



*Navigating  
thru  
2020/2021*



HEALTH  
ASSOCIATION  
NOVA SCOTIA

**Annual Report**

*About*

# The Health Association

Health Association Nova Scotia is a not-for-profit, non-government, membership-based association with over 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 HANS' annual report, the Board's primary mechanism for reporting to the membership annually on the main activities of the Association. This year's report highlights our efforts to navigate our way through the unprecedented challenges arising from the COVID-19 pandemic, striving to remain responsive to the evolving and emergent needs of our members.



**Joyce d'Entremont**  
Board Chair



**Mary Lee**  
President/CEO

Upon declaration of the pandemic in March 2020, all HANS services adjusted core service priorities to focus on supporting our members, and the health system generally, with pandemic planning, preparation, and ongoing response. As reflected in the coming pages of this report, activities ranged from securing and testing biomedical equipment that would be used in COVID-19 units, addressing pandemic-related labour relations issues, and facilitating a united voice in advancing advocacy issues identified by the continuing care and disability support program sectors. Moreover, we were pleased to be able to make a meaningful contribution to the provincial response through our subsidiary, **igility**. At the request of the Department of Health and Wellness and/or Department of Community Services, we lead special provincial projects, including PPE sourcing, distribution and database management; N95 respiratory fit testing; and coordination of onsite vaccine clinics for designated caregivers.

In addition to pandemic response, we successfully moved forward with a variety of system and quality improvement initiatives on the fee-for-service front. For example, collective bargaining and preparation of essential service agreements; working with the Provincial Group Transition Committee to review the three major benefit plans (excluding LTD & Pension) and arrive at a single recommended plan design; and begin a process to harmonize and unify the Clinical Engineering maintenance databases across the province.

At the corporate level, we launched a new payroll system and developed a new compensation framework for Health Association staff. These initiatives support advancement of our strategic direction to invest in our people and create a high-performing workplace. The underlying strength of the services we offer is the specialized knowledge and expertise of our staff. In addition, we completed vulnerability testing of our IT infrastructure from an outside organization. It's imperative that we remain vigilant in our

ongoing data security efforts.

As always, representing the collective views of our members and identifying solutions to sector challenges represented a significant focus of our work in 2020/2021. Some of these activities are described throughout this report. In the near future, we will be producing a special summary document, outlining the many initiatives and accomplishments achieved by our member forums over the past year. We encourage you to watch for its upcoming release.

Finally, we have some very positive news to share regarding our subsidiary, **igility**. As you may recall, this arm of HANS was created a few years ago for the benefit of our members. The goal is to redirect any additional revenue back to HANS to help maintain or reduce the costs of services or support other indirect benefits to our membership. We are pleased to report that cost allocations recovered from **igility** at the end of the fiscal year have allowed us to keep 2021/2022 membership fees at last year's rate. Additionally, the customary inflationary increases in fee-for-service contracts for this fiscal year have been reduced to a 1 percent increase. This is a positive start in the right direction. Next year, we will be engaging our full membership in discussions around how the expected 2021/2022 dividend payment to HANS will be allocated.

In closing, we'd like to take the opportunity to acknowledge the hard work, dedication and resiliency shown by HANS and **igility** staff over the past twelve months. Throughout these extraordinary times, they pulled together, adjusted to significant changes in the way (and where) they performed their work, and remained committed to our shared goal – ensuring our members continue to receive the services and support they count on and trust.

# The Year in Review

## Fostering a Healthy Workplace

We were delighted to be named a Top Employer in Nova Scotia and Atlantic Canada again this year – for the seventh year in a row. Participation in this national competition is among the ways we benchmark our efforts to create a healthy and productive workplace.



The Health Association welcomed (4)  
new members in 2020-2021!



We are growing...in the  
last year we've created  
12 new positions, 4 with  
HANS and 8 with **igility**.

## MEMBER AND PARTNER ENGAGEMENT (MPE)

The member forums supported by Member & Partner Engagement -- the Continuing Care Council, Home Care Network, Diverse Abilities NS, the CZ/EZ/NZ/WZ LTC Leadership groups, and the EZ Directors of Care -- held a combined total of 225 meetings from mid March 2020 to March 31, 2021. These forums allowed members to share information, problem solve and collectively address emerging issues, and facilitate a unified voice in advancing advocacy issues, i.e. childcare for essential workers, liability insurance solutions, Essential Worker Bonus eligibility criteria, rising costs of PPE, vaccination planning and prioritization, just to name a few.

## GROUP BENEFITS SOLUTIONS (GBS)

GBS in partnership with the Provincial Group Transition Committee, (committee comprised of healthcare unions and employers) continued the review work started in 2019 of the three major benefit plans (excluding LTD & Pension) currently in place today for our HANS members. A single plan design was recommended and shared with employers; and a Request for Proposal (RFP) in 2021 was issued to secure competitive terms from the market and that benefit solutions are balanced with plan member experience. While the committee's work continues, it is anticipated that the new plan will be in place for April 1, 2022.

## CLINICAL ENGINEERING SERVICES (CES)

The Clinical Engineering Service team spent the majority of the fiscal year supporting our members with pandemic planning, preparation and ongoing responses. This included preparing the electronic medical equipment for COVID-19 units and ensuring the extra equipment required to cope with the virus were secured, safety tested, and set up for use. Additionally, this year CES introduced a new quality management team and began a process to harmonize and unify the Clinical Engineering maintenance databases across the province.

## LABOUR RELATIONS & COMPENSATION ANALYSIS (LRCA)

In October 2020, 101 continuing care collective agreements expired. Notices to bargain and, in some cases, requests for essential services agreements began arriving. LRCA gathered, tracked, consolidated and managed the responses while also completing bargaining for 25 continuing care collective agreements.

# The Year in Review

HANS was pleased to be able to make a meaningful contribution to the provincial response through our subsidiary, igility. At the request of the Department of Health and Wellness and/or Department of Community Services, we lead special provincial projects to help address significant challenges encountered by the continuing care and Disability Support Program sectors throughout the first two waves of the pandemic.



## PPE SOURCING, DISTRIBUTION, AND DATABASE MANAGEMENT (MARCH 2020)

Within three weeks of a request being received by DHW, a provincial distribution model was in place as well as an inventory/warehouse management system, database tracking system, and bulk ordering of PPE supplies from world wide sources. The program was subsequently extended to facilities funded by the Department of Community Services.

Bulk orders completed:

- 1.57 million surgical masks
- 150,000 KN95 masks
- 165,000 gowns

Units moved:

- 6.1 million units
- 1,700 orders in database
- 300 different facilities/agencies

## N95 RESPIRATOR FIT TESTING

Coordinated a provincial approach to provide fit testing services for all licensed long term care facilities in the province; and within a short required timeframe.

- 1,070 staff fit tested in 3 weeks (11 working days) province-wide in December 2020

## PROVINCIAL COVID-19 VACCINE PROGRAM: DESIGNATED CAREGIVER AND DCS CLINICS

Support preparation for LTC staff vaccination clinics as well as assisted providers with establishment of onsite DCG clinics (all preparation, scheduling and follow-up with every DCG). In total, we engaged with 57 sites and booked 3521 appointments.

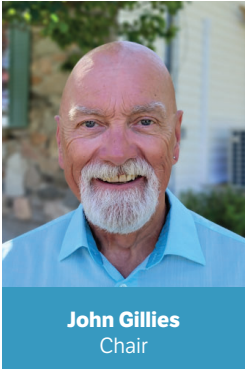
Subsequently, we were engaged by DCS to provide similar support.

The project summary follows:

- 4 weeks
- 16 clinics
- 66 operational days
- 130+ service providers
- Over 5600 doses given (first and second)



# Report Of The Long Term Disability Plan Trustees



The Long Term Disability Plan provides security and peace of mind to over 21,953 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). It is my pleasure to introduce highlights of LTD Plan and Trustee activities during fiscal year 2020-2021. 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 in September 2020 demonstrated the Trustees are in compliance and on target with policies supporting plan administration.

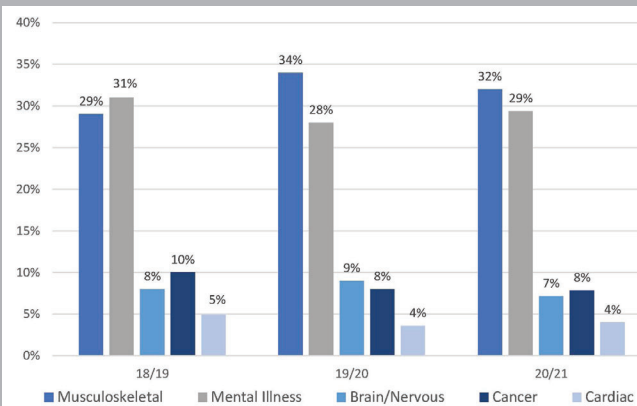
In December 2020 the Trustees also approved an ad-hoc Cost of Living Adjustment (COLA) for disabled plan members disabled prior to 2014. The LTD rate and COLA adjustment will be effective April 1, 2021.

The Trustees completed a successful biennial compliance review of their funding policy in December 2020. In accordance with policy, a valuation is to be conducted every other year. The LTD Valuation, as at August 31, 2020, was approved with a contribution rate of 3.90% effective April 1, 2021.

- In 2020/2021, the **path** program received 3017 referrals of which 526 employees participated.
- The overall RTW was up from last year to 55.6%, again exceeding the contractual KPI of 40%.
- The **path** survey continues to report high satisfaction with both the program and the level of service provided by **path** consultants.
- An audit of the 2020-21 year was done; a high level of service was identified.
- The Trustees added an early intervention mental health program called MindBeacon to the **path** program and LTD Plan. MindBeacon has a proven record as an excellent mental health resource.



## CLAIMS RECEIVED BY TOP 5 DIAGNOSIS IN 2020/21



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.

**In 2020/2021 the LTD Plan received 446 disability claims, a 15.5% decrease from 2019/2020. During the same period 155 claimants returned to work, a 8% increase from the prior year.**

## path Program Key Performance Indicators (KPI)

Green - meets or exceeds target  
Red - needs improvement

MEASURE	Current Annual Target	Annual (Final) 20/21	Annual (Final) 19/20
Referral Rate for NSH/IWK (OH referrals only)	16.00%	5.12%	14.77%
Referral Rate for Continuing Care Sector (overall)	4.50%	4.75%	4.45%
Participation Rate for NSH/IWK	25.00%	15.96%	21.69%
Average Days to Referral – NSH/IWK Sector	35 days	37.8 days	40 days
Average Days to Referral – Continuing Care Sector	40 days	54.1 days	50 days
Participation Rate for Continuing Care Sector	45.00%	59.04%	36.84%
path Return to Work (RTW) Rate	55.00%	55.60%	54.50%
Average Cost of Path File	\$2,500	\$1,754.00	\$1,782

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.

# Group Benefits Solutions (GBS)

## KEY ACTIVITIES

- GBS successfully implemented their part of HANS' business continuity plan, ensuring that participating employers and their employees would continue to receive needed services and support throughout these difficult times. These efforts included:
  - » Working with our carriers to ensure there would be no interruption in coverage and proactively addressing unique issues arising from the pandemic.
  - » Developing a secure electronic portal for member organizations to upload digital forms and applications. Based on an industry standard technology platform (Microsoft SharePoint), a solution was deployed rapidly which delivered significant value to our members and improved departmental efficiency. GBS plans additional enhancements to this service to expedite internal processes and faster, more accurate service to facility administrators and plan members.

- GBS in partnership with the Provincial Group Transition Committee, (committee comprised of healthcare unions and employers) continued the review work started in 2019 of the three major benefit plans (excluding LTD & Pension) currently in place today for our HANS members. Highlights of this work include:

- » A single plan design was recommended and shared with employers.
- » A Request for Proposal (RFP) in 2021 was issued to secure competitive terms from the market and that benefit solutions are balanced with plan member experience.

While the committee's work continues, it is anticipated that the new plan will be in place for April 1, 2022.

During the 2020-2021 fiscal year, we welcomed two (2) new groups to our Group Benefits Solutions 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.
- » Strong governance models are in place providing program oversight/consultation which includes equal representation by employers across the healthcare sectors and the four major health care unions.
  - » HANS LTD Trust governs [path](#) and the LTD program.
  - » The Provincial Group Benefits Advisory Committee, oversees the remaining benefits.
- » 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).

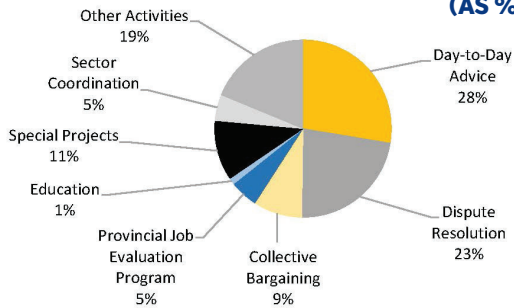
- Each fall, GBS conducts a review of premium rates across all plans which enables us to respond to trends in plan utilization and costs, and implement timely, proactive changes. The single biggest factor impacting our health and dental plans in 2020 was COVID-19, which limited members' ability to access clinical services thus severely reducing plan utilization. In response, we were able to secure significant rate decreases for active and retiree health rates and for active dental rates, while maintaining stable rates on our remaining benefits. In addition, as a plan enhancement, we removed the co-pays on both paramedicals and drugs which benefited many plan members.

# Labour Relations & Compensation Analysis (LRCA)

## KEY ACTIVITIES

The 2020-2021 fiscal year was an exceptionally busy year for LRCA staff. Total hours for 2019 was 20,529 hours while total hours for 2020 was 24,731 hours, a 20% increase in service hours year over year (without additional staff).

### GENERAL BREAKDOWN OF OVERALL SERVICE ACTIVITY (AS % OF TIME)



- The percentage of time spent engaged in the various activities in the core service areas fluctuates yearly based on client needs, collective bargaining cycles, the number of arbitrations that arise, and the number of projects undertaken on behalf of the sector. Sector coordination activities increased this year due to the addition of the new Health Authorities Strategic Bargaining Committee, Health Authorities Coordination meetings, and observing at the HR/LR/Health Professions Regulations Committee. With the introduction of the pandemic and the increase in labour related questions, lawyer(s) were assigned to participate (as needed) in LTC Zonal Groups, Diverse Abilities NS, and Home Care Network meetings. This provided an ongoing direct connection to all of HANS clients during the height of the first wave of the pandemic, allowing them to hear first-hand the immediate questions and concerns from numerous organizations.
- As a result of the amalgamation of the former district health authorities to NSHA, and the creation of the Council of Unions structure for the Health Authorities, developing and implementing consolidated pay plans for the Healthcare, Support and Admin Professionals Health Authorities bargaining units have been new substantial projects. Compensation Analysis focused their work on: finalizing the healthcare bargaining units pay tables; working as Chair for the Support Pay Plan Transition Committee; preparing for the Administrative Professionals PPT Committee; and chairing health authorities pay table coordination meetings.

## COMMITTED TO SERVICE EXCELLENCE

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

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.

- LRCA staff worked together to lead and support the preparation and committee work for the special project of the Nursing Pay Plan Review Committee.
- After the Lafferty Award impacting the salary of LPNs represented by the NSGEU at the former CDHA in June 2020, government decided to match that salary across the acute and continuing care sectors effective the date of the award. Compensation Analysis staff prepared pay table revisions for NSH, IWK and all of the continuing care sector participating member collective agreements with LPNs. NSGEU, CUPE, Unifor and NSNU all filed grievances claiming retroactively to the parity matching back to 2014. LRCA has tracked and compiled all grievances to assess and manage the responses and litigation.
- In October 2020, 101 continuing care collective agreements and the 4 Health Authorities collective agreements expired. For continuing care, notices to bargain and, in some cases, requests for essential services agreements began arriving. LRCA gathered, tracked, consolidated and managed the responses for continuing care while also completing bargaining for 25 continuing care collective agreements. For the Health Authorities, a focus of time and resources on language research, jurisdictional research, working with clients on proposals and leading and coordinating strategic decision making across employers and government for bargaining preparations. HANS LR worked closely with the IWK and NSH with consistent meetings in preparation for negotiations with council(s) on essential services agreements.



# Clinical Engineering Services (CES)

## KEY ACTIVITIES

The Clinical Engineering Service team spent the majority of the fiscal year supporting our members with pandemic planning, preparation, and ongoing response. Here's just a few examples of their efforts:

- The team prepared the biomedical equipment for COVID-19 units and ensured the extra equipment required to cope with the virus were secured, safety 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.
- The testing of old ventilators and the addition of 200 new ventilators requiring assembly and testing across the province was dealt with as a priority.
- Requirements of the covid preparations necessitated the Clinical Engineering Service to also adapt to address some new demands including offering a rigorous testing service for the many critical fridges and freezers purchased for vaccine storage.
- The Service also had to perform additional work for new clients such as the Canadian Food Inspection Agency who were not able to bring in their normal out-of-province service providers to test new Biological Safety Cabinets.
- 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.

Additionally, this year CES:

- Initiated the process of reviewing departmental policies on a province-wide basis in alignment with a national industry standard for Clinical Engineering.
- Introduced a new quality management team.
- Developed an information technology networking skills upgrade strategy for all staff.
- Began a process to harmonize and unify the Clinical Engineering maintenance databases across the province.

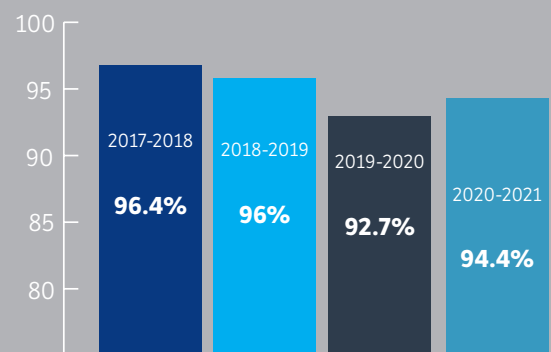
## COMMITTED TO SERVICE EXCELLENCE

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

- » The total service growth in 2020-2021 was 1.72% (8 new contracts).
- » CES manages 25,039 assets valued at approximately \$111,248,287.
- » CES manages 122 contracts valued at \$4.05 million.
- » The cost of service ratio is 3.30%. The 2011 North American average is 4.7%.
- » The preventative maintenance completion rate in 2020-2021 was 94.4%, exceeding the target of 90%.

CES manages 25,039 assets valued at approximately \$111,248,287.

### PREVENTATIVE MAINTENANCE COMPLETION RATE



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

# Member & Partner Engagement (MPE)

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 the Journey, HSP-Net lead agency); and provision of policy support for our continuing care members, notably through our established member forums. These include the Continuing Care Council, Home Care Network, Diverse Abilities NS, the CZ/EZ/NZ/WZ LTC Leadership groups, and the EZ Directors of Care. 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.

Throughout the past fiscal year, MPE's service priorities remained focused on supporting members with ongoing pandemic response. The team supported a combined total of 225 member forum meetings, providing a venue for information sharing, problem solving, collective address of emerging issues, and facilitating a unified voice in advancing advocacy issues.

Additionally, the team completed many special COVID-19 special projects at the request of our members. Some of these included:

- Arising from a Central Zone LTC Administrators Group meeting, HANS was requested to facilitate a meeting between AWARE-NS and sector representatives working on an orientation program for deployed staff and the CZ Crisis Response Team to discuss coordination of efforts. The outcome of this meeting was agreement that AWARE-NS and HANS would work together to complete the rapid orientation framework. This effort was near finalization at year end.
- Developed a comprehensive template with an accompanying toolkit of supporting resources to assist our long term care members' preparations for the 2nd wave.
- Produced daily media summaries, including detailed notes of the provincial media briefings with the Premier and Dr. Strang.

Additionally, MPE resumed work on some significant pre-COVID special projects and undertook new initiatives in response to member-identified priorities. Highlights of some of these initiatives include:

- Developed a framework for the future sustainability of home care for Nova Scotia. This significant project was taken on last fiscal year at the request of the Department of Health and Wellness.
- Provided consultancy and facilitation support of Diverse Abilities NS strategic planning process and worked with the association to craft its new mission, vision and strategic directions.
- Conducted extensive research and consultation with HANS' member forums to identify the best way to support members with international recruitment efforts. Three

possible models were identified, one of which focused on supporting members navigate through the phases of the Atlantic Immigration Pilot Project. This would include such activities as educating employers on processes for hiring foreign workers and immigration and their responsibilities and connecting employers to resources and supports. Recognizing the urgency of staffing challenges facing the continuing care and DSP sectors, plans were well underway at fiscal year end to conduct a mini pilot project around this potential model of support.

- Developed a centralized web-based platform to support knowledge transfer across the continuing care and disability support program sectors and reduce administrative and staff burden by sharing their policies (i.e. client/resident safety, attendance management). The Continuing Care/Disability Support Program Policy and Resource Hub will go live in early spring 2021.
- HANS is project lead on a provincial initiative aimed at developing a standardized minimum data set for the discharge/transfer of existing LTC/RCF residents in the provincial system. Deliverables include the creation of a standardized, provincial, discharge tool for existing LTC/RCF residents moving between LTC/RCF facilities or to/from LTC/RCF to acute care as well as suggested protocol for use, and recommendations to NSH and DHW for ensuring compliance. The provincial initiative, arising from the LTC Expert Panel report, will be concluded in the coming year.
- As part of the Continuing Care Council's sustained efforts to find a solution to address the Liability Insurance issue impacting the continuing care and DSP sectors, HANS facilitated communication between HOPA and providers to assist with the identification of commercial insurance and alternative risk financing options that does not contain exclusionary language. This included determining sector interest in exploring this potential solution and gathering basic risk and financial information. Work is ongoing on this important initiative.

# 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 2020/2021 BOARD OF DIRECTORS

- » Joyce d'Entremont, Continuing Care Council Appointee, Board Chair
- » Helen Marsh, Past Chair
- » Julie Hoeg, Diverse Abilities NS Appointee, Vice Chair
- » 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, Home Care Network Appointee
- » Gordon Gillis, appointed in accordance with Bylaws [Article III(a)(iii & iv)]
- » Annette Elliott Rose, IWK Health Centre Appointee
- » Catharine Penney, appointed in accordance with Bylaws [Article III(a)(iii & iv)]
- » Nova Scotia Health's seat was vacant for the 2020-2021 fiscal year

## Board Committees

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

### OUR 2020/2021 EXECUTIVE COMMITTEE

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

### OUR 2020/2021 GOVERNANCE AND NOMINATIONS COMMITTEE

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

### OUR 2020/2021 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, 2021 with comparative figures for 2020.		<b>2020</b>	<b>2021</b>
	Assets	\$6,555,026	\$6,787,793
	Liabilities	\$2,787,649	\$2,884,108
	Net Assets	\$3,767,377	\$3,903,685

## LONG TERM DISABILITY PLAN FUND

Statement of Financial Position - March 31, 2021 with comparative figures for March 31, 2020.		<b>2020</b>	<b>2021</b>
	Assets	\$187,894,341	\$219,225,213
	Liabilities	\$1,663,231	\$1,280,927
	Net Assets available for benefits	\$186,231,110	\$217,944,286

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>2020</b>	<b>2021</b>
	Net Assets available for benefits	\$186,231,110	\$217,944,286
	Actual present value of accrued benefits	\$200,540,000	\$221,887,000
	Funding Surplus/ Deficit	<\$14,308,890>	<\$3,942,714>

## HEALTH AND OTHER BENEFITS FUND

Statement of Financial Position - March 31, 2021 with comparative figures for 2020.		<b>2020</b>	<b>2021</b>
	Assets	\$41,459,232	\$45,845,430
	Liabilities	\$22,806,066	\$16,341,510
	Net Assets	\$18,653,166	\$29,503,920

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

Statement of Net Assets Available for Benefits - March 31, 2021 with comparative figures for 2020.		<b>2020</b>	<b>2021</b>
	Assets	\$20,624,252	\$24,487,356
	Liabilities	\$224,902	\$152,988
	Net Assets available for benefits	\$20,339,350	\$24,334,368

Post Retirement Life Insurance Benefits and the Waiver of Premium Provisions - Accrued Benefit Obligation Valuation Results as of March 31, 2020 as prepared by Mercer (Canada) Limited.		<b>2020</b>
	Retired Employee Life Insurance Waiver	\$4,135,000
	94 Disabled Members with an Insured Waiver	\$19,000
	Disabled Employee Waiver of Life Insurance	\$8,456,000
	Total Accrued Benefit Obligation	\$12,610,000



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