



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 health-care facilities and agencies which employ close to one million healthcare workers, and serve Canadians across the country. These organizations are governed by trustees who act in the public interest. CHA represents a broad continuum of care, including hospitals, long-term care facilities, home and community care agencies, community health services, public health, mental health, addiction services, housing services, child, youth and family services and professional and licensing bodies. 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.

Canadian Healthcare Association
Association canadienne des soins de santé

ANNUAL REPORT 1998

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Report of the Chair, John Baker

When I became Chairman, I had four main goals for our Association:

- 1) establishing a good governance foundation;
- 2) focusing on concrete and achievable advocacy goals leading to a more sustainable and accessible healthcare system;

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- 3) an increasing recognition by the federal government, healthcare leaders and decision makers, the media, other important stakeholders and the public of CHA as the true national voice of Canadian healthcare; and

- 4) maintaining a continuing commitment to fiscal stability and accountability to our member organizations.

I'm delighted to report that, working together, we are making significant progress in meeting these goals.

The Board of Directors is working to establish a governance structure with documented processes and procedures to take us into the next millennium. The Association has put in place a policy development process supported by the membership. Good governance is fundamental to good management, and I'm particularly proud that the Association will achieve an excellent governance foundation that will serve it for years to come.

On the advocacy front, CHA has worked hard to advance the healthcare agenda immeasurably by securing much greater federal resources in the 1999 federal budget. While there is still work to do in ensuring the long-term sustainability and accessibility of our healthcare system, our federation's efforts in advocacy are remarkable and worthy of celebration. We can be very proud of CHA's work to secure greater resources for the healthcare system so that Canadians can have access to comparable health services wherever they live.

I'm very pleased to note that our hard work has been noticed on many levels, leaving no doubt about our status as the leading national

advocate for a sustainable, accessible healthcare system in Canada.

CHA's input is regularly sought on important policy matters affecting the healthcare system by senior healthcare decision-makers within the federal government and the healthcare sector. Media attention paid to CHA has never been greater or more positive. Our 1998 jointly sponsored annual conference was highly successful, and we look forward to another successful conference in 1999. Our Distance Education program continues to attract hundreds of students from across the country and internationally. And CHA Press continues to produce high-quality healthcare publications that are invaluable for the healthcare sector.

Financially, CHA remains stable and accountable to our membership. Fiscal stability is always a major challenge for not-for-profit associations, and CHA has accomplished this while preparing to face the onerous task of updating its information technology and other considerable hurdles.

I wish to thank the members of the CHA Board of Directors for their dedication to the Association and their support to me in my capacity as Chairman. I would also like to thank the Chairs and CEOs of CHA's member organizations for their support in advancing the work of CHA. And I would also like to thank CHA staff for their commitment and diligence to the work and goals of the Association. In particular, I wish to thank CHA President Sharon Sholzberg-Gray for her unflagging energy and devotion to CHA, especially in the face of a personal health challenge.

So, all in all, 1998 has been a very challenging but also very successful year for CHA, marked by numerous achievements. As I look forward to the coming year, I have every confidence that our Board, our member organizations, and CHA staff will continue to build on the considerable accomplishments of this past year. Working together, we can ensure that our healthcare system remains the best in the world on behalf of Canadians, whose public trust we represent.

Report of the President, Sharon Sholzberg-Gray

At the Annual General Meeting of the Canadian Healthcare Association in June 1998, I discussed the accomplishments and challenges of not-for-profit associations in general and CHA in particular in this difficult era of cutbacks and cost containment. I noted the successive reductions to federal

healthcare funding and pointed out that several years ago, there was the real danger that the cash portion of the CHST could have dropped to zero if not for the concerted advocacy efforts of all mem-

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bers of the CHA federation working together. Despite the considerable challenges of healthcare advocacy in an era of fiscal retrenchment, I made three statements pertaining to our success in working to establish the cash floor of the CHST at \$12.5 billion:

- 1) We were listened to.
- 2) We have shown that we do make a difference.
- 3) The Canadian Healthcare Association plays a crucial role in this country.

Now, at the end of our 1998 fiscal year, I firmly believe that these sentiments are even more valid. CHA's funding campaign to restore greatly needed financial resources to our healthcare system, which began in earnest in June 1998, has helped to push the federal government far beyond its original plans for health in the 1999 budget. Working together as a federation and with our partners in healthcare, we felt confident we would succeed in securing much-needed additional resources for healthcare in the 1999 federal budget. (And we did, but that is a story for the 1999 Annual Report.)

The achievement of greater resources for our healthcare system is a victory for all members of the CHA federation, and is a concrete example of the benefits of our federation working in partnership for the betterment of our healthcare system and for Canadians whose public trust we represent.

Earlier this year, I also said that we had to remain vigilant about our achievements concerning healthcare funding. This is even truer today since there are those who continue to spare no opportunity to depict publicly funded healthcare as fiscally unsustainable.

We must protect the accomplishments that we have already won for our healthcare system and broaden our focus from adequate funding to the larger challenge of what constitutes a truly sustainable healthcare system. This includes adequate funding, but there must be the additional pillars of accountability, appropriate health human resources, and an innovative approach to our healthcare system with access across a broad continuum of care. This is our next challenge, and I am positive that we will meet it head-on.

In closing I would like to thank CHA's Board of Directors, the Chairs and CEOs of CHA's member organizations, and the staff of CHA for their dedication and commitment to CHA. I would also like to express my gratitude for the exemplary leadership that our outgoing Chairman Jean Graham has provided for our federation over this past year, and the personal pleasure of working with her.

Thank you for all your hard work on behalf of our federation and our healthcare system. Working together, we can build our vision of a sustainable, accessible, integrated and client-centred healthcare system that meets the needs of Canadians wherever they live.

Financial Report

Canadian Healthcare Association
STATEMENT OF REVENUE AND
EXPENSES AND SURPLUS

Year ended December 31

Association canadienne des soins de santé
ÉTAT DES REVENUS ET
DÉPENSES ET DU SURPLUS

pour l'exercice terminé le 31 décembre

	1998	1997	
	\$	\$	
REVENUE			REVENUS
Membership fees	675,837	904,253	Cotisations annuelles
Products and services	716,040	684,274	Produits et services
Tuition fees	450,708	477,931	Frais de scolarité
Conferences	623,210	453,222	Conférences
Rent	192,692	139,240	Loyer
Grants	2,798	—	Subventions
Corporate partners	—	13,167	Partenaires corporatifs
	2,661,285	2,672,087	
EXPENSES			DÉPENSES
Operating	1,236,218	1,364,532	Exploitation
Salaries and benefits	981,092	850,331	Salaires et avantages sociaux
Interest on long-term debt	36,338	45,608	Intérêts sur la dette à long terme
Amortization of capital assets	68,848	104,278	Amortissement des immobilisations
Building rental and maintenance	229,722	227,995	Location et entretien des immeubles
	2,552,218	2,592,744	
EXCESS OF REVENUE OVER EXPENSES	109,067	79,343	EXCÉDENT DES REVENUS SUR LES DÉPENSES

See accompanying notes

Voir les notes complémentaires

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, 1998 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 aspects, the financial position of the Association as at December 31, 1998 and the result of its operations and the changes in its financial position for the year then ended in accordance with generally accepted principles.

Ernst & Young

**Ottawa, Ontario
February 8, 1999**

Chartered Accountants