

Annual Report

2016-2017



Canadian Academy of Health Sciences

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CAHS @CAHS_ACSS

CAHS mobilizes the best scientific minds to provide independent, timely assessments on key issues relevant to the health of Canadians

Mission To inform policy and practice by mobilizing the best scientific minds to provide independent and timely evidence-based assessments of critical health challenges affecting Canadians.

Vision Informed actionable solutions that improve the health of Canadians

Values CAHS is collaborative, objective, transparent, expert, strategic and independent.

Promise The CAHS pledges to serve Canadians by volunteering the time and expertise of our Fellows in conducting independent, unbiased, expert assessments on health-related topics of major importance to Canada.

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MESSAGE FROM THE PRESIDENT



It has been a busy and productive year for the Canadian Academy of Health Sciences since our last AGM in September 2016. We are very pleased with the evolving closer relationship with CCA, as well as with our sister Academies, and excited about our current partnered work around Medical Assistance in Dying. We anticipate continued development of the relationships between CCA and member academies, including an expanded CCA Annual General Meeting with opportunity for exchange among leaders of the three member academies: CAHS, Canadian Academy of Engineering, and the Royal Society of Canada.

Funding of Academy activities continues to be a challenge. We continue to work to establish effective mechanisms with Federal and Provincial Ministries of Health to enable the direct assignment of relevant health questions to the Academy with associated funding. CCA has been very supportive, with Eric Meslin and myself meeting together in January 2017 with the President of PHAC and the PHAC Chief Scientist to discuss the readiness of CAHS to carry out assessments. We sought support for a proposed Assessment on *Dementia* and continued to work on follow up to the 2016 Forum on *Indigenous Health*. Now that Bill C-233 has been passed that calls for a National Framework for Dementia, we have proposed our readiness to work with partners to convene a meeting.

We explored additional avenues for increasing the visibility of the Academy and for engaging the expertise of our Fellows. We were pleased to have a proposal accepted for a book chapter, based on findings from previous assessment reports (**Paul Allison, Jean Gray, Carol Herbert, Louise Nasmith, Christian Naus, Sioban Nelson and Catharine Whiteside**. *Caring for Health in Reflections of Canada: illuminating our opportunities and challenges at 150+ years* (Peter Wall Institute for Advanced Studies 2017, ed. Philippe Tortell, Margot Young and Peter Nemetz, pp. 57-62). We collaborated with CCA, RSC and CAE in the November 2016 pre-Workshop of the Centre for Science Policy Conference (CSPC) on evidence-based decision-making.

Keith Sharkey represented CAHS at a national meeting organized by Canadian Centre for Substance Abuse to derive a *National Research Agenda on Cannabis*.

An article on *Dementia* co-authored by **Howard Feldman** and **Carole Estabrooks**, co-chairs of the 2015 Annual Forum, was published in the Canadian Journal of Public Health and **Carol Herbert** wrote an Open Letter on Indigenous Health, entitled “*Nothing About Us Without Us*”: *Taking Action on Indigenous Health*, for a series by Longwoods (published in January 2017).

On May 12, CAHS co-sponsored an Invitational Symposium in Toronto to celebrate the 80th Anniversary of Associated Medical Services (AMS) and the 50th anniversary of Canadian Medicare, entitled *Canadian Medicare 2017: Historical Reflections, Future Directions*. The very successful event was co-chaired by **Greg Marchildon** and Colleen Flood, former Scientific Director of the CIHR Institute on Health Services and Health Policy Research. The submitted papers will be published as a special issue of the journal *Health Economics, Policy and Law*. On the previous day, May 11, there was a public presentation on *The Past and Future of Canadian Medicare* at 4 pm at MaRS, facilitated by **David Naylor**.

We submitted a brief to the Panel, chaired by David Naylor, that conducted the Fundamental Science Review (*Investing in Canada’s Future: Strengthening the Foundations of Canadian Research*) and following the release of the report this spring, we supported the findings in an initial letter to Minister Duncan. Subsequently, a committee of senior leaders from the Academy, chaired by **Paul Armstrong**, studied the report in detail and solicited feedback from Fellows through an on-line survey as well as from summary reports of regional meetings in Victoria and Vancouver. A formal response was submitted in July to Minister Duncan, Minister Philpott, Treasury Board, and the Prime Minister, encouraging action on the recommendations. Paul Armstrong and Carol Herbert wrote an op-ed regarding the Fundamental Science Review, accepted and in press at the *Globe & Mail* as of August 1, 2017.

In response to a request from Veteran’s Affairs Canada (VAC), a report on best practices for management of chronic physical illness entitled **Review of Chronic Care** was prepared by a working group of **Louise Nasmith, Carol Herbert and Martin Fortin** (we are delighted to welcome Martin as a 2017 Fellow). That report relied heavily on a previous 2010 assessment report on chronic disease management, co-chaired by **Louise Nasmith** and **Penny Ballem**. Louise presented our findings at a national meeting in PEI in late May 2017.

We increased our engagement with the InterAcademy Partnership (IAP) for Health. **Carol Herbert** was actively involved in the organization of the 2016 InterAcademy Partnership (IAP) for Health conference in Beijing and **Jeff Turnbull**, who co-led the CAHS assessment on *Optimizing Healthcare for Canadians*, gave a keynote address.

The CAHS has also led the development of an IAP Statement on Dementia and we are grateful to **Howard Chertkow** who chaired the IAP international expert group. That statement is now in the final stages of ratification by the IAP member academies. We solicited nominations from Canadian medical schools and have proposed two delegates for an IAP young leaders' conference with a request for special consideration for a third.

In June 2017, after a long gestation, we published our assessment report on Team Science, *Academic Recognition of Team Science: How to Optimize the Canadian Academic System*. We are indebted to the Expert Panel led by Dr. Peter Mackinnon, and members Stephen Bornstein, Sarah Bowen, Holly J. Falk-Krzesinski, Sara Israels, Joanne Keselman, **Roderick R. McInnes, Carol L. Richards, D. Lorne Tyrrell** and **Peter Walker**. We are most grateful to the sponsors of this work and also to the Council of Canadian Academies who enabled it.

Our **Regional Networks** continue to flourish with annual or more frequent meetings of Fellows in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario (London and Toronto), Quebec and the Atlantic Provinces. **Carol Herbert** spoke at the November Symposium of the Saskatchewan CAHS Regional Network that was hosted by **Kishor Wasan** and **Jay Kalra**. As mentioned above, the BC Chapters in Vancouver and Victoria provided valuable feedback on the Fundamental Science Review.

One of our key activities remains our Annual Forum. **Forum 2016** was both moving and informative. Entitled *Solutions to Inequities in Indigenous Health: what works and why?* the outstanding presenters provided many take away lessons, but there were two messages that particularly resonated. First: 'nothing for us without us', underlining that it is crucial for well-intentioned health care providers or policy makers to partner with Indigenous communities to define problems and solutions. Second: the importance of context, that is so critical to understand as we think about scaling up successful programs from one community to another.

As we try to assess what works and why in particular communities, we should not assume that a program can be copied from one community to another, but rather we can look for approaches and processes that led to useful solutions and share those instead. We are most grateful to **Jeff Reading** and **John O'Neil** for putting together a very meaningful day and to all the presenters who shared their experience and their stories. *Visit the Forum page on our website to access these presentations.*

We anticipate a very successful Forum 2017 on September 14, 2017 on *Strategies to control the antimicrobial resistance tsunami: Is Canada doing its part?*

Forum co-chairs, **John Conly** and **John Prescott**, have developed an exciting program that bridges veterinary science and human health with speakers who will bring us up to date on topics from basic science to public health within Canada and worldwide. We are very pleased that PHAC has contracted with CCA to work with CAHS to provide a formal assessment with respect to antimicrobial resistance (AMR). That work will begin in the coming few months. Our Forum findings will provide input to the Panel that will be established.

We have increased the opportunity to serve on CAHS committees and have a record number of Fellows engaged as Chairs or members of them. We are delighted to have increased our Francophone members and we continue to make progress towards our goal of becoming bilingual despite our lean resources. Our Newsletter, President e-blast and our website are all directed to providing service to Fellows. We have recently updated our website, which represents an enormous amount of work led by **Catharine Whiteside** and **Allison Hardisty**. As an element of increased engagement in social media, we piloted a CAHS Twitter feed around our 2016 Annual Forum and AGM which was very successful; **Kishor Wasan** has continued to tweet on our behalf, and we are grateful to Fellows who participate.

The Committee on Assessments, chaired by **Jean Gray**, and the Board have revised our process for developing Assessments, with the aim of engaging sponsors early in the development of a relevant question and having sufficient funds committed at the outset. We anticipate using Round Tables or similar venues to bring together stakeholders and ensure our major activity as an Academy is better aligned. The Committee on Development and Strategic Communications, chaired by **Catharine Whiteside**, has been extremely active this past year, as detailed elsewhere in the Annual Report. We owe a tremendous debt of gratitude to Jean, Catharine, and their Committee members. Similarly, we have been extraordinarily well-served by the Committee on Annual Meeting Planning, chaired by **Gavin Stuart**, the Committee on Fellowships, chaired by **Linda Rabeneck**, the Committee on Nominations and Governance, chaired by **John Cairns**, and the Committee on Government Relations and Partnerships, also chaired by **John Cairns**. We have been actively exploring potential organizational partnerships, including promising meetings with CMA and the Canadian Medical Forum. **Linda Rabeneck** is chairing a Task Force on Strategic Partnering so that we can guide our decision-making as to how best to advance the work of the Academy.

As an organization largely funded by membership dues, we can only operate because of the dedication of our volunteer Board and Committee members and the efforts of our Fellows. Our only paid staff member is Allison Hardisty, who provides incredible support in her part-time role.

For the Academy to continue to grow, it is essential that we have more staff leadership and I am delighted that Eleanor Fast will join us commencing September 2017 as the inaugural CAHS Executive Director (part-time).

It has been a privilege to serve as your President for the past two years. I thank you for your ongoing engagement and support as we honour outstanding Canadian health scientists by electing them to Fellowship and as we contribute our expertise to create a healthier Canada.

Carol Herbert, President

BOARD EXECUTIVE

Treasurer: [Dina Brooks](#)

Past President: [John Cairns](#)

President: [Carol Herbert](#)

President Elect: [Linda Rabeneck](#)

Secretary: [Kishor Wasan](#)

BOARD MEMBERS

[Paul Allison](#)

[Carol Herbert](#) *Chair*

[Louise Potvin](#)

[Lorne Babiuk](#)

[Wayne Hindmarsh](#)

[Linda Rabeneck](#)

[Dina Brooks](#)

[Annette Majnemer](#)

[Chris Simpson](#)

[John Cairns](#)

[Jon Meddings](#)

[Peter Singer](#)

[Jean Gray](#)

[Marek Michalak](#)

[Kishor Wasan](#)

[Brenda Hemmelgarn](#)

[Anita Molzahn](#)

[Catharine Whiteside](#)

[Allison Hardisty](#) *Administration*

MEETINGS OF THE BOARD & BOARD STANDING COMMITTEES 2016-17

6 Meetings of the Board Executive

8 Meetings of the Board

1 Board Retreat

2 Meetings of the Fellowship Committee

2 Fellowship Committee Orientation Sessions

5 Meetings of the Committee on Assessments

7 Meetings of the Committee on Annual Meeting Planning

7 Meetings of the Committee on Development & Strategic Communications

2 Meetings of the Committee on Government Relations & Partnerships

4 Meetings of the Committee on Governance & Nominations

STANDING COMMITTEE REPORTS

FELLOWSHIP



From the outset, CAHS Fellows were drawn from the full breadth of academic health sciences and all of the health disciplines: Medicine, Nursing, Dentistry, Pharmacy, Rehabilitation Sciences (Occupational and Physiotherapy) and Veterinary Medicine. Public Health was formally recognized as an independent health discipline in 2015.

Following a national call for nominations by current Fellows, candidates for Fellowship are peer-reviewed by the Committee on Fellowship in a rigorous process designed to identify individuals widely recognized for their leadership, scientific creativity, distinctive competencies and demonstrated commitment to advance academic health sciences and the health of all Canadians. From the outset, CAHS was to be an honorific society that would not only recognize the achievements of outstanding individuals but also identify those who would undertake a covenant to serve the Canadian public by providing “scientific advice for a healthy Canada”.

In 2017, the Academy has grown to 659 Fellows in the categories of regular (age < 65) (399), senior (age 65–74) (177), emeritus (age ≥ 75) (74), Distinguished (6), Lifetime (2) and Honorary (1). Their home faculties/disciplines are Medicine (489), Nursing (40), Rehabilitation Sciences (27), Dentistry (11), Pharmacy (23), Veterinary Medicine (16), Public Health (29) and Other (24). There are Fellows from every Canadian province and 15 live outside Canada. The Fellowship is 25% female.

The Committee on Fellowship was refreshed for the 2017 annual nomination and adjudication processes. One member stepped down having completed her term. We are most grateful to *Dr. Bilkis Vissandjée* for her service to this Committee. We welcomed *Drs. Alba DiCenso and Joy MacDermid* to the Committee for renewable terms of three years effective January 2017.

Linda Rabeneck, Chair

MEMBERS

Paul Allison

Bill Avison

Andrea Baumann

Dina Brooks

Roy Cameron

Davy Cheng

Allison Hardisty *Administration*

Alex Clark

Yves De Koninck

Alba DiCenso

Mary Ensom

William (Bill) Fraser

Joy MacDermid

Louise Potvin

Linda Rabeneck *Chair*

Allan Ronald

Walter W Rosser

Kishor Wasan

FELLOWS ELECTED IN 2017

Gregg P. Adams

Veterinary Sciences

University of Saskatchewan

Jehannine C. Austin

Medicine

University of British Columbia

Zubin Austin

Pharmaceutical Sciences

University of Toronto

A. Dean Befus

Medicine

University of Alberta

Lara A. Boyd

Rehabilitation Sciences

University of British Columbia

Laurent J. Brochard

Medicine

University of Toronto

Miguel N. Burnier Jr.

Medicine

McGill University

Julie Carrier

Other (Psychology)

Université de Montréal

Michael W. H. Coughtrie

Pharmaceutical Sciences

University of British Columbia

Michael D. J. Cusimano

Medicine

University of Toronto

Mirosław Cygler

Medicine

University of Saskatchewan

Faith G. Davis

Public Health

University of Alberta

Marc R. Del Bigio

Medicine

University of Manitoba

Michael J. Dunbar

Medicine

Dalhousie University

Alan C. Evans

Medicine

McGill University

Martin Fortin

Medicine

Sherbrooke University

Pierrette Gaudreau

Medicine

Université de Montréal

Janice E. Graham

Other (Medical Anthropology)

Dalhousie University

Richard L. Horner

Medicine

University of Toronto

Susan E. Horton

Public Health

University of Waterloo

Eileen K. McNally Hutton

Medicine

McMaster University

Yann Joly

Medicine

McGill University

Lyndon W. Jones

Medicine

University of Waterloo

Joel D. Katz

Other (Psychology)

York University

Gilles J. Lavigne

Dentistry

Université de Montréal

Sumit R. Majumdar

Medicine

University of Alberta

Darcy D. Marciniuk

Medicine

University of Saskatchewan

Jean-Yves Masson

Medicine

Université Laval

Paul W. McDonald

Public Health

York University

Anne-Marie Mes-Masson

Medicine

Université de Montréal

Kelly A. Metcalfe

Nursing

University of Toronto

Thomas W. Noseworthy

Medicine

University of Calgary

Santa J. Ono

Medicine

University of British Columbia

Madhukar Pai	Medicine	McGill University
Morag Park	Medicine	McGill University
Terence M. Peters	Medicine	University of Western Ontario
Stuart M. Phillips	Rehabilitation Sciences	McMaster University
Pierre Pluye	Medicine	McGill University
Jong M. Rho	Medicine	University of Calgary
Ryan E. Rhodes	Rehabilitation Sciences	University of Victoria
John F. Rudan	Medicine	Queen's University
Janice M. Sargeant	Veterinary Sciences	University of Guelph
Donald Sheppard	Medicine	McGill University
J. Kevin Shoemaker	Rehabilitation Sciences	University of Western Ontario
John C. Spence	Rehabilitation Sciences	University of Alberta
Kelli I. Stajduhar	Nursing	University of Victoria
Roger P. Strasser	Medicine	Northern Ontario School of Medicine
Anthony Sze-Leung Tang	Medicine	University of Western Ontario
Brett D. Thombs	Medicine	McGill University
Ross Tadao Tsuyuki	Medicine	University of Alberta
David R. Urbach	Medicine	University of Toronto
Haibo Zhang	Medicine	University of Toronto

Board Retreat, March 2017 [clockwise... Peter Singer; Muhammed Mamdani (for Jean Gray); Linda Rabeneck, Louise Potvin, Lorne Babiuk, Marek Michalak]



Fellows 659 *inclusive of 2017 elections*

Categories

399 Fellow <65 years
177 Senior Fellow 65-74 years
74 Emeritus >75 years
2 Lifetime
6 Distinguished
1 Honorary

Disciplines

489 Medicine
40 Nursing
23 Pharmacy
27 Rehabilitation
11 Dentistry
16 Veterinary Medicine
29 Public Health
24 Other

Regions

84 Alberta
106 British Columbia
26 Manitoba
7 Newfoundland
19 Nova Scotia
235 Ontario
2 Prince Edward Island
147 Quebec
18 Saskatchewan
15 International

STANDING COMMITTEE REPORTS

ASSESSMENTS



The Committee on Assessments develops a variety of objective, evidence-based reports in response to requests from external organizations or based on issues identified during the CAHS annual Forums or by individual CAHS Fellows. These reports can take several forms including a standard independent assessment report developed by a full panel of experts, both national and international; a “Casting in a Canadian Context” assessment that provides a Canadian focussed report based on the work done in other countries; reports on Forums held on health-related topics; reports done in collaboration with other academies such as the Council of Canadian Academies; and short reports that synthesize CAHS full assessments for special publications or for policy purposes.

Although CAHS is still developing methods for measuring the impact of these reports, several of the full assessments have now been fully integrated into policy. For example, the Return on Investments in Health Research metrics have been adopted by a wide variety of organizations, including international, national and provincial research grant funding agencies. The Oral Health report received widespread media attention at the time of its release and has shone a spotlight on an overlooked aspect of Canadian healthcare.

In keeping with CAHS strategic goals, the committee has worked closely with the Council of Canadian Academies (CCA) to identify common goals and has utilized the secretariat and project management staff at CCA to assist in our work. Staff at the CCA have been invaluable in the completion of the Academic Recognition of Team Science report this year. Several proposals for assessments that have been discussed by the committee will, if finalized, require close interaction with governments, including the federal government and those of the First Nations.

Short reports began in 2016/17 spearheaded by Dr. Carol Herbert, President of CAHS. Terms of reference for this type of report are being developed by the committee.

The committee also assisted in the creation and peer review of the three short reports Dr. Herbert has developed with others. To involve Fellows more fully in the work of CAHS, the committee has reached out to individuals within the organization to assist in the creation, development and financing of proposals that have come forward for discussion.

Individuals who are not members of the committee but who have been of great assistance this year by providing expert advice when requested or facilitating contacts that enabled us to finalize decisions on possible assessment questions include: Drs. **Carole Estabrooks, Howard Feldman, Howard Bergman, Jeff Reading, John O'Neil, Stewart Harris, Malcolm King, and Keith Sharkey**. We are very grateful for their contributions.

Members of the Academic Recognition of Team Science panel worked very hard over the last 18 months and must also be recognized (CAHS Fellows are bolded): Mr. Peter Mackinnon (Chair), Drs. Holly Falk-Krzesinski, **Roderick McInnes, Peter Walker, Carol Richards**, Stephen Bornstein, Joanne Keselman, Sarah Bowen, Sara Israels, and **Lorne Tyrrell** for the work they have done and to Dr. **Dale Dauphinee** who served as the peer review monitor. This report was released on June 30, 2017 and will be presented to the CAHS Annual General Meeting by Mr. Mackinnon in September.

Goals for 2017-18 include the development and launch of at least two new assessments. Topics under discussion at present include issues associated with dementia based on the 2015 CAHS Forum on that topic, Indigenous health arising from the 2016 CAHS Forum, and antimalarial prophylaxis. The dementia topic was delayed pending the publication of the Federal Senate report on this topic. Other topics have been considered but, after careful consideration, have not been accepted for an assessment.

Jean Gray, Chair

MEMBERS

Dale Dauphinee

Heather Dean

Tom Feasby *resigned 2017*

Ian Graham

Paul Grand'maison

Jean Gray *Chair*

Judith Hall

David Hart

Paul Hebert

Ellen Hodnett

Muhammad Mamdani

Greg Marchildon *new 2017*

Sharon Straus

ASSESSMENT REPORTS

ACADEMIC RECOGNITION OF TEAM SCIENCE 2017

IMPROVING ACCESS TO ORAL HEALTH CARE FOR VULNERABLE PEOPLE LIVING IN CANADA 2014

OPTIMIZING SCOPES OF PRACTICE: NEW MODELS OF CARE FOR A NEW HEALTH CARE SYSTEM 2014

THE ALIGNMENT OF NATIONAL/INTERNATIONAL SODIUM GUIDELINES WITH CURRENT EVIDENCE: A CAHS FORUM 2014 (FORUM REPORT)

CANADIAN INSTITUTE FOR MILITARY AND VETERANS HEALTH RESEARCH IMPACT ASSESSMENT 2013

MEDICAL AND PHYSIOLOGICAL IMPACTS OF CONDUCTED ENERGY WEAPONS (WITH THE COUNCIL OF CANADIAN ACADEMIES - CCA) 2012

EXPERT PANEL ON EARLY CHILDHOOD DEVELOPMENT (WITH THE ROYAL SOCIETY OF CANADA) 2010

CANADA'S STRATEGIC ROLE IN GLOBAL HEALTH (WITH CCA) 2010

TRANSFORMING CARE FOR CANADIANS WITH CHRONIC HEALTH CONDITIONS: PUT PEOPLE FIRST, EXPECT THE BEST, MANAGE FOR RESULTS 2010

DIETARY REFERENCE INTAKES OF VITAMIN D AND CALCIUM 2008 (CCC)

THE RETURN ON INVESTMENTS IN HEALTH RESEARCH: DEFINING THE BEST METRICS 2007

BARRIERS TO AND BENEFITS OF INTERDISCIPLINARY RESEARCH IN THE HEALTH SCIENCES IN CANADA 2006

STANDING COMMITTEE REPORTS

GOVERNANCE & NOMINATIONS



The Committee on Governance & Nominations develops, advises and recommends to the Board the approaches and methods by which the Board will govern. It makes nominations for members of the Board and the Board Executive for approval by the Board and AGM. It also selects individuals for receipt of CAHS awards and Distinguished Fellowship.

GOVERNANCE

Proposals were made to, and approved by, the Board at the October 24, 2016 meeting, for the following changes in policies:

- a. Terms of service for *Nominations from the Floor* Board members to be changed from 1 to 2 years.
- b. Terms of Reference for Chair of Fellowship Committee
- c. Eligibility requirements for Fellowship in regard to Canadian residency
- d. Voting rights for Fellows aged ≥ 75 years
- e. Naming of CAHS Committees

Items c, d and e were considered to be matters of policy and immediately implemented. Items a and b were considered to be matters for changes in the bylaws and will be presented for formal approval by the Fellows at the AGM on September 15, 2017.

NOMINATIONS

Board Officers 2017-2018 nominations recommended to Board

- President-elect
- Discipline Directors: Veterinary Medicine, Pharmacy, Medicine, Nursing, Dentistry
- Member-at-large
- Nomination from the Floor

Awards selections submitted to Board for approval

- Cy Frank Lecture
- Paul Armstrong Lecture
- CAHS Fellow Lecture
- Distinguished Fellow

COMMITTEE GOALS FOR 2017-2018

This committee serves essential and ongoing functions in terms of organizational governance, renewal and recognition and will sustain these activities in the coming year.

Note that the Committee on Governance & Nominations continues to seek new Board members from a range of disciplines and geography, and considers gender balance. There is a philosophy of appointing committee chairs who are not required to be regular members of the Board. Some committee members may be Board members, whereas others are drawn from the general Fellowship. Using the President's eBlast and the Newsletter, Fellows are invited to make suggestions for new Board members and for recipients of our awards. Those suggestions not leading to nomination / selection are kept on file by the Committee to inform future decisions.

John Cairns, Chair

MEMBERS

Paul Allison

Lorne Babiuk

John Cairns *Chair*

Alastair Cribb

Greta Cummings

Jon Meddings

Anita Molzahn

Allison Hardisty *Administration*

STANDING COMMITTEE REPORTS

GOVERNMENT RELATIONS & PARTNERSHIPS



It is the mandate of the Committee on Government Relations & Partnerships to create a proactive strategy to nurture, build and guide government relations. This includes generating overall policies and strategies to inform interactions of CAHS Officers and Fellows with government (federal and provincial) and disseminating information about the CAHS to relevant Ministries. The Committee works in close liaison with the Committee on Development & Strategic Communications.

The full Committee met on two occasions during 2016-17 and the chair has taken forward the objectives of the Committee through his membership on the Committee on Development & Strategic Communications and the Task Force on Strategic Partnering. The focus has been on relations with Federal Government, the Council of Canadian Academies and potential partners.

RELATIONS WITH FEDERAL GOVERNMENT

Public Health Agency of Canada (PHAC) On January 11, 2017, Carol Herbert and Eric Meslin met with the President and Chief Scientist of PHAC to explore funding for a major assessment on Dementia. They learned in fact that the fate of this proposal would be importantly influenced by federal planning around a dementia strategy. With the passage of Bill C-233, and the requirement that the federal government convene a meeting, the CAHS has offered to assist in the organization of the event. We believe we can partner effectively to plan and execute a multi-stakeholder conference.

Ministry of Aboriginal Affairs Stanley Kutcher has spoken with Minister Carolyn Bennett on two occasions and in these conversations she indicated an appetite for arm's length, evidence-based, summaries or assessments to inform policy development and was receptive to the potential for input from the CAHS to Indigenous Affairs and Health.

Response to Canada's Fundamental Science Review Carol Herbert sent a preliminary letter of congratulations and support to Minister Kristy Duncan on April 14, 2017 upon release of the Report in which she indicated the Academy would prepare a detailed response within three months. She then invited Paul Armstrong to chair a small leadership group to review the report and prepare the response.

The formal response submitted to Minister Duncan in late June, drew on summaries of discussions reported by several CAHS regional networks, survey responses from the Fellows and a conference call with David Naylor on June 2, 2017 in which he encouraged broad support of the recommendations and emphasized the importance of the health sciences community responding as one voice.

In August 2017, Paul Armstrong and Carol Herbert, with the editorial assistance of Kathleen O'Grady, Managing Editor of the Evidence Network, published an Op Ed entitled "*Investing in research is the best way to create an innovative economy*" in the Globe and Mail Business section on August 8, 2017. The opinion piece provides a clear message in terms of the importance to Canada of the implementation of the recommendations in the report and also positions CAHS as a major player in the evaluation of questions requiring policy initiatives.

Response to Veteran's Affairs Canada assessment of Chronic Disease Management A request received from Veteran's Affairs Canada led to the engagement of **Louise Nasmith, Carol Herbert, and Martin Fortin**, with editorial support provided by Sonia Kupka, in a minor assessment that built upon our major assessment of Chronic Disease Management.

RELATIONS WITH COUNCIL OF CANADIAN ACADEMIES

Carol Herbert has spearheaded several meetings with Eric Meslin, President and CEO, and participated in discussions with the Member Academy Presidents that have led to formal signings of a new agreement with the CCA. The terms of the agreement include favorable financial provisions for the Member Academies in return for services rendered. Substantial progress has also been made in the area of assessments with CAHS Fellows having major involvement in two out of three components of the Assessment on *Medical Assistance in Dying*. Funding for a formal assessment on *Antimicrobial Resistance*, under the auspices of PHAC, has been received and the Panel will be struck early in 2018.

RELATIONS WITH OTHER GROUPS

Canadian Medical Association Carol Herbert and John Cairns met with Chris Simpson initially to explore opportunities for building relationships with the CMA. Carol, John and Chris then met with the CMA Board on April 13, 2017 to outline the nature of the CAHS and its mission, examples of activities of potential interest to CMA and potential joint activities. There was considerable interest on the part of the CMA and a follow-up meeting was held on June 16, 2017 with Granger Avery, President, and Laurent Marcoux, President-elect. Both the CMA and the CAHS expressed deep concern about dementia and best practices for prevention and management for individuals, families, and communities.

Following a further meeting of the CMA executive, Owen Adams indicated their interest in possibly working with the CAHS in support of Bill C-233 and the requirement that the federal government convene a round table. Discussion is continuing.

Canadian Medical Forum John Cairns and Chris Simpson met with members of the Executive Committee on June 19, 2017 for exploratory discussion that mirrored those initiated with the CMA. Discussion is continuing.

Associated Medical Services (AMS) Carol Herbert proposed to the AMS that the CAHS could provide planning assistance with a national meeting planned to recognize the 80th Anniversary of Medicare in Canada. The Invitational Symposium was held on May 11 and 12, 2017 in association with the CAHS. Entitled *Canadian Medicare 2017: Historical Reflections, Future Directions* the event brought international experts and global thought leaders together to learn lessons from history on how to solve present and future challenges in Canadian Medicare. Event proceedings will be published as a Special Issue of the Journal of Health Economics, Policy and Law. Carol Herbert, John Cairns, Linda Rabeneck and Jean Grey attended the event representing the CAHS.

North American Observatory on Health Systems and Policies The North American Observatory on Health Systems and Policies (NAO) is a collaborative partnership of interested researchers, research organizations, governments, and health organizations promoting evidence-informed health system policy decision-making. A role for the CAHS is being explored with the lead, Greg Marchildon, a CAHS Fellow based at the University of Toronto.

Committee on Development & Strategic Communications A strategy of cross membership and close liaison between the *Committees on Development & Strategic Communications* and *Government Relations & Partnerships* has proved helpful with materials and strategies created on one table being shared and utilized by the other.

COMMITTEE GOALS FOR 2017-18

1. More regular meetings of committee to develop further strategies to enhance effectiveness with Governments.
2. Continue close liaison with Committee on Development & Strategic Communications.
3. Facilitate more meetings with bodies such as CMA and CMF
4. Some renewal of committee membership.

John Cairns, Chair

MEMBERS

Paul Armstrong
John Cairns *Chair*
Rejean Hebert
Carol Herbert
Allison Hardisty *Administration*

Stanley Kutchner
Linda Rabeneck
Chris Simpson
Catharine Whiteside

Board Retreat, March 2017 [L-R: Brenda Hemmelgarn and Catharine Whiteside]



Board Retreat, March 2017 [clockwise: Dina Brooks, Carol Herbert, Anita Molzahn, Lorne Babiuk, Annette Majnemer, John Cairns, Louise Potvin]



STANDING COMMITTEE REPORTS

DEVELOPMENT & STRATEGIC COMMUNICATIONS



To sustain and enhance the contributions of the CAHS, including the engagement of its Fellows, it is recognized that improved financial resources are required. This committee was established in 2016 to develop and initiate implementation of a strategic plan and framework for raising funds for all CAHS activities.

In 2016-17, the Committee on Development was expanded to include Strategic Communications. New members of the Committee, **Kishor Wasan** and **Chris Simpson** expanded our expertise in communications. At the request of the CAHS Board, the Committee recruited a professional communications consultant, Paul Cantin, who advised on a number of ongoing strategic communications projects and activities. These included communications policy and procedures development, the planning and launch of a new CAHS website, communications to government and its agencies and a quantitative impact analysis of a select number of CAHS assessments.

ACCOMPLISHMENTS IN DEVELOPMENT

Completion of a Business Plan Working with the Executive of the CAHS Board, a comprehensive business plan for the CAHS was completed that identified the need for hiring a part-time Executive Director to support the necessary operational management of the CAHS as it enters a new phase of engaging its Fellows and external stakeholders in its mission. The Executive Director's role will be to support the Committee in its fund-raising and strategic communications' activities as well as further development of government relations and partnerships.

The business plan outlines annual fund-raising targets for scaling-up operational and management activities. It also identifies the need for measuring and continually tracking the impact of CAHS activities including assessments reports and Forum proceedings toward achieving our mission and vision.

Fund-raising for the 2017 Annual Forum The Committee is pleased to report successful fund-raising of \$88,500 for the 2017 Forum that includes sponsorships from provincial governments, federal government agencies,

universities, CIHR and a number of NGOs. This represents the highest amount raised for our annual Forum to date.

Fund-raising tactics The Committee has prepared template communications for contacting sponsors and donors that are now available to Fellows who wish to engage in fund-raising. A number of Canadian philanthropic Foundations (public and private) have been identified as potential sponsors for future CAHS assessments and forums. Also, our CAHS Fellows are encouraged to make philanthropic contributions.

Strategic Partnering – for Collective Impact The Committee presented the concept of “Collective Impact – a Case for Partnering with the CAHS” to the Board at its annual strategic planning retreat in March 2017. Based on the sponsorship of many organizations that have supported our assessments and Forums, the CAHS may be in a position to establish more sustained relationships with a limited number of health-related partners that value the opportunity to create collective impact. The Board has launched a Task Force, chaired by Linda Rabeneck, to examine this opportunity and report its recommendations this Fall. The Task Force will address key questions: “What sustained value will other organizations experience in partnering with the CAHS? And, what form of partnership will be feasible within the structure and function of the CAHS?”

ACCOMPLISHMENTS IN STRATEGIC COMMUNICATIONS

Strategic Planning for Improved Communications In the Fall of 2016, the CAHS Board approved a new strategic communications plan that included: clarification of the target audiences for external communication; a refresh of the CAHS Website; enhanced e-communications (Newsletter – external, President’s e-blasts – internal, social media); and, establishing a CAHS Communications Policy and Procedures. With the advice of Paul Cantin and major assistance from Allison Hardisty, a refresh of the CAHS Website was designed, approved by the Board and launched in June 2017. Many thanks to Kishor Wasan who has enabled a continual Twitter feed on behalf of the CAHS including activities of our Fellows (the number of Twitter followers has doubled in the past year) and produced an excellent and timely series of Newsletters. Carol Herbert has corresponded routinely with the CAHS Fellows through her E-News Blasts. CAHS news items are kept up to date on the website by Allison Hardisty. Our communications remain a work in progress and feedback from the Fellows is most welcome.

Baseline analysis of impact of assessments In 2014, the Committee on Assessments commissioned a qualitative review of all CAHS assessments to date. A research assistant scanned public media for postings since the launch of CAHS and her report included 25 good or positive reviews from 2006-14. This year, Paul Cantin completed a quantitative analysis of the following four assessment reports:

1. *Optimizing Scopes of Practice: New Models of Care for a New Health Care System*
2. *Transforming Care for Canadians with Chronic Health Conditions*
3. *Making an Impact: A preferred framework and indicators to measure return on investment in health research*
4. *The Health Effects of Conducted Energy Weapons.*

Here are the total number of references for the four assessments under the following categories:

- *News (earned media – any media posting except social media): 34*
- *Refereed Published Articles: 63*
- *Published Books: 13*
- *Referenced in Presentations with Associated Publications: 16*
- *Referenced in Reports prepared for Governments, Professional Organizations or Think Tanks: 34*

Tracking these data as a measure of impact requires considerable investment of time and expertise. The Committee has recommended partnering with the Council of Canadian Academies to establish sustained tracking and analysis of impact of CAHS activities.

Op Eds At the March 2016 Board meeting a model for supporting Op Eds was endorsed. Kathleen O’Grady, Managing Editor of the Evidence Network, will provide expert support for up to five Op Eds per year. The purpose of the Op Eds is to provide a mechanism for the CAHS to draw attention to timely topics pertaining to the health of Canadians.

COMMITTEE GOALS FOR 2017-18

- Work with the Executive Director to establish a process for ongoing impact analysis of CAHS activities to build our brand and reputation
- Establish a Campaign Cabinet with volunteers from among the CAHS Fellows who are experienced in fund-raising and have connections to prospective donors
- Continue targeted fund-raising for the Forum and Assessments
- Work with the Committee on Government Relations & Partnerships to identify and build effective relationships with influencers who can champion the CAHS with the Federal Government.

Catharine Whiteside, Chair

MEMBERS

Paul Allison

Paul Armstrong

John Cairns

Carol Herbert

Jon Meddings

Allison Hardisty Administration

Linda Rabeneck

Chris Simpson

Kishor Wasan

Catharine Whiteside *Chair*

STANDING COMMITTEE REPORTS

ANNUAL MEETING PLANNING



The Committee on Annual Meeting Planning provides continuity to Forum planning and reports to the CAHS Board of Directors. It has specific responsibility to solicit topic proposals, identify co-chairs and coordinate agenda planning for the annual scientific Forum. The Committee also facilitates venue proposals and collaborates annually with the Committee on Development & Strategic Communications on fundraising to support the Forum.

2016 ACTIVITIES

Co-chaired by **Jeff Reading** and **John O'Neil**, Forum 2016 was both moving and informative. Entitled *Solutions to Inequities in Indigenous Health: what works and why?* the outstanding presenters provided many take away lessons. The event opened with a traditional greeting from Mrs. Amelia Tekwatonti McGregor, representing the Bear Clan of Kahnawake Mohawk Territory. Then Professor Linda Tuhiwai Smith, a Maori expert in health services from the University of Waikato, and Professor Malcolm King of Simon Fraser University, and Scientific Director of the CIHR Institute of Aboriginal People's Health, brought national and international perspectives to Indigenous health and social conditions. Each discussed challenges they believe lie ahead with respect to improving the health and well-being of Indigenous Peoples' health in Canada. Panel chairs and speakers addressed a broad spectrum of innovation including biological and epigenetic issues, self-governance, health services policy and governance showcasing novel researchers and thought leaders who have successfully engaged with their community partners. Closing remarks from Margo Greenwood summarized the most important messages and reminded the audience of highlights of the day.

Two messages particularly resonated. First: 'nothing for us without us', underlining that it is crucial for well-intentioned health care providers or policy makers to partner with Indigenous communities to define problems and solutions. Second: the importance of context, that is so critical to understand as we think about scaling up successful programs from one community to another. Context differs from province to province depending in part on whether Treaties were signed and how they have been implemented.

As we try to assess what works and why in particular communities, rather than assuming that a program can be copied from one community to another, we can look for approaches and processes that led to useful solutions and share those processes instead.

A summary report was prepared that sets the stage for a formal assessment on Indigenous Health, which was shared with sponsors. As we recognize that any assessment question or other action by the Academy must be determined with Indigenous partners, the Committee on Assessments has been trying to connect with the Council of Chiefs. We have also written to the Ministers of Health and of Indigenous and Northern Affairs to indicate that the Academy is willing to assist in advancing the Indigenous health agenda.

The 2016 AGM provided the venue for three exciting presentations. One of our Fellows, Jocelyn Downie presented the CAHS Lecture on the very topical issue of *“Assisted Dying in Canada: Past, Present, and Future”*. Eldon Smith presented the annual Paul Armstrong Lecture, entitled *“Reflections: The Academy and The Health Care System”*. We were honoured to host the inaugural University of Calgary Cy Frank Legacy Lectureship to commemorate our esteemed colleague who contributed so much to Canadian health science and to CAHS, which was given by Alan Bernstein on *“The Promise of the Health Sciences in the 21st Century: a Revisit”*.

At the annual AGM dinner and Induction Ceremony we inducted Jean Rochon as one of our select group of Distinguished Fellows. Dr. Rochon spoke on *“Interfaces between Science and Policy”*.

We are most grateful to sponsors of the 2016 Forum who provided a total of \$87,500.

2017 ACTIVITIES

The committee began its third year of operation with a new Chair, **Gavin Stuart** and renewed membership. We are grateful to **Gloria Gutman** for her service from 2015-17. In 2017, we welcomed **Proton Rahman** who joined **Christian Naus, Louise Potvin, John Cairns, and Carol Herbert**, and the two co-chairs for Forum 2017, **John Conly** and **John Prescott**. We anticipate a very successful Forum on September 14, 2017 on *Strategies to control the antimicrobial resistance tsunami: Is Canada doing its part?* Forum co-chairs, **John Conly** and **John Prescott**, have developed an exciting program that bridges veterinary science and human health with speakers who will bring us up to date on topics from basic science to public health within Canada and worldwide.

We are very pleased that the Public Health Agency of Canada (PHAC) has contracted with CCA to work with CAHS to provide a formal assessment with respect to antimicrobial resistance (AMR). The work will begin in the coming few months and findings from our Forum will be provided to the Panel soon to be established.

We look forward to the CAHS Scientific Lecture being presented by Dr. **Martin Schechter** and the joint CAHS-University of Calgary Cy Frank Legacy Lectureship by Dr. **Tom Noseworthy**. The Paul Armstrong Lecture this year will be given by Dr. **Jean Gray**. We also look forward to the induction of **Henry Friesen** as one of our select group of Distinguished Fellows.

We had another excellent response from sponsors, coordinated this year with the Committee on Development and Strategic Communications, and are grateful for their contributions totaling \$88,500.

Gavin Stuart, Chair

MEMBERS

2017

John Cairns

John Conly *Forum Co-Chair*

Carol Herbert

Christian Naus

Allison Hardisty *Administration*

Louise Potvin

John Prescott *Forum Co-Chair*

Proton Rahman

Gavin Stuart *Chair*

2016

John Cairns

Gloria Gutman

Carol Herbert *Chair*

Christian Naus

Allison Hardisty *Administration*

John O'Neil *Forum Co-Chair*

Louise Potvin

Jeff Reading *Forum Co-Chair*

REGIONAL NETWORKS

STRATEGY & HIGHLIGHTS



Regional meetings provide an opportunity to be connected to other Fellows and to the work of the Academy between annual general meetings. The Board is happy to note that there is now a small budget available (up to \$200) to help with refreshments as needed. As a suggestion, regions with an established meeting structure might like to consider inviting “young scholars” as guests. Inviting the participation of graduate students, post-docs and/or younger faculty members will serve to increase their exposure to some of the top scientists in the health sciences in their region. Our regional networks function less as formal chapters of the Academy but rather informal forums intended to rally Fellows together, building relationships, incubating ideas and crafting assessment and Forum topics. Regional networks also play an increasingly important role in helping to promote and disseminate the work of the Academy in the provinces and identifying worthy candidates for nomination of Fellowship.

Saskatchewan **Jay Kalra** and **Kishor Wasan** hosted 25 Saskatchewan CAHS Fellows and health sciences leaders - including VP Research, **KAREN CHAD**, and CEO of the Saskatchewan Health Research Foundation, **HEATHER MAGITIOUX** - from around the province at the First Annual Saskatchewan Canadian Academy of Health Sciences Mini Symposium on November 7th in Saskatoon. CAHS President, **Carol Herbert**, was our keynote speaker and we formally inducted **Debra Morgan** as a new Fellow of the Academy as she was not able to attend the event in Montreal.

Edmonton Fellows held a reception on January 19, co-hosted by Dean of Nursing **Anita Molzhan** and Dean of Medicine & Dentistry **Richard Fedorak** at the University of Alberta.

CAHS Treasurer **Kim Raine** provided a brief update on current Board activities, as well as formally recognizing new Fellows in attendance. Richard Fedoruk led an informal discussion of opportunities for local CAHS Fellows to become more active as a collective. Themes included influencing provincial government health decisions through developing expert groups on issues of importance to the government.

Vancouver Fellows in the Vancouver area held their second gathering of 2016 on June 14th, hosted by **Diane Finegood** and **Sally Thorne** at the Michael Smith Foundation for Health Research offices. Following an update on CAHS initiatives and the upcoming Forum, a discussion was held on what BC Fellows can do to transform the health care system. Short presentations to stimulate dialogue were offered: by Diane on characteristics of complex systems with respect to finding effective solutions, **Allan Best** on political, executive and clinical considerations in system transformation, **Don Brooks** on competing demands of the health authorities and **Carolyn Gotay** on the role of public health in avoiding premature death. A lively dialogue ensued on transforming the health care delivery system into a learning system through integration of the research/practice/education triangle, and we concluded with some reflections on how CAHS might catalyze its science influence at the national level toward the provincial level, where there is potentially more opportunity for impact within our confederated system.

Vancouver Island Neena Chappell reports that the inaugural meeting of the Vancouver Island Regional Network of CAHS Fellows met on June 20th at the University Club Lounge at the University of Victoria. Also in attendance were **Cecilia Benoit**, **Scott Hofer**, **Andre Kushniruk**, **Francis Lau**, **Bonnie Leadbeater**, and **Tim Stockwell**. The group found much to discuss, including identifying future CAHS nominations, finding ways to bring researchers at various health and research centres together to create more synergies, and advocating for the inclusion of more UVic researchers on national review committees. The group also identified a wide range of local research infrastructure priorities on which it could usefully collaborate. There was considerable enthusiasm for continuing to meet as a regional network and for finding appropriate mechanisms to interact with the larger community of BC Fellows in the BC Lower Mainland.

London Western University CAHS Fellows met on January 14th in a gathering chaired by **Mike Strong** and **Davy Cheng**. The agenda for this meeting included an update on the events of the CAHS Annual meeting, including the keynote by **David Naylor** on Healthcare Innovation, and a discussion on how the Western group might build upon that report and utilize its contents to propose a future major assessment or Forum topic.

Among the urgent topics raised in the discussion was the challenge of Indigenous health, with all of its social and contextual dimensions. The group also reflected on what role the Academy might play in the efficient and effective assessment of foreign trained medical professionals, a matter which affects Canada's health workforce crisis, and the challenge of translational research, about which a small team of Fellows has agreed to further discussion.

Manitoba A subset of the Manitoba regional network met in Winnipeg in January to discuss ways of facilitating regional engagement in the province. The group recognizes that Manitoba has had an informal and unorganized virtual "academy of medicine" for some decades, comprising individuals who have achieved international recognition in their fields who come together from time to time in small groups or clusters to engage in activities or discuss issues related to the promotion of medical sciences and the advancement of medicine. On this basis, the Manitoba Fellows are well placed to form the core of activities that may demonstrate a wider leadership on matters of health science for the province. Strategizing how best to move this forward is being led by **Arnold Naimark**, **Allan Ronald** and **Peter Nickerson**. A follow up meeting is planned in May to continue exploring options.

Kishor Wasan, Secretary

REGIONAL LEADS

Saskatoon: **Jay Kalra & Kishor Wasan**

Ontario (Toronto): **Wayne Hindmarsh & Linda Rabeneck**

Ontario (London): **Davy Cheng & Michael Strong**

Winnipeg: **Peter Nickerson & Allan Ronald**

Edmonton: **Anita Molzahn & Kim Raine**

Calgary: **Jon Meddings**

Quebec: **Paul Allison & Louise Potvin**

Nova Scotia: **Gerald Johnson & Ingrid Sketrís**

British Columbia: **John Cairns & Sally Thorne**

Vancouver Island, British Columbia: **Neena Chappell**

Newfoundland: **Jane Green**

FINANCIAL STATEMENTS

INDEPENDENT AUDITOR'S REPORT



The CAHS retained the Ottawa-based accounting firm *Parker Prins Lebano* to audit the financial results for the fiscal year 2016/17. Parker Prins Lebano, an independent financial auditor, confirms that, based on its audit findings, all expenses associated with the Agreement were eligible in nature.

Dina Brooks, Treasurer

To the Directors of the:

CANADIAN ACADEMY OF HEALTH SCIENCES

[Report on the Financial Statements](#)

We have audited the accompanying financial statements of the CANADIAN ACADEMY OF HEALTH SCIENCES, which comprise the Statement Of Financial Position as at March 31, 2017, and the Statements Of Changes In Net Assets, Operations, 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.

[Auditors' 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 organization'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 organization'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 ACADEMY OF HEALTH SCIENCES as at March 31, 2017, and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



Parker Prins Lebano Chartered Professional Accountants Professional Corporation
Ottawa, Ontario August 24, 2017

Authorized to practice public accounting by the Chartered Professional Accountants of Ontario

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2017

ASSETS	2017	2016
CURRENT		
Cash (Note 3)	\$ 301,584	345,869
Accounts receivable (Note 4)	145,529	75,459
Prepaid expenses	<u>1,429</u>	<u>1,377</u>
	<u>448,542</u>	<u>422,705</u>
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities (Note 5)	\$ 90,217	28,062
Deferred contributions (Note 6)	<u>159,748</u>	<u>215,886</u>
	249,965	243,948
NET ASSETS (Note 8)	<u>198,577</u>	<u>178,757</u>
	<u>448,542</u>	<u>422,705</u>

STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR THEN ENDED MARCH 31, 2017

NET ASSETS		
BALANCE BEGINNING OF YEAR	\$ 178,757	198,574
EXCESS (DEFICIENCY) OR REVENUE OVER EXPENSE	<u>19,820</u>	<u>(19,817)</u>
BALANCE, END OF YEAR	<u>198,577</u>	<u>178,757</u>

STATEMENT OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 2017

REVENUE		
Future of Canada's Healthcare System assessment project	\$ -	23,522
Veterans Affairs Canada Chronic Care review	20,200	-
CCA assessment support	40,000	-
Sodium symposium	-	34,099
Team Science project	59,759	7,893
Annual general meeting and forum	119,015	117,553
Memberships	117,839	106,939
Miscellaneous income	8,961	16
	<u>365,774</u>	<u>290,022</u>

EXPENSE		
Future of Canada's Healthcare System assessment project	1,858	-
Veterans Affairs Canada Chronic Care review	13,378	-
Team Science project	43,259	7,893
Annual general meeting and forum	102,534	109,547
Central operations	126,769	93,692
Governance	24,219	29,458
Nominations	3,715	3,613
Professional fees	13,022	18,116
10th anniversary reports	-	7,999
Website	17,200	39,521
	345,954	309,839
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSE	\$ 19,820	(19,817)

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31, 2017

CASH FLOWS (USED FOR) FROM OPERATING ACTIVITIES		
Excess (deficiency) of revenue over expense	19,820	(19,817)
Net changes in non-cash items related to operations:		
Accounts receivable	(70,070)	(22,614)
Prepaid expenses	(52)	91
Deferred contributions	(56,138)	67,647
Accounts payable and accrued liabilities	62,155	18,091
(DECREASE) INCREASE IN CASH	(44,285)	43,398
CASH, BEGINNING OF YEAR	345,869	302,471
CASH, END OF YEAR	\$ 301,584	345,869

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2017

1. NATURE OF THE ORGANIZATION

The objective of the Canadian Academy of Health Sciences is to provide assessments of and advice on key issues relevant to the health of Canadians. The principal sources of revenue are derived from the annual dues charged to members and the contributions received to conduct expert panel assessments.

The Academy is a registered charity incorporated under the laws of Canada without share capital and is exempt from income taxes.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations, and reflect the following policies:

FINANCIAL INSTRUMENTS

The organization's financial instruments consist of cash, accounts receivable and accounts payable and accrued liabilities. The book values of these financial instruments approximate their fair values due to their short-term nature. It is management's opinion that the organization is not exposed to significant interest, currency or credit risk arising from these financial instruments.

REVENUE RECOGNITION

The Academy follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. 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. Memberships and annual meeting contributions are recognized in the year in which they apply.

USE OF ESTIMATES

Preparation of these financial statements requires management to make certain estimates and assumptions that affect amounts reported and disclosed in the financial statements and related notes. Actual amounts could differ from those estimates.

3. CASH

The Academy has two interest bearing accounts: an operating account and an account for restricted funds (such as funds to be held to conduct future assessment projects).

4. ACCOUNTS RECEIVABLE

Accounts receivable consist of \$85,220 of Fellows dues, \$10,000 of CCA assessment support, \$20,200 of assessment project receivable and \$30,109 refund for GST/HST for the year ended March 31, 2017.

5. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

Accounts payable consist of \$82,117 in trades payable and a \$8,100 accrual for the 2017 financial audit.

6. DEFERRED CONTRIBUTIONS

Deferred contributions consist of the following amounts:

	2017	2016
Dementia Assessment	25,000	-
Team Science assessment project	42,348	102,107
2016 AGM contributions	-	17,500
Membership dues	92,400	88,779
AMS 80th anniversary contributions	-	7,500
	<u>159,748</u>	<u>215,886</u>

7. GOVERNMENT PAYABLES

There are no government related amounts payable included in accounts payable and accrued liabilities.

8. CAPITAL MANAGEMENT

As a not-for-profit organization, the Academy's operations are reliant on revenues generated annually. The Academy has accumulated unrestricted net assets over its history. A portion of the accumulated net assets is retained as working capital which may be required from time to time due to timing of revenue generation. The remaining surplus is available for use of the Academy at the Board's discretion. The Academy's net assets are not restricted.

9. COMMITMENTS

On November 1, 2016, the Academy entered into a one-year contract for administrative services. The amount payable under this contract is \$36,000. On April 1, 2017, the Academy entered into a one year corporate services support contract in the amount of \$500 per month.

10. WEBSITE REFRESH

It is the Academy's practice to expense all items in the year in which they occur and as such the Academy website refresh (\$30,000) was expensed in the fiscal year ended March 31, 2016.

BOARD MEMBERS

2016-2017

Paul Allison

Dean, Faculty of Dentistry
McGill University

Lorne Babiuk

OC, SOM, FRSC, FCAHS
Vice-President (Research)
University of Alberta

Dina Brooks

BScPT, MSc, PhD, FCAHS
Canada Research Chair in
Rehabilitation for Chronic
Obstructive Pulmonary Disease,
University of Toronto

John A. Cairns

MD, FRCPC, FRCP (Lond),
FCAHS, FACC
Professor of Medicine and
former Dean of Medicine
University of British Columbia

Jean Gray

C.M., FCAHS
Professor Emeritus, Medical
Education, Medicine,
Pharmacology, Dalhousie
University

Brenda Hemmelgarn

MD, PhD, FRCPC, FCAHS
Head, Department of
Community Health Sciences
University of Calgary Cumming
School of Medicine

Carol Herbert

MD CCFP FCFP FCAHS
Professor Emerita, Former Dean
and Adjunct Research Professor
Schulich School of Medicine &
Dentistry at Western University

K. Wayne Hindmarsh

Ph.D., FCSFS, FCAHS, FFIP
Professor Emerita and Former
Dean of Leslie Dan Faculty of
Pharmacy, University of Toronto

Annette Majnemer

OT, PhD, FCAHS
Vice-Dean, Education, Faculty of
Medicine, McGill University

Jon Meddings

MD, FCAHS
Dean, Cumming School of
Medicine, University of Calgary

Marek Michalak

PhD, FCAHS
Distinguished University Professor
University of Alberta

Anita E. Molzahn

PhD, RN, FCAHS
Dean, Faculty of Nursing
University of Alberta

Louise Potvin

PhD, FCAHS
Professeure titulaire, Département
de médecine sociale et
préventive, École de santé
publique de l'Université de
Montréal

Linda Rabeneck

MD, FRCPC, MPH, FCAHS
Vice President, Prevention and
Cancer Control at Cancer Care
Ontario

Christopher Simpson

MD, FCAHS
Vice-Dean, Clinical, School of
Medicine and Chief of Cardiology
Queen's University

Peter Singer

OC, MD, MPH, FRSC, FCAHS
Chief Executive Officer, Grand
Challenges Canada and Director at
the Sandra Rotman Centre
University of Toronto

Kishor M. Wasan

R.Ph, Ph.D, FAAPS, FCSPS, FCAHS
Dean of the College of Pharmacy
and Nutrition, University of
Saskatchewan

Catharine I. Whiteside

CM MD PhD FRCP(C) FCAHS
Executive Director, SPOR Network
in Diabetes and its Related
Complications. Professor Emerita
and Former Dean of Medicine
University of Toronto

MEMBER ACADEMIES



Council of Canadian Academies
Conseil des académies canadiennes

THE CANADIAN ACADEMY
OF ENGINEERING

*Leadership in Engineering Advice
for Canada*



L'ACADÉMIE CANADIENNE
DU GÉNIE

*Chef de file en matière d'expertise-conseil
en génie pour le Canada*

RSC
The Royal Society of Canada
The Academies of Arts,
Humanities and Sciences
of Canada



SRC
La Société royale du Canada
Les Académies des arts,
des lettres et des sciences
du Canada