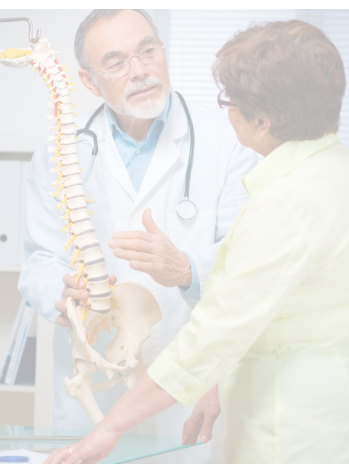


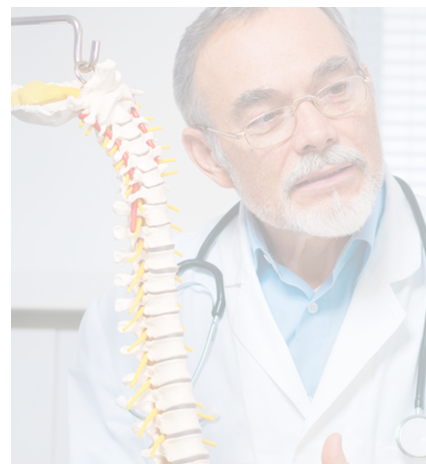
# CIRPD

## AGM

CANADIAN INSTITUTE  
FOR THE RELIEF OF  
PAIN AND DISABILITY

## 2015





Annual General Meeting Agenda	2
Annual General Meeting Minutes	3
Board Chair's Report	4
Treasurer's Report	6
President's Report	10
Infrastructure Upgrade	11
Social Media – Facebook, Twitter, YouTube, and LinkedIn	12
The BC Consumer Programs, Services and Web Resources Directory	12
Educational Webinars	14
Health and Work Productivity Alliance Project	17
WhiplashPrevention.org – Update	21
In-Kind Donations	25
Get to Know the Staff	25
Appendix I CIRPD Annual Financial Statements	



November 23, 2015  
11:00 AM – 12:45 PM

## Venue

Room #7254

Gordon and Leslie Diamond Health Care Centre

2775 Laurel Street

Vancouver, B.C. V5Z 1M9

# Annual General Meeting Agenda

1. Welcome
2. Presentation & Discussion: Glenn Pransky, MD, M.Occ. Health – Return to Work Coordination: Key Competencies for Success (Open to the public)
  - a. Learning Objectives
    - i. Understand the process of identifying key RTW coordinator competencies
    - ii. Identify eight major categories of essential competencies for this role
    - iii. Identify the ways that experienced RTW coordinators acquired and maintain these competencies
3. Live Audience Q&A with Glenn Pransky
4. Annual General Meeting
  - a. Minutes of Annual General Meeting, October 1, 2014
  - b. Board Chair's Report
  - c. Treasurer's Report
    - i. Financial Update
    - ii. Annual Review ending June 30, 2015
  - d. IT Report
5. CEO & President's Report
6. Nomination Committee Report
7. Election of Directors
8. New Business
9. Motion to Terminate

October 1, 2014  
1:00 PM – 2:45 PM (PST)

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

## Minutes of the Annual General Meeting

### Participants at AGM

Members: Lynn Moore, Gerry Johnson, Becky Dailey, Penny Gelber, Sylvie Gelinias, Terri Aversa, Delia Cooper, Lisa McGuire, Judy Geary, Steve Inouye, Ed McCloskey, Louise Nagy, Bill Dyer, Marc White, Tonya Hyde, Joanna Howarth and 103 non-members

### Annual General Meeting Minutes

1. Welcome
2. Presentation & Discussion: Louise Lydon, B.Sc. OT – Overcoming Fatigue with Arthritis (The presentation recording will be posted on the CIRPD website)
3. Annual General Meeting
  - a. MSC Minutes of Annual General Meeting, November 22, 2013
  - b. MSC Approval of President's Report
  - c. MSC Approval of Treasurer's Report
  - d. MSC Appointment of Auditors – Wolridge Mahon
  - e. MSC Approval of Bylaws
  - f. MSC Approval of Executive Director Report
  - g. MSC Approval of Nomination Committee Report
  - h. MSC Election of the following Directors:
    - i. Terri Aversa
    - ii. Christian Codrington
    - iii. Niki Ellis
    - iv. Judy Geary
    - v. Kiran Kapoor
    - vi. Wilson Kwan
    - vii. Mike McKenna
    - viii. Lynn Moore
    - ix. Louise Nagy
    - x. Nora Spinks
  - i. New Business
    - i. Planning for board meetings
    - ii. Strategic sessions
    - iii. Invites to follow
  - j. Meeting Terminated at 2:30pm



## Board Chair's Report

### **Adrienne Hook**

Welcome to the 29th Annual General Meeting for the Canadian Institute for the Relief of Pain and Disability. This AGM mark several changes. The government of Canada 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. At our last AGM we had updated the objects of the organization to reflect our current activities and to recognize our contribution to public health.

The new objects were more descriptive of the unique role CIRPD play in British Columbia and across Canada. As a consumer-based organization which has developed a strong network of academic researchers and relationships between consumer health organizations and professional associations, our goal is to more rapidly move what is known from high quality research into training (consumer and professional), policy and practice.

CIRPD roots arose from its interest in common musculoskeletal problems and the need to improve assessment and treatment. It was formerly called the Physician Medicine Research Foundation. As the organization and research matured it was recognized that we needed to take a more comprehensive approach to the prevention, diagnosis, and treatment of people who have experienced injury, or have chronic diseases that impact their quality of life. People with musculoskeletal disorders were at higher risk for having pain, depression, anxiety or other challenges that can impact recovery or result in poorer quality of life. In 2003 we changed our name to the Canadian Institute for the Relief of Pain and Disability recognizing that we were embracing a more bio-psycho-social perspective on health challenges and that solutions required action at different levels (societal, government, policy/ regulation, insurance, mental health, workplace, academic, professional, consumer, etc.).

This coming year we anticipate that the board of directors may wish to revisit our name as we continue our activities in the area of work and health. We are seeking your ideas and input in the process.

The past year we have greatly added to and delivered new educational resources to support our ongoing programs and services. In British Columbia alone we have been able to provide educational resources to residents living in 154 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 80,000 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 has in-kind and promotional support from 26 Consumer Organizations including Pain BC and the Canadian Pain Coalition; 57 Professional Organizations including the Associations for Occupational Therapists, Massage Therapists, and Health and Safety Specialists; and 11 Colleges and Universities including University of Lethbridge, Ryerson University, and St. Mary's University.

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.

It has been a pleasure being the Board Chair to this innovative organization who produces valuable programs and services in BC, across Canada and internationally.

## Treasurer's Report

**Wilson Kwan, CA / Vancouver**

### Overview

For the year ended June 30, 2015, CIRPD ended the year with cash of \$88,593 which was funded by the continued support from the Province of British Columbia's Community Grant Program and project revenue.

In February 2015, 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 delivery 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 and their support systems. This funding is annual only and CIRPD submits an application in November each year for performance review and grant determination.

For the year ended June 30, 2015, total revenue was \$241,724 from current and deferred contributions. These contributions came from a variety of sources including Provincial Governments Community Grants, membership and donations. This revenue was primarily utilized on the BC Consumer Health activities funding the wages and salaries of the staff that deliver the CIRPD programs and services and related enhancements to our IT infrastructure to improve accessibility of web resources via different devices. This upgrade included the migration of CIRPD websites from SharePoint 2007 to SharePoint 2013.

CIRPD successfully transitioned to the new Canadian Not-for-Profit Act which required CIRPD to move to an audit (versus a review) engagement for the year ending June 30, 2015. To ensure the organization is adequately provided for, we requested the current firm at the time, Wolrige Mahon to prepare a quote for services. On March 2, 2015, we solicited a formal request for proposal letter to 11 accounting firms. Six firms submitted formal proposals. The Board of Directors of CIRPD passed a motion to appoint, DMCL LLP, on March 29, 2015 which provided an overall savings of over 30% compared to our previous accounting firm. We are grateful for the generous partial donation of services to CIRPD.

Subsequent to year-end, Dr. Marc White under the auspices of his academic appointment at the University of British Columbia successfully received his third grant from WorkSafeBC Innovation at Work competitive research grant program of \$50,000. This funding was supported by WorkSafeBC (\$45,000 and WorkSafeNB \$5,000). A portion of this funding is directed to CIRPD for addressing project staffing needs. As Dr. White is an unfunded community researcher (not funded by the University) the grant covers Dr. White's 20% of his salary cost (the equivalent of one day per week. Although the grant was awarded in this fiscal period the project start date was October 1, 2015 to avoid summer start dates and holidays.

Cash flow continues to be a high priority due to the annual short-term funding nature of our programs and services. CIRPD and its Board is committed to finding solutions to raise additional funding as needed to ensure the operations remain self-sustaining and address program delivery needs.



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

### **Infrastructure Improvements for CIRPD Websites**

As discussed in the Board IT Report by Jories Timmers our three-year contract for datacenter services ended at the end of this fiscal period. Given the growing utilization of CIRPD's programs and services there was both an opportunity and need to ensure that CIRPD's infrastructure could manage the number of visitors and increased participation of our web resources. Equally important was to ensure that we had regular backups and a disaster recovery plan in place to protect our investment in program development and to reduce downtime should there be an IT disaster.

### **Actions planned for this year:**

Implementation of a method to monetize the existing services provided such as providing Certificate of Attendance for Professional Development Hours for a nominal cost for professionals who also view our webinars series. This will help bring a steady stream of funding to the Organization to support our consumer health services.

Seek further investment in our infrastructure and develop and implement recognition opportunities for government, corporate and private contributions to our programs and services.

To further strengthen our Health and Work Productivity Alliance and Portal project to help workers and employers facilitate safe, psychologically healthy, accommodating and productive workplaces to prevent or mitigate unnecessary disability and worklessness.

### **Fundraising for 2015/2016**

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 is submitted immediately after the AGM.

Dr. Marc White under his UBC appointment is currently working on the Social Sciences and Humanities Research Council ("SSHRC") grant application due at the end of the month of November. This is anticipated to generate approximately \$75,000- \$100,000 in project funding which will augment CIRPD salaries and contracted project staff including the participation of a minimum of two graduate students. If successful, this will begin in April of 2016 and lead to an opportunity to apply for Phase 2 project funding.

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 related to our e Health and Work Productivity Alliance and Portal project. The success of our partnership and sponsorship activities are critical to ensure there are adequate funds in place to deliver needed programs and services and to address cash flow needs.

## **Infrastructure Renewal**

### **Joint Report by Jories Timmers and Marc White PhD**

Mr. Jories Timmers, is the Director of Information Technology at Powerex and a board member CIRPD. Mr. Timmers provides guidance to the Board and Management on IT-related issues.

With the end of a 3 year contract for colocation of CIRPD servers with our datacentre provider in June of this year, Mr. Timmers in collaboration with Marc White led the CIRPD IT team for several planning meetings to discuss possible options and to create technical specifications to explore two different scenarios - a managed colocation with some hosted services versus a more cloud-based hosted solution. Following our planning contacted several companies who were interested in providing quotes.

We identified the following objectives:

- Simplify our current IT environments at that the office and colocation
- Ensure we have managed and reliable back ups as we move into HWP production
- To reduce reliance on coordination of independent IT contractors to address IT needs
- Move to a hosted exchange service (to address our mailing needs)
- To have a cloud-based filing server to address access and back up of CIRPD files and folders
- All personal contact and research data must remain solely on Canadian servers
- Cost efficiencies
- Flexible contract based on funding assurance

Based on responses to our tendering process, the IT Team selected a new datacentre provider that would provide colocation, hosted services and some managed services to meet our objectives above at a lower monthly cost than the current provider. The team encountered some unexpected one-time expenses as well as schedule delays which are not unusual with datacenter moves. As per Marc's description below he has kept me involved in project progress and key decisions regarding this important infrastructure renewal project.

### **Project description - Marc White**

The contracted monthly cost at our current datacentre for the past year was \$1,768.45. As of June 15th the cost increased to \$1,805 on a month to month basis. The datacentre provider for the past 3 years has provided us with a full cabinet for our servers, internet, bandwidth and free telephone services. However the datacentre did not offer managed colocation as an ongoing service, nor did they provide hosted services. We created technical specifications and explored various options of cloud, hosted and managed services.

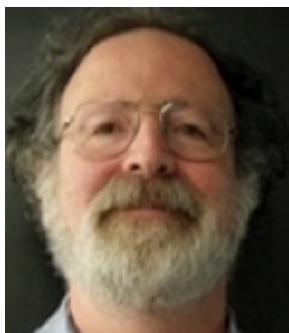
	Neteligent	Provider 2	Provider 3	Provider 4	Provider 5
Monthly	1,672	3,439	6,271	3,086	3,540
Set Up	250	2,812	2,812	2,485	2,400
Managed BU	Yes	No	Yes	Yes	Yes
Exchange	Yes	No	No	No	Yes
File Server	Yes	No	No	Yes	No

Based on quotes and reference checks we decided to move colocation to Neteligent in Montreal in early September. We anticipated the move will result in considerable cost savings and address the need to have managed and reliable back ups as we move to content population. Under the new colocation plan we will dispose of old equipment, reduce full cabinet size to ½ cabinet, and reduce power needs. Once additional funding partners are in place we will consider deploying a second colocation to provide us with global redundancy and fully address disaster recovery.

As part of the new colocation set up we purchased hard drives to support back up and storage (approx. \$6000) and power distribution unit (approx. \$1,000). We have also moved our development work off the Colo environment and are using a hosted cloud-based development environment called Cloud Share (approx. \$250 per month). This reduces IT complexity and allows for easier access by our sharepoint developers. We anticipated that we will save approximately \$500- \$750 per month on IT consultants related to office and colocation network based on annual costs.

We anticipate completion of the infrastructure renewal to be completed by the end of the calendar year, this includes migration of email and files to the hosted service. During the transition to the new configuration and datacentre one of the servers had technical issues which is currently being resolved with support from our Dell Contract in consultation with our IT team.

## President'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.

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, and others.
- 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 regards 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 29 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, etc.) 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, web, and social media Manager, 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; and Orion Wårje, our research associate, assists us with identification and translation of research resources. 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!

## Infrastructure Upgrade

This past year, with the assistance of BC Gaming Community Grants, other organization donors, and our academic and professional volunteers we upgraded and re-designed our website, which is the main delivery vehicle for our programs and services. This website upgrade gave us an opportunity to refresh major areas of content and keep it up-to-date with current research evidence as well as ensure all our web-based programs and services can be accessed easily on a variety of devices. It also provided an opportunity to enhance navigation and website design for accessibility. The upgrade also increased functionality to allow staff to easily update the 600 plus resources and webinars we have on our website. In addition to our online programs and services, CIRPD also provides a province-wide hotline helping British Columbians find resources in their neighbourhoods or to provide guidance on what websites provide credible research-informed information. Our programs and services are used by health authorities, outpatient programs, and non-profit organizations throughout BC. This year our reach continued to expand to 154 communities across the province. We also had major volunteer support from academics throughout BC as we continued to learn from current research and to translate such research into our current programs and services.

OLD Website



NEW Website



Donations from our constituents can help us complete these upgrades. Consider donating or pledging over two years \$1000, \$500, \$250 to help us create a sustainable, affordable infrastructure to continue providing our important programming! You will receive recognition on our website based on your level of support.

## **Social Media – Facebook, Twitter, YouTube, and LinkedIn**

We have been using various social networks as modes of sharing research-based resources. We share our webinars, online resources, and activities through the use of Facebook, Twitter, YouTube, and LinkedIn. We also use these channels to share the content of other trusted organizations. We have made lasting connections with other community-based organizations and shared a wide variety of credible resources with people who need it most. Our social media strategy focuses on creating dialogue around issues of chronic pain and disability as well as being a consistent source of credible information.

Since launching our social media program we have:

- 3,900 Followers on Twitter
- Posted over 4,500 resources to Twitter
- 1,636 Friends on Facebook
- Posted over 620 links to resources on Facebook
- 600 Connections on LinkedIn
- Connected over 280 in our Health and Work Productivity Portal Group on LinkedIn
- 350 Subscribers on YouTube
- Posted 111 videos on YouTube with 70,000 views total (80,000 overall though other media streaming sites)

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

## **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

<b>Condition</b> (Resources can be marked for multiple conditions)	<b>Number of programs, services, support groups, and internet resources shown</b>
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

The BC Consumer Guide includes over 600 resources available to people in British Columbia. These resources include support groups, webinars, videos, podcasts, educational workshops, community resource centres, and referral resources. These online resources are utilized in over 150 BC communities, plus provide a variety of resources available to anyone with a computer and internet access.

## Educational Webinars

Since we launched our webinar programming over 80,000 have participated, downloaded, and viewed our webinars. The webinars created and delivered as live events in the last year are listed below. Compared to last year's tabulated views, we have had a 74% increase in viewership. This does not represent the tremendous utilization of the historical webinars created under this program. For instance, the 5-Part Yoga Series alone has been downloaded and viewed 15,200 times and the Introduction to Mindfulness program has been downloaded and viewed 6,917 times. As enduring resources, the webinars are accessed on a continual basis once they are uploaded.

Webinar Titles	Registered	Attended	Viewed Video since Posting
Banishing Burnout: Strategies for a Constructive Engagement with Work - Michael Leiter – October 9, 2014	83	37	160
Productivity, Health and Wellbeing from Working in Green Buildings: Can We Find Win-Win Solutions? – Andrew Thatcher – November 13, 2014	44	20	40
The Stanford Chronic Pain Self-Management Program (CPSMP): International perspectives – Sandra Lefort – November 20, 2014	161	73	424
On Knowing Another's Pain: Reactions of Health Care Professionals and Others – Ken Craig – December 2, 2014	187	78	236
Manager Involvement in Work Re-Integration? – Karin Maiwald (partner with WORK Journal) – December 4, 2014	106	62	108
Successful return to work with chronic pain? Negotiation strategies for stakeholders – Elaine Wainwright – January 14, 2015	200	118	235
Connecting the Dots: Optimizing Human Capital Investments for Better Business Performance– Wendy Lynch and Bruce Sherman – January 16, 2015	63	27	39
Chronic Pelvic Pain: Thinking Outside the Box – Catherine Allaire – February 10, 2015	262	128	467
Becoming Human Again': Exploring Connections between Nature and Recovery from Stress and Post-traumatic Distress - Stephanie Westlund (partner with WORK Journal) – February 12, 2015	161	71	130
The Sandwich Generation at Work – Ann O'Sullivan (partner with WORK Journal) – March 4, 2015	88	70	110
Thinking (Hard) about Pain: Psychological Challenges and Recovery in Chronic Pain – John Sturgeon – March 10, 2015	446	205	544
Improving Safety Culture: Barriers, Challenges and Solutions – 2-part member only webinar series – Heinrich Beukes – March, 2015	104	71	169
Self-management of chronic musculoskeletal disorders and employment – Stephen Bevan – April 17, 2015	189	100	183

Webinar Titles	Registered	Attended	Viewed Video since Posting
Riding the Emotional Roller Coaster of Chronic Pain– Wesley Buch – April 20, 2015	219	89	255
How Can we Help Our Patients in Pain to Exercise? Katherine Harman – May 7, 2015	281	147	319
Headache, Migraine and Chronic Pain – Gordon Ramsey – May 12, 2015	292	172	330
Working Beyond Cancer: What We Do and Don't Know – Saskia Duijts – May 28, 2015	180	112	147
Cannabis and Chronic Pain – Mark Ware, MD – June 5, 2015	360	186	374
Job Retention, Return-to-Work and Chronic Illness– Pursuing Rob Grundemann – June 12, 2015	335	170	229
Chronic Nerve Pain - Dwight Moulin, MD – July 15, 2015	415	212	437
The Psychology of Resilience and the Associations with Chronic Pain - Dr. Toby Newton-John – August 11, 2015	410	141	242
Participatory Ergonomics - Dwayne Van Eerd – September 17, 2015	132	95	100
The Relationship Between Inflammation, Arthritis, and Nutrition – September 22, 2015	407	206	222
Worker, Employer and Provider Perspectives on Creating Effective Return to Work Strategies (Learning from Current Research) - Mary Stergiou-Kita – October 8, 2015	182	101	101
Complex Regional Pain Syndrome - Dr. Andreas Goebel - October 13, 2015	292	144	144
<b>Total</b>	<b>5599</b>	<b>2835</b>	<b>5745</b>

These webinars have had a tremendous response from people with pain, their families, and their support systems, as well as health professionals seeking up-to-date information for their patients. The series also provides access to up-to-date programming for community partners. For instance, on Vancouver Island, one of the regional health centres hosts groups of clients for viewing webinars. The webinar series provided additional resources and an educational focus around which to bring their clients (mostly those dealing with chronic pain) together. For example, in Kelowna, registrants get together to listen to webinars and have a group discussion around the topic.

For further information, see our upcoming webinars on both [Chronic Pain](#) and [Return to Work](#).

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

- This webinar series has reinforced information I have learned over the years about chronic pain which enables me to handle pain situations much easier. Thank you for these webinars. They are the perfect format for learning and the fact that we can pull them up again from the CIRPD website is a bonus to reinforce what we have learned and confirm or correct what we think we heard on the webinar. **(Delta, BC)**
- Learned much more about the importance of the food I eat and the role it plays in my osteoarthritis. **(Garibaldi Highlands, BC)**
- Attending these webinars I have gained a better understanding of how my stubborn chronic pain and depression/anxiety are connected, some affirmation of what I have and do experience, and also affirmation of what I'm doing to increase my resilience. That alone makes it all so much more bearable and provides hope. Oh my, you are doing so well covering things for me ... right now, I'm still in catch-up and review mode for all of the wonderful sessions and resources you've provided. **(Vancouver, BC)**
- I have learned that we do have some control over how we experience pain, and that it's important to continue educating oneself about the nature of chronic pain and how to help oneself. **(Delta, BC)**
- Thank you again for the clarity and expertise of your speakers on the subject of pain. **(Victoria, BC)**
- It was a great review on nutrition and inflammation, and quite a bit of new information. e.g. role of sugar in inflammation. Also, obesity contributing to inflammation. This is practical and useful information people living with chronic pain and health care professionals. I will adjust my own life style/diet and have information to forward to my family and others living with chronic inflammation. **(Prince George, BC)**
- These webinars have helped me gain a feeling that there are resources available to make this chronic pain ordeal easier. Finally there is more research done on the topic of chronic pain. I have new hope that I can look up the books recommended and get some help in dealing with pain flairs. Thank you for putting these webinars on. They are really very professional and helpful! **(Burnaby, BC)**
- I have learned so much about my pain & also ways in which to cope with pain issues & the accompanying discomforts that go along with being in chronic pain. I learned about many sources out there that are here to help us & also how we can help others to cope. CIRPD has truly "opened my eyes" to so many practical ways of coping mechanisms that are easy & economical to use. No! I truly love & look forward to The Webinars. Thank you Tonya and All. **(West Vancouver, BC)**

## Health and Work Productivity (HWP) Alliance Project

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

It is estimated by WorkSafeBC that \$1 to 1.5 billion is spent per year on people injured at work. The Health and Work Productivity Alliance is working towards creating a culture of health and safety in the workplace. Each year, 350,000 workers are injured and 1,000 die in workplace injuries (AWCBC, 2005). Government, public and private sector employers are increasingly concerned about work disability and the costs associated with worklessness, reduced productivity, absenteeism, and chronic health conditions. The financial implications include medical costs, disability insurance, sick leave, workers' compensation, and the cost of training and replacing absent workers. Social costs are more complex and difficult to quantify but include the long term impact of disability-related poverty on families and society.

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

The Health and Work Productivity Project is a strategic alliance of stakeholders and academics with the aim of assisting the public and other stakeholders identify and utilize credible resources to facilitate safe, healthy, accommodating and productive workplaces. An important goal of the initiative is helping people with chronic disease, chronic pain and other health challenges stay at work or return to work. The HWP Alliance provides research-based information to support the BC Government's interests in Healthy Families, Healthy Living and Living Safely. The project has created educational programming and resources to support making BC the best place to live and work. These resources are created and live on CIRPD's website including our public access webinars.

CIRPD have engaged over 50 academic scientists and 25 organizations in British Columbia, across Canada and internationally who all contribute to shape, direct, contribute to and benefit from the HWP alliance. Collectively they share a desire for credible knowledge, tools and resources to help individuals and organizations make better informed decisions about effectively, and efficiently creating safe, healthy, accommodating, and productive workplaces.

**Table 3. Types of Community Partners and Stakeholders**

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

As part of this project we have been developing and pilot testing a robust knowledge mobilization portal called the Health and Work Productivity Portal. The HWP portal lives on the same infrastructure as CIRPD other websites – [www.cirpd.org](http://www.cirpd.org) and [www.whiplashprevention.org](http://www.whiplashprevention.org)

It is a hybrid project representing an unique academic community partnership to co-create and share evidence-informed resources to create and sustain safe, psychologically healthy and productive workplaces. The academic partnership has tremendous benefits for the Province of British Columbia. It draws on international, national and regional talent, expertise and research resources to address real world challenges identified by government, public and private sector employers and people living with health challenges. CIRPD's free educational resources support best practices in disability prevention, disability management and health promotion. Many of the conditions facing people at risk for disability include people with chronic diseases (chronic pain, heart disease, diabetes, arthritis, back pain, whiplash, overweight or obese). BC Gaming funding is used to support the translation of this knowledge into practical resources which are found on our websites.

This past year under the auspices of our CEO's academic affiliation at UBC was successful in securing funding for a project entitled: Identification, Control and Prevention of Work-related Psychosocial Hazards and Social Conditions Contributing to Mental Health Disorders and Prolonged Work Absence. This project involves engaging multiple stakeholder organizations across BC and academics to identify high priority psychosocial issues for their organization and to participate in identifying and translating high quality research evidence to inform policy, training and practice. CIRPD takes new knowledge gained from this project and updates their educational programs and activities in collaboration with BC stakeholders.

Our IT Team has been planning the expansion of the server farm capacity to meet the growing demand for program delivery across BC. The infrastructure project supports all CIRPD programs and services. We are pleased that this year Microsoft Canada under their donation program through Techsoup Canada we received 5 - Office Professional Plus –\*USD \$4,015.00 (June 18, 2015) and Dynamics CRM Server 2013/ Licenses \*USD \$11,879.00 (March 19, 2015). This represents over \$20,000 of in-kind support (see Volunteer and In-Kind valuation). \*Market value estimates provided by Microsoft.



We would like to thank the following BC and Canadian researchers and stakeholders for contributing their time this year to assist us with the identification of relevant research resources and to support the translation of these resources to the public and other stakeholders:

#### Consumer Health Organization Stakeholders

- Pain BC
- People in Pain Network
- Comox Valley Nursing Centre
- Richmond Disability Centre
- Neil Squire Society
- Arthritis Research Centre of Canada

#### Academic Researchers/Volunteers

- Henry Harder EdD, MA, Bed, R.Psych., Professor, Disability Management Program, University of Northern British Columbia
- Douglas Romilly PEng; BASc, PhD, Associate Professor, Department of Mechanical Engineering, University of British Columbia
- 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
- Mieke Koehoorn, PhD, Professor Head, Occupational and Environmental Health Division, University of British Columbia, Vancouver, BC Canada
- Vernita Hsu, Injury Management Coordinator, BC Construction Safety Alliance
- Iris Lama, Director of Rehabilitation Services, Healthcare Benefit Trust
- Lisa McGuire, Executive Director, The FIOSA-MIOSA Safety Alliance of BC
- Adrienne Hook, Director, Specialized Strategic Services, Health Employers Association of British Columbia

#### Other Canadian Academic Volunteers

- Kelly Williams-Whitt PhD, Associate Professor, Faculty of Management, University of Lethbridge
- Clermont Dionne PhD, Professor, Department of Rehabilitation, Faculty of Medicine, Laval University. Senior investigator, Population Health Research Unit (URES) of the Research Centre of the Laval University Affiliated Hospital
- Catherine Loughlin PhD Canada Research Chair in Management, Sobey School of Business & CN Centre for Occupational Health and Safety, Saint Mary's University, NS

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

In the last report, we stated that we established a LinkedIn interest group to better assess potential interest in the HWP project as well as to identify potential academic / research centres who could participate in the HWP portal including populating our Webinars. At the end of the fiscal period Dr. White has 622 LinkedIn contacts, the majority of whom are of interested in the HWP project. The HWP interest group had 286 members.

### ***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 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, Wärje 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, Wärje 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***

You are welcome to look at the open access publications arising from our research activities.

- [Modifiable workplace risk factors contributing to workplace absence across health conditions: A stakeholder-centered best-evidence synthesis of systematic reviews](#)
- [Modifiable worker risk factors contributing to workplace absence: A stakeholder-centred best-evidence synthesis of systematic reviews](#)
- [Non-modifiable worker and workplace risk factors contributing to workplace absence: A stakeholder-centred synthesis of systematic reviews](#)
- [Job demand and control interventions: a stakeholder-centered best-evidence synthesis of systematic reviews on workplace disability.](#)

- [Social Support and Supervisory Quality Interventions in the Workplace: A Stakeholder-Centered Best-Evidence Synthesis of Systematic Reviews on Work Outcomes](#)

### Book Chapter

- White MI, Wagner SL, Williams-Whitt, K, Koehn C, Kube D, Cornacchia M, Wårje 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

### WhiplashPrevention.org – Update

As mentioned above we have provided a brief historical perspective on CIRPD's activities in Whiplash Prevention in addition to current and planned activities. It really is a case study about how BC Gaming Community Grants can make a real difference leading to evidence-informed policy and program changes that will impact the public health of British Columbians for future generations. It also demonstrates how CIRPD and its affiliation with UBC are able to leverage national funding support for a variety of research projects (not funded by BC Gaming). This additional funding supports CIRPD's ability to work with academic partners to create new knowledge, whereas the BC Gaming Community Grant program provides necessary funds to translate and effectively disseminate new knowledge into action resulting in significant benefits for the Province.

### **Why Whiplash?**

Whiplash—neck pain—is the most common injury associated with motor vehicle collisions, accounting for an astonishing 70% of all bodily claims in Canada. In BC alone, the economic cost is estimated to exceed over \$1 billion dollars annually for the province and directly impacts the cost of insurance premiums. It is estimated by our research team that over \$150 of one's driver insurance premium is directly related to insured costs associated with whiplash. This cost does not reflect the real burden of neck pain including unnecessary pain, pain suffering, lower quality of life, work absence and societal loss of productivity.

In 1996, where we led a province-wide education program with the University of British Columbia, Faculty of Medicine and the BC College of Family Physicians to ensure that family and emergency physician in training and in practice were up-to-date on current research on best practices for patient care. This three year project culminated in our organization hosting the 1st World Congress on Whiplash-Associated Disorders in Vancouver in collaboration with ICBC and other funders. The first congress presented some indications that primary prevention is likely possible but was limited to only to a few car manufacturers Volvo and Saab.

Research evidence presented at our 2nd World Congress on Neck Pain in the Population in 2008 (funded by other sources) confirmed that primary prevention is possible and that the incidence of serious neck pain can be reduced by 35% simply by taking appropriate preventative action. Between our first congress and second congress we were involved in strategic planning meetings and working with academic, insurance and government to support new regulations to improve vehicle safety for rear-end motor vehicle collisions. As regulations were implemented more manufacturers were already improving their seat and head restraint design. ICBC was a leader in this activity and had funded the creation of a measuring device which has become an international standard.

### ***Original Research***

In 2011, CIRPD was a community partner with UBC researchers which planned, implemented and evaluated a province-wide observational study funded by Auto21 Networks Centres of Excellence to assess whether BC drivers and passengers had appropriately adjusted their seat and head restraint system in order to provide optimal protection to prevent or mitigate whiplash. This research involved creating an innovative tool and software analysis program to document head restraint and seat positioning taking high speed pictures at intersections in rural and urban communities across BC (funded by other sources). This BC study found that 40% of the population failed to have their head restraints at the optimal position and therefore were at greater risk for serious neck injuries. [CIRPD in partnership with UBC Department of Mechanical Engineering have also been working on an auto-adjusted seat design to reduce the need for manually adjusting one's head restraint.]

It was clear to our organization that providing up-to-date information and having British Columbians take appropriate preventive action we can dramatically reduce whiplash frequency and severity and greatly reduce the cost of insurance premiums, and loss of productivity. To address this issue, CIRPD, in collaboration with its academic partners created a strategic plan in partnership with ICBC to focus on primary prevention. Through our academic team we sought and received academic funding support from Auto21 Networks of Centres of Excellence and other federal agencies to support new academic research on primary prevention.

Note: The correct position of the head restraint should be positioned so that the top of the head should be in line with the top of the head restraint and the seat back should close up any unnecessary distance between the back of the head and the back of the seat.

### ***Long Lasting BC Impact***

New knowledge gained at the world congresses we hosted, and the results of our observational study contributed have had a huge and long-lasting impact in British Columbia. BC is the only Canadian province or territory that has incorporated whiplash prevention as part of its licensing responsibilities. We are not aware of any other province, territory or country who has done this.

Directly due to our efforts in partnership with UBC researchers, ICBC has updated and implemented new knowledge about primary prevention across different levels of ICBC licensing and insurance responsibilities and operations.

Our academic and community research team provided advice for the creation of a new education video demonstrating correct positioning of the head restraint. ICBC updated all of their educational resources to reflect current research-evidence for the purpose of its responsibilities for licensing new drivers and educating the general public.

### ***Driver Licensing and Examination***

The correct positioning of seat and head restraint is a test-item for prospective drivers who are writing their licensing examination.

Knowledge about whiplash prevention is part of the practical examination test noting whether the individual has adjusted their seat and head restraint correctly prior to starting their engine, if this is not performed appropriately the examiner lets them know that this is important.

Whiplash prevention information (based on our artwork) is incorporated in learner education guides for study prior to their written and practical examination.

### ***Public Awareness Campaigns, Phone Apps and Other Related BC Activities***

In the Spring 2010, CIRPD and UBC academic team held focus groups and meetings with BC Municipal Fleet Managers to learn about their knowledge about whiplash-associated disorders, and their understanding of primary prevention and car safety. We learned that fleet managers were not aware that different makes and models of vehicles (even from the same manufacturer) have different safety performance results (front collision, side collision, rear-end collision and roll over). We also learned that they have been given a mandate to go green, not necessarily to go safe. We also learned that they were mandated to go “Green”, not necessarily “Safe”.

In 2011-12, to address this issue CIRPD, took this new knowledge and created Phone Apps that integrated both green emission data and safety performance data so that fleet managers and general consumers can identify the greenest and safest vehicles to better meet their needs. The Phone App lets fleet manager and consumers select vehicle type and cost information and provides recommendations and alternatives so that people can make more informed choices about vehicle purchases.

In 2012, we received a small grant from ICBC grant to run summer educational programs at BC Ferries Terminals and created Whiplash Prevention Campaign brochures.

In 2013, we hosted the Whiplash Prevention Video Contest that garnered three newspaper articles, television news coverage and terrific online publicity on the Whiplash Prevention Project. We worked in collaboration with 24 Hours Vancouver to host the contest. 24 Hours provided an online venue for the video upload and voting. We had 8 videos that were submitted with 4 reaching the finalist category. The winner was Jenna Hambrook, a film student from UBC.

Our whiplash video content spurred ICBC to update their educational video. CIRPD and its academic partners provided both technical and scripting advice. This education video is not being used as part of the educational resources for current and upcoming public awareness campaigns.

Our related website, [www.whiplashprevention.org](http://www.whiplashprevention.org), is recognized as a credible source of information. All dissemination activities including our website acknowledges and thanks the BC Government for its support.

### ***Current Project***

Given the increased utilization and impact of social media we have planned, implemented and utilized these mediums in promoting whiplash prevention. The past two years have also witnessed a significant rise in the different types of devices being used to access the internet. All CIRPD websites were built and running on SharePoint 2007, it was clear that we needed to upgrade our platform to make our various websites “device friendly”. Upgrading all of domains required investment in planning and development and changes to our infrastructure to virtualize our platform. This work is 85% complete.

### ***Future Projects***

This coming year 2015-2016, ICBC has engaged additional partners in planning and implementing targeted **Protect Your Neck** Campaign awareness campaigns - CRD Traffic Safety Commission and Road Safety At Work. As part of this **Protect Your Neck** Campaign they have used our data and our artwork to create a new campaign logo and engage multiple partners to establish their own branded campaigns targeting their constituents. ICBC has now linked two high priority issues in BC **Texting and Driving** and **Whiplash Prevention**. The new message is that **you need to protect yourself from people who are texting and who cause rear-end collisions**.

Our observational study provides both a strong rationale why community groups should agree to lead their own public awareness campaign. It also created new technology to measure the impact of their campaign.

This coming year ICBC is asking our research team (CIRPD-UBC partnership) to conduct a new observational study to evaluate the effectiveness of targeted public awareness campaigns. We are currently in the planning stage.

To further expand our programs and services in this area we are 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.

Research is always changing CIRPD's role is to fast track current research into tangible benefits for the Province of British Columbia, our home province.



As a result of BC Gaming support we have managed to leverage funding for new research which has resulted in tangible benefits for the Province. Academic funding is not fully reflected in CIRPD's financial statements and therefore underestimates the "real contribution" CIRPD makes in the knowledge creation, knowledge dissemination and knowledge utilization process. All of our partnership projects with Dr. Douglas Romilly, UBC Department of Mechanical Engineering and other colleagues is a direct result of our organization's World Congress in 2008.

### **In-Kind Donations**

Thanks to Microsoft for their generous software donations.

### **Get to Know the Staff**



**Marc White, PhD**  
Executive Director

Dr. White 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**

Executive Director

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.

# APPENDIX 1

**CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY**  
**Financial Statements**  
**June 30, 2015**

**Expressed in Canadian Dollars**



**DALE MATHESON CARR-HILTON LABONTE LLP**  
CHARTERED ACCOUNTANTS & BUSINESS ADVISORS

## **INDEPENDENT AUDITOR'S REPORT**

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

We have audited the accompanying financial statements of the Canadian Institute for the Relief of Pain and Disability, which comprise the statement of financial position as at June 30, 2015, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

### **Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Canadian Institute for the Relief of Pain and Disability as at June 30, 2015, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### **Report on Other Legal and Regulatory Requirements**

As required by the Society Act of the Province of British Columbia, we report that, in our opinion, the financial statements are presented on a consistent basis with that of the preceding period.

### **Other Matter**

The financial statements of Canadian Institute for the Relief of Pain and Disability for the year ended June 30, 2014, were reviewed by another auditor who expressed an unmodified opinion on those statements on September 23, 2014.

**DALE MATHESON CARR-HILTON LABONTE LLP**  
CHARTERED PROFESSIONAL ACCOUNTANTS

Vancouver, Canada  
September 18, 2015

An independent firm associated with  
Moore Stephens International Limited

**MOORE STEPHENS**

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

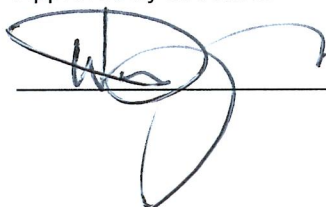
Statements of financial position

Expressed in Canadian dollars

	Notes	June 30, 2015 \$	June 30, 2014 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash		3,461	29,801
Restricted cash		85,132	120,712
Receivables		1,433	2,264
Prepaid expenses		6,092	7,568
		96,118	160,345
<b>Non-current assets</b>			
Property and equipment	3	14,251	14,850
<b>TOTAL ASSETS</b>		<b>110,369</b>	<b>175,195</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Accounts payable and accrued liabilities	6,7	31,459	50,908
Deferred contributions	4	83,801	118,844
Current portion of capital lease obligation	5	1,767	2,613
		117,027	172,365
<b>Non-current liabilities</b>			
Capital lease obligation	5	-	1,808
<b>TOTAL LIABILITIES</b>		<b>117,027</b>	<b>174,173</b>
<b>NET ASSETS</b>			
Retained earnings (deficit)		(6,658)	1,022
<b>TOTAL LIABILITIES AND NET ASSETS</b>		<b>110,369</b>	<b>175,195</b>

Commitments (Note 10)

Approved by directors:





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

Statements of operations and changes in net assets

Expressed in Canadian dollars

	Notes	Years ended	
		June 30, 2015 \$	June 30, 2014 \$
<b>Revenue</b>			
Community gaming grants	4	235,043	204,896
Conferences and sponsorship		-	61,231
Other grants		-	33,346
Donations and other income	9	6,681	12,762
		241,724	312,235
<b>Expenditures</b>			
Advertising		22	88
Amortization		4,913	7,830
Bank charges and interest		1,485	1,469
Conferences and sponsorship		-	30,827
Consulting and other projects		41,244	54,127
Dues and membership		1,300	1,470
Insurance		3,790	3,826
Meals and entertainment		254	182
Office and general		8,756	27,469
Professional fees		9,748	10,975
Rent		17,669	14,785
Telecommunications		30,134	21,213
Travel		3,243	7,832
Wages and benefits	7	126,846	131,007
		249,404	313,100
<b>Deficiency of revenues over expenditures</b>		<b>(7,680)</b>	<b>(865)</b>
<b>Net assets, beginning</b>		<b>1,022</b>	<b>1,887</b>
<b>Net assets, ending</b>		<b>(6,658)</b>	<b>1,022</b>

The accompanying notes are an integral part of these financial statements

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

Statements of cash flows

Expressed in Canadian dollars

	Year ended	
	June 30, 2015	June 30, 2014
	\$	\$
<b>Operating activities</b>		
Deficiency of revenues over expenditures	(7,680)	(865)
Adjustments for items not affecting cash:		
Amortization	4,913	7,830
Interest on capital lease	42	262
Changes in non-cash working capital items:		
Receivables	831	11,959
Prepaid expenses	1,476	(2,098)
Trade payables and accrued liabilities	(19,448)	43,774
Deferred contributions	(35,043)	(29,915)
<b>Net cash flows from (used in) operating activities</b>	<b>(54,909)</b>	<b>30,947</b>
<b>Investing activities</b>		
Expenditures on property and equipment	(4,315)	-
<b>Net cash flows used in investing activities</b>	<b>(4,315)</b>	<b>-</b>
<b>Financing activities</b>		
Repayment of capital lease	(2,696)	(2,759)
<b>Net cash flows used in financing activities</b>	<b>(2,696)</b>	<b>(2,759)</b>
Increase (decrease) in cash	(61,920)	28,188
Cash, beginning	150,513	122,325
<b>Cash, ending</b>	<b>88,593</b>	<b>150,513</b>
<b>Cash consists of:</b>		
Cash	3,461	29,801
Restricted cash	85,132	120,712
	<b>88,593</b>	<b>150,513</b>



## CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

### 1. Nature of operations

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

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

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

### 2. Significant accounting policies

#### **Statement of compliance**

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

#### **Restricted cash**

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

#### **Property and equipment**

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

Computer equipment under capital lease	30% declining balance
Computer equipment	30% declining balance
Furniture and equipment	20% declining balance
Computer software	2 years straight line

#### **Revenue recognition**

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

## CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

### 2. Significant accounting policies (cont'd)

#### ***Contributed services and materials***

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

#### ***Financial instruments***

##### ***Measurement of financial instruments***

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

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

##### ***Impairment***

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

#### ***Significant estimates and assumptions***

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

#### ***Significant judgments***

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

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



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

Notes to the financial statements

Expressed in Canadian dollars

**3. Property and equipment**

	Cost	2015 Accumulated Amortization	Net	2014 Net
	\$	\$	\$	\$
Computer equipment under capital lease	14,727	8,593	6,134	8,763
Computer equipment	53,331	46,724	6,607	4,199
Furniture and equipment	31,357	29,847	1,510	1,888
Computer software	24,881	24,881	-	-
	<b>124,296</b>	<b>110,045</b>	<b>14,251</b>	<b>14,850</b>

**4. Deferred contributions**

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

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

**5. Capital lease obligation**

	2015 \$	2014 \$
Agreement with Dell Financial Services Canada that bears interest at 4.53% per annum and requires monthly payments of \$229 to February 22, 2016	1,767	4,421
Less: current portion	(1,767)	(2,613)
	-	1,808

Total interest paid on the capital lease obligation during the year was \$42 (2014 - \$262).

Future minimum lease payments under the capital lease obligation are:

	2016	\$
Total minimum lease payments	1,797	1,797
Less: Amount representing interest	(30)	(30)
Balance of obligation	1,767	1,767
Less: current portion	(1,767)	(1,767)
	-	-

**6. Accounts payable and accrued liabilities**

	2015 \$	2014 \$
Accounts payable	26,459	46,908
Accrued liabilities	5,000	4,000
	<b>31,459</b>	<b>50,908</b>

## CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

### 7. Related party transactions

At June 30, 2015, \$26,549 (2014 - \$38,229) is payable to a member of key management and is included in accounts payable and accrued liabilities.

Key management compensation includes \$74,565 in wages and benefits to a member of key management (2014 - \$70,860).

### 8. Financial instruments

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

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

#### ***Liquidity risk***

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

#### ***Credit risk***

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Institute is exposed to credit risk in connection with its cash and receivables. The Institute provides credit to its clients in the normal course of its operations.

#### ***Market risk***

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

#### ***Currency risk***

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

	2015	2014
	\$	\$
Cash	1,181	1,110

#### ***Interest rate risk***

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



## CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to the financial statements

Expressed in Canadian dollars

### 9. Endowment Fund – Ian A. Barclay Chronic Pain Fund

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

The Institute does not reflect the Fund in its financial statements because it lacks discretion over the expenditure and investment of the capital of the fund. The quoted market value of the securities underlying the Fund's capital as a June 30, 2015 is \$45,349 (2014 - \$43,630). During the year ended June 30, 2015, the Institute received \$1,498 in interest income from the fund (2014 - \$1,120).

### 10. Commitments

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

	\$
2016	19,000
2017	19,652
2018	19,782
2019	6,594
	<u>65,028</u>

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

### 11. Comparatives

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