

Canadian Healthcare Association
Association canadienne des soins de santé

Advancing Healthcare
for Canadians

The Canadian Healthcare Association (CHA) is the federation of provincial and territorial hospital and health organizations across Canada. Through our members, CHA represents a broad continuum of care, including home and community care, long term care, public health, mental health, acute care, palliative care, addiction services, children, youth and family services, housing services, and professional and licensing bodies. These services are provided through regional health authorities, hospitals and other facilities and agencies that serve all Canadians and are governed by trustees who act in the public interest. CHA's mission is to improve the delivery of health services in Canada through policy development, advocacy and leadership. CHA's distance education programs, conferences and publishing services contribute to this national leadership. CHA and our members are committed to realizing the vision of a publicly funded health system that provides access to a broad range of comparable health services across Canada.

ANNUAL REPORT 1999

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Report of the Chairman, Garth Pierce

The year 1999 was a year of tremendous accomplishment for the CHA federation.

Our intensive year-long healthcare funding campaign, begun in 1998, was targeted at the highest levels of the

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federal government, the media and the public to secure more money for healthcare in the federal budget. In 1999, this campaign succeeded in advancing the healthcare agenda by:

1) Pushing the "healthcare budget" forward by one full year from 2000 to 1999.

2) Increasing the amount allocated to healthcare in the budget beyond the \$1 billion recommended by the Standing Committee on Finance to \$11.5 billion over five years. This included raising the cash floor of the CHST from \$12.5 billion to \$15 billion by 2002 – 03.

The government also listened to CHA's recommendation to carry forward some of the 1998 – 99 surplus for healthcare.

These achievements were built on a solid foundation of previous advocacy successes for our federation. For example:

1) In 1995, our federation told the federal government that health had to be a visible part of the new federal transfer to the provinces. Because of our federation's efforts, the Canada Social Transfer became the Canada Health and Social Transfer. CHA continues to fight for a transparent mechanism for federal transfers to ensure accountability for health spending by both levels of government.

2) In 1996, our federation achieved a cash floor of \$11 billion for the CHST. Without this, the cash portion of the transfer would have declined to zero and the future of our much-valued publicly funded system would be in grave doubt. However, our fight for an adequate cash floor didn't stop there.

3) In 1997, the federal government listened to our demands that the cash floor for the CHST be raised to \$12.5 billion as the bare minimum (for that time) to ensure an accessible healthcare system. And our fight for adequate and long-term funding for our healthcare system didn't stop there.

Our federation also worked in 1999 to broaden the debate concerning the future of our healthcare system from funding to the larger issue of sustainability for our publicly funded healthcare system. In October, the CHA Board approved a *Framework for a Sustainable Healthcare System in Canada*. This discussion paper,

released to much fanfare in March 2000, outlines the key components of a sustainable healthcare system that will realize our vision of a publicly funded healthcare system that provides access to a broad range of comparable health services across Canada.

Our federation has continued this hard work into the year 2000. CHA noted that healthcare wasn't a done deal and that more had to be done. And contrary to expectations that healthcare would receive no new funding, in the 2000 federal budget, the government announced an additional investment of \$2.5 billion over four years for health and education.

But our fight for adequate and long-term funding for our publicly funded healthcare system hasn't stopped here. We continue to advocate for a sustainable, publicly funded healthcare system that meets the needs of Canadians now and into the future.

In 1999, our Association was also an important voice regarding other issues concerning healthcare, including privacy, operational issues such as Y2K, blood, organ and tissue donations, ethical issues such as end-of-life decisions, and so on.

In short, I could not be more delighted that CHA's many successes have made our federation the most respected national voice for a strong, publicly funded healthcare system in Canada. This has been a long and sometimes difficult struggle. It could not have been achieved without tremendous dedication, commitment and hard work by CHA's Board of Directors, all member organizations of the CHA federation, CHA staff, and our President, Sharon Sholzberg-Gray.

I would also like to express the gratitude of our Board, our member organizations and our staff to our Past-chairman, Jean Graham. Jean has been on the CHA Board for the past six years, and this is her last AGM with our Association. Her contribution to our federation and our healthcare system has been invaluable and irreplaceable. Jean's goals of good governance, increased advocacy, visibility and recognition, fiscal stability and accountability for Association have been achieved, and she will be sorely missed.

In conclusion, as we look ahead, I have every confidence that the voice of the CHA federation will continue to be listened to as negotiations proceed between the federal government and the provinces and territories concerning the future of our publicly funded healthcare system. We have shown to government, politicians, our colleagues in healthcare, the media and the public that we are a consistent positive presence for healthcare in Canada.

Garth Pierce

Report of the President, Sharon Sholzberg-Gray

Nineteen ninety-nine was a very important and successful year for CHA. Our advocacy campaign to restore greatly needed financial resources for Canada's healthcare system helped push the federal government far beyond

"CHA will continue...acting on behalf of the Canadian healthcare sector as well as the Canadian public to whom we are accountable."

its original plans for health in the 1999 budget. This achievement was a victory for all members of the CHA Federation. It 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. But while we said that the budget was a good first step, we also said it was not enough to meet the future health needs of Canadians. And we continued to press for a more adequate funding framework for the year 2000 and beyond.

CHA broadened its focus from the issue of funding to the larger issue of sustainability for our publicly funded healthcare system. CHA's *Framework for a Sustainable Healthcare System in Canada*, developed and approved by CHA's Board of Directors, will be a key element of CHA's advocacy work in 2000 and beyond.

There were a number of meetings between CHA and l'Association des hôpitaux du Québec (AHQ) concerning a relationship between the two associations. The Board recently approved a strategic alliance agreement between CHA and AHQ for a period of three years leading to full membership within CHA. This strategic alliance with Québec and a recent request to join CHA from Nunavut will mean full representation from across Canada at the CHA Board table.

The new *Board Orientation Manual* was approved by CHA Board members in the Fall. Developed by CHA's Past-chairman, Ms. Jean Graham, this manual contains policies to guide the Association into the future. I would like to thank Ms. Graham for her hard work and dedication to this important project.

Our financial situation remained steady, while we paid off our mortgage and invested in new information technology.

1999 was a very busy year for all of CHA's departments, who worked hard on a variety of important issues and projects.

The Department of Policy Development followed a number of health policy issues, including federal funding, the public/private mix in Canada's healthcare system, home and community care, accountability, health human resources, the Canadian Institute for Health Information, Bill C-6 (privacy and electronic documents

legislation), review and representation, and Y2K preparedness.

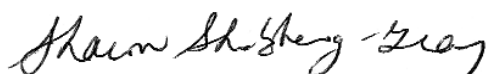
The Communications Department continued to ensure that CHA maintained its high level of visibility in the national and regional media on important issues and events affecting our healthcare system, including the federal budget, accessibility problems such as overcrowding in hospital emergency wards, and the need for federal/provincial/territorial co-operation in healthcare.

The Conferences Department held a successful conference in 1999 in Québec City, with total net revenues that exceeded expectations. CHA will act as the conference secretariat for the 2000 National Healthcare Leadership Conference to be held June 18-21, 2000 in Ottawa. The theme of the conference will be "Accountabilities".

The Distance Education Department saw an increase in enrolment. The Department received full accreditation from the Canadian Society of Nutrition Management for its Food Service and Nutrition Management program. Distance Education has also negotiated an agreement with Athabasca University (Alberta) to give advanced standing status towards a Bachelor of Administration degree to graduates of CHA's Health Services Management, Long Term Care Senior Management and Modern Management programs.

CHA Press released the *Guide to Canadian Healthcare Facilities, 1999 - 2000* in September. Staff enhanced the healthcare database to allow for future entry of home care and home support information to account for the broadening spectrum of healthcare service delivery across Canada. Four new titles were released in 1999 with three in production. CHA Press expects to release five new books in 2000, as well as a revised edition of the popular book *Continuing the Care*.

So, all in all, 1999 was a very challenging and successful year for CHA, marked by numerous achievements. I would like to thank our Board, member associations, and CHA staff for their hard work and dedication over the past year. I have every confidence that CHA will continue to build on our accomplishments. We will continue to collaborate with all levels of government, acting on behalf of the Canadian healthcare sector as well as the Canadian public to whom we are accountable. By working together, the CHA federation can ensure that the Canadian healthcare system of the 21st century remains the best in the world.



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

	1999 \$	1998 \$	
REVENUE			REVENUS
Membership fees	688,843	675,837	Cotisations annuelles
Products and services	681,714	716,040	Produits et services
Tuition fees	511,056	450,708	Frais de scolarité
Conferences [note 9]	637,723	623,210	Conférences [note 9]
Rent	199,859	192,692	Loyer
Grants	3,486	2,798	Subventions
	2,722,681	2,661,285	
EXPENSES			DÉPENSES
Operating	1,459,005	1,236,218	Exploitation
Salaries and benefits	905,141	981,092	Salaires et avantages sociaux
Interest on long-term debt	13,481	36,338	Intérêts sur la dette à long terme
Amortization of capital assets	109,682	68,848	Amortissement des immobilisations
Building rental and maintenance	197,788	229,722	Location et entretien des immeubles
	2,685,097	2,552,218	
EXCESS OF REVENUE OVER EXPENSES	37,584	109,067	EXCÉDENT DES REVENUS SUR LES DÉPENSES

*9. The conference is a partnership among CHA, the Canadian College of Health Service Executives and, commencing in 1998, the Canadian Association for Community Care. Conference proceeds and costs are shared among partners.

*9. La conférence est un partenariat constitué par l'ACS, du Collège canadien des directeurs de service de santé et depuis 1998, de l'Association canadienne des soins et services communautaires. Tous les produits et les coûts sont partagés parmi les partenaires.

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, 1999 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, 1999 and the result of its operations and the changes in its financial position for the year then ended in accordance with generally accepted principles.

Ottawa, Ontario
February 4, 2000

Ernst & Young
Chartered Accountants