



Canadian Healthcare Association  
Association canadienne des soins de santé

# ANNUAL REPORT 1997

Advancing Healthcare  
for Canadians

The Canadian Healthcare Association (CHA) is the federation of provincial and territorial hospital and health organizations committed to preserving and strengthening Canada's health system.

Through our membership, CHA represents regional health authorities, hospitals, and healthcare facilities and agencies which employ approximately one million healthcare providers, and serve Canadians across the country. These organizations are governed by trustees who act in the public interest. The Canadian Healthcare Association is the national voice of this health network.

CHA's mission is to improve the delivery of health services in Canada through policy development, advocacy, and leadership.

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# Report of the Chair, John Baker

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I have been a member of the board of CHA for five years. Last year when I assumed the position of chair of this association, I stated that while the process of intense scrutiny of our association was a necessary one given the challenges that we had faced, "I believe strongly that it is time to commit more of our energies to our mission: to advocacy; to policy review; to relations with other healthcare provider groups; to improving our relationship and influence

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with federal decision makers... We must keep our eye on the prize: the preservation of our much envied system of universal healthcare, and keep in mind our mission: to work towards improving the delivery of health services in Canada."

In speaking about the coming year I noted the internal work that still faced our association: selecting a new president; continuing to ensure our financial stability; and retaining our membership. I also spoke of the need to look outside of our association: to secure a meeting with the federal Minister of Health; to hold the government to its promise to restore the \$12.5 billion for the CHST; to lobby hard for new investment in healthcare to promote alternate delivery models and evidence-based healthcare; and to monitor all new federal legislation and speak up if the health of Canadians will be affected.

What a difference a year makes. We have a new president, Sharon Sholzberg-Gray, who has confirmed our very high expectations of her. Sharon and the entire CHA team have worked very hard to address both the internal and external demands made of them over the past year. I am delighted to report a number of very positive developments for our Association.

Internally CHA's financial position remains stable. All membership fees continue to be devoted to CHA's core activities of policy development and public affairs. Our ancillary services of distance education, conferences and the press continue in their commitment to be self-sustaining. Questions concerning CHA's membership have largely been resolved: the Ontario Hospital Association reaffirmed its membership in CHA last June, and the new Council of Chairs of the Regional Health

Authorities of Manitoba decided to continue this province's membership in CHA this March. In April, CHA met with l'Association des hôpitaux du Québec, and the two associations are exploring ways of working together.

Externally last fall CHA held its first meeting with the federal Minister of Health in a number of years. This event provided an excellent foundation upon which to build our relationship with Minister Rock, a crucial component of our policy and advocacy agenda. CHA has greatly enhanced its work in policy development through involvement in a wide variety of important projects, issues, alliances and partnerships affecting the health system and the health of Canadians. As well, our Association's visibility has grown immeasurably in the past year. We have been front and centre on every major issue affecting the healthcare system: the budget and funding issues, home and community care, pharmacare, and others. Make no mistake — CHA is back.

At this point I would like to say a few words about our former president, Joyce Bailey. We are extremely grateful to Joyce for assuming a job of seemingly Herculean proportions — righting a CHA ship that had foundered in the rough waters of health reform. We all owe Joyce a tremendous debt for coming out of a comfortable retirement to successfully deal with a very difficult situation. We are very pleased that she continues her association with CHA as our representative on the board of the Accreditation Council.

As I look forward to the coming year, I know that the board, member associations and staff of CHA will continue to build on our accomplishments. On this, my last day as chair of this association, I would like to thank you all for your hard work and dedication over the past year. I have every confidence that my successor, Jean Graham, will find working with you to advance the cause of Canadian healthcare through CHA just as rewarding as I have.

# Report of the President, Sharon Sholzberg-Gray

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My first five months on the job — and the first five months of 1998 — have been a period of intense activity for both CHAs an organization and for myself personally. First, I would like to pay tribute to my predecessor, Joyce Bailey She — together with the Board, members and staff of CHA — established a solid and secure foundation for the association. These efforts reaffirmed the leadership position of the CHA federation on the national healthcare scene. I would like to thank all of those who worked collectively to achieve this firm foundation and restore CHA's role. You have all made my position a great deal easier and have helped to set CHA on a clear forward path for the future.

In 1997, CHA's Board and staff, with input from member associations, worked to create a membership fee structure foundation, and an operating plan based on CHA's commitment to live within its means. CHA ended the 1997 fiscal year with a small surplus and adopted a balanced budget for 1998. And we are on track for ending the 1998 fiscal year in a positive situation as well.

Today's environment is difficult for all national non-profit associations and, frankly, for provincial and territorial associations as well. We constantly have to justify to our members that there is value-added in belonging to an association. I believe that the Canadian Healthcare Association plays a crucial role in this country. We provide the collective voice for a universally accessible healthcare system across Canada and we represent the entire continuum of care. Our voice is strengthened by our provincial and territorial members, whose experience and concerns about the delivery of healthcare services are reflected in the positions we espouse at the federal level. And when we speak, we represent through our membership alone some 1,000 regional health authorities, facilities and agencies, employing about one million health professionals and frontline workers, serving Canadians across the country. These organizations are governed by trustees who act in the public interest of Canadians. And CHA serves the public interest.

We have shown that we do make a difference. It is true that during the era of cutbacks and deficit control policies, funding to the health sector suffered. But it is also true that we achieved some of our major advocacy successes during this period as well. Successive cuts to federal transfers for health created a situation

whereby the cash payments to the provinces and territories would have eventually reached zero if not for the concerted action and advocacy of CHA (sometimes working with other associations through the Health Action Lobby).

When the CHST was announced in the 1995 budget, CHA and other national associations demanded that a cash floor be established as soon as possible. In fact, this was announced in the 1996 budget, which established a cash floor of \$11 billion. In its 1997 Pre-budget submission, CHA asked for \$12.5 billion. The 1997 budget did not respond positively to this request, but the day before the 1997 election was called (April 1997), the cash floor was set at \$12.5 billion. We were listened to. And the cash will definitely not go to zero. Unless of course a future government decides to amend the current legislation. So we must be vigilant. And we must work for an escalator to the CHST, and for sufficient funding for a broad continuum of care.

There is a challenge ahead of us. There are stresses and strains as our healthcare system struggles to deliver services to a growing and aging population. We have to ensure that there are adequate funds to provide the healthcare services Canadians need and deserve, and that is not currently the case. These challenges make the existence of a national voice more important than ever — especially a national voice that represents all parts of the healthcare system.

We need our members and our members need us. Our collective view as a national association must be communicated in Ottawa and broadcast across the country if we are to achieve a properly funded, universally accessible, client-centred, and integrated continuum of care. I look forward to facing this challenge with you and to working with CHA's staff, Board and members to carry out our core mission of policy development, advocacy and leadership, and to deliver our ancillary programs: CHA Press, Distance Education and Conferences.

Finally, I would like to thank Board Chair, John Baker; Past-chair Dan de Vlieger; Chairelect Jean Graham; other members of the Board; and CHA's staff for their hard work, their commitment and their personal kindnesses. Together, we have a job to do.

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# Financial Report

Canadian Healthcare Association  
Statement of Revenue and Expenses and Surplus  
Year ended December 31, 1997

	1997	1996
Revenue		
Membership fees	\$ 904,253	\$ 898,867
Products and services	684,274	1,083,399
Tuition fees	477,931	496,913
Conferences	453,222	502,683
Rent	139,240	213,224
Grants	—	17,647
Corporate partners	13,167	10,833
Sale of Leadership	—	<u>116,593</u>
	<u>2,672,087</u>	<u>3,340,159</u>
Expenses		
Operating	\$ 1,364,532	\$ 1,747,156
Salaries and benefits	850,331	1,200,239
Interest on long-term debt	45,608	48,002
Amortization of capital assets	104,278	120,847
Building rental and maintenance	<u>227,995</u>	<u>187,888</u>
	<u>2,592,744</u>	<u>3,304,132</u>
Excess of Revenue over Expenses	79,343	36,027
Surplus, Beginning of Year	<u>260,793</u>	<u>224,766</u>
Surplus, End of Year	<u>340,136</u>	<u>260,793</u>

## Auditors' Report

**To the Directors of the Canadian Healthcare Association:**

**We have audited the balance sheet of the Canadian Healthcare Association as at December 31, 1997 and the statements of revenue and expenses and surplus and changes in financial position for the year then ended.**

**In our opinion, these financial statements present fairly in all material respects, the financial position of the association as at December 31, 1997 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted principles.**

Ottawa, Ontario  
February 11, 1998

*Deloitte & Touche*  
Chartered Accountants