

not-for-profit service delivery group benefits  
 solutions Home Care Network employees  
 arbitrations financial services shared innovative  
 Diverse Abilities NS  
 compensation analysis  
 values member-based association  
 business advisory services igitity  
 extended benefits administration  
 member and partner engagement  
 vision governance collective bargaining  
 communications clinical engineering  
 60 years experience  
 asset management leadership  
 education labour relations accountability  
 long term care continuing care client-focused responsive  
 experts positive change stewardship mission



**HEALTH  
 ASSOCIATION  
 NOVA SCOTIA**

**2019/2020**

**Annual Report**

# ABOUT The Health Association

Health Association Nova Scotia is a not-for-profit, non-government, membership-based association with 60 years of experience in delivering shared services. Serving over 130 health and health-related organizations from across the province of Nova Scotia, our core fee-for-service/cost recovery services include Clinical Engineering Services, Group Benefits Solutions, Labour Relations & Compensation Analysis, and Shared Financial Services.

Additionally, we provide policy support for our long term care, home care, and ARC/RRC members, assisting them to promote positive change in Nova Scotia's continuing care and disability support program sectors. Health Association Nova Scotia is also a joint sponsor of the Nova Scotia Health Employees' Pension Plan.

## Mission

Health Association Nova Scotia provides exceptional human resource shared services, innovative clinical engineering solutions, policy support, and expertise our customers can count on.

## Vision

Preferred Partner in Shared Services and Support.

## Values

We commit to uphold the following values as we pursue our mission and vision:

**RESPECT** - We act with the best intentions and in a professional and ethical manner at all times. We treat people with fairness, compassion, openness and value diversity in ideas and opinions.

**TRUST** - We build strong relationships by being honest, genuine, dependable, and accountable.

**EXCELLENCE** - We are committed to continuous, measurable improvement. Cost-effective, responsive, innovative, and client-focused are the touchstones that guide our efforts to continually enhance service quality and provide an exceptional customer experience every day.

**PEOPLE** - We are dedicated to fostering a workplace that attracts, develops, rewards, and retains exceptional talent. We encourage employees to innovate, promote excellence and support them to reach their greatest potential.

# LEADERSHIP Message

We are pleased to introduce Your Association Reports, 2019-2020. This annual report is the Health Association Board's primary mechanism for reporting to the membership annually on the affairs of the Association. It also represents our opportunity to highlight our efforts to provide quality, shared services, expertise and policy support our members have come to count on and trust.

**Unprecedented** is the word that most amply describes fiscal year 2019 – 2020. It was a period of tremendous challenge and change for our members and as the fiscal year came to an end, we were faced with what many would describe as the biggest challenge in their careers to date, the COVID-19 pandemic.

As always, we worked with our members to identify innovative solutions to the challenges they face, to advance their issues and concerns to government, and to remain responsive to their needs for quality, cost-effective shared services. Notwithstanding these unprecedented times, our collective efforts resulted in shared accomplishments.

We continued to grow new business opportunities for our subsidiary, igility. Our hope is that through these continued efforts, any additional revenue will be redirected back to HANS for the benefit of our members.

On the policy front, we were pleased to take on a significant project this year at the request of the Department of Health and Wellness; the development of a framework for the future sustainability of home care for Nova Scotia. This past year also saw the restructuring of the Continuing Care Council with the creation of zonal long term care groups. The goal is to increase the level of policy support provided across the sector and enhance our ability to provide a common voice on behalf of our members.

Reflecting our commitment to service excellence, Clinical Engineering continued to expand its range of services and overall customer base, contributing to the Health Association's strategic goal to maintain or reduce the cost of services to our members; Labour Relations and Compensation Analysis restructured to create a Health Authorities Lead Position and a Continuing Care Lead Position; and Group Benefits Solutions celebrated a significant milestone, going live with an upgraded benefits administration system offering many leading-edge capabilities. At a corporate level, we undertook a significant

Privacy and Data Security Project and will be examining how we may share the expertise developed in this area with our members in the future.

In closing, we would like to acknowledge that plans to announce special staff and member events in commemoration of our 60th anniversary were suspended given the COVID-19 pandemic. Rather, as would be the norm throughout our 60-year history, our priorities shifted to those of our members. We implemented our business continuity plan to ensure our members would continue to receive needed services and support throughout these difficult times. In addition, services such as Clinical Engineering, Labour Relations and Compensation Analysis, and Member & Partner Engagement altered the focus of their core activities to supporting pandemic planning and preparation. We were also pleased to respond to the Department of Health and Wellness' request to support the centralized sourcing and distribution of PPE. Moving into 2020/2021, we know this will remain our primary focus for some time to come; however, we are stronger when we work collectively, and we are confident that we will come out the other side of this together, as a cohesive system.

**#HANSSTRONG**



**Joyce d'Entremont**  
Board Chair



**Mary Lee**  
President/CEO

# THE YEAR in Review

We continued to grow new business opportunities for our subsidiary, igility. Our hope is that through these continued efforts, any additional revenue will be redirected back to HANS for the benefit of our members.



A SUBSIDIARY OF  
HEALTH ASSOCIATION NOVA SCOTIA

## Supporting Recruitment & Retention through Education, Information Sharing, & Promoting a Positive Image of the Sector

- » Co-sponsored and coordinated annual Continuing Care Month and inaugural CCA Week campaigns.
- » Developed and launched the Share the Care website ([www.sharethecarens.ca](http://www.sharethecarens.ca)).
- » Sponsored the Gift of Time campaign which targeted social isolation among Nova Scotian seniors during the festive season.
- » Participated in a National Volunteer Week social media campaign.
- » Partnered with the Nova Scotia Department of Immigration to host the webinar, CCA Immigration in Continuing Care: Programs, Recruitment and Retention.
- » Sponsored an education session on Resiliency with Darren Steeves of Vendura Wellness, as part of the May 2019 Continuing Care Council Members' Business Assembly.
- » Sponsor of Goodlife Health & Wellness Leadership Summit, providing our members with reduced registration fees.

## Investing in Our People

We were delighted to be named a Top Employer in Nova Scotia and Atlantic Canada again this year – for the sixth year in a row.



## GROUP BENEFITS SOLUTIONS (GBS)



- » In 2019, referrals to **path** were up by 78%, and participation was up by 124%. We expect this is the result of reducing the eligibility criteria for **path** involvement from 21 to 7 days of not working or not working full days and/or duties. We have also returned twice as many employees to work!
- » The overall RTW was 51.2%, which exceeds contractual KPI of 40%.
- » LTD applications with **path** involvement increased to 55% from 35.6%.
- » A **path** survey was rolled out in June 2019 with 108 respondents reporting high satisfaction with the program.

## LTD PLAN QUICK FACTS & FIGURES:

- During the fiscal year we had one new employer join the LTD plan. We have 77 Health Association Nova Scotia member employers participating in the Long Term Disability Plan, with a total number of 21,476 insured lives.
- New LTD claims in 2019-2020 increased by 23% in comparison to the previous year. At the same time, our claims approval rate has remained fairly stable at 85%. The LTD Trustees have developed a claims management strategy to help address this rising trend in claims activity.

The Health Association welcomed four (4) new members in 2019-2020.

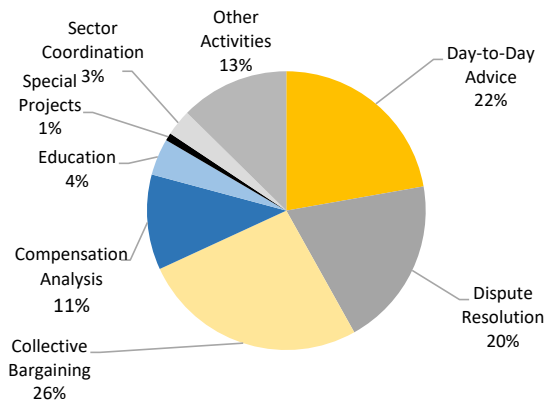
## LABOUR RELATIONS AND COMPENSATION ANALYSIS (LRCA)



A new Director was hired in late May who undertook a review of the service. This included systematic engagement with relevant stakeholders for their perspectives, observations and recommendations. Arising from the review, in the fall of 2019 LRCA created a Health Authorities lead position and a Continuing Care lead position from the existing lawyer complement.

## General Breakdown of overall service activity (as % of time) in 2019

As estimated by staff, for the period January 1- December 31, 2019.



\*Other Activities include essential services planning, internal projects, administration and non-union support.

- » 2019 saw the finalization of all four health authorities' collective agreements (the final being the Nurses agreement which was re-issued by Kaplan on December 3, 2019).
- » HANS labour lawyers actively bargained 77 separate collective agreements in continuing care during 2019.

## CLINICAL ENGINEERING SERVICES (CES)

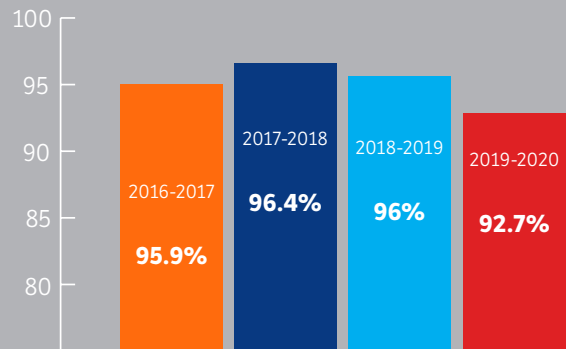


The total service growth in 2019-2020 was 1.39% (4 new contracts).



CES manages 22,754 assets valued at approximately \$97.2 million.

## PREVENTATIVE MAINTENANCE COMPLETION RATE



Our CES Team consistently exceeds the preventative maintenance completion rate target of 90% year after year.

# REPORT OF THE Long Term Disability Plan Trustees



**Geoff Piers**  
Chair

The Long Term Disability Plan provides security and peace of mind to over 21,476 health care employees and their families. Plan members have the assurance of knowing that if they are unable to work due to illness or injury and their LTD application is approved, they will be supported with a monthly benefit to help cover living expenses and programs designed to help them safely return to good health and gainful employment. They also have access to a very unique early assistance and support program, path (Personalized Assistance to Health), which is fully funded through LTD contributions paid by employees and employers. It is my pleasure to introduce highlights of LTD Plan and Trustee activities during fiscal year 2019-2020. I would encourage you to visit the LTD section of the HANS website to learn more details about these and other initiatives.

- An annual review of the LTD Plan Trust Agreement conducted September 2019 demonstrated the Trustees are in compliance and on target with policies supporting plan administration.
- A subcommittee comprised of Trustees and staff completed a Disability Claims Management Strategy which was subsequently approved by the full Board of Trustees. Work is now underway on the agreed upon strategies and development of an implementation plan.

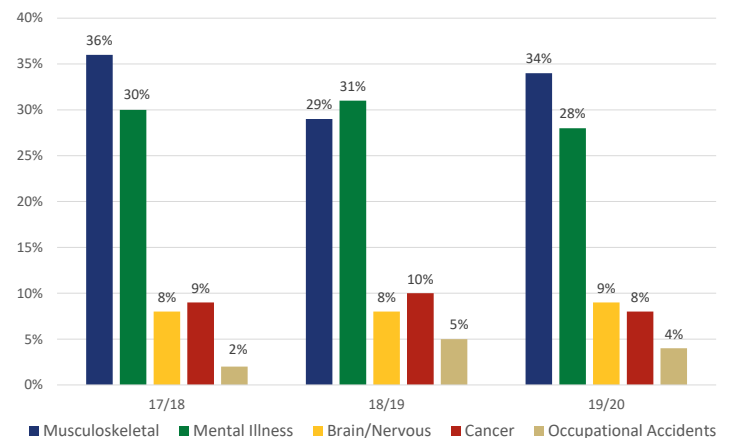
Path is a voluntary program, designed to ensure employees receive the assistance, services, and treatments they need along their journey to getting well. Path is available to LTD Plan members who are absent from work due to any illness or injury that is not related to WCB. Data shows there is a decrease in the duration of LTD Claims when path is involved.

path Program Key Performance Indicators (KPI)			
Green - meets or exceeds target Red - needs improvement	Results shown cumulatively with each Quarter		
MEASURE	Current Annual Target	Annual (Final) 19/20	Annual (Final) 18/19
Referral Rate for Hospital Sector (OH referrals only)	8.40%	14.77%	7.00%
Referral Rate for Continuing Care Sector (overall)	4.50%	4.45%	3.00%
Participation Rate for Hospital Sector	20.0%	21.69%	17.00%
Participation Rate for Continuing Care Sector	45.00%	36.84%	43.00%
path Return to Work (RTW) Rate	40.00%	54.50%	38.00%
Average Cost of Path File	\$2,500	\$1,782	\$3,200
path Program Satisfaction Score	90.00%	92.00%	...
Program Awareness (Employers)	20.00%	24.64%	n/a

The goal is to increase the number of quality referrals of employees absent from work as this is critical to the success of the LTD Plan and to employers having healthy employees.

## RECOGNIZING THE INCREASING TRENDS IN MENTAL HEALTH CLAIMS, WE ARE WORKING CLOSELY WITH MANULIFE AND EMPLOYERS TO FIND STRATEGIES TO HELP EMPLOYEES AS PART OF OUR OVERALL LTD CLAIMS MANAGEMENT STRATEGY

Claims Received by Top 5 Diagnosis



The LTD Trustees and staff regularly monitor claims activity as part of their oversight role. These trends also provide important information to inform our claims management strategies, ensuring disability benefits remain available to health care workers at an affordable cost. New LTD claims in 2019-2020 increased by 23% in comparison to the previous year. At the same time, our claims approval rate has remained fairly stable at 85%.

**77 HANS member employers participate in the LTD Plan, with a total number of 21,476 insured lives.**

# GROUP Benefits Solutions (GBS)



## KEY ACTIVITIES

- Group Benefits Solutions celebrated a significant milestone this past year, going live with an upgraded benefits administration system on December 2, 2019. The new web-based system, Ariel Benefits, is well established in the industry as a solution to the delivery of benefits and has many leading - edge capabilities.
- Concurrent with the launch of the benefits administration system, the Group Benefits Solutions team completed a second substantive project – managing premium payments for 3500 Central Zone retirees. This involved mailing out multiple letters and forms to the retirees; overseeing new payment options and banking preferences; and fielding close to 1,100 calls.
- Group Benefits Solutions was pleased to announce the positive results of the April 1, 2020 Benefit Renewal for the HANS plans. We maintained rates on Basic Life, Active Health, Out of Province/Country Travel, Dental, Optional Accidental Death and Dismemberment, Optional Critical Illness, Retire Health and Retiree Life. LTD plan contribution rate remains stable for another year.
- GBS, in partnership with a provincial committee including employer representatives from all health care sectors and all health care unions, undertook a significant initiative in 2019-2020: Harmonization of benefits for all Nova Scotia Health and IWK Health Centre employees under a single plan. The committee's work is ongoing.
- GBS staff are supporting an important and substantive initiative being undertaken by a subcommittee of the LTD Trustees -- development of a Disability Claims Management Strategy.
- An important value-add offered by Group Benefits Solutions is the provision of benefit administrator training and employee education sessions. Several sessions were held around the province last year including: twelve (12) retirement education sessions, two (2) benefit administrator trainings, four (4) benefits refreshers, and three (3) employee benefit information sessions.
- During the 2019-2020 fiscal year we were pleased to welcome four (4) new groups to our Group Benefits Service.

## COMMITTED TO SERVICE EXCELLENCE

### THROUGH INNOVATION AND OUTSTANDING PERFORMANCE BUILT ON OVER 116 YEARS OF TRIED-AND-TRUE COMBINED EXPERIENCE.

Group Benefits Solutions provides all-inclusive third-party administration services at an extremely affordable cost and offers member organizations participating in these plans a number of advantages, such as:

- Excellent coverage as well as competitive and sustainable rates through economies of scale.
- Reduced exposure to the legal and financial risks associated with the delivery of employee benefits through ongoing training.
- Access to preferred provider arrangements (i.e. preferred rates for home/auto insurance, pharmacy loyalty cards).

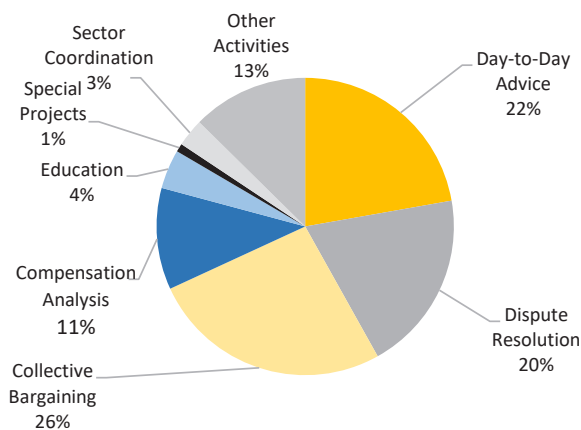


# LABOUR RELATIONS AND Compensation Analysis (LRCA)



## KEY ACTIVITIES

- The percentage of time spent engaged in the various activities in the core service areas fluctuates from year to year based on client needs, collective bargaining cycles, the number of arbitrations that arise, and the number of projects undertaken on behalf of the sector. While dispute resolution and day-to-day advice made up the bulk of our work, collective bargaining is the single largest amount in proportion of time at 26%. Much of the bargaining, occurred in the continuing care sector with HANS labour lawyers actively bargaining 77 separate collective agreements during 2019.



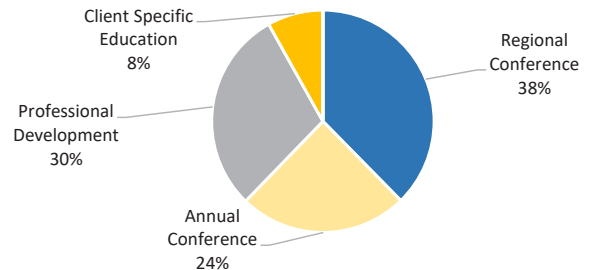
*\*Other Activities include essential services planning, internal projects, administration and non-union support.*

- LRCA is well positioned to provide expertise in a variety of ways on matters that fall outside the scope of core service contracts. The team undertook a number of special projects in 2019 in support of our members, such as:
  - » Labour relations represented health authorities and liaised with government to defend NSGEU's Public Service Sustainability Board application.
  - » Labour relations researched and provided advice to numerous continuing care clients regarding their rights and options in relation to a FOIPOP application against DHW before the courts.
- The Compensation Analysis group processed a large number of Hay job evaluation requests in support of NSHA's efforts to put new management and non-union structures in place, and provided job evaluation support to the continuing care sector. In addition, Compensation Analysis has done an extensive amount of work for the individual Pay Plan Transition MOA's

bargained in the last round of negotiations and is the chair of each of these committees. The group also continues to chair the Provincial Health Care Compensation and Classification Committee.

- The Labour Relations and Compensation Analysis Service provides educational programming, on a regular basis, to build capacity throughout the sector.

## % BREAKDOWN OF LRCA EDUCATIONAL PROGRAMMING



## COMMITTED TO SERVICE EXCELLENCE

### THROUGH RESPONSIVE, INNOVATIVE, AND CLIENT-FOCUSED SERVICE DELIVERY.

- A new Director was hired in late May 2019 who undertook a review of the service. This included systematic engagement with relevant stakeholders for their perspectives, observations and recommendations. Arising from the review, in the fall of 2019 LRCA created a Health Authorities lead position and a Continuing Care lead position from the existing lawyer complement.
- We take a provincial approach to the management of labour relations broadly in the health sector and organize the employers to coordinate responses to issues where appropriate.
  - » We currently provide service to the NSHA, IWK, as well as 92 health organizations from the continuing care and disability support program sectors.
  - » Collectively we support 133 collective agreements.



# CLINICAL Engineering Services (CES)



## KEY ACTIVITIES

- Clinical Engineering continued to expand its range of services and overall customer base, contributing to HANS' strategic goal to maintain or reduce the cost of services to our members. In 2019-2020 CES:
  - » Entered into a new agreement with the province's Regional Education Centres (formerly the Nova Scotia School Board) to provide certification services to their Biological Safety Cabinets/Fume hoods at approximately 35 Schools across 3 REC's. This presents a continued opportunity for expansion to other RECs who would also benefit from this support.
  - » Continued expansion of services to the university sector, specifically to the DalAC Campus to help remediate issues with equipment damaged by fire in June 2018.
  - » Entered into agreement with NSDS (Nova Scotia Digital Services) to complete upgrades to patient terminal 'Infotainment' mounting arms to install upgraded wiring in preparation for 100 new terminals at the Colchester East Hants Health Centre.
- For well over 40 years, our Clinical Engineering Service team has been on the frontlines, working alongside our members ensuring the technology used in patient/resident care is safe and effective. They also play a pivotal role in key areas such as forecasting equipment replacement needs, supporting

the acquisition of new equipment (cost effective solutions that meet industry standards and client needs), risk management support, and so much more.

This was very evident in the team's tremendous contributions to pandemic planning and preparation. Here's just a few examples:

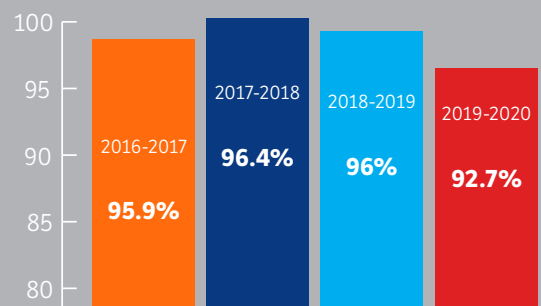
- » CES prepared the electronic medical equipment for COVID-19 units and ensured the extra equipment required to cope with the virus were secured, safely tested, and set-up for use.
- » Over 1500 devices were tested/checked at the Halifax Infirmary Site and subsequently installed and/or shipped to many other sites.
- » In the anticipated event that patients undergoing hemodialysis therapy became infected by COVID-19, Biomedical technologists providing support to the Renal Dialysis program provided technical specifications and guidance to NSHA hospitals in setting up isolated hemodialysis capacity in the areas that do not normally provide acute hemodialysis therapy. Biomedical Dialysis technologists also constructed three portable water purification carts in the anticipated need for dialysis therapy specifically for COVID patients.

## COMMITTED TO SERVICE EXCELLENCE

**SERVICES ARE HIGH IN CALIBRE, COMPETITIVELY PRICED AND CONSISTENTLY DELIVERED.**

- The total service growth in 2019-2020 was 1.39% (4 new contracts).
- CES manages 22,754 assets valued at approximately \$97.2 million.
- CES manages 108 contracts valued at \$3.85 million.
- The cost of service ratio is 3.67%. The 2011 North American average is 4.7%.
- The preventative maintenance completion rate in 2019-2020 was 92.7%, exceeding the target of 90%.

## PREVENTATIVE MAINTENANCE COMPLETION RATE



Our CES Team consistently exceeds the preventative maintenance completion rate target of 90% year after year.

# MEMBER & Partner Engagement

The Member and Partner Engagement Service includes responsibility for the Health Association's corporate communication function (internal/external); administration of contracted services (CCA Administration, Dementia: Understanding the Journey, HSP-Net lead agency); and provision of policy support for our continuing care members, notably through our established member forums - Continuing Care Council and LTC Zonal Groups, Home Care Network, Diverse Abilities NS, and their substructures/committees. In alignment with the purpose of the annual report, the MPE Update highlights major initiatives and/or key activities in relation to this membership support role. HANS membership also includes the health authority sector (Nova Scotia Health Authority and IWK Health Centre). You can view their annual reports by selecting the following links: <http://www.nshealth.ca/reports-statistics-and-accountability> and <http://www.iwk.nshealth.ca/about-us/public-accountability>.

## HOME CARE NETWORK

- The HCN undertook a strategic planning session early in the fiscal year, identifying three strategic priorities: Develop a stronger visual identify (Brand); HHR with focus on Retention; and promoting and sharing best practices



- The Department of Health and Wellness requested that HANS engage the Home Care Sector (nursing and home support), Nova Scotia Health (NSH), the IWK, the Long Term Care (LTC) sector, and clients and families in the development of considerations to inform the development of a provincial framework that ensures the maintenance of quality, responsive, sustainable services, now and into the future. Consequently, in collaboration with agencies, NSH, and key stakeholders a comprehensive and systematic approach was employed to develop a set of considerations to be used by DHW as the foundational work needed to inform key decisions about where and how the current model of home care can be enhanced as it relates to efficiency, sustainability and quality of care and service provision. This significant project was targeted for completion in June 2020, however, was placed on pause in March due to the COVID-19 pandemic. (UPDATE: work resumed in June 2020 with the report expected to be finalized for submission to DHW in October 2020).
- The Department of Health and Wellness provided funding to HANS to plan and manage a Home Support Conference. Over 90 participants attended the three-day event, November

25-27, 2019, hearing from speakers related to safety, accountability, integrated care, work-life balance, dementia care, attendance management, decision support, and media relations. Overall feedback was very positive and those attending found it a great opportunity to network.

## DIVERSE ABILITIES NS



- DANS continued to have a strong focus on collaborative planning and consultation with the Department of Community Services throughout the year. DANS was represented on the Disability Support Program Transformation Steering Committee, which completed its work this year. Additionally, DANS was engaged in a number of other DCS projects, including DSP Children's Programming (defining program needs to support children with disabilities); customized Placements & Development of specialized programs to meet needs; and Resident Trust Fund Policy development.
- DANS engaged in a strategic planning exercise in February 2020 with the aim of charting a new mission, vision and strategic directions for the association. The session was facilitated by HANS MPE staff and informed by a comprehensive stakeholder consultation process.
- DANS placed a strong emphasis on education and best practice sharing throughout 2019-2020, including working with HANS' President/CEO Mary Lee to plan and develop a board governance session.

# MEMBER & Partner Engagement

## CONTINUING CARE COUNCIL

As part of its advocacy efforts, the Council (made up of administrators from long-term care, home care, and disability services) has bi-monthly conversations with the Department of Health and Wellness (DHW). Topics near year-end included:

- **Long-Term Care (LTC) Licensing and Inspection Reports:** The Council highlighted their concern over current public licensing reporting practices (e.g., no representation of overall compliance, lack of ability to provide context regarding a citation's circumstances). A sub-group of the Council, as well as zonal LTC groups, have been looking at the inspection requirements both generally in terms of purpose and process, and at the individual standard level, intending to provide recommendations for a more quality improvement - related set of requirements. A meeting is scheduled to be held with DHW in April to discuss these issues. (Update: meeting deferred due to pandemic).
- **Primary Care in Continuing Care:** The Council highlighted that a lack of access to primary care in continue care is a significant issue. The DHW noted that conversations have been ongoing with the Nova Scotia Health Authority (NSHA), and that the sector will be consulted in an effort to create a sustainable provincial plan, which may include the use of nurse practitioners and virtual care. Additionally, arising from a meeting of the HANS Western Zone LTC Administrators Group with the Senior Medical Director, Primary Health Care, NSHA, a physician inventory spreadsheet to help recruiters better prepare for shortages in LTC was developed.
- **Leap Year Funding:** The Council indicated their disappointment that no additional funding for the 2020 leap year day was afforded to providers and advocated that this decision be reconsidered. The DHW specified that funding is yearly as opposed to per diem, however facilities experiencing related fiscal challenges would be encouraged to reach out to discuss mitigation strategies. We were subsequently very pleased to be advised of a change in decision and that facilities would be provided with a one-time grant to fund the additional day in February.
- **Management Compression:** Recruiting and retaining talented leadership is proving challenging as funding for these salaries is historically stagnant and wages in clinical positions are increasingly competitive. Council continued to

press for the address of these issues and recognition within the DHW budget process.

- Some of the other issues advanced throughout the year included:
  - » Council representation on the NSHA **Access and Flow Committee** continues to educate the broader health sector on barriers the continuing care sector faces in providing timely placements (e.g., lack of resident information, equipment, etc.). These issues have also been formally communicated to both the DHW and NSHA through other channels. As part of this work (and related to the LTC Expert Panel Report) HANS has been tasked with revamping the provincial discharge transfer tool to one that is more specific to LTC clients (facility to facility transfer and facility – acute transfer of existing residents).
  - » **LTC Advisory Council Committee.** Council was represented on this committee and continued to promote timely implementation of the LTC Expert Panel recommendations.
  - » **Canadian Association for Long Term Care (CALTC).** HANS continues to represent the views of our members at the national level through out membership in this national association. CALTC's national advocacy agenda centres on HHR, infrastructure and digital solutions.

## ZONAL LONG-TERM CARE GROUPS

- This year, to engage broader LTC membership, the MPE team helped set-up and/or support zonal LTC provider groups across the province. While some arising issues are unique to respective zones, cross-zonal / provincial work is ongoing related to:
  - » Identifying barriers related to complying with program standards, LTC policies and procedures, and building maintenance standards.
  - » Identifying inconsistencies between fire marshal and licensing inspections.
  - » Identifying and mitigating bad debt issues.

# HEALTH ASSOCIATION Governance

The Board of Directors is a competency-based group of volunteers who provide stewardship and strategic leadership, ensuring the Association fulfills its mandate in a manner reflecting our values. Included among these key governance responsibilities are strategic direction, enterprise risk management, quality and board effectiveness and efficiency.

## OUR 2019/2020 BOARD OF DIRECTORS

- » Helen Marsh, Past Chair
- » Julie Hoeg, Diverse Abilities NS
- » James (Jim) Trussler, appointed in accordance with Bylaws [Article III(a)(iii & iv)]
- » Evangeline Colman-Sadd, appointed in accordance with Bylaws [Article III(a)(iii & iv)]
- » Jeff Densmore, appointed by the Home Care Network
- » Joyce d'Entremont, Vice Chair, Continuing Care Council
- » Gordon Gillis, appointed in accordance with Bylaws [Article III(a)(iii & iv)]
- » Annette Elliott Rose, IWK Health Centre
- » Catharine Penney, appointed in accordance with Bylaws [Article III(a)(iii & iv)]
- » Carmelle d'Entremont, Nova Scotia Health Authority (until November 2019)



Back L-R: Catharine Penney, Evangeline Colman-Sadd, Carmelle d'Entremont, Jim Trussler, Annette Elliott Rose, Julie Hoeg

Front L-R: Gordon Gillis, Helen Marsh, Joyce d'Entremont

(Missing from photo is current Board Member Jeff Densmore)

## Board Committees

As set out in the Health Association's Bylaws, there are three standing committees of the Board.

### OUR 2019/2020 EXECUTIVE COMMITTEE

Joyce d'Entremont – Chair  
Helen Marsh – Past Chair  
Julie Hoeg – Vice Chair  
Evangeline Colman-Sadd – Treasurer

### OUR 2019/2020 GOVERNANCE AND NOMINATIONS COMMITTEE

Gordon Gillis – Chair  
Joyce d'Entremont  
Julie Hoeg  
Annette Elliott Rose  
Jeff Densmore

### OUR 2019/2020 FINANCE AND AUDIT RISK COMMITTEE

Evangeline Colman-Sadd – Treasurer/Chair  
James (Jim) Trussler  
Joyce d'Entremont  
Catharine Penney

# FINANCIAL Highlights

The following are excerpts from our financial statements. An audit has been conducted for all four funds managed by Health Association Nova Scotia and in each case the auditor's report is unqualified. Full audited financial statements are available by visiting [www.healthassociation.ns.ca](http://www.healthassociation.ns.ca).

## ASSOCIATION FUND

Statement of Financial Position - March 31, 2020 with comparative figures for 2019.		<b>2019</b>	<b>2020</b>
	Assets	\$6,368,280	\$6,555,026
	Liabilities	\$2,608,738	\$2,787,649
	Net Assets	\$3,759,542	\$3,767,377

## LONG TERM DISABILITY PLAN FUND

Statement of Financial Position - March 31, 2020 with comparative figures for March 31, 2019.		<b>2019</b>	<b>2020</b>
	Assets	\$195,148,827	\$187,894,341
	Liabilities	\$1,142,340	\$1,663,231
	Net Assets available for benefits	\$194,006,487	\$186,231,110

Funding Policy: In accordance with the Plan, members are required to contribute a certain percentage of insured salary, with employers matching the contributions of the members.		<b>2019</b>	<b>2020</b>
	Net Assets available for benefits	\$194,006,487	\$186,231,110
	Actual present value of accrued benefits	\$195,312,000	\$200,540,000
	Funding Surplus/ Deficit	<\$1,305,513>	<\$14,308,890>

## HEALTH AND OTHER BENEFITS FUND

Statement of Financial Position - March 31, 2020 with comparative figures for 2019.		<b>2019</b>	<b>2020</b>
	Assets	\$28,823,500	\$41,459,232
	Liabilities	\$15,214,572	\$22,806,066
	Net Assets	\$13,608,928	\$18,653,166

## WAIVER OF LIFE PREMIUMS FUND (formerly Group Insurance Fund)

Statement of Net Assets Available for Benefits - March 31, 2020 with comparative figures for 2019.		<b>2019</b>	<b>2020</b>
	Assets	\$21,494,400	\$20,624,252
	Liabilities	\$122,115	\$224,902
	Net Assets available for benefits	\$21,372,285	\$20,339,350

Post Retirement Life Insurance Benefits and the Waiver of Premium Provisions - Accrued Benefit Obligation Valuation Results as of March 31, 2018 as prepared by Mercer (Canada) Limited.		<b>2018</b>
	Retired Employee Life Insurance Waiver	\$3,881,000
	Disabled Employee Waiver of Life Insurance	\$9,120,000
	Total Accrued Benefit Obligation	\$13,001,000



2 Dartmouth Road  
Bedford, Nova Scotia B4A 2K7  
902.832.8500  
[healthassociation.ns.ca](http://healthassociation.ns.ca)