

# Annual Report

2017-2018

Improved.health  
Evidence-based  
Covenant.to.Serve  
Interdisciplinary  
Objective  
Canadians  
Strategic  
Collaborative  
Expert  
Independent  
Informed.Solutions  
Provincial  
National  
Transparent



Canadian Academy of Health Sciences  
Académie canadienne des sciences de la santé

*... evidence for a healthier Canada*

**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, unbiased, 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



**What an exciting year it has been for CAHS! We are growing in size and influence while keeping true to our roots as a fellowship of health science leaders committed to serve in a volunteer capacity to address critical health challenges in Canada. Our Fellows are amazing individuals – their enthusiasm and commitment to a healthier Canada inspires me everyday.**

In the past year we built upon our impressive legacy of success in evidence based assessments with the launch of our assessment on Academic Recognition of Team Science in Fall 2017. We also began work on an important new assessment on dementia, and engaged in an assessment on anti-microbial resistance being led by the Council of Canadian Academies.

Our Annual Forum is always a highlight of my year, and the 2017 Forum on anti-microbial resistance was no exception. With engaging speakers from Canada and beyond, the induction of new Fellows and an opportunity to learn from each other, the 2017 Forum was a truly inspiring event.

Looking forward to 2018/19, I see a year of ambitious change as we seek to position CAHS for further growth and even greater impact. We will continue with our core activities, while enabling more collaboration among Fellows to really harness the potential of CAHS. This second year of my Presidency will be a building year, working closely with the Board and our professional staff to position CAHS for a jump in strategic impact in 2019.

Linda Rabeneck, President

#### **BOARD EXECUTIVE**

President: Linda Rabeneck

Past President: Carol Herbert

President Elect: Paul Allison

Treasurer: Dina Brooks

Secretary: Kishor Wasan

Executive Director: Eleanor Fast

#### **BOARD DIRECTORS**

James (Jay) Cross

Anita Molzahn

Jean Gray

Sioban Nelson

Shana Kelly

Christopher Overall

Annette Majnemer

Louise Potvin

Jon Meddings

Chris Simpson

Marek Michalak

Catharine Whiteside

#### **ADMINISTRATION**

Allison Hardisty

#### **MEETINGS OF THE BOARD & BOARD STANDING COMMITTEES 2017-18**

6 Meetings of the Board Executive

7 Meetings of the Board

1 Full Day In-person Board Meeting

2 Meetings of the Fellowship Committee

2 Fellowship Committee Orientation Sessions

3 Meetings of the Committee on Assessments

8 Meetings of the Committee on Annual Meeting Planning

2 Meetings of the Committee on Audit, Finance & Risk Assessment

6 Meetings of the Committee on Development & Strategic Communications

4 Meetings of the Committee on Government Relations & Partnerships

3 Meetings of the Committee on Governance & Nominations

# STANDING COMMITTEE REPORTS

## FELLOWSHIP



From the outset, CAHS Fellows have been 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. In 2018, the Board accepted a recommendation to create additional categories for Fellow classification. Specifically, *Social Sciences and Humanities* was added and Public Health was broadened to include *Public and Population Health*.

Following a national call for nominations by CAHS 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”.

The Fellowship Committee was refreshed for the 2018 annual nomination and adjudication processes. Four members stepped down having completed their terms. We are most grateful to Drs. **Bill Avison**, **Roy Cameron**, **Yves De Koninck** and **Louise Potvin** for their service to this Committee. We welcomed Drs. **Lise Gauvin**, **Jennifer O’Loughlin**, **Roger Pierson** and **Weihong Song** for renewable terms of three years effective January 2018. We are most grateful to **Jocelyne Feine**, **Gilles Lavigne** and **Wayne Martin** for their assistance in the 2018 process.

Paul Allison, Chair

**MEMBERS**

Paul Allison *Chair*  
Andrea Baumann  
Dina Brooks  
Davy Cheng  
Alex Clark  
Jay Cross  
Alba DiCenso  
Mary Ensom  
William (Bill) Fraser  
Allison Hardisty *Administration*

Lise Gauvin  
Jennifer O'Loughlin  
Joy MacDermid  
Roger Pierson  
Allan Ronald  
Walter W Rosser  
Weihong Song  
Kishor Wasan

# FELLOWS ELECTED IN 2018

Guy Boivin	Medicine	Université Laval
Elizabeth M. Borycki	Nursing	University of Victoria
James M. Brophy	Medicine	McGill University
Tania M. Bubela	Medicine	Simon Fraser University
Michael W. Carter	Social Sciences & Humanities	University of Toronto
Sultan Darvesh	Medicine	Dalhousie University
Karen D. Davis	Medicine	University of Toronto
Susan D. Denburg	Medicine	McMaster University
Cindy-Lee E. Dennis	Nursing	University of Toronto
Julien Doyon	Medicine	McGill University
Serge Dumont	Social Sciences & Humanities	Université Laval
Colleen M. Flood	Social Sciences & Humanities	University of Ottawa
Karen Gelmon	Medicine	University of British Columbia
Richard E. Gilbert	Medicine	University of Toronto
Michael Glogauer	Dentistry	University of Toronto
Mayank Goyal	Medicine	University of Calgary
Michael E. Green	Medicine	Queen's University
Lily Hechtman	Medicine	McGill University
Brian D. Hodges	Medicine	University of Toronto
Nada Jabado	Medicine	McGill University
Marc G. Jeschke	Medicine	University of Toronto
Dermot P. Kelleher	Medicine	University of British Columbia
Heather H. Keller	Social Sciences & Humanities	University of Waterloo
Timothy J. Kieffer	Medicine	University of British Columbia
Mindy F. Levin	Rehabilitation Sciences	McGill University
Larry D. Lynd	Pharmaceutical Sciences	University of British Columbia
John R. Mackey	Medicine	University of Alberta
Glenda M. MacQueen	Medicine	University of Calgary
David C. Marsh	Medicine	Laurentian University
Heather A. McKay	Medicine	University of British Columbia
Christopher McMaster	Pharmaceutical Sciences	Dalhousie University
Tarik Möröy	Medicine	Université de Montréal
David Mark Olson	Medicine	University of Alberta
J. Geoffrey Pickering	Medicine	University of Western Ontario
Janet E. Pope	Medicine	University of Western Ontario
Frank Prato	Medicine	University of Western Ontario
Donald A. Redelmeier	Medicine	University of Toronto
Robert Ross	Rehabilitation Sciences	Queen's University
Emil H. Schemitsch	Medicine	University of Western Ontario
Baljit Singh	Veterinary Sciences	University of Calgary
Margaret M. Steele	Medicine	Memorial University of Newfoundland
Moshe Szyf	Pharmaceutical Sciences	McGill University
Cara Tannenbaum	Medicine	Université de Montréal
Yuzhuo Wang	Medicine	University of British Columbia



# Fellows 678 *inclusive of 2018 elections*

## Category

391	FELLOW <65 years
191	SENIOR FELLOW 65-74 years
86	EMERITUS >75 years
2	LIFETIME
7	DISTINGUISHED
1	HONORARY

## Discipline

510	MEDICINE
39	NURSING
23	PHARMACEUTICAL SCIENCES
27	REHABILITATION SCIENCES
9	DENTISTRY
18	VETERINARY MEDICINE
26	PUBLIC & POPULATION HEALTH
26	SOCIAL SCIENCES & HUMANITIES

## Institution

DALHOUSIE UNIVERSITY 20	UNIVERSITY OF CALGARY 35
COUNCIL OF CANADIAN ACADEMIES 1	UNIVERSITY OF GUELPH 7
LAKEHEAD UNIVERSITY 1	UNIVERSITY OF MANITOBA 24
LAURENTIAN UNIVERSITY 2	UNIVERSITY OF OTTAWA 20
MCGILL UNIVERSITY 70	UNIVERSITY OF PRINCE EDWARD ISLAND 2
MCMASTER UNIVERSITY 24	UNIVERSITY OF REGINA 2
MEMORIAL UNIVERSITY OF NEWFOUNDLAND 9	UNIVERSITY OF SASKATCHEWAN 18
NORTHERN ONTARIO SCHOOL OF MEDICINE 1	UNIVERSITY OF TORONTO 118
QUEEN'S UNIVERSITY 12	UNIVERSITY OF VICTORIA 12
SIMON FRASER UNIVERSITY 7	UNIVERSITY OF WATERLOO 7
UNIVERSITÉ DE MONTRÉAL 51	UNIVERSITY OF WESTERN ONTARIO 39
UNIVERSITÉ DE SHERBROOKE 13	YORK UNIVERSITY 5
UNIVERSITÉ LAVAL 19	INTERNATIONAL 17
UNIVERSITY OF ALBERTA 49	DISTINGUISHED FELLOWS 7
UNIVERSITY OF BRITISH COLUMBIA 86	

## Gender

The fellowship is 73% male and 27% female.

# STANDING COMMITTEE REPORTS

## ASSESSMENTS



The Committee on Assessments develops a variety of objective and evidence-based reports in response to requests from external organizations, 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 (national and international); a “Casting in a Canadian Context” assessment that provides a Canadian focused report based on 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.

The work of the SCA in 2017 focused on the completion, peer review and final release of the full assessment report entitled “*Academic Recognition of Team Science*”. Project management was provided by the Council of Canadian Academies and panel members included Chair Mr. Peter MacKinnon (President Emeritus, University of Saskatchewan), Drs. Stephen Bornstein (Director, Newfoundland and Labrador Centre for Applied Health Research), Sarah Bowen (School of Epidemiology and Public Health, University of Ottawa), Holly Falk-Krzesinski (Vice-President, Global Academic Relations, Elsevier), Sara Israels (Vice-Dean Academic Affairs, Rady Faculty of Health Sciences, University of Manitoba), Joanne Keselman (Provost and Vice-President Academic, University of Manitoba), **Roderick McInnes** (Director, Lady David Institute, Jewish General Hospital, McGill), **Carol Richards** (Professor, Department of Rehabilitation, Faculty of Medicine, Universite Laval), **Lorne Tyrrell** (former Dean of Medicine, University of Alberta), and **Peter Walker** (former Dean of Medicine, University of Ottawa). The peer review monitor was Dr. **Dale Dauphinee** (former President of the Medical Council of Canada). Peer reviewers included Drs. **Allison Buchan** (Professor, Department of Physiology, University of Toronto), Rama Nair (Professor, Epidemiology, University of Ottawa), Professor Anne Ridley (Professor of Cell Biology, King’s College London);

and Chair of the Academy of Medicine Sciences report on Team Science), Barbara Vickrey (Professor and Chair, Department of Neurology, Icahn School of Medicine at Mount Sinai, NY), and **Lori West** (Director, Alberta Transplant Institute, University of Alberta).

All conclusions and recommendations in the report were directed to one, two, or all three of universities, funders, and researchers. Some of the provincial research foundations who provided sponsorship of the report instituted meetings of local university Presidents, Vice-Presidents, and Deans of relevant academic faculties to initiate implementation of the report's recommendations. In 2018, the SCA is developing a strategy to evaluate the impact of the report in Canada.

In December 2017, the CAHS was approached by the Public Health Agency of Canada (PHAC) to provide evidence necessary to develop a national strategy on Dementia. The initial timeline was very short but after discussion, the timeline was extended to 6 months and for the first time, CAHS is providing a "rapid assessment". Fortunately, a group of experts enthusiastically accepted this challenge. Panel members include Drs. **Howard Bergman** (Chair of Family Medicine, McGill University, and principal author of the Quebec Dementia Strategy); Janice Keefe (Tier 1 CRC in Aging and Caregiving Policy, Mt. St. Vincent University, Halifax); **Debra Morgan** (Professor and Chair, Rural Health Delivery, Canadian Centre for Health and Safety In Agriculture, University of Saskatchewan); David Hogan (Brenda Stafford Foundation Chair in Geriatric Medicine, University of Calgary); Carrie McAiney (Associate Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University) and Isabelle Vedel (Assistant Professor, Department of Family Medicine, McGill University, epidemiology of dementia in Canada). Project management is being provided by Sonya Kupka, an independent contractor who has worked with CAHS in the past. The report will undergo peer review in September with release to PHAC in November 2018. The processes involved in a rapid assessment are being carefully evaluated to determine if CAHS can do more of these in the future.

Jean Gray, Chair

#### **MEMBERS**

Dale Dauphinee  
Heather Dean  
Ian Graham  
Jean Gray *Chair*  
Judith Hall  
David Hart  
Paul Hebert

Stuart MacLeod *Vice Chair*  
Muhammad Mamdani  
Greg Marchildon  
Tom Noseworthy  
Eliot Phillipson  
Sharon Straus

# ASSESSMENT REPORTS

**EVIDENCE AND BEST PRACTICES FOR THE DEVELOPMENT OF A CANADIAN DEMENTIA STRATEGY 2018** *In progress, November release*

CAHS Fellows are currently serving on 2018 Expert Panels led by the Council of Canadian Academies on **POTENTIAL SOCIO-ECONOMIC IMPACTS OF ANTIMICROBIAL RESISTANCE IN CANADA; POLICING IN INDIGENOUS COMMUNITIES;** and **MEDICAL ASSISTANCE IN DYING.**

**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 Board executive for approval by the Board and AGM. It also selects individuals for receipt of CAHS awards and Distinguished Fellowship. The Committee Chair sits on the University of Calgary Cy Frank Legacy Lectureship Committee and brings forward nominations of CAHS Fellows for consideration.

The Committee met on December 11, 2017 to review and revise the terms of reference and develop calls for nominations for appointments to the 2018-2019 Board and 2018 Awards. The call was released to Fellows via two e-Blasts (December and February) and the February edition of Health Matters. There was a good response to the calls by the Fellows and 2018 responses, together with nominations carried forward from previous years, ensured sufficient pools of candidates. The Committee met on March 5 and April 17, 2018 to conclude their deliberations. The following recommendations were accepted the Board:

### NOTICE OF MOTIONS FOR THE 2018 AGM

#### Board Officers 2018-2019

- Treasurer: **Dina Brooks**, U Toronto, 1 year extension
- Secretary: **Kishor Wasan**, U Saskatchewan; 1 year extension
- Discipline Director: Rehabilitation Sciences: **Annette Majnemer**, McGill U; 2nd 2-year term
- Director at Large: **Christopher Simpson**, Queen's U; 2nd 2-year term
- Foreign Secretary: **Kevin Keough**, U Alberta, 3-year term

#### Nomination from the Floor

- 2018-2020 Member at Large

## AWARDS

- 2018 Cy Frank Lecture/Cy Frank Legacy Lectureship **Dame Sally Davies** DBE, FRS, FMedSci
- 2018 Paul Armstrong Lecture **Catharine I. Whiteside** CM MD, PhD, FRCPC, FCAHS
- 2018 CAHS Fellow Lecture **B. Brett Finlay** OC, OBC, FRSC, FCAHS
- 2019 Distinguished Fellow **Martha C. Piper** OC, OBC

## COMMITTEE GOALS FOR 2018-2019

This committee serves essential functions in terms of organizational governance, renewal and recognition and will continue these activities in the coming year. The committee continues to seek new Board members from a range of disciplines and geography and considers gender balance and francophone representation. Fellows are invited to volunteer or to suggest new Board members and recipients for CAHS awards. Names suggested but not selected are added to repository pools of candidates for subsequent years.

Carol Herbert, Chair

### MEMBERS

Carol Herbert *chair*

Annette Majnemer

Jon Meddings

Anita Molzahn

Linda Rabeneck *ex officio*

Allison Hardisty *Administration*

# STANDING COMMITTEE REPORTS

## GOVERNMENT RELATIONS & STRATEGIC PARTNERSHIPS



It is the mandate of the Committee on Government Relations & Strategic Partnerships to create and implement frameworks to guide federal and provincial government relations and provide oversight to strategic partnership development. 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 Committee has met four times (October 27, 2017; November 29, 2017; March 8, 2018; May 30, 2018). Immediate orders of business were to review and revise the Terms of Reference to facilitate a one-time renewable term for members, and to establish a bi-monthly meeting schedule. A chief focus was also on meeting the mandate of the Committee by generating strategies to increase awareness of the Academy and build relationships within federal and provincial governments. Membership was expanded to complement existing expertise and broaden representation from disciplines within the Academy.

### FEDERAL ACTIVITY

A Federal Government strategy document was prepared and adopted by the Board to guide the activities of our Executive Director, Eleanor Fast. She has reported steady progress on Phase One, which focuses on improving visibility with federal government and strategic partners. Major work was done by Eleanor to conclude a funding agreement with PHAC to conduct an assessment on Dementia. The Committee discussed lessons learned from this experience and structures needed to enable a strategic rapid response capacity.

CAHS responded to the request for submission by the *Federal Health Ministry Analysis of Pan-Canadian Health Organizations*. We used the opportunity to position CAHS in terms of what the organization might contribute while promoting the need for a coordinating structure for PCHOs and supporting the concept of a learning health system with integrated organization between federal and provincial authorities.



In follow-up to Budget 2018, the Board accepted the Committee's recommendation that the CAHS President write a formal letter of gratitude to Minister Duncan, copied to the Minister of Health, on behalf of the CAHS. Engagement in strategic advocacy work for further funding, as recommended in the report on the Federal Science Review, will continue through the CIHR once a new President is appointed.

#### PROVINCIAL ACTIVITY

A Provincial Government strategy document, aligned with the Federal strategy document, was also prepared and approved by the Board. The provincial strategy is being applied in British Columbia and Saskatchewan at present through regional leads and Board representatives. They will develop relationships and aim for provincial requests for CAHS assessments or engagement in other activities. The Committee anticipates that lessons learned from this initiative will be applied in other provinces and regions. The Committee will coordinate provincial approaches, which may differ from region to region.

#### STRATEGIC PARTNERSHIPS

Eleanor Fast has reported regularly on her development work with the Council of Canadian Academies (CCA); sister Academies (Royal Society of Canada and Canadian Academy of Engineering); and other organizations with interest in, and commitment to, evidence-based health policy. While no formal strategic partnerships beyond the CCA and Academies have been established to date, connections have been made with the Canadian Medical Association, Canadian Nurses Association, North American Observatory on Health Systems and Policies, Associated Medical Services (AMS) and other organizations. The Committee recommends that the CAHS establish formal relationships with selected preferred partners that will allow us to advance our brand and build credibility.

#### **COMMITTEE GOALS FOR 2018-19**

1. Sustained in-person contacts by Executive Director and Board Members with federal government, strategic partners and other organizations.
2. Increased number of submissions to government in response to requests.
3. Increased number of in-person contacts by regional leads/Board representatives provincially.
4. One or more assessments or other activities generated by operationalizing federal and provincial strategies.
5. Establishment of one formal strategic partnership.

Carol Herbert, Chair

**MEMBERS**

Paul Allison

Paul Armstrong

John Cairns

Eleanor Fast

Rejean Hebert

Carol Herbert *chair*

Allison Hardisty *Administration*

Judy Illes

Stanley Kutchner

Sioban Nelson

Linda Rabeneck

Chris Simpson

Catharine Whiteside

# 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 the implementation of a strategic plan and framework for raising funds for all CAHS activities with addition of strategic communications in 2017.

### Accomplishments in Development

#### FUND-RAISING FOR THE 2018 ANNUAL FORUM

This year fund-raising for the Forum was organized as a collective effort among the CAHS Board members and our committee. The Health Sciences representatives on the Board approached academic leaders in their respective disciplines and successfully solicited funding from many of the professional health discipline Faculties from across Canada. In addition, our committee members and Executive Director were instrumental in successfully reaching out to many federal and provincial health-related organizations to obtain support for the Forum. We are pleased to report that these efforts resulted in a record-breaking \$127,500 that enabled our Annual Forum to be fully funded. Many thanks to all of our fund-raisers for their outstanding effort on behalf of CAHS. We look forward to repeating a similar strategy next year.

#### UNDERSTANDING OUR VALUE PROPOSITION FOR FUND-RAISING

At the annual CAHS Board retreat, our Executive Director raised the key concern of how to approach fund-raising for our organization outside of investment in, and support for, an assessment or the annual Forum. Our 'case-for-support' outlines the key asset of CAHS, namely our Fellows who have committed to serve Canada when called upon to provide expert, evidence-based advice about major health challenges. The Board has concluded that the value proposition for soliciting support for enhancing our infrastructure support requires a more robust set of strategic goals. To this end, the Board recommended striking a Task Force focusing on how to achieve our Mission - *to inform policy and practice by mobilizing the best scientific minds to provide independent and timely evidence-based assessment of critical health challenges affecting Canadians.*

The *Task Force on Strategic Growth and Impact* - co-chaired by Paul Allison, the incoming President of CAHS and James (Jay) Cross the incoming Vice Chair of this Standing Committee - will report to the CAHS Board in Fall 2018. Specific recommendations are anticipated concerning new directions and implementation tactics that will translate into the opportunity for fund-raising within the public and private sectors as well as among our own constituents.

### **Accomplishments in Strategic Communications**

The Committee, with the assistance of the Executive Director, has revised and enhanced our communications strategic plan with emphasis on reaching out to our Fellows for engagement in both local and national CAHS activities. The Committee recognizes, and is grateful to, Kishor Wasan for establishing our CAHS Twitter communication. Noting that social media is essential for sustaining effective messaging both internally among our Fellows and with external stakeholders, the Board advised the Committee to launch an RFP for a service contract with a communications firm to manage our social media communications. With oversight by our Executive Director, this contract is now in place and we look forward to the expert and timely communication through social media. We are also most grateful to Kishor Wasan and Allison Hardisty for their diligence and excellent oversight of our Newsletter production and e-blasts.

### **COMMITTEE GOALS FOR 2018-2019**

- Complete the work of the Task Force on Mission Implementation Tactics that will direct our fund-raising goals
- Continue targeted fund-raising for assessments and the 2019 Annual Forum
- Work with the Committee on Government Relationships and Strategic Partnerships to identify and build effective relationships with influencers who can champion the CAHS with the federal and provincial government and other stakeholders.
- Recruit at least four new members to the Standing Committee

Catharine Whiteside, Chair

#### **MEMBERS**

Paul Allison

Paul Armstrong

James Cross *Vice Chair*

Eleanor Fast

Carol Herbert

Allison Hardisty *Administration*

Jon Meddings

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.

The 2017 Annual Forum was held in Ottawa on September 14th, 2017. The topic was “*Strategies to control the antimicrobial resistance tsunami: Is Canada doing its part?*” and was very capably chaired by Drs. John Conly and John Prescott. The Co-Chairs did an excellent job of planning and reaching out to engage the Public Health Agency of Canada, which not only provided sponsorship but also participated in the discussion.

Marc Sprenger MD, Director of the Antimicrobial Resistance Secretariat, World Health Organization, provided a keynote address describing the WHO global action plan. Siddika Mithani MD, President of the Public Health Agency of Canada, presented the Pan-Canadian Framework on antimicrobial resistance. A Pro/Con debate format was then used to openly discuss the One Health Strategy to seek solutions to antimicrobial resistance as a public health strategy. It should be noted that the diverse expertise represent in the Academy including both veterinary and medical clinicians and scientists allowed for a robust discussion from the floor.

A plenary presentation from three speakers then sought to address the detection and monitoring of trends and threats in order to inform strategies to reduce the risks and impacts of antimicrobial resistance. This Forum introduced the use of “Twitter feed” to prompt open discourse. This was effective but will require continued promotion to optimize its utility.

After lunch, the format of “Point/CounterPoint” was used with 2-3 speakers address each component. The first session focused on effective stewardship in the medical and veterinary sectors in Canada. The second was more directed to innovation in diagnostics, therapeutics and the role of the microbiome.

This format allowed more speakers to participate which was well received but also required that the role of the moderator was clear and enforced. The final session focused on how best to inform an assessment question.

Sponsorship for Forum 2017 was very successful with an amount of \$88,500.00. This included major contributions from PHAC. The leadership of Catharine Whiteside, on behalf of the CAHS, in seeking sponsorship was very much appreciated. Registration for the Forum was slightly lower than past years with 101 paid registrants (123 in 2016, 102 in 2015).

The announcement of an assessment by the Canadian Council of Academies (CCA) reflects the impact of the CAHS Forum in promoting this. The CCA has announced that Dr. B. Brett Finlay, O.C., O.B.C., FRSC, FCAHS, Peter Wall Distinguished Professor at the University of British Columbia, will be the Chair of the newly appointed Expert Panel on the Potential Socio-economic Impacts of Antimicrobial Resistance in Canada. Dr. Finlay is an esteemed Fellow of the CAHS. He will lead a 14-member multidisciplinary, multi-sectoral panel comprised of individuals with expertise, experience and demonstrated leadership in biology, public health, socio-economic impact modelling and analysis, public policy, and industry. The Expert Panel will address the following assessment question, referred to the CCA by the Public Health Agency of Canada: *What is the socio-economic impact of antimicrobial resistance (AMR) for Canadians and the Canadian health care system?*

Building on the success of Forum 2017, the topic title for Forum 2018 is "*Beyond the morass: A national strategy for chronic pain in Canada*". Co-Chairs, Yves De Koninck and Patrick McGrath, have confirmed a distinguished program of speakers and moderators for the event being hosted in Vancouver, British Columbia on September 13th, 2018. The Forum will discuss a national strategy that would usher in a new era of chronic pain prevention, primary care and specialist treatment and prevention in Canada. Patients, clinicians, scientists and innovators will present on drug discovery, new goals in psychosocial pain interventions, new ways to involve patients and better methods to deliver care.

Although the relevance and association of the opioid crisis cannot be ignored, the intent is to focus on the broader impact of chronic pain. It is noted that the opioid crisis has had a very tangible and complex impact on health professionals supporting patients with chronic pain. The very nature of this topic is unique for the CAHS as it will require engagement of patients, public and care providers in discussing the issues. Sponsorship has been very successful to date and currently totals approximately \$127,500.00.

Attendance is particularly important this year given it is the first time that the west coast has been chosen as a venue. CAHS Fellows have been actively encouraged to attend the Forum via a series of Forum dedicated e-Blasts.

The SCAMP concluded its deliberations with eight monthly meetings held between November 2017 and June 2018. It will continue to meet monthly albeit starting in September in future in order to ensure that the Forum remains as a valued and effective venue for Fellows to engage and contribute to dialogue on highly relevant issues in Canadian health.

Gavin Stuart, Chair

#### **MEMBERS**

2018

*Membership comprises the Committee Chair (Gavin Stuart) who serves a three year term renewable once; the CAHS Past President (Carol Herbert); the current CAHS President (Linda Rabeneck); two CAHS Fellow representatives (Proton Rahman, Gerald Zamponi) who serve staggered three year, non-renewable, terms; two Fellows at Large (Louise Potvin) who may be needed to provide topic or logistical expertise; and the annual Forum co-chairs (Yves De Koninck, Patrick McGrath). Eleanor Fast and Allison Hardisty participate and support this Committee.*

Yves De Koninck  
Eleanor Fast  
Carol Herbert  
Patrick McGrath  
Louise Potvin

Linda Rabeneck  
Proton Rahman  
Gavin Stuart *Chair*  
Gerald Zamponi  
Allison Hardisty *Administration*

2017

John Cairns  
John Conly  
Carol Herbert  
Christian Naus  
Allison Hardisty *Administration*

Louise Potvin  
John Prescott  
Proton Rahman  
Gavin Stuart *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. A small budget is 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.

### BRITISH COLUMBIA

Fellows held a regional meeting in Vancouver on March 22, 2018, with 23 Fellows present. Hosted by Bev Holmes, President and CEO of the Michael Smith Foundation for Health Research, and her team, the event included updates from the CAHS and the Council of Canadian Academies, including assessments in progress and pending, from Carol Herbert, CAHS Past President, and Judith Hall, member of the Standing Committee on Assessments. Discussion focused on ways to ensure local policy makers might benefit from the deliberations of Forum 2018 on Chronic Pain. A proposal for a systematic approach to the dissemination and uptake of CAHS reports in general in BC, in partnership with MSFHR and other stakeholders, was led by Bev Holmes and Martin Schechter.

### NOVA SCOTIA

The Nova Scotia Health Research Foundation sponsored a discussion led by **Stephen Bornstein** on the recent CAHS report, "Academic Recognition of Team Science: How to Optimize the Canadian Academic System" of which he was an author.



**Jean Gray**, provided background information on the assessment. Dr. Bornstein is a professor of Community Health and Humanities and Professor of Political Science at Memorial University as well as Director of the Newfoundland and Labrador Centre for Applied Health Research. He presented to an audience of senior academic administrators from Nova Scotia universities as well as CAHS Fellows.

On Thursday, December 7, 2017, **Jean Gray** presented her 2017 Armstrong Lecture again in Halifax at the Dalhousie College of Pharmacy. The IMPART Seminar, entitled *The Promise and Perils of Contemporary Therapeutics* was attended by CAHS Fellows and researchers from the Dalhousie Faculties of Law, Medicine and Health as well as from the Nova Scotia Health Authority.

#### QUEBEC

In June 2017, the Montreal Chapter of the Canadian Academy of Engineering (CAE) organized an event to celebrate and discuss the building of the new Centre hospitalier de l'Université de Montréal (CHUM). In recent years both the McGill University Health Centre (MUHC) and the CHUM have undergone very significant change and development with the building of two new hospitals for each of Montreal's universities with medical schools. The new hospital for the MUHC opened a couple of years ago and the new hospital for the CHUM formally opened for patients in October 2017.

In anticipation of the opening, the CAE organized the June event with a view to presenting the architectural and engineering challenges of such a project. Given the clear overlap in interest with the CAHS, Professor Yves Beauchamp reached out to Quebec Fellows to see if there would be any interest in inviting them. The result was a joint event held at the new hospital on the evening of June 15th. Opening remarks from Dr. Eric Meslin, President of the Canadian Council of Academies, were followed by presentations from Dr. Fabrice Brunet, President and Chief Executive Officer of CHUM, and Mr. Jacques Morency, Associate Director, Architecture, Engineering, Construction, Commissioning and Facility Management, and Director of planning and development of the new CHUM. Dr. Brunet spoke to planning for the hospital from the perspective of patient care, while Mr. Morency focused on planning from the perspective of architectural and engineering challenges.

Among some of the most impressive engineering and construction challenges in the building of the new hospital has been its construction immediately adjacent to the old hospital St. Luc, most of which has, and will remain, functional as the new hospital has been built and becomes functional itself.

Constructing a very large, multi-story hospital immediately adjacent to a functioning hospital entails, amongst other things, dynamiting the ground and building the new hospital inches from the walls of a fully functioning hospital with its own operating rooms, emergency rooms and patient wards.

Presentations were followed by a question period and then a tour of some of the more interesting elements of the new building, including patient wards, operating rooms and the "robotic centre". The new hospital has been built to house an army of "robotic chariots" to carry pretty much anything and everything (e.g. medicines, supplies, surgical instruments and specimens, but not patients) from place to place. Corridors in the new hospital have been set up to permit robotic chariots moving on one side and people on the other side – don't worry, the chariots travel slowly and have sensors that stop them if there is any barrier, including a human, in front of them!

Following the tour, refreshments were served and representatives of the architectural firm that designed the hospital talked about process. They discussed the hospital design both in terms of its placement in Montreal - attempting to bring two parts of the city together - and in terms of the hospital's design to be as human and socially vibrant as possible, while being fully functional as a large hospital and teaching centre.

The evening was a fascinating insight into the planning and construction of a hospital and something that most health professionals never or rarely have any opportunity to participate in. Thanks very much to the Montreal Chapter of the CAE for organizing this event and inviting Fellows of the CAHS.

#### SASKATCHEWAN

Almost 150 people – representing the province's health research community, the provincial health authority, federal and provincial governments, and community-based and Indigenous organizations – gathered in Saskatoon on May 4th for a half-day Forum addressing the current HIV crisis facing Saskatchewan, particularly within the Indigenous population. *Indigenous Health: The Mysteries and Myths of the HIV Crisis in Saskatchewan* was co-hosted by Saskatchewan Health Research Foundation (SHRF) and the Canadian Academy of Health Sciences (CAHS) Saskatchewan Regional Network.

Jay Kalra and Kishor Wasan hosted the 2nd Annual Annual Saskatchewan Canadian Academy of Health Sciences Mini Symposium on November 8 2017 in Saskatoon to about 20-25 Fellows. We were honoured to have Catharine Whiteside, Professor Emerita and Former Dean of Medicine at the University of Toronto and the Executive Director of the SPOR Network in Diabetes and its Related Complications, join us as keynote speaker.

On behalf of the Academy, we formally Inducted structural biologist **Mirosław Cygler** and respirologist **Darcy Marciniuk**, both at the College of Medicine, as new CAHS Fellows as they were unable to attend the formal Induction Ceremony in Ottawa.

Saskatchewan-based CAHS Fellows have formally established their regional network and raised over \$10,000 for the group's activities. We would like to thank the Council of Health Sciences, College of Pharmacy and Nutrition and the School of Public Health at the University of Saskatchewan for their support.

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 Sketris

British Columbia: John Cairns & Sally Thorne

Vancouver Island, British Columbia: Neena Chappell

Newfoundland: Jane Green

# FINANCIAL STATEMENTS



The CAHS retained the Ottawa-based accounting firm *Parker Prins Lebano* to audit the financial results for the fiscal year 2017/18. Parker Prins Lebano, an independent financial auditor, confirms that, based on its audit findings, all expenses associated with the Agreement were eligible in nature.

## AUDIT, FINANCE AND RISK MANAGEMENT COMMITTEE

The *Audit, Finance and Risk Management Committee*, implemented in 2017-2018, oversees all financial aspects of the organization. The committee, chaired by the Treasurer, has responsibility for advising the Board of Directors broadly on the CAHS budget, financial reporting, audits and control practices. The Committee met twice in 2018.

Dina Brooks, Treasurer

## MEMBERS

Dina Brooks *Chair*

Linda Rabeneck *ex officio*

Eleanor Fast

James (Jay) Cross

Carol Herbert

Allison Hardisty *Administration*

## INDEPENDENT AUDITOR'S REPORT

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, 2018, 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, 2018, 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 Lebrano Chartered Professional Accountants Professional Corporation  
Ottawa, Ontario June 6, 2018

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

# FINANCIAL STATEMENTS

## STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2018

<b>ASSETS</b>	<b>2018</b>	2017
<b>CURRENT</b>		
Cash (Note 3)	\$ 221,946	301,584
Accounts receivable (Note 4)	499,317	155,529
Prepaid expenses	<u>1,429</u>	<u>1,429</u>
	<b><u>722,692</u></b>	<b><u>458,542</u></b>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities (Note 5)	\$ 27,021	90,217
Deferred contributions (Note 6)	<u>430,488</u>	<u>159,748</u>
	<b>457,509</b>	249,965
<b>NET ASSETS (Note 8)</b>	<b><u>265,183</u></b>	<b><u>208,577</u></b>
	<b><u>722,692</u></b>	<b><u>458,542</u></b>

## STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR THEN ENDED MARCH 31, 2018

NET ASSETS		
BALANCE BEGINNING OF YEAR	\$ 208,577	178,757
EXCESS OF REVENUE OVER EXPENSE	<u>56,606</u>	<u>29,820</u>
BALANCE, END OF YEAR	<b><u>265,183</u></b>	<b><u>208,577</u></b>

## STATEMENT OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 2018

REVENUE		
Veterans Affairs Canada Chronic Care review	4,000	20,200
CCA assessment support	40,000	40,000
Dementia assessment project	50,000	-
Team Science project	42,348	59,759
Annual general meeting and forum	179,055	129,015
Memberships	120,985	117,839
Miscellaneous income	1,678	8,961
	<b><u>438,066</u></b>	<b><u>375,774</u></b>

EXPENSE		
Future of Canada's Healthcare System assessment project	-	1,858
Veterans Affairs Canada Chronic Care review	3,603	13,378
Team Science project	41,991	43,259
Dementia assessment project	39,560	-
Annual general meeting and forum	113,542	102,534
Central operations	129,808	126,769
Governance	13,041	24,219
Nominations	3,828	3,715
Professional fees	13,480	13,022
IT services	22,607	17,200
	<b>381,460</b>	<b>345,954</b>
<b>EXCESS OF REVENUE OVER EXPENSE</b>	\$	<b>56,606</b>
		<b>29,820</b>

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED MARCH 31, 2018**

CASH FLOWS (USED FOR) FROM OPERATING ACTIVITIES		
Excess of revenue over expense	56,606	29,820
Net changes in non-cash items related to operations:		
Accounts receivable	(343,788)	(80,070)
Prepaid expenses	-	(52)
Deferred contributions	270,740	(56,138)
Accounts payable and accrued liabilities	(63,196)	62,155
<b>DECREASE IN CASH</b>	<b>(79,638)</b>	<b>(44,285)</b>
<b>CASH, BEGINNING OF YEAR</b>	<b>301,584</b>	<b>345,869</b>
<b>CASH, END OF YEAR</b>	\$ <b>221,946</b>	<b>301,584</b>

## NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2018

### 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 \$82,713 of Fellows dues, \$369,849 of Dementia assessment project receivable and \$46,755 refund for GST/HST for the year ended March 31, 2017.

## 5. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

Accounts payable consist of \$18,921 in trades payable and a \$8,100 accrual for the 2018 financial audit.

## 6. DEFERRED CONTRIBUTIONS

Deferred contributions consist of the following amounts:

	<b>2018</b>	2017
Dementia assessment project	<b>319,849</b>	25,000
Chronic Care Assessment	<b>25,000</b>	-
Team Science assessment project	-	42,348
Membership dues	<b>85,639</b>	92,400
	<b><u>430,488</u></b>	<u>159,748</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, 2017 the Academy entered into a one year contract for administrative services. The amount payable under this contract is \$36,720. On September 1, 2017 the Academy entered into a two year contract for administrative services at a monthly fee of \$5,000 plus HST.

# BOARD MEMBERS

## 2017-2018

### Paul Allison

Dean, Faculty of Dentistry  
McGill University

### Dina Brooks

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

### James (Jay) Cross

DVM, PhD, FCAHS  
Faculty of Veterinary Medicine  
University of Calgary

### Jean Gray

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

### Carol Herbert

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

### Shana O. Kelly

PhD Scientist and Distinguished  
Professor, Faculty of Pharmacy  
and Faculty of Medicine  
University of Toronto

### Annette Majnemer

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

### Jonathan 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

### Sioban Nelson

RN, PhD, FAAN, FCAHS  
Vice-Provost, Faculty and  
Academic Life; & Vice-Provost,  
Academic Programs  
University of Toronto

### Christopher Overall

PhD, FCAHS  
Canada Research Chair in Protease  
Proteomics and Systems Biology  
University of British Columbia

### 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

### 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

# 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

## 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