



Canadian Public Health Association
Annual General Meeting

June 10, 2013
Ottawa Convention Centre
Ottawa, Ontario

Minutes

Chair: Lynn McIntyre, Chair, CPHA Board of Directors

1.0 Opening Remarks

The meeting was called to order at 12:45pm.

Dr. Lynn McIntyre, Chair, welcomed delegates to the 2013 Annual General Meeting (AGM) of the Canadian Public Health Association (CPHA), and introduced the CPHA Board Members.

The AGM offers Members the opportunity to hear about the business of the Association. This year, the Association has the additional tasks of revising its By-laws and approving the proposed Articles of Continuance so that the Association may come into compliance with the new *Canada Not-for-Profit Corporations Act*.

Motions from the floor will be required to accept a number of standard agenda items. The Rules of Order are included in the printed AGM package. While the CPHA Parliamentary position remains vacant, Board and staff can provide advice as required.

Specific comments on important and/or emerging public health policy issues are best raised at the Annual Policy Forum, which will take place on Wednesday, June 12, 2013 at 11:00am. Policy issues will be the sole focus of that agenda. Members are welcome at any time to submit a proposed position, policy statement or idea that clearly defines an issue and why CPHA should take a position on it.

2.0 Adoption of the Minutes of the Annual General Meeting held June 12, 2012 in Edmonton, Alberta

Motion

Gilles Paradis/Faye Stark

That the minutes of the June 12, 2012 Annual General Meeting held in Edmonton, Alberta be accepted as circulated.

.../CARRIED

3.0 Adoption of the 2012 Audited Financial Statements

Dr. McIntyre noted that, as discussed at the 2012 AGM, the Association has navigated some very difficult financial times. Through some tough decisions and with your support, we have begun to secure CPHA's future. In the spring of 2012, the Board approved a three-year business plan, putting the Association on a path to sustainability and continued success. The plan was developed by management in consultation with an Ad Hoc Corporate Sustainability Working Group, which included Members recruited for their expertise in and knowledge of public health, finance, business development and change management. Implementation of the business plan began with the Association's restructuring in May 2012, and lease renegotiations during the spring and summer.

CPHA's office move took place on November 1, 2012, with the most significant budget impact to take place in 2013.

Financial Statements

Ms Katie Lafferty, Chair of CPHA's Finance Committee, presented the 2012 Audited Financial Statements. Ms Lafferty and the Finance Committee commend CPHA's staff for outstanding work done. There were no major issues and no adjustments in the audit.

Changes have been made in the presentation of the Statement of Financial Position from generally accepted accounting principles to the new standard in Canada, the Canadian Accounting Standards for Non-profit Organizations. This change necessitated the restatement, according to those standards, of the previous financial statement.

Ms Lafferty noted that, as anticipated, 2012 was a deficit year for CPHA. However, as a result of tremendous financial management on the part of CPHA staff and some very difficult restructuring decisions, CPHA's 2012 deficit is \$100,000 less than had originally been projected.

The Cash and Cash Equivalents line, at the end of last year, seems to be higher than in previous years. This reflects that CPHA had to cash out some of its long-term investments (government bonds) and convert them into short-term investments.

The Accounts Receivables are a little bit less, as are Prepaid Expenses. This is a reflection of the fact that CPHA has less project activity. A conscious effort was made to reduce our Inventory to more sustainable levels, avoiding stockpiling product.

The Investment line (referred to in Note 3), is now at approximately \$240,000. This is the amount held in long-term investments. A substantial amount was converted into short-term investments.

Regarding Liabilities and Net Assets, under Note 7 (Commitments line), there is some new terminology referring to assets that are internally restricted. These funds are not to be accessed unless there is an emergency. The amount in the restricted reserve is currently \$331,000 and the Board would like to see the reserve returned to \$400,000 over the course of the next few years.

Ms Lafferty noted that the Finance Committee and Board remain vigilant and involved, working closely with management. The 2013 budget is conservative and we are projecting a modest surplus that will help replenish the Reserve.

Motion **Pat Martens/Ann Marie Hamelin**

That the 2012 Audited Financial Statements of the Canadian Public Health Association be accepted as circulated.

.../CARRIED

In response to a question from the floor about the success of the appeals for charitable donations, Ms Lafferty noted that CPHA received about \$15,000 in 2012. This information is not included in the Notes and a request for it to be included will be referred back to the Committee for consideration.

4.0 Appointment of the CPHA Auditor for 2013

Ms Lafferty noted that, for the past four years, CPHA has worked with BDO Canada (previously Newton and Company). The Committee and staff have been pleased with their service, and their cost remains competitive. As such, we have reviewed our course of action, and the Finance Committee and the Board of Directors both recommend that BDO Canada be appointed as the CPHA Auditor for 2013.

Motion **Erica Di Ruggiero/David Allison**

That the firm of BDO Canada LLP, Chartered Accountants be appointed as CPHA's Auditors for 2013.

.../CARRIED

Dr. McIntyre expressed thanks to the Finance Committee and management for helping the Association "turn the corner."

5.0 Articles of Continuance and By-law Revisions

Dr. Ardene Robinson Vollman noted that, on May 8, 2013, Members received notice in writing that, in order for CPHA to be compliant with the new *Canada Not-for-profit Corporations Act*, the Association's By-laws would need to be revised, and our current Charter documents need to be replaced with new Articles of Continuance.

In order to make the transition to the new legislative regime, CPHA's Board of Directors has prepared three documents for the consideration of Members at today's Annual General Meeting:

- draft Articles of Continuance (for transition);
- draft new By-laws, to replace the current By-laws, so as to bring them into compliance; and
- a special resolution of the Members approving the Article of Continuance and the new By-laws, and authorizing the Directors to submit these to Industry Canada and to take any other necessary steps to transition the corporation to the new legislation.

While the proposed changes to the By-laws are numerous, they are not substantive. For the most part, these changes are dictated by the new legislation; they are intended to modernize and to standardize the rules for not-for-profit corporations such as CPHA.

One substantive change that affects CPHA is that all Members to the Board of Directors must be elected by the full Membership. This means that the Board will no longer be able to appoint external Directors, and the Chair-elect will need to be nominated by the Board and ratified by the Membership through the election process.

The substantive change has been discussed; Members have had opportunity to review the proposed changes over the past several weeks.

Motion **Marie Loyer/Nathan Nickel**

That the revisions to CPHA's By-laws and Articles of Continuance be accepted as circulated.

.../CARRIED

Thanks were expressed to the staff and to Dr. Robinson Vollman in particular for leading this important governance work. It is a great accomplishment to be in compliance with the new *Act* over a year before the deadline.

6.0 CPHA Annual Report to the AGM

Dr. McIntyre noted that there were 158 members in attendance at the meeting and that it was encouraging to see such a large number of Members participating. Members' active involvement is critical, and your concern about the organization is crucial. Each year, it is encouraging to see a growing number of student participants; thanks were expressed to the student group for this growth.

Dr. McIntyre welcomed many partners, sponsors, collaborators and international guests, with a special welcome to Dr. Adewale Troutman, President of the American Public Health Association.

- CPHA has risen to the challenge of advocating for the inclusion of an independent, evidence-informed public health lens in the policy process, grounded in the principles of equity and social justice. Dr. McIntyre thanked the leaders, public health partners, and dedicated staff for helping to launch an ambitious program of policy work in 2012. CPHA launched working groups to prepare position papers on human and ecosystem health and on public health approaches to illegal psychoactive substances. These position papers are being presented in draft form at this Conference at concurrent sessions on June 11.
- In 2012, CPHA disseminated position papers on tobacco use in Canada, and a public health approach to alcohol. These were disseminated to federal, provincial and territorial Ministers of Health and of Finance, and to other stakeholders and interested parties. Response has been favourable, with some media pick-up, and congratulations from the Pan American Health Organization (PAHO) for taking a bold, visionary and innovative stand on the next wave of tobacco control for Canada.
- On September 14, 2012, the government of Canada decided to stop defending asbestos mining in international circles, and to no longer oppose adding chrysotile asbestos to the Rotterdam Convention – a position CPHA had encouraged the government to adopt for years.
- Working with the Canadian Network of Public Health Associations (CNPHA), CPHA wrote to the Minister of Citizenship and Immigration in response to changes in the interim federal health program affecting access to primary and acute health services for refugee claimants. While the government announced revisions to the new regulations, CPHA believes more changes are necessary.

- CPHA notes the anniversaries of two of its sister public health associations. CPHA congratulates the Public Health Association of British Columbia on its sixtieth anniversary, and l'Association de la santé publique du Québec on its seventieth anniversary – two important milestones.
- With the generous support of AstraZeneca, the *Frontline Health: Beyond Health Care* project continues to explore what public health and other sectors are doing with respect to addressing the social determinants of health and health equity in Canada. It facilitates the sharing of these success stories in public health policy and public health practice.
 - In May 2012, CPHA hosted a meeting of health economists and public health experts to discuss the creation of dynamic economic simulation models to help build the economic case for investing in public health. Over the summer of 2012, a core working group of public health experts, modelers and health economists gathered to develop a research proposal to pilot-test dynamic economic simulation models.
 - The Frontline Health GIS-Based Atlas was recently launched. Members are invited to visit the Frontline Health booth in the Exhibit Hall to learn more about this exciting new platform.
- Beginning with the July-August 2012 edition, the *Canadian Journal of Public Health* began publishing exclusively online. This evolution in publishing fulfils another aspect of CPHA's business plan and brings the *Journal* into the 21st century.
- CPHA continues to host the only national public health conference in Canada. The 2012 Conference in Edmonton was a great success. CPHA's 2014 Conference will take place in Toronto from May 26 to 29.
- Members were encouraged to review the Annual Report and in-depth Policy Report to capture the breadth of the Association's activities.
- James Chauvin was recognized for his outstanding contribution to CPHA's policy and advocacy program. Having joined CPHA in January 1992, Mr. Chauvin leaves CPHA at the end of June 2013, to become an engaged citizen and advocate for public health policy.

Nominating Committee Report

Dr. Ardene Robinson Vollman, Chair of the Nominating Committee, presented the Nominating Committee Report on behalf of the Nominating Committee. Committee membership includes:

- Claire Betker (volunteer member from Manitoba)
- Mary Martin-Smith (Board member)
- Louise Potvin (volunteer member from Québec)
- Irving Rootman (volunteer member from British Columbia)
- Lynn McIntyre (Chair, CPHA Board of Directors) (*ex officio*)
- Ian Culbert (Executive Director, CPHA) (*ex officio*)

The composition of the Board has changed slightly since last year's AGM. CPHA is pleased to report that Drs. Isaac Sobol, Paul Gully and Joel Kettner were acclaimed to positions on the Board of Directors. Ms Madonna MacDonald was appointed and Ms Katie Lafferty was reappointed, both as External Directors, to terms ending December 31, 2013 under the new By-laws.

The formal Call for Nominations for the 2013 election will be circulated to all Members in early August 2013, with a planned closing date of September 12, 2013. Elections will take place in October/November. Members are invited to think about nominations and are urged to vote. In 2013, CPHA will hold an election for five positions – one of which is open for a Student Director position. Candidates are sought who collectively possess a mix of knowledge, experience and expertise. Particularly sought is experience in the areas of communications and marketing, financial systems and risk management, membership engagement, or advocacy and public policy development. CPHA wishes to maintain wide geographic diversity as well as disciplinary diversity on its Board. The preliminary announcement sent to Members in the spring summarizes the skills and experiences being sought. Members were encouraged to speak with current Board members and Nominating Committee members to learn more.

7.0 Question and Discussion Period

Nicolas Gilbert asked how individual CPHA membership evolved; was the objective to increase individual membership successful? How is individual membership in CPHA doing?

- Ian Culbert replied that CPHA has remained consistent at approximately 1,100 Members for the last five years. A membership campaign at the 2012 Conference resulted in a number of new student memberships, and a total of approximately 100 new Members. This is offset, however, by an equal number of people who did not rejoin the Association. The high turnover every year is partially related to the discount offered at the annual Conference; people may join to receive the discount but then do not attend the following year's Conference and do not renew their membership. At a recent meeting, the Board discussed ways to increase Member engagement and to enhance the Membership experience. In the current environment, CPHA is pleased to be holding onto membership numbers as well as it is, while many other professional associations are seeing a significant and constant decline in membership.
- Lynn McIntyre added that, as part of the business plan, the membership fee was increased. This increase has not received negative response. More membership engagement strategies will be explored, including the Membership Survey (to be discussed in more detail at the Policy Forum), which had a very good response rate.

Marie Loyer asked whether there is any follow-up on why people do not renew their memberships.

- Ian Culbert responded that a Lapsed Members' survey was conducted in 2011. The most-cited reason for not continuing membership was that the person was no longer working in public health; it is known that the public health work force is fairly fluid, with a lot of transition. Another common response was financial hardship.

Jake Pauls commented that, with the By-law change, he will now become an International Member, since his principal residence is outside of Canada.

- Lynn McIntyre noted that all memberships types named in the By-laws have voting rights.

Paul Gully emphasized what Lynn McIntyre had said about volunteering for nomination to be on the Board and that broadening the diversity on the Board will be particularly

important. As the voice for public health and a support for public health during what may be described as 'trying times', CPHA is a valuable organization and will continue to be so in the future. The Board needs breadth of representation as CPHA moves forward.

- Lynn McIntyre stated that CPHA will update its policy on diversity and equity, not just with regard to the Board, but also with regard to other activities. CPHA will reconsider how it can better implement this.
- Erica Di Ruggiero noted that, as someone who was on the Board for six years, she encouraged Members to speak to her about what an enriching and rewarding experience it was.
- Paul Gully added that to be on the Board is work, but it is rewarding. It is a reaffirmation of what CPHA stands for, and what most of us in public health stand for. We talk about the 'core values' of public health, and how this organization can contribute to them. CPHA does a great deal of networking with other national organizations. Being on the Board is a great opportunity.

Elena Lingas, an International Member, noted that she had let her membership lapse but has since rejoined. Ms Lingas asked about the most recent strategic planning process. What is the vision for the future?

- Lynn McIntyre responded that, as part of the strategic planning process, CPHA had to reconsider its core business, and what the Association means to Canadian public health. In 2012, the Annual General Meeting was dedicated to a discussion of CPHA's viability as an organization and how CPHA could get from its then-perilous situation to where it wanted to be, that is, the independent voice for public health. This is a very different AGM from last year. CPHA has a three-year business plan, speaking to the integrity of the organization, as well as diversifying its revenue lines. The charitable giving campaigns and membership drives are garnering attention, and work is progressing with corporate sponsors overseen by our Corporate Social Responsibility Working Group. We have an evergreen Strategic Plan that takes us through to 2017 and, at the Board meeting, we revisited our mission and our vision that is leading us to new ways of framing our goals, and of conveying what we mean by public health, equity, etc. Memberships alone cannot fund the Association and we recognize that ours is the second, third or perhaps fourth membership fee for many. CPHA is continuing to diversify its revenue stream strategy, and is working with its partners – including corporate partners in the private sector – very responsibly and well. That is all part of the enterprise, to be able to sustain this organization and be the truly independent voice of public health.

Colleen Davison said that Queen's University offers its Masters of Public Health students membership in CPHA. Unfortunately, the majority of the students are on practicum placements and not able to afford to attend the Conference. What is CPHA doing to engage students, particularly when they are not often represented at the Conference, and how much advocacy is being undertaken to have automatic memberships at the university level?

- Alycia Fridkin replied that CPHA is connecting with the leaders of schools of public health to try to encourage them to pay for their students to become Members of CPHA. The Association has reconfirmed its commitment to student engagement by freezing student membership fees. The

Network of Schools of Public Health has invited students to participate and four of us will attend their meeting tomorrow. There seems to be a strong consensus to support students, sometimes grants or research funds can help pay for membership. There are many ways for students to become involved, including participating on the Student and Early-Career Professional Committee, Chaired by Ms Fridkin, that meets about six times per year by teleconference, and through other working groups. The Student Editor is responsible for helping to get students to submit articles to the *CPHA Health Digest*. Another way to be involved is to apply for the Student Director position, which is coming up as Ms Fridkin's term ends. The Association is supportive of students; demonstrated by the fact that there is a position on the Board for a student and that students have been considered in many discussions, such as at this AGM and Conference.

- Lynn McIntyre added that CPHA is grateful for the number of student awards, received from other partners that make it possible for students to be able to travel to this Conference. It is hoped that the timing of next year's Conference, May 26 to 29, will make it easier for more students to attend.

Colin Soskolne (University of Alberta) made some comparative observations related to Canada's population and the United States, and membership numbers for CPHA and the American Public Health Association (APHA). Eleven hundred is a very small number, relative to south of the border. He proposed that this be examined to find out what can be done differently in Canada to increase the number of members.

- Lynn McIntyre noted that, in the United States, there are state affiliates, but in Canada, public health associations in the provinces and territories do not include CPHA membership.
- Ian Culbert responded that he has had extensive conversations with APHA staff. APHA has significant membership numbers, but they also have been dealing with the issue of declining membership numbers. The question that every membership-based association faces is how to be a membership-based association in the 21st century. We are looking at different ways of making membership more attractive, including partnering to offer discounted home and auto insurance. The strategic planning and the vision and mission work the Board did at its most recent meeting is on the right track, and developing a communications strategy is all part of the process.
- Lynn McIntyre added that, not more than two or three years ago, the cost of managing a membership was more than the membership dues were. We have to balance our investment as work continues to produce membership growth and sustainability. We do think we have a very strong moral ownership of what CPHA stands for and we are continuously working on that. The number of members is not the only way to consider ourselves successful.

Jake Pauls indicated that he has been a member of APHA for about 23 years. He has previously spoken about how to increase the participation of public health people in Canada and made comparison to the organization of APHA which is quite different; it is a subset of many organizations. He recommended a rethink of the model of organization of membership and of the Conferences. Having more focus for

particular groups, like injury prevention, as an example, could draw more participation.

- Lynn McIntyre responded that there will be changes for the 2014 Conference; it will be much more regularized in terms of the streams and offerings. We hope to say this is the place for injury, for immunization, for the determinants of health and equity. Dr. McIntyre pointed out that we were overwhelmed by the response to a call for volunteers for the Ecosystem and Health Working Group resulting in over 50 Members being involved in that one policy group.

Jane Underwood said that, as a member of the Ontario Public Health Association, about two years ago, conjoint membership could no longer be purchased and was informed that it had something to do with CPHA processes. Ms Underwood encourages conjoint membership with OPHA and with other public health organizations.

- Ian Culbert replied that CPHA has been providing membership management services for the provincial and territorial public health associations for over 30 years. When OPHA went through its renewal process, their board made a decision to move to an annual membership renewal from April 1 to March 31. Such a system is incompatible with CPHA's current system that works on an anniversary date renewal basis and CPHA's system cannot accommodate two different renewal schedules. In discussions with OPHA's executive director, Mr. Culbert offered to co-operate to enhance the experience of Ontario members and to support OPHA's membership campaigns.

Peter Donnelly, Professor of Public Health at University of St. Andrew's, Scotland (and a first-time participant at a CPHA Conference) spoke to the idea of cultivating international members and related his experience as a member of APHA and his involvement in running the U.K. Faculty of Public Health. Conference participation and special events for international members are key attractions for recruiting and retaining international members. People look forward to and value the networking opportunities for sharing ideas and experiences. This can help drive membership numbers overall and may make a small contribution to financial stability.

- Lynn McIntyre responded that it has been many years since CPHA had delegations of our global health partners, which were possible when we were running global health projects. While we may not be able to bring in the great delegations of the past, it is inspiring to think about bringing in more individuals at that level.

Ruth Elwood Martin (University of British Columbia) said that she is a lapsed Member who has just joined the Association again. Over the past few years, she has been a member of APHA and involved in prison health. She will look for a home for this within CPHA, and if there is not such a home, she would like to help generate one.

- Lynn McIntyre thanked Ms Martin for her comments and invited her to the Policy Forum, which is the ideal forum at which to raise this issue.

Claire Betker stated that she is a Member of CPHA, and is in her second term on the Board of the Canadian Nurses Association (CNA). Her role on the CNA Board is to represent the 43 specialty groups that are associate members of CNA; within those groups, there are 43,000 voluntary members. We also have a student representative on our Board. Should we, at a

governance level, bring student representatives together? Should the specialty societies come together at just one meeting? We could come together by teleconference or webinar, president to president, or president-elect to president-elect.

- Lynn McIntyre replied that CPHA partners with CNA on a number of different initiatives and there is a great deal of collaboration through the Canadian Coalition for Public Health in the 21st Century (CCPH21). Alycia Fridkin has a good relationship with the APHA student president and maintains regular communications. We have a lot of these collaborations, all in the name of public health policy and advocacy, and it is working very well.

In response to comments from an unidentified delegate about opportunities for collaborations, specifically the Canadian Society for International Health (CSIH) and the Canadian Coalition on Global Health Research, Lynn McIntyre replied that CPHA has long-standing, close relationships with these groups. While the Association is not currently as active in global health, CPHA continues to encourage global health research contributions and welcomes the continuing involvement of our members in this domain.

- James Chauvin added that the one means by which CPHA is continuing to be actively involved internationally is through the WFPHA.

Margo Parkes (University of British Columbia) stated that she has been involved in a couple of organizations who are struggling with member engagement and the notion of diverse engagement across places. While on the working group involved in the ecological determinants of health project, what struck her is the way in which public health rolls out in different landscapes and profoundly different contextual ways across the country. How can CPHA incorporate new technology (webinars) into the Conference to make some parts of it more accessible to those who can't attend?

- Lynn McIntyre noted that CPHA is discussing concurrent webinars with its Policy Forum in the future. CPHA is active in the webinar world and is finding ways of engaging Members from other locales.

8.0 Closing Remarks and Date of Next Meeting

Dr. Lynn McIntyre closed the Annual General Meeting by expressing her thanks to Dr. Gilles Paradis, who was the volunteer Scientific Editor of the *Canadian Journal of Public Health* for six years; he moved CPHA through the transition, made a better *Journal*, and expanded its scope. She thanked the Members for their support and active engagement and she expressed her thanks to the members of the Board of Directors, Finance Committee, Nominating Committee and Policy Review Group for their dedication. Dr. McIntyre also thanked collaborators, partners and corporate sponsors for their long-term relationships with CPHA. She also thanked the staff for their dedication, commitment, institutional memory and professionalism.

The next Annual General Meeting will take place on Tuesday, May 27, 2014.

Motion

Josephine Etowa/Claire Betker

That the CPHA Annual General Meeting of June 10, 2013 be adjourned (1:22 p.m.)

.../CARRIED