

# ANNUAL REPORT 2018-19



## EVIDENCE FOR A HEALTHIER CANADA



cahs-acss.ca

# 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

In 2018-2019, the Canadian Academy of Health Sciences continued to deliver on its promise to serve Canadians by volunteering time and expertise in conducting independent, unbiased, expert assessments on health-related topics.

The release of our assessment on dementia (“Improving the quality of life and care of persons living with dementia”) has resulted in visibility for CAHS and action by the government with the announcement of its national strategy on dementia.

We continue to engage with the Council of Canadian Academies on an assessment on anti-microbial resistance, which should be made public in the coming months.

CAHS also restructured its operations. We have a new CEO, Serge Buy, and work with a team of professionals on communications, membership, financial accountability and conference. Allison Hardisty continues to support our organization through her work on this Forum, the recruitment of new Fellows and her work with the Board and Board committees. This is being done in a way that will cost us less while expanding our operations.

Last year, I wrote that 2018-2019 will be a building year and, indeed, it has been. As I look back at our accomplishments and look forward to the future, I am confident we have done what was needed, as we continue to strengthen the CAHS.

**Linda Rabeneck, President**





# STANDING COMMITTEE REPORTS

## FELLOWSHIP

### COMMITTEE MEMBERSHIP

Membership was refreshed for 2019. Four members stepped down having completed their terms. We are grateful to Drs. Andrea Baumann, Dina Brooks, James (Jay) Cross, and William Fraser for their service to this Committee. We welcomed Drs. Lise Gauvin, Susan Jaglal, Gilles Lavigne and Jan Sargeant to the Committee for renewable terms of three years. To ensure appropriate discipline expertise and to manage conflicts in the nomination review process, the committee sought the assistance and expertise of several other fellows. Drs. David Gregory, Robert Ross, Barry Sessle and Baljit Singh supported the committee in this sense and we are grateful for their support.

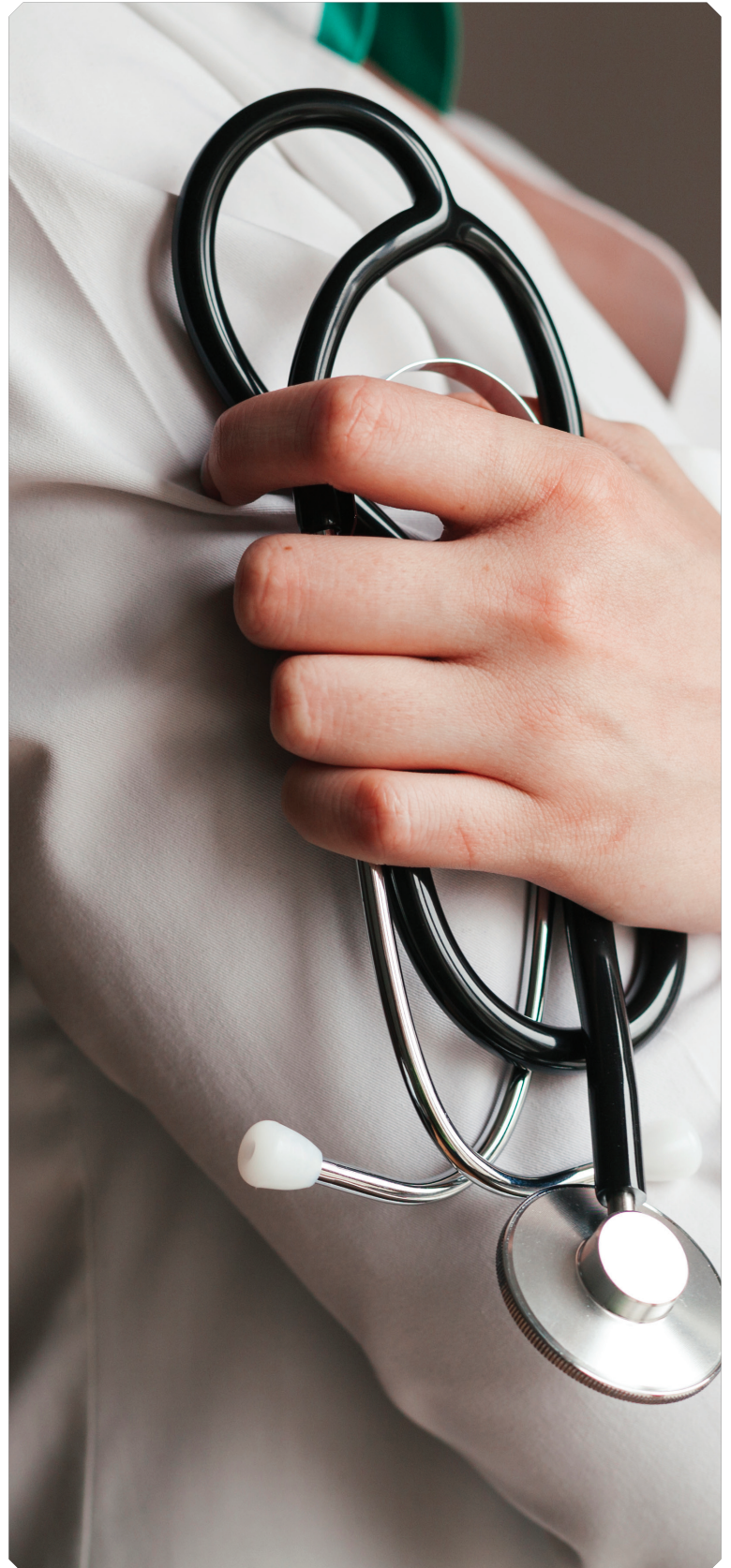
Membership of the committee in 2019 was as follows:

- Paul Allison Chair
- Dina Brooks
- Davy Cheng
- Alex Clark
- Alba DiCenso
- Mary Ensom
- Lise Gauvin
- Susan Jaglal
- Gilles Lavigne
- Jennifer O'Loughlin
- Joy MacDermid
- Roger Pierson
- Allan Ronald
- Walter W Rosser
- Jan Sargeant
- Weihong Song
- Kishor Wasan
- Allison Hardisty Administration

### NOMINATION PROCESS

65 new nominations were submitted in 2019 (compared to 67 in 2018 and 64 in 2017) and 25 nominations from 2018 received updates bringing the total number of files to be reviewed in 2019 to 90, compared to 89 in 2018 and 84 in 2017. Of these, 37 (41%) were female and 53 (59%) male candidates. The review meeting was held on Saturday, April 20, 2019 led by Paul Allison, supported by Allison Hardisty with file share and real-time voting technologies. This year, the committee slightly adjusted its evaluation methodology to encourage members to use the full range of evaluation scores, while also focusing on whether they thought nominees should become fellows or not. We also used data from previous years to highlight issues concerning potential bias in the evaluation process and the promotion of diversity among fellows.

Paul Allison, Chair



# ASSESSMENTS

## COMMITTEE MEMBERSHIP

1. Stuart MacLeod (BC/QC) medicine
2. Tom Noseworthy (BC/AB) medicine
3. Elizabeth Saewyc (BC) nursing
4. Ross Tsuyuki (AB) pharmacy
5. David Hart (AB) research
6. Christopher McCulloch (ON) dentistry
7. Jackie Duffin (ON) medicine
8. Andrea Baumann (ON) nursing
9. Sylvain Chemtob (QC) medicine, research
10. Paul Hebert (QC) medicine



The committee was renewed and restructured following release of the Dementia report at the end of 2018. At that time several long-standing members and the chair, Dr. Jean Gray, stepped down and new members were recruited. At present, the committee complement is almost full with the membership shown above. We are still seeking representation from veterinary medicine, rehabilitation and from Atlantic Canada.

## BEST PRACTICES IN THE PREVENTION AND CARE OF DEMENTIA IN CANADA

This report uniquely prepared as a relatively rapid assessment under the chairmanship of Dr Howard Bergman was successfully released at the end of 2018. A detailed final evaluation of the report experience was prepared by panel members and the project's director, Sonya Kupka, during Q1-2019. Overall, the panel was well satisfied with the process which was completed within eight months. Methodology evolved throughout and drew directly upon the expertise of panel members. Each chapter had a lead panel member who was deeply involved in the shaping and writing of the designated section. This procedure was effective and generated a heightened sense of ownership and accountability.

The decision to keep the panel small with membership limited to Canadians knowledgeable about the national context of dementia worked extremely well. The focused panel increased the level of engagement and the familiarity of individual members with the specifics of the Canadian landscape helped in assessing the current care environment, identifying opportunities and challenges, and in making feasible suggestions.

The early stages of dissemination were considered effective and the public launch of the report was well supported through CAHS. Unfortunately, as an exception, there was relatively little reaction to the report in the province of Quebec. Further dissemination activities related to this very valuable and timely report remain active but have been compromised by the lack of communication leadership in CAHS following the resignation of Eleanor Fast as executive director. Further dissemination activities remain under discussion with the Panel Chair (Howard Bergman) and the Committee on Assessments.

## ASSESSMENTS UNDER REVIEW

There are two assessment proposals currently under discussion.

- 1) An assessment of “research to support a complex systems

approach in health” has been suggested by Diane Finegood of Simon Fraser University and formerly director of the Michael Smith Foundation for Health Research. This might be seen as the application of evidence -based decision making to health policy. Diane and colleagues from the UK have published on this subject previously and have been negotiating potential sponsorship with the UK Academy of Medical Sciences and the Wellcome Trust. Diane has envisaged a process in which CAHS would collaborate with the UK Academy to manage an assessment and, if this is to happen, efforts will be made to secure some portion of the required financial support from Canadian sources so that the final product can be seen as a shared undertaking. Meetings have occurred in July 2019 to further this discussion and a decision is likely to be made by September.

2) A second potential assessment topic was put forward by Ms Sonya Kupka, following her work as project director the Dementia study. The topic is “Canadian approaches to diagnosis and management of childhood neurodevelopmental disorders”. A complete template has been prepared by Ms Kupka and myself as committee chair and has undergone preliminary discussion at a committee meeting on July 2nd. No funding has yet been sought for this proposal but there are several potential sources and there is likely to be widespread interest.

## FUTURE TENTATIVE ASSESSMENT TOPICS

In March, suggestion of issues was solicited from CAHS membership and several projects were submitted. However, no formal templates have yet been prepared for these options and no funding sources have been identified. Discussion, to date, by the committee has been brief. The list of projects under discussion includes:

1. public health science literacy: dealing with misinformation
2. impact of the Natural Health Products Directorate at Health Canada
3. role of social media in knowledge translation and mobilization for improved health
4. fatal adverse drug reactions and measures appropriate to Canada for dealing with inappropriate use
5. undertreatment and underassessment of pain in patients with dementia
6. reassessment of provincial funding formulas for hospital support
7. new treatment approaches to multiple drug resistant TB
8. areas of concern with Canada's drug regulation framework.



## RELATIONSHIP WITH COUNCIL OF CANADIAN ACADEMIES

The activities of the CAHS Committee on Assessments continue to be closely integrated with the CCA's Science Advisory Committee. Drs Eliot Philipson, Malcolm King and Stuart MacLeod are all members of the CCA committee and in a good position to track CCA assessments, many of which are health related. Discussions have been underway with the CCA concerning potential CAHS participation in the dissemination activities related to a number of their recently completed and pending assessments. A review of key potential problems for Canada in the area of climate change has recently been released and, as expected, several of the challenges are related to health. An assessment on antimicrobial resistance is almost completed and will be released following the federal election in October. This project originated with a CAHS discussion and it is expected that the CAHS members will be asked to actively participate in the dissemination and communications strategy.

## FINAL OBSERVATION

The activities of the Committee on Assessment have been limited by the lack of a dedicated CAHS budget for assessments. This places CAHS at a considerable disadvantage compared to the CCA, which has assured federal funding for at least five major assessments per year. While there has been some success in linking CCA and CAHS initiatives, this approach is far from ideal. The Board of Directors is aware of the disadvantages under which the committee is operating and efforts will continue to secure base funding so that there may be a consistent level of scientific activity so important to the future credibility of the Academy.



# GOVERNANCE & NOMINATION

## COMMITTEE MEMBERSHIP

1. Carol Herbert chair
2. Annette Majnemer
3. Jon Meddings
4. Anita Molzahn
5. Linda Rabeneck ex officio
6. Allison Hardisty Administration



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 12, 2018 to develop calls for nominations for appointments to the 2019-2020 Board and 2019 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 the 2019 responses, together with nominations carried forward from previous years and recommendations by members of the Committee, provided a good pool of candidates. The Committee met on January 23 and February 22, 2019, to conclude their deliberations. The following recommendations were accepted by the Board:

## NOTICE OF MOTIONS FOR THE 2019 AGM

### (a) Governance

#### BOARD EXECUTIVE 2019-2020

- President Elect: **Chris Simpson**, Queen's U
- Treasurer: **Sioban Nelson**, U Toronto
- Secretary: **Louise Nasmith**, U British Columbia

#### BOARD OF DIRECTORS

- Discipline Director: Dentistry **Gilles Lavigne**, U Montreal 2019-2021
- Veterinary Sciences **James (Jay) Cross**, U Alberta 2<sup>nd</sup> term: 2019-2021
- Nursing **Anita Molzahn**, U Alberta 3<sup>rd</sup> term: 2019-2021
- Medicine **Jon Meddings**, U Calgary 3<sup>rd</sup> term: 2019-2021
- Pharmaceutical Sciences **Shana Kelley**, U Toronto 2<sup>nd</sup> term: 2019-2021
- Director at Large: **Judy Illes**, U British Columbia 2019-2022 (3-year term)
- Director at Large: **Proton Rahman**, Memorial U 2019-2021 (2-year term)

#### NOMINATION FROM THE FLOOR

- 2019-21 Member at Large – TBA

### (b) Awards

- Cy Frank Lecture/Cy Frank Legacy Lectureship: **Stefan Lohmander**, Lund University, Sweden
- Paul Armstrong Lecture: **Rod McInnes**, U Calgary
- CAHS Fellow Lecture: **Jehannine Austin**, U British Columbia
- Distinguished Fellows **Martha C. Piper** and **Fredrick Lowy**

The Committee was asked to consider recommendations made by the Task Force on Strategic Development. The Committee advised the formation of a NATIONAL ADVISORY COUNCIL to assist the Board in governance and development activities. There was also discussion regarding a change in Board composition and the potential for adding non-Fellows to the Board in particular. The following motion was accepted by the Board in March 2019.

#### MOTION: DR. CAROL HERBERT

That **By-Law #6.03 Qualifications** be amended to read "Each Director shall be an individual who is not less than (eighteen) 18 years of age. Each Director shall be a Fellow of the Corporation but at the recommendation of the Standing Committee on Governance & Nominations, and with the approval of the Board, one non-Fellow with specific expertise may be elected for the statutory term associated with the position in the By-Laws. No person who has been found by a court in Canada or elsewhere to be mentally incompetent, who has the status of a bankrupt, or who is an "ineligible individual", as defined in the Income Tax Act, shall be a Director."

## COMMITTEE GOALS FOR 2019-2020

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.

The incoming Chair of the Committee (2019-21) will be Past-President Linda Rabeneck.

### Reports submitted by Carol Herbert, Chair



# GOVERNMENT RELATIONS & STRATEGIC PARTNERSHIPS

## COMMITTEE MEMBERSHIP

1. Paul Allison,
2. Bernard Bressler
3. Carol Herbert, Chair
4. Judy Illes
5. Sioban Nelson
6. Margaret Steele
7. John Cairns
8. Kenneth Fung
9. Louise Potvin
10. Chris Simpson
11. Catharine Whiteside
12. Linda Rabeneck (Ex Officio)
13. Allison Hardisty (Administration)



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 Executive Director and with the Committee on Development & Strategic Communications.

The Committee met five times in 2018-2019 (October 16, 2018; December 10, 2018, January 21, 2019; March 1, 2019; May 31, 2019). As well as Federal and Provincial relations, the Committee was tasked with planning for implementation for two of the recommendations from the Task Force on Strategic Growth and Impact.

### 1. FEDERAL ACTIVITY

The Federal Government strategy document was utilized by the Executive Director and Committee to guide activities. While much of the focus has been on Phase One - improving visibility with federal government and strategic partners - opportunities for the CAHS to participate in pre-election government relations activities and engage meaningfully in the political landscape will be pursued by Serge Buy, our newly appointed Chief Executive Officer.

### 2. PROVINCIAL ACTIVITY

The Committee applied the Provincial Government strategy

document to monitor and support regional activities, focused particularly in British Columbia and Saskatchewan at present through regional leads and Board representatives. In both provinces, progress has been made on developing relationships with partner organizations and with government, as well as recognition events for Fellows. An approach was made to individuals engaged in health system reform in Ontario to indicate possible assistance that could be provided by the Academy to support evaluation.

The Committee anticipates that lessons learned from this initiative will be applied in other provinces and regions. While the Committee will continue to coordinate provincial approaches to government, which may differ from region to region, it is noted that in the coming year there will be a focus on regional activity which will likely result in a formal regional structure.

Members of the Working Group on Regional Initiatives (Paul Allison, Carol Herbert, Chis Simpson and Kishor Wasan) met on May 27 for a preliminary conversation that led to a 90-minute call with Regional Leads to explore strategic notions around provincial government relations and an overall expansion of the current terms. An exciting dimension to this is the possibility of rallying regions together around the implementation of the Dementia Report with planned site visits by Dr. Howard Bergman (and research coordinator Ms. Sonya Kupka) and aligned with PHAC strategies.

An important element in the evolution of Fellow engagement and regional networks is promoting recognition of CAHS Fellows by University Presidents within the regions with events that honour/showcase them.

### 3. TASK FORCE ON STRATEGIC GROWTH AND IMPACT

**Recommendations #4; #6 Influencers- national advisory as well as provincial/regional; CAHS governance through an influencer lens.**

The proposal to establish a NATIONAL ADVISORY COUNCIL brought forward by the SCGN was accepted by the Board as a vehicle to appoint national influencers to the Academy. Implementation will be led by the President and Serge Buy, Chief Executive Officer.

### 4. TASK FORCE ON STRATEGIC GROWTH AND IMPACT

#### **Recommendation #5 Fellow Survey**

A survey of members was conducted to determine interest and engagement in regional activities. While the 204 responses are still being digested, substantial interest has been demonstrated and many good ideas have been generated. There is expressed interest in increased engagement in the Academy which will be a major focus for the incoming President, as currently there is insufficient infrastructure to enable engagement. The largest proportion of respondents were in the age group 65-74 (48%), and second were those aged 51-64 (37%). Gender grouping was male 66% and female 33%. The most common professional designation was physician (42%) and next was basic scientist (25%). There were 17% in Population & Public Health and 10% in the Social Sciences and Humanities. The majority of respondents were in faculties or schools of medicine (70%) and next were those in schools of population & public health (11%).

### 5. STRATEGIC PARTNERSHIPS

The Committee reviewed the ToR and reports of several organizations to ensure alignment and consider formal partnership approaches. The Committee recommends the CAHS establish formal relationships with selected preferred partners that will allow us to advance our brand and build credibility.

### COMMITTEE GOALS FOR 2019-2020

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

The Incoming Chair of the Committee (2019-21) will be Past-President Linda Rabeneck.

Report submitted by Carol Herbert, Chair





# DEVELOPMENT & STRATEGIC COMMUNICATIONS

## COMMITTEE MEMBERSHIP

1. Paul Allison
2. Jay Cross
3. Sandra Davidge
4. Elizabeth Eisenhauer
5. Allison Hardisty
6. Carol Herbert
7. Jon Meddings
8. Hugh O'Brodovich
9. Paul O'Byrne
10. Linda Rabeneck
11. Chris Simpson
12. Kishor Wasan
13. Cathy Whiteside



## ACCOMPLISHMENTS IN DEVELOPMENT

### NEW COMMITTEE MEMBERS

Many thanks to Sandra Davidge, Elizabeth Eisenhauer, Hugh O'Brodovich and Paul O'Byrne who joined our Committee this year. Paul Armstrong completed his tour of duty and we are most grateful for his many years of outstanding contributions.

### FUND-RAISING FOR THE 2019 ANNUAL FORUM

This year fund-raising for the Forum was organized again as a collective effort among the CAHS Board members, our committee and the Executive Director. We are pleased to report that these efforts resulted in \$113,000 that exceeds the fund-raising target for our Annual Forum.

**THE TASK FORCE ON STRATEGIC GROWTH AND IMPACT** – chaired by Paul Allison, reported to the CAHS Board in the Fall of 2018. In follow up to recommendations assigned to our committee, we prepared a logic model that details the core and aspirational activities of the CAHS Board, its Standing Committees and management along with key performance indicators. The expected outputs and targeted outcomes for the CAHS are now clearly articulated. Another project underway is the review of our assessments to date and the consolidation of their recommendations that continue to be relevant for addressing urgent health challenges in Canada. We have secured a donation from the Trottier Foundation of \$20,000 for research assistance of this project and anticipate its completion early in 2020. We have secured a donation from the Trottier Foundation of \$20,000 for research assistance in support of this project and anticipate its completion early in 2020.

## ACCOMPLISHMENTS IN STRATEGIC COMMUNICATIONS

In conjunction with the launch in January 2019 of our latest assessment – Improving the Quality of Life and Care of Persons Living with Dementia and their Caregivers, a highly effective communication strategy was implemented by our Executive Director and Dr. Howard Bergman who served as the Chair of the assessment. Importantly, the federal government announced its Dementia Strategy for Canada in June 2019 that reflected many of the recommendations outlined in the CAHS assessment. Tracking the impact of this assessment across Canada will be a necessary next step for ongoing communication and branding.

With our new management team, led by Serge Buy, who bring website and social media expertise, we anticipate much improved and effective communication with both internal and external stakeholders this coming year. We are also most grateful to Kishor Wasan and Allison Hardisty for their diligence and excellent oversight of our Newsletter production and e-blasts.

**Catharine Whiteside, Chair.**



**CANADIAN ACADEMY OF HEALTH SCIENCES**  
**FINANCIAL STATEMENTS**  
**MARCH 31, 2019**

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**PARKER PRINS LEBANO**  
**Chartered Professional Accountants**  
Professional Corporation

**INDEPENDENT AUDITORS' REPORT**

To the Directors of the:  
**CANADIAN ACADEMY OF HEALTH SCIENCES**

**Opinion**

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, 2019, and the Statements Of Changes In Net Assets, Operations, and Cash Flows for the year then ended, and Notes To The Financial Statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Canadian Academy of Health Sciences as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

**Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Canadian Academy of Health Sciences in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Emphasis of Matter**

We draw attention to Note 10 of the financial statements, which describes the effects of a prior period adjustment included in the financial statements for the year ended March 31, 2018. The cumulative effect of this adjustment was a reduction of AGM revenues and net assets by \$40,000. Our opinion is not modified in respect of this matter.

**Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the Canadian Academy of Health Sciences's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Canadian Academy of Health Sciences or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Canadian Academy of Health Sciences' financial reporting process.

**Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud

is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit 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 Canadian Academy of Health Sciences's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Canadian Academy of Health Sciences's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Canadian Academy of Health Sciences to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Parker Prins Lebano Chartered Professional Accountants Professional Corporation  
Authorized to practice public accounting by the Chartered Professional Accountants of Ontario

Ottawa, Ontario  
June 10, 2019



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**CANADIAN ACADEMY OF HEALTH SCIENCES**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT MARCH 31, 2019**

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	<u>2019</u>	<u>2018</u>
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash (Note 3)	\$ 308,971	\$ 221,946
Accounts receivable (Note 4)	166,147	499,317
Prepaid expenses	<u>1,429</u>	<u>1,429</u>
	<u>\$ 476,547</u>	<u>\$ 722,692</u>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities (Note 5)	\$ 23,341	\$ 27,021
Deferred contributions (Note 6)	<u>195,884</u>	<u>470,488</u>
	219,225	497,509
<b>NET ASSETS (Note 8)</b>	<u>257,322</u>	<u>225,183</u>
	<u>\$ 476,547</u>	<u>\$ 722,692</u>

On behalf of the Board:

\_\_\_\_\_ Director \_\_\_\_\_ Director

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# CANADIAN ACADEMY OF HEALTH SCIENCES

## STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR THEN ENDED MARCH 31, 2019

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	<u>2019</u>	<u>2018</u>
NET ASSETS		
BALANCE, BEGINNING OF YEAR	\$ 225,183	\$ 208,577
EXCESS OF REVENUE OVER EXPENSE	<u>32,139</u>	<u>16,606</u>
BALANCE, END OF YEAR	<u>\$ 257,322</u>	<u>\$ 225,183</u>

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**CANADIAN ACADEMY OF HEALTH SCIENCES**  
**STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED MARCH 31, 2019**

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	<u>2019</u>	<u>2018</u>
<b>REVENUE - OPERATIONS</b>		
CCA assessment support	40,000	40,000
Annual general meeting and forum	148,221	139,055
Memberships	111,431	120,985
Miscellaneous income	<u>5,493</u>	<u>1,678</u>
	<u>305,145</u>	<u>301,718</u>
<b>EXPENSE - OPERATIONS</b>		
Annual general meeting and forum	110,214	113,601
Central operations	192,974	129,749
Governance	21,586	13,041
Nominations	3,673	3,828
Professional fees	32,648	13,480
IT services	<u>27,675</u>	<u>22,607</u>
	<u>388,770</u>	<u>296,306</u>
<b>REVENUE - PROJECTS</b>		
Dementia assessment project	289,849	50,000
Team Science project	-	42,348
Veterans Affairs Canada Chronic Care review	<u>-</u>	<u>4,000</u>
	<u>289,849</u>	<u>96,348</u>
<b>EXPENSE - PROJECTS</b>		
Dementia assessment project	174,085	39,560
Team Science project	-	41,991
Veterans Affairs Canada Chronic Care review	<u>-</u>	<u>3,603</u>
	<u>174,085</u>	<u>85,154</u>
<b>EXCESS OF REVENUE OVER EXPENSE - OPERATIONS</b>	(83,625)	5,412
<b>EXCESS OF REVENUE OVER EXPENSE - PROJECTS</b>	<u>115,764</u>	<u>11,194</u>
<b>EXCESS OF REVENUE OVER EXPENSE</b>	<u>\$ 32,139</u>	<u>\$ 16,606</u>



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**CANADIAN ACADEMY OF HEALTH SCIENCES**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED MARCH 31, 2019**

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	<u>2019</u>	<u>2018</u>
<b>CASH FLOWS FROM (USED FOR) OPERATING ACTIVITIES</b>		
Excess of revenue over expense	\$ 32,139	\$ 16,606
Net changes in non-cash items related to operations:		
Accounts receivable	333,170	(343,788)
Deferred contributions	(274,604)	310,740
Accounts payable and accrued liabilities	<u>(3,680)</u>	<u>(63,196)</u>
<b>INCREASE (DECREASE) IN CASH</b>	<b>87,025</b>	<b>(79,638)</b>
<b>CASH, BEGINNING OF YEAR</b>	<u><b>221,946</b></u>	<u><b>301,584</b></u>
<b>CASH, END OF YEAR</b>	<u><u><b>\$ 308,971</b></u></u>	<u><u><b>\$ 221,946</b></u></u>

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# CANADIAN ACADEMY OF HEALTH SCIENCES

## NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2019

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### 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 \$76,705 of Fellows dues, \$10,000 of Expert Panel Recommendations Support receivable and \$79,442 refund for GST/HST.

### 5. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

Accounts payable consist of \$15,241 in trades payable and a \$8,100 accrual for the 2019 financial audit.

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**CANADIAN ACADEMY OF HEALTH SCIENCES**  
**NOTES TO THE FINANCIAL STATEMENTS (continued)**  
**MARCH 31, 2019**

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**6. DEFERRED CONTRIBUTIONS**

Deferred contributions consist of the following amounts:

	<u>2019</u>	<u>2018</u>
Dementia assessment project	\$ 30,000	\$ 319,849
Chronic Care assessment	25,000	25,000
AGM contributions	57,500	40,000
Membership dues	<u>83,384</u>	<u>85,639</u>
	<u>\$ 195,884</u>	<u>\$ 470,488</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, 2018 the Academy entered into a one year contract for administrative services. The amount payable under this contract is \$52,500. On September 1, 2017 the Academy entered into a two year contract for administrative services at a monthly fee of \$5,000 plus HST.

**10. PRIOR PERIOD ADJUSTMENT**

The financial statements for the year ended March 31, 2018 have been re-stated to reflect an accounting adjustment discovered in relation to the deferred revenue balance in the year ended March 31, 2018. The adjustment had a cumulative effect of reducing AGM revenues and net assets for the year in the amount of \$40,000.



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