



# BREATHING LIFE IN

B R E A T H E  
the lung association

2016/2017 Annual Report



# CONTENTS

<b>Who We Are</b> .....	4
Our Vision	
Our Mission	
Our History	
<b>Message from the Chair and the CEO</b> .....	5
<b>New Logo, New Brand, New Focus</b> .....	6
<b>Why We Matter</b> .....	6-7
Tobacco	
COPD (Chronic Obstructive Pulmonary Disease)	
Lung Cancer	
Asthma	
Sleep Apnea	
Air Quality	
Tuberculosis	
<b>Breathing As One</b> .....	8
Lung Month: Take a Breather	
Social Media	
Pop-up Parks	
Corporate	
<b>Breathing As One Awards</b> .....	9
Breathing As One—Boehringer Ingelheim COPD Catalyst Grant	
<b>Research</b> .....	9-10
Research Summary	
RENASCENT: Helping our Researchers Grow	
<b>Advocacy: Helping Canada Breathe Better</b> .....	11
Plain and Standardized Tobacco Packaging	
Tobacco Endgame	
<b>Spotlight on Asthma Control</b> .....	12
Asthma Control in Canada	
Air Quality	
<b>Recognizing our Supporters</b> .....	13-15
Donor Profile: Why People Give	
Patient Profile: Why your Donations Matter	
Pro Bono Support	
National Corporate Sponsor	
<i>Breathing As One</i> National Corporate Supporters	
Friends and Sponsors	
Alliances	
<b>Financial Statements</b> .....	16
<b>2016/2017 Board of Directors</b> .....	17

# WHO WE ARE

BREATHING PASSION AND COMPASSION. Our reason for being can really be summed up in one word: Breathe. It is what unites us. It is what inspires us. And it is what keeps our community of physicians, scientists, clinicians, educators, administrators, volunteers and donors so committed. The Lung Association is the leading organization in Canada working to promote lung health and prevent and manage lung disease. We do this by funding vital research, pushing for improved treatments, smarter policies, and supporting patients in managing their health.

When you donate to The Lung Association, you are donating towards better **education**, life-saving **research** and **advocacy** efforts that make Canada a better country to breathe in.

## OUR VISION

All people free of lung disease.

## OUR MISSION

To lead nationwide and international lung health initiatives: prevent lung disease; help people manage lung disease and promote lung health.

## OUR HISTORY

LUNG STORY SHORT. It has been more than a century of progress, challenges and lifesaving research. The Lung Association was founded in 1900 as Canadian Association for the Prevention of Consumption and Other Forms of Tuberculosis.

Much has been accomplished along the way. We were among the first to attack smoking as the country's greatest preventable health risk. As a result, passengers now breathe easier on smoke-free trains, planes and buses; cigarettes carry graphic warnings; most tobacco advertising is banned; and smoking is prohibited in workplaces and outdoor spaces. We also achieved a landmark victory for breathers' rights with the passing of the Environmental Protection Act that regulated emissions from vehicles and engines. Despite all of the success thus far, we know that our mission is not yet completed and more remains to be done. Tobacco remains the number one cause of preventable lung disease, while majority of Canadians with asthma still do not know how to control their disease. With our new brand and a robust National Respiratory Research strategy to guide our future, we are confident that Canadians will have a safer place to breathe.

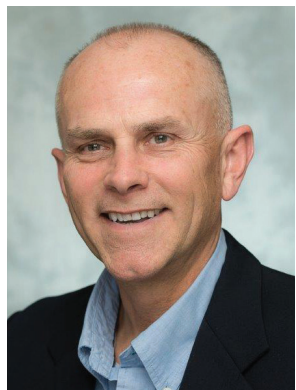
This annual report is for the national office of the Canadian Lung Association. Provincial annual reports are available through individual provincial offices.

## MESSAGE FROM THE CHAIR AND THE CEO



**Anne Marie  
Downey**

Chairperson  
National Board  
of Directors



**Terry  
Dean**

President and CEO  
The Lung Association -  
National

The Lung Association took a bold new step this past year; a step built upon a journey of more than 100 years in the making.

A journey that would have been impossible without the tireless efforts of our dedicated staff and volunteers who have, throughout the century, put air into Canadians' lungs. Today, our commitment is unchanged and our focus is clear. We will celebrate and build on our past successes, as we embrace a bold new future with a strong and powerful new brand. We are now represented by an impactful wordmark that embraces all Canadians and points to a common goal: breathing.

We are excited to continue to build upon the successful launch of *Breathing As One*, a national campaign to fund research, as we work towards a future where all Canadians can breathe with ease.

Breathing, after all, is what matters. The ability to breathe should not be a luxury. We do it 22,000 times each day and it should not be given prominence only when a disease takes it away. Breathing powers our lives. Our new brand is a promise to Canadians that we will boldly lead innovative efforts and initiatives to find cures for lung diseases, to improve and support the lives of those who struggle to breathe every day, and to keep the air that Canadians breathe clean.

To ensure we deliver on that promise, we have taken a look at how we operate and are governed, and are making important changes to greatly improve the effectiveness of our efforts. With the enthusiasm and passion of Lung Association volunteers, donors and staff, we expect to grow exponentially the positive impact we have on lung health in Canada.

Achieving our promise to Canadians is only possible with the help of our donors. They allow us to protect and celebrate the right to breathe by donating towards lifesaving research in areas of air pollution, asthma, COPD and many others. Collectively, we have invested \$1.7 million in lung health research Canada-wide in 2016-2017. This funding included a myriad of research projects across the healthcare continuum, ranging from disease-specific treatments to changes in health systems.

But regardless of the focus of the project—whether it's stem cell research that allows babies to grow up healthy or research that delves into how air pollution impacts on our DNA—it is ultimately the ability to breathe that is driving our researchers. This passion was perhaps best expressed by Dr. Bernard Thébaud—an Ottawa-based researcher—who summed it up thusly: *[Until everyone can breathe], you get on your bike and get to the lab.*

The following annual report provides the highlights of our year.  
Thank you and breathe easy.

## NEW LOGO, NEW BRAND, NEW FOCUS

B R E A T H E  
the lung association

R E S P I R E Z  
l'association pulmonaire

The Lung Association has changed its look and sharpened its focus. The organization with more than 100 years of experience is ready to give Canadians a breath of fresh air and a future where everyone can breathe with ease. With the introduction of the new logo, breathing took on a starring role in Canadian conversations. Appropriately, the new logo was launched during Lung Month 2016.

To truly speak to a new generation of Canadians—of all ages and creeds—The Lung Association has changed its logo to reflect the common cause that unites all of its efforts: breathing.

Breathing is what unites everyone and it is what keeps us pushing ahead, whether it's searching for cures to lung diseases, helping people quit smoking and ensuring that children never start, or fighting for clean air.

The new look is a recognition of this powerful truth, and of the unwavering commitment to making Canada a better place to breathe for everyone—those who have lung disease, those who don't, and hopefully never will. Along with the new logo comes a renewed commitment to hold a leadership role in respiratory health in Canada.

## WHY WE MATTER

### TOBACCO

**Tobacco use is the #1 preventable cause of death and disease.** Tobacco use remains the single greatest preventable cause of death and disease. Despite years of public education, smoke-free legislation, tax increases, advertising and sales restrictions and more, almost 4.2 million Canadians aged 15 and older (15 per cent) are still smoking.<sup>1</sup>

### COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)

**COPD is the #1 avoidable cause of hospitalization in Canada.** Chronic obstructive pulmonary disease (COPD) is the fourth leading killer of Canadians. It has a higher hospitalization rate and a higher hospital re-admission rate than heart failure, angina, and other serious chronic diseases; leaves some working-age people too sick to work, and costs billions of dollars a year nationally in medical bills and lost productivity. But the majority of Canadians don't know what COPD is, whether they're at risk, or how to get tested.



## LUNG CANCER

**Lung cancer kills more people than breast, colorectal and prostate cancer combined.** Lung cancer is the number one cancer killer in Canada. Lung cancer is the most common cancer, accounting for 14 per cent of all cancers.<sup>2</sup> Smoking remains the main cause. Researchers have identified a number of other possible causes; the best known is second-hand smoke. Radon gas and asbestos exposure are also known causes. In addition, environmental pollution and genetic factors are believed to play a role.

## ASTHMA

**Asthma is a chronic (life time) disease that makes your lungs very sensitive and hard to breathe.** About 2.4 million Canadians live with asthma.<sup>3</sup> Asthma is the most common on-the-job lung disease, the third leading cause of lost work time, and the leading cause of school absenteeism and hospitalization for children. Though effective medication and treatment is available, many children and adults still do not effectively manage their asthma. In 2016, we coordinated a national survey on asthma management in Canada.

## SLEEP APNEA

**Statistics show that 26 per cent of Canadian adults aged 18 years and older are at high risk of sleep apnea<sup>4</sup>,** one of the most seriously under-diagnosed chronic respiratory conditions today. Obstructive sleep apnea is a serious breathing problem that interrupts one's sleep. Those affected stop breathing dozens or hundreds of times each night. Left untreated, the consequences can be life-threatening. People with sleep apnea are at a higher risk for heart attacks and strokes, high blood pressure, depression and memory loss; and they're seven times more likely to have a car crash.

## AIR QUALITY

**We breathe 22,000 times a day,** passing 10,000 litres of air through our lungs, much of it containing air pollutants. **Every year more than 21,000 Canadians die from the effects of air pollution.** Even so, convincing Canadians to take air pollution seriously is difficult, particularly if we rely on comparisons to cities and countries with even worse problems. Yet the evidence is clear: air pollution is an important public health issue, both in terms of the number of people affected and the range of diseases associated with it.

## TUBERCULOSIS

Despite the low incidence of tuberculosis (TB) in Canada, 1,600 new cases are reported every year. Worldwide, almost 9 million people develop active TB each year and 1.4 million will die. If not treated, each person with active TB infects, on average, 10 to 15 others. TB tends to travel into Canada as people travel back and forth to high incidence countries, with the majority of all new TB cases in Canada occurring in people born outside of the country and First Nations, Métis and Inuit. **The TB rate for First Nations, Métis and Inuit is 33 times the rate of others born in Canada.**

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<sup>1</sup> [www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2013-summary.html](http://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2013-summary.html)

<sup>2</sup> [www.cancer.ca/-/media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer-Statistics-2017-EN.pdf?la=en](http://www.cancer.ca/-/media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer-Statistics-2017-EN.pdf?la=en)

<sup>3</sup> Statistics Canada. Asthma, 2014. Available at: <http://www.statcan.gc.ca/pub/82-625-x/2015001/article/17179-eng.htm>

<sup>4</sup> 2011 source: [www.lung.ca/news/latest-news/latest-news/announcement-canadian-thoracic-society-releases-new-sleep-apnea](http://www.lung.ca/news/latest-news/latest-news/announcement-canadian-thoracic-society-releases-new-sleep-apnea)

# BREATHING AS ONE

## LUNG MONTH: TAKE A BREATHER



**Our ambassador  
Jeremy Fisher**

*Breathing As One* is a national fundraising campaign that supports The Lung Associations' National Respiratory Research Strategy.

*Breathing As One*, which publicly launched during Lung Month 2015, introduced three new elements during its second year. The three distinctive components spoke to different audiences, but were all anchored by the theme "Take a Breather."

Take a Breather was a successful campaign on all platforms—enjoying significant growth on all social media platforms, as well as exceedingly positive media coverage.

- There were 22 original articles, adding up to nearly 7 million impressions
- Social media channels experienced growth in engagement, as well as likes.

## SOCIAL MEDIA

The social media aspect of Take A Breather (#TakeABreather) was led by a pan-Canadian group of *Breathing As One* ambassadors. These ambassadors, including athletes and musicians, shared their stories and reasons for support with Canadians. They also encouraged others to ponder where they like to take a breather.

This was the main call to action to all Canadians. #TakeABreather selfie element called on Canadians to take a photo in a place, where they feel happy. In other words: a place where they like to "take a breather." These images were compiled in a powerful collage.

## POP-UP PARKS

In order to engage audiences in the offline world, Take A Breather also invited Canadians in three communities—Vancouver, Edmonton and Toronto—to enjoy pop-up parks. These green spaces—created in shopping malls—allowed visitors to learn about *Breathing As One*, while taking a break in a healthy, green area. This was an aspirational concept that replaces smoke breaks.

## CORPORATE

Third complementary element launched in November and has been actively gaining momentum. This is the corporate ask. Corporations and organizations are invited to donate the dollar equivalent of daily breaths—22,000—and in turn, their staff receives weekly tips for healthy breathing via email.



**Pop-up parks were a big  
success in Vancouver**

Photo courtesy: The Lung Association—British Columbia



# BREATHING AS ONE AWARDS

## BREATHING AS ONE—

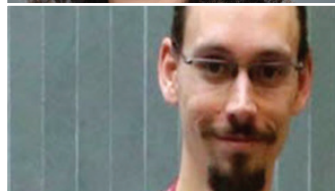
### BOEHRINGER INGELHEIM COPD CATALYST GRANT

In December 2016, *Breathing As One* awarded its first two grants since its inception. Funding for *Breathing As One*—Boehringer Ingelheim Canada COPD Catalyst Grant competition has been provided by Boehringer Ingelheim Canada.

This year's recipients were:



- **Dina Brooks**, BScPT, MSc, PhD (Professor, Department of Physical Therapy, University of Toronto; Senior Scientist, Toronto Rehabilitation Institute) for her study: *Let's Boogie: Feasibility of a dance intervention in patients with chronic obstructive pulmonary disease.*



- **Mathieu Morissette**, PhD (Assistant Professor, Institut universitaire de cardiologie et de pneumologie de Québec—Université Laval—Medicine) for his study: *Progenitor-Derived Pulmonary Macrophage Transplantation as a New Therapeutic Intervention for COPD: A Pre-clinical Proof-of-Principle Study.*

## RESEARCH

### RESEARCH SUMMARY

The Lung Association federation has collectively funded a total of nearly \$1.7 million in research across Canada in 2016-2017. The summary below shows the area of focus and the amount received.

Topic	# of projects	Total funding
Asthma	6	\$232,868.00
COPD	8	\$308,688.00
Critical illness	1	\$20,000.00
Early detection/diagnosis	2	\$60,011.00
Immunology	4	\$138,037.00
Infectious diseases	3	\$88,631.00
Lung cancer	1	\$50,000.00
Lung transplant	1	\$48,586.00
Mechanical ventilation	3	\$127,172.00
Neonatal lung disease	1	\$30,000.00
Neuromuscular disease	2	\$40,354.34
Pneumonia	2	\$78,023.00
Pulmonary fibrosis	1	\$10,000.00
Pulmonary hypertension	1	\$48,586.00
Pulmonary rehabilitation	3	\$35,000.00
Rare disease	2	\$60,027.00
Tobacco	1	\$20,000.00
Other	3	\$255,333.00
<b>Total</b>	<b>45</b>	<b>\$1,651,316.34</b>



## RENASCENT: HELPING OUR RESEARCHERS GROW

The Lung Association takes pride in nurturing young talent. It is imperative that these researchers receive every opportunity to grow as researchers, as communicators and collaborators.

To this end, The Lung Association along with CRRN has co-developed RENASCENT (Respiratory National Scientist Core EducationN) training program that provides trainees and young investigators with opportunities to practice soft skills that complement their scientific acumen. The RENASCENT Program has two components: PRactical Education Program (PREP) and annual training workshops.

This year an interactive Knowledge Translation (KT) workshop was conducted by Ms. K. Warmington from Sick Kids. Trainees learned to:

- Define KT and related terms
- Describe why KT is important
- Summarize evidence-based and innovative KT strategies
- Describe the importance of human factors in KT and implementation practice (ie. behaviour change and impact)
- Prepare a simple KT plan including stakeholders, main messages, KT strategy(-ies) and resource utilization

The workshop was well-attended and well-received. Many noted that they found the workshop as well as the opportunity to work with their peers valuable.

## ADVOCACY: HELPING CANADA BREATHE BETTER

The Lung Association continues to be a leader in advocating for Canadians' right to breathe. The association is active in a number of advocacy areas on a federal level. During 2016, The Lung Association formed a partnership with two other leading organizations to address tobacco, which remains the number one cause of preventable lung disease.

### PLAIN AND STANDARDIZED TOBACCO PACKAGING

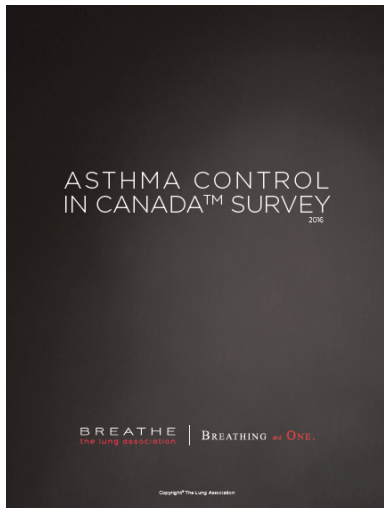
The Lung Association, along with The Heart and Stroke Foundation and The Canadian Cancer Society, has been actively advocating on behalf of Canadians to bring plain and standardized tobacco packaging to Canada. The concept would eliminate all marketing features, including shape, size and colour, and ensure that all tobacco products have consistent, bland colouring and packaging.

### TOBACCO ENDGAME

The Canadian Lung Association along with others has worked diligently to reduce smoking rates in Canada. Previous regulations, including implementation of graphic health warnings on tobacco packages, taxation increase on tobacco packages and improving access to cessation medication, have had a tremendous impact on reducing smoking rates in Canada to 18 per cent. More work still needs to be done to meet the Endgame's goal of **"less than 5 by '35."** The Lung Association has pledged to complement its current efforts and work diligently to lead and support the Endgame goal by continuing to provide accurate and pivotal lung health information to Canadians and healthcare professionals, working with decision-makers to affect legislative change, and fund and share today's most innovative research in lung health.

# SPOTLIGHT ON ASTHMA CONTROL

## ASTHMA CONTROL IN CANADA



The Lung Association is proud to continue its investment into asthma research and education. It is a disease that affects an estimated 2.4M of Canadians. This disease can range in severity, but can have a significantly negative impact on quality of life. 317 Canadians are diagnosed with asthma daily, yet it's not a disease that is properly understood and managed. This is why The Lung Association, with support from Astra Zeneca, produced Asthma Control in Canada™, which sought to establish how many Canadians with asthma have their disease under control.

The survey was completed by 1,002 Canadians with asthma along with 101 general physicians who treat asthma.

The survey has shown there is further need for education and patient engagement. While a majority of those surveyed believed their asthma was well-controlled, this was not the case—90 per cent of Canadians do not have it under control.

The survey further explored the various barriers that might be preventing Canadians with asthma from properly controlling their disease.

In addition to the report, The Lung Association continues advocate for governments to invest more in asthma control and education.

## AIR QUALITY

The Pembina Institute, in collaboration with The Canadian Lung Association and other health organizations released a report, *Out with the Coal, In with the New: National Benefits of an Accelerated Phase-out of Coal-fired Power*, which estimates the air pollution-related health benefits associated with a Canada-wide phase-out of coal-fired power plants by 2030.

The report highlights the association between air pollutants and worsening chronic heart and lung diseases. These include lung cancer and asthma, and acute heart and lung ailments that result in premature deaths, hospital admissions, and emergency room visits. The very young, the elderly, and those with pre-existing health conditions such as asthma are the ones most at risk for adverse effects from air pollution.



# RECOGNIZING OUR SUPPORTERS

We are thankful for all of the volunteers, our dedicated board members, donors and sponsors who allow us to carry out our mission and make Canadians' lives better. The time, money and support go a long way towards helping us create a future for Canadians where everyone can breathe easier.

## DONOR PROFILE: WHY PEOPLE GIVE



### Donating breath in the name of love

Weddings are an occasion to celebrate love and friendship. But in the case of Vanessa and Chris, it was also an opportunity to celebrate life and breath.

Their February 25th wedding was the culmination of five years of friendship and dating.

As Vanessa looks back, she says her wedding was magical and close to perfect. The most breathtaking moment of the day, she says, was being surrounded by friends and family that took the time to celebrate their love. Perhaps the one thing that added an emotional hurdle to her day was that her father wasn't there to walk her down the aisle. This is because Vanessa's father died of lung cancer.

"I truly felt his presence and managed to stay strong for the entire day."

Sadly, Vanessa's was not the only family that was incomplete at the wedding. Chris's grandfather also died of lung cancer. This shared history inspired the couple to do something a little different for their wedding guests.

Instead of wedding favours, the couple chose to make a donation to the Lung Association.

"It was so important to the both of us to donate the Lung Association, as we both lost someone incredibly dear to us," Vanessa says.



## PATIENT PROFILE: WHY YOUR DONATIONS MATTER

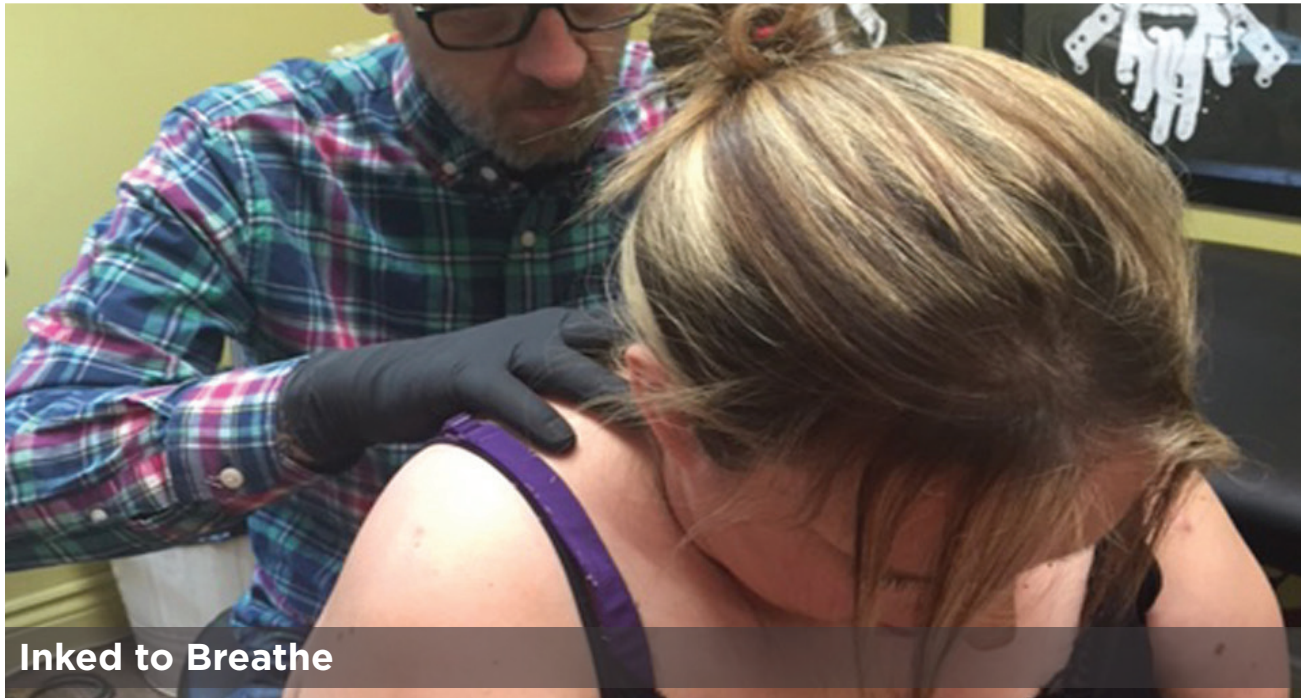


Photo courtesy: Elizabeth Doherty

### Inked to Breathe

Breathing does not come easily to some. Chronic lung disease does not play favourites. Lung disease does not affect only those who smoke. It can affect anyone. It's not until your breath is taken away that its importance is truly noticed.

When you can't breathe, nothing else matters. This very tagline inspired Jazmin Chase and Elizabeth Doherty to get matching tattoos.

"We actually met through a strange experience," says New Brunswick's Jazmin Chase. "I had three surgical procedures done in Hamilton, Ontario and [Elizabeth] was sent by the same respirologist."

It was this that brought the two together. Neither of the two has ever smoked, yet both dealt with significant lung health issues. Elizabeth was born premature, which resulted in a host of health issues later on in life.

"You know, chronic disease can be pretty isolating at times, so when I was made aware of Jazmin and what she had been through, I reached out to her," Doherty notes. "I think within an hour of reaching out to her, I got a response and [now] we are known as the dynamic duo."

Their shared experiences, passion for advocacy and involvement with the Lung Association has helped the two forge a strong friendship. So much so they decided to put ink where their mouth was.

"We decided to get matching tattoos to represent our future, our past, our friendship and, really, our life," Chase adds.

Doherty explains that the tattoo they chose—The Lung Association's tagline—is a statement that brought them together, evoking conversations and raising awareness.

## PRO-BONO SUPPORT

The Lung Association would like to thank Gallant Leaman Group for their generosity in providing us with pro bono creative marketing services since 2013.

## NATIONAL CORPORATE SPONSOR

- Trudell Medical International

## *BREATHING AS ONE* NATIONAL CORPORATE SUPPORTERS

- AstraZeneca
- Boehringer Ingelheim

## FRIENDS AND SPONSORS

- Astra Zeneca
- Canadian Association of Petroleum Producers
- The Lloyd Carr-Harris Foundation
- ProResp Inc
- RBC Foundation

## ALLIANCES

We are proud to work with the following organizations and coalitions.

- Alpha-1 Canada
- Asthma Society of Canada
- Canadian Cancer Society
- Canadian Council for Action on Tobacco
- Canadian Foundation for Healthcare Improvement
- Canadian Institutes of Health Research
- Canadian Thoracic Society
- Global Lung Cancer Coalition
- Health Canada
- Health Charities Coalition of Canada
- HealthPartners
- Heart and Stroke
- Pembina Institute
- Pulmonary Hypertension Association of Canada
- Quality End-of-Life Care Coalition of Canada

**Thank you.**  
**Together, we can all help**  
**Canadians breathe easier.**

# FINANCIAL STATEMENTS

Fiscal Year April 1, 2016 to March 31, 2017

Statement of Operations				2017	2016
	General Fund	Research Fund	Breathing As One Campaign	Total	Total
<b>Revenue</b>					
Provincial assessments	\$ 785,734	\$ 383,972	\$ —	\$ 1,169,706	\$ 1,404,270
Program and project contracts	59,522	54,578	—	114,100	190,584
Sponsorship	27,879	—	—	27,879	479,602
Donations, bequests & memorials	96,558	2,430	—	98,988	420,382
Membership	—	—	—	—	117,807
Endorsements	20,000	—	—	20,000	20,000
Sale of materials	—	—	—	—	1,950
Campaign donations	—	—	263,160	263,160	36,866
Interest and investment income	49,555	65,773	—	115,328	135,713
Miscellaneous and other income	1,169	—	—	1,169	319,392
Conference registration	—	—	—	—	178,056
	<u>1,040,417</u>	<u>506,753</u>	<u>263,160</u>	<u>1,810,330</u>	<u>3,304,622</u>
<b>Expenses (Schedules)</b>					
Admin allocation	(65,613)	65,613	—	—	—
Advertising and promotion	49,376	—	3,837	53,213	98,557
Consultants	40,217	15,567	267,844	323,628	171,793
Meetings and travel	118,905	36,948	42,111	197,964	553,369
Other operating expenses	164,604	13,954	25,868	204,426	286,449
Office rentals and leases	91,176	376	—	91,552	173,887
Professional fees	124,423	1,886	—	126,309	118,480
Research grants and awards	—	353,957	14,930	368,887	524,554
Salary	<u>662,074</u>	<u>155,157</u>	<u>514,595</u>	<u>1,331,826</u>	<u>1,660,692</u>
	<u>1,185,162</u>	<u>643,458</u>	<u>869,185</u>	<u>2,697,805</u>	<u>3,587,781</u>
Excess (deficiency) of revenue over expenses before unrealized items	(144,745)	(136,705)	(606,025)	(887,475)	(283,159)
Unrealized gain (loss) on investments	(4,036)	(5,574)	—	(9,610)	(100,533)
Excess (deficiency) of revenue over expenses for the year	<u>\$ (148,781)</u>	<u>\$ (142,279)</u>	<u>\$ (606,025)</u>	<u>\$ (897,085)</u>	<u>\$ (383,692)</u>

The condensed financial information above has been extracted from the 2017 Audited Financial Statements. The complete Audited Financial Statements, including the independent report of auditors Collins Barrow Ottawa LLP, as well as notes and more detailed financial information, are available on our website.

## 2016/2017 BOARD OF DIRECTORS



Anne Marie Downey, Chair

Chair	Anne Marie Downey	Alberta
Vice-Chair	Vacant	
Treasurer	Karen Davis	Saskatchewan
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	Michael Ellis	British Columbia
	Stefan Scott	Alberta
	Deborah Harri	Manitoba
	Hélène Michaud	Ontario
	Vacant	Québec
	Vicky Gaunce	New Brunswick
	Andrea Power	Nova Scotia
	Vicki Bryanton	Prince Edward Island
	Mary Basha	Newfoundland and Labrador
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