



Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs

Annual Report **2006 - 2007**

Mission Statement

The Canadian Hospice Palliative Care Association (CHPCA) is the national association which provides leadership in hospice palliative care in Canada.

CHPCA offers leadership in the pursuit of excellence in care for persons approaching death so that the burdens of suffering, loneliness and grief are lessened.

CHPCA will strive to achieve its mission through:

- collaboration and representation;
- increased awareness, knowledge and skills related to hospice palliative care of the public, health care providers and volunteers;
- development of national norms of practice for hospice palliative care in Canada;
- support of research on hospice palliative care;
- advocacy for improved hospice palliative care policy, resource allocation and supports for caregivers.

Annex B, Saint-Vincent Hospital
60 Cambridge Street North
Ottawa ON K1R 7A5
CANADA

Telephone: (613) 241-3663
Toll Free: 1-800-668-2785 or 1-877-203-4636
Fax: 613-241-3986
E-mail: info@chpca.net
Web Site: <http://www.chpca.net/>

Charitable Registration Number: 13760 4195 RR 0001

© 2007 Canadian Hospice Palliative Care Association

President's Report

"Hospice Palliative Care ~ Embracing Life"

The CHPCA believes that it is the right of every Canadian to die with dignity, free of pain, surrounded by their loved ones, in a setting of their choice. In April 2006, the CHPCA Board of Directors approved a three-year comprehensive Strategic Plan which identified five key directions, namely:

- ◆ Access to Hospice Palliative Care Programs and Services;
- ◆ Advocacy and Public Policy;
- ◆ National/Provincial Association Relationship;
- ◆ Governance and Sustainability; and
- ◆ Awareness and Communications;

that will enable the CHPCA to enhance the quality of hospice palliative and end-of-life care across our nation.

The CHPCA Board is pleased to report that the Executive Director developed a very ambitious and successful Workplan which guided the activities and priorities of the national office and the Board of Directors over the past year. The goals, objectives and outcomes of the Strategic Plan and Workplan were evaluated this past spring and the highlights of the activities are outlined in the enclosed Annual Report.

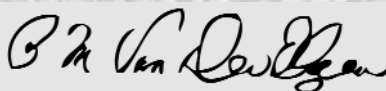
Our many accomplishments this past year were possible because of the collaboration and commitment of our dedicated Board of Directors, Executive Director, staff, volunteers, the provincial hospice palliative care associations, the Quality End-of-Life Care Coalition of Canada, The GlaxoSmithKline Foundation, corporate sponsors and our many friends and key stakeholders. And, the ongoing support of Senator Sharon Carstairs.

This is an exciting year for CHPCA, as we are co-presenting with the Hospice Association of Ontario and the Ontario Palliative Care Association the inaugural annual *Canadian Hospice Palliative Care Conference* being held in Toronto, Ontario. We embrace this partnership and look forward to meeting our many colleagues from across Canada. A special thank you must be extended to the Conference Planning Committee and all the volunteers and sponsors who have been working together to make the event a success.

The CHPCA believes that the building of strong relationships both within the hospice palliative care community, and with other national voluntary health organizations, will ensure that we achieve a long-term, comprehensive, and sustainable national strategy for hospice palliative and end-of-life care, which will enhance the quality of living and dying for all Canadians.

On a personal note, this is the end of my two-year term as President of our great association. I would like to thank the Board of Directors, staff and membership for giving me this wonderful opportunity to learn and share with so many. I wish you all great success and look forward to my two-year term as Past President.

Sincerely,



Patricia Van Den Elzen
President



Patricia Van Den Elzen

National Office Staff

Executive Director	Sharon Baxter
Administrative Coordinator	Greg Adams
Communications Coordinator	AnnMarie Nielsen Griffin
Community Relations Developer & Conference Manager	Tammie Winsor
Administrative Assistant - National Conference	Michael Peterson
Membership/Marketplace	Gillian Fernie
Project Coordinator	Linda Truglia
Finance Officer	Sandie Lessard
Web Weaver	Ineke Van Zeeland

Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC)

Physician Leader	S. Lawrence Librach MD, CCFP, FCFP
Project Manager	Louise Hanvey RN, BN, MHA
Administrative Assistant	Jennifer Kavanagh

Board of Directors

Executive Committee

President - Patricia Van Den Elzen
Past President - Gael Page
Vice President - Dr. Larry Librach
Treasurer - Andrea Taylor
Member - Keith Conrad
Member - Wendy Wainwright

Provincial Members

Alberta - Andrea Taylor
British Columbia - Wendy Wainwright
Manitoba - Candace Myers
New Brunswick - Dr. Syd Grant
Newfoundland - Laurie-Anne O'Brien
Nova Scotia - Anne McKim
Ontario (HAO) - Keith Conrad
Ontario (OPCA) - Liliane Locke
Prince Edward Island - Mary Hughes
Québec - Dr. Justine Farley
Saskatchewan - Stella Swertz



Members-at-Large

Solange Lévesque (Montreal)

Annual Report 2006 - 2007

The Canadian Hospice Palliative Care Association (CHPCA) is pleased to provide you with this summary of the association's activities during the 2006-2007 fiscal year. The following are some selected highlights. Should you wish more detail on anything in this report please contact the national office at 1-800-668-2785 or by e-mail at info@chpca.net.

In keeping with our Strategic Plan, the CHPCA focused on the following key areas in 2006-2007: Advocacy and Public Policy; Communication & Awareness; National/Provincial Association Relationship; and Sustainability & Governance.

I Advocacy and Public Policy

NATIONAL POLICY DEVELOPMENT FRAMEWORK

Each year the CHPCA develops an Advocacy Strategy that addresses current health policy related to hospice palliative care. The 2006-2007 Advocacy Strategy was published and widely disseminated in the late fall of 2006. It is available for download from the CHPCA website. The action items detailed in the Advocacy Strategy were for the most part completed by March 31st 2007. Nationally, the CHPCA continues to develop key messages and frameworks that advocate for a well-funded sustainable national strategy for hospice palliative and end-of-life care. To leverage our Advocacy Strategy, the CHPCA has taken advantage of opportunities to meet with federal Members of Parliament and Senators when possible.

In 2006-2007, the CHPCA coordinated provincial teleconferences with 6 of the 11 provincial hospice palliative care associations to discuss key provincial advocacy and policy issues. The provincial hospice palliative care associations have continued to meet with their provincial/territorial governments when possible.

Early in the 2007-2008 fiscal year, the CHPCA will develop a national election strategy framework and key messages that will ensure that it is prepared should a federal election be called in 2007.

LIAISON AND LEADERSHIP TOWARDS THE DEVELOPMENT OF A NATIONAL STRATEGY FOR PALLIATIVE AND END OF LIFE CARE (HEALTH CANADA)

The Secretariat on Palliative and End-of-Life Care (Health Canada) continued to coordinate the National Strategy for Palliative and End-of-Life Care until the end of March 2007. At that time the federal government's financial support of the Strategy was terminated. The five Health Canada Working Groups that oversaw the Strategy were thanked for their contribution and

dedication to the process, and were dismissed. The staff at the Secretariat on Palliative and End-of-Life Care (Health Canada) continues to work on palliative and end-of-life care issues.

The CHPCA is an autonomous organization and as such, develops and implements independent advocacy strategies to ensure that a national strategy for palliative and end-of-life care is well funded and sustainable. As such, the CHPCA advocacy strategies include involvement at both the bureaucratic and political levels, and continue to involve Parliamentarians in advocacy and health policy issues related to hospice palliative care.

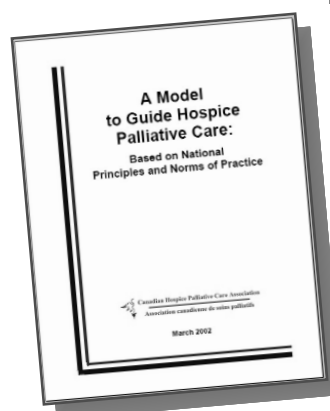
The CHPCA delivered a general information kit to federal Members of Parliament and the Senate in the fall of 2006, and a second information kit in late April 2007 to coincide with National Hospice Palliative Care Week. CHPCA also took advantage of opportunities to release a number of well-timed media releases that resulted in significant national, provincial and local media coverage.

The CHPCA continues to maintain a high profile with regard to the review and renewal of the Canadian health care system, specifically as it relates to hospice palliative and end-of-life care. Key stakeholders include the following groups: CHPCA members; provincial hospice palliative care associations; the Quality End-of-Life Care Coalition of Canada; and corporate partners.

The CHPCA is actively engaged in a number of additional initiatives to increase awareness of hospice palliative and end-of-life care issues. To that end, the CHPCA has been liaising with the Canadian Strategy for Cancer Control as well as the Chronic Disease Management Group at the Public Health Agency of Canada (PHAC). The CHPCA will continue to be a visible presence with these and other initiatives to ensure that hospice palliative and end-of-life care issues are recognized and represented.

NATIONAL NORMS OF PRACTICE FOLLOW-UP

The CHPCA continues to make available *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice (2002)* as well as *Applying A Model to Guide Hospice Palliative Care: An Essential Companion Toolkit for Planners, Policy Makers, Caregivers, Educators, Managers, Administrators and Researchers (2005)*.



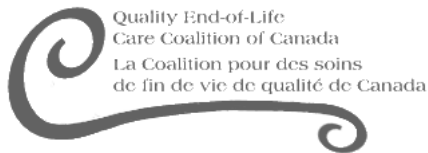
The CHPCA has exhausted the in-house stock of printed copies of these documents; however, both documents are available for free download in both official languages from the CHPCA web site. As well, the CD-Rom version of *A Model to Guide Hospice Palliative Care* is available for purchase through the CHPCA on-line Marketplace.

In 2006, the CHPCA worked in close partnership with Mr. Michael Aherne, Director of Initiative Development for the Pallium Project - Phase II. This partnership enabled the CHPCA to bring the concepts and principles of the CHPCA Norms of Practice to a number of communities throughout Canada.

The CHPCA continues to work with Dr. Frank Ferris and the Norms Steering Committee to ensure that dissemination and utilization of the Model continues to move forward.

QUALITY END-OF-LIFE CARE COALITION OF CANADA (QELCCC)

CHPCA continues to act as the Secretariat for the Quality End-of-Life Care Coalition of Canada (QELCCC) and coordinates the work of the Coalition including work-planning, advocacy, public awareness, and report writing. As the Secretariat, the CHPCA continued to host teleconferences for the six QELCCC Committees (Executive, Advocacy, Research Utilization, Communications & Public Awareness, Family and Caregiver Support, and Professional Education)



The Coalition met in mid-January 2007 to develop the 2007 Workplan, which can be downloaded from the QELCCC web site (<http://www.chpca.net/qelccc.htm>). Renewal of Health Canada's commitment to the National Framework for Palliative and End-of-Life Care, and encouraging other national health strategies to include end-of-life care issues as part of their mandate, are two key goals for the Coalition this year.

The QELCCC Executive Committee and working committees continued to meet via teleconference and e-mail throughout the year. The committees reviewed the current workplan and created strategies for leveraging the overall mission and vision of the Coalition. Similar to last year, many of these discussions focused on the need for ongoing fundraising and sustainability for the Coalition. The QELCCC does not charge membership fees and relies on project funding to operate. As of the end of March 2007, the QELCCC financial position was at an all-time low.

The QELCCC Executive Committee has written an extensive mid-year report, dated August 2007 that can be found on the QELCCC web site at: <http://www.chpca.net/qelccc.htm>.



EDUCATING FUTURE PHYSICIANS IN PALLIATIVE AND END-OF-LIFE CARE (EFPPEC)

The Project Team headed by Dr. Larry Librach (Physician Leader) and Louise Hanvey (Project Manager) has once again been impressed with the dedication and accomplishments of the many people from all across Canada contributing to the success of this project. As the Local Teams continued their work to implement curriculum in palliative and end-of-life care at their universities, a variety of approaches and activities have unfolded.

In 2006/2007, the EFPPEC Project:

- ◆ Convened its second education symposium, EFPPEC Symposium 2006, a resounding success attended by over 80 educators in palliative and end-of-life care with a focus on interprofessional education;
- ◆ Formed a planning committee and initiated plans for EFPPEC's third Symposium "Making Change Happen" scheduled for November 3, 2007. This Symposium will be held in partnership with the Canadian Society of Palliative Care Physicians as a pre-conference satellite symposium to the Canadian Hospice Palliative Care Conference and will focus on sustaining a national effort in health care professional end-of-life care education;
- ◆ Reached consensus on a framework for undergraduate medical curriculum in palliative and end-of-life care. This document was developed collaboratively by Ontario (OPUN) and QUEBEC (RUQSP) and distributed to each of the seventeen local teams and made available on the EFPPEC website (www.efppec.ca);
- ◆ Established a process to develop competencies in key medical specialties with the help of the Royal College of Physicians and Surgeons of Canada (RCPSC). Draft objectives have been completed for Internal Medicine, Surgery, and Psychiatry;
- ◆ Continued the development of a "Learning Commons" to provide an interactive on-line resource for palliative and end-of-life care educators;
- ◆ Continued regular communications between the seventeen local teams in the Faculties of Medicine across Canada through a series of e-bulletins and videoconferences;
- ◆ Successfully organized and held three videoconferences allowing local teams to present

and discuss their approaches to curriculum development for medical education in palliative and end-of-life care;

- ◆ Was invited and effectively completed a presentation on the project's background, structure and goals in a videoconference held by the Ontario Medical Education Network's Education Grand Rounds;
- ◆ Continued to communicate the work of EFPPEC through partnerships with other organizations and presentations at meetings across the country;
- ◆ Developed an interprofessional learning module in advance care planning for students and practitioners in the health disciplines.

2007-2008 will mark the end of the EFPPEC Project. The final year will see continued collaboration with the seventeen local teams in the Faculties of Medicine across Canada, the third EFPPEC Symposium, implementation of the Learning Commons, and sustainability planning for continued work across Canada in education of palliative and end-of-life care development on an interdisciplinary level.

CHPCA ISSUES PAPER ON EUTHANASIA, PHYSICIAN-ASSISTED SUICIDE AND QUALITY END-OF-LIFE CARE

In response to the resurfacing of the issue of euthanasia and physician assisted dying (also known as Physician Assisted Suicide), the CHPCA struck a Physician Assisted Dying (PAD) Working Group in 2005. This Working Group was comprised of CHPCA Board members with a keen interest in these issues. To facilitate the process, the CHPCA engaged a professional researcher/writer to assist with the development of the discussion document.

The Working Group held detailed discussions regarding the role of an organization such as the CHPCA in the overall discussion and debate of this issue. The Working Group, and ultimately the CHPCA Board of Directors, agreed that CHPCA should position itself as an educational and informational resource. It was agreed that when Canadians are faced with this issue, either in Parliament or in a national referendum, it is paramount that all Canadians are provided with broad-based information that enables them to make the best decision possible.

As a result, CHPCA choose not to create a formal position statement on this issue. A key factor in this decision is the diverse background and opinion represented by the 3,000 members of the association. It became clear early on in the discussion that a national survey of members would garner many diverse and passionate opinions and that the CHPCA as an association would not be able to reach consensus on a specific position statement on this issue.

In January 2007, the CHPCA Board of Directors released

its physician assisted dying (PAD) issues paper. The document is available through the Public Policy and Advocacy section of the CHPCA website. In the spring of 2007 the Association developed a question-and-answer document to address and communicate the key issues from the discussion document. The question-and-answer document is available on request from the CHPCA Communications Coordinator (info@chpca.net).

The CHPCA has engaged in a considerable amount of media contact regarding this issue and continues to seek out opportunities to discuss this issue, including opportunities at the 2007 Canadian Hospice Palliative Care Conference taking place November 4-7, 2007 in Toronto, Ontario.

PAN-CANADIAN STANDARDS FOR HOME-BASED HOSPICE AND PALLIATIVE CARE

As part of the *10-Year Plan to Strengthen Health Care*, the federal, provincial and territorial governments agreed that home-based palliative care programs and services would be available to Canadians in every province and territory by December 2006. At that time, the provinces and territories were to report on their progress to make these programs and services available.

The 2004 Health Accord states: "First Ministers agree to provide first dollar coverage by 2006 for certain home care services, based on assessed need, specifically to include: ... end-of-life care for case management, nursing, palliative-specific pharmaceuticals and personal care at the end of life."

These four areas are somewhat broad and have allowed the provinces a great deal of flexibility. However, it has also created the risk that programs and services will meet very minimal standards and not provide the best possible care for Canadians facing the end-of-life. In response to this risk, the CHPCA and the Canadian Home Care Association (CHCA) published *The Pan-Canadian Gold Standard for Palliative Home Care: Toward Equitable Access to High Quality Hospice Palliative and End-of-Life Care at Home*. The document was jointly launched at a national press conference during the Canadian Home Care Conference in December 2006. A copy of this document is available through the Public Policy and Advocacy section of the CHPCA website.



The CHPCA looks forward to publishing a report card on the status of the implementation of this Health Accord action item by the federal, provincial and territorial governments. The report card will be published in 2007-2008.

INTERNATIONAL HOSPICE PALLIATIVE CARE ISSUES

The CHPCA continues to expand its involvement with international hospice palliative care issues. The International Cooperation Committee has an active workplan which is available upon request.

Currently, the CHPCA is engaged in an exciting Twinning Project with the African Palliative Care Association (APCA). The project will finish in the fall of 2007 and will develop caregiver training resources designed to train men as primary caregivers. The training resources will be adapted and made available to a number of African countries. Details of this project were published in the spring 2007 edition of AVISO.

A new international list serve, monitored by the CHPCA, has been created in an effort to network CHPCA members and member organizations currently working internationally, or members interested in working internationally. Please contact the CHPCA for more information (info@chpca.net).

EXTERNAL ORGANIZATIONS LIAISON

A. Health Charities Coalition of Canada (HCCC)

Sharon Baxter, Executive Director of the CHPCA, has acted as Chair of the Steering Committee of the HCCC since the fall of 2006 and will continue in that role until March 2008. Please visit the HCCC website for more information. <http://www.healthcharities.ca/>

B. National Hospice Palliative Care Organization (NHPCO) (USA)

For the past three years Sharon Baxter, Executive Director of the CHPCA has had the privilege of serving as an international representative and a full member of the NHPCO Board of Directors. The NHPCO is a large, well-funded organization and Ms. Baxter's participation on the Board has been a benefit to both NHPCO and CHPCA. It is interesting to note that, while the United States and Canada currently have many similar hospice palliative care policy issues such as access to services, training, education and research, the solutions chosen to address these issues are very different due to the diversity of each country's health care delivery systems. Sharon completes her term on the NHPCO Board of Directors in December 2007.

National Hospice and Palliative Care Organization



C. The Pallium Project

For the past number of years, the CHPCA has worked in partnership with The Pallium Project. This continued in 2006-2007 until the completion of Phase II at the end of September 2006. As a result of this partnership, the CHPCA is pleased to disseminate hospice palliative care resources developed by or through the support of the Pallium Project. These resources are available through the CHPCA's on-line Marketplace. The Pallium Project is also an active associate member of the Quality End-of-Life Care Coalition of Canada.



D. Worldwide Palliative Care Alliance (WPCA)

The CHPCA is pleased to be an active member of the Worldwide Palliative Care Alliance (WPCA). To date, the Alliance has gathered for two face-to-face meetings: the first meeting was in The Hague (2003); and the second meeting was in Seoul, Korea (2005). Sharon Baxter, Executive Director for the CHPCA, serves as the chair of the WPCA Advocacy Committee, and is also a member of the WPCA Steering Committee. The Steering Committee met in London, England in November 2005 with the goal to formalize the Alliance to allow the international hospice palliative care community to work together in a more collective manner. The next meeting of the Alliance will be September 2007 in Nairobi, Kenya. Additional information about the work of the Alliance can be found on the Help the Hospices (UK) website at <http://www.helpthehospices.org.uk/index.asp>.



worldwide palliative care alliance

ASSOCIATION SUPPORT COMMITTEES

A. Canadian Network of Palliative Care for Children (CNPCC)

The Executive Committee of the CNPCC continues to be an active committee that meets by teleconference approximately every eight weeks. The purpose of this committee is to:



- ◆ develop, coordinate and maintain a Canadian network for pediatric hospice palliative care;
- ◆ collaborate on national and international activities and initiatives in the field of pediatric hospice palliative care, and to seek opportunities for partnerships; and,
- ◆ assume a role of leadership in pediatric hospice palliative care and to advocate for the needs of children with life-threatening illness and their families.

Membership on the Executive Committee is comprised of individuals working in the area of pediatric hospice palliative care in a variety of settings, including free-

standing hospices, acute care hospitals, long-term care facilities and the home. The consumer voice is also represented on this committee with an Executive position reserved for a parent or guardian who has experienced the death of a child. The committee has been focusing its attention on the following four key areas: Research Promotion, Pediatric Norms of Practice, National Pediatric Survey and Pediatric Education. In the fall of 2006, the CNPCC Executive Committee coordinated the annual meeting of the CNPCC Interest Group during the 2006 International Congress on Care of the Terminally Ill held in Montreal, Quebec. In the spring of 2007 the CHPCA submitted a funding proposal for the 2007-2008 fiscal year to print and disseminate the 2006 Pediatric Hospice Palliative Care Norms of Practice and to translate into English and disseminate the newly published pediatric standards for the province of Quebec. The CHPCA was thrilled to learn in early May that the Ronald McDonald House Charities of Canada has agreed to fund these projects. The projects are expected to be completed before the end of the calendar year.

B. Communications Committee

The CHPCA Communications Committee continues to act as the selection committee for the annual recipient of the CHPCA Award of Excellence. In 2006, the committee received nominations for three very exceptional individuals who were considered as recipients for the award. The 2006 Award of Excellence was presented to Dr. Mike Harlos (Winnipeg, Manitoba). You can read more about Dr. Harlos' accomplishments in the Awards section of this report.

In February of 2007, the CHPCA created and staffed a new Communications Coordinator position. The CHPCA Communications Coordinator is responsible for the Living Lessons Information Line, sponsored by The GlaxoSmithKline Foundation, as well as media and public relations, communications planning, and the implementation of the Communications Strategy for the association.

C. Fundraising Committee

The CHPCA Fundraising Committee has been relatively inactive for most of the past year. In September of 2006 the CHPCA hired a half-time fundraiser who has been very successful in bringing new corporate sponsors to the Association. Please refer to the list of sponsors and donors for a complete list of our supporters. The Terms of Reference for the Fundraising Committee are being reviewed and revised and a new Committee will be struck in 2007-2008.

D. HIV/AIDS Committee

The HIV/AIDS Committee has been relatively inactive this past year due to a lack of project funding. However, the CHPCA and the committee members continue to work on national HIV/AIDS issues whenever possible.

Currently, Sharon Baxter is a member of a national HIV/AIDS committee called "Leading Together". Please refer to the CHPCA website for more details.

E. Informal & Family Caregiver Committee

The Informal & Family Caregiver Committee met intermittently in 2006-2007 to provide expertise in this area. The CHPCA has been working on a small project to develop a legal and ethical guide for informal and family caregivers. This resource will be launched in 2007.

F. International Cooperation Committee

Please refer to the section entitled "International Hospice Palliative Care Issues" on page 6.

G. Volunteer Issues Committee

The VIC was active in 2006-2007 and held regular tele-conferences. The purpose of the Volunteer Issues Committee (VIC) is to champion the volunteer component of hospice palliative care in Canada. The key responsibilities of the VIC are to advise the CHPCA on issues related to the volunteer component; encourage research into all aspects of the volunteer component; articulate the critical value of continuing education for volunteers; and collaboration. In 2006, the VIC continued to monitor and support the work of the Health Canada Task Group on the Volunteer Component (Secretariat on Palliative and End-of-Life Care, Health Canada). The formal work of this project finished in March 2006. The VIC will continue to monitor and support this valuable project and looks forward to an opportunity to formally endorse the final product.

II Communication/Awareness

COMMUNICATION STRATEGY

The Communication Strategy approved by the CHPCA Board of Directors in 2005 continues to guide the association's communications work. This strategy elaborates on the Association's key messages, the environment we work in, and key activities and opportunities for policy change. The Communication Strategy is reviewed and revised annually in conjunction with the development of the Association's annual Workplan. Issues that continue to be a main focus include: access to hospice palliative care and the inconsistency of availability of hospice palliative care programs and services at the provincial level; and the Compassionate Care Benefit (CCB). Due to recent changes made to the CCB, the CHPCA communications message has changed, although the issue is still one of concern and action. The CHPCA will continue to revise its focus and activities in response to relevant environmental changes. A renewed Communications Strategy for the Association will be developed in the 2007-2008 fiscal year.

MEDIA AND PUBLIC RELATIONS

Media interest continues to increase, with regular inquiries, and requests for comments and interviews. Media sources expressing interest include daily and weekly newspapers, radio and television news and talk shows, and magazines. A key event in 2006 was a press conference, held in December during the Canadian Home Care Association's national conference in Toronto, to launch the *Pan-Canadian Gold Standards for Palliative Home Care*. To ensure effective media coverage of hospice palliative care issues in Canada, the CHPCA maintains an up-to-date media list of national and regional media outlets.

Thanks to an anonymous donation, the CHPCA was able to send awareness brochures to large Canadian centres reaching in excess of 400,000 Canadian households. The series of three brochures focused on raising awareness of hospice palliative care and advance care planning. The first of the series was delivered in September 2006, the second in November 2006 and the third in January 2007.

The CHPCA is actively engaged with the following federal departments or agencies: Health Canada, Human Resources and Skills Development Canada, Social Development Canada, Canadian International Development Agency and the Prime Minister's Office. Both independently, and through its relationship with the QELCCC, the CHPCA has been in correspondence with provincial and territorial governments regarding provincial health policy and to date has received positive responses from all levels of government.

AVISO

AVISO is the Association's membership newsletter. Published in February, June and October in print and electronic formats, it offers information to the CHPCA membership regarding the state of hospice palliative care in Canada. Members can choose to receive the newsletter via e-mail or by regular mail. Regular features include: President's Report, Executive Director's Report, Provincial Association Updates, suggested Resources, updates on CHPCA projects and updates from the CHPCA Interest Groups and Committee work. AVISO also regularly features articles submitted from the hospice palliative care community on a variety of topics.

CHPCA WEBSITES

The CHPCA continues to maintain a policy of hosting both an English language and French language website. We are pleased to report that more than 90% of the website content is mirrored in both languages on both sites. The use of the Internet continues to play a key component in the Communications Strategy of the CHPCA and as the Canadian workplace continues to evolve, the CHPCA will continue to explore ways to enhance our website. In June 2007, the CHPCA launched

the new on-line Marketplace on the CHPCA website. This is an exciting step forward for the CHPCA as the Association continues its tradition of offering quality resources to the public and health-care professionals.

Looking forward, the CHPCA will be undertaking a re-design of the websites that will ensure that visitors continue to find the information and resources they are looking for. The CHPCA continues to maintain and update the information contained on the website on a regular basis.

MONTHLY NATIONAL OFFICE E-MAIL UPDATES

Monthly Updates are prepared and sent electronically to CHPCA members and those with an interest in hospice palliative care issues, allowing for timely communication to a broad stakeholder base. The Updates focus on providing information about recent key activities related to hospice palliative care policy issues, as well as the CHPCA activities. In 2006-2007, the Monthly Updates were used to provide information about: revisions to the Compassionate Care Benefit; funding cuts to the Secretariat on Palliative and End-of-Life Care (Health Canada); the Hike for Hospice Palliative Care and National Hospice Palliative Care Week; project updates; and the 2006 Canadian Hospice Palliative Care Conference. Currently the Monthly Update is sent to approximately 2,500 individuals. Persons wishing to receive copies of the CHPCA monthly updates can be added to the distribution list by sending a request to info@chpca.net.

POLICY CHAMPIONS AND POLICY ALERTS

The CHPCA has developed an e-mail list of policy champions who are periodically sent information and breaking news regarding hospice palliative care issues. This e-mail list is designed to quickly contact key individuals interested in hospice palliative care advocacy and public policy issues. Currently the list has approximately 2,000 policy champions.

The Champion e-mail list was used a number of times in the 2006-2007 to provide information updates regarding funding cuts to the Secretariat on Palliative and End-of-Life Care (Health Canada), the release of the *Pan-Canadian Gold Standards for Palliative Home Care*, the CHPCA's *Physician Assisted Dying Issues Paper* and key health care information included in the federal budget.

CHPCA MARKETPLACE

The CHPCA staff worked in partnership with Oulton Technologies Management in the spring of 2007 to develop a new on-line Marketplace for the Association. Located through the CHPCA home page (www.chpca.net) the Marketplace is the 'one-stop shop' for resources and products related to hospice palliative care. CHPCA resources available include items such as information brochures, training manuals, research documents, videos, and *A Model to Guide Hospice Palliative Care*:

Based on National Principles and Norms of Practice. As well, as a partner with The GlaxoSmithKline Foundation's *Living Lessons*[®] campaign, the CHPCA has been the clearinghouse for all materials related to the campaign since it was created in 1998. Third party resources offered through the Marketplace include:

- ◆ *A Guide for Caregivers: A Handbook About End-of-Life Care* (The Military and Hospitaller Order of Saint Lazarus of Jerusalem)
- ◆ Pallium Project resources including the "*LEAP Manual (Learning Essential Approaches to Palliative and End-of-Life Care)*" and the recently-published "*Developing a Spiritual Care Capacity for Hospice Palliative Care*"
- ◆ "*99 Common Questions (and more) About Hospice Palliative Care - A Nurses Handbook - 3rd Edition*" (Regional Palliative Care Program, Capital Health, Edmonton)
- ◆ Room217 Audio CDs including: "Spirit Wings", "Gentle Waters", "Celtic Whisperings" and "Hugs & Kisses"

Orders can be placed on-line with payment accepted by secure credit card (VISA and MasterCard) interface or by cheque. The current marketing of resources and information sold by the CHPCA consists of a full-colour catalogue available for download from the Marketplace, full-page ads in AVISO (the CHPCA membership newsletter), and mention of available resources in the CHPCA monthly office update e-mail. The CHPCA also distributes the marketplace catalogue when the CHPCA exhibit booth is displayed at national and provincial conferences.

LIVING LESSONS[®] INFORMATION SERVICE

The *Living Lessons*[®] Information Service continues to provide end-of-life information and support to Canadians across the country and around the world. Since its inception in 1997, it has undertaken a number of activities to raise the awareness of patients, caregivers (professional, family and informal), policymakers, decision-makers, and the general public regarding hospice palliative care resources, programs and services in their community. Some of the elements of the campaign have included the following resources:

- ◆ a media training kit for health-care workers
- ◆ a Caregivers Bill of Rights
- ◆ information pamphlets including the *You are Not Alone* brochure
- ◆ a bilingual website (www.living-lessons.org)
- ◆ a Physicians Training Guide



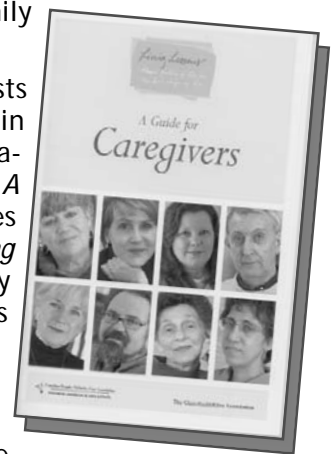
- ◆ an advocacy campaign directed at Canadians, elected officials and the media
- ◆ *A Guide for Caregivers*.

In 2006-2007, the *Living Lessons*[®] Information Service responded to 4,923 requests and provided assistance with enquiries regarding:

- ◆ Resources for patients, caregivers, volunteers, family members, doctors, nurses, social workers, spiritual counsellors, physiotherapists, those working in pediatrics, rural health workers, pharmacists, alternative medical care providers, aboriginal issues, volunteer groups, students, media and the general public.
- ◆ Availability of hospice palliative care programs and services in Canada and other countries.
- ◆ Resources and information for bereaved caregivers, volunteers, family members and friends.

In 2006-2007, 94% of the requests were received from within Canada with 6% being international requests for information. *A Guide for Caregivers* continues to be the most requested *Living Lessons*[®] resource, followed by the *You Are Not Alone* brochures and a media training kit.

The CHPCA recognizes The GlaxoSmithKline Foundation for the ongoing partnership with the CHPCA and its financial support of the *Living Lessons*[®] Information Service.



HIKE FOR HOSPICE PALLIATIVE CARE

2006 marked the fourth edition of the Canadian Hospice Palliative Care Association's Hike for Hospice Palliative Care. As in the previous year, the slogan used for the 2006 Hike was "Come Hike With Us". The Hike was held on May 7th (during National Hospice Palliative Care Week) with participation from 84 hospice palliative care organizations across Canada. The purpose of the Hike is not only to raise much needed funds for hospice palliative care in Canada, but also to raise awareness of the many challenges faced by hospice palliative care and to promote the phenomenal work that all volunteers and professionals in the field perform daily. 100% of the funds raised remain in the community in which the Hike occurred.



To support local hike site hosts, the CHPCA distributed

the following resources:

- ◆ 6,500 bilingual promotional posters
- ◆ CD of the National Radio Public Service Agreement created for this year
- ◆ How-to guide for obtaining more PSA air time
- ◆ Hike-In-a-Box Toolkit - This document covered the logistics of how to organize a Hike as well as fundraising and team building best practices
- ◆ Media release template
- ◆ National media release - This document was disseminated to the CHPCA national media list on April 28th and to all Hike sites.

An estimated 6,000 Canadians participated in the 2006 Hike, raising a record \$675,000 (approximate). The 2006 Hike for Hospice Palliative Care was once again made possible through the continued support of Founding Sponsor, The GlaxoSmithKline Foundation. The Foundation is committed to finding creative ways to achieve community wellness. The Foundation supports and works with many organizations, primarily in the areas of health, science, education and hospice palliative care. 2006 also saw the introduction of Bayshore Home Health as exclusive Home Care Sponsor. Many Bayshore Home Health branches participated in local hike sites and helped them raise money and awareness for hospice palliative care.

The 2007 Hike for Hospice Palliative Care took place on Sunday, May 6th, 2007. A detailed report of this event will be included in the 2007-2008 Annual Report.

NATIONAL HOSPICE PALLIATIVE CARE WEEK

National Hospice Palliative Care Week (NHPCW) 2006, May 1st to May 7th, kicked off a three-year campaign focusing on advance care planning. The theme for 2006, "My Living, My Dying:

Informed, Involved and In-Charge...Right to the End", captured the pressing need for Canadians to discuss their end-of-life wishes with their loved ones, friends, family and doctor.

The national campaign for 2006 included the following initiatives:

- ◆ Awareness Activities - Awareness posters were distributed to more than 800 hospice palliative care program and service locations in Canada. Close to 250 Canadian libraries received an introductory letter and copies of a special 8 ½" by 11" version of the national awareness poster. Materials were provided to the Secretariat on Palliative and End-of-Life Care to display in a dedicated booth in the main lobby of one of the

Health Canada office buildings. CHPCA's 2006 Hike for Hospice Palliative Care secured national advertising in seven large newspapers. To maximize effectiveness, the advertisement included a section that noted the dates of NHPCW. Finally, information packages were also sent to Members of Parliament and the Senate.

- ◆ Media Activities - Two media releases were released nationally: one directed at the Canadian public, and a second one directed at the federal government calling for long-term, integrated and sustainable funding of hospice palliative care services in Canada. A number of media interviews were given by Sharon Baxter, CHPCA Executive Director. The CHPCA created and posted a web banner on Bourque.com, and also featured two headlines on the website linking to the CHPCA website (www.chpca.net) for two and a half days. In one day, the web banner boosted traffic to the CHPCA website by 3 672%. During NHPCW 2006, visits to the CHPCA website increased by approximately 800%.

National Hospice Palliative Care Week provides hospice palliative care programs and services across Canada with a chance to showcase their services and encourages people to discuss end-of-life care issues. Thank you to all of those organizations that hosted events during the week. Special thanks as well to NHPCW sponsors: The GlaxoSmithKline Foundation (Founding Sponsor), Bayshore Home Health, and Health Canada.

The 2007 National Hospice Palliative Care Week took place from May 7th - 14th, 2007. As the second year in the three-year campaign focusing on advance care planning, the theme "Advance Care Planning -Communicate with Your Health Care Provider" was chosen. Awareness activities emphasized the importance of Canadians initiating conversations with their health care providers about end-of-life care wishes. NHPCW 2007 sponsors included: The GlaxoSmithKline Foundation (Founding Sponsor), Bayshore Home Health (Compassion level), Purdue Pharma (Support level) and Valeant Canada (Support level). A detailed report of this event will be included in the 2007-2008 Annual Report.

CANADIAN HOSPICE PALLIATIVE CARE CONFERENCE

Planning for the 2007 Canadian Hospice Palliative Care Conference, *Hospice Palliative Care: At a Crossroads* has been ongoing over the past year in partnership with the Hospice Association of Ontario (HAO) and the Ontario Palliative Care Association (OPCA). The conference will



take place November 4 - 7, 2007, at the Westin Harbour Castle Hotel in Toronto, Ontario.

The program committee and sub-committees have developed the following seven conference streams: Advocacy and Leadership, Clinical Practice, Education, International Issues, Programs and Partnerships, Research, and Volunteer Issues. These workshop streams offer the opportunity for participants to experience either an intensive exploration of one topic area as seen from a variety of perspectives or the diversity of selecting from several streams. Two hundred and eleven oral presentation, workshop, and poster abstracts were submitted, reflecting topics under each of the seven streams.

An exciting addition to the conference this year is challenge panels. Three challenge panels will occur concurrently on Monday and Tuesday mornings following the plenary session. During each challenge panel, three experts in the field will dialogue together regarding a specific topic thus providing the audience with the opportunity to challenge their thinking on the specific topic. The topics for the challenge panels are: The Changing Health Care System: Issues and Challenges in Providing Quality End-of-Life Care; Suffering: Ours or Theirs; Pandemic Planning: The Role of Hospice Palliative Care?; Improving Performance and Care Across Sectors; Continuity of Care: How Volunteers Can be Instrumental in Helping the Patient and Family Navigate Across Care Settings; and Physician Assisted Dying: A Look at the Issues.

The conference also features the following four plenaries:

- ◆ Finding Meaning at the End of Life - Stephen Jenkinson, Temmy Latner Centre for Palliative Care
- ◆ Hospice Palliative Care: Past, Present, and Future - Michael Rachlis, University of Toronto
- ◆ Interprofessional Educational Best Practices - John Gilbert University of British Columbia and Maryse Bouvette, SCO Health Services
- ◆ Hospice Palliative Care as a Human Right - Sharon Baxter, Canadian Hospice Palliative Care Association and Faith Mwangi-Powell, African Palliative Care Association

This event would not be possible without the support of our sponsors including partner level sponsors Bayshore Home Health, Purdue Pharma, Sandoz, and Janssen Ortho Inc.



NATIONAL ON-LINE DIRECTORY OF HOSPICE PALLIATIVE CARE PROGRAMS AND SERVICES

Since launching the Canadian Directory of Hospice and Palliative Care Programs and Services in 2002, the CHPCA has leveraged broad access to information concerning the availability of hospice palliative care programs and services in every province and territory in Canada. The searchable Directory currently contains basic contact information for more than 500 hospice palliative care programs and services in Canada. The CHPCA continues to look for strategies to contact programs and services not currently registered with the directory with the hope of registering as many programs and services as possible.

In 2006, the CHPCA continued to utilize the On-Line Directory as its main distribution list to disseminate complimentary resources and materials related to national campaigns such as National Hospice Palliative Care Week. Programs and services not registered with the On-Line Directory of Hospice Palliative Care Programs and Services can register at http://www.chpca.net/canadian_directory_of_services.htm.

CHPCA INTEREST GROUPS

The CHPCA Interest Groups create an opportunity for individuals working or volunteering in hospice palliative care to dialogue and network with other individuals in the same discipline or area of work.

The CHPCA currently recognizes eleven Interest Groups: Aboriginal Issues; Canadian Network of Palliative Care for Children; Complimentary/Integrative Therapies; Long-Term Care/Continuing Care; Nurses; Pharmacists; Physiotherapists; Rural and Remote Issues; Social Workers/Counsellors; Spiritual Advisors; and Volunteer Issues.

The CHPCA Interest Groups meet annually in conjunction with the CHPCA Annual General Meeting to engage in discussions of current issues related to their Interest Group. Through these discussions, the Interest Groups provide information and feedback to the CHPCA that assists with the development of the Association's Workplan.

CHPCA Interest Groups utilize the CHPCA newsletter (AVISO), CHPCA websites and the CHPCA Monthly Update list to communicate with the general membership. Each Interest Group also has a YahooGroups List Serve, maintained by the CHPCA national office, to communicate broadly with Interest Group members.

The CHPCA maintains pages on its websites for the use of the CHPCA Interest Groups. The information contained on these pages is the contact information of the chair(s) of each Group and the Terms of Reference for the Group. For those Groups that request it, the CHPCA will also post information and resources specific to the interests of the Group.

CHPCA AWARDS

A. Award of Excellence

At the 2006 Annual General Meeting held in Montreal, Quebec, the CHPCA recognized the exemplary efforts of Dr. Mike Harlos by presenting him with the Award of Excellence. Through an open nomination process, the Award of Excellence recognizes an outstanding Canadian who exemplifies personal and or professional commitment and achievement in the field of hospice palliative care.

Perhaps the best way to acknowledge Dr. Harlos is to quote from one of his letters of support for this award. The author was choosing a panel

to speak on end-of-life conversations – physical, psychological and spiritual considerations – and goes on to say... "My selection (of the panel members) was based on four criteria. First, I wanted panellists who could teach in a way that made the material very accessible. Second, I looked for individuals who felt passionately about their work. Third was competence; they had to be a master of their craft, with a full command of their discipline. Finally - and perhaps an overarching requirement based on the first three criteria - the individual had to be someone I would choose to have as part of my care team in the event I personally was facing a terminal illness...the name of Mike Harlos was at the very top of my list..."

Additional information regarding the Award of Excellence, including a list of past recipients, can be found on the CHPCA website.

B. Leadership Award

The CHPCA Leadership Award is presented annually by the CHPCA Board of Directors to recognize outstanding dedication and leadership to the cause of advancing hospice palliative care and quality end-of-life care for all Canadians.

The 2006 Leadership award was presented to the Pallium Project, with special recognition of the contribution of Mr. Michael Aherne.

PALLIUM



The Pallium Project has truly made a difference in the quality of life of Canadians facing a life-threatening illness and to their loved ones. It has also strengthened the hospice palliative care movement in Canada.



Dr. Mike Harlos and Pat Van Den Elzen,
President of CHPCA

The Pallium Project has done amazing work in every province and territory in Canada. Whether it be support and resources to assist with the creation of national training and educational resources, including the translation of the 'A Caregiver's Guide: A Handbook about End-of-Life Care' in Inuktitut and Inuinnaqtun; facilitation of provincial hospice palliative care capacity building meetings, or development of support tools for family and informal caregivers; the national leadership provided by the Pallium Project has been outstanding.

None of this work would have been possible without the astounding leadership of Michael Aherne. Many of the initiatives undertaken by the Pallium Project were done so due to Michael Aherne's passion and dedication to increasing national capacity for the provision of quality hospice palliative care in Canada.

Additional information regarding the Leadership Award, including a list of past recipients can be found on the CHPCA website.

C. Champion Award

The CHPCA Champion Award is presented annually by the CHPCA Board of Directors to recognize Canadian individuals, companies and/or organizations who, through their actions, advance the mission and mandate of the CHPCA nationally, and positively affect broad public awareness of hospice palliative care in Canada. The purpose of this award is to publicly communicate and highlight the work and efforts of these individuals, companies and/or organizations.

The first CHPCA Champion Award was presented in September 2006 to the Military and Hospitaller Order of Saint Lazarus - Grand Prior of Canada.



The Military and Hospitaller Order of Saint Lazarus is a bilingual ecumenical and charitable organization with over five thousand members worldwide. The Order has made a positive difference in the quality of life of Canadians facing a life-threatening illness and their loved ones, and it has had a great impact on the hospice palliative care movement in Canada. The Order's initial support for the development of 'A Caregiver's Guide: A Handbook about End-of-Life Care' in partnership with the Alberta Hospice Palliative Care Association, has grown into a national resource in five languages adapted for use across Canada.

Additional information regarding the Champion Award can be found on the CHPCA web site.

D. Media Award

A new award in 2006, the CHPCA Media Award recognizes media professionals and organizations for outstanding coverage and advancement of issues related to hospice palliative and end-of-life care in Canada. The purpose of

the award is to publicly communicate and highlight exemplary media professionals and organizations that advance public awareness of hospice palliative care and quality end-of-life care in Canada.

The CHPCA is pleased to report that the Ottawa Citizen was selected to be the first recipient of the new Canadian Hospice Palliative Care Media Award.

The Ottawa Citizen was selected as the recipient of this new award in recognition of the excellent series of 28 articles entitled "A Revolution in Dying" that was run in the Ottawa Citizen in May of 2005. The series of articles explored various topics in the field of hospice palliative care and portrayed the current state of end-of-life care in a clear and concise manner. The quality of the reporting in this series was exceptional and on behalf of the hospice palliative care community, the CHPCA would like to thank The Ottawa Citizen for raising awareness of this issue among the general public.



III National/Provincial Association Relationship

This key activity supports the CHPCA's role in relation to the provincial hospice palliative care associations. The CHPCA continues to liaise with the provincial hospice palliative care associations in a number of ways. Firstly, each provincial hospice palliative care association appoints a representative from their Board to sit as a member of the CHPCA Board of Directors. It is the responsibility of each CHPCA Board Member to act as an effective liaison between the CHPCA and their provincial hospice palliative care association. Secondly, the CHPCA coordinates and monitors an e-mail list that contains the addresses of each provincial president as well as the CHPCA president. This e-mail list allows the provincial presidents to communicate easily with their provincial counterpart and the national president when appropriate. This service assists inter-provincial dialogue.

In early 2007, the CHPCA struck a Working Group to work on a new Memorandum of Understanding (MOU) between the CHPCA and each of the provincial hospice palliative care associations. Consensus on the MOU is expected to be reached in late 2007.

IV Sustainability & Governance

BOARD OF DIRECTORS & BOARD COMMITTEES

The Canadian Hospice Palliative Care Association is led by an active, dedicated Board of Directors who meet face-to-face twice each year and twice per year via teleconference. When the Board is not in session, the CHPCA Executive Committee is charged with conducting the business of the association and meets regularly via teleconference. In September 2006, the Board of Directors hosted the Association's Annual General Meeting in Montreal, Quebec in conjunction with the International Congress for the Care of the Terminally Ill. The Board of Directors is also responsible for the preparation of the Annual Report and the audited statements for the CHPCA.

In keeping with the new CHPCA governance model, the Board of Directors now has three main committees including the Executive Committee, the Organizational Development Committee and the Finance Committee. These committees assist the Board of Directors in the effective operation of the Association. Terms of Reference for each committee were revised and approved by the Board of Directors in April 2005. A copy of each committee's Terms of Reference can be found on the CHPCA website.

FUNDRAISING & DEVELOPMENT

The CHPCA continues to pursue new funding relationships specifically with foundations, corporations, government, and individual donors. Over the past year, funding was secured with five new corporate donors through sponsorship of the Canadian Hospice Palliative Care Conference and National Hospice Palliative Care Week. Ronald McDonald House Charities of Canada awarded the second largest grant in the country, over \$46,000, to CHPCA to facilitate the dissemination of two pediatric palliative care documents; the project is expected to be completed by the end of 2007. CHPCA was also very fortunate to receive funding from an anonymous donor for an advertising mail campaign which reached more than 400,000 citizens across Canada in an effort to raise awareness of hospice palliative care in Canada. In an effort to reach individual donors, CHPCA continues to utilize Canada Helps, a national donation portal, as such individual donations continue to grow. The CHPCA looks forward to continued growth in 2007-2008 through many of the new relationships fostered in 2006-2007, as well as through the many groups and individuals who have continued to support the CHPCA over the years.

MEMBERSHIP ISSUES

The CHPCA Board of Directors and the staff at the national office continue to address the needs of our members. The CHPCA offers joint membership with each of the provincial hospice palliative care associations and

individual memberships for residents of the Yukon Territory, North West Territories and Nunavut, as well as international memberships and some organizational memberships. Membership in the CHPCA allows individuals and organizations to:

- ◆ Support the ongoing development of hospice palliative care in Canada;
- ◆ Provide input into the development of national policies and position statements;
- ◆ Receive joint membership with provincial hospice palliative care associations;
- ◆ Receive discounted sales prices for items sold on the CHPCA on-line Marketplace;
- ◆ Receive a discounted registration fee to the annual Canadian Hospice Palliative Care Conference;
- ◆ Receive "AVISO", the CHPCA triannual publication;
- ◆ Attend and vote at the Annual General Meeting;
- ◆ Participate in the election of members-at-large to the CHPCA Board of Directors.

Membership issues are the responsibility of the CHPCA's Organizational Development Committee (ODC), a committee of the CHPCA Board of Directors. The ODC will continue to monitor and address issues related to membership.



CHPCA Board Committees

The following Board Committees support the work of the CHPCA Board of Directors:

Executive Committee

Chair: Patricia Van Den Elzen

Organizational Development Committee

Chair: Gael Page

Policy Task Group

Chair: Sharon Baxter

Membership Task Group

Chair: Dr. Larry Librach

By-Laws & Nominations Task Group

Chair: Gael Page

Finance Committee

Chair: Andrea Taylor



CHPCA Advisory Committees

The following Advisory Committees and Working Groups support the CHPCA Executive Director:

Communications Committee

Chair: Wendy Wainwright

Definition Task Group

Chair: Sharon Baxter

Family and Informal Caregivers Committee

Chair: Sharon Baxter

Federal/Provincial/Territorial Committee

Chair: Dr. Larry Librach

Fundraising Committee

Chair: Sharon Baxter

HIV/AIDS Committee

Chair: Deborah Randall-Wood

International Cooperation Committee

Chair: Dr. Bernard Lapointe

Norms of Practice Committee

Chair: Dr. Frank Ferris

Physician Assisted Dying Working Group

Chair: Sharon Baxter

Volunteer Issues Committee

Co-chairs: Keith Conrad & Krista McMullin

Terms of Reference for each Committee and/or Working Group can be found on the CHPCA website.

CHPCA Interest Groups

To support the continued development of hospice palliative care in Canada, and in recognition of the interdisciplinary nature of hospice palliative care, the CHPCA maintains the following Interest Groups:

Aboriginal Issues Group

Chair: Rosella Kinoshameg

Canadian Network of Palliative Care for Children

Co-Chairs: Filomena Nalewajek & Dr. Mike Harlos

Complementary/Integrative Therapies Group

Chair: Dr. Doreen Oneschuk

Long-term Care/Continuing Care Group

Chair: Janice Chobanuk

Rural and Remote Issues Group

Chair: Dr. Mary Lou Kelley

Nurses Group

Chair: Darlene Grantham

Pharmacists Group

Chair: Eve Sample

Physiotherapists Group

Chair: Janice Hagel

Social Workers/Counsellors Group

Chair: Wendy Wainwright

Spiritual Advisors Group

Chair: Joseph Chandrakanthan

Volunteer Issues Group

Co-Chairs: Jerry Rothstein & Keith Conrad

Terms of Reference for the CHPCA Interest Groups can be found on the CHPCA website. Individuals interested in being a part of an Interest Group should contact the CHPCA office at info@chpca.net.

Supporters

The Canadian Hospice Palliative Care Association (CHPCA) would like to extend a very sincere thank you to the following supporters whose generosity ensures the success of our programs and projects. The CHPCA gratefully acknowledges all contributions received in the 2006-2007 fiscal year and thanks those who made our work possible.

Partner Level (\$50,000+)

Association of Faculties of Medicine Canada (AFMC)
Bayshore Home Health

The GlaxoSmithKline Foundation

Compassion Level (\$25,000 - \$49,999)

Canada's Research-Based Pharmaceutical Companies
(Rx&D)
Canadian Society for International Health

Health Canada
Purdue Pharma

Dignity Level (\$10,000 - \$24,999)

Comfort Level (\$1001 - \$9999)

Annabelle's Caps
Canadian Homecare Association
Designated United Way Gifts
Health Charities Coalition of Canada
Help the Hospices (United Kingdom)

Human Resources and Skills Development Canada
Imagine Canada
The Diana, Princess of Wales Memorial Fund
Valeant Canada Inc.

Support Level (Under \$1000 and In-Kind Contributions)

Andrea Taylor
Ann McKim
Candace Myers
Christopher Galea
Deborah Cardillo
Doris Gagne
Heide Scocluna
Irene Arbour
Justine Farley

Louis Bois
Mary Hughes
Michael Downing
Nancy and Fred Chipman
Oulton Technologies Management
The Pallium Project
Peter Steiner
S. Lawrence Librach
Susan Epstein

*CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION
STATEMENT OF FINANCIAL POSITION
MARCH 31, 2007*

	2007	2006
ASSETS		
CURRENT		
Cash	\$ 213,644	\$ 253,342
Investments	100,000	100,000
Accounts receivable	46,491	70,847
Accrued interest receivable	1,917	1,741
GST recoverable	13,909	8,133
Prepaid expenses	<u>95,741</u>	<u>15,564</u>
	471,702	449,627
CAPITAL	<u>612</u>	<u>1,503</u>
	<u><u>472,314</u></u>	<u><u>451,130</u></u>
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	\$ 65,809	\$ 40,244
Deferred revenue	<u>204,280</u>	<u>192,783</u>
	270,089	233,027
NET ASSETS		
OPERATING FUND	176,613	191,600
INVESTED IN CAPITAL ASSETS	612	1,503
CONFERENCE FUND	<u>25,000</u>	<u>25,000</u>
	<u>202,225</u>	<u>218,103</u>
	<u><u>\$ 472,314</u></u>	<u><u>\$ 451,130</u></u>

McCay, Duff & Company LLP
Chartered Accountant

CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION
STATEMENT OF REVENUE AND EXPENDITURE
MARCH 31, 2007

	2007	2006
REVENUE		
Advertising	\$ 4,690	\$ 2,808
Conference	-	89,046
Donations	300,555	171,849
Grants	176,197	388,689
Interest	3,147	3,510
Membership fees	51,114	49,351
Resource materials	36,939	44,544
Miscellaneous	<u>9,626</u>	<u>3,471</u>
	582,268	753,268
EXPENDITURE		
Advertising and promotion	2,314	1,963
Amortization	891	3,652
Dues and subscriptions	2,951	3,253
Human resources	334,977	392,166
Insurance	4,031	4,204
Interest and bank charges	1,517	1,057
Meeting costs	1,193	15,728
Office supplies	15,970	14,830
Postage	22,911	38,153
Printing	60,858	64,674
Professional fees	4,841	5,116
Rent	23,392	24,356
Teleconferences	7,942	6,264
Telephone and facsimile	7,264	6,628
Training and professional development	2,332	505
Translation	42,527	59,463
Travel	61,650	71,028
Voluntary recognition and honoraria	<u>585</u>	<u>228</u>
	<u>598,146</u>	<u>713,268</u>
NET REVENUE (EXPENDITURE) FOR THE YEAR	<u>\$ (15,878)</u>	<u>\$ 40,000</u>

McCay, Duff & Company LLP
Chartered Accountant