletal injuries; occupational epidemiology including studies of firefighting and cardiovascular disease, and heavy industry and back injuries; and the evaluation of workplace safety policy and programs including forestry certification and workplace injuries, and surgical setting and return-to-work outcomes.

Douglas Kube - Senior Consultant, Stantec



Doug Kube has over 20 years of experience in occupational and public health, workplace safety, regulatory affairs, workers compensation, disability and risk management. As a Senior Consultant with Stantec his principal area of practice is workplace safety, health and productivity, risk management, corporate governance and auditing. Doug works with clients to identify and prioritize risks and to help them understand the human, social and economic costs of disability. He works with employers to develop programs that maximize savings in averted regulatory fines, reduced workers compensation and disability costs, leading to improved employee health, satisfaction, engagement, productivity and performance.

NOMINATION COMMITTEE REPORT

Continued...

Doug has experience in many sectors, including aviation, aerospace, courier/mail, transportation, warehousing, healthcare, pharmaceutical, chemical, steel making and insurance. As former Director, Occupational Health Services at Air Canada, he provided operational leadership to both medical and non-medical staff to implement new occupational medicine, disability management, accommodation and workers compensation programs. As the former Director, Human Resources at Purolator Courier he led the implementation of occupational health and benefits programs that resulted in significant improvement to accommodation and return to work practices. Doug also has considerable experience working with unions including the Canadian Auto Workers, Canadian Union of Public Employees, International Association of Machinists and Aerospace Workers, Air Canada Pilots Association and the Teamsters.

Janette Lyons, C.M.A., BCom - Controller, Powerex



Ms. Lyons is currently a Controller at Powerex. Janette has held several senior and financial management positions for a number of organizations over the span of her career and most recently was with BCTC in the role of Manager, Budgeting, Forecasting and Analysis.

Prior to this appointment, she was the V.P. Finance at Wakefield Homes. Janette has a B.Comm (Finance) from University of Western Ontario, a C.M.A. (Certified Management Accountant), and a Leadership Development Certificate from Western Ivey School of Business. Ms. Lyons has over 20 years of experience as a financial professional and her key strengths include strategic planning, process improvement utilizing Six Sigma and financial management. Janette is married with two children and resides in West Vancouver.

Liz McCulloch, CEBS - Director, Group Underwriting, Pacific Blue Cross



Ms. McCulloch is the Director, Group Underwriting for Pacific Blue Cross, responsible for risk evaluation and pricing for group benefit plans. She has worked in the insurance industry for 35 years, with experience in claims management and administration, as well as underwriting. Her current leadership role involves strategic planning and budgeting, driving and measuring results, critical thinking, and active support of change and improvement. Liz is a Certified Employee Benefit Specialist (CEBS) and a Fellow, Life Management Institute (FLMI).

Liz was a member of the organizing committee for Benefits of Caring (a benefit industry bi-annual fundraising event in support of Ovarian Cancer) from 2002 - 2010, and in 2010 chaired the gala event. In 2011 she led the team who organized "Women & Wellness" evening - an initiative of the BC Division of the Canadian Mental Health Association to help raise mental health awareness.

NOMINATION COMMITTEE REPORT

Continued...



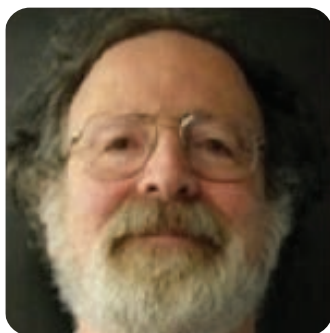
Lisa McGuire, CRSP - Executive Director, FIOSA-MIOSA Safety Association of BC, formerly the BC Food Processors Health & Safety Council

Ms. McGuire's primary responsibility is to carry out the strategic plans and policies established by the FIOSA-MIOSA Board. The FIOSA-MIOSA is a not-for-profit organization that seeks to address challenges and opportunities specific to food and beverage processing and manufacturing and to set industry standards for health and safety in BC.

The FIOSA-MIOSA mission is "to foster commitment among employers to improve workplace health and safety". In order to achieve this goal, the FIOSA-MIOSA works closely with industry and other associations on developing best practices; offers courses such as leadership training for supervisors; provides resources such as the online 'Source for Occupational Safety'; one-on-one consultation and innovative programs such as the SYNERGY safety network. Lisa was one of the founders of the BC Food Processors Association, an organization set up by HR and safety professionals. Lisa served as a Director on the BCFPA Board and was the first Chair of the BCFPA Safety Committee.

The accomplishments achieved by this committee include designing an industry 'Return to Work' form, producing an award winning training DVD and obtaining industry support for the establishment of a Safety Council for the Food Processing Industry.

EXECUTIVE DIRECTORS REPORT



Executive Director's Report

BC Consumer Health Resources Update

The BC Consumer Guide has been updated to include over 500 resources available to people in British Columbia. These resources include support groups, webinars, videos, podcasts, educational workshops, community resource centres, and referral resources. These resources are utilized in 100 BC communities online plus a variety of online resources available to anyone with a computer and internet access. We are currently recruiting two long-term volunteers to assist us with checking links and updating resources. The BC Consumer Guide has services, programs and educational resources by many organizations including The Arthritis Society of BC/Yukon, The Arthritis Research Centre of Canada (headquartered in Richmond, BC), Neil Squire Society, BC Mental Health Works, Canadian Mental Health Association, public and private health centres with services aimed at treating people with chronic pain, impairments and disability, self-management support groups throughout the province including the Chronic Pain Self-Management programs hosted by University of Victoria listed in the directory. Our focus this year is meeting the needs of people with chronic pain living in rural areas with expanding face-to-face workshops and our organizational partners in rural communities.

Educational Webinars

Our most recent educational webinar series are:

- Chronic Pain: The Journey Forward
- Chronic Pain: Improving Life While Living It
- Return to Work, Stay at Work

We have conducted 12 webinars in this fiscal year and have another 7 which are either scheduled or in planning stages. Below are our confirmed webinars:

- When Mental Health Matters in Return to Work, January 31, 2013 at 11am PDT, Izabela Schultz Ph.D. (Professor of Educational and Counselling Psychology at UBC; Registered Psychologist).
- Yoga for People in Pain, January 7, 2013 at 11am PDT, Neil Pearson (Physiotherapist and pain management educator). [Five part series] [To be held in Kelowna]
- Chronic Pain: Is It All In The Brain? April 16th, 2013 at 11am PDT, Fernando Cervero **MD, PhD, DSc**
- Pain Medications: A Pharmacist's Perspective, Edward Dillon – Date TBA
- Sleep, Mood and Pain, Susan Schellinck — Date TBA
- Title TBA, Shannon Wagner – March 9, 2013 –
- Title and Date TBA, Ivan Steenstra –

EXECUTIVE DIRECTORS REPORT

Continued...

CIRPD has been working closely with PainBC on the Improving Life While Living It series. They have played an instrumental role in advertising the webinars and are working to recruit new speakers for the winter. The Canadian Pain Coalition has also been assisting us in promotion of this series. The three series are partially funded by the Province of BC through the Direct Access/Community Gaming Grants. These webinars have had a tremendous response from people with pain, pain advocates and health professionals.

The series has also provided an opportunity for the creation of new programming by some of the community partners. For instance, on Vancouver Island one of the regional health centres offered to host a group of clients for the webinar. The webinar provided them additional resources and an educational focus around which to bring their clients (mostly those dealing with chronic pain) together. Also, in Kelowna, seven health professionals in Kelowna got together to listen to one of the webinars which provided them with a review.

For our January webinar with Neil Pearson, we are currently seeking an additional sponsor (\$1500) for a five week webinar series on Yoga and Chronic Pain. This series is exploring a new format that might be an interesting delivery mechanism for other programs. It involves an introductory webinar followed by a download of an instructional video with an exercise, electronic chat questions, followed by a webinar addressing questions and introducing the next exercise.

Our 12 webinars from these series have attracted over 3400 registrants for our programs. Of these registrants, over 1700 have attended a live webinar. We post the recordings of the webinars for free on our website and we have received over 15,000 views from our 12 webinar recordings through downloads and moderated events.

Webinars (Fiscal Year)	Registered	Attended	Viewed Video since Posting
Building Hope: The Way Through Pain to Self-Management and Recovery	215	116	3509
The Pain Toolkit: Tools for Self-management	283	118	N/A
Utilizing Science, Technology and the Arts to Transform Pain	193	104	754
Mindfulness Based Stress Reduction as a Strategy in Reducing Pain	330	186	2956
Strategic Issues and Solutions in Workplace Mental Health	125	73	36
Opioids: Friend or Foe?	242	124	112
The Chronic Pain Conundrum	370	173	822
Myths and Facts about Sleep and Chronic Pain	522	265	314
Chronic Pain Self-Management Programs	352	137	720
Early, Safe and Sustainable Returning to Work After Injury or Illness	68	32	9
Brain Imaging and the Pain Experience	412	205	4291
Positive Coping with Pain	340	170	1537
Total	3452	1703	15,060

EXECUTIVE DIRECTORS REPORT

Continued...

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

- *I do appreciate that there is this kind of service available for me to access. Thank you. (Fort St. John, BC)*
- *I am a person with CPD. Thank you again for this wonderfully presented webinar that has given a strong, practical overview of where we need to go with the education and improvement of this field. (Comox, BC)*
- *Thanks so much for another awesome webinar. (Castlegar, BC)*
- *I very much enjoyed it. Well presented. Thank you!!!! (Victoria, BC)*
- *There were a lot of really practical suggestions in the presentation that can actually be put into practice when working with patients or that can be used to do patient teaching. Very helpful! (Richmond, BC)*
- *Well done, clear, easy to understand and interesting. (Vancouver, BC)*
- *It's an informative session for people like me with chronic pain. (Coquitlam, BC)*
- *Very clear and understandable. (Prince George, BC)*
- *The presenter was excellent. (Maple Ridge, BC)*
- *Excellent webinar. Appreciate the Q&A period plus notification of upcoming webinars at the end. (Courtenay, BC)*
- *I think the one hour length is perfect. (Port Coquitlam, BC)*
- *Great info. Thanks! (Richmond, BC)*
- *Many thanks for such a wonderful webinar*
- *Very helpful*
- *My husband and I listened attentively to the webinar. He was very interested to hear the information from "the horse's mouth" so to speak. He found the straight talk on addiction, and the risks very informative. He learned for the first time in 25 years of needing pain medication, that Tylenol was bad for one's liver, he had never understood that, and was taking too much Tylenol. He and I both learned important information. Thanks very much for coordinating this and other webinar events.*
- *This Webinar was very informative! Now I know that I'm on the right track with the meds I'm taking for pain. This Webinar took away some fears I had about taking Tramadol for pain. I have always wanted to find the right drug that will take away all my pain but to learn, now, that drugs are only a Band-Aid was helpful. Now I know that I have to keep educating myself, with the help of you folks, in all the other ways we can limit our pain and learn how to live with it.*
- *This was my first Webinar and I was nervous. I enjoyed the interactive polls hearing questions from other people answered. I was concerned the language was going to be way above my head but I felt very comfortable and understood everything easily. I will definitely look for other webinars to participate in. (Nelson, BC)*
- *This was my first webinar, and for me with transportation issues, is a perfect alternative. I am looking forward to seeing what topics will be offered in the webinar format in the future. Thank-you for this wonderful opportunity. (Burnaby BC)*
- *I like the format, enjoy the flexibility it affords. I thought the presenter's material was very well laid out and effective. Thank you very much. It is another tool that I can bring to my mom to try to help her deal with her pain. Was to the point and gave enough info to get me interested in it. (Penticton BC)*

EXECUTIVE DIRECTORS REPORT

Continued...

Social Media – Facebook and Twitter

Contrary to popular opinion, chronic pain can affect people at any age. Chronic pain impacts about 1 in 5 Canadians during their lifetime and according to a Canadian Community Health survey (2008/9) reported by Stats Canada, 1 in 10 chronic pain sufferers are aged between 12 and 44 (more than 1.5 million young adults) with back problems and migraine headaches being the most common pain-related conditions. Chronic pain also takes a toll on families, the health care system and society as a whole. Chronic pain can limit ones participation in everyday activities.

It can also be a contributing factor in suicide for young adults with mood disorders and anxiety.

To reach younger populations and people who are highly active online, we have begun using various social networks as modes of sharing research-based resources. We have expanded our messaging to incorporate the use of Facebook and Twitter. Through these online communities 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.

Since launching our social media program we have:

- Connected with over 2,400 Followers on Twitter
- Posted over 2,700 resources to Twitter
- Connected with 946 Friends on Facebook
- Posted over 250 links to resources on Facebook

We regularly share information with a variety of BC-based organizations, who pass our information on to their followers including: University of Victoria's Chronic Disease Self-Management Programs, Pain BC, BC Coalition for People with Disabilities, BC Healthy Living Association, Massage Therapy Association of BC, Physiotherapist Association of BC, The Heart and Stroke Foundation, Arthritis Society - BC Chapter, Neil Squire Society, Impact BC, and Arthritis Research Centre of Canada.

The BC Consumer Programs, Services and Web Resources Directory

The BC Directory provides targeted information about these conditions and is linked through the very successful HealthLink BC. It provides hundreds of links to programs, services, support groups, and Internet resources.

Top Ten Conditions and Number of Resources

Condition (Resources can be marked for multiple conditions)	Number of programs, services, support groups, and internet resources shown
Arthritis	153
Back pain	52
Chronic pain	158
Disability Prevention and Management	21
Fibromyalgia	119
Healthy Living	67
Healthy Thinking	190
Neck Pain	48
Seniors' Health	142
Sleep quality	12

EXECUTIVE DIRECTORS REPORT

Continued...

Related conditions are also linked from each main topic page. Additional links have been added directing consumers to credible resources related to disability prevention and management, rehabilitation referral services, and general health websites. Consumers can search for programs, services, and support groups by condition and by location.

The BC Consumer Directory alone received 16,000 unique visits viewing over 65,000 pages this past year.

WhiplashPrevention.org – Update

This past year we applied and received funding support from UBC's Work Summer 2012 Study Program for summer student participation in the "whiplashprevention.org" website and also benefited from some wonderful volunteer support. We hired two students, Robert Morton who collected data at various car dealers investigating the different styles of head restraints, and Julia Patey who completed the documentation. Julia Patey is completing her Bachelor in Fine Arts and Film Production. This documentation will help us understand the various seat and head restraint mechanisms used in the most popular purchased vehicles in British Columbia. In addition we undertook a review of car manuals to determine whether they adequately provided instruction on how to adjust head restraints and seat backs to offer optimal protection. We are currently working with the Insurance Corporation of British Columbia to produce several video clips providing instruction on adjusting head restraints in vehicles.

Province-wide Observational Study

In order to assess whether we can raise awareness and head restraint safety behaviour in British Columbia we need to have up-to-date data on the current use head restraints across the province. During this past summer we were able to expand the collection of



Thanks to support from the Insurance Corporation of British Columbia we received funding support that supported our research efforts and a two day educational event held at BC Ferries at Tsawwassen Terminal.

EXECUTIVE DIRECTORS REPORT

Continued...

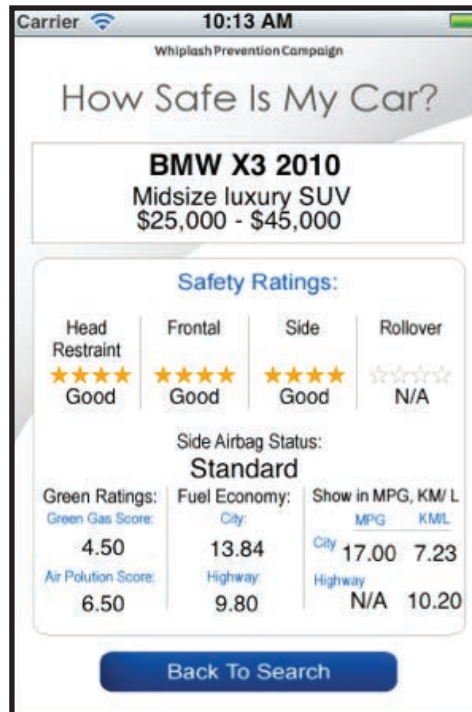
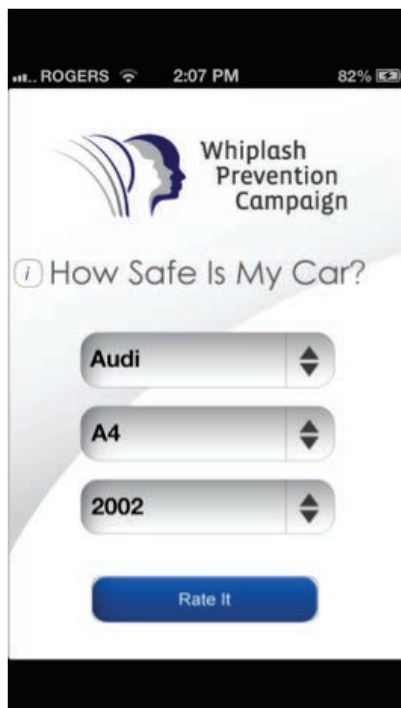
observational data to include observational data from Northern BC, Vancouver Island and the Interior. Data collection in the lower mainland took place last summer. Analysis of the total data collected is almost complete and a summary of the results will be published on the WhiplashPrevention.org website at the end of November 2012.

Whiplash Prevention Phone Apps to Be Launched

Louie Yuen in collaboration with Tonya Hyde, Mehmet Ali Vural, Martin Prijatna (The Brand Room) and myself have created the “SafeCar” iPhone app. Aidin Mirsaeidi, a graduate student of Dr. Doug Romilly, has been working on the Android app version. We anticipate the launching of these apps in early Spring 2013.

Health and Work Productivity Web-Portal Building Phase I

To facilitate the creation and use of evidence-informed best practices to improve business health and employee health for employers and workers in British Columbia.



EXECUTIVE DIRECTORS REPORT

Continued...

It is estimated by WorkSafeBC that \$1 to 1.5 billion is spent per year on people injured at work. This cost, however, only represents a small portion of the costs associated with work absences and disability associated with chronic disease. The Health and Work Productivity Web-Portal project is directed at helping stakeholders (including workers) to create and sustain safe, psychologically healthy, accommodating and productive workplaces.

The goal of the Health and Work Productivity Web-Portal (HWP) is to provide easily accessible, understandable, credible resources directing stakeholders to resources being sought. The HWP consists of an intranet site, an extranet site and public website, using Microsoft SharePoint Portal 2007 (which is the fastest growing collaborative platform in business).

The HWP technology development team has created automated and manual data linkages with public database providers (e.g. the National Library of Medicine using evidence-based filters) and other credible knowledge brokers such as Health-Evidence.ca to pull content into the HWP production environment. Using a series of workflows and social media technologies (blogs, wikis, twitter) academic and community stakeholders participate in the review and translation across different domains of judgment (scientific merit, relevance, perceived value, usability). If highly rated, academic and community stakeholders participate in the creation of audience-specific key messages in collaboration with community partner reviewers. Using push and pull web technologies, key messages are pushed out to targeted community partners through their communication networks, in addition to the deployment of marketing tools, e-bulletins, Twitter networks, and Facebook to pull target audiences to the HWP.

The project has created working relationships with Health-Evidence.ca, Canadian Cochrane Network and Centre, College of Physicians and Surgeons of British Columbia Medical Library, UBC School of Library, Archival and Information Studies, PubMed-National Library of Medicine (US) and the College of Family Physicians of Canada. Phase I of the HWP project is complete. We are currently addressing some technological issues in preparation for beta-testing and populating the website which we anticipate will be addressed by the end of the year.

WorkSafeBC UBC Research Projects

Last year, we completed a conducted a synthesis of systematic reviews (qualitative and quantitative) to identify modifiable and non-modifiable risk and protective factors contributing to prolonged disability duration and risk of chronic disability.

EXECUTIVE DIRECTORS REPORT

Continued...

In the first study we learned that many factors can increase the risk of work absence. Some highlights of this study are described below:

Workplace Factors

Table 1. Evidentiary Support for Modifiable Workplace Factors

Strong	Moderate	Weak	Inconsistent	Insufficient
Lack of social support	Non full-time work	Increased absenteeism tolerance	Compensation and insurance level	Workplace physical environment
Job strain	Poor quality leadership	Reorganizational stress		Job stress
Increased physical demands	Lack of job control	Increased time to treatment		Staff training
Low job satisfaction	Lack of fairness			Goodwill in workplace
Lack of supervisory support	Lack of managerial involvement			Union involvement
Increased psychological demands				Health systems factors
Lack of worker control				Employer barriers*
				Workplace staffing

* single review considered discrimination, lack of sanitary supplies, and architectural for workers with spinal cord injuries.

Table 2. Evidentiary Support for Non-modifiable Workplace Factors

Strong	Moderate	Weak	Inconsistent	Insufficient
	Lower occupational level		Company size	Organization economic and financial context
	Existence of workers' compensation claim		Compensation level	Threat of unemployment
	Decreased length of employment		Loss of benefits of financial disincentives to work	Lower job grade

EXECUTIVE DIRECTORS REPORT

Continued...

Worker Factors

Table 3. *Evidentiary Support for Modifiable Worker Factors*

Strong	Moderate	Weak	Inconsistent	Insufficient
Emotional distress	Sleep difficulties	Lack of, or poor planned, non-work physical activity		Fiber intake
Increased depressive symptoms	Substance use			Experience of violence
Negative enduring psychology/personality factors (e.g., neuroticism)				Increased health concerns
Negative health and disability perception / negative recovery expectations				Psychosomatic health complaints
Decreased physical activity				Absence duration
Lack of family support				Injury at work
Poor general health				Work unit separation
Increased functional disability factors				Compassionate leave
Increased pain				Duration of employment
Increased fatigue				Transportation
Lack of encouragement for earlier return to work/ increase in disability beliefs				Positive role models

Table 4. *Evidentiary Support for Non-Modifiable Worker Factors*

Strong	Moderate	Weak	Inconsistent	Insufficient
Older age	Non-married status	Rural residence		Presence of dependents
Poor personal functioning	Female gender (rheumatoid arthritis and low back pain)	Negative enduring psychological characteristics)		Economic situation
Increased psychological symptoms	Presence of respiratory conditions	Medication use		Sole wage-earner status
Increased clinical/ complicating factors		Non-white ethnic status (due to presence of discrimination factors)		Rheumatoid arthritis
Decreased physical functioning				Time since treatment
Sick leave history				Work history
Lower educational attainment				Societal factors
Overweight status				
Increased Emotional Distress				

EXECUTIVE DIRECTORS REPORT

Continued...

Report Conclusions

The identified worker-related and employer-related disability risk and protective factors presented in the WorkSafeBC report are relevant to employers and employees, labour organizations, health and safety organizations, and other stakeholders interested in identifying worker and workplace factors contributing to workplace absence and disability duration across different health conditions. Both clinical and occupational interventions should target evidence-supported modifiable predictors of work disability. A copy of the report is available: <http://bit.ly/WgYgxF>

Intervention Project Update

Our current project is utilizing these findings to conduct a stakeholder-centred synthesis of systematic reviews to identify interventions that are more likely to positively address modifiable risk and protective factors across health conditions and occupations contributing to prolonged work absences.

We have completed the search strategy and have identified 104 systematic reviews for comprehensive review (see table below).

Score = 1	Musculoskeletal/ BackPain	37
Score = 2	Mental Health	22
Score = 3	RTW/ Disability Management/ Disability Prevention (mixed)	5
Score = 4	Wellness, Health Promotion, Cardiovascular, Disease Prevention	27
Score = 5	Substance Abuse	2
Score = 6	HR & Management Practices including scheduling and work arrangement	11
		104

Given the large number of papers to review we have expanded the research team. New members of the research team to-date are: [Mieke Koehoorn](#), PhD (School of Population and Public Health, University of British Columbia) [Corinne Koehn](#), PhD., R.Psych. (Counselling Specialization, School of Education, University of Northern British Columbia), [Isik U. Zeytinoglu](#) (Human Resources & Management, DeGroote School of Business, McMaster University). Other researchers working on the project are [Shannon Wagner](#) PhD (faculty of Health Sciences, UNBC), [Izabela Schultz](#) PhD (Counselling Psychology Program, University of British Columbia, Werner Schulz (former Director of Integrated Health and Disability Management, Healthcare Benefit Trust), Lisa McGuire CRSP (executive director, The FIOSA - MIOSA Safety Alliance of BC), Vernita Hsu, Injury Management Coordinator for the BC Construction Safety Alliance., Doug Kube (Senior Consultant, Stantec Inc)

EXECUTIVE DIRECTORS REPORT

Continued...

UBC Chronic Pain Needs Assessment Survey



UBC **Chronic Pain Needs Assessment**

UBC Research Team
We are seeking input from people with chronic or persistent pain to better understand what types of information resources you are seeking.

What does it involve?

- The online survey takes 20-35 minutes.
- Participants will have access to a summary of survey results.
- Participants will be invited to review web resources created as a result of the study.

Researchers
Marc I White Ph.D., Clinical Assistant Professor, Dept of Family Practice, UBC
Kenneth Craig Ph.D., Professor Emeritus, Dept of Psychology, UBC
Isabela Schultz Ph.D., Professor, Counseling Psychology, UBC
Carlo Marro Ph.D., Associate Professor, Faculty of Pharmaceutical Sciences, UBC

Invitation to Participate
DO YOU SUFFER FROM CHRONIC PAIN? ARE YOU 18 YEARS AND OLDER?
To learn how you can participate, please visit the website: <http://www.ubc.ca/pain>
Or capture with your smartphone: 

Research funding by: 

For further information CONTACT:
Tonya Hyde
604-684-4148

CIRPD this past year in collaboration with UBC conducted a UBC Chronic Pain Needs Assessment Survey. The results will provide CIRPD with current feedback from people with chronic pain on the types of information and resources people they are seeking.

A surprisingly large percentage of the responders scored high on the pain catastrophizing scale. This scale looks at three dimensions of catastrophizing: rumination (“I can’t stop thinking about how much it hurts”), magnification (“I worry that something serious may happen”), and helplessness (“It’s awful and I feel that it overwhelms me”). These types of concerns negatively impact people’s coping skills. Fortunately there is a growing body of research that has demonstrated that these types of psychological issues respond well to cognitive behavioural therapy, and when effectively treated, people are better able to live well with chronic pain conditions.

We are currently looking at these results through various demographic factors, exploring whether they vary according to age, whether the various vehicles of promoting / responding resulted in capturing unique populations (age, gender, pain experience, health condition). Final results will be published on our website.

Isocyanates and Health: Past, Present and Future

Isocyanates are widely used across industry sectors including foam manufacturing, forestry, painting, adhesives for consumer, hospital/healthcare and military purposes. Isocyanates are a leading cause of occupational asthma and may contribute to increasing rates of asthma in the population. International, federal, provincial and territorial regulators and policy-makers have initiated new regulations concerning isocyanates and are seeking credible high quality research to inform future decisions. Other stakeholders including employers, labour, health care professionals, and workers compensation boards are also seeking credible knowledge resources and are interested in best practices in worker protection including monitoring and controlling environmental and occupational exposures, health and medical surveillance, clinical diagnosis and management, and workplace management.

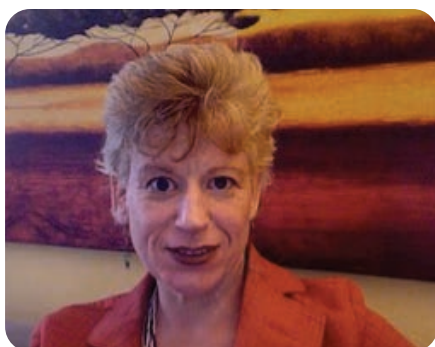
In September 2010 CIRPD held a meeting in Montreal in collaboration with CIHR Partnership Program and Health Canada engaging Canadian and USA health regulators, academic, government and industry scientists, clinicians and related health professional organizations to create a roadmap and action steps to identify research gaps and actions to facilitate a more comprehensive approach to knowledge creation and rapid dissemination of high quality research to inform policy and practice. As a result of the Montreal meeting CIRPD created a scientific advisory group and began planning an international conference to gather the most current information about isocyanates and health.

EXECUTIVE DIRECTORS REPORT

Continued...

The international conference through its Call for Papers led to the acceptance of 64 abstracts. The conference was to take place November 1-2, 2012. Due to Hurricane Sandy hitting the east coast only one day before our conference, we made the decision to postpone the conference until the spring of 2013. We are pleased to announce that the conference has been rescheduled for April 3-4, 2013. Information about this conference can be found at www.isocyanates2012.org.

Personnel



During this past year, our Education Coordinator, Ann Gillespie, left to pursue another course for her career. We are pleased to have hired Lisa Mighton part-time as our new Online Education Coordinator. Lisa has worked extensively in communications strategy, media relations and media production. She has worked as a TV producer, radio producer and researcher on dozens of current affairs programs, documentaries and information series at the Canadian Broadcasting Corporation, and as a content project manager and writer for many organizations and transmedia projects. Lisa is responsible for securing the engagement of high quality speakers for our webinar series. As the Education Coordinator, Lisa is actively involved in the Whiplash Prevention Initiative and the Health and Work Productivity web-portal.

Project Sponsors and Partners

We would like to thank the following organizations for their in-kind support this past year: Galaxy Multimedia Inc. and Titan Communications for providing us with VOIP services and DSL connection.

FluidSurveys provided us with their online survey tools which have proven to be invaluable with our various project activities.

Microsoft Canada through their charity sponsor broker in 2011, TechSoup Canada, contributed the market value of \$21,719 software and licensing. This donation is a two year gift as any updates during this period are provided to CIRPD at no additional cost.

The WB Family Foundation provided financial support for several CIRPD projects including The Woodbridge Grants and Awards program, CIRPD's Health and Work Productivity Web-Portal project, and more recently funding support towards the Isocyanates Initiative. The WB Family Foundation is the philanthropic arm of The Woodbridge Group. We have greatly appreciated their long-term support for many CIRPD projects, and external research competitions.

AUTO21 Networks of Centres of Excellence and the Insurance Corporation of British Columbia provided funding support for the Whiplash Prevention Initiative. We would also like to thank the Insurance Institute for Highway Safety, Canadian Black Book and the Environmental Protection Agency for helping us update and maintain the database underpinning the WhiplashPrevention.org and smart phone App programs to help consumers select safer and greener vehicles.

Appendix I - Annual Review Financial Statements

Appendix II – Budget 2012-2013

**CANADIAN INSTITUTE FOR THE
RELIEF OF PAIN AND DISABILITY**

Vancouver, B.C.

FINANCIAL STATEMENTS

June 30, 2012

REVIEW ENGAGEMENT REPORT

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

We have reviewed the statement of financial position of Canadian Institute for the Relief of Pain and Disability as at June 30, 2012 and the statements of operations and changes in net assets and cash flows for the year then ended. Our review was made in accordance with Canadian generally accepted standards for review engagements and, accordingly, consisted primarily of inquiry, analytical procedures and discussion related to information supplied to us by the Institute.

A review does not constitute an audit and, consequently, we do not express an audit opinion on these financial statements.

Based on our review, nothing has come to our attention that causes us to believe that these are not, in all material respects, in accordance with Canadian generally accepted accounting principles.

The financial statements of the Canadian Institute for the Relief of Pain and Disability for the year ended June 30, 2011 were reviewed by another accountant.

Wolrige Mahon LLP

CHARTERED ACCOUNTANTS

Vancouver, B.C.
November 7, 2012

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS (unaudited)

For the year ended June 30, 2012

	2012 \$	2011 \$
Revenue		
Community gaming grant (Note 6)	156,661	276,510
Other grants (Note 6)	161,070	305,774
Other income	26,887	6,316
Symposia and conferences	-	71,358
	<u>344,618</u>	<u>659,958</u>
Expenditures		
Advertising	1,992	-
Amortization	15,047	4,705
Bank charges and interest	989	1,394
Consulting and other project costs	46,329	273,823
Dues and memberships	656	404
Gaming awards and expenses	5,500	62,258
Insurance	3,411	3,893
Meals and entertainment	1,188	2,226
Office and general	21,590	31,969
Professional fees	12,815	4,990
Rent	15,193	15,193
Symposia and conferences	1,269	35,183
Telecommunications	3,749	4,660
Travel	5,469	24,150
Wages and benefits	162,101	187,624
	<u>297,298</u>	<u>652,472</u>
Excess of revenues over expenditures	47,320	7,486
Net assets, beginning	(34,430)	(41,916)
Net assets, ending	12,890	(34,430)

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY


STATEMENT OF FINANCIAL POSITION

(unaudited)

June 30, 2012

	2012 \$	2011 \$
Assets		
Current		
Cash	1,711	15,939
Cash held in trust	-	4,541
Restricted cash	150,088	100,967
Receivables	19,774	43,133
Prepaid expenses	2,682	4,981
	<u>174,255</u>	<u>169,561</u>
Property and equipment (Note 5)	22,156	15,929
	<u>196,411</u>	<u>185,490</u>
Liabilities		
Current		
Payables and accruals	4,026	26,494
Deferred contributions (Note 6)	179,495	193,426
	<u>183,521</u>	<u>219,920</u>
Net Assets	12,890	(34,430)
	<u>196,411</u>	<u>185,490</u>

Approved by Directors:



CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

STATEMENT OF CASH FLOWS

(unaudited)

For the year ended June 30, 2012

	2012 \$	2011 \$
Cash flows related to operating activities		
Excess of revenues over expenditures	47,320	7,486
Adjustments for items not affecting cash:		
Amortization	15,047	4,705
In-kind donation	(21,274)	-
	41,093	12,191
Changes in non-cash working capital:		
Receivables	23,359	(39,910)
Prepaid expenses	2,299	17,268
Payables and accruals	(22,468)	14,603
Deferred contributions	(13,931)	(180,677)
	30,352	(176,525)
Cash flows related to investing activities		
Purchase of property and equipment	-	(6,830)
Proceeds on disposal of property and equipment	-	7,125
	-	295
Net increase (decrease) in cash	30,352	(176,230)
Cash, beginning	121,447	297,677
Cash, ending	151,799	121,447
Cash represented by:		
Cash	1,711	15,939
Cash held in trust	-	4,541
Restricted cash	150,088	100,967
	151,799	121,447
Supplemental cash flow information:		
Interest paid	45	8,539

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES
(unaudited)

For the year ended June 30, 2012

Note 1 General

The Canadian Institute for the Relief of Pain and Disability (the "Institute") was incorporated in 1985 under Part II of the Canada Corporations Act and is a registered charitable organization for income tax purposes and is exempt from income taxes. The Institute is committed to the prevention and reduction of pain, pain-related suffering and disability through the creation and dissemination of evidence-informed best practices.

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.

Note 2 Significant Accounting Policies

Financial Assets and Financial Liabilities

The Institute has designated its financial instruments as follows:

Cash, cash held in trust and restricted cash are designated as held for trading and are measured at fair value.

Receivables are classified as loans and receivables. After their initial recognition at fair value these instruments are measured at amortized cost, which for the Institute generally corresponds to cost.

Payables and accruals are classified as other financial liabilities. After their initial recognition at fair value these instruments are measured at amortized cost.

The Institute has chosen to continue to apply CICA *Section 3861, Financial Instruments - Disclosure and Presentation* rather than apply *Section 3862, Financial Instruments - Disclosure*, and *Section 3863, Financial Instruments - Presentation*, as allowed by Canadian generally accepted accounting standards.

Cash Held in Trust

Cash held in trust represents cash being held for the Institute's benefit by another party until the Institute requires the cash to fund health, safety and injury prevention research for which the funding was provided.

Restricted Cash

Restricted cash - gaming represents cash from the British Columbia Government's Direct Access Program. These funds may only be spent to cover eligible costs as described in Note 6.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES
(unaudited)

For the year ended June 30, 2012

Note 2 Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are carried at cost less accumulated amortization. Amortization is calculated annually as follows:

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

except in the year of acquisition, at which time amortization is provided for at one-half the annual rate.

Revenue Recognition

The Institute follows the deferral method of accounting for contributions. Restricted contributions received, for which expenditures will be made in the future, are initially recorded as deferred contributions and recognized as revenue in the same period as the related expenses. 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.

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 would otherwise have been purchased.

Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles 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 amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES
(unaudited)

For the year ended June 30, 2012

Note 3 Financial Instruments

Items that meet the definition of a financial instrument includes cash, cash held in trust, restricted cash, receivables and payables and accruals. The fair values of these items approximate their carrying values. It is management's opinion that the Institute is not exposed to significant interest rate risk arising from these financial instruments.

Currency risk

The Institute is exposed to currency risk from fluctuations in foreign exchange rates on its U.S. dollar denominated cash balance.

Credit risk

The Institute is exposed to credit risk with respect to its receivables. Management regularly monitors the credit worthiness of its debtors and believes it has adequately provided for any exposure to potential credit loss.

Note 4 Capital Disclosures

The Institute's objective when managing its capital is to safeguard the Institute's ability to continue as a going concern, so that it can continue to create and disseminate evidence-informed best practices with regard to the reduction of pain, pain-related suffering and disability. The Institute seeks to accomplish this objective by holding sufficient unrestricted net assets to enable it to withstand negative unexpected financial events.

Note 5 Property and Equipment

	Cost	2012 Accumulated Amortization	Net	2011 Net
	\$	\$	\$	\$
Computer equipment	49,016	40,447	8,569	12,242
Furniture and equipment	31,357	28,407	2,950	3,687
Computer software	21,274	10,637	10,637	-
	<u>101,647</u>	<u>79,491</u>	<u>22,156</u>	<u>15,929</u>

During the year the Institute received \$21,274 in donated software which has been recorded as other income and computer software.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES
(unaudited)

For the year ended June 30, 2012

Note 6 Deferred Contributions

Deferred contributions represent unspent resources for education and research purposes. These resources will be used in subsequent periods. Direct access 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. Symposia contributions are deferred until the event is held.

	2011 Deferred \$	Received \$	Earned \$	2012 Deferred \$
Community gaming grants	111,101	200,000	156,661	154,440
Other grants	82,325	103,800	161,070	25,055
	<u>193,426</u>	<u>303,800</u>	<u>317,731</u>	<u>179,495</u>

Note 7 Endowment Fund - Ian A. Barclay Chronic Pain Fund

In 1996, the Institute established with 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 securities underlying the Fund's capital as at June 30, 2012 is \$36,495. The Institute has decided to reinvest investment income earned to increase the market value of the endowment back to the original contribution value.

Note 8 Comparative Figures

Certain 2011 comparative figures have been reclassified to conform with the financial statement presentation adopted for 2012.

CIRPD Budget

Canadian Institute for the Relief of Pain and Disability

	Fiscal 2011/12	CIRPD Budget 2012/13	CIRPD Budget 2013/14
REVENUE			
Community Grant (Recognized within Fiscal)	156,661	235,442	180,663
Donations (Receipted)	21,323	15,000	15,000
Projects/Grants	161,070	163,516	166,961
Symposia		96,550	32,425
Interest Income and Others	5,564	6,304	6,502
TOTAL REVENUE	344,618	516,812	401,551
EXPENSES			
Accounting and Audit Expenses	12,815	14,097	14,801
Advertising	1,992	2,191	2,410
Amortization Expense	15,047	15,047	4,828
Bank Charges and Interest	989	1,088	1,435
Consulting, Project and expenses	46,329	118,988	68,825
Wages and Benefits	162,101	178,311	183,660
Grants Expense	5,500	5,500	5,500
Insurance	3,411	4,750	5,796
Memberships, Subscriptions & Professional Development	656	2,701	2,454
Office and Sundry	21,590	32,750	32,518
Meals and entertainment	1,188	2,311	2,408
Rent	15,193	18,991	23,739
Symposium Expenses external	1,269	81,050	16,500
Telephone and Utilities	3,749	6,450	6,405
Travel	5,469	32,587	30,271
TOTAL EXPENSES	297,298	516,812	401,551
REVENUE OVER EXPENDITURES	47,320	0 -	0
Net Assets Beginning	-	34,430	
NET ASSETS ENDING		12,890	

Funding Sources Ending June 30, 2012**Provincial Funding**

Insurance Corporation of British Columbia 7,000

Other Funders

Healthcare Benefit Trust 15,000

UBC Research Office (CIHR) 10,000

CIRPD Projects (Non-Gaming)

The WB Family Foundation 60,000