

CHAC Newsletter

Catholic Health Alliance of Canada



May 2009

CHAC redesign proposal approved by Annual Assembly

At the end of March, 2009, a detailed proposal for the redesign of the CHAC was distributed to all CHAC member organizations in Canada. The proposal was the culmination of 8 months of work on the part of the CHAC Board of Directors.

On April 24, in Vancouver, during the 2009 CHAC Annual Assembly, the Board of Directors presented this redesign proposal for consideration by delegates. The presentation included a comprehensive explanation of the rationale for the changes that were being proposed, as well as the introduction of a draft By-law that reflects how the proposed changes would be implemented. At the conclusion of the presentation, and after questions and discussion from the floor, the redesign proposal was unanimously endorsed by delegates.

In this newsletter I want to share with you the changes that have been implemented as a result of the acceptance of the redesign proposal, and update you on the immediate priorities of the new organization.

The new CHAC Governing Council, of which I am Chairperson for this transitional year, is committed to furthering the organization's mission which is to strengthen and support the ministry of Catholic health care organizations and providers. In this transitional year we will be communicating with you on an ongoing basis as the redesign is implemented.

Sincerely,

Michael Shea
Chair



A new name – Catholic Health Alliance of Canada

Throughout the CHAC board's strategic planning discussions a desire to honour the history and legacy of the CHAC was keenly felt.

At the same time, the board wanted to ensure the new structures that would be established accurately reflect the changing realities. For that reason a name change was proposed. The name of the organization has been changed from the Catholic Health Association of Canada to the Catholic Health Alliance of Canada.

This enables us to maintain the English and French acronyms (CHAC and ACCS) and logo – both of which are associated with an organization that is respected and trusted within Catholic health care and beyond. In practice the organization will still be referred to as "the CHAC".

Structural Changes – Establishment of CHAC as a national secretariat

The redesign proposal called for a significant change in the orientation of the organization. It ceases to be a national association and becomes, instead, a "national secretariat" or resource centre.

Embedded in this phrase – national secretariat – in the context of the CHAC, is a fundamental shift – both operationally and structurally. We are talking about the replacement of the current national association model with a national secretariat approach.

The focus will not be on representing diverse membership groups or membership categories, but on establishing the national secretariat as a



resource centre that will work on a limited number of projects discerned as priorities by a Governing Council. We believe this change will result in a more productive, focused and effective organization, and reflects a much more effective use of limited resources.

Focus Areas

The redesign suggests there are unique functions that the national secretariat can fulfill in support of Catholic health care at a pan-Canadian level.

The four focus areas are:

- ethics;
- leadership development;
- values integration (including standards for mission integration and spiritual and religious care); and
- advocacy at the national level.

Governance

During its strategic planning deliberations the past-CHAC board emphasized the emergence of the PJP Sponsor Network – the new public juridic person sponsor bodies – and the evolution of this group as it has begun to assume a greater leadership role and responsibility in relation to issues at a pan-Canadian level.

The evolution of these sponsor bodies over the past 10 years has resulted in a fundamental change in the ownership and governance of many Catholic health care organizations across Canada. Responsibility and accountability for Catholic health care has shifted from many religious orders to entities recognized as PJPs under canon law. These new entities have assumed overall leadership for the provision of Catholic health care, and are canonically accountable to the local bishop, and in some cases to the Holy See in Rome. This leadership role applies particularly to those qualities and activities that define the distinctive nature of Catholic health care – the same activities expressed in the 4 focus areas of the national secretariat.

In addressing the question about where responsibility lies for providing direction and oversight for a national secretariat the board concluded that this responsibility lies with the sponsors. Therefore, in the new CHAC it is the sponsor bodies of Catholic health care that are eligible to become the “members of the corporation.”

Governing Council

As presented in the new CHAC By-law (2009) it is the members of the corporation who are to elect a Governing Council from among the representatives of the various sponsor groups. However, the redesign does acknowledge the important link that has existed between the CHAC and the Canadian Conference of Bishops (CCCB) and calls for the inclusion of an appointee from the CCCB on the council. The redesign also affirms a role for the provincial Catholic health associations and includes a provincial association appointee.

The By-law reflects an effort to streamline and simplify governance structures, and to minimize governance support functions of staff so that resources (dollars and staff time) are better directed towards projects and programs that will be of direct benefit to Catholic health care organizations.

For this transitional year (April 2009 to April 2010) the redesign calls for the establishment of a Governing Council of 10 representatives: one from each of the 8 Sponsor groups that currently comprise the members of the corporation; one CCCB appointee; and one provincial association appointee.

The members of the CHAC Governing Council for 2009-2010 are:

- Michael Shea - Catholic Health Alberta
- Michael Pontus - Diocese of Victoria
- Tom Maddix, CSC - Providence Health Care Society
- Scott Irwin - Catholic Health Corporation of Saskatchewan
- Dan Lussier - Catholic Health Corporation of Manitoba
- Sr. Sarah Quackenbush, CSJ - Catholic Health Corporation of Ontario
- John Callaghan - St. Joseph's Health Care Society, London
- Robert Stewart - Catholic Health Partners
- Archbishop Brendan O'Brien - appointee of the Canadian Conference of Catholic Bishops
- Ron Marr - appointee of the provincial Catholic health associations.

All Council members will serve a term of one year. The term is open to renewal.

Officers

The By-law calls for 3 officers to be elected by the members of the Governing Council. The officers for 2009-2010 are:

Chairperson: Michael Shea

Vice-Chair: To be elected during the Governing Council's next meeting on May 27.

Secretary-Treasurer: James Roche, CHAC President

Operations in 2009

The redesign proposal recognized that Catholic health care organizations, and other groups and individuals, have paid membership fees for 2009. These organizations will continue to receive the benefits of membership under CHAC's former By-law and structure through to the end of 2009. Similarly, it is understood that the projects and priorities set out in CHAC's 2009 Operational Plan will continue to guide operations over the next 7 months. The contracts with current staff will remain in place while the new Governing Council defines functions, assesses resources, and works to establish an operational plan for 2010.

Invitation to other Sponsor organizations

One of the first projects of the Governing Council will be to contact the other sponsor organizations in Canada and invite them to become members of the corporation beginning in January 2010. As members they would be involved in overseeing the work of the national secretariat and determining its priorities.

Finances

In its presentation to the Annual Assembly the past-board emphasized that during its strategic planning exercise it concluded that the sustainability of the national organization was a very real concern. A review of finances indicated that program and project dollars have been cut annually for several years now in order to balance the budget. Membership fee revenue, which was \$778,000 in 1993, is now \$350,000. In addition, the review revealed increased reliance on investments to operate.

The board also questioned whether the expectations people have of the CHAC are in line with the reduction in staff size that has taken place in recent years. In 1998 there was a staff of 8. Today the CHAC has 2.75 staff positions.

In light of some of these operational and financial challenges, the redesign proposal includes ways of saving and redirecting dollars to ensure we are using our resources well to produce services.

For example, the Sponsor groups have agreed that all meeting costs associated with the in-person

Governing Council meetings will be shared equally by the Governing Council's respective organizations – not paid for from the CHAC's operating budget as has been the practice. This represents a saving of up to \$50,000 annually – dollars that can be redirected to projects and programs.

While the new CHAC is not member-based, in order to operate the national secretariat the organization will still need to rely on Catholic health care facilities (hospitals, homes, integrated organizations) for its base funding.

This assumes a continued commitment within Catholic health care to the pooling of some financial resources to support the entire network of Catholic health care organizations.

Through its sponsor organization, the hospitals and homes become partners in the Alliance. It is understood their contributions toward the operation of the national secretariat would not be greater than the amount paid according to the past CHAC fee formula. These contributions will enable the national secretariat to engage in projects and develop products in the 4 focus areas central to support of Catholic identity and mission in Catholic organizations.

Beginning in June, the Governing Council will be taking steps to develop a budget and operational plan for 2010 that builds on this commitment to direct resources as much as possible to the production of services.

Transitional Year

As has been mentioned above, 2009-2010 is seen as a transitional year for the new CHAC. The By-law calls for a review to be undertaken by April 2010 to ensure the new structures accurately reflects the intent of the redesign proposal.