

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 acute care, home and community care, long term care, public health, mental health, 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 2000

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Report of the Chairman, Edward Bergen

The first year of the new century was certainly action packed for CHA. As Chairman for 2000, I had the opportunity to take part in a number of significant health milestones. From the March 2000 release of *CHA's Framework for a Sustainable Healthcare System in Canada* to the First Ministers Communiqué on Health in September 2000 and the November federal election, CHA was there at every turn.

Together with past advocacy efforts for sustainable funding, the well thought out *Sustainability Framework*, which outlined the elements required for a

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health system that would meet the needs of Canadians, helped position CHA to advocate for the restoration of much needed funds to the health system. In July, I went to Ottawa to meet with Health Minister Allan Rock, before he met with his provincial and territorial counterparts, and I had an invaluable opportunity to promote CHA's positions.

CHA helped set the tone for the success of the July, federal/provincial/territorial health ministers meeting. As a result, the eventual September 11 deal, although it had its shortcomings, was a better agreement, in part, because of our work. The First Minister's Communiqué on Health of September 11, 2000 added much needed money, and all provinces and territories agreed with the principles of the Communiqué.

Although not originally one of CHA's strategic priorities at the outset of the year, the November 2000 federal election required the attention of CHA staff and Board. The issue of health care was a high priority for Canadians. CHA had a unique opportunity to measure each party's health platform against the Association's 37 indicators. Our presentation to the media of our Election Primer and indicators provided much needed clarity to a number of health issues and helped to better inform the media as they covered the health debate during this critical time. I was pleased to represent the CHA at this important news event during the election campaign.

More recently, I represented CHA at a meeting of the American Hospital Association.

Like past Chairs, I am satisfied to see continued recognition by the federal government, health care leaders and decision makers, the media, other important stakeholders and the public of CHA as a relevant and valued national voice for health.

Over the past year, CHA has worked to broaden the health debate to include more emphasis on *innovative system change and strong leadership*, rather than simply funding — although funding is a vital factor for a sustainable health system. To help achieve a more balanced discussion about the future of health services in Canada, CHA will need to ensure its messages are focused yet shared broadly. CHA and the Board must set priorities as the Romanow Commission gets underway and we continue to work on such complex issues as safety and quality, privacy, and accountability.

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Of course, underpinning all our achievements and our future directions is our continued duty of fiscal stability and accountability to our member organizations. CHA looks forward to continuing to provide insight and knowledge to a complex and ever-changing health industry.

My sincere thanks to my Board colleagues for their expert knowledge and commitment to the Association and for their collaboration with me as Board Chair for 2000. Many thanks to the Chairs and CEOs of CHA's member organizations for their continued contribution to CHA goals. I would also like to thank CHA staff and our President, Sharon Sholzberg-Gray for their ongoing and valued work on behalf of CHA and its members.



Report of the President, Sharon Sholzberg-Gray

The advocacy and leadership strength of not-for-profit associations in general and CHA in particular is of increasing relevance as the debate about the future of the Canadian health system continues and governments grapple with the best ways to meet public expectations.

Over the past few years, CHA and each of our members have worked hard to get our messages out. The most visible and immediate success we have enjoyed at the national level has been the federal government's commitment of new health funding after successive and deep cuts throughout the 1990's. Without the concerted advocacy efforts of all members of the CHA federation, we would not be in a position now to say we have helped restore, in part, much needed funds to Canada's health system.

As I have said before, we were listened to. We have shown that we do make a difference. And that the Canadian Health Care Association plays a crucial role in health care in this country. At the beginning of a new millennium, I firmly believe that these sentiments remain valid. And as we continue to navigate an ever-complex health system, with conflicting views, competing agendas, and restless consumers, CHA's role as a common voice for the health system at the national level, is needed more than ever.

With federal funding announcements in the 1999 and 2000 budgets, and the additional funding in the First Minister's Communiqué on Health in September 2000 we have made progress on health funding. This does not mean that funding is a "done deal". With inflation, a growing and aging population, technological change, and other factors, we must be cautious about the real value of the restored funding. CHA and its members must remain vigilant in our education and information efforts to counter-act misinformation and inaccuracies about our publicly funded health system.

But CHA's vision of a Canadian health system for the 21st century focuses on more than funding, although it is an essential pillar of a sustainable publicly funded health system. Together with *sufficient* money, we must have *innovative* system change, and *strong* leadership. Over the years, CHA has worked on many different issues and many different fronts to advocate for Canada's publicly funded health system. Last year and this year are no different.

The CHA staff and I work behind the scenes, meeting with government officials in key departments, and with other health associations to promote CHA's thinking and research. We appear before Senate and House of Commons committees as an official representative of Canada's health system. And we maintain our public visibility through our media presence, with news releases and news conferences on relevant issues, and quick and easy media access to me, whenever there is a need for a national perspective or background understanding on government actions or health issues. We also maintain our public presence through the annual National Leadership Conference and Exhibition — which this year focuses on health human resources, one of the biggest challenges facing the health system today.

CHA's Distance Education Division continues to innovate while offering excellent educational choices to the health community and anticipating the future educational needs of the health industry. Our Publishing Division released its 2000-2001 Health Facilities Guide, a valuable industry tool that continues to do its part in fulfilling the information needs of the health industry, business community and media. As well, CHA Press released four new titles in 2000.

Of course, for CHA to effectively carry out its national policy, advocacy and leadership role it requires sound financial, administration, and information technology management. The Department of Finance and Administration has maintained a healthy and vital financial picture and has ensured continued investment in such things as information technology so we can operate at maximum efficiency.

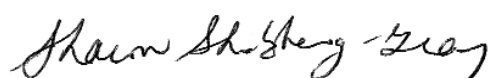
Although prioritization is always a hallmark of a small organization, there are many crucial issues we are involved in. Last year and this year our policy resources have been dedicated to accountability, privacy, public/private issues, safety and quality, sustainability, health human resources issues, and

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of course funding. As well, we found time to respond to the issues of the day and present our views on the health system during the federal election campaign. Through our involvement, we are able to play an important role in shaping macro health policy in Canada. Day to day formally and informally we all work together to ensure CHA's voice is heard.

Finally, 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 allegiance and commitment to CHA and Canada's health system. I would also like to recognize our outgoing Chairman Ed Bergen who made himself readily available to come to Ottawa on several occasions. Our Chairman skilfully presented CHA's positions to Health Minister, Allan Rock prior to the federal/provincial/territorial health ministers meeting, and expertly handled the Ottawa press during the federal election campaign.

In the next 18 months CHA, like other health organizations, governments and indeed the public will be taking part in the Romanow Commission, one of the most far-reaching health commissions since the Canada Health Act was first envisioned. We anticipate reasoned, value-added discovery and debate. But we want action — action that will make the best possible use of every dollar spent on health and sustain Canada's publicly funded health system for all Canadians.



Financial Report

Canadian Healthcare Association
STATEMENT OF OPERATIONS

Year ended December 31

Association canadienne des soins de santé
ÉTAT DES RÉSULTATS

pour l'exercice terminé le 31 décembre

	2000 \$	1999 \$	
REVENUES			REVENUS
Membership fees	711,387	688,843	Cotisations annuelles
Products and services	690,000	681,714	Produits et services
Tuition fees	561,341	511,056	Frais de scolarité
Conference [note 8]	489,455	637,723	Conférence [note 8]
Rent	211,447	199,859	Loyer
Grants	3,320	3,486	Subventions
	2,666,950	2,722,681	
EXPENSES			DÉPENSES
Operating	1,301,301	1,459,005	Exploitation
Salaries and benefits	930,610	905,141	Salaires et avantages sociaux
Building rental and maintenance	212,813	197,788	Location et entretien des immeubles
Amortization of capital assets	122,360	109,682	Amortissement des immobilisations
Interest on long-term debt	----	13,481	Intérêts sur la dette à long terme
	2,567,084	2,685,097	
EXCESS OF REVENUES OVER EXPENSES	99,866	37,584	EXCÉDENT DES REVENUS SUR LES DÉPENSES

*8. The Conference is a partnership between the CHA, the Canadian College of Health Service Executives and the Canadian Association for Community Care. Conference proceeds and costs are shared among the partners. CHA acts as the Conference Secretariat

*8. La Conférence est un partenariat constitué de l'ACS, du Collège canadien des directeurs de service de santé et de l'Association canadienne de soins et services communautaires. Tous les produits et les coûts sont partagés parmi les partenaires. L'ACS agit à titre de secrétariat de Conférence.

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, 2000 and the statements of operations, cash flows and changes in net assets 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, 2000 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Ottawa, Ontario
February 2, 2001

Chartered Accountants