

body | mind | spirit



Annual Report 2008-2009



## **Mission**

The Canadian Paediatric Society is the national association of paediatricians, committed to working together and with others to advance the health of children and youth by promoting excellence in health care, advocacy, education, research and support of its membership.

# contents

- 2** president's message
- 4** professional development
- 6** surveillance
- 8** advocacy
- 10** child care
- 12** public education
- 14** membership services
- 16** committees and sections
- 17** new publications
- 18** financial statements
- 20** board of directors
- 21** supporters

# president's message



## Putting children's rights into practice

This year marks the 20th anniversary of the United Nations Convention on the Rights of the Child (CRC). The CRC is a landmark human rights instrument—and one which I feel we can use as a framework for reflecting on our achievements over 2008-2009.

When the CRC was first adopted in 1989, it put forward a new view of children and youth. The CRC's vision is one in which children and youth are considered to be individuals and members of a family and a community, with rights and responsibilities appropriate to their age and stage of development. Recognizing children's rights in this way firmly sets a focus on the whole child: mind, body and spirit.

Over the course of the past year, the CPS has moved forward with initiatives that are clearly in line with the spirit of the CRC. In fact, the Convention's guiding principles have always informed our work: ensuring the best interest of the child; the child's right to life, survival and development; and the child's right to non-discrimination.

As advocates for the health and well-being of children and youth, the CPS continued to press

governments to take action in 2008-2009. To cite just a few examples, we have called for a national injury prevention strategy, worked to ban smoking in vehicles when a child or youth is present, and collaborated with Aboriginal organizations to develop a culturally appropriate strategy to improve the health and well-being of First Nations, Inuit and Métis children and youth.

We know that governments at all levels must weigh many competing interests, particularly in the current economic climate. However, it is our conviction that the best interests of children and youth must always be considered by policy-makers—and given priority.

That said, it's been a tumultuous year in federal politics. Minority governments can be more difficult to influence because of the array of political realities they are balancing. Add in the usual summer recess, an election and the prorogation of Parliament, and there were fewer opportunities than usual to push for policy changes that benefit children and youth. We made progress, nonetheless, and will continue to do so in the years ahead.

Moreover, during 2008-2009, CPS committees produced 10 new statements, several of which addressed key rights outlined in the CRC. For example, *Advance care planning for paediatric patients* is based on the conviction that children and youth with life-threatening illnesses are entitled to express opinions about matters affecting their care and well-being. *Adolescent sexual orientation* is grounded in youth's right to non-discrimination. These statements have proven to be of keen interest to allied health professionals, policy-makers and the media.

The international community has also shown interest in the way that Canadian paediatricians and the CPS are working to make the CRC a tangible reality for our country's children and youth. To cite just one example, the CPS was invited to contribute to an international workshop, "Integrating Children's Rights into Child Health Practice," held last year in Turkey. The workshop brought together children's rights advocates and health care professionals from Eastern Europe, the Middle East, and South and North America. On behalf of the CPS, Medical Affairs Director Dr. Danielle Grenier provided a Canadian perspective on how the CRC is relevant to clinical care, advocacy and policy influence, and paediatric practice.

As paediatricians, we stand on the front lines. I am proud of the progress we have made towards putting child and youth rights into practice.



Joanne E. Embree, MD, FRCPC

# professional development



## Towards better standards of care for all children and youth

It is well known that paediatricians enhance and care for the well-being of children and youth. Paediatricians also have a deep and lasting effect on the minds and spirits of their patients, especially those who face health challenges. Several CPS statements, programs and activities in 2008-2009 highlighted the way paediatricians can make a difference in the lives of these children and youth.

### Advance care directives for critically ill children and youth

It is profoundly important for people with life-threatening illnesses to be able to make informed decisions about matters such as life-sustaining treatments and long-term care goals. Children and youth who can understand and cope with their condition are no exception. In fact, it can be psychologically damaging for them to be left out of the decision-making process. Yet advance care directives for children and youth with

life-threatening illnesses are not legally recognized in Canada, regardless of whether the directives are made by the patients or their parents. In November 2008, the Bioethics Committee issued recommendations to ensure the best interests of children and youth with life-threatening illnesses in the position statement, *Advance care planning for paediatric patients*.

### Helping newborns in the crucial first minute

The first moments after a child comes into the world can be critical. Most newborn infants start breathing, and even crying, as soon as they are delivered and within a minute are breathing normally. However, in some cases, an infant's breathing is problematic and may require resuscitation. The CPS believes that immediate, high-quality resuscitation should be available to all infants who need it, whether they are born in a big city or a remote rural community. That's why the Neonatal Resuscitation Program (NRP) Steering Committee has worked to standardize and expand the NRP, which the CPS began administering in Canada in 2006. The Steering Committee has also worked to ensure that this evidence-based training reflects the Canadian context. Over the past year, numerous nurses, doctors and midwives completed the NRP in communities across the country.

### Towards improved health of Indigenous children and youth

Indigenous children and youth around the world face more health challenges than their non-Indigenous counterparts, including

higher infant mortality rates, higher risk of unintentional injury and higher suicide rates. To help address this situation, participants at the 3rd International Meeting on Indigenous Child Health shared knowledge about how to help improve the health of Indigenous children and youth. The meeting, held in March 2009, was organized by the CPS and the American Academy of Pediatrics, in cooperation with the U.S. Indian Health Service and the First Nations and Inuit Health Branch of Health Canada. Participants framed their discussions in the context of traditional Aboriginal beliefs about health and healing. These embody the principle of holism—the interdependence of body, mind and spirit.

### *Paediatrics & Child Health: Reaching more health professionals than ever*

The CPS is also reaching child and youth health professionals through its peer-reviewed journal, *Paediatrics & Child Health*. The Society's journal is now available on PubMed, a digital archive of biomedical and life sciences journals that contains more than 18 million citations. Now that *Paediatrics & Child Health* is accessible through this frequently searched archive, more health care professionals and researchers than ever before will connect to CPS information.

*Paediatrics & Child Health* owes a debt of gratitude to Dr. Lee Ford-Jones. After more than 10 years in a leadership role with the journal, Dr. Ford-Jones is stepping down to focus her passion on social paediatrics. Dr. Ford-Jones' energy, enthusiasm and ability to convince one and all of the importance of *Paediatrics & Child Health* will be greatly missed.

**"I keep the CPS website bookmarked and frequently look up statements—they are readable and Canadian-focused."**

Dr. Miriam Kaufman

# surveillance



Knowledge for action to improve child and youth health

Working in collaboration with its partners, in 2008-2009 the CPS undertook surveillance that helped Canadian governments make evidence-based decisions to protect the health and well-being of children and youth. The findings of CPS surveillance programs are also used by medical professionals, policy-makers and researchers.

## Generating information that decision-makers need

In September 2008, children in China began falling ill after consuming melamine-contaminated infant formula or dairy products. More than 50,000 Chinese infants and young children were hospitalized for urinary problems, possible renal tube obstructions and renal stones. At least six children died. In Canada, the public wanted to know if children here were at risk. The federal government recalled Chinese milk-derived products from the market and

formula from China had never been for sale in Canada. However, factors such as international adoption, travel and immigration caused concern about whether Canadian children might be affected.

The Public Health Agency of Canada (PHAC) turned to the Canadian Paediatric Surveillance Program (CSPS) to conduct enhanced surveillance. Within 10 working days, the CSPS sent out surveys to Canadian paediatricians asking them about unexplained renal problems in infants. Paediatricians did their part, responding quickly and in high numbers. Within three weeks, PHAC had analyzed the results: There had been no cases of renal stones or renal failure due to the consumption of melamine-contaminated products. This was good news. By working together, PHAC, the CSPS and Canada's paediatricians had generated the data the government needed to make an evidence-based decision. Dr. David Butler-Jones, Chief Public Health Officer of Canada, congratulated the CSPS on this achievement.

The CSPS was able to generate results with speed and efficiency because it is a national network of active surveillance that is well connected with front-line paediatricians and public health officials. Coordinated by the CPS, the CSPS surveys paediatricians each

month about specific disorders that are high in disability, morbidity and economic cost.

### Producing new knowledge about immunization

Like the CPS, the Immunization Monitoring Program ACTive (IMPACT) relies on a network of researchers, health professionals and partner organizations to ensure it provides effective surveillance. IMPACT, which began 17 years ago, owes a debt of gratitude to Dr. David Scheifele, whose vision and longstanding work helped shape the well-respected program. Dr. Scheifele, who was co-founder of IMPACT, stepped down from his role as lead investigator last year but continues to remain involved as head of the Vaccine Evaluation Center at the University of British Columbia.

In March 2009, an IMPACT study published in *Pediatric Infectious Disease Journal* evaluated the influence of meningococcal C vaccine programs across the country. IMPACT's 12 participating paediatric hospital centres provided data for the study. The study demonstrates that the meningococcal C vaccine is effective at preventing the serogroup C strain of meningitis.

**"The data produced by [the Canadian Paediatric Surveillance Program] is helping to shape and establish public health policy and programs."**

Dr. David Butler-Jones,  
Chief Public Health  
Officer of Canada

# advocacy



# Standing up for the well-being of Canada's children and youth

Over the past year the CPS advocated for a broad range of initiatives that have the potential to result in significant improvements in the health of Canada's children and youth.

One example of federal advocacy is the ongoing call for a national injury prevention strategy. As Canadian paediatricians know all too well, every year thousands of children and youth require hospitalization and rehabilitation because of preventable injuries. In the worst-case scenarios, these injuries can lead to permanent disability or death: Unintentional injury is the leading cause of death for children and youth in Canada.

## Highlighting the need for strategic, evidence-based solutions

Preventable deaths are tragic, particularly because there is ample evidence about effective injury prevention. But strategies designed to protect adults will not necessarily work for children and youth. Car seat-belts made to protect adults in a car crash, for example, can injure small children—even paralyze them. Armed with CPSP-generated data that showed some Canadian children were being injured by seat belts, the CPS advocated that weight/size-appropriate booster seats be required by law. As of 2008, six provinces had legislated the use of booster seats, which will help protect children from preventable injuries.

But if governments continue to take one policy initiative at a time—and only in response to calls for change from child and youth health advocates—then change will come all too slowly. A national injury prevention strategy would introduce a full complement of initiatives to protect children and youth.

Dr. Kellie Leitch, the federally appointed advisor on healthy children and youth joined the call for such a strategy in her March 2008 report. The CPS worked with a number of partners, using the report's release as an opportunity to press for a national injury prevention strategy.

At the provincial/territorial level, the CPS called on governments to undertake a range of initiatives, including a ban on smoking in vehicles when a child or youth is present, increased access to the human papillomavirus (HPV) vaccine, and better access to mental health care for children and youth. The CPS is also advocating to provincial/territorial governments to ensure optimal health for children and youth in foster care.

Ultimately, the CPS wants governments to make evidence-based decisions that help improve the physical, mental and emotional health of Canada's children and youth.

**"As a member of the CPS, I have opportunities to network with friends and colleagues across Canada who share a common goal—to advance the health of children. Like most paediatricians, I feel that we are not just clinicians, but also educators and advocates for our patients and families."**

**Dr. Ellen Tsai,  
Chair, Bioethics  
Committee**

# child care



## Working to improve child care in Canada

Nurturing the next generation involves caring for children in all aspects of their development, particularly during the pivotal early years. Children need to be kept safe and healthy. However, it is equally important that they are stimulated and cared for in ways that help them develop their talents, emotional intelligence and intellectual abilities.

As UNICEF wrote in the *Innocenti Report Card 8: The Child Care Transition*, “a great change is coming over childhood in the richest countries. This is the first generation of children in which a majority will be in some form of out-of-home care.” In Canada, 70 per cent of children under the age of 6 receive non-parental care. All children have the capacity to thrive in a nurturing and stimulating environment. Those children who are cared for in mind, body and spirit will have an enduring advantage in later life.

### Canada's low investment

In a comparison of child care services among the world’s top industrialized countries,

Canada is ranked last, along with Ireland. According to the *Innocenti* report, Canada failed on nine of 10 measures aimed at ensuring children get the best start in life. Moreover, Canadian investment in child care lags behind both Mexico and the United States.

In 2008-2009, the CPS continued to advocate for a strategy that would set national standards and ensure national accountability for child care. The CPS also took action at the grassroots level to help improve the health, well-being and safety of children in care settings.

### ***Well Beings: A definitive resource on health and safety***

In November 2008, the long-awaited new edition of *Well Beings: A Guide to Health in Child Care* was published. From the outset, the aim was to produce a comprehensive book on health and safety in child care that reflected the most recent and credible evidence available. Yet the book also had to be grounded in the day-to-day reality of child care centres, agencies and home-based providers, early childhood instructors and public health professionals.

Numerous experts in paediatrics, child care, public health and many other fields contributed their knowledge, resulting in an authoritative book that translates current knowledge from research and practice into concrete approaches to child care. *Well Beings* is packed with useful forms, checklists, tools and resources, as well as visual clues to alert readers to key points. It covers topics such as injury prevention, children's emotional well-being, common health conditions and emergency situations—among many other subjects. With so much information on the early years, *Well Beings* is also an indispensable resource for physicians and parents alike.

### **A tool for local policy-makers**

The new edition of *Well Beings* has been welcomed by governments and organizations, public health units, child care programs and other organizations concerned about child and youth health. Child care providers can also access important resources from the book on the Caring for Kids website at [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca).

Moreover, *Well Beings* is proving to be a useful and authoritative resource for setting policies and guidelines in schools and child care centres, as well as at the municipal level.

**"The Canadian Child Care Federation (CCCF) is very pleased to have contributed to the development of the new edition of *Well Beings* to ensure that the child care perspective and experience are well represented."**

**Don Giesbrecht,  
CCCF President**

# public education



# Providing trusted information for parents and caregivers

More than ever, parents face an abundance of child health information, not all of it credible and much of it conflicting. The CPS is committed to providing parents with child and youth health information that is both evidence-based and easy to understand. In recent years, the CPS has developed an innovative and comprehensive public education program that helps parents and caregivers make informed decisions about their children's well-being.

## Caring for Kids: New look, same useful information

In June 2008, the CPS unveiled a new edition of Caring for Kids, the CPS website for parents, with improved graphics, navigation and additional features. With more than 117,000 visitors every month, the bilingual website has become the centrepiece of the CPS public education program. The site features more than 130 documents on infant, child, and youth health issues, including immunization, nutrition, behaviour, injury prevention and mental health.

Parents can also keep up-to-date on important child and youth health issues by subscribing to a free electronic newsletter. *Your Child's Health: Front & Centre* has more than 3,700 readers, a number that increases steadily each month. The newsletter provides timely, relevant links to documents on Caring for Kids.

The CPS also launched a group on the social networking site Facebook, providing even more ways for parents and caregivers to find the information they need.

## In a bookstore near you

Electronic resources are just one aspect of a broad public education program that includes many print resources. In April 2009, the CPS released *The Canadian Paediatric Society Guide to Caring for Your Child from Birth to Age 5*, its first comprehensive book aimed at parents. With former CPS president Dr. Diane Sacks at the helm as editor-in-chief, and a team of paediatricians from across the country serving as advisors, the book covers critical information on physical and mental health, development, injury prevention and nutrition in the early years. It promises to help parents navigate the health system, build a relationship with their child's physician and make informed decisions about their child's well-being.

Finding reliable resources can be overwhelming for new parents in today's information age. Inaccurate information can even be harmful if people use it to make decisions about their children's health. Having access to credible resources, whether they are electronic or print documents, enables and empowers parents to play an active role in their children's health and well-being.

"Being a first-time parent is confusing because there is so much advice available on the Internet and from a variety of other sources. I am extremely grateful to the Canadian Paediatric Society because I am confident that the information they provide is up-to-date, reliable and accessible."

Liz Smith-Kawasaki

# membership services



## Sharing services, resources and expertise

Over the past year, and in response to needs expressed by members, the CPS set up a range of new forums, resources and services. There are now more ways than ever for members to network, share knowledge and continue their professional education.

CPS members said they wanted more convenient access to continuing education resources. So in 2008, the CPS partnered with AdvancingIn and MdBriefCase to deliver free, interactive online courses. Through AdvancingIn Paediatric Health, a new online portal on the CPS website, members can access accredited, evidence-based continuing medical education courses. Courses are developed for all medical professionals who work with children and youth, and are led by CPS faculty. They are popular with family physicians, nurses, medical students and other health professionals. The “virtual practice” course on *Streptococcus pneumoniae* and the latest Paediatric Update have drawn more than 2,500 participants to date.

## New services

To support members working for public policy changes to improve child and youth health, the CPS created an online Advocacy Resource Centre. Using a searchable database, users can find a broad range of resources, including CPS submissions to the federal and provincial/territorial governments, backgrounder on key issues, letters targeted to decision-makers and presentations on key issues.

Several new resources are also available in the Member Centre on the CPS website. In response to requests from members, the CPS set up the first national locum service for Canadian paediatricians. Members can use it to post locum positions or indicate their interest in filling one.

Of course, the Member Centre is also home to the online Membership Directory, a regularly updated and searchable database with contact information for all CPS members.

## Celebrating our members

Through the Certificate of Merit program, the CPS celebrates members who make significant contributions to society or to the profession of paediatrics. Among those eligible for this award are CPS members who advance local health legislation, who make their communities safer or more accessible for children and youth, or who are exceptional role models in their academic or clinical practice.

The year also marked the first time an award was granted to a representative from each region. Eight awards were presented to “local heroes” for their contributions to their communities.

## New expert forums

Two new expert groups were established last year. The Acute Care Committee will develop statements on issues related to serious, potentially life-threatening and acute medical conditions. The Paediatric Environmental Health Section is connecting various specialists from across the country in a dynamic hub for knowledge-sharing and action. It’s a forum for individuals with an interest in the impact of the environment on child and youth health to connect, provide evidence-based education and recommendations and encourage research, advocacy and capacity-building.

## Membership statistics

Member Type	2003	2008
American Academy Members	6	6
Associate Health Care Professionals	65	105
Associate Medical Students	NA	44
Associate Physicians, Dentists and Surgeons	NA	53
Corresponding Fellows	16	26
Emeritus Fellows	275	326
Fellows	1344	1492
Honorary Members	2	4
Life Members	7	17
Residents	453	663
<b>Total</b>	<b>2168</b>	<b>2736</b>

Improving the health and well-being of children and youth is a goal that paediatricians share with many other health professionals. A rise in associate memberships since 2003 is a positive sign of this growing community. The CPS membership has also grown as a result of an increase in sections, educational options and resident-driven activities.

**“I’m excited about the new online locum service as it can be difficult to figure out how to attract physicians from other areas of this large country who might enjoy doing a locum in your little corner of the world.”**

Dr. Janet Grabowski,  
CPS Board Member for  
Manitoba and Nunavut

# committees and sections

Members of committees and sections devote hundreds of hours each year to developing position papers, providing expert advice on issues related to their area of expertise, advocating on child and youth health issues, working on CPS projects and continuing professional development, serving as media spokespersons, and much more.

## Executive Committee

Joanne E. Embree, MD	President
Kenneth J. Henderson, MD	President-Elect
Robert I. Hilliard, MD	Vice President
Gary S. Pekeles, MD	Past President
Minoli N. Amit, MD	Representing the Board of Directors
Pascale Gervais, MD	Representing the Board of Directors
Theodore A. Prince, MD	Representing the Board of Directors
Danielle Grenier, MD	Director of Medical Affairs
Marie Adèle Davis	Executive Director

## Board Subcommittee Chairs

Joanne E. Embree, MD	Membership
Marie Gauthier, MD	Communications
Susan E. Tallett, MD	Education
Theodore A. Prince, MD	Finance and Audit
Andrew Lynk, MD	Action Committee for Children and Teens
Glen Kielland Ward, MD	Public Education

## Committee Chairs

Angelo Mikrogianakis, MD	Acute Care
Jorge L. Pinzon, MD	Adolescent Health
Paul N. Thiessen, MD	Annual Conference
Robert Bortolussi, MD	Awards
Ellen Tsai, MD	Bioethics
Mark E. Feldman, MD	Community Paediatrics
Susan E. Tallett, MD	Continuing Professional Development
Michael J. Rieder, MD	Drug Therapy and Hazardous Substances
Ann L. Jefferies, MD	Fetus and Newborn
Kent D. Saylor, MD	First Nations, Inuit and Métis Health
Claire LeBlanc, MD	Healthy Active Living and Sports Medicine

Robert Bortolussi, MD  
Natalie L. Yanchar, MD  
Denis Leduc, MD  
Khalid Aziz, MD  
Valérie Marchand, MD  
John C. LeBlanc, MD

Infectious Diseases and Immunization  
Injury Prevention  
Nominating  
NRP Steering Committee  
Nutrition and Gastroenterology  
Psychosocial Paediatrics

## Section Presidents

Johanne Harvey, MD	Adolescent Health
Zave H. Chad, MD, and	Allergy
Janet R. Roberts, MD	Child and Youth Maltreatment
Laurel A. Chauvin-Kimoff, MD	Community Paediatrics
David T. Wong, MD	Developmental Paediatrics
Ana C. Hanlon-Dearman, MD	Hospital Paediatrics
Dawn S. Hartfield, MD	International Child Health
Douglas D. McMillan, MD	Mental Health
Clare Gray, MD	Neonatal-Perinatal Medicine
Michael S. Dunn, MD	Paediatric Emergency Medicine
Angelo Mikrogianakis, MD	Paediatric Environmental Health
C. Robin Walker, MD	Paediatric Oral Health
Ross D. Anderson, DDS.D	Paediatric Rheumatology
Bianca A. Lang, MD	Paediatric Sport and Exercise Medicine
Laura K. Purcell, MD	Residents
Ereny Bassilius, MD	Respiratory Medicine
David Wensley, MD	

## Paediatrics & Child Health

Noni MacDonald, MD, and  
Elizabeth (Lee) Ford-Jones, MD Co-editors-in-chief

## Immunization Monitoring Program, ACTive (IMPACT)

Scott Halperin, MD, and  
Wendy L.A. Vaudry, MD Co-principal Investigators  
David Scheifele, MD Data Centre Chief

## Canadian Paediatric Surveillance Program

Lonnie Zwaigenbaum, MD Chair, Steering Committee

# new publications

## Published since the 2007-2008 Annual Report

### Books

- Well Beings: A Guide to Health in Child Care (3<sup>rd</sup> edition)
- The Canadian Paediatric Society Guide to Caring for Your Child from Birth to Age Five

### Position statements and Practice points

#### Adolescent Health Committee

- Adolescent sexual orientation

#### Bioethics Committee

- Advance care planning for paediatric patients
- Ethical issues in health research in children

#### Community Paediatrics Committee

- Footwear for children
- Health implications of children in child care centres. Part A: Canadian trends in child care, behaviour and developmental outcomes
- Health implications of children in child care centres. Part B: Injuries and infections
- Vision screening in infants, children and youth

#### CPS Board of Directors

- A model of paediatrics: Rethinking health care for children and youth
- Let's put a national child care strategy back on the agenda
- Where is the stimulus package for our children?

#### Infectious Diseases and Immunization Committee

- A bite in the playroom: Managing human bites in child care settings
- Head lice infestations: A clinical update
- Vertical transmission of the hepatitis C virus: Current knowledge and issues

### Paediatric Infectious Disease Notes

- Congenital syphilis: No longer just of historical interest
- Foodborne infections
- IMPACT after 17 years: Lessons learned about successful networking
- Influenza vaccine recommendations for children and youth for the 2008–2009 season
- Lyme disease in Canada: Q & A for paediatricians
- The new influenza A virus: A/Mexico/2009 (H1N1) practice point for caregivers of children and youth

### Nutrition and Gastroenterology Committee

- Concerns for the use of soy-based formulas in infant nutrition

### Information for parents and caregivers

- Avoiding infection: What to do at the doctor's office
- Febrile seizures
- Food safety at home
- Footwear for children
- Head lice
- Health research in children: What parents need to know
- Helping your teen with special health needs move to adult care
- HPV vaccine: What teens need to know
- MMR vaccine: Myths and facts
- Never shake a baby
- Planning care for children and youth with serious conditions
- Prescription for information: Anxiety in children and youth
- Prescription for information: Mood problems in children and youth
- Your baby's hearing
- Your teen's sexual orientation: What parents should know

# financial statements

## Auditors' Report

To the Members of The Canadian Paediatric Society

We have audited the statement of financial position of the Canadian Paediatric Society as at December 31, 2008 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Society's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Society as at December 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The financial statements as at December 31, 2007 and for the year then ended were audited by Scott, Rankin and Gardiner LLP whose report, dated March 14, 2008, expressed an unqualified opinion on those statements.

*Deloitte & Touche LLP.*

Chartered Accountants  
Licensed Public Accountants  
April 21, 2009

## Statement of Operations

year ended December 31, 2008

	2008 (\$)	2007 (\$)
<b>Revenue</b>		
Advertising fees	<b>64,430</b>	49,973
Grants and sponsorships	<b>1,612,880</b>	1,755,285
Investment income (loss)	<b>(215,396)</b>	85,202
Meetings	<b>513,254</b>	457,033
Membership dues	<b>629,623</b>	590,731
Miscellaneous	<b>96,483</b>	14,650
Projects	<b>649,578</b>	631,786
Publication sales	<b>289,320</b>	625,012
	<b>3,640,172</b>	4,209,672
<b>Expenses</b>		
Administrative services	<b>316,617</b>	493,685
Amortization of capital assets	<b>75,585</b>	91,750
Meetings	<b>662,414</b>	768,184
Printing and postage	<b>435,914</b>	395,871
Projects	<b>199,325</b>	426,597
Rent	<b>279,855</b>	285,847
Salaries and benefits	<b>1,494,232</b>	1,345,618
Technology services	<b>32,514</b>	86,400
Travel	<b>365,947</b>	375,097
	<b>3,862,403</b>	4,269,049
Excess of Expenses over Revenues	<b>(222,231)</b>	(59,377)

A complete set of audited financial statements  
is available on the CPS website at  
[www.cps.ca](http://www.cps.ca)

# financial statements

## Statement of Financial Position

as at December 31, 2008

	2008 (\$)	2007 (\$)
<b>Current Assets</b>		
Cash	<b>48,471</b>	197,071
Investments	<b>1,892,072</b>	1,919,619
Accounts receivable	<b>561,082</b>	755,427
Inventory	<b>288,165</b>	139,288
Prepaid expenses	<b>91,912</b>	71,717
	<b>2,881,702</b>	3,083,122
Other Asset	<b>108,000</b>	108,000
Capital Assets	<b>365,826</b>	439,292
	<b>3,355,528</b>	3,630,414
<b>Current Liabilities</b>		
Accounts payable and accrued liabilities	<b>630,129</b>	738,753
Deferred revenue	<b>1,057,679</b>	1,113,560
Due to Healthy Generations	<b>165,531</b>	53,681
	<b>1,853,339</b>	1,905,994
<b>Commitment</b>		
<b>Net Assets</b>		
Special Projects Fund	<b>122,901</b>	122,901
<i>Paediatrics &amp; Child Health Fund</i>	<b>67,382</b>	59,215
Section Funds	<b>98,137</b>	86,613
Development Fund	<b>80,000</b>	80,000
Net assets invested in capital assets	<b>365,826</b>	439,292
Operating Fund	<b>767,943</b>	936,399
	<b>1,502,189</b>	1,724,420
	<b>3,355,528</b>	3,630,414

## Statement of Changes in Net Assets

year ended December 31, 2008

	2008 (\$)	2007 (\$)
<b>Special Projects Fund</b>		
Balance, beginning of year	<b>122,901</b>	122,901
Balance, end of year	<b>122,901</b>	122,901
<b>Paediatrics &amp; Child Health Fund</b>		
Balance, beginning of year	<b>59,215</b>	46,345
Transfer from operating fund	<b>8,167</b>	12,870
Balance, end of year	<b>67,382</b>	59,215
<b>Section Funds</b>		
Balance, beginning of year	<b>86,613</b>	82,121
Transfer from operating fund	<b>11,524</b>	4,492
Balance, end of year	<b>98,137</b>	86,613
<b>Development Fund</b>		
Balance, beginning of year	<b>80,000</b>	80,000
Balance, end of year	<b>80,000</b>	80,000
<b>Net Assets Invested in Capital Assets</b>		
Balance, beginning of year	<b>439,292</b>	494,567
Transfer from operating fund	<b>(73,466)</b>	(55,275)
Balance, end of year	<b>365,826</b>	439,292
<b>Operating Fund</b>		
Balance, beginning of year	<b>936,399</b>	957,863
Excess of expenses over revenues	<b>(222,231)</b>	(59,377)
Transfer to <i>Paediatrics &amp; Child Health Fund</i>	<b>(8,167)</b>	(12,870)
Transfer to Section Funds	<b>(11,524)</b>	(4,492)
Transfer from Net Assets Invested in Capital Assets	<b>73,466</b>	55,275
Balance, end of year	<b>767,943</b>	936,399

# board of directors



**President**  
Joanne E. Embree, MD



**President-Elect**  
Kenneth J. Henderson, MD



**Vice President**  
Robert I. Hilliard, MD



**Past President**  
Gary S. Pekeles, MD



William H. Abelson, MD  
British Columbia and  
Yukon Territory



Minoli N. Amit, MD  
Nova Scotia



Anthony Ford-Jones, MD  
Ontario



Marie Gauthier, MD  
Quebec



Pascale Gervais, MD  
Quebec



Janet L. Grabowski, MD  
Manitoba and Nunavut



Ramaiyer Krishnasamy, MD  
New Brunswick and  
Prince Edward Island



Heather Onyett, MD  
Ontario



Theodore A. Prince, MD  
Alberta and  
Northwest Territories



Élisabeth Rousseau-  
Harsany, MD  
Quebec



Koravangattu Sankaran, MD  
Saskatchewan



Susan E. Tallett, MD  
Ontario



Christina G. Templeton, MD  
Newfoundland and Labrador



Noni E. MacDonald, MD  
Co-editor-in-chief  
*Paediatrics & Child Health*



Robert M. Isseenman, MD  
President  
Healthy Generations



Ereny Bassilius, MD  
President  
Residents Section



Marie Adèle Davis  
Executive Director



Danielle Grenier, MD  
Director of Medical Affairs

# 2008 supporters

## **Platinum Sponsors**

Janssen-Ortho Inc.  
Johnson & Johnson  
Nycomed  
Wyeth Pharmaceuticals

## **Gold Sponsors**

Abbott Nutrition  
Ikaria  
Shire Canada Inc.

## **Silver Sponsors**

Abbott Laboratories, Ltd.  
McNeil Consumer Healthcare  
Merck Frosst Canada Ltd.

## **Contributors**

Children's Hospital of Eastern Ontario  
Danone Inc.  
Eli Lilly Canada Inc.  
General Mills Canada Corporation  
GlaxoSmithKline  
Health Canada  
Human Resources and Skills Development Canada  
Institute of Human Development, Child and Youth Health  
Mead Johnson Nutrition (Canada) Co.  
The Montreal Children's Hospital  
National Collaborating Centre for Aboriginal Health  
Procter & Gamble  
Public Health Agency of Canada  
Purdue Pharma  
Sanofi Pasteur Limited

## **Contributors to IMPACT**

GlaxoSmithKline  
Merck Frosst Canada Ltd.  
Public Health Agency of Canada  
Sanofi Pasteur Limited



Canadian  
Paediatric  
Society

2305 St. Laurent Blvd.  
Ottawa, Ontario K1G 4J8  
Tel.: 613-526-9397  
Fax: 613-526-3332  
[www.cps.ca](http://www.cps.ca)  
[www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)