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CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

CANADIAN PUBLIC HEALTH ASSOCIATION
2011 Annual Report

The Canadian Public Health Association (CPHA) is the independent voice for public health in Canada. A membership-based, not-for-profit organization, CPHA speaks on behalf of public health practitioners across the country on issues of critical importance to the health and well-being of Canadians and people around the world. We play a leadership role in public health and promote a public health approach to addressing population health issues.

The Association identifies the best available expertise, works in partnership and mobilizes the broader public health community to effectively deliver on its core functions of:

- ✦ policy development and advocacy;
- ✦ knowledge exchange and networking; and
- ✦ strategic partnerships.

CPHA exercises national leadership in public health policy development and advocacy and demonstrates the added value and need for a public health approach to policy which seeks to safeguard health while reducing health inequities. The Association supports meaningful networking and knowledge exchange opportunities for researchers, policy-makers, educators, practitioners and students from a wide range of disciplines and sectors related to public health by convening flagship events such as our Annual Conference and other scientific workshops and forums. We also nurture strategic partnerships that responsibly fund the Association to support its mission and we work with public and private sector partners to support a pan-societal approach to pressing public health issues.

Membership

Membership in CPHA is voluntary.

Our members include public health nurses, medical officers of health, dietitians, epidemiologists, administrators, researchers, academics, educators, students, ethicists, emergency response and management professionals, and public health officials at the federal, provincial/territorial and municipal levels. Together, our members represent a wide range of disciplines and professions, encompassing the breadth and depth of the Association's work on issues of significance to public health's front line and at the national level.

CPHA's student members continue to be actively engaged in our annual conference which features several events aimed at students with an interest in public health research, policy and practice. CPHA's Student Awards Program is designed to recognize excellence in the next generation of population and public health researchers, policy-makers, practitioners, academics and students.

2011 Board of Directors

CPHA is governed by a skills-based, volunteer Board of Directors that provides strategic leadership for the Association.

Chair

Erica Di Ruggiero, BSc, MHSc, RD, PhD (c)

Chair-Elect

Lynn McIntyre, MD, MHSc, FRCPC

Directors

Hope Beanlands, PhD (c), MPA, MN, RN
Stephen Joel Corber, MD, DPH, FRCPC
Joel Finlay, MPH
Alycia Fridkin, MHSc
Richard Lessard, MD, MA, MPH, FRCPC
Ardene Robinson Vollman, PhD, RN
Isaac Sobol, MD, CCFP, MHSc

Chief Executive Officer

Debra Lynkowski, LLB



Honorary Awards Program

Each year, CPHA honours individuals or organizations who provide outstanding service to their community and profession. In 2011, we were proud to bestow Honorary Awards on the following members and public health leaders:

- ✦ R.D. Defries Award
Dr. Richard Lessard
- ✦ Honorary Life Membership
Réal Lacombe
- ✦ Certificate of Merit
Michel O'Neill
- ✦ CPHA International Award
Theresa W. Gyorkos
Jerry M. Spiegel
- ✦ Ron Draper Health Promotion Award
Nancy Hall (posthumously)
- ✦ Public Health Human Resources Award (Individual)
Marie McCully Collier
Jane Underwood
- ✦ CPHA National Public Health Hero Award
Kathleen Ruff
- ✦ CPHA-Amgen Award for Innovation in Family Health
Four Directions Community Health Centre,
Regina, Saskatchewan
- ✦ Dr. John Hastings CPHA Student Award
Daniel Fuller

Financial Stewardship

The Board of Directors and senior management spent considerable time in 2011 focussing on the financial future of our Association. We have encountered many of the same challenges that numerous other non-governmental organizations in Canada have faced. The current fiscal climate coupled with cost-constraint measures in the public and private sectors alike have resulted in a very small number of funding opportunities becoming available. Despite these challenges, CPHA was pleased to welcome partnerships with a number of corporations.

In January 2011, the Association launched a new online resource (<http://foodsafety.cpha.ca>) that helps people minimize their personal risk from foodborne illness. Production of this resource targeted at higher-risk groups, their caregivers and the broader Canadian population was made possible through an unrestricted educational grant from Maple Leaf Foods Inc.

At our 2011 Annual Conference, CPHA was pleased to announce a partnership with AstraZeneca Canada Inc. in relation to the **Frontline Health: Beyond Health Care** project, launched at the conference. This project includes a significant program of work related to the social determinants of health, for which CPHA would not have the necessary funding without AstraZeneca's financial support. The work includes policy, communications, and knowledge translation activities, collaborating with existing partners and building on what is already in development.

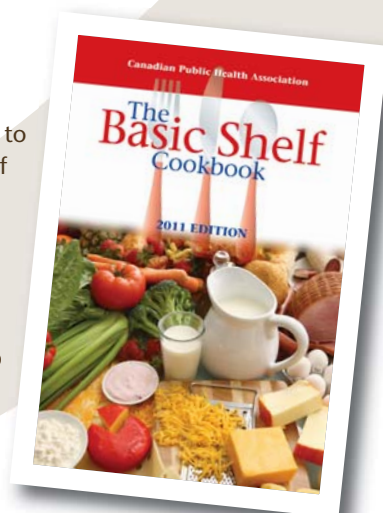


Amgen Canada Inc. continued its sponsorship of the CPHA/Amgen Award for Innovation in Family Health with the Four Directions Community Health Centre in Regina, Saskatchewan being the 2011 recipient.

We were also pleased to launch the new edition of **The Basic Shelf Cookbook** at our 2011 Annual Conference. This is a special cookbook because all the recipes can be made from one list of low-cost, nutritious ingredients that make up what we call "the basic shelf." We are grateful to Parmalat Canada for providing generous support for the development of this new edition.

Support for public health and the CPHA 2011 Annual Conference was demonstrated overwhelmingly by our corporate sponsors (see page 9).

In early 2011, CPHA's Publications Sales unit launched its enhanced web presence (publications.cpha.ca) which allows visitors to browse our collection, choose and purchase titles of interest, all in a secure, online environment. In addition to launching the new edition of *The Basic Shelf Cookbook*, staff undertook the updating of two perennial best-sellers, the *Guide to Improved Data Collection in Health & Health Care Surveys* and the *Guide to Questionnaire Construction and Question Writing*. The new editions of these two publications were launched in March 2012.



Collaborative Relationships

Through the dedication of its members, CPHA is represented on numerous external committees, task forces and working groups that help shape the future of Canada's health system.

CPHA continues to take a lead role in the work of the **Canadian Coalition for Public Health in the 21st Century**. The Coalition was very active on the issue of the place of public health in a future federal/provincial/territorial health agreement, writing to the Council of the Federation as well as to the Prime Minister in July 2011. In August, the Coalition submitted a pre-budget consultation brief to the House of Commons Standing Committee on Finance, entitled *An Investment in Public Health: An Investment in Canada's Economic Recovery & Future Prosperity*.

CPHA continues to work in partnership with the Provincial/Territorial Public Health Associations through the **Canadian Network of Public Health Associations** (CNPHA). In 2011, the CNPHA focused its discussions on the place of public health within a new federal/provincial/territorial funding agreement for health.

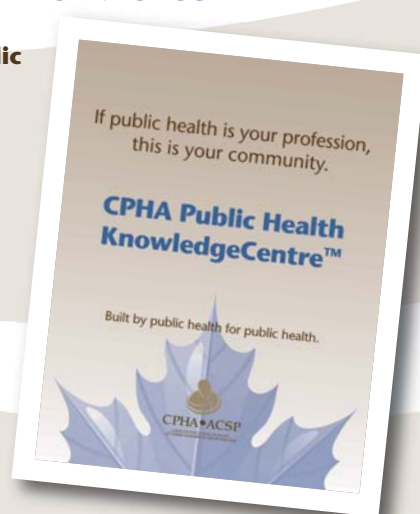
In 2011, CPHA's advocacy and policy development roles were demonstrated through the Association's active participation in a number of important forums and discussions where a public health perspective adds value. These include:

- ✦ Canadian Coalition for Action on Tobacco
- ✦ Canadian Coalition for Public Health in the 21st Century
- ✦ Canadian Commission on Building and Fire Codes
- ✦ Canadian Global Tobacco Control Forum
- ✦ Canadian Perinatal Surveillance System
- ✦ Canadian Reference Group for WHO Commission on Social Determinants of Health
- ✦ Chemicals Management Plan Advisory Council
- ✦ Chronic Disease Prevention Alliance of Canada
- ✦ Coalition for Gun Control
- ✦ Community Consultation Committee on Public Health and Health Care Advisory Committee, Correctional Services Canada
- ✦ Consultative Group on International HIV/AIDS, Health
- ✦ Dignity for All
- ✦ HEAL (Health Action Lobby)
- ✦ Hypertension Canada
- ✦ Knowledge Development and Exchange External Advisory Committee, Public Health Agency of Canada
- ✦ Mental Health Strategy for Canada, Mental Health Commission of Canada
- ✦ National Advisory Committee on Immunization, Public Health Agency of Canada
- ✦ National Treatment Strategy Leadership Team, Canadian Centre on Substance Abuse
- ✦ Network on Healthy Eating, Health Canada
- ✦ Stop TB Canada
- ✦ Violence Prevention Canada

CPHA's Relevance to the Public Health Workforce

After consulting with frontline public health practitioners and a busy year of development work, we were pleased to launch **CPHA's Public Health KnowledgeCentre™** at the 2011 Annual Conference in Montreal. This service was developed to share what public health practitioners know and strengthen how they collaborate across jurisdictions – truly a network developed by public health, for public health.

The KnowledgeCentre provides a virtual meeting place for public health practitioners to share problems and solutions, ideas and expertise. The KnowledgeCentre promotes networking across geographical and jurisdictional boundaries among colleagues across the country who are doing similar work. This opportunity to collaborate in communities of practice helps save time and money by sharing ideas and identifying promising practices that can be adapted to different jurisdictions.





CPHA continues to serve as the secretariat for the **Canadian Coalition for Immunization Awareness and Promotion (CCIAP)**. CCIAP undertook several awareness campaigns in 2011, including National Immunization Awareness Week, Seasonal Tetanus, Pneumococcal and Influenza Immunization. CCIAP exhibited at numerous forums and conferences across Canada and held a breakfast session at the CPHA Conference titled, “Immunization – Ask the Experts”. CCIAP’s social media presence continues to grow.

CPHA continues to provide secretariat support for the **National Specialty Society for Community Medicine**. CPHA and NSSCM work in partnership to identify areas of mutual interest and concern. CPHA and Schools and Programs of Public Health in Canada met at the 2011 Conference and have continued to engage and form a Network of Schools and Programs.

We continue to participate as a member of the **Chronic Disease Prevention Alliance of Canada**, and provided event management services for CDPAC’s fourth pan-Canadian conference.

In 2011, the Association’s flagship publication, the **Canadian Journal of Public Health**, continued to strengthen in content and reach. This scientific, peer-reviewed journal showcases high-quality research, policy and ideas about public health from Canada and around the world.

Activities for the project **The Next Stage: Delivering Tobacco Prevention and Cessation Knowledge through Public Health Networks** wrapped up in May 2011 with the release of its final report, *Eliminating Tobacco in Canada: Public Health Priorities, Capacity, and Comprehensive Action*. Recommendations in the report call for leadership at all system levels “to mobilize and act to achieve the elimination of tobacco as a threat to the health of current and future generations of Canadians.” Recommendations address comprehensive tobacco control strategies across systems, including dedicated tobacco-control capacity in local/regional public health organizations, as well as tobacco use inequities among specific populations, and the support functions of education, knowledge development, and exchange.



In November 2011, the **New HIV Prevention Technologies** project released its report, *Preparing Public Health for New HIV Prevention Technologies: A Road Map for Comprehensive Action in Canada*, that examines public health’s knowledge, information needs, roles, opportunities, challenges and capacity to introduce and deliver NPTs in Canada. The report presents the findings of various data collection methods, including consultations, a literature search/review, key informant interviews and a nationwide online survey of public health stakeholders.

In 2011, the **Canadian International Immunization Initiative (CIII)** supported four Canadians on Stop Transmission of Polio missions to Ethiopia, Nigeria and India. Also, CPHA through CIII has partnered with the Tanzanian Public Health Association and the Ethiopian Public Health Association on projects to strengthen routine immunization services.

Over the past 26 years, CPHA’s **Strengthening of Public Health Associations (SOPHA) Program** provided technical and financial support to nurture the organizational and programmatic capacity of public health associations (PHAs) in low- and middle-income countries. During the 2006-2011 phase of the SOPHA Program, scheduled to end in February 2012, the Program strengthened the capacity of eight partner PHAs in Cameroon, Congo, Haiti, Malawi, Mali, Mozambique, Nicaragua and Niger to participate in international health policy dialogues, promote national and international leadership in public health, and facilitate technical exchanges between Canadian and overseas public health practitioners. CPHA would like to take this opportunity to extend its thanks for the important contribution of many organizations and individuals to the success of the SOPHA Program over the past 26 years.

CPHA's 2011 Conference, held in June in Montreal, was a huge success, providing an interactive meeting ground for public health professionals, researchers, policy-makers, academics and students alike to network and learn from one another. The success of this annual knowledge exchange event is in its numbers:

- ✦ Delegates: 1029
- ✦ Student Delegates: 227
- ✦ Abstracts Submitted: 550
- ✦ Oral Presentations: 255
- ✦ Poster Presentations: 98
- ✦ Plenary and Planned Sessions: 20
- ✦ Workshops: 7
- ✦ Pre-Conference Sessions: 18
- ✦ Exhibitors: 49



The Independent Voice for Public Health

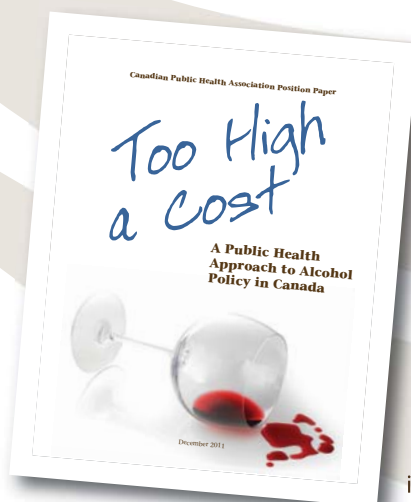
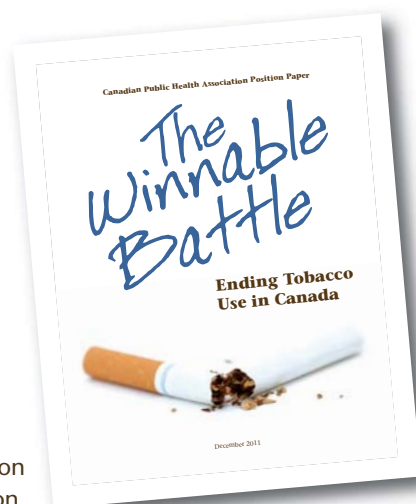
As a membership-based organization, CPHA responds to issues of concern to the public health community. CPHA uses a combination of mechanisms and strategies to advance its advocacy mandate. These include endorsements, government relations, position and policy statements, reports and presentations, representations and coalitions, and watching briefs.

CPHA's Policy Department addressed a breadth of public health issues in 2011, while maintaining a focus on the priority areas identified through the 2008 membership survey and the issues identified during the 2011 Policy Forum. The "top 5" priority issues are:

- ✦ poverty/health equity and the social determinants of health;
- ✦ public health leadership;
- ✦ public health access, including infrastructure and human resources;
- ✦ chronic disease prevention; and
- ✦ environmental health/sustainable development.

In 2011, two working groups of CPHA's Policy Review Group continued their work related to different aspects of psychoactive substances, specifically tobacco and alcohol.

The **Tobacco Working Group** developed a draft CPHA policy/position paper on a comprehensive public health approach to tobacco smoking and control. On December 7, the CPHA Board approved a new position statement on tobacco and smoking. *The Winnable Battle: Ending Tobacco Use in Canada* is a forceful call to action for all who care about public health to commit to the steady reduction and ultimate eradication of tobacco use. It proposes the goal of a tobacco-free Canada by the year 2035 and calls on all levels of government, communities, public health practitioners and citizens to work aggressively to achieve the specific intermediate targets.



The **Alcohol Working Group** developed a draft CPHA position statement on a public health approach to the consumption of alcohol. The final version, entitled *Too High a Cost: A Public Health Approach to Alcohol Policy in Canada*, approved by the Board of Directors in December 2011, seeks to mobilize multi-sectoral actions to reduce the burden of harms and costs associated with alcohol consumption in Canada. This position statement alone will not effect change. We need the public health community, politicians, law enforcement personnel, provincial and municipal government officials, alcohol retailers and licensing agencies to join with us to instigate, influence and lead a comprehensive approach to alcohol harm reduction.

Friday, September 30, 2011 was a truly historic day for public health in Canada. The justices of the **Supreme Court of Canada**

unanimously ordered the Minister of Health to grant an exemption to Vancouver's supervised injection facility (Insite) under section 56 of the Controlled Drugs and Substances Act (CDSA). In doing so, it recognized that drug-related addiction is a health issue and not a criminal justice issue and confirmed harm reduction as an integral, fundamental tool in the public health arsenal.

A small working group of CPHA members assisted our legal counsel and staff as they drafted our position to ensure that the public health perspective had its day in court on May 12, 2011. The court's ruling indicated that interrupting the work of the supervised injection facility could have such "grave consequences" that only a direct court order could assure that the spirit of the judgement would not be circumvented.

We are grateful to the generous and knowledgeable volunteers who helped develop CPHA's Factum of Appeal to the Supreme Court of Canada, and to our outstanding legal team at Stockwoods LLP, who made our intervention possible.



On November 3, the Association appeared before the Standing Senate Committee on Social Affairs, Science and Technology to present its position and recommendations related to its review of the 2004 Health Accord, and on December 7, we addressed the House of Commons' Standing Committee on Health as it studied the topic of disease prevention and health promotion.

CPHA continues to benefit from the efforts of numerous volunteers who participate actively, on behalf of the Association, in critical policy debates through ongoing or ad hoc forums, meetings, and consultations.

Core Financial Activities

Since the 1970s, CPHA's business model has primarily relied on the overhead from government-funded projects to maintain its infrastructure and support its policy development program. This business model, however, has proven to be unsustainable and has impaired CPHA's ability to speak out on public health issues grounded in the best-available evidence. In the mid-2000s, it became clear that the federal government was moving away from its past approach to project funding. In response to this change, CPHA has been transforming its business model over the past five years to diversify its sources of revenue. We have successfully reduced our reliance on government-funded projects from over 90% of our revenue in 2005 to approximately 35% in 2011.

To transform CPHA into a financially resilient organization, business transformation efforts began in earnest in early 2008 with an overall revenue generation strategy focused on diversification. The goal of the strategy was to transition the Association away from project-based funding and toward multiple, diverse and more stable sources of revenue. Since 2008, CPHA has enhanced existing business lines, developed new business lines, increased membership fees, initiated a charitable giving campaign among its members and developed a plan to introduce corporate funding to the organization based on a rigorous corporate sponsorship policy. Progress has been steady.

Unfortunately, given the worldwide economic slowdown and cost-containment efforts here in Canada, the number of funding opportunities available has decreased significantly. Cumulatively, our funding landscape has changed dramatically over the past 5-7 years, and while business transformation efforts have been the primary focus for staff and the Board, closing a multi-million-dollar funding gap in that same time period continues to be a challenge unprecedented in our century-long history.

2011 saw a deficit of \$288,645, and the Board of Directors along with the Association's senior management have been closely monitoring this situation and have taken proactive steps to safeguard the financial sustainability of CPHA. Early in 2012, the Board established a Corporate Sustainability Working Group that was tasked with reviewing the Association's financial situation and making recommendations for changes to the Board. The Board has already made some difficult decisions that are being implemented to significantly reduce both operational and infrastructure costs in order to preserve and protect the Association's *raison d'être* of being the independent voice of public health in Canada.

The complete 2011 financial statements, audited by BDO Canada LLP, are available upon request from the CEO's office. Below are the Association's Statement of Financial Position and the Statement of Operations for the fiscal year ended December 31, 2011.

Statement of Financial Position: December 31, 2011

Assets	2011	2010
Current Assets		
Cash and cash equivalents	\$458,266	\$423,504
Accounts receivable	322,139	1,177,657
Inventories	49,489	34,124
Prepaid expenses and other current assets	178,135	24,102
	<u>1,008,029</u>	<u>1,659,387</u>
Investments	1,146,528	1,081,601
Capital Assets	4,292	20,170
	<u>\$2,158,849</u>	<u>\$2,761,158</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	\$210,184	\$558,048
Deferred revenue	1,263,025	1,228,825
	<u>1,473,209</u>	<u>1,786,873</u>
Net Assets		
Internally restricted for general reserve	1,087,000	1,087,000
Unrestricted	(401,360)	(112,715)
	<u>685,640</u>	<u>974,285</u>
	<u>\$2,158,849</u>	<u>\$2,761,158</u>

Statement of Operations: Year Ended December 31, 2011

Revenue		
National Office	\$1,071,662	\$1,146,206
Publication Sales	151,644	147,812
KnowledgeCentre™	–	–
Canadian Journal of Public Health	122,470	185,308
Projects and Conferences	3,600,972	5,903,853
	<u>4,946,748</u>	<u>7,383,179</u>
Expenses		
National Office	1,275,396	1,269,539
Publication Sales	133,798	114,555
KnowledgeCentre™	100,787	3,760
Canadian Journal of Public Health	149,772	159,589
Projects and Conferences	3,600,972	5,903,853
	<u>5,260,725</u>	<u>7,451,296</u>
Net revenue (loss) from operations	(313,977)	(68,117)
Gain on sale of investments	–	(618)
Net revenue (loss) before change in fair value of investments	(313,977)	(68,735)
Adjustments to held for trading investments	25,332	15,607
Net revenue (loss)	<u>\$(288,645)</u>	<u>\$(53,128)</u>

Our Sponsors

The Canadian Public Health Association gratefully acknowledges the following corporate supporters for their outstanding contributions to public health in Canada:

Presenting Partners

- ✦ AstraZeneca Canada Inc.
- ✦ Parmalat
- ✦ Maple Leaf Foods

Public Health Champions

- ✦ Pfizer Canada Inc.
- ✦ Amgen Canada Inc.

Legacy Benefactor

- ✦ Lysol (Reckitt Benckiser (Canada) Inc.)

Public Health Pathfinder

- ✦ University of Waterloo

Public Health Supporters

- ✦ Dalla Lana School of Public Health, University of Toronto
- ✦ Merck Frosst Canada



Our Collaborators

CPHA was proud to host its 2011 Annual Conference in collaboration with:

- ✦ Canadian Institute for Health Information – Canadian Population Health Initiative;
- ✦ Canadian Institutes of Health Research – Institute of Population and Public Health;
- ✦ National Collaborating Centres for Public Health;
- ✦ National Specialty Society for Community Medicine;
- ✦ Public Health Agency of Canada; and
- ✦ l'Association pour la santé publique du Québec.



The Challenges of the Future

The field of public health is extremely broad and involves multiple sectors and actors. Being the national professional association for public health workers is equally complex, and to be the independent voice of public health at the national level comes with its challenges and at a price. We look to our membership and the broader public health community for its support and active engagement as we tackle the challenges before us. Our greatest successes as an Association have been the result of powerful partnerships with individuals and organizations who share our vision for a healthier Canada, and our future success will benefit from those ongoing partnerships.

As the only Canadian non-governmental organization focused exclusively on public health, CPHA plays a unique role as:

- ✦ an advisor to decision-makers about policy from a public health perspective;
- ✦ a convener and catalyst for policy and program development across Canada's public health community, and across multiple academic disciplines and sectors;
- ✦ a proponent, manager and evaluator of initiatives that help safeguard and promote the personal and community health of Canadians; and
- ✦ a knowledge broker of research evidence and practical experience that integrate knowledge of effective public health practice in Canada and around the world.

This is a significant mandate which we accept, and we look to our members, our partners and collaborators and the broader public health community to join us in creating healthier communities across this country and around the world.



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