



# CIRPD

## AGM2014

CANADIAN INSTITUTE  
FOR THE RELIEF OF  
PAIN AND DISABILITY

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October 1, 2014  
1:00 PM – 2:45 PM

Venue  
CMR 1312, Videoconference Room  
Life Sciences Centre  
2350 Health Sciences Mall  
Vancouver, BC V6T 1Z3

## Annual General Meeting Agenda

1. Welcome
2. Presentation & Discussion: Louise Lydon, B.Sc. OT – Overcoming Fatigue with Arthritis (Open to the public)  
Participants will learn:
  - What is fatigue?
  - What factors contribute to fatigue?
  - How is fatigue related to osteoarthritis?
  - How do you track the source of fatigue?
  - What steps can you take to reduce your fatigue with exercise, adaptive aids and pain management?
3. Live Audience Q&A with Louise Lydon
4. Annual General Meeting
  - a. Minutes of Annual General Meeting, November 22, 2013
  - b. President's Report
  - c. Treasurer's Annual Report
    - i. Financials
    - ii. Appointment of Auditors (2015)
    - iii. Annual Review Financial Statements for the Year Ending June 30, 2014
  - d. Special Resolution of Members (As required by legislation)
    - i. See Appendix II Articles of Continuance and Appendix III Proposed Bylaws
    - ii. Continuing the Corporation under the provisions of the Canada Not-for-Profit Corporations Act and authorizing the directors to apply for a Certificate of Continuance.

WHEREAS the Corporation was incorporated under Part II of the Canada Corporations Act by Letters Patent dated the 9th day of September, 1985;  
and  
WHEREAS those Letters Patent were amended by Supplementary Letters Patent dated the 14th day of April, 2003; and

WHEREAS it is considered to be in the best interests of the Corporation that it be continued under the Canada Not-for-Profit Corporations Act (NFP Act) pursuant to section 297 of the NFP Act;

BE IT RESOLVED AS A SPECIAL RESOLUTION THAT:

1. The directors of the Corporation are authorized and directed to make an application under section 297 of the NFP Act to the Director appointed under the NFP Act for a Certificate of Continuance of the Corporation;
  2. The Articles of Continuance (transition) of the Corporation, which have been submitted to this meeting and are annexed to these minutes as Schedule A, are approved;
  3. The general operating by-law of the Corporation (as amended) is repealed effective on the date that the Corporation continues under the NFP Act and the new general operating by-law No.1 which has been submitted to this meeting and is annexed to these minutes as Schedule B is approved and will be effective on the same date;
  4. Any one of the officers and directors of the Corporation is authorized to take all such actions and execute and deliver all such documentation, including the annexed Articles of Continuance (transition), the notice of registered office and of directors in the forms fixed by the Director, which are necessary or desirable for the implementation of this resolution.
- e. Executive Director's Report
  - f. Nominations Committee's Report
  - g. Election of Directors
  - h. New Business
  - i. Motion to Adjourn

November 22, 2013  
10:00 am – 12:00 pm (PST)

Venue  
Eye Care Centre Auditorium  
2550 Willow St.  
Vancouver, BC

## Minutes of the Annual General Meeting

### Attendance (Members Named):

Online: Jories Timmers, Alison Hietanen, and 69 non-members

In person: Marc White, Sylvie Gelin, Tonya Hyde, Steve Inouye, Ed McCloskey, Werner Schulz, Terry Bogyo, Bill Dyer, Iris Lama, Chor Wong, and 2 non-members.

### AGM Minutes:

1. Welcome and Introduction
2. Presentation & Discussion: Dr. Catherine Loughlin "The Role of Leaders in Creating Psychologically Healthy Workplaces" (The presentation recording will be posted on the CIRPD website)
3. MSC (Bill D) Minutes of Annual General Meeting, November 24, 2011
4. MSC (Bill D) Acceptance of Presidents Report
5. MSC (Sylvie G) Acceptance of Treasurer's Report
6. MSC (Bill D) Acceptance of the Executive Director's Report
  - Marc White noted the increased interest in the HWP Portal from The Work Foundation in the UK.
7. Nomination Committee Report and Election of Directors:
  - Seeking Re-election: Sylvie Gelin, Janette Lyons, Kenneth Craig, Adrienne Hook, Doug Kube, Lisa McGuire, Marisa Cornacchia, Bill Dyer, Jories Timmers
  - New Nominees: Terrance Bogyo, Jennifer Christian, Alison Hietanen, Steve Inouye, Jason Mazzarella, Ed McCloskey, and Werner Schulz
  - No further nominations were received from the floor.

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

Meeting terminated at 12:00 pm

## President's Report

### Adrienne Hook

Welcome to the 28th Annual General Meeting of the Canadian Institute for the Relief of Pain and Disability. This AGM will mark several changes. The government of Canada has mandated that all federally incorporated non-profit organizations transition from the Canada Corporations Act, Part II to the new Canada Not-for-Profit Corporations Act.

The change to the new Act provided an opportunity to consider our Articles – the objects of our organization. We are proposing to CIRPD membership that we adopt the following objects:

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, professional, consumer, business and labour organizations, and the general public.

To close the gap between what is known from high quality research and what is done in policy, training and practice requires the engagement of a broad-base of stakeholders in British Columbia, across Canada and internationally in various activities throughout the year. As a primarily volunteer-based organization we rely on our network of academic scientists, consumer health organizations, professional associations, labour organizations, board members and policy-makers to identify and better understand real world challenges in the area of disability prevention, disability management and work productivity.

The past year we have greatly added to and delivered new educational resources, webinars, and other resources to support our ongoing programs and services. In British Columbia alone we have been able to provide educational resources to residents living in 150 towns and cities.

These webinars have had a tremendous response from people with pain and their family members especially from people living outside of major urban centres with fewer services, and some with no services. We regularly receive feedback from people in rural settings who feel the webinars have validated their experiences with chronic pain, thus helping them feel less isolated and alone. With almost 50,000 views of our programming, our reach continues to expand, providing resources to those who need them most.



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 webinar series produced in partnership with PainBC are viewed across Canada and around the world.

On behalf of CIRPD's board and membership I would like to thank the Province of British Columbia for their continued financial support for our programs and services in British Columbia.

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, 2014, CIRPD ended the year with cash of \$150,513 which was funded by the continued support from the Province of British Columbia's Community Grant Program and project revenue. In March 2014, CIRPD was pleased to receive \$200,000 in 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 or at risk of chronic pain and disability. This funding is annual only and CIRPD submits an application in November each year to determine if the funding will continue.

For the year ended June 30, 2014, total revenue was \$312,235 from current and deferred contributions. These contributions came from a variety of sources including Provincial Government's Community Grants, conference revenue, membership and donations. This revenue was utilized on a variety of programs including the BC Consumer Health Project, the Health and Work Productivity Web-Portal and funding the wages and salaries of the staff that deliver the CIRPD programs and services.

CIRPD continued its relationship with the accounting firm Wolrige Mahon to perform the year-end review (June 30, 2014). CIRPD, following this Annual General Meeting, will transition to the new Canadian Not-for-Profit Act. The Canadian Not-for-Profit Act will require CIRPD to move to an audit (versus a review) for the year ending June 30, 2015. As per the Agenda we are recommending the appointment of Wolrige Mahon to be retained as the Auditors.

Cash flow continues to be a top priority for CIRPD due to the annual short-term funding nature of our programs and services. Currently CIRPD does not have the cash funding in place to fully fund next year's programs (see Budget and Fundraising section for more detail).

### Summary of Key Project Deliverables over the Past Year

#### Health and Work Productivity Web-Portal

Following the successful completion of pilot-testing the scientific and the literature translation process with select stakeholders, the focus this year has been on preparing the infrastructure for launching the new platform, reprogramming some of the workflows based on recommendations arising out the testing process, and moving to virtualization of the server farm. This new infrastructure sets the foundation to migrate from Sharepoint 2007 to Sharepoint 2013. To actualize this migration will require new investments in the project.

Actions planned for this year:

- Expansion of scientific and stakeholder committee members to participate in the scientific and stakeholder review of resources. The primary focus this year is content population.
- Continue the identification and engagement of academic topic editors to participate in HWP project
- Identify and engage academic/ workplace librarians to join HWP IRC
- Seek a minimum of 4 project partners/sponsors at the level of \$325,000 for 3 years to support HWP population and Phase III modules.

### **CIRPD – Consumer Health Programs and Services / Disability Stakeholders**

This year we expanded our outreach to 150 communities in British Columbia. CIRPD resources were renewed, providing relevant knowledge, tools and other resources including podcasts, video, and interactive media to prevent and reduce pain, and pain-related suffering and disability. We updated CIRPD self-management resources, and expanded the CIRPD – BC Consumer Health Directory, helping people in BC find programs, services and resources to help them live well with chronic disease.

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.

### **Fundraising for 2014/2015**

CIRPD will apply for Provincial Community Grant Gaming funds of \$245,000 to better address the demand for programs and services in rural communities in BC. This application will be submitted following the AGM as the deadline is November 30, 2014.

Our fundraising target (excluding the Provincial funding) for the current fiscal year is \$500,000 to support the completion of additional modules and content population for the Health and Work Productivity Web-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 cashflow needs.

## Nomination Committee Report

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

The following board members have agreed to stand for re-election: Adrienne Hook, Jennifer Christian, Alison Hietanen, Marisa Cornacchia, Kenneth Craig, Terrance J. Bogyo, Ed McCloskey, Bill Dyer, Jories Timmers, and Lisa McGuire.



**Terri Aversa**  
*Health and Safety Officer*  
*Ontario Public Service Employee 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.



**Christian Codrington, BBA, CHRP**  
*Senior Manager, Professional Practice*  
*Human Resources Management Association*

Christian is the Senior Manager of Professional Practice with the Human Resources Management Association, leading a team responsible for Professional Development, Metrics, Research, and the CHRP designation. Prior to joining HRMA, he held senior roles with Best Buy Canada, both as a specialist in human resource compliance including employee relations and human rights, and prior to that as a general manager of human resource professionals.

Christian has also worked at Starbucks Coffee and has been part of the negotiations for collective agreements, implementing systems to improve employee engagement, while coaching senior leaders and staff through performance management challenges. He also has significant human resources and labour relations experiences from working at Children's & Women's Health Centre of BC, and Human Resources and Skills Development Canada (Employment & Immigration Canada).



**Wilson Kwan, CA, BTech**  
*Senior Associate, Consulting & Deals*  
*PricewaterhouseCoopers LLP (PwC)*

Wilson is a Senior Associate in the Consulting & Deals practice at PricewaterhouseCoopers LLP (PwC) specializing in Corporate Advisory and Restructuring. He performs business review and financial analysis to assist clients through challenging financial situations. In addition, he is a Facilitator for the Chartered Professional Accountants (CPA Canada) education program which includes marking and providing guidance on technical accounting issues to new and upcoming CPAs.

Prior experience includes holding positions at Deloitte & Touché as an Auditor and a Financial Analyst in Valuations, and at Qtrade Financial as a Senior Accountant performing full-cycle accounting, assessing financial budgets and performing corporate consolidation. He is a Canadian Chartered Accountant (CA) and obtained his Bachelor of Technology Degree at the British Columbia Institute of Technology which also includes a Diploma of Financial Management with Honours. Wilson has accomplished much success throughout his professional career while also achieving small victories against chronic pain. He aspires to contribute his financial expertise to CIRPD in its search for better solutions to alleviate pain.



**Mike McKenna, B.Sc.(O.T.)**  
*Executive Director*  
*BC Construction Safety Association*

In October 2010 Mike became the new executive director of the BC Construction Safety Alliance (BCCSA), bringing to the position a passion for occupational health and safety, industry knowledge, and 10.5 years of broad experience working at WorkSafeBC.

Born in Abingdon, England, Mike immigrated to Canada with his family when he was nine. He moved to Vancouver in 1981. Discovering an interest in occupational therapy, he graduated with a Bachelor of Science in Rehabilitation Medicine from UBC in 1994. Mike began his career as an occupational therapist at GF Strong Rehab Centre before joining WorkSafeBC in 1996, where he worked in claims and then as a liaison with the construction industry, assisting companies with assessment, claims and health and safety concerns. Prior to joining BCCSA, he was a part owner of a private rehab company called OrionHealth.



**Lynn Moore**  
*Director, Programs and Services*  
*The Arthritis Society*

Lynn is the Director, Programs and Services at The Arthritis Society, Canada's only charity devoted solely to funding and promoting arthritis research, programs and patient care for the over 4.6 million Canadians of all ages living with arthritis.

Lynn is responsible for providing national leadership to the Society's education, programs and services for Canadians affected by arthritis. Previously Lynn has been employed at the Alzheimer Society of Ontario, Canadian Paraplegic Association, Ontario's Ministry of Health and Long-Term Care, and Ontario Hospital Association. She is an Adjunct Professor in the University of Toronto's Health Policy, Management and Evaluation Program. She has served on the boards of several organizations, including the Ontario Network for Prevention of Elder Abuse, Community Outreach Programs in Addictions and Ontario Community Support Association. Lynn has a Masters of Health Administration from the University of Ottawa and is a Certified Health Executive.



**Niki Ellis MBBS, FAFOEM, FAFPHM**  
*Former CEO, Institute for Safety, Compensation and Recovery Research, Australia*  
*Adjunct Professor (pending), Monash University*

Niki is an occupational and public health physician. She spent 10 years in government, initially working in the Tasmanian Department of Health as a medical officer in occupational and public health, and then in the newly established National Occupational Health and Safety Commission. Highlights during this period were establishing Tasmania's first HIV AIDs strategy, and leading the RSI National Strategy. She then went on to establish her own consultancy which focussed on strategy, program development for emerging issues, evaluation with a particular emphasis on work organisation, health and productivity. During this time she became the Inaugural President of the Australasian Faculty of Occupational Medicine, in the Royal Australasian College of Physicians, and was commissioned by Oxford University Press to write a book, *Work and Health: Management in Australia and New Zealand*. She took up the position of Foundation CEO and Professor, Centre for Military and Veterans' Health at the University of Queensland. She then moved to Monash University to establish the Institute for Safety, Compensation and Recovery Research, as Foundation CEO and Professor. Both centres were funded by government agencies and required innovative business models which aimed to close the gap between research and practice. She has been offered and accepted an adjunct appointment at Monash University (formal approval pending).



**Judy Geary**

*Former VP of Work Reintegration  
Workplace Safety and Insurance Board*

Judy recently retired from her position as VP, Work Reintegration at the WSIB. During her 33 year career, she worked in almost every area of operational services, including adjudication, health care, vocational rehabilitation, RTW, and program development. In her last few years at WSIB, she led the design of the

WSIB's RTW and recovery focused case management practises, and developed and implemented the current work reintegration strategy.

Judy is an active supporter and user of work disability prevention research. She holds a Masters in Adult Education from OISE at the University of Toronto. She sits as a volunteer on the Board of Directors of NIDMAR, Board of Governors of Pacific Coast University-Workplace Health Sciences, and the Board of Ontario Shores Centre for Mental Health Sciences.



**Louise Nagy**

*National Director, Environment Health and Safety  
LifeLabs*

Louise is the National Director of Environment Health and Safety at LifeLabs, where she supports the organization in delivering on its commitment to providing a safe and healthy workplace for employees, and protecting the environment in the communities where LifeLabs operates. Under her leadership, LifeLabs

has grown to an organization with a strong safety program, and continuously improving safety culture and performance. She also founded LifeLabs' risk based environmental program and is leading the development of a sustainability strategy to further the environmental successes at LifeLabs.

Prior to joining LifeLabs, Louise worked with the ErgoRisk Management Group and was contracted as a full-time Ergonomics Consultant to NorskeCanada (now Catalyst Pulp & Paper). She also worked as an ergonomics consultant with the Saskatchewan Wheat Pool and Viterra. Louise holds a Bachelor in Science, Kinesiology, from Simon Fraser University, a Master Certificate in Healthcare Management from the Schulich School of Business at York University, and a Certificate in Occupational Health & Safety from the British Columbia Institute of Technology. She has also achieved her Green Belt Certification in Lean and Six Sigma. She is past president of the BC chapter of the Association of Canadian Ergonomists and is an active volunteer with Dress for Success Vancouver.





**Donavon Elliott**  
*Executive Director, Saskatoon Trades and Skills Centre*

Donavon has been involved with Skills Canada for 16 years volunteering and sitting on different positions within the organization and is currently the President. His education back ground comes from 17.5 years of industry experience where he obtained an Interprovincial Red Seal Journeyman Electrical Certificate. He also has a BED and MED with 18.5 years of teaching experience (Vocational Education)

in the Secondary Education system. He has delivered workshops and developed curriculum throughout the province of Saskatchewan. Donavon has been promoting and assisting youth into the trades and technology programs for over 24 years. He was presented an Honorary Diploma in Industrial Training from the Saskatchewan Institute of Applied Science and Technologies (SIAST). His current position is the Executive Director for the Saskatoon Trades and Skills Centre (STSC) which partners with industry to develop programs to meet their needs to help vulnerable youth find employment. Presently over 80% of the STSC students that finish their program are still working after the 6 month follow-up.



**Kim Skeath**  
Manager of Workplace Health and Wellness, Seaspan ULC

Kim is the Manager of Workplace Health and Wellness for Seaspan ULC which is a large shipbuilding and marine transportation company in North Vancouver, British Columbia. A graduate of Simon Fraser University, with a Bachelor of Applied Science majoring in Kinesiology, Kim has worked as a clinical exercise therapist in chronic pain programs, community-based programs and as an occupational health

consultant since the early 90's. Her work at Seaspan the past thirteen years has evolved from occupational health and safety consulting where her primary focus was on ergonomics and injury prevention to the development of an extensive Ability Management program for the five companies that comprise Seaspan ULC. Kim was a key player in the development of Seaspan's Ability Management program, policies and procedures and is well-respected by her peers in Operations and Safety. The creation of Seaspan's valued and comprehensive Wellness program involved consultation, collaboration and engagement with Seaspan's senior leadership team and the thirteen unions representing employees in their shipyards and marine fleet.

We would like to thank outgoing members, Janette Lyons, Jason Mazarella, Sylvie Gelinas, Doug Kube, Werner Schulz, and Steve Inouye for their dedicated service as board members. Their knowledge and insight have been invaluable to the organization.



## Board of Directors Standing for Re-election



**Terrance (Terry) J. Bogyo**

Terry 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. Terry earned his B.Sc. from the University of British Columbia, holds a Special Certificate in Public Administration from the British Columbia Institute of Technology, and received his MBA from Simon Fraser University. He is a frequent media commentator on workers' compensation issues, a regular contributor to various workers' compensation publications, and a sought after speaker on future work-related risks and challenges.

**Jennifer Christian, MD, MPH**



Jennifer is an internationally-known leader and advocate for improving health and functional outcomes and for preventing needless work disability in healthcare, workers' compensation, and disability benefits systems. She is President of Webility Corporation. Webility carries out management consulting and training projects with clients in several sectors: healthcare delivery organizations, managed care companies, large and small employers, workers' compensation insurers, disability insurers, state funds and other governmental agencies,

including the US Social Security Administration.

Jennifer is board-certified in occupational medicine with medical and public health degrees from the University of Washington in Seattle. She is a Fellow of the American College of Occupational & Environmental Medicine and chairs its Work Fitness & Disability Section.



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

Marisa 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 Sautler Humanitarian award at the Hospital for Sick Children. She was the first ever recipient of the award from an acute care setting. Marisa has a strong interest in program development, project management and research. Currently she is working with an 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.



**Kenneth (Ken) Craig, PhD,**  
*Professor Emeritus of Psychology*  
*University of British Columbia*

Ken 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 the 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 the management of children's pain.

Ken's 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**  
*WorkAbility Advisor,  
 Vancouver Coastal Health*

Bill has a Bachelor degree in Business Administration and is a Certified Disability Management Professional as well as being a Fellow Chartered Insurance Professional. He has worked in the insurance sector for over 25 years, focusing primarily on early intervention and disability management programming.

Presently Bill works as a WorkAbility Advisor, specializing in addiction and mental health cases with Vancouver Coastal Health in British Columbia. Prior to his present assignment, Bill established his own consulting firm of Dyer & Associates and held a number of senior positions within the industry; a Senior Consultant with Marsh Canada's Integrated Disability Management division, and the General Manager of FIDAS (Forest Industry Disability Adjudication Service), which adjudicates the LTD claims for the Forest Industry in British Columbia. In this role Bill was responsible for the development and implementation of the organisation's 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.



**Alison Hietanen**  
*Membership Services Coordinator – Disability Management  
 Health Sciences Association of BC*

Alison holds a senior position with the Health Sciences Association of BC, a healthcare union representing allied health employees across the Province.

In her capacity as Membership Services Coordinator – Disability Management, Alison is the operational lead of a team of labour relations specialists who provide advocacy services to the union membership in the areas of WorkSafe BC claim appeals, long term disability claim appeals, as well as complex return to work and duty to accommodate situations. She has also been responsible for the development and implementation of an early intervention program and, subsequently, an enhanced disability management program for their 16,000 members in British Columbia. These programs have successfully demonstrated that meaningful collaboration between union and employer in supporting injured and ill employees can result in significantly improved outcomes for workers and financial benefits for employers. Alison is a strong proponent of the concept of comprehensive wellness initiatives in the workplace, and the value they can bring to creating a healthy, productive and respectful work environment.



**Adrienne Hook**

*Executive Director*

*Health Authority Services, Health Employers Association of BC*

Adrienne currently holds the position of Executive Director, Health Authority Services with The Health Employers Association of BC. She 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 involved working in complex labour relations environments with multiple unions and numerous stakeholders. Adrienne's 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 employees and their unions to facilitate meaningful and sustainable return to work programs.



**Ed McCloskey**

*Consultant*

Ed is a consultant in occupational health and safety and workers compensation research, policy, and practice. He recently retired from his position as Director of the Research Secretariat at WorkSafeBC, where he was responsible for the administration of the WorkSafeBC research funding program. He also served as Associate Editor of the International Journal of Workplace Health Management.

Prior to joining WorkSafeBC in 2005, Ed spent 25 years with the Ontario Ministry of Labour in various capacities including Director of the Health and Safety Policy Branch in the Policy Division, and Director of the Occupational Health and Safety Branch in the Operations Division. He served as Ontario representative on the Council of Governors of the Hazardous Materials Information Review Commission, and the Occupational Safety and Health subcommittee of the Canadian Association of Administrators of Labour Legislation. He was also Chair of the Canadian Standards Association Strategic Steering Committee on Occupational Health and Safety.

Ed has a BSc from University College, Galway, Ireland, and a PhD from the University of Victoria, BC.



**Lisa McGuire, CRSP**  
*Executive Director*  
*FIOSA-MIOSA Safety Association of BC*

Lisa'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, FIOSA-MIOSA works closely with industry and other associations on developing best practices; offers courses such as leadership training for supervisors; and 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. She 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.



**Jories Timmers**  
*IT Director and CIO*  
*Powerex*

Jories 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.



## Executive Director's Report



Marc White PhD

Closing the gap between what is known from high quality research and what is done in policy, training and practice is a primary goal of the Canadian Institute for the Relief of Pain and Disability (CIRPD).

To move research into policy, training and practice requires many different players:

- Knowledge users include workers, managers, supervisors, policy makers, educators, decision makers, health care administrators, community leaders, media outlets, etc.
- Knowledge producers include researchers, analysts and consultants
- Knowledge synthesizers include researchers and graduate students using systematic methods to identify and rate research and aggregate such research based on levels of evidence or confidence in regard to a body of literature on a given topic
- Knowledge brokers include individuals, consumer health organizations, professional organizations, media and others who actively participate in the dissemination of research evidence within and across stakeholders

Over the past 28 years we have developed tremendous goodwill between academic researchers and a broad range of stakeholders including consumer health organizations, health professional associations, occupational health and safety associations, human resource associations and the general public. Our board of directors, community organization partners, and the general public all contribute through various means (meetings, focus groups, surveys, telephone calls, social media) to our understanding about real world challenges and priorities. Collaboration, coordination, program development and delivery requires teamwork, expertise and attention to detail. We are fortunate to have excellent staff. Tonya Hyde, our project manager, web manager, and social media queen keeps the information flowing; Lisa Mighton, our education coordinator and public relations coordinator, manages the selection of our webinar series, and supports our other educational activities; Orion Wårje, our research associate, assists us with identification and translation of research resources; and Mehmet Ali Vural, our contracted Microsoft Sharepoint consultant, troubleshoots and supports content management. Sahar Arshad, our web business analyst consultant, maps out workflows and wireframes needed to improve our online programs and services.

Your interest, participation, membership and donation contribute to the success of our mission to make lives better for people who are impacted by pain, pain-suffering and disability.

Thank You!

## Social Media – Facebook and Twitter

For the past few years, to reach younger populations and people who are highly active online, we have been 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 3,400 Followers on Twitter
- Posted over 4,000 resources to Twitter
- Connected with over 1,400 Friends on Facebook
- Posted over 550 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, Arthritis Society - BC Chapter, BC Children's Hospital, Fraser Health Authority, Vancouver Coastal Health, Arthritis Research Centre of Canada, and WorkSafe BC.

We also regularly exchange information with the following national organizations: Arthritis Society – various chapters throughout Canada, Work With Us Canada, Disabled Women's Network of Canada, Canadian Physiotherapy Association – Pain Science Division, Institute for Work & Health, and Partners for Mental Health.

## 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 15,000 unique visits viewing over 23,000 pages this past year.



## 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	106
Back Pain	52
Chronic Pain	119
Disability Prevention and Management	23
Fibromyalgia	78
Healthy Living	25
Healthy Thinking	136
Neck Pain	10
Seniors' Health	96
Sleep Quality	9

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 Guide includes over 300 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 150 BC communities, plus they provide a variety of resources available to anyone with a computer and internet access. The BC Consumer Guide has services, programs and educational resources offered through 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; and self-management support groups throughout the province including the Chronic Pain Self-Management programs hosted by the University of Victoria listed in our BC Consumer Guide. Our focus this year is meeting the needs of people with chronic pain living in rural areas through expanding face-to-face workshops and collaborating with our organizational partners in rural communities.

## Educational Webinars

We have two ongoing webinar series on the topics of Chronic Pain, as well as Stay at Work and Return to Work. We have hosted over 40 webinars which have been viewed by over 46,500 (attendees and downloads). The following webinars occurred during this past fiscal period:

Webinar Titles	Registered	Attended	Viewed Video since Posting
Intro to Mindfulness and Chronic Pain – 5-part Webinar Series – Linda Turner – 5 consecutive Tuesdays, October 1 through October 29, 2013	1100	550	5797
Adapting Chronic Pain Self-Management to the Workplace – William Shaw – October 18, 2013	88	45	134
Occupational Disease and Return to Work: Strategies for Success – Sharon Switzer-McIntyre – October 23, 2013	91	28	129
How to use Movement and Graded Exposure to Reduce Pain – Jordan Miller - November 6, 2013	263	116	1175
Is Office Ergonomics a Pain? – Geoff Wright – November 14, 2013	170	65	251
Leaders’ Roles in Creating Healthy Workplaces – Catherine Loughlin – November 22, 2013	122	69	163
Envisioning the Future of Disability Policy in Canada – Ellen MacEachen and Emile Tompa – December 5, 2013	79	50	124
Shared Decision Making and Your Healthcare: Tools and Tips for People Living with Chronic Pain – Janet Jull – January 22, 2014	160	60	129
Promoting Healthy Workplaces: A Focus on the Psychosocial Work Environment – Stavroula Leka – January 30, 2014	114	74	144
Spirituality and Chronic Pain: The positives and the pitfalls – Amy Wachholtz – February 25, 2014	139	69	175
Current Research on the Impact of Perfectionism and Acceptance-Based Therapy on Workers’ Mental Health – Paul Flaxman – March 27, 2014	101	49	81
Overview of Fibromyalgia: Myths, Facts, and Future Hopes – Connie Luedtke - April 16, 2014	309	164	390
Caring for Elderly Parents with Pain and Cognitive Impairment – Romaine Gallagher – June 3, 2014	195	92	73
Recognizing and Treating Early Chronic Pain Disorder in the Injured Worker – Howard Hamer – May 13, 2014	189	92	128
Brief Action Planning – Effective Patient Self-Management for People with Chronic Pain – Connie Davis – May 15, 2014	160	85	119

Webinar Titles	Registered	Attended	Viewed Video since Posting
Return to Functioning in Children and Teens with Chronic Pain: The Role of Parents – Sue Bennett and Erin Moon - July 9, 2014	98	36	55
How to Support a Loved One Who is Living with Chronic Pain – Susan Holtzman – August 14, 2014	262	111	146
Understanding the Core Components of Return-to-Work Programmes for Individuals with Musculoskeletal Disorders – Kátia M. Costa-Black– August 11, 2014	116	63	72
Work Participation and Musculoskeletal Pain: The Influence of ‘Significant Others’ and Implications for Vocational Rehabilitation – Serena McCluskey – September 17, 2014	68		
<b>Fiscal Year Total Views</b>	<b>3824</b>	<b>1818</b>	<b>9285</b>

CIRPD has been working closely with PainBC on the Chronic Pain series. PainBC has played an instrumental role in promoting the webinars to their constituents and assisting in speaker selection for our summer Supporting People with Pain series. 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, their families and support systems, as well as health professionals seeking up-to-date information for their patients. 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. 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:

- Thanks so very much for this great webinar! Useful and practical help! (Richmond, BC)
- I'd like to take this opportunity to thank you and all the folks at CIRPD. As well I wish to express my sincere gratitude to the many contributors to CIRPD. I have found the numerous Webinars to be extremely helpful and informative. I look forward to the upcoming Webinar Series on Chronic Pain, especially the August 14th presentation regarding the complex relationships between loved ones and those who suffer with chronic pain. I am interested in learning about effective strategies for supporting loved ones with chronic pain. (Sechelt, BC)
- That was a well-presented, concise discussion about FMS. I've read several books on the subject, but this presentation was a good blend of established and new info. It's rewarding to see that some of the leading edge or controversial theories of a decade ago are now accepted knowledge. (Victoria, BC)

- I found the webinar on Spirituality and Chronic Pain very interesting yesterday, especially at the end where Dr. Wachholtz said that behavior is more important than identity, and that secularized mindfulness meditation may not be as effective as a spiritual meditation, such as contemplative prayer. I try to use both. I have been dealing with chronic pain for 4 years now and I enjoy the webinars, as I am interested in learning more how to help myself in this situation. (Penticton, BC)
- I attended my first webinar on Spirituality and Pain this past week. I really enjoyed it and found that since I am a person who is bedridden, the format is excellent and the length was good for me. You had a really terrific and top notch specialist that presented and I feel so connected even though I am bedridden. (Fort. St. John, BC)
- I attended yesterday's webinar re: disability policy. Thank you for inviting me. I especially appreciated the time and thoughtfulness given for Q&A I thought it was well run altogether. (Kelowna, BC)

## Health and Work Productivity Portal Project

Keeping up with research is very challenging for researchers, policy-makers, health care clinicians, human resource professionals, occupational health and safety professionals and the public. It is estimated that in 2014 alone there were over 1.65 million scientific articles published in 23,750 journals across all domains of science. An important issue facing scientists, government and funders of research is whether this investment in research advances science and contributes to improving policy, training and practices related to real world challenges.

The Health and Work Productivity Portal initiative (HWP Portal) is an online academic community stakeholder partnership project with the aim of assisting stakeholders to identify and utilize credible resources to facilitate safe, healthy, accommodating and productive workplaces. Changing the status quo is difficult. Creating change is disruptive to "business as usual." For the most part, people do what they were taught formally or informally during their education or learning on the job. As a strategic project, the HWP portal is engaging educators and researchers from faculties of business and health sciences, as well as stakeholder professional organizations to support curricular development and renewal through the continuum of education, including undergraduate, graduate and professional development.

Current research suggests that there are many factors that influence learning and knowledge gain in work environments, as well as different factors that contribute to knowledge uptake and utilization. We have learned from educational research that "knowledge" in itself does not typically result in change. To make a voluntary change requires motivation to change, usually at different levels within the organization. How important is the problem to your organization? Who is aware of the problem and considers it a problem worth fixing? Does it impact work productivity, work absence, other financial outcomes, job retention, etc.? What evidence-base can inform our understanding about factors contributing to the problem? What do we know about the effectiveness of interventions to mitigate these factors? How much will it cost? Is there a readiness within the organization to make a change?

Dr. Lawrence Green and Dr. Marshall Krueter, in the development and utilization of the PRECEDE-PROCEED Model for planning effective health promotion interventions, suggest that program planners engage key stakeholders in participatory collaborative processes to consider predisposing, enabling and reinforcing factors that maintain current practices.

- Predisposing factors are existing knowledge, attitudes, beliefs, values and perceptions that facilitate or hinder motivation for change.
- Enabling factors are skills, resources, or barriers that can help or hinder desired behavioral changes / environmental change.
- Reinforcing factors are awards, and feedback the learner receives from others following adoption, and may encourage or discourage continuation of the behavior.

As part of the project development we have pilot-tested various features and functionality to build communities of practice, to evaluate how participation in the HWP portal and use of portal features and functions may support curricular development and renewal across the continuum of education, and to facilitate organizational and individual behavior change. This past year there has been tremendous progress on the Health and Work Productivity Portal initiative. The progress has occurred at several different levels.

- IT Server Farm Development: The focus for the IT Team has been finalizing the server farm. This includes building a comprehensive repository of documentation of all IT aspects of CIRPD's in-house network, CIRPD's collocation of servers hosted in Toronto (TeliPhone) and HWP programming (source codes and builds). A very important aspect of CIRPD IT investment is preparation for circumstances where members of the team are not available or are replaced requiring a clear operational mapping and repository of all work done
- Pilot-testing and refinement: Thanks to the support of a second WorkSafeBC's grant via the University of British Columbia, academic scientists in collaboration with community partners pilot-tested workflows to identify workplace interventions that address risk factors for work absence across sectors and health conditions. Based on the pilot-testing, there were many refinements made to workflows and displays. Revisions to the scientific workflow and scientific reviewer dashboards have been completed. There is a need to further refine and pilot-test the translation process with stakeholder organizations. This will be one of the primary areas of development this coming year.
- Partnership and engagement: In order to populate the HWP portal with high quality resources we need to engage academic and community stakeholders as well as funders to support the project infrastructure. Our goal is to have each committee member and participating centre be responsible for a specific topic/subtopic to facilitate content population. This seems to be the best approach of engagement and provides some autonomy and leadership necessary to engage interest.

## Stakeholder Presentations 2013/2014 Fiscal Year

- The Work Foundation (Stephen Bevan, CEO, London, UK) May 24, 2013 / August 20, 2013
- Institute for Work and Health - Injury Prevention Work Group, (IWH Board Members: Dr. Ron Saunders, Dr. Emma Irvin; Researcher Dr. Dwayne Van Eerd) June 25, 2013 & September 7, 2013
- Ontario Workplace Safety & Prevention Services (Elizabeth Mills CEO & Sandra Miller, VP, Innovation and Knowledge Mobilization) September 12, 2013
- BC Human Resource Management Association, Christian Codrington, Senior Manager, Professional Practice & Chloe Gendron, Manager, Professional Development and Research at BC HRMA October 7, 2013
- CIHR Knowledge Translation (Dr. Jane Aubin VP, KT Scientific Director), and CIHR Institute for Musculoskeletal Health and Arthritis (Dr. Hani El-Gabalawy, Scientific Director) Oct 8, 2013
- Ontario Ministry of Labour (Erica Hendry & Bob Krawczyk, Stakeholder & Partner Relations Knowledge Management Prevention Office) October 17, 2013
- Michael Smith Foundation for Health Research (Gayle Scarrow, Manager, Knowledge Translation & Jessica Collins, KT Coordinator) October 22, 2013
- University of Nottingham, Dr Stavroula Leka, Director, Centre for Organizational Health & Development, Chair, ICOH Scientific Committee 'Work Organization & Psychosocial Factors' January 28, 2014
- Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) (Paul-Émile Boileau, Scientific Director, Researchers: Christian Larivière, André Bussi eres, Iuliana Nastasia), May 7, 2014
- The Arthritis Society (Lynn Moore, Director, Public Affairs; Nancy Baker, University of Pittsburgh; Julie Keysor, Director of the NIDRR Arthritis RRTC ) May 8, 2014
- Institute for Safety, Compensation and Recovery Research (Alex Collie, CEO, Introduction) May 27, 2014
- Employment and Disability Institute, Cornell University (Susanne Marie Bruyere, Director), & WORK: A Journal of Prevention, Assessment, and Rehabilitation (Karen Jacobs, Editor, Program Director, Distance Education Post-professional Occupational Therapy Programs Boston University) May 27th, 2014

## Presentations booked for 2014/15 fiscal year

- University of Sydney, Rehabilitation Medicine (Ian Cameron, Professor) July 7, 2014
- Liberty Mutual Research Institute (Glenn Pransky, Director, Center for Disability Research) July 16, 2014
- Cardiff University, Centre for Psychosocial Research, Occupational and Physician Health (Debbie Cohen, Senior Medical Research Fellow, Peter Hunt) July 17, 2014

- National Institute for Occupational Safety and Health, (Casey Chasewood, Director, NIOSH TOTAL WORKER HEALTH™ Steven Sauter, Constance Franklin, Donjanea Williams, Kellie M. Pierson, Sara L. Tamers, Heidi Hudson, Michelle Lee) July 17, 2014.

#### HWP Scientific Committee Members (at June 30, 2014)

- Nancy Baker ScD, MPH, OTR/L, Associate Professor, Department of Occupational Therapy, School of Health and Rehabilitation Sciences, University of Pittsburgh
- Kenneth Craig PhD, Professor Emeritus of Psychology, University of British Columbia
- Clermont Dionne PhD, Professor, Department of Rehabilitation, Faculty of Medicine, Laval University. Senior investigator, Population Health Research Unit (URESP) of the Research Centre of the Laval University Affiliated Hospital
- Maureen Dobbins, RN, PhD, Professor, School of Nursing, McMaster University
- Merv Gilbert PhD, RPsych Adjunct Professor with the Centre for Applied Research in Mental Health and Addiction, Simon Fraser University, and Principal Partner, Psych Health + Safety
- Henry Harder EdD, MA, Bed, R.Psych., Professor, Disability Management Program, University of Northern British Columbia
- Karen Jacobs, Ed.D., OTR/L, CPE, FAOTA, Clinical Professor, Occupational Therapy, Boston University & founding editor-in-chief of the journal WORK: A Journal of Prevention, Assessment and Rehabilitation
- Julie Keyser PhD, Associate Professor, Department of Physical Therapy & Athletic Training and Director, Center for Enhancing Activity and Participation among Persons with Arthritis (ENACT), Boston University College of Health & Rehabilitation.
- Catherine Loughlin PhD Canada Research Chair in Management, Sobey School of Business & CN Centre for Occupational Health and Safety, Saint Mary's University, NS
- Joy MacDermid, BScPT MSc PhD, Professor and Assistant Dean of Rehabilitation Science, School of Physical Therapy, Western University
- Izabela Schultz PhD, Professor, Rehabilitation Counseling Psychology, Department of Educational and Counseling Psychology and Special Education, University of British Columbia
- Shannon Wagner PhD, R. Psych, Professor and Chair, School of Health Sciences, College of Arts and Social and Health Sciences, University of Northern British Columbia
- Marc White PhD Executive Director, Canadian Institute for the Relief of Pain and Disability and Clinical Assistant Professor, Department of Family Practice, University of British Columbia
- Kelly Williams-Whitt PhD, Associate Professor, Faculty of Management, University of Lethbridge

## **Building HWP Partnership – Developing International Relationships**

This year, I visited a number of organizations, researchers, policy-makers and clinicians in the United Kingdom who have expressed interest in the HWP project. I have included some background on exciting international initiatives we are interested in exploring further.

### ***The Work Foundation – Centre for Work Effectiveness***

The Work Foundation is owned by Lancaster University and is divided into different areas of interest. As an independent body, their research focuses on innovation and economic change, the role of cities, labour market disadvantage, health and wellbeing at work and how organisational change can promote good work. They are organized into various centres. The Centre for Work Effectiveness (CWE) focuses on how organisational change can promote good work. They have a number of different projects concerning musculoskeletal health, mental health, and work organization. They are also the European coordinating body for Europe Fit for Work. Their focus is on policy development. Dr. Stephen Bevan, Director, Centre for Workforce Effectiveness, has joined the HWP Scientific Committee.

### ***Fit for Work Europe (<http://www.fitforworkeurope.eu/>)***

Fit for Work Europe is a multi-stakeholder coalition developed to drive policy and practice change across the work and health agendas. Fit for Work Europe a project led by The Work Foundation and managed by four co-presidents, each bringing a different perspective to the four workstreams of the coalition – research, clinical work, policy, and health economics:

- Professor Stephen Bevan, Founding President of Fit for Work Europe and Director of the Centre for Workforce Effectiveness at the Work Foundation
- Professor Paul Emery, Former President of EULAR, University of Leeds
- Professor Dame Carol Black, Principal of Newnham College Cambridge, Expert Adviser on Health and Work to the Department of Health, England
- Dr Antonyia Parvanova, Member of the European Parliament

The primary objective of the initiative is to deliver more investment in sustainable healthcare by promoting and implementing early intervention practices. Research shows that this approach is the most effective way of ensuring people with MSDs (musculoskeletal disorders) can enter and remain in work across the EU and globally. Europe Fit for Work was looking at the creation of a repository of relevant resources.

### ***Leicestershire The Fit For Work Team – one of the Pilot Projects***

I met with Dr. Rob Hampton, GP and Occupational Physician, Clinical Director & Mandy Wardle, Associate Director Public Health, The Fit for Work Team in Leicestershire. Dr. Hampton was one of the leads for



piloting the Fit for Work program which led to its adoption. Mandy was a Specialist in Public health at NHS Professionals working for Dame Carol Black, and was formerly Deputy Director of Public health at NHS/ Hinckley and Bosworth PCT. They are currently focused on employer engagement, developing a needs-assessment tool based on several instruments, and working with employers to use public access community/ health resources to meet the health needs of their employees. Dr. Hampton is also very interested in establishing a GP special interest group in occupational medicine under the Royal College of General Practitioners. This was recently done in Canada under the College of Family Physicians of Canada. Dr. Hampton believes the HWP project can play an important role for GPs in the UK. GPs, as part of their accreditation process, need to demonstrate that their practice reflects current research evidence. The HWP portal can provide an important repository to support education and facilitate best practices in patient management.

### *Clinical Sciences – Psychiatry, Occupational Medicine Docs, & GPs*

I met with Dr. Steve Boornman (former OccMed for Royal Mail), Dr. Jed Boardman (Royal College of Psychiatry), Dr. Debbie Cohen (Senior Medical Research Fellow and Director of The Individual Support Programme, Centre for Psychosocial Research, Occupational and Physician Health, at Cardiff University) and Professor Sir Mansel Aylward (Chair, Public Health Wales and Director, Centre for Psychosocial and Disability Research). Dr. Cohen was one of the leads working with Professor Carol Black regarding GP Fit Notes. Dr. Boardman, under the Royal College of Psychiatry, is establishing a working group with the Faculty of Medicine (OccMed Organization in the UK), GPs and Psychiatry. The HWP Portal may provide a useful resource to support curricular development and education programs arising from this developing collaboration.

### *Stavroula Leka, University of Nottingham*

Dr. Stavroula Leka is an Associate Professor in Occupational Health Psychology, and Director, Centre for Organizational Health & Development. She is the Chair of the International Commission of Occupational Health (ICOH) Scientific Committee 'Work Organization & Psychosocial Factors' and is also the Finance Director of the European Academy of Occupational Health Psychology. Dr. Leka has agreed to be the one of the topic leads in the area of 'Work Organization & Psychosocial Factors' for the portal and has joined the International Scientific Committee.

### *The Chartered Institute of Personnel and Development (CIPD)*

The Chartered Institute of Personnel and Development is the largest human resource association in the United Kingdom. Dr. White met with Wilson Wong, PhD, and discussed the Health and Work Productivity Portal. Given the rising interest of UK stakeholders in the HWP project, Dr. Wong believes CIPD would be very interested in the project once a UK Committee is formed.

## ***Arthritis Research UK***

I met with Professor Alan Silman, Medical Director, and Director of Policy & Health Promotion for Arthritis Research UK. Arthritis Research UK is the largest funder of arthritis in the UK (over £28 million last year). They have had recent discussions with The Work Foundation and a preliminary meeting with a small group of stakeholders to get further guidance and insight into research needs and priorities relevant to work and health. Professor Silman was very enthusiastic about the portal project, interested in where we are in its development, and saw great potential in partnering with CIRPD/ The Work Foundation in its further development and refinement to meet several strategic goals for its operations and new centre of excellence being developed in this area. Similar to other research funders, there is a large gap between what research is done, and the impact or lack of impact it has on policy, training and practice. There are also gaps in the development and renewal of current evidence-based educational resources for patients/ workers/consumers, and very little data on resource utilization. Arthritis Research has created a five year strategic plan focused on maximizing the impact arthritis research has on the charity's goals for the benefit of those with all forms of arthritis. Dr. White agreed to meet with other Arthritis organizations in North America to build a repository of research focused on arthritis and work.

## ***UK, A Leader in Policy Development and Program Implementation***

The United Kingdom is noted as a leader in creating system-based changes across government and the health care delivery system. Unlike the Workers Compensation system in North America, the UK Government through the Department for Work & Pensions is responsible for addressing prolonged work absence and compensation. Disability prevention is recognized across Ministries to be a high priority.

## ***LinkedIn Interest Group Update***

We have established a LinkedIn interest group to better assess potential interest in the HWP project as well as to identify potential academic / research centres which may participate in the HWP portal including populating our Webinars. At the end of the fiscal period, Dr. White had 384 LinkedIn contacts, the majority of whom are of interested in the HWP project. The HWP interest group has 163 members.

## ***BC Collaborative for Disability Prevention***

CIRPD is one of the founding organizations of the BC Collaborative for Disability Prevention. This past year, the BC Collaborative for Disability Prevention in collaboration with UBC Continuing Professional Development (UBC CPD) and the following team members: Dr. Brenna Lynn (PI from UBC CPD), Dr. Celina Dunn (Co-PI), Lucette Wesley (Co-PI), Dr. William Lakey (Co-PI), Dr. Larry Myette (Co-PI), Dr. Kuku Noertjojo (Co-PI), Perry Strauss (Co-PI), Dr. Marc White (BCCDP), Andrea Keesey (Project Manager, UBC CPD), Alex Hatry (Research Assistant, UBC CPD) launched a pilot project, Enhancing Physicians' Knowledge and Skills on SAW/RTW, Disability Prevention and Management through funding received from WorkSafeBC.

The pilot program was designed to better equip primary care physicians in British Columbia with resources, tools, and knowledge to:

- Better manage patients who are on medical leave from work due to a variety of factors;
- Prevent or mitigate needless or unnecessarily prolonged disability by helping physicians work more effectively with their patients to set reasonable expectations about staying at work (SAW) or returning to work (RTW); and
- Work with other stakeholders in a patient's recovery, such as the patient's employer, in order to streamline administrative processes and improve outcomes for patients.

As part of the development process, curriculum and learning objectives were identified through a variety of needs assessment activities with relevant stakeholders including patients, physicians, and employers regarding their perceptions of the physician's role in disability management and prevention. An education program was designed to improve physician practice relating to unnecessarily prolonged work disability through multimodal, evidence-based educational interventions. The educational interventions included three online webinar presentations and five community face-to-face case-based workshops. A total of 292 physicians participated in the pilot program: 43 physicians in five community workshops (Powell River, Mission, Williams Lake, Quesnel, and Duncan), and 249 in three webinars.

I was the research chair for the project. Using both qualitative and quantitative approaches to evaluation, the pilot program was found to significantly increase physician participants' confidence and knowledge to do the following with respect to patient care:

- Identify a patient who may be at risk for prolonged work absence;
- Create an "activity prescription" for their patients including timeline for recovery;
- Complete their patients' employer forms with respect to their patients' work absences; and,
- Complete their patients' insurance forms with respect to their patients' work absences and obtain their patients' job descriptions.

Post-webinar survey data showed that participants reported a significant increase in their understanding of and ability to use language specific to work disability (e.g. limitations, restrictions, risk, capacity, and tolerance).

The evaluation framework was designed with the goal of enabling an assessment of the scalability of the pilot project for a future comprehensive provincial roll-out. Participants reported the program met educational objectives with respect to increasing knowledge and skills related to disability management, RTW and SAW procedures, and positively impacted their confidence in their ability to manage patients who are on sick leave from work. The above mentioned results are just a highlight of some of the key findings which are fully outlined in the attached report and appendices. The full report will be available on the WorkSafeBC website.

## **Creating and Sustaining Psychologically Healthy Workplaces: Learning from Research and Practice**

Dates: June 26-27, 2014

Main site: University of British Columbia, Life Sciences Building; Video Conferencing: University of Northern British Columbia (Prince George) and Okanagan Campus (Kelowna)

The conference brought together business/labour leadership, government policy-makers, WCB administrators, human resource professionals, occupational health and safety professionals, shop stewards, supervisors and managers, and other stakeholders who play a role in creating and sustaining psychologically healthy workplaces. The conference program included keynote presentations, current academic research, practitioner-based applied research (employer/labour initiatives), panels, and mini-poster sessions.

Creating safe, psychologically healthy, accommodating and productive workplaces is a major objective for CIRPD. We worked collaboratively with our stakeholder advisory committee to create a comprehensive program of research and practice to address “real world” information needs and priorities. The conference was focused on the translation of research into policy, practice and training, providing stakeholders with implementation tools, action guides and resources to create and sustain psychological healthy workplaces.

### ***Conference Videos***

The conference videos are all now available for viewing on the conference site, and have been linked throughout CIRPD’s site, where applicable:

<http://cirpd.org/resources/conferences/CIRPD/Pages/ConferencePresentationRecordings.aspx>

We greatly appreciate the volunteer efforts of members of the planning/organizing committee and the scientific committee.

### ***Planning Committee***

- Christian Codrington, Senior Manager, Professional Practice - BCHRMA
- Connie Coniglio, Provincial Executive Director, Children and Women’s Mental Health and Substance Use Programs, BC Mental Health and Addiction Services
- Karlene Dawson, Manager, WH&S Health and Wellness, Interior Health Authority
- Bill Dyer, Board of Director, Canadian Institute for the Relief of Pain and Disability
- Sylvie Gelinas, Manager - Disability Health, in the Safety, Health and Wellness, WorksafeBC
- Nina Hansen, Director, Occupational Health & Safety – BC Federation of Labour
- Anne Harvey, VP, Employee Engagement, Vancouver Coastal Health
- Alison Hietanen, Membership Services Coordinator – Disability Management, Health Sciences Association of BC
- Steve Inouye, Consultant, Health Employers Association of BC

- Dave Keen, Executive Director, Workplace Health, Fraser Health & Workplace Health Call Centre
- Jane Lindstrom, Vice President, Human Resources, Northern Health
- Tracey Newlands, Director of Occupational Health and Safety, Vancouver Island Health Authority
- Lucette Wesley, Director, Disability & Life Claims Services, Pacific Blue Cross BC Life
- Karlene Dawson, Incoming Manager, WH&S Health and Wellness, Interior Health

### *Scientific Committee*

- Merv Gilbert, Adjunct Professor with the Centre for Applied Research in Mental Health and Addiction and Principal Partner, Psych Health + Safety
- Henry Harder, Professor, Disability Management Program, University of Northern British Columbia
- Catherine Loughlin, Canada Research Chair, Sobey School of Business & CN Centre, Saint Mary's University, NS
- Tracy Monk, Clinical Assistant Professor, Department of Family Practice, University of British Columbia
- Wendy Norman, Assistant Professor and Director, Clinician Scholar Program, Dept of Family Practice, and Associate Member, School of Population & Public Health, and Dept Obstetrics & Gynecology, University of British Columbia
- Izabela Schultz, Professor, Rehabilitation counseling psychology, Department of Educational and Counseling Psychology and Special Education, UBC
- Shannon Wagner, Professor, Chair, Faculty of Health Sciences, School of Health Sciences, University of Northern British Columbia
- David Walker, Assistant Professor, Faculty of Management, Okanagan Campus of the University of British Columbia
- Marc White, Executive Director, CIRPD and Clinical Assistant Professor, Department of Family Practice, UBC
- Kelly Whitt-Williams, Associate Professor, Faculty of Management, University of Lethbridge

... Lack of social support, increased physical demands at work, increased psychological demands, and lack of supervisory support were identified as risk factors for work absence across various types of illnesses or/injuries.

We also greatly appreciate the following participating organizations who promoted the call for posters and conference announcements: Arthritis Research Centre of Canada, Arthritis Society, BC Coalition of People with Disabilities, BC Collaboration for Disability Prevention, BC Construction Safety Alliance, BC Federation of Labour, BC Human Resource Management

Association, Canadian Association of Research on Work and Health, Canadian Centre for Occupational Health and Safety, Canadian Mental Health Association, Canadian Occupational Therapy Foundation, FIOSA-MIOSA Safety Alliance of BC, Massage Therapists' Association of BC, and Partners for Mental Health.

Our Corporate Sponsors were: Vancouver Coastal Health (Gold Sponsor), Northern Health and WorkSafeBC (Bronze Sponsors). Our Media Sponsors were BC Business Magazine and Business in Vancouver.

### *Canadian Institute for the Relief of Pain and Disability Presentations*

As part of the conference we showcased the results arising from the two major research projects we completed that were funded through competitive grants under the WorkSafeBC - Innovation At Work research program. Both these research projects involved reviewing the scientific merit and findings arising from systematic reviews of primary studies relevant to the topic and synthesizing the findings across health condition and work sectors.

#### *Risk Factors for Work Absence*

Professor Izabela Schultz presented findings from the first best-evidence synthesis of systematic reviews which identified modifiable workplace factors that contribute to unnecessary work disability and prolonged work absence duration. Her talk was entitled: What factors contribute to work absence across health conditions and sectors. She noted that we found consistent evidence across health conditions and sectors that lack of social support, increased physical demands at work, increased psychological demands, and lack of supervisory support were identified as risk factors across various types of illnesses or injuries. Job strain was demonstrated as a risk factor specifically for psychosocial, stress, and cardiovascular issues. Lack of job control was associated with psychosocial or psychological health issues and low back pain. Job satisfaction was associated primarily with mild illness or injury, psychosocial health, and back and neck pain. We also found moderate evidence for the association of poor leadership quality with a wide variety of injuries and/or illnesses as risk factor for work absences. Non-full-time work was a risk factor for individuals with rheumatoid arthritis and work-related injury; lack of fairness was a risk factor

Quality circles, re-organization to increase task control and participative decision-making improved work outcomes

only for individuals with psychosocial health concerns and individuals with mild illness or injury, and lack of managerial involvement was demonstrated deleterious for individuals with mild illness or injury and spinal cord injury.

This presentation set the foundation for presenting new research discussing what we have learned about workplace interventions that impact work absence based on our second funded project from WorkSafeBC.

### *Workplace Interventions that Reduce Work Absence*

Professor Kelly Williams-Whitt's presentation discussed findings from the second best evidence synthesis investigating the effectiveness of workplace interventions. Her presentation was entitled, Does changing job demands and job control impact work absence, work productivity or financial outcomes? Kelly reported that there was moderate evidence for simple interventions improving work outcomes (work absence, productivity or financial outcomes). For instance, for general workers (not those absent from work), she reported that we found quality circles increased productivity; simple reorganization to increase task control and participative decision-making increased productivity, decreased absenteeism, and benefit greater than cost of the intervention; and there was moderate evidence that increasing job demands decreased performance. Whereas for injured workers who were absent from work, she reported evidence that simple interventions involving one or two of the following: work accommodation, graduated activity, or ergonomic supports/advice showed strong consistent evidence of faster return to work (RTW), lower absenteeism rates and reduced wage replacement costs, as well as moderate evidence of increased RTW rates and lower levels of absenteeism. For more complex multi-component interventions, such as participative ergonomics, multi-disciplinary coordination, back school, functional rehabilitation, and therapeutic RTW with modified duties, we found moderate-to-strong evidence of increased RTW and decreased absence as well as moderate evidence of positive cost/benefits.

Drs. Shannon Wagner and Corinne Koehn from the University of Northern BC conducted a presentation entitled Workplace mental health interventions that improve psychological health and social support. Mental health interventions included cognitive-behavioral therapy, relaxation techniques, empathic counselling, pamphlets & education, in vivo and imaginal exposure, communication skills and marital therapy. They reported that the majority of reviews (71%) showed a positive effect on one or more work outcomes (absenteeism, productivity or financial outcomes), while 29% found no effect or insufficient research on the outcomes of interest. They found that overall there was moderate evidence that workplace mental health interventions were helpful in improving work outcomes, although the type of intervention tended to be health condition specific. For workers off work due to injury or disease, six systematic reviews reported a positive impact of psychological interventions, such as cognitive-behavioural therapy and in vivo exposure used for workers with anxiety disorders, obsessive compulsive disorder, phobias or post-traumatic stress disorders on one or more of work outcomes (work absence, work productivity, financial outcomes).

For workers at work the research was less convincing that mental health interventions alone led to improved work outcomes. For instance, there was moderate evidence that mental health education in addition to physical health education, activity modification and physical work modification led to reduced sick time, however, all four components were needed to impact work absence. Several authors noted that there is not a sufficient body of well-designed research regarding mental health interventions and their impact on work outcomes to make strong conclusions.



Dr. Wagner reported findings from our research on social support and quality of supervisory leadership. Overall, there is strong consistent evidence that social support is beneficial to work outcomes. Two high quality reviews and a moderate quality review suggested social support contributed to reduced absenteeism and increased performance. In particular, research indicated that early contact with the worker by the workplace, presence of a return to work coordinator, offers of accommodation and stakeholders working together were components for more successful return to work. There is moderate evidence that interventions to improve supervisory quality lead to better workplace outcomes, although there was no particular style or attribute of the leader needed to create a positive work environment.

Short simple exercise /fitness programs appear to provide similar benefits to those using more complex interventions for general workers.

In a poster presentation, I presented results from our research on physical activities and fitness workplace interventions. For general workers, short simple exercise/fitness programs seem to provide similar benefits to more complex interventions. For workers off-work at baseline with subacute low back pain, there is evidence that some complex physical fitness /exercise may be more effective than simple physical fitness/ exercise interventions, especially interventions that involve stakeholder engagement, communication and coordination of programs and services. Studies that included complex physical fitness/ exercise interventions typically included multiple components, for instance, functional restoration, work hardening, involvement of several health professionals, ergonomic assessment, cognitive behavior therapy, education, case management of varying intensity and duration, with or without workplace visit.

The final report to WorkSafeBC for the second 2012 WorkSafeBC grant was submitted June 30, 2014. In preparation of manuscripts we noticed some inconsistencies in the tables and also decided to re-write some small sections to improve clarity. This was completed at the end of July 2014.

## Research Presentations

Williams-Whitt, K, White MI, Wagner SL, Schultz IZ, Koehn C, Dionne CE, Harder H, Pasca R, Wärje O, Hsu V, McGuire L, Lama I, Schulz W, Kube D, Hook A. A Best-Evidence Synthesis of Systematic Reviews on Workplace Disability: Job Demand and Control Interventions, Canadian Industrial Relations Association Conference, St. Catharines, Ontario, May 2014.

Approved Presentations at Upcoming Conferences

Williams-Whitt, K, White MI, Wagner SL, Schultz IZ, Koehn C, Dionne CE, Harder H, Pasca R, Wärje O, Hsu V, McGuire L, Lama I, Schulz W, Kube D, Hook A. A stakeholder-centred best evidence-synthesis of systematic reviews on workplace interventions addressing job control and demands. 3rd WDPI Conference: Implementing Work Disability Prevention Knowledge. Toronto, Ontario. September 29th – October 1st, 2014



White MI, Dionne CE, Wagner SL, Schultz IZ, Koehn C, Williams-Whitt K, Harder H, Pasca R, Wrje O, Hsu V, McGuire L, Lama I, Schulz W, Kube D, Hook A, Cornacchia M. A stakeholder-centred best evidence-synthesis of systematic reviews on workplace interventions addressing physical activity and exercise. 3rd WDPI Conference: Implementing Work Disability Prevention Knowledge. Toronto, Ontario. September 29th – October 1st, 2014 (Poster)

White MI, Wagner SL, Schultz IZ, , Williams-Whitt K, Koehn C, Dionne CE, Koehoorn M, Harder H, Pasca R, Wrje O, Hsu V, McGuire L, Lama I, Schulz W, Kube D, Hook A, Cornacchia M. Health and Work Productivity Portal – Pilot-testing Online Academic Community Partnership Platform. 3rd WDPI Conference: Implementing Work Disability Prevention Knowledge. Toronto, Ontario. September 29th – October 1st, 2014 (Poster)

White MI. Health and Work Productivity Portal: Facilitating curriculum development and renewal across stakeholders. 1st International Symposium to Advance TOTAL WORKER HEALTH™. Bethesda, Maryland. October 6-8, 2014.

### Update on Publications

All manuscripts for the 2010 WorkSafeBC have been approved for publication in the journal: WORK: A Journal of Prevention, Assessment and Rehabilitation.

- Modifiable workplace risk factors contributing to workplace absence across health conditions: A stakeholder-centered best-evidence synthesis of systematic reviews (PMID 23531590)
- Modifiable worker risk factors contributing to workplace absence across health conditions: A stakeholder-centered best-evidence synthesis of systematic reviews (PMID: 24004777) – In Press slated for 49(4) in December 2014
- Non-Modifiable worker and workplace risk factors contributing to workplace absence: A best-evidence synthesis of systematic reviews (In Press)

Manuscripts arising from the best-evidence synthesis of systematic reviews on workplace interventions are in production and will be submitted for peer-review in the Fall 2014. The working titles are:

- Psychological interventions in the workplace and work outcomes: a stakeholder-centred best-evidence synthesis of systematic reviews.
- Social support and supervisory quality interventions in the workplace: a stakeholder-centred best-evidence synthesis of systematic reviews on work outcomes
- A stakeholder-centred best evidence-synthesis of systematic reviews on workplace interventions addressing job control and demands.
- A stakeholder-centred best evidence-synthesis of systematic reviews on workplace interventions addressing physical activity and exercise.

## Book Chapter

- White MI, Wagner SL, Williams-Whitt, K, Koehn C, Kube D, Cornacchia M, Wörje O. Chapter, Workplace Intervention Research: Disability Prevention, Disability Management and Work Productivity. In Handbook of Return to Work. Eds. Izabela Schultz & Robert Gatchel. Springer NY (In Press)

## Isocyanates Project Update

In April 2013, we held an international conference entitled Isocyanates and Health: Past, Present and Future in Potomac, Maryland. Primary objectives of the conference and research planning break-out sessions were to: (i) identify most current knowledge about isocyanates; (ii) discuss important issues across stakeholders concerning potential exposures and worker and consumer health effects of isocyanates, including exposure monitoring, environmental controls, surveillance, and clinical management; and (iii) identify and discuss research gaps to inform future research priorities and information dissemination.

During this past year we were involved in the logistics of coordinating the development of a manuscript entitled: Isocyanates and human health: Multi-stakeholder information needs and research priorities. The conference and research agenda planning activities identified important knowledge gaps and research priorities to better understand and prevent potential adverse health consequences from exposure to isocyanates. Several recommendations were made including the establishment of a working group consisting of basic and clinical investigators from academic institutions, government and industry, as well as employer, employee and consumer representatives, to address the knowledge gaps and research priorities identified. It is hoped that the conference and report will lead to greater collaboration across government, academic, industry, and worker organizations to advance research and knowledge regarding isocyanate exposures and health effects, and lead to improved preventive measures. The manuscript has been submitted, peer-reviewed and accepted for publication in the Journal of Occupational and Environmental Medicine in early 2015.

## WhiplashPrevention.org – Update

Although funding has ended for the Whiplash Prevention project, there are several enduring products as a result of this project. Last year we created and launched smartphone Apps that would allow consumers and fleet managers to identify vehicles with the best safety performance qualities as well as those that are fuel efficient. We also have maintained a website entitled [www.whiplashprevention.org](http://www.whiplashprevention.org). This coming year we will be seeking project sponsors to further develop the website, update and maintain the database with the latest vehicles and ratings, and promote the utilization of these resources.

This past year we migrated the WhiplashPrevention.org site to Sharepoint 2010 as part of our infrastructure upgrade process.

## In-Kind Donations

Thanks to Microsoft for their generous software donations. FluidSurveys provided us with their online survey tools which have proven to be invaluable with our various project activities Thank you!

## Get to Know the Staff



**Marc White, PhD**  
*Executive Director*

Marc co-founded CIRPD 28 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 of 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.



**Orion Wärje**

*Research Associate*

Orion assists us with identification and translation of research resources. She has worked on our last two WorkSafeBC grant activities and is now continuing with us working on Health and Work Productivity activities.



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

Vancouver, B.C.

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FINANCIAL STATEMENTS

June 30, 2014

# CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

## STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS (unaudited)

For the year ended June 30, 2014

	2014 \$	2013 \$
<b>Revenue</b>		
Community gaming grants (Note 3)	204,896	230,700
Conferences and sponsorship	61,231	55,744
Other grants (Note 3)	33,346	87,405
Donations and other income	12,762	13,455
	<u>312,235</u>	<u>387,304</u>
<b>Expenditures</b>		
Advertising	88	271
Amortization	7,830	17,810
Bank charges and interest	1,469	1,293
Conferences and sponsorship	30,827	38,048
Consulting and other project costs	54,127	99,379
Donation	1,120	1,084
Dues and memberships	1,470	590
Grant awards and expenses	-	2,173
Insurance	3,826	2,850
Meals and entertainment	182	645
Office and general	26,349	46,568
Professional fees	10,975	12,180
Rent	14,785	12,711
Telecommunications	21,213	9,647
Travel	7,832	5,638
Wages and benefits	131,007	147,420
	<u>313,100</u>	<u>398,307</u>
<b>Deficiency of revenues over expenditures</b>	<b>(865)</b>	<b>(11,003)</b>
Net assets, beginning	1,887	12,890
<b>Net assets, ending</b>	<b>1,022</b>	<b>1,887</b>

*The accompanying notes are an integral part of these financial statements.*

# CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

## STATEMENT OF CASH FLOWS (unaudited)

For the year ended June 30, 2014

	2014 \$	2013 \$
<b>Cash flows related to operating activities</b>		
Deficiency of revenues over expenditures	(865)	(11,003)
Adjustments for items not affecting cash:		
Amortization	7,830	17,810
In-kind donation	-	(3,607)
	<u>6,965</u>	<u>3,200</u>
Changes in non-cash working capital:		
Receivables	11,959	5,551
Prepaid expenses	(2,098)	(2,788)
Payables and accruals	43,774	3,108
Deferred contributions	(29,915)	(30,736)
	<u>30,685</u>	<u>(21,665)</u>
<b>Cash flows related to financing activities</b>		
Repayment of capital lease	(2,497)	(7,809)
	<u>28,188</u>	<u>(29,474)</u>
<b>Net increase (decrease) in cash</b>	<b>28,188</b>	<b>(29,474)</b>
Cash, beginning	122,325	151,799
<b>Cash, ending</b>	<b>150,513</b>	<b>122,325</b>
Cash represented by:		
Cash	29,801	16,691
Restricted cash	120,712	105,634
	<u>150,513</u>	<u>122,325</u>

*The accompanying notes are an integral part of these financial statements.*



# CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

## NOTES

(unaudited)

For the year ended June 30, 2014

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### Note 1 Significant Accounting Policies (continued)

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#### Financial Instruments

##### *Measurement of financial instruments*

The institute measures its financial assets and financial 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 deficiency of revenues over expenditures 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 financial liabilities at amortized cost.

##### *Impairment*

Financial assets measured at amortized cost are assessed for indications 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 deficiency of revenues over expenditures. 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 recognized previously. The amount of the reversal is recognized in deficiency of revenues over expenditures.

#### Use of Estimates

The preparation of financial statements in conformity 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 amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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### Note 2 Property and Equipment

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	Cost	2014 Accumulated Amortization	Net	2013 Net
	\$	\$	\$	\$
Computer equipment under capital lease	14,727	5,964	8,763	12,518
Computer equipment	49,016	44,817	4,199	5,998
Furniture and equipment	31,357	29,469	1,888	2,360
Computer software	24,881	24,881	-	1,804
	<u>119,981</u>	<u>105,131</u>	<u>14,850</u>	<u>22,680</u>

# CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

## NOTES

(unaudited)

For the year ended June 30, 2014

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### Note 5 Financial Instruments

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Items that meet the definition of a financial instrument include cash, restricted cash, receivables, payables and accruals and capital lease obligation.

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 payables and accruals.

#### 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 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 or future cash flows of a financial instrument will fluctuate because of 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 value or 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 foreign currencies:

	2014	2013
	\$	\$
Cash	1,110	(242)

#### Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Fixed-interest and non-interest 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 exposed to interest rate risk with respect of its capital lease obligation, which bears interest at a fixed rate.



**Canada Not-for-profit Corporations Act (NFP Act)**  
**Form 4031**  
**Articles of Continuance (transition)**

To be used only for a continuance from the *Canada Corporations Act*, Part II.

**1 - Current name of the corporation**

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY / INSTITUT CANADIEN POUR LE SOULAGEMENT DE LA DOULEUR ET DE L'INCAPACITE

**2 - If a change of name is requested, indicate proposed corporate name**

**3 - Corporation number**

1 9 7 2 1 6 - 2

**4 - The province or territory in Canada where the registered office is situated**

British Columbia

**5 - Minimum and maximum number of directors** (for a fixed number, indicate the same number in both boxes)

Minimum number

3

Maximum number

25

**6 - Statement of the purpose of the corporation**

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.

**7 - Restrictions on the activities that the corporation may carry on, if any**

The corporation shall be carried on without the purpose of gain for its members, and any profits or other accretions to the corporation shall be used in furtherance of its purposes.

Directors shall serve without remuneration, and no director shall directly or indirectly receive any profit from his or her position.





**Canada Not-for-profit Corporations Act (NFP Act)**  
**Form 4031**  
**Articles of Continuance (transition)**

**8 - The classes, or regional or other groups, of members that the corporation is authorized to establish**

There shall be two classes of members in the Corporation, namely, Class A voting members and Class B non-voting members. The board of directors of the Corporation may, by resolution, approve the admission of the members of the Corporation. Members may also be admitted in such other manner as may be prescribed by the board by resolution.

**9 - Statement regarding the distribution of property remaining on liquidation**

Should the corporation have received charitable gaming funds in the province of British Columbia from licensed charitable gaming and/or direct charitable access, at any time dissolve or cease to exist, have any and all gaming monies or assets purchased with these gaming funds held at the date of dissolution or cessation of existence these/they shall be distributed by the corporation to a registered charity or registered charities in British Columbia, as defined by the Income Tax Act (Canada), as may be determined by members of the corporation at the time of winding up or dissolution. This resolution shall not be altered or amended and shall continue to be binding on the corporation.

**10 - Additional provisions, if any**

It is also specially provided that in the event of dissolution or winding-up of the corporation all of its remaining assets after payment of its liabilities shall be distributed to one or more recognized charitable organizations in Canada. This resolution shall not be altered or amended and shall continue to be binding on the corporation.

**11 - Declaration**

I hereby certify that I am a director or an authorized officer of the corporation continuing into the NFP Act.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Note: A person who makes, or assists in making, a false or misleading statement is guilty of an offence and liable on summary conviction to a fine of not more than \$5,000 or to imprisonment for a term of not more than six months or to both (subsection 262(2) of the NFP Act).**

A by-law relating generally to the conduct  
of the affairs of

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY / INSTITUT  
CANADIEN POUR LE SOULAGEMENT DE LA DOULEUR ET DE L'INCAPACITE

(the "Corporation")

**BE IT ENACTED** as a by-law of the Corporation as follows:

## 1. **Definition**

In this by-law and all other by-laws of the Corporation, unless the context otherwise requires:

"**Act**" means the *Canada Not-For-Profit Corporations Act* S.C. 2009, c. 23 including the Regulations made pursuant to the Act, and any statute or regulations that may be substituted, as amended from time to time;

"**articles**" means the original or restated articles of incorporation or articles of amendment, amalgamation, continuance, reorganization, arrangement or revival of the Corporation;

"**board**" means the board of directors of the Corporation and "director" means a member of the board;

"**by-law**" means this by-law and any other by-law of the Corporation as amended and which are, from time to time, in force and effect;

"**meeting of members**" includes an annual meeting of members or a special meeting of members; "special meeting of members" includes a meeting of any class or classes of members and a special meeting of all members entitled to vote at an annual meeting of members;

"**ordinary resolution**" means a resolution passed by a majority of not less than 50% plus 1 of the votes cast on that resolution;

"**proposal**" means a proposal submitted by a member of the Corporation that meets the requirements of section 163 (Member Proposals) of the Act;

"**Regulations**" means the regulations made under the Act, as amended, restated or in effect from time to time; and

"**special resolution**" means a resolution passed by a majority of not less than two-thirds (2/3) of the votes cast on that resolution.

## **2. Interpretation**

In the interpretation of this by-law, words in the singular include the plural and vice-versa, words in one gender include all genders, and "person" includes an individual, body corporate, partnership, trust and unincorporated organization.

Other than as specified above, words and expressions defined in the Act have the same meanings when used in these by-laws.

## **3. Corporate Seal**

The Corporation may have a corporate seal in the form approved from time to time by the board. If a corporate seal is approved by the board, the secretary of the Corporation shall be the custodian of the corporate seal.

## **4. Execution of Documents**

Deeds, transfers, assignments, contracts, obligations and other instruments in writing requiring execution by the Corporation may be signed by any two (2) of its officers or directors. In addition, the board may from time to time direct the manner in which and the person or persons by whom a particular document or type of document shall be executed. Any person authorized to sign any document may affix the corporate seal (if any) to the document. Any signing officer may certify a copy of any instrument, resolution, by-law or other document of the Corporation to be a true copy thereof.

## **5. Financial Year**

The financial year end of the Corporation shall be June 30 in each year.

## **6. Banking Arrangements**

The banking business of the Corporation shall be transacted at such bank, trust company or other firm or corporation carrying on a banking business in Canada or elsewhere as the board of directors may designate, appoint or authorize from time to time by resolution. The banking business or any part of it shall be transacted by an officer or officers of the Corporation and/or other persons as the board of directors may by resolution from time to time designate, direct or authorize.

## **7. Borrowing Powers**

The directors of the Corporation may, without authorization of the members,

- i. borrow money on the credit of the corporation;
- ii. issue, reissue, sell, pledge or hypothecate debt obligations of the corporation;
- iii. give a guarantee on behalf and

- iv. mortgage, hypothecate, pledge or otherwise create a security interest in all or any property of the corporation, owned or subsequently acquired, to secure any debt obligation of the corporation.

## **8. Annual Financial Statements**

The Corporation shall send to the members a copy of the annual financial statements and other documents referred to in subsection 172(1) (Annual Financial Statements) of the Act or a copy of a publication of the Corporation reproducing the information contained in the documents. Instead of sending the documents, the Corporation may send a summary to each member along with a notice informing the member of the procedure for obtaining a copy of the documents themselves free of charge. The Corporation is not required to send the documents or a summary to a member who, in writing, declines to receive such documents.

## **9. Membership Conditions**

Subject to the articles, there shall be two classes of members in the Corporation, namely, Class A members and Class B members. The board of directors of the Corporation may, by resolution, approve the admission of the members of the Corporation. Members may also be admitted in such other manner as may be prescribed by the board by resolution. The following conditions of membership shall apply:

### **Class A Members**

- i. Class A voting membership shall be available to persons who have applied and have been accepted for Class A voting membership in the Corporation.
- ii. The term of membership of a Class A voting member shall be annual, subject to renewal in accordance with the policies of the Corporation.
- iii. As set out in the articles, each Class A voting member is entitled to receive notice of, attend and vote at all meetings of members and each such Class A voting member shall be entitled to one (1) vote at such meetings.

### **Class B Members**

- iv. Class B non-voting membership shall be available to persons who have applied and have been accepted for Class B non-voting membership in the Corporation.
- v. The term of membership of a Class B non-voting member shall be annual, subject to renewal in accordance with the policies of the Corporation.
- vi. Subject to the Act and the articles, a Class B non-voting member shall not be entitled to receive notice of, attend or vote at meetings of the members of the Corporation.

Pursuant to subsection 197(1) (Fundamental Change) of the Act, a special resolution of the members is required to make any amendments to this section of the by-laws if those amendments affect membership rights and/or conditions described in paragraphs 197(1)(e), (h), (l) or (m).

## **10. Membership Transferability**

A membership may only be transferred to the Corporation. Pursuant to Section 197(1) (Fundamental Change) of the Act, a special resolution of the members is required to make any amendment to add, change or delete this section of the by-laws.

## **11. Notice of Members Meeting**

Notice of the time and place of a meeting of members shall be given to each member entitled to vote at the meeting by the following means:

- a. by mail, courier or personal delivery to each member entitled to vote at the meeting, during a period of 21 to 60 days before the day on which the meeting is to be held; or
- b. by telephonic, electronic or other communication facility to each member entitled to vote at the meeting, during a period of 21 to 35 days before the day on which the meeting is to be held.

Pursuant to subsection 197(1) (Fundamental Change) of the Act, a special resolution of the members is required to make any amendment to the by-laws of the Corporation to change the manner of giving notice to members entitled to vote at a meeting of members.

## **12. Members Calling a Members' Meeting**

The board of directors shall call a special meeting of members in accordance with Section 167 of the Act, on written requisition of members carrying not less than 5% of the voting rights. If the directors do not call a meeting within twenty-one (21) days of receiving the requisition, any member who signed the requisition may call the meeting.

## **13. Absentee Voting at Members' Meetings**

Pursuant to section 171(1) (Absentee Voting) of the Act, a member entitled to vote at a meeting of members may vote by mailed-in ballot or by means of a telephonic, electronic or other communication facility if the Corporation has a system that:

- . enables the votes to be gathered in a manner that permits their subsequent verification, and
- a. permits the tallied votes to be presented to the Corporation without it being possible for the Corporation to identify how each member voted.

Pursuant to subsection 197(1) (Fundamental Change) of the Act, a special resolution of the members is required to make any amendment to the by-laws of the Corporation to change this method of voting by members not in attendance at a meeting of members.

## **14. Membership Dues**



Members shall be notified in writing of the membership dues at any time payable by them and, if any are not paid within one (1) calendar month of the membership renewal date the members in default shall automatically cease to be members of the Corporation.

## **15. Termination of Membership**

A membership in the Corporation is terminated when:

- . the member dies, or, in the case of a member that is a corporation, the corporation is dissolved;
- a. a member fails to maintain any qualifications for membership described in the section on membership conditions of these by-laws;
- b. the member resigns by delivering a written resignation to the chair of the board of the Corporation in which case such resignation shall be effective on the date specified in the resignation;
- c. the member is expelled in accordance with any discipline of members section or is otherwise terminated in accordance with the articles or by-laws;
- d. the member's term of membership expires; or
- e. the Corporation is liquidated or dissolved under the Act.

## **16. Effect of Termination of Membership**

Subject to the articles, upon any termination of membership, the rights of the member, including any rights in the property of the Corporation, automatically cease to exist.

## **17. Discipline of Members**

The board shall have authority to suspend or expel any member from the Corporation for any one or more of the following grounds:

- . violating any provision of the articles, by-laws, or written policies of the Corporation;
- a. carrying out any conduct which may be detrimental to the Corporation as determined by the board in its sole discretion;
- b. for any other reason that the board in its sole and absolute discretion considers to be reasonable, having regard to the purpose of the Corporation.

In the event that the board determines that a member should be expelled or suspended from membership in the Corporation, the president, or such other officer as may be designated by the board, shall provide twenty (20) days notice of suspension or expulsion to the member and shall provide reasons for the proposed suspension or expulsion. The member may make written submissions to the president, or such other officer as may be designated by the board, in response to the notice received within such twenty (20) day period. In the event that no written submissions are received by the president, the president, or such other officer as may be designated by the board, may proceed to notify the member that the member is suspended or expelled from membership in the Corporation. If written submissions are received in accordance with this section, the

board will consider such submissions in arriving at a final decision and shall notify the member concerning such final decision within a further twenty (20) days from the date of receipt of the submissions. The board's decision shall be final and binding on the member, without any further right of appeal.

#### **18. Proposals Nominating Directors at Annual Members' Meetings**

Subject to the Regulations under the Act, any proposal may include nominations for the election of directors if the proposal is signed by not less than 5% of members entitled to vote at the meeting at which the proposal is to be presented.

#### **19. Cost of Publishing Proposals for Annual Members' Meetings**

The member who submitted the proposal shall pay the cost of including the proposal and any statement in the notice of meeting at which the proposal is to be presented unless otherwise provided by ordinary resolution of the members present at the meeting.

#### **20. Place of Members' Meeting**

Subject to compliance with section 159 (Place of Members' Meetings) of the Act, meetings of the members may be held at any place within Canada determined by the board or, if all of the members entitled to vote at such meeting so agree, outside Canada.

#### **21. Persons Entitled to be Present at Members' Meetings**

Members, non-members, directors and the public accountant of the Corporation are entitled to be present at a meeting of members. However, only those members entitled to vote at the members' meeting according to the provisions of the Act, articles and by-laws are entitled to cast a vote at the meeting.

#### **22. Chair of Members' Meetings**

In the event that the chair of the board and the vice-chair of the board are absent, the members who are present and entitled to vote at the meeting shall choose one of their number to chair the meeting.

#### **23. Quorum at Members' Meetings**

A quorum at any meeting of the members (unless a greater number of members are required to be present by the Act) shall be a majority of the members entitled to vote at the meeting. If a quorum is present at the opening of a meeting of members, the members present may proceed with the business of the meeting even if a quorum is not present throughout the meeting.

#### **24. Votes to Govern at Members' Meetings**

At any meeting of members every question shall, unless otherwise provided by the articles or by-laws or by the Act, be determined by a majority of the votes cast on the questions. In case of an equality of votes either on a show of hands or on a ballot or on the results of electronic voting, the chair of the meeting in addition to an original vote shall have a second or casting vote.

## **25. Participation by Electronic Means at Members' Meetings**

If the Corporation chooses to make available a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during a meeting of members, any person entitled to attend such meeting may participate in the meeting by means of such telephonic, electronic or other communication facility in the manner provided by the Act. A person participating in a meeting by such means is deemed to be present at the meeting. Notwithstanding any other provision of this by-law, any person participating in a meeting of members pursuant to this section who is entitled to vote at that meeting may vote, in accordance with the Act, by means of any telephonic, electronic or other communication facility that the Corporation has made available for that purpose.

## **26. Members' Meeting Held Entirely by Electronic Means**

If the directors or members of the Corporation call a meeting of members pursuant to the Act, those directors or members, as the case may be, may determine that the meeting shall be held, in accordance with the Act and the Regulations, entirely by means of a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting.

## **27. Number of Directors**

The board shall consist of the number of directors specified in the articles. If the articles provide for a minimum and maximum number of directors, the board shall be comprised of the fixed number of directors as determined from time to time by the members by ordinary resolution or, if the ordinary resolution empowers the directors to determine the number, by resolution of the board. In the case of a soliciting corporation the minimum number of directors may not be fewer than three (3), at least two of whom are not officers or employees of the Corporation or its affiliates.

## **28. Term of Office of Directors**

At the first election of Directors following the approval of this by-law, one-third (1/3) directors shall be elected for a three-year term, one-third (1/3) directors shall be elected for a two-year term and one-third (1/3) directors shall be elected for a one-year term. Thereafter, except where an election is held to fill the unexpired portion of a term, newly elected directors shall be elected for three-year (3) terms.

## **29. Calling of Meetings of Board of Directors**

Meetings of the board may be called by the chair of the board, the vice-chair of the board or any two (2) directors at any time. If the Corporation has only one director, that director may call and constitute a meeting.

## **30. Notice of Meeting of Board of Directors**

Notice of the time and place for the holding of a meeting of the board shall be given in the manner provided in the section on giving notice of meeting of directors of this by-law to every director of the Corporation not less than 14 days before the time when the meeting is to be held. Notice of a meeting shall not be necessary if all of the directors are present, and none objects to the holding of the meeting, or if those absent have waived notice of or have otherwise signified their consent to the holding of such meeting. Notice of an adjourned meeting is not required if the time and place of the adjourned meeting is announced at the original meeting. Unless the by-law otherwise provides, no notice of meeting need specify the purpose or the business to be transacted at the meeting except that a notice of meeting of directors shall specify any matter referred to in subsection 138(2) (Limits on Authority) of the Act that is to be dealt with at the meeting.

## **31. Regular Meetings of the Board of Directors**

The board may appoint a day or days in any month or months for regular meetings of the board at a place and hour to be named. A copy of any resolution of the board fixing the place and time of such regular meetings of the board shall be sent to each director forthwith after being passed, but no other notice shall be required for any such regular meeting except if subsection 136(3) (Notice of Meeting) of the Act requires the purpose thereof or the business to be transacted to be specified in the notice.

## **32. Votes to Govern at Meetings of the Board of Directors**

At all meetings of the board, every question shall be decided by a majority of the votes cast on the question. In case of an equality of votes, the chair of the meeting in addition to an original vote shall have a second or casting vote.

## **33. Committees of the Board of Directors**

The board may from time to time appoint any committee or other advisory body, as it deems necessary or appropriate for such purposes and, subject to the Act, with such powers as the board shall see fit. Any such committee may formulate its own rules of procedure, subject to such regulations or directions as the board may from time to time make. Any committee member may be removed by resolution of the board of directors.

## **34. Appointment of Officers**

The board may designate the offices of the Corporation, appoint officers on an annual or more frequent basis, specify their duties and, subject to the Act, delegate to such officers the power to manage the affairs of the Corporation. A director may be appointed to any office of the Corporation. An officer may, but need not be, a director unless these by-laws otherwise provide. Two or more offices may be held by the same person.

### **35. Description of Offices**

Unless otherwise specified by the board (which may, subject to the Act modify, restrict or supplement such duties and powers), the offices of the Corporation, if designated and if officers are appointed, shall have the following duties and powers associated with their positions:

0. Chair of the Board – The chair of the board, if one is to be appointed, shall be a director. The chair of the board, if any, shall, when present, preside at all meetings of the board of directors and of the members. The chair shall have such other duties and powers as the board may specify.
1. Vice-Chair of the Board – The vice-chair of the board, if one is to be appointed, shall be a director. If the chair of the board is absent or is unable or refuses to act, the vice-chair of the board, if any, shall, when present, preside at all meetings of the board of directors and of the members. The vice-chair shall have such other duties and powers as the board may specify.
2. President – If appointed, the president shall be the chief executive officer of the Corporation and shall be responsible for implementing the strategic plans and policies of the Corporation. The president shall, subject to the authority of the board, have general supervision of the affairs of the Corporation.
3. Secretary – If appointed, the secretary shall attend and be the secretary of all meetings of the board, members and committees of the board. The secretary shall enter or cause to be entered in the Corporation's minute book, minutes of all proceedings at such meetings; the secretary shall give, or cause to be given, as and when instructed, notices to members, directors, the public accountant and members of committees; the secretary shall be the custodian of all books, papers, records, documents and other instruments belonging to the Corporation.
4. Treasurer – If appointed, the treasurer shall have such powers and duties as the board may specify.

The powers and duties of all other officers of the Corporation shall be such as the terms of their engagement call for or the board or president requires of them. The board may from time to time and subject to the Act, vary, add to or limit the powers and duties of any officer.

### **36. Vacancy in Office**

In the absence of a written agreement to the contrary, the board may remove, whether for cause or without cause, any officer of the Corporation. Unless so removed, an officer shall hold office until the earlier of:

- . the officer's successor being appointed,
- a. the officer's resignation,
- b. such officer ceasing to be a director (if a necessary qualification of appointment) or
- c. such officer's death.

If the office of any officer of the Corporation shall be or become vacant, the directors may, by resolution, appoint a person to fill such vacancy.

### **37. Method of Giving Any Notice**

Any notice (which term includes any communication or document), other than notice of a meeting of members or a meeting of the board of directors, to be given (which term includes sent, delivered or served) pursuant to the Act, the articles, the by-laws or otherwise to a member, director, officer or member of a committee of the board or to the public accountant shall be sufficiently given:

- . if delivered personally to the person to whom it is to be given or if delivered to such person's address as shown in the records of the Corporation or in the case of notice to a director to the latest address as shown in the last notice that was sent by the Corporation in accordance with section 128 (Notice of directors) or 134 (Notice of change of directors);
- a. if mailed to such person at such person's recorded address by prepaid ordinary or air mail;
- b. if sent to such person by telephonic, electronic or other communication facility at such person's recorded address for that purpose; or
- c. if provided in the form of an electronic document in accordance with Part 17 of the Act.

A notice so delivered shall be deemed to have been given when it is delivered personally or to the recorded address as aforesaid; a notice so mailed shall be deemed to have been given when deposited in a post office or public letter box; and a notice so sent by any means of transmitted or recorded communication shall be deemed to have been given when dispatched or delivered to the appropriate communication company or agency or its representative for dispatch. The secretary may change or cause to be changed the recorded address of any member, director, officer, public accountant or member of a committee of the board in accordance with any information believed by the secretary to be reliable. The declaration by the secretary that notice has been given pursuant to this by-law shall be sufficient and conclusive evidence of the giving of such notice. The signature of any director or officer of the Corporation to any notice or other document to be given by the Corporation may be written, stamped, type-written or printed or partly written, stamped, type-written or printed.

### **38. Invalidity of any Provisions of this By-law**

The invalidity or unenforceability of any provision of this by-law shall not affect the validity or enforceability of the remaining provisions of this by-law.

### **39. Omissions and Errors**

The accidental omission to give any notice to any member, director, officer, member of a committee of the board or public accountant, or the non-receipt of any notice by any such person where the Corporation has provided notice in accordance with the by-laws or any error in any notice not affecting its substance shall not invalidate any action taken at any meeting to which the notice pertained or otherwise founded on such notice.

### **40. Mediation and Arbitration**

Disputes or controversies among members, directors, officers, committee members, or volunteers of the Corporation are as much as possible to be resolved in accordance with mediation and/or arbitration as provided in the section on dispute resolution mechanism of this by-law.

### **41. Dispute Resolution Mechanism**

In the event that a dispute or controversy among members, directors, officers, committee members or volunteers of the Corporation arising out of or related to the articles or by-laws, or out of any aspect of the operations of the Corporation is not resolved in private meetings between the parties then without prejudice to or in any other way derogating from the rights of the members, directors, officers, committee members, employees or volunteers of the Corporation as set out in the articles, by-laws or the Act, and as an alternative to such person instituting a law suit or legal action, such dispute or controversy shall be settled by a process of dispute resolution as follows:

- The dispute or controversy shall first be submitted to a panel of mediators whereby the one party appoints one mediator, the other party (or if applicable the board of the Corporation) appoints one mediator, and the two mediators so appointed jointly appoint a third mediator. The three mediators will then meet with the parties in question in an attempt to mediate a resolution between the parties.
- The number of mediators may be reduced from three to one or two upon agreement of the parties.
- If the parties are not successful in resolving the dispute through mediation, then the parties agree that the dispute shall be settled by arbitration before a single arbitrator, who shall not be any one of the mediators referred to above, in accordance with the provincial or territorial legislation governing domestic arbitrations in force in the province or territory where the registered office of the Corporation is situated or as otherwise agreed upon by the parties to the dispute. The parties agree that all proceedings relating to arbitration shall be kept confidential and there shall be no disclosure of any kind. The decision of the

arbitrator shall be final and binding and shall not be subject to appeal on a question of fact, law or mixed fact and law.

All costs of the mediators appointed in accordance with this section shall be borne equally by the parties to the dispute or the controversy. All costs of the arbitrators appointed in accordance with this section shall be borne by such parties as may be determined by the arbitrators.

#### **42. By-laws and Effective Date**

Subject to the articles, the board of directors may, by resolution, make, amend or repeal any by-laws that regulate the activities or affairs of the Corporation. Any such by-law, amendment or repeal shall be effective from the date of the resolution of directors until the next meeting of members where it may be confirmed, rejected or amended by the members by ordinary resolution. If the by-law, amendment or repeal is confirmed or confirmed as amended by the members it remains effective in the form in which it was confirmed. The by-law, amendment or repeal ceases to have effect if it is not submitted to the members at the next meeting of members or if it is rejected by the members at the meeting.

This section does not apply to a by-law that requires a special resolution of the members according to subsection 197(1) (fundamental change) of the Act because such by-law amendments or repeals are only effective when confirmed by members.