2016 Year in Review
The Canadian Nurses Association is the national professional voice representing nearly 139,000 registered nurses and nurse practitioners in every province and territory.

VISION
Registered nurses: Leaders and partners working to advance nursing and health

MISSION
CNA is the national professional voice of registered nurses, advancing the practice of nursing and the profession to improve health outcomes in a publicly funded, not-for-profit health system by:
- Unifying the voices of registered nurses
- Strengthening nursing leadership
- Promoting nursing excellence and a vibrant profession
- Advocating for healthy public policy and a quality health system
- Serving the public interest

GOALS
In pursuit of the vision and mission, CNA has established the following goals:

01 GOAL
To promote and enhance the role of RNs to strengthen nursing and the Canadian health system

02 GOAL
To shape and advocate for healthy public policy, provincially/territorially, nationally and internationally

03 GOAL
To advance nursing leadership for nursing and for health

04 GOAL
To broadly engage nurses in advancing nursing and health
DEAR MEMBERS, COLLEAGUES AND STAKEHOLDERS,

On behalf of the CNA board of directors, I am pleased to present the 2016 year in review. It tells the story of how CNA and our members worked collectively for a strong, sustainable health system, the optimal health and well-being of all Canadians, and a united, vibrant nursing profession.

Before offering my reflections on 2016, I wish to extend my gratitude to Karima Velji for her presidency (2014-2016). She expertly led our association through significant moments — the 2015 federal election, the transition of our certification program to a computerized platform and into international markets, and the signing of a partnership accord with the Canadian Indigenous Nurses Association, to name a few.

In June 2016, I was honoured to take on the president’s role. With board support and our members’ involvement, I set out to build upon CNA’s successful advocacy efforts. Together, we championed seniors care, home- and community-based care, support for family caregivers, patient safety and quality care, and the wider recognition that primary health care is about people and the determinants of health, not about places. We drew attention to evidence-based solutions to address the growing crisis in opioid use and continued to promote a harm reduction approach, including removal of barriers to supervised consumption sites. It was a promising time for these advocacy efforts. The country had a newly elected federal government with a different view of its role in health care, and talks of a revitalized health accord were on the horizon.

Led by CNA, the profession played a key role in influencing health policy in 2016. Several times, parliamentarians and other decision-makers knocked on our door to seek out our expertise: the federal ministers of justice and health consulted us on MAID, a Senate standing committee sought our views on dementia care, and the federal health minister invited us to a health accord roundtable and an emergency summit on the opioid crisis. Decision-makers want our insight because what CNA is saying has meaning for Canadians. There is credibility in our messages, and our “asks” are all about the sustainability of the health system. When I see CNA repeatedly cited in ministerial speeches, Senate reports, and MP statements in the House of Commons, I know our recommendations are having an impact. Read more about our influence in the pages ahead.

The year has been a success on many fronts, and I look forward to our continued role in fulfilling the promise of a renewed future in health care.

Sincerely,

Barb Shellian, RN, BN, MN
Chair and President
CNA’s volunteer board of directors is accountable to and governs on behalf of our members.

SEATED (left to right):

Jerry Macdonald, RN, BScN, CCN(C)
President, College and Association of Registered Nurses of Alberta

Claire Betker, RN, MN, PhD, CCHN(C)
President-Elect, CNA

Barb Shellian, RN, BN, MN, President, CNA

Anne Sutherland Boal, RN, BA, MHSA
Chief Executive Officer, CNA

Tim Guest, RN, BScN, MBA
Representative, College of Registered Nurses of Nova Scotia

STANDING (left to right):

Brenda Kinney, RN, MN
President, Nurses Association of New Brunswick

Linda Wasko-Lacey, RN, BN, MSA
President, Saskatchewan Registered Nurses’ Association

Bryce Boynton
President, Canadian Nursing Students’ Association

Christina Sim, RN
President, Yukon Registered Nurses Association

Julie Nicholas, RN, BN, MHSM
President, Association of Registered Nurses of Newfoundland and Labrador

Tom Bursey, MBA, CHRL, FCPA/FCMA, C.Dir., ACC, HRCCC, ICD.D, Public Representative

Madeleine Ashcroft, RN, MHS, CIC
Network Representative

Cynthia Bryanton, RN, BScN
President, Association of Registered Nurses of Prince Edward Island

Margaret Rauliuk, RN, BScN, MN, NP
Chair, Association of Registered Nurses of Manitoba

MISSING FROM PHOTO:

Zak Matieschyn, RN, BSN, MN, NP(Family)
President, Association of Registered Nurses of British Columbia

Debora Simpson, BA, M.Ed
Public Representative

Judy Simpson, RN, BN, M.Ed., CHPCN(C)
Network Representative
At the end of 2016, CNA was in a positive financial position.

On December 31, 2016, CNA’s assets were at $24,067,378 and liabilities were at $1,755,728 leaving net assets at $22,311,650.

The consolidated statement of operations indicates an excess of revenues over expenses, totalling $653,226 (including amortization of capital assets). Revenues exceeded our expected budget by $164,294 (1.1 per cent), mainly due to the higher demand for exams. Expenses were below our budget projections by $487,832 (3.3 per cent), which reflects management’s extensive efforts to control costs and still deliver on a multitude of projects related to the strategic plan.

CNA’s good financial health will allow us to further enhance our relevance as the nationwide leader for improving health outcomes through the unified voice of Canada’s registered nurses.

Complete consolidated 2016 financial statements are available on our website.

### Consolidated Statement of Financial Position

**December 31, 2016**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT</td>
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<tr>
<td>Cash and cash equivalents</td>
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<td>Short-term investments</td>
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<td>6,819,472</td>
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<td>CAPITAL ASSETS</td>
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<td>ACCRUED PENSION BENEFIT ASSET</td>
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<td></td>
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<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
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<tr>
<td>CURRENT</td>
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<tr>
<td>Accounts payable and accrued liabilities</td>
<td>1,459,865</td>
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<td>Deferred revenues</td>
<td>252,810</td>
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<td>1,712,675</td>
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<td>RESEARCH AND DEVELOPMENT FUND PAYABLE</td>
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<td></td>
<td>1,755,728</td>
<td>1,463,975</td>
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<td><strong>NET ASSETS</strong></td>
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<tr>
<td>Invested in capital assets</td>
<td>5,805,182</td>
<td>6,178,619</td>
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<tr>
<td>Restricted for future pension obligation</td>
<td>6,688,000</td>
<td>2,091,000</td>
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<tr>
<td>Restricted for other obligations</td>
<td>3,650,000</td>
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<tr>
<td>Unrestricted</td>
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<td></td>
<td>22,311,650</td>
<td>21,354,424</td>
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<td></td>
<td>24,067,378</td>
<td>22,818,399</td>
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</tbody>
</table>
## Revenues - Actual vs Budget

- **Membership fees**
- **Exams/Certification/Registration**
- **Publications/Advertising**
- **Consulting fees**
- **Grants/Affinity/Sponsorship**
- **Investment income/Other**

## Expenses - Actual vs Budget

- **Salaries and benefits**
- **Services/Printing/Publicity**
- **Postage/Building/Other**
- **Equipment/Computer services**
- **Committees/Travel**
- **Affiliation fees**
- **Sundry**
- **Amortization of capital assets**

## Consolidated Statement of Operations

**Year ended December 31, 2016**

<table>
<thead>
<tr>
<th></th>
<th>2016 Budget</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td>$</td>
<td>$</td>
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<tr>
<td>Membership fees</td>
<td>7,403,800</td>
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<td>7,479,720</td>
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<td>Exams/Certification/Registration</td>
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<td>4,999,722</td>
<td>4,638,514</td>
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<td>Publications/Advertising</td>
<td>939,900</td>
<td>758,607</td>
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<td>Consulting fees</td>
<td>804,500</td>
<td>853,452</td>
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<td>Grants/Affinity/Sponsorship</td>
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<td>Investment income/Other</td>
<td>114,600</td>
<td>162,065</td>
<td>187,950</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>14,659,800</td>
<td>14,824,094</td>
<td>14,335,610</td>
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<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>7,573,200</td>
<td>7,081,650</td>
<td>7,184,706</td>
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<tr>
<td>Services/Printing/Publicity</td>
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<td>2,151,731</td>
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<tr>
<td>Postage/Building/Other</td>
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<td>1,638,384</td>
<td>1,725,380</td>
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<td>Committees/Travel</td>
<td>979,400</td>
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<td>762,293</td>
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<tr>
<td>Affiliation fees</td>
<td>521,800</td>
<td>515,438</td>
<td>595,686</td>
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<tr>
<td>Sundry</td>
<td>221,200</td>
<td>354,569</td>
<td>252,790</td>
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<tr>
<td>Amortization of capital assets</td>
<td>779,100</td>
<td>709,147</td>
<td>778,143</td>
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<tr>
<td><strong>Total Expense</strong></td>
<td>14,658,700</td>
<td>14,170,868</td>
<td>13,600,732</td>
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<tr>
<td><strong>EXCESS OF REVENUES OVER EXPENSES</strong></td>
<td>1,100</td>
<td>653,226</td>
<td>734,878</td>
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</tbody>
</table>
2016 CNA at a glance

**JANUARY**
- CNA provides input to the special joint committee on physician-assisted dying.

**FEBRUARY**
- Canadian Indigenous Nurses Association and CNA sign a partnership accord, reinforcing their commitment to collaborate on advancing Indigenous nursing and health.

**MARCH APRIL**
- CNA and stakeholders participate in a symposium on developing a pan-Canadian strategy for nursing data standards.

**MAY JUNE**
- Under a new partnership, CNA collaborates with the Dorothy Wylie Health Leaders Institute to offer our first, one-day workshop: Leading in Complex Times, which is attended by 165 RNs.

**JUNE**
- Zika virus web updates keep nurses current on this public health emergency of international concern.
- CNA briefs the Senate social affairs, science and technology committee during its dementia care study.

**MAY**
- CNA appears before the House of Commons committee on health for its study on pharmacare.
- CNA president joins the official Canadian delegation at the World Health Assembly.
- CNA recommends legislative amendments on medical assistance in dying to House of Commons and Senate committees.
JULY

CNA and YRNA presidents discuss home care with premiers attending the Council of the Federation meeting in Whitehorse

AUGUST

Stakeholders begin reviewing proposed changes to update the CNA Code of Ethics for Registered Nurses

SEPTEMBER

- The Canadian Home Care Association, the College of Family Physicians of Canada and CNA release Better Home Care in Canada: A National Action Plan
- CNA is part of an invitation-only roundtable, hosted by federal Health Minister Philpott, to discuss a renewed health accord

OCTOBER

- CNA partners with the Canada 2020 Health Innovation conference and presents on nurses as trailblazers and innovators
- CNA welcomes three federal-provincial bilateral health agreements with home care funding

NOVEMBER

- Senate committee on social affairs, science and technology cites CNA and adopts several CNA recommendations in its study on a national dementia care strategy
- CNA attends an emergency, invitation-only opioid conference and summit

DECEMBER

- CNA presents federal budget 2017 priorities to the House of Commons finance committee
**01 GOAL**

**Goal 1: To promote and enhance the role of RNs to strengthen nursing and the Canadian health system**

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**CHOOSING NURSING INTERVENTIONS WISELY**

CNA led a major initiative in 2016 that will undoubtedly impact the way nurses and patients view tests, treatments and procedures. The opportunity came about when Choosing Wisely Canada (CWC), best known for its campaign to encourage physicians and patients to talk about unnecessary care, invited CNA to develop a nursing-specific CWC list.

To do so, CNA established a working group of 12 nurses from across Canada and across various nursing specialties. By reviewing current lists and other relevant research, the group identified tests, treatments and procedures nurses commonly use that could lack benefit or expose patients to harm. Highlighting nursing expertise, the CNA list of CWC recommendations (which was prepared for a January 2017 release) is the first in Canada by a non-physician group.

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**ELIMINATING FEDERAL LEGISLATIVE BARRIERS TO NP PRACTICE**

Nurse practitioners (NPs) have a track record of improving access to quality health care and reducing wait times. Yet, in 2016, outdated legislation developed before the emergence of NPs was preventing them from carrying out their full duties.

For instance, the definition of medical practitioner in Canada’s labour code and employment insurance laws failed to mention or authorize NPs to sign related medical forms, despite qualifications enabling them to do so. As a result, NPs had to find a physician to perform this task for patients— an unnecessary step that delayed care, duplicated effort and cost taxpayers money.

CNAs long-standing efforts to rectify this issue continued in 2016. We raised concerns and pressed for change through meetings with the prime minister’s office; offices of the minister of health, the minister of families, children and social development and the minister of employment, workforce development and labour; the Canada Pension Plan directorate; Employment and Social Development Canada; federal Rural and Indigenous caucuses, and many MPs whose ridings include a large number of NPs.

As 2016 came to a close, it was clear the issue of NP barriers had gained the attention of key federal government figures. A few months later, when the 2017 federal budget was unveiled, we welcomed the inclusion of a new measure that enables NPs to assess patients’ eligibility for the federal disability tax credit. This long-awaited breakthrough sets a precedent for modernizing other pieces of federal legislation to further empower NPs.

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Discussing barriers: CNA board members Tom Bursey and Julie Nicholas with Liberal MP Gudie Hutchings (centre) on Hill Day. Hutchings said that, because NPs in her Long Range Mountains (N.L.) riding could not sign certain federal medical forms, patients had to travel to other towns to see a physician.
Goal 2: To shape and advocate for healthy public policy, provincially/territorially, nationally and internationally

ADVOCATING FOR HOME CARE, CAREGIVER SUPPORT, ACCOUNTABILITY

We know from public polling and from listening to nurses and caregivers that Canadians want to stay in their communities and homes for as long as possible as they age. With this aim in mind, CNA embarked on a major campaign to push key recommendations grounded in the principles of primary health care:

- More transparency and accountability for federal health transfers
- Better access to home- and community-based care
- Improved support for caregivers
- Greater integration of health services

As part of CNAs drive to increase and improve home care, we worked tirelessly to influence key decisions around a potential new health accord and the federal budget.

This work included appearing before the Commons finance committee’s 2017 pre-budget consultations in September. Our largest effort, however, was to put forward recommendations to government officials directly through our Hill Day in November. Eleven teams of CNA board members, RNs and nursing students met face to face with 46 MPs, senators and political staffers to get their endorsement — and the response was very encouraging. Numerous MPs and senators sent letters to the health minister and the minister of families, children and social development in support of our proposals.

To achieve our goal to have home care explicitly included in federal/provincial/territorial health funding agreements and the 2017 budget, we also played a key role in invitation-only consultations with the minister of health and with Council of the Federation meetings and related talks — which ultimately resulted in 12 bilateral provincial/territorial agreements in late 2016/early 2017 and over $8 billion in home care funding in the 2017 federal budget.

ACTION PLAN FOR BETTER HOME CARE

Improving access to home care was a priority for CNA, as it was for the Canadian Home Care Association (CHCA) and the College of Family Physicians of Canada (CFPC). Recognizing the federal government’s readiness to follow through on its $3 billion election commitment, the three groups collaborated on an action plan that could influence a new health accord and catalyze the focus on home care.

The shared philosophy going into the action plan was that the home — not a hospital or long-term care facility — is the best place to recover from illness or injury, manage long-term conditions and live out one’s final days.

To inform the work, CNA, CHCA and CFPC conducted an online survey and hosted four consultations — with patients, government representatives, health-care administrators, and health- and home care providers. Released in October, Better Home Care in Canada: A National Action Plan recommended specific principles, actions and success indicators for the federal government to consider as it worked toward a health accord with provincial and territorial governments.
Goal 2: To shape and advocate for healthy public policy, provincially/territorially, nationally and internationally

INFLUENCING MEDICAL ASSISTANCE IN DYING LEGISLATION

As the federal government prepared to introduce legislation on medical assistance in dying (MAID) in mid-2016, CNA's voice was present every step of the way.

It was clear at the outset that Bill C-14 did not support equitable access for all Canadians. Physician-assisted death (the term initially used) would not be readily accessible to those living in rural and remote locations, where RNs and NPs provide most of the primary care. As well, early drafts of the legislation did not protect nurses from prosecution under the Criminal Code, despite the fact that the RN role in assisted dying would necessarily involve them in patient conversations and care.

CNA took several actions to ensure the legislation would address these concerns:

- Appearing before the special joint committee on physician-assisted dying
- Meeting with Canada’s attorney general and minister of justice (who was responsible for introducing the legislation)
- Participating in several calls and meetings with Canada’s minister of health
- Appearing before both the House of Commons committee on justice and human rights and the Senate committee on legal and constitutional affairs to propose amendments to the text of Bill C-14

With the bill’s royal assent on June 17, the significant impact of CNA's advocacy efforts became clear. The legislation struck a delicate balance that ensured compassionate access and care, including safeguards for the most vulnerable Canadians, and protected nurses and other members of the health-care team from criminal prosecution.

In the days leading up to the legislation’s enactment, CNA convened a task force with representatives from the fields of education, regulation, practice, ethics, law, research and administration to begin developing a national nursing framework on MAID. The taskforce worked extensively throughout the remainder of 2016 to ensure that the framework could be released in January 2017.

“Nurses have a unique perspective and bring an important contribution to the health-care team in the provision of palliative and end-of-life care that includes MAID.”
Goal 3: To advance nursing leadership for nursing and for health

CERTIFICATION PROGRAM EXPANDS, IMPROVES SERVICES

CNA implemented significant improvements to our certification program in 2016 that were well received by nurses and employers alike.

After extensive development and quality testing, a new online application system created an efficient, user-friendly way for RNs to apply for or renew their national specialty certification. The first computer-based testing (CBT) exams took place in the fall, and over a three-week period more than 1,330 nurses wrote initial or renewal exams in English and French at Pearson VUE test centres across Canada. Similar pass rates to previous paper exams showed how well CNA’s new system worked and how thoroughly RNs had prepared themselves. In addition, we began offering a financial incentive to employers who registered more than 10 nurses for initial certification or renewal. Employers told CNA that this incentive gave more nurses the opportunity to acquire their national credential.

Our evaluation of the inaugural CBT exam was also interesting: it showed that nurses highly favoured online exam scheduling, the amount of time given for study, the ease of navigating the CBT exam, and the frequency of information e-mailed from CNA. The one area that nurses told us we could improve — enhancing some certification web page navigation — was quickly resolved.

The CNA Certification Program also went international in 2016. In March, 248 nurses in Dubai wrote emergency or nephrology exams. With the experience gained from this pilot project, CNA returned to Dubai in December to offer 118 nurses critical care, emergency, and nephrology exams. The success of these international efforts would not have been possible without the help of Canadian educators in these specialties, the Dubai Health Authority and nursing colleagues.

GLOBAL NURSING AND HEALTH CARE

In May, then-CNA president Karima Velji was the only non-governmental representative asked to be part of Canada’s official delegation to the World Health Assembly in Geneva. Such an invitation both honours and underscores CNA’s reputation as a health-care expert. During the five-day event, Canada contributed to global public health discussions that help set policies for the World Health Organization.

While in Geneva, CNA also participated in several International Council of Nurses (ICN) meetings. As the sole Canadian representative of ICN, we contributed to discussions on global health human resources, sustainable development goals, universal health coverage and emerging nursing issues in Canada.

Through our membership in ICN, CNA was able to provide input into Working for Health and Growth: Investing in the Health Workforce, a report by the U.N. High-Level Commission on Health Employment and Economic Growth.
Goal 4: To broadly engage nurses in advancing nursing and health

CONVENTION SHOWCASES PRIMARY HEALTH CARE

At CNA’s June annual meeting and convention in Saint John, New Brunswick, more than 600 participants gathered to explore the many successful ways nurses are implementing primary health care to its full potential.

The annual meeting of members heard RNs, NPs and nursing students speak their mind on the current and future state of nursing. As well, voting delegates elected Manitoba’s Claire Betker as CNA’s president-elect for 2016-2018.

During the convention’s opening ceremonies both federal and provincial health ministers highlighted the ways nurses are Driving the Shift to Primary Health Care. Later, federal Health Minister Philpott joined then-CNA president Karima Velji for an armchair discussion on medical assistance in dying, Indigenous health, and marijuana legislation.

Topics by our keynote speakers — ICN president Judith Shamian, Tim Porter O’Grady, Nik Nanos, Sheila Tlou and Jann Arden — included innovative practice models, the changing health-care landscape and caring for aging parents.

TACKLING THE OPIOID CRISIS

Canada saw a sharp increase in overdoses and deaths related to opioid use in 2016. In response, CNA actively drew attention to this public health crisis while encouraging nurses to promote evidence-based solutions.

For instance, we participated in a working group — created in early 2016 by a University of Toronto professor with administrative support from the Canadian Centre on Substance Abuse — that is developing a collection of open-access, overdose first aid education materials.

Then, in November, CNA brought the nursing lens to an invitation-only, emergency two-day conference and summit, convened by the federal and Ontario ministers of health, which focused on possible solutions to the opioid crisis. The summit’s joint statement of action, signed by the ministers and 42 government agencies and organizations — including CNA, the Canadian Association of Schools of Nursing (CASN) and the Canadian Council of Registered Nurse Regulators — promises to improve prevention, treatment and harm reduction strategies to combat problematic opioid use. CNA and CASN also committed to developing and distributing educational resources for nurses and students about opioid use and harm reduction within one year.

PROVIDING A NATIONAL VOICE

CNA’s work is done in collaboration with and on behalf of our members, including nurses from Ontario and Quebec who have joined CNA under individual membership. With members in all provinces and territories, CNA continues to be a true national voice for Canada’s nurses.
CNA honours outstanding contributions to the nursing profession by bestowing several esteemed awards. During the 2016 biennial convention, the following were presented:

- Jeanne Mance Award — Shahirose Premji, Calgary, Alberta
- Employer Recognition Award — Pierre-Le Gardeur Hospital, Terrebonne, Quebec
- Order of Merit awards:
  - Nursing Education — Kimberly LeBlanc, Kingston, Ontario
  - Clinical Nursing Practice — Rose Carr, Oromocto, New Brunswick
  - Nursing Policy — Marlene Smadu, Regina, Saskatchewan
  - Nursing Research — Kathryn King-Shier, Calgary, Alberta

The 2016 biennial convention was made possible through the support of the following partners: