

CIRPD

AGM

CANADIAN INSTITUTE
FOR THE RELIEF OF
PAIN AND DISABILITY

2016





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November 24, 2015
8:00 AM – 9:30 AM

Venue

Room #SPH 1500

Providence Building, Floor 1

St. Paul's Hospital

1081 Burrard St

Vancouver, BC V6Z 1Y6

Annual General Meeting Agenda

1. Welcome
2. Presentation & Discussion: Nora Spinks – Caregiving and Work (Open to the public)
 - a. Learning Objectives
 - i. Learn how caregiving is impacting your employees and your organization
 - ii. Learn how organizations are responding in order to keep their employees productive at work and engaged while they fulfill their caregiving responsibilities at home.
 - b. Live Audience Q&A with Glenn Pransky
3. Annual General Meeting
 - a. Minutes of Annual General Meeting, November 23, 2015
 - b. Board Chair's Report
 - c. Treasurer's Report
 - i. Financial Update
 - ii. Annual Review ending June 30, 2016
 - d. IT Report
4. CEO & President's Report
5. Nomination Committee Report
6. Election of Directors
7. New Business
8. Motion to Terminate

November 23, 2015
11:00 AM – 12:45 PM

Room #7254
Diamond Health Care Centre
2775 Laurel Street
Vancouver, B.C. V5Z 1M9

Minutes of Last AGM

Participants at AGM

Members: Lisa McGuire, Louise Nagy, Marc White, Tonya Hyde, Joanna Howarth, Vicki Kristman, Natalie Hull, Martine Oliveira, Ken Craig, and 116 non-members.

1. Welcome
2. Presentation & Discussion: Glenn Pransky, MD, M.Occ. Health – Return to Work Coordination: Key Competencies for Success (The presentation recording will be posted on the CIRPD website)
3. Annual General Meeting
 - a. MSC Approved Minutes of Annual General Meeting, October 1, 2014
 - b. MSC approved Board Chair's Report
 - c. MSC Approved Treasurer's Report
 - d. MSC Approved IT Report
 - e. MSC Approved CEO & President's Report
 - f. MSC Approved Nomination Committee Report
 - g. MSC Approved Election of the following Directors
 - i. Martine Oliveira
 - ii. Kelly Williams-Whitt
 - iii. Steve Horvath
 - iv. James Henry
 - v. Cori Ng
 - h. New Business
 - i. MSC to approve DMCL as 2015-2016 auditors
4. Meeting Terminated at 1:15pm

Management and Governance Report

Terry Bogyo and Nora Spinks

Boards of Directors play an important legal and fiduciary oversight role in an organization. Board members representing different constituents interested in the organization's mission also consider long-term planning and sustainability. Best practice guidance for board governance recommends the Board and staff conduct a strategic planning process every 5 years. This year, the Board of Directors' Management and Governance Committee initiated a Strategic Planning Process 2016-2020.

A strategic planning process identifies where the organization is now, where it would like to be in the future, and how it intends to get there. It is a process that involves 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 considers how the organization intends to address important stakeholder needs, and identifies the scope of the activities or programs through which those goals and objectives are to be achieved. It is also an opportunity to invigorate and strengthen an organization by establishing longer range objectives and re-visioning its mandate in the context of current and future needs and opportunities. The process provides guidance to staff and volunteers for developing work plans, projects and budgets and for the effective management of resources.

A strategic plan describes how an organization intends to move from where it is now towards its vision in accordance with its mission, values and tolerance for risk. In so doing it plans to use its strengths to take advantage of opportunities, remedy its weaknesses and avoid or mitigate threats. The plan also establishes how the organization will measure progress in meeting its objectives.

CIRPD's primary purpose is focused on the prevention and reduction of disability and impairment for people with, or at risk of, injuries, illness, pain and chronic disease. As part of our discussions we have recognized that the terms pain and disability mean different things across stakeholders. The term disability was perceived as too general/complex and would include intellectual disability, congenital disability, senile dementia, etc. Initial discussions on re-conceptualizing our name and mission were to focus on ability, our interest in facilitating participation in all social roles including work participation, optimizing healthy functioning, and improving quality of life for people with health challenges.

We welcome your suggestions and ideas as we re-visit our vision, mission and objectives and consider a possible name change.

The board also established the following standing committees for CIRPD.

Governance: The responsibilities of governance committees are to: develop, refine, review board position descriptions, develop and oversee the board recruitment process, determine recruitment criteria, board size and term limits, maintain a skills inventory of board members, oversight of board committees, conduct CEO evaluation and ensure a succession plan is in place, review and update bylaw, policies, and practices to promote a quality board, conduct board orientation for new members and create board educational opportunities.

Finance and Organization Performance: The responsibilities of this committee include: oversee the budget, review financial reports, and oversee the financial state of the organization, develop and oversee performance metrics, work with staff to develop new programs, monitor program performance and suggest improvements, conduct the risk management process, oversee audits, oversee facilities and IT functions, ensure that quality processes are in place, and oversee quality of services and programs, provide financial / budgetary input to the Funding and Development Committee.

Funding and Development: The responsibilities of this committee include: identify stakeholders and potential funders, develop and prioritize funding tactics, and campaigns. Develop and implement community/ public relations/ government relations/ marketing approaches. Identify, prioritize and pursue academic and program partnership opportunities and arrangements.

Strategic Planning: The responsibilities of this committee include: organize the planning process and events, assign groups to undertake analysis and consultation, prepare or approve summaries of scans, workshops, retreats, prepare or propose optional directions/changes and oversee planning subcommittees.

Health and Work Productivity Steering Committee: Board representation on steering committee facilitating academic and stakeholder participation, operation and budget development, policy oversight ensuring scientific merit, credibility with stakeholders and funding partnerships.

Special Award Notice Dr. Ken Craig – Order of Canada



Kenneth Denton Craig Ph.D., O.C.

The Board of Directors of the Canadian Institute for the Relief of Pain and Disability was delighted to learn that Dr. Kenneth Craig was appointed as Officer of the Order of Canada. On July 1, 2015, His Excellency the Right Honourable David Johnston, Governor General of Canada, announced the new appointments to the Order of Canada in recognition of “outstanding achievement, dedication to the community and service to the nation.” The investiture ceremony was held at Rideau Hall, on Thursday, November 17, 2016.

UBC Psychology Emeritus Professor Kenneth Craig is a world-renowned pain expert whose pioneering work has revolutionized pain research among highly vulnerable populations who cannot verbally communicate for themselves. As an international scholar he is deeply connected to the pain research community across Canada and Internationally. This honour recognizes a distinguished career filled with outstanding achievement, dedication to the community and service to the nation.

Dr. Kenneth Craig joined CIRPD's board of directors in 2001, and is currently the Board Secretary. He is skilled in board governance, strategic planning, and program planning and evaluation. He currently is Editor-in-Chief of Pain Research & Management. He recently completed a term as Chair of the UBC Behavioural Research Ethics Board. Honours have included status as a CIHR Senior Investigator, the Canada Council I.W. Killam Research Fellowship, the Canadian Pain Society Distinguished Career Award, the Canadian Psychological Association Donald O. Hebb Award for Distinguished Contributions to Psychology as a Science, appointment as an Honorary Member of the International Association for the Study of Pain and the Distinguished Career Award of its Special Interest Group on Pain in Childhood, and the American Pain Society Jeffrey Lawson Award for Advocacy in Children's Pain Relief. He has served as President of the Canadian Pain Society and the Canadian Psychological Association. He presently is President of the College and University Retiree Associations of Canada.

Treasurer's Report



Cori Ng, CPA, CGA / Vancouver

Overview

Highlights of Audited Financial Statement 2015/2016

CIRPD, after transitioning to the Canada Not For Profit Corporations Act as required by federal legislation, underwent its second successful audit for the fiscal period ending June 30, 2016. With cooperation between management and DMCL (the Auditors), we completed the audit on October 14, 2016. The organization received a clean audit opinion.

Statements of Operations

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 two Community Gaming Grants for a total of \$235,000. The first grant was for \$200,000 for its regular program activities. The additional grant of \$35,000 was to support infrastructure improvements (hardware, software and IT consulting) and the migration of CIRPD websites from SharePoint 2007 to SharePoint 2013. As this grant is received in the last trimester of our fiscal period, only a portion of revenue received is recognized in this fiscal year offsetting project expenses for the period. The balance is held in a restricted account which will be expensed in the next fiscal period.

Overall, CIRPD had a surplus of \$7,688 (2015 – deficiency \$6,658).

Statements of Financial Position

Cash position is stronger than last years with cash and restricted cash at \$115,386 (2015 - \$88,593).

Deferred Contributions, contributions received and recorded as deferred liabilities until such a time as it is “earned” as revenue, were at \$111,610 in 2016 versus \$83,801 in 2015, a difference of \$27,809. The difference was due to the additional BC Government Grant and revenue from the WorkSafeBC grant which covered 20% salary support for Marc White’s research activities from October 2015 to June 2016.

Dr. Marc White under the auspices of his academic appointment at the University of British Columbia successfully received his third grant from WorkSafeBC Innovation at Work competitive research grant program of \$50,000. This funding was supported by WorkSafeBC \$45,000 and WorkSafeNB \$5,000. A portion of this funding is directed to CIRPD for addressing project staffing needs. As Dr. White is an unfunded community researcher (not funded by the University) the grant covers 20% of Dr. White's salary (the equivalent of one day per week).

Cash flow

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 and President. the completion of additional modules and content population for related to our e Health and Work Productivity Alliance and Portal project. 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.

President's Report



Marc White PhD

As mentioned in the Management and Governance report the board and staff have begun a strategic planning process to review, renew and invigorate our vision, mission and objectives.

Over 31 years, we have had several strategic planning processes that have contributed to our success and longevity as an organization. This is an exciting process as it provides opportunities to engage with our members and key constituents to consider what progress has been made, reflect on societal changes and identify high priority needs. It is through this process that we are able to ensure that the organization is addressing real world challenges – moving current research into policy, training and practice.

The strategic planning process assists us in establishing long range goals and objectives. As a collaborative organization we continually engage stakeholders in projects planning. It is through this process we are able to learn about developing and emerging needs.

Stakeholder Engagement in Program Planning, Implementation and Evaluation

Needs Assessment: Engages academic and community partners to identify high priority real world challenges 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.

Strategic Planning: Hosts and participates in consensus conferences, focus groups, strategic planning activities with academics, business and labour stakeholders, health professionals, the public and private sector, its board of directors, and members and users of its programs and services to collaboratively create evidence-informed strategic action plans to address these needs.

Research and Knowledge Synthesis: Conducts primary research and research syntheses to produce reports, guidelines, toolkits and educational and curricular resources relevant to private/public sectors, professionals, consumers, business and labour organizations, and the general public.
Conferences and Webinars: Hosts conferences and educational webinars, in collaboration with partners,

presenting current research and practical guidance on chronic pain, disability prevention and work productivity.

Health and Work Productivity Portal (HWP): Developed and pilot-tested an online collaborative platform to identify, translate and disseminate credible research, educational resources and toolkits to support curricular renewal across fields and disciplines and people with health challenges impacting their participation at work.

BC Consumer Health Resource Centre: Provides programming and resources across the province supported by the BC Government. CIRPD creates and maintains a searchable database which links BC residents with community-based resources and credible educational resources. The office responds to BC inquiries through a Toll-Free Phone Line.

Historical Sources of CIRPD Funds

Program Funding

Since 1989 the organization has received provincial funding support under the BC Gaming/ Lottery Program. This operational funding supports the delivery of educational programs and services targeting people with or at risk of pain and/or disability. For the past 8 years the organization has received \$200K per year and is recognized as a provincial organization which provides on-line learning, face-to-face workshops and educational resources to residents living in 154 towns and cities across BC. In addition to this provincial support CIRPD receives funding from public and private sectors to support specific projects, membership, donations and conferences.

Research Grants Funding

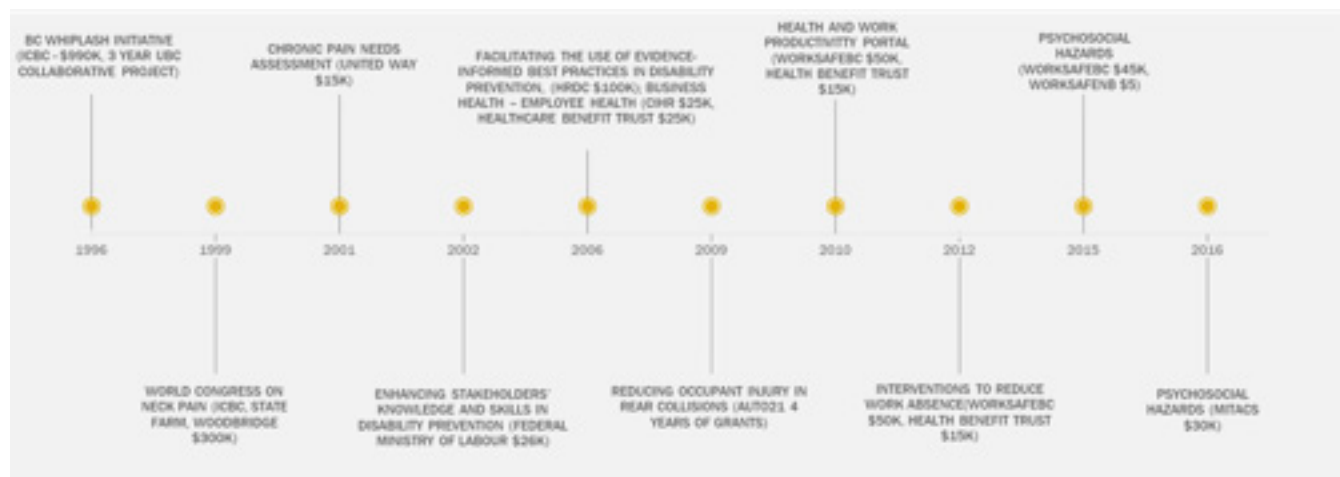
CIRPD also receives funding from research grants under the auspices of Dr. Marc White's appointment as Clinical Assistant Professor with the Department of Family Practice, University of British Columbia. Research funding has been received from Workers Compensation Boards, Industry Canada, and Ministry of Labour.

Between 1995 -2012, CIRPD received annual research and education grants from The WB Family Foundation (associated with The Woodbridge Group) to support research, education, and collaboration among all stakeholders for the prevention, diagnosis and management of musculoskeletal problems. This funding provided CIRPD with an opportunity to build strong partner relationships with government research funding bodies and led to many partnered initiatives building research capacity.

During this period, CIRPD created partnerships with government research funders, and private and public insurers which led to the investment of 1.5 million dollars to build research capacity (see section on Highlights). At the height of this project, CIRPD had leveraged funds 1:3. This meant for every dollar invested by The Woodbridge Group (The WB Family Foundation), CIHR contributed two dollars and Auto21 NCE contributed one dollar.

In 2010, 2012, and 2014, under the auspices of Dr. White's affiliation with UBC, he sought and received funding support from WorkSafeBC's Innovation at Work competitive research grants program.

Timeline of Selected Funding



Highlights of our Results (Historical Perspective)

Building Research Capacity

- Raised and invested 1.5 million dollars in building research capacity by creating partnerships with public and private insurers, government funders, industry and non-profit organizations.
- Received 25+ research and educational grants from federal government research agencies, foundations and industry supporting conferences, strategic planning meetings, community engagement activities, and research.
- Co-funded 18 doctoral students and 5 master students, awarded 21 research grants through various open competitions, and provided 14 Awards of Excellence for best papers and posters at various conferences. This project has funded several graduate students at the Institute for Work and Health.

Creating and Sharing New Knowledge

Through conference presentations, consensus conferences, conference proceedings, original research, CIRPD has greatly contributed to the research community.

CIRPD conducted several large knowledge syntheses projects through an academic community partnership process engaging researchers from stakeholders to better understand risk factors for work absence and workplace interventions that impact those risk factors. Recent publications arising from this work:

- [Physical Activity and Exercise Interventions in the Workplace Impacting Work Outcomes: A Stakeholder-Centered Best Evidence Synthesis of Systematic Reviews](#). International Journal of Occupational and Environmental Medicine. April, 2016.
- [Mental Health Interventions in the Workplace and Work Outcomes: A Best-Evidence Synthesis of Systematic Reviews](#). International Journal of Occupational and Environmental Medicine. January, 2016.
- [Social Support and Supervisory Quality Interventions in the Workplace: A Stakeholder-Centered Best-Evidence Synthesis of Systematic Reviews on Work Outcomes](#). International Journal of Occupational and Environmental Medicine. October, 2015.
- [Job demand and control interventions: a stakeholder-centered best-evidence synthesis of systematic reviews on workplace disability](#). International Journal of Occupational and Environmental Medicine. April, 2015.
- [Non-modifiable worker and workplace risk factors contributing to workplace absence: A stakeholder-centred synthesis of systematic reviews](#). Work Journal. August, 2015.
- [Modifiable worker risk factors contributing to workplace absence: a stakeholder-centred best-evidence synthesis of systematic reviews](#). Work Journal. 2014.
- [Modifiable workplace risk factors contributing to workplace absence across health conditions: A stakeholder-centered best-evidence synthesis of systematic reviews](#). Work Journal. 2013.

Book Chapters

- [Workplace Intervention Research: Disability Prevention, Disability Management and Work Productivity](#). Handbook of Return to Work. 2016.

Government & Stakeholder Reports

- [WorkSafeBC Report: Health and Work Productivity Web-Portal: Knowledge to action for disability prevention and management - A Pilot Study](#). Vancouver, BC Canadian Institute for the Relief of Pain and Disability; 2012.
- [WorkSafeBC Report: Interventions to Reduce Work Absence: A stakeholder-centred, best-evidence synthesis of systematic reviews](#). 2012. (Revised May, 2016)

Other Important Contributions:

- [The fibromyalgia syndrome: a consensus report on fibromyalgia and disability](#). J Rheumatol. 1996 Mar;23(3):534-9. Review.
- [Using nominal group technique to assess chronic pain, patients' perceived challenges and needs in a community health region](#). 2003

- [Commitment to change instrument enhances program planning, implementation, and evaluation. Journal of Continuing Education in the Health Professions 2004 24 \(3\), 153-162](#)
- [Navigating the health care system: perceptions of patients with chronic pain. 2009 Chronic Dis Can 29 \(4\), 162-8](#)
- [Isocyanates and human health: multistakeholder information needs and research priorities. J Occup Environ Med. 2015](#)

Delivery of Evidence-Based Educational Programming

- Created the BC Whiplash Initiative in collaboration with UBC Faculty of Medicine and BC College of Family Physicians building on the first evidence-based synthesis and consensus, Quebec Task Force on Whiplash-Associated Disorders. (Awarded 980K funding over 3 years, ICBC). This project won several Research Excellence Awards and formed the basis for Marc White's doctoral thesis.
- Hosted 20+ international conferences including Pain and Disability: Can we prevent them? (Oxford, 1992), Repetitive Strain Injuries, Fibromyalgia and Chronic Fatigue Syndrome: Current Concepts in Diagnosis, Management and Cost Containment (Vancouver, 1994), 1st World Congress on Whiplash-Associated Disorders (Vancouver, 1999), Back Pain and Disability: Unraveling the Puzzle (New York, 2000), Business Health – Employee Health (Vancouver, 2006), World Congress on Neck Pain (Los Angeles, 2008), Musculoskeletal Disorders and Chronic Pain: Evidence-based approaches for clinical care, disability prevention and claims management (Los Angeles, 2011), Chronic Creating and Sustaining Psychologically Healthy Workplaces (Vancouver, 2014). Currently planning, Safe, Healthy and Productive Workplaces (Vancouver, 2017).

Public Access Webinar Series Overview

Since CIRPD launched its webinar programming it has hosted 105 webinars. The webinars have been viewed over 112,000 times. The table below provides an overview of number of people who registered for events, those that attended live events, and the number of online or downloaded views.

Webinar Series	Number of Webinars	Registered	Attended	Online Views
Chronic Pain	58	17,299	8,275	100,375
Return to Work, Stay at Work	47	6,187	3,319	11,889
Total	105	23,486	11,594	112,264

CIRPD's most popular webinar program is the Chronic Pain webinar series. Our Return to Work, Stay at Work and Work Productivity webinar series is well received and growing. As can be seen in the table below, between 2013 and 2016 CIRPD has seen a 65% increase in average attendance rate for RTW webinars. This rise in attendance rates is due to the focused marketing and the provision of certificates of attendance to professionals. In total CIRPD has accumulated approx. 12,000 views in the Return to Work/ Stay at Work series to-date. Starting in October 2016, CIRPD increased the frequency in RTW webinars from 1 RTW webinar per month to 3 RTW webinars per month. The aim is to increase professional memberships associated with continuing education credits.

Snapshot of Who Attends Our Webinars

Self-Identified Sectors		Self-Identified Professionals	
Public Health/ Health Care	510	Health & Vocational Rehab	1638 viewed 4646
Private Clinic	397	Disability Management	267 viewed 1443
Public and Private Insurance	106	Human Resource	39 viewed 79
Government/ Crown/ Utilities	100		
NGO/ NPO Service Providers	63		
Researchers	50		
Professional Org	43		
Union	26		
Business Leadership	18		

Highlights of this Year's CIRPD Programs and Activities

Infrastructure Change Implementation

Thanks to the support of the BC Government Community Grant program capital grant of \$35,000 we have managed to enhance our IT Infrastructure. Creating efficiencies in our IT environment has led to cost savings and reduced our carbon footprint. As part of the infrastructure change we have moved most of our IT services to the cloud. We no longer have an office network server. We completed the transition from our "office server" to the "cloud server". The transition went fairly smoothly, however there were and continue to be some idiosyncrasies with a few files that do not like the "cloud" without some extra care and attention. We also completed moving our email to a hosted email service. This reduces our need for contracted IT staff to address IT issues including the need to manage operating system updates and patches.

We are currently upgrading our constituent management software and integration with online e-commerce to create efficiencies with membership renewal, donations and conferences.

Each year we receive donations and support from companies who donate software, licensing and other IT products. This past fiscal period we received the equivalent of \$41,717 in hardware, software and IT product donations. Thank you Microsoft Canada, CISCO, Intuit Canada (Quickbooks) and Comodo Group. We also thank Sibble Computer Consulting (Harondel Sibble) and Ratio BE (Paolo Bertoia) who provide IT services at charity discount rates.

	USD	CDN (1.29)	Admin Cost	Net
Visual Studio Professional with MSDN	2,278	2,939	166	2,773
Windows Server Datacenter Edition	9,234	11,912		11,912
SQL Server Standard Edition (Core-Based)	5,378	6,938		6,938
SharePoint Server	10,197	13,154	1,807	11,347
Cisco AnyConnect 5-Yr 25 User Apex Subscription		2,640	317	2,323
Quickbooks		899	104	795
Comodo SSL Certificates	4,365	5,630	-	5,630
				41,717

CIRPD Website – Introducing Web 3.0

With the infrastructure grant we were able to migrate our Microsoft SharePoint platform from SharePoint 2007 to SharePoint 2013. Thanks to this grant our main website is now Device/ App friendly and more integrated with social media. This is very important in order to keep up with how people are accessing information.

Since the release of the new website, staff and consultants have been working on editing content, fixing bugs, and enhancing features. This work continues with minor cosmetic changes. Bravo to Tonya Hyde who led the transformation team, working with staff and consultants to plan and implement these changes. We are making similar upgrades on our other websites.

The screenshot displays the CIRPD (Canadian Institute for the Relief of Pain and Disability) website. The header includes the CIRPD logo and navigation links: Home, About CIRPD, and Contact Us. A search bar is also present. The main navigation menu lists: Pain Management, Workforce, Webinars, Resource Centre, Get Involved, and DONATE. The hero section features a photo of two women and a headline: "ARE YOU TRYING TO BALANCE CAREGIVING AND WORK? ARE YOUR EMPLOYEES?" with a sub-headline about Nora Spinks discussing organizational responses. Below this is a date "NOVEMBER 24, 2016 IN VANCOUVER, BC" and a link to "ATTEND THE LIVE EVENT". The content area is divided into several featured articles with images and titles, such as "What is Chronic Health and Work Productivity Research?", "Featured webinar: Psychology of Resilience", and "Do you live in British Columbia and need social assistance?". A sidebar on the right shows social media feeds for Facebook, YouTube, and Twitter. The footer contains links to "From The Blog", "About CIRPD", "Privacy Policy", and "Contact Us", along with contact information: Phone: 1-800-684-4143, Fax: 1-604-684-4247, Toll Free: 1-800-872-3105, Email: admin@cirpd.com.

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:

- 3,900 Followers on Twitter
- Posted over 4,500 resources to Twitter
- 1,636 Friends on Facebook
- Posted over 620 links to resources on Facebook
- 930 Connections on LinkedIn
- Connected over 325 in our Health and Work Productivity Portal Group on LinkedIn
- 350 Subscribers on YouTube
- Posted 111 videos on YouTube with 100,000 views total (112,000 overall though other media streaming sites)

We regularly share information with a variety of BC-based organizations and service providers who pass our information on to their followers including: Ministry of Health's Patients as Partners, University of Victoria's Chronic Disease Self-Management Programs, Pain BC, BC Coalition for People with Disabilities, Massage Therapy Association of BC, Physiotherapist Association of BC, Arthritis Society - BC Chapter, People in Pain Network, Neil Squire Society, Arthritis Research Centre of Canada, Transforming Pain Group, Vancouver Coastal Health Research Institute, Fraser Health, Interior Health, Vancouver Coastal Health, BC Women's Centre for Pelvic Pain and Endometriosis, UNBC Nursing, and Arthritis, Joint Health & Knowledge Translation Research Program at UBC.

Public Access Webinar Series – Current Fiscal Period

During this fiscal period we hosted 26 public access webinars. As these programs are first held live and then available as enduring educational resources, the data on number of views since posting are a snapshot of the latest data available.

Webinar Titles	Registered	Attended	Viewed Video since Posting
Return to Work Coordination: Key Competencies for Success - Glenn Pransky - November 13, 2015	189	119	344
Independent contractors and OHS compliance: The Case of Pike River Coal Mine – Felicity Lamm – December 1, 2015	31	19	66
Digital Health Technologies: Improving Outcomes in Pediatric Chronic Pain - Dr. Jennifer Stinson - December 9, 2015	95	47	79
Managing Mental Health Issues in the Workplace: An Integrated Approach – Richard Wynne – January 21, 2016	251	142	179
Is exercising with chronic pain as easy as “Just do it”? - Dr. Nancy Gyurcsik - February 3, 2016	248	156	744
Using Technology to Increase Access to Pain Management - Dr. Blake Dear - March 1, 2016	179	85	196
Demonstrating the Value of Wellness Programs in the Workplace - Dr. Michael Rouse and Michelle Ainsworth - March 24, 2016	160	80	171
Functional measures for assessing and managing people with chronic pain - Dr. Jane Ballantyne - April 6, 2016	359	196	425
Work-related Musculoskeletal Risks When Medical Staff Handle Overweight Patients - Dr. Sang Choi - April 14, 2016	95	62	62
Cognitive Behavioural Insomnia Therapy in those with Chronic Pain - Dr. Colleen Carney - April 26, 2016	593	243	752
Can Wearables Support People with Arthritis to be Physically Active? - Dr. Linda Li - May 18, 2016	108	62	133
Keeping the Boom(ers) in the Labour Market: Can Existing Workplace Policies and Accommodations make a Difference? - Monique Gignac - June 8, 2016	187	100	202
The Be Well at Work Program: Managing Depression, Absenteeism, and Presenteeism in the Workplace - Debra Lerner - June 15, 2016	237	138	295
Targeting Pain and Prescription Opioid Misuse with Mindfulness-Oriented Recovery Enhancement (MORE) - Dr. Eric Garland - June 22, 2016	182	75	204
The Difference Gender and Sex Make to Work Disability Outcomes - Mieke Koehoorn - July 13, 2016	142	88	122
Exercise Management for Chronic Fatigue Syndrome – The Evidence and Current Approaches - Dr. Suzanne Broadbent - August 23, 2016	311	92	335

The Role of Healthcare Providers in Return to Work After Injury - Dr. Agnieszka Kosny - September 14	177	93	175
Pain-related Distress: Recognition and Appropriate Interventions - Dr. Tamar Pincus - September 20, 2016	426	192	329
Work and Mental Health: Developing an Integrated Approach - Anthony Lamontagne - October 6, 2016	151	50	67
Mindfulness, Emotions, and Pain Treatment - Dr. Mel Pohl - October 11, 2016	350	164	283
The 'Work' of Workplace Mental Health - Dr. Cindy Malachowski - October 14, 2016	124	69	95
Leaders Roles in Facilitating Psychologically Healthy Workplaces - Arla Day - October 20, 2016	117	67	67
Can You Train Your Brain to Cope with Pain? - Dr. Tim Salonmons - October 25, 2016	318	137	222
Total Worker Health: Evaluating the Evidence - Shelly Campo - November 10, 2016	132	72	72
Chronic Pain Self-Management Support with Pain Science Education and Exercise - Dr. Jordan Miller - November 16, 2016	216	122	122
Back Pain: Prevention and Management in the Workplace - Frederieke Schaafsma - November 17, 2016	202	94	94
Total	5,580	2,764	5,826

These webinars have had a tremendous response from people with pain, their families, and their support systems, as well as health professionals seeking up-to-date information for their patients. The series also provides access to up-to-date programming for community partners. For instance, on Vancouver Island, one of the regional health centres hosts groups of clients for viewing webinars. The webinar series provide additional resources and an educational focus around which to bring together their clients (mostly those dealing with chronic pain). In Kelowna, registrants get together to listen to webinars and have a group discussion around the topic. The recordings of our webinars are also utilized for group educational activities. On Vancouver Island, a not for profit organization, People in Pain Network which runs self-management groups, uses our webinar series to facilitate discussions and practice. They recently used the webinar Mindfulness and Chronic Pain to open a dialogue about barriers to using mindfulness regularly and create action plans to overcome those barriers.

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:

- Much gratitude to all who organize and make these webinars so easily accessible. I appreciate the many hours of work that must go into providing such accurate & professional information that is also current. (Nakusp, BC)
- Thank you, Tonya and CIRPD, for offering this learning opportunity. Every one of these types of webinars adds to the arsenal of hope and wellness tools :-) (Vancouver, BC)
- 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 (Vancouver, BC)
- I keep thinking to send you a note telling you how much I enjoy these sessions. I get more out of them than I do from similar courses where I have to drive to the event, pay for parking (\$10 to park), and then walk a 1/2 mile to get to the venue! My most recent event is just as I described and I got very little out of it. But your webinars are as simple as sitting at my computer and enjoying the information without ever having to leave the house! Not only are the sessions full of information but it's a comfortable setting and enjoyable! Keep up the great work! (Victoria, BC)
- Great webinar! There are so many facets to chronic pain and chronic pain management and a lot of confusing information out there. I thought the information provided today was clear, concise and suitable for both practitioners and those directly or indirectly affected by chronic insomnia. Thanks. (Kamloops, BC)

We would also like to extend a huge thank you to organizations and research centres that have been assisting us with marketing and promotion of the webinar series.

Webinar Attendance Certificate Fees

In January 2016, CIRPD implemented a \$15 dollar administrative fee for providing attendance certificates for professionals who attend our webinars. As an alternate to the administrative fee, CIRPD added unlimited certificates as one of the benefits of become a CIRPD professional level member. CIRPD increased its membership fees to support its operations. CIRPD increased the professional level from \$75 to \$90 per year, and \$199 to \$225 for 3 years; and, Chronic Pain level membership from \$12 to \$20 per year, and \$30 to \$50 for 3 years. As a result of our connecting membership to the certificates, we have received 52 new 1 year Professional memberships and 12 new 3 year professional membership, for a total of \$7,380 in revenue this year. In addition, we have had 64 individually purchased certificates for a total of \$960. CIRPD's current membership is 124 members.

The BC Consumer Programs, Services and Web Resources Directory

The BC Directory provides targeted information about common health conditions and is linked through the very successful HealthLink BC. It provides hundreds of links to programs, services, support groups, and Internet resources. Our online resources alone received 31,000 unique visits viewing over 37,000 pages this past year.

Condition (Resources can be marked for multiple conditions)	Number of programs, services, support groups, and internet resources shown
Arthritis	115
Back Pain	60
Chronic Pain	150
Disability Prevention and Management	63
Fibromyalgia	78
Healthy Living	32
Healthy Thinking	136
Neck Pain	10
Seniors' Health	96
Sleep Quality	15

The BC Consumer Guide includes over 755 resources available to people in British Columbia. These resources include support groups, webinars, videos, podcasts, educational workshops, community resource centres, and referral resources. These online resources are utilized in over 157 BC communities, and provide a variety of resources available to anyone with a computer and internet access.

Health and Work Productivity

Disability, its prevention and management have large societal and personal consequences. Government, public and private sector employers are increasingly concerned about work disability and the costs associated with worklessness, reduced productivity, absenteeism, and chronic health conditions. The financial implications include medical costs, disability insurance, sick leave, workers' compensation, and the cost of training and replacing absent workers. Social costs are more complex and difficult to quantify but include the long term impact of disability-related poverty on families and society.

Data from the Organisation for Economic Co-operation and Development (OECD) has found employment rates for people with chronic diseases are 40 per cent below the average. Spending on disability benefits has become a significant burden to public finances in OECD countries and is a key component to the development of economic and welfare policy. There is rigorous evidence arising from world-wide scientific literature that could improve policy, training and practice. However, the knowledge is fragmented across academic disciplines. It is poorly integrated, and ineffectively translated or disseminated to non-academic stakeholders.

There is no authoritative registry or curated resource to consolidate evidence, facilitate research (multi-center and multi-national), and, accelerate knowledge transfer and action. The lack of core evidence-base hinders curricular development and education across stakeholders (e.g. business/labour leaders, human resource professionals, health professionals, insurers, policy-makers and workers).

The Health and Work Productivity Portal addresses problems of knowledge capture, translation and dissemination to improve stakeholder practice, curricular development, and researcher collaboration in order to reduce work disability. The HWP is a knowledge mobilization platform that engages scientists and stakeholder organizations in the identification and plain language translation of high quality research. This stakeholder engagement is crucial to success of the HWP and has greatly increased the uptake of new research findings into the policies and practices of participating stakeholders in our pilot-tests.

The project has catalyzed the interest of major stakeholders and more than 65 academic researchers involved with centres of excellence on workplace health, disability prevention, disability management and occupational health and safety across Canada and internationally.

The Health and Work Productivity Project is a strategic alliance of stakeholders and academics with the aim of assisting the public and other stakeholders identify and utilize credible resources to facilitate safe, healthy, accommodating and productive workplaces. An important goal of the initiative is helping people with chronic disease, chronic pain and other health challenges stay at work or return to work.

Table 3. Types of Community Partners and Stakeholders

• consumers/patients	• consumer organizations
• academic and business leaders	• labour/union representatives
• BC health authorities	• government professionals
• occupational health and safety personnel	• employee assistance program workers
• disability management professionals	• workplace wellness professionals
• WorkSafeBC employees	• physiotherapists
• occupational therapists	• human resource professionals
• psychologists	• workers

Current Research Projects

Project 1 A: Identification, Control and Prevention of Work-related Psychosocial Hazards and Social Conditions Contributing to Mental Health Disorders and Prolonged Work Absence.

We were pleased that our application to WorkSafeBC was approved for funding. The project was jointly funded by WorkSafeBC \$45K and WorkSafeNB \$5K. 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.

Participating academic researchers and stakeholders: Researchers: Marc White PhD, Dan Bilsker PhD, Merv Gilbert PhD, Catherine Loughlin PhD, Izabela Schultz PhD, Shannon Wagner PhD, Kelly Williams-Whitt PhD, Clermont Dionne PhD, Åsa Tjulin PhD OHS: Mike McKenna, BC Construction Safety Alliance, Manu Nellutla, The FIOSA-MIOSA Safety Alliance of BC, Lynda Brown, Director, Communications Services, Canadian Centre for Occupational Health and Safety, Kiran Kapoor Workplace Safety & Prevention Services (ON), Labour: Nina Hansen, BC Federation of Labour, David Durning, Health Sciences Association of BC, Human Resources: Alan Bostakian, Manager, Professional Development, Human Resource Management Association of British Columbia; Practitioners: Dr. Stacey Sprague, Vancouver Coastal Health Employee and Family Assistance Program, Louise Nagy, National Director of Environment Health and Safety – LifeLabs, and Kim Skeath, Manager of Workplace Health and Wellness – Seaspans ULC., Steve Horvath, President, Radiation Safety Institute of Canada, Georgia Pomaki, Mental Health Specialists Leader, National Disability Best Practices, Manulife Financial

External evaluators: Drs. Niki Ellis and Patrick Loisel are international leaders in disability prevention and program evaluation. Project KT collaborators: Nora Spinks CEO Vanier Institute of Family and Lynn Moore Former Director, Programs and Services at The Arthritis Society.

Topics of interest identified by the academic community partnership

- Organizational Culture (including Safety Culture)
- Physical or Psychological Demands
- Work demands/ Job Control/ Work schedule
- Social support (Peer Support/ Social Support/ Family Support)
- Engagement/ Job Satisfaction/Retention
- Social Justice/Injustice/ Perceived Fairness
- Depression/Anxiety/ Burn-out/Stress
- Attitude to health
- Health Promotion/Wellness
- Policies /Benefits – Employee Assisted Programs, Disability Insurance, Compensation/Pension
- Work Productivity/ Presenteeism
- Bullying/Incivility /Disrespect
- Violence/ Harassment

We initially captured 5,643 citations across 6 databases plus an additional 19 citations from other sources. These citations were independently reviewed by two or more scientists and other stakeholders to identify relevant systematic reviews. This involves: (i) review of titles for relevance, (ii) review of abstracts for relevance (not eliminated by title review), (iii) review of full papers for relevance (not eliminated by abstract review). We also captured systematic reviews of various tools/ measures relevant to our project e.g. instruments for assessing validity of measures for work productivity, presenteeism, resilience, effort reward imbalance, workability, and health-related work functioning. Resulting from the review process, the research team identified 101 systematic reviews that met inclusion criteria. An additional database has been added and is currently undergoing the same process which will result in additional papers being included in the abstraction process.

Researchers have commenced data abstraction and the results of the abstraction will be reviewed by participating scientists and stakeholders. Results of this work will be presented at our upcoming conference entitled, Safe, Healthy and Productive Workplaces: Learning from Research and Practice June 1-3, 2017 at the University of British Columbia.

Project 1 B: Identification, Control and Prevention of Work-related Psychosocial Hazards and Social Conditions Contributing to Mental Health Disorders and Prolonged Work Absence.

We sought and received additional matched funding (\$15K) to augment work on the above research project, Identification, Control and Prevention of Work-related Psychosocial Hazards and Social Conditions Contributing to Mental Health Disorders and Prolonged Work Absence.

MITACs is a national, not-for-profit organization that provides matching grants to support training awards at 60 universities across Canada. The matched funding increased funding support for our Research Associate,

Jenilyn Ledesma and provides CIRPD with infrastructure support for the project. Both WorkSafeBC and MITACS funding are not fully represented on CIRPD financial statements. The Research Associate salary is managed directly by UBC payroll. The \$10K additional funding from MITACS will support telecommunication costs, IT support services, Intern/ researcher conference support.

Project 2: Creating a Roadmap to Operationalize the Health and Work Productivity Portal: An Academic Community Knowledge Translation Partnership, Phase 1.

Our application to the Canadian Institutes of Health Research was approved for funding. The project was awarded \$6,500. We began work on this grant as the project dovetailed with our application to the SSHRC-CIHR Healthy and Productive Work application. The majority of funding is directed to salary support for Tonya Hyde who is coordinating all administrative activities associated with the project. As part of this effort, we conducted a survey of HWP academics and stakeholders to create a snapshot of knowledge and skills of all parties to assist in roadmap development and working groups.

Research Team: Marc White, Terry Bogoyo, Jennifer Christian, Clermont Dionne, Niki Ellis, Judy Geary, Christian Lariviere (IRSST), Lynn Moore, Fergal O'Hagan (Trent University), Ivan Steenstra (IWH), Larry Stoffman, Shannon Wagner (UNBC). We are currently waiting for the completion of the Strategic Planning process which will inform this work.

Project 3: Auto21 – KTTF Reducing Injury Through Adaptive Seat Design (A 505 - ARI)

This is the final grant we received from our long time relationship with Auto21: Networks of Centres of Excellence (NCE). The Auto21 NCE wound down this year as it was end of its life cycle under the NCE program. The project had three primary foci (i) upgrading the WhiplashPrevention.org website, (ii) migrating from Sharepoint 2007 to Sharepoint 2013, and (iii) updating our Smartphone Apps. The \$8K we received for this grant supported CIRPD staff and contractors in completing project deliverables.

Research Grants Submitted

Project 1. Elaboration of website content about disability and returning to work.

French Title: "Élaboration du contenu d'un site web portant sur l'incapacité et le retour au travail"

Co-applicants: Larivière, C, Corbière, M., Bussièrès, A., Nastasia, I., Coutu, M.-F., Durand, M.-J., Negrini, A., Dionne, C., Côté, D., Truchon, M.

Collaborators : Sutton, L., Brisebois, G., Busque, M-A, Gagnon, M, Lebeau, M., White, M, Heerkens, Y.

Organization: IRSST (2014-0010); Grant : \$293,346 From October 3, 2016 to October 3, 2018.

Project Summary: *The body of knowledge on work disability is comprehensive and keeps growing. However, the acquisition of knowledge by the various actors in rehabilitation and return to work (RTW) is not optimal, is even poor. To overcome this gap, a portal named “Health and Work Productivity” (HWP) will be launched in 2017. The portal’s host will be Vancouver’s Canadian Institute for the Relief of Pain and Disability (CIRPD). This portal will gather relevant and scientifically valid (evidence-based) information on disability and the RTW, including the risk factors and the best interventions associated with both indicators: (1) the period of absence and (2) the return to work after rehabilitation. It is an ambitious project in which we suggest to build on Quebec’s expertise, especially (1) by describing the main explanatory theoretical models of those two indicators, and (2) by describing and recommending the main measuring tools for risk factors identified in those models. The goal of this collaboration is to provide our Quebec stakeholders (unions, occupational rehabilitation practitioners, employers, insurers) with a trustworthy reference to obtain relevant/ evidence-based information, in lay terms in order to adopt the best practices in the work disability prevention process as well as the RTW. It will be presented in both official languages (English and French). To our knowledge, no other electronic resources meet this goal, at least in regard to the scientific credibility and transparency of processes that will be set up to disseminate this information. Method: Specifically, four sections will be developed [(1) The impact of work disability; (2) Theoretical models of work disability; (4) Risk factor measuring tools; (6) Other resources], and two other sections will be translated directly from the HWP portal [(3) Risk factors; (5) Best practices]. The impacts of work disability will be documented as epidemiological, economic, and human.*

Project 2: SSHRC-CIHR Healthy and Productive Work: Phase 1 – Incubator Phase

The Social Sciences and Humanities Research Council in partnership with the Canadian Institutes of Health Research initiated a joint funding program called Healthy and Productive Work. The goal of Healthy and Productive Work initiative is to bring together researchers, workers, employers, policy-makers, regulators, clinicians, insurers, service providers, workplace safety and insurance boards, unions, professional associations, and other stakeholders across sectors to develop, implement, evaluate and scale-up innovative, evidence-informed and gender-responsive solutions to foster the labour force participation of men and women with health issues (e.g., injuries, illnesses, chronic diseases, mental health challenges, and other conditions) and disabilities, as well as older workers and workers with caregiving responsibilities outside of their paid work. Our application was submitted by deadline and notice of decision was April 1, 2016. The initial grant was for \$75K per year for two years and 20 Partnership Development Grants were funded. After two years it is estimated that 8 of the projects will be eligible to for Phase II resulting in funding for 4 additional years \$325,000.

Unfortunately we were not successful with this application. There were many applications and the selection of winners were very diverse. Projects funded were very targeted: FIRE-WELL: Firefighter Illness Remediation Enterprise-Work-Accommodations for Enabled Life and Livelihood, Stand up to be active and productive: Increased health outcomes and productivity in workers using active desks, Strengthening disability management practices in the Ontario municipal sector, Building employment capacity in Autism Spectrum Disorder: Towards a Canadian network, Achieving a caregiver-friendly workplace standard: A partnership approach, etc.

CIRPD has been networking with winners to secure interest in the integration of the Health and Work Productivity Portal as part of the final Phase II submission. Subsequent to the selection we have joined with Professor Arla Day's project entitled, The healthy and productive workplace partnership: Fostering worker and workplace health which includes the creation of a repository of credible research and implementation resources. We also have close relationships with other successful applicants and have begun discussions with them on similar partnerships.

Save the Date: Upcoming 2017 Conference

Save the date for our upcoming conference. We welcome your submission for papers and posters as either a researcher or workplace representative.



June 1-3, 2017

University of British Columbia
Vancouver, B.C.

CONFERENCE PRELIMINARY ANNOUNCEMENT

Call for Papers and Posters

► Deadline for Abstract Submission: **February 28, 2017**

Conference Purpose

This multidisciplinary conference will bring together business/labour leadership and other stakeholders who play a role in creating and sustaining psychologically healthy workplaces to learn from academic research, applied research, and innovations in program development, implementation, and evaluation.

Conference Topics

- Workplace assessment – credible tools/instruments
- Role of leadership/supervisors/managers
- RTW coordination/case management/early contact
- Workplace accommodation
- Participatory engagement
- Stay at Work Initiatives
- Disability prevention initiatives
- Strategies and tools to enhance safety culture
- Communication with internal/external stakeholders
- Multidisciplinary work rehabilitation services
- Impact of sex and gender on RTW outcomes and implications for policy and practice
- Information systems for accountability
- Work productivity
- Showcase your workplace initiatives

A Multidisciplinary Conference

Academic and clinical researchers (business, health sciences, education, other social sciences), employers, human resource managers, labour/unions, occupational health and safety professionals, public and private insurers, disability / wellness coordinators, workers and policy-makers

Conference Secretariat

Tonya Hyde, Conference Secretariat
Canadian Institute for the Relief of Pain and Disability

204 – 916 West Broadway Avenue

Vancouver, BC V5Z 1K7 Canada

E-mail: conference@cirpd.org

Toll Free: +1 800 872-3105



UNBC UNIVERSITY OF
NORTHERN BRITISH COLUMBIA

Conference Scientific Co-Chairs

Izabela Z. Schultz – Professor, Coordinator, Vocational Rehabilitation Counselling, Department of Educational and Counseling Psychology and Special Education, University of British Columbia

Robert J. Gatchel – Professor, Director of the Center of Excellence for the Study of Health and Chronic Illnesses, University of Texas Arlington

Scientific Committee Members

Ken Craig PhD Professor Emeritus of Psychology, University of British Columbia

Arla Day PhD Canada Research Chair and Professor, Industrial/Organizational Psychology, Saint Mary's University

Alba Fishta, MD, MPH Federal Institute for Occupational Safety and Health (BAuA), Berlin Area, Germany

Douglas Gross PhD Professor, Department of Physical Therapy, University of Alberta

Fergal O'Hagan PhD Assistant Professor (Limited Term), Department of Psychology, Trent University

Peter Smith PhD Associate Professor, Dalla Lana School for Public Health, University of Toronto

Shannon Wagner PhD MSc BA Professor and Chair, School of Health Sciences, University of Northern British Columbia

Marc White PhD Clinical Assistant Professor, Department of Family Practice, University of British Columbia

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

Visit cirpd.org/conference for full committee member list



See website for registration, program information, sponsorship, and exhibitor opportunities

<http://www.cirpd.org/conference>

Nomination Committee Report

The following board members: Jennifer Christian, Terrance J. Bogyo, Terri Aversa, Nora Spinks, Kelly Williams-Whitt, Martine Olivier, Cori Ng, and James Henry will remain on the board to complete their term of office.

The following board members have completed their term on the board and will be stepping down from the board: Kiran Kapoor, Kenneth Craig, and Marisa Cornacchia. We would like to thank our outgoing Board Members for their dedication and participation on the Board. We welcome their continued involvement on committees and research projects.

The following are new Board nominees:

Paddy Meade – Incoming Chair



She 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, Meade 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. Meade 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.

Normand Côté

*Vice President and Practice Leader
Organizational Psychology, Ontario*



Normand 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. He 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. Normand Côté 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.

Nomination Pending Acceptance

Two additional nominations were sent out and are awaiting acceptance.

Board of Directors (Current Term)

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.

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. He 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. Dr. Christian 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. Dr. Christian is President of Webility Corporation. She also founded the award-winning 60 Summits Project, a non-profit 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.

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 neurons 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.

He 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.

Steve Horvath

*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 - Treasurer

*Partner
PNC Consulting , Tax Accounting Advisory*



Mr. 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 practised predominately audit and assurance, pre-IPO and advisory, and taxation in Hong Kong.

His experiences 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.

Nora Spinks

CEO

Vanier Institute of the Family

A renowned speaker, consultant and thought-leader, Nora Spinks 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.

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

Martine 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.

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

Dr. 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. The journal publications are in the top ranked international and Canadian labour relations journals.

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. She has also made a distinct effort to reach practitioners by decoding technical scientific terminology in my book chapters and public presentations.

Our Staff

Marc White, PhD **CEO and President**



Dr. White co-founded CIRPD 31 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. Dr. White 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.

Tonya Hyde **Project Manager**



Tonya is CIRPD's web manager, social media queen, and office manager. Tonya makes sure the bills get paid, the online messaging is clear, and that things run as smoothly as possible in the office. Tonya assists in the planning and execution of all CIRPD's conferences, webinars, other educational activities and committee and board meetings.

Lisa Mighton **Education Coordinator and Public Relations Coordinator**



Lisa manages the selection of experts participating in CIRPD's webinar series. She is a media expert and successfully secures and manages media interest in our activities. CIRPD has received some wonderful press over the last two years of Lisa working with us. She is also involved with the Health and Work Productivity Portal project, and updates resources on CIRPD websites.

APPENDIX 1

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY
Financial Statements
June 30, 2016

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, 2016 and June 30, 2015, 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, 2016 and 2015, 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.

DALE MATHESON CARR-HILTON LABONTE LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

Vancouver, Canada
October 14, 2016

An independent firm associated with
Moore Stephens International Limited
MOORE STEPHENS

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

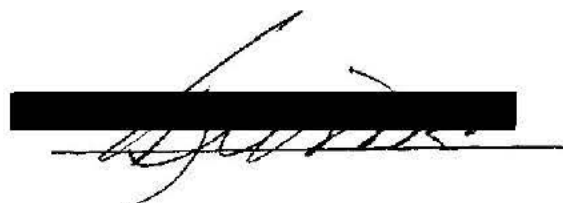
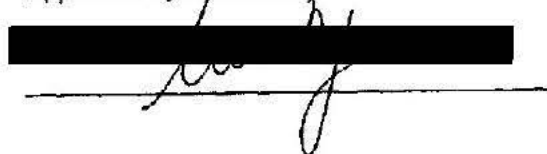
Statements of financial position

Expressed in Canadian dollars

	Notes	June 30, 2016 \$	June 30, 2015 \$
ASSETS			
Current assets			
Cash		2,390	3,461
Restricted cash		112,996	85,132
Receivables		7,863	1,433
Prepaid expenses		8,565	6,092
		131,814	96,118
Non-current assets			
Equipment	3	16,335	14,251
TOTAL ASSETS		148,149	110,369
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	6,7	30,697	31,459
Deferred contributions	4	111,610	83,801
Current portion of capital lease obligation	5	-	1,767
		142,307	117,027
Non-current liability			
Deferred contributions	4	4,812	-
TOTAL LIABILITIES		147,119	117,027
NET ASSETS			
Retained earnings (deficit)		1,030	(6,658)
TOTAL LIABILITIES AND NET ASSETS		148,149	110,369

Commitments (Note 10)

Approved by directors:



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, 2016	June 30, 2015
	Note	\$	\$
Revenue			
Community gaming grants	4	202,379	235,043
Membership revenue		8,824	-
Other grants		49,802	
Donations and other income	9	13,460	6,681
		274,465	241,724
Expenditures			
Advertising		-	22
Amortization (Note 3)		6,104	4,913
Bank charges and interest		2,366	1,485
Consulting and other projects		53,714	41,244
Dues and membership		268	1,300
Insurance		3,264	3,790
Meals and entertainment		72	254
Office and general		5,105	8,756
Professional fees		10,333	9,748
Rent		18,762	17,669
Telecommunications		28,658	30,134
Travel		2,650	3,243
Wages and benefits	7	135,481	126,846
		266,777	249,404
Excess (deficiency) of revenues over expenditures		7,688	(7,680)
Net assets, beginning		(6,658)	1,022
Net assets, ending		1,030	(6,658)

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Statements of cash flows

Expressed in Canadian dollars

	Year ended	
	June 30, 2016 \$	June 30, 2015 \$
Operating activities		
Excess (deficiency) of revenue over expenditures	7,688	(7,680)
Adjustments for items not affecting cash:		
Amortization	6,104	4,913
Interest on capital lease	162	42
Changes in non-cash working capital items:		
Receivables	(6,430)	831
Prepaid expenses	(2,473)	1,476
Trade payables and accrued liabilities	(762)	(19,448)
Deferred contributions	27,809	(35,043)
Net cash flows from (used in) operating activities	32,098	(54,909)
Investing activities		
Expenditures on property and equipment	(8,188)	(4,315)
Deferred contributions	4,812	-
Net cash flows from (used in) investing activities	(3,376)	(4,315)
Financing activities		
Repayment of capital lease	(1,929)	(2,696)
Net cash flows used in financing activities	(1,929)	(2,696)
Increase (decrease) in cash	26,793	(61,920)
Cash, beginning	88,593	150,513
Cash, ending	115,386	88,593
Cash consists of:		
Cash	2,390	3,461
Restricted cash	112,996	85,132
	115,386	88,593

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 under capital lease	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; and
- the classification of leases as either operating or finance type leases.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

3. Equipment

	Cost	2016 Accumulated Amortization	Net	2015 Net
	\$	\$	\$	\$
Computer equipment under capital lease	14,727	10,434	4,294	6,134
Computer equipment	53,331	48,706	4,625	6,607
Computer hardware	6,636	1,824	4,812	-
Furniture and equipment	32,910	30,305	2,604	1,510
Computer software	24,881	24,881	-	-
	132,484	116,149	16,335	14,251

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, 2016, \$4,812 remained as deferred contributions.

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

	2014 Deferred	Received	Earned	2015 Deferred
	\$	\$	\$	\$
Community gaming grants	118,844	200,000	(235,043)	83,801

5. Capital lease obligation

	2015 \$
Agreement with Dell Financial Services Canada that bears interest at 4.53% per annum and requires monthly payments of \$229 to February 22, 2016	1,767
Less: current portion	(1,767)
	-

Total interest paid on the capital lease obligation during the year was \$162 (2015 - \$42).

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

6. Accounts payable and accrued liabilities

	2016	2015
	\$	\$
Accounts payable	25,697	26,459
Accrued liabilities	5,000	5,000
	30,697	31,459

7. Related party transactions

At June 30, 2016, \$19,700 (2015 - \$26,549) is payable to a member of key management and is included in accounts payable and accrued liabilities.

Key management compensation includes \$74,565 in wages and benefits to a member of key management (2015 - \$74,565).

8. 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 provides credit to its clients in the normal course of its operations.

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:

	2016	2015
	\$	\$
Cash	1,077	1,181

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

8. Financial instruments (cont'd)

Market risk (cont'd)

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.

9. 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 a June 30, 2016 is \$45,670 (2015 - \$45,349). During the year ended June 30, 2016, the Institute received \$1,240 in interest income from the fund (2015 - \$1,498).

10. Commitments

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

	\$
2017	19,652
2018	19,782
2019	3,297
	<u>42,731</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.

11. Comparatives

Certain comparative figures have been reclassified to conform to the current year's presentation.